

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 31st July 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 Doddy	Appointed Governor	JDod
	John Dove	Public Governor	JDov
	Justin Wyatt	Staff Governor	JWy
	Karen Nadin	Public Governor	KN
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Steven Hunkin	Public Governor	SHu
	Sue Holmes	Public Governor	SHo
	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
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Leanne Minett	Corporate Matron	LM
	Adele Bonsall	Dementia Nurse Specialist	AB
	Grace Radford	Patient Experience Manager	GR
	David Ainsworth	Director of Strategy and Partnerships	DA
	Richard Mills	Chief Financial Officer	RM
	Richard Walton	KPMG	RW
	Sue Bradshaw	Minutes	
Apologies:	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	John Wood	Public Governor	JWo
	Steve Banks	Non-Executive Director	SB
Absent:	Vikram Desai	Staff Governor	VD

Item No.	Item	Action	Date
23/039	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 Designate John Wood, Public Governor Steve Banks, Non-Executive Director</p>		
23/040	DECLARATIONS OF INTEREST		
1 min	GW, BB, AR, ARB and MG declared an interest in item 23/052.2		
23/041	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 9 th May 2023, the Council APPROVED the minutes as a true and accurate record.		
23/042	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
4 min	<p>The Council AGREED that actions 23/011.1, 23/011.2, 23/028, 23/033, 23/036 and 23/07 were complete and could be removed from the action tracker.</p> <p><i>Action 23/026</i> – PR advised he has spoken to the Patient Experience Team and the need for consistency is well understood. It was noted that in terms of gathering patient feedback, there is only one reportable, mandatory question which the Trust is required to ask, namely “How was your experience of our service”. In certain environments and in certain teams, the Trust varies the questions, both in how feedback is gathered and the questions themselves. Therefore, the questions are not fully consistent, but they are aligned.</p> <p>SHo queried if feedback from Meet Your Governor (MYG) sessions could be included in the Friends and Family reporting. PR advised ways of including this feedback can be considered.</p> <p>Action</p> <ul style="list-style-type: none"> Consider how feedback from Meet Your Governor sessions can be included in Friends and Family reporting. <p>SHo noted the discussion at the meeting on 9th May 2023 in relation to violence and aggression experienced by staff and queried if there was any update. PR advised he has met with the Police to discuss ways of working together and how the Trust can support the Police to do their job when Trust staff are subjected to harassment, violence and aggression in the course of their work. Some further actions to take have been identified. A zero tolerance approach will be taken to any incidents experienced by Trust staff.</p>	PR / SBS	14/11/23

23/043	PATIENT STORY – CARING FOR OUR PATIENTS WITH DEMENTIA		
23 mins	<p>LM and AB joined the meeting.</p> <p>LM and AB presented the Patient Story, which highlighted how the Trust cares for patients with dementia.</p> <p>RS felt it was overwhelmingly heart-warming to note despite the pressures faced, staff still have time to deal with patients’ fundamental needs.</p> <p>TB thanked LM and AB for the story and felt it was very sobering and highlighted the fundamentals of care. The patient’s daughter clearly articulated the level of care provided which enabled her mother to have good end of life care.</p> <p>IH felt it was a very moving story and noted there have been several moving stories presented to the Board of Directors recently, where the common theme is compassionate care and people who are prepared to listen to find out what patients’ needs are.</p> <p>SHu noted the excellent care provided for patients, but queried if staff feel supported. LM advised there is good peer support and a good level of supervision. There is a culture within the organisation of people being supportive. Colleagues will listen and there is an ‘open door’ culture. AB advised her line manager is very supportive.</p> <p>JDod noted previously food for dementia patients was presented on a red plate as this made it easier for patients to identify food. This is a simple idea which works. JDod queried what other simple ideas have been implemented for dementia patients. LM advised the Trust will shortly be introducing mealtime volunteers to help improve the nutrition and hydration of patients requiring assistance. Wards have been identified which require additional staff at mealtimes. Through the Dementia Appeal, Charitable Funds have provided a dementia cupboard on each ward which is full of resources for therapeutic interventions. AB advised Ward 52, Woodland Ward, has been reconfigured and has different door colours and bays and an activity room.</p> <p>JWy advised red trays are used but the plates are white. LM advised there are issues related to meals which are a challenge. However, there are ways to work around these issues. For example, sandwiches come pre-packed and these are opened before being given to a patient. The measures put in place vary depending on the ward area. Staff work hard to put different things in place as everyone responds differently.</p> <p>RS queried if patients with dementia (or patients with other vulnerabilities) are offered follow-up outpatient appointments via phone call / video call, providing they have access to a carer to assist with this, as this reduces the trauma associated with having to come back to the hospital in person for their appointment.</p>		

	<p>AB advised trying to keep patients out of hospital is the best thing for them and the option of Virtual Ward is considered for these patients, unless they need treatment in hospital. The Memory Service offer appointments via video call.</p> <p>LD noted on a dedicated dementia ward it is easy to ensure patients are receiving the time and interaction required. LD queried how well the Trust is resourced across other wards for dealing with patients with dementia. AB advised the dementia ward is a medical mental health ward. Patients who have a medical need to be in hospital, and have a dementia diagnosis, will ideally go to that ward, but not all patients on that ward have a dementia diagnosis.</p> <p>LM advised the team work on a 'slim' staffing model but the team are eager to grow the service. AB works hard to provide training for staff and there is a dementia in-box for complex patients. The team support staff on different wards.</p> <p>AB advised there is an activities co-ordinator on the dementia ward, who has a dual role as a care assistant.</p> <p>JDod noted patients with dementia is a complex area for discharge. There appears to be no one person overseeing the introduction of technology to keep people safe and this needs to be addressed.</p> <p>LM and AB left the meeting.</p>		
23/044	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 attendance at external events.</p> <p>The Council was ASSURED by the report.</p>		
23/045	CHIEF EXECUTIVE'S REPORT		
6 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 the tragic incident in Nottingham City Centre in June 2023, the stepping down of the National Covid Incident, operational pressures, periods of industrial action, NHS Oversight Framework 2022/2023 Quarter 4 Segmentation Review, partnership collaboration, Staff Excellence Awards, national awards for two midwives, achievement of the bronze standard of a globally recognised accreditation scheme for Clinical Research, continued overnight closure of the Urgent Treatment Centre (UTC) at Newark Hospital, theatre expansion programme at Newark Hospital and the Community Diagnostic Centre (CDC) on the Mansfield Community Hospital site.</p> <p>IH queried if consultants were paid the British Medical Association (BMA) card rate when they provided cover during the junior doctors' strike and what was the cost of this. PR advised the Trust is keeping track of costs associated with industrial action. Further details will be provided at the next meeting.</p>		

	<p>Action</p> <ul style="list-style-type: none"> Details of rates paid to consultants when providing cover during industrial action by junior doctors' and the costs of industrial action to be provided to the November Council of Governors' meeting. <p>IH queried what the impact of industrial action by consultants is on waiting lists and how many procedures have been cancelled. PR advised during the last two periods of industrial action, which was five days of action by junior doctors, followed by two days of action by consultants, 500 appointments were cancelled during each period. During previous action by junior doctors, 1,000 appointments were cancelled. The Trust has worked hard to minimise the number of patients affected. Unfortunately, during the recent action by consultants, there were some appointments which had to be cancelled on the day. The Trust is trying to put steps in place to avoid this happening again.</p> <p>KS queried what the current trends are in terms of discharging patients who are medically safe for transfer. PR currently there are 100-120 patients who are medically safe for transfer, which is a slight increase. A number of actions have been identified with partners across health and social care, which unfortunately are having little impact. The actions being taken are the right ones. However, teams are either duplicating work or working on separate issues. The aim is to have a more focussed approach as preparations are made for the Winter period and the delivery of a financial plan which assumes the escalation beds, which have been open over the last 12 months, would not all be necessary.</p> <p>The Council was ASSURED by the report.</p>	<p>PR</p>	<p>14/11/23</p>
<p>23/046</p>	<p>LEAD GOVERNOR REPORT</p>		
<p>4 mins</p>	<p>SHo presented the report, highlighting meetings with Healthwatch and lead governors across the system. SHo expressed thanks to Ann Mackie and Michael Longdon who have recently resigned as public governors, noting these vacancies have been filled following the recent elections.</p> <p>SHu queried why the Integrated Care Board (ICB) are not currently acknowledging the Council of Governors. CW advised the ICB structure is still developing. They have been given the responsibility to engage other stakeholders, which includes governors. Governors have the responsibility to consider not just the impact on members of the public and patients within the immediate community served by the Trust, but also there is a need to think system wide. For example, considering the impact on services delivered by SFHFT of actions taken in Nottingham.</p> <p>IH advised Healthwatch have the responsibility to communicate with the wider community and are offering to bring governors 'on board' as 'agents' to undertake information gathering.</p> <p>The Council was ASSURED by the report.</p>		

23/047	15 STEPS FEEDBACK		
2 mins	<p>GR joined the meeting.</p> <p>GR presented the report, highlighting themes and trends identified, issues identified during visits and actions taken. Findings from 15 Steps are triangulated with Friends and Family Test feedback and concerns and compliments received through Patient Experience.</p> <p>The Council was ASSURED by the report.</p> <p>GR left the meeting.</p>		
23/048	UPDATE ON THE DEVELOPMENT OF THE TRUST'S 2024-2029 STRATEGY		
25 mins	<p>DA joined the meeting.</p> <p>DA gave a presentation outlining the development of the Trust's Strategy for 2024-2029, including a recap of the strategic objectives and priorities for 2023/2024.</p> <p>IH queried what the relationship is between the process for developing the Trust's strategy and development of the Integrated Care System's (ICS) strategy. DA advised the Trust works within the ICS, and they have an overall strategy for the people of Nottingham and Nottinghamshire. The Trust's strategy will be focussed predominantly on the mid-Nottinghamshire area. The Trust's strategy is aligned to the ICS strategy.</p> <p>IH sought the Non-Executive Directors' (NEDs) views on the sub-committees becoming 'strategy development vehicles', noting this is a change of function for the sub-committees. In addition, IH sought assurance the strategy will be SMART (specific, measurable, achievable, relevant, and time-bound). MG advised the NED role is to help shape the strategy. The rationale for sub-strategies is to consider how to get 'Smarter' with sub areas as the main strategy is high level.</p> <p>CW advised there is the opportunity within the committees to look at particular areas. The purpose of the committees remains as seeking assurance for their particular areas of responsibility and the Board of Directors maintains strategic responsibility. The issues are being reflected on by the NEDs in terms of considering the areas of responsibility of the committees and considering if all areas have been covered.</p> <p>PR advised, by way of example, there is a level of maturity in the People Plan, where the work of the People, Culture and Improvement Committee is to oversee and ensure the Plan is delivered. There is a need to ensure the enabling strategies have the same focus. To characterise committees as part of the development of the strategy is true, but it is for the committees to receive a proposal in draft form.</p> <p>CW advised a lot of work is undertaken within the committees. The role of governors is to observe the committees to see the work and share their observations with other governors.</p>		

	<p>JDod queried if the Trust has a budget, which can grow year on year, to demonstrate it is expanding via Place Based Partnerships (PBP), etc. into the community and getting involved in prevention work, or if this will be done within existing structures.</p> <p>DA advised to be successful in designing the future of healthcare, there is a need to understand the make-up of the local demographic and to understand the needs of the local population. The Trust has good, well established relationships with primary care networks, district councils, voluntary sector, education sector, etc. which will help in reaching out into the community. The Trust has applied for funding from the ICS and the outcome of that bid is awaited.</p> <p>SHo queried what engagement activity has taken place to date. DA advised feedback forms were circulated to Trust members alongside the governor election paperwork. There is a need to gather current baseline information. There are a number of forums in existence which the Trust can access, for example, voluntary sector, parish council meetings, etc., as well as engaging with colleagues. DA invited governors to contact him with any suggestions for taking the message out into the areas they represent.</p> <p>SHo requested an e-mail be sent to Trust members for feedback on specific areas, noting this gives a reason for people to become members of the Trust. DA advised an e-mail was sent to Trust members in the first round of engagement. When the baseline is established, there will be further engagement on specific questions, for example, relating to the Trust's ambitions for the future. The strategy will need to reflect how this is delivered. SHo requested governors be provided with the specific questions and messages.</p> <p>Action</p> <ul style="list-style-type: none"> • Governors to be provided with specific questions and messages to take out to members of the public, etc. to help gain feedback in relation to the development of the Trust's Strategy for 2024-2029. <p>KS felt there is a need to demonstrate the strategy is not just words but has real meaning. There is a need to measure progress of the strategic journey and demonstrate what has been achieved. DA advised this will be built in.</p> <p>SHu queried how the Trust will engage with the broader communities of the wider Nottinghamshire area, noting patients could attend either Nottingham University Hospitals (NUH) or SFHFT. DA advised this will be through the Place Based Partnerships forums.</p> <p>The Council was ASSURED by the report.</p> <p>DA left the meeting.</p>	<p>DA</p>	<p>14/11/23</p>
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23/049	ANNUAL REPORT AND ACCOUNTS 2022/2023		
14 mins	<p>Annual Report</p> <p>SBS presented the report, advising the 2022/2023 Annual Report has been composed aligned with the NHS Foundation Trust Annual Reporting manual for 2022/2023. There were a number of changes in the guidance for 2022/2023 and these are detailed in the report. The report has been laid before Parliament, is available to view on the Trust website and will be presented to the Annual General Meeting (AGM) in September 2023.</p> <p>Annual Accounts</p> <p>RM joined the meeting.</p> <p>RM presented the Annual Accounts, advising there are four main statements, namely the statement of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows, and provided an explanation regarding each of these.</p> <p>The outturn against the financial plan was £3.89m deficit for the year. RM confirmed the Board of Directors adopted the accounts on 15th June 2023. KPMG (external auditors) have provided an Unqualified Opinion on the accounts, i.e. the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>RM highlighted the summary findings of KPMG and the recommendations made.</p> <p>TB queried if any deficit for 2023/2024 would be considered on a system basis or individual organisations. RM advised the Trust has its own financial duties and requirements and is required to submit an annual financial plan. However, from an NHS England (NHSE) perspective the Trust is also measured against system performance, i.e. if SFHFT delivers its financial plan, but partners fail to deliver, all organisations will be held to account.</p> <p>AJ noted the recommendation in relation to bank staff being included in the Full Time Equivalent (FTE) staff numbers calculation for future years and sought clarification if the Trust will look at the number of bank staff used and include that figure in the calculation for the number of FTE staff. RM confirmed this would be the case, advising currently the FTE figure excludes bank colleagues. This is a simple recommendation which will be implemented.</p> <p>IH noted the Trust will be held accountable financially at a system level and queried how governors will be sighted on that process.</p>		

	<p>PR advised the statutory responsibility to achieve the financial requirement lies with individual trusts; there is no statutory responsibility to achieve a system control total. Therefore, on a statutory basis, SFHFT will be held to account for delivering its part of the plan. The ICB monitor the overall system delivery of the financial plan via their Public Board. In addition, there is an ICB Finance Committee, the members of which include members of partner organisations' finance committees. ARB, as Chair of the Trust's Finance Committee, is a member of the ICB Finance Committee.</p> <p>TB noted bank staff will be included in the financial baseline and queried if they will be included in the Workforce Plan. RM advised, in terms of the number of colleagues reported, the FTE figures reported are colleagues substantively employed. It is noted there is a need to include bank colleagues as they are used regularly and are part of the Trust's workforce.</p> <p>The Council was ASSURED by the reports.</p>		
23/050	EXTERNAL AUDITORS – ANNUAL AUDIT LETTER		
11 mins	<p>RW presented the report, outlining KPMG's responsibilities as auditors and their findings. RW confirmed an unqualified opinion was issued.</p> <p>JDod noted RW described the year as being 'difficult' and queried if there was any particular reason for this. RW advised there has been a change to auditing standards this year, with the introduction of an additional auditing standard, which entails a change to the way risk assessments are done. This is a core part of the audit process and affects everything in relation to risk assessments. It changes the 'bar' in relation to when there is a need to get involved in a particular system, how much depth to go into, etc.</p> <p>The Council was ASSURED by the report.</p> <p>RM left the meeting.</p>		
23/051	REPORT FROM BOARD SUB-COMMITTEES		
33 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW gave an overview of the work of the AAC.</p> <p>GW presented the report to the Council, highlighting year end accounts audit process, Head of Internal Audit Opinion, implementation of internal audit recommendations and counter fraud.</p> <p>IH noted it is a challenging time for the Trust and implementing internal audit recommendations can add to that challenge for staff in terms of finding time to make those improvements. There is a need to be mindful not to 'bombard' staff with so many challenges that they are unable to do their job. It is important improvement work is not duplicated.</p> <p>GW advised the Trust has an increasing role in system. Internal audit is starting to be used across all organisations in the system.</p>		

Quality Committee

BB gave an overview of the work of the Quality Committee.

BB presented the report to the Council, highlighting initial health assessments and health reviews for looked after children, capacity within pharmacy, scrutiny of maternity services and mandatory training.

SHu queried if waiting lists are monitored by the Committee. BB advised waiting lists are not directly looked at by the Committee. However, the Committee does consider any harm associated with people who are waiting.

JWy advised he has observed Quality Committee for 12 months. The Committee deals with a large amount of content. The discussion and challenge within Committee meetings provides a good level of assurance.

Finance Committee

ARB gave an overview of the work of the Finance Committee.

ARB presented the report to the Council, highlighting the Month 2 financial position.

People, Culture and Improvement Committee

MG gave an overview of the work of the People, Culture and Improvement Committee.

MG presented the report to the Council, highlighting industrial action and fragile services.

KS queried if staff retention is an issue for the Trust. MG advised the Committee considered this issue approximately 6 months ago. Areas which were looked at included exit interviews, staff incentivisation and recognition and training and development opportunities. The information was triangulated with the Staff Survey results. It is acknowledged there is more work to do in terms of violence and aggression as this can be a key factor in retention.

RS queried if industrial action by junior doctors and consultants has caused any additional pressure on nursing staff and Allied Health Professionals (AHPs) and if they are feeling supported. MG advised the 15 Steps visits are used to gather feedback from staff. In addition, the NEDs undertake walkarounds to speak to staff. Overall positive feedback has been received in relation to flexibility and opportunities offered.

AR advised within SFHFT 38% of consultants supported the recent industrial action, compared to 50% at other trusts in the region. Feedback from the BMA is consultants are growing tired of supporting junior doctors while they are on strike. To some extent, services have been safer when seniors have acted down, but this is not sustainable. There is a need for more co-ordination between consultants and junior doctors.

	<p>The Quality Committee have identified and raised concerns patient safety may be compromised if consultant action is escalated and junior doctors are not supported. This issue is being monitored.</p> <p>Charitable Funds Committee (CFC)</p> <p>LB advised there is a lot of rigor, discussion and debate at Committee meetings, noting she has learnt a lot from observing the Committee.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
23/052	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
1 min	<p>Membership and Engagement Group</p> <p>SHo presented the report, advising Ashton Green, Youth Forum Co-Chair, has been invited to attend meetings of the Membership and Engagement Group to provide a young person's perspective. A list of places for governors to visit is being compiled.</p> <p>The Council was ASSURED by the report</p>		
2 mins	<p>Non-Executive Directors (NEDs) Appraisal Outcome and Objectives</p> <p>CW presented the report, advising all NED appraisals have been undertaken. CW expressed thanks to all NEDs for their work advising the Trust is fortunate to have the level of expertise demonstrated by the NEDs.</p> <p>The Council APPROVED the NEDs' appraisals and objectives as recommended.</p>		
2 mins	<p>Report of the Remuneration Committee</p> <p>SBS presented the report, advising the Committee considered and are recommending the recruitment of an additional Non-Executive Director. The job description and proposed timeline are outlined in the report. However, it has subsequently been agreed to delay publishing the advert until September, given the summer holiday period in August. SHo confirmed the Committee discussed the recruitment thoroughly and are recommending approval.</p> <p>The Council APPROVED the recruitment of an additional Non-Executive Director</p>		

<p>6 mins</p>	<p>Appointment of External Auditors</p> <p>RW left the meeting.</p> <p>SBS presented the report, advising the market conditions which make an appointment a challenge have previously been relayed to and acknowledged by the Council. Therefore, approval was sought to utilise the “plus one year” option in the current contract to appoint KPMG as Auditor for the financial year 2023/2024 and to agree the approach to secure a new three-year contract with KPMG via the Crescent Purchasing Consortium (CPC) framework for successive years.</p> <p>GW advised the market for appointing external auditors for NHS trusts is very challenging, noting only KPMG are active in the market and they are starting to pull back. KPMG have formed a very good relationship with the Trust’s Finance Team, noting there is always a big learning curve following any change in auditor. KPMG will ensure they maintain their independence. Therefore, any partner (currently Richard Walton) can only act as partner for a period of time, typically six years, up to a maximum of nine years.</p> <p>IH advised, having observed the work of KPMG via the Audit and Assurance Committee, the Trust has a very good relationship with KPMG. Avoiding the difficulties in transitioning between auditors would be beneficial.</p> <p>SHu queried if there is a risk of complacency in using a particular external auditor for a long period of time and a risk the level of rigor will decrease. GW acknowledged this is a risk, which is why there is the requirement to change audit partner. In addition, some of the staff will change to maintain the correct level of challenge. As the Trust has gone over £500m turnover, there is additional scrutiny of the Trust and KPMG’s work. This provides additional assurance.</p> <p>The Council APPROVED the appointment of KPMG as Auditor for the financial year 2023/2024 and AGREED the approach to secure a new three-year contract with KPMG via the Crescent Purchasing Consortium (CPC) framework for successive years.</p> <p>RW re-joined the meeting.</p>		
<p>5 mins</p>	<p>Lead Governor Nomination and Appointment</p> <p>SBS presented the report, advising Sue Holmes’, Lead Governor, term of office expires on 31st October 2023. Following invitations to all governors to express their interest in seeking nomination as Lead Governor, one candidate, Liz Barrett, has come forward. Therefore, it is not necessary to hold an election for the role of Lead Governor and the Council were invited to approve the appointment of Liz Barrett as Lead Governor, who will take up office on 1st November 2023.</p> <p>LB introduced herself and provided further details about her work and how she wishes to continue the good work as Lead Governor which SHo is currently undertaking.</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	Feb 2024			
Angie Jackson	Mansfield District Council	Appointed		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			1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public		A			3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P			3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P			3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P	P			4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public		P			3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	A			3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	X	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			3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P			1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	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			3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	P			N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public		P			3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	P			3	01/05/22	30/04/25
Sam Musson	Staff	Staff		P			3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public		P			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			3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	X			3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent