

Agenda

TRUST BOARD OF DIRECTORS – PUBLIC BOARD
Monday, 14 November 2022
 11.30 am – 12.30 pm, by MS Teams

For the purpose of transacting the business set out below

		Attached / Verbal	Time
1.	Welcome & Introduction Sean Lyons, Trust Chair	Verbal	11:30 hrs
2.	Proposal to Develop A Group Leadership Model: Final Case for Change Sean Lyons, Trust Chair / All	NLG(22)205 Attached	11:35 hrs
2.1.	Appendix A: Stakeholder Engagement & Feedback		
2.2	Appendix B: Risks & Mitigations		
3.	Trust Constitution Helen Harris, Director of Corporate Governance	NLG(22)206 Attached	12:15 hrs
4.	Next Steps Sean Lyons, Trust Chair	Verbal	12:25 hrs
5.	Any Other Urgent Business Sean Lyons, Trust Chair	Verbal	
6.	Questions from the Public	Verbal	
7.	Date & Time of Next Meeting Public Tuesday, 6 December 2022, 9.00 am Main Boardroom, DPOWH	Verbal	

NLG(22)205

Name of the Meeting	Trust Board of Directors – Public	
Date of the Meeting	Monday, 14 November 2022	
Director Lead	Sean Lyons, Chair	
Contact Officer/Author	Sean Lyons, Chair	
Title of the Report	Proposal to Develop A Group Leadership Model: Final Case for Change	
Purpose of the Report and Executive Summary (to include recommendations)	To provide the final Case for Change for the move to a Group leadership model including the stakeholder feedback on the proposal (Appendix A) and the risks & mitigations (Appendix B)	
Background Information and/or Supporting Document(s) (if applicable)	Initial Board briefings and engagement events	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: Programme Oversight Board: Thursday, 10 November 2022
Which Trust Priority does this link to	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input checked="" type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input checked="" type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	N/A at this stage although the financial benefits of the move to a Group leadership model are outlined in the Case for Change	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	A potential benefit of improved collaboration is reduced health inequalities	
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input type="checkbox"/> Information <input type="checkbox"/> Review <input checked="" type="checkbox"/> Other: The Trust Board is asked to approve the final Case for Change for the move to a Group leadership model

***Board Assurance Framework (BAF) Descriptions:**

1.	To give great care
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
2.	To be a good employer
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	To live within our means
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	To work more collaboratively
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	To provide good leadership
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Case for Change: Proposal to Move to a Group Leadership Model

November 2022

Executive summary

A message from our Chair: Sean Lyons

Both Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) are committed to working collaboratively to deliver more for the populations we serve with a focus on improving clinical outcomes, reducing inequalities of access and addressing the known workforce and building infrastructure challenges. Many of our patient pathways are shared and both Trusts have been supporting the Humber Acute Services Review (HASR). Fragile services are being strengthened collaboratively and several support services have been combined to improve efficiency and effectiveness.

Despite the benefits and progress seen to date, both Trust Boards agree that we need to increase our levels of collaboration if we are to respond to the challenges we face and deliver the required change at pace. It is also recognised that there is a limit to what can be achieved in the current organisational context within HUTH and NLaG with separate leadership teams, strategies, and governance mechanisms.

Over the last few months we have been considering how we can build on the work we have undertaken to date to further strengthen the collaboration between the two Trusts and importantly maximise the benefits for patients and staff. Following evaluation of a number of options, both Trust Boards have concluded that the move to a Group leadership model is the best way to deliver the benefits we have committed to. The proposal to move to a Group leadership model would see the implementation of a joint Group Chief Executive and single Executive leadership team and aligned governance and decision-making, whilst retaining the sovereignty of both organisations. We believe that, through this approach, we can deliver better, more equitable and quicker care for patients, provide greater opportunities for staff and meet more of the national targets we are set.

This paper sets out the Case for Change including the options considered, the benefits of the preferred and recommended option and the proposed timeline for implementation as well as details of stakeholder engagement and communications.

I firmly believe that we have to move forward in this way and I fully commend this proposal.

Our organisations: a summary

The combined strength of HUTH and NLaG is that of a major teaching hospital – c£1.3bn with more than 16,000 employees

Hull University Teaching Hospitals NHS Trust (HUTH)

HUTH is situated in the geographical area of Kingston upon Hull and the East Riding of Yorkshire. HUTH employs c9,900 staff, has an annual turnover of £808m (2021/22) and operates from two main sites - Hull Royal Infirmary and Castle Hill Hospital – whilst delivering a number of outpatient services from locations across the local health economy area.

HUTH's secondary care service portfolio is comprehensive, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These services are provided primarily to a catchment population of approximately 600,000 in the Hull and East Riding of Yorkshire area.

HUTH provides specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively. The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services. HUTH is designated as a Cancer Centre, Cardiac Centre, Vascular Centre and a Major Trauma Centre. HUTH is a university teaching hospital and a partner in the Hull York Medical School.

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

NLaG covers the geographic areas of North and North East Lincolnshire and parts of East Riding of Yorkshire. The Trust employs c6,600 staff and has an annual turnover of c £496m. The Trust operates from three geographic sites – Diana Princess of Wales Hospital (Grimsby), Scunthorpe General Hospital (Scunthorpe) and Goole District Hospital (Goole).

NLaG is not only a secondary care provider but also a community provider within the North Lincolnshire area. The Trust provides all District General Hospital services across its three sites serving a catchment population of c450,000

Both HUTH and NLaG work collaboratively with their local health and care partners and are “Anchor” organisations within their local communities

• CQC (2019)

- HUTH: Requires Improvement
- NLaG: Requires Improvement

• Turnover (2021/2022)

- HUTH: £808m
- NLaG: £496m

• Employees (2021/2022)

- HUTH: c9,900
 - NLaG: c6,600
-

Our Strategic Vision and Objectives align and focus on our commitments to care, staff and collaboration

Both HUTH and NLaG have invested time in working with staff, patients and partners to develop their Vision, Values, Strategic Objectives and Priorities over the past few years

Both Trust highlight their joint commitment to:

- Delivering high quality care
- Developing the skills of their workforce
- Organisational sustainability
 - Financial performance
 - Workforce
 - Infrastructure
- Working collaboratively

Both Trusts have identified a range of strategic priorities that they have committed to deliver before 2025. These are summarised on the following page and highlight our joint commitments to:

- Service transformation and change
- Partnership working and collaboration
- Ensuring that our organisations have a long term future



**A strong track record of
successful collaboration**

HUTH and NLaG - successful collaboration

The hospitals on either side of the Humber have been working ever more closely together for the last 25 years, ever since Cancer services at Castle Hill Hospital began to provide radiotherapy and other complex care for patients from Northern Lincolnshire and the Goole area.

This continued in the 2000s, with the establishment of Trauma Centres all over the country whose purpose was to improve dramatically the survival rates of people in major accidents and other traumatic events. Hull Royal Infirmary was designated as the Trauma Centre for a wide geography, including Northern Lincolnshire and for the last 15 years, people from Northern Lincolnshire and the Goole area have benefited from the service that they have provided, with better outcomes following major trauma.

The journey towards ever closer collaboration – for the benefit of patients - continued in 2018, with the establishment of the Humber Acute Service Review (HASR), jointly led by the Chief Executives of Hull University Teaching Hospitals (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), together with the Accountable Officers at the four Humber Clinical Commissioning Groups. HASR has done much work in thinking through how, by working together, the five Humber hospitals, with health and care partners outside hospital, can improve the care and waiting times and other important issues for patients from both sides of the Humber, and also provide more attractive career opportunities for staff. The HASR is now at a very advanced stage and is preparing to go to public consultation on options after the council elections next May.

In the meantime, so as not to delay tackling urgent issues, under the umbrella of HASR, HUTH, NLaG and the local Clinical Commissioning Groups, developed an Interim Clinical Plan (ICP), covering 10 smaller specialist services such as Cardiology, Ophthalmology, Urology, Neurology and Dermatology. Work is now at a very advanced stage to have combined leadership across the Humber for these 10 specialties and already a number of the specialty teams have been amalgamated so as to make them more able to attract top quality staff and provide top quality services to patients.

Also, as part of the HASR, in September 2021, the two Trusts submitted a joint application for the Government's New Hospitals Programme for a total of £720 million investment in a new hospital in Scunthorpe and major upgrading of facilities at Grimsby hospital and Hull Royal Infirmary.

Since the pandemic, the Trusts have found a further way to collaborate clinically, with NLaG providing 'mutual aid' support to HUTH to enable them to reduce their planned surgery waiting lists.

Organisationally, in early 2020, the two Trusts decided that their increasingly close clinical collaboration would benefit from having the same Chair of their Trust Boards. Accordingly, Terry Moran was appointed as the first Joint Chair, and following his departure, Sean Lyons was appointed to the same role in February 2022. Building on the success of this Joint Chair appointment, the two Trusts have subsequently appointed two more joint roles at Board level, namely, a Joint Chief Financial Officer and a Joint Chief Information Officer. A number of other non-clinical services have also joined up in this period, including Procurement, Clinical Coding, Information Governance and Medico-legal Services, with other amalgamated non-clinical support services in the pipeline.

Taking the next step

The benefits of these successively ever closer collaborations between HUTH and NLaG, both clinically and organisationally, have now led the two Trust Boards to seek to consolidate the gains that have been made and take them a step further.

So, building on the three joint Trust Board positions that have already been appointed (Joint Chair, Joint Chief Financial Officer and Joint Chief Information Officer), the two Trusts are now recommending that a single Executive Team be established, with joint appointments covering both Trusts to all of the Executive Director roles, starting with a Group Chief Executive.

This would be in the best interests of patients from both sides of the Humber and staff in both organisations.

Options considered: we have looked at a number of options for strengthening our collaboration

Options for increased collaboration considered an evaluated

HUTH/NLaG

Group / Chain / Extended Group

- Shared Governance
- Shared decision making
- Work together to meet shared objectives
- Shared rewards
- Individual organisational sovereignty
- Site based management under one leadership team

Note: there are multiple group models which will be subject to option appraisal as we move forward

Other options considered were:

- Wider Group Structures to include other acute trusts
- Wider Group Structure to include other health partners in the area

See also slide 13

Merger

- Single governance
- Single management structure
- Full pooling of assets
- Full pooling of risk
- Creation of one new legal entity
- Can have site based management under one leadership team

Acquisition

- Single governance
- Single management structure
- One budget
- Can have site based management under one leadership team

NOTE:

Both the merger and acquisition options are covered by the NHSI Transaction Guidance: 2 key components – Competition & Marketing Authority (CMA) review and risk assessment by NHSI

For mergers: joint application from merging Trusts + governor approval required (FTs) / SoS support (NHS Trusts). If application granted, two trusts dissolved and a new FT established and property and liabilities transferred

For acquisitions: joint application + governor approval (FTs) / SoS support (NHS Trusts) and constitution of acquiring FT. If application granted, target Trust dissolved and assets and liabilities transferred to the acquiring FT

Transaction risk factors considered by NHSI include:

- financial and quality risk (including use of resources and CQC ratings); and
- performance (i.e. SOF rating: SOF segment 4 considered a major risk factor)

Initial hurdle criteria evaluation of options: HUTH/NLaG (unweighted)

HUTH/NLaG	Hurdle Criteria	Do Nothing	Group Chain	Merger	Acquisition
	Delivery of National Policy – Collaboration	✓	✓	✓	✓
	Builds on Collaboration to Date	✓	✓	✓	✓
	Timescale to Deliver	✓	✓	✗	✗
	Deliverability – Programme Complexity	✓	✓	✗	✗
	NHSE/ ICB Support	✗	✓	✗	✗
	Legal Constraints	✓	✓	✗	✗
	Leverage on Improved Patient Pathways / Quality	✗	✓	✓	✓
	Platform for Future Change	✗	✓	✓	✓
	Risk of Challenge	Y	Y	Y	Y

Initial hurdle criteria evaluation of other options considered

Other options considered but excluded	Exclusion criteria	Group to Include another acute (includes building on CAP and recovery work)	Group to Include a different other acute	North Bank / South Bank Group (includes building on CAP and recovery work and involves external ICS)	HUTH/NLaG plus other health partners (includes mix of organisational forms and governance)
	NHSE / ICB support	✗	✗	✗	✗
	Legal Constraints – Org Form (incl FT/SoF)	✓	✓	✗	✗
	Timescales to Deliver	✗	✗	✗	✗
	Cost to Deliver	✓	✓	✗	✗
	Shared Patients – to note patient flows	NLaG – limited / No sharing with this acute	NLaG – limited / No sharing with this acute	NLaG limited / No sharing with the acute	✓
	Risk of Challenge	Y	Y	Y	Y

The preferred option: we have concluded that the move to a Group leadership model is the best way to deliver the benefits we have committed to

Preferred option - move to a Group Leadership Model

- Following the evaluation undertaken, **the preferred and recommended option is to proceed with implementation of a Group leadership model.**
- There are currently a number of NHS Group models in operation (i.e. there is no “off the shelf” model). An option appraisal of the different models will be undertaken as part of the project plan in order to ensure that the model is bespoke to the two Trusts involved but informed by experience from elsewhere.
- The move to a Group model will see the appointment of a joint Group Chief Executive and Executive leadership team, which would build on the programme of joint appointments which have already been made across the two Trusts.
- The move to a Group model is also intended to:
 - draw on the strengths of the two existing leadership teams;
 - seek to ensure that whilst the benefits of collaboration are delivered, there will be no loss of focus on the operational performance of the two Trusts;
 - ensure the delivery of key existing strategic priorities, and the continued development of strong relationships with external partners at both place and ICS level;
 - deliver the changes required under the HASR initiative safely, effectively and at pace.
- In respect of the option of merger, which was considered but discounted as shown earlier, evidence from other organisations which have moved to the Group model suggests it is possible to deliver substantial benefits from collaboration and scale, relatively quickly but without the costs, timescales and disruption associated with a merger.
- Under the Group model, organisational sovereignty and accountability would be retained (individual Boards retain full decision-making rights over decisions relevant to the individual Trust), but with as much decision making as practicable taking place via a committees ‘in common’ approach.
- The move to a Group model will also require a change to and streamlining of existing governance structures. External governance support has been sought to support the two Trust with the changes although the involvement of the relevant staff from both organisations will be critical to the development of options as to what these new arrangements might look like. The joint Group Chief Executive, once appointed, will then lead on shaping the Executive Team structure and new operating model including governance / decision making structures, building on the options put forward, and implementing the revised arrangements.

Intended benefits of the move to a Group leadership model

A summary of the intended benefits of the move to a Group leadership model

LEARN,
SHARE AND
ALIGN

Reduce unwarranted variation through more integrated leadership and better use of staff and resources
Groups provide a platform for identifying and addressing unwarranted clinical variation. The Group model enables this by providing the necessary expertise, evidence base, and analytics, which smaller organisations would struggle to replicate

Build Leadership Talent

Groups are able to leverage highly capable leaders with proven track records across an enlarged base, while nurturing and developing 'up and coming' leaders through better support mechanisms and improved career paths

Make better decisions

By aligning incentives and removing organisational barriers, Groups enable leaders to make more timely decisions that benefit both patients and reduce total system cost

Drive up quality and efficiency by operating at scale

Groups enable significant improvements in quality and cost through economies of scale, joint procurement, and investment in standardised systems and processes

Pool and share scarce resources

Groups enable the pooling and sharing of resources (both people and capital across organisations, resulting in better expertise, higher utilisation, and a greater ability to invest

Use the workforce more effectively and flexibly

Groups enable workforce to be deployed more flexibly across a wider footprint, resulting in better use of resources, improved responsiveness and an enhanced staff experience

PROVIDE
PLATFORM AND
ENABLE

INTENDED OUTCOMES / BENEFITS:

For Patients

- Improved patient pathways and clinical outcomes
- Improved access and continuity of care
- Improved population health and reduced health inequalities
- Improved quality and patient experience and reduction in harm
- Enhanced research opportunities

For the Organisation

- Improved financial performance through the elimination of duplication and waste
- Aligned and streamlined governance and the ability to make more timely decisions
- More cohesive and consistent management and decision making
- Increased service capacity and resilience
- Economies of scale
- Shared learning

For Staff

- Improved staff experience and development of the talent and leadership pool
- Improved recruitment and retention and less reliance on agency staff
- Enhanced training and development opportunities
- More career opportunities and progression

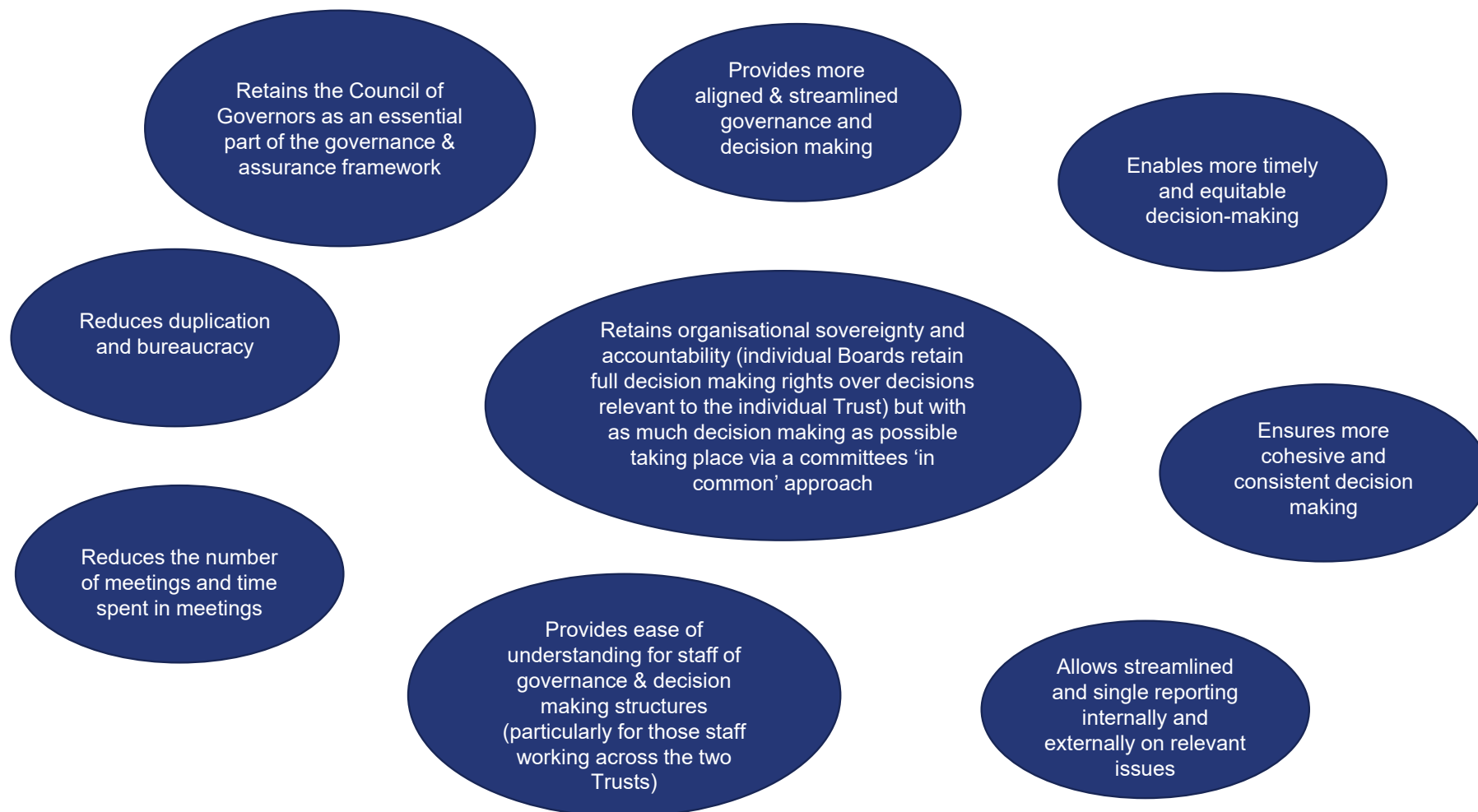
The intended benefits for patients of the move to a Group leadership model explained in more detail



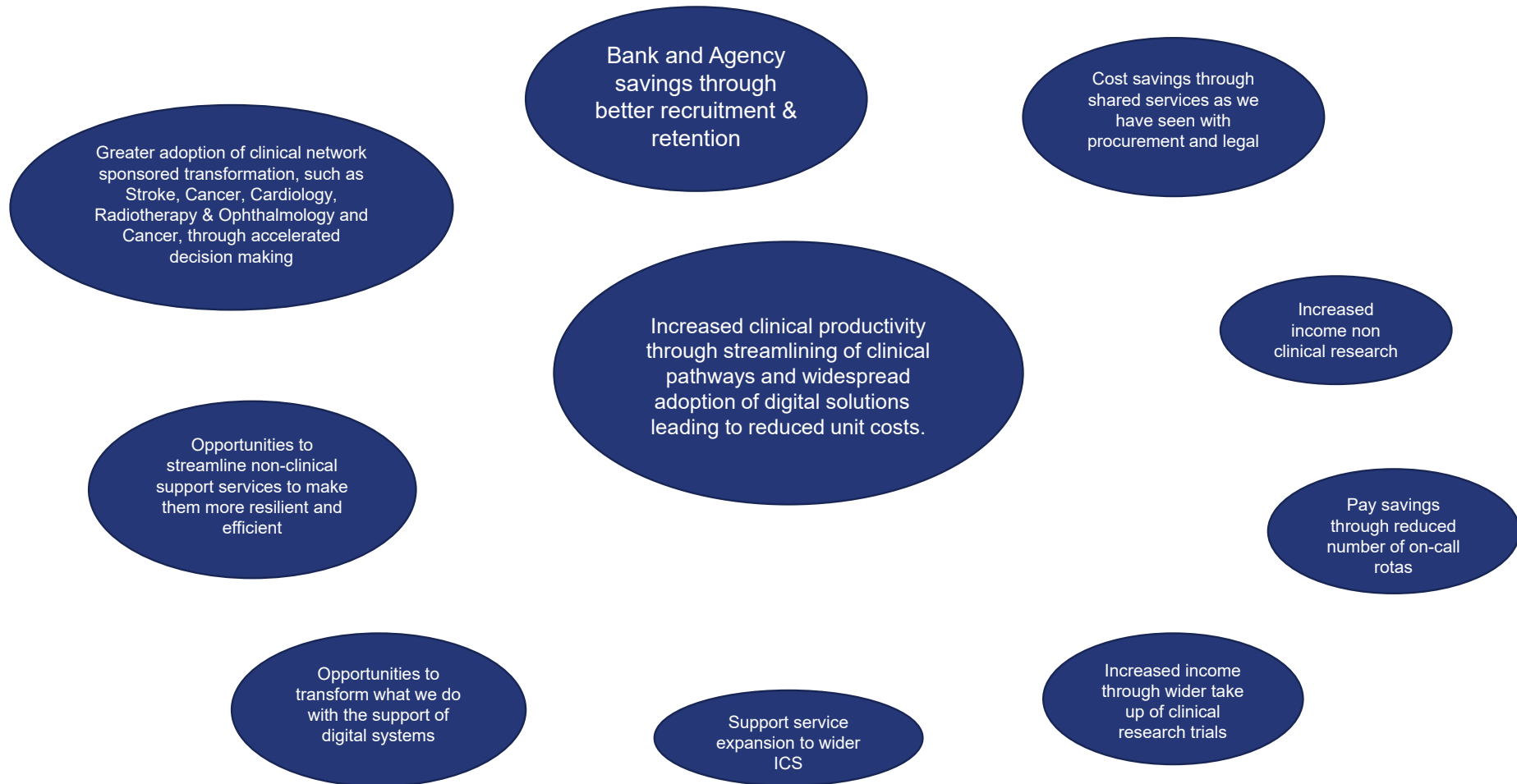
The intended benefits for staff of the move to a Group leadership model explained in more detail



The intended benefits to organisational governance and decision making of the move to a Group leadership model explained in more detail



The intended financial benefits of the move to a Group leadership model explained in more detail

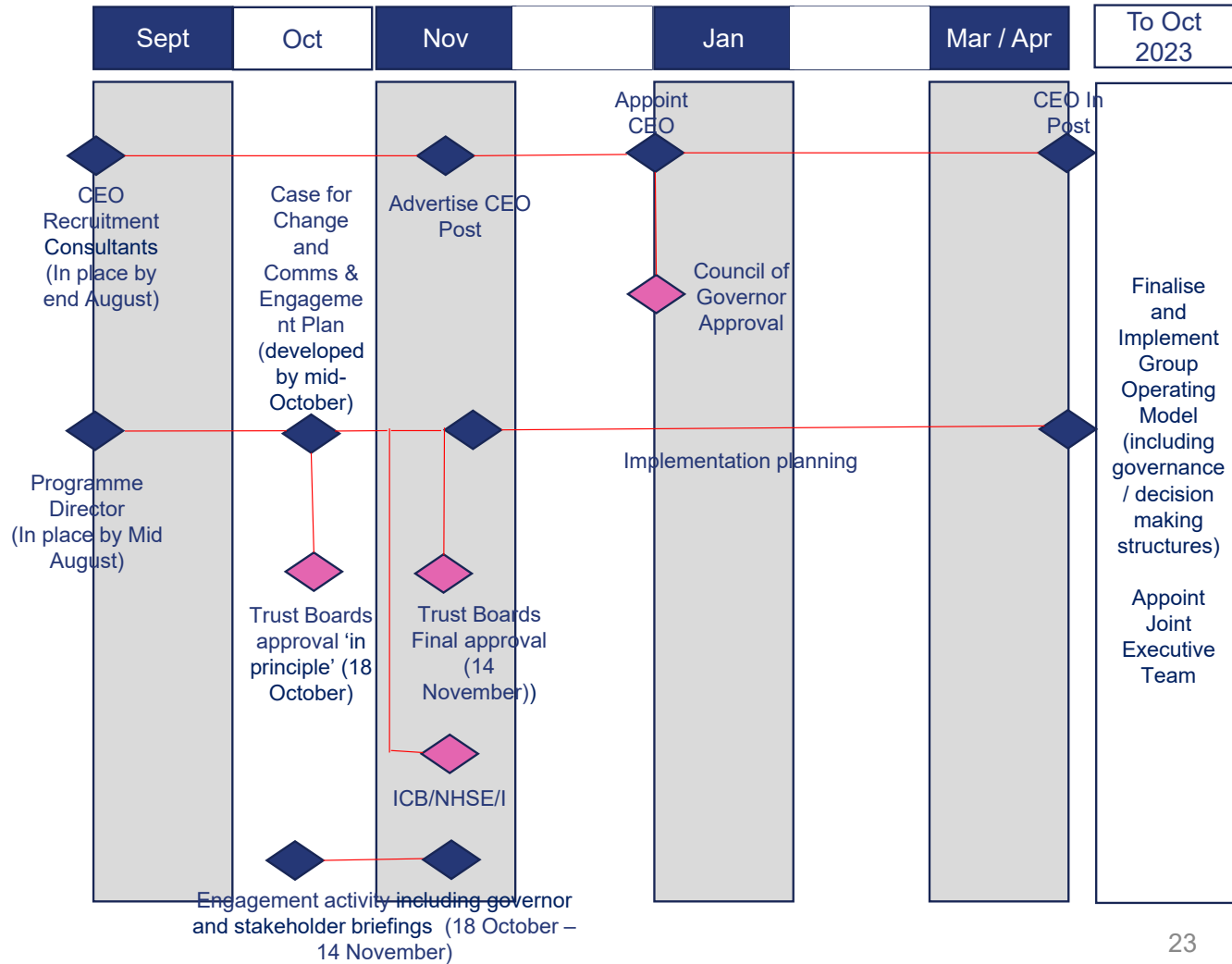


**What matters to you matters to us:
our proposed timeline and engagement
approach**

Timeline and key milestones / approvals

The critical milestones within the timeline are:

- Development and approval of the Case for Change and Communication & Engagement Plan
- Briefing / engagement of key stakeholders
- Programme Director & Chief Executives, in association with Executive Teams, to work up Case for Change and proposed operating model / implementation plan
- Recruitment of joint Group Chief Executive
- New joint Group Chief Executive, once in post, to lead on:
 - finalising and implementing the group operating model (including corporate governance / decision making structures) proposed through the project
 - appointment of Joint Executive Team
- Assurance in respect of Case for Change and implementation by NHSE/I/ICB



Communication and engagement

Following approval 'in principle' of the outline Case for Change by both Trust Boards on 18 October 2022, a 21-day period of consultation and engagement was initiated with key internal and external stakeholders, as detailed below:

19 & 20 October	Briefing of NLaG Council of Governors Briefing of Senior Leadership teams at both Trusts Notification to staff and trade unions at both Trusts with invite to follow-up briefings Notification to stakeholders and partners with offer of follow-up briefings
21 October – 13 November	Follow-up briefing meetings with staff and stakeholders
14 November	Trust Boards to meet in public to make a final decision on the way forward

As part of the initial communication, staff and stakeholders were advised of the plan for both Trust Boards to make a final decision on the way forward on 14 November 2022. Once a final decision is made, staff and stakeholders will be contacted to announce the decision and to confirm next steps including the timescale for the planned selection and appointment of the joint Group Chief Executive.

The full list of stakeholders, the feedback received and the Trusts' response is attached at Appendix A.

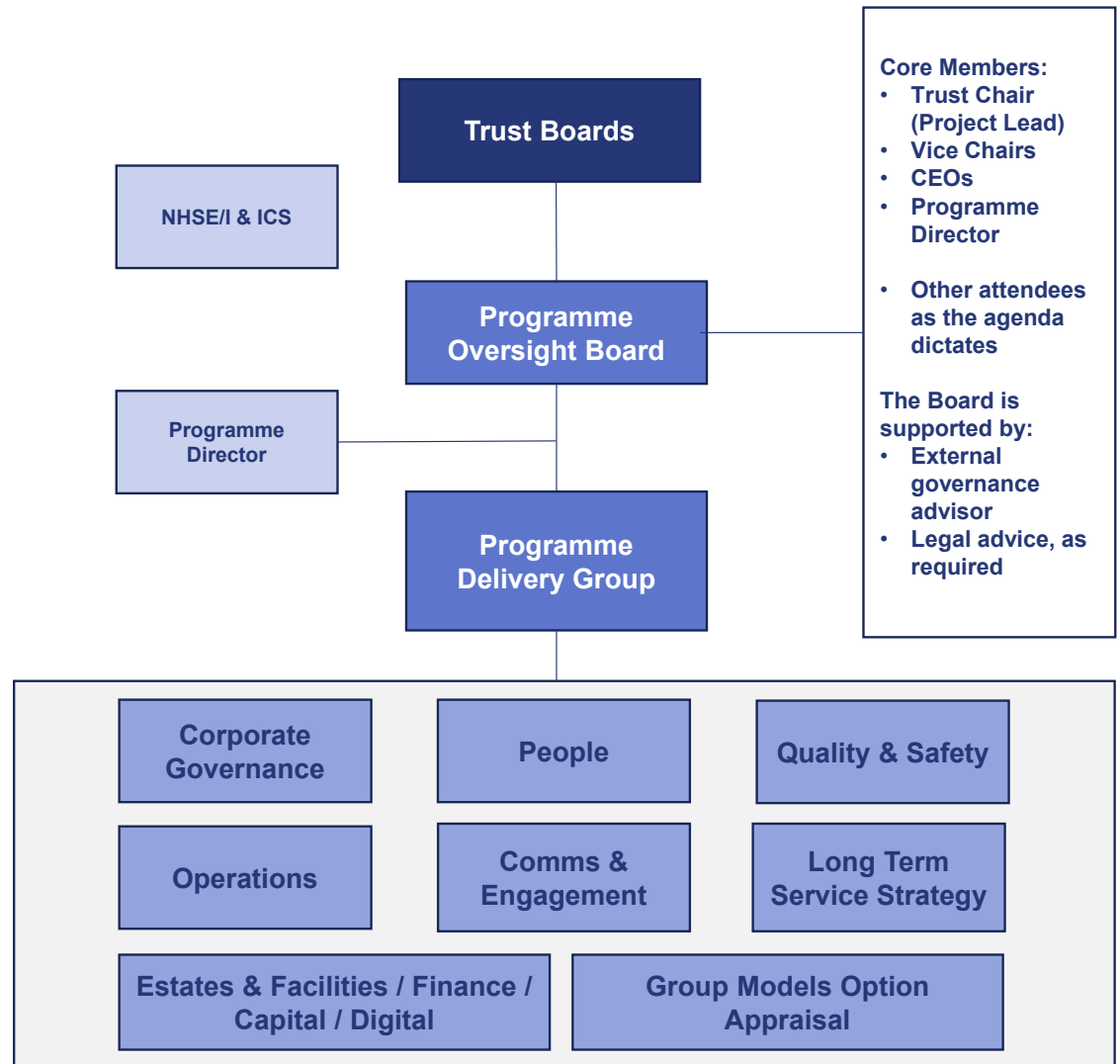
Proposed governance and oversight of the move to a Group leadership model

Programme Governance Structure

The programme will be overseen from a delivery perspective by:

- Programme Oversight Board:
 - *project oversight including benefits realisation, timetable and parameters of change*
 - *membership to remain under review as the project progresses;*
 - *role & remit to eventually transfer to a Transformation 'Committee in Common' as part of the move to 'business as usual' (TBC)*
- Programme Director
- Programme Delivery Group
 - *Workstreams (initial focus on identifying benefits of a move to a Group model)*

External programme assurance will be undertaken by NHSE/I & the ICB



Risks and mitigations

The risks to the successful delivery of this programme of work which have been considered and the mitigations are set out in **Appendix B**.

Proposal to Move to a Group Leadership Model: Stakeholder Communication & Engagement

1. Background & Introduction

- 1.1 In developing proposals for the move to a Group leadership model, the Boards of both Trusts were keen to engage with key internal and external stakeholders as well as build on learning from other group models.
- 1.2 Following approval 'in principle' of the outline Case for Change by both Trust Boards on 18 October 2022, a 21-day period of consultation and engagement was initiated with key internal & external stakeholders and partners to seek views on and, where appropriate, inform the proposals:
- 19 & 20 October 2022: Initial communication & briefings
 - 21 October – 13 November 2022: Follow-up meetings / briefings
- 1.3 As part of the initial communication, stakeholders were advised of the plan for both Trust Boards to make a final decision on the way forward on 14 November 2022.
- 1.4 Once a final decision is made, stakeholders including staff at both Trusts will be contacted to announce the decision and to confirm next steps including the timescale for the planned recruitment and appointment of the joint Group Chief Executive. There will be ongoing communication as the project progresses.
- 1.5 In respect of the staff in both organisations, in addition to the issue of the initial communication and Q&As, staff were invited to attend one of a series of briefing sessions. A bespoke area was also set up on the Intranets of both Trusts to allow staff to leave feedback and ask additional questions.
- 1.6 This paper provides details of all stakeholders contacted including any follow-up meetings / briefings undertaken, the questions or feedback received and, where appropriate, the Trusts' response.
- 1.7 In summary, whilst questions were asked and additional assurance requested in respect of some aspects of the proposed arrangements, from the feedback received, staff and stakeholders are broadly supportive of the proposed way forward. If the proposal to move to a Group leadership model is approved, the feedback received will be used to help shape and inform the future arrangements and implementation plan. The top five themes from the feedback received are as follows:

- Equity of access and care for patients across both Trusts
- Perceptions of a HUTH takeover
- Whether the proposal is a merger or will lead to merger eventually
- Retention of organisational sovereignty and identity
- Whether the proposed move to a Group leadership model lead to job losses / redundancies?

2.0 Stakeholders Contacted and Feedback Received

Internal Stakeholders

Staff

Stakeholder	Follow-up meeting / briefing(s)
HUTH Staff	24, 26 & 28 October 2022
Questions / Feedback Received	Response
Will our agenda for change bandings be affected?	Agenda for change bandings will not be affected by the move to a Group leadership model.
Will anyone be made redundant?	Whilst there is likely to be some reshaping of the Executive Team, we would expect to retain our talent within both Trusts or the wider NHS. This is not a headcount reduction exercise.
Will we continue to have separate CQC reports?	As the two Trusts will remain separate legal entities under the Group model proposals, each Trust will continue to hold separate CQC registration with separate inspections, reports & ratings.
What do you expect will happen when two departments become managed by a single manager, what do you envisage will happen for the manager that is perhaps somewhat superfluous to requirements? Given you have previously said no one will be downgraded or vacating their role. How do you expect to make significant service level changes without impacting people's careers or livelihoods?	Whilst there is likely to be some reshaping of the Executive Team, we would expect to retain our talent within both Trusts or the wider NHS. This is not a headcount reduction exercise. No one needs to worry about their job, at all, there is more than enough work for everyone – that's part of the reason we want to change. Over time, as people leave for new roles or retire, we will look at what that means for their area of work and see if we want to make changes to streamline what we do and how we do it. That might happen and it might not, it depends on the circumstances at that time. Most staff will still be doing in six months, or a

	<p>year, what they are doing now, but with enhanced connectivity with their colleagues in their partner Trust.</p> <p>A few specialist staff might have to travel more, and we will talk to them directly if that is the case. In the medium term we think we can look at the working environments of staff – clinical and non-clinical – by rationalising estates and having fewer buildings overall which we need to upgrade and maintain. We will also be able to pool budgets and prioritise spending on things like clinical equipment and IT. The Group arrangement means there will be more opportunities for research, training, and the development of new roles.</p>
Are we considering having one head of service for support services?	As above.
Does streamlining HR mean we will have one HR service?	We hope teams will benefit from working together wherever possible, however there are no plans at present to merge support functions. To their great credit, lots of these services have been working collaboratively for some time now (examples: payroll, legal, clinical coding etc) and we are proud of the example they have showed in working together.
Will we be merging our digital systems?	We are already considering how we can ensure our digital systems integrate more effectively. It makes perfect sense to have single systems for our digital offering.
Do you foresee any negatives apart from the risks highlighted?	The proposal to move to a Group leadership model is not without some element of risk, however we believe the risk of doing nothing is greater than the risks we have considered as part of this proposal.
An extension of the Scunthorpe/ Grimsby minibus for staff to travel across the patch would be good.	This is a good suggestion and one which we will consider once the Executive Team is in place.
Could I ask how we are planning to review the details of clinical policies for staff working in both trusts. Where does the liability sit? Do clinical policies need reviewing? In particular I am working with the other NMP leads in HUTH and NLAG to try and ensure the governance for prescribing is robust, but this is a challenge at present. Who will be leading this sort of work?	Clinical leads will work in partnership to develop and review policies for clinical services. Again, this question supports the case for having one executive team to oversee this piece of work and avoid duplication and/or confusion.
Presumably, spending on expensive assets (imaging, therapy equipment) will be subject to creation of joint strategies? Will the joint Executive Team lead on this or the ICB?	This is correct. Many capital bids will be supported by the ICB.

This is a really positive move. However, I feel that we need to prioritise unifying HR processes across the two organisations so that staff do not have to do two lots of appraisals, mandatory training etc. It would be great to have complementary recruitment processes.	This is a key reason for progressing the proposal. We agree that unifying HR policies is the right thing to do.
The collaboration between the two Trusts is something we should all be extremely proud of.	Comments noted.
It would be great to ensure a joint approach on training / development – particularly with apprenticeships in mind.	This is another good point and once again highlights the rationale for progressing with a Group leadership mode.

Stakeholder	Follow-up meeting / briefing(s)
NLaG Staff	<p>20 October (a pre-arranged Team Brief Live) and two specifically arranged sessions on 1 and 9 November 2022</p> <p>As part of the staff briefings in November a poll was also undertaken, during which staff were asked the following questions:</p> <p><i>Q: Having heard why we are creating the Group, do you think it is the right thing to do?</i></p> <p><u>Results</u></p> <ul style="list-style-type: none"> - Yes: 100% - No: 0% <p><i>Q: Did the announcement of working mor closely with HUTH surprise you?</i></p> <p><u>Results</u></p> <ul style="list-style-type: none"> - Yes: 5% - No: 95% <p>Staff were also asked if they had any concerns about what it might mean for them and, if so, what those concerns are. Details of the comments</p>

	received in response to that question and through the Trust Intranet site more generally are provided below.
Questions / Feedback Received	Response
The collaborative working with HUTH for the patients can only be a great thing: sharing resources, specialist skills and facilities.	Comments noted.
What is meant by 'shared governance'?	Under the Group leadership model, the corporate governance arrangements in the two Trusts will become more aligned, ensuring more timely and equitable decision-making. More aligned and streamlined governance will also help to reduce duplication and bureaucracy.
I'm a dietitian and I looked at the e-mail as it came in and was very interested in it as obviously a lot of people are and I was interested that you thought group leadership was going to help our recruitment and retention. Unless you're going to suggest that we are going to be the equivalent of one trust and even then I'm not sure how that would help, so I'm really interested how you actually think that will help us.	The closer collaboration between the two Trusts will provide greater opportunities for cross site-working, career development and progression and, in turn, support retention. It is also hoped that the Group will be more attractive to potential candidates and, in turn, support recruitment.
I'm concerned that one of the justifications is to eliminate duplication and waste, we can't do that effectively running three hospitals in one trust, I think our problems will be amplified trying to streamline anything over such a large geographic area with very different demographics across the sites. I am extremely apprehensive about this having been through a similar process of sharing services within Humberside Police and South Yorkshire Police which led to their performance dropping, this ultimately led to me leaving HP and coming to the NHS. I'll be honest and say this consultation has led me to consider my position in the trust and whether it would be safer somewhere else. I'm sure I'm not the only one considering this.	It is hoped that streamlining of systems and processes and aligned corporate governance and decision-making (i.e. doing things once where possible) will help to avoid duplication and waste. This will inevitably take time to embed.
Communication is crucial, so all staff are fully aware of what changes are being proposed to services.	Comment agreed with and commitment made to continue to do this.
I don't have any concerns. Only praise. I understand that some may worry, however, evolution will be the thing that keeps the NHS alive. It is important it is developed in the future and for future generations.	Comments noted.
Communication needs to be kept up to staff.	Comment agreed with and commitment made to continue to do this.

Yes & No ... My role is directly affected by what happens in any joint Digital collaborations and joint systems. Depending on the direction of travel this could be concerning ... will have to wait to see what transpires happy to have off-line chat.	Digital Services are already led by one executive and her focus is making sure new systems which will implemented are the best for patients and not because one trust uses them already.
To ensure joint working across the different sites, if digital systems need to be combined and provided by one supplier - will that be a joint discussion/agreement across both groups and not HUTH decision?	As above.
Not for me personally but I have heard concerns raised about non clinical services and staff feeling that economies of scale may mean cuts in the long term.	There is no intention for this to happen, staff do not need to worry.
My concerns are for the people working directly for the current Executive Team, if we move to a joint Executive team does that all support staff will be kept in place?	Yes, it does, there is no need for staff to worry. We want to keep all the staff we have and, where we can, improve the jobs they do. The Group will be an opportunity for many staff.
Only concern is about how safe my job is. There are staff doing the same job as me at HUTH and I wonder how my role with fit.	As above.
Changes to place of work or an expectation to work across the area and also possible reductions in staff I acknowledge that they've said no staff cuts and hope this is true.	There is no expectation to change workplace for most staff.
Not 100% sure at the moment; there will always be changes.	Comments noted.
I am worried that joint governance arrangements would put existing governance team jobs at risk.	The comment made in the presentation was about corporate governance where we could see some changes, like a joint Quality Committee for example. There is no intention to change current clinical governance arrangements.
Hull have contracted out FM services, will this impact on NLaG?	No, there are no plans to change the model of delivery of NLaG's FM services.
After attending today, I have no concerns.	Comments noted.
Does / how does this affect the long-term collaborations and working relationships with our other neighbours in Greater Lincolnshire - Eg current Pathlinks arrangements and Shared Digital Arrangements ?	It will not affect these, staff should continue to work with – and build relationships with – neighbours they are working with already.

Senior Leaders

Stakeholder	Follow-up meeting / briefing(s)
Senior Leadership Community (SLC) – NLAG	<p>20 October & 3 November 2022</p> <p>As part of the briefing on 3 November 2022, a poll was also undertaken, during which leaders were asked the following questions:</p> <p><i>Q: Did the announcement of working more closely with HUTH come as a surprise to your teams?</i></p> <p><u>Results</u></p> <ul style="list-style-type: none"> - Yes: 7% - No: 93% <p><i>Q: On balance, do you think your team feels it is the right thing to do?</i></p> <p><u>Results</u></p> <ul style="list-style-type: none"> - Yes: 89% - No: 11% <p>Details of feedback and questions asked during the briefing are provided below.</p>
Questions / Feedback Received	Response
Is this going to be the start of merging further all teams /groups, with main leadership coming from HUTH?	No, there is no plan for this.
There is a feeling amongst NLAG consultants that new senior clinical appointments, both to clinical and to leadership roles, are majority owned and directed by HUTH. Will new senior appointments be paused to ensure joint participation? Will there be a framework for new senior appointments?	See later comments.
I work cross site within NLaG and what I have done in my role is taken the best practice at both sites and used this to create an	This is exactly what we are trying to replicate more widely by creating the Group.

<p>equal pathway for patients using the best, most efficient practices I have witnessed. Also, I have been working closely with HUTH as cardiology are quite involved with HASR and I am not feeling a competition, but actually that investment in NLaG's cardiology staff and equipment will be available as we need to provide uniform services across the patch and move away from postcode lottery care.</p>	
<p>Is there an example of such a structure being successfully implemented in NHS previously?</p>	<p>There are several successful Group leadership models operating in the NHS. As part of the development of local proposals, the two Trusts are in contact with some of the Trusts with a view to learning from them although it is important that local arrangements are bespoke and work for both Trusts.</p>
<p>Will this exercise be Equality Impact Assessed?</p>	<p>An Equality Impact Assessment will be undertaken.</p>
<p>Does this mean we will lose jobs ?</p>	<p>No, this is not a job cutting or cost saving exercise.</p>
<p>Will the jobs be based at HUTH (admin)?</p>	<p>No, there are no plans to move staff around from their current workplace.</p>
<p>Will our line managers be at HUTH?</p>	<p>This depends on the service. Some leadership changes are happening because of the work HUTH and NLaG are doing together as part of the Interim Clinical Plan. There could be some line management changes in those specialities. However, generally speaking, there are no plans for wholesale changes in line management responsibilities.</p>
<p>Is this a merger?</p>	<p>This is not a merger. The option of merger was considered but discounted; not least as evidence from other organisations which have moved to the Group model suggests it is possible to deliver substantial benefits from collaboration and scale, relatively quickly but without the costs, timescales and disruption associated with a merger.</p>
<p>Will it means ironing out differences in patient pathways and support for staff?</p>	<p>Yes, for pathways we hope, over time, to develop single patient pathways in many areas of work – this is one of the key ways we will reap the maximum benefits for our patients and for our staff. Over time we would hope to develop a single offer for staff in terms of health and wellbeing, training and development opportunities and career development.</p>
<p>Does this mean Peter and Shaun are leaving?</p>	<p>There will be an open recruitment process for the Group Chief Executive. We have already said the Group Chief Executive will lead the shaping of the Group Executive Team and which roles will be a part of that. We will</p>

	make sure everyone on both Executive Teams is treated fairly through that process.
If we are still to retain our individual organisations identity how do we decline changes which have already been agreed by a joint board?	If decisions are taken by both Boards that is what will need to happen. As is the case now decisions taken at this level are not up for debate.
Will all new Consultant roles will be joint appointments across both Trusts?	There is already a Memorandum of Understanding between the trusts to allow this to happen and it is happening in some cases. This would make sense to do at some point.
Will this result in a complete change of Directors?	This not something we expect to happen, we want to retain as much of the talent as we can.
Will we be working differently?	Yes, that is a key reason for making this change. We want to share learning and best practice between both trusts and make sure we do the best we can for each and every patient.
Will NLaG staff be asked to go and work at HUTH to assist with their staffing? Will staff be expected to work cross Trust?	Some senior staff will be expected to work across both trusts. However, we're not expecting this to be the case for all grades of staff. Both trusts face filling challenging rotas so moving between the two trusts may help one but will worsen the position of the other so it is not something we are expecting to happen.
How will the intended benefits for recruitment and retention be realised for AHP staff groups?	This is detail we need to work through. As this question suggests we expect a Group to open up more attractive roles and make recruitment easier, for AHPs as well as other groups of staff.
Are there any thoughts about NLaG using HUTH's policies and procedures or vice versa?	As things progress and teams work more closely together it is likely this will happen. It is too soon to provide any detail on what they might be or when this might happen.
What it will mean for a team if one manager leaves at HUTH or NLAG, will those teams merge under one manager?	It depends on the circumstances. This could happen but it is not the case it definitely would.
Is it really collaboration?	Yes – it is collaboration between the Trust Boards to make quicker decision in the interests of all patients across the Humber.
What are the real drivers and what are the benefits – where are the results of the cardiology review following the development of the single leadership (if a review has been done?), and if a review hasn't been done then why not as this is the best way to learn and reflect?	The drivers are to benefit all patients across the Humber and staff in both trusts. This will happen over time, it's not something we expect to see take place overnight. If the Group gets agreed we intend to learn from what has been happening in the clinical services covered by the Interim Clinical Plan, including cardiology – both the good points and, perhaps more importantly, where things haven't gone so well. Our view is on executive team will be able to better implement decisions when they are

	responsible for delivery in both trusts and this isn't the case at the moment.
What's the ultimate vision?	Whilst a vision statement hasn't been formulated so we can't answer that directly we can say we want to make sure everyone across the Humber has access to the best secondary care we have available, irrespective of where they live. We also want to create the best employment offer we can for our current and future staff – with access to good, interesting jobs, with training and development opportunities and in environments which staff can be proud to work in.
What are the risks of moving to a group structure?	These are set out in the case for change document. The proposal to move to a Group leadership model is not without some element of risk, however we believe the risk of doing nothing is greater than the risks we have considered as part of this proposal.
What will happen to the rest of the exec team once there is a single CEO? And how will this impact on the clinical divisions?	There will be an open recruitment process for the Group Chief Executive. We have already said the Group Chief Executive will lead the shaping of the Group Executive Team and which roles will be a part of that. We will make sure everyone on both Executive Teams now is treated fairly through that process and that we want to retain as much of the talent as we can.
Will care for our patients really be equitable if services are led by HUTH?	Services will not be led by HUTH – they will be led, ultimately, by a single executive team responsible for making decisions in the best interests of all patients across the Humber.

Council of Governors

Stakeholder	Follow-up meeting / briefing(s)
CoG – NLAG only	31 October 2022
Questions / Feedback Received	Response
Governors feel that it would have been preferable to delay consideration of changes to organisational form until functional changes arising from the Humber Acute Services Review have been the subject of formal consultation. We are concerned that a premature move to a single Humberwide leadership model for acute services could compromise the forthcoming consultation	Comments noted.

<p>exercise by suggesting to patients and local politicians that changes to service delivery are a fait accompli. However, we recognise that the tensions between the leadership cultures of the two organisations that have been increasingly exposed in the management of the Interim Clinical Plan (ICP) need to be speedily addressed.</p>	
<p>We feel that the implementation of a Humberwide group leadership model for acute services will be widely perceived to be a Hull takeover. Communications regarding any move to a group leadership model must therefore emphasise the maintenance of NLaG's independence/sovereignty as well as the opportunities for foundation trust members to continue to influence the organisation's priorities. It would also be helpful if the case for change were to clarify the issue of the location of the base for the executive leadership team. We feel that any suggestion or apprehension that the Group Chief Executive could be based exclusively in Hull would be viewed very negatively by NLaG staff, patients, and other stakeholders.</p>	<p>The move to a Group leadership model is not a takeover by either Trust.</p> <p>Under the Group leadership model, whilst as much decision making as practicable will take place through a 'committees in common' (joint) approach, individual Boards will retain full decision making rights over decisions relevant to the individual Trust, ensuring the retention of sovereignty and accountability. The Council of Governors and trust members will remain an essential part of the NLAG governance & assurance framework.</p> <p>It is fully anticipated that the joint Group Chief Executive and joint executive team will work cross site and would not be based exclusively on one site.</p>
<p>The Joint Trust Chair indicated as part of his governor briefing that the case for change is not financially driven but that he expected over time that some unquantified economies of scale would result. We feel that the case for change and subsequent communications need to include a categorical statement that the implementation of a group leadership model will not result in increased management costs through the creation of another tier of hospital management.</p>	<p>It is not anticipated that the move to a Group leadership model will result in increased management costs. Analysis of the potential benefits of collaboration in other organisations that have implemented the Group model has demonstrated potential savings across the organisations involved over time. This will remain under review as the project progresses.</p>
<p>We recognise the need to recruit the best possible candidate available nationally to take on the vitally important leadership role as Group Chief Executive. We therefore support the need for an open recruitment process. But we are well aware of the talent and commitment of NLaG's existing cadre of executive directors which is no doubt replicated within HUTH. We would therefore welcome inclusion of a commitment within the case for change document that recruitment of all members of the group leadership</p>	<p>The process for appointment to the executive leadership team is currently being developed for agreement with the joint Group Chief Executive, once appointed, but it is anticipated that these posts will be ringfenced in the first instance.</p>

team with the exception of the Group Chief Executive will initially be ringfenced.	
As a Council of Governors, it is our statutory duty to approve (or otherwise) the appointment of NLaG's Chief Executive. We recognise that governors will have no formal role in the Group Chief Executive selection process, we would welcome an assurance that governors will be given the opportunity to meet with the candidates prior to interview.	The Group Chief Executive selection and appointment process will include a range of stakeholder engagement events and will include representatives from the Council of Governors.

HUTH – staff briefing to JNCC and LNC chairs

Stakeholder	Follow-up meeting / briefing(s)
UNISON	Follow-up conversations / emails from HRD to JNCC and LNC Chairs.
BMA	
Questions / Feedback Received	Response
Request from JNCC and LNC to be kept informed as the proposal progresses.	Once a final decision is made at the Trust Board meetings scheduled for 14 November 2022, all stakeholders will be contacted to announce the decision and to confirm next steps. There will be ongoing communication as the project progresses.

NLAG – staff briefing to JNCC and LNC chairs

Stakeholder	Follow-up meeting / briefing(s)
JNCC: Staff Side Chair: RCN Staff Side Lead: UNITE Staff Side Secretary: UNISON	
JLNC	Extra-ordinary MAC / HCC meeting arranged for 3 November 2022
Questions / Feedback Received	Response
Concerns have been raised by the NLaG clinicians regarding the proposal: there is a perception that the proposal to move to a Group is a HUTH takeover and will lead to a loss of the NLaG	Specific engagement events have and are being held with clinical colleagues and due consideration is being given to the concerns raised.

voice which it is felt has the potential to adversely impact on the quality of care and services to patients on the south bank and will also have a negative affect on the working environment of NLaG staff.	The operating model and governance arrangements for the new Group will be designed to ensure an equal voice from both Trusts.
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External

HUTH:

Members of Parliament (MPs): Hull and East Riding of Yorkshire

Stakeholder	Follow-up meeting / briefing
MP for Hull West and Hessle	No further feedback or comment.
MP for Hull North	Confirmed happy with written briefing.
MP for Hull East	No further feedback or comment.
MP for Haltemprice and Howden	No further feedback or comment.
MP for East Yorkshire	No further feedback or comment.
MP for Beverley and Holderness	No further feedback or comment.
Questions Received	Response
None.	N/A

Local Authorities: Hull and East Riding of Yorkshire

Stakeholder	Follow-up meeting / briefing(s)
Hull City Council, Chief Executive	7 November 2022
Hull City Council, Leader	
Hull City Council, Chair of Overview and Scrutiny	
Hull City Council, Adult Services and Public Health	
Hull City Council, Director of Public Health and Adult Services	
Hull City Council, Director of Adult Social Care	
East Riding of Yorkshire Council, Chief Executive	
East Riding of Yorkshire Council, Leader	
East Riding of Yorkshire Council, Chair of Health, Care and Wellbeing Overview and Scrutiny	

East Riding of Yorkshire Council, Portfolio Holder for Adult and Carer Services	
East Riding of Yorkshire Council, Portfolio holder for health and wellbeing	
East Riding of Yorkshire Council, Chair of Health and Well Being Board	
East Riding of Yorkshire Council, Director of Adult Social Services	
East Riding of Yorkshire Council, Head of Public Health	
Questions / Feedback Received	Response
Supportive of direction of travel. Reinforced need for continued partnership working which was agreed. Request to be involved in the joint Group Chief Executive recruitment process.	The Group Chief Executive selection and appointment process will include a range of stakeholder engagement events and will include representatives from Local Authorities.

NLAG Stakeholders:

Members of Parliament (MPs): Northern Lincolnshire

Stakeholder	Follow-up meeting / briefing(s)
MP for Grimsby	10 November 2022
MP for Cleethorpes	4 November 2022
MP for Scunthorpe	9 November 2022
MP for Brigg and Goole	No further feedback or comment
Questions / Feedback Received	Response
No concerns regarding the direction of travel but reinforced need for equitable access to services. Request to be kept informed of the process and to continue to receive the current level of communication and engagement. [Specific issue raised by one MP regarding stroke services which will be followed up separately to provide the required assurance]	The need for equitable access to services is agreed.

Local Authorities: Northern Lincolnshire

Stakeholder	Follow-up meeting / briefing(s)
North East Lincolnshire Council, Chief Executive	9 November 2022
North East Lincolnshire Council, Leader	
North East Lincolnshire Council, Chair, Health and Adult Social Care Scrutiny Panel	
North East Lincolnshire Council, Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care*	
North East Lincolnshire Council, Director of ASC	
North Lincolnshire Council, Chief Executive	
North Lincolnshire Council, Leader of the Council and Chair of the HWB	
North Lincolnshire Council, Chair, Health Scrutiny Panel	
North Lincolnshire Council, Cabinet Member for Adults and Health	
North Lincolnshire Council, Director: Adults and Health	
North Lincolnshire Council, Director of Public Health	
Questions / feedback received	Response
No major concerns regarding the direction of travel but keen to ensure no loss of existing access and continued participation in Place arrangements. Request for regular updates. Request to be involved in the joint Group Chief Executive recruitment process.	The Group Chief Executive selection and appointment process will include a range of stakeholder engagement events and will include representatives from Local Authorities.
How will the sovereignty of each organisation be maintained?	Under the Group leadership model, whilst as much decision making as practicable will take place through a 'committees in common' (joint) approach, individual Boards will retain full decision making rights over decisions relevant to the individual Trust, ensuring the retention of sovereignty and accountability.

Senior Leaders Group: Northern Lincolnshire

Stakeholder	Follow-up meeting / briefing
Senior Leaders Group: Northern Lincolnshire	2 November 2022
Questions Received	Response

North East Lincolnshire is broadly supportive but is concerned with respect to sovereignty and in particular how to maintain the best deal for the North East Lincolnshire population.	Under the Group leadership model, whilst as much decision making as practicable will take place through a 'committees in common' (joint) approach, individual Boards will retain full decision making rights over decisions relevant to the individual Trust, ensuring the retention of sovereignty and accountability.
This is a natural development for efficient and sustainable services.	Comments noted.
Glad it's Group, not merger.	Comments noted.
Is this on the road to merger? If so, that would cause alarm bells.	This is not a merger. The option of merger was considered but discounted; not least as evidence from other organisations which have moved to the Group model suggests it is possible to deliver substantial benefits from collaboration and scale, relatively quickly but without the costs, timescales and disruption associated with a merger.
What are the implications for HASR?	This detail is still to be worked through.
Senior leaders in the new Group are going to have to look in multiple directions at once across the ICS. How do you ensure they have the capacity to do this and deliver adequate local focus?	This detail is still to be worked through.
Glad it maintains a Board on the south bank. However, would a Joint Quality and Safety Committee have too big a task to do?	This question will be considered as part of the development of the Group governance arrangements.
In our local authority there is no large political voice saying No – but nor is there a large political voice saying Yes.	Comments noted.
How will the Group relate to four competing democratic voices?	This detail is still to be worked through.
Why not a merger? Would it become a merger later? Have other Groups gone into merger?	As above, there are no plans for a merger. The option of merger was considered but discounted; not least as evidence from other organisations which have moved to the Group model suggests it is possible to deliver substantial benefits from collaboration and scale, relatively quickly but without the costs, timescales and disruption associated with a merger.
The primary issue is about services and access and the quality of those services. How will the Group ensure these are protected and enhanced?	Under the Group leadership model, whilst as much decision making as practicable will take place through a 'committees in common' (joint) approach, individual Boards will retain full decision making rights over decisions relevant to the individual Trust, ensuring the retention of sovereignty and accountability and responsibilities for access and quality.

	It is anticipated that access and quality will be further enhanced through the opportunities created by strengthened collaboration.
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Partner Organisations

Notification of the proposal to move to a Group leadership model was also sent to the following partner organisations.

ICB

ICB, Chair
ICB, Chief Executive
ICB, Director of Communications
ERY Place Director
NEL Place Director*
NL Place Director*
Hull Place Director

**included in Northern Lincolnshire Senior Leaders Group*

NHSE

NHSE, Regional Director NE&Y
NHSE, Associate Director of Communications

CQC

CQC: Hospital Inspection Directorate, North Region
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Other Healthcare Partners

Lindsey Lodge Hospice, Chief Executive
Care Plus Group, Chief Executive
Senior GPs, North East and North Lincolnshire*

Doncaster and Bassetlaw, Chief Executive
St Andrew's Hospice, Chief Executive
RDASH, Chief Executive
Focus, Chief Executive
Navigo, Chief Executive
Navigo, Director of Mental Health
United Lincolnshire, Chief Executive
Harrogate, Chief Executive
York, Chief Executive
Humber Teaching, Chief Executive
EMAS, Chief Executive
YAS, Chief Executive
HYMS, Dean
Healthwatch
Lincolnshire Community Health Services NHS Trust, Chief Executive
Lincolnshire Partnership NHS Foundation Trust, Chief Executive
Lincs ICB, Chief Executive
St Hugh's Hospital, Chief Executive
NHS England, Chief Nurse
NHS England, Tim Savage
NHS England, Chief Medical Officer
NHS England, Director of Elective Care Transformation
NHS England, Daniel Hartley
NHS England, Patient and Information

**included in Northern Lincolnshire Senior Leaders Group*

APPENDIX B

Proposal to Move to a Group Leadership Model: Risks & Mitigations

There are a number of risks to the successful delivery of this programme of work. These are set out below with key mitigations.

Risks	Mitigations
<p>Pre-implementation</p> <p>There is a risk of instability of leadership and loss of key resources and expertise. There is also a risk that key individuals will be less engaged in the process.</p>	<p>The new Group Chief Executive will lead on the appointment of the Executive Team.</p> <p>Implementation of the group structure will include consultation and engagement with those most directly affected by the change. This has and will include regular briefings as well as 1:1 discussion with the Chair and Vice Chairs ahead of the appointment of the joint Group Chief Executive. This will facilitate the identification of any key personnel / Trust risks prior to the finalisation of the structure and commencement of consultation.</p> <p>The process for appointment to the executive leadership team is currently being developed for agreement with the joint Group Chief Executive, once appointed, but it is anticipated that these posts will be ringfenced in the first instance.</p>
<p>There is a risk of internal and external stakeholder concern about the formation of a group model.</p>	<p>The move to a group model has the support of the ICB and NHSE. The outline of the direction of travel has been formally submitted to the ICB.</p> <p>There has been a 21-day period of engagement with key internal and external stakeholders and the feedback will help to shape the proposals. Feedback has been broadly supportive to date although questions have been asked and further assurance requested in respect of some aspects of the proposal. Key themes from the feedback include:</p>

	<ul style="list-style-type: none"> • equity of access and care for patients across both Trusts; • perceptions of a HUTH takeover; • whether the proposal is a merger or will lead to a merger eventually; • whether the proposed move to a Group leadership model will lead to job losses / redundancies; • retention of organisational sovereignty and identity. <p>As part of the above engagement, the NLaG Council of Governors has been briefed on the proposed direction of travel and in respect of the joint Group Chief Executive appointment process. (For NlaG as an FT, there is a requirement for the governors to approve the appointment at the first general meeting after the appointment.)</p> <p>The detailed Case for Change proposal sets out the clear clinical benefits of collaboration and the opportunities to build on the 'best of both' Trusts. These messages have been reinforced through the stakeholder communications.</p> <p>The Case for Change is due to be considered for approval by both Trust Board on 14 November 2022. Once a final decision has been made, the final Case for Change, response to feedback and next steps will be shared with all stakeholders. There will be ongoing communication as the project progresses.</p>
<p>There is a risk of lack of clinical support for the proposal. This includes the specific concerns which exist regarding perceptions of a HUTH takeover and a loss of the NLaG voice which it is felt has the potential to adversely impact on the quality of care and services to patients on the south bank.</p>	<p>As above.</p> <p>Specific engagement events have and are being held with clinical colleagues.</p> <p>Under the Group leadership model, whilst as much decision making as practicable will take place through a 'committees in common' (joint) approach, individual Boards will retain full decision making rights over decisions relevant to the individual Trust, ensuring the retention of sovereignty, identity and accountability. The</p>

	<p>operating model and governance arrangements will be designed to ensure an equal voice from both Trusts.</p> <p>The organisational development (OD) and change process referred to later is also key to addressing this concern.</p>
<p>There is a risk of not appointing to the new Group Chief Executive role or that the timescale becomes prolonged due to the need for the required approvals.</p>	<p>Recruitment Consultants have been recruited to support with the Chief Executive recruitment process which will be through open competition.</p> <p>Initial discussions have been held with NHSE and the ICB who are supportive of the proposed direction of travel. Initial discussions have also been held with NHSE regarding the recruitment process and the salary range for the joint Chief Executive post. Internal Remuneration Committee approval is also being sought.</p> <p>The briefing to the CoG included details of the recruitment process ensuring their engagement in the process.</p>
<p>There is a risk that the cultural changes required to ensure the successful move to a Group leadership model will not be made and sustained without a robust OD and change process.</p>	<p>The OD and change process required to ensure the successful move to a Group leadership model will be a key workstream of the project implementation plan. This will be a key focus for the Joint Group Chief Executive once appointed and will be a medium to long term piece of work.</p> <p>External support will be sourced, where required, to ensure that the required cultural changes are sustained.</p>
<p>Post-implementation</p>	
<p>There is a risk that the implementation of the group model is impacted by or impacts upon:</p> <ul style="list-style-type: none"> - performance - operational pressures including winter - strategic priorities 	<p>The intention of leaving some flexibility in the timing of implementation commencing is to ensure that strategic and operational pressures can be taken into account. The change management approach and implementation plan will ensure there is opportunity for structured handover where leadership responsibilities change.</p> <p>In respect of the CQC, publication of the NLaG report is expected in December 2022 i.e. before implementation of the Group leadership</p>

<ul style="list-style-type: none"> - HASR - publication of NLaG CQC inspection report - publication of the HUTH CQC report 	<p>model. No date has yet been confirmed for the publication of the HUTH CQC report.</p> <p>In respect of HASR, this has been delayed from November 2022 to May 2023.</p> <p>The development of the new operating model will need to be aligned to the developing responsibilities of the Humber and North Yorkshire Acute Collaborative.</p>
<p>There is a risk that the complexity of Group governance structures and arrangements impacts the delivery of the benefits of collaboration or the operational management of either Trusts' services or the delivery of major strategic initiatives.</p>	<p>Work will continue following Board approval of the Case for Change and as the project progresses to understand other Group models and the applicable learning.</p> <p>On appointment the joint Chief Executive will lead on</p> <ul style="list-style-type: none"> • finalisation of the full business case for the move to a Group model; • shaping the Executive Team and new Group operating model including governance / decision-making structures, building on proposals put forward through the project; • leading the implementation of the move to a Group model. <p>External governance support has been sought to support the two Trusts with the changes although the involvement of the relevant staff from both organisations will be critical to the development of options as to what these new arrangements might look like. As above, the joint Group Chief Executive, once appointed, will then lead on this work.</p> <p>Implementation of the Group operating model will require robust clinical engagement and support to ensure the clinical benefits are realised.</p>
<p>There is a risk that the move to a Group leadership model will lead to a loss of sovereignty and identity.</p>	<p>Under the Group leadership model, whilst as much decision making as practicable will take place through a 'committees in common' (joint) approach, individual Boards will retain full decision making</p>

	<p>rights over decisions relevant to the individual Trust, ensuring the retention of sovereignty, identity and accountability.</p> <p>In respect of NLaG, the Council of Governors and trust members will remain an essential part of the governance & assurance framework.</p>
<p>There is a risk of the two organisations being too internally focussed; the sustainability of both requires a greater understanding of population health trends in the medium-long term.</p>	<p>The two Trusts will continue to work in collaboration with wider system partners to ensure a greater understanding of population health trends and needs.</p>

NLG(22)206

Name of the Meeting	Trust Board - Public
Date of the Meeting	14 November 2022
Director Lead	Helen Harris, Director of Corporate Governance
Contact Officer/Author	Helen Harris, Director of Corporate Governance
Title of the Report	Trust Constitution
Purpose of the Report and Executive Summary (to include recommendations)	<p>Trust Board is asked to consider and recommend to the Council of Governors to approve two amendments to the Trust Constitution:</p> <p>a) Section 27.2 (page 14)</p> <p>Paragraph amended from: The appointment of the Chief Executive shall require the approval of the Council of Governors. This shall be a subject of the first general meeting after the appointment.</p> <p>Reworded to: The appointment of the Chief Executive shall require the approval of the Council of Governors. This shall be a subject of the first general meeting after the selection process and prior to the appointment being made.</p> <p>b) Annex 7, Standing Orders of the Board of Directors, Section 15 (page 92).</p> <p>This section is an addition to the Standing Orders to recognise the move to Executive Director - joint appointments:</p> <p>15. Executive Directors – Joint Appointments</p> <p>15.1 The Trust recognises that as partnership and collaborative working is further developed with partners, opportunities may arise to introduce joint executive roles (the Trust currently has a joint Chief Financial Officer and a Chief Information Officer with Hull University Hospitals NHS Trust). Such opportunities are managed in accordance with section 7 ('Joint Roles with Other Trusts') of the 'Principles Framework for Determining the Remuneration & Terms of Service for the Chief Executive and Executive Directors'.</p> <p>The Trust Constitution is appended for information.</p>
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs <input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: Executive Team

<p>Which Trust Priority does this link to</p>	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input checked="" type="checkbox"/> Not applicable
<p>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)</p>	<p>To give great care:</p> <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 <p>To be a good employer:</p> <input type="checkbox"/> 2	<p>To live within our means:</p> <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 <p>To work more collaboratively:</p> <input type="checkbox"/> 4 <p>To provide good leadership:</p> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
<p>Financial implication(s) (if applicable)</p>	<p>N/A</p>	
<p>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</p>	<p>N/A</p>	
<p>Recommended action(s) required</p>	<input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

***Board Assurance Framework (BAF) Descriptions:**

1.	To give great care
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
2.	To be a good employer
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
3.	To live within our means
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
4.	To work more collaboratively
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
5.	To provide good leadership
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

Chief Executive's Office

TRUST CONSTITUTION

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

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TRUST CONSTITUTION

1. Name

The name of the foundation trust is Northern Lincolnshire and Goole NHS Foundation Trust ("the trust").

2. Principal Purpose

2.1 The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England (the "Principal Purpose").

2.2 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.

2.3 The trust may provide goods and services for any purposes related to:

2.3.1 The provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness; and

2.3.2 The promotion and protection of public health.

2.4 Subject to the requirements of paragraph 41, the trust may also carry on activities other than those mentioned in paragraph 2.3 for the purpose of making additional income available in order to better carry on its Principal Purpose.

3. Powers

3.1 The powers of the trust are set out in the 2006 Act, subject to any restrictions in its Licence.

3.2 The powers of the trust shall be exercised by the Board of Directors on behalf of the trust.

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

4. Membership and Constituencies

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

4.1 a public constituency and

4.2 a staff constituency.

5. Application for Membership

- 5.1** Save as provided for in paragraph 7, an individual who is eligible to become a member of the trust may do so on application to the trust.
- 5.2** Applications for membership shall be dealt with by the trust in accordance with the provisions of Annex 8.

6. Public Constituency

- 6.1** An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the trust.
- 6.2** Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the public constituency.
- 6.3** The minimum number of members in each area specified as an area for a public constituency is specified in Annex 1.

7. Staff Constituency

- 7.1** An individual who is employed by the trust under a contract of employment with the trust may become or continue as a member of the trust provided that:
- 7.1.1** he or she is employed by the trust under a contract of employment which has no fixed term or has a fixed term of at least twelve months; or
- 7.1.2** he or she has been continuously employed by the trust under a contract of employment for at least twelve months.
- 7.2** Individuals who exercise functions for the purposes of the trust, otherwise than under a contract of employment with the trust, may become or continue as members of the staff constituency provided such individuals have exercised those functions continuously for a period of at least twelve months.
- 7.3** Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the staff constituency.
- 7.4** The minimum number of members in the staff constituency is specified in Annex 2.
- 7.5** An individual who is:
- 7.5.1** eligible to become a member of the staff constituency, and
- 7.5.2** invited by the trust to become a member of the staff constituency, shall become a member of the trust without an application being made, unless they inform the trust that they do not wish to do so, in accordance with the process more fully set out in Annex 8.

8. Restriction on Membership

- 8.1** An individual who is a member of a constituency may not while membership of that constituency continues, be a member of any other constituency.
- 8.2** An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of any constituency other than the staff constituency.
- 8.3** Further provisions as to the circumstances in which an individual may not become or continue as a member of the trust are set out in Annex 8.

9. Annual Members' Meeting

- 9.1** The trust shall hold an annual members' meeting which shall be open to members of the public. Further provisions about the annual members meeting are set out in Annex 6.

10. Council of Governors – composition

- 10.1** The trust shall have a Council of Governors, which shall comprise both elected and appointed governors.
- 10.2** The composition of the Council of Governors is specified in Annex 3.
- 10.3** The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency. The number of governors to be elected by each constituency is specified in Annex 3.

11. Council of Governors – election of governors

- 11.1** Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Rules for Elections, as may be varied from time to time.
- 11.2** The Model Rules for Elections, as may be varied from time to time, form part of this Constitution and are attached at Annex 4.
- 11.3** A variation of the Model Rules by the Department of Health shall not constitute a variation of the terms of this Constitution. For the avoidance of doubt, the trust cannot amend the Model Rules.
- 11.4** An election, if contested, shall be by secret ballot.

12. Council of Governors – tenure

- 12.1** Subject to the transitional provisions, governors, both elected and nominated, shall hold office for three years and will be eligible for re-election or re-appointment as applicable at the end of that period.
- 12.2** An elected governor shall cease to hold office if they cease to be a member of the constituency by which they were elected.
- 12.3** An appointed governor shall cease to hold office if the appointing organisation withdraws its sponsorship and / or terminates the appointment.

13. Council of Governors – disqualification and removal

- 13.1** The following may not become or continue as a member of the Council of Governors:
- 13.1.1** a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
- 13.1.2** a person who has made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it;
- 13.1.3** a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed.
- 13.2** Governors must be at least 16 years of age at the date they are nominated for election or appointment.
- 13.3** Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

14. Termination of Office and Removal of Governors

A governor shall immediately cease to hold office if:

- 14.1** They resign by notice in writing to the Chairman.
- 14.2** They fail to attend half of the council meetings in any financial year, unless the other governors are satisfied that:
- 14.2.1** the absences were due to a reasonable cause and
- 14.2.2** he or she will start attending council meetings within such a period as the governors consider reasonable.

- 14.3** In the case of an elected governor, they cease to be a member of the constituency by whom they were elected.
- 14.4** In the case of an appointed governor, the appointing organisation withdraws its sponsorship or terminates the appointment.
- 14.5** Without good reason the governor has failed to undertake any training required by the Council of Governors and/or fails to engage with the development review process for governors as agreed by the Council of Governors.
- 14.6** They have failed to sign and deliver to the Chairman a statement in the form required by the Council of Governors confirming acceptance of the code of conduct and/or complete the Criminal Records Bureau (CRB) process within the specified time period.
- 14.7** They refuse to sign a declaration, in the form specified by the Council of Governors, that they are a member of one of the public constituencies or one of the classes of staff constituency as the case might be and are not prevented from being a member of the Council of Governors.
- 14.8** Any of the exclusion criteria listed in Annex 5 become applicable.
- 14.9** They are removed from the Council of Governors by a resolution, approved by a two-thirds majority of the remaining governors, that:
- 14.9.1** he or she has committed a serious breach of the code of conduct;
- 14.9.2** he or she has acted in a manner detrimental to the interests of the trust,
- 14.9.3** the Council of Governors considers that it is not in the best interests of the trust for that person to continue as governor.
- 14.10** Where there is any disagreement as to whether the proposal for removal of a governor is justified, an independent assessor agreeable to both parties shall be requested to consider the evidence and conclude whether the proposed removal is reasonable or otherwise.

15. Council of Governors – duties of governors

- 15.1** The general duties of the Council of Governors are:
- 15.1.1** to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and
- 15.1.2** to represent the interests of the members of the trust as a whole and the interests of the public.
- 15.2** The trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

15.3 The specific duties of governors are:

15.3.1 amending the constitution;

15.3.2 approving the appointment of the chief executive;

15.3.3 appointing and removing the chair and other non-executive directors;

15.3.4 appointing and removing the NHS foundation trust's external auditor;

15.3.5 receiving the NHS foundation trust's annual accounts and annual report;

15.3.6 receiving the Trust's forward (operational) plan;

15.3.7 taking decisions on 'significant transactions';

15.3.8 taking decisions on non-NHS income.

16. Council of Governors – meetings of governors

16.1 The Chairman or, in the absence of the Chairman, the Deputy Chairman or, in the absence of the Deputy Chairman, any other non-executive director, shall preside at meetings of the Council of Governors.

16.2 Meetings of the Council of Governors shall be open to members of the public except as provided for in Annex 6.

16.3 For the purposes of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance), the Council of Governors may require one or more of the directors to attend a meeting.

17. Council of Governors – standing orders

17.1 The standing orders for the practice and procedure of the Council of Governors, as may be varied from time to time, are attached at Annex 6.

18. Council of Governors – referral to the Panel for Advising Governors

18.1 The Panel is both independent and national and is appointed by NHSI. Its role is to answer questions raised by the governors of an NHS foundation trust about whether the trust has failed or is failing to act in accordance with:

18.1.1 its own Constitution; or

18.1.2 Chapter 5 of the NHS Act 2006.

18.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral. Evidence

of the vote will need to be provided to the Panel before it can consider a question from governors. The Panel's remit is to support governors in fulfilling their role in representing the interests of their members and the public. Best interests are served by governors seeking to resolve any questions or issues with their trust chair and other non-executive directors before posing a question to the Panel. However, the Panel is available as a free resource in the event of continued uncertainty.

19. Council of Governors – conflicts of interest of governors

- 19.1** If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he or she becomes aware of it. The standing orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

20. Council of Governors – expenses

- 20.1** The trust shall pay travelling and other expenses to members of the Council of Governors at rates determined by the trust.

21. Board of Directors – composition

- 21.1** The Board of Directors shall comprise:

21.1.1 a non-executive Chairman;

21.1.2 five other non-executive directors; and

21.1.3 five executive directors.

21.2 One of the executive directors shall be the Chief Executive.

21.3 The Chief Executive shall be the accounting officer.

21.4 One of the executive directors shall be the Finance Director.

21.5 One of the executive directors shall be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

21.6 One of the executive directors shall be a registered nurse or a registered midwife.

22. Board of Directors – general duty

22.1 The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.

23. Board of Directors – qualification for appointment as a non-executive director (including the Chair)

A person may be appointed as a non-executive director only if:

- 23.1** they are a member of the public constituency*, or
- 23.2** where any of the trust's hospitals includes a medical or dental school provided by a university, they exercise functions for the purposes of that university, and
- 23.3** they are not disqualified by virtue of paragraph 29 below.

*In exceptional circumstances, this requirement may be waived by the Council of Governors in agreement with NHSE/I. An example might be where the Trust is in 'special measures' and to secure the best possible candidate for the role.

24. Board of Directors – appointment and removal of chairman and other non-executive directors

- 24.1** The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chairman and the other non-executive directors.
- 24.2** The Council of Governors shall appoint a Chairman who is independent. This provision shall exclude anyone who:
- is a former Chief Executive of the trust.
 - has been an employee of the NHS foundation trust within the last five years.
 - has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust.
 - has received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme;
 - has close family ties with any of the NHS foundation trust's advisers, directors or senior employees;

- holds cross directorships or has significant links with other directors through involvement in other companies or bodies;
- has served on the board for more than nine years from the date of his or her first appointment;
- is an appointed representative of the NHS foundation trust's university medical or dental school.

These criteria shall apply only on appointment, thereafter the test of independence is not appropriate in relation to the Chairman.

- 24.3** The Council of Governors shall not appoint as Chairman a person who is simultaneously a chairman of another NHS foundation trust.
- 24.4** Removal of the Chairman or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.
- 24.5** The initial Chairman and the initial non-executive directors are to be appointed in accordance with paragraph 25 below.
- 25. Board of Directors – appointment of initial Chairman and initial other non-executive directors**
- 25.1** The Chairman of the applicant NHS trust shall be appointed as the initial Chairman of the trust if he or she wishes to be appointed.
- 25.2** The power of the Council of Governors to appoint the other non-executive directors of the trust is to be exercised, so far as possible, by appointing as the initial non-executive directors of the trust any of the non-executive directors of the applicant NHS trust (other than the Chairman) who wish to be appointed.
- 25.3** The criteria for qualification for appointment as a non-executive director set out in paragraph 23 above (other than disqualification by virtue of paragraph 29 below) do not apply to the appointment of the initial chairman and the initial other non-executive directors in accordance with the procedures set out in this paragraph.
- 25.4** An individual appointed as the initial Chairman or as an initial non-executive director in accordance with the provisions of this paragraph shall be appointed for the unexpired period of his or her term of office as Chairman or (as the case may be) non-executive director of the applicant NHS trust; but if, on appointment, that period is less than 12 months, the appointment shall be for 12 months.

26. Board of Directors – appointment of Deputy Chairman

26.1 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive directors as Deputy Chairman.

27. Board of Directors – appointment and removal of the Chief Executive and other executive directors

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

27.2 The appointment of the Chief Executive shall require the approval of the Council of Governors. This shall be a subject of the first general meeting after the [selection process and prior to the appointment being made](#).

27.3 The initial Chief Executive shall be appointed in accordance with paragraph 28 below.

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

28. Board of Directors – appointment and removal of initial Chief Executive

28.1 The chief officer of the applicant NHS trust shall be appointed as the initial Chief Executive of the trust if he or she wishes to be appointed.

28.2 The appointment of the chief officer of the applicant NHS trust as the initial Chief Executive of the trust shall not require the approval of the Council of Governors.

29. Board of Directors – disqualification

The following shall not become or continue as a member of the Board of Directors:

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

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

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

29.4 a person who falls within the additional grounds for disqualification set out at Annex 8.

30. Board of Directors – meetings

- 30.1** Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.
- 30.2** Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

31. Board of Directors – standing orders

- 31.1** The standing orders for the practice and procedure of the Board of Directors, as may be varied from time to time, are attached at Annex 7.

32. Board of Directors – liability of directors

- 32.1** The trust shall indemnify non-executive directors in respect of any personal civil liability they incur as a result of carrying out their duties, provided that they have acted honestly, in good faith and without recklessness.
- 32.2** The trust shall indemnify executive directors in respect of any personal civil liability they incur as a result of carrying out their duties, provided that they have acted honestly, in good faith, without recklessness and within the remit of their contractual duties as set out by the trust.

33. Board of Directors – conflicts of interest of directors

- 33.1** The duties that a director of the trust has by virtue of being a director include in particular:
- 33.1.1** a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the trust; and
- 33.1.2** a duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- 33.2** The duty referred to in sub-paragraph 33.1.1 is not infringed if:
- 33.2.1** the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or
- 33.2.2** the matter has been authorised in accordance with the Constitution.
- 33.3** The duty referred to in sub-paragraph 33.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

33.4 In sub-paragraph 33.1.2, “third party” means a person other than:

33.4.1 the trust; or

33.4.2 a person acting on its behalf.

33.5 If a director of the trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the trust, the director must declare the nature and extent of that interest to the other directors.

33.6 If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

33.7 Any declaration required by this paragraph must be made before the trust enters into the transaction or arrangement.

33.8 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

33.9 A director need not declare an interest:

33.9.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

33.9.2 if, or to the extent that, the Board of directors are already aware of it;

33.9.3 if, or to the extent that, it concerns terms of the director’s appointment that have been or are to be considered:

- by a meeting of the Board of Directors; or
- by a committee of the directors appointed for the purpose under the Constitution.

34. Board of Directors – remuneration and terms of office

34.1 The Council of Governors at a general meeting of the Council of Governors, following a recommendation by the Appointments & Remuneration Committee for Non-Executive Directors (including Chair, Deputy Chair and Senior Independent Director), shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and the other non-executive directors.

34.2 The trust shall establish a committee of non-executive directors (the ‘Remuneration Committee’) to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.

35. Registers

35.1 The trust shall have:

35.1.1 a register of members showing, in respect of each member, the constituency to which they belong;

35.1.2 a register of members of the Council of Governors;

35.1.3 a register of interests of governors;

35.1.4 a register of directors; and

35.1.5 a register of interests of the directors.

35.2 The process of admission to and removal from the register shall be as set out in Annex 8.

36. Registers – inspection and copies

36.1 The trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

36.2 The trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests.

36.3 So far as the registers are required to be made available:

36.3.1 they are to be available for inspection free of charge at all reasonable times; and

36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

36.4 If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

37. Documents Available for Public Inspection

37.1 The trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

37.1.1 a copy of the current Constitution;

37.1.2 a copy of the latest annual accounts and of any report of the auditor on them; and

37.1.3 a copy of the latest annual report; .

37.2 The trust shall also make the following documents relating to a special administration of the trust available for inspection by members of the public free of charge at all reasonable times:

37.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;

37.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;

37.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act;

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

37.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSI's decision), 65KB (Secretary of State's response to NHSI's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

37.2.8 a copy of any final report published under section 65I (administrator's final report);

37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and

37.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

37.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

37.4 If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

38. Appointing & Removing the NHS Foundation Trust's External Auditor

38.1 The trust shall have an external auditor.

- 38.2** The Council of Governors shall appoint or remove the external auditor at a general meeting of the Council of Governors.
- 38.3** When appointing or removing the external auditor, governors must consider the criteria set out in the 'Audit Code for NHS Foundation Trusts'. In all matters regarding the appointment, re-appointment, removal, remuneration and terms of engagement of the external auditor, and in discharging its responsibilities in this regard as referred to above, the Council of Governors will be advised by the audit committee.
- 38.4** Should the Council of Governors not accept the recommendation of the audit committee then the Board of Directors shall ensure that the annual report both includes a statement from the audit committee explaining the recommendation and also sets out the reasons why the Council of Governors has taken a different position.
- 38.5** Should the Council of Governors remove the auditor contrary to the advice of the audit committee then the Chairman will advise NHSI in writing of the reasons behind the decision.

39. Audit Committee

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

40. Accounts

- 40.1** The trust shall keep proper accounts and proper records in relation to the accounts.
- 40.2** NHSI may with the approval of the Secretary of State give directions to the trust as to the content and form of its accounts.
- 40.3** The accounts shall be audited by the trust's auditor.
- 40.4** The trust shall prepare in respect of each financial year annual accounts in such form as NHSI may, with the approval of the Secretary of State, direct.
- 40.5** The functions of the trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

41. Annual Report, Forward (operational) Plans and non-NHS Work

- 41.1** The trust shall prepare an annual report and send it to NHSI.
- 41.2** The trust shall give information as to its forward (operational) planning in respect of each financial year to NHSI.

- 41.3** The document containing the information with respect to forward (operational) planning (referred to in paragraph 41.2 above) shall be prepared by the directors.
- 41.4** In preparing the said document with respect to forward (operational) planning, the directors shall have regard to the views of the Council of Governors.
- 41.5** Each forward (operational) plan must include information about:
- 41.5.1** 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
- 41.5.2** the income it expects to receive from doing so.
- 41.6** Where a forward (operational) plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must:
- 41.6.1** 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
- 41.6.2** notify the directors of the trust of its determination.
- 41.7** 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 health service in England may implement the proposal only if more than half of the members of the Council of Governors voting approve its implementation.
- 42. Presentation of the Annual Accounts and Reports to the Governors and Members**
- 42.1** The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- 42.1.1** the annual accounts;
- 42.1.2** any report of the auditor on them; and
- 42.1.3** the annual report.
- 42.2** The documents shall also be presented to the members of the trust at the annual members' meeting by at least one member of the Board of Directors in attendance.
- 42.3** The trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the annual members' meeting.

43. Resolution of Disputes

- 43.1** Should a disagreement arise between the Board of Directors and the Council of Governors, such as would impair the decision making process or the successful operation of the trust, then the Chairman shall convene a joint meeting of the two bodies to consider the issue in dispute.
- 43.2** Should this meeting not resolve the issue then the Chairman shall have the authority to make a decision on behalf of the trust. This decision, and the reasons supporting it, will be communicated in writing to all members of both the Board of Directors and the Council of Governors.

44. Instruments

- 44.1** The trust shall have a seal.
- 44.2** The seal shall not be affixed except under the authority of the Board of Directors and as delegated to the Trust Secretary.

45. Amendment of the Constitution

- 45.1** The trust may make amendments of its Constitution only if:
- 45.1.1** More than half of the members of the Council of Governors of the trust voting approve the amendments; and
- 45.1.2** More than half of the members of the Board of Directors of the trust voting approve the amendments.
- 45.2** Amendments made under paragraph 45.1 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.
- 45.3** Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust):
- 45.3.1** At least one member of the Council of Governors must attend the next annual members' meeting and present the amendment; and
- 45.3.2** The trust must give the members an opportunity to vote on whether they approve the amendment.
- 45.4** If more than half of the members voting approve the amendment, the amendment will continue to have effect; otherwise, it will cease to have effect and the trust must take such steps as are necessary as a result.
- 45.5** The trust shall inform NHSI of amendments to its Constitution.

46. Significant Transactions

46.1 The trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors – not just half the number that attends the meeting at which the decision is taken.

46.2 The trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors of the Trust voting approve of the trust entering into the transaction.

46.3 “Significant Transaction” means:

46.3.1 the acquisition of, or an agreement to acquire, whether contingent or not, assets the value of which is more than 25% of the value of the trust's gross assets before the acquisition; or

46.3.2 the disposition of, or an agreement to dispose of, whether contingent or not, assets of the trust the value of which is more than 25% of the value of the trust's gross assets before the disposition; or

46.3.3 a transaction that has or is likely to have the effect of the trust acquiring rights or interests or incurring obligations or liabilities, including contingent liabilities, the value of which is more than 25% of the value of the trust's gross assets before the transaction.

46.4 For the purpose of this paragraph 46:

46.4.1 "gross assets" means the total of fixed assets and current assets;

46.4.2 in assessing the value of any contingent liability for the purposes of subparagraph 46.3.3, the directors:

- must have regard to all circumstances that the directors know, or ought to know, affect, or may affect, the value of the contingent liability; and
- may rely on estimates of the contingent liability that are reasonable in the circumstances; and
- may take account of the likelihood of the contingency occurring.

46.5 Where the Trust is considering organisational transactions (mergers and acquisitions, transfer and dissolutions) or non-organisational transactions (significant capital investments, joint ventures and private finance initiatives), early engagement with NHSI is required. This process aims to reduce costs and allow Trusts to identify issues prior to committing significant resources to a particular transaction. Further guidance on the process for Trusts to follow when considering such transactions is outlined in the NHSI ‘Transactions guidance – for trusts undertaking transactions, including mergers and acquisitions’.

47. Interpretation and Definitions

- 47.1** Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act.
- 47.2** Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa.
- 47.3** References in this Constitution to legislation include all amendments, replacements or re-enactments made in references to paragraph numbers or references to paragraphs of this Constitution unless the context provides otherwise.
- 47.4** References to legislation include all regulations and statutory guidance.
- 47.5** Headings are for ease of reference only and are not to affect interpretation.
- 47.6** If there is a conflict between the provisions of this Constitution and the provisions of any document referred to herein then the provisions of this Constitution shall prevail unless the law requires otherwise.
- 47.7** References to this paragraph are to paragraphs in this Constitution.
- 47.8** All Annexes referred to in this Constitution form part of it.
- 47.9** In this Constitution:

“accounting officer”	is the person who from time to time discharges the functions specified in paragraph 25(5) in Schedule 7 to the 2006 Act;
“annual members’ meeting”	means the annual meeting of all the members;
“applicant NHS trust”	means the Northern Lincolnshire and Goole NHS Foundation Trust;
“appointed governors”	means the local authority governors, the medical school governors and the partnership organisation governors;
“authorisation”	means the authorisation for the trust to become an NHS foundation trust given by Monitor at that time*;
	[*Monitor became part of NHS Improvement as of 1 April 2016.]

“Board of Directors”	means the Board of Directors of the trust as constituted in accordance with this Constitution and referred to in paragraph 21.
“Chairman”	means the chairman of the trust appointed in accordance with the Constitution;
“Chief Executive”	means the chief executive (and accounting officer) of the trust appointed in accordance with paragraph 27;
“constituencies”	means the public constituencies and the staff constituency of the trust;
“Constitution”	means this constitution of the trust;
“Council of Governors”	means the Council of Governors of the trust as constituted in accordance with this Constitution;
“Deputy Chairman”	means the Deputy Chairman of the trust;
“director”	means a director on the Board of Directors;
“elected governors”	means the public and staff governors respectively;
“election rules”	means the election rules set out in Annex 4 and which are to be used in connection with the election of the elected governors;
“executive director”	means an executive director of the trust;
“financial year”	means:- (a) the period beginning with the date on which the trust is authorised and ending with the next 31st March; and (b) each successive period of twelve months beginning with 1 st April;
“governor”	means a governor on the Council of Governors and being either an elected governor or an appointed governor;

“lead governor”	means the main governor contact in a few specific circumstances in which NHSI may need to contact the council of governors or the other way round (further details on this role are provided within Annex 6, 1.9;
“Licence”	means the Trust's licence granted by Monitor at the time* under the 2012 Act; [*Monitor became part of NHS Improvement as of 1 April 2016.]
“member”	means a member of the trust as determined in accordance with this Constitution;
“members’ meetings”	means a meeting of the members;
“membership”	means membership of the trust through being a member of one of the constituencies;
“model election rules”	means the model form rules for the conduct of elections published from time to time by the Department of Health and as currently set out in Annex 4;
“NHSI”	means the regulator for the purposes of the 2006 Act;
“non-executive directors”	means a non-executive director of the trust;
“partnership organisation governor”	means a member of the Council of Governors appointed by a partnership organisation referred to in Annex 3;
“partnership organisations”	means organisations designated as partnership organisations for the purposes of this Constitution and referred to in Annex 3;
“public constituencies”	means that part of the trust’s membership consisting of members from the area of the public constituency as described in Annex 1;
“public governor”	means a member of the Council of Governors elected by the members of a public constituency;
“qualifying local authorities”	means those Councils referred to in Annex 3 all of which are Councils for an area which includes the whole or part of the area of the trust;

“qualifying local authority governors”	means a member of the Council of Governors appointed by qualifying local authorities and referred to in Annex 3;
“Secretary”	means the Trust Secretary of the trust or any other person appointed to perform the duties of a ‘company secretary’;
“senior independent director”	means the non-executive director appointed as an alternative point of contact for governors and directors when they have concerns that have not been resolved through the normal channels of Chair, Chief Executive, Finance Director or Trust Secretary or for which such contact is inappropriate;
“staff constituency”	means that part of the trust’s membership consisting of staff of the trust and other persons as described in paragraph 7;
“staff governor”	means a member of the Council of Governors elected by the staff constituency;
“the 2006 Act”	means the National Health Service Act 2006;
“the trust”	means the Northern Lincolnshire and Goole NHS Foundation Trust;
“transitional provisions”	means those provisions relating to the terms of office of the initial governors as set out in Annex 3,

ANNEX 1 – THE PUBLIC CONSTITUENCIES

Name of the Public Constituency	Area of the public constituency by Electoral Wards	Minimum number of members	Number of Governors to be elected
North Lincolnshire	The Wards of: Ashby; Axholme Central; Axholme North; Axholme South; Barton; Bottesford; Brigg & Wolds; Broughton & Appleby; Brumby; Burringham & Gunness; Burton upon Stather & Winterton; Crosby & Park; Ferry; Frodingham; Kingsway/Lincoln Gardens; Ridge; Town.	500	5
North East Lincolnshire	The Wards of: Croft Baker; East Marsh; Freshney; Haverstoe; Heneage; Humberston & New Waltham; Immingham; Park; Scartho; Sidney; South; Sussex; Waltham; West Marsh; Wolds; Yarborough.	500	5
Goole & Howdenshire	The Wards of Goole North; Goole South; Howden; Howdenshire; Snaith, Airmyn & Rawcliffe and Marshlands.	200	3
East & West Lindsey	The Wards of: Binbrook; Grimoldby; Holton Le Clay; Legbourne; Ludford; Mablethorpe Central; Mablethorpe East; Mablethorpe North; Marsh Chapel; North Holme; North Somercotes; North Thoresby; Priory; Skidbrook with Saltfleet Haven; St Mary's; St Michaels; Sutton on Sea North; Sutton on Sea South; Tetney; Trinity; Trusthorpe/Mablethorpe South; Withern with Stain. Caistor; Gainsborough East; Gainsborough North; Gainsborough South West; Hemswell; Kelsey; Scotter; Thonock; Waddingham & Spital; Wold View; Yarborough.	200	2

ANNEX 2 – THE STAFF CONSTITUENCY

There are no classes within the staff constituency. The minimum number of members in the staff constituency is 150.

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

1. Introduction

1.1 The Council of Governors shall comprise governors who are:

1.1.1 elected by the respective constituencies in accordance with the provisions of this constitution; and

1.1.2 appointed in accordance with paragraph 2 below.

1.2 The Council of Governors shall at all times be constituted so that more than half the Council of Governors shall consist of governors who are elected by members of the trust other than those who are members of the staff constituency.

2. Bodies entitled to appoint a member of the Council of Governors

2.1 The following bodies in this paragraph 2 shall be entitled to appoint a governor or governors (as the case may be) to the Council of Governors as provided for in this paragraph 2.

Qualifying Local Authorities

2.2 There are four qualifying local authorities covering the areas specified within the Trust's Constitution as a public constituency, as follows:

- North East Lincolnshire
- North Lincolnshire
- Lincolnshire
- East Riding of Yorkshire

2.3 There will be four local authority seats on the Council of Governors for the four qualifying local authorities.

2.4 A governor appointed under paragraph 2.3 above shall then serve on the Council of Governors for the period stipulated in the Constitution.

Qualifying Medical Schools

2.5 Hull York Medical School shall be entitled to appoint one governor in accordance with a process of appointment agreed by it with the trust. The absence of any such agreed process of appointment shall not preclude the medical school from appointing its governor.

Partnership Organisations:**Clinical Commissioning Groups**

- 2.6** NHS North Lincolnshire Clinical Commissioning Group and NHS North East Lincolnshire Clinical Commissioning Group shall be entitled to appoint one governor each in accordance with a process of appointment agreed by them with the trust. The absence of any such agreed process of appointment shall not preclude the said clinical commissioning groups from appointing their governors provided the appointment is duly made in accordance with the clinical commissioning groups' own internal processes.
- 2.7** If a clinical commissioning group named in paragraph 2.6 above declines or fails to appoint a governor within three months of being requested to do so by the trust, the trust shall in its absolute discretion be entitled to invite any of those other clinical commissioning groups to whom it provides goods and services to appoint a governor in substitution for the clinical commissioning group which has failed or declined to do so.
- 2.8** If the invitation referred to in paragraph 2.7 above is accepted by a clinical commissioning group, that clinical commissioning group shall appoint a governor and any clinical commissioning group which has previously failed to appoint a governor shall cease to be entitled to do so.
- 2.9** Subject to paragraph 2.10 below, if the invitation is not accepted within a reasonable period or such period as may have been specified in the invitation the trust shall invite any other such clinical commissioning group until the invitation, is accepted and a governor is appointed.
- 2.10** Any governor appointed under paragraphs 2.8 and 2.9 above shall serve on the Council of Governors for the period stipulated in the constitution. At the end of that period the trust shall in its absolute discretion decide whether to permit that clinical commissioning group which had first failed or declined to appoint a governor to do so for the next period of office or to invite that clinical commissioning group which had appointed a governor in substitution to do so.
- 2.11** Notwithstanding the foregoing provisions of this paragraph, the trust shall in its absolute discretion be entitled:
- 2.11.1** to give not less than 6 months' notice to any of those clinical commissioning groups referred to in paragraphs 2.6 above (or any substituted clinical commissioning group appointed under paragraphs 2.7 to 2.9 above) terminating their right to appoint a governor and upon the expiration of that notice period or such other date as the trust and the relevant clinical commissioning group may agree that clinical commissioning group's right to appoint a governor shall be terminated and the period of office of the governor appointed by that clinical commissioning group shall also come to an end on that date; and
- to appoint another clinical commissioning group for which the trust provides goods and services to replace that clinical commissioning group to which notice

has been given under paragraph 2.11.1 above save that these provisions shall at all times be operated so as to ensure that the number of clinical commissioning groups entitled to appoint a governor remains as provided for in paragraph 2.6 and 2.7 above.

The Composition of the Council of Governors

The composition of the Council of Governors shall be as set out in Table 1 below

Table 1:

	Electing/Appointing Body	Number of Governors
1.	Public Constituency Governors	
1.1	North East Lincolnshire Constituency	5
1.2	North Lincolnshire Constituency	5
1.3	East and West Lindsey Constituency	2
1.4	Goole & Howdenshire Constituency	3
2.	Staff Governors	4
3.	Partnership Organisations	
3.1	NHS North East Lincolnshire CCG	1
3.2	NHS North Lincolnshire CCG	1
4.	Qualifying Local Authority Governors	
4.1	North East Lincolnshire	1
4.2	North Lincolnshire	1
4.3	Lincolnshire	1
4.4	East Riding of Yorkshire	1
5.	Qualifying Medical Schools	
5.1	Hull York Medical School	1
	Total number of governors	26

ANNEX 4 –THE MODEL RULES FOR ELECTIONS

(Paragraph 11.2)

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1. Interpretation

Part 2 – Timetable for election

2. Timetable
3. Computation of time

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58. Delivery of documents
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61. Application for inspection of certain documents relating to election

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Part 10 – Election expenses and publicity Expenses

64. Election expenses

65. Expenses and payments by candidates

66. Expenses incurred by other persons

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67. Publicity about election by the corporation

68. Information about candidates for inclusion with voting information

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

Part 11 - Questioning elections and irregularities

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Part 12 - Miscellaneous

71. Secrecy

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

Part 1 – Interpretation

1. Interpretation

1.1 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 Council of Governors;

“the regulator” means the Independent Regulator for NHS foundation trusts; and “the 2006 Act” means the National Health Service Act 2006;

“e-voting” means voting using the internet;

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

“method of polling” means voting either by post or internet;

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

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

Part 2 – Timetable for 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

- 3.1 In computing any period of time for the purposes of the timetable:
- (a) a Saturday or Sunday;
 - (b) Christmas day, Good Friday, or a bank holiday; or,
 - (c) a day appointed for public thanksgiving or mourning, shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.
- 3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 – Returning officer

4. Returning officer

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

5. Staff

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

6. Expenditure

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

7. Duty of co-operation

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

Part 4 – Stages Common to Contested and Uncontested Elections

8. Notice of election

- 8.1 The returning officer is to publish a notice of the election stating:

- (a) the constituency, or class within a constituency, for which the election is being held;
- (b) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency;
- (d) the details of any nomination committee that has been established by the corporation;
- (e) the address and times at which nomination papers may be obtained;
- (f) the address for return of nomination papers and the date and time by which they must be received by the returning officer;
- (g) 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

9.1 Each candidate must nominate themselves on a single nomination paper.

9.2 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 and it can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 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

11.1 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

12.1 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 Council of Governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the Constitution; and,
- (b) for a member of the public constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination paper must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination

14.1 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.

14.2 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.

14.3 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.

14.4 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.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates

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

15.2 The statement must show:

- (a) the name, contact address, 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.

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

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

16. Inspection of statement of nominated candidates and nomination papers

16.1 The corporation is to make the statement 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.

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

17. Withdrawal of candidates

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

18. Method of election

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

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

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

- 18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be Council of Governors, then:
- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
 - (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

Part 5 – Contested elections

19. Poll to be taken by ballot

- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide if eligible voters, within a constituency, or class within a constituency, may, subject to rule 19.4, cast their vote by any combination of the methods of polling.
- 19.4 The corporation may decide if eligible voters, within a constituency or class within a constituency, for whom an e-mail mailing address is included in the list of eligible voters may only cast their votes by, one or more, e-voting methods of polling.
- 19.5 If the corporation decides to use an e-voting method of polling then they and the returning officer must satisfy themselves that:
- (a) if internet voting is being used, the internet voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the internet voting record of any voter who chooses to cast their vote using the internet voting system.
 - (b) if telephone voting is being used, the telephone voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the telephone voting record of any voter who choose to cast their vote using the telephone voting system.
 - (c) if text message voting is being used, the text message voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the text voting record of any voter who choose to cast their vote using the text message voting system.

20. The ballot paper

- 20.1 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.
- 20.2 Every ballot paper must specify:
- (a) the name of the corporation;
 - (b) the constituency, or class within a constituency, for which the election is being held;
 - (c) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency;
 - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates;
 - (e) instructions on how to vote by all available methods of polling, including the relevant voters and voter ID number if e-voting is a method of polling;
 - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll; and,
 - (g) the contact details of the returning officer.
- 20.3 Each ballot paper must have a unique identifier.
- 20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public constituencies)

- 21.1 In respect of an election for a public constituency a declaration of identity must be issued with all ballot information.
- 21.2 The declaration of identity is to include a declaration:
- (a) that the voter is the person to whom the ballot information 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 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.
- 21.3 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.
- 21.4 The voter must be required to return the declaration of identity together with the ballot information, or complete the electronic declaration prior to voting electronically.
- 21.5 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, or if it is not completed prior to electronic voting, the voter's ballot paper may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

- 22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.
- 22.2 The list is to include, for each member, a postal mailing address and if available an e-mail address, where their voting information may be sent.
- 22.3 The corporation may decide if the voting information is to be sent only by e-mail to those members, in a particular constituency or class within a constituency, for whom an e-mail address is included in the list of eligible voters.

23. Notice of poll

- 23.1 The returning officer is to publish a notice of the poll stating:
- (a) the name of the corporation;
 - (b) the constituency, or class within a constituency, for which the election is being held;
 - (c) the number of members of the Council of Governors to be elected from that constituency, or class with that constituency;
 - (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates;
 - (e) the methods of polling by which votes may be cast at the election by a constituency or class within a constituency as determined by the corporation in rule 19.3;

- (f) the address for return of the ballot papers, and the date and time of the close of the poll;
- (g) the uniform resource locator (url) where, if internet voting is being used, the polling website is located;
- (h) the telephone number where, if telephone voting is being used, the telephone voting facility is located;
- (i) the telephone number or telephone short code where, if text message voting is being used, the text message voting facility is located;
- (j) the address and final dates for applications for replacement voting information; and,
- (k) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 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 voting information to each member of the corporation named in the list of eligible voters:

(a) by post to each member of the corporation named in the list of eligible voters and on the basis of rule 22 able to cast their vote by post:

- (i) a ballot paper and ballot paper envelope;
- (ii) a declaration of identity (if required);
- (iii) information about each candidate standing for election, pursuant to rule 68 of these rules; and,
- (iv) a covering envelope.

(b) by e-mail or by post, to each member of the corporation named in the list of eligible voters and on the basis of rule 19.4 able to cast their vote only by an e-voting method of polling:

- (i) instructions on how to vote;
- (ii) the eligible voter's voter ID number;
- (iii) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate;
- (iv) contact details of the returning officer.

24.2 The documents are to be sent to the mailing address or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

- 25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- 25.2 The covering envelope is to have:
- (a) the address for return of the ballot paper printed on it; and,
 - (b) pre-paid postage for return to that address.
- 25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer:
- (a) the completed declaration of identity if required; and,
 - (b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The provision of the polling website and internet voting system will:
- (a) require a voter, to be permitted to vote, to enter his voter ID number;
 - (b) specify:
 - (i) the name of the corporation;
 - (ii) the constituency, or class within a constituency, for which the election is being held;
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency;

- (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates;
 - (v) instructions on how to vote.
 - (c) prevent a voter voting for more candidates than they are entitled to at the election;
 - (d) create a record ("the internet voting record") that is stored in the internet voting system in respect of each vote cast using the internet of:
 - (i) the voter ID number used by the voter;
 - (ii) the candidate or candidates for whom he has voted; and,
 - (iii) the date and time of his vote;
 - (e) if their vote has been cast and recorded, provide the voter with confirmation;
 - (f) prevent any voter voting after the close of poll.
- 26.5 The provision of a telephone voting facility and telephone voting system, will:
 - (a) require a voter to be permitted to vote, to enter his voter ID number;
 - (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) instructions on how to vote.
 - (c) prevent a voter voting for more candidates than he is entitled to at the election;
 - (d) create a record ("the telephone voting record") that is stored in the telephone voting system in respect of each vote cast by telephone of-
 - (i) the voter ID number used by the voter;
 - (ii) the candidate or candidates for whom he has voted; and
 - (iii) the date and time of his vote
 - (e) if their vote has been cast and recorded, provide the voter with confirmation;
 - (f) prevent any voter voting after the close of poll.
- 26.6 The provision of a text message voting facility and text messaging voting system, will:
 - (a) require a voter to be permitted to vote, to provide his voter ID number;

- (b) prevent a voter voting for more candidates than he is entitled to at the election;
- d) create a record ("the text voting record") that is stored in the text messaging voting system in respect of each vote cast by text message of:
 - (i) the voter ID number used by the voter;
 - (ii) the candidate or candidates for whom he has voted; and
 - (iii) the date and time of his vote
- (e) if their vote has been cast and recorded, provide the voter with confirmation;
- (f) prevent any voter voting after the close of poll.

The poll

27. Eligibility to vote

- 27.1 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.

28. Voting by persons who require assistance

- 28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.
- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as they consider necessary to enable that voter to vote.

29. Spoilt ballot papers

- 29.1 If a voter has dealt with their ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if they can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless:
 - (a) satisfied as to the voter's identity; or,
 - (b) the declaration of identity, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

- (a) the name of the voter and confirmation of the voter's identity;
- (b) the details of the unique identifier of the spoiled ballot paper (if that officer was able to obtain it); and,
- (c) the details of the unique identifier of the replacement ballot paper.

30. Lost voting information

- 30.1 Where a voter has not received their voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.
- 30.2 The returning officer may not issue replacement voting information for lost voting information unless they:
- (a) are satisfied as to the voter's identity;
 - (b) have no reason to doubt that the voter did not receive the original voting information;
 - (c) has ensured that the declaration of identity if required has not been returned.
- 30.3 After issuing replacement voting information, the returning officer shall enter in a list ("the list of lost ballots"):
- (a) the name of the voter;
 - (b) the details of the unique identifier of the replacement ballot paper; and,
 - (c) if applicable, the voter ID number of the voter.

31. Issue of replacement voting information

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

32. Declaration of identity for replacement voting information (public constituencies)

- 32.1 In respect of an election for a public constituency a declaration of identity must be issued with all replacement ballot information.
- 32.2 The declaration of identity is to include a declaration:
- (a) that the voter has not voted in the election with any ballot information other than the ballot information being returned or completed with the declaration; and,
 - (b) of the particulars of that member's qualification to vote as a member of the public constituency, or class within a constituency, for which the election is being held.
- 32.3 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.
- 32.4 The voter must be required to return or electronically complete the declaration of identity together with the ballot paper.
- 32.5 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, or electronically completed prior to e-voting, the replacement ballot information may be declared invalid.

Polling by internet, telephone or text**33. Procedure for remote voting by internet**

- 33.1 To cast their vote using the internet the voter must gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter must enter their voter ID number.
- 33.3 If the internet voting system authenticates the voter ID number the system must give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast their vote the voter may then key in a mark on the screen opposite the particulars of the candidate or candidates for whom they wish to cast their vote.

33.5 The voter must not be able to access the internet voting facility for an election once their vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast their vote by telephone the voter must gain access to the telephone voting facility by calling the designated telephone number provided on the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter must enter their voter ID number using the keypad.

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

34.4 When prompted to do so the voter may then cast his vote by keying in the code of the candidate or candidates, allocated in accordance with rule 61 of these rules, for whom they wish to vote.

34.5 The voter must not be able to access the telephone voting facility for an election once their vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast their vote by text the voter must gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided on the voter information.

35.2 The text message sent by the voter must contain their voter ID number and the code for the candidate or candidates, allocated in accordance with rule 68 of these rules, for whom they wish to vote.

35.3 The text message sent by the voter must be structured in accordance with the instructions on how to vote contained in the voter information.

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

36. Receipt of voting documents

36.1 Where the returning officer receives a:

- (a) covering envelope; or,
- (b) any other envelope containing 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 37 and 38 are to apply.

36.2 The returning officer may open any ballot paper covering envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

- (a) the candidate for whom a voter has voted; or,
- (b) the unique identifier on a ballot paper.

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

37. Validity of votes

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

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, they should:

- (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.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, they should:

- (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.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet, telephone or text voting record has been received by the returning officer before the close of the poll.

38. De-duplication of votes

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

38.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in an election they shall:

- (a) only accept as duly returned the first vote received that contained the duplicated voter ID number;
- (b) mark as “disqualified” all other votes containing the duplicated voter ID number

- 38.3 Where a ballot paper is “disqualified” under this rule the returning officer shall:
- (a) mark the ballot paper “disqualified”,
 - (b) record the unique identifier and voter id number on the ballot paper in a list (the “list of disqualified documents”); and
 - (c) place the ballot paper in a separate packet.
- 38.4 Where an internet, telephone or text voting record is “disqualified” under this rule the returning officer shall:
- (a) mark the record as “disqualified”,
 - (b) record the voter ID number on the record in a list (the “list of disqualified documents”.
 - (c) disregard the record when counting the votes in accordance with these Rules.
- 39. Declaration of identity but no ballot paper (public constituency) –** Where the returning officer receives a declaration of identity if required but no ballot paper:
- (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 has been received from the voter without a ballot paper; and,
 - (c) place the declaration of identity in a separate packet.
- 40. Sealing of packets**
- 40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:
- (a) the disqualified documents, together with the list of disqualified documents inside it;
 - (b) the declarations of identity if required;
 - (c) the list of spoiled ballots;
 - (d) the list of lost ballots;
 - (e) the list of eligible voters;
 - (e) the list of tendered ballots; and,
 - (f) complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage.

Part 6 – Counting the votes

Note: the following rules describe how the votes are to be counted manually but it is expected that appropriately audited vote counting software will be used to count votes where a combination of methods of polling is being used and votes are contained as electronic e-voting records and ballot papers.

41. Single Transferable Vote (STV) - Interpretation of Part 6

In part 6 of these rules:

“ballot” means a ballot paper, internet voting record, telephone voting record or text voting record;

“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:

- (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 49 - STV 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 46 - STV 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 ballots 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 vote” means a ballot 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 on which a second or subsequent preference is recorded for the candidate to whom that ballot has been transferred; and,

“transfer value” means the value of a transferred vote calculated in accordance with rules 47.4 - STV or 47.7 - STV below

42. Arrangements for counting of the votes

- 42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

43. The count

- 43.1 The returning officer is to:

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

- 43.2 The returning officer, while counting and recording the number of votes and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or a voter’s voter ID number.

- 43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

44. STV - Rejected ballot papers

44.1 STV - 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.

44.2 STV – The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

44.3 STV - 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 rule 44.1 - STV

44. First Past the Post (FPP) - Rejected ballot papers

44.1 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;
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier; or,
- (c) which is unmarked or rejected because of uncertainty;

shall, subject to rules 44.2- FPP and 44.3 - FPP, be rejected and not counted.

44.2 FPP - 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.

44.3 FPP - 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.

44.4 FPP - The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted; and
- (b) in the case of a ballot paper on which any vote is counted under rules 44.2 - FPP and 44.3 - FPP, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

44.5 FPP - 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.

45. STV - First stage

45.1 STV - The returning officer is to sort the ballots into parcels according to the candidates for whom the first preference votes are given.

45.2 STV - The returning officer is to then count the number of first preference votes given on ballots for each candidate, and is to record those numbers.

45.3 STV - The returning officer is to also ascertain and record the number of valid ballots.

46. STV - The quota

46.1 STV - The returning officer is to divide the number of valid ballots by a number exceeding by one the number of members to be elected.

46.2 STV - The result, increased by one, of the division under rule 46.1 - STV (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”).

46.3 STV - 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 rules 47.1 - STV to 47.3 - STV has been complied with.

47. STV - Transfer of votes

- 47.1 STV - Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballots 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 ballots for any continuing candidate; or,
 - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- 47.2 STV - The returning officer is to count the number of ballots in each parcel referred to in rule.
- 47.3 STV - The returning officer is, in accordance with this rule and rule 48 - STV, to transfer each sub-parcel of ballots referred to in rule 47.1(a) - STV to the candidate for whom the next available preference is given on those papers.
- 47.4 STV - The vote on each ballot transferred under rule 47.3 - STV 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 ballots on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).
- 47.5 STV - Where at the end of any stage of the count involving the transfer of ballots, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballots 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 ballots for any continuing candidate; or,
 - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- 47.6 STV - The returning officer is, in accordance with this rule and rule 48 - STV, to transfer each sub-parcel of ballots referred to in rule 47.5(a) - STV to the candidate for whom the next available preference is given on those ballots.
- 47.7 STV - The vote on each ballot transferred under rule 47.6 - STV shall be at:
- (a) a transfer value calculated as set out in rule 47.4(b) - STV; 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.

- 47.8 STV - Each transfer of a surplus constitutes a stage in the count.
- 47.9 STV - Subject to rule 47.10 - STV, the returning officer shall proceed to transfer transferable ballots until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.
- 47.10 STV - Transferable ballots 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.
- 47.11 STV - This rule does not apply at an election where there is only one vacancy.

48. STV - Supplementary provisions on transfer

- 48.1 STV - If, at any stage of the count, two or more candidates have surpluses, the transferable ballots 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 ballots 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 ballots of the candidate on whom the lot falls shall be transferred first.
- 48.2 STV - The returning officer shall, on each transfer of transferable ballots under rule 47 - STV:
- (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.

48.3 STV - All ballots transferred under rule 47 - STV or 48 - STV 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 ballot or, as the case may be, all the ballots in that sub-parcel.

48.4 STV - Where a ballot is so marked that it is unclear to the returning officer at any stage of the count under rule 47 - STV or 48 - STV for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot as a non-transferable vote; and votes on a ballot 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.

49. STV - Exclusion of candidates

49.1 STV - If:

- (a) all transferable ballots which under the provisions of rule 47 – STV (including that rule as applied by rule 49.11 - STV and this rule are required to be transferred, have been transferred; and,
- (b) subject to rule 50 - STV, 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 rule 49.12 - STV applies, the candidates with the then lowest votes).

49.2 STV - The returning officer shall sort all the ballots on which first preference votes are given for the candidate or candidates excluded under rule 49.1 - STV into two sub-parcels so that they are grouped as:

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

49.3 STV - The returning officer shall, in accordance with this rule and rule 48 - STV, transfer each sub-parcel of ballots referred to in rule 49.2 - STV to the candidate for whom the next available preference is given on those ballots.

49.4 STV - The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

49.5 STV - If, subject to rule 50 - STV, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballots, if any, which had been transferred to any candidate excluded under rule 49.1 - STV into sub- parcels according to their transfer value.

49.6 STV - The returning officer shall transfer those ballots in the sub-parcel of transferable ballots with the highest transfer value to the continuing

candidates in accordance with the next available preferences given on those ballots (thereby passing over candidates who are deemed to be elected or are excluded).

- 49.7 STV - The vote on each transferable ballot transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- 49.8 STV - Any ballots on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- 49.9 STV - After the returning officer has completed the transfer of the ballots in the sub-parcel of ballots with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballots with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.
- 49.10 STV - 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.
- 49.11 STV - 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 rules 47.5 - STV 47.10 - STV and rule 48 - STV.
- 49.12 STV - 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.
- 49.13 STV - 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.

50. STV - Filling of last vacancies

- 50.1 STV - 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.
- 50.2 STV - 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.
- 50.3 STV - Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

51. STV - Order of election of candidates

- 51.1 STV - 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 47.10 - STV.
- 51.2 STV - 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.
- 51.3 STV - 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.
- 51.4 STV - 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.

51. FPP - Equality of votes

- 51.1 FPP - 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**52. STV - Declaration of result for contested elections**

52.1 STV - 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 they have declared elected:
 - (i) where the election is held under a proposed Constitution pursuant to powers conferred on the Northern Lincolnshire and Goole Foundation NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust; or,
 - (ii) in any other case, to the chairman of the corporation; and,
- (c) give public notice of the name of each candidate who they have declared elected.

52.2 STV - 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;
- (b) 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 STV- 44.1, available on request.

52. FPP - Declaration of result for contested elections

52.1 FPP - In a contested election, when the result of the poll has been ascertained, the returning officer is to:

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

- (b) give public notice of the name of each candidate whom they have declared elected.

52.2 FPP - 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 44.5 - FPP, available on request.

53. Declaration of result for uncontested elections

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

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

Part 8 – Disposal of documents

54. Sealing up of documents relating to the poll

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

- (a) the counted ballot papers;
- (b) the ballot papers endorsed with “rejected in part”;
- (c) the rejected ballot papers;
- (d) papers; and,
- (e) the complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage.

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

- (a) the disqualified documents, with the list of disqualified documents inside it;
- (b) the list of spoilt ballot papers;
- (c) the list of lost ballots;
- (d) the list of eligible voters;
- (e) the complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage; and,
- (f) the list of tendered ballot papers.

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

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

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 54, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

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

57. Retention and public inspection of documents

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

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

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

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

58.1 The corporation may not allow 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;
- (e) the list of eligible voters; or,
- (f) the complete electronic copies of records referred to in rule 26 held in a device suitable for the purpose of storage by any person without the consent of the Regulator.

58.2 A person may apply to the Regulator to inspect any of the documents listed in rule 58.1, 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.

58.3 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.

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

- (a) in giving its consent, the regulator, and
- (b) 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 their 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

59. STV - Countermand or abandonment of poll on death of candidate

59.1 STV - 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,
- (c) proceed with the counting of the votes as if that candidate had been excluded from the count so that:
 - (i) ballots 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) ballots 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.

59.2 STV - The ballots which have preferences recorded for the candidate who has died are to be sealed with the other counted ballots pursuant to rule 54.1(a).

59. FPP - Countermand or abandonment of poll on death of candidate

59.1 FPP - If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class; and,
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

59.2 FPP - Where a new election is ordered under rule 59.1 - FPP, 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.

59.3 FPP - Where a poll is abandoned under rule 56.1(a) - FPP, rules 59.4 - FPP to 59.7 - FPP are to apply.

59.4 FPP - The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 37 and 38, and is to make up separate sealed packets in accordance with rule 39.

59.5 FPP - 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;
- (c) seal up the electronic copies of records that have been received referred to in rule 26 held in a device suitable for the purpose of storage.

59.6 FPP - 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.

59.7 FPP - Once the documents relating to the poll have been sealed up and endorsed pursuant to rules 59.4 - FPP to 59.6 - FPP, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

Part 10 – Election expenses and publicity

60. Election expenses

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

61. Expenses and payments by candidates

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

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

62. Election expenses incurred by other persons

62.1 No person may:

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

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

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates; and,

(b) organise and hold such meetings to enable the candidates to speak and respond to questions, as it considers necessary.

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

- (a) objective, balanced and fair;
- (b) equivalent in size and content for all candidates;
- (c) compiled and distributed in consultation with all of the candidates standing for election; and,
- (d) must not seek to promote or procure the election of a specific candidate or candidates, the expense of the electoral prospects of one or more other candidates.

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

64. Information about candidates for inclusion with voting information

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

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words;
- (b) a photograph of the candidate;
- (c) an optional video statement may also be submitted.

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

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

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

Part 11 – Questioning elections and the consequence of irregularities**66. Application to question an election**

- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to 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.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity; and,
 - (b) be in such a form as the Regulator may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election.
- 66.6 If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.
- 66.8 The determination by the person or persons nominated in accordance with rule 64.7 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).
- 66.9 The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 – Miscellaneous**67. Secrecy**

- 67.1 The following persons:
- (a) the returning officer;
 - (b) the returning officer's staff, must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except

for some purpose authorised by law, communicate to any person any information as to:

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

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

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

68. Prohibition of disclosure of vote

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

69. Disqualification

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

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

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

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

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

ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1. Further Provisions as to the Disqualification of Governors

In addition to those provisions in paragraph 12 of the Constitution, the following persons may not become or continue as a member of the Council of Governors:

- 1.1** Anyone who is a director or chair of the trust or a governor of another healthcare trust or equivalent NHS funded provider.
- 1.2** Persons defined under the trust's complaints policy as a vexatious complainant or litigant.
- 1.3** Staff and appointed governors with current disciplinary action, or who have a disciplinary sanction still in force will not be permitted to be elected, or if already elected carry out the role of a governor.
- 1.4** Members who have, within the preceding two years, been dismissed otherwise than by reason of redundancy or ill health from any paid employment with a health service body.
- 1.5** Persons whose name appears or is added to the Sex Offenders Register.
- 1.6** A person whose tenure of office as the chairman, governor or director of a health service body has been terminated on the grounds that the appointment was not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest.
- 1.7** Anyone who is suffering from a mental disorder and is either admitted to hospital in pursuance of an application for admission for treatment under the Mental Health Act 1983 or is subject to an order made by a court having jurisdiction in matters concerning mental disorder for detention or for the appointment of a receiver; and is, therefore, incapable by reason of mental disorder of carrying out the duties of a governor.

2. Vacancies

- 2.1** In the event of an appointed governor not serving out their full term of office the Council of Governors shall require the organisation concerned to appoint a replacement at the earliest opportunity
- 2.2** In the event of an elected governor not serving out their full term of office the Chairman may, where the unexpired term is less than twelve months, choose to leave the seat vacant until the next scheduled election unless the vacancy is in a public constituency and the vacancy means that the governors elected by the public constituencies no longer constitute more than half the members of the Council of Governors. In that event and in all other cases save as provided for in this paragraph the Chairman shall be at liberty either:

- 2.2.1** to call an election within three months to fill the seat for the remainder of that term of office, or
- 2.2.2** to invite the next highest polling candidate for that seat at the most recent election to fill the seat until the next annual election, at which time the seat will fall vacant and subject to election for any unexpired period of the term of office. At the annual election, it shall be the last candidate elected to the constituency involved who will serve the unexpired period of the term of office for that constituency.
- 2.3** In the event of the seat of an elected governor not being filled at an election, the Chairman shall be at liberty to call a further election within three months to fill the seat for the remainder of the terms of office.

ANNEX 6 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

1. General Overview and Introduction to the Council of Governors

- 1.1 The Council of Governors shall be constituted in accordance with the requirements of the constitution.
- 1.2 Provisions concerning the nomination and election to the Council of Governors are set out in the Constitution and the election rules. A member may not be nominated as a candidate for election to the Council of Governors unless he or she conforms to the requirements set out in the Constitution.
- 1.3 Governors shall comply with the code of conduct set out in Section 4.
- 1.4 A member of the Council of Governors shall be disqualified from taking up office, or if in office shall vacate the office, in the circumstances set out in the Constitution. A governor shall cease to hold office when required to do so by the Council of Governors.
- 1.5 In accordance with the Constitution the Chairman will chair the Council of Governors.
- 1.6 Standing orders, including those concerning agenda, quorum, voting and the taking of minutes at Council of Governors meetings are set out in Section 2 and in the Constitution.
- 1.7 Members of the Council of Governors shall not be remunerated, but may receive expenses e.g. travel expenses in accordance with the relevant Trust policies and guidance.

1.8 Functions and Responsibilities of the Council of Governors

The function of the Council of Governors is to exercise the rights set out in the Constitution and the powers (if any) delegated from time to time by the Board of Directors and to act in accordance with these procedures. The Council's roles and responsibilities are set out in Section 4 and the trust shall provide sufficient resources to enable the Council of Governors to discharge its responsibilities.

1.9 Lead Governor

- 1.9.1 The Council of Governors shall select a public governor to undertake the role of Lead Governor of the Northern Lincolnshire and Goole NHS Foundation Trust. The Lead Governor shall be chosen by the Council of Governors, who will also approve the process for the appointment.

1.9.2 The process for the selection and appointment of the Lead Governor shall be as follows:

- The Lead Governor shall be elected by their peers at the last general meeting of the Council of Governors prior to expiry of the incumbent Lead Governor's term of office. Where there is to be a change of incumbent, the newly elected Lead Governor shall hold office as shadow Lead Governor whilst the incumbent Lead Governor completed their term in office. Where a ballot is required, all Governors present shall be entitled to vote. The Chairman (or Deputy Chairman if presiding as Chairman of the Council of Governors meeting in question) shall not participate in the ballot but shall have a casting vote in the event of a tie.
- At least one calendar month before the date of the meeting of the Council of Governors, the Trust Secretary shall contact all Governors by e-mail or post inviting nominations together with a short election statement in support of their nomination.
- Where more than one nomination is received, ballot papers showing the names of all the nominated candidates shall be distributed with the papers for the meeting and a secret ballot shall be conducted at the meeting. The Trust Secretary, or their nominee, shall act as returning officer and shall announce the results of the election before the close of the meeting when completed ballot papers will be made available for scrutiny by Governors as required. Where there is only one nomination, the Council of Governors shall be asked to ratify the appointment.
- Once elected, the shadow Lead Governor's terms as Lead Governor shall commence upon the expiry of the incumbent Lead Governor's term of office.

1.9.3 The appointment as Lead Governor shall be for a period of three (3) years or until:

- the end of that Governor's current term of office whichever is the sooner; or
- they resign the position of Lead Governor by giving notice to the Chairman in writing; or
- they are removed from the position of Lead Governor by a resolution passed by a two thirds majority of the remaining governors at a general meeting of the Council of Governors;

with the option of re-election after that period if that governor is re-elected on to the Council of Governors. Continuation in the role will not be automatic on re-election to the Council, unless following a recommendation by the Appointments & Remuneration Committee to the Council of Governors.

1.9.4 The Trust Secretary shall be responsible for notifying NHSI of a change of Lead Governor.

1.9.5 The responsibilities of the Lead Governor shall be:

- To lead the Council of Governors in circumstances where it may not be considered appropriate for the Chairman or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new chair) and to act as the point of contact with the independent panel referred to in paragraph 18 of the Constitution where a question is referred to that panel in accordance with that paragraph;
- To chair the Governors' Assurance Group and Appointments and Remuneration Committee;
- On behalf of the Council of Governors, to attend the monthly meetings with the Chairman and the Trust Secretary;
- On behalf of the Council of Governors, to raise issues for discussion at the Trust Board;
- To assist the Chairman in facilitating the flow of information between the Trust Board and the Council of Governors.
- To work with the Trust Chair to draft the Council of Governors' commentary for inclusion in the Quality Report.

1.9.6 Further details on the role of the Lead Governor including the role criteria and desirable personal qualities can be found in the Trust document 'Criteria & Process for the Appointment of a Lead Governor'.

1.10 Trust Secretary

The functions of Trust Secretary; most particularly monitoring of the trust's compliance with the law, Standing Orders and the regulatory framework, are a corporate responsibility shared by the directors but with the lead role being assumed by the Trust Secretary. The Trust Secretary has a significant role to play in the administration of corporate governance. In accordance with *Standing Orders for the Practice and Procedure of the Board of Directors* (paragraph 5.4) the Chief Executive and the Director of Finance have responsibility for advising the Chairman on the interpretation of Standing Orders and the *Standing Financial Instructions*. The specific duties and responsibilities of the Trust Secretary are outlined below.

Acts as 'Company Secretary' to the Council of Governors and Trust Board of Directors:

- ensuring good information flows within the board of directors and its committees and between senior management, non-executive directors and the governors;
- ensuring that meetings of the Board of Directors, Council of Governors and committees thereof run efficiently and effectively, that they are properly recorded and that Directors and Governors receive appropriate support and timely information;
- ensure that board procedures of both the board of directors and the council of governors are complied with;
- advise the board of directors and the council of governors (through the chairperson) on all corporate governance matters;
- in conjunction with Executive and Non-Executive Directors, ensure that the Trust complies with all relevant legislation and the Terms of its Provider Licence';
- be available to give advice and support to individual directors, particularly in relation to the induction of new directors and assistance with professional development;
- in conjunction with the Chairman and Lead Governor ensuring the ongoing development of the Council of Governors;
- responsible for the management of the membership office;
- as/if required, provide a source of advice and support independent of the Executive on any matters of concern relating to the governance of the organisation.

All directors and governors have access to the advice and services of the Trust Secretary. Both the appointment and removal of the Trust Secretary is a matter for the Chief Executive and Chair jointly.

1.11 Disputes

The Chairman shall, in the first instance, arbitrate in any dispute concerning the interpretation of or arising out of these procedures. The Chairman shall enforce any code of conduct approved by the Board of Directors. Any unresolved dispute shall be determined in accordance with the Constitution as if references to any dispute in relation to the Constitution include any dispute in relation to these procedures.

1.12 Validity of Procedures

The procedures set out in this document are made in accordance with the Constitution. They shall only be altered on a recommendation of the Council of Governors and with the approval of the Board of Directors. Changes to these procedures shall not be recommended that would make them inconsistent with the Constitution or the 2006 Act. Where there is any inconsistency between these procedures and the Constitution, the Constitution shall prevail.

2. Standing Orders for Council of Governors Meetings

2.1 Calling Meetings

2.1.1 The Council of Governors is to meet at least three times in each financial year (excluding the annual members meeting) at such times and places as the Council of Governors may determine.

2.1.2 Meetings of the Council of Governors may be called by the Chairman, or by six governors including not less than three public governors who give written notice to the Chairman specifying the business to be carried out.

2.2 Admission of the Public

All meetings of the Council of Governors are to be general meetings open to members of the public unless the Council of Governors 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 Council of Governors if they are interfering with or preventing the proper conduct of the meeting.

2.3 Notice of Meetings

2.3.1 Save in the case of emergencies or the need to conduct urgent business, the Chairman's office will give at least 14 days written notice of the date and place of every meeting of the Council of Governors to all governors. Notice will also be published on the trust's website.

2.3.2 After the receipt of a request to call a meeting the Chairman's office shall send written notice to all governors, specifying the business to be carried out, as soon as possible after the receipt of such a request. The Chairman shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Chairman fails to call such a meeting then four governors may call such a meeting.

2.3.3 The notice of the meeting shall be delivered to every governor, or sent by post to the usual place of residence of such governor, so as to be available to the governor at least five clear days before the meeting.

2.3.4 In the case of a meeting called by the governors in default of the Chairman, those governors shall sign the notice and no business shall be transacted at the meeting other than that specified in the notice.

2.3.5 Failure to serve such a notice on more than 25 governors will invalidate the meeting.

2.4 Setting the Agenda

2.4.1 The trust may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted.

2.4.2 In accordance with the Constitution every agenda for meetings of the Council of Governors will draw to the attention of the elected governors the declaration governors are required to make in clause 2.9.1 stating that they are qualified to vote as a member of the trust and that they are not prevented from being a member of the Council of Governors. An elected governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the meeting of the Council of Governors.

2.4.3 Any governor wishing to submit an agenda item must notify the Trust Secretary in writing at least ten clear working days prior to the meeting at which it is to be considered. Requests made less than ten clear days before a meeting may be included on the agenda at the discretion of the Chairman.

2.5 Chairman of the Meeting

2.5.1 The Chairman or, in the absence of the Chairman, the Deputy Chairman or, in the absence of the Deputy Chairman, one of the other non-executive directors is to preside at meetings of the Council of Governors.

2.5.2 If the person presiding at any such meeting has a conflict of interest in relation to the business being discussed then the governors present will choose one of their number to chair that part of the meeting.

2.5.3 If a vote concerns matters relating to the Chairman and/or non-executive directors, neither the Chairman nor any other non-executive director should preside over the meeting. In this instance, the governors present will choose one of their number to chair the meeting and to have the casting vote.

2.6 Annual Members Meeting

2.6.1 The trust will publicise and hold an annual members meeting in accordance with the Constitution.

2.6.2 The following documents shall be presented to the members of the trust at the annual members' meeting by at least one member of the Board of Directors:

(a) the annual accounts;

(b) any report of the auditor on the annual accounts; and

(c) the annual report.

2.6.3 The trust may combine a meeting of the Council of Governors convened for the purposes of being presented with the documents in sub-paragraph 2.6.2 with the annual members' meeting.

2.7 Motions

2.7.1 Motions may only be submitted by a governor and must be received by the Chairman's office in writing at least one week prior to the meeting at which they are to be considered.

2.7.2 Emergency motions may only be submitted by a governor and must be received by the Chairman before the commencement of the meeting. Acceptance of such motions for inclusion on the agenda will be at the discretion of the Chairman.

2.7.3 Any other business should be notified to the Chairman at the commencement of the meeting. Acceptance of such items of business for inclusion on the agenda will be at the discretion of the Chairman.

2.7.4 Notice of a motion to rescind a previous minute must be received by the Chairman's office at least 21 days before the meeting and must be signed by a majority of members. Such a motion should not be taken until at least 30 minutes after the start of the meeting.

2.7.5 An amendment that does not directly negate a resolution may be moved by any member. No further amendments may be moved until the first amendment is disposed of. If an amendment is passed it shall become part of the substantive motion and subject to further amendment.

2.7.6 The mover of a motion under standing order no. 2.7.1 or 2.7.2 above shall have a maximum of five minutes to move and three minutes to reply. Once a motion has been moved no member shall speak more than once or for more than three minutes.

2.8 Chairman's Ruling

Statements of governors made at meetings of the trust shall be relevant to the matter under discussion at the material time and the decision of the Chairman of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

2.9 Voting

2.9.1 An elected governor may not vote at a meeting of the Council of Governors unless, before attending the meeting, a declaration has been made in the form specified by the Council of Governors of particulars of his or her qualification to vote as a member of the trust, and that they are not prevented from being a member of the Council of Governors. An elected governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the

Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of elected governors.

- 2.9.2** Subject to the Constitution, questions arising at a meeting shall be determined by a majority of the votes of the governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.
- 2.9.3** All questions put to the vote shall, at the discretion of the chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the governors present so request.
- 2.9.4** In no circumstances may an absent governor vote by proxy. Absence is defined as being absent at the time of the vote.
- 2.9.5** No resolution of the Council of Governors shall be passed if the public governors present unanimously oppose it.

2.10 Attendance

- 2.10.1** Governors who are unable to attend the Council of Governors meeting should advise the Chairman's office in advance of the meeting so that their apologies may be submitted.
- 2.10.2** The Council of Governors 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.
- 2.10.3** The Council of Governors may invite the Chief Executive or 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 Council of Governors.
- 2.10.4** The Council of Governors may require one or more directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance).

2.11 Minutes

- 2.11.1** The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting. The person presiding at it will sign them.
- 2.11.2** No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- 2.11.3** Minutes shall be circulated in accordance with the governors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public.

2.12 Record of Attendance

The names of the governors present at the meeting shall be recorded in the minutes.

2.13 Suspension of Standing Orders

2.13.1 Except where this would contravene any statutory provision, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors are present, and that a majority of those present vote in favour of suspension.

2.13.2 A decision to suspend SOs shall be recorded in the minutes of the meeting.

2.13.3 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the governors.

2.13.4 No formal business may be transacted while SOs are suspended.

2.14 Variation and Amendment of Standing Orders

2.14.1 These standing orders shall be amended only if the requirements provided for in the Constitution for variation of the Constitution have been met and if:

- (a) a majority of the governors voting at a quorate meeting of the Council of Governors agrees to the amendment;
- (b) the amendment has been authorised by a majority of directors voting at a quorate meeting of the Trust Board;
- (c) the variation proposed does not contravene a statutory provision.

Any amendments to these Standing Orders shall be reported to NHSI.

2.14.2 Where an amendment is made in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust) at least one member of the Council of Governors must attend the next annual members' meeting and present the amendment and the trust must give the members an opportunity to vote on whether they approve the amendment.

2.14.3 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.

2.15 Quorum

2.15.1 Nine governors including not less than five public governors shall form a quorum.

2.15.2 Any governor who has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the

declaration of a conflict of interest shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

2.15.3 In accordance with the Constitution, if at any meeting there is no quorum within an appropriate period of time (to be determined by the chairman of the meeting) from the start of the meeting it shall stand adjourned for six clear days and written notice of the date, place and time of the adjourned meeting shall be given to all governors. Upon reconvening, those present shall constitute a quorum.

2.16 Appointment of Committees

2.16.1 The Council of Governors may establish such committees as it requires to conduct its business. Membership of these committees shall be open to all governors.

2.16.2 Each committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the council) as the Council of Governors shall decide. Such terms of reference shall be read in conjunction with these Standing Orders.

2.16.3 As and when vacancies arise on each committee, governors shall be invited to express an interest in standing for appointment. Where elections are required, they shall be held at the first meeting of the Council of Governors after the vacancy has arisen. Governor members will be elected by the Council of Governors until the end of their term of office as a governor although will be entitled to express an interest in standing for re-appointment if they are re-elected as a governor.

3. Governors – Roles and Responsibilities

In addition to those duties specified in the constitution, it is the role of the Council of Governors and of each governor:

- 3.1** To act at all times in the best interests of the trust.
- 3.2** To represent the interests of the membership and partner organisations.
- 3.3** To feedback information about the trust to the membership and partner organisations.
- 3.4** To use their best endeavours to ensure Northern Lincolnshire and Goole NHS Foundation Trust remains a leading acute trust.
- 3.5** To ensure the Council of Governors meetings are held in accordance with policy and standing orders.

- 3.6 To comply with and implement the code of conduct for the Council of Governors as set out in Section 4.
- 3.7 To be consulted on and make recommendations to the Board of Directors on the development of the membership strategy.
- 3.8 To respond as appropriate when consulted by the Board of Directors in accordance with the Constitution.
- 3.9 To undertake such functions as the Board of Directors shall from time to time request.
- 3.10 To consider the annual accounts, any report of the auditor on them and the annual report.
- 3.11 To set up committees and working groups; for example, membership strategy, assurance, quality.
- 3.12 To attend regular Council of Governors' meetings.
- 3.13 To attend the annual members meeting.

4. Code of Conduct for the Council of Governors and the Nolan Principles

4.1 Introduction

- 4.1.1 This code seeks to outline appropriate conduct for governors, and addresses both the requirements of office and their personal behaviour. Ideally any penalties for non-compliance would never need to be applied; however a code is considered an essential guide for governors, particularly those who are newly elected.
- 4.1.2 The code seeks to expand on or complement the Constitution. Copies will be made available for the information of all governors and for those considering seeking election to the trust's Council of Governors.
- 4.1.3 Members seeking election to the Council of Governors should sign a declaration to confirm that they will comply with the code in all respects and that, in particular, they support the trust's objectives.

4.2 Qualifications for Office

Members of the Council of Governors must continue to comply with the qualifications required to hold elected office throughout their period of tenure as defined in the Constitution. The Chairman should be advised of any changes in circumstances, which disqualify the governor from continuing in office. An example of this would be a public governor becoming an employee of the trust.

4.3 Code of Conduct Role and Functions

In addition to their duties set out in the Constitution, and specifically in relation to matters of conduct, governors should:

- 4.3.1** adhere to the trust's rules and policies and support its objectives, in particular those of retaining foundation status and developing a successful organisation;
- 4.3.2** act in the best interests of the trust at all times;
- 4.3.3** contribute to the workings of the Council of Governors in order for it to fulfil its role and functions as defined in the Constitution;
- 4.3.4** recognise that their role is a collective one. They exercise collective decision making in the meeting room, which is recorded in the minutes. Outside the meeting room a governor has no more rights and privileges than any other member;
- 4.3.5** note that the functions allotted to the Council of Governors are not of a managerial nature.

4.4 Confidentiality

All governors are required to respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors.

4.5 Conflict of Interests

- 4.5.1** Governors should act with the utmost integrity and objectivity and in the best interests of the trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment. Any governor who has a material interest in a matter as defined by the Constitution, shall declare such interest to the Council of Governors and:
 - shall not vote on any such matters;
 - shall not be present except with the permission of the Council of Governors in any discussion of the matter.
- 4.5.2** If in any doubt the governor should seek advice from the Chairman and/or Trust Secretary. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the trust and all individuals concerned.
- 4.5.3** Any governor 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 governors.
- 4.5.4** The Register of Governors Interests will feature as a standing item on the agenda of each meeting of the Council of Governors.

4.6 Council of Governors Meetings

4.6.1 Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Chairman's office in advance of the meeting stating the reason for non-attendance. The reason for non-attendance will be recorded in the minutes of the meeting.

4.6.2 In accordance with the Constitution, absence from the Council of Governors meetings without good reason established to the satisfaction of the Council of Governors is grounds for disqualification. If a governor fails to attend half of the meetings of the Council of Governors in any financial year his or her tenure of office is to be immediately terminated unless the other governors are satisfied that the absence was due to a reasonable cause and he or she will be able to start attending meetings of the trust again within such a period as they consider reasonable.

4.6.3 Governors are expected to attend for the duration of the meeting.

4.7 Personal Conduct

Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

4.7.1 adhere to good practice in respect of the conduct of meetings and respect the views of their fellow elected members;

4.7.2 be mindful of conduct which could be deemed to be unfair or discriminatory;

4.7.3 treat the trust's executives and other employees with respect and in accordance with the trust's policy in this respect;

4.7.4 recognise that the Council of Governors and management have a common purpose, i.e. the success of the trust and adopt a team approach;

4.7.5 conduct themselves in such a manner as to reflect positively on the trust. When attending external meetings or any other events at which they are present, it is important for governors to be ambassadors for the trust.

4.8 Accountability

Governors are accountable to the membership and should demonstrate this by attending members' meetings and other key events, which provide opportunities to interface with their electorate in order to understand their views.

4.9 Induction and Development

Training is essential for governors, in respect of the effective performance of their current role. Governors are required to adhere to the trust's policy in all respects.

4.10 Visits to Trust Premises

Where governors wish to visit the premises of the trust in a formal capacity as opposed to individuals in a personal capacity, the Council of Governors should liaise with the Membership Office to make the necessary arrangements.

4.11 Non-Compliance with the Code of Conduct

4.11.1 Non-compliance with the code may result in action being taken as follows:

- Where misconduct takes place, the Chairman shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting.
- Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct:
 - notifying the governor in writing of the charge/s, detailing the specific behaviour, which is considered to be detrimental to the trust, and inviting and considering their response within a defined timescale.
 - inviting the governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence;
 - deciding, by simple majority of those present and voting, whether to uphold the charge of conduct detrimental to the trust;
 - imposing such sanctions as shall be deemed appropriate. Such sanctions will range from the issuing of a written warning as to the member's future conduct and consequences, non-payment of expenses to the removal of the governor from office.

4.11.2 A governor may be removed from the Council of Governors by a resolution approved by not less than two-thirds of the remaining governors present and voting at a general meeting of the Council of Governors.

4.11.3 This code of conduct does not limit or invalidate the right of the governor or the trust to act under the Constitution.

4.12 Nolan Principles – the seven principles of public life

Governors should act in accordance with the Nolan Principles, namely:

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

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

Objectivity: In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choice on merit.

Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

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

Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

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

5. Declarations of Interests and Register of Interests

5.1 Declarations

5.1.1 In accordance with the Constitution and the 2006 Act and in recognition of the codes of conduct and accountability issued by the Department of Health the trust is required to maintain a register of interests of governors. The governors must declare any relevant and material interest, whether direct or indirect, in any contract, proposed contract or other matter which is under consideration by the Council of Governors.

5.1.2 Interests, which should be regarded as 'relevant and material' are:

- Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) likely or possibly seeking to do business with the NHS.
- Ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or voluntary organisation in the field of health or social care.

- Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.
- Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the trust, including but not limited to, lenders or banks.

5.1.3 The trust will interpret the phrase 'relevant and material' in accordance with guidance issued from time to time by the Independent Regulator.

5.1.4 If governors have any doubt about the relevance of an interest, this should be discussed with the Chairman.

5.1.5 The exceptions, which shall not be treated as material interests are as follows:

- shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange.
- an employment contract held by staff governors.
- an employment contract with a CCG held by a CCG governor.
- an employment contract with a local authority held by a local authority governor.
- an employment contract with a partnership organisation held by a partnership governor.

5.2 Register of Interests

5.2.1 The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of governors. In particular the register will include details of all directorships and other relevant and material interests, which governors have declared.

5.2.2 These details will be kept up to date and governors must disclose any relevant and material interest as soon as they are aware of it.

5.2.3 The register will be available for inspection by members of the public free of charge.

5.3 Disclosure

Any governor who has a material interest as defined above shall declare such interest to the Council of Governors and:

- shall not be present except with the permission of the Council of Governors in any discussion with relevance to the interest,;
- shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

i. Introduction

- i.a** The Northern Lincolnshire and Goole NHS Foundation Trust (the trust) is a public benefit corporation authorised by the Independent Regulator of NHS foundation trusts under the National Health Service Act 2006.
- i.b** The trust’s Constitution requires the Board of Directors, in consultation with the Council of Governors, to adopt Standing Orders (SOs) for the regulation of its proceedings and business.

PART I - INTERPRETATION AND SCOPE

Interpretation

- 5.4** Save as permitted by law, and subject to the Constitution, at any meeting the Chairman of the trust shall be the final authority on the interpretation of Standing Orders on which he/she shall be advised by the Chief Executive and in the case of Standing Financial Instructions by the Director of Finance.
- 5.5** Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

“**Accounting Officer**” shall be the officer responsible and accountable for funds entrusted to the trust. He/she shall be responsible for ensuring the proper stewardship of public funds and assets. For this trust it shall be the Chief Executive.

“**Trust**” means the Northern Lincolnshire and Goole NHS Foundation Trust.

“**Board**” shall mean the Chairman, non-executive directors, and the executive directors.

“**Budget**” shall mean a resource, expressed in financial terms, proposed by the board for the purpose of carrying out, for a specific period, any or all of the functions of the trust;

“**Chairman**” is the person appointed by the Council of Governors to lead the board and to ensure that it successfully discharges its overall responsibility for the trust as a whole. The expression “the Chairman of the trust” shall be deemed to include the Deputy Chairman of the trust if the Chairman is absent from the meeting or is otherwise unavailable.

“**Chief Executive**” shall mean the chief executive officer of the trust.

“**Committee**” shall mean a committee appointed by the trust.

“Committee Members” shall be persons formally appointed by the trust to sit on or to chair specific committees.

“Deputy Chairman” means the non-executive director appointed by the trust to take on the Chairman’s duties if the Chairman is absent for any reason

“Director” shall mean a person appointed as a director in accordance with the Constitution and includes the Chairman.

“Director of Finance” shall mean the chief finance officer of the trust.

“Funds Held On Trust” shall mean those funds which the trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept. Such funds may or may not be charitable.

“Motion” means a formal proposition to be discussed and voted on during the course of a meeting.

“Non-Executive Director” means a director, including the Chairman, who does not hold an executive office of the trust.

“Nominated Officer” means an officer charged with the responsibility for discharging specific tasks within SOs and SFIs.

“Officer” means an employee of the trust.

“Senior Independent Director” means the non-executive director appointed as an alternative point of contact for governors and directors when they have concerns that have not been resolved through the normal channels of Chair, Chief Executive, Finance Director or Trust Secretary or for which such contact is inappropriate.

“SFIs” means Standing Financial Instructions.

“SOs” means Standing Orders.

6. Business Scope

- 6.1** All business shall be conducted using these Standing Orders in the name of the trust.
- 6.2** All funds received in trust shall be in the name of the trust as corporate trustee. In relation to funds held on trust, powers exercised by the trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a trust.
- 6.3** The trust has resolved that certain powers and decisions may only be exercised by the board in formal session. These powers and decisions are set out in the “Reservation of Powers to the Board” and have effect as if incorporated into the standing orders.

PART II - APPOINTMENT TO THE BOARD

7. Composition of the Trust Board

In accordance with the Constitution the composition of the board of the trust shall comprise a Chairman, five non-executive directors, and five executive directors including the Chief Executive, Director of Finance, a registered medical practitioner and a registered nurse or midwife.

8. Appointment of the Chairman and Non-Executive Directors

- 8.1** The trust has resolved that certain powers and decisions may only be exercised by the board in formal session. These powers and decisions are set out in the “Reservation of Powers to the Board” and have effect as if incorporated into the standing orders.
- 8.2** In accordance with the Constitution, the appointment and removal of the Chairman and the other non-executive directors is the prerogative of the Council of Governors. The skills required to be fulfilled by the non-executive director will be assessed and agreed by the Trust Board.
- 8.3** For the appointment of a chairman the trust shall appoint a nominations panel (of the Appointments & Remuneration Committee for Non-Executive Directors) which will include the Senior Independent Director (or another non-executive director in the case of a conflict of interests) and at least three governors to interview applicants and make a recommendation to the Council of Governors.
- 8.4** In the case of other non-executive directors the trust shall appoint a nominations panel which will include the Chairman, and at least three governors to interview applicants and to make a recommendation to the Council of Governors.

9. Terms of Office of the Chairman and Non-Executive Directors

Unless the Council of Governors decides otherwise from time to time the Chairman and the non-executive directors are to be appointed for a term of three years and will be eligible for reappointment for one further term of three years. Any term beyond six years (e.g. two three year terms) for a non-executive director shall be subject to particularly rigorous review, and shall take into account the need for progressive refreshing of the board. Non-executive directors may in exceptional circumstances serve longer than six years (e.g. two three-year terms following authorisation of the NHS foundation trust), but subject to annual re-appointment.

10. Performance Appraisal of the Chairman

The non-executive directors shall meet without the Chairman at least annually to evaluate the Chairman's performance as part of a process of appraisal which has been agreed with the Council of Governors.

11. Appointment of Deputy Chairman

11.1 For the purpose of enabling the proceedings of the trust to be conducted in the absence of the Chairman, the Council of Governors will appoint a non-executive director to be Deputy Chairman for such a period, not exceeding the remainder of the term as non-executive director of the trust, as it may specify on making the appointment. If the Chairman is unable to discharge the office of chairman of the trust, the Deputy Chairman shall be Acting Chairman of the trust.

11.2 Any non-executive director so elected may at any time resign from the office of Deputy Chairman by giving notice in writing to the Chairman and the Council of Governors may thereupon appoint another non-executive director as Deputy Chairman.

12. Powers of Deputy Chairman

Where the Chairman of the trust has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as Chairman owing to illness, absence from England and Wales or any other cause, references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform his/her duties, be taken to include references to the Deputy Chairman.

13. Appointment of Senior Independent Director

The NHS Foundation Trust Code of Governance recommends that the Board of Directors should appoint a non-Executive Director as the Senior Independent Director as an alternative point of contact for governors and directors when they have concerns that have not been resolved through the normal channels of Chair, Chief Executive, Finance Director or Trust Secretary or for which such contact is inappropriate. The criteria and process for the appointment of a Senior Independent Director is set out in Appendix A of the Terms of Reference and Membership Appointments & Remuneration Committee for Non-Executive Directors.

14. Executive Directors – Additional Appointments

14.1 With the approval of the Trust Board, an executive director may accept not more than one appointment as a non-executive director of another NHS foundation trust or an organisation of comparable size and complexity.

14.2 An executive director may not accept an appointment as chairman of another NHS foundation trust or an organisation of comparable size and complexity.

15. Executive Directors – Joint Appointments

15.1 The Trust recognises that as partnership and collaborative working is further developed with partners, opportunities may arise to introduce joint executive roles (the Trust currently has a joint Chief Financial Officer and a Chief Information Officer with Hull University Hospitals NHS Trust). Such opportunities are managed in accordance with section 7 ('Joint Roles with Other Trusts') of the 'Principles Framework for Determining the Remuneration & Terms of Service for the Chief Executive and Executive Directors'.

16. Declaration of Interests

16.1 The regulatory framework requires board directors to declare interests that are relevant and material to the NHS foundation trust board of which they are a director.

16.2 All existing board directors should declare such interests. Any board directors appointed subsequently should do so on appointment.

16.3 Interests which should be regarded as "relevant and material" are:

- (a)** Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) likely or possibly seeking to do business with the NHS.
- (b)** Ownership, part-ownership or directorates of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
- (c)** Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;
- (d)** A position of authority in a charity or voluntary organisation in the field of health and social care;
- (e)** Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services;
- (f)** Any connection with an organisation, entity or company considering entering into a financial arrangement with the trust, including, but not limited to, lenders or banks.

16.4 If board directors have any doubt about the relevance of an interest, this should be discussed with the Chairman.

- 16.5** At the time board directors' interests are declared, they should be recorded in the board minutes. Any changes in interests should be declared at the next board meeting following the change occurring.
- 16.6** Board directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the board's annual report. The information should be kept up to date for inclusion in succeeding annual reports.
- 16.7** During the course of a board meeting, if a conflict of interest is established, the board director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.
- 16.8** There is no requirement for the interests of board directors' spouses or partners to be declared. (Note, however, that SO 29.0 requires that the interest of directors' spouses, if living together, in contracts should be declared).

17. Register of Interests

- 17.1** In accordance with the Constitution the Trust Secretary will ensure that a Register of Interests is established to record formally declarations of interests of directors. In particular the register will include details of all directorships and other relevant and material interests which have been declared by both executive and non-executive board directors, as defined in SO 14.3.
- 17.2** These details will be kept up to date by means of an annual review of the register in which any changes to interests declared during the preceding twelve months will be incorporated and reviewed by the Trust Board.
- 17.3** The register will be available to the public and the Chairman will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.

PART III - MEETINGS OF THE TRUST BOARD

18. Calling Meetings / Extraordinary Meetings

- 18.1** The Chief Executive may call a meeting of the Trust Board at any time. The Chairman or four directors may request the Chief Executive to call a meeting giving written notice of the business to be carried out. The Chief Executive shall send a written notice to all directors as soon as possible after the receipt of such a request. The Chief Executive shall call a meeting on at least fourteen, but not more than twenty-eight, days' notice to discuss the specified business. If the Chief Executive fails to call such a meeting then the Chairman, or four directors, whichever is the case, may forthwith call a meeting.

- 18.2** The ordinary meetings of the Trust Board shall, unless otherwise be determined, be held on a nominated day each month or at such other times as the board may determine and at such places as the board may determine.
- 18.3** Meetings of the Trust Board shall be open to the public, unless and to the extent that the Trust Board has resolved that members of the public should be excluded from a meeting due to special reasons.
- 18.4** The Chairman (or Deputy Chairman in the absence of the Chairman) shall give such directions as the Chairman thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust Board's business shall be conducted without interruption and disruption.
- 18.5** Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representative of the press to record proceedings in any manner whatsoever, other than writing, or to make an oral report of proceedings as they take place without the prior agreement of the Trust Board.

19. Notice of Meetings

- 19.1** Save in the case of emergencies or the need to conduct urgent business, the Chairman's office shall give to all directors at least fourteen days written notice of the date and place of every meeting of the Board of Directors.
- 19.2** Before each meeting of the Board of Directors, a notice of the meeting, specifying the business proposed to be transacted at it shall be delivered to every director, or sent by post to the usual place of residence of such director, so as to be available to every director at least three clear days before the meeting.
- 19.3** Lack of service of the notice on any director shall not affect the validity of a meeting.
- 19.4** In the case of a meeting called by directors or the Chairman, in default of the Chief Executive, the notice shall be signed by those directors or the Chairman and no business shall be transacted at the meeting other than that specified in the notice.
- 19.5** Failure to serve such a notice on more than two directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

20. Notice of Agenda Items

- 20.1** The trust may determine that certain matters shall appear on every agenda for a meeting of the Trust Board and shall be addressed prior to any other business being conducted, which will have effect as though incorporated into

the Standing Orders.

- 20.2** A director wishing to propose an agenda item or motion should send written notice 8 clear days before the meeting to the Chairman who shall insert the item or motion in the agenda for the meeting. Requests made less than eight days before a meeting may be included on the agenda at the discretion of the Chairman.
- 20.3** Notwithstanding the intent of the previous paragraph urgent business may be raised at a meeting of the board provided the director wishing to raise such business has given notice to the Chief Executive not later than the day preceding the meeting or in exceptional circumstances not later than one hour before the meeting. In either case, the Chairman (or in his/her absence the Deputy Chairman) shall determine in consultation with the Chief Executive, the urgency of the proposed business and whether it should be discussed, deferred to the next meeting, or dealt with by the Chief Executive.
- 20.4** Before holding a meeting, the Trust Board shall send a copy of the agenda to the Council of Governors.

21. Chairman of Meeting

- 21.1** At any meeting of the Board of Directors, the Chairman, if present, shall preside.
- 21.2** If the Chairman is absent from the meeting the Deputy Chairman, if present, shall preside. If the Chairman and Deputy Chairman are absent such non-executive director as the directors present shall choose shall preside.
- 21.3** If the Chairman is absent from the meeting temporarily on the grounds of a declared conflict of interest the Deputy Chairman, if present, shall preside. If Chairman and Deputy Chairman are absent, or are disqualified from participating, such non-executive director as the directors present shall choose shall preside.

22. Annual Members' Meeting

In accordance with the Constitution the trust will hold a members meeting (the "annual members' meeting") within nine months of the end of the financial year.

23. Motions

- 23.1** A director of the trust wishing to move or amend a motion shall send a written notice thereof at least 8 clear days before the meeting to the Chairman, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice,

on any business mentioned on the agenda subject to SO 17.4

23.2 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chairman.

23.3 Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the director(s) who gives it and also the signature of 4 other directors. When any such motion has been disposed of by the trust, it shall not be competent for any director other than the Chairman to propose a motion to the same effect within 6 months.

23.4 When a motion is under discussion or immediately prior to discussion it shall be open to a director to move:

- An amendment to the motion.
- The adjournment of the discussion or the meeting.
- That the meeting proceed to the next business. (*)
- The appointment of an ad hoc committee to deal with a specific item of business.
- That the motion be now put. (*) □□

In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a director who has not previously taken part in the debate and who is eligible to vote.

23.5 No amendment to the motion shall be admitted if, in the opinion of the chairman of the meeting, the amendment negates the substance of the motion.

23.6 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

24. Chairman's Ruling

Statements of directors made at meetings of the board shall be relevant to the matter under discussion at the material time. The decision of the chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his/her interpretation of the Standing Orders, shall be final. In this interpretation he/she shall be advised by the Chief Executive and in the case of Standing Financial Instructions by the Director of Finance.

25. Voting

- 25.1** Every question at a meeting can be determined by a majority of the votes of the directors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.
- 25.2** All questions put to the vote shall, at the discretion of the chairman of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the directors present so request.
- 25.3** If at least one-third of the directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each director present voted or abstained.
- 25.4** If a director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).
- 25.5** In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.
- 25.6** Any director or member of a committee of the directors may participate in a meeting of the board of directors or such committee by means of a conference telephone or similar communications equipment whereby all persons participating in the meeting can hear each other and participation in the meeting in this manner shall be deemed to constitute presence in person at such meeting.
- 25.7** A resolution in writing signed by all of the directors entitled to receive notice of a meeting of the board of directors shall be as valid and effectual as if it had been passed at a meeting of the board of directors duly convened and held and may consist of several documents in the like form each signed by one or more directors.
- 25.8** A resolution in electronic form sent to all of the directors entitled to receive notice of a meeting of the board of directors by electronic communication (for the purposes of this provision “electronic communication” means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa) (a) by means of an electronic communications network; or (b) by other means but while in an electronic form) to the electronic addresses notified to the trust by each of the directors, shall be as valid and effectual as if it had been passed at a meeting of the board of directors duly convened and held provided that each and every director entitled to receive a notice of a meeting of the board of directors responds by electronic communication to the electronic address from which the resolution in electronic form was transmitted from, confirming their acceptance of the resolution.
- 25.9** An acting director who has been appointed formally by the appropriate appointments committee in accordance with the Constitution to carry out a vacant director’s duties during a period of temporary incapacity, shall be entitled to exercise the voting rights of the director. An officer attending the

board to represent an executive director during a period of incapacity or temporary absence without being formally appointed to the board may not exercise the voting rights of the executive director. An officer's status when attending a meeting shall be recorded in the minutes.

26. Minutes

- 26.1** The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.
- 26.2** The names of the directors present at the meeting shall be recorded in the minutes. No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- 26.3** It is the responsibility of each individual director to ensure that, where they have concerns which cannot be resolved about the running of the foundation trust or a proposed action, those concerns are recorded in the board minutes.
- 26.4** Minutes shall be circulated in accordance with directors' wishes.
- 26.5** A copy of the minutes shall be provided by the Trust Board to the Council of Governors as soon as practicable after the meeting to which they relate.

27. Quorum

- 27.1** No business shall be transacted at a meeting of the Trust Board unless at least six of the directors are present including not less than three executive directors (one of whom must be the Chief Executive or Finance Director) and three non-executive directors.
- 27.2** An officer in attendance for an executive director but without formal acting up status may not count towards the quorum.
- 27.3** If a director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 13.0 and 29.0) he/she shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least three executive directors to form part of the quorum shall not apply where the executive directors are excluded from a meeting (for example when the board considers the recommendations of the Remuneration Committee).

28. Personal Conduct

Directors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

- adhere to good practice in respect of the conduct of meetings and respect the views of their colleagues;,,
- be mindful of conduct which could be deemed to be unfair or discriminatory;,,
- treat the trust's Council of Governors and trust employees with respect and in accordance with the trust's policy;,,
- recognise that the Board of Directors and the Council of Governors have a common purpose, i.e. the success of the trust, and adopt a team approach;,,
- conduct themselves in such a manner as to reflect positively on the trust. When attending external meetings or any other events at which they are present, it is important for directors to be ambassadors for the trust.

29. Variation of Standing Orders

These Standing Orders shall be amended only if: the requirements provided for in the Constitution for variation of the Constitution have been met and if:

- (a) a notice of motion under Standing Order 21.1 has been given; and
- (b) no fewer than half the total of the trust's non-executive directors vote in favour of amendment; and
- (c) at least two-thirds of the directors are present; and
- (d) the variation proposed does not contravene a statutory provision; and
- (e) the proposed amendment has been reported to NHSI.

30. Suspension of Standing Orders

30.1 Except where this would contravene any statutory provision, Standing Orders may be suspended at any meeting, provided that at least two thirds of the board are present including one executive director and one non-executive director, and that a majority of those present vote in favour of a suspension.

30.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting. A separate record of matters discussed during the suspension of Standing Orders shall be made and should be available to the directors.

30.3 No formal business shall be transacted while Standing Orders are suspended.

31. Exclusion of Directors from Proceedings on Account of Pecuniary Interest

31.1 Subject to the following provisions of this Standing Order, if a director of the trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the trust at which the contract or other matter is the subject of consideration, he/she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

31.2 The trust shall exclude a director from a meeting of the trust while any contract, proposed contract or other matter in which he/she has a pecuniary interest, is under consideration.

31.3 For the purpose of this Standing Order, any remuneration, compensation or allowances payable to a director by virtue of paragraph 9 of Schedule 2 to the NHS & Community Care Act 1990, relating to payments of travelling expenses and other allowances as determined by the Secretary of State with the approval of the Treasury, shall not be treated as a pecuniary interest.

31.4 For the purpose of this Standing Order the Chairman or a director shall be treated, subject to SO 29.5, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

(a) they, or their nominee, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration;

or

(b) they are a partner of, or in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration; and in the case of persons living together as partners the interest of one or other shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

31.5 A director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

(a) of his/her membership of a company or other body, if the director has no beneficial interest in any securities of that company or other body;

(b) of an interest in any company, body or person with which the director is connected as mentioned in SO 29.4 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence

a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

31.6 Where a director:

- (a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
- (b) the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
- (c) if the share capital is of more than one class, the total nominal value of shares of any one class in which the director has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class,

this Standing Order shall not prohibit the director from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to his/her duty to disclose his/her interest.

- 31.7** Standing Order 29.0 applies to a committee or sub-committee of the trust as it applies to the trust and applies to any member of any such committee or sub-committee (whether or not he/she is also a director of the trust) as it applies to a director of the trust.

PART IV - RESERVATION OF POWERS AND DELEGATION OF FUNCTIONS

32. Reservation of Powers

The trust has resolved that certain powers and decisions may only be exercised by the board in formal session, held in accordance with Part III of these Standing Orders. These powers and decisions are set out in the "Reservation of Powers to the Board and Delegation of Powers" and have effect as if incorporated into the Standing Orders.

33. Arrangements for the Exercise of Functions by Delegation

Subject to SO 33.0, the board may make arrangements for the exercise, on behalf of the trust, of any of its functions by a committee or sub-committee, appointed by virtue of SO 35.0 below or by a director or an officer of the trust in each case subject to such restrictions and conditions as the board thinks fit.

34. Emergency Powers

The powers which the board has retained to itself within these Standing Orders (SO 30.0) may in emergency be exercised by the Chief Executive and the Chairman after having consulted at least two non-executive directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the board for ratification.

35. Delegation to Committees

The board shall agree from time to time to the delegation of executive powers to be exercised by executive committees or assurance sub-committees of the Trust Board, which it has formally constituted. The Constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the board.

36. Delegation to Officers

36.1 Those functions of the trust which have not been retained as reserved by the board or delegated to an executive committee or assurance sub-committee of the Trust Board shall be exercised on behalf of the board by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain an accountability to the board.

36.2 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered for approval by the board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered for approval by the board as indicated above.

36.3 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the board of the Director of Finance or other executive director to provide information and advise the board in accordance with any statutory requirements or the requirements of the Independent Regulator.

37. Appointment of Committees and Sub Committees

37.1 Subject to SO 33.0 and such directions as may be given by the Constitution, the trust may appoint committees of the trust, consisting wholly or partly of directors of the trust or wholly of persons who are not directors of the trust.

37.2 A committee appointed under SO 35.1 may, subject to such directions as may be given by the trust, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include directors of the trust) or wholly of persons who are not members of the trust committee (whether or not they include directors of the trust).

- 37.3** The Standing Orders of the trust, as far as they are applicable, shall apply with appropriate alteration agreed by the board to meetings of any committees or sub-committee established by the trust.
- 37.4** Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the board), as the board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.
- 37.5** Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the board.
- 37.6** The board assurance sub-committees will be made up of non-executive directors as core members with Executive Directors and other staff as deemed appropriate being 'in attendance'.
- 37.7** Where the trust is required to appoint persons to a committee and/or to undertake statutory functions as required by the independent regulator, and where such appointments are to operate independently of the trust such appointment shall be made in accordance with applicable statute and regulations and with guidance issued by the independent regulator.
- 37.8** The following committees shall be established:
- (a) Audit Committee**
- The board shall establish an Audit Committee which shall meet at least quarterly and be answerable to, and report to, the board.
- The terms of reference of the Audit Committee have effect as if incorporated into these Standing Orders.
- (b) Finance & Performance Committee**
- The board shall establish a Finance Committee to be known as the Finance & Performance Committee which shall meet at least quarterly and be answerable to, and report to, the board.
- The terms of reference of the Finance & Performance Committee have effect as if incorporated into these Standing Orders.
- (c) Remuneration Committee**
- The board shall establish a Remuneration Committee which shall meet at least quarterly and be answerable to, and report to, the board.
- The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(d) **Charitable Funds Committee**

The board shall establish a Charitable Funds Committee which shall meet at least quarterly and be answerable to, and report to, the board.

The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(e) **Workforce Committee**

The board shall establish a Workforce Committee which shall meet at least quarterly and be answerable to, and report to, the board.

The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(f) **Quality & Safety Committee**

The board shall establish a Quality & Safety Committee which shall meet at least quarterly and be answerable to, and report to, the board.

The terms of reference of the Committee have effect as if incorporated into the Standing Orders.

(g) **Other Committees**

The board shall establish any other permanent or ad hoc committees as may be required. It is not necessarily a requirement that these other committees report directly to the board, but in all cases the reporting arrangements will be defined in their terms of reference.

38. Confidentiality

38.1 A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the board or shall otherwise have concluded on that matter.

38.2 A director of the trust or a member of a committee shall not disclose any matter reported to the board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the board or committee shall resolve that it is confidential.

PART V - STANDARDS OF BUSINESS CONDUCT

39. Policy

Staff must comply with the national guidance contained in HSG(93)5 'Standards of Business Conduct for NHS staff'. The following provisions should be read in conjunction with that document.

40. Interest of Officers in Contracts

- 40.1** If it comes to the knowledge of a director or an officer of the trust that a contract in which he/she has any pecuniary interest, not being a contract to which he/she is himself a party, has been, or is proposed to be, entered into by the trust he/she shall, at once, give notice in writing to the Chief Executive of the fact that he/she is interested therein. In the case of married persons, or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.
- 40.2** An officer or employee must also declare to the Chief Executive any other employment or business or other relationship of his/hers, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the trust. A register of declared interests shall be kept and maintained by means of an annual review.
- 40.3** Canvassing of directors of the trust or members of any committee of the trust directly or indirectly for any appointment under the trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.
- 40.4** A director of the trust shall not solicit for any person any appointment under the trust or recommend any person for such appointment. This does not preclude a director from giving written testimonial of a candidate's ability, experience or character for submission to the trust for reference purposes.
- 40.5** Informal discussions which take place with potential candidates outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.
- 40.6** Candidates for any staff appointment shall, when making application, be required to disclose in writing whether they have a close relationship or are related to any director or the holder of any office under the trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.
- 40.7** The directors and every officer of the trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that director or officer is aware. It shall be the duty of the Chief Executive to report to the trust any such disclosure made.
- 40.8** On appointment, directors (and prior to acceptance of an appointment in the case of executive directors) should disclose to the trust whether they are related to any other director or holder of any office under the trust.
- 40.9** Where the relationship of an officer or another director to a director of the trust is disclosed, Standing Order 29.0 shall apply.
- 40.10** All managers must comply with the Code of Conduct for NHS Managers Directions (2002).

PART VI - TENDERING AND CONTRACTING PROCEDURES

- 41. Please note – details relating to Tendering and Contracting Procedures can be found in the Standing Financial Instructions document reference DCM076.**

PART VII - MISCELLANEOUS

- 42. Standing Orders to be Given to Directors and Officers**

It is the duty of the Chief Executive to ensure that existing directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and SFIs. Updated copies shall be available to all staff via the trust intranet. New officers designated by the Chief Executive shall be informed in writing of the location and means of accessing SOs.

- 43. Trust Policies**

All trust policies will be prepared, consulted upon and assessed for equality impact in accordance with the trust document control policy and supporting procedures. Draft policies presented to the board or the Trust Executive Team for approval must be accompanied by evidence of compliance with the proper procedures for consultation and equality assessment.

- 44. Documents Having the Standing of Standing Orders**

Standing Financial Instructions, Reservation of Powers to the board and Delegation of Powers including the trust's Devolution Policy, shall have the effect as if incorporated into SOs.

- 45. Signature of Documents**

Where the signature of any document will be a necessary step in legal proceedings involving the trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the board shall have given the necessary authority to some other person for the purpose of such proceedings.

The Chief Executive or nominated officers shall be authorised, by resolution of the board, to sign on behalf of the trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the board or committee or sub-committee to which the board has delegated appropriate authority.

46. Seal and Sealing of Documents

46.1 Custody of Seal

The Common Seal of the trust shall be kept securely by the Trust Secretary as delegated by the Chief Executive. The seal will only be affixed to a document in accordance with these Standing Orders.

46.1.1 Sealing of Documents

The Seal of the trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the board in accordance with these Standing Orders. The seal of the trust must be used in order to execute a deed, when required to do so by law, normally the conveyancing of land.

Before any building, engineering, property or capital document is sealed it must be approved and signed by the Director of Finance and authorised and countersigned by the Chief Executive (or an officer nominated by the Chief Executive who shall not be within the originating directorate).

46.1.2 Register of Sealing

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the Seal. A report of all sealing shall be made to the trust at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing).

47. Review of Standing Orders

Standing Orders shall be reviewed annually by the trust. The requirement for review extends to all documents having the effect as if incorporated in Standing Orders.

ANNEX 8 – FURTHER PROVISIONS

1. Application for Membership

- 1.1** An individual may become a member by application to the trust in accordance with this Constitution or, where so provided for in this Constitution, by being invited by the trust to become a member of a staff class of the staff constituency in accordance with paragraph 7.5.
- 1.2** Where an individual wishes to apply to become a member of the trust, the following procedure shall apply:
- 1.2.1** the trust shall upon request supply the individual with a form of application for membership in a form determined by the trust;
- 1.2.2** upon receipt of the said form of application duly completed or upon application in person or via the telephone, the trust will complete the actions described in paragraph 1.2.3;
- 1.2.3** unless the applicant is ineligible for membership or is disqualified from membership, the trust shall cause their name to be entered forthwith on the trust's Register of Members and shall give notice in writing to the applicant of that fact;
- 1.2.4** upon the applicant's name being entered on the trust's Register of Members the individual shall thereupon become a member;
- 1.2.5** the information to be included in the trust's Register of Members shall include the following details relating to that member:
- full name and title;
 - the constituency of which they are a member.
- 1.3** Where an individual is to be invited by the trust to become a member, the following procedure shall apply:
- 1.3.1** the trust shall take all reasonable steps to satisfy itself that the individual is eligible to become a member of the staff constituency before issuing an invitation to become a member of the trust and that it has all the information needed to administer that person's membership, as may be defined by the trust from time to time;
- 1.3.2** the trust having so satisfied itself, it shall thereupon invite that individual to become a member pursuant to paragraph 7.5 of the Constitution and if necessary shall request the individual to provide such further information, if any, as it may need to administer his or her membership;
- 1.3.3** unless the individual has within 14 days of the date upon which the trust dispatches its invitation to him or her to become a member advised the trust that they do not wish to become a member, the trust shall thereupon enter

that individual's name on the Register of Members and they shall thereupon become a member provided that the trust has been provided with the information, if any, requested pursuant to paragraph 1.3.2 to enable it to administer the membership;

- 1.3.4** if the individual has failed to provide the information requested by the trust within 14 days of being invited by the trust to provide it in accordance with paragraph 1.3.2 above, the trust shall give notice in writing to the applicant that the information has not been provided and that unless and until the information is provided that individual's name shall not be entered on the Register of Members.
- 1.4** No individual who is ineligible or disqualified from membership shall be entered or remain on the Register of Members.
- 1.5** For the avoidance of doubt, an individual shall become a member on the date upon which their name is entered on the trust's Register of Members and shall cease to be a member upon the date on which their name is removed from the Register of Members as provided for in this Constitution.

2. Additional Grounds for Eligibility or Disqualification of Members

In addition to satisfying those grounds of eligibility otherwise provided for in the Constitution, the trust reserves the right to exclude persons from membership of the trust if they are:

- Persons under 16 years of age.
- Vexatious complainants, as defined by the trust complaints policy from time to time.
- Former members of the staff of the trust who were dismissed due to misconduct in the course of their employment.
- Patients of the trust who have been excluded from treatment by the trust in accordance with the trust's policy from time to time for the management of violent and aggressive behaviour towards trust staff.
- Persons who, within the preceding five years, have committed an act of violence against any of the trust's employees or registered volunteers in association with their employment, as defined in the trust's policy from time to time for the management of violent and aggressive behaviour, or who have wilfully damaged trust property or facilities.

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