

GP01

Corporate Governance – Principles of Public Life

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Attachments Appendices

Appendix 1 - [The Standards for Members of NHS Boards and Governing Bodies in England \(Council for Healthcare Regulatory Excellence, November 2013\).](#)

Appendix 2 - [Code of Practice on Openness in the NHS](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

This policy identifies [The Seven Principles of Public Life](#) which underpin corporate governance. These principles were set out in the first report of the Committee on the Standards in Public Life (the Nolan Committee), published in 1995. The Nolan Committee recommended that these principles should apply throughout public services. It sets out the Good Governance Standard for Public Services ([CIPFA Good Governance Standard for Public Services](#)). The Standards for Members of NHS Boards and Governing Bodies in England are appended (Professional Standards Authority, November 2012).

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

“Standing Orders, Standing Financial Instructions and the associated Scheme of Delegation” (SO’s, SFI’s and SoD) mean the comprehensive framework under which the Trust does its business, including how significant decisions are made, and standards of business conduct such as declarations of interest as defined in the Trust Conflicts of Interests Policy. The Standing Orders of the Trust contain a schedule of matters which are formally reserved for Board decision. This is designed to ensure that the Board maintains full and effective control of the organisation.

“Standing Financial Instructions” means the detailed rules on procedures and responsibilities which the Trust Board has approved.

“Audit Committee” means a committee established by the Trust which comprises non-executive directors and is attended by the internal and external auditors and the Trust’s Chief Financial Officer. It is the means by which the Board receives independent and objective reviews of its systems, information and compliance with the laws, guidance and regulations governing the NHS. It monitors compliance with Standing Orders and Standing Financial Instructions and reviews the annual governance statement and the annual financial statement prior to their submission to the Board.

The Board can also delegate, under the SoD, the power to review and approve the annual governance statement and the annual financial statement prior to their submission to NHS Improvement, NHS England and the Parliamentary Library.

3.0 Accountabilities

The Chief Executive, Chairman and Directors of the Trust Board will ensure that high standards of corporate governance and personal integrity are maintained in the conduct of Trust business and will ensure that Directors and staff adhere to the codes of conduct referred to in this policy. In particular, the Chairman and Directors will:

- Ensure that all their relevant interests have been declared and included in the

Trust's register of interests;

- Declare any interests which may arise at Board meetings, or at meetings of Board Committees;
- Adhere to the rules and guidance about gifts and hospitality;
- Meet the requirements of the fit and proper persons requirements;
- Make an annual declaration to this effect.

The Chief Financial Officer is responsible for advising the Chairman and Directors of the Trust board on the interpretation of Standing Orders and Standing Financial Instructions. The CFO is also responsible for reminding staff every two years of the Standards of Business Conduct for NHS Staff.

Managers must comply with the Code of Conduct for NHS Managers.

By their own conduct they will exemplify the seven principles of public life. They will also advise staff on how these principles apply, including in relation to the declaration of interests, gifts and hospitality. In particular, managers will seek to ensure that the best interests of the public and clients are upheld in decision-making and that decisions are not improperly influenced by gifts or inducements.

They will also seek to ensure that NHS resources are protected from fraud, bribery and/or corruption and that any incident of this kind is reported to the Local Counter Fraud Specialist or the NHS Counter Fraud Authority.

All Trust staff must observe the seven principles of public life and comply with the rules and procedures set out in the Trust's Standing Orders and Standing Financial Instructions. In particular, it is the responsibility of all staff to ensure that they do not:

- Abuse their official position for personal gain or to benefit their family or friends;
- Seek to advantage or further private business or other interests in the course of their official duties.

Members of the Trust will also be required to observe the seven principles of public life when engaged in anything connected to this role in the organisation.

4.0 Policy Detail

The Seven Principles of Public Life

The seven principles of public life are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

4.1 Selflessness

Holders of public office must act solely in terms of the public interest. They must not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

It is the responsibility of staff to ensure that they do not abuse their official position for personal gain or to benefit their family or friends, or to seek to advantage or promote private business or other interests in the course of their official duties.

4.2 Integrity

Holders of public office must not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

For example, staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of their NHS employer.

4.3 Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office must make choices on merit.

Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of the Trust's Standing Orders and Standing Financial Instructions, as well as of UK Directives on Public Purchasing for Works and Supplies. This requires that no public, private or voluntary organisation that may bid for NHS business will be given any advantage over its competitors, such as advance notice of the Trust's detailed requirements e.g., specifications or selection criteria. This applies to all potential contractors whether or not there is a relationship between them and the Trust, such as a long running series of previous contracts or bespoke framework arrangements.

Each new contract will be awarded solely on merit, taking into account the requirements of the Trust and the ability of the potential contractors to fulfil them.

It is the policy of the Trust not to show any special favour to current or former employees or their close relatives or associates in awarding contracts to a private or other business run by them or employing them in any capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff known to have a relevant interest

play no part in the selection.

4.4 Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to whatever scrutiny is appropriate to their office.

The Board and all employees of the Trust must have regard to public service values, including accountability, in carrying out their functions. The Trust is accountable, in various ways, to the general public, CQC, professional bodies, NHS Improvement, Clinical Commissioning Groups and other local health economy partners, NHS England, and a host of other partner and commissioning organisations.

4.5 Openness

Holders of public office must be as open as possible about all of the decisions and actions that they take. They must give reasons for their decisions and restrict information only when the wider public interest clearly demands.

The Trust subscribes to the Code of Practice on Openness in the NHS ([Appendix 2](#)). It is also committed to positive engagement with public, patients and employees as changes are proposed to patterns of provision of health care. As part of consulting on major changes before decisions are made, it is Trust policy to make information around those proposals available in an accessible and positive manner. The Trust is committed to meeting its duties for the provision of information when requested, under the Freedom of Information Act, and within approved information sharing provisions.

4.6 Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way which protects the public interest.

In accordance with the Standing Orders of the Trust, members of the Trust Board and all members of staff are required to record details of any controlling and, or significant financial interest in any organisation (public sector, private or voluntary) or in any other activity or pursuit which does or could compete with the Trust for the supply of goods or services to any third party or compromise an objective choice between potential suppliers of goods or services to the Trust. Such an interest must be declared upon appointment, or on starting employment, or when the interest subsequently arises so that the Trust can consider whether or not any conflict of interest arises and advise the member of staff accordingly. Similarly, the Trust needs to ensure that the decisions taken in awarding contracts for the supply of goods and services or dealing with underperformance by an existing supplier are beyond criticism. It is the policy of the Trust that gifts and hospitality (including sponsorship) must be recorded in a register maintained by the Chief Financial Officer.

It is an offence under the Bribery Act 2010 for any employee to request, agree to

receive or to receive any financial or any advantage as an inducement to, or reward for, improper behaviour by them or anyone else. Employees, in particular, need to be aware that a breach of the provisions of this Act renders them liable to prosecution.

Organisations, including Acute Trusts, can commit an offence if they do not have sufficiently robust arrangements in place to try to prevent staff committing the first offence. For further information concerning the Bribery Act please refer to the Trust's frequently asked questions guidance, which can be found on the Trust Intranet.

The Standing Orders of the Trust require declarations to be made by the Chairman and Directors of the Trust in regard to pecuniary interests in contracts and other matters.

4.7 Leadership

Holders of public office must promote and support these principles by leadership and example.

The Trust is headed by a Board which is collectively responsible for the formulation, promotion and achievement of the objectives of the organisation. Its role is to provide leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed. It sets the organisation's strategic aims and ensures that the necessary financial and human resources are in place for the organisation to meet its objectives, and to review performance management. The Board also sets the standards and values of the organisation and ensures that its obligations to patients, the local community, employees and other external bodies and partners are understood and met.

As the Accountable Officer, the Chief Executive is accountable to the Board for meeting their objectives and to the Chief Executive of the NHS for the performance of the organisation. The Chief Executive provides leadership through helping to create the vision for the Board and for the organisation to modernise and improve services and to communicate this vision to others by empowering them to deliver the organisation's agenda.

[*The Healthy NHS Board; Principles for Good Governance*](#) sets out guidance for Boards of all NHS organisations about how they may give suitable leadership and example. This reinforces the expectation that Boards will establish a positive culture – “the Board also takes the lead in establishing and promoting values and standards of conduct for the organisation and its staff”.

The Good Governance Standard for Public Services

In 2004 the Independent Commission on Good Governance and Public Services (supported by the Joseph Rowntree Foundation, CIPFA and the Office for Public Management) developed a common code and set of principles for good governance across public services, including the NHS. This Standard builds on the seven principles for the conduct of people in public life that were established by the Committee on Standards in Public Life (the Nolan Principles). These standards are.

(Note: the use of the word “governing body” in the Standard is defined as “the body with overall responsibility for directing and controlling an organisation”, such as the Board of the Trust. The use of the word “Governor” in the Standard denotes “a Director of the Trust, whether an executive or non-executive director.”)

Good governance means focusing on the organisation’s purpose and on outcomes for citizens and service users.

- ~ Being clear about the organisation’s purpose and its intended outcomes for citizens and service users.
- ~ Making sure that users receive a high-quality service.
- ~ Making sure that taxpayers receive value for money.

Good Governance means performing effectively in clearly defined functions and roles.

- ~ Being clear about the functions of the governing body.
- ~ Being clear about the responsibilities of non-executive and executive directors, and making sure that those responsibilities are carried out.
- ~ Being clear about relationships between governors and the public,

Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour.

- ~ Putting organisational values into practice.
- ~ Individual directors behaving in ways that uphold and exemplify effective governance

Good governance means taking informed, transparent decisions and managing risk.

- ~ Being rigorous and transparent about how decisions are taken.
- ~ Having and using good quality information, advice and support.
- ~ Making sure that an effective risk management system is in operation.

Good governance means developing the capacity and capability of the governing body to be effective.

- ~ Making sure that appointed and elected governors have the skills, knowledge and experience they need to perform well.
- ~ Developing the capability of people with governance responsibilities and evaluating their performance as individuals and as a group.
- ~ Striking a balance, in the membership of the governing body, between continuity and renewal.

Good governance means engaging stakeholders and making accountability real.

- ~ Understanding formal and informal accountability relationships.
- ~ Taking an active and planned approach to dialogue with and accountability to the public.
- ~ Taking an active and planned approach to responsibility to staff.
- ~ Engaging effectively with institutional stakeholders.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

This Policy will normally be reviewed every three years in line with the standard set by OP01 Development and control of trust policy and procedural documents.

8.0 Communication and Training

This policy will be cascaded through the Trust's management information/communication systems and will be made available to all staff on the section of the Trust's intranet and public website which hosts its policies.

9.0 Audit Process

The policy supports delivery of all of the Trust's [Visions and Values](#).

This policy and its implementation will be reviewed through both internal and external auditors and human resource processes.

Criterion	Lead	Monitoring method	Frequency	Committee/ Group
Incident and staff disciplinary case monitoring (e.g., failure to comply with relevant SFIs) (gross misconduct)	HR Management	Records of incidents and Disciplinary cases	Ongoing	Workforce and Organisational Development Committee (WODC)
Fit and Proper Persons Requirements	Company Secretary (NEDs)	Personal files containing relevant documentation	Upon appointment and annual appraisal	Trust Board
Managers responsibility for compliance (own, and subordinate staff) with guidelines on the Gifts and Hospitality, and the Conflict of Interest Registers	CFO Company Secretary	Declarations made/register entries	Ongoing	Audit Committee

10.0 References - Legal, professional or national guidelines

- ABPI Code of Professional Conduct Relating to Hospitality/Gifts from Pharmaceutical/External Industry.
- Code of Conduct, Code of Accountability in the NHS, DoH/Appointments Commission, 2004
- Code of Conduct for NHS Managers – Department of Health, 2002
- Conflict of Interest Policy, RWT, 2018.
- CQC Regulation 19 – Fit and Proper Persons Regulations
- HSC 1998\207 – Opening Up NHS Board Meetings to the Public Governing the NHS a Guide for NHS Boards
- [GP02 Local Anti-Fraud, Bribery and Corruption Policy](#)
- [OP109 Conflicts of Interest Policy](#)
- Standards of Business Conduct for NHS Staff – NHS Management Executive HSG [93] 5 Code of Practice on openness in the NHS – EL [95] 60
- Standards for members of NHS Boards and Clinical Commissioning Group governing bodies in England - Professional Standards Authority, November 2013
- [Standing Orders and Standing Financial Instructions of RWT](#)
- The First Report of the Committee on Standards in Public Life, 1995 (The Nolan Committee)
- The Good Governance Standard for Public Services – The Independent Commission on Good Governance in Public Services (2004)
- The Healthy NHS Board – Principles for Good Governance, NHS Leadership Academy 2013

Part A - Document Control

Reference Number and Policy name: GP01 Corporate Governance – Principles of Public Life	Version: V5.0 May 2022	Status: Final		Author: Trust Company Secretary Director Sponsor: Chief Executive/ Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1	November 2005	Head of Governance and Legal	New policy
	2	January 2012	Chief Nursing Officer	Standard review
	2.1	Dec 2013	Trust Board Secretary	Minor amendments following Internal Audit Report on Registering of Interests
	3	Feb 2016	Trust Board Secretary	Standard review
	4	March 2019	Company Secretary	Standard review
	4.1	April 2022	Company Secretary	Extension to policy
	5.0	May 2022	Company Secretary	Standard review
Intended Recipients: All Trust staff and all Non-executive Directors				
Consultation Group / Role Titles and Date: All Executive Directors, Head of Governance, Head of Procurement, Head of Estates Development, Chairman, Trust Fundraising Coordinator				
Name and date of Trust level group where reviewed		Trust Policy Group July 2022		
Name and date of final approval committee		Trust Management Committee July 2022		
Date of Policy issue		July 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		Every 3 years (June 2025)		
Training and Dissemination: At Induction, and bi-annual reminder via payslips				
Publishing Requirements: Can this document be published on the Trust's public page: Yes If yes you must ensure that you have read and have fully considered it meets the				

<p>requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.</p>	
<p>To be read in conjunction with: Trust Standing Orders, Conflicts of Interest Policy, Standards of Public Life, Standards of Business Conduct for NHS Staff, Code of Conduct, Code of Accountability in the NHS, Code of Conduct for NHS Managers</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes - unchanged Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p>Monitoring arrangements and Committee</p>	<p>Workforce & organisational Development Committee (WODC) monitors HR processes.</p>
<p>Document summary/key issues covered. This is a summary of the seven principles of public life (the Nolan Principles) and the Good Governance Standards for Public Services, with a brief explanation of how they apply to the activities of employees including Directors and Non-executive Directors.</p>	
<p>Key words for intranet searching purposes: Governance, Corporate, Nolan Principles</p>	
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p>No If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:</p>

Part B

Ratification Assurance Statement


Name of document:

Name of author: Keith Wilshere Job Title: Company Secretary

I, Keith Wilshere the above-named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:



Date: May 2022

Name of Person Ratifying this document (Chief Officer or Nominee): Ann-Marie Cannaby
Job Title: Chief Nursing Officer

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Management Officer

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version: GP01 V5.0	Policy Title: Corporate Governance Principles of Public Life	
Reviewing Group	Trust Policy Group	Date reviewed: July 2022
Implementation lead: Keith Wilshere, Company Secretary		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	NA	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	NA	
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	NA	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	NA	
Financial cost implementation Consider Business case development	NA	
Other specific Policy issues / actions as required e.g., Risks of failure to implement, gaps or barriers to implementation	Updated policy will be republished and promoted via Trust News Bulletin	Author/Policy Management Officer

Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England

November 2013

All members of NHS boards and CCG governing bodies should understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

To justify the trust placed in me by patients, service users, and the public, I will abide by these Standards at all times when at the service of the NHS.

I understand that care, compassion and respect for others are central to quality in healthcare; and that the purpose of the NHS is to improve the health and well-being of patients and service users, supporting them to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives.

I understand that I must act in the interests of patients, service users, and the community I serve, and that I must uphold the law and be fair and honest in all my dealings.

Personal behaviour

1. As a Member¹ I commit to:

The values of the NHS Constitution

Promoting equality

Promoting human rights

in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which I am responsible.

2. I will apply the following values in my work and relationships with others:

- **Responsibility:** I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board², including delegated responsibilities, and for the staff and services for which I am responsible
- **Honesty:** I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from personal, professional or financial interests that could influence or be thought to influence my decisions as a board member
- **Openness:** I will be open about the reasoning, reasons, and processes underpinning my actions, transactions, communications, behaviours, and decision-making and about any conflicts of interest
- **Respect:** I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times
- **Professionalism:** I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound
- **Leadership:** I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all
- **Integrity:** I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours, and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others.

1 The term 'Member' is used throughout this document to refer to members of NHS boards and CCG governing bodies in England.

2 The term 'board' is used throughout this document to refer collectively to NHS boards and CCG governing bodies in England.

Technical competence

3. As a Member, for myself, my organisation, and the NHS, I will seek:

Excellence in clinical care, patient safety, patient experience, and the accessibility of services

To make sound decisions individually and collectively

Long term financial stability and the best value for the benefit of patients, service users, and the community.

4. I will do this by:

- Always putting the safety of patients and service users, the quality of care, and patient experience first, and enabling colleagues to do the same
- Demonstrating the skills, competencies, and judgement necessary to fulfil my role, and engaging in training, learning, and continuing professional development
- Having a clear understanding of the business and financial aspects of my organisation's work and of the business, financial, and legal contexts in which it operates
- Making the best use of my expertise and that of my colleagues while working within the limits of my competence and knowledge
- Understanding my role and powers, the legal, regulatory, and accountability frameworks and guidance within which I operate, and the boundaries between the executive and the non-executive
- Working collaboratively and constructively with others, contributing to discussions, challenging decisions, and raising concerns effectively
- Publicly upholding all decisions taken by the board under due process for as long as I am a member of the board
- Thinking strategically and developmentally
- Confidently and competently using data and other forms of intelligence, including patient complaints and feedback, to improve the quality of care
- Understanding the health needs of the population I serve
- Reflecting on personal, board, and organisational performance, and on how my behaviour affects those around me; and supporting colleagues to do the same
- Looking for the impact of decisions on the services we and others provide, on the people who use them, and on staff
- Listening to patients and service users, their families and carers, the community, colleagues, and staff, and making sure people are involved in decisions that affect them
- Communicating clearly, consistently and honestly with patients and service users, their families and carers, the community, colleagues, and staff, and ensuring that messages have been understood.

Business practices

5. As a Member, for myself and my organisation, I will seek:

To ensure my organisation is fit to serve its patients and service users, and the community

To be fair, transparent, measured, and thorough in decision-making and in the management of public money

To be ready to be held publicly to account for my organisation's decisions and for its use of public money.

6. I will do this by:

- Declaring any personal, professional, or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours, or decision-making, and removing myself from decision-making when they might be perceived to do so
- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify
- Ensuring that effective incident reporting, disclosure, complaints, and whistleblowing procedures are in place and in use
- Condemning any practices that could inhibit or prohibit the reporting of concerns by members of the public, staff, or board members about standards of care or conduct
- Ensuring that staff provide high quality care in a listening, supportive, learning environment
- Ensuring that patients and service users and their families have clear and accessible information about the choices available to them so that they can make their own decisions
- Respecting patients' rights to consent, privacy and confidentiality, and access to information, while enabling the legitimate sharing of information between care teams and professionals for the purposes of a patient's direct care
- Being open about the evidence, reasoning, and reasons behind decisions about budget, resource, and contract allocation
- Seeking assurance that my organisation's financial, operational, and risk management frameworks are sound, effective, and properly used, and that the values in these Standards are put into action in the design and delivery of services
- Ensuring that my organisation's contractual and commercial relationships are honest, legal, regularly monitored, and compliant with best practice in the management of public money
- Working in partnership and co-operating with local and national bodies to support the delivery of safe, high quality care
- Ensuring that my organisation's dealings are made public, unless there is a justifiable and properly documented reason for not doing so.

Code of Practice on Openness in the NHS

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Code of Practice on Openness in the NHS

1. Introduction

This Code of Practice sets out the basic principles underlying public access to information about the NHS. It reflects the Government's intention to ensure greater access by the public to information about public services and complements the Code of Access to Information which applies to the Department of Health.

Because the NHS is a public service, it should be open about its activities and plans. So, information about how it is run, who is in charge and how it performs should be widely available. Greater sharing of information will also help to foster mutual confidence between the NHS and the public.

The basic principle of this Code is that the NHS should respond positively to requests for information, except in certain circumstances identified in the Code. For example, patients' records must be kept safe and confidential.

2. Scope

The Code of Practice covers the following NHS organisations in England: Health Authorities, Special Health Authorities, NHS Trusts, Primary Care Trusts, the Mental Health Act Commission and Community Health Councils. It also covers family doctors, dentists, optometrists (opticians) and community pharmacists.

Specific requirements for most of these organisations are detailed in separate annexes. Organisations not covered in the annexes must apply the general principles of the Code in their dealings with the public.

3. Aims

The aims of the Code are to ensure that people:

- have access to available information about the services provided by the NHS, the cost of those services, quality standards and performance against targets;
- are provided with explanations about proposed service changes and have an opportunity to influence decisions on such changes;

- are aware of the reasons for decisions and actions affecting their own treatment;
- know what information is available and where they can get it.

4. General Principles

In implementing the Code, the NHS must:

- respond positively to requests for information (except in the circumstances identified in paragraph 9);
- answer requests for information quickly and helpfully, and give reasons for not providing information where this is not possible;
- help the public to know what information is available, so that they can decide what they wish to see, and whom they should ask;
- ensure that there are clear and effective arrangements to deal with complaints and concerns about local services and access to information, and that these arrangements are widely publicised and effectively monitored.

5. Information Which Must be provided

Apart from the exemptions set out in paragraph 9 below, NHS Trusts, Primary Care Trusts and Health Authorities must publish or otherwise make available the following information (further details are given in Annexes A, B, C and D):

- information about what services are provided, the targets and standards set and results achieved, and the costs and effectiveness of the service;
- details about important proposals on health policies or proposed changes in the way services are delivered, including the reasons for those proposals. This information will normally be made available when proposals are announced and before decisions are made;

- details about important decisions on health policies and decisions on changes to the delivery of services. This information, and the reasons for the decisions, will normally be made available when the decisions are announced;

- information about the way in which health services are managed and provided and who is responsible;

- information about how the NHS communicates with the public, such as details of public meetings, consultation procedures, suggestion and complaints systems;

- information about how to contact Community Health Councils and the Health Service Commissioner (Ombudsman);

- information about how people can have access to their own personal health records.

6. Response to Requests for Information

Requests for information, whether made in person or in writing, must be answered promptly. An acknowledgement must be sent within 4 working days and, where possible, the information should follow within 20 working days.

NHS organisations are not required to make available:

- i) copies of the documents or records containing the information (although in some cases it may be simpler to do so if they contain nothing but the information requested);

- ii) information which the organisation does not possess (eg comparable data with other organisations);

- iii) individual copies of documents or other forms of information which are already widely publicly available.

If the information is not to be provided under the terms of the Code, an explanation must be provided within 20 working days of receipt of the request.

Each NHS organisation must publish the name of an individual who has responsibility for the operation of this Code of Practice. This should be a senior officer directly accountable to the Chief Executive of the organisation. Details of how to request information through this individual must also be publicised locally.

7. Charging for Information

NHS Trusts, Primary Care Trusts and Health Authorities may make a charge for providing

information but are not required to do so. It is recommended that charging should be exceptional but that where charges are made the following ground rules should be observed:

- a) no charge for individuals enquiring about services or treatment available to them; press and other media; Community Health Councils; MPs; Local Authorities; Citizen's Advice Bureaux;

- b) for requests from people not listed above, no charge for the first hour and a charge not exceeding £20 per hour for each hour thereafter.

8. Personal Health Records

The NHS must keep patients' personal details confidential but people normally have a right to see their own health records. Depending on who made the records, patients can obtain access through the relevant Trust, Health Authority, family doctor or dentist. Access must be given within the timetable in the Access to Health Records Act 1990 (or, for records held on computer, the Data Protection Act 1984). Under these Acts patients may be charged for access to their records

9. Information Which May be Withheld

NHS Trusts and Authorities must provide the information requested unless it falls within one of the following exempt categories:

- i) Personal information. People have a right of access to their own health records but not normally to information about other people.

- ii) Requests for information which are manifestly unreasonable, far too general, or would require unreasonable resources to answer.

- iii) Information about internal discussion and advice, where disclosure would harm frank internal debate, except where this disclosure would be outweighed by the public interest.

- iv) Management information, where disclosure would harm the proper and effective operation of the NHS organisation.

- v) Information about legal matters and proceedings, where disclosure would prejudice the administration of justice and the law.

- vi) Information which could prejudice negotiations or the effective conduct of personnel management or commercial or contractual activities. This does not cover information about internal NHS contracts.

vii) Information given in confidence. The NHS has a common law duty to respect confidences except when it is clearly outweighed by the public interest.

viii) Information which will soon be published or where disclosure would be premature in relation to a planned announcement or publication.

ix) Information relating to incomplete analysis, research or statistics where disclosure could be misleading or prevent the holder from publishing it first.

10. Complaining About the Provision of Information

People may wish to complain about a decision to refuse to provide information, a delay in providing information or levels of charges. In the first instance, complaints should be made within 3 months to the local individual responsible for the operation of the Code (see paragraph 6 above). If the complainant remains dissatisfied, a complaint should be made to the Chief Executive of the organisation, or the Chief Executive of the Health Authority in the case of family doctors, dentists, pharmacists and optometrists (opticians). Community Health Councils may be able to help people to pursue their complaint. NHS Trusts and Authorities must acknowledge complaints within 4 working days and reply within 20 working days.

The NHS Trust or Authority will provide people with information about how to take their complaint further to the Health Service Ombudsman if they remain dissatisfied. However, the Ombudsman does not investigate complaints about the withholding of information by family doctors, dentists, pharmacists, optometrists (opticians) or Community Health Councils.

ANNEX A - NHS Trusts and Primary Care Trusts (PCTs)

1. Introduction

This annex describes the information which NHS Trusts and PCTs must publish or make available. It also lists examples of information which it is recommended should be made available as a matter of good practice, either through publication or on request.

2. Information Which Must be Published

The following are the documents which Trusts must publish by given dates:

- an annual report describing the Trust's performance over the previous financial year, and including details of board members' remuneration; the

report should be written and presented in a way that can be readily understood by the general public:

- an annual summary of the Trust's business plan, describing the Trust's planned activity for the coming year;

- a summary strategic direction document (not published annually), setting out the Trust's longer term plans for the delivery of health care services over a five year period; and

- audited accounts published annually.

In addition to the documents described above, NHS Trusts and PCTs must also make available, on request:

- the register of board members' private interests required under the Code of Accountability for NHS boards:

2.1 Public Meetings - NHS Trusts and PCTs are required to hold their board meetings in public. An agenda, papers, the accounts and the annual report must be publicly available at least 7 days in advance of the meeting. Provision must be made for questions and comments to be put by the public. Public meetings must be held in readily accessible venues and at times when the public are able to attend.

3. Good Practice in Providing Information

3.1 Examples of Additional Information Which May be Published

- quarterly board reports (financial, activity, quality and contract information);

- information on service changes;

- agenda and papers relating to other meetings held in public in addition to the Annual Public Meeting.

3.2 Examples of Information Which May be Available on Request

The following list is a guide to some of the information which is routinely held by most NHS Trusts. Much of the information will be detailed in the previous year's annual report. Where more up-to-date information is available, this may be given:

- patient information leaflets; ■ description of facilities (numbers of beds, operating theatres etc.);
- waiting times by specialty; ■ detailed information on activity; ■ broad conclusions of clinical audit; ■ number and percentage of operations cancelled, by specialty; ■ price lists for extra-contractual referrals;

- information about clinicians (including qualifications, areas of special interest, waiting times for appointment);
- areas which have been market-tested, with details of decisions reached;
- tenders received by value, but not by name of tenderer;
- information on manpower and staffing levels and staff salaries by broad bandings;
- policies for Trust staff, eg equal opportunities, standards of conduct;
- environmental items, eg fuel usage;
- volume and categories of complaints and letters of appreciation (without identifying individuals), and performance in handling complaints;
- results of user surveys and action to be taken;
- standing orders and waivers of standing orders;
- standing financial instructions;
- external audit management letter, and Trust response, time when response is made;
- details of administrative costs;
- funds held on trust, such as bequests and donations;
- performance against quality standards in contracts;
- clinical performance, by specialty, eg proportion of surgery done on day surgery basis, by condition;
- performance against national and local targets for inpatient and day case waiting times;
- names and contact (office) numbers of board members and senior officers;
- basic salaries, ie excluding PRP and distinction awards, of staff, by bandings and in anonymised form;
- response times for ambulances;
- information about the use of outside management consultants, including expenditure

4. Procedures for Obtaining Information

Trusts must ensure that people know whom to ask for information. They must publish the name of the person responsible, along with full details of how to go about obtaining information and how to complain if the information is not provided. The person responsible should be a senior officer who is directly accountable to the Chief Executive of the Trust.

ANNEX B - Health Authorities

1. Introduction

1.1 Health Authorities have an essential role in the successful development of local services and achieving a strategic balance of care. (Annexes C and D give complementary advice for General Practitioners.)

1.2 This Annex describes the information which they must publish or make available. It also lists examples of information which it is recommended is made available as a matter of good practice, either through publication or on request.

2. Information Which Must be Published

2.1 Health Authorities

The following are the documents which Authorities must publish by given dates:

- an annual report, describing the performance over the previous financial year, and including details of board members' remuneration; the report should be in a form that can be readily understood by the general public;
- an annual report by the Director of Public Health;
- a full list of General Medical Practitioners, General Dental Practitioners, pharmacists and optometrists in their locality;
- papers, agendas and minutes of board meetings held in public;
- audited accounts published annually;
- a strategy document (not published annually) setting out the health authority's plans over a five year period. They must consult with the public before and after developing the strategy.

In addition to the documents described above, authorities must also make available, on request:

- annual purchasing plans;
- contracts with providers, both NHS and non-NHS;
- the register of board members' private interests required under the Code of Accountability for NHS boards.

2.2 Public Meetings - Health Authorities must hold all their board meetings in public, though there is provision of certain issues (eg personnel and commercial matters) to be taken in a private part of the meeting. The agenda for these meetings must always be provided to the press and on request to members of the public. Public meetings must be held in easily accessible venues, and at times when the public are able to attend.

Consultation - Health Authorities must consult with Community Health Council and other interested parties on any plans to change the services which they purchase or plan for their residents. They must publish well in advance a timetable to enable the public to know when and how they can influence to commissioning process.

3. Good Practice in Providing Information

3.1 Examples of Additional Information Which May be Published

- information on services purchased by the Authority
- information about consultation exercises undertaken and outcomes;
- full reports of any user or attitude surveys and action to be taken;
- total available financial resources;
- Health Authority allocation;
- proposed and actual expenditure on services, analysed by:
 - providers;
 - contracts (including by speciality, if available);
 - treatments purchased separately from contracts (extra

contractual referrals); ■ changes in providers and contracts from previous years; ■ performance against quality standards in contracts; ■ clinical performance by speciality, of providers contracted with, eg proportion of surgery done on day surgery basis, by condition; ■ performance against national and local targets for in-patient and day case waiting times; ■ numbers of complaints dealt with and response times; ■ names and contact (office) numbers of Authority board members and senior officers; ■ basic salaries, ie excluding PRP and distinction awards, of staff, by bandings and in anonymised form; ■ information about the use of outside management consultants, including expenditure

3.2 Examples of Information Which May be Available on Request

■ future year resource plans; ■ information about expenditure on different types of health care, such as primary, secondary or community care; ■ price comparisons of all providers used by the purchaser; ■ total expenditure per head of population; ■ costs of authority administration; ■ standing orders and waivers of standing orders; ■ standing financial instructions ■ external audit management letter, and response, at the time when the response is made.

4. Procedures for Obtaining Information

Authorities must ensure that people know whom to ask for information. They must publish the name of the person responsible, along with full details of how to go about obtaining information and how to complain if the information is not provided. The person responsible should be a senior officer who is directly accountable to the Chief Executive of the Authority.

1.1 This annex describes the information which General Medical Practitioners, General Dental Practitioners, Community Pharmacists and Optometrists must publish or make available.

1.2 General Medical Practitioners, General Dental Practitioners, Community Pharmacists and Optometrists provide services to the public which are paid for by the NHS. The public should therefore have access to information about the services they provide. Although they are self-employed independent contractors, and cannot therefore be required to publish sensitive information about their businesses, their contracts for services specify information that is important to patients and which must be made available.

2. Information Which Must be Published

The following are the statutorily required documents which must be published.

2.1 General Medical Practitioners

Practice Leaflets - Essential information for patients about individual doctors' practices is published in practice leaflets which can be obtained from the practice. These must contain the following information:

■ name, sex, medical qualifications and date and first place of registration of the General Practitioner; ■ details of availability (including arrangements for cover when the General Practitioner is not available), appointments system and how to obtain an urgent appointment or home visit; ■ arrangements for obtaining repeat prescriptions and dispensing arrangements; ■ frequency, duration and purpose of clinics; ■ numbers and roles of other staff employed by the practice, and information about whether the General Practitioner works alone, part-time or in partnership; ■ details of services available - for example, child health surveillance, contraception, maternity, medical, minor surgery, counselling and physiotherapy; ■ details of arrangements for receiving and responding to patients' comments and complaints; ■ geographical boundary of the practice area; ■ details of access for the disabled.

In addition, some leaflets also:

■ contain information detailing any other professional staff employed by the practice, including their registration status; ■ are available in languages other than English which are commonly used locally.

2.2 General Dental Practitioners

Practice Leaflets - Essential information for patients about individual dental practices is published in practice leaflets which can be obtained from the practice. These contain:

■ name, sex and date of registration as a dental practitioner; ■ address, opening hours and details of partners/associates; ■ whether a dental hygienist is employed; ■ details of access to the premises; ■ whether only orthodontic treatment is available; ■ with consent, whether the dentist speaks any languages in addition to English; ■ General Dental Practitioners are required to inform patients of any emergency arrangements in place.

Charges

■ General Dental Practitioners must provide patients with individual costed treatment plans. They must display a notice of the scale of NHS charges and information about entitlement to exemption from or remission of charges.

It is good practice:

- to provide information about their cross-infection control procedures, giving examples as appropriate.

2.3 Community Pharmacists

Practice Leaflets - Pharmacists are not obliged to produce practice leaflets but those dispensing more than 1500 prescriptions a month normally do so. These leaflets detail the range of services available to the public and, if produced, must contain the following information:

- a list of services provided by the pharmacist; ■ name, address and telephone number of the pharmacy; ■ normal opening hours and arrangements for out of hours services and emergencies; ■ procedures for receiving comments on services provided.

As good practice:

- an increasing number of Community Pharmacists make health promotion leaflets available to the public.

2.4 Optometrists

Optometrists are not currently required to produce practice leaflets, but many do so as a matter of good practice.

Results of Eye-Tests

Optometrists must provide patients with a copy of the results of their eye-tests (ie their prescription) or a statement that no prescription is required.

5. Procedures for Obtaining Information

3.1 Information about individual General Medical Practitioners, General Dental Practitioners, Pharmacists and Optometrists and their practice leaflets must be available from the practice. Health Authorities must ensure that people know whom to ask for additional information. The Authority should publish the name of the person responsible. This should be a senior officer who is directly accountable to the Chief Executive of the Authority.

5.2 Complaints about failure to obtain information should be dealt with as far as possible by the practice. If the complainant remains dissatisfied, he/she should be directed to the Family Health Services Authority. The assistance of the Community Health Council may also be sought. At present the Health Service Ombudsman does not investigate complaints against family doctors, dentists, optometrists (opticians) or pharmacists.

General Practitioners

ANNEX D - General Practitioners

1 Introduction

This Annex extends Annex C and describes the additional information which General Practitioners must publish or make available.

2. Information Which Should be Published

The following are the documents which General Practitioners should publish or make available by given dates:

- plans for major shifts in purchasing; ■ annual practice plan describing how the practice intends to use its fund and management allowances over the coming year and demonstrating the practice's contribution to national targets and priorities as well as any locally-agreed objectives. The plan should include an outline longer term view and may optionally include the practice's primary health care team charter (Practice Charter) and plans for the practice's general medical services (GMS) activity; ■ Practice Charter (if available and not included above); ■ annual performance report; ■ audited annual accounts.

Consultation

General Practitioners must ensure that a copy (or a summary) of their major shifts in purchasing intentions, annual plans, Practice Charter (if separate) and performance reports is available at their practice for consultation by patients. A copy of the above documents should be sent to the Health Authority and a copy (or a summary) to the local Community Health Council.

In addition, General Practitioners are required to produce annual accounts for audit. Once audited, these are public documents and are available for inspection at the Health Authority.

3. Procedures for Obtaining Information

3.1 Information about individual practices should be requested direct from the practice. Complaints about failure to provide information should be dealt with as far as possible by the practice.

3.2 If the complainant remains dissatisfied he/she should be directed to the Health Authority. The assistance of the Community Health Council may also be sought. At present the Health Service Ombudsman does not investigate complaints against family doctors, dentists, optometrists (opticians) or pharmacists.

3.3 Requests for information which is not about an individual practice should be directed to the Health Authority. They must ensure that they publicise the

name of the officer within the HA who is responsible for providing this information and for the operation of the Code of Practice. This should be a senior officer who is directly accountable to the Chief Executive of the Authority.

The Department of Health will be pleased to respond to any queries on this Code of Practice on Openness in the NHS. Please contact Jerry Bird, Room 2N21, Quarry House, Quarry Hill, LEEDS LS2 7UE.