

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 13th August 2024 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Bethan Eddy	Appointed Governor	BE
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JD
	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
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Tracy Burton	Public Governor	TB
	Vikram Desai	Staff Governor	VD
In Attendance:	David Selwyn	Acting Chief Executive	DS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Emma Mutimer-Hallgarth	Family Liaison Officer	EM
	Rebecca Herring	Associate Director of Nursing Workforce	RH
	Rich Mills	Chief Financial Officer	RM
	Jess Townsend	KPMG	JT
	Sue Bradshaw	Minutes	
Apologies:	Kevin Stewart	Appointed Governor	KS
	Peter Gregory	Public Governor	PG
	Shane O'Neill	Public Governor	SO
	Neil McDonald	Non-Executive Director	NM
Absent:	Nikki Slack	Appointed Governor	NS

Item No.	Item	Action	Date
24/040	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate GW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Kevin Stewart, Appointed Governor Peter Gregory, Public Governor Shane O'Neill, Public Governor Neil McDonald, Non-Executive Director</p>		
24/041	DECLARATIONS OF INTEREST		
1 min	BB, ARB, MG, SB and AR declared an interest in item 24/055.2. GW declared an interest in item 24/055.4. MG declared an interest in item 24/055.6. BB declared an interest in item 24/055.6 and 24/055.7.		
24/042	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 14 th May 2024, the Council APPROVED the minutes as a true and accurate record.		
24/043	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 min	The Council AGREED that action 24/029 was complete and could be removed from the action tracker.		
24/044	PATIENT STORY - FAMILY LIAISON SERVICE		
20 mins	<p>EM joined the meeting</p> <p>EM presented the patient story, which highlighted the work of the Family Liaison Service.</p> <p>AJ queried if the incident referred to in the story was only uncovered as a result of the complaint from the family. EM advised the Trust was already aware of the incident and this was being investigated.</p> <p>DWi sought clarification regarding the link between the Family Liaison Service and the Patient Experience Team (PET). EM advised she works closely with the Governance Team who undertake incident reviews and investigations and currently she is providing cover for the Patient Experience Manager. Information in relation to any complaints and incidents is triangulated. EM advised her role is to liaise with families to keep them informed in relation to how their concern is being addressed.</p> <p>LD queried what the root cause was for the first report provided to the family highlighted in the video being incorrect. EM advised there were various factors in play, including a changeover of governance leads and change of investigator. However, she is not fully aware of the reasons as the complaint dates from before EM took up her role of Family Liaison Officer. The new process, which has been implemented, is that</p>		

	<p>draft reports are shared with the family, which provides the opportunity for factual inaccuracies to be identified before the report is finalised.</p> <p>LD advised she has been impressed with the PET service at the Trust. However, recently it appears they are struggling. LD sought clarification in relation to this. EM advised there has been a period of sickness absence within the service, which has had an impact on response times.</p> <p>DS advised there was a backlog of complaints and a plan was put in place to recover that and ensure responses are provided in a timely manner. DS acknowledged some cases do take a while to be resolved, but the backlog has been addressed. Investigations can take some time to be concluded. The Trust is seeking to make improvements to the letters which are sent in response to complaints.</p> <p>TB noted the Patient Safety Incident Response Framework (PSIRF) enables a thematic approach and queried if the learning from the case highlighted has been taken forward. EM advised any actions which are identified as a result of an investigation are added to a comprehensive tracker. Actions are not closed until the required evidence has been provided.</p> <p>TB noted in the case highlighted there was a misdiagnosis and queried if this is looked at in more detail. DS advised there is a theme in relation to missed fractures and the learning from that has been cascaded. There is also a second workstream in relation to trauma regarding patients who present towards the extremes of age who have had simple falls but are more complicated than anticipated.</p> <p>AJ queried how the Trust appoints and manages investigators and if people have the capacity to undertake this work in addition to the 'day job'. EM advised these are members of staff who have received the required training in order to undertake investigations within PSIRF and they are allocated time for this work.</p> <p>DS advised part of the PSIRF process is to standardise reports and improve the quality of them by ensuring people who complete the reports have more experience.</p> <p>JD queried how the issue of confidentiality is dealt with if there is a patient who does not wish to share information with relatives. EM advised the Trust will always speak to the patient in the first instance to understand what involvement they would like to have with the Trust.</p> <p>RS queried how many referrals are received by the Family Liaison Service per month. EM advised 7-10 new contacts are received per month and currently there are 40-50 families on the caseload.</p> <p>EM left the meeting.</p>		
--	---	--	--

24/045	ACTING CHAIR'S REPORT		
2 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chair's perspective, highlighting meetings with other chairs across the Nottingham and Nottinghamshire Integrated Care System (ICS) and the work of volunteers within the Trust.</p> <p>The Council was ASSURED by the report.</p>		
24/046	ACTING CHIEF EXECUTIVE'S REPORT		
22 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chief Executive's perspective, highlighting high levels of activity on the emergency pathway, improvement in cancer metrics and access targets, challenged services, industrial action, Integrated Care Board (ICB) 'at a glance' performance report, sepsis lead update, 'Martha's Rule' pilot, welcome to Mid Nottinghamshire's newly-elected Members of Parliament (MPs), patient who has become the first in the East Midlands to receive a life-changing new treatment for Parkinson's Disease, Veteran's Aware accreditation, visit by Professor Sir Jonathan Van-Tam, Project SEARCH Graduates, Community Diagnostic Centre (CDC) update, midwifery retention, Teledermatology service, PRIDE events, Patient-Led Assessment of the Care Environment (PLACE) inspections, sustainability agenda and developments at Newark Hospital.</p> <p>IH referenced the video highlighting the new treatment for Parkinson's Disease and queried what are the next stages for the trial. DS advised this is not a trial and the patient highlighted in the video is the first patient in the East Midlands to receive the treatment, which is a National Institute for Health and Care Excellence (NICE) approved treatment for a specific and resistant type of disease. It is estimated only 1,000 patients in the UK will require this particular treatment.</p> <p>VD noted the pressure on the emergency pathway and felt this is partly due to the increase in the local population. VD felt the Trust's inpatient capacity is not at the level it should be to meet demand and queried if there are any plans to increase inpatient capacity.</p> <p>DS advised the Trust has increased activity and there are approximately 70 additional beds compared to the 'traditional' bed base as it was in 2019. This additional capacity was originally opened as Winter capacity, which has subsequently been kept open and staffed substantively. The Trust is being challenged to take this capacity out due to the financial climate, as this capacity is not part of the bed base. There are some actions which the Trust can take to improve the situation, for example, mitigating the demand on the emergency pathway, reducing length of stay, reducing internal delays, etc. Improvements have been made but there is still work to do.</p> <p>VD noted the Trust is currently running on a Winter capacity bed model, in the middle of summer, noting the financial pressure this places on the Trust, and queried if the Trust's permanent bed capacity could be raised to incorporate the additional 70 beds which are currently in place.</p>		

	<p>DS advised difficult discussions in relation to this are ongoing. While the number of attends is increasing, the number of admissions has not increased by the same percentage. This indicates the Trust has good processes in place for admission avoidance, for example, the use of Same Day Emergency Care (SDEC).</p> <p>RS noted the work underway to reduce length of stay and reduce pressure on the emergency pathway, etc. and queried if the Trust has articulated to the ICS the cost of not funding the additional beds which are currently in place. DS advised the Trust can reduce its overspend by closing beds, but beds can only be closed if activity is reduced. These points and data are shared with the ICS.</p> <p>IH queried how long the Trust and staff can sustain the current levels of pressure. DS acknowledged the pressure on staff and the amazing resilience of staff in ED. Offers of support for staff are ongoing.</p> <p>The Council was ASSURED by the report.</p>		
24/047	LEAD GOVERNOR REPORT		
4 mins	<p>LB presented the report, highlighting recent changes to the governing body, 15 Steps, feedback from GovernWell events and the working group set up to consider the necessary changes to the Trust's constitution.</p> <p>The Council was ASSURED by the report.</p>		
24/048	15 STEPS FEEDBACK		
3 mins	<p>EM joined the meeting.</p> <p>EM presented the report, highlighting the number of visits undertaken, themes identified, issues identified during visits and outstanding actions.</p> <p>AJ advised she has undertaken a number of 15 Steps visits and has found staff to be open, welcoming and happy to show the 'team' around.</p> <p>The Council was ASSURED by the report.</p> <p>EM left the meeting.</p>		
24/049	NURSING WORKFORCE DEMOGRAPHIC		
15 mins	<p>RH joined the meeting.</p> <p>RH presented the report, advising this report has been produced in response to anecdotal observations that the age profile is more junior than in previous years.</p> <p>RH advised the data shows lower numbers of staff in the 51-55 age group, noting this is a national trend. It is felt one of the drivers for this is people choosing to retire earlier than previously. The average age profile at SFHFT is 40-45, which aligns with the national demographic.</p>		

	<p>It is important to note age does not necessarily correlate with experience.</p> <p>AJ queried if the Trust has a robust retire and return programme to encourage older staff to return to work and if the Trust is flexible to accommodate changes to working patterns for staff wishing to return, but for less hours. RH advised one of the high impact interventions relates to flexible retirement and pension options. In order to retain experience, the Trust is scoping out legacy mentoring as a method of imparting knowledge and experience to younger staff.</p> <p>DS advised the Trust has set up 'itchy feet' discussions as a way of identifying reasons for staff wishing to leave the organisation and then working with them as necessary to encourage them to stay. RH advised this is the Thinking of Moving (ToM) Process. The aim is to embed that across the Trust, not just within nursing and midwifery, and align this with career conversations.</p> <p>VD noted the number of nurses aged 51-55 has reduced and queried what action is being taken to reduce the pressure on staff and encourage older members of the workforce to remain and help mentor younger staff. RH advised this is a national issue. As people reach age 50 and over, there are higher rates of burn-out and there is evidence to suggest this was impacted by Covid. It is important the Trust has opportunities to support staff.</p> <p>SB advised part of the role of non-executive directors is to try to provide the assurance being sought by VD. In considering the strategic threat of not having sufficient staff at the right time, there is no conclusive assurance in relation to this at the current time, noting the work of the People Team and the Nursing Team. It is difficult to identify any additional actions to take as the reality is the pressures will continue.</p> <p>VD queried if it is time to take a different approach, noting A-level students just see the hard work and not the rewards. GW advised there is a good working relationship between local education providers and the Trust and there is a need to continue to forge those relationships. There is a need to talk to students and help them understand the opportunities available at the Trust.</p> <p>RS advised she welcomes the ToM Process.</p> <p>JD expressed the view the requirement for nurses to have a degree has been detrimental due to the amount of debt accumulated by student nurses.</p> <p>The Council was ASSURED by the report.</p> <p>RH left the meeting.</p> <p>TB left the meeting.</p>		
--	--	--	--

24/050	ANNUAL REPORT AND ACCOUNTS 2023/2024		
17 mins	<p>RM and JT joined the meeting.</p> <p>Annual Report</p> <p>SBS presented the report, advising the 2023/2024 Annual Report has been prepared in accordance with the NHS Foundation Trust Annual Reporting manual for 2023/2024. There were a number of changes in the guidance for 2023/2024 and these are detailed in the report. The Annual 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 2024.</p> <p>Annual Accounts</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 £13.97m deficit for the year. RM confirmed the Board of Directors adopted the accounts on 13th June 2024. 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>DWi queried what was the financial impact of industrial action on the Trust. RM advised while there were staff on strike who did, therefore, not receive any salary, there was a cost in covering the services provided by the Trust. In addition, there was a loss of income due to being unable to provide some elective services.</p> <p>LB queried how the Trust's deficit position compares nationally. RM advised the deficit position of individual providers is not published and the Trust just has sight of the overall NHS England (NHSE) position. However, the Trust is not an outlier compared to other local providers it benchmarks against.</p> <p>IH queried how the Trust's relationship with the ICS is impacted by the deficit position. RM advised all four parties in the ICS have a deficit position and there are some strict targets from NHSE for the current financial year.</p> <p>JD queried what impact the 22% salary increase for junior doctors will have on the Trust's financial position. RM advised when the Trust carries out the budget setting process each year, there is a percentage increase which is funded as part of the allocations. This annual uplift in allocation should cover inflation. Where the agreed pay award exceeds this amount, a relative adjustment in year should be made in year to cover this. DS advised it is a multi-year deal.</p>		

	The Council was ASSURED by the report.		
24/051	ANNUAL AUDIT LETTER		
5 mins	<p>JT presented the report, outlining KPMG's responsibilities as auditors and their findings, including risks identified. JT confirmed an unqualified opinion was issued.</p> <p>The Council was ASSURED by the report.</p> <p>RM and JT left the meeting.</p>		
24/052	FIT AND PROPER PERSON (FPP) UPDATE		
6 mins	<p>SBS presented the report, which highlighted the actions taken in response to the requirements of the new FPP framework since the annual FPP update was presented to the Council in May 2024. It was noted that beyond the scope of the new framework, the Trust has extended the coverage of FPP testing to designated deputies.</p> <p>It was noted the requirements for FPP conclude at the end of June each year. Therefore, it was agreed the annual FPP update would be provided to the Council of Governors in August, rather than May, in future years.</p> <p>Action</p> <ul style="list-style-type: none"> • Move Fit and Proper Person annual update from May to August on the Council of Governors workplan. <p>The Council was ASSURED by the report.</p>	SBS	12/11/24
24/053	CODE OF CONDUCT FOR GOVERNORS		
1 min	<p>SBS presented the report, advising there have been some minor amendments made to the Governors' Code of Conduct, which are highlighted via tracked changes in the report presented to the Council.</p> <p>The Council APPROVED the Governors' Code of Conduct.</p>		
24054	REPORT FROM BOARD SUB-COMMITTEES		
26 mins	<p>Audit and Assurance Committee (AAC)</p> <p>MG presented the report to the Council, highlighting Internal Audit progress report, declarations of interest, counter fraud, Data Security Protection Toolkit (DSPT), Fracture Liaison Database and delivery of the Trust Strategy.</p> <p>IH advised the AAC is a rigorous committee, but raised concerns about the Trust's ability to deliver the strategy, noting the current pressures faced by the Trust. IH felt there is no transparency for Governors about the progress in developing the sub-strategies and, therefore, he has no confidence this work is underway and that the Trust has the capacity to undertake this work.</p>		

	<p>GW advised work is ongoing to develop the sub-strategies but acknowledged there is more work to do. DS advised there are a number of sub-strategies which are in place and have been approved by the Board of Directors, for example, the Clinical Services Strategy, Digital Strategy and Financial Strategy. The first update on progress of the Trust Strategy will be presented to the Board of Director in November 2024.</p> <p>Quality Committee</p> <p>AR presented the report to the Council, highlighting 62-day cancer performance, fragile services and patient safety approaches.</p> <p>PK advised the Quality Committee is a rigorous committee and the non-executive directors (NEDs) ask searching questions of the people presenting reports to the Committee.</p> <p>PK left the meeting.</p> <p>Finance Committee</p> <p>GW presented the report to the Council, highlighting Month 3 financial performance, target for 2024/2025, savings required for 2024/2025 and Investigation and Intervention Review.</p> <p>DWi queried what the split is between recurrent and non-recurrent financial improvement actions. GW advised there are more non-recurrent than recurrent improvements and further work is required to attempt to move non-recurrent savings to recurrent and identify additional recurrent actions.</p> <p>DWi sought clarification on the term 'vacancy management'. GW advised there is a need to recognise the cost savings for the Trust from vacancies, while also managing the consequential costs of vacancies, in terms of bank and agency costs. There is also the need to put in place strong controls to challenge whether vacant posts are required.</p> <p>DS advised the Trust is very clear that clinically facing posts, which make a difference to patients, will be recruited to without delay. There is a strong clinical voice at both non-executive and executive level.</p> <p>SM advised there is robust challenge from the NEDs on the Committee and the work to try to improve the financial situation is evident.</p> <p>People Committee</p> <p>SB presented the report to the Council, highlighting industrial action and the Thirlwall Review.</p> <p>DWi advised it was a very positive meeting with positive assurance provided.</p>		
--	--	--	--

	<p>Charitable Funds Committee</p> <p>ARB presented the report to the Council, highlighting the project to re-scope the End of Life rooms, the purchase a pair of Neptune 3 Rovers and the Breast Service appeal.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
24/055	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
9 mins	<p>Membership and Engagement Group</p> <p>LB presented the report, highlighting new approach to Meet Your Governor (MYG).</p> <p>IH advised he welcomed the change in approach and the move to recording feedback electronically. IH felt communication should be considered for a future 'hot topic'.</p> <p>AJ advised she welcomes the new approach but queried if the MYG stands will still be in the King's Treatment Centre (KTC). SBS advised as the first hot topic was discharge, the main focus for obtaining feedback was governors being present in the Discharge Lounge. However, future sessions will be held in the KTC and feedback is not limited to the hot topic.</p> <p>The Council was ASSURED by the report.</p>		
1 min	<p>NED's Appraisal Outcome and Objectives</p> <p>GW presented the report, advising all NED appraisals have been undertaken. GW 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>		
3 mins	<p>Revised Constitution</p> <p>SBS presented the report, highlighting the process undertaken to revise the Trust's Constitution, amendments made and next steps.</p> <p>The Council APPROVED the amendments to the Trust's Constitution.</p>		
4 mins	<p><u>Report of the Remuneration Committee</u></p> <p>Acting Chair's Objectives and Personal Development Plan (PDP)</p> <p>BB presented the report, highlighting the process for setting GW's objectives in his role as Acting Chair. The agreed objectives and PDP are outlined in the report.</p> <p>JD queried what the timeline is for appointing a substantive Chair. SBS advised this process would commence when Paul Robinson, Chief Executive, returns to work after his period of sick leave.</p>		

<p>4 mins</p>	<p>The Council APPROVED the Acting Chair's Objectives and Personal Development Plan.</p> <p>Appointment of Associate NED</p> <p>SBS presented the report, advising approval is sought for the Trust to recruit an Associate NED, with a focus on research and innovation. It was noted this role would be a non-voting member of the Board of Directors.</p> <p>The Council APPROVED the recruitment of an Associate NED.</p>		
<p>3 mins</p>	<p>NEDs' re-appointment</p> <p>BB and MG left the meeting.</p> <p>SBS presented the report, advising Barbara Brady (BB) comes to the end of her tenure on 30th September 2024, having served 6 years as a NED, and Manjeet Gill (MG) comes to the end of her tenure on 31st October 2024, having also served 6 years as a NED. In line with the Trust's constitution, both BB and MG are eligible for reappointment.</p> <p>The Council APPROVED the reappointment of Barbara Brady for 1 year to 30th September 2025 and the reappointment of Manjeet Gill for 1 year to 31st October 2025.</p> <p>MG re-joined the meeting.</p>		
<p>2 mins</p>	<p>Appointment of Vice Chair</p> <p>SBS presented the report, advising a Vice Chair of the Trust is required while GW (previous Vice Chair) is Acting Chair. The Remuneration and Nomination Committee are recommending Barbara Brady be appointed to this role.</p> <p>The Council APPROVED the appointment of Barbara Brady as Vice Chair.</p>		
<p>24/056</p>	<p>OUTSTANDING SERVICE – OPUS MUSIC – MAKING MUSIC AN INTRINSIC PART OF HEALTHCARE</p>		
<p>7 mins</p>	<p>A short video was played highlighting the work of the OPUS Musicians within the Trust.</p>		
<p>24/057</p>	<p>QUESTIONS FROM MEMBERS OF PUBLIC</p>		
	<p>No questions were raised.</p>		
<p>24/058</p>	<p>ESCALATIONS TO THE BOARD OF DIRECTORS</p>		
<p>1 mins</p>	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> Approval of changes to the Trust's Constitution. 		

24/059	ANY OTHER BUSINESS		
1 min	No other business was raised.		
24/060	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 12th November 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 20:15.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward Acting 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
			14/05/2024	13/08/2024	12/11/2024	Feb 2025			
Angie Jackson	Mansfield District Council	Appointed	A	P			4	23/05/23	31/05/27
Bethan Eddy	Nottinghamshire County Council	Appointed		P			1	01/07/24	31/05/25
David Walters	Ashfield District Council	Appointed	P	P			1	23/04/20	31/05/25
Dean Wilson	Rest of East Midlands	Public	P	P			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				4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public	P	P			3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	P			3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	P	P			3	01/05/22	30/04/25
Kevin Stewart	Volunteers	Appointed	P	A			3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P			1	15/07/21	31/05/25
Liz Barrett	Rest of East Midlands	Public	P	P			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	P	X			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	P	P			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	A			3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public	X				3	07/07/23	06/07/26
Tracy Burton	Rest of East Midlands	Public	P	P			3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	P			3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent