

The Hospital of St Nicholas, Salisbury



Community Handbook



Website www.stnicholashospital.co.uk

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Section 1 – Welcome and Introduction

The Community of the Hospital of St Nicholas would like to extend a very warm welcome to you as a new resident. We hope that you will settle in quickly and be very happy here. This handbook explains your responsibilities as a resident and supplements your contract with the Hospital as outlined in your letter of Appointment which you signed when you accepted your appointment. Please do not hesitate to speak to the Master or Clerk if you need further information on any matters. The Welcome Pack which you are given on arrival explains many of the practical and communal aspects of Community Life.

The Almshouse is your home, and every effort will be made to help you remain independent, free to choose your own lifestyle, and able to benefit from the quiet enjoyment and dignity that the Community provides.

The Trustees have tried to minimise these rules and regulations which have been designed for the benefit of all residents and to ensure the efficient management of the Hospital. This handbook cannot cover every eventuality, however, as circumstances and legislation governing Almshouses change with sometimes disconcerting speed. It may be necessary to amend these rules and regulations from time to time, but any substantive changes will be discussed with residents beforehand when you will be given the opportunity to express any views or concerns.

Once again, a very warm welcome on behalf of the Trustees and the Community of St Nicholas.

Chairman of Trustees:

Canon Tony Monds

THE COMMUNITY PRAYER

Almighty God,
graciously behold us your servants,
whom you have gathered in this place.
Grant that we may live together in love and harmony,
bearing one another's burdens,
seeking one another's welfare,
and rejoicing in one another's joys.
This we ask through Jesus Christ our Lord,
who lives and reigns with you and the Holy Spirit,
ever one God world without end. **Amen.**

Section 2 – History, Governance and Management

HISTORICAL NOTE

The Hospital of St Nicholas in Salisbury is one of the ancient Almshouses of England. The word 'hospital' derives from our origin as a place of hospitality and shelter. It is likely that we were founded as a hostelry at a ford on the Avon for pilgrims and wayfarers en route to Old Sarum, but of this first establishment we have no record. However, from a deed of 1215 assigning land to us, and from the accounts of some of our earliest patrons, the Lady Ela Longespée (Countess of Salisbury), Bishop Poore and Bishop Bingham, we know for sure that by the early 13th century The Hospital was functioning not only as a lodging for travellers but as an infirmary, too. Parts of our present buildings date from this time.

Over succeeding centuries, however, the site has been extensively modified to reflect changing demands. At times this reconstruction was substantial, as in the late 15th century. In 1487, for example, an ordinance of Bishop Beauchamp indicates that there was no longer specific provision here to care for the sick. Instead, the brothers and sisters are referred to as pensioners, and the service to be offered by The Master and assistant chaplains is that of divine worship. Thus, the pattern and purpose of our present institution was beginning to be laid down and in principle still obtains, though we have come far from the establishment even of the mid-19th century, when Anthony Trollope chose St Nicholas as a model for Hiram's Hospital in 'The Warden'.

THE ALMSHOUSES

Today we comprise 24 ground and first-floor flats in five blocks, providing independent housing in a supportive Christian community. Each flat offers good-sized self-contained accommodation for a single person, with some properties suitable for couples. Each flat has a kitchen, sitting room, bedroom and bathroom and is equipped with television and telephone points, smoke alarms and a 24-hour emergency call system. Floor-coverings are provided in each flat, but curtains, blinds and white goods are not supplied.

GOVERNANCE AND MANAGEMENT

St Nicholas Hospital is an endowed Christian foundation with the legal status of an Almshouse. It is registered as a charity with the Charity Commission (Registered Charity No. 214916) and is governed by a board of up to 8 volunteer Trustees who are responsible for managing the fabric of the Hospital and its other investments in the long term with a view to fulfilling the objectives of the Charitable Trust, namely:

- a) **the relief of poverty by the provision of accommodation for persons of good character who are in need of assistance;**
- b) **such charitable purposes for the benefit of residents and former residents as the Trustees decide, including the provision of financial assistance to residents and former residents who are in need.**

The implementation of these objectives is at the discretion of the Trustees. To this end, the trustees generally meet four times a year and at other times as necessary, to manage the Hospital and to ensure that it is meeting its charitable purposes and fulfilling its statutory obligations. The trust deed requires that there are five Trustees one of which The Master is

ex-officio. Three additional co-opted Trustees may be elected by a majority vote of the board.

Current Trustees: Canon Tony Monds (Chair)
David Bartlett (retiring 2025)
Richard Trahair,
Rosie Stiven,
Esme Hopkinson
Christine Romano
Nicholas Wood-Roe

Ex-Officio Trustee: The Master

Clerk to the Trustees: Simon Smith

The beneficiaries of the Charitable Trust are the residents, or Members of the Community, who are enjoying accommodation and paying contributions towards the provision of that accommodation at much less than market rates.

The Hospital is, of course, a Christian Community in which the views of the Members are important to ensure that the Community remains harmonious and true to the ethos of the institution. The Trustees welcome the views of the Community on matters relating to the way the Trust is run and the evaluation of prospective new Members. However, the Community's views are advisory only and the ultimate responsibility for decisions concerning the management of the assets of the Charitable Trust, issues of Health and Safety, Safeguarding and the maintenance of the Hospital and its' grounds, together with the appointment of new Members remains with the Trustees. Individual Trustees are not authorized to answer specific queries on behalf of the Hospital without reference to the Master or Chairman as appropriate.

The daily management of the fabric of the Hospital, the wellbeing of the Community and its worshipping life are in the hands of The Master, who is by statute a priest of the Church of England and an ex-officio Trustee. The Master and Trustees are supported in legal, financial and property matters by the Clerk to the Trustees who has an office on site and acts as part-time general administrator. The Master's statutory leave periods are covered by a Pastoral Assistant or one of the Trustees or the Clerk. In addition, the Trustees can call on the help of a number of advisers in matters of law, property and finance.

Residents may expect to continue in occupation as long as they need the accommodation providing, they continue to qualify as a beneficiary, are able to look after themselves, and their appointment as a beneficiary is not set aside. If a resident's health deteriorates, then they must be willing to accept advice and guidance, either from their own doctor or a medical consultant appointed by the Master and Trustees. The Master and Trustees will also consult with the next of kin, Social Services and other agencies as required. Every resident must have Lasting Powers of Attorney (LPA) in place for Health & Welfare; Finance & Property.

The Trustees policies are available to view on the website.

Section 3 – Chapel and Community Life

CHAPEL: 'Worship is our duty and our joy'

Worship is central to the Community's life and over many centuries has been our defining characteristic. Our Chapel has mediaeval foundations, and The Blessed Sacrament is reserved. The Eucharist is celebrated on Sundays and Wednesdays and some major feast days, Morning Prayer is said on Mondays, Tuesdays, Thursdays, Fridays and Saturdays.

The general description of our worship would be in the Liberal Catholic tradition of the Church of England. We affirm the ministry of women priests and welcome lay assistance in services and in preparing the chapel for worship. The weekly collections are given to charities chosen by the Community: a mix of local, national and international. We observe **St Nicholas' Day** (6 December) with an evening Sung Eucharist and an invited preacher. The Trustees and invited guests join us for the celebration and **it is expected** that all residents will attend.

Attendance at chapel is a condition of residence at St Nicholas, and a requirement we take seriously. The Charity Commission's Scheme of 1961 governing the Hospital states that residents shall "attend services in the Chapel in accordance with regulations to be made by the Trustees".

The Trustees' expectation is that members of the Community will attend chapel services unless on holiday or prevented by emergency, temporary illness or other temporary incapacity. No longer-term commitments should be made, voluntary or paid, which would conflict with chapel attendance without the prior approval of the Master. If residents expect to be absent from chapel, they should sign out in the Common Room diary.

COMMUNITY LIFE:

We are a Christian community and take seriously our obligations to God and to our neighbour. Several residents' volunteer for tasks to assist a neighbour or serve the common good, for example taking people shopping, cleaning the Chapel etc... The Master is always glad to receive offers of help towards the smooth running of The Hospital. Some residents work, others volunteer for example at the Cathedral, National Trust, Salisbury District Hospital, and Charity Shops.

Some residents enjoy opportunities to do things together, while others prefer to pursue their interests on their own. There is no pressure to take part in the organised activities, but it is hoped and expected that people will contribute to Community Life in one way or another. A Community Directory is published from time to time, and residents details may be removed if they so request.

Section 4 – Health and Safety

YOUR HEALTH, DOCTOR AND DENTIST

The Hospital has a resident Master to oversee the life of the Community, who bears pastoral responsibility for residents' general welfare, but there is no Warden or Matron. We are not permitted by law to provide nursing or domiciliary care, and residents are expected to be able to live independently, with the assistance of outside support if necessary.

If a resident is ill or in difficulties, the Master will make every effort to get in touch with relatives, friends, the doctor, ambulance or social services. **Emergency Contact details (next of kin) must be passed to the Master.** On admittance you gave authority to the Master and the Trustees to contact your doctor and next of kin directly in the event of emergency when you signed the 'GP Authorisation Form' and 'Next of Kin Information Form'. All personal information is maintained in accordance with Data Protection legislation.

Only parts of the Hospital site and buildings are wheelchair friendly, but two of our flats are specifically adapted for wheelchair users however, and there is level access to a number of ground floor rooms, including the Common Room and a stair lift in Garden House.

Residents should register with a GP and dentist on arrival, the Master or the Clerk will be able to give you the names of GP and dental practices in the neighbourhood, if requested.

HEALTH AND SAFETY

The Trustees through their employees the Master and Clerk, are responsible for the health and safety of residents and visitors to public areas of the Hospital premises; and each resident is responsible for their own and their visitors' health and safety in their accommodation.

Slips, trips and falls

There is a need to exercise care when moving around the Hospital site especially in wet, snowy or icy weather. Whilst reasonable precautions will be taken to keep them hazard-free, residents are reminded to be vigilant.

THE EMERGENCY CALL SYSTEM

All flats are equipped with a 24-hour call system linked to an off-site call centre, which is staffed 24 hours a day, 365 days a year. They summon the emergency services or the Master, who acts as first responder when in residence. In the Master's absence the Clerk, the pastoral assistant, one of the Trustees or the emergency services will respond.

FIRE PRECAUTIONS

The Policy is dependent on which Block a resident lives in:

Old Block and the Old Hospital (including Flat 7)– **GET OUT**

Pelly, MacInnes and Garden House - **GET OUT** unless told to stay put by a Hospital Official or the Dorset and Wilshire Fire Service, or by personal choice.

Every flat is equipped with smoke alarms and a fire safety notice. Regular fire alarm checks are carried out by the clerk for all areas of the Hospital.

Smoking in your flat or within the confines of the Hospital buildings is strictly forbidden.

KEYS

The Master, the Clerk and the Chair of Trustees all hold a master key, but it will only be used in an emergency or with residents' permission. Each flat has a key safe with a spare key, the resident should note the code. There is a Trustees' policy on Visits to Community Members.

Locks and chains must not be fitted without the consent of the Master, as these may delay assistance in an emergency.

Section 5 – Terms of Occupancy

LETTER OF APPOINTMENT

Your Letter of Appointment, of which you have a copy, is personal to you and explains that you occupy your flat as a beneficiary of the charity. This means that neither you nor any relation or guest of yours is a tenant with the security of tenure that a tenancy offers. You occupy it by license with the permission of the Trustees. No other person is allowed to live at the property unless they have formally applied to the charity and been granted beneficiary status in their own right and you have been jointly allocated the same dwelling. *See Appendix 1 for the Admission Criteria.*

1. The following documents form part of your contract with the Hospital:
Your Letter of Appointment with a licence to occupy; financial statement; your authorisation to approach your GP in the event of illness; Appendix A and Appendix B of this document; your lasting powers of attorney.
In exceptional circumstances the Trustees could ask you to find alternative accommodation and leave your flat (setting aside your appointment). In practice, this occurs very rarely when Trustees believe that they have no alternative. *See Appendix 2 – Leaving the Community.*
2. It is a **condition of occupancy** that residents provide the Hospital with accurate and complete information of their financial circumstances and that residents inform the charity if their circumstances change for example: receipt of a large legacy. However, residents are assured that only in the most unusual circumstances would this lead to someone being asked to leave.

MONTHLY MAINTENANCE CONTRIBUTION (MMC)

Residents of an Almshouse are beneficiaries of the charity, in lieu of rent, they pay a contribution towards the upkeep of the Hospital. This is charged monthly at a rate determined annually by the Trustees in January. Payment is by standing order on 20th of each month. The level of MMC is reviewed annually, and any increase occurs in April, but the charity reserves the right to review this more frequently if it is in the charity's best interests. Trustees have the right to start the process of setting aside the appointment in the event of non-payment of MMC.

In addition to the monthly contribution, residents are responsible for their everyday living expenses, council tax, TV licence, telephone bill, and supplementary heating and lighting. Concessional TV licensing is also available.

Every assistance is given to access financial support for those who need it. Housing Benefit, Council Tax Reduction, Universal Credit, Pension Credit may be available to help with the monthly contribution. If you need advice on state benefits, please ask the Clerk or AGE CONCERN.

The Hospital insures the buildings and its own contents. It has the option of including the contents of your home on the policy on an “as new” basis. For details, please contact the Clerk.

TELEPHONES/INTERNET CONNECTION.

You are responsible for making your own arrangements for installing telephone and internet connection in your flat through your chosen provider.

ELECTRICITY

Old Block (Flats 7,9,10, 11, 13 and 15) and Pelly House (flats 16,17,18,19,22 and 23) pay the Hospital for their electricity consumed every 3 months in arrears (1 March, 1 June, 1 September and 1 December). Should a resident choose to have another provider they must provide the Clerk with details in case of emergency.

Residents of other flats (Garden and MacInnes Houses) contract with an energy supplier company direct for their electricity. **Portable gas or paraffin heaters are not permitted on safety grounds.**

REPAIRS, DECORATION AND MAINTENANCE

The Hospital is a Grade I/II listed site, which means we are subject to a number of planning restrictions. The Trustees have a 5-year rolling programme of refurbishment, under which one of the five blocks are inspected each year and the Common parts of the Hospital on the fifth year.

Whilst at all times the Hospital will respect the privacy of residents, it is **a condition of occupancy that residents allow** reasonable and regular access to their flats for repairs and decoration to be carried out, and in an emergency. *See policy on Visit to Community Members.*

Main services, general repairs and exterior decoration and internal decoration during vacancies are the responsibility of The Trustees. Other internal decoration maybe carried out at the residents’ expense **by agreement** with the Master/and or Clerk.

Generally, internal decoration is a matter for individual residents.

- Items that require attention should be **logged in writing and passed to the Clerk**, or to the Master if the Clerk is absent, using the forms available in the Common Room.
- In emergency, contact the Master or Clerk immediately and directly.
- Other maintenance matters are dealt with according to the severity of the problem.
- All requests for repair or maintenance must be authorised before work takes place. ***Any request not made through the Master or Clerk is deemed to be a private arrangement and charged on that basis.***
- Workmen on site should not be approached by residents and asked to do additional jobs, however small.
- Under no circumstances should residents undertake electrical or plumbing repairs themselves. Contact the Master or Clerk for appropriate action to be taken.

Residents should not make any structural alterations to their flat, though fixtures and fittings may be installed, moved or altered by agreement with the Master. Sky satellite or other communications equipment may not be erected.

The services of a handyman/gardener are available without charge for light assistance in tasks that are likely to take no more than 30 minutes.

ABSENCE FROM THE HOSPITAL

Residents are expected to be in full time occupation of their flat, and must live in the flat as their permanent home. If you go away for any period, including overnight stays, you must SIGN OUT in the diary in the Common Room and inform the Master of a contact phone number in case of emergency. Should you return earlier than planned, you must inform The Master when you return as it is important in an emergency to know if any residents are away.

Before going away, please ensure that all food has been put away, taps and appliances have been fully switched off and windows shut. If you are leaving your flat during the winter months, please leave heating on at a level which minimises the risk of burst pipes, etc.

PETS

With regret, we do not allow pets.

MOVING OUT

If you wish to vacate your flat, the Trustees ask you to give as much notice as possible and you must give the Trustees **written notice of not less than one calendar month**.

Maintenance contributions remain payable until the notice period expires and the dwelling is vacated. When the resident vacates for whatever reason, all items belonging to the resident should be removed by him or her forthwith including cookers, fridges, freezers and furniture. In the event of the death of a resident, their personal representatives are responsible for MMC until the premises are cleared of personal possessions, white goods and the keys and medallion are returned, this should be within 6 weeks of the funeral.

If a resident were to leave their flat without giving notice, they would be liable for paying their MMC for a period of one month after the date on which they vacate as well as utility bills.

In the unlikely event that any possessions, chattels or goods are, without the written agreement of the charity, left abandoned by the resident in the flat after the resident has vacated, the Hospital will take reasonable care of them for a period of up to three months. After this period the charity may sell them and, out of the proceeds, pay any outstanding amounts owing to the charity, including outstanding monthly maintenance contributions and any other expenses, including disposal and removal costs.

MOVING WITHIN THE HOSPITAL

If you wish to move within the Hospital, you should contact the Master to discuss the matter, but the final decision rests with the Trustees.

Section 6 – Services Provided

The Hospital offers a community room, known as the Common Room, drying room, workshop space and a Games Room. Residents can organise private parties in the Common Room with the agreement of the Master.

CLEANING

Residents are responsible for keeping their flat clean, including the inside of the windows. External windows, stairs, landings, and porches are cleaned by contractors. Domestic cleaners are allowed, this is a private contract between the resident and the cleaner.

STORAGE, RECYCLING AND WASTE

Storage: The Hospital cannot provide long-term additional storage for residents' furniture and goods, other than garden tools.

Recycling and Waste: There are refuse bins (general waste) and recycling bins for glass, paper, card, tins and plastics. Larger items, and all electrical items, should go to the local Council waste recycling centre and there may be a charge for very large items. Clinical waste such as contaminated dressings should not be discarded in the general refuse bins but placed in a designated receptacle or removed from the site by visiting nurses.

PARKING

Parking is allocated by the Master and is for the sole use of residents. Visitors' cars should display a parking permit. Cars are parked at the owners' risk and the Trustees accept no responsibility for any damage howsoever caused. Access must be maintained at all times for emergency vehicles. Garages are allocated by the Master and there is a monthly charge.

GUEST ACCOMMODATION

Properties are allocated on the strict understanding that Community members are the sole residents in them. No other person is allowed to live in the property unless they have formally applied to the Hospital and been granted beneficiary status in their own right.

Visitors are not permitted to stay in a resident's flat, except with the consent of the Master. Occasional overnight stays may be permitted by The Master in the case of post-operative assistance and is normally limited to one week. Under no circumstances may guests be offered accommodation in flats while residents are absent.

The Hospital has 1 double and 2 single guest rooms which are available to friends and family members of residents for no more than a week at a time or in exceptional circumstances at the Master's discretion for longer. There is a charge for use of the guest accommodation. While at St Nicholas visitors and guests are the responsibility of their host for all matters, including health and safety.

THE GROUNDS

The Hospital grounds are substantial and laid out for the benefit and enjoyment of all, but residents are not allowed on the Island due to uneven grounds and the presence of bee hives. Washing lines for the use of residents are available in the grounds. If children are visiting, they must not be allowed to play unaccompanied near the river.

THE GARDENS

The Hospital provides a gardener but residents who enjoy gardening are welcome to take responsibility for a border, flower and/or vegetable patch. These are allocated by the Master in consultation with the gardener. There are 5 bins for garden waste.

Section 7 Other Information

SOCIAL MEDIA

Those residents using social media such as Facebook, Instagram and Twitter, are asked to respect the fact that no views should be expressed via social media about the charity, its Trustees, other residents or staff. Photographs should only be uploaded with the permission of the people depicted.

GIFTS AND LEGACIES

It is the Trustees' policy that no one involved in the running of the Hospital should accept any gift or legacy from a resident. If you wish to donate anything to the Hospital, then please contact the Clerk. All such matters will be dealt with in confidence.

WILLS AND LASTING POWER OF ATTORNEY

You are strongly advised to make a will and it is best to ask a solicitor to help you with this. Neither employees nor Trustees can act as executors of residents' wills.

It is a **requirement that** you have granted Lasting Powers of Attorney, or are in the process of so doing once admitted to the Community, both in respect of Health & Welfare, and Property & Financial affairs, to a friend or relative and to inform the Master and Clerk of the names of these individuals.

Section 8 – If Things Go Wrong

PERSONAL PROBLEMS

If you have any personal problems over money or any other matter and you have no family or friends whom you feel able to consult, the Master will be pleased to help or offer advice where possible.

COMPLAINTS AND GRIEVANCES

In the first instance contact the Master, please see **Appendix 3**.

APPENDIX 1: ADMISSION CRITERIA

The Hospital's Governing Instruments require that residents are "persons of good character who are in need of assistance".

The Hospital is neither a nursing, convalescent, nor an old people's home, but a housing scheme in a supportive Christian Community with residents retired or in full or part time employment. The admission criteria, which can be varied at the discretion of the trustees, are:

- Over the age of 60 (for the primary applicant in the case of joint applicants)
- Christian and confirmed communicants of the Church of England, or willing to live and worship within the rites of the Church of England;
- Of limited means defined as:
 - (a) in the case of a **single applicant**:
 - having capital not exceeding £150,000, and
 - having total annual income not exceeding £30,000
 - (b) in the case of **joint applicants**:
 - having capital not exceeding £225,000, and
 - having total annual income not exceeding £45,000
- In sound health not requiring regular domiciliary or nursing care;
- Able to live independently, managing daily life skills - personal hygiene, care for flat, preparation of meals;
- Prepared to attend worship in St Nicholas' Chapel;
- Willing and able to join in Community life;
- Able to provide two character references;
- Be prepared to grant Lasting Powers of Attorney, both in respect of Health & Welfare, Property & Financial Affairs, to a friend or relative prior to admission and to inform the Master of the names of these individuals.
- Be prepared to inform the Master of the name of their Doctor or Medical Practice.

Unless, exceptionally, the Trustees determine otherwise, the assessment of an applicant's eligibility to join the Community is by reference and interview *by three Trustees*. The needs of the Community as well of the applicant are both weighed in allocating properties. The Master is pleased to hear of people in need of help. There is no geographical restriction on applicants, and recommendations are appreciated.

APPENDIX 2: LEAVING THE COMMUNITY

Once admitted to membership of The Community, the Trustees hope that residents will stay as long as they wish. However, if –

- a resident is guilty of insobriety or immoral or improper conduct incompatible with membership of the Community;
- a resident repeatedly fails to show respect to other members of the Community or employees or contractors of the Hospital;
- a resident consistently fails to pay the monthly maintenance contribution without good reason;
- a resident no longer has the required qualifications for residency as set out in the admission criteria (Appendix 1); for example, the resident inherits a substantial capital sum which puts them well above the prescribed capital limits;

- a resident has been admitted as a member without having those required qualifications;
- a resident is suffering from a mental disease or physical infirmity rendering himself or herself unfit or incapable of remaining a member of the Community (*see below*).

Then the Trustees then must consider that the Hospital is no longer an appropriate environment and look to alternative provision.

Residents having a substantial or significant risk to independence. If a resident has a physical, sensory or cognitive disability or impairment, or mental health difficulties such that, over a period of six months, he or she demonstrates one or more of the following:

- An inability to protect him or herself from injury, or avoid preventable risks, in carrying out daily activities or meeting basic care needs (e.g. from repeated falls);
- Only partial choice and control over his or her immediate environment (e.g. such limited mobility that he or she is regularly chair or bed-bound);
- An inability to carry out the majority of personal care or domestic routines without substantial help;
- Significant health problems that are likely to be permanent or worsen;
- Only very limited engagement with the life of the Community whether socially or devotionally.

The Trustees emphasize that they would only require a member of the Community to leave the Hospital as a last resort after all other options of arranging increased care have been exhausted. They will adopt a two-stage approach to such members whom they identify as having difficulty continuing to live independently.

In such cases the Trustees would expect the Master and Clerk to discuss with the resident and his or her relatives (if any) about the steps that need to be taken to improve the resident's situation by additional care, with the objective of maintaining the resident's occupation of his or her flat if at all possible.

If this is not possible then the Trustees may conclude that it was in the resident's best interests to leave his or her flat and seek accommodation better suited to the resident's needs. In so doing the Trustees are confident that the Master and Clerk would deal with the issue sensitively and with due consideration for the wishes and means of the resident and relatives.

In the event that agreement cannot be reached between the Master and Clerk and the resident and relatives about the future of the resident, the matter would be referred to the Trustees, if necessary, at a special meeting convened for this purpose, for a resolution of the issue. The decision of the Trustees will be final and appropriate notice given to the resident.

If a resident chooses to leave the Hospital, a calendar month's written notice to the Master or the Clerk should be given. Residents or their executors are responsible for maintenance contributions until the flat is cleared of effects, and the St Nicholas medallion and keys are returned to the Master.

APPENDIX 3: COMPLAINTS' HANDLING POLICY (a full copy is available on the website)

Residents who wish to complain about maladministration, their treatment here or a nuisance of any kind should first approach the Master.

If the grievance concerns the Master, or if a resident considers the Master's response to be unsatisfactory, the complaint should be made in writing to the Chair of The Trustees, c/o The Clerk.

If the matter is still not satisfactorily resolved, the complaint can be addressed to the Bishop of Salisbury who is the Hospital's Visitor.