

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the public meeting held on 10th November 2020 at 17:30
in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chair	JM
	Ann Mackie	Public Governor	AM
	Belinda Salt	Public Governor	BS
	Councillor David Walters	Appointed Governor	DaW
	Councillor Kevin Rostance	Appointed Governor	KR
	David Ainsworth	Appointed Governor	DA
	Ian Holden	Public Governor	IH
	John Wood	Public Governor	JW
	Kevin Stewart	Public Governor	KS
	Martin Stott	Public Governor	MS
	Maxine Huskinson	Public Governor	MH
	Nikki Slack	Appointed Governor	NS
	Paul Baggaley	Public Governor	PB
	Philip Marsh	Public Governor	PM
	Richard Boot	Staff Governor	RB
	Sue Holmes	Public Governor	SuH
In Attendance:	Richard Mitchell	Chief Executive	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Manjeet Gill	Non-Executive Director	MG
	Neal Gossage	Non-Executive Director	NG
	Claire Ward	Non-Executive Director	CW
	Helen Hendley	Deputy Chief Operating Officer (Elective Care)	HH
	Rosie Atkin	Project Implementation Manager	RA
	Ann Gray	Patient Services Manager	AG
	Chris Sewell	Outpatient Transformation Lead	CS
	Jane Laughton	Chief Executive Officer (Healthwatch)	JL
	Steve How	Healthwatch	StH
	Sue Bradshaw	Minutes	
Observer:	None		
Apologies:	Councillor Craig Whitby	Appointed Governor	CrW
	Gerald Smith	Public Governor	GS
	Jayne Revill	Staff Governor	JR
	Lawrence Abrams	Public Governor	LA
	Roz Norman	Staff Governor	RN
	Barbara Brady	Non-Executive Director	BB
Absent:	Ben Clarke	Staff Governor	BC
	Councillor Michael Brown	Appointed Governor	MB
	Dean Whelan	Public Governor	DeW
	Jacqueline Lee	Staff Governor	JL

The meeting was via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
20/275	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate JM declared the meeting open at 17:30. The meeting was held by video conference and in person. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Councillor Craig Whitby - Appointed Governor Gerald Smith - Public Governor Jayne Revill - Staff Governor Lawrence Abrams - Public Governor Roz Norman - Staff Governor Barbara Brady - Non-Executive Director</p>		
20/276	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), Executive Member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance.</p> <p>SH declared her position as Director of Corporate Affairs for Nottinghamshire Healthcare.</p> <p>GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>There were no declarations of interest pertaining to any items on the agenda.</p>		
20/277	MINUTES OF THE PUBLIC MEETING HELD ON 28th SEPTEMBER 2020		
1 mins	<p>Following a review of the minutes of the meeting held on 28th September 2020, the Council APPROVED the minutes as a true and accurate record.</p>		
20/278	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 mins	<p>The Council AGREED that action 20/266 was COMPLETE and could be removed from the Action Tracker.</p>		
20/279	VIRTUAL APPOINTMENTS		
32 mins	<p>HH, RA, AG and CS gave a presentation regarding virtual appointments, digital and social inclusion and digital letters.</p>		

IH noted there have been a number of articles in the Health Service Journal (HSJ) about the impact of changes in working practice on training programmes for clinicians and queried if this is an issue for the Trust. HH advised this is being managed as the programme is being rolled out, particularly the Attend Anywhere functionality for outpatients. There is a training programme for staff to attend before they start using video appointments. However, this can be raised with the Training and Development Team in relation to how this can be fed into the fundamental training for new starters.

IH advised he has picked up from the articles in the HSJ that clinicians using the system felt they were not getting the face to face time they needed to do their full training and gain the experience they need as clinicians. HH advised not all appointments have to be done virtually. The Trust will work through with clinical leads to ensure there are opportunities for staff to have the usual face to face appointments, as well as virtual and telephone. This should not impact on training but if this becomes an issue the Trust can respond and adapt clinics so they are set up in a way which suits the needs of the clinician.

DA noted this process gives confidence to patients they can be seen even during a pandemic. They can be seen safely and have their care delivered in other ways. Research conducted by the CCG suggests patients are satisfied with this approach, although it is acknowledged 'one size does not fit all'. An unintended consequence of this work is the benefit to GP practices who are not receiving enquiries from patients wondering when their next appointment will be.

MH queried if there were any special arrangements in place to support dementia sufferers with accessing appointments via digital means. AG advised there is currently no-one assigned to provide support with this. There has been a recent change of Dementia Nurse Specialist and this is an area of work for her to pick up. However, patients' carers or relatives can sign up to the service on their behalf.

DaW queried if the Patient Knows Best account will also be rolled out to primary care centres. AG advised it is available to GPs and has already been rolled out to GP surgeries across Nottinghamshire.

DaW queried if this system will supersede the current facility to book online appointments, order repeat prescriptions, etc. which is in place with many GP practices. RA acknowledged there are other services available, for example Patient Online or System Online, which have similar functionality to the NHS app. However, the NHS app and Patient Knows Best accounts provide a holistic approach to having all health and care information in one place.

DA advised it is not necessary to be too concerned about the platforms such as Patient Knows Best and the terminology, as the front facing part for patients is the NHS app; Patient Knows Best is the tool in the background.

JM queried if there has been any discussion with local authorities in relation to the education sector helping to support people gain digital skills. RA advised this can be taken into consideration.

	HH, RA, AG and CS left the meeting		
20/280	HEALTHWATCH STRATEGY		
20 mins	<p>JL and StH joined the meeting</p> <p>JL and StH gave a presentation regarding Heathwatch's strategy and their provider scrutiny role.</p> <p>DaW sought clarification regarding how Healthwatch obtain feedback. StH advised the key from a scrutiny role is to confirm the Trust is 'doing the right thing'. Healthwatch wish to offer second tier assurance and work with the Trust to revisit how the Trust looks at complaints, provide support by sharing best practice from other organisations and networks, ensure the Trust has processes in place and provide support with those processes.</p> <p>JM felt there is considerable overlap between the governors' role and the role of Healthwatch, for example, hearing the views of the public. There is a need to explore if there is a benefit to collaborating with Healthwatch which can help governors discharge their roles.</p> <p>IH felt the role of Healthwatch sits parallel to the function of the Audit and Assurance Committee. There is a project within the Quality Improvement Programme which is designed to improve the way the Trust benchmarks and measures performance, etc. against external measures. There is a synergy with that work and Healthwatch's project to enhance understanding of SFHFT's performance compared to others.</p> <p>JM felt further discussion is required regarding the best way to take forward working with Healthwatch to enhance the work the Trust is doing and to avoid duplication and suggested two governors and either a non-executive director or an executive meet with StH to discuss the benefits of joint working and agree a way forward. SH felt this could be picked up by the Membership and Engagement group.</p> <p>StH advised Healthwatch have to fulfil their scrutiny role by year end. Therefore, there is a need to proceed but in a way which 'makes life easy' and productive for both parties.</p> <p>Action</p> <ul style="list-style-type: none"> • Arrange further discussion and agree way forward in terms of working with Healthwatch <p>JM felt there is a need to consider where this work sits with increased system working and part of the discussion should be if this adds value to wider system working. StH advised there is some concern in relation to governance from a provider system perspective within contracts, noting some partners may not have the same robustness of governance which is in place for a foundation trust. Supporting partners and sharing best practice would be useful and this will be picked up in Phase 2.</p>	SH	09/02/21

	<p>JL advised the initial work will be with individual organisations. Once this is complete the next phase will be looking at how to connect with system working.</p> <p>JL and StH left the meeting</p>		
20/281	CHAIR'S REPORT		
2 mins	<p>JM presented the report to the Council, advising the Trust is facing a challenging time in the coming months in terms of managing Covid, restoring services, Winter and EU Exit. There is a need to think carefully about these factors. JM acknowledged the amazing work and commitment from colleagues, noting there is a need to recognise staff are tired. The focus for the Board of Directors is how to support staff through the next few months.</p> <p>JM welcomed Councillor Kevin Rostance, new Appointed Governor for Nottinghamshire County Council, and the newly elected public governors, Paul Baggaley for Newark and Sherwood and Maxine Huskinson for Ashfield.</p> <p>The annual Staff Excellence Awards took place on 6th November 2020 as a virtual event. The event went well and JM expressed thanks to the team who put it together.</p> <p>The Council was ASSURED by the report.</p>		
20/282	CHIEF EXECUTIVE'S REPORT		
17 mins	<p>RM presented the report to the Council, advising the Trust is currently caring for 91 patients with Covid, 9 of whom are in intensive care. This is slightly higher than the peak in cases at Easter in wave one, although a direct comparison is imprecise as all services are now running, unlike wave one when, like the wider NHS, the Trust was, in general, a Covid service whilst maintaining cancer services. A lot of progress is being made in terms of recovery and restoration of services.</p> <p>For a range of reasons there are fewer patients passing away with Covid and fewer going into intensive care. In addition, the Trust has been able to safely reduce length of stay for Covid patients. While the organisation is busy, it is calm. It is likely the number of patients with Covid will increase. The current estimate is this may rise to 120-130. However, through wave one there was a large amount of modelling but the numbers were not that close to the predictions.</p> <p>There are mixed emotions among staff. Some people are coping whereas others are struggling. Staff are tired and there is concern about the individual and collective response over the coming months. RM advised he feels proud of the colleagues he works with. The Trust has put colleagues' welfare and wellbeing at the centre over the last nine months and this needs to continue.</p> <p>At the Public Board of Directors meeting on 5th November 2020, there was a discussion about the collective risks being faced by the Trust, namely Covid, restoration of services, Winter and EU Exit.</p>		

In terms of the flu vaccination, as of 9th November 2020 78% of colleagues have had the vaccine.

The Board of Directors also discussed the overnight closure of the Newark Urgent Care Centre (UCC). For a number of months there have been challenges in relation to staffing of the UCC, which has been exacerbated as Covid increased and there was a need to coalesce clinical colleagues into ED and the emergency pathway at King's Mill Hospital. With full agreement of commissioning colleagues, primary care and NHSI, the Trust took the decision to close the UCC overnight from April 2020. This was reviewed in June 2020. Following further discussion with partners, and as Covid was continuing, it was agreed to extend the overnight closure to January 2021.

A small working group was set up involving the CCG, primary care, NEMS, NHSI and SFHFT. The recommendation from that group, which was presented to and supported by the Board of Directors, was to further extend the overnight closure of the UCC to July 2021. This will be reviewed in April 2021. The reason for taking this decision now and giving advance notice is it gives the UCC staff certainty knowing the unit will be closed overnight for a longer period of time and provides the opportunity to explore alternative staffing models and enables a consistent message to the public.

RM advised some questions had been received in advance of the meeting. These were as follows:

Question 1 - Who do the cabinets report into?

The cabinets predominantly look at workforce and organisational development and are executive meetings which report into the Executive Team. Assurance reports are presented to the appropriate Board subcommittee which, by exception, will be reported to the Board of Directors.

Question 2 – Communication continues to be an issue at Newark Hospital. Who is responsible for checking staff 'on the floor' understand what is happening? A few people at Newark Hospital have commented they feel left out or do not see anyone.

RM advised the Trust issues communication e-mails and bulletins to all staff. It is difficult for members of the Executive and Senior Leadership Teams to be as visible as they were previously across all sites. However, RM felt it is colleagues at King's Mill Hospital who see less of the executives than staff at Newark Hospital as it is possible to get round Newark Hospital in a couple of hours. A number of executive colleagues have been over to Newark Hospital. The Executive Team have taken the decision to strengthen the onsite management and presence at Newark. The Trust went out to advert to appoint a clinical lead for Newark but were unsuccessful.

RM advised he is aware colleagues at all sites feel they do not see as much of the senior leadership team as they have done previously. However, a virtual staff brief is held every Friday which everyone is welcome to view and ask any questions. This is recorded and circulated to enable people to see it who missed the live event. In addition, from 12th November 2020 RM will be hosting an informal session for half an hour. This is in recognition of the sense of isolation and loneliness felt by a range of colleagues.

While there are things which can be done to continue to improve communication, given the limitations the Trust is communicating effectively.

Question 3 – Query regarding disabled signs and upgrade.
This is part of an ongoing estates programme of work.

Question 4 – New admin posts ‘business assistants’ have been created. Has additional funding been received for admin staff? Where is the funding coming from when we are always told there is no funding?

There is no additional funding for these or any other posts. The process the Trust works to is divisions are allocated a sum of money at the start of the year and they need to work within those parameters. It is not known which division this relates to but if a division was investing in ‘business assistants’, the only way they could do that is to disinvest in other roles. The Trust does not support disinvesting in clinical roles to invest in non-clinical roles. This may be a change in job title rather than a new role.

Question 5 – Concern raised about staff training.

Staff training is a national issue due to Covid. The Trust stepped down mandatory and professional training in March 2020 in line with national guidance. Training recommenced in August 2020. During lockdown, training compliance declined to 89%. This increased to 92% at the end of October 2020, against a standard of 93%. The aim is to return to 93% compliance by the end of December 2020 and maintain that position.

Question 6 – David Selwyn (DS), Medical Director, has been looking at excess death measures. Is there an update regarding this?

DS continues to report to the Board of Directors in relation to the Hospital Standardised Mortality Ratio (HSMR) as part of the SOF. The Quality Committee are overseeing a deep dive investigation into possible or actual causes of an elevated HSMR. A full report will be presented to the Public Board of Directors meeting in December 2020. The Trust brought in an external project adviser to support the process.

Question 7 – Update requested on the current situation with the PFI provider

GW advised the PFI contract continues to give the Trust challenges but it is working closely with NHSE/I and the Department of Health to try to progress issues. There is a need to ensure patient and staff safety is put first. A lot of effort has been put in by the Trust, Skanska and CNH on water safety in particular and this is a much improved position. However, not all performance is at the required levels and work is ongoing to improve this.

	<p><i>Question 8 – Request to receive an update from DS in relation to the enhanced post-operative care (EPC) model which he has been involved in developing.</i></p> <p>RM advised DS has agreed to provide an update to a future Council of Governors meeting</p> <p>Action</p> <ul style="list-style-type: none"> • Dave Selwyn, Medical Director, to provide update regarding enhanced post-operative care (EPC) model to future Council of Governors meeting <p>RM informed the Council Wayne Davies, Health Care Assistant in ED, sadly passed away on 7th November 2020. Thoughts are with his family and colleagues, who are being provided with support. On 13th November 2020 there will be a 2 minute clap in remembrance of Wayne. He was well liked by everyone who knew him.</p> <p>RB advised staff at Newark Hospital have raised some concerns regarding Covid, noting originally Newark Hospital was earmarked as a 'Green' site. However, there are concerns Newark Hospital is becoming a 'Red' site and this will affect staff deployment.</p> <p>RM advised while nationally the idea of red and green sites has some traction, the Trust does not feel it is possible to have 'Green' sites. While the Trust has tried to keep Newark Hospital empty to Covid patients, there were Covid patients at Newark Hospital during Phase 1 and there are circa five patients with Covid currently in Newark Hospital. It is difficult to ensure no patients or healthcare workers are transmitting Covid on any site. The Trust is proud orthopaedic surgery restarted at Newark Hospital in June 2020 and there is a good programme of elective work currently taking place at Newark Hospital. The Trust will continue to try to strengthen that over Winter and into Spring. Classifying Newark Hospital as a 'Green' site for Covid is unrealistic.</p> <p>The Council was ASSURED by the report.</p>	<p>DS</p>	<p>09/02/21</p>
<p>20/283</p>	<p>LEAD GOVERNOR REPORT</p>		
<p>3 mins</p>	<p>SuH presented the report to the Council, advising Jane Stubbings, Public Governor for Ashfield, did not stand for re-election. SuH advised Jane has been conscientious governor during her three year term and expressed thanks for her input.</p> <p>SuH congratulated the Communications Team for a very good virtual Staff Excellence Awards on 6th November 2020. It was pleasing the Trust found a way to celebrate staff's work.</p> <p>SuH advised she and AM attended a virtual GovernWell event on the 3rd-5th November 2020. Part of the event was Governor Showcases and the Trust's work in relation to attracting younger members formed part of this and it will be used in the New Year as part of training. SFHFT is a long way ahead of many other Council of Governors and Membership groups as some of the things reported by other organisations are already in place at SFHFT.</p>		

	The Council was ASSURED by the report.		
20/284	WINTER PLAN		
5 mins	<p>RM presented the report, advising the Winter Plan for 2020/2021 will be achieved through the delivery of the key objectives of working with partners to safely avoid admissions, working internally to be efficient and safely maximise capacity, recognising staffing levels, and working with partners in terms of discharge planning to safely reduce length of stay. The plan will evolve and will be highly dependent on what happens from a Covid perspective as a lot of the Winter Plan capacity is already in place.</p> <p>In previous years, the Winter Plan has been transactional, for example what can be done to avoid admissions, when considering workforce capacity how many beds can be opened, etc. This year at least half of the time spent in developing the plan was focussed on colleagues' welfare and wellbeing. The three key messages being communicated this Winter about what would be a successful Winter are safe care to all patients, look after each other and yourself and be proud.</p> <p>JM acknowledged a lot of Winter capacity is already open and this is earlier than the Trust would have wished; this is largely due to the pressures from Covid. There is only one element of capacity which is not yet open. RM confirmed the vast majority of Winter Plan capacity has opened, noting Covid has hit the Trust harder and faster than expected. In addition, there are very high levels of emergency demand, noting on 9th November 2020 there were 133 ambulance arrivals to King's Mill Hospital, which was a record. Currently there are extended high activity levels week after week but the Trust is not unique as all organisations are busy.</p> <p>AM noted there have been press reports about a Covid vaccine and queried how this will help. RM advised the Trust is rolling out asymptomatic testing to all front line colleagues. Noting reports from other organisations who have been doing this, it will not lead to huge numbers of staff being off work, but it will provide greater assurance for the organisation in terms of transmission within the hospitals. In terms of the Covid vaccine, not enough is known about this at the moment in relation to the timeline or process for roll out, etc. The reports are it is 93% effective but there could be a range of limitations. An effective vaccine is part of the solution but it is not the solution in its entirety. The Trust is actively working with partners to play a role so when the vaccine is available we are in a position to effectively roll it out.</p> <p>The Council was ASSURED by the report</p>		

20/285	REPORT FROM BOARD SUB-COMMITTEES		
27 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, advising due to Covid internal audit have reduced the internal audit plans by 25% and a programme is in place to deliver that. It was noted the revised plan reduced the 360 Assurance days from 279 to 212, reflecting the 25% reduction, but recognised it will still be a challenge to deliver all these days and the associated work.</p> <p>It was agreed communication would be sent to all senior managers in areas which are subject to internal audit to fully support 360 Assurance on a timely basis to help the delivery of the plan.</p> <p>KPMG have been officially appointed as external auditors and they were welcomed to their first meeting. They presented a financial benchmark report, which was welcomed and noted.</p> <p>In terms of the register of interests, the position is improving but the response in some areas is disappointing. Compared to other organisations, SFHFT is doing very well but there is still room for improvement.</p> <p>The Committee has benefitted from 360 Assurance who provided a maturity matrix for audit committees. The Committee has undertaken a self-evaluation against that, with the help of 360 Assurance.</p> <p>IH advised he has received comments the audit process is something which could be paused while staff are busy with other issues. However, it is important to recognise a lot of the audit process ultimately 'speaks' to patient experience and safety, being part of the triangulation process. It is important to continue with audit but the process is under some pressure as all staff involved are under pressure.</p> <p>KPMG have been very proactive. IH noted the benchmarking document they produced and advised there is a project in the quality improvement process which is looking at improving how SFHFT benchmarks against other organisations. The KPMG tool could be useful if it is developed. The maturity process is excellent in terms of understanding if the Committee is working well.</p> <p>Quality Committee</p> <p>DA left the meeting</p> <p>TR presented the report to the Council, highlighting the Committee were appraised of progress with the ophthalmology action plan which was agreed last year. The challenges within this service are known and mitigating actions are in place to address the identified issues. The Committee were assured of the actions being taken and will be kept up to date with the evolving situation.</p>		

The Trust has had its United Kingdom Accreditation Service (UKAS) haematology laboratory accreditation suspended, initially for 3 months. The Committee were apprised of the implications of this and were assured the clinical impact is low. The Committee were apprised of the actions being put in place to address the concerns. It is likely the accreditation may be suspended for longer than 3 months and the Committee will monitor progress.

The Coroner is scheduled to issue a Rule 28; 'prevent future deaths'. At the time of the Committee meeting, the Trust had not received the letter. The Committee will approve the action plan prior to submission to the coroner.

The Committee received three annual reports, namely the End of Life report, Patient Experience and Infection Prevention and Control. It was noted there were zero Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia identified as Trust attributable. All the annual reports demonstrate the significant progress the Trust is making but also acknowledges the further work which is to be done.

The Committee received and approved the risk assessment for spacing of cots in Neonatal Units during COVID-19. It was noted capacity is not compromised.

PM advised he and SuH felt supported in their role as observers for the Quality Committee to enable issues to be raised with the non-executives directors to gain clarification. The Committee is dealing with a large number of very challenging issues, but is working hard to meet the challenges and to produce positive outcomes.

Finance Committee

NG presented the report to the Council, advising the Trust has been operating under an unusual financial regime for the first 6 months of the year as due to Covid a block contract arrangement was put in place for Months 1-6 based on retrospective funding of any shortfalls in performance and Covid costs. For Months 7-12 the same arrangement continues, except the funding will be on a prospective basis rather than retrospective and the Trust will be funded for incremental costs of providing services, including Covid spend.

For Months 1-6 the Trust reported a breakeven position, in line with the block contract. The Phase 3 financial plan has been submitted which shows a deficit. Work is currently underway to identify cost savings without compromising patient safety.

There is an underlying deficit against the 5 year financial strategy of circa £12m per annum. The Trust is not obliged to have a Financial Improvement Programme (FIP) for 2020/2021. However, it is likely a FIP will be put back in place for 2021/2022. The Trust will need to work hard to deliver further savings and improvements in finances in the next financial year.

KS advised he was assured in terms of funding and adapting to the 'new world'. The only concerning relates to the PFI issues but KS acknowledged this is being well managed.

JM felt SFHFT's position is not too dissimilar to the rest of the NHS. It is likely there will be very few organisations who will be able to 'live within' the resources currently being offered. Careful judgments will need to be made to get the balance right between financial control and supporting staff to deliver services.

People, Culture and Improvement Committee

MG presented the report to the Council, noting the commitment, morale and positivity among the workforce, but acknowledging staff are anxious about the coming Winter. There is a need to keep a focus on wellbeing and support for staff.

The Committee received reports regarding safe working hours and were assured regarding safe working hours for nursing, medical and Allied Health Professionals. The Committee discussed the different routes into training which are available, including the work being undertaken in relation to apprenticeships.

Virtual events have been held to celebrate Black History Month.

The Committee is looking at the skills and tools which will enable managers to successfully manage change. The Committee received a presentation on the improvement process and how that is being undertaken across the Trust.

Charitable Funds Committee (CFC)

TR presented the report, advising the Committee approved a deed of covenant for the Volunteer Café to ensure the right mechanisms are in place so donations can be made to Sherwood Forest Hospitals Charity. The Committee also approved minor amendments to the fund manager's information pack.

The Committee evaluated some of the projects which have been funded through Dragons' Den.

The Trust received £70k in May 2020 from NHS Charities Together. There are strict criteria on how this can be spent. The Trust has identified a number of projects to support staff in line with the criteria. There are opportunities to bid for further monies in future months and the Community Involvement Team will ensure bids are submitted on behalf of the Trust in a timely manner. For the purposes of transparency, it has been agreed there will be a specific item relating to NHS Charities Together in next year's annual report and accounts.

The Committee received an update on the end of life project, which has been approved in principle. The Committee are happy for some funds to be allocated straightaway through a legacy but is waiting for the business plan to be finalised.

There is a minor concern regarding the investment policy and where funds are invested through a third party. The Committee decided not to make any changes until the Corporate Trustees have received a briefing from the third party investors.

	<p>The Annual Report and Accounts for 2019/2020 were not available at the Committee meeting but have been reviewed and approved virtually. These will be presented to the Corporate Trustee for final approval on 3rd December 2020.</p> <p>AM noted TR's knowledge in relation to Charitable Funds.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
20/286	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
1 mins	<p>Membership and Engagement Group</p> <p>SuH advised she has contacted a lot of secondary schools in Mansfield and Ashfield who have 6th Forms. The Trust's project to attract younger members has been met with enthusiasm. SuH advised she undertook a virtual visit to Sutton Centre, which also included people responsible for adult learners. The Young Persons Newsletter is not yet complete, but this should be ready by the end of November 2020.</p> <p>The Council CONSIDERED the report.</p>		
1 min	<p>Report of the Remuneration Committee</p> <p>GW left the meeting</p> <p>SH presented the report, advising the Committee met on 27th October 2020 to discuss the re-appointment of Graham Ward, Non-Executive Director (NED). GW comes to the end of his tenure on 30th November 2020, having served five years as a NED. GW has confirmed his willingness to continue for a third term of office, is eligible for reappointment and has had a positive appraisal.</p> <p>The Remunerations Committee are recommending to the Council that GW's tenure be extended for 12 months.</p> <p>The Council APPROVED the reappointment of GW for a period of 12 months to 30th November 2021.</p> <p>GW re-joined the meeting</p>		
20/287	QUESTIONS FROM MEMBERS OF PUBLIC		
	No members of the public were present		
20/288	ESCALATIONS TO THE BOARD OF DIRECTORS		
mins	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Virtual appointments presentation • Communications at Newark Hospital • Recognition of pressure on staff and support being offered to colleagues 		

20/289	ANY OTHER BUSINESS		
2 min	<p>IH advised having listened to RM's recent presentation to NHS Providers, he is struck by the way RM has gone about his role as Chief Executive. He has made some clear and principled statements about his understanding of the nature of racism and White privilege. Unfortunately the world still has large elements of racism and in that context it is insufficient to listen to RM's comments and say nothing.</p> <p>IH advised he would like to put it on record that as an individual and as a governor he supports the position RM has taken over the last few months and in terms of the approach he has taken, IH advised RM has his absolute support.</p> <p>JM advised there have been discussions previously about virtual quality walkabouts. This was first raised prior to the second wave of Covid. It is not the right time to start this but it will be considered at the appropriate time.</p>		
20/290	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 9th February 2021 Time: 17:30 Venue: Lecture Theatre 2, Education Centre, King's Mill Hospital (TBC)</p> <p>There being no further business the Chair declared the meeting closed at 19:25</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald Chair</p> <p style="text-align: right;">Date</p>		

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/08/2020	28/09/2020	10/11/2020	Feb 2021			
Ann Mackie	Newark & Sherwood	Public	P	X	P		3	01/05/19	30/04/22
Belinda Salt	Mansfield	Public	P	X	P		3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff	P	X	X		3	01/09/19	31/08/22
Councillor Craig Whitby	Mansfield District Council	Appointed	P	A	A		4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	P	P	P		1	23/04/20	31/05/21
Councillor Kevin Rostance	Nottinghamshire County Council	Appointed			P			15/10/20	31/05/21
Councillor Michael Brown	Newark & Sherwood District Council	Appointed	X	A	X		1	18/05/20	31/05/21
David Ainsworth	Mansfield & Ashfield CCG	Appointed	P	P	P		N/A	20/02/20	N/A
Dean Whelan	Mansfield	Public	A	A	X		3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	X	X	A		3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P	P		3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	X		3	01/05/19	30/04/22
Jane Stubbings	Ashfield	Public	P	A			3	01/11/17	31/10/20
Jayne Revill	King's Mill Hospital	Staff	X	X	A		3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	P		3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	P		3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	P	P	A		3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	P	P		3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public			P		3	01/11/20	31/10/23
Nikki Slack	Vision West Notts	Appointed	X	P	P		N/A	17/07/19	N/A
Paul Baggaley	Newark & Sherwood	Public			P		3	01/11/20	31/10/23
Philip Marsh	Ashfield	Public	P	P	P		3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	P	X	P		3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	P	A		3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	P		3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent