

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 14th November 2023 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Angie Jackson	Appointed Governor	AJ
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JWo
	Justin Wyatt	Staff Governor	JWy
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Pam Kirby	Public Governor	PK
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Tracy Burton	Public Governor	TB
In Attendance:	Paul Robinson	Chief Executive	PR
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Steve Banks	Non-Executive Director	SB
	Debbie Kearsley	Deputy Director of People	DK
	Jacqueline Read	HR Business Partner	JR
	Roz Norman	Staff Side Chair	RN
	Claire Hinchley	Deputy Director of Strategy and Partnerships	CH
	Ben Widdowson	Associate Director of Estates and Facilities	BW
Sue Bradshaw	Minutes		
Apologies:	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	John Dove	Public Governor	JDov
	Kevin Stewart	Appointed Governor	KS
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Vikram Desai	Staff Governor	VD
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
Absent:	John Doddy	Appointed Governor	JDod
	Steven Hunkin	Public Governor	SH

Item No.	Item	Action	Date
23/058	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
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>David Walters, Appointed Governor Dean Wilson, Public Governor John Dove, Public Governor Kevin Stewart, Appointed Governor Nikki Slack, Appointed Governor Peter Gregory, Public Governor Ruth Scott, Public Governor Vikram Desai, Staff Governor Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director</p>		
23/059	DECLARATIONS OF INTEREST		
1 min	GW declared an interest in item 23/072.2.		
23/060	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 31 st July 2023, the Council APPROVED the minutes as a true and accurate record.		
23/061	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
3 mins	<p>The Council AGREED that actions 23/031 and 23/048 were complete and could be removed from the action tracker.</p> <p><i>Action 23/042</i> – PR advised feedback from Meet Your Governor (MYG) sessions is not compatible with Friends and Family reporting. However, MYG feedback will feed into the Patient Experience Committee to ensure triangulation with other aspects of feedback.</p> <p>IH advised he and LB are due to meet with Healthwatch to discuss how patient feedback can feed into the Integrated Care System (ICS).</p> <p><i>Action 23/045</i> – PR advised during periods of industrial action the Trust implemented escalated rates for consultant and specialist doctors, noting this was consistent with other partner organisations across Nottinghamshire and was consistent with the British Medical Association (BMA) rates. Tight controls were in place and the escalated rates were only paid when additional cover was provided. The rates paid were typically approximately 50% more than the usual bank rates.</p>		

23/062	STAFF STORY – EMPOWERING OUR PEOPLE TO BE THE BEST THEY CAN BE		
25 mins	<p>DK, JR and RN joined the meeting.</p> <p>DK, JR and RN presented the Patient Story, which highlighted the relaunch of the Trust’s CARE Values, implementation of the Just and Restorative Culture and how Strategic Objective 3, Empower and support our people to be the best they can be, is being brought to life.</p> <p>IH sought clarification how the professional bodies which represent staff interface with the Trust in terms of cases referred to them. DK advised a just and restorative approach is taken, regardless of the circumstances of any referrals to professional bodies. The Trust supports individuals going through a process by putting a personalised wellbeing support package in place. Professional bodies, such as the General Medical Council (GMC), etc. are also starting to take a more just and restorative and person centred approach.</p> <p>SM advised the CARE Values have empowered her as a leader as they provide a framework, which is very useful. The relaunch of the CARE Values is good for people who are newer to the organisation, advising she takes it for granted everyone knows what the CARE Values are. In terms of the Just and Restorative Culture, this is recognised and the Trust does live that value.</p> <p>TB felt it is a refreshing approach. Noting the support provided to staff who are going through a process, TB sought clarification what support is provided if there is a bullying or harassment element to an allegation. DK advised the Just and Restorative Culture means there is no judgement. If someone alleges harassment, support is provided to both the person making the allegation and the person the allegation is made against.</p> <p>JWy noted it is a difficult balance between supporting staff through processes while ensuring incidents such as the Lucy Letby case do not happen. DK advised people are still held to account for their actions, but it is important to understand the full circumstances surrounding what has happened before making any judgment in terms of next steps.</p> <p>SO sought clarification regarding agency staff and queried if good practice is shared. DK advised the Trust works closely with agencies and shares good practice in terms of values. If an incident occurs with agency staff, support is offered at the time and the Trust will liaise with the agency in terms of aftercare and ensure appropriate support is being provided.</p> <p>IH sought clarification about the approach taken with Skanska and Medirest staff. DK advised the Trust works closely with Medirest HR and managers to implement Just and Restorative Culture. Training is provided to both Skanska and Medirest.</p> <p>DK, JR and RN left the meeting.</p>		

23/063	CHAIR'S REPORT		
1 min	<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 her intention to run for election to become the first East Midlands Mayor. CW expressed thanks to Sue Holmes for her tenure as Lead Governor, and welcomed Liz Barrett to the role.</p> <p>The Council was ASSURED by the report.</p>		
23/064	CHIEF EXECUTIVE'S REPORT		
4 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 demand for Trust services, industrial action, vaccination programmes, Newark Elective Hub, Integrated Care Board (ICB's) engagement in relation to the overnight closure of the Urgent Treatment Centre (UTC) at Newark Hospital, work to create additional parking at Newark Hospital, work to implement activity associated with the Community Diagnostics Centre (CDC) and relaunch of the Trust's CARE Values.</p> <p>IH noted there have been reports in relation to patients who are on multiple pathways appearing as multiple entries on waiting lists and queried if this affects the Trust. In addition, IH noted the recent announcement that the Treasury will not provide funding to cover strike action and queried how additional costs linked to any future industrial action will be funded.</p> <p>PR advised this is a national initiative and organisations are not being asked to source the funding locally. There will be distributions within the NHS from central budgets which will need to be internally generated as funding will not be provided by the Treasury. It is likely some national initiatives will be paused to allow funds to be distributed throughout the NHS. Thresholds to receive additional payments through elective activity will be reduced.</p> <p>The Council was ASSURED by the report.</p>		
23/065	LEAD GOVERNOR REPORT		
1 min	<p>LB presented the report, acknowledging the work of Sue Holmes, Former Lead Governor.</p> <p>The Council was ASSURED by the report.</p>		
23/066	15 STEPS FEEDBACK		
1 min	<p>CW advised that due to staff sickness no-one was available to attend the meeting to present the report. However, any comments would be fed back to Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints.</p>		

	<p>LB advised she gets a lot out of undertaking the 15 Steps visits and it is a great opportunity for governors.</p> <p>The Council was ASSURED by the report.</p>		
23/067	UPDATE ON THE DEVELOPMENT OF THE TRUST'S 2024-2029 STRATEGY		
32 mins	<p>CH joined the meeting.</p> <p>CH gave a presentation outlining the development of the Trust's Strategy for 2024-2029, highlighting the Trust's vision, future milestones, supporting and technical strategies, development process, strategic objectives, feedback from engagement with colleagues, patients and members of the public and plans for further engagement.</p> <p>IH queried whether all Trust members were included in the consultation earlier in the year. PR advised the consultation took place at the same time as the governor elections, with information being included in the same mailing as the election materials.</p> <p>IH queried which governors had been involved in discussions relating to the development of the strategy, advising he had asked about progress but had not had any engagement. CH advised the strategy presentation has been presented to previous meetings of the Council of Governors in light format in terms of timescales and milestones, noting at that point the messages for governors to help shape and take forward were not available as the feedback from members was being sought and collated.</p> <p>IH observed the governors' job is to take the Trust's proposals to their constituents, obtain feedback and feed that back to the Trust. CH advised the vision and the ambition has been developed and is now ready to be shared more widely. PR advised developing a strategy is a journey, noting the first step was to take stock of members' views obtained during the initial consultation. There is now a proposal for further consultation.</p> <p>IH noted the statutory duty on the Trust to have regard to the views of the Council of Governors. PR agreed and observed that the proposal in the papers provides the opportunity for governors to respond to it.</p> <p>CW advised it would be difficult to ask all governors to set out the strategic objectives from scratch. The early consultation asked Trust members about their experiences, what they want, etc. From this feedback the strategic objectives were created and there is now a document for further engagement.</p> <p>IH confirmed that is not what he was asking, advising what he sought was to ask the public what they want from the Trust.</p> <p>LB felt it is a very strong proposal and there is now a good opportunity for some synergy to get maximum impact for the longevity of the proposal.</p>		

JS queried if the Care Quality Commission (CQC) will have sight of the strategy. CH advised sight of the strategy will form part of a CQC inspection. PR advised part of how the Trust provides outstanding care in the best place at the right time will be cognisant of the CQC's expectations. CH confirmed the CQC's expectations are well publicised.

LD sought clarification for the process of partner engagement and roadshows. CH advised this would be between now and February 2024.

IH stated that he could see few, if any, SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) objectives in the Trust level strategy which will hold together the lower level strategies and stop them becoming silos. IH sought the Non-Executive Directors' (NEDs') views in relation to this.

AR advised feedback has been provided that SMART objectives should be included. GW advised this will be discussed further at the Board of Directors Time Out session on 15th and 16th November 2023. There is a need to consider what the SMART objectives will be and how they will be achieved.

SB advised his expectation is the supporting strategies will flow from the Trust strategy, which provides the opportunity to ensure SMART objectives are in place. BB advised the strategy needs to have evidence of impact, in terms of the difference it will make, rather than a narrative about the activity which is happening within the Trust.

SM advised she likes the fact the overall strategy links to the supporting strategies, noting staff need to embody and understand the strategy.

IH noted the reading age of the strategy document is 17-18 years, highlighting the average reading age of the public is 12 years. CH advised a process is in place to check this before the strategy is finalised.

TB advised she welcomed the strategy and felt the high level strategic objectives detailed are what needs to be in place at this time, noting the layers underneath will be filled over time. There is impact which will be monitored and checked, noting impact is more than a figure as this will include the quality element. TB felt the strategy will meet CQC requirements. The next phase is to consider how the governors can help gather information to add benefit.

PR advised conversations with patients are a way of testing out the impact of the strategy. The strategy is a high level document, with the detail being included in the supporting strategies. The strategy will reflect the ambitions of impact and improvement and there is a need to start to engage with patients to test if they are feeling the impact.

	<p>IH felt the strategy does not have the required level of granularity, noting patients want to know the detail and not the high level information. CW advised some of that level of granularity will not be in the Trust strategy, noting the strategy will show the ambition with the granularity in relation to what needs to be done to achieve those results being in the supporting strategies.</p> <p>SO queried if patient surveys and future staff surveys will be used as a way of measuring success. PR advised where the Trust engages with patients and is able to craft the questions, this will happen. In terms of the Staff Survey, this is an annual national survey and the Trust is given the questions to ask as they need to be comparable for all NHS organisations. However, there is some limited flexibility in terms of how questions are framed and a few questions can be added.</p> <p>SO queried if there were any other surveys for staff between the annual Staff Survey. PR advised a Pulse Survey is issued to staff in the three quarters between annual Staff Surveys.</p> <p>The Council NOTED the update.</p>		
<p>23/068</p>	<p>IMPROVEMENT FACULTY UPDATE</p>		
<p>15 mins</p>	<p>CH presented the report, highlighting delivery of large improvement programmes, including the Targeted Investment Fund (TIF) theatres at Newark Hospital and additional capacity at the Community Diagnostics Centre (CDC) at Mansfield Community Hospital, requests for support, clinical leadership roles within the Faculty, Improvement Ambassador Award, Improvement Advisory Group, visit from the National Improvement Director and outcomes of the NHS Impact self-assessment exercise.</p> <p>LD expressed surprise the Trust did not have an improvement faculty previously as she felt there used to be a service improvement team. CH advised there used to be several separate teams within the Trust, i.e. Project Management Office (PMO), Service Improvement Team, Clinical Audit and Library Services, and the Faculty has brought those teams together in one place.</p> <p>PR advised there were a number of teams within the Trust with 'improvement' in their job titles, but they did not work together and share good practice. Therefore, the decision was taken to bring those teams together to achieve a consistent, coherent approach to improvement. The Trust is working within the NHS Impact framework, which will allow the Trust to share good practice internally and with other organisations across the NHS.</p> <p>IH felt the first principle 'Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of patient care and improve patient safety (including application of the Patient Safety Incident Response Framework)' is two principles, the first of which should be patient safety with evidence based being second.</p>		

	<p>IH felt there is no mention of systems in terms of teaching people to understand what system working is and queried if this is an oversight or if this is embedded using different language. CH advised systems thinking will be a topic for discussion at the Board of Directors Time Out session on 15th and 16th November 2023. A member of the Improvement Faculty Team is undertaking a systems thinking course and will bring that expertise into the organisation. This is a growing piece of work.</p> <p>CH advised the Faculty is involved in supporting the operational efforts in relation to improving discharge processes, including modelling demand and capacity and looking at the staffing model for the Discharge Lounge. The support is focussed on two main areas, transport and pharmacy.</p> <p>LD felt the focus should be on preparing for discharge, including booking transport and arranging medications the day before discharge is due. LD queried how this can be embedded. CH acknowledged this is work in progress. The sustainability of processes is being monitored. Data in relation to pharmacy processes has been automated. There is work to do in terms of educating staff. The benefit of the faculty approach is service improvement is taken to completion and beyond.</p> <p>The Council was ASSURED by the report.</p> <p>CH left the meeting.</p>		
<p>23/069</p>	<p>ESTATES UPDATE</p>		
<p>14 mins</p>	<p>BW joined the meeting.</p> <p>BW presented the report, highlighting the Private Finance Initiative (PFI) settlement, car parking, space management, capital works, strategic priorities for 2023/2024, Green Plan and the Fire Team.</p> <p>JS queried if the PFI settlement benefits the Trust. BW advised the investment of £15m is a positive for the Trust. GW advised it has taken some time to get to this point and the settlement is a good outcome. Relationships at a senior level are working better now than they have for some time. The next steps relate to contract management aspects and there is more work to do in this regard, noting one issue is developing the strength of relationships at the senior level, down to the next level.</p> <p>IH queried what type of Automatic Number Plate Recognition (ANPR) system the Trust is planning to install. BW advised the system will be both card / cash payments and can be accessed via a mobile app.</p> <p>JW advised he has seen a lot of delivery vehicles parking in the drop-off area at the front of King's Mill Hospital. BW advised there has been a collapse in the floor in a corridor at the back of the hospital, and diversion routes have had to be put in place. As a result, delivery drivers may be using the front entrance as opposed to coming to the goods receipt point. BW advised he would follow this up.</p>		

	<p>SO advised he and IH had recently visited Newark Hospital and received feedback from a member of staff that the sexual health clinic was quiet and is 'dead space', but the women's section is constantly busy and is cramped. SO queried if there is any option to look into this in terms of space utilisation. BW advised the Team are aware of this and it will be considered.</p> <p>The Council was ASSURED by the report.</p> <p>BW left the meeting.</p>		
<p>23/070</p>	<p>WINTER PLAN</p>		
<p>11 mins</p>	<p>PR presented the report, highlighting the key principles for Winter planning, the approach to Winter planning, mitigations, current bed occupancy and staff wellbeing support.</p> <p>LD referenced a presentation to a previous meeting in relation to the Service Improvement Team looking at effective discharge processes and queried if this work has made a difference. PR advised a set of actions are being deployed which are anticipated will make a difference to the number of patients who are medically fit for discharge. This reduction in demand will allow the Trust to return to 92% bed occupancy and allow for flow in an effective and safe manner.</p> <p>LD felt it would be good to embed better discharge processes, rather than it just being a response to Winter.</p> <p>JD queried when the Discharge Lounge is due to open. PR confirmed this will be February 2024.</p> <p>AJ queried if there is support from local authorities in terms of discharging patients when they are medically fit to go home and if this is working well. PR advised over the last two months some targeted work has been undertaken with an independent consultant, which has looked at the process across the whole of Nottinghamshire. This has enabled changes to be identified in terms of how teams can work together more effectively. There is still more work to do but through collaborative working the first change can be made and momentum built for teams to work more collaboratively into the future.</p> <p>TB noted the current bed occupancy rate is 96% and queried if this was due to acute demand, length of stay or complexity. PR advised all of these factors are affecting the occupancy rate. The step change will be the ability to discharge patients when it is medically safe to do so.</p> <p>JWY advised opening a Winter ward brings huge challenges. However, he advised it feels different this year as areas are already open and substantively staffed, meaning the Trust is less reliant on agency and locum staff. While it is a difficult time, the Trust is in a strong position going into Winter.</p>		

	<p>PR advised one of the key principles in the Winter Plan is minimising the impact on planned care, noting during the Winter of 2022/2023, the Trust tried to maintain planned care, but unfortunately it was necessary to stand down some elective procedures during January and February 2023. This meant there was a need to change wards from surgical to medical at short notice, which caused a level of disruption. However, for this Winter, plans are in place to enable surgical wards to be changed to medical wards should the need arise.</p> <p>SO queried if the Trust has planned for worst case scenario in the event of further industrial action. PR advised potential industrial action has not been built into the plans, noting it does not affect demand and, in previous periods of action, the Trust has been able to staff beds. Therefore, potential industrial action has not been built into the demand and capacity plans. No dates for further industrial action have been announced, but in the event of this the Trust will review its ability to deploy the plan.</p> <p>The Council was ASSURED by the report.</p>		
<p>23/071</p>	<p>REPORT FROM BOARD SUB-COMMITTEES</p>		
<p>28 mins</p>	<p>Audit and Assurance Committee (AAC)</p> <p>SB presented the report to the Council, highlighting governance arrangements for MSK (Musculoskeletal) services and Healthcare Financial Management Association (HFMA) audit.</p> <p>IH acknowledged the change of Chair of the Committee and advised the Committee has been very well chaired by GW over the years. IH noted there is a constant challenge to complete audits on time, but felt the Committee is effective.</p> <p>Quality Committee</p> <p>AR presented the report to the Council, highlighting the increase in mortality rates, impact of continued industrial action, reduction in the number of complaints and a review of the Board Assurance Framework (BAF) risks.</p> <p>JWy advised the Committee has good, robust discussions and it was good to receive an update in relation to the ongoing work to establish the root cause for the increase in mortality rates.</p> <p>TB noted every patient who comes to harm on the cancer pathway is reviewed and queried if there is a risk stratification process and if this is linked to mortality in terms of triangulation. AR confirmed this is the case and is discussed by the Committee.</p> <p>Finance Committee</p> <p>GW presented the report to the Council, highlighting the Trust's financial position at the end of Month 6, Financial Recovery Plan, ICB's financial position at the end of Month 6, PFI governance and review of BAF risks.</p>		

	<p>People and Culture Committee</p> <p>SB presented the report to the Council, highlighting the Health and Wellbeing campaign, preparation for the Staff Survey, response to Equality, Diversity and Inclusivity (EDI), ongoing industrial action and review of BAF risks.</p> <p>Charitable Funds Committee (CFC)</p> <p>SB presented the report to the Council, highlighting delays with progress to create 16 enhanced end of life rooms, review of Charitable Funds investments and the External Fundraising on Hospital Site Policy.</p> <p>LB advised it is a very well run and interesting committee.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p> <p>Governor Observers</p> <p>CW advised that following a request for expressions of interest in the governor observer role, the following roles were NOTED:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee – Ian Holden • Finance Committee – Sam Musson and Kevin Stewart • Quality Committee – Peter Gregory and Pam Kirby • People and Culture Committee – Dean Wilson and John Wood • Partnerships and Communities Committee – Tracy Burton and John Dove • Charitable Funds Committee – Jane Stubbings and Liz Barrett <p>The Council AGREED to ask Kevin Stewart, Appointed Governor, to observe the Finance Committee on behalf of the governors, noting his previous experience as a public governor and acknowledging this does not set a precedent for appointed governors to act as governor observers in the future, as this is a role for elected governors (public or staff).</p> <p><i>Post-meeting update</i> – after the meeting had concluded, Neal Cooper advised he would observe the Audit and Assurance Committee. Therefore, there are two observers on each committee.</p>		
<p>23/072</p>	<p>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</p>		
<p>5 mins</p>	<p>Membership and Engagement Group</p> <p>LB presented the report, advising it was a good meeting of the Group in October.</p> <p>IH felt there is a need to put together a better package for members to increase active engagement and for governors to regularly engage with members about issues of concern.</p> <p>PK felt it is important to provide feedback to members so they know they have been heard.</p>		

<p>2 mins</p>	<p>IH felt there needs to be a separation between the Communication Team and governors.</p> <p>LB advised this is the starting point. There is a need to think about how membership can be increased and how members contribute in a meaningful way.</p> <p>IH felt one area to consider is engaging with young people as they may have innovative ideas about how the Trust communicates.</p> <p>The Council was ASSURED by the report</p> <p>Report of the Remuneration Committee - re-appointment of a Non-Executive Director</p> <p>GW left the meeting</p> <p>SBS presented the report, advising Graham Ward (GW) comes to the end of his tenure on 30th November 2023, having served 8 years as a Non-Executive Director (NED). Graham is eligible for reappointment for a further year. It was proposed to re-appoint GW for a period of 1 year to 30th November 2024</p> <p>The Council APPROVED the reappointment of Graham Ward for a period of 1 year.</p> <p>GW re-joined the meeting</p>		
<p>3 mins</p>	<p>Report of the Remuneration Committee - appointment of a Non-Executive Director</p> <p>SBS presented the report, highlighting the recruitment process for the vacant Non-Executive Director (NED) post and advising a total of 26 applications were received. Unfortunately, two applicants lived outside the Trust's constituency and, therefore, were not applicable for appointment. Eight candidates were shortlisted and invited for interview, which took place on 25th October 2023.</p> <p>Following the interviews, it is recommended the Council of Governors support the appointment of Neil McDonald for an initial three-year term.</p> <p>IH advised candidates from a range of different backgrounds were considered and Neil was the best candidate by some margin.</p> <p>The Council APPROVED the appointment of Neil McDonald as a Non-Executive Director for an initial three-year term.</p>		

2 mins	<p>Remuneration Committee Membership</p> <p>CW advised that following a request for expressions of interest in serving on the Remunerations Committee, the following Governors will form the Remuneration Committee:</p> <ul style="list-style-type: none"> • Liz Barrett – Lead Governor • Dean Wilson – Public Governor • Neal Cooper – Public Governor • Tracy Burton – Public Governor • Vikram Desai – Staff Governor • Kevin Stewart or Nikki Slack – Appointed Governor 		
23/073	OUTSTANDING SERVICE – A VOLUNTEER'S JOURNEY THROUGH SHERWOOD FOREST HOSPITALS		
5 mins	A short video was played highlighting the work of the Trust's volunteers.		
23/074	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised.		
23/075	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Development of the Trust's strategy for 2024-2029 • Governor Observers of sub-committees agreed • Approval of appointment of Neil McDonald as new Non-Executive Director • Approval of extension to tenure of Graham Ward, Non-Executive Director for a further year • Membership and Engagement 		
23/076	ANY OTHER BUSINESS		
1 min	No other business was raised.		
23/077	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 13th February 2024 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 20:10.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward Chair</p> <p style="text-align: right;">Date</p>		

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			09/05/2023	31/07/2023	14/11/2023	13/02/2024			
Angie Jackson	Mansfield District Council	Appointed		P	P		4	23/05/23	31/05/27
Ann Mackie	Newark & Sherwood	Public	A				3	01/05/22	30/04/25
Craig Whitby	Mansfield District Council	Appointed	X				4	21/05/19	31/05/23
David Walters	Ashfield District Council	Appointed	A	A	A		1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public		A	A		3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P	P		3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P	P	X		4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public		P	A		3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	A	P		3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	X	P	P		3	01/05/22	30/04/25
Karen Nadin	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Kevin Stewart	Volunteers	Appointed	P	P	A		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P		1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
Michael Longdon	Rest of East Midlands	Public	X				3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P		3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	P	A		N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public		P	P		3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public		P	A		3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	P	A		3	01/05/22	30/04/25
Sam Musson	Staff	Staff		P	P		3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public		P	P		3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public		P	X		3	07/07/23	06/07/26
Sue Holmes	Rest of East Midlands	Public	P	P			3	01/11/20	31/10/23
Tracy Burton	Rest of East Midlands	Public		P	P		3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	X	A		3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent