

Bundle Trust Board Public 2 April 2020

- 1 OPENING BUSINESS
 - 1.1 11:00 - Welcome and Apologies
Apologies received from
 - 1.2 Declaration of Interests
 - 1.3 Minutes of the previous meeting
Minutes attached from Public Trust Board meeting held on 5th March
1.3 Draft Public Board mins 5 March 2020.docx
 - 1.4 Matters Arising and Action Log
1.4 Public Trust Board 2 April Action Log.docx
 - 1.5 11:05 - Chairman's Business
Presented by Nick Marsden
For information
 - 1.6 11:10 - Chief Executive Report
Presented by Cara Charles-Barks
For information
1.6 CEO Board Report April 2020.docx
- 2 ASSURANCE AND COMMITTEE REPORTS
 - 2.1 11:20 - Finance and Performance Committee - 31st March
Presented by Paul Miller
For assurance
To follow
 - 2.2 11:25 - Clinical Governance Committee - 31st March
Presented by Eiri Jones
For assurance
to follow
 - 2.3 11:30 - Workforce Committee - 26th March
Presented by Michael von Bertele
For assurance
2.3 MvB 2.3 Escalation report - Workforce Committee.pdf
 - 2.4 11:35 - Audit Committee - 19th March
Presented by Paul Kemp
For assurance
2.4 Escalation report from Committee to Board - Audit Committee 19th March 2020 - Final.pdf
 - 2.5 11:40 - Integrated Performance Report M11
Presented by Andy Hyett
For assurance
2.5a 200402 IPR.docx
2.5b IPR April 2020 FINAL.pdf
- 3 GOVERNANCE
 - 3.1 11:50 - Annual Review of Directors Interests and Fit and Proper Person Test
Presented by Fiona McNeight
For Assurance
3.1 Annual Review of Directors Interests 2020.docx
 - 3.2 12:00 - Annual Review of Constitution
Presented by Fiona McNeight
For approval
3.2a Board cover sheet-constitution change April 2020.docx
3.2b Constitution April 2020 v1.2Draft.docx
 - 3.3 12:05 - Board Assurance Framework and CRR - exception report
Presented by Fiona McNeight
For Approval
3.3a BAF cover sheet April Board.docx

- 4 QUALITY AND RISK
- 4.1 12:10 - Patient Experience Report Quarter 3
Presented by Lorna Wilkinson
4.1 Patient Experience Q3 19_20 final Feb 2020.docx
- 5 Closing Business
- 5.1 12:20 - Agreement of Principle Actions and Items for Escalation
- 5.2 Any Other Business
- 5.3 12:25 - Public Questions
- 5.4 Date next meeting
Date of next Public Trust Board meeting - 21 May 2020
- 6 RESOLUTION
Resolution to exclude Representatives of the Media and Members of the Public from the Remainder of the Meeting (due to the confidential nature of the business to be transacted)

DRAFT
Minutes of the Public Trust Board meeting
held at 10:00am on Thursday 5 March 2020
in The Board Room, Salisbury NHS Foundation Trust

Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Ms E Jones	Non-Executive Director
Ms R Aggarwal	Non-Executive Director
Dr D Buckle	Non-Executive Director (non-voting)
Dr Michael von Bertele	Non-Executive Director
Mrs Lynn Lane	Director of OD and People
Mrs Cara Charles Barks	Chief Executive Officer
Mr Andy Hyett	Chief Operating Officer
Dr C Blanshard	Medical Director
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing

In Attendance:

Kylie Nye	Corporate Governance Manager (minutes)
John Mangan	Lead Governor (observer)
Sir Raymond Jack	Public Governor (observer)
Fiona McNeight	Director of Corporate Governance
Ian Robinson	Head of Operations and Facilities (for item TB1 05/3/3.1)
Kat Glaister	Head of Patient Experience (item TB1 5/3/1.2)
Helen Rynne	Patient & Public Engagement Coordinator Public (item TB1 5/3/1.2)
Lucy Lewis	Consultant Practitioner Trainee: Older People and Frailty Pathway
Dr Yasmin Bedi	Consultant Geriatrician Public (item TB1 05/3/1.2)
Denis Bangura	Biomedical Scientist, Microbiology
Diane Waterman	Oncology Outpatient Receptionist Public (item TB1 05/3/1.2)
Lucinda Fredericks	Public (item TB1 05/3/1.2)

ACTION

TB1 OPENING BUSINESS

05/3/1

TB1 Presentation of SOX (Sharing Outstanding Excellence)
05/3/1.1 Certificates

N Marsden presented a SOX award Diane Waterman and thanked her for her commitment and hard work for going the extra mile to help a patient.

N Marsden noted that Chris Emm, ED Staff Nurse had been unable to attend but summarised his SOX nomination and his hard work was commended. N Marsden noted that he would present the award to Chris outside of the meeting.

TB1
05/3/1.2 **Patient and Staff Story**

C Charles-Barks presented the joint Patient and Staff Story which focused on an elderly patient's pathway. C Charles-Barks advised the Committee that Dr Yasmin Bedi had produced a presentation on the patient's pathway and included the contributing factors causing an extended length of stay. The patient's daughter L Fredericks had also been invited to the meeting to provide her experience of her father's stay in hospital.

Dr Y Bedi and L Fredericks presented and N Marsden asked if there were any queries or points the Board wished to discuss.

Discussion:

- Reflecting on the discussions, P Miller asked if it would have helped to have a care navigator. Dr Y Bedi explained that the discharge coordinators do have a role in working with the community and external providers, including residential homes etc. However, the issue is the level of pressure the coordinators experience in organising those who are not self-funded. A further issue is that when the patient was admitted, they were fit to be discharged to a Warden-Controlled Flat. However, throughout his stay the situation changed and it was decided he would be better placed in a residential home. Dr Y Bedi noted that the bed moves were a particular problem in this case as the patient was easily disorientated and the communication between wards could have been improved.
- D Buckle noted that the issues raised in this particular story were commonplace and that a focus was required on continuity of care and communication with families and with clinical colleagues.
- L Frederick's suggested that just having an increased level of communication would have made the experience easier. She suggested that it would be useful to have a portal on the Trust website for family members, including helpful contacts.
- N Marsden noted that the story reflected the need for healthcare to be delivered as a system, rather than by a single organisation.

TB1
05/3/1.3 **Welcome and Apologies**

Apologies were received from.

- Rachel Credidio, Non-Executive Director
- Esther Provins, Director of Transformation

N Marsden welcomed Denis Bangura to the meeting who was observing L Wilkinson as part of a reverse mentoring initiative. N Marsden also welcomed Lucy Lewis to the meeting, who was shadowing C Charles-Barks for the day.

TB1
05/3/1.4 **Declarations of Conflicts of Interest**

There were no declarations of conflicts pertaining to the agenda.

TB1 **Minutes of the part 1 (public) Trust Board meeting held on 6**
05/3/1.5 **February 2020**

E Jones noted that under item TB 06/02/2.3, there was further detail to be added regarding what had been discussed and agreed in relation to the Board Assurance Framework and the Corporate Risk Register. E Jones noted she would pick this up with K Nye outside of the meeting.

Further to the above amendment the minutes were agreed as an accurate record of the meeting held on 6 February 2020.

TB1 **Matters Arising and Action Log**
05/3/1.6

N Marsden presented the action log and the following key points were noted:

- **155 Action 151 RTT Performance Recovery Plan** – A Hyett noted that after a period of focused validation the waiting list has dropped and the trajectory is positive. P Miller noted that the improved performance is therefore a consequence of the validation process and not improved productivity. P Kemp noted that validation should be part of the normal routine of ensuring the waiting list is correct. A Hyett explained that validation is a continual process and is normally focused on the long waiters. However, this most recent validation process has focused on those with shorter waiting times. A Hyett explained that improvements to the process can be made and there are lessons to be learnt from this exercise. E Jones noted that the action was for a recovery plan to come back to the Board. A Hyett explained that the trajectories for performance are being picked up via the operational planning process which will be going to F&P. Item closed.
- **155 Action 152 SPC Charts** – A Hyett noted that an E Provins had an update on the ongoing work to resolve the issue with the IT software. E Provins would provide an update at the private Board meeting.
- **157 TB1 06/2/2.5 Board Assurance Framework** – The risks related to cyber ware were added as a separate risk to the Risk Register. Item closed.
- **158 Learning - East Kent Hospitals NHS Foundation Trust** – LW noted that a report on the learning from this event would go to the next CGC. Item closed.
- **159. TB1 06/2/4.3 EPRR Report** – A Hyett noted that the suggested changes had been made to the EPRR report. Item closed.

There were no further matters arising.

TB1
05/3/1.7 **Register of Attendance**

E Jones noted that she had attended December's meeting and asked for the Register of Attendance to be updated to reflect this.

The Board noted the Register of Attendance.

TB1
05/3/1.8 **Chairman's Business**

N Marsden reported that the Trust is focused on managing the daily updates in regards to COVID-19 and noted that A Hyett would provide a further update after the Chief Executive's Report.

N Marsden noted that the Trust is also working hard to ensure the 2020/21 operational plans are finalised for April. Alongside this, is the work the Trust is doing as part of the BSW STP (B&NES, Swindon and Wiltshire Sustainability and Transformation Partnership). N Marsden noted that whilst work is moving forward at an STP level, the process is proving challenging.

TB1
05/3/1.8 **Chief Executive's Report**

C Charles-Barks presented the Chief Executive's report and highlighted the following key points:

- The Trust's financial position at the end of January is an NHSE/I control total deficit of £12.2m. This is a shortfall on our revised financial forecast that has been submitted to the regulators and culminates in a £6.1m shortfall against the plan by the end of 2019/20. As part of the operational planning process for 2020/21 the Trust is working with directorates and external system partners to ensure we have robust plans in place to deliver the required performance standards, whilst also mitigating the Trust's financial position.
- This year's annual staff survey results are now published and the response rate is 54% against last year's 39%. The Trust is reviewing the detail of the survey results and will be engaging with staff groups and management teams in order to create an action plan to address the key theme that is below average and other areas of improvement.
- The Trust is undertaking a programme of work to ensure that the hospital is "The Best Place to Work". In November 2019 an Organisational Development culture change team was formed and is currently working with NHS Improvement on a Culture and Leadership Programme. Focus groups will take place during March and April and all teams and departments are encouraged to get involved.

Discussion:

- P Kemp noted his concerns that Trust's sickness absence rate has increased to 4.14% and that this increase in absence has been a theme over the last 3 months. L Lane explained the Trust had dedicated two Organisational Development and People business advisors who are working

with managers, alongside to Occupational Health to manage complex short and long term absences. P Kemp asked if the increase in sickness is due to broader environmental issues. L Lane explained that from her knowledge of cases there wasn't a specific environmental reason for the increase in sickness absence. L Thomas explained that after reviewing last year's data, there was a similar peak in sickness last year.

- T Baker referred to the Staff Survey and the Quality of Care theme which had scored below the national average and asked if work was underway to analyse this outcome. L Wilkinson explained that she had discussed this with the Care Quality Commission during the week and there is a level of confusion regarding the question in the survey. Additionally, L Wilkinson noted that given the level of pressure faced by staff and the Trust's high occupancy, it is expected that Quality of Care might score lower than other themes in the survey. L Lane noted that the question may be amended prior to the next survey. C Charles-Barks highlighted that the outcome of the Staff Survey is so important in identifying areas of improvement and is a great opportunity to find out from staff what they believe does not add value.

Coronavirus/ COVID-19 Update

A Hyett, as the Trust's Accountable Officer for Emergency Response, provided an update on the Coronavirus/COVID-19 preparations which are ongoing in the Trust. A Hyett noted that the Trust was receiving regular national guidance and that all systems and processes to manage the evolving situation are in place.

**TB1
05/3/2**

ASSURANCE AND REPORTS OF COMMITTEES

**TB1
05/3/2.1**

Trust Management Committee Report – 19 February

C Charles-Barks presented the report, providing a summary of escalation points from TMC held on 19th February.

- The Committee approved the business case for the Third Haematology CNS Post following a second review.
- The Committee received a further 3 business cases for Endoscopy, Medical Records Storage Solutions and Dietetic Service Provision. These business cases were not approved and will form part of the Workforce Summit in April.

Discussion:

- E Jones asked for assurance that the services that didn't get approval, particularly Endoscopy and Dietetics, were sustainable with the current level of staff. C Charles-Barks noted that the business cases had not been disregarded but it had been decided that due to the number of areas asking for investment in workforce numbers, a focused meeting was required to ensure funding was fairly and appropriately

distributed. L Thomas explained that the management team could not provide assurance that the teams were sustainable based on their current level of staff, but that the Workforce Summit should ensure the level of risk of each business case is reviewed. E Jones asked what work is currently underway in these departments to mitigate the staffing risks. A Hyett explained that Endoscopy is still under intensive support and work is underway to develop a GI unit, prioritising ward based care. The Trust's Dietetics service is delivered via a third party but there are plans to prioritise their input to challenging times of the day when they are most needed.

TB1
05/3/2.2 **Finance and Performance Committee Report – 25 February**

P Miller presented the report providing a summary of escalation points from CGC held on 25 February:

- The Trust received a presentation regarding Trauma and Orthopaedics, which is a key reason behind the Trust's failure to achieve the 2019/20 income target due to the lower than expected activity. Future management arrangements are to be strengthened and a remedial action plan is being finalised and activity plans for 2020/21 are receiving additional operational scrutiny.
- The Trust continues to face challenges in maintaining hospital flow, particularly as a consequence of delayed transfers of care (DTC). Subsequently, the Trust's finances also remain under pressure. However, the Trust is still aiming to achieve the revised 2019/20 forecast year end overspend of £15m.
- The 2020/21 Operational Planning process continues and whilst it is too early to provide any detail, the planning gap to achieve next year's financial control total is circa £14m.
- The Committee received the IT Improvement Plan and an update on the Digital Strategy and it was noted that progress is being made. However, the risk scores on the risk register in relation to these would not yet be reduced.
- The Committee received a recommendation report in relation to the Wessex Regional Genetics Laboratory, Illumina Contract. The Committee had recommended that N Marsden take 'Chairman's action' and approve this contract valued at £1.6m over 3 years so it could commence on 1st March. N Marsden noted that the paper was coming to the private Board for retrospective approval.
- The Committee agreed to recommend to the Trust Board, the acceptance of a capital business case to purchase 10 scopes to the value of £489k, to be funded out of slippage on the 2019/20 capital programme.

TB1
05/3/2.3 **Clinical Governance Committee (CGC)– 25 February**

E Jones thanked P Miller for his commitment and support in providing interim cover for CGC over the past year. E Jones

presented the report, providing a summary of escalation points from Clinical Governance Committee held on 25 February:

- The safety and experience elements of the IPR were presented and considered. The Committee discussed the issues, risks and actions in relation to pressure ulcer, C.Difficile and ED experience.
- In relation to Stroke Services, SSNAP is currently graded as B and is expected to remain at this level for Q2 and Q3.
- C Blanshard reported that a Never Event had been reported in February. This will be reviewed at March's CGC and C Blanshard provided assurance that the patient had not suffered harm.
- The Children and Young People National Survey report was received and discussed. The Trust performs well in this area. Two areas to address involve the environment. A plan to improve experience in the DSU is underway. The Trust has received a letter from the Chief Inspector of Hospitals praising the Trust regarding its CYP survey.
- The Committee received reports for Patient Experience, Safeguarding Children and Adults, Human Tissue Authority and GI Bleed Mortality. All provided areas of positive assurance. There were matters of escalation, all of which are being appropriately managed.
- The Committee discussed the Trust's preparedness in relation to COVID-19 and assurance was provided that robust plans are in place.

Discussion:

- C Blanshard suggested an amendment to the report and stated that "Minutes from the Clinical Business Meeting" should read "Minutes from the Clinical Management Board".
- P Miller noted that the GI Bleed Mortality had been a really good report. However, the Committee had noted that on the action plan, some of them had been RAG-rated amber but it had not indicated if work had begun. Therefore, it was suggested that a start and finish date should be added to indicate that work was underway. C Blanshard noted that this had now been updated.

TB1
05/3/2.4

Workforce Committee – 27 February

M von Bertele presented the report, providing a summary of escalation points from Workforce Committee held on 27 February.

- The Committee received the report from the Guardian of Safe Working and noted a specific concern raised by trainees working at weekends. They expressed a sense of uncertainty about lines of support and direction. Work is in hand to understand and rectify this.
- The Committee received an update on progress to develop use of ESR. The committee agreed to support the direction of travel and progress to phase 3 of this important work that will underpin improvements in many aspects of management

- of our people.
- The Committee received an update on the development of the temporary staffing model and agreed to develop the model based on a hub and spoke construct. The Committee asked for assurance that a mechanism for ensuring compliance with application of all necessary and mandated standards would be described in the proposal.

Discussion:

- The Board discussed the need for a focus on all junior staff groups in training, not just junior doctors at the weekend. L Wilkinson noted that as part of the Quality Improvement work that has been ongoing in relation to weekend work, there are staff groups affected but the issue does not stretch across all professions. L Lane noted that a wider discussion is required about all staff across the Trust, including non-clinical and the challenges experienced. E Jones suggested that a focus is required on Trust staff maintaining a work-life balance. L Lane explained that this will be picked up as part of the People Plan.

**TB1
05/3/2.5****Integrated Performance Report**

L Thomas presented the Integrated Performance Report to the Board and the following key points were noted.

- L Thomas noted that performance had been picked up as part of the Committee escalation reports but noted that January's performance was as expected.
- The Trusts upward trend for beds occupied by DTOCs has continued and remains significantly above the agreed trajectory.
- The Trust's in-month control total deficit (£1.7m) is £0.2m greater than forecast expectations shared with NHSE/I. Pay expenditure remains a primary area of concern, with overseas nursing recruitment not converting as quickly as planned to substantive roster posts.

Discussion:

- L Wilkinson queried why January had reported a reduction in escalation bed days and asked if Laverstock Ward is counted in the figures. A Hyett explained that whilst Laverstock was open, other areas of the Trust de-escalated.
- P Kemp referred to the continued improvement in weekend HSMR and asked if the Trust is anticipating the data to drop within expected figures. C Blanshard noted that the improvement in weekend HSMR is not a result of any action the hospital has taken since the issue was flagged as a risk. P Miller suggested that the focus should be on the feedback from the junior doctors and other staff who highlight the risks at the weekend and not on the benchmarking data.
- P Miller noted that there had been discussions in relation to the new ED target. P Miller queried if the new ED target would be initiated soon and asked if so, will it be focused on

time to assessment and are we prepared. A Hyett explained that there had been no notification that the 4 hour target was to change in the near future. However, the Trust has been working to improve time to assess data and therefore will be prepared if the targets do change. C Charles-Barks noted that there are several organisations piloting and the initial feedback is that some places have seen deteriorating performance.

- E Jones referred to the ongoing issues regarding pressure ulcers and asked for assurance that the Trust is doing all it can to mitigate. L Wilkinson assured the Board that work is ongoing to reduce the number of pressure ulcers and to ensure learning has been disseminated across the Trust. There have been 3 deep dive meetings to discuss and as this has become a theme across other organisations, the Trust is now looking to take a broader view and see what can be done as a system.
- E Jones asked how complaints regarding attitude and communication are followed up when they are reported. L Wilkinson noted that the complaint is always taken up with the individual involved and the team do review themes if one particular area receives a cluster of complaints. L Wilkinson explained that a piece of work is underway with NHSI which focuses on how people are guided in their practice and what good communication looks like. C Blanshard noted that any formal complaint regarding a clinician's attitude or behaviour is copied to her so she is aware. C Blanshard noted that the focus needs to be how the Trust supports staff if they are busy and under pressure. Formal complaints are also reflected on in consultant's annual appraisal.
- T Baker referred to the review of 33 patients with a Fractured Neck of Femur and the subsequent action plan. T Baker asked if the learning points actually helped to change people's behaviour and if the review should be carried out asap after the incident. C Blanshard explained that any patient which doesn't achieve best practice will always have an immediate review and feedback will follow on from this.
- The Board discussed DTOCs and C Charles-Barks reported that the A&E Delivery Board has now changed the way data is reviewed and there is now more of a focus looking at themes in ED attendances. This is a targeted piece of work to look at pathways and challenge ourselves on how system partners can locally reduce length of stay.
- PK noted his concern about the Care Hours per Patient per Day figures and asked for further assurance. L Wilkinson explained that the figures were disproportionately skewed as ITU care hours are included and noted that the actual versus planned data should be the focus of the Board. It was agreed that L Wilkinson would provide further assurance on why the figures had dropped and what impact, if any, this has had on quality. This would likely be as part of a Board Seminar.

ACTION: LW

LW

TB1 **FINANCIAL AND OPERATIONAL PERFORMANCE**
05/3/3**TB1** **PLACE Update**
05/3/3.1

I Robinson joined the meeting to present the PLACE update report. The following key points were noted:

- The report identifies how the Trust discharged its obligation to complete the 2019 NHSE/I Patient Led Assessment of the Care Environment (PLACE) and the action plan prepared to address key areas identified for improvement.
- In October 2019 5 PLACE teams completed the assessment, measuring patient food services, cleanliness, privacy and dignity and wellbeing, condition, appearance and maintenance, Dementia and Disability standards, using criteria set by NHSE/I.
- The assessment was undertaken in accordance with the criteria set by NHS Digital and the Trust received a set of results the PLACE team recognised as reflecting the standards achieved on the day of inspection.
- The assessment identified a number of areas for improvement and an action plan to address these has been developed.
- I Robinson summarised some of the improvements highlighted but noted that there is a danger in chasing scores, as some of the standards do change on a regular basis. I Robinson used the Dementia clocks as an example as standards for them have recently changed. There is a Task and Finish group to focus on the Dementia and Disability scores.

Discussion:

- A Hyett thanked I Robinson for the report and commended the hard work of the team.
- N Marsden noted that the focus should be more on the patient's needs and not the standards set. N Marsden asked if the Board agreed on this stance and they supported this statement.
- C Charles-Barks recognised the changing standards but noted the importance of ensuring that the Trust moves towards being a dementia and disability friendly hospital.
- R Aggarwal noted that this report and other reports during the meeting had a particular way of describing patients, using a certain type of language which could reflect the way staff interacts with patients. R Aggarwal noted that on a cultural level it would be good to get an overall picture of this.
- L Lane thanked I Robinson and the team and noted that there had been some good improvements made.

TB1 **WORKFORCE**
05/3/4**TB1** **Nursing Skill Mix Review**
05/3/4.1

L Wilkinson presented the report and highlighted the following key points:

- The report asked the Board to note that the Trust's nursing establishment is set to achieve an average of 1:5 -1:7 registered nurses to patients across a majority of wards during the day. Wards are staffed on average 60:40 registered/ unregistered, with exceptions linked to the implementation of a band 4 role.
- L Wilkinson also asked the Board to note the requirement to implement the Safer Nursing Care tool to provide additional assurance that nurse staff levels are safe.
- On the Board's agreement, the Trust will continue momentum on actions to fill vacancies and improve retention to continue the reduction on the reliance of high cost agency.
- As part of the requirement of the National Quality Board expectations on safe staffing assurance Nursing Skill Mix report will be discussed at both TMC and Trust Board.
- L Wilkinson noted that following consideration at TMC the additional investment requested will be considered at a scheduled Workforce Summit in April.
- L Wilkinson noted that in the last 18 months the Trust's nursing vacancy rate had significantly reduced which has subsequently halved agency spend.
- Current workforce establishments are safe and sustainable, with a large amount of work undertaken as part of the recruitment programme for Registered Nurses.

Discussion:

- N Marsden thanked L Wilkinson and the team for their hard work and noted that was assured by the report in terms of safe staffing levels. N Marsden asked if the outcome of the Workforce Summit would be coming back to Board. It was confirmed that it would be included as part of the 2020/21 Operational Planning process.
- E Jones noted that the report had provided a great level of assurance and commended the great effort in successfully recruiting overseas nurses. However, E Jones asked if there were similar opportunities to attract those experienced in the UK. L Wilkinson explained that domestic recruitment is a priority and there are several recruitment events planned this year, including one this week to target qualifying nurses. Alongside that is the active programme relating to the nursing associates role.

Decision:

- The Board supported all the recommendations and noted that the further investment detailed in the report would be going to the Workforce Summit in April for consideration.

**TB1
05/3/4.1a**

Maternity and Neonatal Nursing Skill Mix Review

L Wilkinson resented her report. The following key points were highlighted:

- Similarly to the nursing skill mix review the Board are asked to note the initiatives and ongoing progress in recruitment of midwives and neonatal nurses.
- There are maternity staffing challenges with a high level of maternity leave and acuity.
- Midwifery and Maternity services are subject to national strategic drivers for change in improving safety and outcomes and this will require a new model of working.
- The paper provides assurance that the staffing model within maternity and neonatal services is safe and sustainable.

Discussion:

- C Blanshard was pleased to see that within neonatal services the Qualified in Speciality (QIS) staffing level is at 78%.

Decision:

- The Board supported all the recommendations and noted that the further investment detailed in the report would be going to the Workforce Summit in April for consideration.

**TB1
05/3/5.
TB1
05/3/5.1**

GOVERNANCE

Well Led Action Plan

F McNeight presented the Well-led Action Plan, which had been reviewed and updated following a CQC Well-led inspection in December 2018. F McNeight noted the following key points:

- There has been significant progress over the last 12 months with a continued focus for further improvement.
- There are 47 actions within the well-led action plan, with 34 actions complete, 10 are within target and 3 are overdue. Of the 3 overdue, there is a large amount of work ongoing detailed within the report.
- The plan will be reviewed at the end of March 2020 and further improvements required against the Well-Led Framework will inform a new plan for 2020/21 which will be presented to the Trust Board in May 2020.
- The report demonstrates that the Trust has moved forward in relation to the action plan and the Board Committee agendas are driving the highlighted pieces of work as part of the action plan.
- There will be an External Well-Led Review in 2021, and therefore it is recommended that the Trust undertake an internal self-assessment this year as part of a Board Seminar.

Discussion:

- C Charles-Barks noted that the importance of driving this work forward and that achieving against the Well-led framework is crucial in becoming an 'outstanding'

- organisation.
- P Miller asked if there was a clear development programme for clinical leaders. C Charles-Barks explained that Sallie Davies has been taking this work forward and progress to date will feedback via the Workforce Committee. L Wilkinson noted that the Trust had recently appointed a new 'Head of Learning and Leadership Development' who had already suggested some innovative ideas to broaden leadership development.

TB1
05/3/5.2

Proposed changes to the Constitution

F McNeight presented the revised constitution which requires Trust Board and Council of Governors' approval. F McNeight highlighted the following key points:

- In Annex 9, the Constitution states that the following may not be appointed or continue as a director, "A person who is a governor of the Trust, or a governor, director, chairman or chief executive of another NHS Foundation Trust or NHS Trust."
- The Trust has recently recruited three new Non-Executive Directors (NEDs), one of whom is a NED in another NHS Trust.
- Following discussion with the Deputy Lead Governor and governors who form the Appointments Committee, it has been agreed in the current NHS climate that the point should be amended to, "A person who is a governor of the Trust, or a governor, director, chairman or chief executive of another NHS Foundation trust or NHS trust. However, a non-executive director (other than the chairman) may be a non-executive director (other than the chairman) or a governor of another NHS Foundation trust or NHS trust, save where there is a real risk of conflict of interest arising as a result of the two directorships or directorship and governorship."

Discussion:

- C Blanshard noted conflicts of interest should be declared at the point of recruitment but asked how conflicts are picked up throughout employment at the Trust. F McNeight explained that there is an annual declaration process for those deemed as decision makers and these are reviewed by the Senior Independent Director.
- P Miller noted that he supported the proposed changes but asked for the wording regarding "mental disorder" in Annex 9 to be reconsidered. It was agreed the wording would be reviewed and would come back to the Trust Board in April.
ACTION: FMc
- L Thomas noted that due to the breach in the Constitution NHSI/E would have to be notified.

Decision:

- The Board agreed the proposed changes and noted that further amendments to Annex 9 would come back to April's Board meeting and May's Council of Governors' meeting for

approval.

TB1
05/3/6
CLOSING BUSINESS

TB1
05/3/6.1
Agreement of Principle Actions and Items for Escalation

N Marsden noted that the key points of escalation from this Board meeting were:

- The will be a Workforce Summit in April to determine the allocation of funding for several proposed programmes of work. The outcome of the summit will be reported back as part of the operating plan.
- The Board will be undertaking a Well-led self-assessment in the coming months.
- The Board were assured by the Nursing and Maternity/Neonatal Skill Mix Review Reports.
- Changes to the constitution were approved.

TB1
05/3/6.2
Any Other Business

There was no other business.

TB1
05/3/6.3
Public Questions

Sir R Jack asked for further clarification on the reason for the changes to the constitution. N Marsden explained that D Buckle was recruited in the knowledge that he is a Non-Executive Director at another NHS Foundation Trust. Therefore, until the proposed changes to the Constitution are approved by the Council of Governors, as well as Trust Board, D Buckle will not be a voting member of the Board. Sir R Jack was in agreement with this position.

J Mangan queried that further to a previous discussion regarding patient letters, he asked if this piece of work was being taken forward. C Blanshard explained that there is an ongoing project Board, which is reviewing how the Trust transfers correspondence to an online model. This will ensure postage costs (to GPs/clinicians) are reduced and the template will not deviate from a standardised format as it does currently.

TB1
05/3/6.4
Date of Next Meeting

Thursday 2 April 2020, Board Room, Salisbury NHS Foundation Trust

TB1
05/3/7
RESOLUTION

Resolution to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).

Action Log – Public Trust Board 2 April

Agenda item		Assigned to	Deadline	Status
1.6 Matters Arising and Action Log				
168.	155/Action 152 SPC Charts	● Provins, Esther	02/04/2020	■ Pending
	<p><i>Explanation action item</i> A Hyett noted that an E Provins had an update on the ongoing work to resolve the issue with the IT software. Update to come to the next meeting.</p>			
2.5 Integrated Performance Report				
169.	TB1 05/3/2.5 Care Hours Per Patient Per Day (IPR)	● Wilkinson, Lorna	02/04/2020	■ Pending
	<p><i>Explanation action item</i> PK noted his concern about the Care Hours per Patient per Day figures and asked for further assurance. It was agreed that L Wilkinson would provide further assurance on why the figures had dropped and what impact, if any, this has had on quality.</p>			
5.2 Constitution				
170.	TB1 05/3/5.2 Proposed changes to the Constitution	● McNeight, Fiona	02/04/2020	■ Completed
	<p><i>Explanation action item</i> P Miller noted that he supported the proposed changes but asked for the wording regarding “mental disorder” to be reconsidered. It was agreed the wording would be reviewed and would come back to the Trust Board in April</p>			

Report to:	Trust Board (Public)	Agenda item:	1.6
Date of Meeting:	2 nd April 2020		

Report Title:	Chief Executive's Report			
Status:	Information	Discussion	Assurance	Approval
	Yes			
Prepared by:	Gavin Thomas, Executive Services Manager			
Executive Sponsor (presenting):	Cara Charles-Barks, Chief Executive			
Appendices (list if applicable):	None			

Recommendation:
The Board is asked to Note the report

Executive Summary:
<p><i>This is the 4th Board report for 2020 and provides an update for the Trust Board on some of the key issues and developments within this reporting period and covers:</i></p> <ul style="list-style-type: none"> • Performance – update on current performance • Finance – update on our financial recovery plan • Workforce – update on workforce situation • Trust Response to COVID-19 • Culture and Leadership Programme • Announcement of New Role

Performance

The complete refocus of all elements of performance planning to manage the COVID-19 response will now make measuring the usual performance trends extremely challenging. In the medium term, at least, the focus and emphasis of performance management will need to be amended to cover the critical success factors in managing the anticipated peak demand for the Trust's respiratory and critical care.

Trust-wide performance in February was marked by a slight improvement across key measures indicating a marginal easing of winter pressures compared to January 2020. In February there was marginal further improvement in performance against the Emergency Access (4hr) target, ED attendances and non-elective admissions fell compared to height of

Author: Gavin Thomas, Executive Services Manager Approved by: Cara Charles Barks, Chief Executive	Date: 02 April 2020 Version: Final
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pressures in December and January (even when accounting for the reduced working days in February).

Escalation capacity remained open throughout February, although bed occupancy fell from January's highest levels. The decision to open additional medical capacity was taken in early December, in order to allow for the more effective management of emergency patient flow, this capacity had initially been planned for two months and expected to be utilised in quarter 4. The revised financial forecast assumes these beds will be open for the remainder of the financial year.

There was a slight increase in cancelled operations on the day. There has been some improvement in the number of DTOCs within the Trust but discharges before 1200 has fallen back to 16%.

Positive progress was maintained in reducing the Trust's elective waiting list further in February after growth throughout the year to date. Baseline performance for 2020-21 will, however, be taken from the list size as at 31 January 2020, so this improvement will be required to be maintained. There has been little change in February in the specialties most challenged to either meet RTT performance or maintain or reduce their waiting lists.

The Trust has maintained its strong performance against the diagnostic waiting time standard, delivering 99.9% of diagnostic tests within 6 weeks in February. Endoscopy contributed the only breaches (5) in month.

The Q3 score for the SSNAP audit (B) related to Stroke and TIA care was an excellent achievement, with an 'A' rating being an achievable target in future quarters.

Encouragingly, improvements in weekend HSMR have been sustained for 4 consecutive months and learning is being embedded from recent mortality cluster reviews. However, an increase in Category 2 pressure ulcers has been observed, and actions from the investigation in to the rise in Category 3 and 4 ulcers are now underway.

Finance

Our year to date financial position at the end of February is an NHSE&I control total deficit of £13.7m, approximately £200k better than our revised financial forecast that has been submitted to our regulators and therefore had been on trajectory to meet the agreed £6.1m shortfall versus plan by the end of the financial year.

During this period we were still operating under 'business as usual' conditions, with the financial impact of coronavirus planning not taking hold until March.

Workforce

The Trust attended the Doctors' Job Fair in London on 29 February and collected around 60 CVs from F1/F2 and Middle Grade doctors.

We are currently reviewing these with Clinical leads to see how many we can progress. There were 14 new arrivals from overseas and 16 OSCE passes during the month. We continue to focus on our hard to recruit resourcing plan which concentrates on Medical and AHP staff. Surgery is mostly complete and we are anticipating other successes to report next month.

In January, the Trust's overall sickness absence rate increased to 4.22%, above the 3% target, with long term absence increasing slightly and short term absence is decreasing slightly in this

month. This brings the rolling year sickness rate to 3.78%, still above target. Mandatory training has decreased slightly at 88.95%, although still above the 85% target, and medical and non-medical appraisals have both taken a slight dip this month whilst remaining below their respective targets, at 83.3% for non-medical and just over 86% for medical.

Response to COVID-19

The hospital continues to follow national guidance and we are working closely with the Clinical Commissioning Group and system partners. NHS England and NHS Improvement declared a level 4 incident. At SFT we have established our Incident Control Centre, which is now open 8-6pm Monday – Friday, and this is ready to be rapidly expanded to 7 days a week when required.

We have suspended all non-urgent elective operations to enable us to train our staff and adapt certain areas. To significantly reduce footfall to the hospital, we have restricted patient visiting, are making changes to our outpatient services and have closed Springs and Hedgerows restaurants to the public. There is new COVID-19 related signage across the site, reflecting services changes and to ensure the public and staff are directed as clearly, quickly and safely as possible through our hospital.

In order to reduce footfall to the hospital site and to observe social distancing guidance in our offices we have enabled homeworking for our staff where it is appropriate to do so. Staff are provided with daily bulletins and a new dedicated staff website has been developed to provide one central hub of COVID-related information.

A vital part of our preparations is to preserve the health and wellbeing of our staff, to ensure they are able to continue to provide services for our patients. A number of measures have been put in place, including providing staff accommodation, free staff parking and discounts on food and drink. Nationally, the NHS is also putting in place further wellbeing support in response to the current situation, which we will also make available.

I want to thank our staff for their outstanding response in helping prepare our hospital.

Culture and Leadership Programme

In March I announced the Trust is undertaking a programme of work to ensure that the Hospital is The Best Place to Work. This included a diagnostic and listening phase, which will take place to truly understand the culture of our hospital – warts and all – which will then help the Board develop plans for the future. Due to the current situation and focus of our staff, the planned focus groups have been postponed and will be rescheduled as soon as it is feasible to do so, to ensure everyone gets the chance to participate.

Announcement of new role

Following Nick Marsden's announcement that I will be leaving to take up a new role as Chief Executive of Royal United Hospitals Bath in September, I wanted to personally reiterate how sad I will be to leave Salisbury NHS Foundation Trust and the amazing people who work here. I remember in my first week as CEO here I reflected that the one thing that stood out for me during those first few days was people's 'commitment and passion for patients and the way in which they all work as a team to support each other across all of our services'. That still holds true today, even as we face the most difficult of challenges and I feel extremely proud to have been this hospital's Chief Executive for the past three years. I will be watching and supporting the hospital's continued progress closely.

Report to:	Trust Board (Public)	Agenda item:	2.3
Date of Meeting:	2 nd April 2020		

Report from: (Committee Name)	Workforce Committee		Committee Meeting Date:	26 th March 2020
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Michael von Bertele; Non-Executive Director			
Board Sponsor (presenting):	Michael von Bertele; Non-Executive Director			

Recommendation
The Trust Board are asked to note the items escalated from the Workforce Committee meeting held on Thursday 26 th March 2020.

Key Items for Escalation
<p>The Committee discussed the following key points:</p> <ol style="list-style-type: none"> 1. In light of the current level of planning & preparedness, and the challenges facing the Trust it was felt appropriate to change the focus of the committee to current issues including: support to staff, challenges of re-training and re-deployment, returning to clinical practice, working from home, testing for current and past infection with Covid19, and communicating generally with a workforce at a time of increased tension and concern. The Committee work plan will be observed but will not provide the main focus for staff effort. 2. Quality Improvement initiatives continue but the focus on longer-term training will shift to understanding the changed emphasis on rapidly changing practices and procedures. It is important to develop ways to check and assure, learn from, capture and embed the innovations that are now being introduced and tested. 3. The workforce performance report highlighted a growing concern about rising rates of long-term sickness absence in several directorates. These may be a response to current events but are more likely to represent systemic issues. HR are reviewing and analysing this but the issue requires further work. 4. The committee noted that a number of rapid improvements have been made on the back of the recent report on Estates and Facilities but that the report also highlighted underlying problems that may prove intractable or very expensive to resolve. The Committee noted the importance of communicating to staff that we are aware of the problem, are working to fix it, but that we do not have all of the solutions immediately to hand.

Report to:	Trust Board (Public)	Agenda item:	
Date of Meeting:	2 nd April 2020		

Report from: (Committee Name)	Audit Committee		Committee Meeting Date:	19 th March 2020
Status:	Information	Discussion	Assurance	Approval
	X		X	
Prepared by:	Paul Kemp (Audit Committee Chair)			
Board Sponsor (presenting):	Paul Kemp			

Recommendation
<p>The Trust Board is asked to note the items escalated from the Audit Committee meeting held on 19th March 2020</p> <p>The Board determine an appropriate forum and timing to discuss the clinical engagement issues that are driving non-compliance with consultant job planning requirements.</p>

Key Items for Escalation
<p>Discussion on Clinical Engagement</p> <p>Management proposed a deep dive on consultant job planning, as an area where the required outcomes were not being achieved. This was challenged by the Committee on the basis that the problem had been raised more than once previously and the cause determined to be either inability or unwillingness of management to enforce the proscribed process and require compliance.</p> <p>There was a good discussion around the table and the consensus reached that this was not a matter best dealt with at the Audit Committee, but should be escalated to the Board as an area requiring a broader discussion and action on clinical engagement with the Trust’s policies.</p> <p>IT Control Issues</p> <p>The Committee reviewed progress against incomplete 2018/19 IT audits. The CIO took the Committee through all 10 outstanding and overdue actions and the Committee were assured that, although regrettable that better progress had not been achieved, management were fully engaged with catching up at as fast a pace as was possible, in current circumstances, and that interim mitigation of these risks was in place</p>

The CIO also gave an update regarding progress on actions driven from the IT penetration test undertaken in February 2019. The situation was very similar to that for the internal audits. There were a number of actions which were still outstanding and now overdue against the plan presented to the Board, but progress had been made. Some of the mitigating actions have resulted in material additional expenditure, such as extending support for obsolete operating systems and the Committee pressed that any upcoming cyber-strategy needed to deal with this sort of issue more expeditiously.

Business Case Process

A presentation was made of the new business case process. The Committee complimented the team on the comprehensiveness and user friendliness of the new templates.

Internal Audit Reports

Four final reports were presented by the Head of Internal Audit. Three reports, Key Financial Systems, Estates Minor Works and Data Security and Protection Toolkit, were scored as low risk. The fourth, Data Quality Patient Data and Appointment Management (Cancer Pathways), was scored medium risk, with four medium risk action identified.

Progress made over the year on Key Financial Systems was notable. This audit, which is done annually as part of the Annual Report Head of Internal Audit Opinion was scored as high risk in 2019/20. The current audit only found two low risk findings, with many examples of good practice also noted.

There was a discussion regarding the findings of the Data Quality audit, which identified a number of process weaknesses, some of which were to be addressed by IT enhancements. The Committee raised a number of concerns with management around these plans and management agreed to review. This audit also identified some weaknesses in the general management of the audit process by the management sponsor and team.

External Audit Process

The external auditors gave feedback on the work done to date for the 2019/20 Annual Report, which was generally good with no major issues found so far.

There was an issue identified with the audit of the Charity's accounts, whereby transfer of a number of fixed assets from the Trust to the Charity in previous years could not be properly supported and require an adjustment, reflecting these assets back into the Trust's accounts. It should be noted that this does not impact on the consolidated group accounts, as this is just a transfer between two consolidated components of the Group. However, there will be a prior year adjustment required to both the Charity's and the Trust's accounts, which will require disclosure. It should also be noted that the Charities 2018/19 accounts are now overdue, although dispensation for this has been granted by the filing authority.

Papers were also presented on the going concern status of the Trust and the new accounting standard relating to leases.

Counter Fraud Report

As part of the report of the Local Counter Fraud Officer, progress in the processing of several outstanding fraud cases were noted. There was also a discussion regarding the newly created role of Counter Fraud Champion, although the NHS Counter Fraud Authority have not yet properly defined this role.

Data Protection Breach

The Trust paid £5,000 compensation in December 2019 to settle a data protection breach, whereby data had been released without proper review and redaction, resulting in confidential information for a related party being released in error as part of a report. This was a human error, rather than a process flaw and has been disclosed to the Information Commissioner

Other Matters

Reports were also received regarding

- Ø The Committee reviewed its Terms of Reference and accepted them unchanged, pending further review following the outcome of the Governance Audit work
- Ø The regular bi-annual review of the BAF process was undertaken, acknowledging progress but noting that there were still changes underway.
- Ø Draft responses to the external audit questionnaire on fraud and a draft of the annual activity report were noted and comment called for ahead of finalisation in April
- Ø A draft internal audit plan for 2020/21 was discussed. The Committee gave feedback on some elements of the plan and management agreed to review and bring back to the May Audit Committee for formal approval.

Report to:	Trust Board (Public)	Agenda item:	2.5
Date of Meeting:	02 April 2020		

Report Title:	Integrated Performance Report			
Status:	Information	Discussion	Assurance	Approval
	✓		✓	
Prepared by:	Kieran Humphrey, Associate Director of Strategy Felicity Anscombe, Information Services Manager			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

Recommendation:
The Board is requested to note the report and highlight any areas of performance where further information or assurance is required.

Executive Summary:
<p>The complete refocus of all elements of performance planning to manage the COVID-19 response will now make measuring the usual performance trends extremely challenging. In the medium term, at least, the focus and emphasis of performance management will need to be amended to cover the critical success factors in managing the anticipated peak demand for the Trust’s respiratory and critical care.</p> <p>Trust-wide performance in February was marked by a slight improvement across key measures indicating a marginal easing of winter pressures compared to January 2020. In February there was marginal further improvement in performance against the Emergency Access (4hr) target, ED attendances and non-elective admissions fell compared to height of pressures in December and January (even when accounting for the reduced working days in February).</p> <p>Escalation capacity remained open throughout February, although bed occupancy fell from January’s highest levels. The decision to open additional medical capacity was taken in early December, in order to allow for the more effective management of emergency patient flow, this capacity had initially been planned for two months and expected to be utilised in quarter 4. The revised financial forecast assumes these beds will be open for the remainder of the financial year.</p> <p>There was a slight increase in cancelled operations on the day. There has been some</p>

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The Q3 score for the SSNAP audit (B) related to Stroke and TIA care was an excellent achievement. While an ‘A’ rating is an achievable target, the move of the Stroke Unit to Laverstock as part of the COVID-19 response will make this challenging.

Encouragingly, improvements in weekend HSMR have been sustained for 4 consecutive months and learning is being embedded from recent mortality cluster reviews. However, increases in Category 2 pressure ulcers has been observed, and actions from the investigation in to the rise in Category 3 and 4 ulcers are now underway.

The February NHSI control total deficit of £1.5m is £0.3m better than forecast expectations as shared with NHSE&I, meaning the Trust is £0.1m better than forecast YTD. Pay expenditure remains the primary area of concern but expectation is that the run rate will improve as overseas nursing recruits move into substantive rosters.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

Integrated Performance Report

April 2020

(data for February 2020)

Summary

The complete refocus of all elements of performance planning to manage the COVID-19 response will now make measuring the usual performance trends extremely challenging. In the medium term, at least, the focus and emphasis of performance management will need to be revised to cover the critical success factors in managing the anticipated peak demand for the Trust's respiratory and critical care.

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Structure of Report

Performance against our Strategic and Enabling Objectives



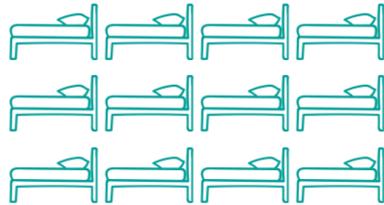
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Summary Performance February 2020

There were **2,764** Non-Elective Admissions to the Trust



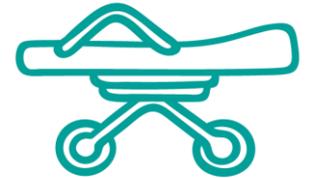
We carried out **414** elective procedures & **2,004** day cases



99.9% ↑ of patients received a diagnostic test within **6 weeks**



Emergency (4hr) Performance **88.1%** ↑
(Target trajectory: 93.2%)



We delivered **19,395** outpatient attendances cases (-1,764 vs plan)



We provided care for a population of approximately **270,000**



Our income was **£20,140k** (£419k over plan)



1,202 patients arrived by Ambulance



We met **3 out of 7** Cancer treatment standards



RTT 18 Week Performance: **90.9%** →

Total Waiting List: **17,442** ↓



17.5% ↓ of discharges were completed before 12:00



Our overall vacancy rate was **1.62%** ↓



Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

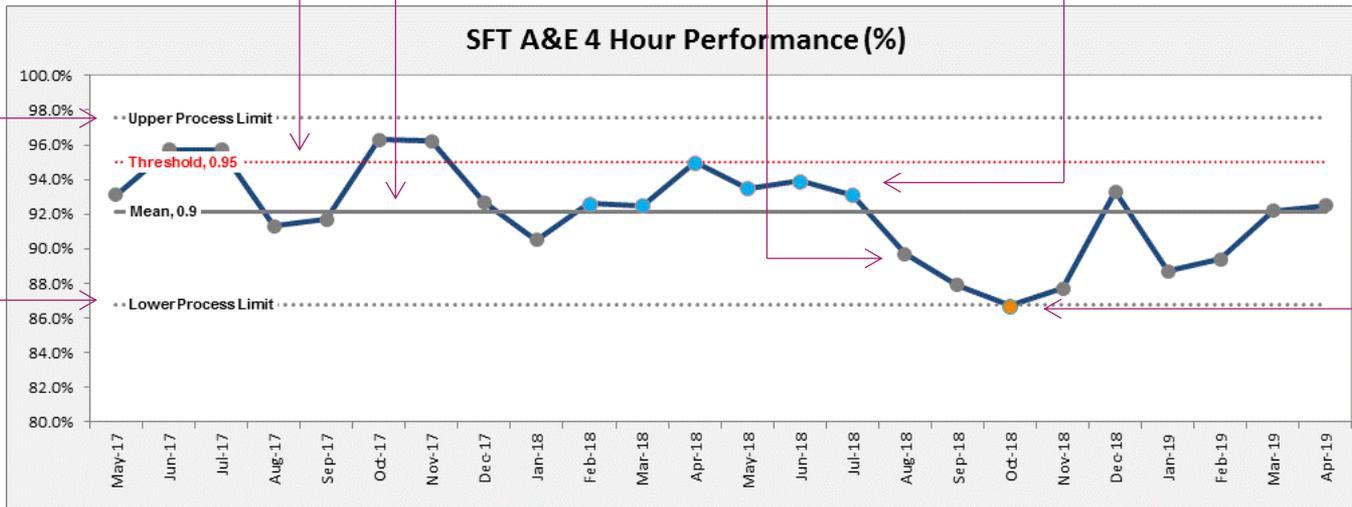
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points above the Mean or one point greater than the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points below the Mean or one point less than the lower limit

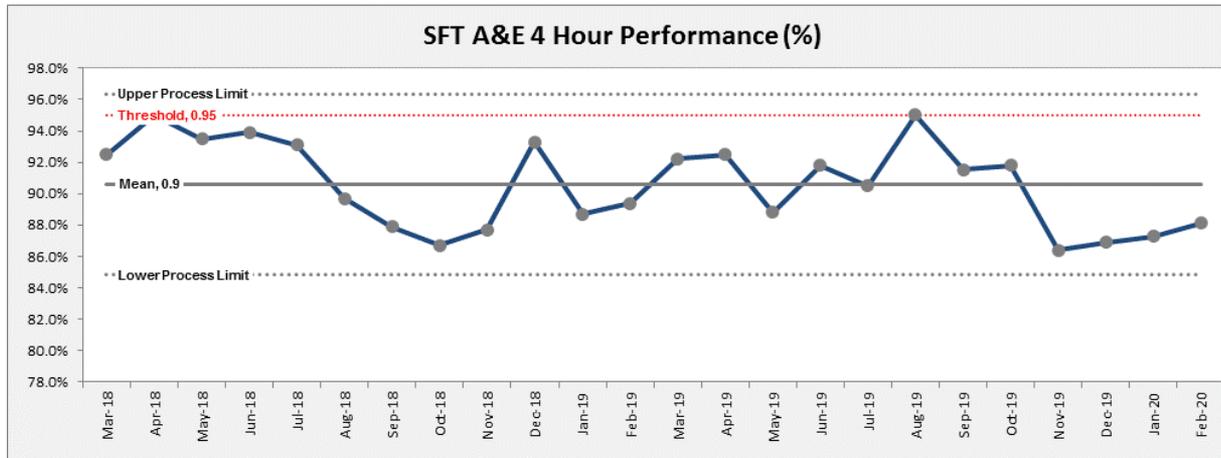


Statistical Process Control Chart Key:	--- Target	● Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
	— Mean	● Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
 Upper / Lower Process Control Limits (UPL/LPL)	● Common Cause Variation

Part 1: Operational Performance



Emergency Access (4hr) Standard Target 95% / Trajectory 93.2%



Data Quality Rating:



Performance Latest Month:

88.1%

Attendances:

5514

12 Hour Breaches:

0

ED Conversion Rate:

29.4%

Background, what the data is telling us, and underlying issues

M11 saw a slight improvement in performance compared with M10. There was a reduction in overall attendance numbers and the conversion rate has stayed about the same.

Improvement actions planned, timescales, and when improvements will be seen

Staffing - Ongoing recruitment for medical workforce gaps. DMT to also outline future workforce gaps in junior team due to contract changes in August 2020 and present to Executive Team.

Leadership – Finalisation of Consultant job plans and rota to take effect from April 2020 (delays to software) to ensure core coverage and consistency in shift patterns.

Flow – reinstate work with ED as part of RSG programme to ensure plans from Q3 are completed.

Risks to delivery and mitigations

Persisting gaps in Medical Workforce rotas (requiring adhoc locum cover). Risk of gaps not filling. This is mitigated through rota management of ED rota Administrator and escalation to DMT where necessary.

Inflated locum rates in neighbouring Trusts making it challenging to 'compete' for filling of locum shifts. This has been escalated to Exec Team for approval of escalated rates at SFT and discussion with neighbouring Trusts.

Statistical Process Control Chart Key: --- Target

Control Chart Key: — Mean

..... Upper / Lower Process Control Limits (UPL/LPL)

● Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)

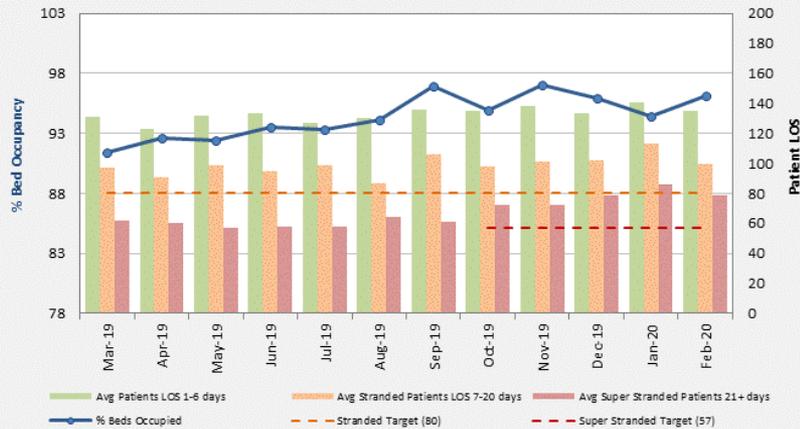
● Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)

● Common Cause Variation

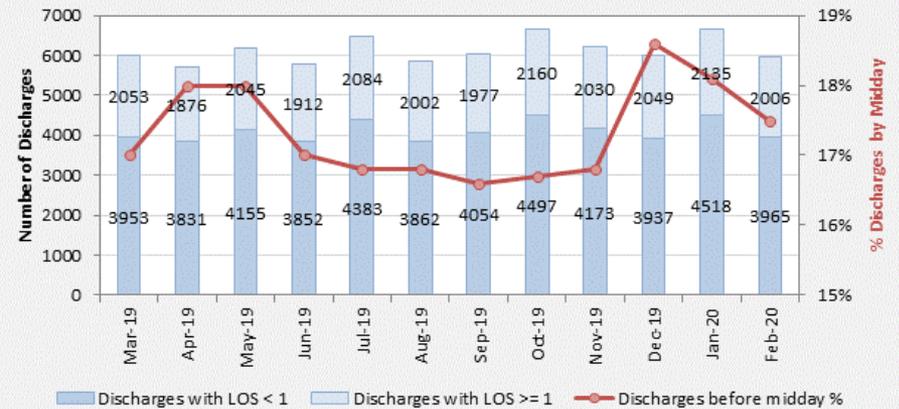
Patient Flow and Discharge

Are We Effective?

SFT Bed Occupancy and LOS



SFT Discharges Before Midday (All Wards)



Background, what the data is telling us, and underlying issues

Bed occupancy has increased for M11 and the number of patients with LOS <24 hours has dropped as have the patients with <48 hours. This reflects the increased pressure across the front door.

Stranded, super stranded and DTOC decreased in M11.

Weekend senior Consultant presence present within Medicine to support winter pressures, supporting weekend discharges ensuring weekend discharge rates can be sustained (circa 20%) during time of pressure.

Medical Outlier numbers remaining stable throughout M11 with limited escalation into DSU.

Improvement actions planned, timescales, and when improvements will be seen

Laverstock Ward remained open for M11.

Expert Panel weekly reviewing 14+ days LOS patients.

Continued delivery of the Patient Flow improvement programmes.

Risks to delivery and mitigations

Sustained demand at the front door continues.

Operational pressures for SFT and partners preventing regular attendance at expert panel by Matrons.

Continued focus on pre-noon discharges.

Delayed Transfer of Care (DToC) Bed Days

Performance Latest Month:

Days Lost to DToC: 664

DToC Patients (last Thursday of month snapshot): 37

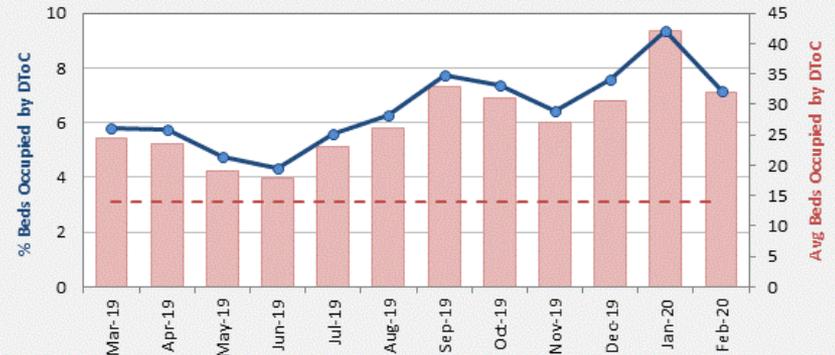
Data Quality Rating:



SFT DTOC Bed Days



SFT Beds Occupied by DToC



Improvement actions planned, timescales, and when improvements will be seen

See previous slide.

Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

SFT RTT PTL Volume by CCG:

Total WL	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Dorset CCG (11J)	2,760	2,771	2,832	2,845	2,871	2,889	2,882	2,834	2,856	2,825	2,605	2,593
West Hampshire CCG (11A)	1,748	1,638	1,667	1,690	1,743	1,695	1,682	1,655	1,614	1,606	1,544	1,550
Wiltshire CCG (99N)	10,328	10,540	10,478	10,718	10,630	10,809	10,900	11,050	11,130	11,018	10,840	10,577
Other CCGs	2,113	2,083	2,323	2,498	2,732	2,800	2,822	2,729	2,718	2,747	2,643	2,722
Trust Total	16,949	17,032	17,300	17,751	17,976	18,193	18,286	18,268	18,318	18,196	17,632	17,442

Data Quality Rating:



Performance Latest Month:

90.85%

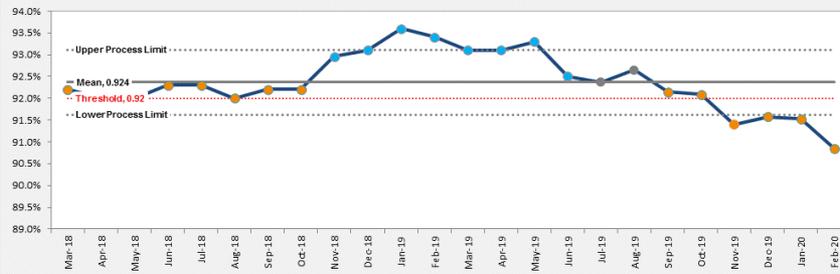
PTL Volume:

17,442

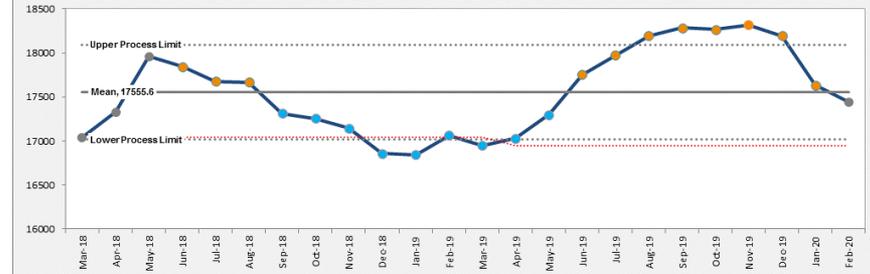
52 Week Breaches:

0

SFT RTT Performance (%)



SFT RTT PTL Volume



National Key Performance Indicators

Background, what the data is telling us, and underlying issues

Overall RTT Performance remained under 92% in February.

The main causes of this continue to be the high volume of long waiting patients in Dermatology and Plastic Surgery. The capacity pressures in Dermatology have resulted in long first appointment wait times with high volumes of patients booked between 40 – 50 weeks and in Plastic Surgery have led to high volumes of long waiting patients for surgery.

Long first appointment waits also continue to be seen in Respiratory, Gastroenterology and Glaucoma and there are also high numbers of long waiters in Oral Surgery due to capacity issues for Surgery.

The overall PTL is predicted to remain above target but the ongoing focussed work resulted in a drop of a further 190 from January's total.

Improvement actions planned, timescales, and when improvements will be seen

The current approach is to continue with as much elective activity as possible using virtual solutions both video, telephone and enhanced advice and guidance, referral triage and treatment pathways.

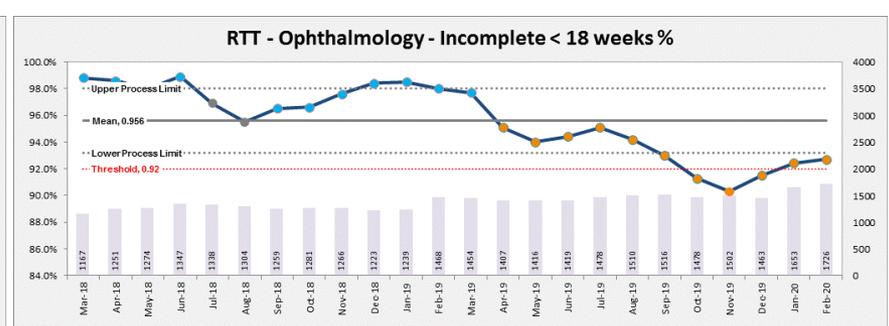
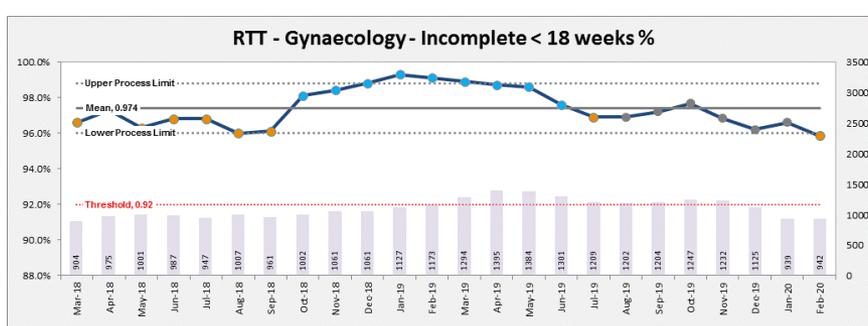
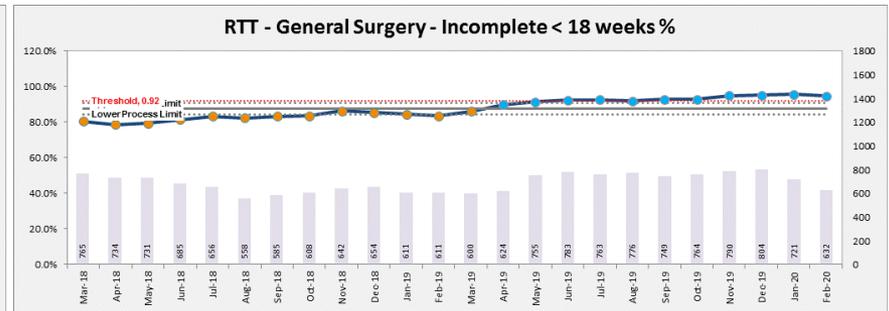
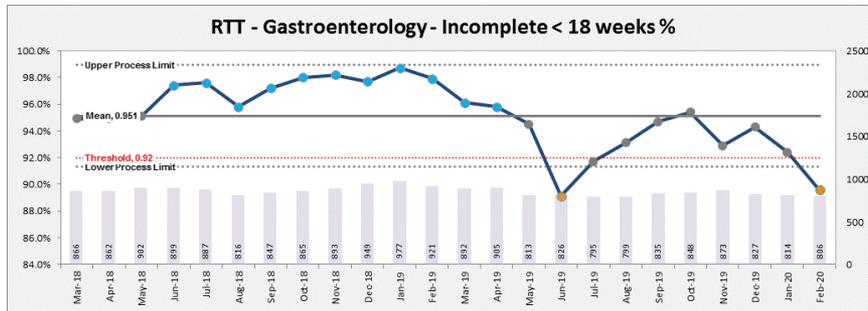
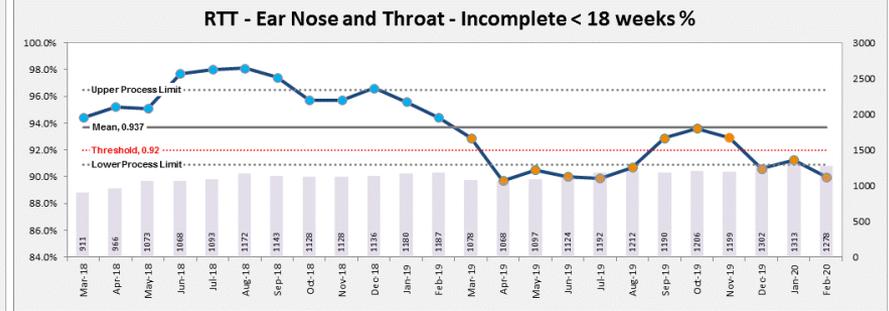
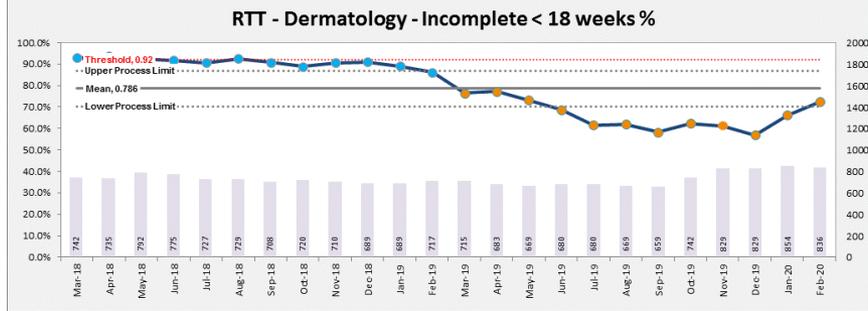
Surgical activity will continue to be triaged by the clinical teams and undertaken when clinically appropriate.

This will be continuously monitored to ensure a high level of patient care continues to be provided and to protect elective activity wherever possible within the constraints of the current situation.

Risks to delivery and mitigations

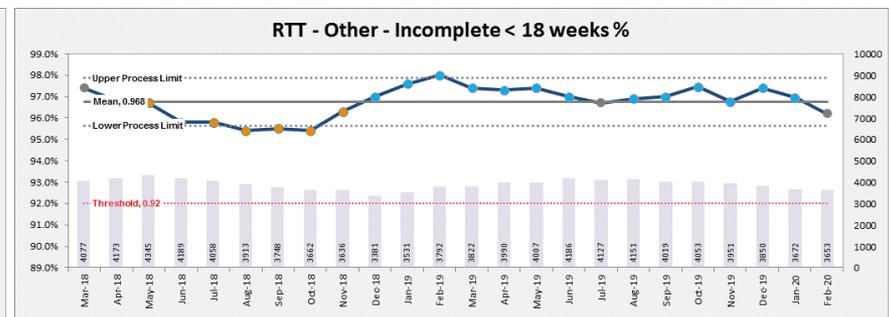
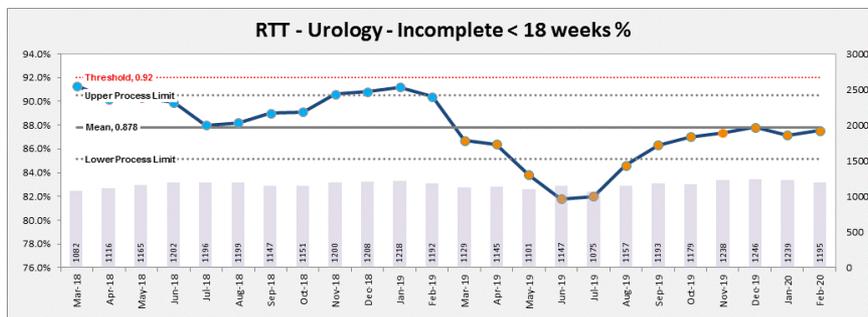
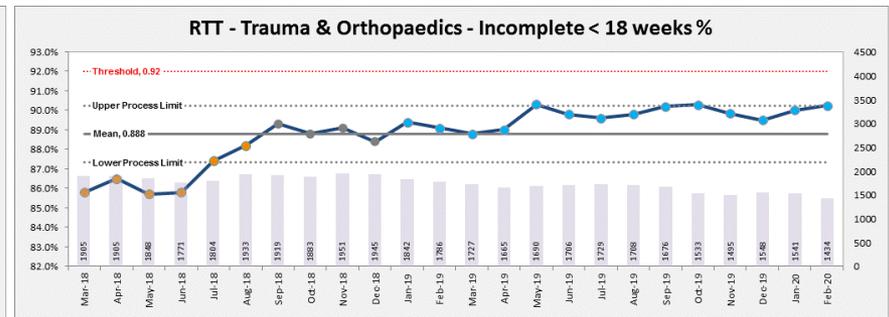
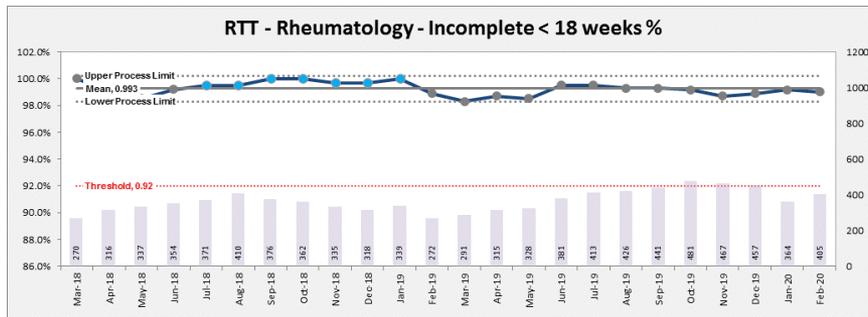
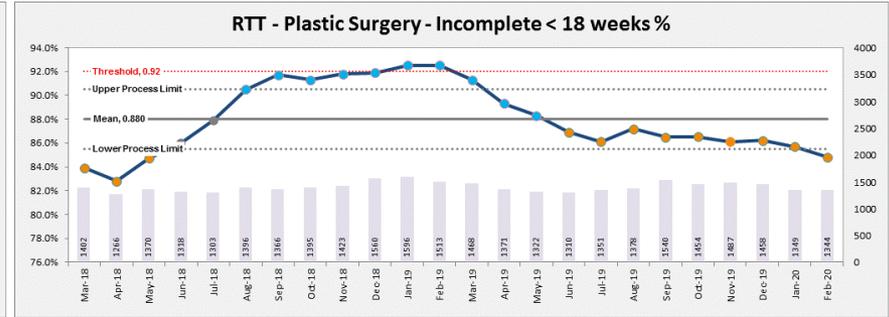
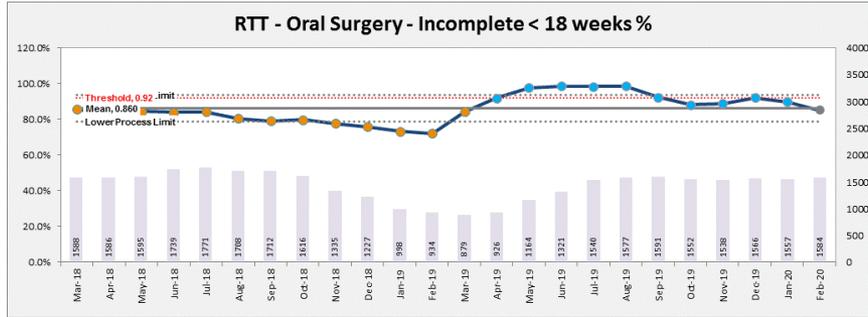
Continued risk of not achieving performance standard for March due to lack of capacity and high volumes of long waiters. This will be exacerbated by the increased cancellations and postponement of elective activity throughout March.

Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

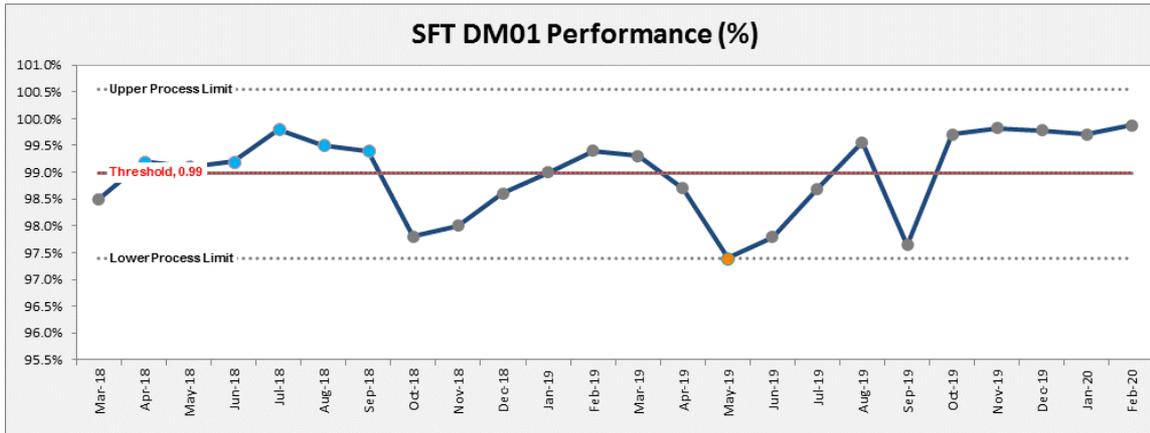


Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

National Key Performance Indicators



Diagnostic Wait Times (DM01) Target 99%



Data Quality Rating:



Performance Latest Month:

99.9%

Waiting List Volume:

3,828

6 Week Breaches:

5

Diagnostics Performed:

6,791

Background, actions being taken and risks and mitigations

Performance standard in month achieved, with 5 in month breaches recorded for M11. March projections are currently unknown owing to the constraints placed on activity owing to Covid-19.

Endoscopy

5 confirmed in month breaches for M11.

Radiology

0 in month breaches for M11. Thanks expressed to the CT Team in recovering the activity position in month, following the non availability of CT1 in week 1.

Radiology Reporting

Go live of the second provider for outsourced reporting on hold, further instruction from IT pending.

Audiology

0 in month breaches for M11. Resource issues identified for M12, and breaches anticipated as a result.

Cardiology

0 in month breaches for M11.

Cancer 2 Week Wait Performance Target 93%

Performance Latest Month:

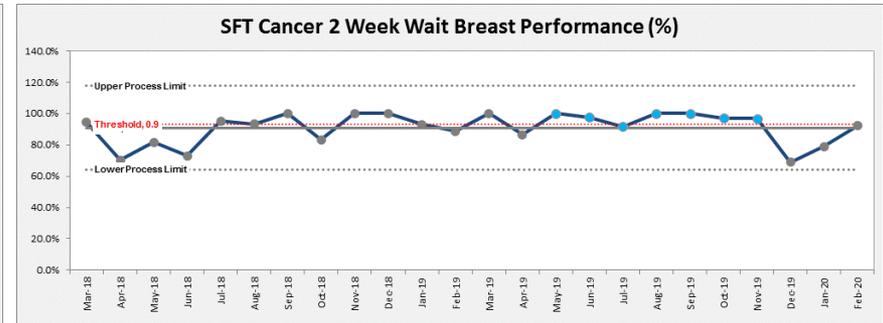
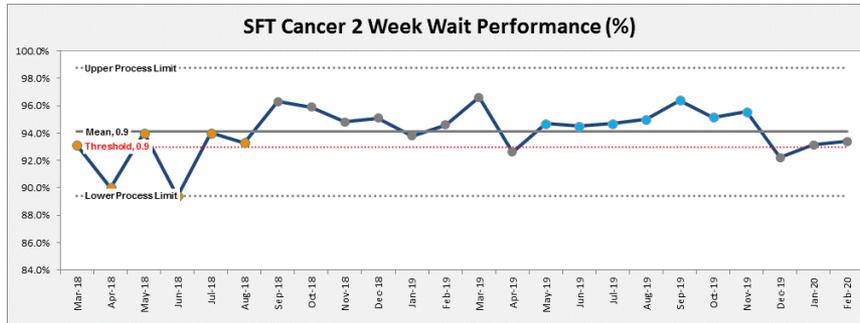
Two Week Wait Standard: 93.4%

Two Week Wait Breast Standard: 92.1%

Data Quality Rating:



National Key Performance Indicators



Background, what the data is telling us, and underlying issues

M11 achieved for 2ww standard. On track to meet Q4 for 2ww and 31 day standard.

Impact of Christmas holidays, patient choice and lack of radiology cover evidence in terms of breast symptomatic performance, though denominator very low.

Improvement actions planned, timescales, and when improvements will be seen

PTL format under review; more proactive, clear audit trail and evidence of escalation to be in place from April 2020 to provide more up to date position for weekly Delivery Group

Weekly cancer ops meetings continue to monitor performance, incoming referrals and identify issues that require resolution.

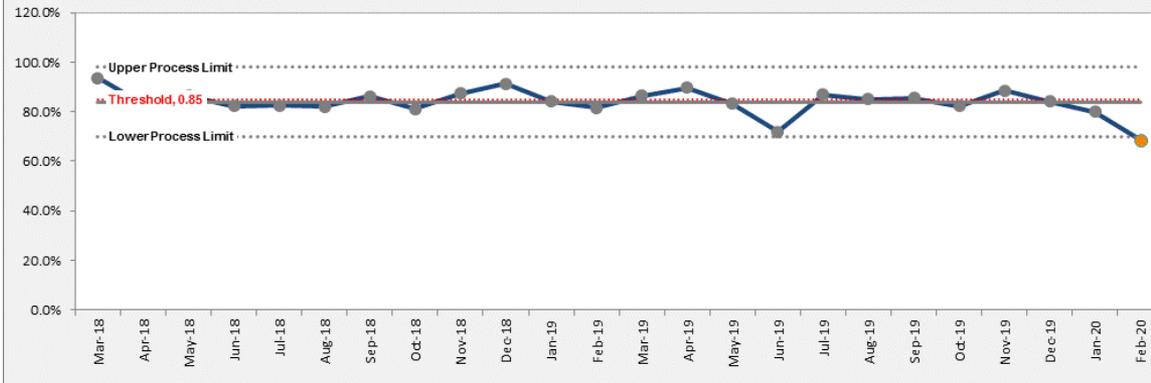
Risks to delivery and mitigations

Clinic capacity due to ongoing rise in demand outweighing capacity

Standard of referrals from GPs for patients on Colorectal pathway – lacking in information to be able to triage straight to test. This will result in some patients being triaged to OPD, increasing time in pathway. This has been escalated to CCG/NHSI who have informed us that we cannot delay a patient’s OPA pending chasing adequate referral data from their GP. Being unable to triage direct to test may have a consequential impact on 62 day delivery; intention is to recruit a Straight to Test Practitioner/Nurse to focus on this pathway.

Cancer 62 Day Standards Performance Target 85%

SFT Cancer 62 Day Standard Performance (%)



Data Quality Rating:



Performance Latest Month:

62 Day Standard: 71.32%

62 Day Screening: 57.14%

Risks to delivery and mitigations

M11 validated position of 71.32%, with a total of 19.5 confirmed breaches. Significant deterioration in performance due to sheer number of patients treated in month, as well as patient choice delays for treatment post Christmas. There is a risk to delivery of 62 day for Q4 due to low performance in M10 and M11.

Scrutiny is being given to the PTL by the cancer management team and potential breaches are being managed on a case by case basis to prevent them contributing to the position and to ensure patients are being treated as quickly as possible for their cancer diagnosis. Format of weekly PTL meetings under review to provide a clearer audit trail of actions and escalation. To be in place from April 2020.

Improvement work within the prostate pathway continues. Consideration to focused prostate PTL to be given as this is the area of Urology most likely to be impacted by longer waiting times and complex pathways.

Improvement in Head and Neck pathways required and is underway. New CNS in post and proactively reviewing how pathways can be streamlined. Pathways are complex and often combined with UHS which can prolong diagnostics. Discussions with UHS occurring to agree on joint actions that can be taken to improve waiting times and performance.

Statistical Process Control Key: --- Target

Control Chart Key: — Mean

..... Upper / Lower Process Control Limits (UPL/LPL)

● Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)

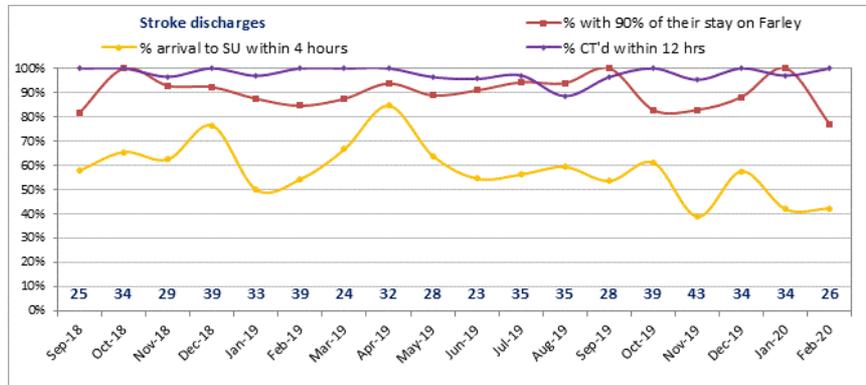
● Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)

● Common Cause Variation

Stroke & TIA Pathways

SFT SSNAP Case Ascertainment Audit Score:

Year	Q1	Q2	Q3	Q4
2018-19	B	C	B	B
2019-20	B	B	B	



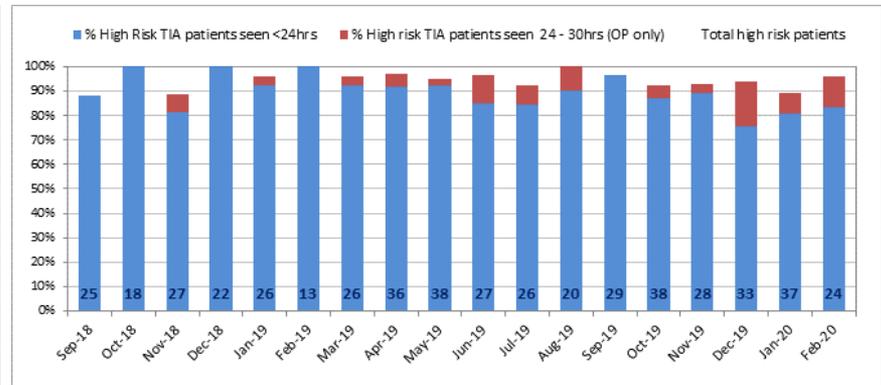
Data Quality Rating:



% Arrival on SU <4 hours: 42.3%

% CT'd < 12 hours: 100%

% High Risk TIA Seen < 24 hours: 83.3%



Are We Effective?

Background, what the data is telling us, and underlying issue

Q3 SSNAP audit was the highest recorded for a long time at a score of 78 which is a B (80% required for an A). This was significantly helped by the increase in the number of SALT therapists. This is an excellent achievement during a time of unprecedented pressures on hospital capacity. Early supported discharge also had the best results yet. However, challenges remain in patient reaching the stroke unit within 4 hours due to mainly waiting for doctors in ED. 90% of stay on stroke unit reduced as 3 patients admitted to AMU and 2 patients moved off the ward due to bed pressures.

Scanning achieved an A with some of the best results to date. This reflects the willingness of the Radiology Dept to help with emergency stroke management. It also reflects upon the prompt referral for scanning by the junior doctor teams, stroke nurse teams and the ED nursing teams who recognise the urgency of these requests.

The thrombolysis door-to-needle (DTN) time was at its quickest level for this Trust, a reflection upon the 'direct to CT protocols' and 'code stroke' emergency stroke group bleep, both of which started in March 19. There has been consistent improvement in DTN times since the introduction of these measures. This latest period coincided with the trial period of the stroke nurse practitioner role.

Improvement actions planned, timescales, and when improvements will be seen

The outcome of the stroke nurse practitioner trial is to be presented to the Medicine DMC for consideration of a business case.

The stroke team expected to achieve consistent A results from Q4 onwards but this is in doubt due to the ward move.

Risks to delivery and mitigations

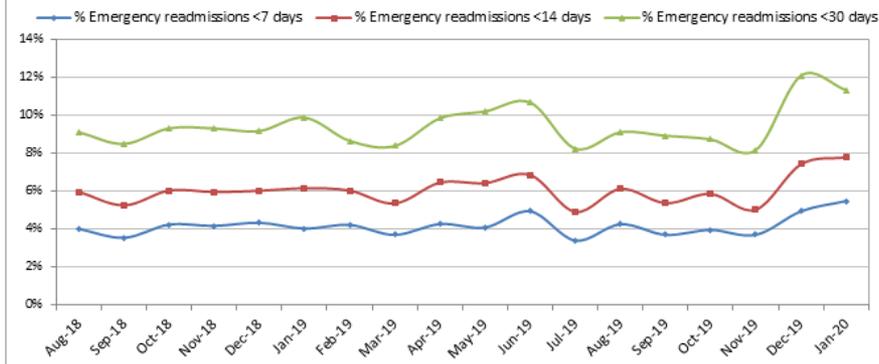
Ability to fund the nurse practitioner role and provide a consistent service 7/7.

Move of the Stroke Unit to Laverstock ward as part of contingency planning for COVID-19 (loss of therapy space).

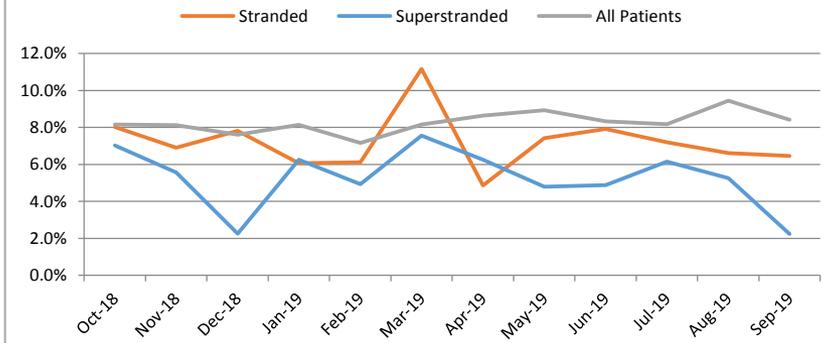
Other Measures

Are We Effective?

Emergency Readmissions within 7, 14 & 30 days of Discharge



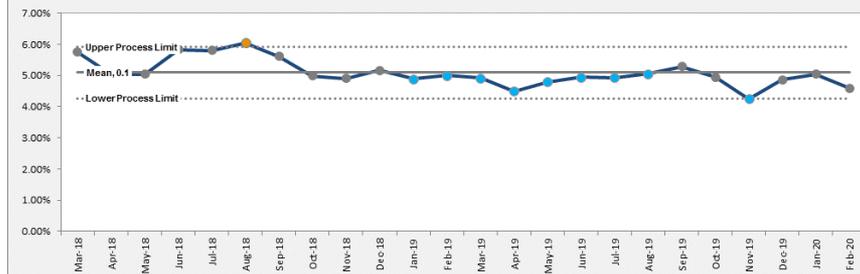
Readmission Rate for Stranded, Superstranded and All Patients by Month



SFT Cancelled Operations (On The Day)



SFT Outpatient DNA Rate (%)



Part 2: Our Care



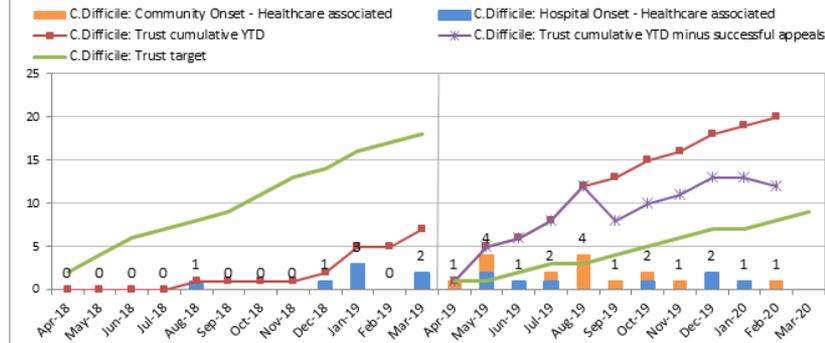
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		



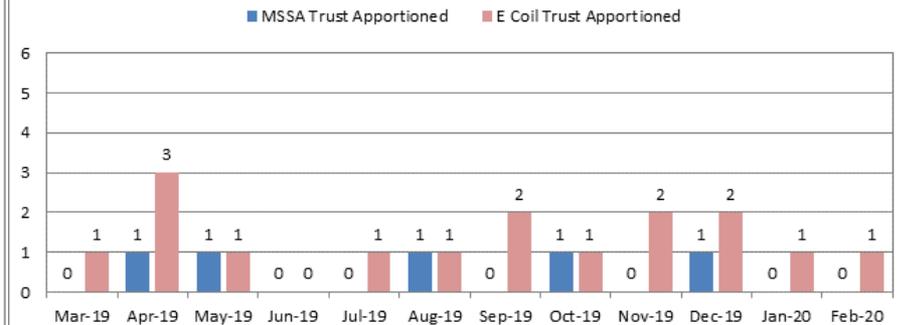
Clostridium Difficile	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
Cases Appealed	0	0	0	0	7	0	0	0	1	0
Successful Appeals	0	0	0	0	5	0	0	0	1	2

MRSA	2018-19	2019-20
Trust Apportioned	3	0

Clostridium Difficile: Healthcare Associated Cases



E Coli and MSSA



Are We Safe?

Summary and Action

C.Difficile cases have now significantly exceeded the upper limit of 9 cases with 1 community onset healthcare associated case reported in February. An investigation is currently underway and Wiltshire CCG have been contacted for the community onset healthcare associated case to be appealed for no lapses in care from the patient's previous admission to hospital.

Year to date, 8 of the 20 cases are hospital onset with the remaining 12 cases classed as community onset healthcare associated. In February, the outcome of 2 cases submitted to West Hampshire CCG in October for no lapses in care were successfully appealed. NHSI and the CCGs are regularly briefed on this issue with no further action currently.

One Trust apportioned E Coli bacteraemia in a very complex patient with a thigh abscess which had developed from self-administration of intramuscular injections. It was considered to be unavoidable.

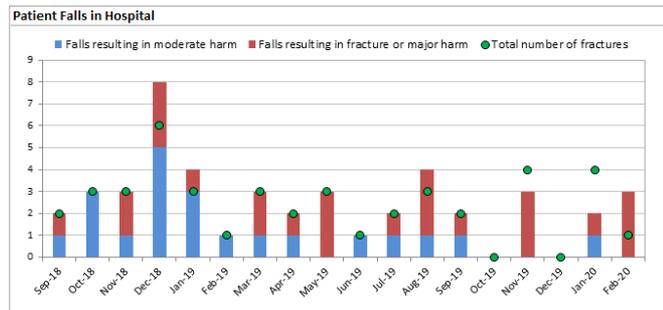
The Trust continues to benchmark positively. For Q2 (most recent data available) the Trust had the lowest rate of both C. Difficile and E Coli bacteraemias when benchmarked across all acute trusts in the South West (PHE data).

With a global pandemic of Covid-19 now declared (11/3/20), the Trust is well prepared to deal with suspected and actual cases. Daily meetings are taking place to ensure national guidance is implemented and clinical areas prepared for any cases. Daily staff communication is also taking place.

As part of our Quality Account consultation, the Director of Nursing presented our infection prevention and control data to Wiltshire Council Health Select Committee in March 20. The Committee were assured on the steps the Trust has taken to prevent and control infection.

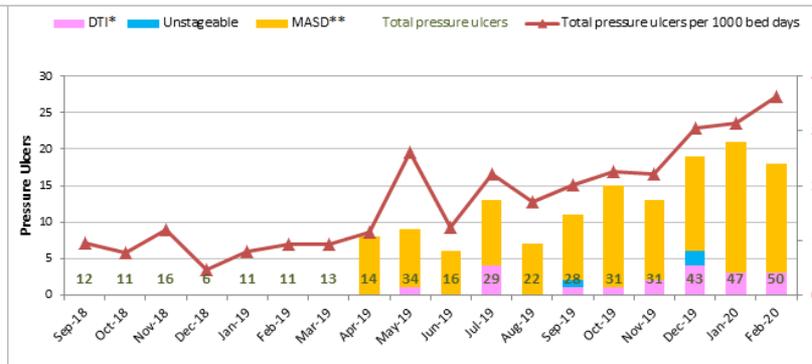
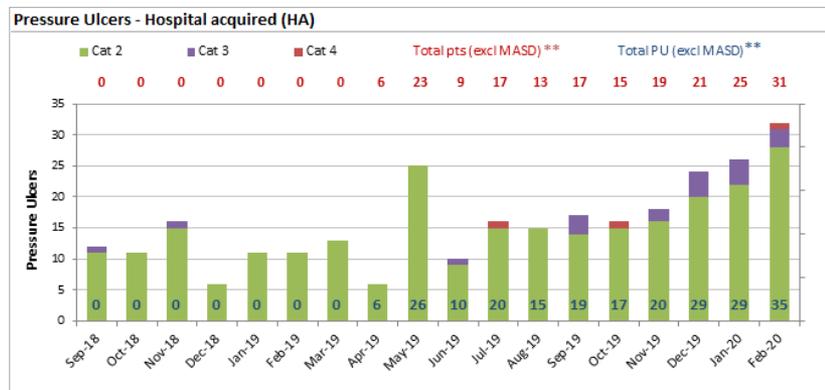
Pressure Ulcers / Falls

Are We Safe?



Data Quality Rating: ●

Per 1000 Bed Days	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
Pressure Ulcers	0.88	1.05	1.10	1.22	1.74
Patient Falls	0.20	0.16	0.20	0.07	0.17



Summary and Action

A further increase in the number of category 2 pressure ulcers consistent with the national picture. However, of concern, is a further three category 3 pressure ulcers and one category 4 pressure ulcer reported in February across a range of wards. Following further revalidation, the total year to date figures of category 3 pressure ulcers is 17 and category 4 pressure ulcers is 3. This is compared to a total of three category 3 pressure ulcers and no category 4 pressure ulcers in 17/18 and 18/19 respectively.

A deep dive investigation of Trust apportioned category 3 and 4 pressure ulcers was completed and will be reported to the Nursing, Midwifery and AHP Forum and Clinical Commissioning Group Quality leads in April 20. Of 17 category 3 pressure ulcers, four had no lapses in care. The change in reporting in 19/20 does not account for the increase in pressure ulcers and only impacts on the timeframe for identification on admission. Locally, there has been no change in process or policy to account for the increase in pressure damage.

During this investigation each directorate presented and discussed themes of lapses in care along with positive findings for each pressure ulcer category 3 or 4. The lapses in care themes range across the patient pathway: 1) skin inspection 2) risk assessment 3) Implementation of pressure ulcer preventative devices 4) Categorisation of pressure damage 5) Documentation of risk assessment, skin inspection, interventions taken and wound assessment 6) On-going monitoring and escalation of wounds 7) Handover of wound care or skin condition 8) Referral to specialist services such as Tissue Viability, Dieticians, Orthotics and Manual Handling 9) Escalation to Directorate Management Teams and clinicians when care was not able to be delivered. 10) Documentation of non-concordance and capacity assessments (Incidental) 11) Knowledge and skills.

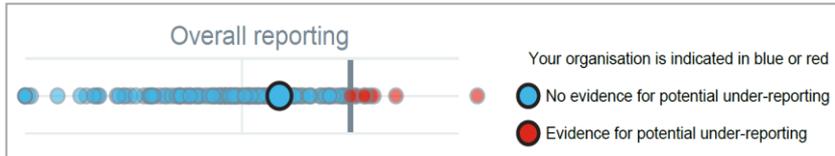
A Trust wide recovery plan is in place and will be signed off and overseen by the Nursing and Midwifery Forum and presented to the CCG Quality leads in April 2020.

In February, 3 falls resulting in major harm - 1 fall resulted in catastrophic harm (head injury) and is subject to a serious incident injury, 1 fall had a fractured acetabulum which affected the patient's ability to mobilise and 1 fall resulted in dehiscence of a surgical wound required repair under anaesthetic.

Incidents

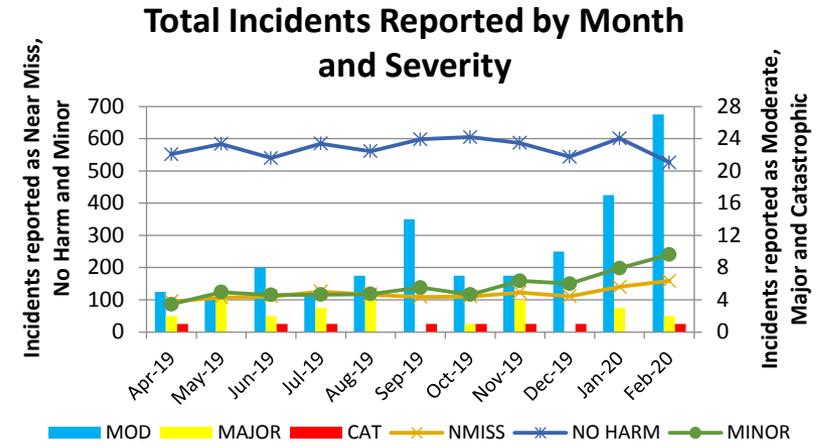
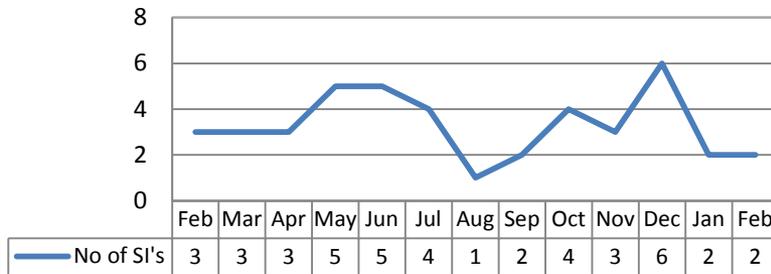
Are We Safe?

Year	2018-19	2019-20
Never Events	3	2



Information from NRLS benchmarks SFT in regard to reporting of incidents and reflects a positive reporting culture.

No. of Serious Incident Investigations February-February 19/20



Summary and Action

There were 2 new commissioned serious incidents in February. One patient was transferred to the Critical Care Unit due to deterioration. The other incident was a never event of a retained swab but the patient did not suffer harm.

A pressure ulcer cluster review has been completed and the overarching action plan will be presented at Clinical Risk Group in March 20.

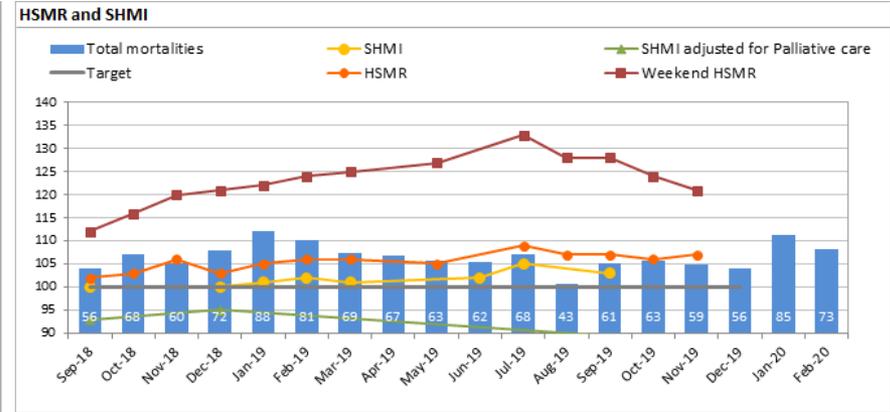
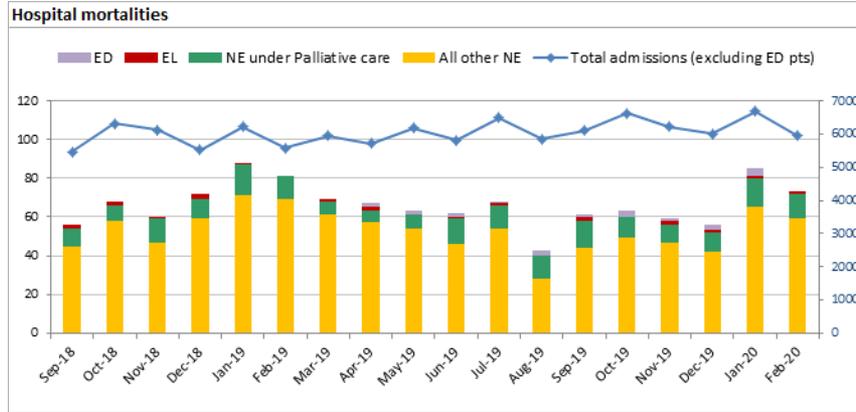
Arrangements are in place for a follow up to the Cancer Risk Summit scheduled to take place on 29 April 2020.

Mortality Indicators

Data Quality Rating:



Are We Safe?



Summary and Action

HSMR overall has increased and is as expected. It is anticipated HSMR may start to rise again with an increase in the crude mortality rate in January and February 20. The weekend HSMR trend has decreased again.

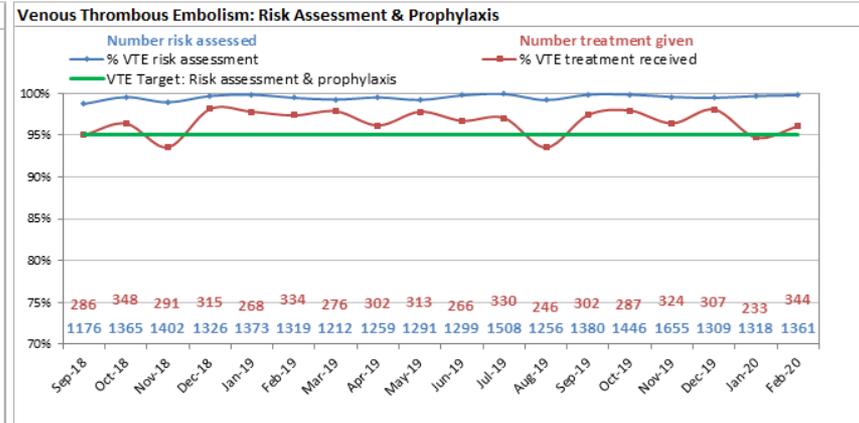
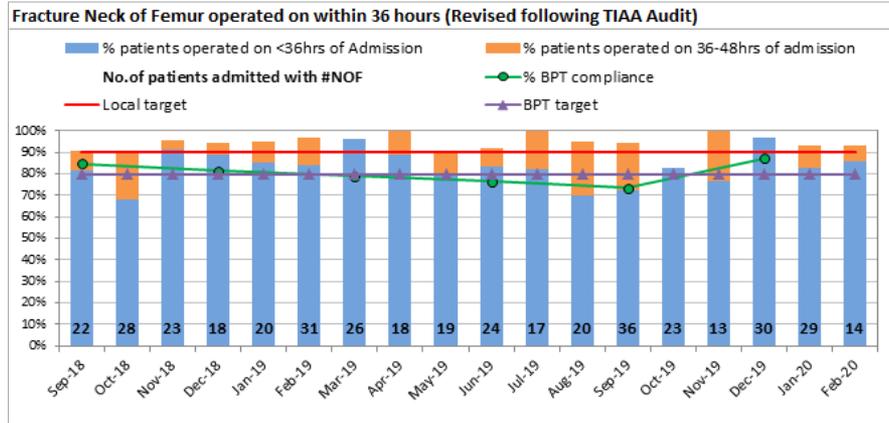
A review of 18 patients who died following a gastrointestinal haemorrhage took place in October, identifying themes and improvements needed in the pathway. The British Society of Gastroenterology acute upper GI bleed care bundle is being implemented and the report was presented to the Clinical Governance Committee in February 20. The Committee has asked for an update on progress of the action plan in May 2020.

Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Data Quality Rating:



Are We Safe?



Summary and Action

In February, 4 patients did not receive hip surgery for a fractured neck of femur within 36 hours due to waiting for theatre space (2), waiting for a total hip replacement (1) and awaiting investigation (CT scan as ?pathological fracture) (1). The Orthopaedic Nurse Specialists introduced a root cause analysis to examine delays in Q3 and present the themes to the Orthopaedic Clinical Governance meetings.

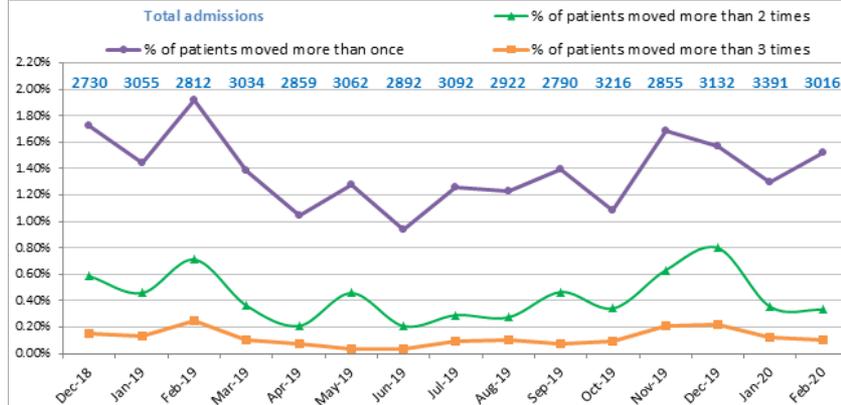
Patient Experience

Data Quality Rating:

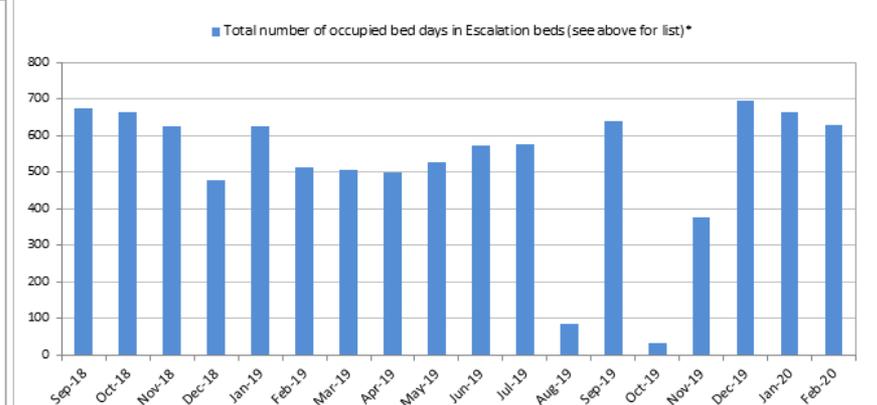


Last 12 months	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
Bed Occupancy %	91.4	92.6	92.5	93.5	93.3	94.1	96.9	94.9	97.1	95.9	94.4	96.1

Patients moving multiple times during their Inpatient Stay



Escalation Bed Days



Are We Safe?

Summary and Action

Escalation bed capacity remained at a high level in February, as did the number of multiple ward moves. The Trust was in OPEL 4 status on 3 occasions. The number of delayed transfer of care, stranded and super stranded patients are all above our internal targets, and discharges before midday were below target. Wiltshire, West Hampshire and Dorset CCG quality leads undertook a walk round on Laverstock ward (escalation ward) on 14 February and were assured that patients were receiving safe, high quality care. One recommendation for improvement was made - the need for a ward Pharmacist. This is included in the winter plan but has not been recruited to. The Stroke Unit were relocated to Laverstock ward on 12 March as part of contingency plans for Covid-19.

The 'Ready Steady Go' patient flow improvement work continues with a focus on increasing the number of patients discharged before midday and with multi-agency partners to decrease the number of delayed transfer of care, stranded and super stranded patients.

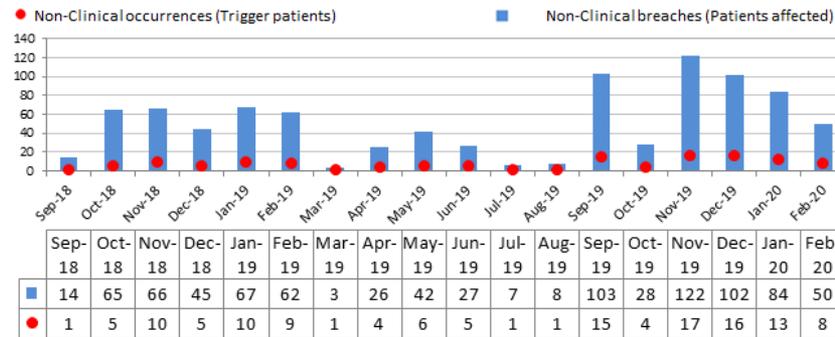
Patient Experience

Data Quality Rating:

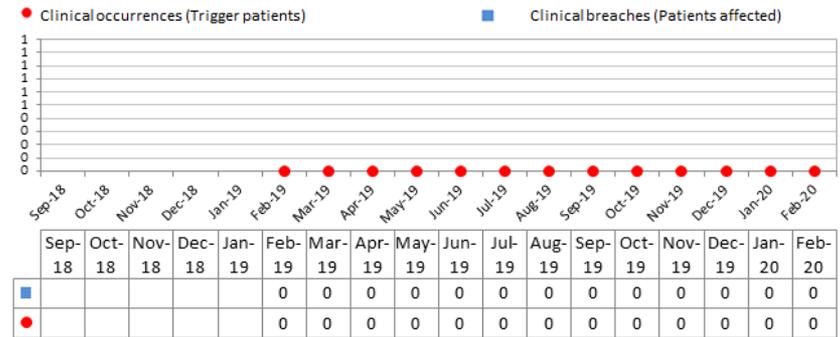


Are We Safe?

Delivering Same Sex Accommodation - Non-clinical



Delivering Same Sex Accommodation - Clinical



Summary and Action

The reported mixed sex accommodation breaches in February only occurred in our assessment areas. 45 patients were affected on 7 occasions on AMU and 4 patients were affected on SAU on 1 occasion. 44 breaches were resolved within 24 hours and the remainder with 48 hours. The Trust was in OPEL 4 status on 3 occasions. There were no breaches on any of the wards.

Privacy and dignity is maintained during these times with the use of quick screens and identification of separate bathroom facilities.

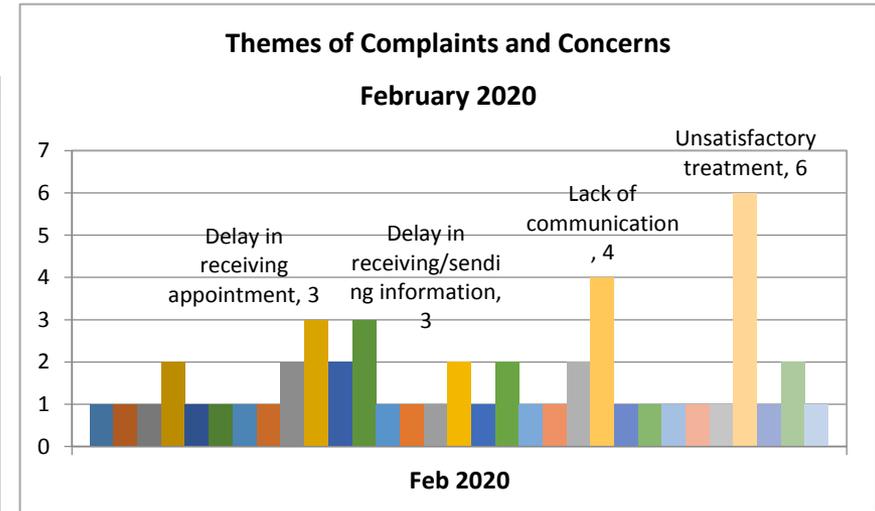
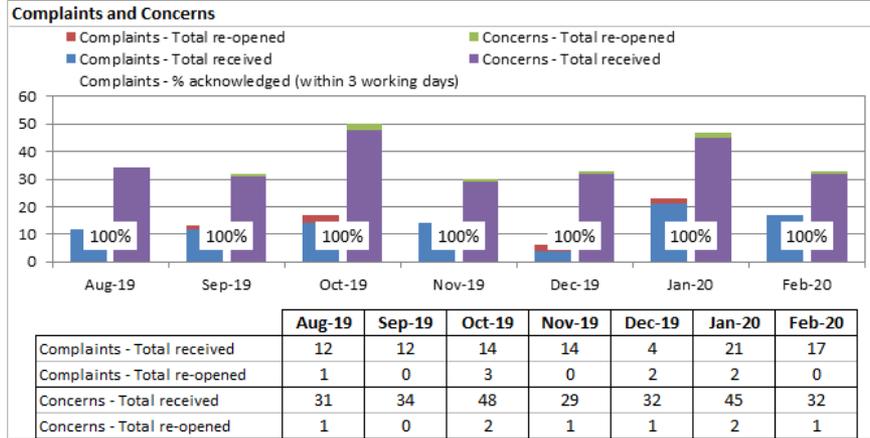
The Deputy Director of Nursing met with Wiltshire and West Hampshire CCG quality leads to agree a proposal for reporting in accordance with the new guidance. This will be formally submitted to the CCGs in February.

Patient & Visitor Feedback: Complaints and Concerns

Data Quality Rating:



Are We Responsive?



Summary and Actions

Top 5 themes of complaints/ concerns and comment in February 2020:

- Unsatisfactory treatment
- Lack of communication
- Delay in receiving appointments
- Delay in receiving / sending information

Actions from closed complaints in February:

- Matrons are to meet to discuss the discharge process .
- The need for good and effective communications between patient's and medical staff will be addressed in specialty meetings.

Part 3: Our People

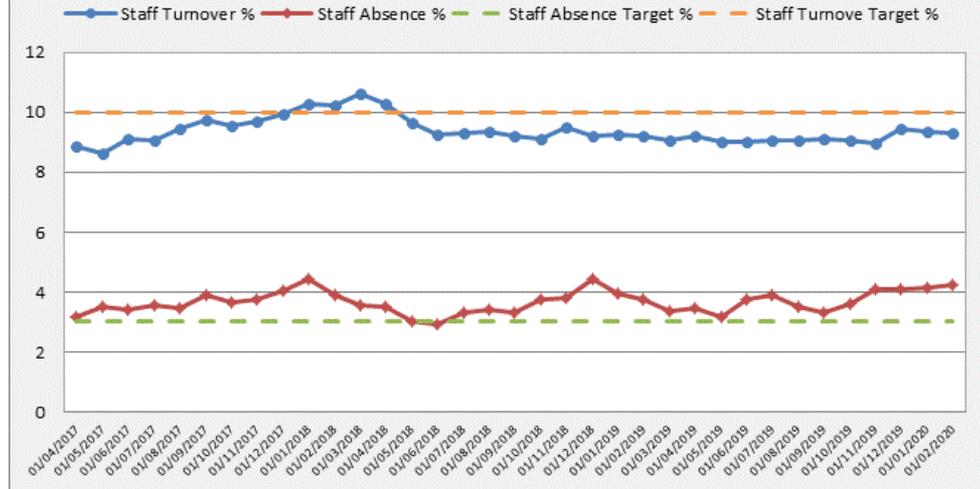


Workforce - Total

Total Workforce vs Budgeted Plan - WTEs

	Feb '20		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	402.6	423.2	(20.6)
Nursing	946.6	1,003.1	(56.5)
HCA's	411.0	544.9	(133.9)
Other Clinical Staff	608.3	619.2	(10.9)
Infrastructure Staff	1,202.1	1,080.0	122.1
TOTAL	3,570.6	3,670.4	(99.8)

Staff Turnover and Absence

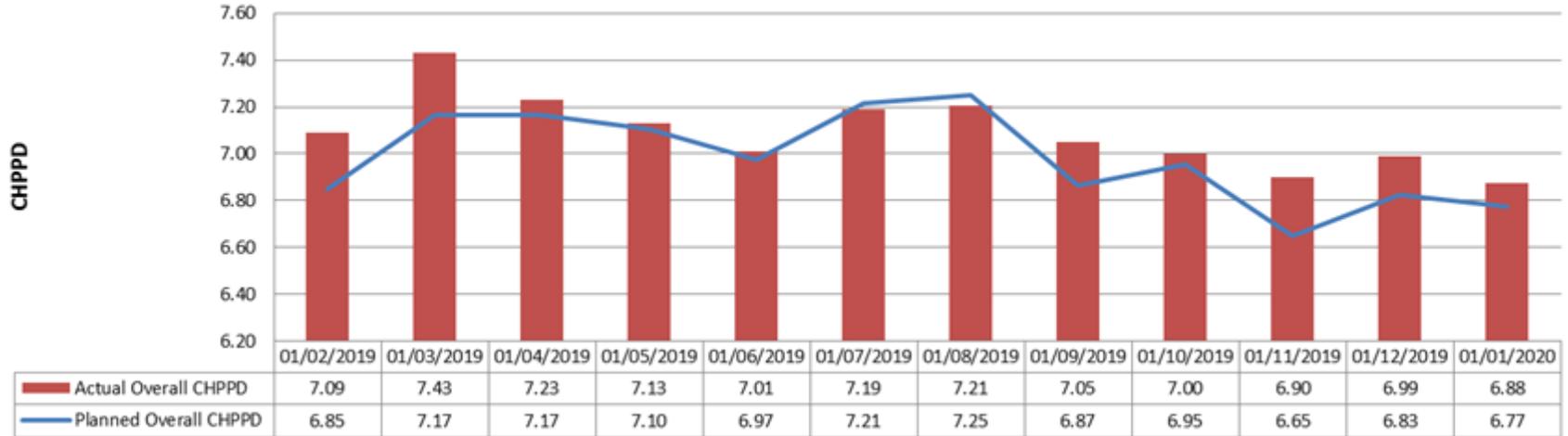


Summary and Action

Commentary to be updated.

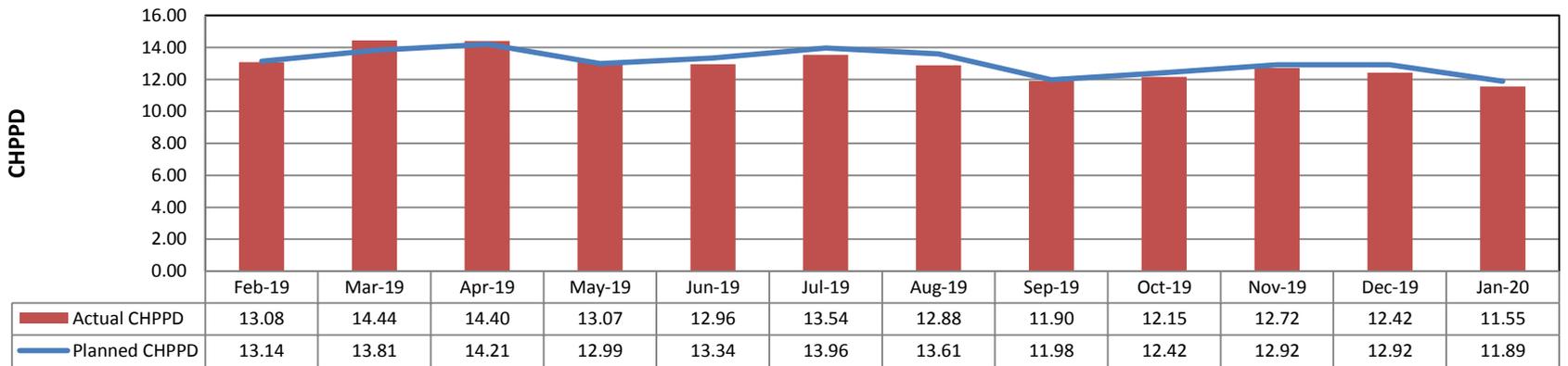
Workforce – Nursing and Care

Average Planned vs Average Actual Overall CHPPD (exl Radnor, Maternity, Sarum and NICU)



Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend by Directorate

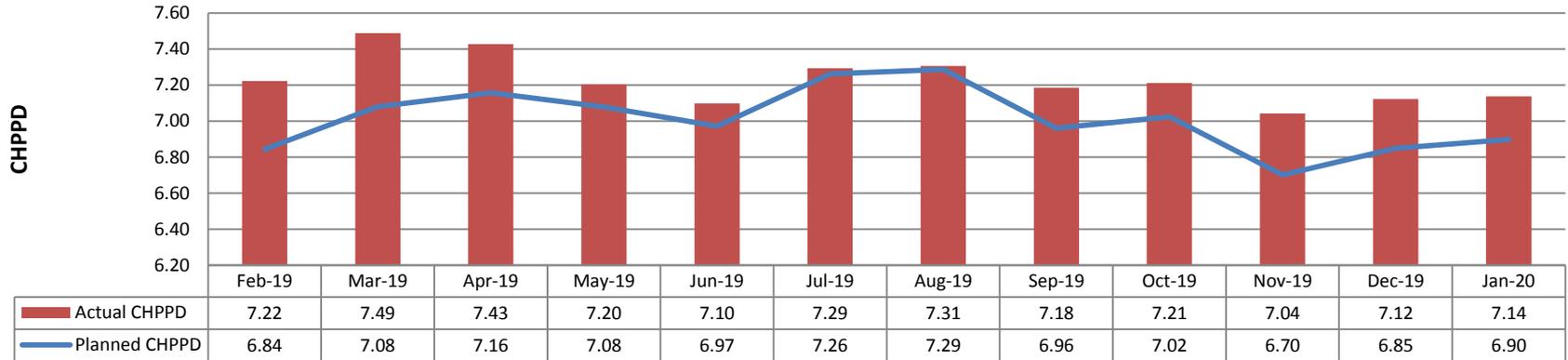
Average Overall CHPPD for Surgery



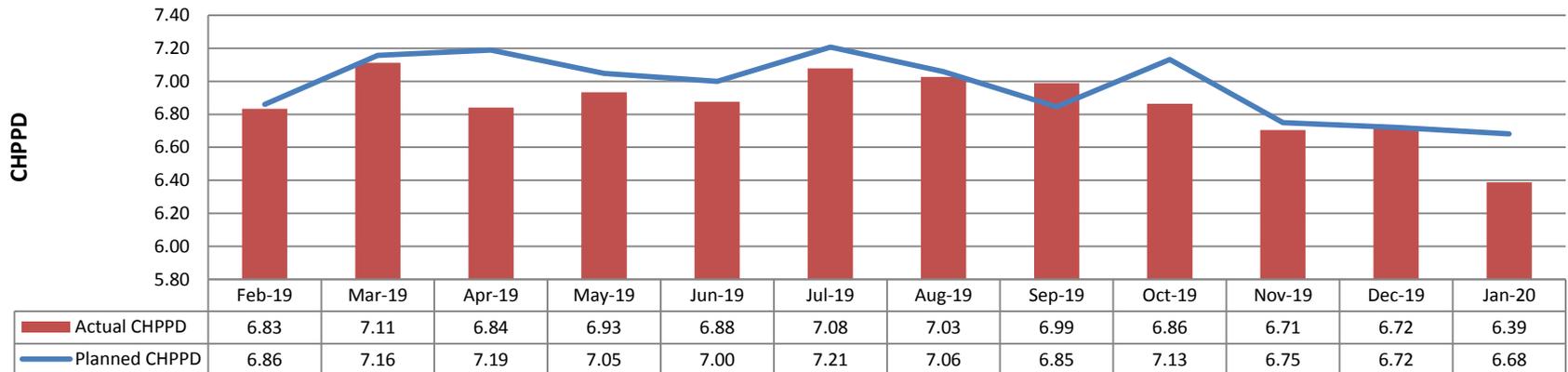
Workforce – Nursing and Care

Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend by Directorate

Average Overall CHPPD for Medicine

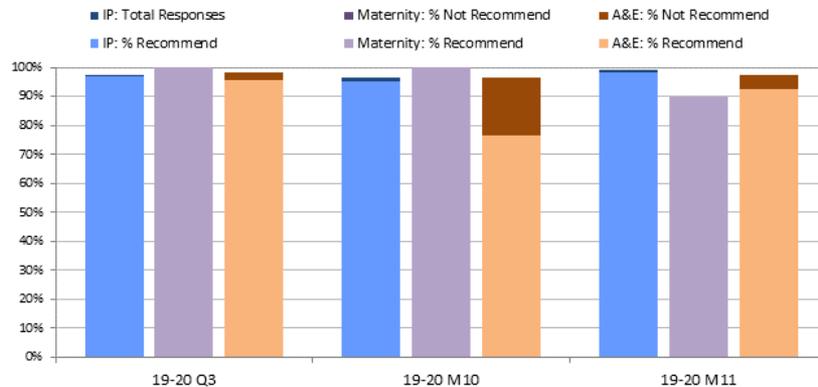


Average Overall CHPPD for MSK

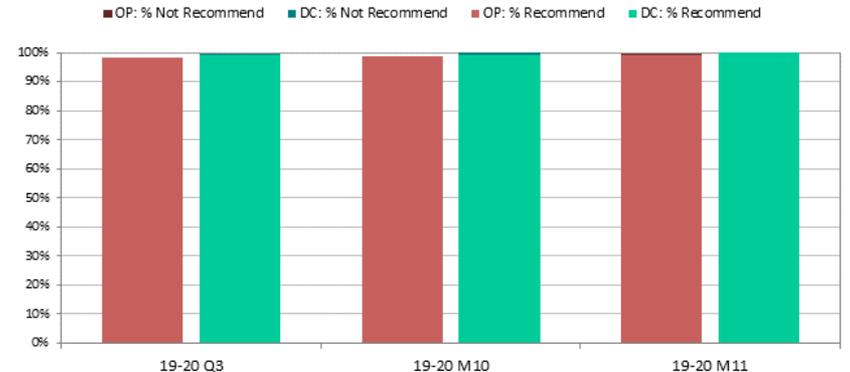


Friends and Family Test – Patients and Staff

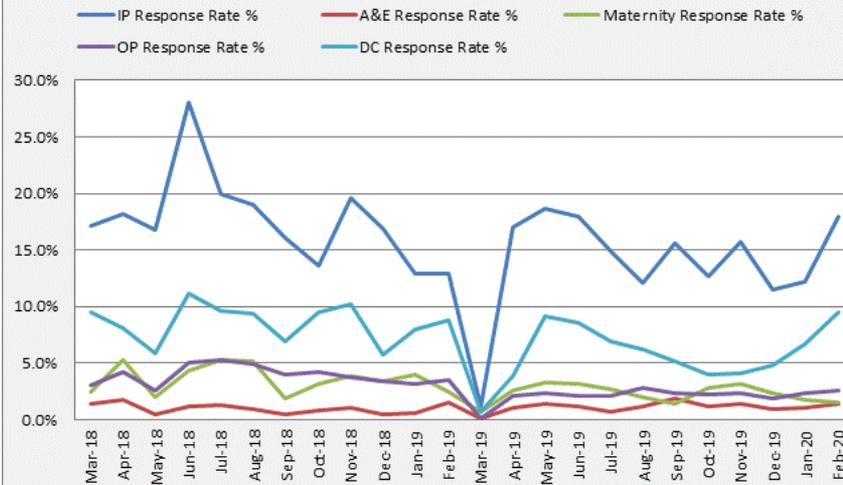
Patient Responses: Inpatient, Maternity and A&E



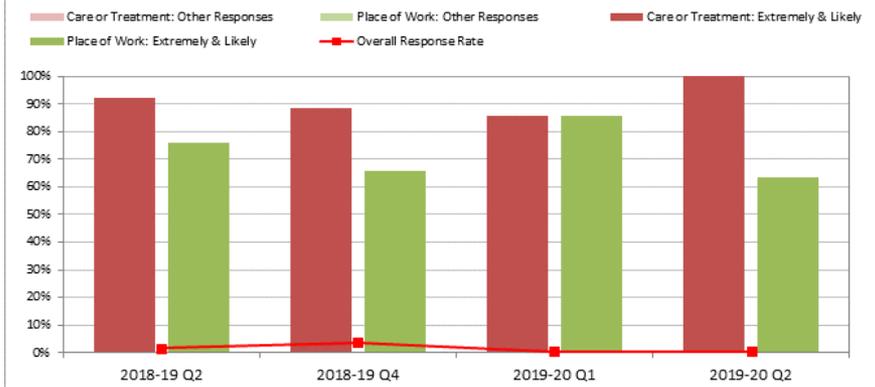
Patient Responses: Outpatient and Daycase



SFT Friends & Family Response Rates %



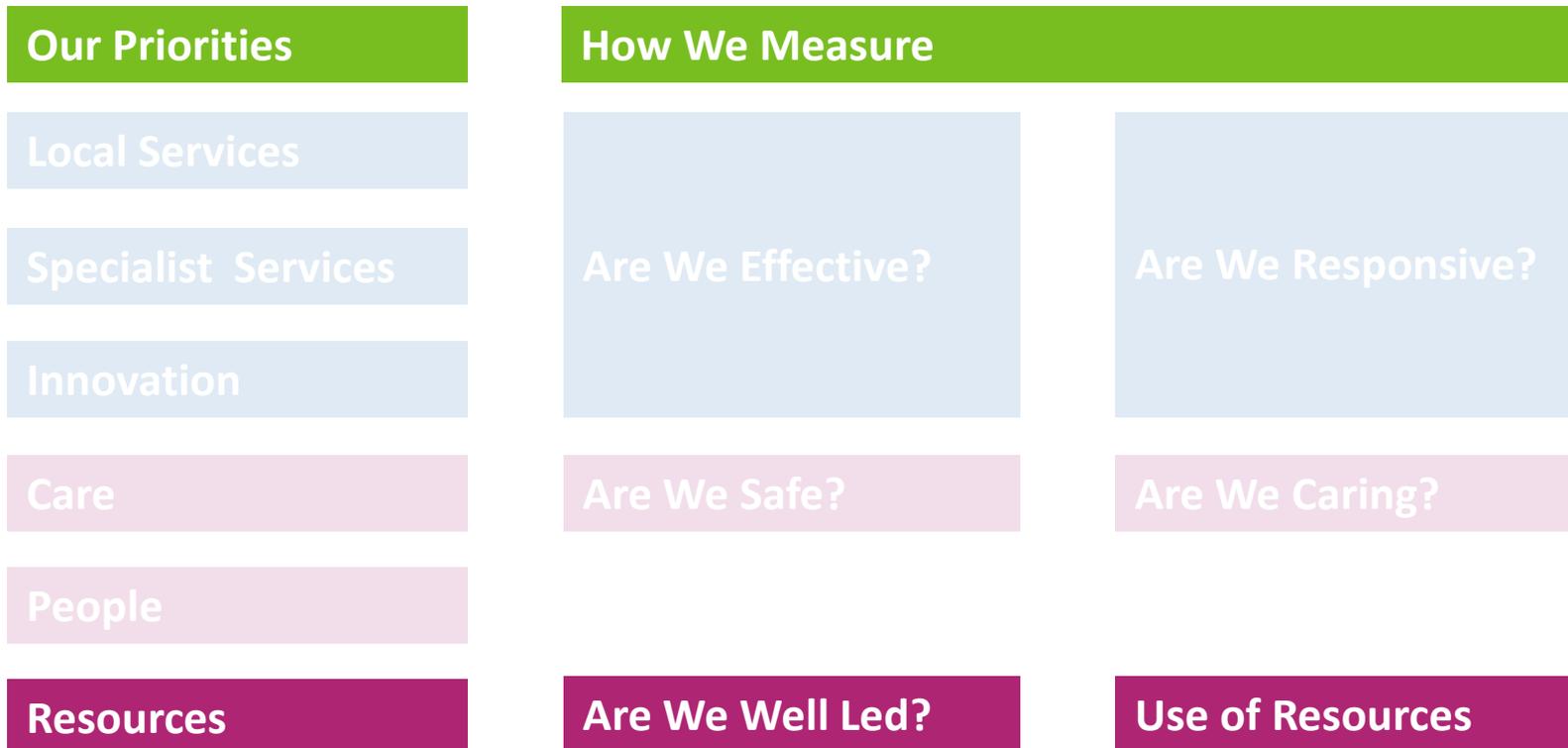
Staff Responses: Place of Work and Place of Care



There was an issue in March 2019 whereby responses were input into the wrong FFT website and were unable to be retrieved, hence the low response rate for one month.

2/40 patients in ED would not recommend the Department to their Friends and Family. 1 was due to delay in pain relief and the other was communication. Overall, ED response rate was 1.5% in February.

Part 4: Use of Resources



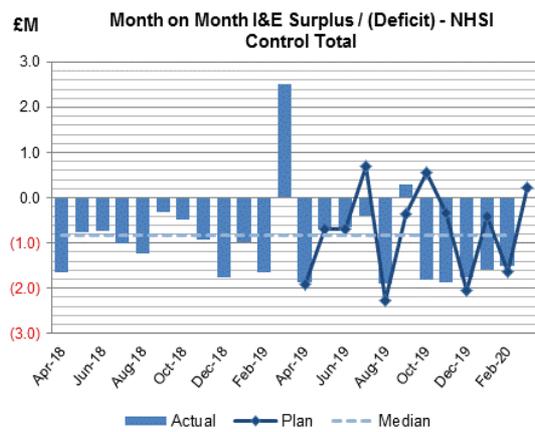
Income and Expenditure

Income & Expenditure:



Use of Resources

	Position						2019/20
	Feb '20 In Mth			Feb '20 YTD			Plan
	Plan	Actual	Variance	Plan	Actual	Variance	£000s
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Income							
NHS Clinical Income	16,580	16,501	(79)	189,909	186,599	(3,310)	208,163
Other Clinical Income	782	1,020	238	8,453	9,561	1,018	9,322
Other Income (excl Donations)	2,359	2,619	260	25,833	27,036	1,203	28,307
Total income	19,721	20,140	419	224,285	223,196	(1,089)	245,792
Operating Expenditure							
Pay	(13,184)	(13,556)	(372)	(144,151)	(146,479)	(2,328)	(157,326)
Non Pay	(6,726)	(7,073)	(347)	(73,484)	(75,595)	(2,111)	(80,163)
Total Expenditure	(19,910)	(20,629)	(719)	(217,635)	(222,074)	(4,439)	(237,489)
EBITDA	(189)	(489)	(300)	6,650	1,122	(5,528)	8,303
Financing Costs (incl Depreciation)	(1,430)	(1,006)	424	(15,727)	(14,846)	881	(17,157)
NHSI Control Total	(1,619)	(1,494)	125	(9,077)	(13,724)	(4,647)	(8,854)
Add: impact of donated assets	105	(20)	(125)	1,155	(48)	(1,203)	1,260
Add: Impairments	0	0	0	0	0	0	0
Add: Central MRET	174	173	(1)	1,911	1,909	(2)	2,082
Add: PSF & FRF	790	0	(790)	5,981	2,544	(3,437)	6,772
Surplus/(Deficit)	(550)	(1,341)	(791)	(30)	(9,319)	(9,289)	1,260



Variation and Action

The in month NHSI control total deficit of £1.5m is £0.3m better than forecast expectations as shared with NHSE&I, meaning the Trust is £0.1m better than forecast YTD. Pay expenditure remains an area of concern but expectation was that the run rate will improve as overseas nursing recruits move into substantive rosters.

The decision to open additional medical bed capacity was taken in early December, in order to allow for the more effective management of emergency patient flow, this capacity had initially been planned for two months and expected to be utilised in quarter 4. The revised forecast assumes these beds will be open for the remainder of the financial year.

The Trust is in the process of recruiting intakes of overseas nurses, an exercise with upfront costs but a payback period of approximately 9 months per nurse due to the upfront costs of c£10k per appointment and 12 weeks' supernumerary time. Although usage of temporary staffing remains high at this time, a shift of costs between Support to Nursing, and Registered Nursing has begun to take place, demonstrating that the Trust's staffing establishments should be in a stronger position moving into Spring 2020.

Capacity constraints are leading to sustained costs associated with outsourced healthcare in order to maintain performance, driven by both increased demand (Endoscopy), and shortfall in capacity due to key hard to fill vacancies (Pathology, Radiology).

Income & Activity Delivered by Point of Delivery

Clinical Income:

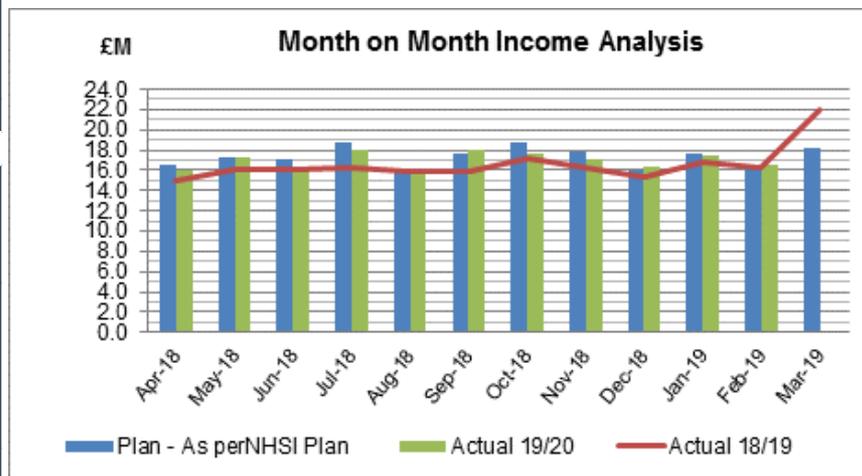


Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Feb '20 YTD		
	Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
A&E	8,110	8,136	26
Elective inpatients	17,387	16,244	(1,143)
Day Case	16,214	15,646	(568)
Non Elective inpatients	52,271	50,073	(2,198)
Obstetrics	5,794	5,521	(273)
Outpatients	30,564	29,422	(1,142)
Excluded Drugs & Devices (inc Lucentis)	15,868	16,542	674
Other	43,701	45,015	1,314
TOTAL	189,909	186,599	(3,310)

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
Wiltshire CCG	102,220	102,673	453
Dorset CCG	21,793	21,839	46
West Hampshire CCG	15,123	15,108	(15)
Specialist Services	29,015	28,556	(459)
Other	21,758	18,423	(3,335)
TOTAL	189,909	186,599	(3,310)

Activity levels by Point of Delivery (POD)	YTD	YTD	YTD	Last Year	Variance against
	Plan	Actuals	Variance	Actuals	last year
Elective	4,910	4,488	(422)	4,672	(184)
Day case	20,552	21,176	624	19,861	1,315
Non Elective	25,902	25,155	(747)	23,741	1,414
Outpatients	242,869	232,811	(10,058)	231,254	1,557
A&E	63,441	63,670	229	61,439	2,231



Variation and Action

Income to date is £186,599k, £3,310k below plan and an under performance of £79k in February. Income has under performed on all points of delivery year to date with the exception of A&E, Excluded drugs and devices and Other. Cardiology Day cases are 243 cases and £378k below plan year to date with activity below plan in month and Orthopaedics Day cases are 158 cases and £400k below plan with a deterioration of 26 cases in month. Urology and Ophthalmology Day case activity is above plan due to recent Consultant appointments. Elective Orthopaedics are now 257 spells below the year to date plan of 1,170 which is a deterioration of 26 cases in month. The Non Elective year to date position is driven by a combination of under performance on spells, mainly within Trauma and Orthopaedics, Plastic Surgery and Cardiology, and excess bed days activity. The Outpatients position is driven by underperformance notably within Dermatology and Plastic Surgery due to Consultant vacancies.

An adjustment of +£688k is included to reflect the blended approach, +£542k for Wiltshire CCG (£721k Month 10) and +£146k for West Hampshire CCG (£240k Month 10), due to non elective under performance. An adjustment of +£419k is included to increase income to reflect the under performance on the Dorset managed contract at Month 11 (£288k Month 10). An adjustment of +£1,363k is included to increase income to reflect the minimum income guarantee with Wiltshire CCG at Month 11 (£816k at Month 10). The total impact is £2,470k within the income position (£2,065k Month 10).

Cash Position & Capital Programme

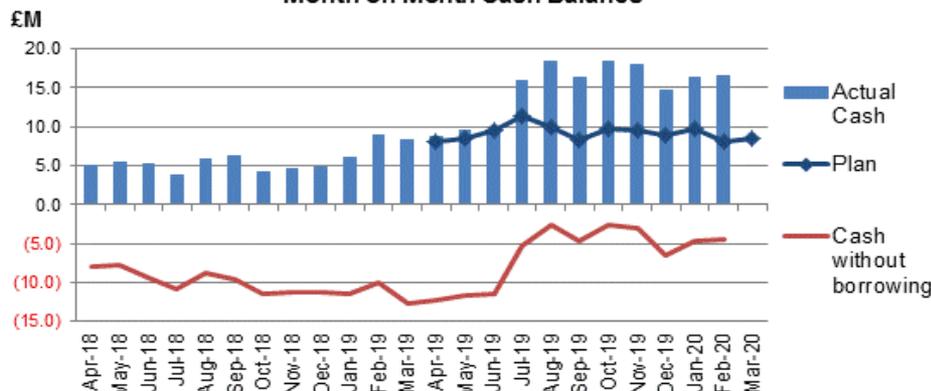
Capital Spend:



Cash & Working:



Month on Month Cash Balance



Cash remains higher than planned, primarily due to limited expenditure on the capital programme.

Borrowings include £11m of working capital loans due for repayment by 28 February 2021. In the 2020-21 plan Trust's were asked to convert these loans to public dividend capital although the final decision on this treatment has now been deferred due to the Covid 19 outbreak.

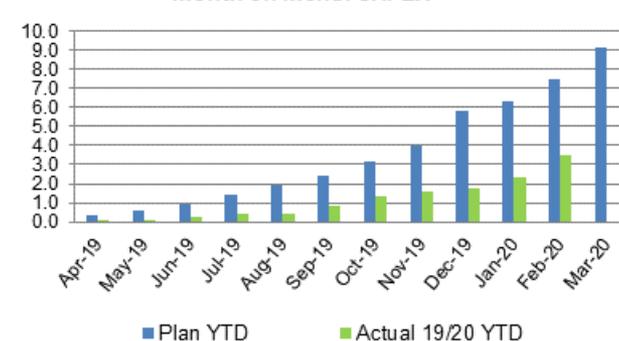
As a result of Covid 19, new guidance has been issued advising Block contract payments will be paid a month in advance during the first 3 months of 2020-21 to ease the pressure on providers' cash flow positions.

The cash flow will continue to be closely monitored during the remainder of 2019-20 and into next year to ensure funds are available when required, although no additional borrowing is anticipated in this year.

Capital Expenditure Position

Schemes	Annual Plan £000s	Feb '20		
		Plan £000s	Actual £000s	Variance £000s
Building schemes	700	500	3	497
Building projects	1,814	1,465	600	865
IM&T	3,540	2,970	1,230	1,740
Medical Equipment	2,650	2,180	1,312	868
Other	420	385	385	0
TOTAL	9,124	7,500	3,530	3,970

Month on Month CAPEX



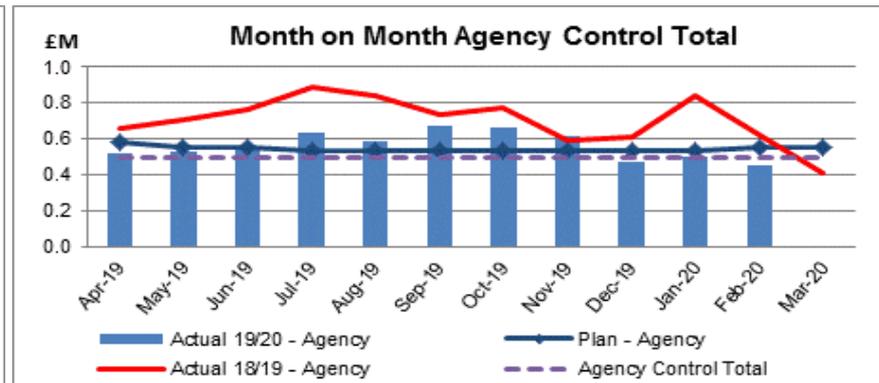
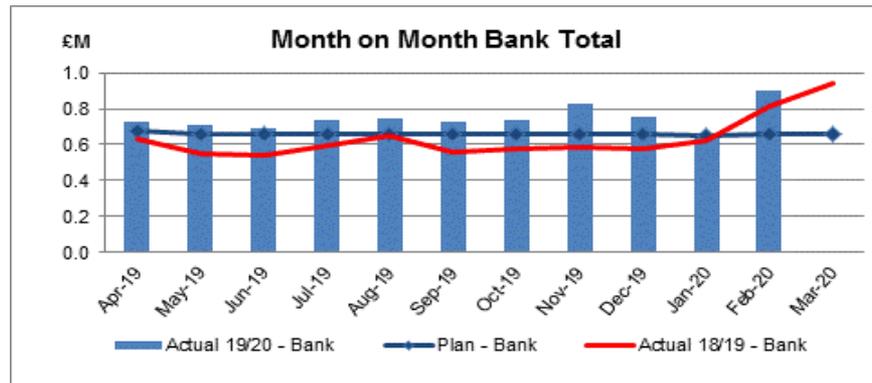
Summary and Action

The Trust is primarily financing its capital spend in 2019-20 through depreciation. Additional national initiative public dividend capital funding of £1,348k has now been received for various schemes, including a second MRI Scanner.

The Trust remains a considerable way behind the original plan for the year. Action has been taken to bring forward schemes, originally scheduled for 2020-21 into the current year to ensure the total expenditure included in the plan is met. Requisitions, purchase orders and deliveries are being closely reviewed against each scheme to ensure the forecast spend will be achieved. Assurances have also been sought that these schemes can be completed by the end of the financial year, although recent developments around Covid 19 have jeopardised the position. Where delivery times have been impacted the Trust has endeavoured to bring forward further IT laptops and licences, originally scheduled for purchase in 2020-21, to help bridge any identified gaps. During March orders have also been placed to purchase equipment required to help combat Covid 19, some of which are due to be delivered before the year end. The Trust will receive additional funding for these items, if required. The Capital Control Group continues to closely monitor the forecast outturn and take any additional steps required within its terms of reference to ensure the capital plan is achieved for the year.

Workforce and Agency Spend

Pay:



Summary and Action

Escalation bed capacity in remained open in order to allow for more effective management of emergency patient flow, February saw very little difference to the typical presentation of patients. The Trust has received an allocation of winter pressures funding to cover the costs of the additional 26 beds.

The Trust welcomed a further cohort of overseas nurses, with a further group of 14 expected in March. Cost pressures associated with supernumerary staffing as these individuals work towards their presentation, although WTE of trained nurses increase by 30 in the period. Expenditure on temporary staffing for trained nurses was £400k in the period, this represents the opportunity for cost reduction once the overseas nurses are able to fully integrate into the workforce.

Agency premium for the period is estimated at c£150k, roughly half of which relates to medical staffing groups due to difficulties filling vacancies and rota gaps. Gastroenterology, Acute Medicine, Elderly Care, and Pathology account for the vast majority of the medical agency spend.

Efficiency – Better Care at Lower Cost

Efficiency:



Use of Resources

Directorate	Position						
	Annual Plan £000s	Jan '20			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Medicine	2,192	191	103	(88)	2,001	1,159	(842)
Musculo Skeletal	1,385	128	113	(15)	1,248	959	(289)
Surgery	1,728	149	133	(16)	1,579	1,255	(324)
Clinical Support & Family Services	1,965	184	150	(34)	1,782	1,586	(196)
Corporate Services	1,730	139	165	25	1,493	1,783	290
Strategic	1,000	164	61	(102)	836	685	(151)
TOTAL	10,000	956	725	(231)	8,939	7,427	(1,512)

Scheme	Position						
	Annual Plan £000s	Jan '20			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Theatres	1,068	89	58	(31)	979	22	(754)
Workforce	1,001	83	83	(0)	917	888	(30)
Diagnostics	600	75	42	(33)	525	458	(67)
Patient Flow	825	69	0	(69)	756	138	(619)
Outpatients	500	56	56	0	444	444	0
Non-Pay Procurement	1,494	138	155	18	1,358	1,428	70
Medicines Optimisation - Drugs	500	83	6	(77)	417	240	(176)
Clinical Directorate Plans	2,634	255	194	(61)	2,372	2,155	(216)
Corporate Directorate Plans	1,378	106	131	23	1,171	1,451	280
TOTAL	10,000	956	725	(231)	8,939	7,427	(1,512)

Summary and Action

The Trust has reported CIP delivery of £720k (75%) in February 2020, taking the year to date delivery to 83%.

Delivery against the theatres programme has reported a 2019/20 high of £58k, continuing the general upward trend in the utilisation of lists. Theatre timetables were operated on a business as usual basis in February.

The in month Diagnostics under delivery is set to continue for the remainder of the year, as assumptions for £100k savings related to the Histology lot of the Southern Counties Pathology consortium (formerly 'South 6') managed service contract procurement will now not be realised.

The patient flow programme has once again not met its financial target. The Trust has needed to flex into and out of escalation capacity in order to maintain flow through its emergency admission pathways. Escalation had not been planned for until M11, with the associated excess cost assumed in the baseline plan identified as opportunity for savings in the Patient Flow programme (as supported by the 2019/20 bed model).

Report to:	Trust Board (Public)	Agenda item:	3.1
Date of Meeting:	02 April 2020		

Report Title:	Annual Review of Directors Interests and Fit and Proper Person Test			
Status:	Information	Discussion	Assurance	Approval
	x		x	
Prepared by:	Kylie Nye, Corporate Governance Manager			
Executive Sponsor (presenting):	Fiona McNeight, Director of Corporate Governance			
Appendices (list if applicable):	Register of Directors' Interests			

Recommendation:
To note the updated Trust Board Register of Interests and the outcome of the annual Fit and Proper Person Review as at March 2020.

Executive Summary:
<p>There is a requirement as part of the Trust's licence agreement to publish the annual Register of Directors' interests to the Board. The Board previously agreed that this is also to include deputies.</p> <p>The Senior Independent Director (SID) and the Corporate Governance Department review any positive declaration from Trust Board members and deputies and the agreed outcome is documented. No concerns have been raised as part of this process.</p> <p>The Corporate Governance Department further collate and monitor a definitive list of all band 8d and above or equivalent staff required to complete an annual Conflict of Interest Declaration. These are monitored and recorded by the Corporate Governance team.</p> <p>There is also a requirement for all Executive and Non-Executive Directors to complete an annual form of declaration confirming that they continue to be a fit and proper person. This has been completed and no concerns have been raised.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>

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Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

SALISBURY NHS FOUNDATION TRUST
REGISTER OF DIRECTORS' INTERESTS 2020
Trust Board

COMMERCIAL INTERESTS		
Name	Company	Position
Nick Marsden Chairman	Nil Return	
Paul Hargreaves Director of OD and People	Nil Return	
Rachel Credidio Non-Executive Director	Aster Group Limited	Group People and Transformation Director
Dr Michael von Bertele Non-Executive Director	Grenadenburg Consulting Proton Partners International Rutherford Estates Rutherford Diagnostics Rutherford Infrastructure Trayned Insight Aspen Medical	Personal company Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
Christine Blanshard Medical Director	Nil Return	
Cara Charles-Barks Chief Executive	Nil Return	
Paul Miller Non-Executive Director	Sparrow Healthcare Consulting Limited	Director Wife is a bank employee, NE Hampshire and Farnham CCG
Lorna Wilkinson Director of Nursing	Member of the Clinical Advisory Panel of GS1	Member of Salisbury Plain Academies.
Eiri Jones Non-Executive Director	ESP Ltd. Borough Welsh Chapel London London Welsh School Cwm Taf Morgannwg University Health Board South Wales	Director Trustee Governor Programme Director
David Buckle Non-Executive Director	Society for Assistance of Medical Families East and North Hertfordshire NHS Hospital Trust Stroke Association	President Non-Executive Director Vice President
Rakhee Aggarwal Non-Executive Director	Nil return	
Lisa Thomas Director of Finance	Sterile Services Ltd (SSL) Salisbury Linen Services (STL)	Director Director

CLASSIFICATION: UNRESTRICTED

	Healthcare Storage Ltd My Trusty Co Ltd Odstock Medical Ltd (OML) Replica 3dm Ltd Dauntsey Academy Primary School	Director Director Director Director Governor
Andy Hyett Chief Operating Officer		Married to Fiona Hyett, Deputy Director of Nursing
Paul Kemp Non-Executive Director	Magistrates Association	Honorary Treasurer
Tania Baker Non-Executive Director	HPA TRB Associates	Chair Owner
Fiona McNeight Director of Corporate Governance	Nil Return	
Esther Provins Director of Transformation		Partner is a Board Director at Dorset Healthcare NHS Foundation Trust and the communications and engagement lead for Dorset Integrated Care
Glennis Toms Deputy Director of OD and People	Nil return	
Peter Holloway Deputy Chief Operating Officer	Nil return	
Mark Ellis Deputy Director of Finance	Nil return	
Sallie Davies Deputy Medical Director	Nil return	
Denise Major Deputy Director of Nursing	Nil return	
Fiona Hyett Deputy Director of Nursing	Nil return	
Kieran Humphrey Associate Director of Strategy	Valley Leisure Ltd.	Charity Trustee

Report to:	Trust Board (Public)	Agenda item:	3.2
Date of Meeting:	02 April 2020		

Report Title:	Proposed changes to the Constitution			
Status:	Information	Discussion	Assurance	Approval
				X
Prepared by:	Fiona McNeight, Director of Corporate Governance			
Executive Sponsor (presenting):	Nick Marsden, Chairman			
Appendices (list if applicable):	Appendix 1: Constitution February 2020 v1.2			

Recommendation:
It is recommended that the Board approve the suggested change to the Constitution

Executive Summary:
<p>The Constitution was considered and changes to Annex 9 approved at March’s Trust Board meeting. As part of the following discussion the Board were asked to consider amending the wording of Annex 9, point 4 which currently states :</p> <p style="text-align: center;">ANNEX 9 – ADDITIONAL PROVISIONS - DIRECTORS –DISQUALIFICATION</p> <p>(See Paragraph 33)</p> <p>The following may not be appointed or continue as a director:</p> <ol style="list-style-type: none"> 1. A person who is the subject of a sexual offences order under the Sexual Offences Act 2003 or any subsequent legislation. 2. A person who is disqualified from being a company director under the law of England and/or Wales. 3. A person who is a governor of the Trust, or a governor, director, chairman or chief executive of another NHS Foundation trust or NHS trust. However, a non-executive director (other than the chairman) may be a non-executive director (other than the chairman) or a governor of another NHS Foundation trust or NHS trust, save where there is a real risk of conflict of interest arising as a result of the two directorships or directorship and governorship. 4. A person who is incapable by reason of mental disorder or illness or injury of managing his property and affairs 5. A person who occupies the same household as an existing director of the Trust or a governor.

CLASSIFICATION: UNRESTRICTED

Subsequently, there has been further discussion with the Deputy Lead Governor on the most appropriate wording. The following amended statement has been suggested:

“A person whose physical or mental wellbeing is such that their ability to act as a director of the Trust is materially affected.”

If Board approval is obtained, approval will be sought by the Council of Governors at the next meeting on 18 May 2020. Approval by both Board and the Council of Governors is required for the change to the Constitution to be adopted.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

**SALISBURY NHS FOUNDATION TRUST
CONSTITUTION**

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- Standing Financial Instructions
- Scheme of Delegation

Amendment history – 2013 to 2019

- The addition of paragraph 21 of the Council's Standing Orders was approved by the Council on 21 July 2014
- Amendment of paragraph 37 of the Constitution was approved by the Board of Directors on 29 February 2016 and by the Council of Governors on 11 April 2016.
- The new Model Election Rules were issued by the former Foundation Trust Network (NHS Providers) in August 2014 and formally adopted by the trust on 29 February/11 April 2016
- Amendment of paragraph 16 of the Council's standing orders was approved by the Council on 16 May 2016.
- April 2018 minor amendments to Board Standing Orders
- Addition of Standing Financial Instructions – approved February 2018
- Amendment of Annex 1 to a) insert the area covered by the West Wiltshire constituency into the South Wiltshire Rural constituency; (b) delete West Wiltshire as a constituency; (c) increase the number of governors for the South Wiltshire Rural Constituency from 5 to 6. – approved November 2019.

1. INTERPRETATION AND DEFINITIONS

- 1.1. Unless otherwise stated, words or expressions used in this constitution have the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
- 1.2. Words importing the masculine gender only shall include the feminine gender. Words importing the singular shall import the plural and vice versa where it is appropriate that they do so.
- 1.3. The 2006 Act is the National Health Service act 2006 as amended at any time, and the 2012 Act is the Health and Social Care Act 2012 as amended at any time.
- 1.4. Monitor is the corporate body known as NHS Improvement, as provided by section 61 of the 2012 Act.
- 1.5. Constitution means this constitution and its annexes (save that the standing orders set out for convenience in annexes 7 and 8 are not part of the constitution). It comes into effect when it has been approved both by more than half of the members of the Council of Governors voting, and by more than half of the Board of Directors voting.
- 1.6. The Accounting Officer is the person who discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.
- 1.7. The Code of Conduct is the Code of Conduct as set out in the Standing Orders of the Council of Governors.

2. NAME

- 2.1. The name of the foundation trust is the Salisbury NHS Foundation Trust, and the Trust means that trust.

3. PRINCIPAL PURPOSE

- 3.1. The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.
- 3.2. The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3. The Trust may provide goods and services for any purposes related to—
 - 3.3.1. the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - 3.3.2. the promotion and protection of public health.
- 3.4. The Trust may also carry on activities other than those mentioned in this paragraph for the purpose of making additional income available in order better to carry out its principal purpose.
- 3.5. The Trust may carry out research in connection with the provision of health care, and may make facilities and staff available for the purposes of education, training or research carried on by others.

4. POWERS

- 4.1. The powers of the Trust are set out in the 2006 Act.
- 4.2. The powers of the Trust shall be exercised by the Board of Directors on its behalf.

- 4.3. Any of these powers may be delegated to a committee of directors or to an executive director.

5. MEMBERSHIP AND CONSTITUENCIES

- 5.1. The Trust shall have members, each of whom shall be a member of one of the following constituencies:
 - 5.1.1. A public constituency
 - 5.1.2. A staff constituency

6. APPLICATION FOR MEMBERSHIP

- 6.1. An individual who is eligible to become a member of the Trust shall become a member on his application to the Trust to become a member.

7. PUBLIC CONSTITUENCIES

- 7.1. The public constituencies are the areas specified in Annex 1 and individuals living within them may become members of the Trust.
- 7.2. The individuals who live in the areas so specified are referred to collectively as a Public Constituency.
- 7.3. An individual who ceases to live in the areas specified in Annex 1 shall cease to be a member of the Trust. A member who moves from one such area to another shall continue to be a member but shall have a right to vote in any election of governors in accordance with the new area.
- 7.4. The minimum number of members in each Public Constituency is specified in Annex 1, and if the number of members does not equal or exceed the minimum the area shall not be treated as a Public Constituency for the purpose of electing governors.

8. STAFF CONSTITUENCY

- 8.1. An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
 - 8.1.1. he is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
 - 8.1.2. he has been continuously employed by the Trust under a contract of employment for at least 12 months.
- 8.2. Individuals who exercise functions for the purposes of the Trust other than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided that they have exercised these functions continuously for a period of at least 12 months.
- 8.3. Individuals eligible for membership of the Trust under this paragraph are referred to collectively as the Staff Constituency.
- 8.4. The Staff Constituency shall be divided into 6 classes of individuals as set out in Annex 2
- 8.5. The minimum number of members in each class of the Staff Constituency is specified in Annex 2, and if the number of members in a class does not equal or exceed the minimum number that class shall not be treated as a class for the purpose of electing governors.

9. AUTOMATIC MEMBERSHIP BY DEFAULT – STAFF

- 9.1. An individual who is:
 - 9.1.1. eligible to become a member of the Staff Constituency, and
 - 9.1.2. invited by the Trust to become a member of the Staff Constituency,shall become a member of the Staff Constituency without an application being made, unless he informs the Trust that he does not wish to do so.

10. PATIENTS' CONSTITUENCY

There is no Patients' Constituency.

11. PARAGRAPH 11 IS NOT USED

12. RESTRICTIONS ON MEMBERSHIP

- 12.1. An individual who is a member of a constituency, or of a class within a constituency, may not while such membership continues be a member of any other constituency or class.
- 12.2. An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any other constituency.
- 12.3. An individual must be at least 16 years old to become a member of the Trust.
- 12.4. An individual may not become or remain a member of the Trust if they have been convicted of any offence involving violent, threatening or abusive behaviour on Trust property or in connection with receiving services from the Trust.
- 12.5. A member of the Trust shall inform the Secretary of the Trust of any circumstances which may affect their entitlement to be a member.
- 12.6. Where the Trust has reason to believe that a person may be disqualified from becoming a member or no longer entitled to be a member, the Secretary may give the member 14 days written notice to show why he should not become or remain a member. On receipt of such response as may be made by the member, or failing any response, the Secretary may, if he considers it appropriate, refuse the application to become a member or remove the member from the register of members. If the person wishes to dispute a decision of the Secretary not to admit him to membership or to remove him, he may refer the issue to the Council of Governors, whose decision by a majority of the governors voting shall be final.
- 12.7. A member may resign by written notice to the Secretary of the Trust.

13. ANNUAL MEMBERS' MEETING

- 13.1. The Trust shall hold an annual meeting of its members, 'the Annual Members Meeting'. It shall be open to the public.

14. COUNCIL OF GOVERNORS – COMPOSITION

- 14.1. The Trust is to have a Council of Governors comprising both elected and appointed governors.
- 14.2. The composition of the Council of Governors is specified in Annex 4.
- 14.3. The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency or class is specified in Annex 4.

- 14.4. No person may stand for election as a governor or be appointed as a governor unless he will be at least 18 years old when he becomes a governor.

15. COUNCIL OF GOVERNORS – ELECTION OF GOVERNORS

- 15.1. Elections for the elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules current at the time of the election.
- 15.2. The Model Election Rules are those as published from time to time by the Department of Health, and form part of this Constitution. The Rules current at the time of the coming into effect of this constitution are set out in Annex 5.
- 15.3. A subsequent variation of the Model Election Rules by the Department of Health does not constitute an amendment of the constitution for the purpose of paragraph 48 hereof (amendment of the constitution).
- 15.4. An election, if contested, shall be by secret ballot.
- 15.5. In the event of an elected governor ceasing to hold office, if there are then more than 15 months of his term of office left after his resignation, ceasing to hold office or death, then an election shall be held for his replacement. The person elected shall hold office for the remainder of the period for which the governor he is replacing was last elected.

16. COUNCIL OF GOVERNORS – TENURE

- 16.1. Subject to 15.5 and 16.2, an elected governor may hold office for a period of up to 3 years.
- 16.2. An elected governor may stand for re-election but may not stand for re-election when, if re-elected, he might serve for more than 9 years in all.
- 16.3. An appointed governor may hold office for a period of up to 3 years and may then be re-appointed but shall not hold office for more than 9 years in all. He shall cease to hold office if his appointing organisation withdraws its appointment of him by notice in writing to the Trust or if the appointing organisation ceases to exist.
- 16.4. A governor may resign by giving notice in writing to the Chairman of the Trust.
- 16.5. In the event of an appointed governor ceasing to hold office, the body appointing him may make a further appointment.
- 16.6. The limits of 9 years in sub-paragraphs 16.2 and 16.3 shall in the case of an elected governor include any time served as an appointed governor, and in the case of an appointed governor include any time served as an elected governor.

17. COUNCIL OF GOVERNORS – DISQUALIFICATION AND TERMINATION OF OFFICE

- 17.1. The following may not stand for election or continue as a member of the Council of Governors:
 - 17.1.1. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
 - 17.1.2. a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;
 - 17.1.3. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him;
 - 17.1.4. The further persons set out in Annex 6.

- 17.2. An elected governor shall cease to hold office if he ceases to be a member of the constituency or class by which he was elected.
- 17.3. If a governor fails to attend 3 consecutive scheduled meetings of the Council of Governors, he shall cease to be a governor unless a voting majority of the other governors are satisfied that:
 - 17.3.1. the failure was in their opinion due to a reasonable cause or causes, and
 - 17.3.2. he will be able to, and will, start attending meetings of the Council within such period as they consider reasonable.
- 17.4. A governor shall cease to be a governor if he is adjudged by not less than 75% of the remaining Council of Governors to have:
 - 17.4.1. acted in a manner inconsistent with the core principles set out in the Trust's authorisation, or with the Constitution, or with the Code of Conduct, in such a way that he should cease to be a governor, or
 - 17.4.2. failed to declare a material interest pursuant to paragraph 22 below and participated in a meeting where that interest was relevant, in such a way that he should cease to be a governor.
- 17.5. Where circumstances arise which give rise to an issue as to a governor's ability to remain a governor (other than those referred to in paragraphs 17.3 and 17.4 above), the governor shall give written notice of the circumstances to the Secretary of the Trust and shall state whether he is resigning.
- 17.6. In the event of a notice being given under sub-paragraph 17.3 which states that the governor is not resigning, or where no such notice is received but circumstances as to a governor's ability to remain a governor (other than those set out in paragraphs 17.3 and 17.4 above) come to the notice of the Trust, the issue shall be considered by the other governors at a meeting and if 75% of the remaining Council of Governors consider that the governor is disqualified from continuing as a governor, he shall cease to be a governor.
- 17.7. A governor shall not exercise any function as a governor (including attending any meeting of the Council as a governor) if he has not signed and delivered to the Secretary a statement in the form required by the Council confirming that he accepts the Code of Conduct.
- 17.8. If a governor who is an employee of the Trust is suspended as an employee as a part of a disciplinary process, the Chairman of the Trust may suspend the governor from acting as a governor while the governor remains suspended as an employee.

18. COUNCIL OF GOVERNORS – DUTIES OF GOVERNORS, EQUIPPING GOVERNORS, LEAD GOVERNOR & DEPUTY LEAD GOVERNOR

- 18.1. The general duties of the Council of Governors are–
 - 18.1.1. to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and
 - 18.1.2. to represent the interests of the members of the Trust as a whole and the interests of the public.
- 18.2. The Trust must take steps to secure that the governors are equipped with the skills and with the knowledge that they require in their capacity as governors.
- 18.3. The governors shall choose a Lead Governor and a Deputy Lead Governor as set out in the Council's standing orders. The Lead Governor and the Deputy Lead Governor shall have the functions set out in the standing orders.

19. COUNCIL OF GOVERNORS – MEETINGS OF GOVERNORS

- 19.1. The Chairman of the Trust, that is the Chairman of the Board of Directors, or in his absence, the Deputy Chairman or, in his absence, the Lead Governor (or Deputy Lead Governor), shall preside at meetings of the Council of Governors.
- 19.2. Where it is inappropriate by reason of the subject matter of a meeting that it should be chaired by the Chairman, the Deputy Chairman may preside unless it is also inappropriate that the Deputy Chairman preside, in which case the Lead Governor or in his absence the Deputy Lead Governor may preside.
- 19.3. Meetings of the Council of Governors shall be open to members of the public, but the public may be excluded from all or any part of the meeting by resolution of the Council for special reasons, namely that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business or proceedings.
- 19.4. The Council of Governors shall meet at least 4 times a year, including an annual meeting no later than 31 October when the Council shall receive and consider the annual accounts, any report of the Auditor on them, and the Trust's annual report. The meetings shall be called by the Secretary after consultation with the Lead Governor.
- 19.5. The Lead Governor (or in the case of the Lead Governor's unavailability the Deputy Lead Governor) or at least 10 governors may, by written notice to the Secretary stating the business to be considered, requisition a meeting of the Council, and the Secretary shall arrange for a meeting to be held as soon as practicable after notice has been given to the governors.
- 19.6. For the purpose of obtaining information about the Trust's performance of its functions or the directors performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance), the Council of Governors may require one or more of the directors to attend a meeting.
- 19.7. The Council of Governors will establish statutory committees to carry out such functions as are required by law and to carry out such functions as the Council specifies.
- 19.8. The Council of Governors will establish working groups to carry out such functions as the Council specifies.

20. COUNCIL OF GOVERNORS – STANDING ORDERS

- 20.1. The Council of Governors shall adopt standing orders for the practice and procedure of the Council. Those in force as at the date of the adoption of this constitution are set out in Annex 7. They may be amended as provided in them.

21. COUNCIL OF GOVERNORS – REFERRAL TO THE PANEL

- 21.1. In this paragraph the Panel means a panel of persons appointed by Monitor to which a governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing –
 - 21.1.1. to act in accordance with its constitution, or
 - 21.1.2. to act in accordance with provision made by or under Chapter 5 of the 2006 Act.
- 21.2. A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

22. COUNCIL OF GOVERNORS – CONFLICTS OF INTEREST OF GOVERNORS

- 22.1. If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.
- 22.2. For the avoidance of doubt a governor has a personal interest where the governor or a person close to the governor has had a personal experience which might be considered to affect the governor's view of the matter in question.

23. COUNCIL OF GOVERNORS – TRAVEL EXPENSES

- 23.1. The members of the Council of Governors are not entitled to remuneration, but the Trust shall on application pay travelling and other expenses incurred by a member for the purpose of his duties at rates to be decided by the Trust.

24. PARAGRAPH 24 IS NOT USED

25. BOARD OF DIRECTORS – COMPOSITION

- 25.1. The Trust is to have a Board of Directors, which shall comprise both executive and non-executive directors.
- 25.2. The Board of Directors is to comprise:
- 25.2.1. a non-executive Chairman
 - 25.2.2. a maximum of 7 other non-executive directors
 - 25.2.3. a maximum of 6 executive directors (subject to 25.4 below), to include:
 - 25.2.3.1. a Chief Executive who shall be the Accounting officer,
 - 25.2.3.2. a Finance Director.
- 25.3. One of the executive directors must be a qualified medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984) and one must be a registered nurse or midwife.
- 25.4. The number of non-executive directors including the Chairman must always exceed the number of executive directors. At any meeting where there is parity of non-executive and executive directors the Chairman, or in his absence the Deputy Chairman, shall have a casting vote.
- 25.5. Only a member of a public constituency or the patients' constituency is eligible for appointment as a non-executive Director.

26. BOARD OF DIRECTORS – GENERAL DUTY

- 26.1. The general duty of the Board of Directors 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.

27. PARAGRAPH 27 IS NOT USED

28. BOARD OF DIRECTORS – APPOINTMENT AND REMOVAL OF CHAIRMAN AND NON-EXECUTIVE DIRECTORS

- 28.1. The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chairman of the Trust and the other non-executive directors.

28.2. Removal of the Chairman or any other non-executive director shall require the approval of 75% of the members of the Council of Governors.

28.3. The Standing Orders of the Council shall provide for nomination committees to identify appropriate candidates for appointment as Chairman and as non-executive directors.

29. PARAGRAPH 29 IS NOT USED

30. BOARD OF DIRECTORS – DEPUTY CHAIRMAN

30.1. After consultation with the Council of Governors the Board of Directors shall appoint one of the non-executive directors to be the Deputy Chairman. The Deputy Chairman shall also have the functions previously exercised by the Senior Independent Director, namely in particular to act as a means of communication between the non-executive directors and the governors.

31. BOARD OF DIRECTORS – APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE AND EXECUTIVE DIRECTORS

31.1. The non-executive directors shall appoint or remove the Chief Executive.

31.2. The appointment of the Chief Executive shall require the approval of the Council of Governors.

31.3. A committee consisting of the Chairman, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.

32. PARAGRAPH 32 IS NOT USED

33. BOARD OF DIRECTORS – DISQUALIFICATION

33.1. The following may not be appointed or continue as a member of the Board of Directors:

33.1.1. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

33.1.2. a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

33.1.3. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

33.1.4. The persons referred in Annex 9.

34. BOARD OF DIRECTORS – MEETINGS

34.1. Before holding a meeting the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors.

34.2. As soon as practical after holding a meeting the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

34.3. Meetings of the Board of Directors shall be open to members of the public.

34.4. Members of the public may be excluded from all or any part of a meeting by a resolution of the Board for special reasons, namely that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business or proceedings.

35. BOARD OF DIRECTORS – STANDING ORDERS

- 35.1. The standing orders for the practice and procedure of the Board of Directors are attached at Annex 8. They may be amended as provided in them.

36. BOARD OF DIRECTORS – CONFLICTS OF INTEREST OF DIRECTORS

- 36.1. The duties that a director of the Trust has by virtue of being a director include in particular–
- 36.1.1. a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or may possibly conflict) with the interests of the Trust;
 - 36.1.2. a duty not to accept a benefit from a third party by reason of being a director or by reason of doing or not doing anything in that capacity.
- 36.2. The duty referred to in sub-paragraph 36.1.1 is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 36.3. The duty referred to in sub-paragraph 36.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 36.4. In sub-paragraph 36.1.2 ‘third party’ means a person other than the Trust or a person acting on its behalf.
- 36.5. If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors before the Trust enters into the transaction or arrangement.
- 36.6. If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 36.7. Any declaration required by this paragraph must be made before the trust enters into the transaction or arrangement.
- 36.8. This paragraph does not require a declaration of an interest of which the director is not aware, or where the director is not aware of the transaction or arrangement in question.
- 36.9. A director need not declare an interest –
- 36.9.1. if it cannot be reasonably regarded as likely to give rise to a conflict of interest;
 - 36.9.2. if, or to the extent that, the directors are already aware of it;
 - 36.9.3. if, or to the extent that, it concerns terms of the director’s appointment that have been or are to be considered by a meeting of the Board of Directors, or by a committee of the directors appointed for the purpose under the constitution.

37. BOARD OF DIRECTORS – REMUNERATION AND TERMS OF OFFICE

- 37.1. The Council of Governors shall decide at a general meeting of the Council the remuneration and allowances, and the other terms and conditions of office, of the Chairman and the other non-executive directors.
- 37.2. The Trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms of office, of the Chief Executive and the other executive directors.

- 37.3. The Chairman and other non-executive directors may be appointed for initial terms of up to 4 years, which may be renewed by the Council for a further term of up to 4 years, and may be renewed thereafter for such term, if any, as will bring the total length of service to 8 years. Where a director has served 8 years, his appointment may be renewed for a further year provided that exceptional circumstances exist in relation to the renewal.

38. REGISTERS

- 38.1. a register of members, showing in respect of each member, the constituency to which the member belongs and, where there are classes within it, the class to which he belongs.
- 38.2. a register of members of the Council of Governors;
- 38.3. a register of interests of Governors;
- 38.3.1. a register of directors; and
- 38.3.2. a register of interests of directors.

39. PARAGRAPH 39 IS NOT USED

40. REGISTERS – INSPECTION AND COPIES

- 40.1. The Trust shall make the registers specified in paragraph 38 above available for inspection by members of the public, except in the circumstances set out in the next sub-paragraph or as otherwise prescribed by regulations.
- 40.2. The Trust shall not make any part of its registers available for inspection by members of the public which shows details of:
- 40.2.1. any member of the Patients' Constituency; or
- 40.2.2. any other member of the Trust, if the member so requests.
- 40.3. So far as the registers are required to be made available:
- 40.3.1. They are to be available for inspection free of charge at all reasonable times; and
- 40.3.2. A person who requests a copy or extract from the registers is to be provided with a copy or extract.
- 40.4. If the person requesting a copy or extract is not a member of the trust, the Trust may impose a reasonable charge for doing so.

41. DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

- 41.1. The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
- 41.1.1. A copy of the current constitution;
- 41.1.2. A copy of the latest annual accounts and of any report of the auditor on them; and
- 41.1.3. A copy of the latest annual report.

- 41.2. The Trust shall also make the following documents available for inspection by members of the public free of charge at all reasonable times:
- 41.2.1. A copy of any order made under section 65D (appointment of special trust administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;
 - 41.2.2. A copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;
 - 41.2.3. A copy of any information published under section 65D (appointment of special trust administrator) of the 2006 Act;
 - 41.2.4. A copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;
 - 41.2.5. A copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;
 - 41.2.6. A copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;
 - 41.2.7. A copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;
 - 41.2.8. A copy of any final report published under section 65I (administrator's final report) of the 2006 Act;
 - 41.2.9. A copy of any statement published under section 65J (power to extend time), or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act;
 - 41.2.10. A copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.
- 41.3. Any person who requests a copy or extract from any of the above documents is to be provided with a copy.
- 41.4. If the person requesting an extract or copy is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

42. AUDITOR

- 42.1. The Trust shall have an auditor.
- 42.2. The Council of Governors shall appoint or remove the auditor at a general meeting of the Council.
- 42.3. The auditor must be qualified to act as auditor in accordance with paragraph 23 of schedule 7 to the 2006 Act.
- 42.4. The auditor shall comply with schedule 10 of the 2006 Act and shall have the rights and powers there set out.
- 42.5. The Trust shall provide the auditor with every facility and all information which he may reasonably require for the purpose of his functions.

43. AUDIT COMMITTEE

- 43.1. The Trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

44. ACCOUNTS

- 44.1. The Trust must keep proper accounts in such form as Monitor may with the approval of the Treasury direct and proper records in relation to those accounts.
- 44.2. Monitor may, with the approval of the Secretary of State for Health, give directions to the Trust as to the content and form of its accounts.
- 44.3. The accounts are to be audited by the Trust's auditor.
- 44.4. The following documents will be made available to the Comptroller and Auditor General for examination at his request:
 - 44.4.1. the accounts;
 - 44.4.2. the records relating to them; and
 - 44.4.3. any report of the Auditor on them.
- 44.5. The Trust (through its Chief Executive and accounting officer) is to prepare in respect of each Financial Year annual accounts in such form as Monitor may with the approval of the Secretary of State for Health direct.
- 44.6. Monitor may with the approval of the Secretary of State for Health direct the Trust:
 - 44.6.1. to prepare accounts in respect of such period or periods as may be specified in the direction; and/or
 - 44.6.2. that any accounts prepared by it by virtue of sub-paragraph 44.6.1 above are to be audited in accordance with such requirements as may be specified in the direction.
- 44.7. In preparing its annual accounts or in preparing any accounts by virtue of sub-paragraph 44.6.1 above, the Trust is to comply with any directions given by Monitor with the approval of the Secretary of State for Health as to:
 - 44.7.1. the methods and principles according to which the annual accounts are to be prepared; and/or
 - 44.7.2. the content and form of the annual accounts
- 44.8. The Trust must –
 - 44.8.1. lay a copy of the annual accounts, and any report of the Auditor on them, before Parliament; and
 - 44.8.2. send copies of the annual accounts, and any report of the Auditor on them to Monitor within such a period as Monitor may direct
- 44.9. The Trust must send a copy of any accounts prepared by virtue of paragraph 44.6 above and a copy of any report of the Auditor to Monitor within such a period as Monitor may direct.
- 44.10. The functions of the Trust referred to in this paragraph 44 shall be delegated to the accounting officer.

45. ANNUAL REPORT, FORWARD PLANS AND NON-NHS WORK

- 45.1. The Trust shall prepare an annual report and send it to Monitor.

- 45.2. The annual report must give:
- 45.2.1. information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of any public constituency and of the patients' constituency is representative of those eligible for membership.
 - 45.2.2. information on any occasions in the period to which the report relates on which the council of governors exercised its power to require one or more of the directors to attend a meeting as provided by paragraph 19.5 hereof.
 - 45.2.3. information on the corporation's policy on pay and on the work of the committee established under paragraph 37(2) hereof and such other procedures as the corporation has on pay.
 - 45.2.4. information on the remuneration of the directors and on the expenses of the governors and the directors
 - 45.2.5. any other information that Monitor requires
- 45.3. The Trust shall give information as to its forward planning in respect of each financial year to Monitor
- 45.4. The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.
- 45.5. In preparing the document, the directors shall have regard to the views of the governors, and the directors shall provide the governors with information appropriate for them to be able to form their views.
- 45.6. Each forward plan must include information about:
- 45.6.1. the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
 - 45.6.2. the income it expects to receive from doing so.
- 45.7. Where a forward plan contains a proposal that the trust carry on an activity of the kind mentioned in sub-paragraph 45.6.1, the Council of Governors must:
- 45.7.1. determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and
 - 45.7.2. notify the directors of the Trust of its determination.
- 45.8. If the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of health service in England, the Trust may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

46. PRESENTATION OF THE ANNUAL ACCOUNTS AND REPORTS TO THE GOVERNORS AND MEMBERS

- 46.1. The following documents are to be presented to the Council of Governors at a general meeting of the Council:
- 46.1.1. the annual accounts
 - 46.1.2. any report of the auditor on them
 - 46.1.3. the annual report.
- 46.2. The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.
- 46.3. The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 46.1 with the Annual Members' Meeting.

47. INSTRUMENTS

- 47.1. The Trust shall have a seal.
- 47.2. The seal shall not be affixed except under the authority of the Board of Directors.

48. AMENDMENT OF THE CONSTITUTION

- 48.1. The Trust may make amendments of its constitution only if –
 - 48.1.1. more than half of the members of the Council of Governors of the Trust voting approve the amendments, and
 - 48.1.2. more than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 48.2. Amendments made under paragraph 48.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result, not accord with Schedule 7 of the 2006 Act.
- 48.3. Where amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust) –
 - 48.3.1. at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
 - 48.3.2. the Trust must give the members an opportunity to vote on whether they approve the amendment.
- 48.4. If more than half of the members voting approve the amendment, the amendment continues to have effect. Otherwise it ceases to have effect and the Trust must take such steps as are necessary as a result.
- 48.5. Amendments by the Trust of its constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

49. MERGERS ETC. AND SIGNIFICANT TRANSACTIONS

- 49.1. The Trust may only apply for a merger, acquisition, separation or dissolution, as referred to in sections 56,56A, 56B, and 57A of the 2006 Act with the approval of more than half of the members of the Council of Governors.
- 49.2. The Trust may only enter a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

- 49.3. A 'significant transaction' is a transaction which, if entered into by the Trust:
- 49.3.1. would increase or reduce the turn-over of the Trust (in a financial year relative to the previous financial year) by £20 million or by 10%, whichever is the greatest;
 - 49.3.2. would involve a receipt of or capital expenditure of £10 million or more; in the case of expenditure, this is after the deduction of any grant or gift which specifically relates to the expenditure in question;
 - 49.3.3. would involve a service contract, asset rental or lease running for period of 3 years or more with a planned income or cost over its duration of £10 million or more.
 - 49.3.4. would be likely to put at risk the Trust's ability to provide its services as a whole, or a significant part of its services, to the appropriate regulatory standard;
 - 49.3.5. would be likely to put at risk the Trust's ability to maintain the minimum required financial risk rating/ continuity of service risk rating
- 49.4. Not used
- 49.4.1. Where it might reasonably be considered that a transaction falls within paragraph 49.3 the Board shall inform the Council of the transaction at the earliest opportunity.
 - 49.4.2. The Board shall in any event inform the Council of a transaction which it is considering and which may involve a sum which is greater than 2% of the Trust's income in the previous year, but the Board need not so inform the Council of any such transaction if the transaction has been clearly identified in the Annual Estimate, the Capital Programme or the Annual Plan.
- 49.5. In deciding whether to approve a proposed significant transaction the Council will:
- 49.5.1. act in accordance with its judgment of the best interests of the Trust; and
 - 49.5.2. have regard to the risks the transaction might entail and the adequacy of steps proposed to mitigate those risks, and to the risks which not entering into the transaction might entail.
- 49.6. If the Council votes not to approve a significant transaction, the reasons advanced in the course of the Council's discussion of the transaction for and against approval shall be recorded in the minutes.
- 49.7. The Board shall inform the Council of transactions not featuring in the annual estimates, capital programme or annual plan for the year which the Board is considering which involve a sum which is greater than 2% of the Trust's income or capital in the previous year.

50. INDEMNITY

- 50.1. Members of the Council of Governors and of the Board of Directors who act honestly and in good faith will be indemnified by the Trust against any civil liability which is incurred in the execution or purported execution of their functions relating to the Trust, save where they have acted recklessly. The Trust shall take out insurance against liability under this indemnity.

51. DISPUTE RESOLUTION

- 51.1. In the event of a dispute arising between the Board of Directors and the Council, the Chairman shall take the advice of the Secretary and such other advice as he sees fit, and he shall confer with the Vice-Chairman and the Lead Governor and shall seek to resolve the dispute.
- 51.2. If the Chairman is unable to do so, he shall appoint a committee consisting of an equal number of directors and governors to consider the matter and to make recommendations to the Board and Council with a view to resolving the dispute.

51.3. If the dispute is not resolved, the Chairman may refer the dispute to an external mediator appointed by the Centre for Dispute Resolution, or by such other organisation as he considers appropriate.

ANNEX 1 - THE PUBLIC CONSTITUENCIES

Public Constituency (paragraph 7)

Class/Constituency	Number of Governors	Minimum numbers of members
North Dorset	2	50
Kennet	1	50
New Forest	1	50
Salisbury City	3	50
South Wiltshire Rural	6	50
East Dorset	1	50
Rest of England	1	50
Total	15	

Class/Constituency	Area
North Dorset	<p>Part of the area covered by North Dorset District Council, comprising the following electoral wards:</p> <ul style="list-style-type: none"> ▪ Blandford Damory Down ▪ Blandford Hilltop ▪ Blandford Old Town ▪ Blandford St Leonards ▪ Blandford Station ▪ Bourton & District ▪ Cranborne Chase ▪ Gillingham Lodbourne ▪ Gillingham Town ▪ Hillforts ▪ Milton ▪ Motcombe ▪ Marnhull ▪ Portman ▪ Riversdale ▪ The Beacon ▪ Shaftesbury Underhill ▪ Shaftesbury Central ▪ Shaftesbury Grosvenor ▪ Shaftesbury Christy's ▪ Stour Valley ▪ The Stours ▪ The Lower Tarrants ▪ Wyke
Kennet	<p>The area formerly covered by Kennet District Council comprising the following electoral divisions:</p> <ul style="list-style-type: none"> • Bromham, Rowde & Potterne • Devizes East • Devizes North • Devizes & Roundway South • Ludgershall & Perham Down

	<ul style="list-style-type: none"> • Pewsey • Pewsey Vale • Roundway • Summerham & Seend • The Lavingtons & Erlestoke • The Collingbournes & Netheravon • Tidworth • Urchfont & The Cannings
New Forest	<p>The following wards within New Forest District Council:</p> <ul style="list-style-type: none"> ▪ Downlands & Forest ▪ Fordingbridge ▪ Forest North West ▪ Ringwood North ▪ Ringwood South ▪ Ringwood East & Sopley
Salisbury City	<p>The following electoral divisions formerly covered by Salisbury District Council:</p> <ul style="list-style-type: none"> • Bemerton • Fisherton & Bemerton Village • Harnham • St. Paul's • St. Francis & Stratford • St. Marks & Bishopdown • St. Edmund's & Milford • St. Martin's & Cathedral
South Wiltshire Rural	<p>The following electoral divisions</p> <ul style="list-style-type: none"> • Alderbury & Whiteparish • Amesbury West • Amesbury East • Bourne & Woodford Valley • Bulford, Allington & Figheldean • Durrington & Larkhill • Downton & Ebbel Valley • Ethandune • Fovant & Chalke Valley • Laverstock, Ford & Old Sarum • Mere • Nadder & East Knoyle • Redlynch & Landford • Till & Wylke Valley • Tisbury • Warminster Copheap & Wylke • Warminster East • Warminster West • Warminster Broadway • Warminster Without • Westbury West • Westbury North

	<ul style="list-style-type: none"> • Westbury East • Wilton & Lower Wylde Valley • Winterslow
East Dorset	<p>The following electoral wards within the area covered by East Dorset District Council:</p> <ul style="list-style-type: none"> • Alderholt • Crane • Handley Vale • Holt • Newton • St. Leonards & St. Ives East • St. Leonards & St. Ives West • Three Legged [Cross] & Potterne • Verwood Dewlands • Verwood Stephen's Castle • West Moors
Rest of England	All other areas of England not covered above

ANNEX 2 – THE STAFF CONSTITUENCY

(See paragraph 8).

The Staff Constituency is divided into 6 classes as set out below and the classes shall contain the groups set out by each.

STAFF CLASSES

SUB GROUPS WITHIN EACH CLASS

Registered Medical and Dental Practitioners

Nurses and Midwives

All Nurses and Nursing Auxiliaries
Health Care Support Workers (Nursing)

Scientific, Therapeutic and Technical Staff

Occupational Therapists and Helpers
Orthoptists
Physiotherapists and Helpers
Art/Music/Drama Therapists
Speech and Language Therapists and Helpers
Psychologists and Psychology Technicians
Psychotherapists
Medical Physicists and Technicians
Pharmacists and Pharmacy Technicians
Dental Technicians
Operating Department Practitioners
Social Workers
Chaplains
Clinical Scientists
Biomedical Scientists and Technical Staff
Geneticists and Technicians
Audiology Staff
Cardiographers and Support Staff

Hotel and Property Staff

Ancillary Staff
Works and Maintenance Staff
Ambulance Staff

Clerical, Administrative and Managerial Staff

Voluntary Staff

1. The minimum number of members of each class shall be 10.
2. The Secretary to the Trust shall assign persons to the classes set out above in accordance with the groups set out by each. In case of any difficulty the Secretary shall have discretion to allocate the person to the class which is in his opinion the most appropriate.
3. The Secretary shall maintain a register of volunteer schemes designated for the purposes of membership of the Trust.
4. A volunteer is a person who carries out functions on behalf of the Trust on a voluntary basis under a scheme on the register referred to in paragraph 4 above.
5. Where a person is eligible to be included both in the volunteers class and another class, the Secretary shall assign the person to that other class.

ANNEX 3 – THE PATIENTS’ CONSTITUENCY

The Trust has no Patients’ Constituency

ANNEX 4 - COMPOSITION OF COUNCIL OF GOVERNORS

See paragraph 14.

1. There shall be 15 public governors as set out in Annex 1.
2. There shall be 6 staff governors, one to be elected by the members of each class set out in Annex 2 from the members of the class in question.
3. Wiltshire Council may appoint one governor by notice in writing signed by the senior executive of the Council.
4. There shall be one governor appointed by Wessex Community Action.
5. The following Clinical Commissioning Groups may each appoint one governor.
 - a. Wiltshire
 - b. Dorset
 - c. West Hampshire
6. There shall be one governor appointed by the Commander of 1 Artillery Brigade or the Officer holding a position nearest to that position to represent local army interests

ANNEX 5 - THE MODEL ELECTION RULES

[See paragraph 15]

PART 1: INTERPRETATION

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2. Timetable
3. Computation of time

PART 3: RETURNING OFFICER

4. Returning officer
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9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
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15. Publication of statement of nominated candidates
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PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public and patient constituencies)

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22. List of eligible voters
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24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
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The poll

27. Eligibility to vote
28. Voting by persons who require assistance
29. Spoilt ballot papers and spoilt text message votes
30. Lost voting information
31. Issue of replacement voting information
32. ID declaration form for replacement ballot papers (public and patient constituencies)
33. Procedure for remote voting by internet
34. Procedure for remote voting by telephone
35. Procedure for remote voting by text message

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

36. Receipt of voting documents

37. Validity of votes
38. Declaration of identity but no ballot (public and patient constituency)
39. De-duplication of votes
40. Sealing of packets

PART 6: COUNTING THE VOTES

- 41- [NOT USED]
42. Arrangements for counting of the votes
43. The count
- FPP44. Rejected ballot papers and rejected text voting records
[45-50 NOT USED]
- FPP51. Equality of votes

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

- FPP52. Declaration of result for contested elections
53. Declaration of result for uncontested elections

PART 8: DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll
55. Delivery of documents
56. Forwarding of documents received after close of the poll
57. Retention and public inspection of documents
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PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

- FPP59. Countermand or abandonment of poll on death of candidate

PART 10: ELECTION EXPENSES AND PUBLICITY

Expenses

60. Election expenses
61. Expenses and payments by candidates
62. Expenses incurred by other persons

Publicity

63. Publicity about election by the corporation
64. Information about candidates for inclusion with voting information
65. Meaning of “for the purposes of an election”

PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

66. Application to question an election

PART 12: MISCELLANEOUS

- 67. Secrecy
- 68. Prohibition of disclosure of vote
- 69. Disqualification
- 70. Delay in postal service through industrial action or unforeseen event

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

“*2006 Act*” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

“*declaration of identity*” has the meaning set out in rule 21.1;

“*election*” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

“*e-voting*” means voting using either the internet, telephone or text message;

“*e-voting information*” has the meaning set out in rule 24.2;

“*ID declaration form*” has the meaning set out in Rule 21.1; “internet voting record” has the meaning set out in rule 26.4(d);

“*internet voting system*” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“*lead governor*” means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

“*list of eligible voters*” means the list referred to in rule 22.1, containing the information in rule 22.2;

“*method of polling*” means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

“*Monitor*” means the corporate body known as Monitor as provided by section 61 of the 2012 Act;

“*numerical voting code*” has the meaning set out in rule 64.2(b)

“*polling website*” has the meaning set out in rule 26.1;

“*postal voting information*” has the meaning set out in rule 24.1;

“*telephone short code*” means a short telephone number used for the purposes of submitting a vote by text message;

“*telephone voting facility*” has the meaning set out in rule 26.2;

“*telephone voting record*” has the meaning set out in rule 26.5 (d);

“*text message voting facility*” has the meaning set out in rule 26.3;

“text voting record” has the meaning set out in rule 26.6 (d);

“the telephone voting system” means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

“the text message voting system” means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

“voter ID number” means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

“voting information” means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

PART 2: TIMETABLE FOR ELECTIONS

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

4. Returning Officer

- 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
- 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

- 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

- 6.1 The corporation is to pay the returning officer:
- (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
 - (b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

- 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election

- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
 - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (c) the details of any nomination committee that has been established by the corporation,
 - (d) the address and times at which nomination forms may be obtained;
 - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
 - (f) the date and time by which any notice of withdrawal must be received by the returning officer
 - (g) the contact details of the returning officer
 - (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

- 9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.
- 9.2 The returning officer:
- (a) is to supply any member of the corporation with a nomination form, and
 - (b) is to prepare a nomination form for signature at the request of any member of the corporation,
- but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

- 10.1 The nomination form must state the candidate's:
- (a) full name,
 - (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
 - (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

- 11.1 The nomination form must state:
- (a) any financial interest that the candidate has in the corporation, and
 - (b) whether the candidate is a member of a political party, and if so, which party,
- and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

- 12.1 The nomination form must include a declaration made by the candidate:
- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
 - (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

- 13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:
- (a) they wish to stand as a candidate,
 - (b) their declaration of interests as required under rule 11, is true and correct, and
 - (c) their declaration of eligibility, as required under rule 12, is true and correct.
- 13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

- 14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:
- (a) decides that the candidate is not eligible to stand,
 - (b) decides that the nomination form is invalid,
 - (c) receives satisfactory proof that the candidate has died, or
 - (d) receives a written request by the candidate of their withdrawal from candidacy.
- 14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:
- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
 - (b) that the paper does not contain the candidate's particulars, as required by rule 10;
 - (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
 - (d) that the paper does not include a declaration of eligibility as required by rule 12, or
 - (e) that the paper is not signed and dated by the candidate, if required by rule 13.
- 14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

- (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
- (b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be

elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
- (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot

- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
 - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
 - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
 - 1. (i) configured in accordance with these rules; and
 - 2. (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.
- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from

- that constituency, or class within that constituency,
- (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
- (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
- (g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

- (a) that the voter is the person:
 - (i) to whom the ballot paper was addressed, and/or
 - 3.
 - (ii) to whom the voter ID number contained within the e-voting information was allocated,
- (b) that he or she has not marked or returned any other voting information in the election, and
- (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

- 22.2 The list is to include, for each member:
- (a) a postal address; and,
 - (b) the member's e-mail address, if this has been provided
- to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

- 23.1 The returning officer is to publish a notice of the poll stating:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,
 - (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
 - (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
 - (g) the address for return of the ballot papers,
 - (h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
 - (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
 - (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
 - (k) the date and time of the close of the poll,
 - (l) the address and final dates for applications for replacement voting information, and
 - (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or

after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

- (a) the address for return of the ballot paper printed on it, and
- (b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

- (a) the completed ID declaration form if required, and
- (b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the

purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

- (a) require a voter to:
 - (i) enter his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (v) instructions on how to vote and how to make a declaration of identity,
 - (vi) the date and time of the close of the poll, and
 - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
 - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected

29. Spoilt ballot papers and spoilt text message votes

- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter’s identity; and
 - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”):
- (a) the name of the voter, and
 - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
 - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a “spoilt text message vote”), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter’s identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list (“the list of spoilt text message votes”):
- (a) the name of the voter, and
 - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
 - (c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

- (a) is satisfied as to the voter's identity,
- (b) has no reason to doubt that the voter did not receive the original voting information,
- (c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

- (a) the name of the voter
- (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
- (c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

- (a) the name of the voter,
- (b) the unique identifier of any replacement ballot paper issued under this rule;
- (c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and patient constituencies)

32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:
(a) a covering envelope, or
(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,
before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:
(a) the candidate for whom a voter has voted, or
(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) put the ID declaration form if required in a separate packet, and
- (b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
- (d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and
- (c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)¹

Notes

¹ It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

- 38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:
- (a) mark the ID declaration form “disqualified”,
 - (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
 - (c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
- (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
- (d) place the document or documents in a separate packet; and
- (e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;
- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoiled ballot papers and the list of spoiled text message votes,
- (d) the list of lost ballot documents,

- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

41-[NOT USED]

42. Arrangements for counting of the votes

- 42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.
- 42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:
- (a) the board of directors and the council of governors of the corporation have approved:
 - (i) the use of such software for the purpose of counting votes in the relevant election, and
 - (ii) a policy governing the use of such software, and
 - (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

- 43.1 The returning officer is to:
- (a) count and record the number of:
 - (iii) ballot papers that have been returned; and
 - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
 - (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.
- 43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.
- 43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

PP44. Rejected ballot papers and rejected text voting records

- FPP44.1 Any ballot paper:
- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
 - (b) on which votes are given for more candidates than the voter is entitled to vote,
 - (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
 - (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and
- (d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.8 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
- (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if

an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word "rejected" on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words "rejected in part" on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

[PARAGRAPHS 45-50 NOT USED]

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected:
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or
 - (ii) in any other case, to the chairman of the corporation; and
- (c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
- (c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
- (b) the ballot papers and text voting records endorsed with “rejected in part”,
- (c) the rejected ballot papers and text voting records, and
- (d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the list of spoiled ballot papers and the list of spoiled text message votes,
- (c) the list of lost ballot documents, and
- (d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
 - (i) any rejected ballot papers, including ballot papers rejected in part,
 - (ii) any rejected text voting records, including text voting records rejected in part,
 - (iii) any disqualified documents, or the list of disqualified documents,
 - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
 - (v) the list of eligible voters, or
 - 4. (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,
- by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the

board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that Monitor has declared that the vote was invalid.

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

FPP59. Countermand or abandonment of poll on death of candidate

- FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:
- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
 - (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.
- FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.
- FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.
- FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.
- FPP59.5 The returning officer is to:
- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
 - (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and
- ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.
- FPP59.6 The returning officer is to endorse on each packet a description of:
- (a) its contents,
 - (b) the date of the publication of notice of the election,
 - (c) the name of the corporation to which the election relates, and
 - (d) the constituency, or class within a constituency, to which the election relates.
- FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates

- standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

65. Meaning of “for the purposes of an election”

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

**PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF
IRREGULARITIES**

66. Application to question an election

- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel (IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
 - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
 - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 6 - ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS - DISQUALIFICATION

(See paragraph 17)

In addition to the cases set out in paragraph 17, the following may not stand for election or continue as a governor:

1. A person who is the subject of a sexual offences order under the Sexual Offences Act 2003 or any subsequent legislation;
2. A person who is disqualified from being a company director under the laws of England and/or Wales;
3. A person who is a director of the Trust, or a governor, director, Chairman or chief executive of another NHS Foundation Trust or NHS Trust;
4. A person who is incapable by reason of mental disorder or illness or injury of managing his property and affairs;
5. A person who occupies the same household as an existing governor or a director of the Trust;
6. In the case of a public or patient governor, a person who has been employed by the Trust within 12 months prior to election, or becomes employed by the Trust
7. A person who has been removed from any list prepared under Part II of the National Health Service Act 1977, or has been removed from a list maintained pursuant to regulations made under section 28X of that Act, and has not been reinstated.

ANNEX 7 - STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

(See paragraph 20)

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1. INTRODUCTION

- 1.1. Paragraph 14 of Schedule 7 to the National Health Service Act 2006 provides that the constitution of an NHS foundation trust must make provision for the practice and procedure of the Council of Governors. The Council made such provision in its standing orders adopted in 2006. Paragraph 3.13 of those orders provided that they might be amended as there set out. At a meeting of the Council on 25 February 2013 in accordance with paragraph 3.13, these standing orders as set out herein were adopted in substitution of those orders.

2. INTERPRETATION

- 2.1. The expressions and terms used herein shall have the same meaning as in the Trust's Constitution.
- 2.2. 'The Constitution' means the constitution of the Trust.
- 2.3. 'The Council' means the Council of Governors.
- 2.4. A 'motion' means a formal proposition to be considered and voted on at a meeting of the Council.
- 2.5. An 'item for the agenda' means a matter to be considered at a meeting of the Council.
- 2.6. 'The Secretary' means the person appointed as the Secretary to the Trust.

3. MEETINGS OF THE COUNCIL

- 3.1. Paragraph 19.3 of the Constitution provides that meetings of the Council shall be open to members of the public but that the public may be excluded as there set out.
- 3.2. The dates, times and venues of meetings of the Council shall be arranged by the Secretary in consultation with the Chairman and the Lead Governor. There shall be at least 4 meetings in any year, in respect of which the dates and times shall be arranged, and notice given to the governors, before December of the previous year. At least 4 days clear notice of other meetings must be given.
- 3.3. If the Lead Governor (or in case of the Lead Governor's unavailability the Deputy Lead Governor), or at least 10 governors, give notice to the Secretary requiring a meeting stating the proposed agenda, the Secretary shall arrange a meeting as soon as practicable.
- 3.4. Notice of meetings of the Council shall be given to the governors by email (or post where a governor so requests).
- 3.5. Notice of meetings of the Council will be posted on the Trust's website, as soon as practical after notice has been given to the governors.

4. AGENDA ITEMS AND MOTIONS

- 4.1. Save as provided in 3.3 above and 4.2 below, the agenda for meetings shall be arranged by the Secretary in consultation with the Chairman and the Lead Governor.
- 4.2. A governor wishing to have an item included in the agenda for a meeting of the Council or to propose a motion at a meeting shall give notice of the item or motion to the Secretary 10 clear days before the meeting unless the circumstances relating to the item make necessary a shorter period. In the case of a motion the notice shall name a governor who is prepared to second

the motion, and shall otherwise be treated as invalid. The Secretary shall include in the agenda for the meeting all items and motions which have been duly notified. The Chairman of the meeting may, at his discretion, permit an item to be raised or a motion proposed where due notice has not been given.

- 4.3. A motion may be withdrawn at any time by the proposer with the agreement of the seconder and the consent of the chairman of the meeting.
- 4.4. No motion shall be proposed to amend or rescind any resolution, or the substance of any resolution, passed by the Council within the preceding 6 months unless it is signed by the proposer and seconder and by 4 other governors. Once such motion has been disposed of no motion to a similar effect may be proposed for 6 months without the consent of the Chairman of the Trust.
- 4.5. The proposer of a motion shall propose it and shall have a right to speak before a vote is taken.
- 4.6. During the consideration of a motion a governor may move:
 - 4.6.1. an amendment to the motion;
 - 4.6.2. that the consideration of motion be adjourned to a subsequent meeting;
 - 4.6.3. that the motion be summarily dismissed and the meeting to proceed to the next business;
 - 4.6.4. that the motion be voted on immediately.
- 4.7. No amendment to a motion may be submitted if its effect would be to negate the substance of the motion as determined by the chairman of the meeting.
- 4.8 Save where the chairman of a meeting permits otherwise, the agenda and any papers for the meeting shall be provided to the governors not less than 5 working days before the meeting.

5. QUORUM

- 5.1. No business may be transacted at a meeting of the Council of Governors unless more than half of the governors are present.

6. RELEVANCE AND CONCISION

- 6.1. Statements made by governors at a meeting of the Council must be concise and relevant to the matter under discussion at the time.
- 6.2. The chairman of the meeting shall have power to rule on the relevance and regularity any statement, and to determine any issue arising as to the conduct of the meeting.
- 6.3. In any matter relating to the interpretation of the Constitution and Standing Orders the chairman of the meeting shall consider the advice of the Secretary.

7. VOTING

- 7.1. Save where it is otherwise provided by the constitution or these orders any matter on which a vote is taken shall be determined by a majority vote of the governors present and voting.
- 7.2. In the case of an equality of votes the person presiding shall have a vote to decide the matter (if that person is a governor, a second vote).
- 7.3. At the discretion of the chairman of the meeting, the vote may be taken orally, or by show of hands. If a majority of governors present so request, it shall be by secret paper ballot.

- 7.4. Save in the case of a secret paper ballot, if at least one third of the governors present request, the voting for and against of each governor shall be minuted.
- 7.5. If a governor requests, his vote shall be minuted.
- 7.6. No one may vote unless physically present: there shall be no votes by proxy.

8. MINUTES

- 8.1. Minutes of meetings shall be drawn up and circulated in draft as soon as practical after the meeting. They shall be submitted for approval at the next meeting and signed by the chairman of that meeting.
- 8.2. The minutes shall record the names of those attending.

9. SUSPENSION OF STANDING ORDERS

- 9.1. Except where to do so would contravene any statutory provision, the terms of the Trust's authorisation or the Constitution, the chairman of any meeting of the Council may suspend any one or more of the Standing Orders.
- 9.2. A decision to suspend standing orders shall be recorded in the minutes.
- 9.3. A separate record of matters while the orders were suspended shall be made, and shall be provided to the governors with the minutes.

10. COMMITTEES

- 10.1. The Council may set up committees (with sub-committees) or working groups to consider aspects of the Council's business. They shall report to the Council.
- 10.2. The powers of the Council may be delegated to a committee for a specific purpose if the law and the Constitution permit, but otherwise the power of any committee is limited to making recommendations to the Council.
- 10.3. The powers of the Council shall be exercised in general meeting.
- 10.4. The Council shall approve the membership of committees, sub-committees and working groups, and may appoint persons with specialised knowledge or expertise useful to the committee on such terms as the Council may determine.
- 10.5. Meetings of the Council's committees, sub-committees and working groups shall be private. Their proceedings shall remain confidential until reported in public to a meeting of the Council.

11. NOMINATION COMMITTEES

- 11.1. Paragraph 28 of the Constitution provides for the appointment and removal of the Chairman of the Trust and the other non-executive directors by the Council. Paragraph 28.3 provides that the Council's standing orders shall provide for there to be a Nominations Committee or Committees to put forward persons for the Council to consider for appointment.
- 11.2. For the appointment of the Chairman, the Nominations Committee shall consist of:
 - 2 public governors, one of whom will chair the Committee
 - 1 staff governor
 - 1 appointed governor
 - 1 non-executive director

- 11.3. For the appointment of non-executive directors, the Nominations Committee shall consist of:
- the Chairman (or, at the Chairman's request the Deputy Chairman)
 - 2 public governors
 - 1 staff governor
 - 1 appointed governor
 - the Chief Executive.
- 11.4. When the formation of a Nomination committee is required the Secretary shall:
- 11.4.1. ask governors to put themselves forward as members within 10 days of his request, and if more governors put themselves forward than are places for particular categories of governor shall conduct an election or elections for each category with each governor having one vote in respect of each governor place on the committee;
- 11.4.2. In the case of a nomination for Chairman invite the non-executive directors to appoint a non-executive director to serve on the committee.
- 11.5. If a majority of the governors present at a meeting of the Council of Governors decide that the circumstances of a particular situation require the membership of a Nominations Committee to differ from that set out in paragraph 2 or 3 above, the membership of that Committee shall be as determined by that majority.

12. DECLARATIONS AND REGISTER OF INTERESTS

- 12.1. Paragraph 22 of the Constitution provides for declarations of interest. It states:
- 22.1 If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.*
- 22.2 For the avoidance of doubt a governor has a personal interest where the governor or a person close to the governor has had a personal experience which might be considered to affect the governor's view of the matter in question.*
- 12.2. Interests should be declared to the Secretary within 28 days of appointment, or, if arising later, within 7 days of the governor becoming aware of the interest.
- 12.3. If a governor only becomes aware of an interest at a meeting of the Council (or at a meeting of any committee, sub-committee or working group) he must declare it immediately.
- 12.4. Subject to the exceptions below, material interests include:
- 12.4.1. any directorship of a company;
- 12.4.2. any interest held in any firm, company or business, which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust;
- 12.4.3. any interest in an organisation providing health and social care services to the National Health Service;
- 12.4.4. a position of authority in a charity or voluntary organisation in the field of health and social care;
- 12.4.5. any other interest which, in the opinion of a reasonable bystander would be liable to prejudice the ability of the governor to consider the matter

before the Council fairly.

- 12.5. The exceptions are:
 - 12.5.1. shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;
 - 12.5.2. an employment contract with the Trust held by a staff governor;
 - 12.5.3. an employment contract held with the appointing body by an appointed governor;
- 12.6. If a governor has any uncertainty as to an interest, he should discuss it in advance of any meeting with the Secretary. In case of doubt the interest should be declared.
- 12.7. The Secretary shall keep a record in a Register of Interests of all interests declared by governors. Any interest declared at a meeting shall also be recorded in the minutes of the meeting.
- 12.8. The Register shall be open to inspection by members of the public free of charge. A copy of any part will be provided on request and a reasonable charge for it may be made to persons who are not members of the Trust.
- 12.9. If a question arises at a meeting of the Council whether or not an interest of a governor is such that he should not be present when a matter is considered and should not vote on it, the chairman of the meeting shall rule on the question having taken the advice of the Secretary.
- 12.10. A governor who has an interest in a matter under consideration by the Council shall not be present during such consideration and shall not take part in any vote in connection with it.
- 12.11. A failure to comply with any of the provisions of this paragraph may be considered by the Council as grounds for removal under paragraph 17.4 of the Constitution.

13. CODE OF CONDUCT

- 13.1. Governors shall agree to, and shall upon appointment sign a copy of, the Code of Conduct set out in the Appendix to these orders, and shall at all times comply with the Code.

14. CONFIDENTIALITY

- 14.1. It is the duty of a governor not to divulge any information which he receives in confidence, whether that confidence is expressed or arises from circumstances relating to the information.
- 14.2. Governors must keep secure all confidential matter recorded on paper or electronically, and must ensure that their NHS mail and forum details are not disclosed.
- 14.3. Agendas and minutes and information relating to those parts of meetings of the Board of Directors, or of meetings of the Council, which are not open to the public, are confidential.
- 14.4. The proceedings of committees and working groups which take place in private are confidential until reported to the Council at a meeting open to the public.
- 14.5. A governor should keep confidential any information which may come into his possession concerning a patient, a person associated with a patient, or a member of staff or a person associated with a member of staff, unless the

information has entered the public domain.

- 14.6. Any matter which the Council has resolved shall be treated as confidential shall be so treated.

15. EXPENSES

- 15.1. Paragraph 23 of the Constitution provides that the Trust shall on application pay travelling and other expenses of governors incurred for the purpose of his duties at rates to be decided by the Trust.
- 15.2. Payment shall be made by the Secretary following receipt of a signed expenses form backed by receipts.
- 15.3. The total of the expenses paid to governors will be published in the Annual Report.

16. LEAD AND DEPUTY LEAD GOVERNOR'S APPOINTMENT

- 16.1. The Lead Governor and the Deputy Lead Governor must be elected governors. A staff governor may only be appointed as Lead or Deputy in a situation where he will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.
- 16.2 A person shall be elected as Lead Governor Elect.
- a) He will serve for one year as Deputy Lead Governor.
 - b) Subject to a vote of approval by a majority of the governors present at a meeting of the Council towards the end of the year he will then become the Lead Governor for one year and if similarly approved may serve a second year.
 - c) At the end of the second year as Lead, if similarly approved, he may serve as Deputy Lead Governor for one year.
- 16.3 Thus a person may serve two years as Lead Governor supported in their first year by the former Lead Governor acting as Deputy and supported in their second year by the new Deputy.
- 16.4 3 months before a Lead Governor Elect is needed the Secretary shall ask for nominations within 21 days.
- 16.5 If more than one governor is nominated, a secret ballot will be arranged by the Secretary with each governor having one vote. If only one candidate is nominated, that person is chosen.
- 16.6 Where there is a ballot the candidate securing the most votes will be elected. The Secretary will announce the winner but not the votes cast - which shall remain confidential to him.
- 16.7 In the event that the Deputy Lead Governor stands down or is unable to continue, a new Deputy shall be chosen by the process set out above, and shall serve as Deputy until the Lead Governor reaches the end of his term. He will then become lead governor if approved as set out in 16.3(b) above.
- 16.8 In the event that the Lead Governor stands down or is unable to continue, if the Deputy has not served as Lead Governor, subject to a vote of approval as above he shall become Lead Governor and shall serve an initial term consisting of the unexpired term of the departing Lead Governor plus one year and then subject to such a vote of approval may serve a second year.

- 16.9 If the Deputy has served as Lead Governor, then subject to such a vote of approval he may act as Lead Governor for the remainder of the departing Lead Governor's term, and the Secretary shall initiate the process for choosing a new Deputy Lead Governor.
- 16.10 In the event that a Deputy Lead Governor does not secure the approval of the Governors to become Lead Governor, the Secretary shall immediately initiate the process of choosing a new Lead Governor by the process set out in paragraphs 16.4 to 16.7.
- 16.11 In the event that the Lead Governor does not secure approval for a second year, the person chosen as Deputy shall become Lead Governor.
- 16.12 Where a need arises to choose a Lead Governor or a Deputy Lead Governor In any circumstances not covered above, the Secretary shall take such steps as may be necessary following the principles set out in so far as applicable to the situation.
- 16.13 Where the Lead Governor is a staff governor, in any situation where the Lead Governor's position as an employee of the Trust gives rise to a position of potential conflict or embarrassment, the Deputy Lead shall act as Lead until the next meeting of the Council, when the situation shall be considered and a decision made as to how it shall be handled.

17. LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR - ROLES

- 17.1. The role of the Lead Governor is:
 - 17.1.1. to chair meetings of the Council which cannot for any reason be chaired by the Chairman or the Deputy Chairman;
 - 17.1.2. to consult routinely with the governors regarding the planning and preparation of the agendas for Council meetings and work programme, and to agree them with the Chairman;
 - 17.1.3. to communicate regularly with the Chairman, to receive reports, as appropriate, on matters considered by the Board at closed meetings, and to provide updates/information to all governors as may be appropriate in the circumstances and respecting the confidentiality of matters of which he has been informed on a confidential basis.
 - 17.1.4. to be a point of contact for Monitor when appropriate;
 - 17.1.5. to provide input into the appraisal of the Chairman;
 - 17.1.6. to take an active role in the activities of the Council;
 - 17.1.7. to be a point of contact for governors when they have concerns;
- 17.2. The role of the Deputy Lead Governor is to support and assist the Lead Governor, and to deputise for the Lead Governor when the Lead Governor is not available to act.

18. LEAD AND DEPUTY LEAD GOVERNORS - VOTE OF NO CONFIDENCE

- 18.1. If 8 governors sign a motion of no confidence in the Lead Governor or Deputy lead Governor and present it to the Chairman, the Chairman shall call an emergency meeting of the Council to be held within no more than 4 weeks from his receipt of the motion.
- 18.2. The Chairman will inform the Lead Governor (or Deputy Lead Governor) of his receipt of the motion but not of the names of the signatories, and he shall be invited to attend the meeting.
- 18.3. The meeting shall not proceed unless at least two thirds of the governors are present, and if they are not the motion will lapse.
- 18.4. At the meeting the Chairman will present the reasons for the motion and it will

be debated. The Lead Governor (or Deputy Lead Governor) may address the meeting.

18.5. A secret ballot shall be taken (in which the Lead Governor - or Deputy Lead Governor - shall be entitled to vote). If more than half of the governors present support the motion, then the Lead Governor (or Deputy Lead Governor) shall stand down.

18.6. A Lead Governor or a Deputy Lead Governor against whom a motion of no confidence succeeds shall not be eligible to be Lead Governor or Deputy Lead Governor for 2 years.

19. DIRECTORS' ATTENDANCE

19.1. Paragraph 19.6 of the Constitution provides that the Council may require the attendance of one or more of the directors to attend a meeting for the purposes set out in the paragraph, which include the purpose of obtaining information about the Trust's performance of its functions.

19.2. The attendance of a director pursuant to paragraph 19.6 of the Constitution shall be obtained by request of the Lead Governor made to the Chairman. The Lead Governor may make a request at his discretion but shall make one if 5 governors sign a notice requiring the attendance of a named director or directors stating the reason why the request is made.

20. FORWARD PLAN

20.1. Paragraph 45.5 of the Constitution provides that in preparing the Trust's forward plan the directors must have regard to the views of the governors, and that the directors shall provide the governors with information appropriate for them to be able to form their views.

20.2. The Trust's Strategic Development Working Group shall consider aspects of the proposed plan as they become available.

20.3. The proposed plan shall be considered at a joint meeting of the directors and the governors. It shall be provided to the governors, with the information required to form their views, in good time, at least 7 days, for the governors to consider it in advance of the meeting.

21. AMENDMENT OF STANDING ORDERS

21.1. Paragraph 20.1 of the Trust's Constitution provides that the standing orders of the Council may be amended as provided in the standing orders.

21.2. The Standing Orders of the Council of Governors may be amended at a meeting of the Council by a vote of the majority of governors (not a majority of governors present, but a majority of the governors).

21.3. No such vote shall be taken unless the proposed amendment has been included in an agenda for the meeting circulated to governors not less than 7 days before the meeting (for example, for a meeting on 27 January no later than 20 January). But the Council may vote to make an amendment the substance of which has been so included but which has been altered at the meeting.

APPENDIX

CODE OF CONDUCT

Governors will:

1. Actively support the purpose and aims of Salisbury NHS Foundation Trust;
2. Act in the best interests of the Trust at all times, with integrity and objectivity, recognising the need for corporate responsibility, without expectation of personal benefit;
3. Contribute to the work of the Council of Governors so it may fulfil its role, in particular attending meetings of the Council and training events, serving on the committees and working groups of the Council, and attending members meetings, on a regular basis;
4. Recognise that the Council exercises collective decision-making on behalf of patients, public and staff;
5. Acknowledge that, other than when carrying out their duties as governors, they have no rights or privileges different from other members of the Trust;
6. Recognise that the Council has no managerial role within the Trust other than as provided by statute;
7. Respect the confidentiality of all confidential information received by them as governors as more particularly set out in paragraph 15 of the Council's Standing orders;
8. Conduct themselves in a manner to reflect positively on the Trust and not to conduct themselves so as to reflect badly on the Trust;
9. Recognise that the Trust is a non-political organisation;
10. Recognise that they are not, save in the case of appointed governors and their appointing body, representing any trade union, political party or other organisation to which they may belong, or its views, but are representing the constituency which elected them;
11. Seek to ensure that no one is discriminated against because of their religion, race, colour, gender, marital status, sexual orientation, age, social or economic status, or national origin;
12. Comply with the Council's Standing Orders;
13. Not make, or permit to be made, any statement concerning the Trust which they know or suspect to be untrue or misleading;
14. Recognise the need for great care in making public pronouncements, in particular any statement to the media, and will recognise the harm that ill-judged statements can cause to the Trust and to the patients and public the Trust and its governors serve. To this end:
 - (a) before making any statement for publication in the media a governor should take the advice of the Trust's press officer and of the Lead Governor, and take their observations into account;
 - (b) any request by the media for comment should be forwarded to the Trust's press officer;
 - (c) if a governor considers that a media story requires a response, he will communicate his concern to the Lead Governor and the Trust's press officer

- rather than responding himself;
- (d) it is not the role of a governor to speak in public on operational matters or matters concerning individual patients or staff;

15. Uphold the seven principles of public life as set out by the Nolan Committee, namely:

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 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.

Governor's undertaking

I, _____, of _____,
undertake as a governor of Salisbury NHS Foundation Trust to abide by the above Code
of Conduct including the obligations as to confidentiality and as to dealing with the
media there set out.

Signed

Date

ANNEX 9 – ADDITIONAL PROVISIONS - DIRECTORS – DISQUALIFICATION

(See Paragraph 33)

The following may not be appointed or continue as a director:

1. A person who is the subject of a sexual offences order under the Sexual Offences Act 2003 or any subsequent legislation.
2. A person who is disqualified from being a company director under the law of England and/or Wales.
3. A person who is a governor of the Trust, or a governor, director, chairman or chief executive of another NHS Foundation trust or NHS trust. However, a non-executive director (other than the chairman) may be a non-executive director (other than the chairman) or a governor of another NHS Foundation trust or NHS trust, save where there is a real risk of conflict of interest arising as a result of the two directorships or directorship and governorship.
4. A person whose physical or mental wellbeing is such that their ability to act as a director of the Trust is materially affected.
5. A person who occupies the same household as an existing director of the Trust or a governor.

Report to:	Trust Board (Public)	Agenda item:	3.3
Date of Meeting:	02 April 2020		

Report Title:	Board Assurance Framework (BAF) and Corporate Risk Register (CRR)			
Status:	Information	Discussion	Assurance	Approval
		x		x
Prepared by:	Fiona McNeight, Director of Corporate Governance			
Executive Sponsor (presenting):	Fiona McNeight, Director of Corporate Governance Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Board Assurance Framework v15.0 (draft) Draft Corporate Risk Register March 2020 v2.3 Draft Summary CRR tracker v15 April Board 2020			

Recommendation:
<p>The Board to consider and approve the revised Board Assurance Framework</p> <p>Specifically, the Board is required to:</p> <ul style="list-style-type: none"> Review the overall risk profile for each strategic priority and agree this reflects all current risks Consider the content of the corporate risk register and corporate risk tracker to ensure that it accurately reflects the corporate risks and related actions. Agree the criteria for initiation of a corporate risk deep dive.

Executive Summary:
<p>The Board Assurance Framework (BAF) provides the Trust Board with a mechanism for satisfying itself that its responsibilities are being discharged effectively. It identifies through assurance where aspects of service delivery are being delivered to internal and external requirements. It informs the Board where the delivery of principal objectives is at risk due to a gap in control and/or assurance. This informs the Annual Governance Statement and annual cycle of Business.</p> <p>The BAF has undergone a refresh following the setting of new corporate objectives for 2019/20. The BAF will continue to be reported to the relevant Board Committees bi-monthly to maintain appropriate scrutiny and updates. The Trust Board will receive a comprehensive update every 4 months which will include any specific discussion points from the board committees.</p>

Corporate risk profile summary

There have been 8 new risks escalated to the CRR relating to the cancer pathway, workforce retention and recruitment, estates infrastructure, cyber security and Covid-19. It is recognized that since the Covid-19 risk was escalated, the risk score has increased significantly given the potential impact on patient safety, operational activity and staffing.

To note, following the work completed to date, the overall risk relating to digital has decreased since the production of the latest risk register and will be reflected in the next update; as follows:

- the risk relating to the Trust's ability to deliver the digital strategy on the Board Assurance Framework has been at a score of 16 (against a target of 9) for the last 5 months; this has now been reduced to 12. It is expected that this will further reduce to 9 in 6 months, subject to improvement plans being successfully delivered.
- the cyber security risk has reduced from 15 to 10 (against a target of 8), and
- the risk of not delivering the IT Improvement plan has also reduced from 10 to 8 (target score).

Subject to the successful completion of further improvement plans, it is anticipated this score will reduce further over the following six months.

Extreme Risks

There are 12 risks rated 15 or above.

- 6212 - Risk that patients with cancer will experience clinical deterioration as a result of not receiving a follow up appointment in the required timeframe which may result in mis-management, disease progression, limited treatment options and patient harm **(New risk; score 15)**
- 6102 - Risk of being unable to fill medical workforce gaps resulting in use of high cost agency/locum support and/or outsourcing and/or discontinuation of service **(New risk; score 16)**
- 5360 - Risk of a cyber or ransomware attack resulting in the potential loss of IT systems, compromised patient care and financial loss **(New risk; score 15 – previously de-escalated and re-escalated)**
- 5751 - Risk of impact on patients from high numbers with a delayed transfer of care (Score 16)
- 6134 - Financial and workforce risk as a result of NHS England Specialist Commissioners driving centralisation of genetics and genomics clinical testing into fewer laboratories resulting in laboratory testing unlikely to be provided at the Trust in the longer term (Score 16)
- 6142 - Risk to recruitment, retention and staff morale within the genetics service as a result of the uncertainty of the future of the service (Score 16)
- 5704 - Inability to provide a full gastroenterology service due to a lack of medical staff capacity (Score 16)
- 5970 - Lack of capability and capacity to deliver the digital strategy, resulting in poor quality services, reputational damage and inability to attract and retain high quality staff. (Score 16)
- 5972 - Insufficient organisational development resources to delivery cultural change and lack of formal Trust wide approaches to seek best practices from elsewhere.(Score 16)

CLASSIFICATION: UNRESTRICTED

- 5860 - Risk of failure to achieve financial plan and NHSI control total for 2019/20 (Score 15)
- 5955 - Insufficient robust management control procedures (Score 15)
- 6143 - Risk of the ability to provide the same quality of service 24 hours a day, 7 days a week with potential impact to patient care (Score 16)

Relevant new risks since February 2020

- 6212 (Local) - Risk that patients with cancer will experience clinical deterioration as a result of not receiving a follow up appointment in the required timeframe which may result in mis-management, disease progression, limited treatment options and patient harm (score 15).
- 6235 (Local) - Risk of increased ED attendances in relation to suspected Covid-19 cases with potential to impact on patient flow due to isolation requirements (score 9).
- 6213 (Local) - Risk of patients on the cancer pathway being missed or delayed with potential for patient harm as a result of having three systems involved in the pathway that are not contextually linked (score 12).
- 5360 (Resources) - Risk of a cyber or ransomware attack resulting in the potential loss of IT systems, compromised patient care and financial loss (score 15). Risk had been de-escalated. Re-escalated.
- 6099 (People) - Risk of not being able to recruit to hard to fill non-clinical posts resulting in continued use of high cost agency/locum support and/or outsourcing and/or discontinued services
- 6102 (People) - Risk of being unable to fill medical workforce gaps resulting in use of high cost agency/locum support and/or outsourcing and/or discontinuation of service
- 6104 (People) - Failure to retain overseas nurses could result in increased reliance on temporary staff and need to run further recruitment campaigns

Risks removed

- 4107 (Local) - Risk of clinical deterioration of patients between follow up (outpatients) due to non-adherence to requested timeframes (replaced with 6212)
- 5729 - Risk of delay in potentially detecting life threatening melanomas due to limited resource capacity. This has been replaced with a broader risk; 6212 (Local)- Risk that patients with cancer will experience clinical deterioration as a result of not receiving a follow up appointment in the required timeframe which may result in mis-management, disease progression, limited treatment options and patient harm
- 5705 (Resources) - Unknown impact on the running of the hospital as a result of the EU Exit

Risks with an increased score

- Nil to note

Risks with a decreased score

- 5605 - Insufficient staff in cellular pathology laboratory resulting in risk to turnaround times, UKAS accreditation, delayed treatment (Score 15 to 12)
- 5966 - Risk of compromised services due to hub and spoke model (Score 12 to 9)

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

Report to:	Trust Board (Public)	Agenda item:	4.1
Date of Meeting:	02 April 2020		

Report Title:	Q3 Patient Experience Report			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Katrina Glaister, Head of Patient Experience			
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Patient experience headlines			

Recommendation:
The Board is asked to note this report.

Executive Summary:
<p>This report provides a report of activity for Q3 2019/20 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change. Some key changes are highlighted below:</p> <ul style="list-style-type: none"> • In view of the new variable response times, this report now reports on complaints closed within the quarter • Complaints continue to show a slight downward trend. • 100% of complaints were acknowledged within 3 working days. • In Q3 we have seen an increase in compliance to responses being sent to those complainants who have agreed an extended time frame of 40 working days (compliance = 87%). However, the compliance for complaint responses being sent out within 25 days is only 27%. • Actions for previous quarters are displayed. All actions for Q1 have been closed • Details for engagement initiatives are detailed and show progress against the three key engagement priorities of 'working together', 'communication' and 'outstanding care' • Lost property has been a theme recently and whilst lost property is now managed by PALS the process had not formally been defined. A new policy that more clearly outlines the roles and responsibilities for found and reclaimed property has been approved in Q3 and will be ratified in Q4 <p>This report provides assurance that the Trust is responding and acting appropriately to patient feedback and assurance of patient and public involvement in service co-design and improvement.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

Patient Experience Report - Quarter 3

1 July – 30 September 2019

Purpose of paper

To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrate that learning and actions are taken to improve services in response to feedback.

To provide assurance of patient and public involvement in service co-design and improvement.

Background

Patient experience is defined as “the sum of all interactions, shaped by an organisation’s culture that influence patient perceptions across the continuum of care.”^[1] Nationally, the scrutiny in relation to compassionate healthcare, as well as in engaging with the public, is to understand their voice and feedback is an imperative, including learning from feedback, transparency and honesty when healthcare goes wrong. This report provides some evidence of the patient experience feedback and activities in relation to self-improvement based on that feedback.

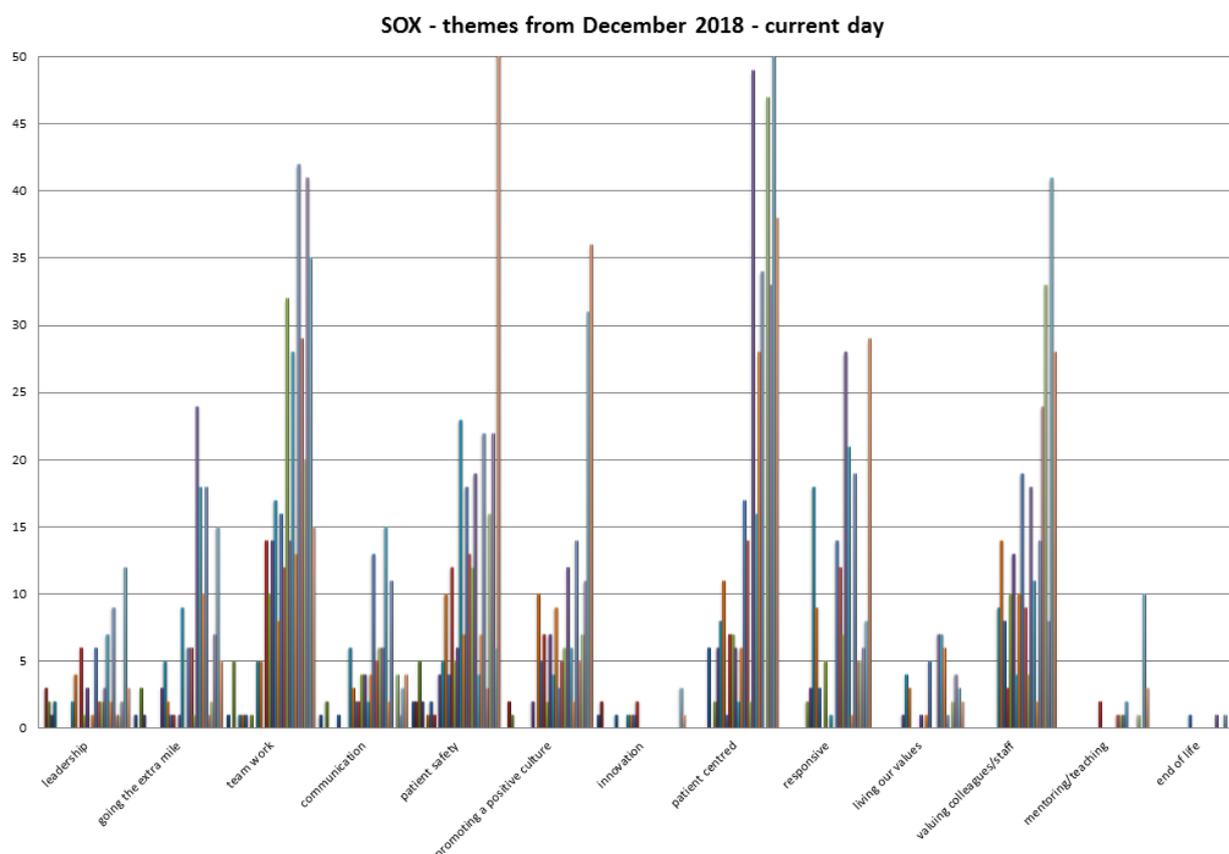
Actions taken since last report

- Following feedback from patients that the PALS office was difficult to find; additional signage has been placed within the hospital.

1. Sharing Outstanding Excellence (SOX)

There is growing awareness nationwide that since complaints are a small minority compared to other PALS feedback, learning from what goes well in a Trust is as important as learning from complaints. In this Trust, a positive report is known as a SOX.

As can be seen from the graph below, ‘Team Work’, ‘Patient Centred and Patient Safety’ continue to be the most frequently occurring themes:

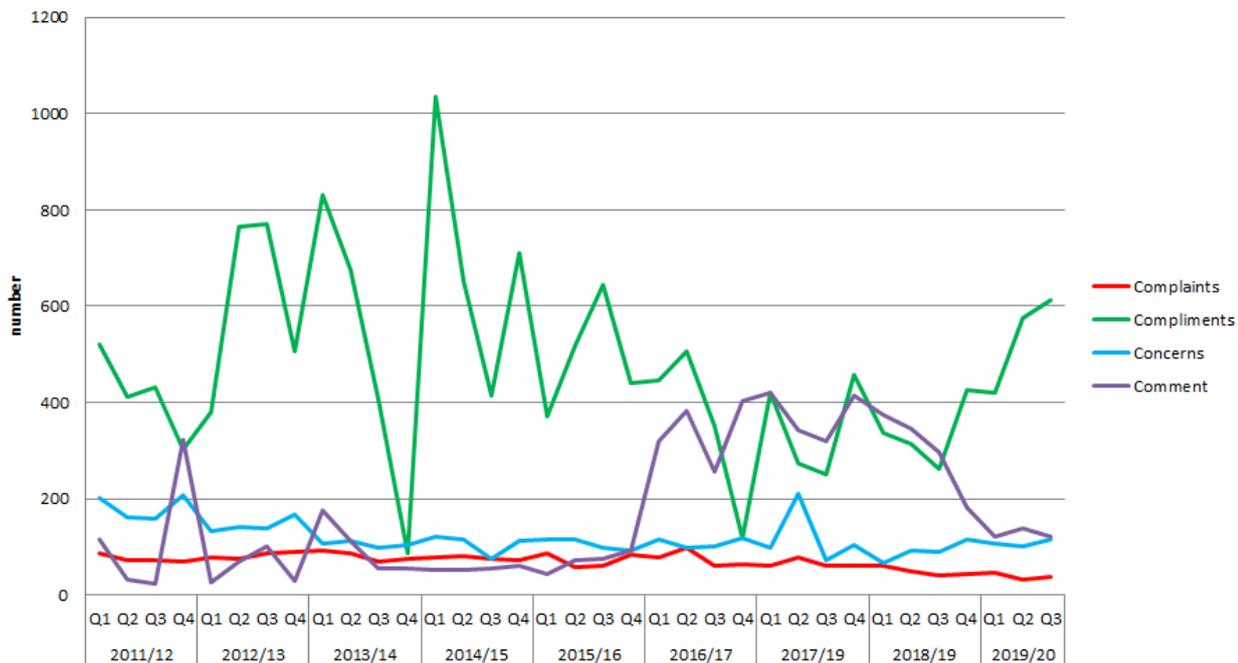


A poster displaying a qualitative analysis of words from emails associated with SOX nominations (along with a preliminary exploration of words used in SOX forms sent by patients) has been accepted for presentation at a national conference in Q4.

2. Complaints

The graph below shows the numbers of complaints, compliments, concerns and comments over time. Complaints show a slight downward trend.

Complaints, Compliments, Concerns and Comments



Complaint themes

	CSFS	Medicine	MSK	Surgery	Total
Admission delayed	0	0	1	0	1
Clinical Treatment - Surgical Group	0	0	1	0	1
Clinical Treatment - O&G	1	0	0	0	1
Correct diagnosis not made	0	2	0	0	2
Delay in making diagnosis	1	0	0	0	1
Delay in receiving appointment	0	1	2	0	3
Delay in receiving treatment	0	1	0	0	1
Diagnosis given in letter	0	1	0	0	1
Drug Error	0	1	1	0	2
Falls	0	2	0	0	2
Further complications	0	0	2	0	2
Insensitive communication	1	0	0	0	1
Lack of communication	0	0	2	1	3
Missing Patient	0	1	0	0	1
Nursing Care	0	0	1	0	1
Patient Confidentiality	0	0	1	0	1
Unsatisfactory arrangements	0	1	0	0	1
Unsatisfactory treatment	2	5	0	2	9
Wrong information	1	0	0	0	1
Attitude of staff - medical	0	1	1	0	2
Total	6	16	12	3	37

In Q3 the Trust treated 18,765 people as inpatients, day cases and regular day attendees. Another 18,171 people were seen in the Emergency Department (includes the walk-in clinic) and 36,431 as outpatients. 37 complaints were received which is 0.05% of the number of patients treated.

614 compliments were received across the Trust in Q3. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named. Where individual staff members are named in a compliment/national patient survey/RTF/FFT the PALS team complete a SOX which is sent to the individual and their line manager.

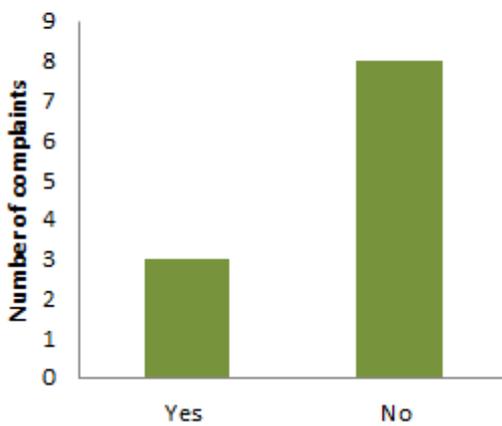
Timeliness of response

100% of complaints were acknowledged within 3 working days.

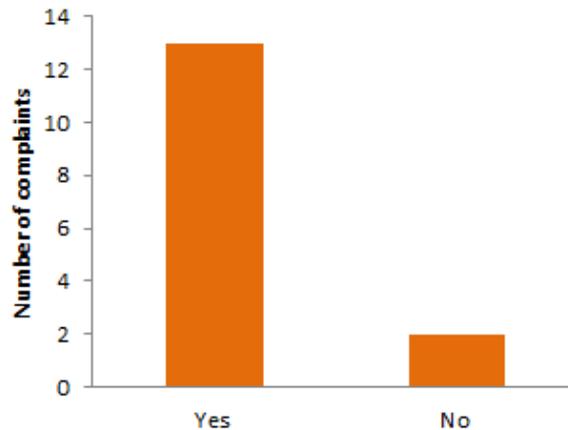
In Q3 we have seen an increase in compliance to responses being sent to those complainants who have agreed an extended time frame of 40 working days (compliance = 87%). However, the compliance for complaint responses being sent out within 25 days is only 27%. There were no complaints this quarter where an extended time frame of 60 days was agreed with the complainant.

Please see the individual directorate’s reports for more information.

**Q3 compliance with agreed target time
Green - (25 working days)**



**Q3 compliance with agreed target time
Amber - (40 working days)**



There were 5 re-opened complaints in Q3:

- Three were opened prior to the new timescales being implemented. The other two were responded to within 25 working days. One was a concern from February 2019 which was upgraded to a formal complaint in December 2019 (8 months after it was closed) when the complainant wrote to say they were unhappy with our response.

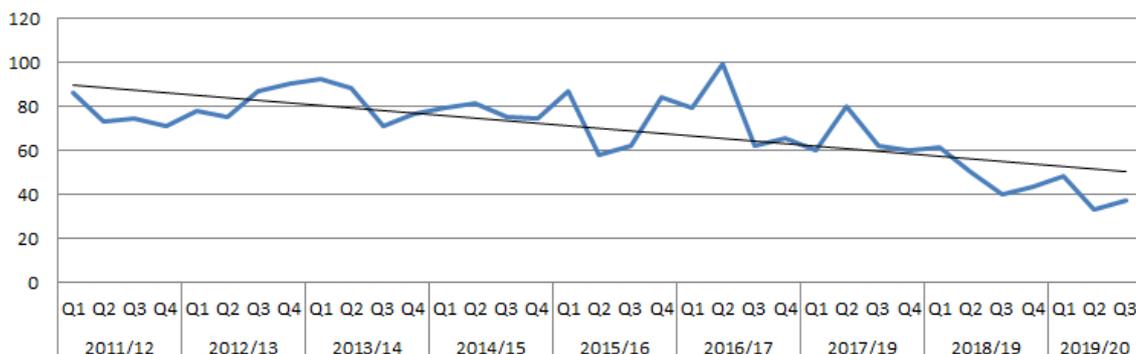
The total number of concerns, comments and enquiries received by the team in Q3 was 339. Of these 77% were dealt with within 10 days.

0-10 working days		11-24 working days		25+ working days	
259	77%	23	7%	31	9%

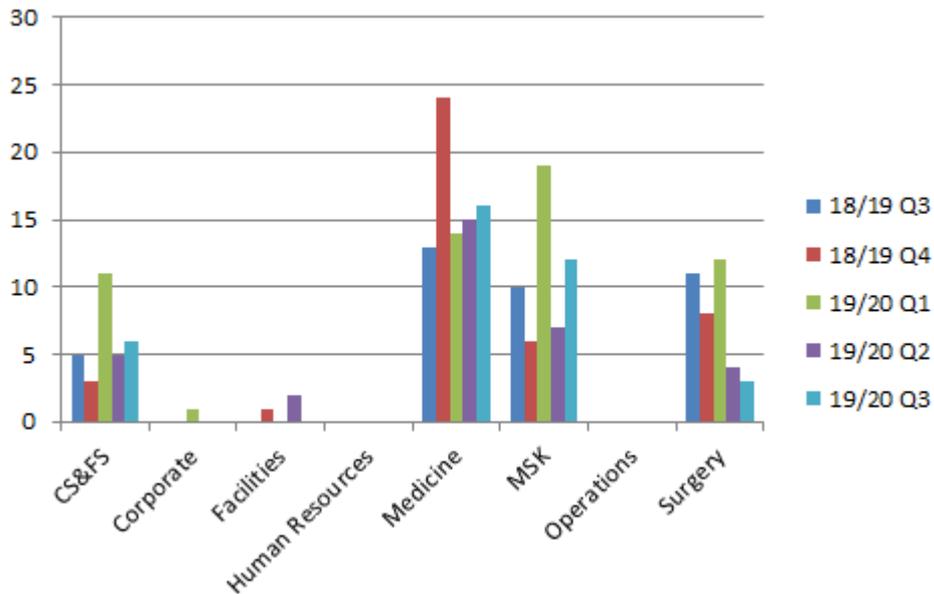
See individual directorate reports for the maximum length of time a complainant waited for a response this quarter.

3. Complaints by directorate

Numbers of complaints over time



The following graph shows the number of complaints by directorate.



Clinical Support and Family Services

	Q3 2018-19	Q2 2019-20	Q3 2019-20
Complaints	5	5	6
Concerns	13	14	21
Compliments	121	96	70
Re-opened complaints	1	1	2
% closed complaints responded to within agreed timescale	40%	40%	50%
Complaints closed in this quarter	-	-	1
% concerns responded to within 25 working days	-	-	52%

- There were 6 complaints raised in quarter 3 with no particular themes.
- Two complaints were re-opened in quarter 3, these were both Endoscopy complaints and both complainants were not happy with their response and felt further investigation was needed.
- One complaint response which has been delayed (due out on 11/12/12) due to the number of clinicians involved in the investigation.
- 21 concerns were raised in quarter 3 with Gynaecology receiving 6. The themes are unsatisfactory treatment and attitude of medical staff. Postnatal received 3 concerns with the main theme being unsatisfactory care and treatment.
- The PALS department received 33 comments and enquiries for CSFS in Quarter 3 which were investigated, managed and responded to by the team.
- Total activity within the directorate was 9635 and of this number 0.06% raised a complaint.
- 2 action plans are outstanding from 1st April 2019 and the directorate have been chased for these.
- There were eight items of feedback posted on the NHS Website. All were positive and each scored their interaction with the hospital as five stars.
- The breakdown of the results from the fourth national children and young people's experience survey (CYP18) for children who had attended Salisbury District Hospital during November or December 2018 are presented. SFT scored 'better' than most other Trusts for 18 of the 65 individual questions. A Letter from the Chief Inspector of Hospitals, Care Quality Commission has highlighted the positive results for Salisbury. It is performing 'better than expected' for the experiences of children and young people aged 8 to 15.

Themes and actions

Q3 themes

Department/Ward	Topic	Actions
Postnatal	Unsatisfactory care & treatment	<p>The complainant received a refund of half of the cost of the amenity room; as financial redress. A robust cleaning schedule has now been established.</p> <p>Complaint training sessions will be included in the Maternity Care Assistants mandatory training. This will ensure that they have an increased awareness of Trust's values and behaviours by using storytelling as a way to share the impact of poor patient care.</p> <p>Staff cited in the complaints were asked to reflect on how their communications can directly affect the patients' experience.</p>

Feedback on actions from the previous quarter's themes

Q2 themes	Actions	updates
<p>Radiology – Unsatisfactory treatment and care and lack of relevant information given to patients.</p>	<p>(1) Review of information given to patients within CT/MRI & N/M. Both written and verbal.</p> <p>(2) Ensure that patients can here through intercoms. If no response then entre room when safe to speak to patient directly.</p> <p>(3) Patient information written to ensure clear understanding of aftercare following extravasation of contrast.</p> <p>(4) Planning Communication training for February governance from outside Trust.</p> <p>(5) Working with IT to see if MRI safety questionnaire can be completed electronically.</p>	<p>(1) + (3) CT/MRI & NM Leads have been asked to confirm review has been completed and action plan initiated at Radiology SMT 14th Jan. Should these be outstanding, Radiology Service Manager will take ownership and drive to conclusion by end of February</p> <p>(2) This has been completed. New patient headphones were purchased November 2019. Radiographers aware of need to ensure patient response and understanding throughout examination</p> <p>(4) External trainer has been booked and will give presentation to all available Radiology staff at Clinical Governance 7th February</p> <p>(5) No definitive answer from IT. MRI Lead to contact IT again, and to involve the new Clinical Liaison for Radiology.</p>
Q1 themes	All actions have been completed	

Compliments

70 compliments were received in Q3, the breakdown is as follows:

Bowel screening = 14, Endoscopy = 8, GP & Spinal x-ray = 1, Gynaecology = 5, Labour ward = 2, Pathology = 1, Maternity = 24, NICU = 8, Radiology = 2, SALT = 3, Sarum = 2.

Medicine Directorate

	Q3 2018-19	Q2 2019-20	Q3 2019-20
Complaints	13	15	16
Concerns	28	39	32
Compliments	258	308	292
Re-opened complaints	0	0	0
% complaints responded to within agreed timescale	53%	80%	55%
Complaints closed in this quarter	-	-	9
% concerns responded to within 25 working days	-	-	75%

- The Emergency Department received the most complaints (n=5) this quarter. The main theme is unsatisfactory clinical treatment.
- 3 complaint meetings were held in this quarter.
- There were 39 concerns raised in Quarter 2. The Emergency Department received the most concerns (n= 10); the main themes being attitude of medical staff and unsatisfactory nursing care.
- Response compliance in quarter 2 has improved significantly from previous quarters.
- In Quarter 2 PALS received 58 comments and enquiries for Medicine which were investigated, managed and responded to by PALS.
- Total activity within the directorate was 33972 and of this number 0.04% raised a complaint.
- The Complaints Co-ordinator is waiting for 8 outstanding action plans from Medicine directorate for closed complaints since 1st April 2019.
- The Complaints Lead is meeting with the directorate leads in Q4 to discuss and agree actions going forwards.

Themes and actions

Q3 themes		
Department/Ward	Topic	Actions
Emergency Department	Unsatisfactory treatment, misdiagnosis and communication. Unsatisfactory care and treatment.	1:1 with individuals in receipt of 3 complaints relating to attitude and behaviour. Changes to Senior meet structure to prioritise discussion of complaints and sharing learning x1 per month. Case reviews with staff to identify learning and ensure shared throughout the ward staff.
AMU and Spire ward	Unsatisfactory care and treatment.	Spire have increased their band 6 numbers (vacancies filled) and therefore presence on the ward with band 7 ensuring she is visible each day. Sharing of complaints with staff to ensure they appreciate impact of care on patients and relatives. Review of specific documentation areas to make it 'Easy to do well'. This is led through 'documentation meeting' and 'Share and learn'. It has led to new post falls check list, handover proforma review and currently review of skin bundles. Reminder to staff of property policy.
Feedback on actions from the previous quarter's themes		
Q2 themes	Actions	Updates
Emergency	To share complaints at next M&M and	As per Q3 – Changes to senior meeting

Department Unsatisfactory Clinical treatment and attitude of medical staff.	discuss how we can best manage complaints relating to unsatisfactory treatment.	structure to bring discussion about complaints and sharing learning to monthly.
Q1 themes	All actions have been completed	

Compliments

292 compliments were received in Quarter 3, the breakdown is as follows:

AMU = 17, Cardiology = 4, Durrington = 39, Emergency Department = 19, Farley = 70, Hospice = 73, Pembroke = 1, Pitton = 1, Redlynch = 14, SSEU = 1, Spire = 22, Tisbury = 20, Whiteparish = 11.

Musculoskeletal Directorate

	Q3 2018-19	Q2 2019-2020	Q3 2019-20
Complaints	10	8	12
Concerns	28	21	30
Compliments	49	29	58
Re-opened complaints	1	1	1
% complaints responded to within agreed timescale	20%	75%	50%
Complaints closed in Q3	-	-	6
% closed concerns responded to within 25 working days	-	-	52%

- The Orthopaedics Department received the most complaints quarter (n = 5). The main theme of these complaints was lack of communication.
- Two complaint meetings were held in this quarter,(one was for the re-opened complaint). Resolution has been reached with both meetings.
- There were 30 concerns raised in Quarter 3. The Orthopaedics Department received the most (n=8) with the main theme being operation cancelled following admission (n=2). Plastics received 5 concerns and Chilmark Suite received 4 concerns but there were no particular themes identified.
- The PALS department received 39 comments and enquiries for MSK in Quarter 3 which were investigated, managed and responded to by the team.
- The longest complaint outstanding was due on 20th November 2019 and a holding letter was sent on 16th December. The investigating manager is waiting for a statement from a different directorate manager.
- Total activity within the directorate was 15,034 and of this number 0.08% raised a complaint.
- The Complaints Co-ordinator is waiting for 9 outstanding action plans for the MSK directorate from closed complaints since 1st April 2019.

Themes and actions

Q3 themes		
Department/Ward	Topic	Actions
Orthopaedics Department	Lack of communication Operations being cancelled following admission	Learning regarding communication has been shared with the team where appropriate.
Feedback on actions from the previous quarter's themes		
Q2	Topic	Updates
Orthopaedics – no clear themes Dermatology – delay in	Ensure communication is clear with patients in order to manage	Action Plan forms part of the Intensive Support action plan which has now been shared with the Executive Team.

receiving appointment	their expectations. DMT action plan being developed as a result of the Skin Summit.	As a result of actions already put in place, the longest wait has decreased from 83 weeks at 16 th December, to 63 weeks at 9 th January. The length continues to decrease and it is expected that all appointments will be booked to take place within 45 weeks by September 2020.
Q1	Actions	Updates
Orthodontics	Clinician behaviour	JW/AMc met with locum consultant. Agreed action plan and review progress - complete.
T&O	Clinical treatment	Reviewed cases for themes – no themes identified

Compliments

58 compliments were received in Quarter 3, the breakdown is as follows:

Amesbury ward = 14, Chilmark Ward = 12, Odstock Ward = 12, Wessex Rehab = 12, Orthopaedics = 4, Plastics Department = 3, Oral/Maxillofacial = 1.

Surgical Directorate

	Q3 2018-19	Q2 2019-20	Q3 2019-20
Complaints	11	4	2
Concerns	18	23	27
Compliments	171	95	190
Re-opened complaints & concerns	1	2	6
% closed complaints responded to within agreed timescale	9%	25%	0%
Complaints closed in this quarter	-	-	2
% closed concerns responded to within 25 working days	-	-	71%

- There were 2 complaints received this quarter with no particular theme.
- There was 1 concern meeting held in this quarter and resolution has been reached with the meeting.
- There were 27 concerns raised in Quarter 3. The General Surgery Department received the most (n=8) and the main theme was Delayed/Cancelled Appointment (3 concerns) and Unsatisfactory Treatment (3 concerns). Central Booking received 4 concerns, 2 of these were due to a delayed Appointment. Across the Directorate the main theme is Cancelled/Delayed Operation/Appointment with 7 cases.
- There were 6 cases re-opened, of these 2 were complaints and 4 were concerns. Of these, 4 were unhappy with the response received, 1 wanted an appointment expedited and 1 raised additional queries.
- The PALS department received 50 comments and enquiries for Surgery in Quarter 3 which were investigated, managed and responded to by the team.
- The longest complaint outstanding was due on 8th November 2019 and this was due to confusion about which directorate it fell under and it not being passed to Surgery to respond to until after the deadline. The Head of Nursing for Medicine has spoken to the complainant and given them an update on the case.
- Total activity within the directorate was 15,491 and of this number 0.02% raised a complaint.
- The Complaints Co-ordinator is waiting for 1 outstanding action plan from closed complaints since 1st April 2019 for the Surgery directorate. This has been chased.

Themes and actions

Q3 themes		
Department/Ward	Topic	Actions
General Surgery	Delay/Cancelled Appointments	No action necessary – delays due to 1) emergency case taking precedent; 2) not receiving letter from UHS; 3) clinic outcome form not being sent to

		Central Booking.
General Surgery	Unsatisfactory Treatment	No action necessary – patients in all three cases have been referred to specialists in other hospitals for a second opinion/treatment.
Central Booking	Delayed Appointment	<p>One of two cases was due to capacity issues within the specialty. This is an ongoing issue; please see actions from Q2 below.</p> <p>The other delay case was due to the outcome form not getting to Central Booking from ENT. This is a manual process and is currently an accepted risk due to the way the paper forms are processed and that the number of errors are low in comparison to the volume of outcome forms processed.</p> <p>Plans are in place to convert this to an electronic process to reduce the likelihood of paper outcome forms being lost in transit from the clinic to Central Booking, however this is a large piece of work that is currently with IT for development and we have no planned timeframe for completion of this.</p>
Directorate-wide	Rescheduled/Cancelled Appointments booked through ERS due to the wrong Clinic/Clinician being selected	ENT & Urology have gone live with triaging referrals made via the NHS e-Referral Service prior to the referral being allocated an appointment, to ensure that the appointment is made in the most appropriate clinic. Historically Central Booking would allocate an appointment and then send the referral to the speciality for triaging and this sometimes resulted in changes to some appointments due to the incorrect clinic/clinician being selected in the first instance. Paediatrics and Diabetes will be next to adopt this process change.

Feedback on actions from the previous quarter's themes

Q2 (2019/20) themes	Actions	Updates
Central Booking – appointment dates	Central Booking unable to book appointments in time due to capacity pressures in clinical areas meaning there aren't appointments available. These are escalated to the department heads of the areas involved and discussed regularly to clinically triage those waiting and add extra clinics and appointments wherever possible.	This is ongoing.
DSU – Delayed complaint responses	Staffing pressures (two key members of staff being on sick leave, one long term sick) have meant that there were delays to investigations into complaints which caused the complaint	Currently only one concern involving DSU is open, due to it being received very recently and the investigation currently being undertaken. All other outstanding cases involving DSU have

response to be sent after the agreed deadline. This has been escalated to the DMT and the Theatres Operational Manager is now sited within the DSU full time. Complaint cases will be copied to the Theatres Operational Manager and the Directorate Matron to assist the DSU Managers and ensure compliance with complaint response times in future.

been closed.

Compliments

190 compliments were received in Quarter 3, the breakdown is as follows:

Radnor Ward = 77, Britford Ward = 56, Downton Ward = 45, Urology = 3, Breamore Ward = 2, DSU = 2, Eye Clinic = 1, ENT = 1, Pre-op = 1, Lymphoedema Clinic = 1, Med/Surg O/P = 1

4. Parliamentary and Health Service Ombudsman (PHSO)

In this quarter, the PHSO received two new requests for independent review. Following the Ombudsman's initial review of the cases, the Trust has received notification that they will proceed to formally investigate one of the requests.

Completed actions

- Lost property has been a theme recently and whilst lost property is now managed by PALS the process had not formally been defined. A new policy that more clearly outlines the roles and responsibilities for found and reclaimed property has been approved in Q3 and will be ratified in Q4.

For the first time the PHSO has published data about their recommendations [for upheld and partially upheld cases](#). They have also published a [data table](#) of complaints received, assessed and investigated about NHS Organisations. This data will be published every quarter alongside their existing [health complaints statistics report](#).

5. Trust wide feedback

Two Friends and Family Test responses named the same member of staff in negative feedback (on the same day). The feedback was shared immediately with the senior lead who has taken this forward with the member of staff.

PATIENTS SURVEYED

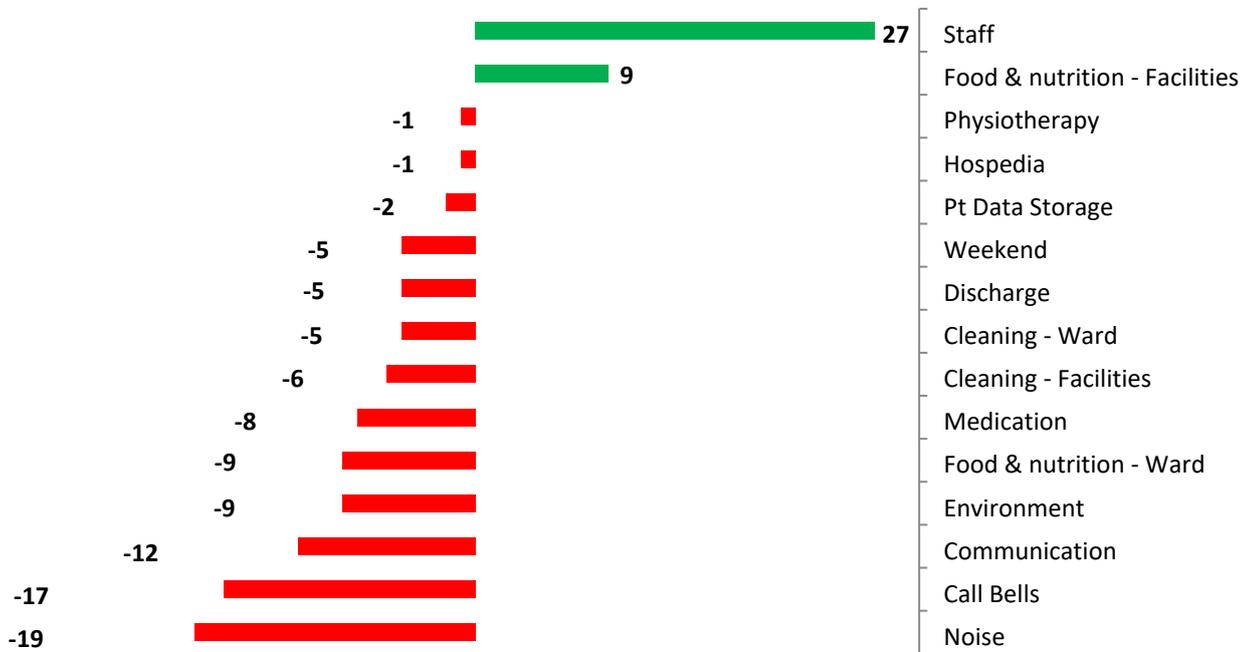
A total of 2,548 patients provided feedback during the quarter through national patient surveys, real-time feedback (eRTF) and the Friends and Family Test (FFT). This is less than the previous quarter (Q2 – 3,486). The decrease is across all areas of feedback.

REAL-TIME FEEDBACK

INPATIENTS

"This is a happy hospital."

A total of 168 inpatients were surveyed in the quarter. They made 146 positive comments and shared 173 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph overleaf.



The largest area of positive comments related to staff (44 positive against 17 negative).

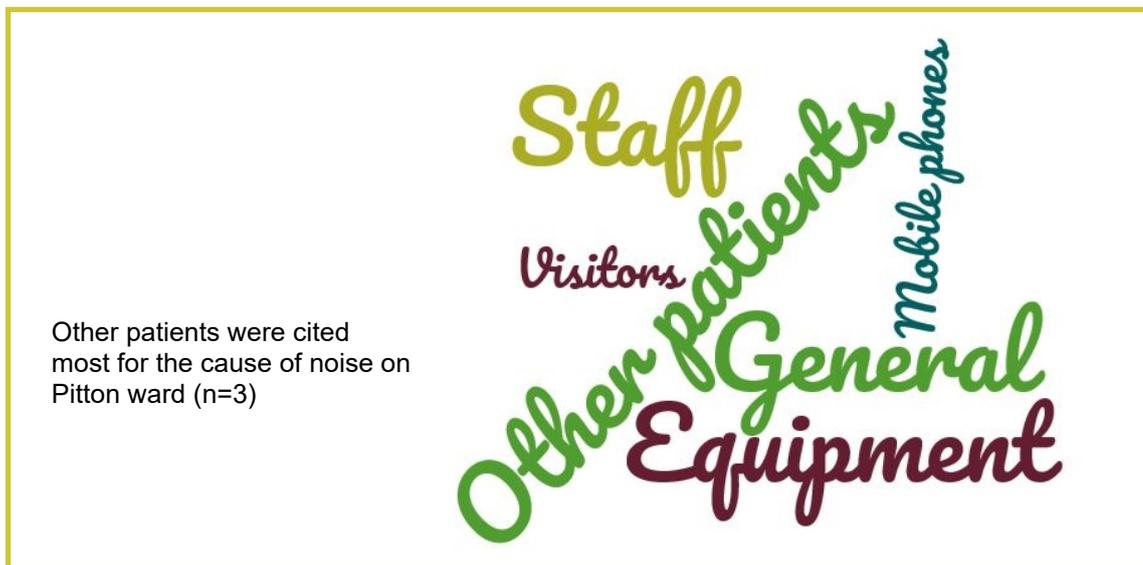
The main areas of concern were noise, response to call bells and communication.

Noise

Ten positive and 29 negative comments were made regarding noise.

“Some visitors stay very late. There was a family with four children one night.

Patients use mobile phones very late.”



Call Bells

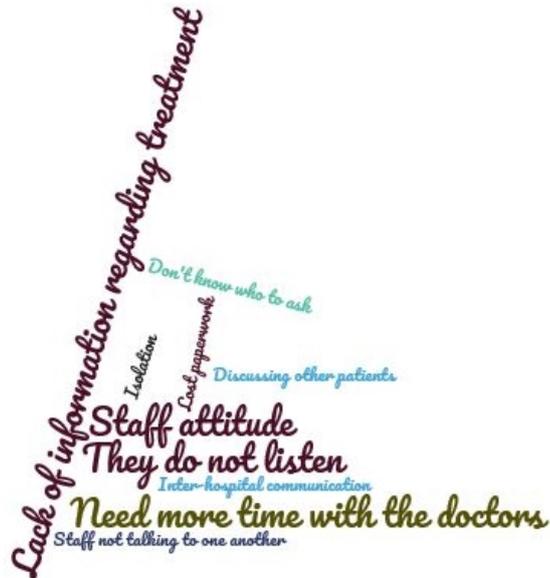
Eight positive and 25 negative comments were made regarding response to call bells.

“It can take a while to get assistance. They are extremely busy. I have heard that I am a low priority. I was left on the bedpan which was very uncomfortable and I was in tears.”

Communication

Seven positive and 19 negative comments were made regarding communication.

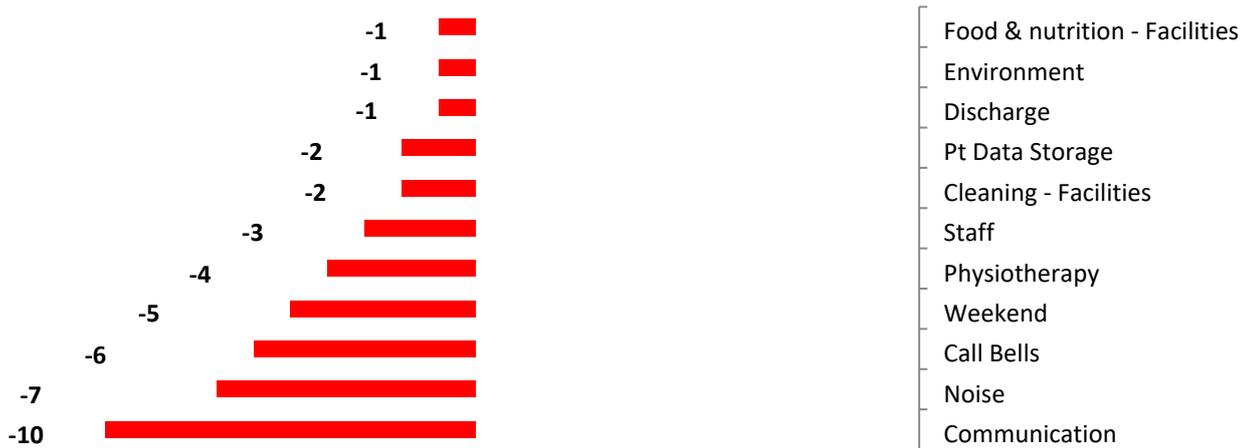
Lack of information regarding treatment was cited most across five areas of the Trust (n=5)



Spinal

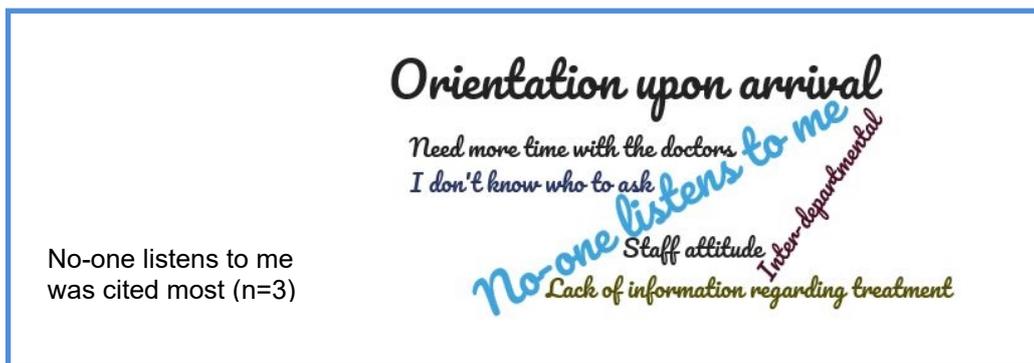
“The staff are lovely. Those involved in my care could not work harder for me.”

A total of 17 patients were surveyed in the quarter. They made seven positive comments and shared 50 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main area of concern was communication (0 positive against 10 negative).

“I have concerns about my catheter and how it will be dealt with going forward. It seems that they have decided to do something without consulting me about timing. I need time to think about it.”

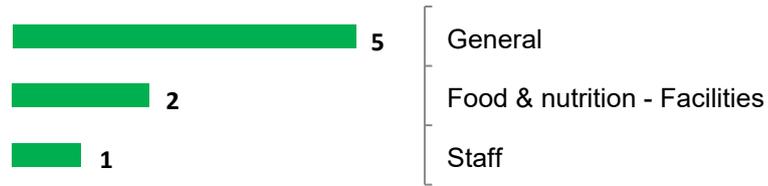


No-one listens to me was cited most (n=3)

Maternity

“We hear good things about the hospital.”

Eight new mothers were surveyed in the quarter. They made six positive comments and no suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.

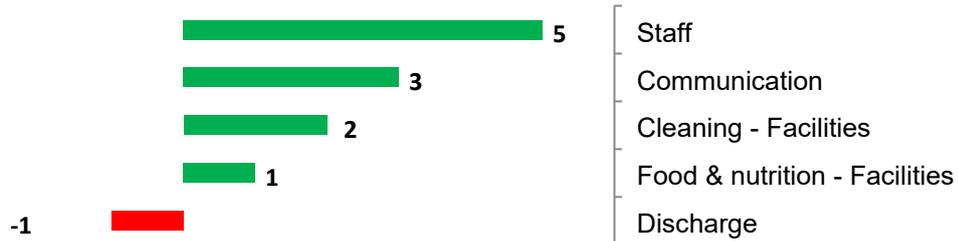


The largest area of positive comments related to general observations about the service (5 positive).

Paediatrics

“The welcome I received when I came here was fantastic.”

A total of 10 adults or carers and 5 children were surveyed during the period. They made 5 positive comments and shared 3 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The largest area of positive comments related to staff (5 positive against 0 negative).

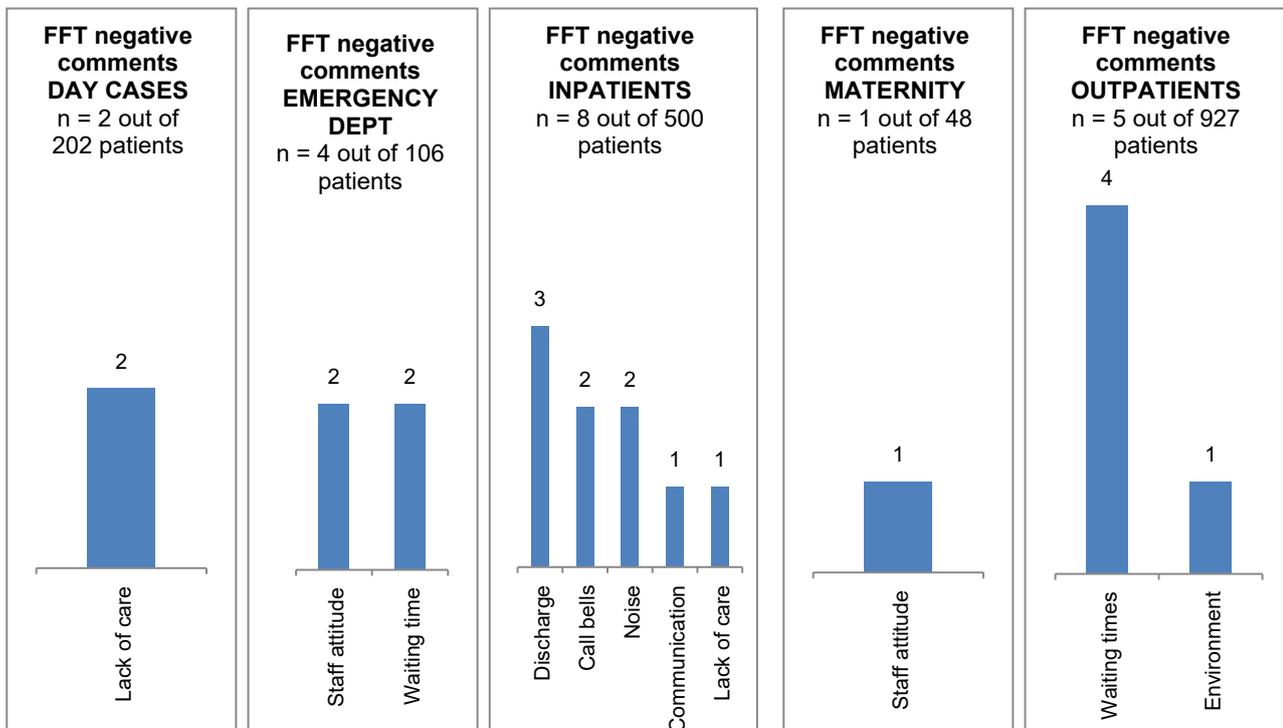
FRIENDS AND FAMILY TEST

“The care and compassion I have received has been beyond reproach. All the staff, day and night, have been kind in difficult circumstances.”

Responses for the quarter are set out in the table below.

	Total Responses Received	Rating											
		Extremely Likely		Likely		Neither likely nor unlikely		Unlikely		Extremely Unlikely		Don't know	
Day Case	202	194	96%	6	3%	1	0.5%	0		1	0.5	0	
Emer Dept	106	91	86%	9	8%	1	1%	2	2%	2	2%	1	1%
Inpatients	500	425	85%	52	10%	14	3%	5	1%	2	0.5%	2	0.5%
Maternity	48	45	93%	2	4%	0		0		1	2%	0	
Outpatients	927	872	94%	39	4%	8	1%	1	0%	3	0.5%	4	0.5%

Comments made between October and December by those patients who stated they would be unlikely or extremely unlikely to recommend the hospital have been categorised as set out in the graphs below.



“I was told there would be two weeks of support [post discharge], had to deal with things myself.”

The numbers are too low to identify any main areas of concern.

PATIENT AND PUBLIC INVOLVEMENT – NATIONAL SURVEYS

The results of two national surveys were published within the reporting period and one survey was in progress.

URGENT AND EMERGENCY CARE (UEC) 2018

The Trust participated in the seventh national urgent and emergency care survey (UEC18) between October 2018 and March 2019 for patients who attended the Emergency Department during September 2018. The results were published on 23 October 2019 and the headline information for Salisbury is available on the Care Quality Commission’s website at: <https://www.cqc.org.uk/provider/RNZ/survey/4>

The benchmark report is available on the NHS Surveys website at:

https://nhssurveys.org/wp-content/surveys/03-urgent-emergency-care/05-benchmarks-reports/2018/Salisbury%20NHS%20Foundation%20Trust_T1.pdf

SFT scored ‘better’ than most other Trusts in one of the nine overall sections:-

- Respect and dignity (9.5)

SFT scored ‘better’ than most other Trusts for eight of the 36 individual questions, one being amongst the highest scoring of all Trusts as indicated in **bold** text:-

- **Overall, did you feel you were treated with respect and dignity while you were in A&E? (9.5)**
- Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you? (9.2)
- Did a member of staff explain the results of the tests in a way you could understand? (9.2)
- Did a member of staff explain why you needed test(s) in a way you could understand? (9.1)
- While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand? (8.7)
- Before you left A&E, did you get the results of your tests? (8.6)
- If you needed attention, were you able to get a member of medical or nursing staff to help you? (8.5)

When compared with its own results for 2016 when the survey was last undertaken, SFT showed a statistically significant decrease in results for five of the questions.

- Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car? (5.4 from 6.7)

- How long did you wait before you first spoke to a nurse or doctor? (6.1 from 6.6)
- Overall, how long did your visit to A&E last? (7.4 from 7.9)
- While you were in A&E, how much information about your condition or treatment was given to you? (8.8 from 9.2)
- In your opinion, how clean was the A&E department? (8.9 from 9.1)

CHILDREN AND YOUNG PEOPLE (CYP) 2018

The Trust participated in the fourth national children and young people's experience survey (CYP18) between February and June 2019 for children who had attended Salisbury District Hospital during November or December 2018 either as a day case (DC) or inpatient (IP). The results were published on 19 November 2019 and the headline information is available on the Care Quality Commission's website at:

<https://www.cqc.org.uk/publications/surveys/children-young-peoples-survey-2018>

The benchmark report for SFT is available on the NHS Surveys website at:

<https://nhssurveys.org/wp-content/surveys/01-children-patient-experience/05-benchmarks-reports/2018/Salisbury%20NHS%20Foundation%20Trust.pdf>

SFT scored 'better' than most other Trusts for 18 of the 65 individual questions:-

Children/young people aged 8 to 15 were asked:

- Did you like the hospital food? (8.2)
- Was it quiet enough for you to sleep when needed in the hospital? (8.3)
- Were you given enough privacy when you were receiving care and treatment? (9.6)

Young people aged 12 to 15 were asked:

- Was the ward suitable for someone of your age? (9.1)

Parents/carers of 0 to 7 year olds were asked:

- If your child used the hospital Wi-Fi to entertain themselves, was it good enough to do what they wanted? (7.5)

Parents/carers of 0 to 7 year olds were asked:

- Did members of staff treating your child communicate with them in a way that your child could understand? (8.4)

Parents/carers of 0 to 15 year olds were asked:

- Did a member of staff agree a plan for your child's care with you? (9.7)
- Did you have confidence and trust in the members of staff treating your child? (9.4)

Parents/carers of 0 to 15 year olds were asked:

- Did you have access to hot drinks facilities in the hospital? (9.3)
- How would you rate the facilities for parents or carers staying overnight? (8.2)

Children/young people aged 8 to 15 were asked:

- Before the operations or procedures, did hospital staff explain to you what would be done? (9.9)

Parents/carers of 0 to 15 year olds were asked:

- Before your child had any operations or procedures did a member of staff explain to you what would be done? (9.8)
- Afterwards, did staff explain to you how the operations or procedures had gone? (9.3)

Parents/carers of 0 to 7 year olds were asked:

- Did a member of staff tell you who to talk to if you were worried about your child when you got home? (9.3)

Parents/carers of 0 to 15 year olds were asked:

- Did a staff member give you advice about caring for your child after you went home? (9.1)

Children/young people aged 8 to 15 were asked:

- Do you feel that the people looking after you were friendly? (9.8)
- Overall, how well do you think you were looked after in hospital? (9.6)

Parents/carers of 0 to 15 year olds were asked:

- Overall experience (9.0)

SFT scored 'worse' than most other Trusts for one of the questions relating to the suitability of the ward the child stayed on (9.2). Most of the parents/carers who responded 'an adult ward' had children who were treated in the Day Surgery Unit. Two respondents stated 'an adult ward' but our records state that the child was on Sarum ward.

When compared with its own results for 2016 when the survey was last undertaken, SFT showed a statistically significant decrease for three questions:-

- Did new members of staff treating your child introduce themselves? (8.8 compared with 9.5)
- Were you able to ask staff any questions you had about your child's care? (9.1 compared with 9.5)
- Were you able to prepare food in the hospital if you wanted to? (6.6 compared with 7.7)

Letter from the Chief Inspector of Hospitals, Care Quality Commission

Professor Ted Baker, Chief Inspector of Hospitals – CQC, has highlighted the positive results for Salisbury. It performing 'better than expected' for the experiences of children and young people aged 8 to 15. This is because, for this age group, the proportion of respondents who answered positively to questions about their care, across the entire survey, was significantly above the Trust average.

A similar letter was received at the end of the 2016 survey.

INPATIENT SURVEY (IP) 2019

The national inpatient survey 2019 is in progress. Fieldwork ended on 10 January and the results will be published in the summer of 2020.

ACTION TAKEN ON AREAS OF CONCERN

Wards, the Emergency Department and Maternity, have action plans in place to address the main areas of concern in their location. Progress is monitored via the Trust's Matrons Monitoring Group and is overseen by the Clinical Management Board.

6. Health Watch Wiltshire feedback

Regular meetings are held between PALS and Health Watch Wiltshire. Feedback from Q1 and Q2 included 8 reports on care at Salisbury Hospital. There was an equal split between positive and negative comments

- The theme for negative comments was appointments (waiting for an appointment to be sent, cancelled appointment and length of time waiting in the waiting room). A theme within these is access to physiotherapy outpatients.
- Positive comments were received around care in the Emergency Department and Children's outpatients. The others were positive comments regarding experience of care throughout the hospital.

7. Translation and Interpretation

This quarter's most frequently used languages for face-to-face interpreting (used on 42 occasions):

- Polish 33% = 10 Bengali 29% = 5 Arabic 10% = 5

Total spend for face-to-face interpreting this quarter = £7993.95

The areas where interpretation was used most often are:

- Endoscopy = 42% Plastic Oral surgery = 7% Farley Ward = 7%

British Sign Language was used on 24 occasions this quarter with a total spend of £3053.60

The Procurement team are working on a new tender for Translation Services and an update on progress will be presented here in due course.

8. Patient Stories

Patient stories are taken to every public Board meeting. The Trust's website is due for complete re-design (due for completion in October 2020) and will include a private section where patient stories can be posted for staff to access for individual/team learning.

9. Patient and public involvement (PPI)

Q3 update on our patient and public experience and involvement priorities 2019 – 2022:

1. Communication

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients their families and their carers

- A signposting card for young people and their carers is ready to be tested with the intended audience. A focus group is being held in Q4 with Wiltshire college students.
- Attend Anywhere clinic roll-out continues. Speech and Language Therapy are trialling it in Q4. We are also working with the PMO to highlight this option to the Mencap Treat me well campaign meeting members and taking a demo of the system to a local Carers event in Q1 20/21.
- The new national friends and family test (FFT) questions have been agreed and data currently held on departments that gather this feedback is being cleaned and updated ready for new questions in Q1 20/21. All ward and outpatient areas are being asked to update their distribution lists. In response to NHSE's advice that we should be proactive and set up systems to collect feedback at specific times by sending an invitation text following routine appointments; a meeting with key stakeholders is being held in Q4.
- Communication passports for vulnerable patients have been shared with external partners and key departments within the organisation. The idea is that the passport describes the optimal way in which the person likes to be communicated with and therefore may help safety critical conversations such as the conversations that take place when they become unwell, are deteriorating and may be transitioning between care settings. Early feedback suggests that the new passport may not be as helpful as thought and that existing initiatives (such as Learning Disability passports and as the Care Card) already in use in the organisation, may be of more help here.
- Patients have been found who want to work with us on improving our external facing website. When the new website is ready to be tested we will hold workshops with patients/general public/volunteers (Carers Support Wiltshire and Health Watch have already agreed to help us with this).

2. Working together

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved

- We are making new use of our friends and family data by providing Comms with feedback for their Friday Feedback feature on social media when needed. These comments are also being displayed on our communication boards on all wards.
- PALS are continuing to work with the Defence Medical Welfare Service and raising awareness of the help that they can provide veterans throughout the hospital.
- PALS are working with Engage and Helpforce to see if Engage can be rolled out to other organisations.

3. Outstanding care

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff

- We are working with two wards to gather feedback from patients on their experiences noise at night and look to co-creating some solutions to the problem.
- PALS are working with ArtCare on the Birthing Centre project. Requests for patients to engage with us on this piece of work have been put out on social media and shared more widely by Health Watch Wiltshire. A workshop has been organised for Q4.
- PALS are working with the Spinal Unit to gather feedback and engage with past and present patients in the improvement works.
- The PALS hotboards have all been updated with patient/family and where improvement work has been completed 'You said – We did' feedback is displayed.

PPI Projects are shared on the following web page on the Intranet:

<http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/index.asp>

The PPI toolkit is available here: <https://viewer.microguide.global/guide/1000000334#content,1df17a5a-25ee-4524-ab5e-96031930d247>

10. Social media

NHS Website feedback

There were eight items of feedback posted on the NHS Website. All were positive and each scored their interaction with the hospital as five stars.

Areas complemented were:

- Day surgery (received two positive comments)
- Eye Clinic
- Gynaecology
- Orthopaedic outpatients
- ED
- Day surgery
- Breast Unit
- Outpatients

An example is:

The staff were amazing, so kind, respectful and caring! They explained everything before it happened! The XRay staff, nurses, doctors and surgeons were all brilliant! Oh not forgetting the superb ambulance staff! - Keep up the amazing work, you made a terrible experience easier to cope with!

Facebook

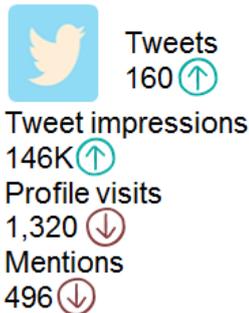
- **62** positive comments – majority generated from weekly staff interviews.
- **Zero** negative comments
- **6** positive reviews.

An example of a positive comment is:

'I have nothing but praise for SDH You looked after my dad when he had a gangrenous gallbladder. You looked after me with my 2 births; 1 a still born. My son. My gall bladder removal. My SVT. My Husband. Thank you x x'

Other social media

November 2019



This weekend our patients can watch the Rugby World Cup Final for free on Saturday morning, following permanent changes to our bedside terminals. No sign-on needed for TV! #RugbyWorldCupFinal pic.twitter.com/nhPtcX7Lkp

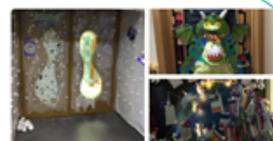


Used social media to share important information for staff to bring to the attention of patients.

December 2019



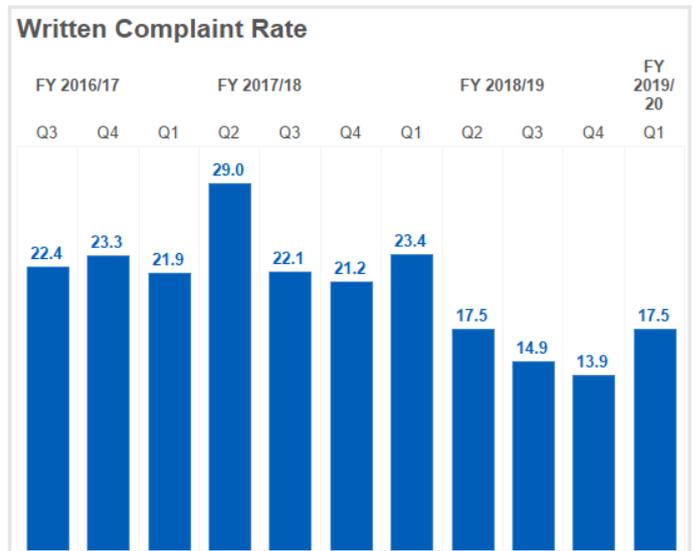
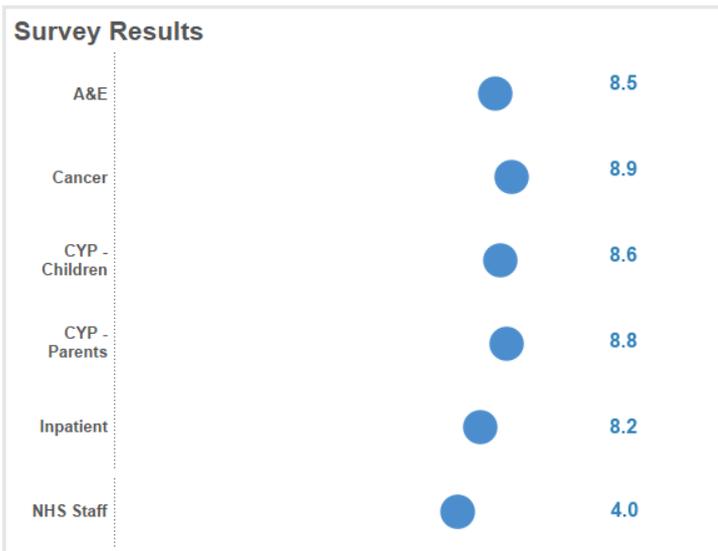
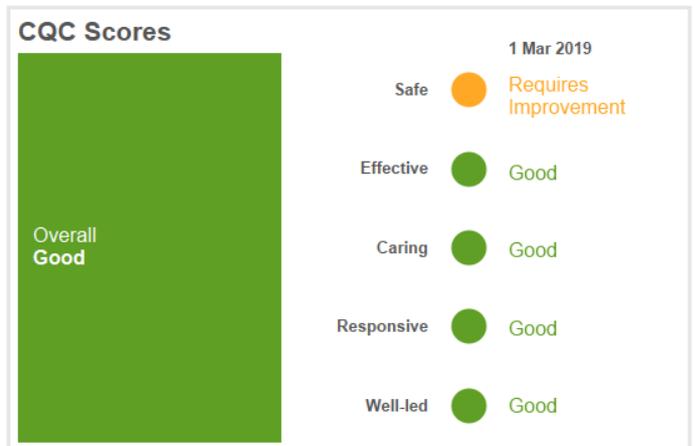
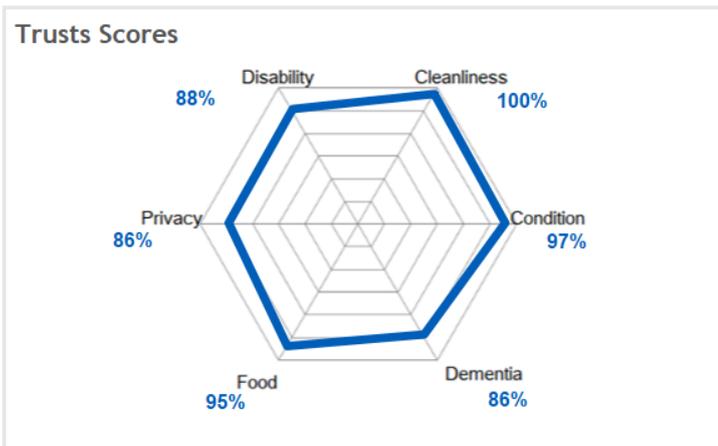
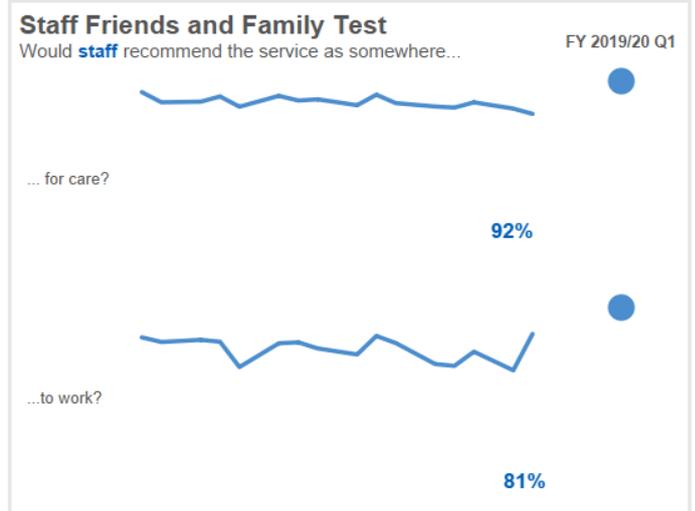
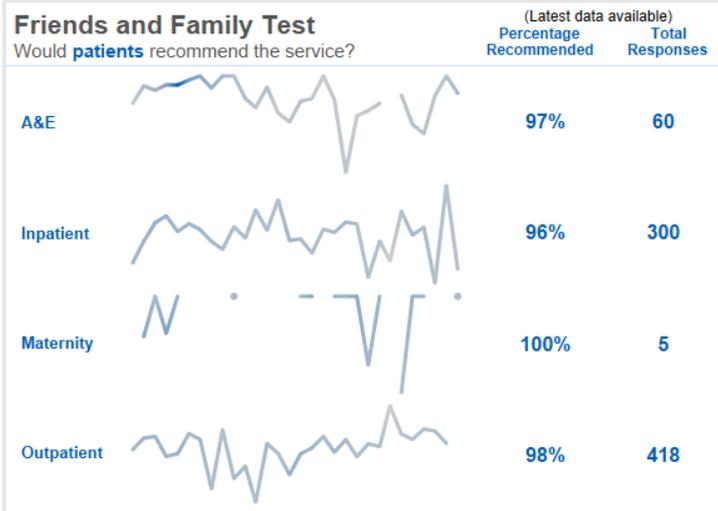
Well done to all our entries for the best dressed Christmas door competition in support of @StarsAppeal. With 37 entries the standard has been really high, but these are the shortlist! The winner will be chosen by @SpireFM on Friday! pic.twitter.com/8aldPVUNsw



Used social media to share festive activities such as the electronic advent calendar, Christmas door competition, Spire FM mince pie run etc.

Patient Experience Headlines

for Salisbury NHS Foundation Trust



* indicates suppressed numbers due to a small number of responses