

**Minutes of the Full Council of Governors meeting  
Thursday 4<sup>th</sup> August 2011, 6.00pm, Clinical Education Centre,  
Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mrs Kacey Akpoteni	Public Elected Governor	Rest of the West Midlands
Mr John Balmforth	Public Elected Governor	Halesowen
Mrs Jane Beard	Public Elected Governor	Halesowen
Mrs Rosemary Bennett	Public Elected Governor	Central Dudley
Ms Pamela Boucher	Appointed Governor	DGOH Volunteers
Mr Richard Brookes	Public Elected Governor	Brierley Hill
Mrs Gill Cooper	Appointed Governor	Dudley NHS Acting Chair
Mr Ian Dukes	Staff Elected Governor	Medical & Dental
Ms Catherine Earle	Public Elected Governor	Stourbridge
Mr John Edwards	<b>Chair of Meeting</b>	DGOH NHS FT
Mr Bill Etheridge	Public Elected Governor	North Dudley
Mr Phil Higgins	Appointed Governor	West Midlands Ambulance Service
Mr Rob Johnson	Elected Governor	Halesowen
Mrs Diane Jones	Public Elected Governor	South Staffordshire
Prof. Linda Lang	Appointed Governor	Wolverhampton University School of Health & Wellbeing
Mr David Ore	Staff Elected Governor	Non-clinical staff
Mr Graham Russell	Staff Elected Governor	Nursing and Midwifery
Mr Roy Savin	Public Elected Governor	Stourbridge
Mrs Pat Siviter	Public Elected Governor	Wyre Forest
Mrs Jane Southall	Staff Elected Governor	Nursing and Midwifery
Mr Peter Totney	Public Elected Governor	Brierley Hill
Mrs Mary Turner	Appointed Governor	Dudley Council for Voluntary Services
Mr Harvey Woolf	Public Elected Governor	North Dudley

**In Attendance:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mrs Liz Abbiss	Head of Communications & Customer Relations	DGOH NHS FT
Mr Paul Assinder	Director of Finance & Information	DGOH NHS FT
Mr David Badger	Deputy Chair	DGOH NHS FT
Mr Chris Bayliss	Member of the Public	BT
Mr Richard Beeken	Director of Operations & Transformation	DGOH NHS FT
Mrs Helen Board	Membership & Governor officer	DGOH NHS FT
Ms Paula Clark	Chief Executive	DGOH NHS FT
Mr Jonathan Fellows	Non-executive Director	DGOH NHS FT
Ms Heather Large	Reporter	Express & Star
Mrs Denise McMahon	Nursing Director	DGOH NHS FT
Mrs Tessa Norris	Director of Community Services & Integrated Care	DGOH NHS FT
Mr David Orme	Chairman	Dudley LINK
Ms Nicola Plant	Staff member	DGOH NHS FT
Ms Annette Reeves	Head of Human Resources	DGOH NHS FT
Ms Julie Walklate	Staff member	DGOH NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Nazir Ahmed	Public Elected Governor	Brierley Hill
Mrs Jane Beard	Public Elected Governor	Halesowen
Mrs Ann Becke	Non-executive Director	DGOH NHS FT
Mr David Bland	Non-executive Director	DGOH NHS FT
Cllr Lesley Faulkner	Appointed Governor	Dudley MBC
Mr Neal Gisborne	Appointed Governor	Summit Healthcare (Dudley) Ltd
Mr Simon Hairsnape	Appointed Governor	Worcester PCT
Mrs Joanne Hamilton	Shadow Staff Elected	Community Services
Mr Paul Harrison	Medical Director	DGOH NHS FT
Cllr Anne Hingley	Appointed Governor	Wyre Forest DC
Mr Atif Janjua	Public Elected Governor	Central Dudley
Prof Martin Kendall	Appointed Governor	University of Birmingham Medical School
Mr Richard Miner	Non-executive Director	DGOH NHS FT
Mrs Janet Robinson	Public Elected Governor	Rowley Regis
Mrs Jackie Smith	Staff Elected Governor	AHP & HCS
Mr Terry Venables	Staff Elected Governor	Partner Organisations' staff
Mr Steve Waltho	Public Elected Governor	Brierley Hill
Mrs Kathryn Williets	Non-executive Director	DGOH NHS FT

**1. Presentation on Adult Community Services**

Tessa Norris gave a presentation on the work of the community services team and explained the close pathway working that is being developed including the launch of the virtual ward. She also highlighted the work of some specialist nursing teams both large and small including the Macmillan nurses. She updated the Council on the large amount of project work that had been completed in advance of the move across and was happy to report that the transfer had been virtually seamless with few issues arising. She continued by saying all aspects of risk, assurance and safeguarding were being dealt with and both staff and processes are able to fully support the activity of the teams. Further assurance checking is being overseen by contract and clinical review meetings held regularly with the Primary Care Trust (PCT) and other key stakeholders. Community services reporting within the Trust committee structure includes the Patient Safety Group, Risk Committee and internal Directorate meetings all of which report directly to the Board of Directors.

Tessa updated the Council that from the 1<sup>st</sup> June 2011 she had taken the responsibility for the Clinical Specialist Support Services Directorate creating a leaner management structure and underpinning performance assurance. Following the successful transfer, the focus is now on transforming the services to integrate fully into the overall working of the organisation to create efficient and effective patient pathways. She reported the first services to be transformed include community contraception and sexual health and genito urinary medicine, tissue viability who are both prioritising integration and innovation. Tessa then invited questions from the Council.

Professor Linda Lang asked how services were prioritised for future development as part of the transformation work.

Tessa Norris replied they had adopted the Lean Action Week (LAW) approach where so far 15 community services teams including wards and specialist nursing teams had been involved to identify and prioritise. In addition, two showcase teams for the 'Productive Series' and the LAW activity had identified a desire from staff for it to be rolled out wholesale across all community nursing teams. This was launched in July with implementation from 1<sup>st</sup> August 2011. Tessa concluded by saying the Trust is launching a project for community IV therapy, parental nutrition and chemotherapy.

David Orme (Dudley LINK) acknowledged the work of the Transformation Board and his involvement in the work of that Board that included the transfer of the risk register to the

hospital and asked what connection with the public will be retained to assure that their concerns continue to be addressed.

Tessa replied it is of key importance that the public remain involved and one way this will be achieved is by regular, almost real time surveys across all service areas. Additionally, the Trust is developing ways to effectively use community engagement activities such as governor events, patient forums, displays and formal consultations in the event of major service change. She concluded by saying that any changes to services so far have been minor.

Liz Abbiss added the new structure is also driving development of strategy to fully support Patient Experience. The Trust has recently launched the Patient Experience and Quality Steering Group, chaired by Non Executive Director David Bland, which will include governor representation and will involve LINK.

Peter Totney asked where the community services are based.

Tessa explained that the management base is at Russells Hall Hospital with services delivered from the same community places as before – namely Brierley Hill and Stourbridge Health and Social Care Centres, facilities attached to GP practices and Health Centres across the area.

Peter Totney then asked how does the Trust know that the remote service delivery model is fully occupied.

Tessa explained that all activity is monitored and she and her staff regularly go out and complete clinical visits. She continued to say that activity levels were monitored against contracted activity targets as well as targets relating to quality indicators, mandatory training and incidents.

6.30pm Bill Etheridge arrived.

Chris Bayliss (member of the public and NHS account manager for BT) asked if the Trust is considering any technology solutions to drive clinical efficiency and effective communications in this area.

John Edwards replied the Trust is currently conducting a wholesale review of IT and voice infrastructure and how it can be used to support teams across the organisation including community services.

Phil Higgins commented the transformation works had synergy with the development of the ambulance services and asked what the Trust Transformation Board is prioritising.

Tessa Norris replied there were parallels to be drawn and LAW activity has recently prioritised urgent care and triage assessment which should impact positively on the integration and pathway development with West Midlands Ambulance Services Directory of services and NHS pathway work.

Gill Cooper in her capacity as Interim Chair of Dudley PCT asked for it to be placed on record her acknowledgement that the transfer had been smooth and the Trust had a right to be proud of its achievements so far including the emphasis on quality and efforts of all involved to ensure the teams felt welcomed.

John Edwards acknowledged the supportive statement from Gill Cooper and asked for his appreciation of the work done by all to be noted.

## **2. Welcome, introductions & apologies**

John Edwards, Chair, opened the meeting and welcomed members of the public and press and noted the good turnout. He reminded all to ensure they had signed in.

There was no Declaration of Interests received.

## **3. Governor welcome and goodbye**

John Edwards explained that a number of Governors will reach their end of term of office by 30<sup>th</sup> September 2011. He thanked all Governors on behalf of the Trust, who may choose to stand again or not, for all their hard work and commitment to the role. He wished those standing again the best of luck in the elections to be held later in the year. He concluded by noting his personal thanks for making him feel so very welcome in the role of Chairman which he finds endlessly fascinating and interesting.

## **4. Minutes from previous Council of Governors meetings**

Enclosure 1

The minutes from the meeting held in April 2011 were accepted as a true and correct record and these were signed by the Chair with one amendment to note that Denise McMahon was present.

## **5. Matters arising**

### **5.1 Performance report Q1 (enclosure 2) & update on C. Diff**

Paul Assinder asked the Council to receive the Q1 report and explained the financial figures were a positive reflection of what is a difficult time of the year. The end of quarter position on cost improvement is slightly ahead of target for the £12m for the year. He noted he had cautioned the board that any gains earlier in the year could easily be lost in the final part of the year that covers the winter period. He continued by explaining Monitor measure two indicators now (not three) that include Finance and Governance, the latter of which now includes Mandatory Services which had previously been a separate indicator. Clinical activity for Q1 is marginally lighter than the same quarter last year but outperforming the plan agreed with the PCT. Paragraph three of the enclosure shows a good position in relation to the risk rating position with a score of 3.5 against a planned position of 3.15.

Paragraph 4 - Paul explained the Governance indicator comprised four elements –

- performance against standards and national targets
- rating issued by CQC (Care Quality Commission) and NHSLA (NHS Litigation Authority)
- Mandatory Services measures
- Other certifications

The Trust is performing relatively well against all elements with the exception of the infection control measure, paragraph 4, item 1. He reported the Trust has historically performed well in this area and consequently has been set one of the lowest targets for C. difficile infections in the West Midlands. The Trust has a well developed monitoring regime described to Governors previously. He asked Governors to fully review the detail in appendix 2 of the enclosure. This provides an update on the actions that are now complete following the unannounced visit of CQC earlier in the year. The CQC are in receipt of all this information and will inform Monitor who in turn will review the amber/red rating. Paul concluded the rating is expected to return to green.

John Edwards thanked Paul for the update, and from a Board perspective he was assured the figures were robust. John then invited questions from the Council.

Bill Etheridge asked when the Trust could expect to receive the revised rating based on completion of everything that could have been done now complete.

Denise McMahon replied the Trust should be receiving notice of the revised rating shortly.

David Ore asked for clarification of how the Trust planned to save £12m in this financial year.

Paula Clarke explained that in addition to corporate actions all Directorates had been involved in developing the savings plan. Areas identified include items such as reviewing PFI arrangements, reducing the staff food subsidy from 36% to 20% and using LEAN methodology to streamline pathways and take wastage out of the system. One such initiative the Trust has developed is the ERP (Enhanced Recovery Programme) to reduce LoS (Length of Stay) for a growing number of patients and increasing the number of procedures that are completed on a day case basis. Work is also being done to make the discharge process more efficient. All work undertaken to achieve savings as part of the CIP (Cost Improvement Programme) emphasise patient safety and undergo a risk assessment by Clinical leads in conjunction with both Paul Harrison and Denise McMahon. Monitor has input and the SHA (Strategic Health Authority) also require assurance that CIP is not adversely affecting services. She concluded by saying there is no plan to cut services at this stage and confirmed that £12m has been identified and will provide an update on progress against this target to the next full Council of Governors meeting.

Paul Assinder explained the Trust income had been trimmed by 4% plus inflationary pressures meant we were having to do 'more with less'.

Paula Clark added the Trust staff are taking this on board and continued by saying there is still work to do in relation to improving staff efficiency and improving sickness levels.

Paul Assinder then made the point that compared to the same quarter last year Trust spending on agency staff was £600k less. This had been achieved by appointing more substantive posts which also gives a better outcome for patients.

John Edwards explained that the Non Executive Directors take a keen interest and are assured that the Nursing Director and the Medical Director continue to ensure that the Trust continues to deliver a safe and quality service. He acknowledged the efforts made to achieve the drastic reduction in agency staff. John concluded by saying the years ahead will get tougher and the Trust will need to maintain a diligent approach to increase efficiency.

Denise McMahon voiced her disappointment in seeing increased incidences of C. Diff at The Dudley Group but other trust are in a similar position. There are a variety of strains coming in with patients and there is very little cross infection occurring in the hospital. Where incidences have occurred, the Trust has declared an outbreak and worked closely with the HPA (Health Protection Agency) and the SHA (Strategic Health Authority) to ensure all that can be done has been done. She continued by saying the Trust had established an isolation ward that allows staff to focus on providing a high level of care to affected patients in one place. The action plan, contained in appendix 2 of enclosure 2 has been sent to the CQC and the Trust will continue to hold key meetings with nursing staff, community staff and GP's to ensure all avenues are covered off.

Peter Totney commented that the enclosure was littered with acronyms and asked that the full name be set out clearly at the top of each page and all future documents to be de-jargoned.

John Edwards replied it is easy to get relaxed about using acronyms when you work in a particular industry all the time and asked all contributors to make every effort to de-jargon documents intended for Governor use.

## **6. Appointments Sub Committee update**

Enclosure 3

Harvey Woolf, Chair.

Harvey presented the enclosed document for review by the Council of Governors and invited fellow Appointment Committee members to raise anything not contained in the report. He emphasised the importance of the lead role of Governors in the NED (Non Executive Director) appraisal process, which appears to be unusual in FTs. Harvey noted that the evidence for the appraisals had been collected from a wide range of sources. He was pleased it had proved an effective process.

David Badger explained that in his professional life to date he had experienced several different types of appraisal processes. In his view the process developed by the Appointments Sub Committee was a refreshing approach to use but thought the limited number of responses from Governors raised questions about Governor and NED interaction concluding this is an area for improvement and future workshop sessions and other activities should help in this regard.

Fellow Appointment Sub Committee members John Balmforth and Martin Kendall noted they had nothing to add.

John Edwards thanked Harvey for a good report adding he also has experience of differing appraisal schemes and supports the process devised by the Sub Committee and is mindful there is always room for improvement.

## **7. Update from the Communications Sub Committee**

Enclosure 4

Darren Adams presented the enclosed document for review. He advised all present the next meeting of the Sub Committee is at 10.00am on Monday 8<sup>th</sup> August 2011 and invited all Governors to attend.

## **8. Patient Experience year end report 2010/11**

Enclosure 5

Liz Abbiss asked the Council to receive the year end Patient Experience report. She asked the Council to note the 9% reduction in complaints received by the Trust compared to the previous year adding an increase of 9% in the number of PALS concerns received indicating that more were being dealt with more efficiently.

Liz went on to explain that the Patient Experience Steering Group had been refreshed and reformed to create the Patient Experience and Quality Steering Group chaired by Non Executive Director David Bland. The steering group will continue to have Governor representation. She then proposed to the council that nominations to this group from the Council will be sought once elections have completed later in the year.

John Edwards thanked Liz for her update and asked if there were any questions arising on the body of the report.

Peter Totney asked what the NHS Choices graph on page 8 meant.

Liz Abbiss replied it illustrated the comments left by services users on the NHS Choices website for each of our sites during the financial year.

John Edwards suggested the graph could be remodelled to present the information more appropriately in future reports.

Bill Etheridge stated he thought that it was fantastical to have such a low level of complaints (0.05%) and asked if the Trust is doing everything it can to make it easy for patients and their families to registers concerns and complaints.

Paula Clarke replied the 0.05% level of complaints received against a patient activity level for the year of 714519 is par for the course in the NHS.

Gill Cooper concurred with this comment.

Paula explained that we display posters everywhere around our sites and it is something that the CQC check on.

John Edwards informed the Council that the Board of Directors regularly focus on patient views and how we capture and weigh the information we receive, which on occasion can bear little relation to the treatment actually received.

John Edwards then returned to the proposal to seek governor nominations for representation on the Patient Experience & Quality Steering Group later this year once the elections have concluded and the full Council is in place. He added he was happy to endorse this process if the Council were in agreement. All present agreed with this proposal.

## **9. Update from Service Strategy Development Working Group**

Enclosure 6

John Balmforth, Chair, presented the enclosure for information.

Paula Clarke clarified that the item relating to the vascular screening, item 2 at bottom of page 1, actually comprises two parts – vascular screening and vascular surgery. Our Trust has been asked to tender for the provision of vascular screening services. The vascular surgery aspect is where the SHA need to ensure the clinical staff and surgeons have sufficient volume of cases each year to retain the required skills and do not necessarily need to be at the same facility. Paula concluded that with the correct screening services in place it should greatly improve outcomes for patients and reduce the number of A & E instances requiring urgent, and often riskier, triple bypass surgery.

Rob Johnson asked for clarification whether the plan is about increasing the planned procedures and what sites will be involved.

Paula replied the focus would be on screening to increase the number of planned procedures. The sites involved include Birmingham, Coventry and Wolverhampton. Our Trust has the vascular lab and can support the intricate radiology required – we generally have very good outcomes.

Richard Beeken added the Trust was also considering applying to become a specialised trauma unit as part of the regional review process.

Phil Higgins asked if this had the support from Clinical staff in that area.

Ian Dukes replied this was the case.

Richard Beeken said the process includes a wide range of staff across the organisation who will participate in the application process.

Rob Johnson then asked how much of an issue it is that only 97% of patient files are where they should be in relation to patient appointment time, impact on clinics and what the action plan involved.

Paul Harrison replied whilst he would like a solution to achieve 100% of all files in the right place at the right time, he is acutely aware the situation is very complex and will take time to resolve. Digitising the whole set of patient notes using Electronic Patient Records (EPR) would greatly improve the situation.

Paula Clark added that the Board are pushing hard to implement an EPR system and working closely with IT.

Pamela Boucher added hospital volunteers contribute greatly to getting stray records to where they should be.

Tessa Norris explained that there is an action plan in place to address health records which in the short term is seeing results by 'weeding' unused files to free up shelf space and declaring a file 'amnesty'.

Pat Siviter asked how we compare with national performance.

Richard Beeken replied we are slightly worse by 1%.

David noted that the work being done represents an improving situation.

John Balmforth advised the Council that further meeting details are available from the Foundation Trust office.

## **10. Update from Governor Development Group**

Enclosure 7

Rob Johnson presented the above enclosure for information adding the primary work of the group in the coming months would be centred on the recommendations and actions arising from the Deloitte report. He added that some of their recommendations had already been put in place including the reinstatement of Full Council agenda planning meetings as mentioned earlier in the evening by John Edwards. Plans are also in place to re-instate Council meetings with the Trust Board. He concluded by explaining next steps will also involve developing a framework of Primary and Secondary Governance. An initial meeting to discuss this is scheduled for later in the month with Jonathan Fellows, Non Executive Director, who has experience in this regard.

Phil Higgins asked about the proposed enhanced role for Governors as part of the Health and Social Care Bill.



Rob Johnson replied he is aware there will be changes but these are not yet finalised and will await publication of the Bill adding that every effort will be made to ensure that any potential Governors will be advised appropriately.

Linda Lang commented that some work had been done earlier in the year by a Task and Finish Group to develop the Governor Induction pack.

Rob Johnson acknowledged the work of the group had contributed to the development of the Governor Information Pack provided to potential Governors, the Governor Induction pack issued to new Governors and the recently re-launched Governor online Portal

## **11. Foundation Trust Membership report**

Enclosure 8

Liz Abbiss presented the report for information. Liz explained the figure of 11,800 excluded our staff Members adding that we aim to recruit around 1000 new public Members by the end of the financial year to meet planned targets. She confirmed that our current Membership is broadly representative of the community served. Liz pointed out that we will always appear underrepresented in areas such as the constituencies of the Rest of The West Midlands and to a lesser extent South Staffordshire concluding that the focus of recruitment activity is presently 22 to 39 year old age group and the BME (Black Minority & Ethnic) sectors.

## **12. Constitution review**

Enclosure 9

The Chair explained that the review of the Trust Constitution had been undertaken by a Task and Finish Group comprising Trust Executives, Non Executives and Governors and debated by the Full Council at the Extraordinary meeting held in July and the Trust Board of Directors.

The Council were then asked to ratify the decisions of the Extraordinary Full Council Meeting held 18<sup>th</sup> July 2011. The details of the discussion held at the meeting and the items approved are contained in enclosure 9 prepared by Paul Assinder.

The Chair continued by saying there are three key sections to be ratified including;

- Change of name
- Proposed changes to the constitution body text, Tendering procedure and annexes numbered two, six and eight
- Annex four that reviews the composition of the Council of Governors

The Chair then asked those present to ratify the decisions of the Extraordinary Full Council meeting by formally endorsing and approving the individual sections as above.

All present agreed without dissension to ratify the proposed amendments to the sections as above.

## **13. Petition on withdrawal of staffed catering facilities**

Enclosure 10

Richard Beeken presented the enclosure and noted that the Trust Constitution clearly sets out that any petition received by the Trust should be taken to a meeting of the Full Council and receive responses from the Council. He confirmed the Trust had received a petition entitled 'withdrawal of catering facilities' that lists around 1000 signatories from patients, carers and staff.

Richard explained the Trust had no plans to withdraw catering facilities at any of the three sites and stressed that the review has focused on providing food services in a different way. He continued by explain the background to the Trust's decision to withdraw staffed catering facilities. The Trust has to achieve a £12m cost efficiency for the financial year 2011/12, none of which will be taken from patient facing care. The Trust has worked with their PFI partner to achieve a saving of £28k by changing from staffed to unstaffed facilities at the Guest Hospital and at the Russells Hall Hospital site during the night. Richard added the vending services will still provide a varied selection of both hot and cold food and drinks available as detailed in enclosure 10. Richard then invited questions from the Council.

John Balmforth asked what difference the petition would make to the Trusts decision.

Richard Beeken replied the views of all those involved and affected by any change was part of the process at the time of change and this instance financial savings are paramount to the ongoing sustainability of the organisation adding that £28k could meet the salary bill of a junior nurse. Richard concluded with assurances that the food service was not being withdrawn but offered in a different way.

Gill Cooper asked if catering facilities at all three Trust sites had been reviewed.

Richard Beeken confirmed that they had as well as the level of subsidy the Trust offered to staff. This has been reduced from 36% to 20%.

Bill Etheridge commented it was often difficult to get names on a petition and asked Richard to clarify that the proposed changes will go ahead and what the Trust will do in the event of receiving another petition.

Richard Beeken said the position was not negotiable and the services will be changed from staffed to unstaffed adding that the Trust was not withdrawing any food services and re-iterated that a wide range of food and drink, both hot and cold will still be available.

John Edwards remarked that the Constitution was not prescriptive in relation to petitions received adding that the view of Governors, staff and members of the public alike are taken into consideration concluding that the Council is not able to veto any decision made by the Trust Board.

David Ore commented that the Trust PFI partner makes a loss on providing catering facilities at the Guest site and asked if it was a side to the argument that others may not be aware of.

John Edwards replied by saying the profit made or otherwise by the PFI is not of concern to the Trust, only savings the Trust can make.

Paula Clarke added that none of these decisions are easy and ideally patients and carers should be at the Guest site for a short period of time and vending facilities should prove adequate.

David Badger added that a dedicated in-house group had been set up and much discussion was held with many interested parties. Whilst the Board of Directors has approved the decision, Governors views will be considered along with those of patients, carers and staff.

John Balmforth asked if the range of food available is suitable to meet the needs of differing dietary requirements.

Richard Beeken confirmed it is intended to make the food provision suitable for dietary requirements of most people.

Bill Etheridge commented that he applauded the cost savings the Trust was achieving but thought that the 'elephant in the room' is that petitions are brought to the full Council and in all reality can make no difference and proposed those present vote on changing this.

8.00pm Pam Boucher left the meeting.

Rob Johnson said he thought it was not appropriate to vote on this without sufficient discussion being held in another forum.

John Edwards concurred with Rob adding he was in support of further discussion on this point and drew the discussion to a close by saying the provision of food to meet differing dietary requirements will be raised and thanked all for their input to the discussion.

#### **14. Corporate Governance**

Enclosure 11

Paul Assinder explained the enclosed documents entitled 'Governor Code of Governance' and 'Role of Staff Governors' had been developed in conjunction with the Governor Development Group and were now being brought before the Council for formal approval. He then asked if all present were content to ratify them. All present agreed.

#### **15. Any other Business**

##### **- Long service awards**

Jane Southall asked the Council to note the appreciation felt by staff regarding the re-instatement of these awards. She explained that 1300 had been awarded to date including 60 to staff who had served for 25 years or more. She added this also served as an indicator of the level of experience of a good number of our staff and reflects good staff retention.

Paula Clarke explained the awards are given at each 5 years of service and staff receive a certificate and a badge in recognition as the Trust is not allowed to give cash. Annette Reeves or herself host a tea and hand the awards out at that time.

John Edwards thanked Jane for raising this item adding the Board are in full support of the award scheme.

#### **16. Date of next meeting**

John Edwards thanked all for attending and closed the meeting at 8.10pm.

The next meeting will be held on Thursday 8<sup>th</sup> December 2011 at 6pm in the Clinical Education Centre, Block C, Russells Hall Hospital.

John Edwards, Chair of meeting

Signed..... Dated .....