

DATE	26 July 2016
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Wendy Booth, Director of Performance Assurance & Trust Secretary
CONTACT OFFICER	As above
SUBJECT	Professional Standards Authority (PSA) Standards Affirmation
BACKGROUND DOCUMENT (IF ANY)	NLG(13)161 – Self-assessment against PSA Standards
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	Trust Board – 2013, 2014, 2015
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	The Trust Board has previously agreed to annual affirmation of sign up to the PSA standards
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	YES
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	Ensures compliance with good governance requirements
ACTION REQUIRED BY THE BOARD	The Board is asked to affirm its ongoing commitment to the PSA Standards

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

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 this end, in November 2012, the Professional Standards Authority (PSA) published new standards for members of NHS boards and CCG governing bodies in England. The standards – which are outlined at **Appendix A** – cover three domains: personal behavior, technical competence and business practices, and put compassion and respect at the heart of NHS leadership. The standards also aim to capture existing standards, codes and principles (the Nolan Principles) by which NHS Board members are currently bound and are also intended to underpin existing systems for recruitment, training & development and appraisal.

In May 2013 the Trust Board formally signed up to these standards. The Trust Board also agreed at that time to annual affirmation of sign up to these standards and this requirement is incorporated within the Trust's Corporate Timetable.

Trust Board action required:

- It is recommended that the Trust Board affirms its ongoing compliance with and sign up to the PSA Standards. The assurances that support the Trust's affirmation have been updated and are attached at **Appendix A**.

Standards for Members of NHS Boards and CCG Governing Bodies in England

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.

Standards	Organisational Assurances
Personal Behaviour	
<p>1. As a member I commit to:</p> <ul style="list-style-type: none"> • The values of the NHS Constitution • Promoting equality • Promoting human rights <p>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.</p>	<ul style="list-style-type: none"> • All Board members are expected to comply with the Nolan Principles and this is reflected within the Trust Constitution. • The Board is a unitary Board. • Both Executive and Non-Executive Directors (NEDs), in accepting the Director role, are effectively agreeing to adhere to the expected standards of behavior including the Nolan principles. • Executive and Non-Executive Directors are required to complete an annual declaration of compliance with the Fit & Proper Persons requirements. This is supported by an overarching declaration by the Chairman which is submitted to the Trust Board.
<p>2. I will apply the following values in my work and relationships with others:</p> <ul style="list-style-type: none"> • Responsibility: I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board, 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 	

<p>by which I am bound.</p> <ul style="list-style-type: none"> • 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. 	
<p>Technical competence</p>	
<p>3. As a member, for myself, my organisation, and the NHS, I will seek:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Recruitment of NEDs reflects the Board's assessment of the skills required. The selection process for NEDs is outlined within the 'Process for the Appointment of the Chairman, Non-Executive Directors and Deputy Chairman' (which is included within the Terms of Reference of the Appointments & Remuneration Committee for Non-Executive Directors and meets all relevant best practice requirements including Monitor's Code of Governance. • There is an Induction & Development process for NEDs. • The appraisal process for the Chair and NEDs has been aligned to the process and timescale for that of Executive Directors. • Recruitment of Executive Directors reflects the Board's assessment of the skills required, complies with national guidance and involves NEDs and external assessors as appropriate. • Mechanisms are in place to assess the performance of Executive Directors, through the Appraisal process, and to identify training needs where appropriate. • An Organisational Development (OD) & People Strategy is in place. As part of the OD & People Strategy, Board development events and Time-Outs are held. Board Briefings are also regularly held. • A review and strengthening of the Executive Director structure has recently been undertaken. • Changes to Board sub-committees were made during 2014/15 and included the introduction of a Resources Committee. Evaluation of the
<p>4. I will do this by:</p> <ul style="list-style-type: none"> • 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. • Seeking and using evidence as the basis for decisions and actions. • 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. 	

<ul style="list-style-type: none"> Respecting patients' rights to consent, privacy and confidentiality, and access to information, as enshrined in data protection and freedom of information law and guidance. 	<p>effectiveness of all Board sub-committees is undertaken annually.</p> <ul style="list-style-type: none"> The NED appointment / re-appointment cycle is reflected within the Trust's Corporate Timetable. Annual external review of Board assurance and self-certification processes is undertaken by KPMG. No significant gaps have been identified during the 2016 review. Executive and Non-Executive Directors are required to complete an annual declaration of compliance with the Fit & Proper Persons requirements. This is supported by an overarching declaration by the Chairman which is submitted to the Trust Board.
Business practices	
<p>5. As a member, for myself and my organisation, I will seek:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> A 'Register of Directors Interests' is in place, is reviewed and updated annually (last updated in March 2016) – and confirms that there are no material conflicts of interest in the Board. Board members are asked to declare any conflicts of interest at the start of each Trust Board meeting. Board meetings are held in public. Comprehensive arrangements are in place for reporting to the Trust Board on performance and key risks to future performance against a raft of targets / contractual obligations and indicators including: <ul style="list-style-type: none"> the submission of a monthly report of compliance against key performance targets and specific Licence / contractual obligations; the submission of a monthly trading report; the submission of a monthly quality report which reports progress against key quality performance indicators in year; the submission of a monthly mortality report. Action plans are in place to manage areas of non-compliance with performance targets and these are monitored / challenged monthly by the relevant Board sub-committees and the Trust Board. The Trust's Performance Management Framework was reviewed and strengthened during 2016 to
<p>6. I will do this by:</p> <ul style="list-style-type: none"> 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 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 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. 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. 	

<ul style="list-style-type: none"> • 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. 	<p>ensure links with the Trust's 'Zero Tolerance' Framework and relevant HR policies & procedures.</p> <ul style="list-style-type: none"> • The Trust has identified NEDs to lead the challenge in respect of specific aspects of governance and performance including HCAI, risk management and the risk register, mortality, falls, pressure ulcers and quality and the patient experience and also in respect of sustainability and management of waiting lists. • There is evidence from Board minutes of NED challenge in respect of the performance of the organisation. • The Trust Board receives assurance both directly and via its sub-committees in respect of the system of internal controls. • The Trust has in place long standing 'Speaking Out' and Incident Reporting policies.
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