Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT GOVERNORS' COUNCIL MEETING (IN PUBLIC)

As part of the Trust's robust plans to keep patients and staff safe during COVID-19, the Trust's Governors' Council Meetings are being held using virtual arrangements, until further notice, which is consistent with arrangements across the wider NHS. The Governors' Council held a virtual public meeting on 13 October 2022 at 10.30am. Papers were published in advance of the meeting and are available on the Trust's website.

Minutes of the Governors' Council Meeting held on Thursday 13 October 2022 at 10.30am via MS Teams

Governors	Class and Constituency
Lesley Bambridge (LB)	Appointed Governor – Norfolk County Council
Chris Brewis (CBr)	Public Governor - South East Lincolnshire (Lincs)
David Chittenden (DC)	Public Governor – Breckland N Norfolk & the Rest of England
Tracy Corbett (TC)	Public Governor - West Norfolk
Esmé Corner (EC)	Public Governor - West Norfolk
Jonathan Dossetor (JD)	Public Governor - West Norfolk
Jane Evans (JE)	Appointed Governor – West Norfolk Carers
Gilli Galloway (GG)	Public Governor - West Norfolk
Antonia Hardcastle (AH)	Public Governor – Breckland, N Norfolk and the Rest of England
Penny Hipkin (PH)	Public Governor - West Norfolk
Sheena Johnson-Banks (SJB)	Staff Governor – Non-Clinical
Leanne Kendrick (LK)	Staff Governor – Non-Clinical
Betty Lewis (BL)	Public Governor – Cambridgeshire/Fenland
Sue Madden (SM)	Appointed Governor – University of East Anglia
Alan Maltby (AM)	Public Governor - South East Lincolnshire (Lincs)
Mike Press (MP)	Public Governor - West Norfolk
Sara Shaw (SS)	Public Governor – West Norfolk
Andy Walder (AWa)	Appointed Governor – Freebridge Community Housing
Kenneth Wicks (KW)	Public Governor - West Norfolk
Peter Wilkinson (PW)	Appointed Governor – Breckland Council
Attendees	**Role**
Graham Ward (GW)	Chair, Acting Chair, Non-Executive Director (NED)
Alice Webster (AW)	Acting CEO
Alan Brown (AJB)	Non-Executive Director
Claire Fernadez (CF)	Non-Executive Director
Sue Hayter (SH)	Non-Executive Director
Dr Ian Mack (IM)	Non-Executive Director
Simon Roberts (SR)	Non-Executive Director
Govindan Raghuraman (GR)	Interim Medical Director
Andrea Prime (AP)	Trust Secretary
Sarah Renwick (SHR)	Governor and Membership Officer (minutes)

No	Item	Action
69/22	**1. ACTING CHAIR'S WELCOME AND OPENING REMARKS**	
	GW welcomed the Governors' Council.	

CONFIDENTIAL

70/22 2. APOLOGIES FOR ABSENCE

Apologies were received from Ann Compton, Julian Litten, Garry Monger, Barry Hunt, Stewart Nimmo, Linda Purdy, Jackie Schneider David Dickinson, Linda Purdy Laura, Skaife-Knight and James Richardson

71/22 3. DECLARATIONS OF INTEREST

There were no declarations of interest.

72/22 4. GOVERNORS' COUNCIL MINUTES 16 JUNE 2022 AND NOTES FROM ACTING CHAIR'S INFORMAL BRIEFING 2 SEPTEMBER 2022 AND ACTIONS LOG

The minutes of the meetings held 16 June 2020 and the notes of the informal Chair's briefing held 2 September 2022 were agreed as a correct record.

Actions 5 and 7: were agreed as complete and move to the completed actions log.

73/22 5. ACTING CHAIR UPDATE

The Council received the Acting Chair's update report which provided key updates and developments in August and September 2022.

GW welcomed AW to the role of Acting CEO and Helen Blanchard who has been appointed Interim Chief Nurse to backfill AW's substantive role.

- JD asked whether the first phase of the strategic framework can be shared. GW informed that this is still in development with more benchmarking and health inequalities information needed. The second phase will consider trajectories and the tracking, scheduling and display of key performance indicators (KPI). GW advised that the system aspects of the framework have not been delivered but the Trust has made a good start.
- EC sought assurance from an outward perspective and asked how the detailed updates on the work of the Norfolk and Waveney are being conveyed and whether these will be provided to Governors. GW informed that there is a common summary of the position which is shared across the three Acutes via the Governors Forum.
- EC asked that, since the Governors Forum has been disbanded, where does the information come from and whether it is reliable. EC added that communication has been the weakest link in the system and it is important to have a reliable source of information for the Governors' Council. AW agreed that there is a need for a better link between Governors' Councils which could be facilitated through the Chairs' forums.
- EC advised that a proactive pathway for system communication will be raised at the Lead Governors Informal Briefing on Thursday 29 October 2022. GW confirmed that he will raise this with the new Chair when they next speak.

ACTION: GW to discuss communication pathways within the system with the new Chair **GW**

The Governors' Council noted the Chairman's report

74/22 6. ACTING CEO UPDATE

The Council received the CEO's report which provided an update on key external and internal events and activities in August and September 2022.

AW thanked Governors for the warm welcome she received as Acting CEO and highlighted that:

- Operational pressures are mirrored across the NHS country-wide
- The inpatient Staff Survey is important because it reveals key area of focus. It was carried out in November 2021 and much work has been done since then to respond to issues raised.
- The 2022 National Staff Survey (NSS) is out and staff are encouraged to complete because it is an important measure for the Trust.
- The Trust has been shortlisted for the Health Service Journal (HSJ) 'Trust of the Year' award which is a reflection of the hard work carried out by the Executive Team and all staff to get the Trust out of special measures.
- This week the Trust won the National Communications Health and Wellbeing Health and Communications Award which the Team was present to collect and is another recognition of the Trust's improvement.
- AW gave a presentation at the ICS Integrated Care Conference about some of the health and wellbeing work the Trust is doing which was well received. AW welcomed reports received of positive experience at the QEH from students, medical and non-medical staff.

- AM observed that year on year the Trust is struggling to show improvement in the NSS and some areas have deteriorated and sought assurance that the Trust is reacting to this requirement. AW confirmed that the issues raised are triangulated with the Friends and Family Test (FFT) and responded to urgently. The Medical Teams have been working on improving communication and understanding with patients from a 'how do you feel being treated by me' perspective.
- AWa noted that the common theme is not enough staff and sought assurance that the Trust has the finance for more staff in hand so that there is assurance across the Business Assurance Framework (BAF). GW assured the Council that the BAF is updated regularly to reflect change and is a strong governance process. It is not all managed and mitigated so there are some high risks showing for the Trust to focus on.
- IM reported that the Quality Committee has requested greater detail on the 2021 NSS results so that it can compare 2021 and 2022 results in depth. This will enable greater understanding of the issues and the staffing of wards. IM informed that the underlying issue is that there are patients in the hospital who do not need hospital care. This puts tremendous pressure on the staff who should be concentrating on people who need to be in hospital. IM assured the Council that the Quality Committee will investigate this in detail and depth and ensure that the solutions are delivered.
- CF noted that a paper on staffing has been considered by the People Committee but assured Council that the Quality Committee focuses on quality and safety and the impact of staffing on the patients.
- AJB reported that the Finance and Activity Committee has asked for a detailed workforce plan to come to the October F&A meeting to address

whether the Trust has the finance to increase staff levels. Sickness remains high so the Trust has been using agency and bank staff which is expensive.

- SH added that recruitment is always an issue because of national problems with recruiting medical staff at all levels. The Trust has recognised the need to develop training locally and has been successful in recruiting midwives who did their placements at the QEH. The Trust is thinking ahead with local recruitment and increasing placement from Cambridge and Norwich and the Nurse Associate training places are being taken up locally through the Nursing School at the College of West Anglia.
- SR is assured by the steps taken by Women and Children and Maternity to address 'grow your own'. There are three additional Midwives in training and progress is beginning to show. The People Committee had welcomed a recent drop in sickness levels. Divisions are encouraged to manage and challenge staff sickness levels.

- GG asked if recent performance figures are showing signs of improvement. AW confirmed that the stroke figures remain challenging and can only improve slowly. Cancer performance will continue to be monitored and will be shown in the next IPR.
- LB enquired if there is a particular problem recruiting into emergency departments. AW advised that there is a national shortage of Urgent and Emergency Care (UEC) practitioners but there is an upward trend of people wanting to work in UEC. The frontline GP streaming is a positive asset in ensuring that patients are directed to the appropriate level of care. Medical staffing is challenging and will be part of a wider skills mix review.
- JE asked whether the issues are due to a staff shortage or lack of skills-mix. AW noted that the waiting times are affected by the lack of discharge capability which affects bed capacity and is not related to skills-mix or staff shortages. AW added that the Discharge Planning Team is in daily and hourly contact with community colleagues and social care in a challenging community care market.
- DC noted that cross-working has been added to the risk register and asked if there is significant risk of paediatric patient harm due to lack of mental health support in the community. AW informed that the Trust has had sone 17/18 yr patients receiving mental health care from an acute bed. These patients do not receive 24-hour care as would a child. The Trust has no control over this but the Norfolk and Suffolk NHS Foundation Trust (NSFT) has agreed to provide a paediatric mental health nurse to work with the Trust's teams but it does not solve the problem. These individuals are adults and an acute setting is not the right environment for them. Patients are sadly being treated out of area, some as far away as Bristol
- EC asked if there are processes in place to retain staff. SR could not provide full assurance but reported that the Trust has introduced many staff initiatives to make the QEH a positive place to work. Freedom-to-speak-up Guardians, initiatives and work with EDI on cultural development are having a positive impact. CF informed that the Preceptorship Programme is a key area of focus to ensure that good, early working experience at the Trust will help to encourage medical staff to stay on.
- IM reported that the Trust has lost a number of Pharmacists to other opportunities with higher salaries but nursing is also a national challenge as younger nurse are leaving the profession for better pay and conditions. This is challenging nationally and not specifically for the QEH and is a huge national imperative. Conditions need to be favourable for staff.

- GW thanked Governors for the useful discussion around the patient experience and staffing which is important for the future.

The Governors' Council noted the Acting CEO's report.

75/22 7. OUTPUTS OF BOARD/GOVERNOR WORKING GROUPS & NEXT STEPS

The Governors' Council received the paper which provided an update on the next steps, timescales and leads for taking forward the recommendations agreed, following the recent Board-Governor working groups. These seek to further strengthen relationships and optimise a good system of governance overall, recognising there is always room for improvements and building on the strong foundations in place.

GW asked for Governor input on the proposals for how the Governors' Council will operate going forward. EC informed that the Governors had felt it useful to discuss this at the next informal briefing on 20 October 2022 and report back. GW agreed this as sensible timeframe.

ACTION: Outputs of Board/Governor working groups to be discussed at the Lead Governor briefing 20 October 2022	**EC, FT Office**

The Governors' Council noted the report.

76/22 8. GOVERNORS' COUNCIL COMMITTEES – CHAIR'S ASSURANCE REPORTS

The Council received the Assurance Reports from the Trust Board and Governors' Council committees.

GW apologised that the most recent assurance reports had been received close to the start of the meeting and asked the Chairs of the Trust Board sub committees to include key elements from the most recent report to ensure that the Governors' Council is as up to date as possible.

8.1 Finance and Activity Committee

AJB highlighted that:

- The Trust was on track in July 2022 but, due to a reduction in activity, the position had slipped by September 2022. The Committee will be reviewing a detailed report at the October 2022 F&A meeting to understand the reasons behind the slip.
- The winter 2022 plan will be presented to the October 2022 F&A meeting and the Trust Board in November 2022.
- Failsafe work on the roof above the theatres has been brought forward so the affected theatres will be closed longer than expected because this work had been planned in the winter when there is less demand. This has affected the Trust's Urgent and Emergency Care and elective care targets. Plans to mitigate this include working evenings and weekends.
- The deep dive into stroke performance carried out in July 2022 showed that there is still a lot to do but the Divisional General Managers are keen to make improvement and improve grip and control. The stroke unit is

under pressure with patients from A&E taking up beds and means that standards are being missed for treating patients in the stroke beds.

- The F&A studied the cost improvement plan (CIP) in detail in September which was found to be only slightly behind plan at month 5 by £100k. the Committee was assurance that this would be made up by the year end

8.1a Business Committee

Items for escalation:
AW highlighted:

- Whether the potential scenario at year end has been stress tested and asked if work is being carried out regarding the risks and implications to those scenarios
- AJB had picked up on stroke performance in the Access Standards but AW sought clarification between 'grip' and 'understanding' and asked what actions are in place to improve performance.
- That the Trust mentions trajectories and plans for improvement but the Governors clearer sight of the plans, trajectories and actions.
- Electronic Patient Record (EPR) is due to deliver in March 2025. AW asked if this can be accelerated and sought assurance that EPR will include Primary Care.
- That IM informed that the fundamental problem is that there are too many people in the hospital and the Business Committee is seeking clarification on how the ICS and the ICB is working to improve the situation. AWa sought assurance that someone in the Trust sees this as their priority and there is clarity around a reduction in patients coming through the hospital and an increase in discharge after treatment.
- Following some examples of individual experiences, AW asked Governors to raise any concerns at the time through PALS and the recognised channels, rather than bringing them up a meeting.
- DD asked whether the CIP will be affected by the non-closure of a ward.
- GW asked the NEDs to cover the questions in their response.

- AJB informed that initially the finance plan was showing a deficit of £6m but, following submission of the plan, guidance was received that the ICS had to have a breakeven plan with some unmitigated risk with which the QEH had to comply. The Trust had £6.3m unmitigated risk for the second half of the year and is now drifting off plan. This is due to some CIPs, such as ward closure, dropping off but other CIPs have been found so it is expected that the CIP position will hold.
- AJB informed that the system needs to respond as a whole and the regional Finance Directors are in regular contact and will need to coordinate across the region to ensure that patient care is sustained.
- GW confirmed that the financial risks are across the NHS as a whole and all Trusts are in a similar position. The Trust is in line to deliver its original expected deficit but some risks are hard to define due to inflation and winter COVID. The key is for this to be managed at system level. The expectation is that the Trust will hold a breakeven position in months 6 and 7 but is then unlikely to be reporting at breakeven as the risks materialise. GW thanked the Finance Director and his team for the excellent reporting to the F&A and stressed the need for close monthly

scrutiny and sustained grip, control and mitigation. GW informed that the Trust is in a good financial position compared to some other Trust's.

- AJB informed that the scope of EPR covers the three Acutes initially but interoperability with primary and mental health care will be a key element of the scope. There is another piece of work which aims to consolidate medical records into one 'data lake' but that is currently separate from EPR between the three Acutes.
- GW confirmed that the Trust is doing as much as possible to limit admissions and maximise the use of Same Day Emergency Care (SDEC) to improve patient flow. The Trust is considering using Trust-owned care homes as a means of transition into community care. Community Care is a key focus at the Committee in Common (CiC) meetings because patient flow is a regional issue to which the ICB will need to respond.
- IM reported that the Health Service Journal (HSJ) has hinted at a national imperative for the ICBs to react to this situation which is out of the Trust's control. There are some local resolutions including early deployment of the NHS reserve as an emergency winter measure. Otherwise, sick people will not be treated in ED or admitted to hospital which is a pressing issue for the Government to craft a solution.
- Following consideration of the stroke metrics, IM informed that the Quality Committee is not assured that the improvement plan is delivering and is looking at the directives. IM is aware that the Delivery Manager knows the issues but sustainable solutions are needed. Patients coming to harm should be reported as a Serious Incident (SI) and, as some patients do not arrive within the treatment timeframe, the expertise of the stroke unit is required as an urgent priority for the required intervention. GW recognised that trajectories are difficult to pin down with so many factors outside of the Trust's control but the Executive Team will be looking at the plans to challenge and work through the solutions.
- GR informed that there are some early stoke stages that need to be addressed, others are out of the Trust's control but the Trust is working hard to improve access to stroke care and Governors can share any concerns with GR.

8.2 Quality Committee

IM highlighted that:

- The Quality Committee has gained from visiting the wards, the Eye Unit and ED. The staff capacity and flow meetings provide assurance that that there is daily and hourly management of admissions and patient flow and the impact of the lack of community and primary care.
- The Committee has benefitted from receiving Chair's Assurance Reports which has improved focus on key issues and concerns and made better use of the meeting.
- The Committee is mindful of IPR issues in the system, including falls and infections and the impact of staff vacancies, especially in pharmacy.
- Some aspects of the Maternity Improvement Plan require focus such as consultant response to bleeps and the delivery of standardised neonatal resuscitation trolleys, delivery of which has been repeatedly delayed. IM welcomed the opening of the new triage unit for maternity which has won a regional award for innovation. The Trust is working through the Robson criteria for caesarean sections.

- The levels of end of life (EOL) care will be studied in the autumn and better use of the family feedback test (FFT) has supported ongoing patient care issues when a patient dies.
- The Improvement Plan is falling behind, especially in Maternity so the Committee will be visiting maternity services in October 2022.
- The Committee was concerned at the levels of attendance at some of the meetings that feed into the Quality Committee and the cancellation of some groups that report into those meetings.
- The IPR and infection metrics have been rising and will be the subject of a deep dive in October 2022.
- The Committee will receive a more detailed report on the patient experience survey, comparing the results from this and the previous year which is an important source of patient feedback.

- JD sought assurance that patients on the cancer pathway waiting over 104 days have had the 2-week initial interview and are waiting for an investigation to confirm the diagnosis. IM confirmed that Executive colleagues have been challenged and, following a deep dive, only one patient came up as an SI but this was for psychological harm caused by a genealogical cancer. There was no evidence of physical harm and assurance can only be gained from the processes in place. IM acknowledged that there are challenges to diagnostic imaging and the Trust needs to support modernising of practices.
- GR confirmed the diagnostic issues and assured Governors that the Trust has not been able to identify any patients who have suffered a harm. GR assured Governors that the Trust takes every care to keep patients safe between their diagnosis and treatment.
- IM concurred that volumes are huge and noted that the Government has extended the licence to practice for emergency practitioners for two years because the lack of medical staff is a national emergency. Some cancer patients have suffered the consequences of the NHS's 2-years of support for COVID and safe and appropriate solutions need to be carefully crafted.
- IM thanked colleagues on the Quality Committee for their dedication to the huge Quality Committee agenda and the key issues that are required to be managed.

8.2a Patient Experience Committee

AM referred the Council to the Patient Experience Committee assurance report which highlighted security concerns if ward staff do not challenge visitors to the wards.

8.3 People Committee

SR highlighted that

- The Culture Transformation Programme is beginning to have an impact on staff and some positive reflections are being received from staff in clinical support services.
- The management of absenteeism is beginning to see a positive return to work in some areas, notably Women and Children.
- Some Junior Doctors have not been using the Guardian of Safe Working as a reporting route which can lead to assurance gaps so assurance is

sought from management that freedom-to-speak-up is being actively deployed and used effectively.

- There are extensive action plans in response to the NSS and pulse surveys which are being reported into the People Committee. There are extensive action plans in place to address the issues raised to improve staff experience and engagement.
- The number of overdue appraisals is high but a similar approach to that of managing sickness is being introduced which it is hoped will show improvement by November 2022.
- An overarching Education Strategy has been proposed to help to focus on what is needed to deliver a continuously positive experience for all the students and to mitigate the evidence that some third year students have a less positive experience.
- CF reported that the Trust has worked hard with the Junior Doctors and there is now an increased intake of medical students and Doctors in training and it is important to ensure that there are facilities to house them appropriately.

ACTION: AW and SR to establish a proposal for an Education Strategy across the system for April 2023

8.3a Membership and Communications Committee

JD highlighted that:

- The Trust is holding a Healthcare Event called 'Living with Dementia' in the Great Barn, Knights Hill, King's Lynn on 8 November 2022 with contributions from local care providers - West Norfolk Carers, the Alzheimer's Society, Chatterton House and the QEH Fundraising Team Dementia Appeal.
- Trust Matters winter 2022 will be published on 5 December 2022, again with 80% fresh content.

GW thanked the NEDs and took assurance that the NEDs are working hard to be on top of everything and their dedication to the patient experience and staff welfare. GW asked the Acting CEO to pass on his thanks to all staff.

QUALITY AND PERFORMANCE

77/22 9. COMPLIANCE PLAN 2022/23

The Governors' Council received the plan which provided an update progress against the 2022/23 Compliance Plan during July and August 2022 against the Forward Plan and included a RAG status and narrative update by exception.

AW highlighted the significant areas that the Trust is monitoring:

- The 4-hour standard which sits under medicine but is a Trust-wide standard and reflects quality of care
- Pharmacy within critical care. The challenges had been discussed earlier and output is being monitored
- Mandatory training and appraisals

- The Evidence Assurance Group (EAG) is well attended and received and there is evidence that actions are completed but they also need to be sustained. GW agreed that the EAG provides a lot of assurance which is fulfilling its brief and it provides assurance that, once signed off, changes are embedded

GW thanked AW and noted that the EAG is one of the most robust processes in place for the Compliance Plan and provides evidence of the detailed challenge placed on processes before they are signed off.

78/22 10. INTEGRATED PERFORMANCE REPORT INCLUDING FINANCE REPORT

10.1 Integrated Performance Report
The Council received the Integrated Performance report 4 October 2022.

AW reported that the hospital seems to be under sustained high pressure so will be focussing on UEC, elective care and finance daily over the coming months. AW highlighted that:

- Slide 34 in the presentation has been corrected and will be sent out to the Council after the meeting.

ACTION: Slide 34 to be issued to the Council after the meeting **FT Office**

- DC asked if the issues around coding and the recording of palliative care have been resolved. IM informed that the coding issue has been dealt with but the Quality Committee has requested more detail on the explanation given regarding palliative care and trajectories, including more detail on numerators and denominators. GR noted that issues around rebasing and the coding of COVID have been raised with NHS England.
- GR confirmed that major issues are discussed constantly in quality forums and other forums and the low rates of palliative care are slowing down but it will take time. The Trust is not back to pre-COVID activity levels but this is improving gradually.

The Governors' Council noted the report

STRATEGY

79/22 11. STRATEGIC SYSTEM UPDATES

Integrated Care System (ICS), Place-Based Care and Acute Provider Collaborate

The Governors' Council received the paper on key areas of work within the Norfolk and Waveney Integrated Care System.

AW informed that work continues on the Trust's winter plans, particularly around PLACE-based care to see if the region can deliver something different, as identified in the report.

- EC observed that the ICB Clinical Strategy is not due out until March 2023 and the QEH would need some input into what the strategy informs and

the direction it takes. EC enquired whether the community perception of the changes has been built into the discussion before final decisions are made and sought assurance that there has been sufficient clinical input. GW informed that this is an ICB-led activity covered by the overall Clinical Strategy and clinical input and the patient element is vital.

- EC expressed concern that the changes are potentially disruptive and the Trust would not want to lose its valuable connections with the Papworth and Cambridge hospitals.
- GW noted that clinical and patient consultation will be key driver for the design of the new hospital and the Trust is clear that not all services provided come from Norfolk and Waveney of which GR is keenly aware.
- GR confirmed that he sits on the Acute Clinical Strategy Oversight Group where all the Acutes are collaborating and discussing the clinical impact of the changes. Changes are tested by Clinicians for feasibility and ways for improvement. GW is not aware that anything has been disruptive, to date or that there is cause for ongoing concern.
- IM noted that, when Trust Boards were developed, Non-Executive Directors with a clinical background were agreed so that they could provide independent challenge to clinicians in executive roles. This has not been mirrored in the ICB Board of Directors, the Committees in Common nor in the NEDs on the ICB and IM stressed that engagement with the local public and medical staff is a key piece of work.
- DC asked if the timing of the Clinical Strategy leaves the Trust in limbo until March 2023. GW confirmed that the Trust has been inputting into the ICB Clinical Strategy, with the other Acutes, to ensure that views and process are taken into consideration. The Clinical Strategy has not been left for the ICB to determine.

The Governors' Council noted the report.

80/22 12. HOSPITAL MODERNISATION

The Governors' Council received the report which provided an update on the Estates-related programmes, including Reinforced Autoclaved Aerated Concrete (RAAC), the capital programme and the new hospital.

- KW asked if the new Endoscopy Unit could be used as additional ward space. AW confirmed that it is not suitable for overnight stay and patients needs to be put into the right bed/ward from the start and not into a halfway house. The solution is to reduce admissions at the front end. GW added that moving administration to the Endoscopy Unit frees up space to redevelop and expand Urgent and Emergency Care (UEC) and makes the building a better usable space for medical staff.
- JE asked if the rise in building costs will affect the new hospital build. GW informed that, if the QEH gets onto the new hospital list, the Outline Business Case will pick up on the current 'market'.

NEXT GOVERNORS' COUNCIL MEETING – Thursday 15 December 2022 at 10.30 am via Teams -

The public meeting closed at 11.24pm and the Council moved to the private session.