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References:**Yorkshire Ambulance Service:**

Business Conduct for Staff – Interests, Gifts, Hospitality and Sponsorship Policy, 2012.

Constitution, (including the Standing Orders for the Board of Directors) 2012.

Raising Concerns at Work (Whistleblowing) Policy, 2012.

Register of Interests.

Standing Orders, Reservation & Delegation of Powers and Standing Financial Instructions, 2012.

Other:

Code of Conduct: Code of Accountability in the NHS. 2004. Department of Health.

NHS Constitution, 2012. Department of Health.

NHS Finance Manual at www.info.doh.gov.uk/doh/finman

NHS Foundation Trust Code of Governance, 2010. Monitor:

[http://www.monitor-nhsft.gov.uk/sites/default/files/Code%20of%20Governance_WEB%20\(2\).pdf](http://www.monitor-nhsft.gov.uk/sites/default/files/Code%20of%20Governance_WEB%20(2).pdf)

The Department of Health guidance to NHS organisations about standards of business conduct (ref: HSG(93)5).

The Freedom of Information Act, 2000.

'The Nolan Report', First Report of the Committee on Standards in Public Life. Committee on Standards in Public Life. 1995.

<http://www.archive.official-documents.co.uk/document/cm28/2850/285002.pdf>.

Whistleblowing in the NHS, letter dated 25 July 2003 from the Director of HR in the NHS.

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1 The Board of Directors - General Duty:

- 1.1 The general duty of the Board of Directors (Herein referred to as the Board) and of each Director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.
- 1.2 The Board comprises of Executive Directors together with Non-Executive Directors and the Chairman who are appointed by the NHS Appointments Commission on behalf of the Secretary of State. Together they share unitary responsibility for all decisions of the Board. In addition the Board includes one Non-Executive Director (Designate) and a non-voting Executive Director. There is a clear division of responsibility between the Chairman and the Chief Executive. Boards are required to meet regularly and to retain full and effective control over the organisation. The Chairman's role and Board functions are set out below.
- 1.3 The Chief Executive is directly accountable to the Board for meeting his/her objectives, and as Accountable Officer, to the Chief Executive of the NHS for the performance of the organisation.
- 1.4 The Chairman and Non-Executive Directors are responsible for monitoring the executive management of the organisation and are responsible to the Secretary of State for the discharge of these responsibilities.

2 Public Service Values

- 2.1 Public Service Values must be at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.
- 2.2 The Code of Conduct for the Board of Directors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviours within the Trust. This Code is intended to operate in conjunction with the NHS Foundation Trust Code of Governance, and the Standing Orders, Reservation & Delegation of Powers and Standing Financial Instructions.
- 2.2 The principles underpinning this Code are drawn from the 'Seven Principles of Public Life', as defined by "The Nolan Report" and are as follows:
 1. **Selflessness** : Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

2. **Integrity** : Holders of public office should 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.
3. **Objectivity** : In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit alone.
4. **Accountability** : Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness** : Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
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 that protects the public interest.
7. **Leadership**: Holders of public office should promote and support these principles by leadership and example.

3 General Principles

- 3.1 Public service values matter in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.
- 3.2 The success of this Code depends on a vigorous and visible example from the Board and the consequential influence on the behaviour of all those who work within the organisation. The Board has a clear responsibility for corporate standards of conduct and acceptance of this Code should inform and govern the decisions and conduct of all Directors.

4 Openness and Public Responsibilities

- 4.1 Health needs and patterns of provision of health care do not stand still. There should be a willingness to be open with the public, patients, stakeholders and with staff as the need for change emerges. It is a requirement that major changes are consulted upon before decisions are reached. Information supporting those decisions should be made available, in a way that is understandable, and positive responses should be given to reasonable

requests for information and in accordance with the Freedom of Information Act 2000.

- 4.2 NHS business should be conducted in a way that is socially responsible. As a large employer in the local community, Yorkshire Ambulance Service will forge an open and positive relationship with the local community and will work with staff and partners to set out a vision for the organisation in line with the expectations of patients, the public, Members and Commissioners of our services. Yorkshire Ambulance Service should demonstrate to the public that they are concerned with the wider health of the population including the impact of the organisation's activities on the environment.
- 4.3 The confidentiality of personal and individual patient information must, of course, be respected at all times.

5 The Yorkshire Ambulance Service Strategic Direction

- 5.1 The Yorkshire Ambulance Service's vision is to:

**To provide an ambulance service for Yorkshire which is
continuously improving patient care, high performing,
always learning and delivers value for money**

- 5.2 The Strategic Goals to achieve this vision are:

1. Continuously Improving Patient Care
2. High Performing
3. Always Learning
4. Value for Money and Provider of Choice

6 Public Service Values in Management

- 6.1 It is unacceptable for the Board, or any individual within the organisation for which the Board is responsible, to ignore public service values in achieving results. The Chairman and the Board have a duty to ensure that public funds are properly safeguarded, and that at all times the Board conducts its business as efficiently and effectively as possible. Proper stewardship of public monies requires value for money to be high on the agenda.
- 6.2 Accounting, tendering and employment practices within the Yorkshire Ambulance Service must reflect the highest professional standards. Public statements and reports issued by the Board should be clear, comprehensive and balanced, and should fully represent the facts. Annual and other key reports should be issued in good time to all individuals and groups in the community who have a legitimate interest in health issues to allow full consideration by those wishing to attend public meetings on local health issues.

7 Public Business and Private Gain

The Chairman and the Board should act impartially and should not be influenced by social or business relationships. No one should use their public position to further their private interests. Where there is a potential for private interests to be material and relevant to Yorkshire Ambulance Service business, the relevant interests should be declared and recorded in the Board minutes, and entered into a register which is available to the public. When a conflict of interest is established, the Director should withdraw and play no part in the relevant discussion or decision.

8 Hospitality and Other Expenditure

Directors should set an example to their organisation in the use of public funds and the need for good value in incurring public expenditure. The use of NHS monies for hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board should be aware that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage respect for the Yorkshire Ambulance Service in the eyes of the community.

9 Relations with Suppliers

The Board has a policy for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation should be carefully considered and the decision should be recorded. The Board is aware of the risks in incurring obligations to suppliers at any stage of a contracting relationship. Suppliers should be selected on the basis of quality, suitability, reliability and value for money. (Ref: The Department of Health guidance to NHS organisations about standards of business conduct (ref: HSG(93)5)).

10 Staff

The Board has ensured that staff have a proper and widely publicised policy for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The Board has established a climate:

- that enables staff who have concerns to raise these reasonably and responsibly with the right parties;
- that gives a clear commitment that staff concerns will be taken seriously and investigated; and
- where there is an unequivocal guarantee that staff who raise concerns responsibly and reasonably will be protected against victimisation.

(Ref: Whistleblowing in the NHS, letter dated 25 July 2003 from the Director of HR in the NHS; YAS Raising Concerns at Work (Whistleblowing) Policy, 2012).

11 Compliance

The Yorkshire Ambulance Service Board should satisfy itself that the actions of the Board and all its Directors (Non-Executive and Executive) in conducting Board business fully reflect the values in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon.

12 Code of Conduct

This Code of Practice is the basis on which Yorkshire Ambulance Service Board should seek to fulfil the duties and responsibilities conferred upon it by the Secretary of State for Health. All Directors of Yorkshire Ambulance Service are required, on appointment, to subscribe to this Code of Conduct.

13 Status

Yorkshire Ambulance Service NHS Trust is established under statute as a corporate body to ensure that the Trust has a separate legal personality. Statutes and regulations prescribe the structure, functions and responsibilities of the Board and prescribe the way the Chairman and Directors are to be appointed.

14 Statutory Accountability

The Secretary of State for Health has statutory responsibility for the health of the population of England and uses statutory powers to delegate functions to NHS organisations who are thus accountable to the Secretary of State and to Parliament. The Department of Health is responsible for directing the NHS, ensuring national policies are implemented and for the effective stewardship of NHS resources.

15 The Role of the Board

- 15.1 The duty of an NHS Board is to add value to the organisation, enabling it to deliver healthcare and health improvement within the law and without causing harm. It does this by providing a framework of good governance within which the organisation can thrive and grow. Good governance is not restrictive but an enabling ingredient to underpin change and modernisation.

15.2 The role of an NHS board is to:

- Set the organisation's values and standards and ensure that its obligations to patients, the local community and the Secretary of State are understood and met;
- set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance;
- provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed;
- be collectively responsible for adding value to the organisation, for promoting the success of the organisation by directing and supervising the organisation's affairs.

16 The Role of the Chairman

16.1 The overall role of the Chairman is one of enabling and leading so that the attributes and specific roles of the Executive Team and the Non-Executives are brought together in a constructive partnership to take forward the business of the organisation.

16.2 The key responsibilities of the Chairman are:

- Leadership of the Board, ensuring its effectiveness on all aspects of its role and setting its agenda;
- ensuring the provision of accurate, timely and clear information to Directors;
- ensuring effective communication with staff, patients, stakeholders and the public;
- arranging the regular evaluation of the performance of the Board, its committees and individual directors;
- facilitating the effective contribution of Non-Executive directors and ensuring constructive relations between Executive and Non-Executive Directors;
- enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team;
- ensure that key and appropriate issues are discussed by the Board in a timely manner;
- ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions;
- lead Non-Executive Board members through a formally-appointed Remuneration & Terms of Service Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members;
- appoint Non-Executive Board members to an Audit Committee of the main Board; and
- advise the Secretary of State on the performance of Non-Executive Board members.

- 16.3 A complementary relationship between the Chairman and Chief Executive is important. The Chief Executive is accountable to the Board for ensuring that the Board is empowered to govern the organisation and that the objectives it sets are accomplished through effective and properly controlled executive action. The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board.

17 The Role of Non-Executive Directors

- 17.1 Non-Executive Directors are appointed by the NHS Appointments Commission on behalf of the Secretary of State to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.

- 17.2 The duties of Non-Executive Directors are to:

- constructively challenge and contribute to the development of strategy;
- scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance;
- satisfy themselves that financial information is accurate and that financial controls and systems of risk management are robust and defensible;
- determine appropriate levels of remuneration of Executive Directors and have a prime role in appointing, and where necessary, removing senior management and in succession planning; and
- ensure the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses.

- 17.3 Non-Executive Directors also have a key role in a small number of permanent Board committees such as the Audit Committee, Remuneration and Terms of Service Committee, the Quality Committee, the Charitable Funds Committee and the Finance & Investment Committee.

18 Reporting and Controls

- 18.1 It is the Board's duty to present through the timely publication of an annual report, annual accounts, quality accounts and other means, a balanced and readily-understood assessment of the organisation's performance to:

- the Department of Health, on behalf of the Secretary of State
- the External Audit function, and
- the local community.

- 18.2 Detailed financial guidance, including the role of internal and external auditors, issued by the Department of Health must be observed. (Ref: the *NHS Finance Manual* at www.info.doh.gov.uk/doh/finman).

- 18.3 The Standing Orders, Reservation & Delegation of Powers and Standing Financial Instructions of the Board prescribes the terms on which committees and sub-committees of the Board may be delegated functions, and includes the schedule of decisions reserved for the Board.

19 Declaration of Interests

- 19.1 It is a requirement that the Chairman and all Board Directors should declare any conflict of interest that arises in the course of conducting NHS business.
- 19.2 Yorkshire Ambulance Service maintains a Register of Member's Interests to minimise risk of Directors being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties, in line with the Business Conduct for Staff – Interests, Gifts, Hospitality and Sponsorship Policy, 2012.
- 19.3 All Board members are therefore expected to declare any personal or business interest which may influence, or may be *perceived* to influence, their judgement. This should include, as a minimum, personal direct and indirect financial interests, and should normally also include such interests of close family members. Indirect financial interests arise from connections with bodies which have a direct financial interest, or from being a business partner of, or being employed by, a person with such an interest.

20 Employee Relations

- 20.1 The Board must comply with legislation and guidance from the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf, and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money. Fair and open competition should be the basis for appointment to posts in Yorkshire Ambulance Service.
- 20.2 The terms and conditions agreed by the Board for senior staff should take full account of the need to obtain maximum value for money for the funds available for patient care. The Board ensures through the Remuneration and Terms of Service Committee that Executive Directors' remuneration can be justified as reasonable and also published in the annual report.