

Council of Governors Meeting Minutes, 16 September 2010

Prof. Sir Christopher	Edwards	Chairman		CE
Eddie	Adams	Public	Kensington and Chelsea 1	EA
Walter	Balmford	Patient		WB
Chris	Birch	Patient		CBir
Christine	Blewett	Public	Hammersmith and Fulham 2	CBle
Cass	Cass-Horne	Patient		CC-H
Alan	Cleary	Patient		AC
Edward	Coolen	Patient		EC
Samantha	Culhane	Public	Hammersmith and Fulham 1	SC
Carol	Dale	Staff	Management	CD
David	Finch	Appointed	NHS Wandsworth	DF
Brian	Gazzard	Staff	Medical and Dental	BG
Del	Hosain	Public	Wandsworth 2	DH
Jacinto	Jesus	Staff	Contracted	JJ
Martin	Lewis	Public	Westminster 1	ML
Catherine	Longworth	Appointed	Westminster PCT	CL
Susan	Maxwell	Patient		SM
Charlotte	MacKenzie Crooks	Staff	Support, Administrative & Clerical	CMC
Wendie	McWatters	Patient		WMW
Sandra	Smith-Gordon	Public	Kensington and Chelsea 2	SS-G
Frances	Taylor	Appointed	Royal Borough of Kensington and Chelsea	FT
Alison	While	Major Education Provider	King's College	AW

IN ATTENDANCE:

Heather Lawrence	Chief Executive	HL
Mike Anderson	Medical Director	MA
Lorraine Bewes	Director of Finance	LB
Heather Bygrave	Auditor, Deloitte	HB
Therese Davis	Interim Director of Nursing	TD
Vida Djelic	Interim FT Secretary	VD
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Sian Nelson	Membership and Engagement Manager	SN
Charlie Wilson	Non-Executive Director	CW

- 1 GENERAL BUSINESS**
- 1.1 Welcome & Apologies** **CE**
- CE welcomed Del Hosain, a newly elected public governor for Wandsworth Area 2 to his first meeting of the Council of Governors.
- Apologies were received from Nicky Brown, Lucy Ball, Rosie Glazebrook, Duncan Macrae, Sue Smith and Taryn Youngstein.
- 1.2 Declaration of Interests** **CE**
- None.
- 1.3 Minutes of Previous Meeting held on 21 July 2010** **CE**
- CBle said that as a point of order, the Council were being asked to confirm that accuracy of the minutes at this stage.
- Minutes were accepted as a true and accurate record of previous meeting with the following changes:
- p.2, item 1.1, 2nd line remove 'the new HIV ward' and insert 'cafe'
 - p.10, item 2.11, 3rd para, insert 'for a total of £2,158.48'
 - p.12, item 2.16, 5th para re move 'environmental'
 - p.13, item 4, 4th para, 3rd line remove 'CE' and insert 'CM'
- VD to amend minutes in line with comments received.** **VD**
- 1.4 Matters Arising** **CE**
- CE said that AC had expressed concern about being 'gagged' and he wished to make a general point that there is no question of anyone being gagged.
- CE noted that there are constraints to all meetings, otherwise they are unmanageable. He invited any governors who feel they do not get a chance to raise any points they wished to, to write to him.
- CL said that she would like to express her support of what CE had said, she had never felt 'gagged'. ML also confirmed that he felt everyone had an opportunity to express their views.
- CE confirmed that matters arising from the previous meeting were completed.
- AC said there was a particular paper he had wanted the Council of Governors to see. CE replied that this had been discussed by the Agenda Sub-Committee, which was a committee of governors, set up so that the governors controlled the agenda, and not managers. The sub-committee had agreed that this paper had been superseded by the White Paper.
- DH asked about high cost drugs and said that there was a period when patients used to get cancer drugs and they are now not available. CM said this was the issue raised by SM previously and this will be taken to the Quality Committee for discussion. Information on Payment by Results (PbR/ the tariff) and medicines was tabled at the meeting. CM suggested that if DH has any further questions after reading this, that he contacts her.
- In response to a query from DH on the difference between the Board of Directors and the Council of Governors, CE said that there had been a lot of discussion on

this. The Board of Directors and the Council of Governors are mutually independent. They have different tasks and the role of the Council of Governors is not to manage the Trust. One of the reasons for the Away Day is an opportunity for personal interaction between the governors and the Board.

1.5 Chairman's Report (oral)

CE

Any other business

CE said that there was a suggestion by a governor that we identify any other business at the beginning of the meeting and invited governors to raise any items.

Elections

CE informed the Council that there are six governor seats coming up for re-election. In addition to one public seat which was not filled at the previous election, there are two governors who have stepped down.

The letters of notification will go out on 1 October to the members of the Patient, Public - Westminster Area 2 & Wandsworth Area 1 and Staff - Nursing and Midwifery constituencies. The nominations must be received by 19 October. The polls will close on 26 November. The results of the elections will be announced shortly thereafter. CE encouraged governors to support elections and promote these to the constituencies in which elections will be held.

Meeting times

CE said that VD surveyed governors and according to the responses received (20) the most popular was a start time at 4pm and a finish time at 6.30pm.

AC said he strongly supports that meetings go on until the business is finished. Other governors disagreed with AC's view. CL said that in her experience it is possible to finish Council business within 2h30mins.

ML emphasised that over the last three years the Council of Governors has got through an enormous amount of work with length of meetings of 2h30mins and sees no purpose in extending it.

CE explained that we need to understand the composition of the Council. There are some governors who have to work and cannot sign up to long meetings. He reminded governors that we had been through this exercise before due to concerns CB had previously over some governors being unable to attend meetings because of the start time. Meetings running over had also created a problem in the past with meetings not being quorate

BG said that he strongly supports that the way to get business done is one item to be discussed at one time; the meeting to be brisk and straight to the point.

The Council of Governors agreed to the revised start and finish times.

Events

CE informed the Council that CBle attended the Experienced Governor event on 14 September.

CC-H is attending the FTGA's National Development Day which will be held on 6 October in Manchester. One more governor is welcome to attend.

Board of Directors/Council of Governors Away Day

CE confirmed that the Council/Board Away Day will be held on 2 December and invited governors to suggest possible venues.

2 ITEMS FOR DISCUSSION/DECISION/APPROVAL

2.1 Presentation of Annual Report & Accounts 2009/10

LB

LB outlined the Annual Report and Accounts for 2009/10 and noted that it is for the Council of Governors to adopt.

She said that the report had been approved by the Board in May and laid before Parliament in June this year. She highlighted p.63 – p.83 which was the full set of accounts, and p.68 which shows a surplus of just under £7m.

LB highlighted the financial performance of the Trust in 2009/10 which included:

- A surplus of £6.9m
- A financial risk rating from Monitor of 4 out of 5, where 5 is low risk and the top rating that an FT can achieve. A rating of 4 was what we had planned.

One item to highlight is the significant improvement on fixed assets e.g. property, plant and equipment which relates to a 5 year revaluation of property. The property index has come down since the last valuation was done and this also reflects spending on the infrastructure which has not expanded the footprint and therefore not added financial value.

We have moved to International Financial Reporting Standards (IFRS) disclosure rather than United Kingdom Generally Accepted Accounting Principles (UK GAAP). This means that we report the value of fixed assets at the cost of replacement rather than the cost incurred. This is a function of price changes over the years and the type of expenditure included will be treated as an exceptional item by Monitor and therefore would not impact the Financial Risk Rating (FRR).

CBle asked if this is real money or notional money and, if so, if it has an effect on quality. LB said that it will impact on the value of our balance sheet and when we want to borrow money but will not affect quality.

CE invited LB to give a brief explanation about the revaluation of the property which was done a few years ago.

LB said we had had a recurrent deficit of £9m and when doing benchmarking we noted that our capital charges were very high at 14% compared with an average 7-8% for other Trusts. We challenged the district valuer and it was discovered that there was an error in the basis of our valuation. The professional valuers we consulted had thought the life of the building was longer compared with the view of the district valuer which significantly reduced the carrying value and capital charges. CE pointed out that getting it right led to a complete change in our finances.

LB introduced Heather Bygrave, Auditor from Deloitte and said that the Accounts were signed by Deloitte.

ML asked if we could roll over surplus and LB responded that we can, and we use the surplus to invest.

ML asked if Monitor was going to remove the cap from private patient income. LB responded that it is government's decision not Monitor and that that was the

case.

WB praised the team involved in producing the Annual Report and said that it is one of the best annual reports he had seen.

AC asked who was above us in the Dr Foster guide mentioned on p.7 and what they assessed as part of their rating. CM responded that Dr Foster survey results and further details are available on their website.

2.2 External Auditors' Report

HB

HB introduced the External Auditor's Report and said that it consists of two parts. The auditors have given an unqualified opinion on the accounts. The first part of the report provides an audit of the financial statement and the second part provides a dry-run review of external assurance on the 2009/10 Quality Report. This is a private report to the Board and Council of Governors.

The Quality Report audit focused on Monitor's requirement to have some form of assurance on governance and leadership, policies, systems and processes, people and skills and data use and reporting.

The detailed testing of the three mandated indicators has indicated significant gaps or errors in information to support the sample being tested. In order for the auditor to give an unqualified opinion in 2010/11, the Trust will need to improve the audit trail and accuracy of the information that feeds into the indicators included in the Quality Report.

The Auditor concluded that that Trust has good systems and processes in place regarding data collection but there was not always information to substantiate the data. There were some errors, some of which improved our position, The results from this Trust were very much within the norm for other foundation trusts.

Financial auditing has developed over many years and Quality Account auditing is not developed in the same way.

HB said that the Monitor approved the 2010 -11 Annual Plan and has awarded the Trust:

- Financial risk rating – 4 out of 5 (with 5 being the lowest risk)
- Governance risk rating– Green
- Mandatory goods and services – Green

AC queried p. 9, 4th para and said that some governors would not have seen the 'Briefing on audit matters' referred to in the report and asked if there are any specific audit matters governors need to be aware of. HB responded that Deloitte is independent from the Trust and this is a standard paragraph.

The Council of Governors noted the report.

2.3 Report of the Audit Committee

CW

CW introduced the Audit Committee report and invited any questions.

The Council of Governors noted the report.

2.4 Re-appointment of the External Auditor

AH

LB said that the report regarding the re-appointment of the external auditor is very brief and reminded governors that last year the Council of Governors

agreed to tender the external auditors contract from 2010/11. There is no issue of competence of the current auditor but we have to ensure we regularly test the market.

The Council of Governors will be requested to formally appoint the auditors at its December meeting. This will be based on the recommendation of a panel of the Audit Committee which will be supplemented with a governor following evaluation of the tender submissions in November 2010.

SS-G asked if governors could be on the panel for selecting the auditor. CE confirmed that this can be arranged and invited any interested governors to let VD know.

Governors to advise VD of interest in joining the panel to select the external auditors. **All**

2.5 Report on the external assurance dry run audit of the Quality Report year ended 31/03/2010 **HB**

HB said that this item was discussed earlier in the meeting under item 2.2.

DH asked if there were any concerns about quality and safety. HB replied that this was not was not in the scope which was very specific.

CE said that the European Working Time Directive (EWTD) is very important. Sir John Temple had reviewed this and the impact on training in a report published recently. It noted that it is possible to train doctors within a 48-hour week, if consultants are prepared to cover adequately. We need to move to a consultant delivered service rather than consultant led service. There is a concern that junior staff are left in charge at weekends and the Council of Governors should want to reassure themselves.

BG said that this report is very important and there is now much more emphasis on quality. He suggested we should discuss this at the Away Day including how we measure quality and the importance of accurate information.

CL noted the conclusion on p.3 which outlined the need for the Trust to improve the audit trail and accuracy of information and said that the Council needed to be assured that this will be done.

The Council of Governors noted the report.

2.6 Appointment of a new Non-Executive Director recommended from the Nominations Committee **CE**

CE outlined the paper and updated the Council of Governors on the current position of the Nominations Committee.

The Nominations Committee selected seven candidates to be interviewed and the first panel interviews were held on 15 September. The second panel interviews for the remaining three candidates will be held on 20 October. Governors noted that one candidate decided to withdraw prior to 15 September.

CE said that there is currently one vacancy on the Board. He wanted to propose that we consider a proleptic appointment which would help us save some money and give us a chance to consider some good candidates we have identified and have the possibility of selecting 2 candidates for the vacancies we anticipate in the future.

BG said in his view there were some exceptional candidates, they all live locally and some of them have some good ideas.

AC said that all senior appointments and interviewing candidates should be done with the whole Council of Governors. CE responded that it would not be manageable and practical to have the whole Council involved in interviewing candidates. CBle pointed out that we currently have a clear procedure and this is that it is the Nominations Committee who select the candidates for approval by the Council.

The Council of Governors agreed with the proposed plan.

2.7 Re-appointment of Non-Executive Directors

CE

CW departed the room for the part of discussion on re-appointment of Non-Executive Directors.

CE outlined the paper and the appraisal process and said we have the report of CW's, AH's and RK's appraisal. He said the process was to benefit the individual and it was private document and inappropriate to reproduce it. However, specific points have been included in this report.

WB commented on the comprehensive review provided for CW and AH and queried DK's appraisal not being as comprehensive.

CE responded that the Code makes a particular point on those non-executive directors who are over a six year term and therefore more information was needed to be included for those NEDs. RK is a valuable Board member and he has expertise in IT and when we had major problems with IT he was very helpful. He is an employee of Imperial College, and he acts as a link between us and Imperial College. He has also made some other valuable contributions. CE recommends that RK's term of office is extended for two years.

CE said that CW has been outstanding in terms of his contribution. He is the Senior Independent Director and the Vice Chair of the Board and plays a key role in the Trust. The advantage of extending his term of office for another year is that after CW's term expires at the end of October 2011 one of the new appointments may take over as deputy and CW will provide continuity until then.

CE said that AH has strong finance knowledge, chairs the Audit Committee and is also a member of the Finance and Investment Committee. We are thinking about his replacement once his term of office expires at the end of October next year.

AC suggested it may be helpful to add his academic papers to RK's appraisal

ML queried remuneration for the NEDs. CE confirmed that it remains at the same level as last year and it was previously agreed by the Council that there would not be an increase due to the efficiency savings.

The Council of Governors agreed to extension of term of office for CW, for 1 year, for AH for 1 year and RK for 2 years.

2.8 Re-appointment of the Chairman

CW

The Chairman left the room for this part of the meeting.

CW outlined the paper and recommended that the Chairman is re-appointed for another 3 years term.

AC said that all senior appointments need to be done by all governors, he has previously said this. He raised the issue of the Chairman's appraisal being based on this past performance without anticipating his future performance as requested in the White Paper. AC said he objects to the process conducted and said if there was a judicial review the hospital would lose. He is reluctant to put his concerns in writing because of his concern about being sued.

HL responded to AC's concerns and pointed out that the Chairman's appraisal is based on past performance and the process is in accordance with our constitution. She added that the White Paper does not make reference to changes applying to FTs and that the freedom Foundation Trusts have will remain, and there are no proposed changes around governance.

CBle reminded the Council that at the last meeting it was made absolutely clear that we had an established and agreed process.

BG said he had thought about how to conduct the chairman's appraisal and considered whether it should be done as a meeting or via e-mail. He felt that the last appraisal which was done as a meeting was not very satisfactory due to a low number of governors attending and he felt people were inhibited. SS-G said she would prefer a meeting to an e-mail communication or a teleconference.

BG said that all the feedback he had received from governors was positive.

In response to CL's question if we complied with the Code, CM responded that we did and that there is no specific requirement as to the way an appraisal is conducted. CM said that the process of the Chairman's appraisal is in accordance with our constitution and the reason for delaying the process until after the Council meeting on 21 July was that the process had to be approved by the Board at its meeting on 29 July as defined in the constitution.

CW proposed the Chairman is re-appointed for another 3 years term. The Council of Governors approved.

2.9 Review of constitution

CE

CE reminded the Council that there were previous discussions regarding a need to review the constitution.

CE said we are planning to review the constitution and invited governors to send their expression of interest to join the task group to Vida Djelic by 22 October.

Governors to e-mail VD re interest in joining the Constitution Review Task Group.

All

AC suggested that we should have a shorter constitution, better definition of governors and written in brief, plain English.

CE supported the idea of a clear and brief constitution and said this will be considered by the Task Group.

2.10.1 Patient Governors: their role, duties and constituents

EC

CE thanked EC for writing a paper on the role of patient governors.

EC referred in his paper to Trust News and suggested that the term 'a critical friend' should be reworded to 'a constructively critical friend'.

EC said that governors should communicate with their member constituents and there seems to be confusion as there are some patients who are members and other patients who are not members. He saw this as a problem and felt that it does not help governors with fulfilling their statutory duties re communication.

EC also raised the point of governors' visits to wards and referred to minutes of previous meeting on p.13. SS-G said that it was not agreed and this needs to be considered and agreed. EC said he cannot see how he can fulfil his role unless he communicated with patients. There is no substitute for the personal touch and it would be a huge boost to patients.

CE said that in order to arrange this we need to put some sensible arrangements in place.

Therese Davis, Interim Director of Nursing, introduced herself. TD proposed to consider the arrangements other trusts have regarding governor visits to wards and to meet with governors to take it forward. SS-G suggested that this goes to the Membership Sub-Committee for discussion.

CBir said he thought that visiting patients is not the responsibility of governors and he also thought that members do not perceive them in that role. He pointed out that nobody prevents governors from visiting patients on wards.

SN said that there are various opportunities for governors to get involved and that meet a governor session in the Information Zone, which is designated for governors, is an opportunity for involvement and interaction with the members.

ML outlined some opportunities for governors to get involved. These included: meet a governor session in the information Zone, via PEAT, etc. He said from his experience while working on a ward there needs to be a structure if this is to be organised, otherwise it would cause inconvenience to both staff and patients.

FT asked if the governors need to be CRB checked. SS-G commented that Friends are CRB checked.

WMW thinks that the meet governor sessions are not very good in terms of format and stressed the importance of more governors being involved.

JJ pointed out that some governors already visit wards and that he and SM are members of the PEAT and regularly inspect wards. SM talks to patients on wards and could feed this information back to us.

CBir said TD has come up with a sensible way forward.

CE confirmed that TD will look at a good practice of other trusts and make some practical suggestions.

TD to prepare a proposal for governors to visit wards.

TD

2.10.2 Governors' involvement in various sub-committees and activities

CE

CE outlined the purpose of the paper and invited governors to join the sub-committees. CBle pointed out that she is not listed under the Assurance Committee.

The Maternity Services Liaison Committee want to get more governor input.

2.10.3 Proposed Audit of Governors' Skills and Experience

SS-G

SS-G said that this idea stems from the Monitor publication. She felt that the Trust could do something to identify experience available on the Council of Governors and if there are any gaps. CM had suggested that when we produce the governor handbook we will include skills and experience. SS-G agreed with this and saw it as a first step forward and felt that more can be done on this at a later stage, if necessary.

Skills and experience to be included in governors' handbook.

MAk

2.10.4 Meeting time

CE

This item was discussed earlier in the meeting.

2.11 FTGA/FTN Development Day 23 July 2010 – feedback

CD

CD outlined the paper and said that the event was very useful and she recommended it to other governors.

CD invited governors to e-mail VD if they are interested in any of points outlined in her report to be discussed at a future meeting. CE pointed out that we have covered some ideas already and others could be brought up at the Away Day.

Governors to e-mail VD if interested in any points from CD's report to be discussed at a future meeting.

All

2.12 Council of Governors Funding Report

VD

CM said that the part A of the funding report is self-explanatory and provides an overview of the use of the Council of Governors budget to date.

CM said that the part B outlines a proposal from the Quality Sub-Committee that some money should go towards a communications campaign to publicise the Trust's four priorities for quality improvement to key audiences including staff and patients. CM asked the Council of Governors to support funding of the communication campaign for £4,000. The Council approved the funding.

SN said that the Membership sub-committee supported the idea of purchasing an awning for the Mobile Health Clinic to ensure Governor's engagement activities are conducted in a comfortable and weather proof area. The Council agreed to support the funding of the awning for the amount of £5,875.

CL asked about future visit dates of the Mobile Health Clinic. SN responded that the Mobile Steering Group has been set up and that dates need to be arranged.

2.13 Quality Sub-Committee report (draft minutes of 3 September 2010 meeting)

CM

CE said that the minutes of the Quality Sub-Committee are self-explanatory and invited any questions.

CM said that the updated terms of reference of the Whole System Planning and Delivery Group will be circulated to the Council of Governors requesting volunteers to notify Scott Bennett if they are interested in joining either group.

Terms of reference to be circulated.

VD

Governors to send their expressions of interest to VD regarding joining the Whole Systems Delivery Group and the Discharge Task Force Group.

All

2.14 Membership Sub-Committee report (draft minutes of 2 September 2010 meeting) CB

CBir said that the last meeting of the Membership Sub-Committee was very interesting and there were some different views on a couple of issues and the sub-committee had to vote twice. He said that he as the Chairman of the membership sub-committee was in a defeated minority.

CE thanked CBir for the chairmanship of the Membership Sub-Committee.

2.14.1 Signage – Redevelopment of the hospital CB

CBir said that MLn attended the sub-committee meeting in part and presented the current situation regarding the hospital signage which needs to be changed. MLn had talked about the temporary signage which is out of date and the option for more advanced electronic signage.

It was agreed to have two governors on a project group to help with signage and governors are invited to send their responses to VD.

Governors to send their expressions of interest to VD regarding the signage group. All

2.14.2 StartHere – Piloting Patient Information System

StartHere project had been approved by the Board who agreed to pilot it and the Membership Sub-Committee endorsed it.

CBir invited governors to join the project steering group and send their expressions of interest to VD. All

VD said that one more governor is needed as SM has already volunteered.

2.15 Membership Development Action Plan update SN

SN briefly outlined the work plan and raised the points of importance.

SN invited governors to attend the Seasonal Working Conference on 12 October. Those interested should e-mail SN.

Governors interested in attending the Seasonal Working Conference on 12 October to e-mail SN. All

SN said the Trust will hold elections to the Council of Governors which close on 26 November and that together with Capita she will arrange the recruitment campaign.

SN said that she had invited governors to be represented on the Mobile Health Clinic Steering Group. WMW has joined. Governors can attend appropriate events with the clinic and lists will be sent to governors when events in the community arise.

The Westminster School will be exhibiting at the Annual Members' Meeting.

WMW helped to promote an event, the Teddy Bear Picnic at the Royal Hospital Chelsea. It will be held in Burton Court, Royal Hospital Road, on 27 September from 3.30pm - 6.30pm.

DH expressed his thanks to SN, VD and RMB for their support to the Council of Governors, and in particular new governors.

2.16 Membership Report

SN

CB said that the figures in Sian Nelson's report give an interesting and useful picture of the Trust's membership at 15 July 2010, highlighting the facts that:

- We have very few members below the age of 21 and a significantly lower membership in the under - 40 age group
- The ethnicity of our membership is overwhelmingly white
- Our members are overwhelmingly in the ABC1 socio-economic group
- Our public membership in the Wandsworth Area 1 constituency, as a percentage of the local population, is well below that in the other public constituencies

However, in order to get a more complete picture of what is happening to our membership one needs to compare the figures in Sian's report with the figures in earlier membership reports presented to the Council.

Such a comparison shows that since March 2009 there has been a steady decline in patient members, a steady decline in public members and a steady decline in total membership. Happily, staff membership has gone up from 2930 to 3091. However, we have had a net loss of 161 patient members and a net loss of 397 public members and total membership is down by 397.

He said that it was not helpful to say (3.1.1, page 2) that "Membership recruitment is managing to maintain numbers" as this could lead to complacency. What recruitment is doing is to slow the rate of loss and we still have quite a large total membership. He said the Council and the Membership sub-committee need to take note of a slightly worrying situation.

2.17 Highlights of the White Paper

HL

HL introduced the paper and said that the White Paper would be implemented in 2011.

The aim of the White Paper is clear and Andrew Lansley wants to improve patient outcomes, have robust quality regulation, clinically led commissioning and informed patient choice. The core principles, quality, innovation, productivity and prevention have not changed.

HL emphasised that we need to focus attention on what we are going to do and how the White Paper impacts on us. Andrew Lansley's motto is 'no decision about me without me'.

There are some significant changes and we are looking at working closely with others. We are developing an outpatient information strategy which is much more patient focused.

Commissioning will be done by GPs. We recognise that there are things we need to improve. Our strategy needs to look at polysystems and working in the community. Regarding all Trusts being FTs, we may need to talk about making an acquisition and we are exploring this possibility. We cannot do it on our own and will also have to explore how our strategy fits around this. We are planning 10% savings and looking at how we can be more efficient.

CE concluded that there will be more discussion on this subject at a future meeting.

3 ITEMS FOR INFORMATION

3.1 Finance Report – July 2010

LB

This item was taken as read.

3.2 Performance Report – July 2010

MG

This item was taken as read.

3.3 FTGA's Questions are the Answer – to be tabled

CM

FTGA's Questions are the Answer was tabled at the meeting.

4 ANY OTHER BUSINESS

CE

None.

5 DATE OF THE NEXT MEETING

The next meeting of the Council of Governors will be held on 2 December 2010.