

Mr Andrew Haigh
Chairman

Direct Line: 01422 222595
Email: andrew.haigh@cht.nhs.uk

The Royal Infirmary
Lindley
Huddersfield HD3 3EA

Ref: AH/KB

30 October 2013

To:- Membership Councillors

Dear Colleague

**FORMAL AND INFORMAL MEMBERSHIP COUNCIL MEETING –
WEDNESDAY 6 NOVEMBER 2013 – LARGE TRAINING ROOM,
LEARNING CENTRE, CALDERDALE ROYAL HOSPITAL**

I am writing to remind Membership Councillors that I will be available for any informal discussion with interested Membership Councillors prior to the formal meeting at **3.00 pm** to be held in the Large Training Room, Learning Centre, CRH.

I attach the agenda and associated papers for the formal meeting on 6 November 2013 commencing at 4.00 pm in the Large Training Room, Learning Centre, CRH.

I hope that as many as possible will be able to join us.

Yours sincerely



Andrew Haigh
Chairman

MEMBERSHIP COUNCIL MEETING

A meeting of the Calderdale & Huddersfield NHS Foundation Trust Membership Council will take place on Wednesday 6 November 2013 commencing at 4.00 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital

A G E N D A

1	APOLOGIES FOR ABSENCE:- Owen Williams, John Playle, Keith Griffiths (Chris Benham to attend), Julie Hull Welcome to: Mrs Jan Wilson, Non Executive Director & Vice Chairman		
2	To <u>approve</u> the MINUTES OF THE LAST MEETING held on Wednesday 3 July 2013	AH	APP A
3	MATTERS ARISING		
4	To <u>receive</u> a presentation from Mrs Jillian Burrows, Senior Manager, KPMG, External Auditors RE: ANNUAL AUDIT LETTER 2013/14	Jillian Burrows	APP B
5	To <u>receive</u> details of the TRUST FINANCIAL (including Financial Risk Rating) AND SERVICE PERFORMANCE	CB/LH	APP C
6	To <u>receive</u> the CHAIRMAN'S REPORT <ul style="list-style-type: none"> a. DoN Appointment b. Company Secretary Appointment c. Chairs Information Exchange Meeting – 22.10.13 d. Update on Streamlining Board Governance Task & Finish Group 	AH AH AH/RM AH	VERBAL VERBAL APP D VERBAL
7	CONSTITUTION: <ul style="list-style-type: none"> a. To <u>agree</u> the CONSTITUTIONAL REVIEW UPDATE 	AH	APP E

	<p>b. To <u>receive</u> the MEMBERSHIP COUNCIL REGISTER – RESIGNATIONS/ APPOINTMENTS</p> <p>c. To <u>receive</u> the updated REGISTER OF INTERESTS/DECLARATION OF INTEREST</p>	<p>AH</p> <p>AH</p>	<p>APP F</p> <p>APP G</p>
8	To <u>receive</u> an update from Dr Barbara Crosse, Medical Director CARE OF THE ACUTELY ILL PATIENT	BC	APP H
9	<p>To <u>receive and action</u> as appropriate the following FAST-TRACK ITEMS:</p> <p>a. Updated Membership Council Calendar 2013 & Allocation of MCs to Sub Groups/Committees</p> <p>b. Monitor publication - Your statutory duties – A reference guide for NHS Foundation Trust Governors August 2013</p>	RM	<p>APP I</p> <p><i>TO BE TABLED</i></p>
10	Any Others Business		
11	Date and time of next meetings: Monday 20 January 2014 – commencing at 4.00 pm – Boardroom, Huddersfield Royal Infirmary		

**MINUTES OF THE FOUNDATION TRUST COUNCIL MEMBERS MEETING HELD ON
WEDNESDAY 3 JULY 2013 IN THE BOARDROOM, HRI**

PRESENT:

Andrew Haigh	-	Chair
Owen Williams	-	Chief Executive (part of meeting)
Martin Urmston	-	Public elected – Constituency 1
Linda Wild	-	Public elected – Constituency 2 (part of meeting)
Harjinder Singh Sandhu	-	Public elected – Constituency 2
Peter Middleton	-	Public elected – Constituency 3
Wendy Wood	-	Public elected – Constituency 3
Christine Breare	-	Public elected – Constituency 4
Johanna Turner	-	Public elected – Constituency 6
Liz Schofield	-	Public elected – Constituency 7
Kate Wileman	-	Public elected – Constituency 7
Janette Roberts	-	Public elected – Constituency 8
Andrew Sykes	-	Public elected – Constituency 8
Avril Henson	-	Staff-elected – Constituency 10
Eileen Hamer	-	Staff-elected – Constituency 11
Bob Metcalfe	-	Nominated Stakeholder – Calderdale Metropolitan Council
Dawn Stephenson	-	Nominated Stakeholder – SWYPFT
John Playle	-	Nominated Stakeholder – Uni. of Hudds.

IN ATTENDANCE:

David Anderson	-	Non Executive Director
Kathy Bray	-	Board Secretary
Alison Fisher	-	Non Executive Director
Keith Griffiths	-	Director of Finance (part of meeting)
Jane Hanson	-	Non Executive Director (part of meeting)
Julie Hull	-	Director of Workforce & Organisational Development
Ruth Mason	-	Associate Director of Engagement & Inclusion
Catherine Riley	-	Assistant Director - for Lesley Hill (part of meeting)
Bob Mortimer	-	Observer – SWYPFT

14/13 APOLOGIES:

Apologies for absence were received from:

Bernard Pierce	-	Public elected – Constituency 1
Marlene Chambers	-	Public elected – Constituency 4
Lisa Francis	-	Public elected – Constituency 5
Vic Siswick	-	Public elected – Constituency 5
Lisa Francis	-	
Francis	-	Public elected – Constituency 5

Mary Kiely	-	Staff elected – Constituency 9
Liz Farnell	-	Staff-elected – Constituency 12
Julie Couldwell	-	Staff-elected – Constituency 13
Chris Bentley	-	Staff-elected – Constituency 13
Sue Cannon	-	Nominated Stakeholder, NHS Calderdale
Jan Giles	-	Nominated Stakeholder, Kirklees PCT
Lesley Hill	-	Director of Planning, Performance, Estates & Facilities
Helen Thomson	-	Director of Nursing
Barbara Crosse	-	Medical Director

The Chair welcomed all Membership Councillors and the Non Executive Director observers to the meeting.

15/13 NURSE STAFFING RATIOS

Jackie Murphy, Deputy Director of Nursing attended the meeting to present to the Membership Council “The Right Nurse Staffing”. The presentation outlined the impact of nurse staffing on patient conditions, the regulatory context and the Trust’s approach.

The presentation outlined the various benchmarking work which had been undertaken in recent years and the common tools used in the UK were noted:

- Professional judgement
- Nurse per occupied bed
- Acuity/quality method
- Dependency scores
- Timed task/activity approaches
- Northwich Park dependency tool (rehab)

Jackie reported that data is collected from each area over 20 consecutive days, 3 times a year. The nursing establishments are reviewed annually and triangulated with nursing metrics and professional judgement. On a daily basis data is collected at the same time each day by the nurse responsible for the patients care and the patient is classified using the Acuity Tool to enable the conversion into a whole time equivalent staffing requirement.

The challenges and benefits of achieving the right staffing ratios were discussed. It was emphasised that this cannot be viewed on its own and staffing needed to be considered alongside nurse quality indicators, patient flow – admissions, discharges and transfers as well as professional judgement.

Discussion took place regarding acuity at night and that further work to understand this was being undertaken. The perception of patients regarding nurse staffing needed to be taken into account and it was acknowledged that the geographical layout of some areas did not lend themselves to good visibility of all patients.

It was questioned whether a model was available for Therapy and Community staff, but at this stage no models had been developed nationally.

The Membership Council thanked Jackie for her informative and interesting presentation.

16/13 STAFF ENGAGEMENT STRATEGY

Julie Hull, Director of Personnel and Development outlined the contents of the Engagement Strategy. It was noted that this was being presented to all staff and was as a result of work which had been undertaken over the last 15 months to set the direction of travel for the Trust. The strategy was based on the strategic themes and underpinned by the vision and mission “Your Care, Our Concern”. The delivery of the engagement strategy was about ‘having the courage to put the Patient first’. It was noted that the four key enablers were:

- Strategic narrative
- Engaging managers
- Employee voice
- Integrity

The key areas of the staff engagement strategy were:

- Business context, culture and communications
- Learning and development
- Management development
- Innovation and promoting the challenge of continuous improvement
- Skill for engagement
- Build morale and wellbeing
- People management processes

The strategy consisted of 4 pillars and examples of what we want to see and what we don’t want to see were included within the presentation. The 4 pillars were:-

1. **We put the patient first** – we stand in the patient’s shoes and design services which eliminate unproductive time for the patient
2. **We “go see”** – We test and challenge assumptions and make decisions based on real time data
3. **We work together to get results** – We co-create change with staff and partners creating solutions which work across the full patient journey
4. **We do the must-do’s** – We consistently comply with a few simple rules that allow us to thrive.

All staff would be encouraged to promote the behaviours in the framework and challenge others to do so.

The success of the strategy would be measured through existing frameworks:- Investors in People Report, Staff Survey, Internal responses to the Francis Report,

staff focus groups, workshops and interviews, external stakeholder survey and the existing missions, vision and values.

Julie Hull reported on a recent visit to Salford Royal Hospital NHS FT and reference was made to the good work undertaken by them around staff engagement and their claim 'staff have chosen us as best employers', a vision that the Trust aspired to.

Julie Hull advised that this presentation was being amended following presentations to staff and she welcomed any further comments from the Membership Council.

The Membership Council thanked Julie Hull for the update and strongly supported the strategy going forward. It was agreed that a copy of the presentation would be circulated with the minutes.

ACTION: KB

Dawn Stephenson reported that similar work had been undertaken at South West Yorkshire Partnership NHS FT and it was agreed that the two organisations would share their work.

ACTION: DS/JRH

17/13 MINUTES OF LAST MEETINGS

The minutes of the last meeting held on Tuesday 2 April 2013 were accepted as a correct record.

18/13 MATTERS ARISING

DNA (Did Not Attend) Appointments – Following the query raised by the Membership Councillors as to whether difficulties in car parking had contributed to the level of non-attendance, Catherine Riley confirmed that from the work undertaken this did not appear to be a factor in the increasing number of patients who DNA.

19/13 TRUST FINANCIAL AND SERVICE PERFORMANCE REPORT

On behalf of Lesley Hill, Catherine Riley presented the service performance report as at the end of May 2013. The key issues of concern were noted:-

HSMR (Hospital Standardised Mortality Rate) - The average ratio was 100. The rebased figure for CHFT for April to March 2013 was 104. More work was being undertaken and the Trust acknowledged that this was not a position it wanted to be at. Work continued to be undertaken and information was being drilled down to identify causes between the varying numbers on each site.

Patient Flow - Patient flow issues remain. The Readmissions rate had improved despite the pressure across the system. This remains within target. Work was underway in A/E to ensure a 'Plan for Every Patient'.

Stroke % of Patients Spending at least 90% on Stroke Unit – The performance of 75% in May continues to be below target. Issues regarding patient flow and

increased activity were noted. Discussions were taking place with the Local Authority regarding discharge of Rehab patients from the Unit.

Fractured Neck of Femur operations within 36 hours – An improvement in the number of operations being undertaken within 36 hours had been noted. This had been due to extra lists and improved management of existing operating lists.

Screening elective in-patients for MRSA – Work continued to improve the position. The current month performance was 98.20% set against an agreed target of 100%.

DNA Appointments – Information was as reported earlier in the meeting.

FINANCE

Keith Griffiths presented the finance report as at 31 May 2013, month 2.

The main points highlighted from the report were:-

- The year to date Income and Expenditure position for Month 2 is a surplus of £0.77m, against a planned £0.41m.
- The cash position at the end of May 2013 is £23.69m (£3.66m below plan).
- Capital spend to date of £1.94m (£0.17m above plan).
- The current forecast year end position is to achieve a surplus of £3.18m, compared with a plan of £3.00m.
- The Financial Risk Rating of 4 at the end of May 2013 (plan was 3), and the forecast is to end the year at level 3, as per the plan (on a scale of 1=poor to 5=good)
- The slippage on some developments and delays in recruiting to vacancies have resulted in a better than planned position at Month 2.
- Cash was below plan due to the need to pay suppliers slightly early prior to the upgrade of financial systems (Oracle).
- Key risks:
 - There is shortfall in identification of Cash Reducing Efficiency Savings (CRES) of £6.15m at this early stage.
 - Achievement of CQUIN (Commissioning for Quality & Innovation) targets worth £7.1m will be critical.

20/13 CHAIRMAN'S REPORT

a. NED Appointments – The Chairman reported that Nominations Sub Committee had met earlier that day to longlist the 82 applications received for the three Non Executive Director vacancies. The portfolios covered:-

- Customer Service
- Finance
- Secondary Care

Arrangements were being made for Odgers Recruitment Specialists to hold preliminary interviews with 16 applicants. Shortlisting was scheduled to take place on 18 July and formal interviews on the 31 July 2013.

- b. Chairs Information Exchange** – The contents of the minutes circulated with the agenda were noted.
- c. AGM Planning Sub Group** – The Chairman advised that the AGM Planning Sub Group met on the 25 June 2013 to discuss the arrangements for the Health Fair and AGM which was planned to be held on Thursday 19 September 2013 at the John Smith's Stadium, Huddersfield. Divisions were currently working on their displays.
- d. FTN Network** – The Chairman reminded the Membership Council that he had recently circulated a paper presented at the FTN Network Meeting "The Strategic Landscape for NHS Foundation Trusts and Trusts – June to December 2013. All Membership Councillors were invited to read this interesting document that highlighted all the changes within the NHS.

21/13 MC'S EXTERNAL ACTIVITIES REPORTS

Foundation Trust Network – GovernWell Programme – Peter Middleton and Johanna Turner reported on the Core Module Training programmes they had attended on the 10 and 31 May respectively. Overall they had found the training sessions good and particularly welcomed the opportunity to network with other Governors. It was felt that the Membership Councillors already received the same level of training in-house.

Discussion took place about a local network for Membership Councillors and the Chairman reported that the Chairs FTN Network group had discussed this forum being re-established in the future. Janette Roberts advised that the CHFT had been given the opportunity to host a meeting but due to limited facilities, both meeting rooms and car parking, this had been left in abeyance. All present suggested that meeting with one other Foundation Trust i.e. Salford Royal Hospital Foundation Trust to share experiences may prove helpful.

ACTION: JRH/RM

22/13 CLINICAL DOCUMENTATION

The Chairman reported that this matter had been discussed in length at the informal Chair/MC session held prior to the formal Membership Council meeting that afternoon. The Trust was awaiting a re-inspection by the Care Quality Commission.

23/13 CONSTITUTION

a. Membership Council Register – Resignations/Appointments

The updated and revised register of members was received for information.

b. Register of Interests/Declaration of Interests

The updated Register was received. Any amendments were requested to be notified to the Board Secretary as soon as possible.

c. Constitutional Changes

Julie Hull presented two papers highlighting changes to the Constitution. It was noted that both papers had been approved by the Board of Directors at its meeting on the 27 June 2013 and if approved by the Membership Council the 'Amendments to the Constitution' paper would be subject to approval at the AGM (Annual Members Meeting) on 19 September 2013.

1. Amendments to the Constitution – This paper proposed a revised clause incorporating the Health & Social Care 2012 provisions regarding future amendments to the Constitution.

2. Terms of Office for Membership Councillors - Julie Hull presented a paper outlining a proposed revised clause to consider holding a reserve register of previously elected Membership Councillors to ensure that the statutory sub-committees and roles can run effectively. It was noted that this had previously been discussed by both the Board of Directors and Membership Council during 2011. The Board of Directors had supported the provision that would apply in exceptional circumstances and would be time limited to a maximum of 12 months. It was noted that a transparent process would apply for Membership Councillors wishing to be put on the Reserve Register. It was noted that Reserve Membership Councillors could only remain on the register for 2 years.

RESOLVED: All present agreed the Constitutional changes. It was noted that these had been approved by the Board of Directors at its meeting held on Thursday 27 June 2013. The paper 'Amendment of the Constitution' would require approval at the AGM on 19 September 2013.

ACTION: Janette Roberts

24/13 CHAIR/NED APPRAISAL PROCESS

The Chairman reported that he had used the feedback received from the work undertaken by Foresight on the Board Development Review to appraise the Non Executive Directors. All Non Executive Directors had been appraised with the exception of Jane Hanson whose appraisal meeting had been scheduled to take place shortly.

The Chairman left the meeting

John Playle reminded the Membership Council of the process undertaken to appraise the Chairman. Feedback had been received from the Membership Council and Board of Directors. He outlined the key strengths and areas for development which had been discussed and agreed with the Chairman. In summary this had proved to be a positive appraisal with issues of material importance. It was agreed that a summary of the appraisal would be attached and circulated with the minutes.

ACTION: KB

25/13 FASTTRACK ITEMS

The following fast track items were received and noted:

- a. **Updated Membership Council Calendar 2013**
- b. **Remuneration & Terms of Service (NEDs) Sub Committee minutes 27.3.13**

26/13 PROPOSED SCHEDULE OF MEMBERSHIP COUNCIL FUTURE MEETINGS 2014

The proposed meeting dates for 2014 were approved.

27/13 ANY OTHER BUSINESS

There was no other business to note.

28/13 DATE AND TIME OF NEXT MEETING

Thursday 19 September 2013 – Joint BOD and MC Annual General Meeting – commencing at 5.30 pm – John Smith’s Stadium, Leeds Road, Huddersfield (Formal AGM at 7.00 pm)

Wednesday 6 November – Members Public Meeting - commencing at 4.00 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

The Chair thanked everyone for their contribution and closed the meeting at 6.15 pm.

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Mr Andrew Haigh, Chairman

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Date



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Calderdale and Huddersfield NHS Foundation Trust Annual Audit Letter 2012/13

Presentation to Membership Council

6 November 2013

Jillian Burrows

Senior Manager, KPMG LLP

**Financial
Statements
Audit**

**Use of
Resources**

**Quality
Report**

**Annual Audit
Letter**

Financial Statements Audit

- Unqualified opinion issued
- One unadjusted audit difference agreed and approved by the Audit Committee
- Annual Report consistent with financial statements
- Four recommendations raised

Target	Achieved	Commentary
Monitor Risk Rating	✓	Overall financial risk rating of 3 for 2012/13 Green rating for governance for 2012/13
Prudential Borrowing Code Compliance	✓	The Trust kept within the Prudential Borrowing Limit set by Monitor and reported compliance with the Prudential Borrowing Code
Accounts Outturn	✓	Secured a surplus of £3.8m before exceptional items for the year

Use of Resources

- Key risks identified at planning:
 - Economic climate
 - Compliance framework
 - Changes in the commissioning environment
- No significant issues identified

Quality Report

- Achieved limited assurance opinion on:
 - content
 - two mandated indicators
- Local work on the 'severe harm' indicator as requested by Monitor



Consistency of the Quality Report with information specified by Monitor

Quality Report

Are significant matters included?

Are significant assertions supported?

- CQC quality and risk profile
- Board minutes and papers
- Head of Internal Audit annual opinion
- Feedback from commissioners
- Feedback from governors
- Quality reports to the Board
- Complaints report
- Monitor best practice

Audit Risk	Issues influencing our audit
	<ul style="list-style-type: none"> • Achievement of cost improvement plans • Achievement of financial targets
	<ul style="list-style-type: none"> • Licensing conditions • Risk assessment framework
	<ul style="list-style-type: none"> • Quality Governance Framework • Care Quality Commission

Jillian Burrows
Senior Manager
Tel: +44 161 246 4705
Jillian.burrows@kpmg.co.uk

Financial Position to September 2013

- The year to date Income & Expenditure position for Month 6 is a surplus of £0.28m, against a planned surplus of £0.25m.
- The cash position at the end of September 2013 is £16.74m (£0.93m below plan).
- Capital spend to date of £6.00m (£1.50m below plan).
- The current forecast year end position is to achieve a surplus of £2.97m, compared with a plan of £3.00m.
- The Financial Risk Rating was 3 at the end of September 2013 (plan was 3), and the forecast is to end the year at level 3, as per the plan – see separate slides for Financial Risk Rating

Financial Position to September 2013

- Increased activity within planned care and specialist commissioning together with slippage on some developments and delays in recruiting to vacancies have resulted in a marginally better than planned position at Month 6.
- Cash was below plan due to the need to pay suppliers slightly early prior to the upgrade of financial systems (Oracle).
- Key Risks
 - There is shortfall in identification of Cost Improvement Programmes (CIP) of £4.7m at this early stage.
 - Achievement of CQUIN (Commissioning for Quality & Innovation) targets worth £7.1m will be critical.
 - Winter pressure plans are in place but additional costs of winter remain a risk.

Financial Risk Rating (FRR)

Membership Council – November 2013

Current Model - Summary

- Financial scorecard with a rating of 1 – 5
 - 1 represents the highest risk
 - 5 represents the lowest risk
 - Quarterly reporting for 3 and above
- Weighted average of 4 categories (with over-ride rules):
 - Achievement of I&E plan
 - Underlying I&E performance
 - Financial efficiency (return on income and return on assets)
 - Liquidity (recognises working capital facility)
- Strong focus on I&E and delivery of plan

Proposed Model - Summary

- Financial scorecard with a rating of 1 – 4 (includes a 2*)
 - 1 represents the highest risk
 - 4 represents the lowest risk
 - Quarterly reporting for 4 only
 - Potential monthly reporting for 2* and 3
- Equal weighting of 2 categories:
 - Liquidity (**no** recognition of working capital facility)
 - ‘Debt cover’
- Focus on continuity of service

CHFT Impact

- Importance of cash strengthened
- Private Finance Initiative (PFI) costs recognised within 'Debt service' metric
- FRR remains at level 3 but quarterly reporting moves to potential monthly reporting
- Annual working capital facility fee of £50k saved

APPENDIX

FRR - Metrics

Current Model - Metrics

Financial criteria	Weight		Metric to be scored	Rating categories				
				5	4	3	2	1
Achievement of plan	10		EBITDA achieved (% of plan)	100	85	70	50	<50
Underlying performance	25		EDITDA margin (%)	11	9	5	1	<1
Financial Efficiency	40	20	Net return after financing	>3	2	-0.5	-5	<-5
		20	I&E surplus margin net of dividend (%)	3	2	1	-2	<-2
Liquidity	25		Liquidity ratio (days	60	25	15	10	<10

Financial risk rating is weighted average of financial criteria scores

Proposed Model - Metrics

Metric	Weight	Definition	Rating categories			
			1	2	3	4
Liquidity ratio (days)	50%	$\frac{\text{Working capital balance}^1 \times 360}{\text{Annual operating expenses}^2}$	<-12	-12	-7	-2
Capital servicing capacity (times)	50%	$\frac{\text{Revenue available for capital service}^3}{\text{Annual debt service}^4}$	<1.25x	1.25x	1.75x	2.5x
Continuity of Service Risk Rating						

**Quality and Performance Report
September 2013 Highlights
Membership Council Meeting – 6 November 2013**

The information provided within this paper comprises:

- The dashboard information across the ‘Outcomes Framework domains’

There are a number of areas which should be brought to the attention of the Membership Council, as they currently present significant risk to the Trust.

Indicator	Update	Director Lead
Crude mortality, SHMI, HSMR	<p>For the months June to September 2013 CHFT crude mortality rate has been the lowest comparative month on month result since we began monitoring the data 5 years ago.</p> <p>The Standardised Mortality ratio for June and July has also fallen significantly. However, we began the financial year with two poor months, so with the June data last month our FY to date HSMR was 106, which rebased to 108.</p> <p>As expected, our July standardised mortality was good, bringing down our HSMR for April to July to 102. We expect an improving position for this, with August and September to come.</p> <p>However, the dramatic change has been the fall in the national position. England average for the FY to July is 93; this means that despite our HSMR improving this month to 102 from 106, the rebased position has worsened to 111.</p> <p>This shift from 102 to 111 on</p>	Barbara Crosse


































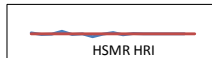


Indicator	Update	Director Lead
	<p>rebasing is unprecedented and we are enlisting the assistance of Dr Foster in order to try to understand it in more detail.</p> <p>This was discussed in detail at the Clinical Outcome Board, and CHFT extensive plan for the improvement of the care of the acutely ill patient is being built rapidly.</p>	
Emergency readmissions within 30 days of discharge – Greater Huddersfield CCG and Calderdale CCG	<p>The GHCCG performance is now within target.</p> <p>CCCG has dropped out of target this month for the first time in 5 months. This may be related to vacancies in the virtual ward team. The team will be back to full complement by November.</p>	Mark Partington
Stroke, % of patients who spend at least 90% of time on a stroke unit – Calderdale CCG	The team are reviewing performance as a whole. This target was missed by one patient.	Mark Partington.
Fractured Neck of Femur	This is the second best month for compliance with this target. The Trust struggles to put a solution in place that can accommodate high levels of demand in a short time frame.	Peter Holdsworth
<p>Patient Flow –</p> <p>Including delayed transfer bed days, A/E indicators,</p>	<p>A sub group of Urgent Care board has been set up specifically to focus on delayed discharges. As at the end of September each medical ward has a discharge coordinator whose job is to ensure discharges are safe and effective and to make sure that patients who are medically fit for discharge or transfer get what they need as soon as possible.</p> <p>In A/E workforce modelling being reviewed and improving patient flow to release cubicles. Strengthen daily operational management in the A/E department.</p>	Mark Partington
VTE episodes	Community VTE episodes increased last month due to the holiday period and the impact of traveling by plane or coach for long periods. The	Barbara Crosse

Indicator	Update	Director Lead
	number of hospital acquired cases reduced to 10 from 13	
DNA rate for first and follow up appointments	The new SMS reminder service has been launched. New booked appointments continue to be made 9-16 weeks in advance. Partial booking is to be introduced for follow up appointments.	Mark Partington
Sufficiency of appointment slots on choose and book	The position continues to improve. GI and liver and Ophthalmology remain the outstanding problem areas, focusing on capacity to improve performance.	Anna Basford

The Membership Council are asked to:

- Consider the information provided in the attached report
- Consider the risk areas described in this report and whether further support/action is required

Integrated Board Report - September 2013

Domain 1: Preventing People Dying Prematurely						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Cancer: 31 day wait from diagnosis to first treatment	≥96%	100.00% 	≥96%	99.75% 	MP/AV	
Cancer: 31 day for second or subsequent treatment comprising surgery	≥98%	100.00% 	≥98%	99.01% 	MP/AV	
Cancer: 31 day for second or subsequent treatment comprising drugs	≤7.09%	100.00% 	≤7.18%	100.00% 	MP/AV	
Cancer: 62 day wait from urgent GP referral to first treatment	≥85%	91.27% 	≥85%	92.39% 	MP/AV	
Cancer: 62 day wait from screening service referral to first treatment	≥90%	90.91% 	≥90%	97.66% 	MP/AV	
Cancer: 62 day referral to treatment from hospital specialist	≥87.5%	100.00% 	≥87.5%	100.00% 	MP/AV	
Cancer: 62 day aggregated GP urgent Referral to treatment and screening Referral to treatment	≥86%	91.22% 	≥86%	93.13% 	MP/AV	
Access to Maternity services before 12 weeks and 6 days	≥90%	91.30% 	≥90%	89.70% 	MDB	
Transfer of care Part A Medicine reconciliation as patients transfer from one provider to another (1)	Q1&2 Baseline Q3>70% Q4>80%	81.50% 	Q1&2 Baseline Q3>70% Q4>80%	79.40% 	AV	
Transfer of care Part B Discharge Medication as patients transfer from one provider to another (1)	Q1-Q3 baseline Q4 >50%	21.80% 	Q1-Q3 baseline Q4 >50%	22.00% 	AV	
HRI - Crude Mortality Rate (hospital deaths per 1,000 discharges)	The most recent information available (Sept 2013) shows a rate of 14.6 (against 17.3 for the same calendar month last year). YTD 13/14 16.2 compared to 12/13 18.1					
CRH - Crude Mortality Rate (hospital deaths per 1,000 discharges)	The most recent information available (Sept 2013) shows a rate of 7.4 (against 10.3 for the same calendar month last year). YTD 13/14 9.1 compared to 12/13 9.7					
Standardised Hospital Mortality Indicator (SHMI) (Rolling 12 month relative indicator of mortality published by the Information Centre)	July 11 - June 12 102, Oct11-Sep12 103, Jan12-Dec12 101					
Hospital Standardised Mortality Ratio (HSMR) (year to date relative indicator of mortality published each month from June data onward, published by Dr Foster)	April 12 to March 13 HSMR is rebased at 104.09. April - July 2013 is 102.1 rebased to 111					

Referral to Tertiary Centre (Leeds)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Patient Seen within 7 days	20%	20%	18%	28%	16%	21.5%						
Patients Referred to Tertiary with 38 Days	38%	67%	41%	53%	48%	35.3%						
Patients Treated within 54 Days	63%	79%	69%	69.4%	68.8%	77.9%						

(1) Part A - Quarterly payment conditional on - Q1-Q2 baseline reporting. Q3 Target 70%. Q4 Target 80%.

(1) Part B - Quarterly payment based on quarterly reporting and 50% by Q4

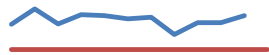

NOTE: Referral to Tertiary activity for information only

Financial penalties attached
Quarterly Submission

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - September 2013



















































Domain 2: Enhancing quality of life for people with long term conditions

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Dementia - use of dementia screening tool, risk assessment, referrals for emergency admissions aged 75 and over- NATIONAL	≥90%	96.1% ●	≥90%	96.5% ●	AV	
Dementia - identification of lead clinician and appropriate training for staff - NATIONAL	Quarterly action report	Quarterly reports required. Q1 submitted	Q4	Quarterly reports required. Q1 submitted	AV	
Dementia - ensuring carers feel supported - NATIONAL	≤7.09%	Quarterly reports required. Q1 submitted	≤7.18%	Quarterly reports required. Q1 submitted	AV	
Dementia - use of screening tool, risk assessments, referrals for emergency admissions aged 65 and over LOCAL MAU & SAU	Qly ≥90%	96.1% ●	≥90%	96.4% ●	AV	
COPD Discharged Care Bundle (reported quarterly)	≥95%	98.0% ●	≥95%	98.0% ●	AV	
ASTHMA - Improving management of patients presenting with Asthma in A&E	Action Plan	16.0%	55% Q4	8.0%	JB	
Diabetes - Part A Number of patients who are admitted who have a secondary care diagnosis of diabetes who are supported to self care	Baseline	0.0%	TBC	17.4%	AV	
Diabetes - Part B those attending A&E with diabetic hypoglycaemia who are referred to a specialist nurse and receive written educational support	Baseline	0.0%	TBC	11.1%	AV	

Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - September 2013

Domain 3: Helping people to recover from episodes of ill health or following injury						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Emergency readmissions within 30 days of discharge from all admission	≤7.41%	7.05% 	≤7.56%	7.37% 	MP	
Emergency readmissions within 30 days of discharge from all admission - CALDERDALE CCG	≤7.8%	7.90% 	≤7.8%	7.60% 	MP	
Emergency readmissions within 30 days of discharge from all admission - GREATER HUDDERSFIELD CCG	≤7.09%	6.70% 	≤7.18%	7.50% 	MP	
Fractured neck of femur operations carried out within 36 hours of admission (linked to best practice tariff)	≥85%	84.80% 	≥85%	75.40% 	PH	
Stroke: % of patients who spend at least 90% of time on a stroke unit	≥80%	84.40% 	≥80%	80.20% 	AV	
Stroke: % of patients who spend at least 90% of time on a stroke unit - CALDERDALE CCG	≥80%	76.19% 	≥80%	76.92% 	AV	
Stroke: % of patients who spend at least 90% of time on a stroke unit - GREATER HUDDERSFIELD CCG	≥80%	90.91% 	≥80%	82.08% 	AV	
Stroke: % TIA cases with a higher risk of stroke who are treated within 24 hours	≥60%	68.80% 	≥60%	70.60% 	AV	
Stroke % of stroke patients thrombolysed	≥5%	22.22% 	≥5%	15.16% 	AV	
A&E Clinical Quality – Unplanned Re-attendance Rate - HRI	≤5%	4.48% 	≤5%	4.71% 	MP/PH	
A&E Clinical Quality – Unplanned Re-attendance Rate - CRH	≤5%	4.77% 	≤5%	4.65% 	MP/PH	
A&E Clinical Quality – Left Without Being Seen Rate - HRI	≤5%	2.87% 	≤5%	3.58% 	MP/PH	
A&E Clinical Quality – Left Without Being Seen Rate - CRH	≤5%	1.93% 	≤5%	2.23% 	MP/PH	
Delayed transfer bed days as a percentage of occupied bed days	≤5%	5.83% 	≤5.0%	7.37% 	MP	
Delayed transfer bed days as a percentage of occupied bed days - CALDERDALE CCG	≤5%	4.60% 	≤5%	6.93% 	MP	
Delayed transfer bed days as a percentage of occupied bed days - GREATER HUDDERSFIELD CCG	≤5%	7.00% 	≤5%	7.98% 	MP	
Delayed transfer bed days as a percentage of occupied bed days - COHORT patients with specific reasons	≤3.5%	3.33% 	≤3.5%	4.24% 	MP	

Activity Trend - Red line = Target/Blue line = monthly activity

Domain 4: Ensuring that people have a positive experience of care						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Patient Experience (RTPM) - Responses to a number of questions with Real Time Patient Monitoring. Focused specifically within MATERNITY and PAEDIATRICS. Q1 Action plan and specification of questions. Q2 implementation. Q3 Baseline report. Q4 improvement work (1)	Quarterly action plans	Comm Q1		Comm Q1	HT	
Maximum time of 18 weeks from Referral treatment for admitted patients	≥90%	92.98% ●	≥90%	92.67% ●	MP	
Maximum time of 18 weeks from Referral treatment for admitted patients - CALDERDALE CCG	≤7.09%	91.81% ●	≤7.18%	92.08% ●	MP	
Maximum time of 18 weeks from Referral treatment for admitted patients - GREATER HUDDERSFIELD CCG	≥90%	94.27% ●	≥90%	93.20% ●	MP	
Maximum time of 18 weeks from Referral treatment for non admitted patients	≥95%	98.51% ●	≥95%	98.73% ●	MP	
Maximum time of 18 weeks from Referral treatment for non admitted patients - CALDERDALE CCG	≥95%	98.69% ●	≥95%	98.63% ●	MP	
Maximum time of 18 weeks from Referral treatment for non admitted patients - GREATER HUDDERSFIELD CCG	≥95%	98.27% ●	≥95%	98.58% ●	MP	
Maximum time of 18 weeks from Referral treatment for direct access audiology	≥95%	100.00% ●	≥95%	100.00% ●	PH	
Patients on an "incomplete pathway" who have waited less than 18 weeks	≥92%	94.90% ●	≥92%	Not Applicable	MP	
Maximum time of 6 weeks from referral for diagnostics	≥99%	99.06% ●	≥99%	99.08% ●	DB	
Total time in A&E: Less than 4 hours - HRI	≥95%	95.00% ●	≥95%	93.60% ●	MP/PH	
Total time in A&E: Less than 4 hours - CRH	≥95%	96.50% ●	≥95%	96.80% ●	MP/PH	
Handovers between AMBULANCE and A&E within 15 minutes- HRI	100.0%	72.72% ●	100.0%	75.07% ●	MP	<ul style="list-style-type: none"> within 15 minutes 15-30 mins 30 - 60 mins 60+ mins
Handovers between AMBULANCE and A&E % 15 to 30 mins - HRI	0.0%	21.43% ●	0.0%	20.93% ●	MP	
Handovers between AMBULANCE and A&E % 30 to 60 mins - HRI	0.0%	3.77% ●	0.0%	3.84% ●	MP	
Handovers between AMBULANCE and A&E % 60+ mins - HRI	0.0%	0.07% ●	0.0%	0.16% ●	MP	
Handovers between AMBULANCE and A&E within 15 minutes- CRH	100.0%	90.61% ●	100.0%	91.25% ●	MP	<ul style="list-style-type: none"> within 15 minutes 15-30 mins 30 - 60 mins 60+ mins
Handovers between AMBULANCE and A&E % 15 to 30 mins - CRH	0.0%	8.58% ●	0.0%	8.12% ●	MP	
Handovers between AMBULANCE and A&E % 30 to 60 mins - CRH	0.0%	0.81% ●	0.0%	0.61% ●	MP	
Handovers between AMBULANCE and A&E % 60+ mins - CRH	0.0%	0.00% ●	0.0%	0.03% ●	MP	

NOTE: (1) RTPM - Quarterly payment based on - Q1 action plan and specification of questions. Q2 implementation. Q3 baseline report. Q4 improvement work
(2) Friends and Family Test - Monthly payment on achievement of 90% for all 3 elements of the tool (expectation report can be submitted for single instance of performance 85%-90%)
Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Domain 4: Ensuring that people have a positive experience of care

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Zero tolerance trolley waits over 12 hours	0	0 ●	0	0 ●	MP	
A&E Clinical Quality – Time to Initial Assessment (95 th percentile)-HRI	≤00:15:00	00:18:00 ●	≤00:15:00	00:19:00 ●	MP/PH	
A&E Clinical Quality – Time to Initial Assessment (95 th percentile)-CRH	≤7.09%	00:13:00 ●	≤7.18%	00:13:00 ●	MP/PH	
A&E Clinical Quality – Time to Treatment Decision (median) - HRI	≤01:00:00	01:00:00 ●	≤01:00:00	01:04:00 ●	MP/PH	
A&E Clinical Quality – Time to Treatment Decision (median) - CRH	≤01:00:00	00:23:00 ●	≤01:00:00	00:27:00 ●	MP	
Cancer: 2 week wait from referral to date first seen for suspected cancer	≥93%	98.45% ●	≥93%	97.74% ●	MP/AV	
Cancer: 2 week from referral to date first seen for symptomatic breast	≥93%	96.73% ●	≥93%	94.53% ●	MP/AV	
Cancer: 2 week aggregated referrals seen and Breast symptomatic	≥93%	98.14% ●	≥93%	97.13% ●	MP/AV	
Mixed Sex Accommodation breaches	Zero	0 ●	Zero	4 ●	HT	
52 Weeks breaches (adjusted for patient choice or condition precludes treatment)	Zero	0 ●	Zero	0 ●	MP	
52 Weeks breaches (unadjusted)	10 per month	0 ●	10 per month	0 ●	MP	
Provider cancellation of planned operation for non clinical reasons	≤0.6%	0.51% ●	≤0.6%	0.67% ●	MP	
Number of urgent operations cancelled for a second time	0	0 ●	0	0 ●	MP	
Friends and Family Test - Part B Response rate to F&F test question - INPATIENT RESPONSE RATE	≥15%	24.10% ●	Successful rollout	24.9% ●	HT	
Friends and Family Test - Part B Response rate to F&F test question - INPATIENT Net Promoter Score Net Promoter Score (NPS)	No Set Target	82	0	74	HT	
Friends and Family Test - Part B Response rate to F&F test question - A&E Response Rate	≥15%	15.8% ●	Based on improvement	22.87% ●	HT	
Friends and Family Test - Part B Response rate to F&F test question - A&E Net Promoter Score Net Promoter Score (NPS)	No Set Target	29		37	HT	

NOTE: (1) RTPM - Quarterly payment based on - Q1 action plan and specification of questions. Q2 implementation. Q3 baseline report. Q4 improvement work
(2) Friends and Family Test - Monthly payment on achievement of 90% for all 3 elements of the tool (expectation report can be submitted for single instance of performance 85%-90%)
Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - September 2013

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm						
Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Meeting the MRSA bacteraemia (Post 48 Hours) objective	Zero	0	Zero	1	DB	
Meeting the Clostridium difficile (Post 48 Hours) objective	7 per quarter	2	7 per quarter	11	DB	
MSSA Bacteraemias - (Post 48 hours) objective	6 per quarter	1	24 per year	5	DB	
E-Coli rates	8 per quarter	3	8 per quarter	14	DB	
Screening all elective in-patients for MRSA	95.0%	97.00%	95.0%	97.10%	DB	
Venous Thrombo Embolism - Episodes (451 for 13/14)	≤38	43	225	266	BC	
Venous Thrombo Embolism - % risk assessed	≥95%	95.10%	≥95%	95.20%	BC	
Number of Root Cause Analyses carried out on cases of hospital associated Thrombolysis	≥95%	100.00%	≥95%	100.00%	BC	
NHS Safety Thermometer - reduction in the prevalence of Pressure Ulcers using thermometer	≤5.5%	4.86%	≤5.5%	5.01%	HT	
Use of Safety Thermometer	Completion of Data Set	Y	Completion of Data Set	Y	HT	
All Falls (1)	TBC	68	TBC	613	HT	
Harm Falls (2)	TBC	23	TBC	226	HT	
Medication Errors (3)	TBC	20	TBC	306	HT	
Duty of Candour: Number of patients notified in line with the duty of candour process	100.0%	100.0%	Zero	82.0%	HT	







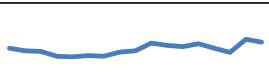
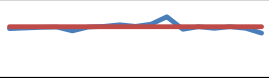


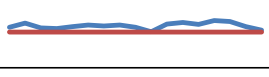
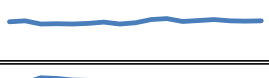


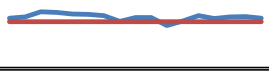


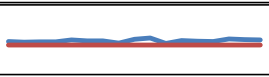
(1)-(3) The working groups are currently being established for falls and medications errors. Targets will be assigned by these groups

Activity - one month in arrears
Financial penalties attached

Activity Trend - Red line = Target/Blue line = monthly activity

Integrated Board Report - September 2013

































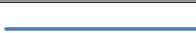
















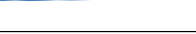








Domain 6: Resources

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Operating Surplus/Deficit (£M - excluding exceptional items)	0.12	0.04 	0.24	0.28 	KG	
Cash (£M)	(0.24)	(1.33) 	17.67	16.74 	KG	
Monitor Risk Rating	3	3 	3	3 	KG	
Utility & Depreciation cost per sq metre, clinical and non-clinical space		Work in progress		Work in progress	KG	
Bed Capacity	No Target	785	No Target	775	MP	
Bed Occupancy (1)	TBC	84.3%	TBC	85.9%	MP	
Theatre Usage (%)	≥90%	92.9% 	≥90%	92.8% 	PH	
Standardised ALOS (excludes DC & Acute DC) (2)	TBC	4.99	TBC	5.36	MP	
DNA Rate - First Appointment	≤7%	7.6% 	≤7%	7.9% 	MP	
DNA Rate - Follow up Appointment	≤7.5%	9.3% 	≤7.5%	9.4% 	MP	

(1)-(2) These indicators are being reassessed hence the To Be Confirmed target status
Activity Trend - Red line = Target/Blue line = monthly activity

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Domain 7: Reform/Information

Indicator	Month Agreed Target	Current Month Performance	YTD Agreed Target	YTD Performance	Lead Director	Activity Trend (activity trend April 12 - September 13)
Booking to services where named consultant led team was available (even if not selected) (1)	≥95%	100.00% 	≥95%	94.67% 	JW	
Proportion of GP referrals to first outpatient booked using C&B (2)	≥48.9%	73.45% 	≥48.9%	70.08% 	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) (3)	≤7.09%	6.90% 	≤7.18%	12.11% 	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) SURGERY	<5%	6.60% 	<5%	12.75% 	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) MEDICAL	<5%	3.30% 	<5%	18.62% 	JW	
Sufficiency of appointments slots on choose and book (measured by appointment <5%) CWF	<5%	3.80% 	<5%	5.61% 	JW	
Data Completeness in community services: Referral to Treatment information - CIDS	≥50%	87.54% 	≥50%	90.46% 	JR	
Data Completeness in community services: Referral Information - CIDS	≥50%	98.28% 	≥50%	98.30% 	JR	
Data Completeness in community services: Treatment activity information - CIDS	≥50%	98.52% 	≥50%	98.52% 	JR	
Data Completeness in community services: Patient Identifiers - CIDS	≥50%	78.08% 	≥50%	72.91% 	JR	
Data Completeness in community services: Patients dying at home/care homes - CIDS	≥50%	100.00% 	≥50%	100.00% 	JR	
Data Completeness in community services: Venous Ulcer treatments - CIDS	≥50%	94.12% 	≥50%	91.71% 	HT	
Data Quality on ethnic group - Inpatients/ Outpatients/Accident & Emergency	≥85%	98.02% 	≥85%	98.40% 	JR	
Clinical Coding - Signs & Symptoms	<11.3%	11.30% 	<11.3%	11.1% 	JR	
Clinical Coding - coded as unspecified	<13.7%	13.70% 	<13.7%	14.5% 	JR	
Clinical Coding - Average Diagnosis per coded Episode	>4.6	3.9 	>4.6	3.97 	JR	
Infant Health - data completeness, breastfeeding and smoking	100.0%	100.0% 	100.0%	100.00% 	JR	
Maternity hospital episode statistics	≤15%	0.24% 	≤15%	0.28% 	JR	
Information Governance Toolkit (4)	≥80%	80.00% 	≥80%	80.00% 	JR	
Time to approval for NIHR portfolio research studies (Median Days)	≤30	8 		55 	DB	
Participants recruited to NIHR portfolio research studies to time and target	≥85	42 	≥473	392 	DB	
Number of staff attending the Fire Training		30		849	LH	
Number of trained staff Vs Fire Safety Awareness Session		350		769	LH	
Number of update fire risk assessments		10		76	LH	

(1)-(2) Taken from Choose and Book Dashboard

Recruitment Targets based on Financial Year

(4) Based on achievement of 40 components at level 2 and above.

Activity - one month in arrears

Activity Trend - Red line = Target/Blue line = monthly activity

CHAIRS FORMAL INFORMATION EXCHANGE MEETING

**Minutes of the meeting held on Tuesday 22 October 2013
at 2pm in Discussion Room 1, HRI**

PRESENT: Andrew Haigh – Chairman
Ruth Mason – Associate Director of Engagement & Inclusion
Vanessa Henderson – Business Manager – Membership & Inclusion
Janette Roberts – Chair Med DRG/Deputy Chair
Linda Wild – Chair S&A DRG
Chris Breare – Chair CWS DRG
Eileen Hamer – Staff Membership Councillor
Bernard Pierce – Chair DATs DRG

1 Apologies

There were no apologies.

2 Minutes of the last meeting held on 18 June 2013

The minutes of the last meeting held on 18 June 2013 were approved as a correct record.

3 Matters arising

All actions from the last minutes had been completed.

It was noted that, though Wendy Wood had not been re-elected, her contribution to the work of the Estates & Facilities divisional reference group had been particularly valued and she has been asked if she would be willing to continue as a Trust member and complete a couple of pieces of work that she was already involved in. Wendy has agreed to this.

4 Update from the Chair

The Membership Councillors felt it was important to involve the newly elected Councillors in the DRGs. Ruth advised that she was soon to meet with Kathy Bray to allocate the new Councillors to groups. It was agreed that there was a role for existing Councillors in terms of mentoring the new Councillors.

a) CQC: The Chairman advised that the CQC report was now available on the Trust website and on the whole, it was very positive. It highlighted minor issues around Estates and Facilities. There was to be a report to the Trust Board this month outlining the actions to be taken as a result of the report, many of which had already been completed.

The CQC are in the process of carrying out the first wave of new hospital reviews based on revised criteria. Airedale Hospital had been included in the first wave, and there had been a total of 32 inspectors at the hospital for 2 days. It was noted that the new format of inspections would be very thorough.

b) NEDs: Two of the new NEDs (Philip Oldfield and Jeremy Pease) are in post and Linda Patterson is to start on 24 October. She would attend an induction and sit on the Quality Assurance Board. Jeremy Pease has been asked to be involved in the IT project for patient records. The Chairman confirmed that details of the NEDs' attendance at Board meetings were available in the annual report.

c) Director of Nursing: Interviews for the post are to be held on Tuesday 29 October. There were 3 candidates, all existing Directors of Nursing at other Trusts. This was felt to be a good achievement in the current climate.

d) Company Secretary post: The role is still being defined, and has been introduced as a result of the recommendations from the Foresight review of the Board. The postholder will take a lead on governance, and legal and regulatory issues, and will have a link with the Membership Council. The Chairman outlined the difference between this post and the post held by Kathy Bray.

Interviews were to be held on 4 November and Johanna Turner was to be involved from the Membership Council.

- e) **Foresight Review Task & Finish Group:** Andrew reported that the Board governance structure was considered to be too elaborate, and that it was to be streamlined. Johanna Turner and Martin Urmston were on the Task & Finish Group.
- f) **Board Away Day:** An away day had been arranged for the Board to look at strategic issues. It was noted that this would be a good opportunity to involve the new NEDs. Bernard suggested that Membership Councillors might be involved in future away days but it was felt that it would not be appropriate at the forthcoming away day as the focus was to be on how the Board works together.
- g) **NCAT Review:** There is a lot of work going on to look at the practicalities of the recommendations from the review. The outcome is not known as yet but it is likely to be costly. Andrew and Owen are in discussions with local councillors and MPs..
- h) **Mid Yorks Reconfiguration plan:** The plan has been referred to the Secretary of State for Health. This needs to be borne in mind at our Trust.
- i) **NEDs:** Jan Wilson has been appointed Vice Chair for one year and David Anderson has been appointed Senior Independent NED for one year.
- j) **Mortality Rates:** There is very clear focus within the hospitals on mortality rates (which are now being referred to as "Care of the Acutely Ill"). Barbara Crosse and Helen Thomson are working on reducing rates and are focussing on a number of key areas such as fractured neck of femur. Linda asked whether she could be involved in the work that is going on and Andrew agreed to look into this.
Action: AH
- k) **Future Hospital Report:** The Future Hospital Report has been brought out by the Royal College of Physicians: it outlines how hospitals should be structured in the future in order to better manage patients with co-morbidities. The executive summary would be circulated to the Membership Councillors.
Action: VH
- l) **Keogh and Berwick Reports:** A report on the Keogh and Berwick reports was to be submitted to the Board this month.
- m) **Cost savings:** Andrew reported that a firm of consultants had been employed to help us improve efficiency of some aspects of the business. They had carried out an initial piece of work which suggested there was potential for some significant, ongoing cost savings. The consultants had been asked to come back to the Trust for a month to establish whether the savings were realistic. It was noted that there would be a substantial cost associated with this work but that this would potentially be offset by the significant savings.

In response to a question from Bernard, Andrew said he was not aware of any plans to increase the amount of private work undertaken at the Trust.

5 **Membership Office SOAP and Action Log**

The Membership Office SOAP and Action Log were received and noted.

Ruth advised that the Membership Strategy was being updated. A draft version would be circulated to the Membership Councillors for comment.

Action: VH

6 **AGM Feedback**

Thanks were expressed to Ruth and her team for the success of the event, particularly in the circumstances. The feedback had been positive for the most part. It was noted that attendance was low, despite all the effort that had been put into hosting the event.

7 **Agenda Items for the MC Meeting – 6 November**

Agenda items for the next meeting of the Membership Council were discussed, to include:

- Financial Performance
- Chairman's Report
- Director of Nursing
- Company Secretary
- Amendments to Constitution

It was agreed that Barbara Crosse would be invited to attend as a guest speaker as this would be a good opportunity for her to meet the new Membership Councillors.

8 Any Other Business

- a) Festive Buffet 17.12.13:** It was agreed that the festive buffet would take place on 3.12.13 at the Membership Council/BOD joint workshop.
- b) Presentation:** Andrew presented a pen to Bernard to mark his 6 years' service on the Membership Council. He thanked Bernard for his contribution.
- c) Staff Council:** Eileen advised that Chris Bentley wished to relinquish the role of Chair of the Staff Council. At the next meeting on 31 October a decision would be taken on how to move forward. Discussion took place around the difficulties that may arise when finding a replacement for Liz Farnell. It was felt that the Staff Council needed to attract some "new blood" and that it might be beneficial to have a member of the portering staff on the Council. However it was acknowledged that there might be an issue surrounding the time commitment for this group of staff.
- d) PMU Open Evening:** The PMU (now Huddersfield Pharmacy Specials) is to host an Open Evening and the Business Manager had been advised that the Membership Councillors would be interested in attending.

MEMBERSHIP COUNCIL MEETING
6 NOVEMBER 2013
CONSTITUTIONAL REVIEW UPDATE

Summary:

The Foundation Trust established a sub group to look at the implications of the Health & Social Care Act 2012 on the operation of its Constitution. The sub group made recommendations which were accepted by the Board of Directors and the Membership Council in accordance with the Constitution. In addition, the Constitution has been updated to reflect the new NHS architecture. The revisions have been tracked and checked by the Trust's Legal Advisor. In due course the Board will need to consider the Appointed Members to the Membership Council.

Next Steps:

The tracked Constitution was submitted and approved by the Board of Directors at their meeting on 24 October 2013 when it was agreed that it would be submitted to the next meeting of the Membership Council on 6 November 2013. One of the key revisions is that Monitor, the Foundation Trust Regulator does not need to approve changes to the Trust's Constitution. The revised document with the tracked changes accepted will be forwarded to Monitor for information. In due course the Board and Membership Council will need to consider the Appointed Members to the Membership Council.

Recommendations:

The Membership Council is asked to approve the tracked changes to the Constitution in order that these can be submitted to Monitor for information.

AH/JRH/KB-MC-6.11.13-CONST. REVIEW

| ~~2415 October 2013~~ ~~20 September 2012~~

**CONSTITUTION OF THE
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
(A PUBLIC BENEFIT CORPORATION)**

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CONSTITUTION FOR THE CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

1 Definitions

- 1.1. Unless the contrary intention appears or the context otherwise requires, words or expressions contained in this constitution bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
- 1.2. References in this constitution to legislation include all amendments, replacements, or re-enactments made.
- 1.3. Headings are for ease of reference only and are not to affect interpretation.
- 1.4. Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.
- 1.5. In this constitution:

“The Accounting Officer”	is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.
“The 2006 Act”	means the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
“The 2012 Act”	is the Health and Social Care Act 2012.
Annual Members Meeting	is defined in paragraph 11 of the constitution.
“Appointed Council Member”	means those Council Members appointed by the Appointing Organisations;
“Appointing Organisations”	means those organisations named in this constitution who are entitled to appoint Council Members;

“Areas of the Trust”	the areas specified in Annexe 1;
“Authorisation”	means an authorisation given by Monitor
“Board of Directors”	means the Board of Directors as constituted in accordance with this constitution;
“Director”	means a member of the Board of Directors;
“Non-Executive Directors”	means the Chairman and Non-Executives on the Board of Directors;
“Elected Council Member”	means those Council Members elected by the public constituency and the staff constituency;
“Financial year”	means: (a) a period beginning with the date on which the Trust is authorised and ending with the next 31 March; and (b) each successive period of twelve months beginning with 1 April;
“Monitor”	is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act.
“Local Authority Council Member”	means a Member of the Membership Council appointed by one or more Local Authorities whose area includes the whole or part of the area of the Trust;
“Member”	means a Member of the Trust;
“Membership Council”	means the Membership Council as constituted by this constitution and referred to as the Board of Governors in the 2006 Act;

"The NHS Trust"	means the NHS Trust which made the application to become the Trust;
"Other Partnership Council Member"	means a Member of the Membership Council appointed by a Partnership Organisation other than a Primary Care Trust or Local Authority;
"Public Constituency"	means those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency;
"PCT Council Member"	means a Member of the Membership Council appointed by a Primary Care Trust under this constitution;
"Public Council Member"	means a Member of the Membership Council elected by the Members of the public constituency;
"Secretary"	means the Secretary of the Trust or any other person appointed to perform the duties of the Secretary;
"Staff Constituency"	means those individuals who are eligible for trust membership by reason of 8.5-8.9 of this Constitution are referred to collectively as the Staff Constituency;
"Staff Council Member"	means a Member of the Membership Council appointed by the Members of one of the classes of the constituency of the staff membership;
"the Trust"	means the Calderdale & Huddersfield NHS Foundation Trust.

2 Name and status

- 2.1. The name of this Trust is to be “Calderdale and Huddersfield NHS Foundation Trust”. .

3 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 the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4 Functions

- 4.1. The function of the Trust is to provide goods and services, including education and training, research, accommodation and other facilities, for purposes related to the provision of health services.
- 4.2. The Trust may also carry on other functions provided any additional resources generated are used to carry on the Trust’s principal purpose better.
- 4.3. The profits or surpluses of the Trust are not to be distributed either directly or indirectly in any way at all among members of the Trust.

5 Powers

- 5.1. The powers of the trust are set out in the 2006 Act.
- 5.2. All the powers of the Trust shall be exercised by the Board of Directors on behalf of the trust.
- 5.3. Any of these powers may be delegated to a committee of directors or to an executive director.

~~5.1.5.4.~~ The Trust may do anything which appears to it to be necessary or desirable for the purposes of or in connection with its functions.

~~5.2.5.5.~~ In particular it may:

~~5.2.1.5.5.1.~~ _____ acquire and dispose of property;

~~5.2.2.5.5.2.~~ _____ enter into contracts;

~~5.2.3.5.5.3.~~ _____ accept gifts of property (including property to be held on Trust for the purposes of the Trust or for any purposes relating to the health service);

~~5.2.4.5.5.4.~~ _____ employ staff.

~~5.3.5.6.~~ Any power of the Trust to pay remuneration and allowances to any person includes the power to make arrangements for providing, or securing the provision of pensions or gratuities (including those payable by way of compensation for loss of employment or loss or reduction of pay).

~~5.4.5.7.~~ The Trust may borrow money for the purposes of or in connection with its functions, subject to the limit published by Monitor from time to time.

~~5.5.5.8.~~ The Trust may invest money (other than money held by it as Trustee) for the purposes of or in connection with its functions. The investment may include investment by:

~~5.5.1.5.8.1.~~ _____ forming, or participating in forming bodies corporate;

~~5.5.2.5.8.2.~~ _____ otherwise acquiring membership of bodies corporate.

~~5.6.5.9.~~ The Trust may give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its function.

6 **Commitments**

6.1 The Trust shall exercise its functions effectively, efficiently and economically.

Representative membership

6.2 The Trust shall at all times strive to ensure that taken as a whole its actual membership is representative of those eligible for membership.

- 6.3 The Trust shall at all times have in place and pursue a Membership Strategy which shall be approved by the Membership Council, and shall be reviewed by them from time to time, and at least every 3 years.

Co-operation with other bodies

- 6.4 In exercising its functions the Trust shall co-operate with Local Authorities, Special Health Authorities, [Strategic Health Authorities, Primary Care Trusts, the NHS Commissioning Board, Clinical Commissioning Groups](#), NHS Trusts, NHS Foundation Trusts and other public bodies serving the community served by the Trust.

Respect for rights of people

- 6.5 In conducting its affairs, the Trust shall respect the rights of members of the community it serves, its employees and people dealing with the Trust as set out in the Charter of Fundamental Rights of the European Union.

Openness

- 6.6 In conducting its affairs, the Trust shall have regard to the need to provide information to members and conduct its affairs in an open and accessible way.

7. Framework

- 7.1 The affairs of the Trust are to be conducted by the Board of Directors, the Membership Council and the Members in accordance with this Constitution. The Board of Directors, Membership Council and Members, are to have the roles and responsibilities set out in this Constitution.

7.2 Membership and Constituencies

The trust shall have members, each of whom shall be a member of one of the following constituencies:

7.2.1 A public constituency

7.2.2 A staff constituency

Board of Directors

- 7.3 The business of the Trust is to be managed by the Board of Directors, who (subject to this Constitution) shall exercise all the powers of the Trust. [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 as to maximise the benefits for the members of the trust as a whole and for the public.

- 7.4 A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Directors are appointed or any vacancy on the Board of Directors.

Membership Council

Membership Council – duties of Council Members

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- 7.5 The roles and responsibilities of the Membership Council are:

- 7.5.1 at a general meeting, to appoint or remove the Chairman and the other Non-Executive Directors;
- 7.5.2 at a general meeting, to approve an appointment (by the non-executive Directors) of the Chief Executive;
- 7.5.3 at a general meeting, to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors;
- 7.5.4 at a general meeting, to appoint or remove the Trust's auditor;
- 7.5.5 at a general meeting, to be presented with the annual accounts, any report of the auditor on them and the annual report;
- 7.5.6 at a general meeting, to appoint or remove any auditor appointed to review and publish a report on any other aspect of the Trust's affairs;
- 7.5.7 to provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Trust's forward planning in respect of each financial year;
- 7.5.8 to respond as appropriate when consulted by the Board of Directors in accordance with this Constitution;
- 7.5.9 to undertake such functions as the Board of Directors shall from time to time request;
- 7.5.10 to prepare and from time to time to review the Trust's Membership Strategy, its policy for the composition of

the Membership Council and of the Non-Executive Directors.

~~7.5.10~~ 7.5.11 The Trust must take steps to secure that the Council Members are equipped with the skills and knowledge they require in their capacity as such

- 7.6 A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Members of the Membership Council are appointed or any vacancy on the Membership Council.

8 **Members**

- 8.1. The Members of the Trust are those individuals whose names are entered in the register of members. Every Member is either a Member of one of the public constituencies or a Member of the staff constituency.
- 8.2. Subject to this Constitution, Membership is open to any individual who:
- 8.2.1. is over 16 years of age,
 - 8.2.2. is entitled under this Constitution to be a Member of the public constituencies, or staff constituency, and
 - 8.2.3. completes or has completed a membership application form in whatever form the Membership Council approves or specifies.

Public Membership

- 8.3 There are eight public constituencies corresponding to the areas set out in Annex 1 serviced by the Trust. Members of each constituency are to be individuals:
- 8.3.1 who live in the relevant area of the Trust;
 - 8.3.2 who are not eligible to be Members of the staff constituency; and
 - 8.3.3 who are not Members of another public constituency.

- 8.4 The minimum number of members of each of the public constituencies is to be 50.

Staff Membership

- 8.5 There is 1 Staff Constituency for staff Membership. It is to be divided into five classes as follows:

- 8.5.1 doctors or dentists;
- 8.5.2 Allied Health Professionals, Health Care Scientists and Pharmacists;
- 8.5.3 Management, administration and clerical;
- 8.5.4 Ancillary staff;
- 8.5.5 Nurses and midwives.
- 8.6 Members of the staff constituency are to be individuals:
 - 8.6.1 who are employed under a contract of employment by the Trust and who either:
 - 8.6.1.1 are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months, or
 - 8.6.1.2 who have been continuously employed by the Trust or the NHS Trust for at least 12 months; or
 - 8.6.2 who are not so employed but who nevertheless exercise functions for the purposes of the Trust, and have exercised the functions for the purposes of the Trust for at least 12 months.
- 8.7 Individuals entitled to be Members of the staff constituency are not eligible to be Members of the public constituency.
- 8.8 The Secretary is to decide to which class a staff member belongs.
- 8.9 The minimum number of members in each class of the staff membership is to be 20.
- 9 **Disqualification from membership**
 - 9.1 A person may not be a member of the Trust if, in the opinion of the Membership Council, there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the Trust.
- 10 **Termination of membership**
 - 10.1 A Member shall cease to be a Member if:
 - 10.1.1 they resign by notice to the Secretary;
 - 10.1.2 they die;

- 10.1.3 they are disqualified from Membership by paragraph 9;
- 10.1.4 they cease to be entitled under this Constitution to be a Member of any of the public constituencies or the staff constituency.
- 10.2 A Member may be expelled by a resolution approved by not less than three quarters of the full Membership Council present and voting at a general meeting. The following procedure is to be adopted.
 - 10.2.1 Any Member may complain to the Secretary that another Member has acted in a way detrimental to the interests of the Trust.
 - 10.2.2 If a complaint is made, the Membership Council may itself consider the complaint having taken such steps as it considers appropriate to ensure that each Member's point of view is heard and may either:
 - 10.2.2.1 dismiss the complaint and take no further action; or
 - 10.2.2.2 arrange for a resolution to expel the Member complained of to be considered at the next general meeting of the Membership Council.
 - 10.2.3 If a resolution to expel a Member is to be considered at a general meeting of the Membership Council, details of the complaint must be sent to the Member complained of not less than one calendar month before the meeting with an invitation to answer the complaint and attend the meeting.
 - 10.2.4 At the meeting the Membership Council will consider evidence in support of the complaint and such evidence as the Member complained of may wish to place before them.
 - 10.2.5 If the Member complained of fails to attend the meeting without due cause the meeting may proceed in their absence.
- 10.3 A person expelled from Membership will cease to be a Member upon the declaration by the Chairman of the meeting that the resolution to expel them is carried.
- 10.4 No person who has been expelled from Membership is to be re-admitted except by a resolution carried by the votes of three quarters of the Membership Council present and voting at a general meeting.

Members Meetings

- 11.1 The Trust is to hold a Members meeting (called the ~~A~~annual ~~M~~members ~~M~~meeting) within six months of the end of each financial year. The Annual Members Meeting shall be open to members of the public.
- 11.2 All Members meetings other than annual meetings are called special members meetings.
- 11.3 Members meetings are open to all members of the Trust, members of the Membership Council and the Board of Directors, representatives of the Trust's financial auditors, but not to members of the public. The Membership Council may invite representatives of the media, and any experts or advisors, whose attendance they consider to be in the best interests of the Trust to attend a members meeting.
- 11.4 All Members meetings are to be convened by the Secretary by order of the Chair of the Membership Council or upon a resolution of the Board of Directors.
- 11.5 The Membership Council may decide where a Members meeting is to be held and may also for the benefit of Members:
 - 11.5.1 arrange for the annual members meeting to be held in different venues each year;
 - 11.5.2 make provisions for a Members meeting to be held at different venues simultaneously or at different times. In making such provision the Membership Council shall also fix an appropriate quorum for each venue, provided that the aggregate of the quorum requirements shall not be less than the quorum set out below.
- 11.6 At the ~~A~~annual ~~M~~members ~~M~~meeting:
 - 11.6.1 the Membership Council shall present to the Members:
 - 11.6.1.1 the annual accounts;
 - 11.6.1.2 any report of the auditor;
 - 11.6.1.3 any report of any other auditor of the Trust's affairs;
 - 11.6.1.4 forward planning information for the next financial year;
 - 11.6.1.5 a report on steps taken to secure that (taken as a whole) the actual membership

of its constituencies is representative of those eligible for such membership;

11.6.1.6 the progress of the Membership Strategy;

11.6.1.7 any proposed changes to the policy for the composition of the Membership Council and of the Non-Executive Directors.

11.6.2 the results of the election and appointment of Membership Council Members will be announced.

11.7 Notice of a Members meeting is to be given:

11.7.1 by notice sent by prepaid second class post to all members;

11.7.2 by notice prominently displayed at the registered office and at all of the Trust's places of business; and

11.7.3 by notice on the Trust's website

at least 14 clear days before the date of the meeting. The notice must:

11.7.4 be given to the Membership Council and the Board of Directors, and to the auditors;

11.7.5 state whether the meeting is an annual or special members meeting;

11.7.6 give the time, date and place of the meeting; and

11.7.7 indicate the business to be dealt with at the meeting.

11.8 Before a members meeting can do business there must be a quorum present. Except where these Rules say otherwise a quorum is 30 members entitled to vote at the meeting.

11.9 It is the responsibility of the Membership Council, the Chairman of the meeting and the Secretary to ensure that at any members meeting:

11.9.1 the issues to be decided are clearly explained;

11.9.2 sufficient information is provided to members to enable rational discussion to take place;

11.9.3 where appropriate, experts in relevant fields or representatives of special interest groups are invited to address the meeting.

- 11.10 The Chairman of the Trust or, in his absence, the Vice-Chairman or, in his absence, the deputy chairman is to chair members meetings.
- 11.11 If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Membership Council determine. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of members present during the meeting is to be a quorum.
- 11.12 Subject to this Constitution, a resolution put to the vote at a members meeting shall, except where a poll is demanded or directed, be decided upon by a show of hands.
- 11.13 On a show of hands or on a poll, every member present is to have one vote. On a poll, votes may be given either personally or by proxy under arrangements laid down by the Membership Council, and every member is to have one vote. In case of an equality of votes the Chairman shall decide the outcome.
- 11.14 Unless a poll is demanded, the result of any vote will be declared by the Chairman and entered in the minute book. The minute book will be conclusive evidence of the result of the vote.
- 11.15 A poll may be directed by the Chairman or demanded either before or immediately after a vote by show of hands by not less than one-tenth of the members present at the meeting. A poll shall be taken immediately.

12. **Membership Council**

- 12.1. The Trust is to have Membership Council. It is to consist of Public Council Members, Staff Council Members, ~~PCT Council Members~~, Local Authority Council Members and other Partnership Council Members.
- 12.2. The composition of the Membership Council, subject to the 2006 Act, shall seek to ensure that:
 - 12.2.1. the interests of the community served by the Trust are appropriately represented;
 - 12.2.2. the level of representation of the public constituencies, the staff constituency and the Partnership Organisations strikes an appropriate balance having regard to their legitimate interest in the Trust's affairs;

and to this end, the Membership Council:

- 12.2.3. shall at all times maintain a policy for the composition of the Membership Council which takes account of the Membership Strategy and which specifies the allocation of Public Council Members to particular geographical regions and the allocation of Staff Council Members to particular classes of staff;
 - 12.2.4. shall from time to time and not less than every three years review the policy for the composition of the Membership Council;
 - 12.2.5. shall undertake other tasks as allocated by the Board of Directors;
 - 12.2.6. when appropriate shall propose amendments to this Constitution.
- 12.3. The Membership Council of the Trust is to comprise:
- 12.3.1. up to 16 Public Council Members from 8 public constituencies (2 members from each constituency) set out in Annex 1
 - 12.3.2. up to 6 Staff Council Members from 1 Staff Constituency from the following classes:
 - 12.3.2.1. doctors and dentists (1 member);
 - 12.3.2.2. Allied Health Professionals, Health Care Scientists and Pharmacists (1 member);
 - 12.3.2.3. Management, Administration and Clerical (1 Member);
 - 12.3.2.4. Ancillary Staff (1 Member);
 - 12.3.2.5. Nurses and Midwives (up to 2 members);
 - ~~12.3.3. 2 PCT Council Members, currently one to be appointed from each of Calderdale PCT and Kirklees PCT;~~
 - ~~12.3.4.~~ 12.3.3. -2 Local Authority Council Members, one to be appointed by each of: Calderdale Metropolitan Borough Council and Kirklees Metropolitan Council;

~~12.3.5.~~12.3.4. Up to 2 Council Members appointed by Partnership Organisations. The Partnership Organisations shall appoint a Council Member to represent their organisation on the Membership Council. The Partnership Organisations are identified as Huddersfield University and South West Yorkshire Partnership NHS Foundation Trust.

Elected Council Member

- 12.4. Public Council Members are to be elected by Members of the public constituencies, and Staff Council Members by Members of the staff constituency.
- 12.5. If contested, the elections must be by secret ballot.
- 12.6. The Election procedures including the arrangements governing nominations, the advertisement of candidates, rules regarding canvassing voting, and the election of reserves to fill casual vacancies are to be determined by the election rules (annexe 2).
- 12.7. A Member may not vote at an election for an elected Council Member unless within 21 days before they vote they have made a declaration in the form specified by the Membership Council as to the basis upon which they are entitled to vote as a Member. It is an offence to knowingly or recklessly make such a declaration which is false in a material particular. This provision does not apply to staff Members.

Appointed Council Members

~~Primary Care Trust Council Members~~

- ~~12.8. The Secretary, having consulted with the two Primary Care Trusts for which the Trust provides goods and services, is to adopt a process for agreeing the appointment of Primary Care Trust Council Members with those Primary Care Trusts.~~

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Local Authority Council Members

- ~~12.9.~~12.8. The Secretary, having consulted each Local Authority whose areas includes the whole or part of the area of the Trust is to adopt a process for agreeing the appointment of Local Authority Councils Member with those Local Authorities.

Partnership Council Members

- ~~12.10.~~12.9. The Secretary, having consulted each Partnership Organisation is to adopt a process for agreeing

the appointment of partnership Council Members with those Partnership Organisations.

Appointment of Chairman, Vice-Chair and Deputy-Chair

- 12.11 The Membership Council shall appoint a Chairman of the Trust. The Board of Directors will appoint one NED to be Vice-Chairman of the Trust. This individual may, through agreement with the Chair take on the role of ~~SINED~~ (Senior Independent Non-Executive Director) (SID). The Membership Council shall ratify the appointment of the Vice-Chairman at a General Meeting.

12.11.1 The Chairman and Vice Chair will be the Chair and Vice Chair of both the Membership Council and the Board of Directors. The Membership Council shall appoint at a general meeting one of its public Members to be Deputy Chairman of the Membership Council.

Senior Independent Non – Executive Director (SID)

12.11.2

The Trust has a detailed job description for the SID.
The main duties include:

The Senior Independent Director will be available to members of the Foundation Trust and to the Membership Council if they have concerns that contact through the usual channels of Chair, Chief Executive, Finance Director and Company Secretary has failed to resolve or where it would be inappropriate to use such channels. In addition to the duties described here the SID has the same duties as the other Non-Executive Directors.

The SID has a key role in supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair. The SID also has a role in supporting the Chair as Chair of the Membership Council.

While the Membership Council determines the process for the annual appraisal of the chair, the senior independent director is responsible for carrying out the appraisal of the chair on its behalf. ~~The senior independent director might also take responsibility for an orderly succession process for the chair role where a reappointment or a new appointment is necessary.~~

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The SID should maintain regular contact with the Membership Councillors and attend meetings of the Membership Council to obtain a clear understanding of Membership Council views on the key strategic performance issues facing the Foundation Trust. The SID should also be available to Membership Councillors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; chair's appraisal or setting the chair's objectives for example.

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In rare cases where there are concerns about the performance of the chair the SID should provide support and guidance to the Membership Council in seeking to resolve concerns or in the absence of a resolution in taking formal action. Where the foundation trust has appointed a lead membership councillor the SID should liaise with the lead membership councillor in such circumstances.

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In circumstances where the board is undergoing a period of stress the SID has a vital role in intervening to resolve issues of concern. These might include unresolved concerns on the part of the Membership Council regarding the chair's performance; where the relationship between the chair and the chief executive is either too close or not sufficiently harmonious, where the Foundation Trust's strategy is not supported by the whole Board or where key decisions are being made without reference to the Board or where succession planning is being ignored.

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In the circumstances outlined above, the SID will work with the chair, other directors and/or governors, to resolve significant issues. Boards of directors and Membership Councillors need to have a clear understanding of when the SID might intervene.

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12.11.4

Terms of office for Membership Council Members

12.12 Elected Council Members:

- 12.12.1 shall hold office for a period of three years commencing immediately after the annual members meeting at which their election is announced;

- 12.12.2 subject to the next sub-paragraph are eligible for re-election after the end of that period;
- 12.12.3 may not hold office for more than six consecutive years and shall not be eligible for re-election if they have already held office for more than three consecutive years;
- 12.12.4 cease to hold office if they cease to be a Member of the constituency by which they were elected, or if they are disqualified for any of the reasons set out in this Constitution.
- ~~12.12.4~~ 12.12.5 “The Foundation Trust will retain a reserve register of Membership Councillors who have previously held and completed their elected terms of office with the Foundation Trust as per paragraph 12.12.3. The reserve register will exist to ensure that the statutory sub-committees of the Board of Directors can run effectively (i.e, the Remuneration, Nomination and Audit Risk Committees) and that the role of Deputy Chair of the Membership Council can continue. A condition of access to the register will be to cover gaps on the statutory sub-committees and the role of the Deputy Chair. Access to the Register will be exceptional and for a time limited period. No reserve Membership Councillor shall be retained on the reserve list for more than 2 years following completion of their elected terms of office, whether or not they have covered a vacant seat in that period. Membership Councillors can apply to be on the reserve register if they are not re-elected following the first term of their elected office. The normal rules of selection and exclusion for Membership Councillors will apply to reserve Membership Councillors. A majority of the Board of Directors and the Membership Council, who are present when the decision is taken, must agree the movement of a reserve Membership Councillor from the reserve list onto the Membership Council. The reserve Membership Councillor may only serve one term of office on the Membership Council for a 12 month period. No further terms will be available. Decisions of the Board of Directors and Membership Council will be final in respect of access to the reserve register and of holding a reserve position on the Membership Council. No right of review or appeal will exist in respect of decisions made by the Board of

Directors and Membership Council. The reserve Membership Councillor may only cover a vacancy that exists following elections. This may be on the Constituency to which they were previously elected and hold terms of office or to a different vacant seat. The rules of good governance will apply at all times and the Board of Directors and Membership Council will have regard to the need to continually refresh their elected and appointed members, whilst ensuring that the business of the Board and Membership Council can continue seamlessly using the best available knowledge and experience”.

12.13 Appointed Council Members:

- 12.13.1 shall hold office for a period of 3 years commencing immediately after the annual members meeting at which their appointment is announced;
- 12.13.2 subject to the next sub-paragraph are eligible for re-appointment after the end of that period;
- 12.13.3 may not hold office for longer than 6 consecutive years;
- 12.13.4 shall cease to hold office if the Appointing Organisation terminates their appointment.
- 12.13.5 cease to hold office if they cease to be a Member of the constituency by which they were elected, or if they are disqualified for any of the reasons set out in this Constitution.

Eligibility to be a Council Member

- 12.14 A person may not become a Council Member of the Trust, and if already holding such office will immediately cease to do so if:
 - 12.14.1 they are a Director or Company Secretary of this Trust, a Director of another NHS Trust or a Council Member or Non Executive Director of another NHS Foundation Trust;
 - 12.14.2 they are under 18 years of age;
 - 12.14.3 being a Member of a public constituency, they were entitled to be a Member of the staff constituency until less than one years ago;

- 12.14.4 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
- 12.14.5 they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
- 12.14.6 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
- 12.14.7 they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- 12.14.8 they are a person whose tenure of office as the Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

Termination of office and removal of Council Member

- 12.15 A person holding office as a Council Member shall immediately cease to do so if:
 - 12.15.1 they resign by notice in writing to the Secretary;
 - 12.15.2 they fail to attend two meetings in any Financial Year, unless the other Council Members are satisfied that:
 - 12.15.2.1 the absences were due to reasonable causes; and
 - 12.15.2.2 they will be able to start attending meetings of the Trust again within such a period as they consider reasonable.
 - 12.15.3 in the case of an elected Council Member, they cease to be a Member of the constituency by whom they were elected;

- 12.15.4 in the case of an Appointed Council Member, the Appointing Organisation terminates the appointment;
 - 12.15.5 they have failed to undertake any training which the Membership Council requires all Council Members to undertake;
 - 12.15.6 they have failed to sign and deliver to the Secretary a statement in the form required by the Membership Council confirming acceptance of the code of conduct for Council Members;
 - 12.15.7 they refuse to sign a declaration in the form specified by the Membership Council that they are a Member of a specific public constituency and are not prevented from being a Member of the Membership Council. This does not apply to Staff members;
 - 12.15.8 they are removed from the Membership Council under the following provisions.
- 12.16 A Council Member may be removed from the Membership Council by a resolution approved by not less than three-quarters of the remaining Council Members present and voting at a general meeting of the Membership Council on the grounds that:
- 12.16.1 they have committed a serious breach of the code of conduct; or
 - 12.16.2 they have acted in a manner detrimental to the interests of the Trust; and
 - 12.16.3 the Membership Council consider that it is not in the best interests of the Trust for them to continue as a Council Member.

Vacancies amongst Council Members

- 12.17 Where a vacancy arises on the Membership Council for any reason other than expiry of term of office, the following provisions will apply.
- 12.18 Where the vacancy arises amongst the Appointed Council Members, the Secretary shall request that the Appointing Organisation appoints a replacement to hold office for the remainder of the term of office.
- 12.19 Where the vacancy arises amongst the elected Council Member, the Membership Council shall be at liberty either:

- 12.19.1 to call an election within three months to fill the seat for the remainder of that term of office, or
- 12.19.2 to invite any elected reserve Council Members or the next highest polling candidate for that seat at the most recent election, who is willing to take office to fill the seat until the next annual election, at which time the seat will become vacant and subject to election for any unexpired period of the term of office.

Expenses and remuneration of Council Member

- 12.20 The Trust may pay travelling and other expenses to Council Members at such rates as it decides. These are to be disclosed in the annual report.

- 12.21 Council Members are not to receive remuneration.

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Meetings of the Membership Council

- 12.22 The Membership council is to meet at least three times in each financial year. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days written notice of the date and place of every meeting of the Membership Council to all Council Members. Notice will also be published in local media and on the Trust's website.
- 12.23 Meetings of the Membership Council may be called by the Secretary, by the Chairman, by the Board of Directors or by eight Council Members including two Appointed Council Members who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Council Members as soon as possible after receipt of such a request. The Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chairman or four Council Members, whichever is the case, shall call such a meeting.
- 12.24 All meetings of the Membership Council are to be general meetings open to Members of the public unless the Membership Council decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds. The Chairman may exclude any member of the public from a meeting of the Membership Council if they are interfering with or preventing the proper conduct of the meeting.

- 12.25 Sixteen Membership Council members (including not less than nine Public Council Members, not less than three Staff Council Members and not less than two Appointed Council Members) present in person or by proxy under arrangements approved by the Membership Council shall form a quorum.
- 12.26 The Chairman of the Trust or, in his absence, the Vice-Chairman, or in his absence a Deputy Chairman will chair meetings of the Membership Council.
- 12.27 The Deputy Chairman will be appointed from the public membership at a general meeting. He will act as Chairman of the meeting should the Chairman and the Vice Chairman be in conflict. The Deputy Chairman will hold the casting vote when he is acting as Chairman.
- 12.28 The Membership Council may invite the Chief Executive or through the Chief Executive any other member or members of the Board of Directors, or a representative of the Trust's auditors or other advisors to attend a meeting of the Membership Council. The Chief Executive and any Executive of the Trust nominated by the Chief Executive shall have the right to attend any meeting of the Membership Council provided that they shall not be present for any discussion of their individual relationship with the Trust.
- 12.29 The Membership Council may agree that its Members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.
- 12.30 Subject to this Constitution including the following provisions of this paragraph, questions arising at a meeting of the Membership Council requiring a formal decision shall be decided by a majority of votes.
- 12.30.1 In case of an equality of votes the Chairman shall decide the outcome.
- 12.30.2 No resolution of the Membership Council shall be passed if it is unanimously opposed by all of the Public Council Members.
- 12.31 All decisions taken in good faith at a meeting of the Membership Council or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Council Members attending the meeting.

~~12.31~~

Disclosure of interests

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- 12.32 Any Council member who has a material interest in a matter as defined below and in Annex 3 shall declare such interest to the Membership Council and it shall be recorded in a register of interests and the Council Member in question:
- 12.32.1 shall not be present except with the permission of the Membership Council in any discussion of the matter, and
 - 12.32.2 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 12.33 Any Council Member who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Council Members.
- 12.34 A material interest in a matter is any interest (save for the exceptions referred to below) held by a Council Member, or their spouse or partner, in any firm or 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. The exceptions which shall not be treated as material interests are as follows:
- 12.34.1 shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;
 - 12.34.2 an employment contract held by staff Council Members;
 - ~~12.34.3 a contract with their PCT held by a PCT Council Members;~~
 - ~~12.34.4~~ 12.34.3 an employment contract with a Local Authority held by a Local Authority Council Members;
 - ~~12.34.5~~ 12.34.4 an employment contract with any Partnership organisation, ~~listed at paragraph 12.3.5 of this Constitution.~~
- 12.35 The Membership Council is to adopt its own standing orders for its practice and procedure, in particular for its procedure at meetings.
- 12.36 Meetings of the Membership Council are to follow an approach that encourages involvement and discussion and may be of a workshop or open space format.

- 12.37 An Elected Council Member may not vote at a meeting of the Membership Council unless, before attending the meeting, they have made a declaration in the form specified by the Membership Council as to the basis upon which they are entitled to vote as a Member Annex 3 provides guidance. An Elected Council Member shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Membership Council, and every agenda for meetings of the Membership Council will draw this to the attention of elected Council Members.

13 **Board of Directors**

- 13.1 The Trust is to have a Board of Directors. It is to consist of Executive and Non-Executive Directors.
- 13.2 The Constitution is to provide for all the powers of the corporation to be exercisable by the Board of Directors.
- 13.3 The board is to include:
- 13.3.1 the following Non-Executive Directors:
- 13.3.1.1 a Chairman;
- 13.3.1.2 up to 6 other Non-Executive Directors.
- 13.3.1.3 It is for the Membership Council at a general meeting to appoint or remove the Chairman and the other Non-Executive Directors. Appointments will be made using the procedure set out in sub-paragraph 13.5.5
- 13.3.1.4 Removal of a Non-Executive Director requires the approval of three quarters of the full Council Member.
- 13.3.2 the following Executive Directors:
- 13.3.2.1 a Chief Executive who shall also be the accounting officer responsible for the submission of the accounts of the Trust to Parliament and any report of the auditor on them. Once laid before Parliament copies will be sent of the documents will be sent to Monitor. It is for the Non-Executive Directors, including the Chairman, to appoint or remove the Chief Executive. Appointment of the Chief Executive requires the approval of the Membership Council;
- 13.3.2.2 a Finance Director. It is for a committee consisting of the Chief Executive and the Non-Executive

Directors, including the Chairman, to appoint the Finance Director;

13.3.2.3 up to 4 other Executive Directors, one of whom is to be a registered member of a medical or a registered dentist (within the meaning of the Dentists Act 1984 (c.24)) and one of whom is to be a registered nurse or midwife (unless this requirement is met by reason of qualifications held by the Chief Executive or Finance Director). It is for a committee consisting of the Chief Executive and a Chairman and the other Non-Executive Directors, to appoint or remove all the Executive Directors.

13.3.2.4 It is for the Board of Directors to appoint one Non-Executive Director to be Vice-Chair of the Trust.

- 13.4 Only a Member of one of the public constituencies is eligible for appointment as a Non-Executive Director.
- 13.5 Non-Executive Directors are to be appointed by the Membership Council using the following procedure.
- 13.5.1 The Membership Council will maintain a policy for the composition of the Non-Executive Directors which takes account of the Membership Strategy, and which they shall review from time to time and not less than every three years.
- 13.5.2 The Board of Directors will work with the external organisations recognised as expert at appointments to identify the skills and experience required for Non-Executive Directors.
- 13.5.3 Appropriate candidates will be identified by the Board of Directors taking into account the policy maintained by the Membership Council and the skills and experience required.
- 13.5.4 Only those candidates meeting the skills and experience identified by the Board of Directors will be eligible for appointment.
- 13.5.5 A sub-committee of the Membership Council (not exceeding 4 persons) including the Chair will interview a short list of candidates and recommend a candidate for appointment by the Membership Council.

Terms of Office

- 13.6 The Chairman and the Non-Executive Directors are to be appointed for a period of three years. The Chair and the Non-Executive Directors will serve for a maximum of two terms. In exceptional circumstances a Non-Executive Director (including the Chair) may serve longer than six years (two three-year terms). Any subsequent appointment will be subject to annual re-appointment. Reviews will take into account the need to progressively refresh the Board whilst ensuring its stability. Provisions regarding the independence of the Non-Executive Director will be strictly observed.

Disqualification

- 13.7 A person may not become or continue as a Director of the Trust if:
- 13.7.1 they are a member of the Membership Council;
 - 13.7.2 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
 - 13.7.3 they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
 - 13.7.4 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
 - 13.7.5 they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
 - 13.7.6 in the case of a Non-Executive Director, they are no longer a member of the relevant constituency;
 - 13.7.7 they are a person whose tenure of office as a Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non attendance at meetings, or for non-disclosure of a pecuniary interest;
 - 13.7.8 they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

- 13.7.9 in the case of a Non-Executive Director they have failed to fulfil any training requirement established by the Board of Directors; or
- 13.7.10 they have failed to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for Directors; or
- 13.7.11 in the case of a Non Executive Director the Membership Council resolves by approval of three quarters of the full Council members, following a recommendation from the Board of Directors supported by evidence, that they have failed to make an appropriate contribution to the work of the Board of Directors.

Committees and delegation

- 13.8 The Board of Directors may delegate any of its powers to a committee of Directors or to an Executive Director.
- 13.9 The Board of Directors shall appoint a committee of Non-Executive Directors to monitor the exercise of the auditor's functions and perform such monitoring, reviewing and other functions as the Board of Directors shall consider appropriate.
- 13.10 The Board of Directors shall appoint an executive remuneration committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and Executive Directors.
- 13.11 The remuneration and allowances, and the other terms and conditions of office, of the Chairman and Non-Executive Directors shall be decided by the Membership Council at a general meeting. The Membership Council may take advice from independent pay advisors whose Terms of Reference will be established and ratified by the Board of Directors and the Membership Council.

Meeting of Directors

- 13.12 Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least 14 days written notice of the date and place of every meeting of the Board of Directors to all Directors. Notice will also be published in local media and on the Trust's website.
- 13.13 Meetings of the Board of Directors shall be open to members of the public unless the Board of Directors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds. The Chairman may

exclude any member of the public from a meeting of the Board of Directors if they are interfering with or preventing the proper conduct of the meeting.

- 13.14 Meetings of the Board of Directors are called by the Secretary, or by the Chairman, or by four Directors including two Executive Directors who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Directors as soon as possible after receipt of such a request. The Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chairman or four Directors, whichever is the case, shall call such a meeting.
- 13.15 Six Directors including not less than three Executive, and not less than three Non-Executive Directors shall form a quorum.
- 13.16 The Board of Directors may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.
- 13.17 The Chairman of the Trust or, in their absence, the Vice-Chair, and in their absence one of the other Non-Executive Directors in attendance is to chair meetings of the Board of Directors.
- 13.18 Subject to the following provisions of this paragraph, questions arising at a meeting of the Board of Directors requiring a formal decision shall be decided by a majority of votes.
- 13.18.1 In case of an equality of votes the Chairman shall have a second and casting vote.
- 13.18.2 No resolution of the Board of Directors shall be passed by a majority composed only of Executive Directors or Non-Executive Directors
- 13.19 The Board of Directors is to adopt Standing Orders covering the proceedings and business of its meetings. The proceedings shall not however be invalidated by any vacancy of its membership, or defect in a Director's appointment.

Conflicts of Interest of Directors

- 13.20 Any Director who has a material interest in a matter as defined below and in Annex 3 shall declare such interest to the Board of Directors and it shall be recorded in a register of interests and the Director in question:
- 13.20.1 shall not be present except with the permission of the Board of Directors in any discussion of the matter, and

- 13.20.2 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 13.21 Any Director who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Directors.
- 13.22 A material interest in a matter is any interest (save for the exceptions referred to below) held by a Director or their spouse or partner in any firm or 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, including private healthcare organisations and other foundation trusts as described in Annex 3. The exceptions which shall not be treated as material interests are as follows:
 - 13.22.1 shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange.

Expenses

- 13.23 The remuneration and allowances for Directors are to be disclosed in the annual report.

14 Secretary

- 14.1 The Trust shall have a Secretary who may be an employee. The Secretary may not be a Council Member, or the Chief Executive or the Finance Director. The Secretary shall be accountable to the Chief Executive and their functions shall include:
 - 14.1.1 acting as Secretary to the Membership Council and the Board of Directors, and any committees;
 - 14.1.2 summoning and attending all members meetings, meetings of the Membership Council and the Board of Directors, and keeping the minutes of those meetings;
 - 14.1.3 keeping the register of members and other registers and books required by this Constitution to be kept;
 - 14.1.4 having charge of the Trust's seal;
 - 14.1.5 publishing to members in an appropriate form information which they should have about the Trust's affairs;
 - 14.1.6 preparing and sending to Monitor and any other statutory body all returns which are required to be made;

14.1.7 providing support to the Membership Council and the Non-Executive Directors;

14.1.8 overseeing elections conducted under this Constitution;

14.1.9 offering advice to the Membership Council and the Board of Directors on issues of governance and corporate responsibility.

14.2 Minutes of every members meeting, of every meeting of the Membership Council and of every meeting of the Board of Directors are to be kept. Minutes of meetings will be included on the agenda of the next meeting and signed by the Chairman of that meeting. The signed minutes will be conclusive evidence of the events of the meeting.

15 Registers

15.1 The Trust is to have:

15.1.1 a Register of Members showing, in respect of each Member
:

15.1.1.1 Name of Member

15.1.1.2 the constituency to which they belong and (where the Membership Council has decided that the Membership of the Public, or Staff constituencies shall be sub-divided for election purposes) any sub-division of that constituency to which they belong;

15.1.1.3 any address which they have authorised the Trust to use for the purposes of any communications.

15.1.2 a Register of Members of the Membership Council;

15.1.3 a Register of Directors;

15.1.4 a Register of Interests of Council Members;

15.1.5 a Register of Interests of the Directors.

15.2 The Secretary shall add to the Register of Members any individual who becomes a Member of the Trust or remove from the Register of Members the name of any Member who ceases to be entitled to be a Member under the provisions of this Constitution.

16 Public Documents

- 16.1 The following documents of the Trust are to be available for inspection by Members of the public. If the person requesting a copy or extract under this paragraph is not a member of the Trust, the Trust may impose a reasonable charge for doing so.
- 16.1.1 a copy of the current Constitution;
 - 16.1.2 a copy of the current Authorisation;
 - 16.1.3 a copy of the latest annual accounts and of any report of the auditor on them;
 - 16.1.4 a copy of the report of any other auditor of the Trust's affairs appointed by the Membership Council;
 - 16.1.5 a copy of the latest annual report;
 - 16.1.6 a copy of the latest information as to its forward planning;
 - 16.1.7 a copy of the Trust's Membership Strategy;
 - 16.1.8 a copy of the Trust's policy for the composition of the Membership Council and the Non-Executive Directors;
 - 16.1.9 a copy of any notice given under section 52 of the 2006 Act (Monitor's notice to failing NHS Foundation Trust).
- 16.2 The Register of Members shall be made available for inspection by members of the public, and will be available free of charge at all reasonable times. Article 2(b) of the Public Benefit Corporation (Register of Members) Regulations 2004 allows for members to request their details are not published as part of the Register of Members.
- 16.3 Any Member who requests a copy or extract from any of the above documents and registers will be provided with them free of charge.

17 **Auditors**

- 17.1 The Trust is to have an auditor and is to provide the auditor with every facility and all information, which he may reasonably require for the purposes of his functions under paragraph 23 of schedule 7 to the 2006 Act.
- 17.2 The Board of Directors shall nominate an auditor to be appointed by the Membership Council and may resolve that an auditor be appointed to review and publish a report on any other aspect of the Trust's performance. Any such auditor is to be appointed by the Membership Council.

- 17.3 A person may only be appointed as an auditor if he (or in the case of a firm of each of its members) is a member of one or more of the bodies referred to in paragraph 23(4) of Schedule 7 to the 2006 Act. An officer of the Audit Commission may be appointed with the agreement of the Commission.
- 17.4 The Membership Council at a general meeting shall appoint or remove the Trust's auditors.
- 17.5 The auditor is to carry out his duties in accordance with Schedule 7 to the 2006 Act and in accordance with any directions given by Monitor standards, procedures and techniques to be adopted.

18 Audit Committee

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.

19 Accounts

- 19.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 19.2 Monitor may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.
- 19.3 The accounts are to be audited by the Trust's auditor.
- 19.4 The following documents will be made available to the Comptroller and Auditor General for examination at his request:
 - 19.4.1 the accounts;
 - 19.4.2 any records relating to them; and
 - 19.4.3 any report of the auditor on them.
- 19.5 The Trust 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 direct.
- 19.6 The annual accounts, any report of the auditor on them, and the annual report are to be presented to the Membership council at a General Meeting.
- 19.7 The Trust shall:

19.7.1 lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and

19.7.2 once it has done so, send copies of those documents to Monitor.

20 Annual reports and forward plans and non-NHS work

20.1 The Trust is to prepare annual reports and send them to Monitor.

20.2 The reports are to give:

20.2.1 information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of its constituencies is representative of those eligible for such membership; and

20.2.2 any other information that Monitor requires.

20.3 The Trust is to comply with any decision Monitor makes as to:

20.3.1 the form of the reports;

20.3.2 when the reports are to be sent to him;

20.3.3 the periods to which the reports are to relate.

20.4 The Trust is to give information as to its forward planning in respect of each financial year to Monitor. The document containing this information is to be prepared by the Directors, and in preparing the document the Board of Directors shall have regard to the views of the Membership Council.

20.5 Each forward plan must include information about:-

20.5.1 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

20.5.2 the income it expects to receive from doing so.

20.6 Where a forward plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph 20.5.1 the Membership Council must:-

20.6.1 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

20.6.2 notify the directors of the trust of its determination.

- 20.7 A trust which 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 the health service in England may implement the proposal only if more than half of the members of the Membership Council voting to approve its implementation.

21 Indemnity

- 21.1 Members of the Membership Council and the Board of Directors and the Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust. The Trust may purchase and maintain insurance against this liability for its own benefit and the benefit of members of the Membership Council and Board of Directors and the Secretary.

22 Execution of documents

- 22.1 A document purporting to be duly executed under the Trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.
- 22.2 The Trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.

23 Dispute Resolution Procedures

- 23.1 Every unresolved dispute which arises out of this Constitution between the Trust and:
- 23.1.1 a Member; or
 - 23.1.2 any person aggrieved who has ceased to be a Member within the six months prior to the date of the dispute; or
 - 23.1.3 any person bringing a claim under this Constitution; or
 - 23.1.4 an office-holder of the Trust;
- is to be submitted to an arbitrator agreed by the parties. The arbitrator's decision will be binding and conclusive on all parties.

24 Amendment Of The Constitution

24.1 The trust may make amendments of its Constitution only if:-

24.1.1 More than half of the members of the Membership Council of the trust voting approve the amendments; and

24.1.2 More than half of the members of the Board of Directors of the trust voting approve the amendments.

24.2 Amendments made under paragraph 24.1 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 of the amendment, not accord with schedule 7 of the 2006 Act.

24.3 Where an amendment is made to the constitution in relation to the powers or duties of the Membership Council (or otherwise with respect to the role that the Membership Council has as part of the trust)

24.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and

24.3.2 The trust must give the members an opportunity to vote on whether they approve the amendment.

24.4 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.

24.5 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.

~~24.1 No amendment shall be made to this Constitution unless:~~

~~24.1.1.1 it has been approved by the Membership Council; or~~

~~24.1.2 a sub-group of the Membership Council, consisting of at least three Council Members (including at least two Elected Council Members), has judged the amendment to be minor, and the amendment has been approved by the Board of Directors; and~~

~~24.1.3~~24.1.2 ~~it has been approved by Monitor.~~

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25 Mergers etc. and significant transactions

25.1.1 The trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Membership Council.

25.1.2 The Trust may enter into a significant transaction only if more than half of the members of the Membership Council of the trust voting approve entering into the transaction.

25 25.3 The constitution does not contain any descriptions of the term 'significant transaction' for the purposes of section 51A of the 2006 Act (Significant Transactions).

~~25.1 The Trust may in accordance with section 56 of the 2006 Act apply to Monitor jointly with another NHS Foundation Trust or an NHS Trust for authorisation of the dissolution of the Trusts and the transfer of some or all of their property and liabilities to a new NHS Foundation Trust established under that section. Such application shall only be made after consultation with the Membership Council of the Trust by the Board of Directors. The final decision will be taken by the Board of Directors.~~

26 **Dissolution Of The Trust**

26.1 The Trust may not be dissolved except by order of the Secretary of State for Health, in accordance with the 2006 Act.

27. **Head Office and Website**

27.1 The Trust's head office for the purpose of this Constitution is at Trust Offices, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, HD3 3EA, or any other address decided by the Membership Council.

27.2 The Trust will maintain a website, the address of which is www.cht.nhs.uk or any other address decided by the Membership Council.

27.3 The Trust will display its name and website on the outside of its head office and every other place at which it carries on business, and on its business letters, notices, advertisements, other publications.

28. **Notices**

28.1 Any notice required by this Constitution to be given shall be given in writing or shall be given using electronic communications to an address for the time being notified for that purpose. "Address" in relation to electronic communications

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includes any number or address used for the purposes of such communications.

- 28.2 Proof that an envelope containing a notice was properly addressed, prepaid and posted shall be conclusive evidence that the notice was given. A notice shall be treated as delivered 48 hours after the envelope containing it was posted or, in the case of a notice contained in an electronic communication, 48 hours after it was sent.

Transition Schedule

29. Membership Council

- ~~29.1 If the total Membership is over 3000 on the commencement of the election process and there are over 100 members in each of the public constituencies, the Membership Council shall be elected in accordance with this Constitution save that:~~

~~29.1.1 Seven of the first Council Members shall hold office for 3 years; eight of the first Council Members shall hold office for 2 years; seven of the first Council Members shall hold office for 1 year.~~

~~29.1.2 Election results shall be used to determine which Council Members stand for 1, 2 and 3 years.~~

- ~~29.2 If any of the public constituencies have less than 100 members, the Trust may choose not to elect Public Council Members to that constituency in the first instance. A bi-election shall be held for that constituency once membership numbers are above 100.~~

- ~~29.3 The PCT and Local Authority Council Members will be appointed on Authorisation.~~

- ~~29.4 The Partner Organisation Council Members will be appointed on Authorisation.~~

- ~~29.5 The process for elections to be held under this Transition Schedule shall be decided by the Board of Directors of the Trust in consultation with Electoral Reform Services and subject to any guidance issued by the Department of Health and any Regulations made by the Secretary of State for Health.~~

30. Board of Directors

- ~~30.1 The Chairman holding office on Authorisation will be entitled to serve out the term of office for which they were appointed or one year from that date (whichever is longer) as Chairman of the former NHS Trust, if he wishes to be appointed.~~

~~30.2 The Non-Executive Directors holding office on Authorisation will be entitled to serve out the term of office for which they were appointed or one year from that date (whichever is longer) as Non-Executive Directors of the former NHS Trust, if he wishes to be appointed.~~

~~30.3 The Chief Executive holding office on Authorisation will be entitled to serve out the term of office for which he was appointed as Chief Executive of the former NHS Trust.~~

~~30.4 The Executives holding office on Authorisation will be entitled to serve out the term for which they were appointed as Directors of the NHS Trust. These are:~~

~~29.4.1 The Director of Finance;~~

~~29.4.2 The Director of Service Development;~~

~~29.4.3 The Director of Personnel and Development;~~

~~29.4.4 The Director of Nursing;~~

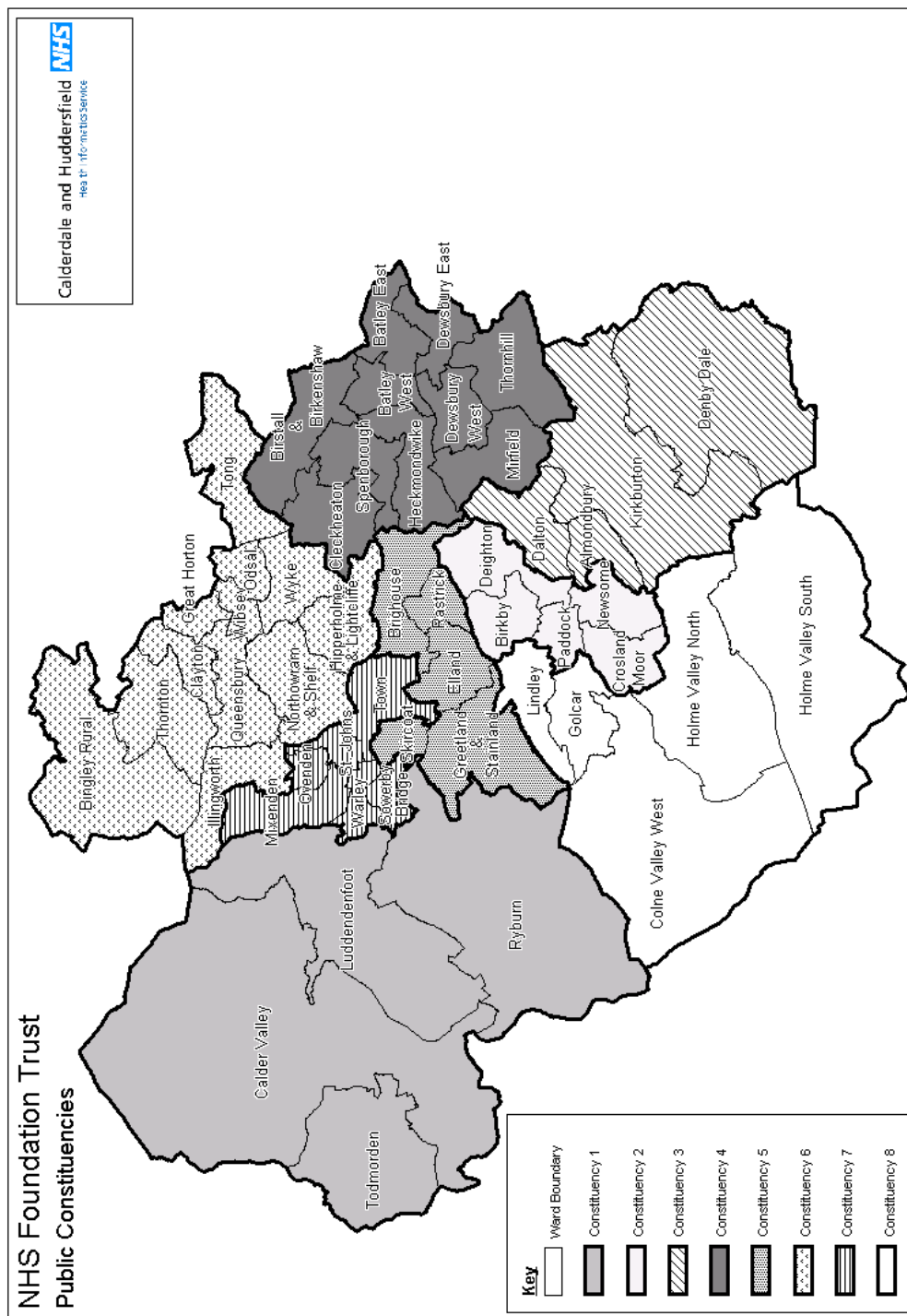
~~29.4.5 The Medical Director;~~

~~31 Approval of Membership Strategy etc.~~

~~31.1 The first Membership Council will consider and adopt the Membership Strategy, a policy for the composition of the Membership Council, of the Non-Executive Directors, and the Trust's codes of conduct~~

~~31.2 These will be reviewed in 2007.~~

Appendix 1 – Public Constituencies



Constituency	Wards	Population
1	Todmorden	44,784
	Calder Valley	
	Luddendenfoot	
	Ryburn	
2	Birkby	72,502
	Deighton	
	Paddock	
	Crosland Moor	
	Newsome	
3	Dalton	63,551
	Almondbury	
	Kirkburton	
	Denby-Dale	
4	Cleckheaton	172,556
	Birstall & Birkenshaw	
	Spenborough	
	Heckmondwike	
	Batley West	
	Batley East	
	Mirfield	
	Dewsbury West	
	Dewsbury East	
	Thornhill	
5	Skircoat	53,860
	Greetland & Stainland	
	Elland	
	Rastrick	
	Brighouse	
6	Illingworth	165,481
	Nothowram & Shelf	
	Hipperholme & Lightcliffe	
	Bingley Rural	
	Thorton	
	Clayton	
	Queensbury	
	Great Horton	
	Wibsey	
	Oddsall	
	Wyke	
	Tong	
7	Mixenden	64,086
	Ovenden	
	Warley	
	Sowerby Bridge	
	St. Johns	
	Town	

8	Lindley	79,957
	Golcar	
	Colne Valley West	
	Holme Valley North	
	Holme Valley South	

Note on Constituencies

Population data and indices of deprivation have been used to formulate the eight constituencies. Constituencies are as close as possible to one eighth of the population of Calderdale and Kirklees, though attempts to reflect Local Authority boundaries and areas of similar deprivation levels mean there is some variation. Constituencies 4 and 6 are noticeably larger because persons in these constituencies mostly use services provided by other NHS Trusts. Each Constituency comprises of several electoral areas for local government elections.

/KB/CONSTITUTION-MARCH 2006
 UPDATED 13.6.06
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 UPDATED 20.6.06
 UPDATED 31.7.06
 UPDATED 12.11.07
 REVIEW DATE: September 2008
 DRAFT – 29.7.10

Calderdale & Huddersfield NHS Foundation Trusts Election Rules

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1. Interpretation

Part 2 – Timetable for election

2. Timetable
3. Computation of time

Part 3 – Returning officer

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

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- 49. Sealing up of documents relating to the poll
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stv54. Countermand or abandonment of poll on death of candidate

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- 58. Publicity about election by the corporation
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Part 11 – Questioning elections and irregularities

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- 62. Secrecy
- 63. Prohibition of disclosure of vote
- 64. Disqualification
- 65. Delay in postal service through industrial action or unforeseen event

Part 1 - Interpretation

1. Interpretation – (1) In these rules, unless the context otherwise requires -

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

“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 board of governors;

“the regulator” means the Independent Regulator for NHS foundation trusts; and

“the 2006 Act” means the Health and Social Care (Community Health and Standards) Act 2006.

(2) Other expressions used in these rules and in Schedule 1 to the Health and Social Care (Community Health and Standards) Act 2006 have the same meaning in these rules as in that Schedule.

Part 2 – Timetable for election

2. Timetable - 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 papers 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 - (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.

(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.

Part 3 – Returning officer

4. Returning officer – (1) Subject to rule 64, the returning officer for an election is to be appointed by the corporation.

(2) Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff – Subject to rule 64, 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 - 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 – 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 – 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 board 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 papers may be obtained;
- (e) the address for return of nomination papers 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, and
- (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates – (1) Each candidate must nominate themselves on a single nomination paper.

(2) The returning officer-

- (a) is to supply any member of the corporation with a nomination paper, and
- (b) is to prepare a nomination paper 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.

10. Candidate's particulars – (1) The nomination paper must state the candidate's -

- (a) full name,
- (b) contact address in full, and

- (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests – The nomination paper 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 – The nomination paper must include a declaration made by the candidate–

- (a) that he or she is not prevented from being a member of the board of governors by paragraph 8 of Schedule 1 of the 2003 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 – The nomination paper must be signed and dated by the candidate, 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.

14. Decisions as to the validity of nomination – (1) Where a nomination paper 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 paper 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.

(2) The returning officer is entitled to decide that a nomination paper 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 papers, 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, as required by rule 13.

(3) The returning officer is to examine each nomination paper as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

(4) Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.

(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 paper.

15. Publication of statement of candidates – (1) The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

(2) The statement must show –

- (a) the name, contact 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 paper.

(3) The statement must list the candidates standing for election in alphabetical order by surname.

(4) The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers – (1) The corporation is to make the statements of the candidates and the nomination papers supplied by the returning officer under rule 15(4) available for inspection by members of the public free of charge at all reasonable times.

(2) If a person requests a copy or extract of the statements of candidates or their nomination papers, the corporation is to provide that person with the copy or extract free of charge.

17. Withdrawal of candidates - 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 – (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 board of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

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

(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 board 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 – (1) The votes at the poll must be given by secret ballot.

(2) The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

20. The ballot paper – (1) The ballot of each voter 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.

(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 board 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,
- (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.

(3) Each ballot paper must have a unique identifier.

(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) – (1) In respect of an election for a public or patient constituency a declaration of identity must be issued with each ballot paper.

(2) The declaration of identity is to include a declaration –

- (a) that the voter is the person to whom the ballot paper was addressed,
- (b) that the voter has not marked or returned any other voting paper in the election, and
- (c) for a member of the public or patient constituency, of the particulars of that member's qualification to vote as a member of the constituency or class within a constituency for which the election is being held.

(3) The declaration of identity is to include space for –

- (a) the name of the voter,
- (b) the address of the voter,
- (c) the voter's signature, and
- (d) the date that the declaration was made by the voter.

(4) The voter must be required to return the declaration of identity together with the ballot paper.

(5) The declaration of identity must caution the voter that, if it is not returned with the ballot paper, or if it is returned without being correctly completed, the voter's ballot paper may be declared invalid.

Action to be taken before the poll

22. List of eligible voters – (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 26 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

(2) The list is to include, for each member, a mailing address where his or her ballot paper is to be sent.

23. Notice of poll - 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 board 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 address for return of the ballot papers, and the date and time of the close of the poll,
- (g) the address and final dates for applications for replacement ballot papers, and
- (h) the contact details of the returning officer.

24. Issue of voting documents by returning officer – (1) 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 documents to each member of the corporation named in the list of eligible voters–

- (a) a ballot paper and ballot paper envelope,
- (b) a declaration of identity (if required),
- (c) information about each candidate standing for election, pursuant to rule 59 of these rules, and
- (d) a covering envelope.

(2) The documents are to be sent to the mailing address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope – (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.

(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.

(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 declaration of identity if required, and
- (b) the ballot paper envelope, with the ballot paper sealed inside it.

The poll

26. Eligibility to vote – An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

27. Voting by persons who require assistance – (1) The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

(2) Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

28. Spoilt ballot papers (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 a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.

(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.

(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 declaration of identity, if required, has not been returned.

(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. Lost ballot papers – (1) Where a voter has not received his or her ballot paper by the fourth day before the close of the poll, that voter may apply to the returning officer for a replacement ballot paper.

(2) The returning officer may not issue a replacement ballot paper for a lost ballot paper 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 ballot paper, and
- (c) has ensured that the declaration of identity if required has not been returned.

(3) After issuing a replacement ballot paper for a lost ballot paper, the returning officer shall enter in a list ("the list of lost ballot papers") –

- (a) the name of the voter, and
- (b) the details of the unique identifier of the replacement ballot paper.

30. Issue of replacement ballot paper– (1) If a person applies for a replacement ballot paper under rule 28 or 29 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 a replacement ballot paper unless, in addition to the requirements imposed rule 28(3) or 29(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.

(2) After issuing a replacement ballot paper under this rule, the returning officer shall enter in a list ("the list of tendered ballot papers") –

- (a) the name of the voter, and
- (b) the details of the unique identifier of the replacement ballot paper issued under this rule.

31. Declaration of identity for replacement ballot papers (public and patient constituencies) – (1) In respect of an election for a public or patient constituency a declaration of identity must be issued with each replacement ballot paper.

(2) The declaration of identity is to include a declaration –

- (a) that the voter has not voted in the election with any ballot paper other than the ballot paper being returned with the declaration, and

- (b) of the particulars of that member's qualification to vote as a member of the public or patient constituency, or class within a constituency, for which the election is being held.

(3) The declaration of identity is to include space for –

- (a) the name of the voter,
- (b) the address of the voter,
- (c) the voter's signature, and
- (d) the date that the declaration was made by the voter.

(4) The voter must be required to return the declaration of identity together with the ballot paper.

(5) The declaration of identity must caution the voter that if it is not returned with the ballot paper, or if it is returned without being correctly completed, the replacement ballot paper may be declared invalid.

Procedure for receipt of envelopes

32. Receipt of voting documents – (1) Where the returning officer receives a –

- (a) covering envelope, or
- (b) any other envelope containing a declaration of identity 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 33 and 34 are to apply.

(2) The returning officer may open any ballot paper envelope for the purposes of rules 33 and 34, 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.

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

33. Validity of ballot paper – (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 a declaration of identity if required that has been correctly completed, signed, and dated.

(2) Where the returning officer is satisfied that paragraph (1) has been fulfilled, he or she is to –

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

(3) Where the returning officer is not satisfied that paragraph (1) has been fulfilled, he or she is to –

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

34. Declaration of identity but no ballot paper (public and patient constituency) – Where the returning officer receives a declaration of identity if required but no ballot paper, the returning officer is to –

- (a) mark the declaration of identity “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 declaration of identity in a separate packet.

35. Sealing of packets – As soon as is possible after the close of the poll and after the completion of the procedure under rules 33 and 34, the returning officer is to seal the packets containing–

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the declarations of identity if required,
- (c) the list of spoilt ballot papers,
- (d) the list of lost ballot papers,
- (e) the list of eligible voters, and
- (f) the list of tendered ballot papers.

Part 6 - Counting the votes

stv36. Interpretation of Part 6 – In Part 6 of these rules –

“continuing candidate” means any candidate not deemed to be elected, and not excluded,

“count” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“deemed to be elected” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“mark” means a figure, an identifiable written word, or a mark such as “X”,

“non-transferable vote” means a ballot paper –

- (a) on which no second or subsequent preference is recorded for a continuing candidate, or
- (b) which is excluded by the returning officer under rule stv44(4) below,

“preference” as used in the following contexts has the meaning assigned below–

- (a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference,
- (b) “next available preference” means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and
- (c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“quota” means the number calculated in accordance with rule stv41 below,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable papers from the candidate who has the surplus,

“stage of the count” means –

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“transferable paper” means a ballot paper on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“transferred vote” means a vote derived from a ballot paper on which a second or subsequent preference is recorded for the candidate to whom that paper has been transferred, and

“transfer value” means the value of a transferred vote calculated in accordance with paragraph (4) or (7) of rule stv42 below.

37. Arrangements for counting of the votes – The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

38. The count – (1) The returning officer is to –

- (a) count and record the number of ballot papers that have been returned, and
- (b) count the votes according to the provisions in this Part of the rules.

(2) The returning officer, while counting and recording the number of ballot papers 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.

(3) The returning officer is to proceed continuously with counting the votes as far as is practicable.

Stv39. Rejected ballot papers – (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 the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (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 be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

(2) The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

(3) The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of paragraph (1).

fpp39. Rejected ballot papers – (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 paragraphs (2) and (3) below, be rejected and not counted.

(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.

(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.

(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 paragraph (2) or (3) above, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

(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.

stv40. First stage – (1) The returning officer is to sort the ballot papers into parcels according to the candidates for whom the first preference votes are given.

(2) The returning officer is to then count the number of first preference votes given on ballot papers for each candidate, and is to record those numbers.

(3) The returning officer is to also ascertain and record the number of valid ballot papers.

stv41. The quota – (1) The returning officer is to divide the number of valid ballot papers by a number exceeding by one the number of members to be elected.

(2) The result, increased by one, of the division under paragraph (1) above (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

(3) At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in paragraphs (1) to (3) of rule stv44 has been complied with.

stv42. Transfer of votes – (1) Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot papers on which first preference votes are given for that candidate into sub-parcels so that they are grouped –

- (a) according to next available preference given on those papers for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

(2) The returning officer is to count the number of ballot papers in each parcel referred to in paragraph (1) above.

(3) The returning officer is, in accordance with this rule and rule stv43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (1)(a) to the candidate for whom the next available preference is given on those papers.

(4) The vote on each ballot paper transferred under paragraph (3) above shall be at a value (“the transfer value”) which –

- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

- (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot papers on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

(5) Where at the end of any stage of the count involving the transfer of ballot papers, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot papers in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped –

- (a) according to the next available preference given on those papers for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

(6) The returning officer is, in accordance with this rule and rule stv43 below, to transfer each sub-parcel of ballot papers referred to in paragraph (5)(a) to the candidate for whom the next available preference is given on those papers.

(7) The vote on each ballot paper transferred under paragraph (6) shall be at –

- (a) a transfer value calculated as set out in paragraph (4)(b) above, or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

(8) Each transfer of a surplus constitutes a stage in the count.

(9) Subject to paragraph (10), the returning officer shall proceed to transfer transferable papers until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

(10) Transferable papers shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are –

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

(11) This rule does not apply at an election where there is only one vacancy.

stv43. Supplementary provisions on transfer – (1) If, at any stage of the count, two or more candidates have surpluses, the transferable papers of the candidate with the highest surplus shall be transferred first, and if –

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable papers of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable papers of the candidate on whom the lot falls shall be transferred first.

(2) The returning officer shall, on each transfer of transferable papers under rule stv42 above –

- (a) record the total value of the votes transferred to each candidate,
- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare—
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

(3) All ballot papers transferred under rule stv42 or stv44 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that paper or, as the case may be, all the papers in that sub-parcel.

(4) Where a ballot paper is so marked that it is unclear to the returning officer at any stage of the count under rule stv42 or stv44 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot paper as a non-transferable vote; and votes on a ballot paper shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

stv44. Exclusion of candidates – (1) If—

- (a) all transferable papers which under the provisions of rule stv42 above (including that rule as applied by paragraph (11) below) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule stv45 below, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where paragraph (12) below applies, the candidates with the then lowest votes).

(2) The returning officer shall sort all the ballot papers on which first preference votes are given for the candidate or candidates excluded under paragraph (1) above into two sub-parcels so that they are grouped as—

- (a) ballot papers on which a next available preference is given, and
- (b) ballot papers on which no such preference is given (thereby including ballot papers on which preferences are given only for candidates who are deemed to be elected or are excluded).

(3) The returning officer shall, in accordance with this rule and rule stv43 above, transfer each sub-parcel of ballot papers referred to in paragraph (2)(a) above to the candidate for whom the next available preference is given on those papers.

(4) The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

(5) If, subject to rule stv45 below, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable papers, if any, which had been transferred to any candidate excluded under paragraph (1) above into sub-parcels according to their transfer value.

(6) The returning officer shall transfer those papers in the sub-parcel of transferable papers with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those papers (thereby passing over candidates who are deemed to be elected or are excluded).

(7) The vote on each transferable paper transferred under paragraph (6) above shall be at the value at which that vote was received by the candidate excluded under paragraph (1) above.

(8) Any papers on which no next available preferences have been expressed shall be set aside as non-transferable votes.

(9) After the returning officer has completed the transfer of the ballot papers in the sub-parcel of ballot papers with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot papers with the

next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under paragraph (1) above.

(10) The returning officer shall after each stage of the count completed under this rule—

- (a) record –
 - (i) the total value of votes, or
 - (ii) the total transfer value of votes transferred to each candidate,
- (b) add that total to the previous total of votes recorded for each candidate and record the new total,
- (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
- (d) compare—
 - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

(11) If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with paragraphs (5) to (10) of rule stv42 and rule stv43.

(12) Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

(13) If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest—

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

stv45. Filling of last vacancies – (1) Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

(2) Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to

other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

(3) Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

stv46. Order of election of candidates – (1) The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule stv42(10) above.

(2) A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

(3) Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

(4) Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

fpp46. Equality of votes – 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

fpp47. Declaration of result for contested elections – (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 board 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 4(4) of the 2003 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.

(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 fpp39(5),

available on request.

stv47. Declaration of result for contested elections – (1) In a contested election, when the result of the poll has been ascertained, the returning officer is to—

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as 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 4(4) of the 2003 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 who he or she has declared elected.

(2) The returning officer is to make –

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule stv39(1),

available on request.

48. Declaration of result for uncontested elections – 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.

Part 8 – Disposal of documents

49. Sealing up of documents relating to the poll – (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,
- (b) the ballot papers endorsed with “rejected in part”,
- (c) the rejected ballot papers, and
- (d) the statement of rejected ballot papers.

(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 declarations of identity,
- (c) the list of spoilt ballot papers,
- (d) the list of lost ballot papers,
- (e) the list of eligible voters, and
- (f) the list of tendered ballot papers.

(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.

50. Delivery of documents – Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 49, the returning officer is to forward them to the chair of the corporation.

51. Forwarding of documents received after close of the poll – 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 ballot papers are made too late to enable new ballot papers 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.

52. Retention and public inspection of documents – (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 regulator, cause them to be destroyed.

(2) With the exception of the documents listed in rule 53(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.

(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.

53. Application for inspection of certain documents relating to an election – (1) The corporation may not allow the inspection of, or the opening of any sealed packet containing –

- (a) any rejected ballot papers, including ballot papers rejected in part,
- (b) any disqualified documents, or the list of disqualified documents,
- (c) any counted ballot papers,
- (d) any declarations of identity, or
- (e) the list of eligible voters,

by any person without the consent of the Regulator.

(2) A person may apply to the Regulator to inspect any of the documents listed in (1), and the Regulator 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.

(3) The Regulator'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.

(4) On an application to inspect any of the documents listed in paragraph (1), –

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

must 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 the regulator has declared that the vote was invalid.

Part 9 – Death of a candidate during a contested election

fpp54. Countermand or abandonment of poll on death of candidate – (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 ballot papers have 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.

(2) Where a new election is ordered under paragraph (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.

(3) Where a poll is abandoned under paragraph (1)(a), paragraphs (4) to (7) are to apply.

(4) The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 33 and 34, and is to make up separate sealed packets in accordance with rule 35.

(5) The returning officer is to –

- (a) count and record the number of ballot papers that have been received, and
- (b) seal up the ballot papers into packets, along with the records of the number of ballot papers.

(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.

(7) Once the documents relating to the poll have been sealed up and endorsed pursuant to paragraphs (4) to (6), the returning officer is to deliver them to the chairman of the corporation, and rules 52 and 53 are to apply.

stv54. Countermand or abandonment of poll on death of candidate – (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) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
 - (i) ballot papers which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballot papers which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

(2) The ballot papers which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot papers pursuant to rule 49(1)(a).

Part 10 – Election expenses and publicity

Election expenses

55. Election expenses – 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 to the regulator under Part 11 of these rules.

56 Expenses and payments by candidates - 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].

57. Election expenses incurred by other persons – (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.

(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 58 and 59.

Publicity

58. Publicity about election by the corporation – (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.

(2) Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 59, 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.

(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.

59. Information about candidates for inclusion with voting documents -

(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.

(2) The information must consist of –

- (a) a statement submitted by the candidate of no more than [250] words, [and]
- [(b) a photograph of the candidate.]

60. Meaning of “for the purposes of an election” - (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.

(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

61. Application to question an election – (1) An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.

(2) An application may only be made once the outcome of the election has been declared by the returning officer.

(3) An application may only be made to the Regulator 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.

(4) The application must –

- (a) describe the alleged breach of the rules or electoral irregularity, and
- (b) be in such a form as the Regulator may require.

(5) The application must be presented in writing within 21 days of the declaration of the result of the election.

(6) If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

- a. The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.
- b. The determination by the person or persons nominated in accordance with Rule 61(7) 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.
- c. The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 – Miscellaneous

62. Secrecy – (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 a ballot paper or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the candidate(s) for whom any member has voted.

(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.

(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.

63. Prohibition of disclosure of vote – 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.

64. Disqualification – 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.

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

– 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 and declarations of identity,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.

ERS/ELECTION RULES-CONSTITUTION.KB

19.6.06
31.7.06
12.11.07
29.7.10

Calderdale and Huddersfield



NHS Foundation Trust

**MEMBERSHIP COUNCIL REGISTER
AS AT 1 NOVEMBER 2013**

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1	Mrs Joan Doreen Taylor	19.9.13	3 years	2016
1	Mr Martin Urmston	20.9.12	3 years	2015
2	Mrs Linda Wild	1.10.08 22.9.11	3 years 3 years	2014
2	Rev Wayne Clarke	19.9.13	3 years	2016
3	Mr Peter John Middleton	22.9.11	3 years	2014
3	Ms Dianne Hughes	19.9.13	3 years	2016
4	Mrs Marlene Chambers	20.9.12	3 years	2015
4	Mrs Christine Breare	1.10.08 22.9.11	3 years 3 years	2014
5	Mr Grenville Horsfall	19.9.13	3 years	2016
5 (RESERVE REGISTER)	Mr Bernard Pierce	20.9.13	1 year	2014
6	Mrs Johanna Turner	4.1.13	3 years (to Sept 2015)	2015
6 (RESERVE REGISTER)	Mrs Janette Roberts	20.9.13	1 year	2014
7	Ms Kate Wileman	4.1.13	2 years (to Sept 2014)	2014
7	Mrs Liz Schofield	22.9.11	3 years	2014
8	Mr Andrew Sykes	20.9.12	3 years	2015
8	Mrs Jennifer Beaumont	19.9.13	3 years	2016
STAFF – ELECTED				
9 - Drs/Dentists	Dr Mary Kiely	22.9.11	3 years	2014
10 - AHPs/HCS/Pharm's	Miss Avril Henson	4.1.13	3 years (to Sept 2015)	2015

11 - Mgmt/Admin/Clerical	Mrs Eileen Hamer	20.9.12	3 years	2015
12 - Ancillary	Miss Liz Farnell	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	Mrs Chris Bentley	6.10.09 20.9.12	3 years 3 years	2012 2015
13 - Nurses/Midwives	Mrs Julie Mellor	22.9.11	3 years	2014
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof John Playle	1.9.12	3 years	2015
Calderdale Metropolitan Council	Cllr R Metcalfe	18.1.11	3 years	2014
Kirklees Metropolitan Council	VACANT POST			
NHS Kirklees CCG	Mrs Jan Giles	6.7.11	3 years	2014
NHS Calderdale CCG	Mrs Sue Cannon	16.4.08 23.9.11	3 years 3 years	2011 2014
South West Yorkshire Partnership NHS FT	Mrs Dawn Stephenson	23.2.10 15.8.13	3 years 3 years	2013 2016

MC-REGISTER MC – 1.11.13

**DECLARATION OF INTERESTS – MEMBERSHIP COUNCIL
AS AT 1 NOVEMBER 2013**

The following is the current register of the Membership Council of the Calderdale & Huddersfield NHS Foundation Trust and their declared interests. The register is maintained by the Foundation Trust Office, and holds the original signed declaration forms. These are available for inspection by contacting the office on 01484 355933.

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
10.10.07	Janette A ROBERTS	From 20.9.13 Reserve Register Constituency 6	-	-	-	-	<ul style="list-style-type: none"> - Patient Rep of Yorkshire Cancer Network. - Patient Rep on Cancer Local Implementation Team. - Patient Rep for Clinical Audit. - Patient Rep for PEAT Inspection. - Co-Chair of Cancer Connections. - Patient Rep for Gynae. Forum. - Member – CHFT Organ Donation Cttee 	
29.10.07	Bernard PIERCE	From 20.9.13 Reserve Register Constituency 5	-	-	-	-	<ul style="list-style-type: none"> - Patient Rep for PEAT Information to Patient Steering Group - Patient Rep for local GP Practice's Groups 	
12.6.08	Sue CANNON	Nominated Stakeholder – Calderdale PCT	Executive Director of Quality & Engagement	-	-	-	-	

DATE OF SIGNEDDECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
18.9.08	Linda WILD	Public-elected Constituency 2	-	-	-	-	Employed by BMI Hospitals	
6.10.08	Christine BREARE	Public-elected Constituency 4	-	-	-	-	-	
6.10.09	Christine BENTLEY	Staff-elected Constituency 13	-	-	-	-	-	
6.10.09	Liz FARNELL	Staff-elected Constituency 12	-	-	-	-	-	
1.3.10	Dawn STEPHENSON	Nominated Stakeholder – South West Yorkshire Partnership Foundation Trust	Director of Corporate Development	-	-	Voluntary Trustee - Dr Jackson Cancer Fund	Voluntary Trustee - Kirklees Active Leisure (KAL)	
11.1.11	Bob METCALFE	Nominated Stakeholder – Calderdale Council	-	-	-	-	-	-
22.6.11	Jan GILES	Nominated Stakeholder, NHS Kirklees	-	-	-	-	-	University of Huddersfield Sessional Lecturer. Member of Managers in Partnership. Member of AVMA
6.10.11	Julie MELLOR	Staff-elected Constituency 13	-	-	-	-	-	- N.M.C - R.C.N

DATE OF SIGNEDDECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
6.10.11	Mary KIELY	Staff-elected Constituency 9	-	-	-	Consultant in Palliative Medicine, Kirkwood Hospice	As before	- Medical Defence Union. - B.M.A. - Assoc. for Palliative Medicine of GB & Ireland
10.10.11	Elizabeth SCHOFIELD	Public-elected Constituency 7	-	-	-	Support Officer for Halifax & Calder Valley M.S. Society	-	- MS Society - Member of Board of Calderdale Healthwatch
10.10.11	Peter John MIDDLETON	Public-elected Constituency 3	-	-	-	-	-	-
10.9.12	Prof John PLAYLE	Nominated Stakeholder – Huddersfield University	-	-	-	-	-	Nursing Midwifery Council
16.10.12	Marlene CHAMBERS	Public-elected Constituency 4	-	-	-	-	-	-
15.10.12	Andrew SYKES	Public-elected Constituency 8	-	-	-	-	-	- School Governor Hinchliffe Mill J&I - Employee (Internal Audit) RSM Tenon Group plc - Secretary of the Holme Valley Hospital League of Friends
9.10.12	Eileen HAMER	Staff-elected Constituency 11	-	-	-	-	-	-
10.10.12	Martin URMSTON	Public-elected Constituency 1	-	-	-	-	-	- Department of Justice Tribunal Service - Chartered Society of Physio

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
13.2.13	Kate WILEMAN	Public-elected Constituency 7	-	-	-	-	-	Chair of Cancer Partnership Group at St James' Leeds
15.1.13	Johanna TURNER	Public-elected Constituency 6	-	-	-	-	-	Retired member of Royal College of Nurses (RCN)
13.2.13	Avril HENSON	Staff-elected Constituency 10	-	-	-	-	-	HPC CSP
5.8.13	Grenville HORSFALL	Public-elected Constituency 5	-	-	-	-	-	-
28.9.13	Wayne CLARKE	Public-elected Constituency 2	-	-	-	-	-	Employed as Minister of New North Road Baptist Church
1.10.13	Joan Doreen TAYLOR	Public-elected Constituency 1	Director of The White Ribbon Campaign	-	-	-	-	-
11.10.13	Jennifer BEAUMONT	Public-elected Constituency 8	-	Lindley Park Associates – provider of Occupational Therapy, Case management & Intermediary Services	-	-	Civic Trust Accessible Design Assessor	CQC – Specialist Advisor and Compliance Inspector. Registrant member HCPC Council. British Association of Occupational Therapists. College of Occupational Therapists. Health & Care Professions Council.

DATE OF SIGNED DECLARATION	NAME	MEMBERSHIP COUNCIL STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY/ BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
29.10.13	Dianne HUGHES	Public-elected Constituency 3	-	-	-	-	Civil Funeral Celebrant	Sheffield Teaching Hospitals NHS Trust RCN and Midwifery Council. Marie Curie Nursing Services.

Please notify Kathy Bray, Board Secretary immediately of any changes to the above declaration:- 01484 355933 or Kathy.bray@cht.nhs.uk or return the attached with amendments.

Status:- COMPLETE

MEMBERSHIP COUNCIL MEETING

6 NOVEMBER 2013

CARE OF THE ACUTELY ILL PATIENT

Summary:

At the Board of Directors meetings in August and September the Board was updated on initial plans to improve the mortality rates at the Trust. These plans have now been developed further with the aim of improving the care of our acutely ill patients in order to improve our mortality rates. The attached plan outlines the actions that are to be taken in order to secure these quality improvements. The plan has been agreed by and is being monitored by the Weekly Executive Board.

Background/Overview:

We want to be amongst the best performing hospitals for safe and effective patient care. Our own investigations of particular diagnostic groups, of individual cases and of serious events show that care can vary unnecessarily and this can impact on the quality of care that our patients receive. Additionally recent data suggests that at the moment we are not as good as some other organisations in relation to mortality statistics, however whilst we need to improve we are not currently a statistical outlier. In order to standardise care and therefore improve safety and quality we have commenced a piece of large scale improvement work across our two main hospital sites, Huddersfield Royal Infirmary and Calderdale Royal Hospital, this will focus on patients who are acutely ill.

The Issue:

A plan, (appendix one), to improve the care of acutely ill patients has been developed focussing on key themes:

- Improving consistency across and within sites in the implementation of clinical pathways and bundles
- Improving quality with pace through clinical leadership
- Efficient and effective patient flow
- Optimise senior medical involvement in patient care out of hours
- CHFT as a learning organisation
- Staffing levels and skill mix to ensure safety and quality
- Ensuring coding is reflective of patient primary diagnosis and co morbidities

These themes and underlying actions were developed following discussion with senior clinical leaders within the organisation. Each theme and supporting work stream is being led by a clinician and they will work with the organisation to secure improvements in patient care.

A key action is delivering consistency across key clinical pathways and bundles and action one of the action plan focuses on this. A number of these work streams are already in place, these will now have a renewed focus and support for delivery.

The clinical work streams are divided into either condition-specific work or supporting work.

There are 6 condition-specific topics, chosen for the following reasons:

1. Sepsis. Sepsis has a high mortality, and there is recognition that both the early and acute management can be improved further.
2. Chronic Obstructive Pulmonary Disease (COPD). This is a common long term condition that can lead to death.
3. Pneumonia. This is one of the most common conditions leading to death.
4. Intracranial injury. There is some overlap of conditions contained within these two groups and we will focus on subarachnoid haemorrhage and stroke
5. Acute Kidney Injury (AKI). This is a very common condition and there is potential to significantly reduce its occurrence
6. Fractured Neck of Femur. This carries with it considerable morbidity and mortality in the frail elderly.

Supporting areas: these affect the care of all patients across all Divisions.

- a. Reducing harm from VTE.
- b. Improving care of the deteriorating patient.
- c. End of life care.
- d. Falls.
- e. Medication safety.
- f. Diabetes
- g. Pressure ulcers.

Next Steps:

We have key performance measures for each work stream and for the overarching plan. The executive lead for the plan is the Medical Director, and the Clinical Outcomes Board will oversee the delivery of the plan. Assurance on the outcomes will be overseen by the Quality Assurance Board and weekly performance management will be through WEB.

Recommendations:

The Membership Council is asked to receive and note the proposed plan and support its implementation.

BAC/JC/KB/MC-6.11.13

CARE OF THE ACUTELY ILL PATIENT

ACTION PLAN NUMBER	RECOMMENDATION	ACTION NEEDED	EXECUTIVE LEAD/MANAGEMENT LEAD	TIMESCALE (FOR DELIVERY OF ACTION NEEDED)	PROGRESS RAG	ACHEIVEMENT RAG	VERIFICATION OF ACHIEVEMENT	EVIDENCE OF IMPACT	KPI	BOARD SUB COMMITTEE OVERSIGHT
Theme 1 - Improving consistency across and within sites in the implementation of clinical pathways and bundles										
1	Priority work streams to be agreed for the for the key areas of high mortality and harm. A schedule of reporting on progress against key milestones should be put in place. The above work streams each have a clinical lead, who reports on progress to the COB.	The Deputy Medical Director will agree a lead for each work stream. The COB will authorise action plans for each work stream including the process for wider clinical engagement.	Medical Director/Associate Medical Director	15th November 2013			Work stream Structure & Reporting Schedule.	Reduction in mortality rates.	Crude Mortality, HSMR. SHMI	Quality Assurance Board
							COB Minutes.	Improved adherence to clinical pathways as demonstrated via clinical audit.	Process measures from work	
							Performance Reviews	Where applicable to the work streams interventions specific patient experience indicators to be built into the plan	Relevant process measure for the work stream	
		Deliver priority clinical work streams within agreed timescales. Non-delivery of milestones and work streams to be escalated to the Trust Board via the QAB	Chief Executive/ Directors/ General Managers/ Clinical Directors	Ongoing			Performance Reviews	Decrease in upheld relevant patient complaints .	DATIX report	
2	Mortality objectives for each Division to be agreed which include delivery of the above work streams.	The Trust Board will continue to receive and review data on mortality from the QAB.	Medical Director/Assistant Director	15th November 2013			Monthly Mortality Report.	Reduction in mortality rates at divisional level	HSMR at speciality level	Quality Assurance Board
							Trust Board Agenda and Minutes.	Improved adherence to clinical pathways at divisional level as demonstrated via clinical audit.	Process measures from work streams	
							Performance Reviews	Decrease in upheld relevant patient complaints.	DATIX report	
3	Ensure that outcomes from the mortality reviews improve quality of care.	Standardised approach to mortality reviews to be implemented and lessons learnt to be shared at both a local level and an organisational level.	Medical Director/Assistant Director	15th November 2013			Routine reports to the QAB	Reduction in mortality rates at divisional level	HSMR at speciality level	Quality Assurance Board
4	Improve response to mortality outlier alerts	An end to end process to be designed that takes us from receipt of the alert to assurance on closure being received by the COB	Medical Director/ Associate Medical Director	31st October 2013			Routine reports to the QAB	Improved and more timely response and better learning from mortality alerts	Alert reports	Quality Assurance Board
		Put in place a predictive model for early awareness of potential mortality alerts		31st December 2013				Routine reports to the QAB	Reduced mortality alerts	
5	Robust performance management processes should be introduced to ensure that key pathways are implemented and used consistently on all sites. Clinical teams must be held to account for the implementation of these pathways.	Pathway compliance to be added as an objective within Performance Reviews.	Director of Operations/ Divisional Directors	15th November 2013			Notes of the Performance Review meetings	Clear accountability processes in place for clinical teams demonstrating compliance with pathways	Outcome measures for work streams meeting improvement targets	Clinical Outcomes Board

ACTION PLAN NUMBER	RECOMMENDATION	ACTION NEEDED	EXECUTIVE LEAD/MANAGEMENT LEAD	TIMESCALE FOR DELIVERY OF ACTION NEEDED	PROGRESS RAG	ACHEIVEMENT RAG	VERIFICATION OF ACHIEVEMENT	EVIDENCE OF IMPACT	KPI	BOARD SUB COMMITTEE OVERSIGHT
Theme 2 - Improving quality with pace through clinical leadership										
6	Ensure that implementation is led by senior clinicians who can motivate and implement clinical changes and secure the support of staff at all levels.	Each work stream to have an identified lead who is clear of their role and feels enabled to deliver	Medical Director/ Associate Medical Director	31st October 2013			Role outline agreed and understood. Action Plan for each work stream in place	Timely and reliable implementation of interventions monitored through 30 day plans	Outcome measures for work streams meeting improvement targets	Clinical Outcomes Board
7	Develop a robust and audience appropriate communications plan to ensure adequate engagement of staff in the implementation of improvements and embed senior clinical engagement ensuring that clinical priorities are reflected.	A communication task and finish group to be set up to develop plan and oversee implementation	Medical Director/Assistant Director	31st October 2013			Plan agreed and reporting progress to the COB	Staff able to engage with the Mortality Improvement Plan and make reference to the interventions taking place.	Captured through walk round action plans and good practice	Quality Assurance Board
8	Increase the visibility of Board members and senior clinicians through a programme of drop in sessions, and leadership walk rounds.	Review of current process to be undertaken and any additional requirements to be implemented.	Medical Director/Assistant Director	15th November 2013			Paper to Trust Board	Increase in number of staff who can articulate their role in improving quality	Captured through walk round action plans and good practice	Quality Assurance Board
9	Improve handover communications and procedures. Handover procedures should be strengthened so that they are safe.	Review current handover procedures and identify areas for improvement	Medical Director/ Assistant Nurse Director and Associate Medical Director	13th December 2013			Reduction in the number of incidents where miss communication is a root cause of the incident	Evidence of reducing incidents involving handovers from DATIX	DATIX quality reports	Clinical Outcomes Board
10	Embed junior doctors involvement in quality improvement and mortality focussed projects.	Further potential for junior doctor involvement to be identified.	Medical Director/ Assistant Medical Director	Ongoing			Junior doctors included in project teams	Evidence of junior doctor involvement in work streams, e.g., stroke, mortality	Reports to evidence junior doctor involvement	Clinical Outcomes Board
				14th November 2013				Junior doctor on COB.	COB Minutes	
Theme 3 - Efficient and effective patient flow										
11	Minimise patient transfers. A move needs to be discussed with clinicians to agree the impact that it would have on clinical care. Best practice would indicate that no more than one additional internal move takes place.	Pathways to be reviewed to ensure this requirement is included and reinforced in order to minimise patient transfers.	Director of Operations/ Divisional Directors	13th December 2013			Monitoring report to the COB	Reduction in the number of patient moves taking place.	Meeting improvement target	Clinical Outcomes Board
		Pathway compliance to be added as an objective within Performance Reviews	Director of Operations/ Divisional Directors	15th November 2013			Notes of the Performance Review meetings	Reduction in the number of outlying patients.	Meeting improvement target	Clinical Outcomes Board
								Improved patient satisfaction monitored by the number of relevant complaints.	DATIX Report	

ACTION PLAN NUMBER	RECOMMENDATION	ACTION NEEDED	EXECUTIVE LEAD/MANAGEMENT LEAD	TIMESCALE FOR DELIVERY OF ACTION NEEDED	PROGRESS RAG	ACHEIVEMENT RAG	VERIFICATION OF ACHIEVEMENT	EVIDENCE OF IMPACT	KPI	BOARD SUB COMMITTEE OVERSIGHT
12	The number of patient moves and number of patient outliers should be monitored as an indicator of performance and clinical quality.	Method of collecting and reporting the data to be agreed	Director of Operations/ Divisional Directors	31st October 2013			Monitoring report to the COB	Reduction in the number of patient moves taking place.	Meeting improvement target	Quality Assurance Board
		To complete year one actions of transition plan for courage to put the patient first (CPPF). Through reducing bed occupancy and maintaining bed base to reduce the number of inappropriate patient moves (including out of hours).	Director of Operations/ Divisional Directors	30th June 2014			Monitoring report to the COB	Reduction in the number of patient moves taking place, reduced bed occupancy & outliers	Meeting improvement target	Quality Assurance Board
		Some focussed work on high risk patients to ensure patient moves are minimised and they are cared for on the most appropriate wards	Director of Operations/ Divisional Directors	15th November 2013			Monitoring report to the COB	Reduction in the number of patient moves taking place.	Meeting improvement target	Quality Assurance Board
		Pathway compliance to be added as an objective within Performance Reviews.	Director of Operations/ Divisional Directors	15th November 2013			Notes of the Performance Review meetings	Improved patient satisfaction monitored by the reduction of upheld relevant complaints.	DATIX Report	Quality Assurance Board
13	Review patient placement policy and audit to ensure compliance, in particular in relation to the time of the transfer.	Policy review to take place and compliance added as an objective within Performance Reviews	Medical Director/Divisional Directors	13th December 2013			Results of audit of patient placement policy	Reduction in the number of unsafe/inappropriate patient transfers.	Meeting improvement target (reduction)	Quality Assurance Board
Theme 4 - Optimise senior medical involvement in patient care out of hours										
14	Out of hours medical cover meets safe standards on both hospital sites	Review medical cover out of hours to ensure safe standards at both hospital sites.	Medical Director/Divisional Directors	15th November 2013			Report to the Quality assurance Board from the Clinical Outcomes Board	7 day service in operation.	Senior medical team rota	Quality Assurance Board
								Emergency admissions seen by a consultant within 12 hours	Mortality Reviews	
								Reduction in the number of harm incidents related to senior medical review.	DATIX report	Quality Assurance Board
								Reduction in the weekend mortality figures.	Weekend HSMR data	Quality Assurance Board
15	A more proactive discharge policy needs to be developed.	The discharge policy to be refreshed and key standards agreed to improve the quality of in patient discharges	Medical Director/Divisional Directors	13th December 2013			Report to the Quality Assurance Board from the Clinical Outcomes Board	Patients discharged in a more timely manner, with better communication with GPs and community services.	DATIX report	Quality Assurance Board
								Improved patient experience and reduction in upheld relevant patient complaints.	DATIX report	Quality Assurance Board
								Reduction in incidents and concerns raised by stakeholders.	DATIX report	Quality Assurance Board
								Reduced unplanned readmissions	Readmission report	Quality Assurance Board
133										

ACTION PLAN NUMBER	RECOMMENDATION	ACTION NEEDED	EXECUTIVE LEAD/MANAGEMENT LEAD	TIMESCALE FOR DELIVERY OF ACTION NEEDED	PROGRESS RAG	ACHEIVEMENT RAG	VERIFICATION OF ACHIEVEMENT	EVIDENCE OF IMPACT	KPI	BOARD SUB COMMITTEE OVERSIGHT
Theme 5 - CHFT as a learning organisation										
16	Introduce a consistent method of spreading good practice across the Trust. Share and test learning from SUIs and audit changes implemented across all relevant areas in a timely manner. Spread learning from incidents more widely across the organisation and across the Trust sites, so that learning is disseminated and staff are encouraged to maintain a reporting culture with openness to improvement.	To be considered as part of the Trust's wider approach to communications and linked to the mechanisms for sharing transferrable lessons and good practice following incidents/ SUI's/ Never Events and linked to plans for Ward Accreditation. Exemplar wards	Director of Nursing/ Associate Director Risk	30th November 2013			Risk management reports to the Quality Assurance Board	Reduction in incidents that show a link to previous similar incidents as part of improvement work	DATIX reports	Quality Assurance Board
		Encourage staff to recognise the benefits of reporting incidents in improving patient care						A reporting rate for incidents in the upper quartile	DATIX Report	Quality Assurance Board
Theme 6 - Staffing levels and skill mix to ensure safety and quality										
17	Close monitoring of acuity /dependency in all areas, with prompt escalation when appropriate.	Matron escalation for ward staff deployment based on a RAG rated ward caseload .	Director of nursing/Associate Directors of Nursing	31st October 2013			Staffing levels. Incidents Analysis reports.	Acuity and dependency is matched with nurse staffing numbers.	Analysis reports	Quality Assurance Board
18	Develop a recruitment strategy for medical staffing which focuses on known and impending areas of weakness. Review the effectiveness of locum cover and address over-reliance on agency and locum staff.	In respect of medical staffing, formal written Medical Staffing Recruitment Strategy to be developed and implemented.	Medical Director/Assistant Medical Director	13th December 2013			Staffing levels. Incidents Analysis reports.	Fewer gaps in medical rotas.	Analysis Reports	Quality Assurance Board
Theme 7 - Ensuring coding is reflective of patient primary diagnosis and co morbidities										
19	To ensure we have accurate depth and quality of clinical coding	Ongoing coding audits looking at quality. Delivering improvements if required	Director of Health Informatics	30th November 2013			Ongoing coding audit results meeting health & social care information centre standards	Increased accuracy of HSMR in terms of primary diagnosis and co morbidities.		Clinical Outcome Board
20	To understand anomalies in the SUS data sets and the impact on SHMI & HSMR.	To investigate and make recommendations through thorough enquiry of the SUS data focussing on understanding the cause of unusual data patterns e.g. site differences	Director of Health Informatics	31st December 2013			Reduced data anomalies.	Assurance from lines of enquiry into anomalies and commissioned work if indicated.	Monthly investigations progress report	Clinical Outcome Board
21	To ensure documentation in the clinical record captures accurately primary diagnosis & all relevant co morbidities	Improve communication between the coding team and senior clinicians to ensure documentation is accurate and can be reflected in coding practice	Medical Director/Assistant Medical Director	31st December 2013			Ongoing audit looking at documentation and links to Charlson codes	Improved accuracy and depth of coding	Specific progress report completed as part of investigation process	Clinical Outcome Board

**MEMBERSHIP COUNCIL CALENDAR OF ACTIVITY 2013 & ALLOCATION TO SUB
COMMITTEES/GROUPS AS AT 1 NOVEMBER 2013**

(Amendments to previous information provided are in red)

NOVEMBER 2013

DATE	MEETING	TIME	LOCATION
Tues 5	Estates & Facilities DRG now re-arranged to 02 December, see below	10.00 – 12.00	Estates Meeting Room, HRI
Wed 6	'Improving Patient Experience' MC Development session	1 – 2.30	Syndicate Room 3, L & D Centre, CRH
Wed 6	Informal MCs/Chairman Meeting	3.00 – 4.00	Large Training Room, Learning Centre, CRH
Wed 6	Members Public Meeting	4.00 pm	Large Training Room, Learning Centre, CRH
Thu 14	'Embracing Diversity' CHFT training programme	9.30 – 12.30	Large Training Room, L & D Centre, CRH
Mon 18	Surgery & Anaesthetics DRG	3 – 5pm	Hospital Boardroom, HRI
Thu 21	Medicine for Members – Your Test Results	6.00 – 7.00	Lecture Theatre, CRH
Mon 25	Medicine for Members – Your Test Results	6.00 – 7.00	Lecture Theatre, HRI
Tues 26	DaTS DRG	10 – 12 noon	DaTS Meeting Room, DaTS offices, North Drive, HRI
Wed 27	Medical DRG	2.00 – 4.00	Syndicate Room 1, CRH
Thur 28	CWF DRG	11.00 – 1.00	Boardroom, Trust Offices, CRH

DECEMBER 2013

DATE	MEETING	TIME	LOCATION
Mon 2	Estates & Facilities DRG	10.00 – 12.00	Hospital Board Room, HRI
Tues 3	MC/BOD JOINT WORKSHOP	TBC	Thompson Jones Hall, Blackley Centre, Elland
Wed 4	MC Development day (Ken Tooze)	9.00 – 1.00	TBA
Thur 12	'Involving our Members' MC Development session	1.00 – 3.00	Discussion Room 3, Learning Centre, HRI
Tues 17	Chairs Information Exchange – re-arranged to Weds 18 th Dec (see below)	2.00 – 4.00	Board Room, Trust Offices, CRH
Tues 17	Festive buffet – CANCELLED – NOW INCORPORATED IN 3 RD DEC JOINT WORKSHOP		Board Room, Trust Offices, CRH
Wed 18	Chairs Information Exchange	10 – 12.00	Board Room, Trust Offices, CRH

MEMBERSHIP COUNCIL ALLOCATION TO GROUPS AND SUB COMMITTEES

DIVISIONAL REFERENCE GROUPS (Plus Divisional Reps)	QUORUM	3 per annum	ALLOCATION FROM 1 NOVEMBER 2013
Children, Women & Families (CWF) Divisional Reference Group	<ul style="list-style-type: none"> - 1 Divisional representative - 2 Membership Councillors - 1 Membership Office representative 	3 per annum:	Chris Breare Wayne Clarke Liz Farnell Bernard Pierce Mary Kiely Kate Wileman
Surgical & Anaesthetics (S&A) Divisional Reference Group	"	3 per annum:	Bernard Pierce Martin Urmston Johanna Turner Linda Wild Grenville Horsfall Avril Henson
Diagnostic & Therapeutic (DATs) Divisional Reference Group	"	3 per annum:	Julie Mellor Peter Middleton Wayne Clarke Janette Roberts Marlene Chambers Liz Schofield
Medicine Divisional (Med) Reference Group	"	3 per annum:	Chris Bentley Jennifer Beaumont Johanna Turner Peter Middleton Dianne Hughes Liz Schofield
Estates & Facilities (E&F) Divisional Reference Group	"	3 per annum:	Liz Schofield Chris Breare Grenville Horsfall Eileen Hamer Joan Taylor

MEMBERSHIP COUNCIL ALLOCATION TO GROUPS AND SUB COMMITTEES

STATUTORY SUB COMMITTEE TITLE	AGREED COMPOSITION AS PER TERMS OF REFERENCE	PROPOSED MEETINGS	ALLOCATION
Remuneration & Terms of Services – Chair & Non Executive Directors (NEDs)	6 Members – including 1 staff (Declaration of Non-interest in NED post required)	Annually	Eileen Hamer Chris Bentley Janette Roberts Jennifer Beaumont Andrew Sykes Wayne Clarke
Nominations Sub Committee Chair & NEDs	Trust Chairman (or Vice/Acting Chair in relation to Chair appointments) Trust Chief Executive 1 Appointed Member 3 Elected Members (at least 2 publicly elected)	Annually & As and when required	Chris Breare Johanna Turner John Playle Linda Wild
AGM Planning Sub Group	Not specified	4 per annum	Chris Breare Chris Bentley Janette Roberts Grenville Horsfall
Audit & Risk Committee	1 Membership Councillor to observe	5 per annum	Andrew Sykes (Peter Middleton – reserve)

RM/KB/MC SUB GROUPS
29.10.13(v2)