

COUNCIL OF GOVERNORS MEETING
Unconfirmed Minutes of the public meeting held on 21st November 2018
5:30pm – 8:00pm, Lecture Theatre 2, Education Centre, King’s Mill Hospital

Present:	John MacDonald	Chairman	JM
	Angie Emmott	Staff Governor	AE
	Ann Mackie	Public Governor	AM
	Councillor John Doddy	Appointed Governor	JD
	Ian Holden	Public Governor	IH
	Jackie Hewlett-Davies	Public Governor	JHD
	Jane Stubbings	Public Governor	JS
	Jayne Leverton	Public Governor	JL
	Jim Barrie	Public Governor	JB
	John Wood	Public Governor	JW
	Keith Wallace	Public Governor	KW
	Louise Knott	Appointed Governor	LK
	Martin Stott	Public Governor	MS
	Morgan Thanigasalam	Staff Governor	MT
	Ron Tansley	Volunteer Governor	RT
	Roz Norman	Staff Governor	RN
	Sue Holmes	Public Governor	SuH

In Attendance:	Sue Bradshaw	Minutes	
	Richard Mitchell	Chief Executive	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Claire Ward	Non-Executive Director	CW
	Barbara Brady	Non-Executive Director	BB
	Sue Cordon	KPMG	SC

Apologies:	Amanda Sullivan	Appointed Governor	
	Councillor David Payne	Appointed Governor	
	Councillor Helen Hollis	Appointed Governor	
	Nick Walkland	Public Governor	
	Valerie Bacon	Public Governor	
	Neal Gossage	Non-Executive Director	

Absent:	Dilip Malkan	Staff Governor	
	Samantha Annis	Staff Governor	

Item No.	Item	Action	Date
18/137	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate JM declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from Amanda Sullivan, Appointed Governor Councillor David Payne, Appointed Governor Councillor Helen Hollis, Appointed Governor Nick Walkland, Public Governor Valerie Bacon, Public Governor Neal Gossage, Non-Executive Director</p>		
18/138	DECLARATIONS OF INTEREST		
1 min	No declarations of interest were raised.		
18/139	MINUTES OF THE PUBLIC MEETING HELD ON 15TH AUGUST 2018		
3 min	<p>Following a review of the minutes of the Council of Governor's meeting held on 15th August 2018, IH identified the following amendments:</p> <ul style="list-style-type: none"> The following text to be added to paragraph 5 of item number 18/125: "IH noted that the Trust's decision making processes were increasingly driven by, or perceived to be driven by, decisions being made elsewhere e.g. by the CCGs, and in the various partnership structures. In this context he suggested that there was an increased risk of actual or perceived conflicts of interest and that it might become more difficult for the NEDs in particular to carry out their scrutiny and challenging function. This, in turn, made it more difficult to see how Governors would carry out their role in the future. He asked whether JM was confident that the governance processes in place were able to deal with these issues. <p>JM acknowledged that this was an area which would require regular oversight to ensure that all parties could carry out their roles effectively. He suggested that it was particularly important that the NEDs should have a chance to express their views. In this context JM advised...."</p> The following text to be added after paragraph 6 of item number 18/126: "IH asked whether, following a major investment in operating theatres at Kings Mill Hospital, there was a risk that management would be less likely to send work to Newark where theatres were already working below capacity. <p>RM replied that he did not think this investment would have any impact on the work being undertaken at Newark".</p> The following text to be added after paragraph 11 of item number 18/126: "AM noted that the process of improving integration of services 		

	<p>is predicated on savings made in one area not being passed on as costs to another area. In this context she asked whether the Trust had been involved in discussions about the CCGs decisions to transfer work, previously undertaken at Newark and Kings Mill, to private hospital providers leaving the Trust to deal with the more expensive follow up and remedial work and further reducing the take up on theatres at Newark.</p> <p>RM advised the Newark Strategy focuses on re-directing as many patients to Newark Hospital as possible”.</p> <ul style="list-style-type: none"> The following text to be added after the last paragraph of item number 18/126: “AM noted that she had had feedback from a number of members of staff that they had not been consulted about significant changes to the way their ward or department operated but had then been expected to implement those changes. She asked whether this was considered to be good practice”. <p>The Council APPROVED the minutes as a true and accurate record, subject to these amendments being made.</p>		
18/140	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 min	The Council AGREED that actions 18/114, 18/125, 18/127.1, 18/127.2 and 18/135 are COMPLETE and could be removed from the Action Tracker.		
18/141	CHAIR’S REPORT		
3 mins	<p>JM presented the report to the Council and advised Amanda Sullivan, Appointed Governor, has been appointed as the Accountable Officer for all Nottinghamshire as a further step towards the amalgamation of the CCGs. JM acknowledged this raises practical questions, as well as potential conflicts, regarding whether she should continue, or wishes to continue, as a Governor for SFHFT. JM advised he would meet with AS to discuss this and how to ensure the CCG is represented at SFHFT.</p> <p>Action</p> <ul style="list-style-type: none"> JM to meet with AS to discuss the implications of her appointment as Accountable Officer for Nottinghamshire and how to ensure the CCG is represented at SFHFT <p>The NHS plan is due to be released on 4th December 2018. JM advised it is anticipated this will be a high level document.</p> <p>There has been a lot of discussion over the last few weeks relating to ICS and ICPs. It is anticipated more information will be released over the next 2-3 months regarding how the structure and processes will work.</p> <p>The Council was ASSURED by the report.</p>	JM	12/02/19

18/142	CHIEF EXECUTIVE'S REPORT		
17 mins	<p>RM presented the report to the Council and advised that at the halfway point in the year the assessment through the Board of Directors' public meetings is there is a lot to be proud about. The word which is being focussed on is balance; getting the balance right between maintaining high standards of quality of care, doing things the right way, living within the Trust's financial responsibility and delivering the access standards.</p> <p>The NHS Improvement (NHSI) Quarter 2 report has not yet been published, but from discussions with other key organisations, SFHFT is the only organisation in the East Midlands, out of 9 key providers, which is delivering 95% YTD for the ED 4 hour standard.</p> <p>In terms of financial performance, only one other organisation in the East Midlands, in addition to SFHFT, are currently forecasting delivery of their control total at year end. This shows this Trust is an organisation which is making progress at a time when many of its partners are struggling. However, SFHFT is not a complacent organisation and there are a number of areas identified which are being addressed.</p> <p>RM added that he, JM and Andy Haynes are spending time in the arena of the ICS and ICP. The Trust is positioning itself to work closely with partners regarding some of the decision making, not only in health but across social care.</p> <p>RM advised he is working with commissioners to make sure they can deliver the majority of their QIPP plans for the remainder of the year, i.e. taking cost out of their commissioning budget but in a way which doesn't impact on access, quality or financial performance at SFHFT. Whilst difficult, some progress is being made in relation to this.</p> <p>To date in excess of 50% of staff have responded to the Staff Survey and it is hoped this will rise to above 60%. 78% of staff have had their flu vaccinations so far.</p> <p>IH noted the 62 day cancer standard appears to be off target and sought clarification regarding the reason for this.</p> <p>RM advised the report which will be presented to the Board of Directors on 29th November 2018 will show the Trust is back on track for this standard. RM acknowledged performance had deteriorated over the last couple of months advising there is an ever increasing demand in some key tumour sites, urology being one of them. RM assured the Council that the team are working exceptionally hard, with NUH in the case of some specialties, in order to resolve this.</p> <p>JHD noted the Trust is delivering performance in diagnostics but the reason given for not achieving the cancer standard is a delay in diagnostics. Therefore, there appears to be a mismatch of information.</p> <p>RM advised there are many different elements to the diagnostic pathway and there are different forms of diagnostic tests which can take place. Actions which can be taken to push out delivery of 6 weeks diagnostics to focus more on cancer services are being discussed.</p>		

	<p>JB noted agency spend appears to be increasing and sought clarification regarding this.</p> <p>RM advised the Trust is an outlier in terms of agency spend, spending more in comparison to other organisations. It is recognised there is more work to do for the Trust to be a recruiting and retaining organisation. Whilst agency spend peaked in September, this is now back on track for October. NHSI are happy with the actions the Trust is taking regarding agency spend. Primarily, the Trust needs to keep patients safe and that is one of the reasons for the peak.</p> <p>JM advised the Board of Directors focus on three main risks, these being increasing demand, workforce and finance. Regarding finance, SFHFT is forecasting delivery of its control total but this still puts the Trust in a deficit position. However, there are some big financial pressures within the system as a whole in both mid-Notts and Nottinghamshire. Going forward there is a need to take a balanced approach across those three main risks.</p> <p>AE sought clarification regarding what steps are being taken to retain staff.</p> <p>JM advised recruitment, retention and how technology is used to support staff are all areas to consider.</p> <p>RM advised when the NHS 10 year plan is launched, this is likely to include three broad messages in terms of workforce, these being recruitment, retention and redesign of roles. SFHFT has made some progress in regards to recruitment, some steps are in place regarding retention but more work is required in both of these areas and there is lots of work required in relation to redesign of roles.</p> <p>AE stated if there is a workforce shortage, the Trust needs to retain the staff it has. The retirement 'bubble', which was predicted a few years ago, is getting closer.</p> <p>JM advised this underpinned the discussion at the last Board of Director's meeting. It was acknowledged the Trust is doing well in relation to the current measures, but there is a feeling more needs to be done.</p> <p>MS noted the increase in the number of 18 week incomplete pathways and the number of cases exceeding 52 weeks from referral to treatment and queried if any of the Non-Executive Directors (NEDs) had raised this as a concern.</p> <p>RM advised there have been a number of discussions at the Board of Directors meetings regarding the 18 week pathway and 52 week waiters. The number of incomplete pathways has been growing but predominantly this has been due to the number of overdue reviews. This number is starting to reduce and currently over 90% of patients are treated within 18 weeks, with a view to get this back to 92%. The Board of Directors received a report which gave a breakdown of high volume specialities and there is more accurate reporting than previously.</p>		
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	<p>With regards to the 52 week waiters, this is linked to some data cleansing of patients who have been waiting over 52 weeks. Letters of apology have been sent to these patients and safety reviews have been undertaken. The process of identifying the longest waiting patients is almost complete. It has been agreed with NHSI that by 1st April 2019 the number of 52 week waiters will be zero or very close to zero. There is an understanding of what has been driving these figures and the actions which have been taken to resolve the issue.</p> <p>JM confirmed this has been discussed a number of times.</p> <p>KW queried if the NEDs are concerned about these issues.</p> <p>RM advised there have been a number of lengthy conversations regarding these areas with a sensible degree of interrogation.</p> <p>JM advised one of the recommendations put forward by the Well-Led review is to move performance into the Finance Committee. There are differing views on this and further discussion is required at the Board of Directors to agree the way forward.</p> <p>TR advised at least one of the performance metrics is discussed at every board meeting with the NEDs asking for rationale for missed targets and trajectory for improvement. This is evidenced within the Board of Directors (Public) minutes.</p> <p>GW advised the key element is the trajectory. It is important to see improvement and milestones being hit. If no improvement is seen there is a need to understand why.</p> <p>TR advised on some pathways it may just be one patient which causes the tipping point but this is still challenged.</p> <p>The Council was ASSURED of the report.</p>		
<p>18/143</p>	<p>REPORT FROM BOARD SUB-COMMITTEES</p>		
<p>13 mins</p>	<p>Audit and Assurance Committee</p> <p>GW presented the report to the Council, advising there are some changes relating to how the days are used for internal audit. The Committee discussed ways to make better use of 360 Assurance to support the Trust's journey towards outstanding.</p> <p>The Committee wishes to track the recommendations made by external audit as well as internal audit. There was a discussion relating to clinical audit which will be looked at in more depth at the meeting of the Audit and Assurance Committee (AAC) in January 2019.</p> <p>The conflicts of interest register is an ongoing issue. The situation is improving with the latest figures being 264 outstanding, compared to 370 in September. However, there is still more work to do.</p> <p>IH, Governor Observer of AAC, advised the NEDs who attend AAC are well engaged and challenge appropriately. It is interesting to observe the dynamic between the sub committees and risk.</p>		

JM noted moving to a system based model will blur the boundaries between the statutory organisations. The question is how to use the Governors and how do the Board of Directors make sure the assurances are in place.

SH advised SFHFT are not outliers in terms of struggling with conflicts of interest. The Trust has adopted best practice by asking for declarations for Band 7 and above.

Quality Committee

TR presented the report to the Council advising this is the report from the September meeting of the Quality Committee. Assurance was received that preparation of the Quality Account for 2018/2019 is on track.

The 'Should Do' actions from the 2018 CQC report have been included within the AQP. There is a system in place for the Committee to receive assurance that recommendations are embedded and this is being monitored.

A positive Internal Audit Follow-up report regarding Transfer of Care was received. It was noted the Trust is receiving more internal audit reports which give Significant Assurance with a few recommendations. It was acknowledged this is positive.

There has been no requirement for national reporting for Every Baby Counts for 12 months, which is significant due to past challenges in this area.

There is a commitment from the Trust to participate in the national 'Always Events' programme, initially looking to improve compliance with 'Hello, my name is....' and adding in 'Positive Patient Identification'.

RN advised she was not in attendance at the Quality Committee meeting in September but had attended the meeting held on 21st November 2018 and gave assurance to the Council regarding the level of challenge at the Committee.

TR advised BB will be taking over as Chair of the Quality Committee from January 2019.

Finance Committee

GW presented the report to the Council, advising there are issues from a system wide perspective. The CCGs are currently not achieving their QIPP programmes which is creating issues and that could create significant pressure on the Trust. This issue has been identified and is being managed by RM and executive colleagues.

This year is particularly challenging for SFHFT. Ernst and Young (EY) were commissioned to assist in developing a Financial Recovery Plan (FRP) due to the FIP programme under-delivering in the last few months. A robust recovery plan is in place which is being monitored on a weekly basis by the executive team.

	<p>The Trust is starting to be proactive in relation to linking with the strategy and the 5 year plan in terms of what savings need to be delivered and how these will be delivered.</p> <p>Charitable Funds Committee</p> <p>TR presented the report to the Council, advising the Gamma Scanner appeal has reached £155k. The Committee approved the policy for investment. The expenditure principles were reviewed but it is acknowledged further work is required in relation to some of those. The first draft of the risk register was presented to the committee; this requires further development.</p> <p>The Charity's compliance with General Data Protection Regulation (GDPR) was discussed.</p> <p>The Committee approved a fundraising campaign for Breast Services Development at Newark Hospital and the governance framework for the charity.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
18/144	WINTER PLAN		
9 mins	<p>RM updated the Council on the Trust's Winter plan for 2018/2019 advising the actions for Winter 2018/2019 are focussed on safely avoiding admissions, safely creating more bed capacity and safely turning beds over as quickly as possible, with a particular focus on patients who have been in hospital for more than 21 days. The Trust is working with partners to help achieve this. The volume of admissions is currently the same as January 2018.</p> <p>JS queried if the reason for patients being in hospital for more than 21 days is that they are waiting for a social care package.</p> <p>RM advised it is a combination of factors. It is partly down to the Trust's decision making but a large proportion of patients are waiting for something else, including social care packages.</p> <p>JD sought clarification regarding how many staff have received the flu vaccination.</p> <p>RM advised 78% of front line staff have currently had the vaccine. The Trust is proud of the vaccination rate.</p> <p>The Council were ASSURED by the report</p>		
18/145	VISION AND STRATEGIC OBJECTIVES – BUILDING ON THE PRESENTATION TO THE GOVERNOR FORUM ON 31ST OCTOBER		
24 mins	<p>PW presented an update on the progress of refreshing the Trust's strategy, advising the aim is to launch the refreshed strategy in April 2019. The Trust is not seeking to do a wholesale replacement of its values and priorities. However, it is acknowledged Strategic Priority 5, to play a leading role in transforming local health and care services, is increasingly important. It is recognised there is a need to elevate the</p>		

	<p>importance of this and make it the overarching objective for the Trust.</p> <p>Through engagement and conversations to date, the emerging view is that SFHFT should increasingly take more responsibility as an organisation for the health of the local population, focus on prevention as well as provision, work with partners to address the wider determinants of health, influence and help to strengthen out of hospital care and build on the strong foundation and reputation which has been built up.</p> <p>In essence, the Trust's mission / central focus needs to broaden to include improving the health of the local population, as well as providing outstanding care.</p> <p>IH queried if the resources were available to do this extra work.</p> <p>PW advised the Trust is reflecting on this and the position is not yet clear. However, the Trust will draw in resources from partners as the more the Trust and partners pull together and focus resources collectively, the more effective it will be.</p> <p>Moving forward, the nature of the Nottinghamshire wide commissioning structure will be very different to what the CCGs do currently and will operate at a different level, with people being involved in tactical commissioning. The Trust needs to consider how it works with Nottinghamshire Healthcare to make sure the community structure, clinical and managerial leadership and the Trust's leadership work together in a seamless and concerted way.</p> <p>RM advised the Trust will need to work much closer with commissioners in the future. Within the next 12 months the commissioning function will dramatically change. There is also a need to work with the local authority and discussions regarding this have started. Going forward, it will not mean SFHFT is 'doing' the work but the Trust will be taking a greater role in leading the work.</p> <p>JD noted it is good to see work starting across the whole system, acknowledging the work which has started in relation to the health and well-being of people who are homeless.</p> <p>RM advised the key aim is to achieve the concept of shared responsibility between the healthcare provider, the local authority and the patient/public.</p> <p>PW highlighted the snapshot themes emerging from the early responses to the engagement work being undertaken.</p> <p>MS noted that internally the Trust knows how well it is doing but the perception in the wider public is still 'dragging', noting that he has heard people within his constituency state that Kings Mill is not as good as Nottingham.</p> <p>JM advised thought needs to be given as to how this situation can be improved. Some work was undertaken following the CQC results and this needs to continue.</p>		
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	<p>RM advised there is a lot more work which can be done to strengthen the identity of the Trust. There are no areas where SFHFT is unique but there are growing points of distinction which differentiates SFHFT from other healthcare providers across the East Midlands and this should be included within the strategy work. Primarily the strategy relates to reframing the role of SFHFT. There is a need to strike a balance between high level strategy and practical examples of what the Trust is doing to work with primary care, voluntary sector, local authority, etc.</p> <p>There are three stages to the work required in refreshing the strategy. The first stage, which is nearing completion, is the gathering of information. The next stage is to use that information and construct a plan which will be shared with governors, patients and staff to get feedback and make any adjustments before the third stage, which is the launch.</p> <p>MS advised people in his neighbourhood who need healthcare usually go to their GP. Therefore, there is a need to communicate the strategy to GPs.</p> <p>KW sought clarification regarding any costs involved with refreshing the strategy / visual identity of the Trust.</p> <p>RM assured the Council that there will be no costs involved with the strategy refresh.</p> <p>JM felt this is the biggest change in the strategy for SFHFT than has been seen in the last 20 years. It will have big implications for culture, the way of working, etc. It is right to ask the question about resources but as important is that the Trust will have to work very differently.</p> <p>KW felt it is good to see the Trust is not just doing what it's always done in terms of managing demand but is seeking to change that demand and reduce it.</p> <p>IH noted communication to patients / public is going to take time and there will be a lag in changing the public's perceptions.</p> <p>JM noted it is known changing reputation takes a lot longer than it does to destroy. The Trust has come a long way and needs to keep working on that.</p> <p>Action</p> <ul style="list-style-type: none"> • Strategy presentation to be circulated to Governors 	<p>SH</p>	<p>31/12/18</p>
<p>18/146</p>	<p>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</p>		
<p>6 mins</p>	<p>Governor Elections 2019</p> <p>SH presented the report, advising governor elections are due to take place in 2019. Elections will take place across all constituencies, with most tenures ending on 30th April 2019. The election process will start in mid-February 2019. It was noted there is an anomaly with Derbyshire governors in relation to the tenure end date. The proposal</p>		

<p>3 mins</p>	<p>is that if VB stands and is re-elected she will start from 1st August 2019, but anyone else would start from 1st May 2019 to fall into line with other governors.</p> <p>It was noted the cost to elect four governors in 2017 was £14,500. It is expected this cost will increase significantly as the 2019 elections will be across all constituencies. Quotes are currently being sought.</p> <p>There are three governors who will have been in office for nine years. The Trust's constitution states that it is for the Council of Governors to determine any exceptional circumstances whereby a governor may serve longer than nine years. If this was agreed there would need to be an annual election for these governors. It was noted Governors cannot serve longer than 12 years in total.</p> <p>Two governors resigned this year because of the time commitment that wasn't made clear at the beginning. Therefore, communications regarding the role of governors needs to be enhanced. It has been suggested a podcast be produced with governors speaking about what it means to be a governor. However, this cannot be any governor who will be standing for election as that could be viewed as electioneering.</p> <p>The Council NOTED the timetable for the elections and the work of the working group in relation to election communications.</p> <p>RN suggested the three governors who have been in office for nine years put reasons in writing why they wish to stand again as this would identify if there is an exceptional circumstance.</p> <p>The Council AGREED this approach.</p> <p>JB advised any exceptional circumstances could be discussed at the Governors' Forum on 15th January 2019 with the outcome being presented for ratification to the Full Council of Governors meeting on 12th February 2019.</p> <p>Action</p> <ul style="list-style-type: none"> • Exceptional circumstances for allowing governors to serve longer than nine years to be topic for Governor Forum on 15th January 2019 • Any governor who is able and willing to take part in a Podcast regarding the role of a governor to contact SH <p>Lead Governor Report</p> <p>SuH presented the report advising she, along with five other governors, attended a session in the Simulation Suite spending the morning observing respiratory procedures. This was incredibly interesting and the staff are enthusiastic and committed. SuH expressed disappointment that more governors did not attend the session.</p> <p>SuH advised she has also taken part in a mini PLACE Audit which enabled her to gain more understanding about the work which is ongoing within the Trust.</p>	<p>SH</p> <p>SH</p>	<p>15/01/19</p> <p>15/01/19</p>
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<p>1 mn</p>	<p>SuH advised judging the Staff Excellence Awards was very difficult but she felt lucky to work in a Trust where staff are so valued by their colleagues.</p> <p>RN advised the staff in the Simulation Suite do an excellent job and she would recommend other governors to visit if the opportunity arises again.</p> <p>The Council were ASSURED of the report</p>		
<p>24 mins</p>	<p>Report of Remunerations and Nominations Committee</p> <p>BB left the meeting.</p> <p>JM advised the Remunerations and Nominations Committee have recently appointed two Non-Executive Directors, namely Barbara Brady and Manjeet Gill.</p> <p>The Council RATIFIED these appointments</p> <p>BB re-joined the meeting</p> <p>Well-led review - Draft report</p> <p>Sue Cordon, KPMG, presented the draft key findings from the Well-Led Review advising the report is almost complete. An interview with commissioners is currently outstanding but this is due to take place during week commencing 26th November 2018.</p> <p>The eight questions asked have been RAG rated and these rating have been confirmed, with the exception of one question which is pending the outcome of the conversation with commissioners. SC advised the outcome is one of the better results she has seen and is a solid result for SFHFT, demonstrating the work which has gone into getting the Trust where it is from a governance perspective.</p> <p>RM advised, in terms of the areas for discussion highlighted within the report, these had been discussed at the Trust Management Team, TMT, meeting and the Trust is in agreement with the vast majority of these. Following the TMT meeting there will be a series of updates and recommendations which will be discussed further at the Board of Directors' workshop on 29th November 2018.</p> <p>RM clarified SFHFT has one model for Quality Improvement (QI) but acknowledged this is not used systematically. Work is ongoing to improve this.</p> <p>SC advised the draft report should be issued in the next two weeks. It will go through the usual factual accuracy checks before being finalised.</p> <p>JM advised when the report is available, including best practice which SC will share with the Trust, this will be shared with the Governors for discussion at the next Governor workshop on 13th December 2018.</p>		

	<p>Action</p> <ul style="list-style-type: none"> Well-Led review to be topic for Governor workshop on 13th December 2018 <p>The Council CONSIDERED the report.</p>	SH	13/12/18
18/147	GOVERNOR FEEDBACK		
2 mins	<p>Membership and Engagement Group Feedback</p> <p>SuH advised the Meet Your Governor Sessions continue, but it was noted the number of governors taking part in these sessions is decreasing. SuH advised the questions provided by the Board of Directors were useful and it would be helpful to have 1 or 2 questions provided each month.</p> <p>SuH advised JL has arranged a Meet your Governors session at the leisure centre in Sutton-in-Ashfield.</p> <p>The Council CONSIDERED the report</p>		
18/148	QUESTIONS FROM MEMBERS OF PUBLIC		
mins	No members of the public were present at the meeting.		
18/149	ESCALATIONS TO THE BOARD OF DIRECTORS		
2 mins	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> Simulation Suite How the Governors and the Board of Directors discharge their statutory responsibilities with the move to system working Use of Governors' Forum 		
18/150	ANY OTHER BUSINESS		
1 min	<p>Topic for Governor Workshop 13th December 2018</p> <p>The Council AGREED the Well-Led review would be the topic for Governor workshop on 13th December 2018</p>		
18/151	DATE AND TIME OF NEXT MEETING		
mins	<p>Date: Tuesday 12th February 2019 Time: 5:30pm - 8:00pm Venue: Lecture Theatre 2, Education Centre, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 19:45</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>		
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NAME	AREA COVERED	CONSTITUENCY	FULL COUNCIL OF GOVERNORS MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			16.05.18	15.08.18	21.11.18	20.02.19			
Amanda Sullivan	M&A and N&S CCG	Appointed	P	P	A		1	01.06.17	31.05.18
Angie Emmott	Newark Hospital	Staff	P	P	P		3	01.05.16	30.04.19
Ann Mackie	Newark & Sherwood	Public	P	P	P		3	01.05.16	30.04.19
Councillor David Payne	Newark & Sherwood District Council	Appointed	P	P	A		1	15.05.18	15.05.19
Councillor John Doddy	Nottinghamshire County Council	Appointed	X	X	P		4	25.07.17	31.05.21
Councillor Helen Hollis	Ashfield District Council	Appointed		P	A		1	14.05.18	24.05.19
Dilip Malkan	King's Mill Hospital	Staff	P	X	X		3	01.05.16	30.04.19
Ian Holden	Newark & Sherwood	Public	P	P	P		3	01.05.16	30.04.19
Jackie Hewlett-Davies	Ashfield	Public	P	P	P		3	01.05.16	30.04.19
Jane Stubbings	Ashfield	Public	P	P	P		3	01.11.17	31.10.20
Jayne Leverton	Ashfield	Public	P	P	P		3	01.05.16	30.04.19
Jim Barrie	Newark & Sherwood	Public	P	P	P		3	01.05.16	30.04.19
John Roughton	Mansfield	Public	A	P			3	01.10.17	30.09.20
John Wood	Mansfield	Public	A	P	P		3	01.05.16	30.04.19
Keith Wallace	Mansfield	Public	P	P	P		3	01.05.16	31.04.19
Louise Knott	Vision West Notts	Appointed	P	A	P		3	01.03.15	31.03.18
Martin Stott	Newark & Sherwood	Public	A	P	P		2	01.05.16	30.04.19
Morgan Thanigasalam	King's Mill Hospital	Staff	P	P	P		3	01.10.17	31.10.20
Nick Walkland	Rest of East Midlands	Public	P	P	A		3	01.05.16	30.04.19
Ron Tansley	King's Mill Hospital	Volunteer	P	A	P		3	01.05.16	30.04.19
Roz Norman	King's Mill Hospital	Staff	P	P	P		2	01.05.16	30.04.19
Samantha Annis	Newark Hospital	Staff	X	X	X		3	01.05.16	30.04.19
Susan Holmes	Ashfield	Public	P	P	P		3	01.11.17	31.10.20
Valerie Bacon	Derbyshire	Public	P	P	A		3	01.08.16	31.07.19