Dorset County Hospital NHS
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS GENERAL MEETING
(No 19) 28 July 2011 Brownsword Hall, Poundbury, Dorchester, Dorset commencing at 2.00pm

Attendance register
Dr Jeffrey Ellwood - Chairman (Ch)

Elected Governors (Public) – Attendees
Fran Biley (FB) – West Dorset
Paul Nelson (PN) – North Dorset
David Reason (DR) – West Dorset
Colin Dann (CD) – North Dorset
Mr Patrick Jeffery (PJ) – West Dorset
Sue Bruce-Payne (SB-P) – Weymouth & Portland
Jo Bowkett (JB) – West Dorset
Andy Hutchings (AH) – Weymouth & Portland
Wendy Nightingale (WN) West Dorset
Michel Hooper-Immins (MH-I) – Weymouth & Portland
Bill Mitchell (BM) – Weymouth & Portland & Lead Governor

Elected Governors (Public) – Non Attendees
Malcolm Shakesby MBE (MS) – Purbeck
Derek Julian (DJ) – Weymouth & Portland
Peter Coghlan (PCo) – Christchurch, Poole & B'mth

Elected Governors (Staff) – Attendees
Susan Browne (SB)
Dr Duncan Farquhar-Thomson (DF-T)
Tracey Glen (TG)

Appointed Governors – Attendees
Nigel Pennington (NP) – Friends of DCHFT
Peter Wood (PW) – Age Concern
Andy Cooke (AC) – DCC
Mark Robson (MR) – SW Ambulance NHS Trust
Amanda Gallaher (AG) – NHS Dorset
Jason Cridland (JC) – Weymouth College
Fran Leaper (FL) – Weldmar Hospicecare Trust

Appointed Governors – Non Attendees
Simon Bishop (SB) – Dorset Kidney Fund

Board of Directors – Attendees
Jean O'Callaghan – Chief Executive (CE)
Bill Boa – Director of Finance & Resources (DF&R)
Dr Peter Camm – NED
Patricia Miller – Director of Operations (DOp)
Roderick Knight – Vice Chair NED
Alison Tong – Director of Nursing and Quality (DN&Q)
Peter Knell – NED

Board of Directors – Non Attendees
Dr Nick Hateboer – Medical Director (MD)
Peta Turnbull – NED
Tracy Peters – NED
Jane Reid – NED
Mark Power – Director of Workforce & HR

In attendance
John Yeoman – Trust Corporate Business Manager (TCBM) (Minutes)
Margaret Godfrey – Trust Secretary (TS)
Clare Damen – Divisional Manager for Surgery (DMS)
Andy Ball – Consultant in Anaesthetics and Critical Care

The Council of Governors (CoG) meeting was advertised within the Dorset County Hospital NHS Foundation Trust (DCHFT) website membership section at www.dchft.nhs.uk.

External attendees comprised representative of Dorset Echo and registered members.

Agenda Ref

1. Chairman's Opening Remarks (Agenda Item 1)

1.1 The Chairman welcomed Governors and especially the new Appointed Governor for Weymouth College – Jason Cridland.

Dr Andy Ball, Consultant in Anaesthetics and Critical Care at DCH was introduced to the Council, who was making a presentation to the Governors, on the new piece of software and equipment called VitalPAC.

Following Dr Ball's presentation, the Council of Governors would resume the Agenda.

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2. VitalPAC– presentation by Dr Andy Ball, Consultant in Anaesthetics and Critical Care

2.1 DCHFT has for some time recognised that staff, need to be able to identify and recognise patients' vital signs as soon as possible. Approximately 6-7 year ago the Trust introduced alert training for nurses and junior doctors to seek senior clinical help as soon as it was necessary.

Other Trusts have used critical care outreach nurses from ICU on occasions when a patient is deteriorating and requiring critical assessment, but this impacts on the manpower of that particular unit and is costly if additional manpower has to be employed to provide this service.

With the introduction of the new EU working time regulations for junior medical staff, which reduced the number of hours that clinicians could work, this affected the continuity of medical help.

Portsmouth University Trust and The Learning Clinic have developed a unique clinical software system called VitalPAC that enables nurses and doctors to record important clinical data at the bedside, analyse it instantly, and summon help when needed. The cost to the Trust is approximately £300k.

2.2 VitalPAC makes sure that patients are properly monitored, as often as needed, whilst in hospital. It sends messages to senior colleagues if a patient deteriorates and tracks their response. Ultimately, VitalPAC helps clinical staff identify deteriorating patients earlier, enables faster interventions, reduces complications and helps prevent unnecessary deaths.

VitalPAC is used in many hospitals across the UK. Since introducing VitalPAC, these hospitals have seen:

- Fewer ICU admissions
- Shorter lengths of stay
- Lower mortality rates

VitalPAC improves outcomes and, because it's easy to use, staff, quickly adopt it. Training is easy and, once completed, clinicians can spend more time with patients and less time filling out forms. VitalPAC reduces hospital costs as well – because patients get better more quickly and because less time is needed to collect operational data.

VitalPac provides observations, results and reports remotely and links into other clinical systems such as pathology and radiology. Clinicians can use a tablet PC at the patient's bedside or access any computer that is linked into the system

VitalPAC is a great research tool as well. Millions of observation sets have now been captured on the system and this data is being used by researchers to investigate important clinical issues. For example, the new ViEWS (VitalPAC Early Warning Score) was published in August 2010, providing the most accurate way of identifying deteriorating patients.
VitalPAC replaces Bed Charts

2.3 There are additional benefits as a result of using VitalPAC:

- Real time bed management
- Clear audit trails – observation compliance, clinical outcomes etc
- MRSA screening
- C.Difficile screening
- Cannula care
- Venous Thromboembolism assessment
- Patient's observation detail is filed electronically
- Data can be fed into National audit investigations
- The Learning Clinic will will use data to improve the system

2.4 Governors were very impressed with the VitalPAC system that was presented by Dr Andy Ball and agreed that it appeared to provide additional resources for patient safety. In response to a question about electronic records not being available if IT systems went down, Dr Webb commented that the patient's files would be used in such cases until systems came back up.

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3. Apologies (Agenda Item 2)

3.1 Apologies were received and a record of attendance taken for the Council of Governors (CoG) of Dorset County Hospital NHS Foundation Trust (DCHFT) as noted above.

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4. Governor Matters (Agenda Item 3)

4.1 PEAT CoG representative and tenure – Derek Julian (Agenda Item 3a)

With Jo Bowkett, Governor, standing down from the PEAT committee and the question of CoG representation and tenure had been raised by Derek Julian, who had asked for this issue to be placed on the agenda.

Following discussion, CoG agreed that Governors would send in their nomination if they were interested. If the number of nominations exceeds the vacancy of one place, an election by email would be organised by the TCBM and the result notified in a similar manner and reported at the next CoG. The position would hold a two year tenure and the elected representative would not hold a position on the Governor Assurance Team during their PEAT tenure.

4.2 Governor Assurance Team (GAT) (Agenda Item 3b)

The protocol for the Governor Assurance Team (GAT) formerly the Quality Assurance Team was discussed and agreed.

The GAT would consist of four Governors and split into pairs for each visit. Nominations required from Governors and if the number received exceeds four, then an election will be held.

There will be three visits per year. Each visit will be co-ordinated with the Director of Nursing and one week's notice will be given by GAT to ensure department staff are

able to meet GAT members. Concern was raised that visits would not be unannounced. DN&Q stated that departments do receive unannounced visits from the Executive Team as well as CQC and the PCT.

GAT visits will be reported to the Trust Board with an action plan for issues that have to be resolved. A report will also be given to the CoG.

4.3 National Hand Hygiene Week (Agenda Item 3c)

CE informed that DCH would be organising a Hand Hygiene Awareness week in line with a national campaign. This would take place w/c 17/10/11 and the co-ordinator is Gloria Moss, Specialist Nurse Infection Prevention and Control. It was hoped that Governors would assist and they were asked to contribute any ideas to Gloria Moss via the TCBM.

4.4 Pain Management update – Michel Hooper-Immins (Agenda Item 3d)

MH-I requested a current update on the progress of the Pain Management process. He felt that despite promises made back in July when the CoG last met, little progress had been made.

The DMS reported 347 patient episodes of pain management had been completed since she last spoke to the CoG.

There are 117 patients who have been waiting over 6 months for repeat treatment, but the trust was also looking to alternative self help pain management techniques to help these patients.

The Trust has made additional sessions available in March and April. An approach had been made to Poole Hospital Foundation Trust for additional sessions but this organisation does not have the capacity to help. Governors felt many patients would not be willing to change from their existing clinician with whom they have built up trust. Travelling substantial distance was also a major consideration.

DCHFT and NHS Dorset have been reviewing the chronic pain pathway on a weekly basis with the clinical team. It is planned by the end of September, that there will not be anyone waiting over 6 months for repeat pain management. CD was confident the target will be met and indeed the number of complaints about the service had significantly reduced.

Patients can seek clinical help somewhere else, if they so wish.

MH-I responded that he did not agree that significant progress had been made and that patients to whom he had spoken were disillusioned and he felt the situation was still serious.

AH asked if there had been any discussion about the funding of a third Consultant. The CE said there had not been any discussion and DCHFT was expected to manage the service within the financial resources it was receiving.

PJ felt there was still an unacceptable backlog and significant progress had not been made. He requested that Governors were updated at each of the CoG meetings. It was agreed that NHS Dorset along with DCHFT would provide a joint progress report at the next CoG meeting 27/10/11.

4.5 Finance Loan – Derek Julian (Agenda Item 3e)

DJ requested an explanation of why DCHFT was obtaining a loan especially when

interested had to be paid and the FT was struggling to turnaround a financial deficit.

The DoF stated a £5m loan had been sought from the National Loans Fund using the Trust Finance Facility. Interest was 2% and this equated to £130k per annum. The loan was required to purchase Capital Equipment that was ageing and if this was not replaced, major repair and maintenance costs would be incurred. DCHFT can make an early settlement without incurring administrative fees.

It was hoped the Trust could sell off the Fire Station site as soon as possible and probably by January 2012. The site is now with agents and a sale sign will be erected at the beginning of September. The sale is based on open competition and there have already been three expressions of interest in the site

4.6 Deep Vein Thrombosis screening – Derek Julian (Agenda Item 3f)

DJ stated there was national concern that hospitals were not screening patients for DVT and that Trust's were required to screen 90% of patients for the condition.

The CE responded that DCHFT is not meeting the national target but is screening 82.7% of patients. There has to be improvement and possibly one of the reasons for the Trust under scoring is the sporadic registering of the screening in patient notes. Clinicians have been asked to ensure all activity is promptly recorded.

DVT screening will be closely monitored.

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5. Approval of the Minutes of the 12/05/11 (Agenda Item 4)

5.1 The minutes were approved as a correct record.

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6. Matters Arising from minutes and the Action List (Agenda Item 5)

6.1 Item 1 DCHFT Website

The CE stated she was reviewing this matter. The FT does not have a dedicated webmaster, and the job is currently looked after by the Communication Manager who is part time and as a result, other communication takes precedence.

6.2 Item 7 Review NED and Governor development

The DW&HR along with the TS are reviewing the induction programme for NED's and Governors. Development training would also be incorporated .

7. Chief Executive Current Report (Agenda Item 6)

7.1 **Q1 Report and Activity Performance (Agenda Item 6a)**

Overall performance was improving.

Length of Stay
Elective and Non Elective length of stays are reducing with improved discharge planning and implementation of the new bed management policy. The reduced length of stay has enabled the FT to reduce the number of beds by 30, across the Trust, thus achieving cost savings.

Contractual Performance
Elective activity is under plan due to orthopaedic underperformance, but activity is expected to pick up by October. Non Elective and A&E activity has increased over plan which gives concern and this has been raised with NHS Dorset.

18 Weeks Referral
The national tolerance level for Referral to Treatment Non Admitted is 18.3 weeks and DCHFT's activity was favourable with pathways of 17.5 weeks. FT's are expected to meet the national requirement each month within the quarter.

Cancer Waiting Times
All cancer targets have been met with the exception of the 62 day wait for screening service RTT which remains a challenge. This refers to bowel cancer screening due to lack of capacity to process, and the FT has missed the 1st Qtr. It is hoped with additional slots planned across the county to manage the backlog with the Trust achieving this target from September 2011.

Emergency Department Indicators
A&E waits of 4hrs or less have exceeded the national target of 95%. Time to initial assessment is above the national target of 15mins. Work is in hand to improve this situation from the beginning of the 2nd Qtr. Overall the current performance indicates that all standards will be achieved in the 2nd Qtr.

Stroke Indicators
During June 2011 Stroke patients spent 83.3% of their time on the Stroke Unit. The Quality Accounts threshold and National Stroke Strategy target is 80% and staff are commended for their work to achieve this standard without additional resources. The Stroke team will be presenting at the Annual Members Meeting/AGM on the 6 September 2011 at the Dorford Centre, Dorchester.

Dementia
The NHS Dementia Strategy requires providers to reach a minimum level 1 standard of care. The SW Strategic Health Authority will be reviewing all Acute providers and it is anticipated this FT will be reviewed in November 2011.

Patient Safety
Mortality rates remain within the expected range.

The FT recorded one MRSA case in June against a threshold of two preventable cases for 2011/12. This case was not medically preventable. Screening of patients prior to admission is a priority.

The infection prevention and control team have an agreed programme of work to reduce Clostridium Difficile for 2011/12. The Strategic Health Authority has agreed an admissible target of 45 incidents with a stretch target of 33. 1 case was reported in June 2011and there have been 9 cases this quarter against a target of thirteen.

Hand Hygiene
Hand Hygiene rates are improving with increased focus on non-compliance and a formal process has been implemented for staff who are repeat offenders. A hand hygiene week is being planned for week commencing 17 October 2011.

Venous Thromboembolism (VTE)
Screening performance continues to improve and the number of patients recorded as having been VTE assessed in June was 82.7%. A recent audit of surgical cases showed 100% and therefore there appears to be an issue about recording the assessments, which is being addressed. The introduction of the electronic system VitalPAC at patient bedsides will improve the recording of the Trust's performance.

Contract with NHS Dorset
The contract has now been signed for 2011/12.

Transfer of Community Services
Dorset Healthcare University Foundation Trust has taken on responsibility for the community hospitals and services from July 2011.

Strategic Health Authorities (StHA)
StHA's will remain in place until March 2012, but will be clustered in October 2011(LonDN&Q, Midlands, North and South).

Bed Closure
The FT has planned to close 38 beds as part of the length of stay, improved services for patient and cost improvement programme. 35 beds have been identified so far:
9 beds Abbotsbury
16 beds Ilchester
10 beds Ridgeway
Staff will be relocated to areas where vacancies have occurred and bank staffing have been reduced.
The reduction of beds will bring the FT in line with national benchmarks on length of stay and use staff more efficiently. Governors expressed concern about these closures in the light of a disaster or winter epidemic outbreak. The CE said the FT would be able to cope with such contingencies.

PEAT has issued a satisfactory report.

The Governors raised observations regarding the report and other information that needed clarification.

Car parking charges
Car parking charges for staff will be increased from £1.00 per day to £1.50 with effect from 1 August 2011. The charge for Council car parking at the market and Park and Ride was now slightly cheaper which might encourage migration to those sites. This revised charge was comparable with other FTs.

Catering discounts for staff
Discounts would not be discontinued but the Catering Department have been asked to review their prices.

Patient's discharge arrangements
Patient pathways have been improved but discharges needed to be efficient. The FT is ensuring that discharge arrangements are planned on patient admittance rather than wait to the end of clinical care. The new Acute Physician, Michael Petrie is now assessing and approving the need for Acute clinical care. This has resulted in a 2% reduction of patients being treated in an acute environment. These patients are referred to other clinical providers e.g. GP etc.

Governors asked the CE to thank the Lead Clinician and staff within the Stroke Unit for achieving the reported improvements in patient care.

Preparation for the Olympics was progressing with all agencies either individually or through combined exercises and meetings. Several exercises are planned to test the robustness of the emergency plans. It was envisaged that the Olympic village will deal with minor injuries. Funding has been requested but not yet guaranteed. The PCT is intending to increase the hours for the walk-in centre in Weymouth over the Olympic period.

7.2 Update on the Trust's Strategic Plan 2012/2014 (Agenda Item 6b)

The CoG Strategy Development Committee has contributed to the overall plan and

several workshops have been held with staff and senior clinicians. The draft Strategic Plan will be notified to all members who will be encouraged to feedback within a consultation period. Feedback comments will be consolidated and a final draft will be discussed between the Trust Board and the Council of Governors on the 19 September 2011. The chairman thanked the Strategy sub-committee for their input.

The member's newsletter would also contain notification of the Strategy Plan consultation.

As a side issue, Governors requested that the member's newsletter should be produced more regularly and it was agreed that a quarterly publication would be produced. The Chairman asked if Membership Committee would take editorial control. The Lead Governor agreed to this, provided the FT provided some professional input. It was felt the Communications Department was under staffed . The CE stated there had to be a balance between front line staff and corporate administration and the patient was the FT's priority.

Governors requested a budget for membership communication.

[Post-meeting note: A budget of £10k for the remainder of 11/12 was agreed by the Chief Executive.]

7.3 CQC Review of Compliance – Dignity & Nutrition for Older People (Agenda Item 6c)

The Care Quality Commission visited DCH on the 27 April 2011 as part of a targeted inspection programme of acute providers and reported on the hospitals compliance regarding Dignity and Nutrition for Older People. Two wards were visited that of Stroke and Trauma

Overall the CQC found that DCHFT was meeting both of the following essential standards:

- Respecting and involving people who use the services
- Meeting nutritional needs

To maintain compliance, CQC suggested a few improvements:

- Ensuring patient food is always hot when served
- Avoiding interruption when patient's are eating
- Encourage hand hygiene by patient's before eating
- Regular and accurate completion of fluid charts
- Regular and accurate completion of Malnutrition Universal Screening Tool (MUST) charts
- Detail high risk patients in handover nursing notes

An action plan to address these recommendations was submitted on the 28 June 2011 and CQC is please with the progress and have informed Monitor accordingly.

Governors were pleased to hear CQC had been given an 'excellent in all areas' report with a few minor adjustments. A question was raised about how the FT was encouraging hand hygiene amongst patients and the DN&Q&Q responded informing the CoG that patient's were given medicated hand wipes before meals. She also informed CoG that patients unable to feed themselves were assisted.

8. Director of Finance current report (Agenda Item 7)

8.1 Q1 finance report (Agenda Item 7a)

Summary

YTD cumulative deficit of £146k against a planned deficit of £158k
Income £52k behind plan
Operating Expenditure £64k lower than plan
EBITDA £12kahead of plan
Financial Risk Rating is 2 for June
Forecast I&E surplus £0.7m as per annual Plan

Monitor has agreed the FT's Annual Plan and will be publishing it in the Autumn.

Key Risks

Contractual Performance (Amber status)
The Trust is currently underperforming against planned activity levels, thus not securing all of the tariff income it is entitled to. Fines and penalties are also likely to be levied. The full financial impact is £200k. Contingencies are in place to offset this performance.

Cash (Amber status)
The Foundation Trust Financing Facility (FTFF) has confirmed the FT's application for a loan of £5.3m which will be used for Capital expenditure. A working capital facility will need to be negotiated with a commercial bank.

Vacancy freeze (Amber status)
Recurrent savings of £3.8m, equivalent to the fortuitous savings made this year need to be removed from 2011/12 budgets if the financial position is to be maintained and recovery delivered.

Drug costs (Amber status)
Cancer drugs expenditure is higher than 2010/11 and above plan for 2011/12

8.2 Cost Improvement Programme progress report (Agenda Item 7b)

Cost Improvement Programme (CIP) (Red status)
Non delivery of the new savings target of £8.4m for 2011/12 is a key issue. The risk rating is red and reflects the work required to achieve these savings. However progress is being made to deliver a substantial element of this targeted saving.

The proposed incremental freeze on staff salaries was rejected by staff which means the FT has to find £800k through other methods this year and £1.6m next year.

Vacancy removal is particularly difficult especially in patient areas.

The procurement team have achieved considerable cost avoidance through re-negotiation of contracts and clinicians are being asked to help in this process.

A Voluntary Severance Scheme was being introduced which it was anticipated would produce full annual savings of approximately £200k-300k. There had been a large interest and the FT would be scrutinising the applications over the next couple of weeks.

Maternity will not achieve the anticipated savings programme expected at £200k and a more realistic figure of £70K has been agreed. DCHFT Maternity is recognised within a National Survey as one of the best departments in the country.

8.3 Governors responded to the Finance Director's report

It was felt that with all the anxiety from staff, generated from the savings program,

that communication must be maintained to a high standard. In addition the public perceive bed closures as a lowering of quality. The FT needs to reinforce through communication that quality and standards will be maintained at the highest level.

The DoF&R was asked if the loan had improved the FT's position. The loan is cash for capital spend and the current improved financial position is not related to the loan.

Governors were pleased with the way the Board had engaged the staff, which encouraged ownership of the savings projects.

9. Trust Secretary presentation (Agenda Item 8)

9.1 The new Trust Secretary, Margaret Godfrey appointed 18 July 2011, was introduced to CoG by the Chairman. Margaret gave an outline of her responsibilities and how she would engage with the Trust Board and the Council of Governors yet maintaining an element of independence.

10. Council of Governors Self Assessment (Agenda Item 9)

10.1 CoG are expected within Monitor's Code of Governance section D.2.2 to self assess its performance.

TS submitted a paper setting out the requirements with a proposed methology for the self assessment process.

CoG agreed the paper

TS would be sending out a self assessment questionnaire for the period July 2010 – June 2011 to all Governors for completion. This form would not be anonymised to provide transparency and to allow the TS to refer back to the appropriate Governor if clarification was required.

It was hoped the questionnaire would also highlight training needs.

[Post-meeting note: The collated responses and next steps will be discussed at the Council of Governors' meeting of 27 October 2011.]

11. Council of Governors Committee reports (Agenda Item 10)

11.1 CoG Membership Development Committee (Agenda Item 10a)

The committee have met several times and have had input to:

- Annual Plan
- Annual Report
- Membership Newsletter

The committee requested the newsletter was produced more regularly than once a year and CoG agreed this should be quarterly. However costs must be kept to the minimum if the FT wishes to increase its membership which in itself has associated costs.

Membership is generally reflective of the community in terms of Gender and Ethnicity but there appeared to be a shortfall in respect of younger members. Jason Cridland, Appointed Governor for Weymouth College was asked to join the committee to provide expertise into that particular issue.

Other methods of engaging with the public are being explored and the committee were interested in how other FT's have addressed this subject. One particular successful event which FT's are reporting large attendances, was the holding of a clinical presentation.

It was felt that Governor surgeries were not particularly beneficial.

The committee requested the CE to provide a budget for membership activity.

11.2 CoG Strategic Planning Committee (Agenda Item 10b)

The SPC have met four times to look at the Strategic Plan. The Board had considered their views in drawing up the consultation document which would be sent out in the next couple of days. CoG members were asked to engage with their members and encourage them to respond via the feedback form that was attached to the consultation document.

The Strategic Plan consultation document would be available from the Membership website or by application to THQ. This document was also included as an article in the Membership newsletter.

11.3 CoG Constitutional Review Committee

The TS and Chairman along with the CRC would continue the task of reviewing the Constitution. Alterations would require agreement by the Board and CoG prior to submission to Monitor for final approval unless under new proposals Monitor delegates the responsibility of final approval to the FT's Board

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12. Future Meeting Dates (Agenda Item 11)

12.1 Council of Governors (open public meetings), Brownsword Hall, Poundbury, Dorchester

- 27/10/11, 05/01/12

12.2 Joint Trust Board and Council of Governors (closed meetings) Brownsword Hall, Poundbury, Dorchester

- 19/09/11

12.3 Annual Members Meeting/AGM (Agenda Item 14)

- 06/09/11 – Dorford Centre, Bridport Road, Dorchester, Dorset DT1 2RR

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13. CoG Nomination & Remuneration Committee (Agenda Item 12)

13.1 Report by the Lead Governor (Agenda Item 12a)

The NRC had met on the 27 May 2011 to receive from the Vice Chairman, the annual appraisal of the Chairman. The Vice Chairman had sought independent feedback from a number of sources (Governors, staff and stakeholders) who have regular contact with the Chairman. The NRC thanked the Vice Chairman for his very concise appraisal process. The Chairman's appraisal was very positive and the NRC felt confident in the Chairman's leadership of the FT.

The NRC also discussed the Chairman and NED's remuneration. It was agreed that salaries for the Chairman and the NED's would remain at their current level and that mileage reimbursement would only be paid once the Trust was in surplus.

13.2 A new performance evaluation scheme protocol for the Chairman and Non-Executive Directors was presented to CoG. This protocol had been drawn up by the Vice Chairman and the DWHR.

This was proposed by Bill Mitchell and seconded by Michel Hooper-Immins and CoG unanimously agreed the introduction of the new appraisal protocol