

Fit and Proper?

Governance in the public interest

March 2013

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ oversees the statutory bodies that regulate health and social care professionals in the UK. We assess their performance, conduct audits, scrutinise their decisions and report to Parliament. We also set standards for organisations holding voluntary registers for health and social care occupations and accredit those that meet them.

We share good practice and knowledge, conduct research and introduce new ideas to our sector including our concept of right-touch regulation². We monitor policy developments in the UK and internationally and provide advice on issues relating to professional standards in health and social care.

We do this to promote the health, safety and well-being of users of health and social care services and the public. We are an independent body, accountable to the UK Parliament.

Our values are at the heart of who we are and what we do. We are committed to being independent, impartial, fair, accessible and consistent in the application of our values. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was known as the Council for Healthcare Regulatory Excellence until December 2012.

² Council for Healthcare Regulatory Excellence, August 2010. *Right-touch regulation*. Available at <http://www.professionalstandards.org.uk/docs/psa-library/right-touch-regulation.pdf?sfvrsn=0>

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1. Introduction

'Prime responsibility for the maintenance of high standards should always lie with individuals and organisations themselves, in particular with their leadership.'
Committee on Standards in Public Life, January 2013. *Standards Matter*.

- 1.1 Over the past decade the governance of the health and care professional regulators in the UK has been transformed. The UK approach is no longer self-regulation but shared regulation; regulation shared by professions and the public in the interests of society as a whole. The councils or boards³ of the professional regulators are now much smaller, and have a balanced number of appointed professional and public members, rather than the large, elected, representative bodies of old. Presidents have become chairs and many are public rather than professional members. The focus of regulation on serving the public rather than the professions is manifest in these reforms, and is mirrored in similar developments in professional regulation in other sectors, such as the regulation of legal professionals.
- 1.2 Nevertheless, in the last few years instances of ineffective governance in some of the regulators we oversee have resulted in internal conflict and external loss of professional and public confidence. In the reviews that we have undertaken we have found examples of inappropriate personal and corporate behaviour which may have presented risks to the public interest and therefore warrant a wider reflection on what good governance looks like in a modern regulator.
- 1.3 Other developments highlight the importance of this issue for us now. At the request of the Secretary of State for Health we have produced standards of conduct for members of NHS boards and CCG governing bodies in England⁴. We have developed principles for how we will advise the Privy Council on council member and chair appointments to the health and care regulatory bodies. We have published advice on board size and effectiveness⁵. The Law Commission continues its work to reform the legislation of health professional regulation, with a particular focus on accountability. The Committee on Standards in Public Life has published a review of ethics in public life, including the impact of the framework established by the seven principles of public life.⁶ Growing financial pressure on healthcare organisations in the face of increasing demands makes

³ Throughout this paper we use the term 'boards' to include the governing councils of the regulatory bodies we oversee

⁴ Professional Standards Authority, November 2012. *Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England*. Available at <http://www.professionalstandards.org.uk/docs/psa-library/november-2012---standards-for-board-members.pdf?sfvrsn=0>

⁵ Council for Healthcare Regulatory Excellence, September 2011. *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*. Available at <http://www.professionalstandards.org.uk/docs/psa-library/september-2011---board-size-and-effectiveness.pdf?sfvrsn=0>

⁶ Committee on Standards in Public Life, January 2013. *Standards Matter: A review of best practice in promoting good behaviour in public life*. Available at <http://www.official-documents.gov.uk/document/cm85/8519/8519.pdf>

proportionate and focussed governance ever more important, and there is increasing recognition of the role of boards in securing high quality care. A recent letter from the Foundation Trust Network to all chairs and chief executives of its member organisations⁷ said that 'each trust board is, rightly, ultimately responsible for the quality of care its trust provides'.

- 1.4 Some of this activity was in anticipation of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*⁸ chaired by Robert Francis QC. The failure of corporate governance in the Trust is made explicit in that report and its consequences for patient care laid bare. Amongst his many recommendations Robert Francis proposes 'a prescribed code of conduct' and a 'fit and proper person' test for directors of any healthcare organisation. These proposals if acted on would give substance to the observations in this paper that standards of personal conduct and commitment to the public interest are both necessary for good governance.
- 1.5 The reform that has taken in place in the composition of boards and these other developments converge to make effective governance a salient issue for the future. We propose that the new focus should be on collective and individual responsibility, on personal behaviour and standards, and on values in public office. As well as ensuring that board members have the relevant skills and competences, we argue for renewed attention to the values, attitudes and behaviour required for boards to act in the public interest.
- 1.6 In this paper we draw on our experience of annual reviews of the regulators' performance; of investigating specific areas of concern such as our reports on the Nursing and Midwifery Council⁹, the General Dental Council¹⁰, and the General Social Care Council¹¹; and of developing policy in the sector to reflect on these issues. We also draw on our international experience, for example the review we conducted last year at the request of the Nursing Council of New Zealand¹² which looked specifically at governance. We identify some common themes and concerns which we are aware others, notably the Committee on Standards in Public Life, have recognised too¹³. We hope the regulators, the

⁷ Peter Griffiths, Chair, and Chris Hopson, Chief Executive, Foundation Trust Network, 21 January 2013. Letter to all Chairs and Chief Executives of FTN Members. Available at:

<http://www.foundationtrustnetwork.org/resource-library/quality-of-patient-care-letter/>

⁸ TSO (The Stationery Office), February 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Available at <http://www.midstaffspublicinquiry.com/report>

⁹ Council for Healthcare Regulatory Excellence, July 2012. *Strategic review of the Nursing and Midwifery Council Final Report*. Available at [http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/chre-final-report-for-nmc-strategic-review-\(pdf\).pdf?sfvrsn=0](http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/chre-final-report-for-nmc-strategic-review-(pdf).pdf?sfvrsn=0)

¹⁰ Professional Standards Authority, February 2013. *An investigation into concerns raised by the former Chair of the General Dental Council; Advice to the Department of Health*. Available at <http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/130204-gdc-investigation-report-final.pdf?sfvrsn=0>

¹¹ Council for Healthcare Regulatory Excellence, September 2009. *Report and Recommendations to the Secretary of State for Health on the conduct function of the General Social Care Council*. Available at [http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/general-social-care-council-review-\(september-2009\).pdf?sfvrsn=0](http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/general-social-care-council-review-(september-2009).pdf?sfvrsn=0)

¹² Council for Healthcare Regulatory Excellence, October 2012. *A review conducted for the Nursing Council of New Zealand*. Available at <http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/final-nursing-council-of-new-zealand-report.pdf?sfvrsn=0>

¹³ See footnote 6.

Departments of Health and those who hold other public office will wish to consider the reflections we offer in this paper.

2. Responsibility and accountability

- 2.1 Organisations, board members, chairs and chief executives are said to be 'accountable' for the performance of their organisation. This concept is commonly used and is one of the seven principles of public life. However we are concerned that it has become abstract and that its real meaning - personal responsibility - has been lost. In our recent work we have been told by a small number of former chairs and members that they have not felt themselves 'responsible' for their organisation's errors or failures. Clearly they are. The Francis Report finds many people accountable for failure but few seem to have accepted responsibility. Even more oddly board members have claimed to be 'whistle-blowers'. Whistle-blowers are people whose complaints have not been acted upon. While it is entirely appropriate that boards should have clear rules and policies on how concerns should be raised, if you are a board member there is no one to whistle at except yourself.
- 2.2 Responsibility is twofold, encompassing both individual and collective responsibility. Individual responsibility requires people to be sure they understand, to have the courage to challenge and be challenged, and to give voice to their issues and concerns. When they have done so, collective responsibility requires them to acknowledge the decision of the board and uphold it whether or not they personally agree with it. Responsible people can be held to account for their performance and the performance of their organisation. If you are the chair there is nowhere to hide. Others may have made errors and let you down but you are still responsible for the organisation and accountable for its performance.

3. Personal behaviours and the holding of public office

- 3.1 In order fully to assume responsibility for the performance of an organisation, board members must demonstrate both behaviours and values that are appropriate to the holding of public office. They must approach the tasks of board membership with seriousness of purpose, probity and integrity as appropriate to their responsibilities. They must apply care, diligence and skill to all that they do as members of a board, treating their colleagues with trust, respect and tolerance, listening and giving serious consideration to alternative positions. They must have resilience, in the sense that they must be able to accept challenge to their opinions, attitudes and assumptions with good grace and confidence. They must also have courage, to challenge the opinions of others and to ask questions when they are in doubt.

- 3.2 We are concerned that too often the qualities which are set out as prerequisites for public office are too heavily focussed on technical competences and business skills, at the expense of the attitudes and values required for governance in the public interest. While technical and business competence is of course essential, this should not be to the detriment of ensuring that board members also demonstrate what used to be known as public virtues as is necessary for the proper discharge of public duty. The public virtues are well expressed in the seven principles of public life¹⁴ but although everyone who joins a board nominally signs up to them we wonder how many of us can recite all seven? How many boards seek regularly to assure themselves that the principles run through the culture of their organisation?
- 3.3 Seriousness of purpose can be shown through such simple behaviour as avoiding over-commitment to numerous board and panel memberships. Multiple memberships create a risk of conflicts of interest, makes scheduling and attending to business overly complex and may result in failure to read and digest papers in advance or failure to attend meetings at all. The risk that arises is that members will be unable to contribute diligently to the processes of scrutiny and decision making, or that time will be wasted in meetings bringing members up to date with the issue in hand.
- 3.4 Recruitment and appraisal processes have a role to play in ensuring that board members are not overstretched in this way. Recruitment procedures in particular should focus on the competences required for the membership of the particular board in question, rather than looking narrowly at time served on seemingly similar boards or committees. They should seek to look at an applicant's career history and qualifications in an open-minded way, valuing the contribution that a diversity of experience can bring. They should seek to test whether an applicant has the capacity to contribute fully to the work of the board; individuals holding multiple appointments to numerous boards and committees goes against diversity by reducing opportunities for involvement.
- 3.5 Organisations need to ensure that their board members are supported to play their role fully and effectively. Board members should have access to induction and learning and development opportunities. In this respect, the chair has a specific role through appraising and managing the performance of the board both individually and as a group. Board members should take an active part in appraisal and board member appraisal should be an important component in deciding on suitability for reappointment. As a group the board should make use of effectiveness appraisals, where appropriate using the many facilitated diagnostics that are available.

¹⁴ See Annex 1

4. Dealing with disagreement

- 4.1 It is inevitable that as boards do their work disagreements will sometimes arise; this is part of the proper process of thorough scrutiny. The way that a board manages such disagreement is an indicator of how well it understands and enacts its collective and individual responsibilities, and whether individual members approach their role with an appropriate attitude and seriousness of purpose.
- 4.2 Individual members need to approach challenges to their own opinions and views with maturity, in the interests of due diligence and the proper testing of ideas and options. They need to know when to make a decision, and how to support a decision when it has been collectively reached, in particular where they do not personally agree with it. We have already discussed the importance of individual responsibility being followed by corporate responsibility. Both are necessary, neither is sufficient.
- 4.3 The chair has a vital role to play in steering the board through disagreements; ensuring different sides to an argument are explored and examined and that business disagreements do not become personal conflicts. Board members need to understand both how to act in accordance with their own integrity and judgement, and how to act corporately once a decision has been made. If individual board members cannot participate in or publicly support an important decision that has been reached collectively after due discussion and scrutiny, they should record this formally; but they should also consider whether their position on the board is tenable.
- 4.4 Of course, there will be circumstances where it is necessary for a board member to invoke escalation procedures where they are convinced that something is wrong. However, these procedures should not be used as a distraction or a substitute for the rigorous exploration of different opinions, assumptions and ideas.

5. Roles and relationships

- 5.1 Professional regulation is concerned with the conduct and competence of individuals. Good governance similarly depends not only on the competence but also on the conduct of chairs, board members and executives. These office holders need to understand their roles, manage differences of style or approach constructively, communicate effectively, but above all take responsibility for their own behaviour. In this way, any difficulties can be resolved and managed internally and at an early stage. All board members must challenge others when they see casual and irresponsible attitudes, discourteous language or disingenuous and manipulative behaviour. Such behaviour is destructive to effective governance and must not be accepted.

- 5.2 There is no doubt that the relationship between a chair and chief executive is fundamental to success. Both need good interpersonal skills, to appreciate each other's role and to work in partnership. The chair needs to lead and develop the board to chart the organisation's strategic direction, prioritise the organisation's resources and enable a culture in which the chief executive and staff can succeed. The chief executive needs to lead and develop the staff team. They have a shared responsibility for the performance of the organisation.
- 5.3 The chair has an important part to play in ensuring that the board is clear about what it means to be working in the public interest in that board's specific circumstances. The public interest can be a slippery concept, and can be used to justify decisions where consciously or not other motivations and interests are at play. The board should regularly review the way that the public interest is used to justify decision-making in its own work and be clear about what it understands to be its public interest purpose.

6. From representation to credibility

- 6.1 We have already acknowledged that progress has been made in moving away from large, elected boards which aimed to be 'representative' of their profession. Boards in our sector are now much smaller; 12 members is common and half of the members are drawn from the public not the professions. In more than half the chair is currently not a professional member. These are very significant indicators of a change of focus and culture. However, it is taking a while for health professions to recognise that self-regulation is over. Too often in public discussion of regulation it is claimed that professions remain in charge of their own regulation. Of course it is essential that professions remain engaged and committed to their own regulation; professional regulation must retain the consent of those it regulates.
- 6.2 However, shared regulation has benefits for professions too in building credibility and reinforcing the independence of the regulator. A credible regulator is absolutely in the interests of the profession as well as of the public. Nevertheless, the time is right to break away from the idea that individual members of regulatory boards are representative of the interests of any particular group or constituency. The very presence of registrants, professional bodies or unions can give rise to a conflict of interest. Board members need to set aside their special interests and work together on the effective governance of the regulator.
- 6.3 In our advice to the Department of Health on board size and effectiveness¹⁵ we argued that representativeness is no longer a valid concept for a board and it should be replaced with the idea of external credibility. Boards need to be credible through their performance and their mix of background, knowledge and skills of members, not because members individually are representatives of particular interests or constituencies. The composition of a board should seek to ensure credibility with as wide as possible a range of the organisation's stakeholders – for example in our sector the public, Parliament, and the regulated profession.

¹⁵ See footnote 5.

- 6.4 We are struck by how frequently it is put to us by professionals that senior office holders in professional regulatory organisations, whether executive or non-executive, should be registrants. This reveals a misunderstanding of the nature of the role and purpose of the organisation. The most successful regulators have shown that while clinical input is essential at various stages of the regulatory core functions, the job of regulating does not itself require clinical skills, training, or registration as a health or care professional. It requires people who have the relevant skills to undertake regulation and provide organisational management with dedication and competence whether they are health or care professionals or not. Openness in reporting performance and transparency of process will demonstrate fairness and build credibility.
- 6.5 Of course regulators must have the confidence of the professions they regulate. That should not require representation, but credibility in the way they engage with, listen to and acknowledge the views of stakeholders. In the 2008 report *Enhancing confidence in healthcare professional regulators*¹⁶, to which we contributed, it was recommended that board members should be clear that their overriding purpose is the protection of patients and the public. No group should have guaranteed places on the board. Members, including those who were also registrants, should not be considered to be representative in any way – board members should be appointed because of their knowledge, experience and judgement'. We continue to support this position.

7. Conflicts of interest

- 7.1 It is widely accepted that conflicts of interest are detrimental to good governance by boards, whether in public or private bodies. We recognise that over the past decade, advances have been made to minimise potential conflicts of interest from the structures and governance of the regulators we oversee. Regulators are generally no longer seen as representing the interests of professionals, and public members form half of boards, sometimes holding the position of chair. The Professional Standards Authority's own board, on which the chairs and presidents of the regulators we oversee previously sat, was reformed in 2008. It now comprises only public members, none of whom are or have been on the register of a regulator that we oversee¹⁷.
- 7.2 The principles around conflicts of interest are well understood – where a board member knows that they have a personal, professional or financial interest in a decision, they should declare it and withdraw their involvement. Board members must also be self-aware as to their own attitudes which might make it difficult or impossible to participate objectively in decisions. For example, have they already made up their mind prior to discussion? Have they been involved in a decision about a particular matter or case in another context? Are they allowing personal experience to overwhelm objectivity? Declaring an interest is only the first step,

¹⁶ Department of Health, June 2008. *Implementing the White Paper Trust Assurance and Safety: Enhancing confidence in healthcare professional regulators*. Available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085161.pdf

¹⁷ See footnote 1.

as it does not of itself remove the interest, and board members must absent themselves from the meeting if a direct interest or insurmountable bias exists.

- 7.3 The standards we recently published for NHS boards in England state clearly that integrity is one of the necessary qualities of personal behaviour and that board members should commit to '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'. The Committee on Standards in Public Life expresses particular concern about 'the growing area of ambiguity occupied by people contracted to deliver public services who may not be public office-holders. The ethical standards captured by the seven principles should also apply to such people'¹⁸.
- 7.4 We have noted occasions when a board member has not considered it a conflict of interest to remain on a board while giving evidence on behalf of their own employee in a fitness to practise case, or when they have not thought it necessary to step down despite being subject to fitness to practise proceedings themselves. Another board member continued despite the organisation they headed being in receipt of a substantial payment for work from the regulator. Integrity in public life requires more than the declaration of an interest; revealing a conflict does not remove it and perceptions of conflict of interests are also damaging to public trust.
- 7.5 The importance of identifying and managing conflicts of interest extends from boards to panels and committees within the regulatory bodies. We noted last year during our review of a fitness to practise case that the registrant referred to one of the panellists three times by their first name during the hearing. This suggested the possibility of a conflict of interest. We raised this with the Registrar who confirmed, on investigation, that the registrant was indeed known to the panellist and that this had been discussed prior to the hearing. It had been decided that although the panellist was well known to the profession locally, and had previously visited the premises of the registrant on a business matter, there was no material conflict. This had not been recorded - the regulator agreed with us that it should have been and undertook to ensure such discussions are reported in future.
- 7.6 The case highlights the need to anticipate where perceptions of conflict may arise, by asking the question 'might a reasonable observer believe conflict to exist in this case, even if it does not?' The principles of public life are clear that perceptions of conflict of interest are as important to public confidence as actual conflicts of interest. It also highlights the need to ensure proper recording of discussions and decisions in order to recognise and eliminate any potential damage. It reminds us of the need for a proper degree of formality in proceedings, to ensure that there is no confusion over the nature of the relationships between the people involved, and to ensure that appropriate boundaries are upheld. We encourage regulators to consider whether in their boards, panels and committees, a proper degree of formality is being observed, to prevent any perception that conflicts may exist where they do not.

¹⁸ Footnote 6, p 26.

- 7.7 The management of conflicts of interest is essential both within the regulators, and in the standards that the regulators promote to their registrants. For example, in England, general practitioners will in future have a crucial role to play in clinical commissioning groups. As doctors will be both commissioners and providers, the scope for financial and professional conflicts to arise is obvious. The General Medical Council is working to ensure that its guidance on conflicts of interest for doctors anticipates the problems that might be faced, and guides doctors clearly on how to manage them. This issue is explicitly addressed in the *Standards for members of NHS boards and Clinical Commissioning Groups in England*.¹⁹

8. Transparent decision-making

- 8.1 As statutory bodies working in the public interest, boards should strive for exemplary transparency, for example by holding their meetings in public unless there is a compelling reason not to do so. We encourage board members always to be mindful of the fact that they are carrying out work in the public interest, and only where there are real issues of confidentiality should decisions be taken outside of public scrutiny.
- 8.2 Boards should welcome public attendance at their meetings and create conditions in which members of the public feel comfortable and able to ask questions at an appropriate time. This must be seen as a routine part of business and as a standing item on board meeting agendas. They should make it their business to ensure that there are clear processes for decision-making at every level of the organisation, with appropriate schemes of delegation. It should be their aim to ensure that the organisation and everyone in it knows how decisions are made and by whom and can take appropriate responsibility for those decisions they make. Boards should also assure themselves that their organisation is publishing information proactively and has an appropriate publication scheme approved by the Information Commissioner's Office, as well as providing timely responses to requests for information under the Freedom of Information Act²⁰.

9. Understanding performance

- 9.1 Boards need to understand how their organisation is performing. Acknowledging that the regulators are vastly different in scale, in terms of the range of professions they regulate and in the contexts in which their registrants work, we do not propose any particular approach to performance measurement and reporting. However, we have seen failings in performance reporting which provide some lessons of principle which boards should consider.

¹⁹ See footnote 4.

²⁰ Freedom of Information Act 2000.

- 9.2 Boards need to have confidence that the performance reports that they receive tell them enough so that they can make judgements about what is going on in their organisation, without being overwhelmed by non-essential detail. Boards should expect the executive to work to build that confidence through accuracy and improvement in performance reporting. They need to be confident that the information is quality assured where appropriate through internal and external audit conducted with a level of scrutiny linked to an evaluation of risk; a transparent and proportionate process for the management of strategic and operational risk is a prerequisite for the effective oversight of performance. The aim should be consistency of reporting over time, so that board members have a clear understanding of how performance is changing. They should routinely test their understanding of performance data. They should provide effective scrutiny by challenging the information that is provided. They should be alert to the possibility of areas of activity about which they are unsighted detracting from their proper understanding of overall performance.
- 9.3 In other words, board members need to ask themselves are the right things being brought to their attention and are the right things being left unscrutinised? Are they being presented with enough information both to make judgements but also to assure themselves that issues that have been identified for action have been addressed? Boards should be aware of the risk that performance reporting can lapse into description of process or activity, rather than actual performance. On this point, we have observed a positive association between intelligent reporting and good performance. When we read performance review submissions, we are struck by the difference between those regulators who provide evidence of how they have actually performed, as compared to other regulators who have a tendency to describe the processes that should operate or the volume of activity, without supporting data showing actual performance outcomes. Boards should be constantly aware of this distinction and should be careful not to let narrative description take the place of genuine performance reporting. If boards receive accurate and informative performance data, they can have confidence that they are making decisions that are properly grounded.
- 9.4 The issue of relationships comes into play again here. A relationship of confidence and challenge between non-executive and executives, whether or not they are a unitary board, is essential if risks arising from poor performance are to be identified and managed.

10. Oversight of complaints

- 10.1 Boards need to be confident that they have an appropriate level of oversight of corporate complaints so that they are aware of any common themes and trends, and any serious issues which require them to take action or decisions. Complaints are an important source of knowledge about the difference between what happens in theory as against actual performance, the distinction that we drew in the previous section. Boards should have confidence that information from complaints is being triangulated against other sources of organisational knowledge, and that those other sources are being fully explored and reported to them appropriately. Sources of knowledge include not only external complaints,

but also stakeholder and service user feedback, media scrutiny, internal complaints, staff surveys and the tacit knowledge of staff that arises from their everyday work. Boards should not assume that an absence of complaints is tantamount to good performance, but should be seeking to ensure that potential complainants are supported to raise their concerns.

11. Conclusions

- 11.1 We acknowledge that advances have been made to improve the governance of the organisations in our sector in the past few years. Their boards are much smaller, they are no longer constituted to represent particular groups, and their members are appointed against competencies rather than elected. There is a balance of professional and public members. As a result of these changes, it is now a reasonable claim that regulation is shared between the public and the professions in the interest of society as a whole. This progressive change needs to be more widely understood, and reflected in public discussion of the purpose and further reform of regulatory organisations. The emphasis in reform to date has been on the size and composition of boards, focussing on the competences of members; their technical and business skills. We recognise the importance and significance of the progress that has been made, and its contribution to achieving effective governance in the public interest. However, we feel that with these improvements having been secured, the time is right for a renewed focus on the moral purpose of public governance and therefore the personal qualities that are appropriate for public office. This need is dramatically highlighted by the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*²¹. It is time to focus on the personal qualities and attributes that are required to ensure that the practice of governance is informed by resilience, diligence, courage and care. These, and the other values and attitudes which we have described in this paper, are essential to sustaining a relationship in which members of the public can reasonably place their trust in the public authorities that should serve them.
- 11.2 The technical competence to serve on a board is as nothing without personal commitment to the public interest. Accountability is meaningless when it only means describing what has been done, rather than taking responsibility for its consequences.
- 11.3 There is no doubt that the vast majority of board members act appropriately, understand their roles and responsibilities, and commit with seriousness of purpose to their public duties. Occasionally that is not so and the unacceptable behaviour of one individual can have a corrosive effect on the board as a whole and is likely to take disproportionate time and effort to put right. We believe that further development of governance in public service should seek to ensure the connection of those who hold public office with the focus on the public interest that should underpin our work.

²¹ See footnote 8.

12. Annex 1: The seven principles of public life

Principle	Revised description
<i>Preamble</i>	The principles of public life apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the civil service, local government, the police, courts and probation services, NDPBs, and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also have application to all those in other sectors delivering public services.
<i>Selflessness</i>	Holders of public office should act solely in terms of the public interest.
<i>Integrity</i>	Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
<i>Objectivity</i>	Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
<i>Accountability</i>	Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
<i>Openness</i>	Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
<i>Honesty</i>	Holders of public office should be truthful.
<i>Leadership</i>	Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Taken from *Standards matter: A review of best practice in promoting good behaviour in public life*, Committee on Standards in Public Life, January 2013, p24

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