

**Council of Governors Meeting Minutes, 14 July 2011**

**Present:**

Prof. Sir Christopher	Edwards	Chairman		CE
Eddie	Adams	Public	Kensington and Chelsea 1	EA
Lucy	Ball	Staff	Allied Health Professionals, Scientific and Technical	LB
Chris	Birch	Patient		CBi
Christine	Blewett	Public	Hammersmith & Fulham 2	CBI
Fergus	Cass	Appointed	NHS Kensington & Chelsea	FC
Cass	Cass-Horne	Patient		NB
Alan	Cleary	Patient		ACI
Edward	Coolen	Patient		EC
Samantha	Culhane	Public	Hammersmith & Fulham 1	SC
Brian	Gazzard	Staff	Medical and Dental	BG
Melvyn	Jeremiah	Public	Westminster 2	MJ
Jacinto	Jesus	Staff	Contracted	JJ
Martin	Lewis	Public	Westminster 1	ML
Charlotte	Mackenzie Crooks	Staff	Support, Administrative & Clerical	CMC
Kathryn	Mangold	Staff	Nursing and Midwifery	KM
William	Marrash	Patient		WM
Susan	Maxwell	Patient		SM
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	Appointed	Kings College	AW
Taryn	Youngstein	Patient		TY

**IN ATTENDANCE:**

Heather Lawrence	Chief Executive	HL
Amanda Pritchard	Deputy Chief Executive	AP
Dr Mike Anderson	Medical Director	MA
Lorraine Bewes	Director of Finance	LB
Catherine Mooney	Director of Governance and Corporate Affairs	CM
Sir Geoff Mulcahy	Non-Executive Director	GM
Charles Wilson	Non-Executive Director	CW

Axel Heitmueller	Director of Strategy	AHe
Andrew Havery	Non Executive Director	AHa
Matt Akid	Head of Communications	MAk
Renaë McBride	Communications Manager	RMB
Jane Tippett	Acting Assistant Director of Nursing	JT
Sian Nelson	Membership & Engagement Manager	SN
Liz Revell	Interim FT Secretary	LR
Rachel Arnold (in part)	Executive Producer, BBC	RA
Lucy Shepherd (in part)	Lucy Shepherd, BBC	LS
Samantha Vandervord (in part)	Assistant Producer, BBC	SV

<b>1</b>	<b>GENERAL BUSINESS</b>	
<b>1.1</b>	<b>Welcome &amp; Apologies</b>	<b>CE</b>
	<p>The Chairman opened the meeting by welcoming Fergus Cass who is representing NHS Kensington &amp; Chelsea and congratulated Brian Gazzard on his CBE.</p> <p>Apologies were received from: Carol Dale, Paul Baverstock, Nicky Browne, Rosie Glazebrook, David Finch, Professor Jenny Higham, Henry Morgan and Cyril Nemeth.</p> <p>He also noted that Catherine Longworth was stepping down due to being no longer a Non-executive Director of NHS Westminster.</p>	
<b>1.2</b>	<b>Declaration of Interests</b>	<b>CE</b>
	There were none.	
<b>1.3</b>	<b>Minutes of Previous Meeting held on 5 May 2011</b>	<b>CE</b>
	<p>The minutes were accepted as a true and accurate record of the previous meeting with the following changes:</p> <ul style="list-style-type: none"> <li>- SS-G noted that she was present.</li> <li>- CBi said that on page 3 he had not reported on the plasma screen and this should be deleted. What he had requested was that a notice should go above the names of the Council of Governors saying who they were. He noted that this</li> </ul>	

	<p>was now done.</p> <ul style="list-style-type: none"> <li>- page 7: it was noted that the Chairman should have discretion regarding questions on the day and that “no” should be removed.</li> <li>- Regarding the Governor/Senior Nurse Rounds on page 6 JT noted that Cass Cass-Horne had participated and WMW was still to do so.</li> <li>- Dr Mike Anderson’s correct title is Medical Director not Chief Medical Officer.</li> </ul> <p><b>Action: LR to amend minutes in line with comments received.</b></p>	<b>LR</b>
<b>1.4</b>	<b>Matters Arising</b>	
	The update as described in the paper was noted.	
<b>1.4.1</b>	<b>Westfield Community Roadshow Project</b>	<b>MAK</b>
	<p>RMB outlined the progress to date. The company had produced four videos and carried out a recruitment drive at Westfield shopping centre. The videos were on: “Welcome to the Hospital”; “Maternity Services”; “Sexual Health” services and “Becoming a Foundation Trust”. These are now on the website and the overall response had been positive with the videos having been viewed more than 2000 times. The bus had been very successful and the types of tests that were covered were outlined in the paper. The recruitment target was 300 but only 47 had been recruited so this had not worked as expected. The company guaranteed us 300 so they would do more work until we reach the target. It was confirmed that there would not be a further payment to the company for this. CBi noted that the target was probably unrealistic and HL agreed and said that this had previously been done in Oxford where there is only one hospital and Westfield attracts people from out of London and there are many hospitals. RMB thanked the Council for the funding.</p>	
<b>1.5</b>	<b>Chairman’s Report</b>	<b>CE</b>
	<p>The Chairman noted that Paul Baverstock has been unwell. According to our Constitution the Council of Governors can review membership of governors who fail to attend three meetings. Paul Baverstock has now missed five meetings. He suggested that if Paul Baverstock was unable to attend before the next elections his seat should be considered as being vacant. This was agreed.</p> <p>He also would like to remind the governors that they can claim reasonable expenses and CM confirmed that these can be claimed via the Foundation Trust Secretary.</p> <p>CE drew attention to two Monitor documents, ‘Current practice in NHS foundation trust member recruitment and engagement’ and ‘Survey of NHS Foundation Trust Governors 2010/11’ which had been circulated via email to the governors. CM will set up a small group to review ‘Survey of NHS Foundation Trust Governors 2010/11’ to see what we can learn from it.</p> <p>The document ‘Current practice in NHS foundation trust member recruitment and engagement’ will be considered by the Membership Sub-Committee.</p> <p>ACI drew attention to a paper called ‘Quality Oversight in England - Findings,</p>	

	<p>Observations, and Recommendations for a New Model' which had been published on 30 January 2008 noting that he had asked several times for this paper to be considered. CBI noted that there was a process for items to be approved to go on the Council of Governors agenda and this was via the Agenda Sub Committee. The request for this paper to be considered has been raised before and the Agenda Sub-Committee has decided not to include it. This is the system and valuable time is being taken up as this item keeps coming back. SS-G wondered whether a small library for the governors to access paper documents would be of benefit. CE said that this would be considered. BG said that he takes his role on the Agenda Sub-Committee very seriously. This paper was read by them and the Agenda Sub-Committee did not think it was valuable. He believed that it was more valuable for an ongoing debate on the current NHS. It was agreed to circulate this document electronically.</p> <p>ACI also noted that governors can no longer raise matters under AOB unless raised with the Chairman in advance. CE said this was not correct and he was happy to take matters arising at the meetings.</p> <p>CE noted that the Chelsea and Westminster Health Charity are looking for a new Chief Executive.</p>	
	<p><b>Action: CM to consider a small library for the governors to access paper documents.</b></p> <p><b>Action: The document 'Current practice in NHS foundation trust member recruitment and engagement' to be considered by the Membership Sub-Committee.</b></p> <p><b>Action: CM to set up a small group to review 'Survey of NHS Foundation Trust Governors 2010/11' to see what we can learn from it.</b></p>	<p><b>CM</b></p> <p><b>TD</b></p> <p><b>CM</b></p>
<b>1.6</b>	<b>BBC Documentary "Young Doctors; Your Life in their Hands"</b>	<b>MAk</b>
	<p>The Chairman introduced this item and gave a background to the documentary. MAk outlined further details. The programme will be filmed from 1 August and will involve seven to eight new doctors. The primary reason we are doing this is because we are a teaching hospital and this will raise our profile. Newcastle's experience was that their reputation was maintained and improved. There are always risks but we have mitigated these by putting stringent processes in place particularly around consent.</p> <p>The three representatives from the BBC introduced themselves: Rachel Arnold (Executive Producer), Lucy Shepherd (Series Producer) and Samantha Vandervord (Assistant Producer). Rachel said that this documentary had been shown on BBC3 and was the highest rating they had ever had. The young doctors will live together in a house.</p> <p>A three minute clip from the documentary was shown to the Council and CE invited governors to note and raise any concerns.</p> <p>ML asked whether the BBC can guarantee that they will protect the privacy, dignity and confidentiality of patients. Rachel replied that there is a very</p>	

	<p>comprehensive consent procedure. This is currently with MAk for review and agreement. It will be signed off by the hospital. Techniques which can be used to protect patients include blurring or hiding them. This will be dealt with on a case by case basis.</p> <p>ML asked about the reputation of the Trust and how this will be protected. Rachel replied that a Steering Committee will be set up with representatives from the hospital and they will meet once or twice a week to discuss problems. The Steering Group will also view the documentary prior to broadcasting.</p> <p>ML also asked about any derogatory comments and if those will be removed. Rachel said that the Steering Committee will view all episodes in advance but will not have editorial control. However, the BBC is committed to listening and editing accordingly. She would like to emphasise that it was a collaborative venture. She noted that in the Newcastle experience the CEO was very supportive and this had been a key part of the success.</p> <p>ACI asked how we would prevent a similar incident as was filmed during the Prime Minister's visit to Guys Hospital. Rachel said that this would not happen. We will be spending time with the departments and understanding the way they work so that when filming starts in August this would not be a problem. All the areas where filming will take place are aware of the filming and the crew are aware of practices to be followed. HL emphasised that we have been very careful in planning this. The ward sister is responsible for the ward environment not the consultants, and we have been involving them and taking great care to do so.</p> <p>TY asked whether filming would be done out of hours. This was confirmed. HL also noted that the Deanery has been involved. There was a contract with each doctor which MAk was looking at with the Trust lawyers. The most important elements were consent and reputation of the Trust.</p> <p>MAk said that the crew would be undertaking a half-day induction which would involve Health and Safety, Security and Infection Control. The junior doctors will receive specific training regarding infection control as this would be a key reputational issue.</p> <p>CBI said she has concerns as she thinks that this is risky but she assumes that the Steering Group will ensure that we are not at a disadvantage. She asked about the financial implications and MAk confirmed that there would be a fee to include the staff time but the junior doctors were not being paid. He noted that documentaries had been filmed previously at the hospital and the hospital had not been paid.</p> <p>CE asked whether there was an opportunity for junior doctors to shadow their educational supervisors (consultants) before starting work for real in the hospital on 1 August. It was confirmed that shadowing had taken place for half of the doctors and the plans for the remaining had been set up.</p>	

<b>2</b>	<b>ITEMS FOR DISCUSSION/DECISION/APPROVAL</b>	
	<b>GOVERNANCE</b>	
<b>2.1</b>	<b>Findings and Recommendations from the 2010/11 NHS Quality Report</b>	<b>HB</b>
	<p>Heather Bygraves presented the report. She said that there is a requirement by Monitor for external audit to review the Quality Account for the required content and consistency with other information. There are two mandated indicators. The Trust chose <i>C-Difficile</i> and 62-day cancer indicator. In addition, a local indicator had to be chosen by the governors. The conclusion was that the Quality Account did meet Monitor's requirements and was consistent with other information.</p> <p>This year's report was a private report although it did go to the Board, Council of Governors and Monitor. Next year there will be a public report on the external indicators audit but the local indicator results will remain private.</p> <p>She drew attention to page 18 which demonstrates that the overall outcome for <i>C-Difficile</i> was 'green'. The outcome for the 62-day cancer indicator was 'amber'. This was because they were not able to track through all the information for each patient and in some cases a number that was different from what was recorded was found. This indicator will be repeated next year and the auditors will start to do some work in October. She noted that our results are not unusual compared with other Trusts although there are some areas for improvement.</p> <p>CE asked about materiality and how this was defined. CE drew attention to the discrepancies identified such as 1 out of 193 or 1 out of 402 incorrect and noted that in financial accounts this would not be material and we would not want a risk rating to reflect this level of error. HB said that this was not defined but will be next year. She said that if errors did not cause a breach, this would not be considered material but, if an error did cause a breach, the auditors would extend the sample to the number that was required to give assurance. HB said as a result of the audit the Quality Account report on indicators had been changed from a percentage to "achieved".</p> <p>ACI noted that the second paragraph on page 2 says that this is a confidential report so he questioned why it was going to the Council. HB said that this was a routine statement that Deloitte make in their reports. BG asked what happens with missing data. HB replied that they do not conclude on it. She said that some problems arose because patients were referred from another hospital and therefore their notes were not available. This meant that the data was missing. We should, however, keep a copy on our files of important data. She did note however, that had there been more time for the audit there would have been time to obtain some of this data.</p> <p><b>The report was noted by the Council of Governors.</b></p>	
<b>2.2</b>	<b>Presentation of Annual Accounts &amp; Auditors Report 2010/2011</b>	<b>HB</b>
	LB drew the Council of Governors' attention to page 73 onwards of the Annual	

	<p>Report and Accounts. She said that there were four statements which comprised the accounts. The first one, the Annual Governance Statement was previously known as the Statement on Internal Control. She also noted the External Auditor's Report. She said there is no discretion as to how we present them as it is outlined by Monitor. The reporting was done to International Account Reporting Standards. She noted that these were the best results we have posted as a Foundation Trust. Monitor assign a rating and we have achieved the highest financial rating of 5. She is unclear about what this will be replaced with in the near future.</p> <p>The achievement was underpinned by successful implementation of Cost Improvement Plans (CIPs) as we are expecting a reduction in income. There is a 9% CIP this year and almost 100% of this has been identified. We are at the cap regarding the private patient income. It is likely that the Health &amp; Social Services Act will increase or remove this so this will be an opportunity for us. She confirmed that the cap is based on historical private patient income based on 2002 and 2003. We have less than 4% private patient income and the Marsden has 30%. She reminded the Council that we need to make a surplus in order to invest and some of the investments we have made include £25m on Netherton Grove and also a significant amount on the plant infrastructure which is important for our extended facilities and for decrease utility costs. She also noted the new adult outpatient department on the lower ground floor. Other capital costs include medical equipment and IT.</p> <p>ML asked whether we can set our own private charges. LB said it depends on the market but for patients who fund themselves we can. WM noted that this was a very commendable performance and in particular p78 -79 which he said in this environment of uncertainty was an exemplary result. He would like to pass on his congratulations.</p> <p>CE thanked CBI for noting some errors on pages 60 and 61 which were relatively minor. However CBI noted that the errata were also incorrect and the Council meet normally four times per year. Sam Culhane noted that her name was missing on page 60 and the Chairman apologised.</p> <p>The Chairman asked that the Council of Governors formally adopt the Accounts. <b>This was agreed.</b></p>	
<b>2.3</b>	<b>Auditors Report 2010/2011</b>	
	<p>HB said that this is the report that went to the Audit Committee and to the Board and the auditors had issued an unqualified opinion. AHa commented that the external audit report was as good as you can get so the Trust should be commended for that.</p>	
<b>2.4</b>	<b>Audit Committee Annual Report</b>	<b>AHa</b>
	<p>AHa presented the Annual Report from the Audit Committee. He noted that the Audit Committee covers external audit including the accounts, internal audit and fraud and certain specific governance issues such as waivers. We have reappointed Deloitte as our external auditors and have appointed KPMG jointly</p>	

	<p>with the Brompton Hospital. He drew attention to 2.2 which was the opinion. He congratulated LB on the performance of the Finance Team. He also noted his gratitude to Cathy Mooney, Director of Governance and Corporate Affairs for her oversight role. The Audit Committee work in conjunction with the Assurance Committee who considers quality.</p> <p>CE noted the opinion from Internal Audit that additional costs associated with CIPs are not always taken into account and he would like reassurance that the 9% CIP is not affected by this. LB said there was one scheme where savings were identified but when the scheme began to be implemented it was clear that investment was needed. A recommendation is that more time is spent on the planning stage.</p> <p>CE thanked AHa and the Audit Committee.</p>	
<b>2.5</b>	<b>Council of Governors Quality Sub-Committee Terms of Reference</b>	<b>CM</b>
	This item was starred.	
<b>2.6</b>	<b>Council of Governors Name Badges</b>	<b>ML</b>
	<p>ML proposed that proper name badges were available for the Council of Governors. The Quality sub-committee had recently reviewed badges for staff and it was suggested that the same size and quality were used for the Governors. He requested that the funding came from the Council fund.</p> <p><b>This was agreed.</b></p>	
<b>2.7</b>	<b>Governors' generic email account proposal (oral)</b>	<b>ML</b>
	<p>ML said that there had been a poor uptake in obtaining Chelwest email accounts and asked whether we should continue to pursue this or have a system where emails are sent through the FT Secretary.</p> <p>MJ said he thought that email was a good idea but he had not got one despite requesting it. SM said that getting the daily bulletin was very helpful and a plus to enable her to know more about the hospital. SS-G said she had had an email account for two years but had only received one email. It was noted that the governors do not have constituents' email addresses.</p> <p>CBI suggested governors@chelwest as an email address although this might add work for the FT Secretary. He found the document from IT unhelpful.</p> <p>It was suggested that email addresses should be available on the website for the relevant governors. AW asked that nominated governors could be considered differently as they have a different role and CE agreed.</p> <p>CE requested that IT are invited to come along to the next meeting of the Council of Governors to explore the best option for communication.</p>	
	<b>Action: Invite IT to attend the next meeting of the Council of Governors</b>	<b>LR</b>



	<b>and to explore the best option for communication.</b>	
<b>2.8</b>	<b>Chair Appraisal Process</b>	<b>CW (BG)</b>
	<p>BG introduced the paper. He said that both ways of the governors undertaking an appraisal of the Chairman had been tried, both meetings and email. Regarding the email only four commented and one was unrelated. SS-G proposed a meeting and it was agreed that a meeting would be convened for that purpose and that that would take place prior to the next Council of Governors meeting. CM confirmed that this would be timely as the appraisal is due in October.</p> <p>ACI said that he objected to the procedure and identified the risk of judicial review. CBI said that the role of the governors was to assess the chairmanship of the Council and this was described in section 1.2. The meeting would be very clearly set up to address this and therefore she could not see the relevance of suggesting a judicial review might be possible.</p>	
	<b>Action: BG to organise a meeting prior to the Council of Governors meeting in September to discuss the Chairman's performance.</b>	<b>BG</b>
<b>2.9</b>	<b>Annual Members Meeting Proposal</b>	<b>MAK</b>
	<p>MAK outlined the paper and informed the Council there were certain things that had to be covered which were outlined in the paper. He proposed themes around older people.</p> <p>ML agreed with care of elderly people as a theme and said there was a lot in the press at the moment. He asked if we would consider using a larger room. CE agreed with the themes and asked for an elected governor to volunteer. CBI suggested that as it was a short meeting that we would go for one theme only which was the care of the older people. HL pointed out that 50% of patients were not elderly. CE said we would take the comments away and note them.</p> <p>CE confirmed that the meeting was on 15 September.</p>	
	<b>QUALITY</b>	
<b>2.10</b>	<b>Quality Awards</b>	<b>CM</b>
	<p>CM introduced the paper and said that the governors and Mike Anderson, in the absence of Carol Dale would report on each award.</p> <p>MJ reported on the SWISH award and said that this team was very impressive. It was about taking hospital services into the community to a group that were vulnerable and at risk. It also contributes to avoiding spread of infections. They are a small team of three people who have been working with the Terence Higgins Trust with whom they have a very good relationship. It was a carefully designed project and well taken forward.</p> <p>SM outlined the award to the Tissue Viability Nurse. She said that Susan</p>	

	<p>Masterton educates and inspires people regarding tissue care. She asked that the governors on their visits should ask about pressure sores and how they are managed on the wards, ask to see the turning charts and sit on the new chairs. If any governors want to inform themselves she has the presentation.</p> <p>MA said that the Communications Team won the award as they do a great job re communication and, in particular, regarding vaccination. He said that the vaccines tend to come in late so we always have a challenge and we were lagging this winter until the Communications Team got on board and it then worked through lots of different messages.</p>	
	<b>COUNCIL OF GOVERNORS</b>	
<b>2.11</b>	<b>Council of Governors Funding Report</b>	<b>CM</b>
	<p>CM noted Section A which outlined funding to date.</p> <p>RMB requested funding for the Annual members meeting. The meeting itself costs about £1.5k but she was also asking for extra £3.5k to fund the events which were described earlier on in the meeting. It was at the early planning stages but they were looking at setting up focus groups and promoting the benefits of natural birth. CE said this fits in very well with what was discussed earlier and noted that the Royal College of Obstetricians had highlighted the need to decrease medicalisation of pregnancy. <b>The Council of Governors agreed to support the funding of the Annual Members Meeting and associated events for £5,000.</b></p> <p>ML asked about the two touch screens that had been funded by the Council of Governors. It was noted that the Health Screen had been moved to the Lower Ground Floor where it was being used quite a lot and the other one was still in the Information Zone and it was working.</p> <p>SN presented the bid for an additional recruitment campaign. She noted that this was important because of the high drop-out rate. <b>The Council of Governors agreed to support extra funding of Members Recruitment Campaign 2011 for £2,340.</b></p> <p>SN requested funding for a table and chairs in the Information Zone. <b>The Council of Governors agreed to support funding for a table and chairs in the Information Zone for £580.80.</b></p>	
<b>2.12</b>	<b>Governors' Questions</b>	<b>HL</b>
	<p>HL reported that the question was whether it was true that waiting times for appointments had increased. HL said that this was not correct. The Trust had not relaxed on the 18 week referral to treat target and there was a slight reduction of 0.1 weeks compared with last year. There is some variation within specialities with 15 showing an increase and 19 showing a decrease.</p>	
<b>2.13</b>	<b>The Friends Patient Support Project</b>	<b>SS-G</b>

	<p>SS-G introduced the paper and said that it had been a very successful project.</p> <p>The Friends had funded the salary for the organisation of this for 18 months with the hope that this would be successful and the hospital will continue the funding.</p> <p>The initiative involves a team of volunteers on the wards helping patients particularly with feeding. There are approximately thirty volunteers a day, supervised by Serena Venticonti, the Friends Patient Support Co-ordinator.</p> <p>CMC described the referral system and the button on the website which can be used to request a volunteer visit. This was launched in March/April and has been a success with ten to twelve referrals so far. She distributed leaflets describing the initiative to the Council and asked that governors would help disseminate these e.g. in libraries and GP surgeries. She said continued recruitment is a challenge and she asked governors to help promote this.</p> <p>CBI said this was very interesting and he would formally like to thank the Friends for the funding and thank and congratulate CMC for organising it. WMW asked how often volunteers visit patients? CMC said that patients come in and out so quickly so it is usually done and planned on a daily basis. ACI commented on an article in a newspaper outlining the increase in the number of patients with dementia. CE commented that the aging population is changing in the UK and life expectancy is increasing by five hours per day. He noted the need to think about this in the context of the community.</p> <p>HL outlined the integrated care organisation (ICO) involving Kensington, Chelsea, Westminster, Fulham and Hammersmith PCTs. The pilot was covering diabetes and frail elderly. The aim was to improve continuity between GPs and hospital doctors. She also noted that we have a hospital group looking at dementia. As part of the ICO, multi-disciplinary groups were meeting to improve care and reduce readmissions.</p> <p>CE said that this was a very interesting first step and wondered how we could learn from volunteers. He commented that the situation at Mid-Staffordshire Hospital would not have happened if there had been an army of volunteers out there observing and feeding back. CMC confirmed that she is looking to develop social groups. In the meantime she does get informal feedback which she follows up and perhaps this needs to be more formalised.</p> <p>CE asked for a report to come back to the Council in six months time on progress with this initiative.</p>	
	<b>Action: To provide a report to the Council in six months time on progress with this initiative.</b>	<b>TBC</b>
	<b>Action: Governors to assist with distribution of leaflets.</b>	<b>All</b>
<b>2.14</b>	<b>Governors/Senior managers Patient Round Update</b>	<b>JT</b>
	<p>CBI reported on a 4½ hour tour of all the hospital's HIV and sexual health clinics. He said he was very impressed with the enthusiasm of the staff. CE said it was a very useful report and he thanked the governors for participating in these visits. He noted the next dates. The Council agreed that this was a very useful</p>	

	way of governors to see what was going on.	
<b>2.15</b>	<b>Membership Development and Engagement Strategy</b>	<b>SN</b>
	SN noted the focus on recruitment and engagement in areas with low representation. CBI congratulated SN on this strategy which was a big improvement to previous ones as it was much more focused. He noted that on page 4 the total of joiners should be 2008, not 1355, and the total of leavers should be 2694, not 1228. He also said that it would be more helpful if the changes in membership figures were shown in the form of graphs. He noted that the graph on page 13 was more useful than previous information.  <b>CE concluded that the Council of Governors supported the strategy.</b>	
<b>2.15.1</b>	<b>Membership and Engagement Calendar of Events</b>	
	SN noted that this supported the strategy document. She would like comments from governors on this and also information particularly if events are going on in the community. <b>Action: Governors who attended events to provide SN with comments.</b>  CE commented that this is useful and helpful if we could use our intelligence to get to the wider community.	<b>All</b>
<b>2.16</b>	<b>Membership Report</b>	
	SN noted that this had been redesigned. CE drew attention to 8.1 where it should read considerable not considerate. He thanked SN for all her hard work.	
<b>2.18</b>	<b>Open Day Evaluation Report</b>	<b>RMB</b>
	RMB thanked the Council of Governors for funding this and ML and SM for being on the groups and, in particular, SM on the day for her enthusiasm. We had tried to attract younger people and CMC had done a particularly good job. We are not sure of the numbers who had attended because the clicker had failed but we had recruited 75 new members. She had particularly wanted to thank Jacinto Jesus and the ISS team who had done a great job. CE commented on how successful the escalators had been. CBI said it was a wonderful Open Day. He would be interested to know which newspapers had reported on it and how many column inches there had been. ML expressed his thanks to the Communications Team. <b>Action: MAk to inform CBI which newspapers had reported on the Open Day and how many column inches there had been.</b>	<b>MAk</b>
<b>3</b>	<b>ITEMS FOR INFORMATION</b>	
<b>3.1</b>	<b>Finance Report – May 2011</b>	<b>LB</b>
	This item was taken as read.	
<b>3.2</b>	<b>Performance Report – May 2011</b>	<b>AP</b>

	This item was taken as read.	
<b>3.3</b>	<b>Annual Report of the Voluntary Services &amp; Work Experience Department</b>	<b>CMC</b>
	This item was taken as read.	
<b>4</b>	<b>ANY OTHER BUSINESS</b>	<b>CE</b>
	<p>CE asked the Council of Governors to particularly note the Annual Report on Volunteers which he warmly recommended they should read.</p> <p>He also said this would be LR's last meeting and he would formally like to thank her for all her hard work.</p> <p>CBI wanted to draw attention to some comments in the Performance Report and noted the poor performance on discharge summaries.</p>	
<b>5</b>	<b>DATE OF NEXT MEETING</b>	
	The next Council of Governors meeting will take place on Thursday, 15 September at 3pm.	