

**COUNCIL OF GOVERNORS MEETING**

**Unconfirmed** Minutes of the public meeting held on 16<sup>th</sup> May 2018

**5:30pm – 8:00pm, Lecture Theatre 2, Education Centre, King’s Mill Hospital**

<b>Present:</b>	John MacDonald (Chair)	Chairman	JM
	Amanda Sullivan	Appointed Governor	AS
	Angie Emmott	Staff Governor	AE
	Ann Mackie	Public Governor	AM
	Councillor David Payne	Appointed Governor	DP
	Dilip Malkan	Staff Governor	DM
	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
	Keith Wallace	Public Governor	KW
	Louise Knott	Appointed Governor	LN
	Morgan Thanigasalam	Staff Governor	MT
	Nick Walkland	Public Governor	NW
	Ron Tansley	Volunteer Governor	RT
	Roz Norman	Staff Governor	RN
	Sue Holmes	Public Governor	SHo
	Valerie Bacon	Public Governor	VB
<b>In Attendance:</b>	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Laura Webster	Corporate Secretary (minutes)	LW
	Richard Mitchell	Chief Executive	RM
	Tim Reddish	Non-Executive Director	TR
	Neal Gossage	Non-Executive Director	NG
	Claire Ward	Non-Executive Director	CW
<b>Apologies:</b>	Graham Ward	Non-Executive Director	
	Andrew Berridge	Public Governor	
	Councillor Sharron Adey	Appointed Governor	
	Councillor Amanda Brown	Appointed Governor	
	Councillor John Doddy	Appointed Governor	
	John Roughton	Public Governor	
	John Wood	Public Governor	
	Martin Stott	Public Governor	
Samantha Annis	Staff Governor		

		Action
<b>18/104</b>	<b>CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE &amp; QUORACY CHECK</b>	
	<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: - John Roughton – Public Governor, John Wood – Public Governor and Martin Stott – Public Governor</p>	
<b>18/105</b>	<b>DECLARATIONS OF INTEREST</b>	
	No declarations of interest were raised.	
<b>18/106</b>	<b>MINUTES OF THE PUBLIC MEETING HELD ON 21<sup>st</sup> February 2018</b>	
	Following a review of the minutes of the meeting held on the 21 <sup>st</sup> February 2018 the Council APPROVED the minutes as a true and accurate record.	
<b>18/107</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>	
	<p>The Council AGREED action 18/098 was COMPLETE and could be removed from the tracker.</p> <p>Actions 17/075.4, 17/076 and 17/077 have been included on the agenda for assurance. The Council AGREED the actions as COMPLETE.</p> <p>RM provided an update on action 18/096 and advised the Council that a discussion was held at Public Board of Directors in regards to the parking constraints.</p> <p>RM advised there is no additional land at Newark Hospital to create more parking bays; at Kings Mill Hospital however the use of the Mansfield Football Club and transportation to King's Mill Hospital could be an option. RM acknowledged it is a bigger issue for staff than it is for patient/visitor parking.</p> <p>RM wrote out to staff members and gave multiple car parking solution options to support. RM stated that a staff member requested the signs at the entrance barriers to illuminate when full. This option would require all barriers to be left down and swipe cards to be used in order for the system to count the amount of spaces being used. 86% of staff members opposed this option due to the disruption it causes in the mornings.</p> <p>RM advised that staff members are reminded to park appropriately if no parking bays are available. Staff are not to park on double yellow lines or block cars in. Staff must inform the parking office of the alternative parking they have made to avoid receiving a ticket.</p>	
<b>18/108</b>	<b>CHAIR'S REPORT</b>	
	<p>The Council acknowledged the death of Ray Dawson, Non-Executive Director, who passed away suddenly on the 14<sup>th</sup> April 2018, aged 64.</p> <p>JM expressed to the Council that Ray was a highly respected and well liked member of the team and will be greatly missed by all at Sherwood Forest Hospitals.</p> <p>Graham Ward, Non-Executive Director, has taken on the role as the Audit and Assurance Committee Chair; CW has taken the role as Vice-Chair.</p> <p>JM advised the Council that there are now two vacancies for Non-Executive Directors.</p>	

18/109	<b>CHIEF EXECUTIVE'S REPORT</b>	
	<p>RM presented the report to the Council.</p> <p>RM highlighted the synopsis report which was taken to last month's Public Board of Directors.</p> <p>RM advised that agency spend has reduced by 42%.</p> <p>The Trust's updated Board Assurance Framework (BAF) gives a clear view and a good understanding across the organisation of what the key risks are.</p> <p>RM highlighted that the delivery of cancer standard has been improving at SFH. For April it was reported at 83.8%</p> <p>Elective treatment standard have also improved within the last three months. RM advised that full compliance will be achieved by July 2018. RM advised that Trust's performance is at 96.6%.</p> <p>RM provided the Council with an update regarding the recent CQC visits. RM advised that in January 2018 the Trust submitted its PIR (Provider Information Request) to the CQC. Drop in sessions with the CQC took place in March. The CQC was very impressed with the amount of staff and volunteer attendance at the sessions. RM advised that out of the 160 permanent consultants at SFH 51 took the opportunity to speak to the CQC. The CQC announced inspections took place in April 2018. The Trust received a letter from the CQC two days after the inspection. RM advised that the content of the letter was mostly positive. It was noted that the Trust provides personalised care to patients and the morale of the staff was also acknowledged.</p> <p>The CQC had identified areas for improvement, however neither from a safety nor quality perspective. RM stated the CQC had given examples of their inspection on the Emergency Department (ED). The CQC found that the Trust needs to improve on the amount of pillows which are provided in ED, and that within Paediatrics of ED the toys were quite dated. RM advised the Council that both have been rectified and the Trust wrote back to the CQC within 48hours and agreed with all recommendations made.</p> <p>The Trust held its Use of Resources (UoR) meeting with the CQC week commencing 7<sup>th</sup> May 2018. The CQC primarily looked at the UoR from a finances perspective which was received well.</p> <p>RM stated the Trust will received feedback on the 16<sup>th</sup> May. Official ratings will be published after July 2018.</p> <p>TR enquired if the CQC could have undertaken an unannounced visit between the announced inspection and the well-led interviews. RM advised it was possible. The CQC had visited Ward 52, A&amp;E, Critical Care and Paediatrics as they were invited by the teams of those departments, when they returned to undertake the well led inspection</p>	
18/110	<b>REPORT FROM BOARD SUB-COMMITTEES</b>	
	<p><b><u>Audit &amp; Assurance</u></b></p> <p>TR presented an update to the Council.</p> <p>TR highlighted that Patient Safety Alert System was issued with Limited Assurance, during the Internal audit review. IH stated it was reassuring to see where there were areas with Limited Assurance actions would be implemented and reported back to the committee.</p>	

IH advised it was reassuring to understand the relationship between Internal and External Auditors. IH advised the Council that clear work is being done within areas that are reported with Limited Assurance.

AM expressed that receiving reports on the day of the meeting makes holding the NEDs to account difficult. AM felt the Governors are not able to fully review each report presented at the Committees. SH advised that meeting papers will be uploaded onto the Governor Portal one week prior to the meeting.

### Quality

TR presented the report.

The Terms of Reference was discussed and agreed by the Committee to reflect the business of the Quality Committee.

TR advised that the Committee looked at the Controlled Drugs Assurance report which was requested by the Patient Safety Quality Group (PSQG) and was received with positive assurance.

The Quality Committee requested further information to be included within the regular quarterly Medicines Optimisation Report to better understand the position with regards to 'unaccounted losses of Controlled Drugs'. TR advised the Council that this will be followed up by the PSQG.

External and Internal Auditors gave validation that SFH's Pharmacy Service performs within the top quartile across the East Midlands against their set of performance indicators.

An analysis of Unify Dementia Screening Return had been requested by the Quality Committee. This was in response to a marked decrease in performance since December 2017. TR assured the Council that mitigations are in place and is going well according to plan. TR advised that NHS Improvement have requested a report indicating the actions being taken by SFH to rectify the position.

A deep dive into the number of falls occurring across the Trust indicated that the increase of falls was reflective of a national change in the classification of severe harm due to falls being coded as severe, rather than an increased number of actual severe harm. TR advised the Council that the Trust continue looking at ways on how to improve the falls position.

The Advancing Quality Programme (AQP) report provided the Quality Committee with the current status of each of the AQP work streams. TR advised that the Quality Strategy is monitored by the AQP.

Serious Incident Summary reports are provided at every Quality Committee. The Committee received assurance on a number of areas and was able to acknowledge the work that had been undertaken around the identification and classification of 'Root Cause'.

The Trust declared 28 serious incidents (SI's) during the period between April 2017 and February 2018. Two SI's were classified as never events and were reported separately to the Board of Directors.

TR advised there is now an appropriate skill mix within the Emergency Department. This has had significant progress with regards to the successful recruitment of Middle Grade and Consultant staff. TR reported that the Trust are using fewer Locums than previously reported.

JHD stated that there has been a delay in response letters to patients and enquired if the Quality Committee are aware of the management process.

RM advised the Council that a report came to the Quality Committee today with regards to the complaint process. RM advised that the process had deteriorated slightly in March and April due to the quality content of the letters and the amount of letters being sent through at one time for signing

RM reported he had discussed with Paul Moore, Director of Governance and Quality Improvement, to hold the letters back to ensure the quality of the response was improved. RM acknowledged this would increase the delay but felt the quality standards of responses are the key priority.

### **Finance**

NG advised that the Trust delivered against its control total for 2017/18 and over-delivered slightly against its CIP target. NG advised that additional winter monies led to a reduction in the deficit of a further £5.9m. Further bonus monies from NHSI have been received and will further reduce the deficit for the year.

Further work has been carried out on the draft budget for 2018/19. NG advised the Trust is now planning to deliver a pre PSF control total of £46.4m and a post PSF control total of £34.0m.

NG advised that Divisional targets have been set and divisional managers will be asked to confirm their FIP plans to provide assurance on the delivery of the plans.

NG updated the Council on Legionella and assured the Council that appropriate actions are in place. The Water Safety Group monitors water flushing activity around the Trust monthly. All recommendations made by an independent advisor from Public Health England have been implemented.

### **Charitable Funds**

TR updated the Council regarding the recent launch of the fundraising appeal of a £550k Gamma Scanner. TR advised the Committee will receive updates at every meeting on how the fundraiser is progressing.

The Committee reviewed its effectiveness against the standard template and identified five areas for action.

TR advised the Committee want to review the governance in relation to the Daffodil Café. The Committee will be commencing this work during the Summer.

TR felt it would be beneficial if the Council of Governors promote the Trust's charity with their respective constituencies.

JHD enquired if there will be an opportunity for a Governor to attend the Charitable Funds Committee. TR advised that the Committee will be reviewing its membership once both Non-Executive positions have been recruited to. TR felt that it would be beneficial to have a Governor observer on the Committee.

The development of a Charitable Funds risk register was agreed at the last Committee.

SH advised the Council that there will be a number of events taking place for NHS' 70<sup>th</sup> Birthday. People will be walking from Newark to King's Mill Hospital in celebration of this. The walk will be a 30 mile route over 12 hours.

KW advised the walk will take place at 7am on the 5<sup>th</sup> July at Newark Hospital.

<p><b>18/111</b></p>	<p><b>SHERWOOD FOREST FORWARD PLAN</b></p> <p>RM presented the Sherwood Forest Forward Plan to the Council for information.</p> <p>The plan recognises the journey that the organisation has been on over the past year.</p> <p>The plan has been developed by SFH to outline the Trusts priorities, expectations and intentions for the next two years ending March 2020.</p> <p>RM stated that he would like to see a detailed piece of work to be developed post CQC outcome which will ensure the Trust has a strategy that is reflective of where the organisation will be heading in the future.</p> <p>JM advised the Council the document is also free to view by the public.</p>	
<p><b>18/112</b></p>	<p><b>ADVANCING QUALITY PROGRAMME (AQP)</b></p> <p>RM provided the Council with a brief update with regards to the progress made for each work stream.</p> <p>RM advised the Council that the AQP is the process the Trust delivers the Quality Strategy.</p> <p>The AQP Board received a draft of the Trusts proposed Quality Strategy. Members gave their widespread support to the direction, clarity of vision and the priorities selected for improvement work as set out in the document.</p> <p>RM advised the Council that the attached Quality Strategy is a summary of the full version which was approved by the Board of Directors in March 2018.</p> <p><b>Action: SH to circulate the full version of Trusts Quality Strategy 2018 - 2021 to the Council of Governors.</b></p> <p>A discussion held at the Quality Committee focused on a number of areas such as positive patient experience, safer care and clinically effective care. RM emphasised that positive patient care and patient empowerment are a personal interest.</p> <p>JHD advised there is an expectation for patients to contribute to their own care. RM stated patients should be the true owner of their care and this can be achieved by patient empowerment and interaction.</p> <p>RM advised the Council that a discussion was held at the Executive Team meeting with Clinical Chairs present in order to conclude how the Trust can be assured all patients truly understand the conversations had with them.</p> <p>SHo enquired if the Trust are encouraging carers to accompany patients to appointments. RM confirmed the Trust do encourage carers to accompany patients.</p> <p>The Council noted the progress made by the Advancing Quality Programme.</p>	<p>SH</p>
<p><b>18/113</b></p>	<p><b>STAFF SURVEY</b></p> <p>RM presented the Staff Survey report to the Council.</p> <p>RM advised the response rate in 2016 was 41%. The response rate in 2017 was 57%, putting SFH joint 7<sup>th</sup> highest in England for acute NHS Trusts and highest in the East Midlands.</p>	

	<p>RM stated 2500 members of staff had responded to the survey. RM advised many indicators suggested staff felt more supported however some comments raised gave concern one example being the Sickness Absence Policy.</p> <p>RM expressed his praise to Julie Bacon, Executive Director of HR, and the HR team with regards to the focus groups which had been set up in response to the staff survey.</p> <p>The percentage of staff who recommended SFH to friends and family for treatment was reported at 78% in 2017. In Q4 of 2017 this was reported at 90%.</p> <p>The percentage of staff who recommended SFH as a place to work was reported at 78%. RM acknowledges further work is needed in this area. RM advised that within the Q4 survey the Trust received 1926 individual free text comments, all of which RM read personally.</p> <p>RM reiterated that comments submitted within the staff survey are anonymous. RM advised there had been some concerning submissions within the survey. The Trust will be focusing on these areas of concern over the next twelve months.</p> <p>DP brought section '2.6 Bottom 5 ranking scores 2017' to the Councils attention. DP expressed his concern regarding SFH being within the top 20% of acute Trusts for staff experiencing physical violent from patients, relatives or the public in the last 12 months. RM stated a small number of staff have reported on this issue. RM reiterated the importance of staff speaking to Freedom to Speak Up Guardians, Senior Leaders and Executives or submitting a Datix when issues do occur.</p> <p>RM advised the Trust needs to ensure the 'Policy For The Management Of Work Related Violence And Aggression' is fit for purpose.</p> <p>SHo enquired if staff within ED experience physical assaults. RM advised when an incident does occur within the Trust teams respond promptly and appropriately.</p> <p>DP stated that previously it was reported that there had been staff experiencing physical violence from staff within Medirest. DP enquired if this was reflected in the staff survey report. RM advised that a change to the survey now includes staff groups from Medirest. RM stated that the Trust are increasing a culture where staff do feel that they can speak up.</p> <p><b>Action: Update on post staff survey actions to be reported to the Council at August's meeting.</b></p>	<p>JM</p>
<p>18/114</p>	<p><b>BETTER TOGETHER PROGRAMME</b></p>	
	<p>AS advised the Council that the vision for the Better Together Programme has been reviewed.</p> <p>AS advised that within the recent review of the programme it asked questions in relation to the wider STP (Strategic Transformation Programme) vision. The current vision of the programme is that people stay healthy for an extra three years. Although life expectancy has improved, people are living with more health conditions in later years.</p> <p>AS advised that the Better Together Programme is very focused on the Nottinghamshire area.</p> <p>The programme is working on moving from moving the deficit around the system to a more alliance approach of working to reduce the deficit of the Mid Nottinghamshire System.</p>	

	<p>AS stated that the programme are also moving away from the focus on Organisational boundaries and requirements to focus on what is “best for service” for the Mid Nottinghamshire population.</p> <p>The Better Together Programme forms part of an overall STP. AS stated that work with partners with Greater Nottinghamshire will help develop more of a standardised approach.</p> <p>AS advised that overtime the population levels will raise to at least one million. AS stated the programme will have a strategic set of objectives that are delivered operationally for this demand.</p> <p>Over time, the Nottinghamshire Integrated Care System (ICS) will ensure that the same standards of care are delivered across the whole area, taking the most effective ways of working from all areas. It will also determine the shape of services.</p> <p>There have been Greater benefits than anticipated on access targets and hospital productivity.</p> <p>AS advised that levels of engagement, ownership and alignment within the system vary.</p> <p>AS stated there are four main programmes of work within the alliance:-</p> <ul style="list-style-type: none"> <li>- Urgent Care</li> <li>- Proactive Care and Long Term Conditions</li> <li>- Elective Care</li> <li>- Staying Independent and Healthy</li> </ul> <p>AS advised the programme structure has been approved by the CCGs, the SFH Board, the Better Together Board and the Citizens Council.</p> <p>AS advised that the Transformation Board is led by Andrew Haynes, Executive Medical Director, which will ensure there is adequate clinical oversight. Quality (including safety), equality and equity impacts of service change must be assessed and mitigated where necessary.</p> <p>DP enquired if fewer patients are being referred due to the work of the MSK. DP advised that the Trust was promised a £600k saving from the MSK last year.</p> <p>AS advised that benchmarking figures showed that the high referral rates seen last year was due to the amount of patients being seen in a hospital setting who did not require surgical interventions.</p> <p>JM stated figures will be brought back to the next meeting of the Council.</p> <p><b>Action: AS to provide benchmarking figures with regard to MSK referrals to the next Full Council of Governors meeting.</b></p>	AS
18/115	<b>QUALITY STRATEGY</b>	
	RM reported on the Quality Strategy within the Advancing Quality Programme update, minute item 18/112.	
18/116	<b>COUNCIL OF GOVERNORS MATTERS/STATUTORY DUTIES</b>	
	<p><b><u>General Data Protection Requirements (GDPR) &amp; Membership</u></b>                  SH short paper to inform the governors the impact of the GDPR Requirements.</p> <p>In order to comply with the legislation the Trust is required to notify all its existing members both staff and public on what basis we hold their information and what rights they have under GDPR to opt-out.</p>	



	<p>SH advised that this may impact our membership numbers and may reduce significantly. This may also impact on Governor elections.</p> <p>The Trust will need to send its members a copy of the privacy notice which explains what data SFH hold and the legal justification for doing so is.</p> <p>MES currently hold the Trusts membership database and they have confirmed the database is GDPR compliant.</p> <p>SH requested that the Council to liaise with their respective constituents to advise them to proactively opt-in.</p> <p><b><u>Report of Remunerations and Nominations Committee</u></b>                  The Governor Remuneration Committee met on 1<sup>st</sup> May 2018 to discuss the appointment of two Non-executive Directors.</p> <p>It was agreed for two separate person specifications to be developed, one to attract a non-executive with a clinical background and the second to be more generic to a wider cohort of applicants.</p> <p>The Council APPROVED the recommendation of the Remuneration Committee with regard to two person specifications as described.</p> <p>The Council APPROVED the recommendation of the Remuneration Committee to appoint Hunter Healthcare to undertake the recruitment at a cost of £18,000 + VAT.</p> <p><b><u>Lead Governor Report</u></b>                  SHo advised the League of Friends is in its 70<sup>th</sup> Year.</p> <p>The League of Friends support King’s Mill Hospital, Mansfield Community Hospital and Newark Hospital.</p> <p>SHo has been invited to attend the AGM of the Mansfield League of Friends.</p> <p>SHo expressed her concern regarding Governors not embracing the ‘Governor on Duty’ days. SHo reported that a few Governors have not turned up to sessions they have booked.</p> <p>SHo requested that if Governors are unable to make their ‘Governor on Duty’ day they should cancel and rebook another session where necessary.</p> <p>SHo reported that Governor observers on Board Committees is proving beneficial and has been working well. SHo advised this will be reviewed in September.</p> <p><b><u>Council of Governors Attendance</u></b>                  JM stated that the Trust will be writing out to all Governors to remind them of the constitution.</p> <p>JM advised that Governors who are unable to attend a meeting must give their apologies and a reason as to why they are unable to attend.</p>	
18/117	<b>GOVERNOR FEEDBACK</b>	
	<p><b><u>Membership &amp; Engagement Group Feedback</u></b>                  SH advised there are no concerns to feedback to the Council.</p>	
18/118	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>	
	No members of the public were present at the meeting.	

<b>18/119</b>	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>	
	No escalations were raised.	
<b>18/120</b>	<b>ANY OTHER BUSINESS</b>	
	<p>The Council discussed the TTO (To Take Out) medication issue as patients have been waiting in hospital beds during the day after being discharged earlier that day.</p> <p>MT advised TTO provides a clear understanding of the stage it is currently at when the patient has been discharged. AE expressed that it was her understanding patients would go home throughout the day and collect medication later in the evening when notified.</p> <p>RM assured the Council that it shall be looked into and feedback at the next meeting.</p> <p><b>Action: Update on TTO medication delay for discharged patients.</b></p>	RM
	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	<p><b>Date:</b> Wednesday 15<sup>th</sup> August 2018  <b>Time:</b> 5:30pm – 8:00pm  <b>Venue:</b> Lecture Theatre 2, Education Centre, King's Mill Hospital</p>	
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>John Macdonald</b></p>	
	<b>Chair</b>	<b>Date</b>

NAME	AREA COVERED	CONSTITUENCY	FULL COUNCIL OF GOVERNORS MEETING DATES				TERMS OF OFFICE	DATE ELECTED	NUMBER OF MEETINGS ATTENDED
			16.05.18	15.08.18	21.11.18	20.02.19			
Amanda Sullivan	M&A and N&S CCG	Appointed	P				1	01.05.13	2/3
Andrew Berridge	Derbyshire	Public	X				3	01.11.17	1/1
Angie Emmott	Newark Hospital	Staff	P				3	01.05.13	2/3
Ann Mackie	Newark & Sherwood	Public	P				3	01.05.16	3/3
Councillor Amanda Brown	Ashfield District Council	Appointed	X				1	01.05.17	0/2
Councillor David Payne	Newark & Sherwood District Council	Appointed	P				1	01.05.13	3/3
Councillor John Doddy	Nottinghamshire County Council	Appointed	X				4	01.05.17	1/2
Councillor Sharron Adey	Mansfield District Council	Appointed	X					01.06.16	0/3
Dilip Malkan	King's Mill Hospital	Staff	P				3	01.05.16	0/3
Ian Holden	Newark & Sherwood	Public	P				3	01.05.16	3/3
Jackie Hewlett-Davies	Ashfield	Public	P				3	01.05.16	3/3
Jane Stubbings	Ashfield	Public	P				3	01.11.17	1/1
Jayne Leverton	Ashfield	Public	P				3	01.05.16	3/3
Jim Barrie	Newark & Sherwood	Public	P				3	01.05.13	3/3
John Barsby	Mansfield	Public	X				3	01.11.14	1/2
John Roughton	Mansfield	Public	A				3	01.11.17	1/1
John Wood	Mansfield	Public	A				3	01.05.16	1/3
Keith Wallace	Mansfield	Public	P				3	01.05.16	3/3
Kevin Stewart	Ashfield	Public	X				3	01.11.14	1/2
Louise Knott	Vision West Notts	Appointed	P					01.03.15	2/3
Martin Stott	Newark & Sherwood	Public	A				3	01.05.13	2/3
Morgan Thanigasalam	King's Mill Hospital	Staff	P				3	01.11.17	1/1
Nick Walkland	Rest of East Midlands	Public	P				3	01.05.16	2/3
Ron Tansley	King's Mill Hospital	Volunteer	P				3	01.05.13	3/3
Roz Norman	King's Mill Hospital	Staff	P				3	01.05.13	2/3
Samantha Annis	Newark Hospital	Staff	X				3	01.05.13	2/3
Susan Holmes	Ashfield	Public	P				3	01.11.14	2/3
Valerie Bacon	Derbyshire	Public	P				3	01.08.13	2/3