

COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 21<sup>st</sup> February 2023 at 17:30  
Lecture Theatre 2, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Ann Mackie	Public Governor	AM
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JoW
	Justin Wyatt	Staff Governor	JuW
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Maxine Huskinson	Public Governor	MH
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Ruth Scott	Public Governor	RS
	Sue Holmes	Public Governor	SuH
<b>In Attendance:</b>	Paul Robinson	Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Alison Steel	Head of Research and Innovation	AS
	Terri-Ann Sewell	Research Nurse	TS
	Grace Radford	Patient Experience Manager	GR
	David Ainsworth	Director of Strategy and Partnerships	DA
	Richard Walton	KPMG	RW
Sue Bradshaw	Minutes		
<b>Apologies:</b>	Councillor Craig Whitby	Appointed Governor	CrW
	Michael Longdon	Public Governor	ML
	Vikram Desai	Staff Governor	VD
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
<b>Absent:</b>	Councillor David Walters	Appointed Governor	DW
	Councillor John Doddy	Appointed Governor	JD

Item No.	Item	Action	Date
<b>23/001</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Councillor Craig Whitby, Appointed Governor Michael Longdon, Public Governor Vikram Desai, Staff Governor Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director</p>		
<b>23/002</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>23/003</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the meeting held on 8 <sup>th</sup> November 2022, the Council APPROVED the minutes as a true and accurate record.		
<b>23/004</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
1 min	The Council AGREED that actions 22/432 and 22/438 were complete and could be removed from the action tracker.		
<b>23/005</b>	<b>PATIENT STORY - RESEARCH THROUGH THE EYES OF A PANDEMIC</b>		
10 mins	<p>AS and TS joined the meeting</p> <p>AS and TS presented the Patient Story, which highlighted the importance of research through the Covid pandemic.</p> <p>JuW advised he was a respiratory ward leader at the height of the pandemic and knew little about research at the time. There was an initial concern in relation to whether the trial would impact on staff who were already under pressure. However, this proved to have the opposite effect. The Research Team were friendly, courteous and mindful of how busy the ward staff were. The team took on some of the workload and it was good for patients who were unable to have visitors and were receiving only minimal input from ward staff due to how busy people were.</p> <p>AS advised the experience was good for the Research Team as well, noting often studies are undertaken in isolation. The team felt part of the ward team and delivery of the studies was a partnership. The team undertook some of the basic care for patients to free up ward staff, who in turn helped to identify patients for the studies.</p> <p>AS and TS left the meeting</p>		

23/006	<b>CHAIR'S REPORT</b>		
3 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting the pressures faced by the Trust and the 'Step into the NHS' recruitment event hosted by the Trust in partnership with West Notts College.</p> <p>The Council was ASSURED by the report.</p> <p><b>Board of Directors Quadrant Report</b></p> <p>CW presented the report, highlighting the financial challenges faced by the Trust and the system.</p> <p>The Council was ASSURED by the report.</p>		
23/007	<b>CHIEF EXECUTIVE'S REPORT</b>		
9 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting pressures faced by the Trust, preparations for potential industrial action, plans for a Community Diagnostic Centre (CDC) at Mansfield Community Hospital and expansion of theatres at Newark Hospital. PR advised publication of a Care Quality Commission (CQC) report of the Trust's maternity services is expected during week ending 24<sup>th</sup> February 2023.</p> <p>IH queried if other unions are likely to cross the picket line if junior doctors take industrial action. PR advised no intelligence is available as yet. The Trust is in the early stages of gaining an understanding of the potential impact. The local representatives do not yet have this knowledge.</p> <p>IH sought further information regarding the impact of the recent pressures on the Trust's financial situation, particularly as Covid funding has ceased. PR advised the opening of additional capacity at pace incurred costs which were not included in the forecast. However, the Trust has been able to maintain the forecast outturn position as a result of other work and scrutiny, which was in place with divisions, in order to achieve the financial outturn agreed with NHS England (NHSE).</p> <p>RS queried if there are plans in place for the public to be involved in redesigning pathways to make the CDC more efficient. PR advised the CDC is for new services, designed around the needs of the community.</p> <p>RS queried if the whole system will be accessing the CDC. PR advised the CDC is part of a national rollout of community diagnostic centres. The full rollout will include two centres in Nottinghamshire, the other being in Nottingham on the Queen's Medical Centre site.</p> <p>IH felt information flow is vital and queried if the information support systems are being designed to enable a seamless flow of information across the system and into other trusts.</p>		

	<p>PR advised the information systems will be based on current platforms. However, the Trust will be moving to a new electronic patient record system in the next 2-3 years, noting there is national funding and support to take this forward.</p> <p>The Council was ASSURED by the report</p>		
<b>23/008</b>	<b>LEAD GOVERNOR REPORT</b>		
7 mins	<p>SuH presented the report, highlighting meetings with other lead governors across the system and the recent Integrated Care System (ICS) Governor Conference.</p> <p>IH felt there is a need to consider how the governors' role is presented when seeking to attract people to stand for election, bearing in mind the wider role of the governors across the system.</p> <p>CW advised there was a discussion during the pre-meet session in relation to the role of governors in the ICS. The principle of the governors' role remains the same, but with some additional layers as there is a need to look across a wider area.</p> <p>SH advised the Trust took the lead in regards to governors within the ICS starting to work together over a year ago. Governors can only hold the Non-Executive Directors (NEDs) to account if it is known what constituents, members and the public are feeling. Prospective governors will have favoured areas for what they wish to be involved in. For some this will be accountability and for others it will be engagement work. There is a need for both.</p> <p>The Council was ASSURED by the report</p>		
<b>23/009</b>	<b>15 STEPS FEEDBACK</b>		
2 mins	<p>GR joined the meeting</p> <p>GR presented the report, highlighting visits undertaken, issues identified and themes and trends.</p> <p>SuH advised she enjoys being involved in the 15 Steps visits, has learnt a lot from them and finds the experience rewarding.</p> <p>The Council was ASSURED by the report</p> <p>GR left the meeting</p>		
<b>23/010</b>	<b>OPERATIONAL PLAN 2023/2024</b>		
18 mins	<p>DA joined the meeting</p> <p>DA gave a presentation outlining the planning process for 2023/2024, highlighting timescales and the national core priorities for 2023/2024.</p> <p>IH noted the reference to primary, secondary and tertiary prevention and sought clarification what each of those means.</p>		

	<p>DA advised primary prevention is an intervention before the health effects occur, i.e., encouraging people to take exercise, not to smoke, etc. Secondary prevention is screening to identify disease and tertiary prevention is the management of disease once it is diagnosed.</p> <p>SuH sought clarification regarding how areas of deprivation are identified. DA advised the Trust is well supported by Nottinghamshire County Council and the Public Health Team, who undertake a joint needs assessment on a regular basis which informs their Health and Wellbeing Strategy. In addition, a consultant is currently working with the Trust to support a piece of work to identify what prevention 'looks like' in the strategy for the future and they will provide that level of detail. In the planning of future services, there is a need to ensure the Trust is cognisant of people's needs to ensure it remains inclusive and responsive to the needs of the community it serves.</p> <p>RS referenced a recent Healthwatch study which shows 10% of people will not be putting credit on their mobile phone and 11% will not have a broadband package. Health equalities across the board will change moving forward, particularly as many of the improvements being made are digitally focussed. There is a need to ensure people have the necessary skills and the hardware. RS queried how this cohort of people will be supported.</p> <p>DA acknowledged there is more work to do in relation to this. It is known the cost of transport makes it expensive for people to come on site for appointments. Therefore, virtual follow ups by phone is the right thing to do for some patients, but there is a need to be sensitive to local need. 27% of the community in Ashfield does not have access to the internet and of those who do have access, 30% only access it through a smart phone, rather than tablet or computer. By having an in depth knowledge of who is living in the community and what their needs are, the Trust can tailor the service offer to meet those needs.</p> <p>DA advised there is a need to consider what social value the Trust adds as an anchor organisation in the future. There is a need to move away from, for example, counting the number of hip operations performed to thinking about how many people are pain free.</p> <p>PR advised the Trust is working in partnership with the county council and district councils to align the deliver mechanisms to deliver the Health and Wellbeing Strategy.</p> <p>The Council was ASSURED by the report</p>		
<p>23/011</p>	<p><b>DEVELOPMENT OF THE TRUST'S 2024-2029 STRATEGY</b></p>		
<p>17 mins</p>	<p>DA gave a presentation outlining the process for developing the Trust's Strategy for 2024-2029.</p> <p>IH felt the governors need to be provided with sufficient information about the development of the strategy at the earliest opportunity to enable them to have meaningful conversations with their constituents and members of the public to gather information to feed back into the process.</p>		

	<p>RS felt the information needs to be appropriate for the areas governors are visiting and should be in both electronic and hard copy format. There needs to be an easy way of providing feedback. Governors need to know where information is coming from and where it is going to.</p> <p>SuH advised it is important to remember the Trust’s membership and felt consideration should be given to doing an electronic survey for members.</p> <p>CW felt questions for governors to ask should be provided as soon as possible, even if these are general and give a broad theme. From discussions at the Board of Directors, there is an indication of the direction of travel. Some of those themes could be replicated into six key strategic questions to ask the public, community groups, etc. This will give the quality of return to help shape the strategy.</p> <p>SuH felt having questions to ask will assist governors when visiting groups, etc. as it will give an area of focus. RS suggested having a QR code on a poster or leaflet which links to the questions.</p> <p>IH requested an update in relation to virtual wards. JuW advised they are up and running but on a small scale currently while the process is being developed. PR advised they form part of the Operational Plan for 2023/2024.</p> <p>CW advised the capacity of the public to understand how services can be delivered in the future is an important part of what people are asked. For example, there is a need to establish the appetite for using technology. There are some things which are already known in terms of digital exclusion, but further information can be fed back to help enrich that knowledge.</p> <p>JS felt there is a need for governors to be kept informed of developments in timely way. Therefore, it would be useful for DA to provide a short presentation at each full Council of Governors meeting. SH advised there is a touchpoint with governors each month. Therefore, DA could link in as necessary.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Governors to be provided with key questions to ask members of the public, etc. to help gain feedback in relation to the development of the Trust’s Strategy for 2024-2029</b></li> <li>• <b>Update on the development of the Trust’s Strategy for 2024-2029 to be provided to each full Council of Governors meeting</b></li> </ul> <p>The Council was ASSURED by the report</p> <p>DA left the meeting</p>	<p>DA</p> <p>DA</p>	<p>09/05/23</p> <p>09/05/23</p>
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23/012	<b>EXTERNAL AUDIT PLAN</b>		
17 mins	<p>RW joined the meeting</p> <p>RW gave a presentation outlining the external audit process for 2022/2023, highlighting audit risks and value for money arrangements.</p> <p>IH sought GW's, Chair of the Audit and Assurance Committee (AAC), view of the plan. GW advised the AAC have gone through the plan. GW advised last year (2021/2022) was the cleanest audit report he had seen from an NHS organisation, which is a compliment to KPMG and the Trust's Finance Team. This is reflected for this year in terms of materiality being slightly higher. GW advised overall he is very happy, noting the good working relationship between KPMG as external auditors and the Finance Team.</p> <p>RS noted there are a lot of financial markers and sought clarification if the audit is purely finance or if it is an all round audit. RW advised the external audit report is made public as a section of the Trust's Annual Report and Accounts and is published on the Trust's website. While this mainly references finances, within the NHS and other sections of the public sector, the audit also references the value for money conclusion. There is a very specific role for external auditors for certain types of public bodies. There is a requirement to follow the guidance set by the National Audit Office (NAO) to consider many different aspects and to review the arrangements which are in place to assess if there are any significant weaknesses in the arrangements in certain aspects. Auditors are required to look at three main areas, financial sustainability, economy, efficiency and effectiveness and financial resilience. As auditors we look at lots of different aspects of how the Trust organises itself and ensures controls are in place.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Send governors the link to the 2021/2022 External Auditors report</b></li> </ul> <p>IH queried if the benchmarking document referred to at the last meeting of the AAC was available as this helps to identify the Trust's position against other organisations. RW apologised for not circulating the Q2 report, advising there were issues with the formatting. All the Q3 submissions have been received and the report will be issued shortly.</p> <p>PR noted a huge element of the audit looks at the figures in the accounts and KPMG give a view on whether they are accurate. The value for money opinion looks at the mechanisms by which the Trust made the decisions to spend money and provides an opinion on the Trust's stewardship of the public finances.</p> <p>PR advised materiality is 2%-3% which while not a huge percentage, it results in a monetary figure of £11.5m, which appears to be a big margin of error. However, there is a reporting threshold of £300k at which KPMG will report to the AAC and governors if they discover something they feel is an error, but the Trust decides not to change the accounts as a result.</p>	SH	28/02/23

	<p>GW advised it is important to note that figure as anything over that amount will be reported publicly. While it is not an issue to have one or two items over and above the threshold, there is a need to understand why the Trust is not adjusting the accounts and if that is the right action to take.</p> <p>The Council was ASSURED by the report</p>		
<p><b>23/013</b></p>	<p><b>REPORT FROM BOARD SUB COMMITTEES</b></p>		
<p>32 mins</p>	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>GW presented the report to the Council, highlighting implementation of internal audit recommendations, register of interests, non-clinical policies, procurement and actions resulting from the Committee's maturity matrix.</p> <p>IH advised he was very happy with the way the Committee works, noting it is rigorous. Noting how busy staff are, IH felt there is a need to ensure there is no duplication in work staff are being asked to undertake in terms of quality improvement work, improving patient safety and implementing audit recommendations.</p> <p><b>Quality Committee</b></p> <p>BB presented the report to the Council, highlighting the Maternity Incentive scheme submission, deep dive into 3<sup>rd</sup> and 4<sup>th</sup> degree tears, water quality and cancer services annual report.</p> <p>JW noted the high level of assurance provided to the Committee regarding maternity services, the actions being taken to address water quality and how the Trust benchmarks regionally and nationally for cancer services.</p> <p>RS noted the challenge from the Committee in terms of accommodation for cancer services, particularly the lack of privacy after receiving bad news. BB advised the issue in relation to accommodations for cancer services was escalated to the Board of Directors.</p> <p>Referring to IH's earlier comment about lack of staff time, BB advised there is a programme called Getting it Right First Time (GIRFT) and feedback has been received there is not enough capacity to support taking forward all the recommendations from that programme. There is a need to have honest conversations about where and how resources are used.</p> <p>IH queried if any progress had been made in terms of understanding the reason for the raised Hospital Standardised Mortality Ratio (HSMR). BB advised this is ongoing. The Committee have received a deep dive into this issue, which established palliative care coding is part of the issue. The Trust does not have specialist palliative care onsite. It does undertake lots of end of life care, but this is not necessarily palliative care, leading to an issue with the coding.</p> <p>CW advised HSMR is on the agenda for the Governor Workshop on 21<sup>st</sup> March 2023.</p>		



**Finance Committee**

GW presented the report to the Council, highlighting the fact the Committee is now meeting monthly, review of Board Assurance Framework (BAF) Principal Risk 4 (PR4) - failure to achieve Trust's financial strategy and PR8 - failure to deliver sustainable reductions in the Trust's impact on climate change, planning for 2023/2024, approval of business cases for capital schemes, review of Committee Terms of Reference and annual report, Committee effectiveness report and self-assessment.

SuH advised she speaks to patients during Meet Your Governor (MYG) sessions who live outside of the area 'traditionally' served by the Trust and queried if additional money is paid to the Trust for treating these patients. PR advised contracts are in place with the Nottinghamshire Integrated Care Board (ICB) and its equivalent across borders. In addition, there is a mechanism in place across England to recover income from patients from other areas who receive treatment.

LB noted there is a lot of challenge relating to finances and queried what are the immediate strategies to try to tackle some of those challenges. GW advised the Trust is looking at the overall financial strategy going forward to highlight the areas which need to be looked at more closely, noting some of these will be internal and others will be system related.

**People, Culture and Improvement Committee**

SB presented the report to the Council, highlighting Freedom to Speak Up (FTSU), Equality Diversity and Inclusion (EDI), actions to support colleagues' wellbeing, preparations for possible industrial action, employee relations cases and workforce plans.

SuH noted the Trust's planning for possible industrial action is not limited to NHS staff, but the possible effects of industrial action by teachers, Fire Service, etc. is also being planned for. There was a lot of assurance in relation to how the Trust's workforce is cared for.

IH advised he had seen a recent article in the Health Service Journal (HSJ) in relation to the running down of the equality unit at NHSE and queried if there was any push back at Trust level. CW advised the Board of Directors are scheduled to receive a presentation on the EDI networks within the Trust. This will provide information to the Board of Directors, governors and public about work which is ongoing to support staff.

SB advised the culture at SFHFT is such that EDI will continually be high on the radar and will form an important part of the new 5-year strategy.

**Charitable Funds Committee (CFC)**

SB presented the report to the Council, highlighting the effectiveness of the Operational Group, Community Involvement report, interim fundraising appeal and an increased communications focus on CFC to promote understanding and access to funds.

	<p>LB advised it was an interesting meeting and welcomed the decision to align future fundraising to the Trust's 5-year strategy.</p> <p>The Council was ASSURED by all Board Sub Committees' reports</p>		
<b>23/014</b>	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
6 mins	<p><b>Membership and Engagement Group</b></p> <p>SuH presented the report, highlighting visits to schools, the 'Step into the NHS' event at West Notts College, attendance at Meet Your Governor sessions and the Mansfield Community and Voluntary Service (CVS) breakfast meeting. SuH encouraged governors to seek out links into community groups. SuH advised she had received an invitation to attend the launch of the Mansfield VCS Forum and encouraged other governors to attend.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Details of Mansfield VCS Forum launch to be circulated to governors</b></li> </ul> <p>JuW advised he has recently visited Brierley Park Medical Centre. He initially spoke to the GPs to gain feedback on the Trust's services, which was positive. He subsequently attended the Patient Participation Group (PPG) meeting to seek feedback. This was overwhelmingly positive, with a few areas for improvement. The group appreciated the Trust seeking feedback. JuW advised he hopes to arrange further visits to other practices.</p> <p>The Council was ASSURED by the report</p>	SuH	28/02/23
2 mins	<p><b>Governor Elections</b></p> <p>SH presented the report, advising initially the plan was to go out for elections to conclude in April 2023 for the five current vacancies. It was noted two governors are due for election in October 2023. UK Engage advised it would be too far in advance of the start date to include these two vacancies. Therefore, a revised timeline has been developed for publication of the election on 10<sup>th</sup> May 2023, with the process to conclude on 2<sup>nd</sup> July 2023. This process would include election to the two posts which will become vacant in October 2023. The timeline will commence after the King's Coronation and local elections, meaning there are no Purdah implications for the Trust.</p> <p>The Council APPROVED the proposed revised timeline for governor elections, as outlined in the report</p>		
6 mins	<p><b>Appointment of External Auditors - Process</b></p> <p>RW left the meeting</p> <p>GW presented the report, advising at the conclusion of the audit for 2022/2023, KPMG will come to the end of their 3-year term as the Trust's external auditors.</p>		

	<p>It was noted the market for external auditors is challenging, due to new rules which prohibit audit contractors from undertaking any other consultancy work for a trust. This has led to a significant reduction in potential bidders. Therefore, it is recommended the Trust initially engages with KPMG to attempt to negotiate for an additional 3-year term.</p> <p>RS noted the previous difficulties in appointing external auditors and sought clarification on the procurement rules which enable trusts to make a direct appointment. GW advised a framework agreement has been established at Department of Health level. All companies wishing to undertake external audit work for the NHS were required to submit a bid, with the successful companies going onto the framework arrangement. Trusts can select companies from the framework to run either a mini competition with two or three of them, approach all of them or go to one directly. All companies on the framework have been through a competition to get onto the list. GW advised the transition to new auditors can be complicated. However, the transition to KPMG was reasonably smooth. GW advised any audit partner has a maximum of a 9-year term.</p> <p>IH queried if KPMG may increase their fees. GW advised this would be part of the negotiation.</p> <p>JoW queried if KPMG have indicated they wish to continue working with the Trust. GW advised they have not been approached as yet.</p> <p>The Council APPROVED the recommendation to engages with KPMG to attempt to negotiate an additional 3-year term</p> <p>RW re-joined the meeting</p>		
<b>23/015</b>	<b>OUTSTANDING SERVICE – CELEBRATING OUR VOLUNTEERS</b>		
5 mins	A short video was played highlighting the work of the Trust’s volunteers.		
<b>23/016</b>	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	No questions were raised		
<b>23/017</b>	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>• Governor elections</li> <li>• External auditors</li> </ul>		
<b>23/018</b>	<b>ANY OTHER BUSINESS</b>		
2 mins	SuH queried how any information gathered by governors which relates to other organisations will be fed back.		

	<p>CW advised the Executive Team are working across the system and provider collaborative. As executives develop collaborative arrangements with their opposite numbers in other organisations, this will provide a feedback mechanism. Governors should feed back to the Director of Corporate Affairs.</p> <p>SH advised there is the opportunity to provide feedback through the Lead Governor network.</p>		
<b>23/019</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 9<sup>th</sup> May 2023  Time: 17:30  Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 19:50</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Claire Ward</b>  <b>Chair</b></p> <p style="text-align: right;"><b>Date</b></p>		

**Attendance at Full COG (scheduled meetings)**

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			10/05/2022	09/08/2022	08/11/2022	21/02/2023			
Ann Mackie	Newark & Sherwood	Public	P	X	X	P	3	01/05/22	30/04/25
Councillor Craig Whitby	Mansfield District Council	Appointed	P	P	P	A	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	A	P	X	X	1	23/04/20	31/05/23
Councillor John Doddy	Nottinghamshire County Council	Appointed		P	A	X	4	14/07/21	31/05/25
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A	P	A	P	1	15/07/21	16/05/23
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A				N/A	20/02/20	N/A
Ian Holden	Newark & Sherwood	Public	A	P	P	P	3	01/05/22	30/04/25
Jane Stubbings	Ashfield	Staff	P	P	P	P	3	01/05/22	30/04/25
John Wood	Mansfield	Public	P	P	P	P	3	01/05/22	30/04/25
Justin Wyatt	King's Mill Hospital	Public	P	P	P	P	3	01/05/22	30/04/25
Liz Barrett	Ashfield	Public	P	P	P	P	3	01/05/22	30/04/25
Maxine Huskinson	Ashfield	Public	P	X	P	P	3	01/11/20	31/10/23
Michael Longdon	Mansfield	Public	P	P	P	A	3	01/05/22	30/04/25
Nadia Whitworth	Volunteers	Appointed	A	P	A		3	10/05/21	10/05/24
Neal Cooper	Mansfield	Public		P	P	P	3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	P	A	P	P	N/A	17/07/19	N/A
Ruth Scott	Mansfield	Public	P	P	P	P	3	01/05/22	30/04/25
Sue Holmes	Ashfield	Public	P	P	P	P	3	01/11/20	31/10/23
Vikram Desai	King's Mill Hospital	Public	P	A	X	A	3	01/05/22	30/04/25

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

NAME	AREA COVERED	CONSTITUENCY	EO COG	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			04/04/2022			
Ann Mackie	Newark & Sherwood	Public	X	3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed	A	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	A	1	23/04/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A	1	15/07/21	31/05/22
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A	N/A	20/02/20	N/A
Gerald Smith	Mansfield	Public	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	A	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	A	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed	P	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	P	N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	A	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	A	3	01/11/20	31/10/23

P = Present  
A = Apologies  
X = Absent