

North Cumbria Integrated Care NHS Foundation Trust

Trust Chair

Role Description

Updated December 2025

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We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit. We believe that the best boards are those that reflect the communities they serve.

We are committed to the aim across the NHS to achieve gender-balanced boards with a goal of delivering that through this recruitment campaign.

We particularly welcome applications from females and those from non-binary backgrounds, people from the black and minority ethnic communities, and disabled people whom we know are under-represented in non-executive roles.

1. Introduction from our Chief Executive and Governors' Council

Thank you for the interest you have shown in North Cumbria Integrated Care NHS Foundation Trust (or NCIC for short). Established on 1 October 2019, North Cumbria Integrated Care NHS Foundation Trust (NCIC) provides a wide range of community and acute services throughout North Cumbria and beyond.

We are seeking to appoint a Chair to lead our Trust. This is an exciting and challenging time for the NHS. In the context of the NHS 10 Year plan, published in June 2025, we move into a new era for healthcare provision to provide more joined up care for patients across community and hospital services and with our system partners. In North Cumbria, we have a unique opportunity to lead the way nationally with new models of care thanks to our extensive network of community hospitals and associated services.

Our Trust has had a challenging past, and despite improvements in recent years, we recognise we have a long way to go on our improvement journey. This is demonstrated by our NHS Oversight Framework rating of 4, ranked 128th out of 134 acute Trusts nationally, in ratings published in December 2025. This has provided us with a real focus and a platform to build upon, particularly around access and performance metrics.

Despite these challenges, we have some services to be really proud of and we wish to build on these to engender further success. We are proud of our Maternity services which in 2023 were rated 'Good' by the Care Quality Commission (CQC), and in the same year the national inpatient survey rated us as one of the top performing trusts in the country for patient feedback and the care we provide. We have recently achieved accreditation for our Elective Hub at West Cumberland Hospital, we have two JAG accredited endoscopy units, have successfully opened a Community Diagnostic Centre (CDC) in Workington and are about to open a Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC) unit in Carlisle.

Our Integrated Care Communities (ICC) model provides joined-up care closer to people's homes, with professionals and communities working together to improve overall health and wellbeing.

Concurrent to this, our partnership with the University of Central Lancashire's Cumbria-based National Centre for Remote and Rural Medicine is providing education and training to equip health professionals with the knowledge and skills to provide gold standard care. Furthermore in 2025, our exciting collaboration with the University of Cumbria, Imperial College London and the Pears Foundation has seen the creation of Cumbria's first medical school - training doctors with a specifically local medical expertise for our rural and coastal population. The graduate-entry programme opened in September 2025, and we welcome the first trainee doctors on our wards.

As set out in our 5-year strategy 2024-2029, a substantial focus for us is to secure medium and longer term sustainability for our organisation. We aim to transform how we work, and to ensure the right care is delivered to our patients in a timely, high quality and appropriate way. We want to design our services with staff and through listening to our patients and ensuring that we offer the best care possible.

We want a high quality experience for those working for, and with the Trust, and aim to achieve this through our values, tackling recruitment challenges through unique strategies and approaches and improving the culture within the organisation to be one of openness, honesty and innovation.

We must also contribute to tackling climate change through sustainable plans, spending more of our money locally and supporting the economy here in Cumbria to thrive. As a key anchor institution in our region, we have a real opportunity to do so.

Our Governors' Council is forward-looking and actively ensures the views of the communities are fed back to the Board. They are involved in the co-production of services to support health and wellbeing is at the forefront, as well as meets the needs of the communities we serve.

There's no doubt this will be a challenging role but also one that will be hugely rewarding.

2. About Us

NCIC provide hospital and community health services to more than 320,000 people, over 2,600 square miles from Carlisle to Kendal and the Cumbrian coast to the North Pennines. We're responsible for delivering over 70 services across 15 main locations and we employ over 6,500 members of staff.

Our workforce is led by clinical staff who are driven by our values to provide safe, high quality care every time, the NCIC way. We are passionate about our values of kindness, respect, ambition and collaboration and want NCIC to be a great place for everyone to work.

-  **Kindness** - Kindness and compassion cost nothing, yet accomplish a great deal
-  **Respect** - We are respectful to everyone and are open, honest and fair - respect behaviours
-  **Ambition** - We set goals to achieve the best for our patients, teams, organisation and our partners
-  **Collaboration** - We are stronger and better working together with and for our patients

Our Ambition is to become a nationally recognised centre for excellence for integrated rural and coastal medicine and care. Our Objectives are:

- Our Patients: We will be clinically led to deliver the best possible care and health outcomes for our patients and service users.
- Our People: We will provide a great place to work.
- Our partners: We will work in collaboration with our partners to build integrated and sustainable health and care services for the future.
- Our 'Pounds': We will make the best use of our limited resources and become financially and environmentally sustainable.

Composition of the Board

Our Board of Directors comprises of:

- The Chair, who also chairs the Governors' Council
- Seven Non-Executive Directors
- Chief Executive Officer
- Executive Medical Director
- Executive Chief Nurse
- Executive Director of Finance
- Chief Operating Officer
- Chief People Officer
- Executive Director of Digital and Estates (currently vacant)

Role of the Board of Directors

The Board of Directors, which is a unitary Board, sets the vision, strategic objectives and priorities for the Trust and ensures that all the appropriate mechanisms are in place to deliver on these. The Board identifies the risks and challenges that the Trust faces and takes action to minimise risk and meet the challenges. It ensures that robust performance management systems are in place in order to track performance and take corrective action when necessary. In particular, it drives the highest quality of care, financial strength, and innovation. The Board is the body which is held to account for all the activities of the organisation and is the group responsible for ensuring that the organisation operates properly and effectively.

The Board is required to act in ways which:

- achieve the highest quality of services and care for patients
- builds patient, public and stakeholder confidence that their health and healthcare is in safe hands.
- determines the health needs of the local population and implements a strategic direction to achieve excellent outcomes and experience
- ensures that the organisation is productive and efficient in its use of public funds and remains financially viable
- demonstrates the requirements of good governance

Role of the Governors' Council

The Trust is a public benefit corporation and, as such, has governors who represent the users of the organisation – i.e. the public and other stakeholders. The primary purpose of governors is to act as guardians of the organisation on behalf of the users.

The role of the governors is to give advice - both as a body and as individuals, for consideration by the Board. Governors' Council is responsible for holding the Board to account for the performance of the Trust in order to contribute to the achievement of the agreed Vision and Strategic Aims, and so having an influence on change and development.

Governors fulfil this role by carrying out various responsibilities. Their statutory duties responsibilities, together with discretionary responsibilities determined by the Trust are enshrined in the Trust Constitution.

In essence, the key role of the Governors' Council is to hold the Board to account through the Non-Executive Directors for the overall performance of the Trust and for the delivery of our vision and objectives. Specifically the governors' role is to:

- To appoint, remove and decide upon the terms of office of the Chair and Non-Executive Directors
- To appoint or remove the Trust's External Auditor
- To determine the remuneration of the Chair and Non-Executive Directors
- To approve or not approve the appointment of the Trust's Chief Executive
- To receive the annual report and accounts and auditor's report at a general meeting
- To hold the Non-Executive Directors to account for the performance of the Board
- To consider a report from the Board of Directors each year on the use of income from the provision of goods and services from sources other than the NHS in England
- To approve or not approve acquisitions, mergers, separations and dissolutions
- To jointly approve changes to the Trust's constitution with the Board
- To express a view on the Trust's annual plan and Board strategies
- To represent the interests of members and the public
- Governors are responsible for regularly feeding back information about the NHS Foundation Trust, its vision and its performance to the constituencies and the stakeholder organisations that either elected them or appointed them.

3. Role Description and Responsibilities

The competency framework for [NHS Provider Chairs](#)¹, describes the core competencies and capabilities that NHSE, as our Regulator, anticipate Trust Chairs will possess. The following role description and person specification reflect that guidance.

NHS trusts and foundation trusts are primarily responsible for delivering safe, high quality services and outcomes for patients, service users and the wider community.

The Board is collectively responsible for the exercise of the powers and the performance of the Trust by directing and supervising its affairs in accordance with the Trust's licence and the regulations and provisions set down by NHS Improvement.

The Chair has a unique role in leading the NHS Foundation Trust Board. The role combines the duty to lead effective governance, consistent with the Nolan principles² and NHS values³, with securing a long-term vision and strategy for the organisation.

Fundamentally, the Chair is responsible for the effective leadership of the Board (and in foundation trusts, the Governors' Council). They are pivotal in creating the conditions necessary for overall Board and individual director effectiveness.

¹ https://www.england.nhs.uk/1sthi5thew4y/wp-content/uploads/sites/54/2020/08/Provider_Chair_Development_Framework_1nov.pdf

² <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>

³ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values>

Role description

Central to the Chair's role are five key responsibilities set out within the NHS Provider Chair Competency Framework⁴:

1. **strategic**: ensuring the Board sets the trust's long-term vision and strategic direction and holding the Chief Executive to account for achieving the trust's strategy
2. **people**: creating the right tone at the top, encouraging diversity, change and innovation, and shaping an inclusive, compassionate, patient-centred culture for the organisation
3. **professional acumen**: leading the Board, both in terms of governance and managing relationships internally and externally
4. **outcomes focus**: achieving the best sustainable outcomes for patients/ service users by encouraging continuous improvement, clinical excellence and value for money
5. **partnerships**: building system partnerships and balancing organisational governance priorities with system collaboration; this role will become increasingly more important as local organisations move to delivering integrated care, prioritising population health in line with the NHS Long Term Plan⁵.

Further details of these five key responsibilities are to be found at Appendix 1.

The relationship between the chair and the trust's chief executive is key to the role's success. The chair must cultivate an effective working relationship with the chief executive. Many responsibilities in the role description will be discharged in partnership with the chief executive. It is important that the chair and chief executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary board.

The fundamental difference between these roles is that the chair leads the board and is responsible for the non-executive directors' effectiveness and the board as a whole. The chief executive leads the organisation and is responsible for managing the executive directors. In foundation trusts, the chair also chairs the council of governors. This special relationship between the chair and the chief executive sets the tone for the whole organisation.

Person Specification

This describes the skills, experience and attributes which are required or are desirable for fulfilling the role of Chair.

Experience (please directly address these criteria in a supporting statement, to accompany your CV)

- Prior Board experience (any sector) gained in an organisation of complexity and scale.
- Experience of leading and delivering against a long-term vision and strategy.
- Experience of working in or close to the public sector, or evidence of being able to quickly adapt to new sectors.
- Experience leading transformational change, managing complex organisations, budgets and people
- Experience of building effective teams, encouraging change and innovation and shaping an open, inclusive and compassionate culture through setting the right tone at the top and championing diversity at, and across, all levels

⁴ [The role of the NHS provider chair: a framework for development, NHS Improvement November 2019](https://www.longtermplan.nhs.uk)

⁵ <https://www.longtermplan.nhs.uk>

- Experience managing conflict, finding compromise and building consensus across varied stakeholder groups with potentially conflicting priorities
- Demonstrable competence in chairing meetings
- Strong interpersonal, communication and leadership skills

Skills, values and attributes

- A clear commitment to the NHS and the trust's values and principles
- Strongly focused on the experience of all staff and patients
- Fully attentive towards issues of equality, diversity and inclusion
- Demonstrable self-awareness
- Evidence of successfully demonstrating the NHS Provider Chair competencies in other leadership roles
- An ability to identify and address issues, including underperformance, and to scrutinise and challenge information effectively for assurance
- A demonstrable interest in health and social care and a strong desire to achieve the best sustainable outcomes for all patients and service users through encouraging continuous improvement, clinical excellence and value for money
- Strong understanding of financial management, with the ability to balance the competing objectives of quality, operational performance and finance
- An appreciation of constitutional and regulatory NHS standards
- A desire to engage with the local population and to collaborate with senior stakeholders across the health and care system

Competencies

The [NHS Leadership Competency Framework for Board members](#)⁶ applies to this role. As such, the post holder will be expected to demonstrate competency across the Leadership Competency Domains, which are:

- Driving high quality and sustainable outcomes
- Setting strategy and delivering long term transformation
- Promoting equality and inclusion, reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating a compassionate, just and positive culture
- Building a trusted relationship with partners and communities

Candidates will need to demonstrate at interview that they have the competencies required to be effective in this Board level role.

The Nolan Principles - The Seven Principles of Public Life

In addition to the above roles and responsibilities Non-Executive Directors will be expected to adhere to the Nolan Principles, which are outlined in Appendix 1.

Applications will be assessed on merit, as part of a fair and open process, from the widest possible pool of candidates. The information provided by applicants will be relied on to assess whether sufficient personal responsibility and achievement have been demonstrated in previous/other roles, to satisfy the experience being sought.

⁶ [NHS England » NHS leadership competency framework for board members](#)

We are committed to building a Board that reflects the diversity of the communities we serve and strongly encourage applications from under-represented groups.

4. Appointment, Remuneration and Tenure

4.1 Appointment, Remuneration and Tenure

The appointment itself, and the terms and conditions of the Chair appointment are determined by the Governors' Council.

The Nominations Committee, a sub-committee of the Governors' Council, will be carrying out the selection process with support from the Trust. Following the selection process, the Nominations Committee will make their recommendation to the Governors' Council for consideration and approval. The successful candidate will be chosen by the Governors' Council.

Remuneration is £51,400 per annum. Remuneration is taxable and subject to National Insurance Contributions. It is not pensionable. In addition, the Chair is also eligible to claim allowances for travel and subsistence costs necessarily incurred on Trust business.

Time commitment is up to **3 days per week** and the appointment will be for 2 to 4 years and will be subject to annual performance review approved by the Governors' Council.

Prior to taking the appointment, the successful candidate should inform the Governors' Council of any other time commitments. Once appointed, the Chair should inform the Board and Governors' Council of any changes to their commitments. It is the responsibility of the Chair to ensure that they can make sufficient time available with a degree of flexibility to discharge their responsibilities effectively. There may be occasions when some time commitment during the evening is expected.

You should also note that this post is a public appointment or statutory office rather than a job and is therefore not subject to the provisions of employment law. To ensure that public service values are maintained at the heart of the National Health Service, the Chair is required to subscribe to the Code of Conduct and Standing Orders and Standing Financial instructions for the Foundation Trust.

As Chair you must demonstrate high standards of corporate and personal conduct. Details of what is required of you and the Board of Directors on which you serve are set out in the Code of Conduct as outlined above.

You will be required to declare any conflict of interest that arises in the course of Board business and also declare any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies.

Insurance cover is in place for Board member liabilities.

4.2 Eligibility and Disqualification Criteria

To be eligible for appointment the candidate must:

- ✓ meet all the requirements of the 'Fit and Proper persons' test as set out in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and NHS England's Fit & Proper Person Test Framework. A full list of disqualifications can be found in the [Trust Constitution](#): para 32/page 21; and
- ✓ **you must be a member of North Cumbria Integrated Care NHS Foundation Trust (membership is free) and you must reside in Cumbria, Lancashire, North East England or Yorkshire** but must not be employed by the Trust. To become a member of our Trust, please visit the Trust website at <https://www.ncic.nhs.uk/trust/how-we-are-run/be-involved/become-a-member>

4.3 Diversity and Monitoring

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity and will not discriminate against anyone because of their race, ethnic origin, gender or gender reassignment, disability, age, nationality, sexual orientation, marital status, colour, religion, belief or non-belief.

The information on the monitoring sheet is not used in the selection process. It will be removed on receipt and is not seen by those assessing your application. However, this information may be useful to the Trust when looking at diversity strategy and the basic information about the successful appointee may need to be made public in a variety of publications such as the Trusts annual report and press releases.

The Trust is committed to equality of opportunity for all and welcomes applications from all sections of the communities the Trust serves. All appointments are based on merit and the principles of independent assessment, openness and transparency of process.

5. Recruitment Timeline

This recruitment will follow the timeline set out below.

Activity	Date / timeframe
Opportunity for informal discussions	5 January – 6 February 2026
Closing date for applications	9.00am Monday 9 th February
Shortlisting	w/c 16 th February 2026
Stakeholder events & interviews*	w/c 2 nd March
Governors' Council agree appointment	By 9 March 2026
Pre-start & Fit & Proper Persons Test checks	March 2026
Appointees commence in post	April 2026 or as soon as possible thereafter

*Please note these dates are fixed and applicants are expected to be available on all of these dates.

6. Contact Information and How to Apply

For a confidential conversation, please contact:

Robin Staveley (robin.staveley@gatenbysanderson.com)

Emily Smith (emily.smith@gatenbysanderson.com)

For details of how to apply, visit <https://www.gatenbysanderson.com/job/GSe127771>

7. Useful Documents and Links

Information about NHS Foundation Trusts and the Code of Governance for NHS Provider Trusts can be found at: [NHS England » Code of governance for NHS provider trusts](#)

Our Trust website: <https://www.ncic.nhs.uk/> and our Trust Constitution:

<https://www.ncic.nhs.uk/trust/publications>

Appendix 1 to the North Cumbria Integrated Care NHS FT Chair Job Description

The five key responsibilities set out within the NHS Provider Chair Competency Framework:

1. Strategic

1.1. In their **strategic leadership** role, the Chair is responsible for:

- ensuring the whole Board of Directors plays a full part in developing and determining the Trust's **vision, values, strategy and overall objectives** to deliver organisational purpose and sustainability, having regard to the views of the Governors' Council
- ensuring the Trust's strategy aligns with the principles guiding the NHS and the NHS values
- ensuring the Board identifies the key risks the Trust faces in implementing its strategy; determines its approach and attitude to **providing effective oversight** of those risks and ensures there are **prudent controls** to assist in managing risk
- holding the Chief Executive to account for implementing the strategy and performance

2. People

2.1. In their role **shaping organisational culture** and setting the right tone at the top, the Chair is responsible for:

- providing visible leadership in developing a **healthy, open and transparent culture that enables the delivery of high-quality patient care for the organisation**, where all staff have equality of opportunity to progress, the freedom to speak up is protected and speaking up becomes the norm with zero tolerance towards bullying and other unacceptable behaviours, and ensuring that this culture is reflected and modelled in their own and in the Board's behaviour and decision-making
- leading and supporting a **constructive dynamic** within the Board, enabling grounded debate with contributions from all directors
- promoting the highest standards of **ethics, integrity, probity and corporate governance** throughout the organisation and particularly on the Board
- demonstrating **visible ethical, compassionate and inclusive personal leadership** by modelling the highest standards of personal behaviour and ensuring the Board follows this example
- ensuring that **constructive relationships based on candour, trust and mutual respect** exist between elected and appointed members of the Governors' Council and between the Board and the Governors' Council)
- developing **effective working relationships** with all the Board directors, particularly the Chief Executive, providing support, guidance and advice.

2.2. In their role **developing the Board's capacity and capability**, the Trust Chair is responsible for:

- ensuring the Board sees itself as a team, has the **right balance and diversity of skills, knowledge and perspectives**, and the confidence to challenge on all aspects of clinical and organisational planning; this includes:
 - regularly **reviewing the Board's composition and sustainability** with the Chief Executive and the Remuneration Committee

- considering **succession planning and remuneration** for the Board, including attracting and developing future talent (working with the Board, Governors' Council and nominations/remuneration committees as appropriate)
- considering the **suitability and diversity** of non-executive directors who are assigned as chairs and members of the Board's committees, such that as far as possible they reflect the workforce and respective communities served by the Board
- where necessary, giving counsel in the removal of executive directors and leading in seeking the removal of non-executive directors
- leading on **continual director and governor development** of skills, knowledge and familiarity with the organisation and health and social care system, to enable them to carry out their role on the Board/Governors' Council effectively, including through:
 - induction programmes for new directors/governors
 - ensuring **annual evaluation** of the Board/Governors' Council's performance, the Board's committees, and the directors/governors in respect of their Board/Governors' Council contribution and development needs, **acting on the results** of these evaluations and supporting personal development planning
 - taking account of their **own development needs** through, for example, personal reflection, peer learning and mentoring/reverse mentoring as part of the wider NHS Provider Chair community
 - developing a Board that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures, including the Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES); and Equality Delivery System (EDS)

3. Partnerships

3.1. The Chair, in their role as an **ambassador**, leading in developing **relationships** and **partnership working**, is responsible for:

- promoting an **understanding of the Board's role**, and the role of non-executive and executive directors
- representing the organisation externally, developing and facilitating strong partnerships, and promoting **collaborative, whole-system working** through engagement with:
 - patients and the public
 - members and governors
 - all staff
 - key partners across public, private and voluntary sectors
 - regulators
 - other Chairs in the system and the wider NHS provider Chair community, including where appropriate, through:
 - integrating with other care providers
 - identifying, managing and sharing risks
 - ensuring decisions benefit the local population, prioritising the needs of the citizens served by the organisation at a system level
- ensuring that **effective communication with stakeholders** creates Board debate encompassing diverse views, and giving sufficient time and consideration to **complex, contentious or sensitive issues**

- for foundation trusts, facilitating the Governors' Council work on **member engagement**, so the governors can carry out their statutory duty to represent the interests of Trust members and the general public to the Trust
- for foundation trusts ensuring that governors have the dialogue with directors they need to hold the non-executive directors (which includes the Trust Chair), individually and collectively to account for the Board's performance

4. Professional acumen

4.1. In their role as **governance lead** for the Board the Governors' Council, the Chair is responsible for:

- making sure the Board/Governors' Council operates effectively and understands its own **accountability** and compliance with its approved procedures – for example, meeting statutory duties relating to annual reporting
- personally **doing the right thing**, ethically and in line with the NHS values, demonstrating this to and expecting the same behaviour from the Board
- leading the Board in **establishing effective and ethical decision-making processes**
- **setting an integrated Board/Governors' Council agenda** relevant to the Trust's current operating environment and taking full account of the **important strategic issues and key risks** it faces, aligned with the annual planner for Governors' Council meetings, developed with the Lead Governor
- ensuring that the Board/Governors' Council receives **accurate, high quality, timely and clear information**, that the related assurance systems are fit for purpose and that there is a good flow of information between the Board, its committees, the Governors' Council and senior management
- ensuring Board committees are properly constituted and effective
- leading the Board in being accountable to governors and leading the Governors' Council in holding the Board to account

4.2. In their role as **facilitator** of the Board and of the Governors' Council, the Chair is responsible for:

- providing the environment for agile debate that considers the big picture
- ensuring the Board/Governors' Council collectively and individually applies **sufficient challenge**, balancing the ability to seize opportunities while retaining robust and transparent decision-making
- facilitating the **effective contribution** of all members of the Board/Governors' Council, drawing on their individual skills, experience and knowledge and in the case of non-executive directors, their independence
- working with and supporting the **Trust Company Secretary** in establishing and maintaining the Board's annual cycle of business
- liaising with and consulting the **Senior Independent Director**

5. Outcomes focus

5.1. In their role as a **catalyst for change**, the Chair is responsible for:

- ensuring all Board members are well briefed on **external context** – e.g. policy, integration, partnerships and societal trends – and this is reflected in Board/Governors' Council debate

- fostering a **culture of innovation and learning**, by being outward-looking, promoting and embedding innovation, technology and transformation through the Board/council's business and debate
- promoting **academic excellence and research** as a means of taking health and care services forward
- ensuring performance is accurately measured against constitutional and Care Quality Commission 'well-led' standards
- ensuring performance on equality, diversity and inclusion for all patients and staff is accurately measured and progressed against national frameworks, including WRES, WDES and EDS
- above all, ensuring the Board maintains an unrelenting interest in and focus on the continuous improvement and self-assessment of patient safety, experience, staff and clinical outcomes

The Nolan Principles - The Seven Principles of Public Life

The Chair will be expected to adhere to the Nolan Principle:

Selflessness

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

Integrity

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

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.

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.

Openness

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

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.

Leadership

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