

<b>GOVERNING BOARD</b>			
<b>Date of Meeting</b>	21 November 2018	<b>Agenda Item No</b>	3
<b>Title</b>	<b>Minutes of Previous Meeting</b>		
<b>Purpose of Paper</b>	To agree the minutes of the Governing Board and Annual General Meeting meeting held on Wednesday 19 September 2018.		
<b>Recommendations/ Actions requested</b>	Approve		
<b>Engagement Activities – Clinical, Stakeholder and Public/Patient</b>	N/A		
<b>Item previously considered at</b>	N/A		
<b>Potential Conflicts of Interests for Board Members</b>	N/A		
<b>Author</b>	Jayne Collis, Business Development Manager		
<b>Sponsoring member</b>	Dr Elizabeth Fellows, Chair of Governing Board		
<b>Date of Paper</b>	9 November 2018		

**DRAFT**

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board and Annual General Meeting held on Wednesday 19 September 2018 at 3.00pm in Conference Room B, 2<sup>nd</sup> Floor, Civic Offices, Portsmouth**

**Summary of Actions  
Governing Board and AGM held on Wednesday 19 September 2018**

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>
6a.	<b>Performance Report</b> – Ascertain what actions are being taken with regards to short term sickness levels by SCAS for the 111 service.	M Spandley	Next mtg
6d	<b>Risk/Governing Board Assurance Framework Update</b> - Review risks and risk scores following approval of revised risk management framework processes.	I Richens (J Jeffs)	Jan 19
7	<b>Portsmouth &amp; South East Hampshire System Update</b> – Portsmouth & South East Hampshire LCP Operating Plan 2018-19 – Look at developing mechanisms to consider the cause and effect on health and care of system wide programmes for the City starting with the CCG and PCC Adult and Children’s Services.	M Spandley/ I Richens	Nov 18
7	<b>Portsmouth &amp; South East Hampshire System Update</b> – Portsmouth & South East Hampshire LCP Operating Plan 2018-19 - Feedback that for the 2019/20 plan we would like to see greater focus on the care system in terms of details and language.	L Collie	Nov 18
8	<b>Listening to Our Patients 2017-18 Report</b> – Consider ways (other than CCG website) to promote the report such as Health and Care Portsmouth mechanisms and networks.	I Richens/N Brooks	Nov 18
10	<b>Winter Plan</b> – Publish presentation on website and share with Governing Board members.	J Collis	Nov 18
10	<b>Winter Plan</b> – Explore further with Solent the possibility of flu vaccinations to Agincare and care home staff.	I Richens/ J York	Nov 18

**Present:**

- Dr Linda Collie - Chief Clinical Officer and Clinical Leader (GP)
- Dr Julie Cullen - Registered Nurse
- Dr Annie Eggins - Clinical Executive (GP)
- Ms Margaret Geary - Lay Members
- Dr Jason Horsley - Director of Public Health, Portsmouth City Council
- Mr Graham Love - Lay Member
- Dr Nick Moore - Clinical Executive (GP)
- Ms Jackie Powell - Lay Member
- Mr Innes Richens - Chief of Health and Care Portsmouth
- Mr Andy Silvester - Lay Member (Chair)
- Mrs Michelle Spandley - Chief Finance Officer
- Dr Tahwinder Upile - Secondary Care Specialist Doctor

**In Attendance**

- Mrs Jayne Collis - Business Development Manager

Mrs Justina Jeffs - Head of Governance  
 Jo York - Director, New Models of Care (from 4.20pm)

**Apologies**

Dr Elizabeth Fellows - Chair of Governing Board/Clinical Executive (GP)  
 Mr David Scarborough - Practice Manager Representative  
 Mr David Williams - Chief Executive, Portsmouth City Council

**1. Apologies and Welcome**

Apologies received from Dr Elizabeth Fellows, David Scarborough and David Williams.

Andy Silvester, chairing the meeting on behalf of Dr Elizabeth Fellows, welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board and Annual General Meeting held in public. He reminded those present that although the meeting was being held in public it was not a public meeting and therefore during the CCGs formal business members of the audience would not be invited to participate.

**2. Register and Declarations of Interest**

The Committee Register of Interests was presented for noting. No further declarations were made.

**The Governing Board noted the Register and Declarations of Interest register.**

**3. Minutes of Previous Meeting**

The minutes of the Governing Board meeting held on Wednesday 11 July 2018 were approved as an accurate record.

An update on actions from the previous meeting was provided as follows:

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>	<b>Progress</b>
3a	<b>Minutes of Previous Meeting</b> - Amendment to minutes on page 5 to be made.	J Collis/ G Love	Sep 18	Complete
3a	<b>Minutes of Previous Meeting, Actions</b> – Circulate final Operating Plan to Governing Board members.	M Spandley	Sep 18	Complete
3a	<b>Minutes of Previous Meeting, Actions</b> – Include names of revised membership of Health and Wellbeing Board within minutes of meeting.	I Richens/ J Collis	Jul 18	Complete
5a	<b>Performance Report</b> - Determine the best way to engage with Governing Board members on review and development of the Urgent Care Strategy vision.	I Richens	Sep 18	Innes Richens reported that a session is due to take place shortly.
6	<b>STP System Reform</b> – Upload presentation to website.	J Collis	Sep 18	Complete.

Agenda Item	Action	Who	By	Progress
6	<b>STP System Reform</b> – Establish a timeline and key decisions points for STP System reform work programmes.	I Richens/ L Collie	Sep 18	Complete.

#### 4. 2017/18 Annual Report and Accounts

Andy Silvester explained that the 2017/18 Annual Report and Accounts were approved by the Audit Committee in May 2018 and submitted to NHS England in June 2018. The Governing Board were asked to formally note and adopt the Annual Report and Accounts for 2017/18. Andy noted that full copies of the 2017/18 Annual Report and Accounts were available should anyone require a copy. Michelle Spandley commented that this concluded everything that is required to be done by the CCG with regards to the 2017/18 Annual Report and Accounts.

**The Governing Board formally noted and adopted the NHS Portsmouth Clinical Commissioning Group’s Annual Report and Accounts for the 2017/18 financial year.**

#### 5. Chief Clinical Officer’s Report

Dr Linda Collie presented a paper which summarised the key decisions and actions undertaken by the Clinical Executive under her leadership. She highlighted the following areas:

##### CCG National Assurance

The CCG was pleased to retain its headline “good” rating for 2017/18 from NHS England in July in its recent publication of its annual assessment of CCGs utilising the CCG Improvement and Assessment Framework (CCG IAF). In addition the outcomes of the assessments that have been undertaken by independent panels in addition to the IAF in respect of cancer and maternity for the CCG have also been published in August. Four sub indicators are looked at in each area and the CCG has been assessed as “good” in respect of cancer and “requires improvement” for maternity. The two indicators in maternity where local services were deemed to be outside national trajectories related to choices in maternity services and the rate of maternal smoking at delivery. The assessments are published on the CCG Improvement and Assessment page of the NHS England website as well as on the MyNHS section of the NHS Choices website.

##### Mental Health

Southern Health, Solent NHS Trust and Portsmouth, Fareham and Gosport and South Eastern Hampshire CCGs have agreed a fundamental change to the way the mental health crisis services will be delivered across the Portsmouth and South East Hampshire locality. The new service will combine the Southern and Solent crisis teams into a single service model that improves responsiveness and consistency for adults of all ages and will be operational by summer 2019.

##### SystemOne Implementation

Every GP practice within the City is now using SystemOne as their clinical record system. Solent NHS Trust adopted the system over 2 years ago and Portsmouth City Council Adult Social Care are implementing SystemOne to replace their current record system shortly.

## Health and Care Portsmouth – Your Big Health Conversation

Phase 2 of the 'Your Big Health Conversation' engagement process has been drawing to a close during September 2018. The latest work has involved a combination of face-to-face meetings with groups of patients and carers from across the Portsmouth and South East Hampshire region and an online survey. The feedback will be collated and analysed before being published.

## Portsmouth Hospitals NHS Trust Care Quality Commission (CQC) Inspection

In August the CQC published their inspection reports following their comprehensive inspection of the Trust in April and May. The overall rating of the hospital has remained as "requires improvement". The report recognised that good progress has been made in many areas but also outlines further work that is needed in some areas to provide consistency of care across the organisation. Portsmouth Hospitals NHS Trust Board considered the report in detail at its Board meeting on the 6 September 2018 including the approval of a recovery plan to submit to the CQC.

Jackie Powell asked about maternity services and the rate of smoking at delivery and if there was an action plan to address this. Dr Linda Collie said that the CCG would work with the Public Health team on this issue. Jackie also asked about choice at time of labour. Dr Annie Eggins explained that it was about ensuring people were offered choice however it is difficult to prove that someone has had choice. Jackie asked if there were capacity issues. Dr Linda Collie explained that maternity services are aware of the issues and are working to address them.

Dr Jason Horsley commented that the challenge around maternal smoking at delivery is not just about getting midwives engaged with patients. The reality is women are smoking in a social environment and often partners and people around them also smoke so we would need to also work with the family and to offer that level of support is difficult. In an ideal world we would work with all parties but in reality this cannot be done. Baselines are different in different areas and are often in line with deprivation.

Dr Tahwinder Upile commented that with regards to the single IT system - could we use this as an opportunity to get the hospital to integrate and review clinical notes etc now that we are integrated. Dr Linda Collie commented that an update from the digital workforce programme is that PHT are still trying to align their systems internally and we are looking at ways they can view and update our records but not using System One directly. With regards to interoperability PHT are very much involved and it is about what we can do in the interim. Dr Nick Moore commented that the accuracy of discharge summaries has improved over the years. Dr Tahwinder Upile gave an example of some of the possible problems with being digitised when performing operations. Dr Linda Collie said that we need to ensure clinicians are involved when we are developing systems.

## **The Governing Board accepted the Chief Clinical Officer's Report.**

- 6a. Performance Report**
- 6c. Finance Report**

Michelle Spandley presented the performance and finance parts of the Integrated Performance & Quality Report and Governing Board Assurance Framework dated 19 September 2018, which provides a high level overview of the current financial position, summary of programmes and projects supporting the CCGs strategic priorities and plans, and overall CCG performance that defines an effective commissioner.

The CCG remains on track to achieve an in year break even position and the cumulative surplus will therefore remain at £7.73m. Not all savings have been identified, which may

require the CCG to utilise more contingency or reserves and this has been taken into account. There is increased activity in the Care UK and Spire contracts. Portsmouth Hospitals Trust (PHT) non elective activity is also above plan, however that is mitigated through the aligned incentive contract risk reserve. Pressure remains in continuing healthcare and out of area mental health services and these are being monitored and reviewed with mitigating actions applied where possible.

- A&E 4 hour wait – combined target for PHT and St Marys Treatment Centre (SMTC) for July was 85.3% which is lower than the previous month's position. August is more positive at over 87% and September is showing an improved position.
- 12 hour trolley waits – PHT reported zero breaches in June and July and this continues to be an improved position which will continue to monitor.
- Ambulance response times – Although South Central Ambulance Service (SCAS) did not achieve all of the ambulance response times during July, they continue to develop solutions to improve this position. Having better flow at PHT and avoiding unnecessary ambulance delays has also had a positive impact for the ambulance service.
- 111 calls answered within 60 seconds – Despite showing an improving position the performance dipped in July and commissioners continue to work closely with SCAS to understand the actions being put in place.
- Referral to Treatment (RTT) – The monitoring of RTT is focussed this year on waiting list size and maintaining the same level as the end of March 2018. However we have seen a rise and are working with PHT to understand how this can be improved.
- Diagnostics – The CCG achieved the target in June.
- Cancer targets – The CCG achieved all 8 targets in June.
- Adult Mental Health performance targets - The CCG continues to do well in this area.

Michelle highlighted that the report also provides further detail on the CCG Improvement and Assessment Framework.

Jackie Powell asked about the volume of sickness within the 111 services as detailed on page 11 of the report and how staff are being supported. Michelle Spandley said that she would speak with the Trust and report back. Dr Linda Collie commented that looking at the action plan it appears to be short term sickness.

**Action: M Spandley**

Jackie Powell asked about the Enhanced Care Home Teams as mentioned on page 19 of the report. Dr Nick Moore explained that his practice has been involved in the pilot and that it is about having routine meetings with GPs, Physio, Community Matrons, OTs etc to review all patients in the homes to highlight any issues and agree actions to reduce hospital attendances and admissions.

Innes Richens commented that looking at quarter one data attendances and admissions have reduced so it looks like it is having an effect. Dr Linda Collie commented that some practices just had an enhanced team without GP attendance which also showed improved reduction in admissions and attendance.

Jackie Powell asked if there will be a business case for the roll out. Michelle Spandley explained that there is funding identified but they may not have the full workforce to roll out the service. Dr Nick Moore commented that there may be unintended consequences such as a reduction in the locum workforce and therefore less of a pool to pull from and it is a fine line to get the balance right.

Innes Richens said that initially it was thought this would be a key scheme for the winter but ambulance conveyance is now being looked at which will be discussed later on the agenda. Michelle Spandley commented on the trusted assessor role in the hospital. Innes Richens said that it is about homes themselves having a trusted assessor who can go into to the hospital on behalf of the home.

Jackie Powell asked about stakeholder commitment with regards to the Mental Health Assessment Unit as mentioned on page 18 of the report. Innes Richens explained that the agreement as part of preparing for this winter was to review the crisis response. As always there were slightly difference views. We are currently working through the best option. The local CCGs are in position and we are just waiting for commitment by Southern Health.

Graham Love commented on the ratings for Portsmouth Hospitals Trust as detailed on page 8 of the report and said that it was disappointing to see deterioration since the last inspection.

Graham Love also commented on the running costs detailed on page 7 of the report and asked if there was any reason why they were under the target. Michelle Spandley explained that the CCG has to show that we have an allocation however we are required to make a saving so this is actually good news.

## **6b. Quality Update**

Innes Richens provided an update following the Quality and Safeguarding Executive Group which had taken place earlier in the day and Dr Julie Cullen and Margaret Geary were present at the meeting. He explained that there were four things to highlight to the Governing Board:

- i. PHT – Significant improvements on cardiology waits and they are now exceeding their improvement trajectory and more than halved the list size from 500 to 206. All urgent cases are now being seen within 2 weeks.
- ii. Both the CCG and Solent had struggled to fill the Doctor role for Designated Looked after Children. PHT have agreed to release a paediatrician to fulfil the role (1 session a week).
- iii. Solent – In the 2018 national Clinical Audit of Psychosis results, Solent were in the top 5 trusts for 15/25 of the standards and only below the national sample mean for 4 standards. They demonstrate good practice particularly in relation to physical health monitoring which we know is a national priority area for mental health patients. Areas where they are below the national sample mean are antipsychotic prescribing rates, proportion of patients engaged in employment/daytime activities, intervention for abnormal lipids and records of patient involvement in prescribing decisions.
- iv. Solent will receive their well led inspection from the Care Quality Commission (CQC) on 6-8 November with core services being inspected in the next 2 weeks.

Jackie Powell commented that she had received feedback regarding Jubilee House and now has the information about activity she had enquired about.

## **6d. Risk/Governing Board Assurance Framework Update**

Innes Richens reported that there were no new risks however some risks may have shifted and will therefore require review. A new risk management policy is being presented to the Clinical Executive Committee which will align better and give opportunity to review risks more dynamically. It was agreed that risk and risks scores would be reviewed following approval of the revised risk management framework processes.

**Action: I Richens**

**The Governing Board accepted the contents of the Integrated Performance & Quality Report and Governing Board Assurance Framework.**

## **7. Portsmouth and South East Hampshire System Update**

Dr Linda Collie provided an update on the Portsmouth and South East Hampshire System. She explained that the minutes and the Chair's report from the System Board meetings allows members to see the work being undertaken which is focused on the system reform work. Also presented is the Portsmouth and South Eastern Hampshire Local Care Partnership (LCP) Operating Plan 2018/19 which is being presented to all Governing Bodies of the organisations within the Portsmouth and South East Hampshire Local Care Partnership. The LCP sets out: the financial challenge across the LCP for 2018/19 and a 3 year financial plan; the five Transformation Programmes that are in place for 2018/19 which will support the system in delivering the financial and operational pressures and Governance and Risk.

Michelle Spandley highlighted page 5 of the report noting that currently all organisations are forecasting that they will achieve the plan set out at the beginning of the year. As a system we are facing a significant financial challenge to achieve the circa £30m deficit position. Portsmouth Hospitals Trust have a deficit plan which they are struggling to achieve and we need to look at this as a system to see how this can be achieved and what conversations have we had about mitigating risks.

Margaret Geary asked if there was an agreed set of principles that everyone is working to and Michelle Spandley explained that there is a financial framework and set of principles that we are working to.

Dr Linda Collie explained there are five transformation programmes; Maternity and Child Health, Urgent Care, Community Health and Care, Elective Care and Mental Health as detailed on page 33 of the Plan and this is work in progress. For the System Board we are represented as are other organisations however this Board does not have any delegated authority at the moment.

Margaret Geary commented on the Health and Care governance arrangements and that they do not sufficiently reflect the Care part. Justina Jeffs commented that this is currently being worked through. Innes Richens commented that the connection between plans, work programmes and finance is not clear at the moment. For Portsmouth City there is a connection between the Local Authority intentions and our intentions which is fundamental so how do we connect the finances within the City to underpin our plans. Michelle Spandley said she would welcome the opportunity to understand each other's finances. Innes Richens said from a Portsmouth point of view could we start to have conversations in Childrens, Adults, Public Health services etc to understand the challenges in finance. He said he would be happy to discuss this further with Michelle Spandley outside of the meeting. Michelle Spandley said that there has been similar conversations with Solent for the next 3 years - how do we work together to see what we can do with finances etc. It was agreed to look at developing mechanisms to consider the cause and effect on health and care of system wide programmes for the City starting with the CCG and PCC Adult and Children's Services.

**Action: M Spandley/I Richens**

Margaret Geary commented it would be helpful to change the language to help politicians to understand and engage. It was agreed to feedback that for the 2019/20 plan we would like to see greater focus on the care system in terms of details and language.

**Action: L Collie**

Margaret Geary commented that the other bit that had not worked very well is looking at a seamless community health and care services bringing Solent and Community Services closer together – Margaret expressed that she was not sure enough work has been done on this yet. Innes Richens agreed and explained that there has been some interaction work with the GP Alliance and Solent Adult Social Care to look at duplication. This is in the design stage to see if we can provide better care – there is a lot of good learning about how we operate.

**The Governing Board noted the minutes and Chairs report.**

## **8. Listening to Our Patients 2017-18 Report**

Jackie Powell presented the “Listening to our Patients 2017-18 Report” which outlines the patient experience, engagement and consultation work undertaken during the year and thanked Soraya Saeed and Julie Hawkins for their hard work on this.

Dr Julie Cullen commented that it was a really good report and asked if there was anywhere else the report could be published, other than the CCG website, in order to promote more engagement. Jackie Powell said that perhaps the Health and Care Newsletter could be used and Dr Jason Horsley suggested social media. Dr Nick Moore commented that it could go out in the update to GPs and Dr Linda Collie suggested GP websites etc. It was agreed to consider other ways to promote the report such as Health and Care Portsmouth existing engagement mechanisms and networks.

**Action: I Richens**

Dr Tahwinder Upile commented on the large decline in complaints from the previous year from 36 to 12 and that 9 were related to funding refusal. He asked if members of the public know what procedures are funded and what are not. Innes Richens explained that these were related to Individual Funding Requests and will be down to the individual as to whether funding is approved as some will not meet the criteria. Dr Linda Collie said that from a GP perspective she will discuss the Individual Funding Request policy with patients however sometime they still ask GPs to apply. It is about education and consistency. Information on the policy is easily available for GPs however Secondary Care needs to be made more aware of it.

**The Governing Board noted the report and approved it for publication on the CCG website.**

## **9. Annual Complaints Report 2017-18**

Dr Linda Collie presented the Annual Complaints Report for 2017-18 which provided an overview and basic trend analysis of the type and management of CCG complaints received by NHS Portsmouth CCG between 11 April 2017 and 31 March 2018. Dr Linda Collie commented that education and support is important. Justina Jeffs said that the CCG is trying to signpost more to avoid delays, although the number of complaints has decreased since last year some include more than one service and we are seeing more funding requests.

**The Governing Board noted the report and approved it for publication on the CCG website.**

## **10. Winter Plan**

Jo York gave a presentation on the Winter Capacity Plan for this year. She explained the issues that were faced in Winter 2017/18 and the improvements that have been made for this year. The current pressures and key risks were also presented along with plans for addressing the winter bed gap. It was agreed a copy of the presentation would be published on the CCG website and shared with Governing Board members.

**Action: J Collis**

Dr Nick Moore commented that there seemed to be many red indicators on the current performance table on page 11. Jo York explained that improvements are being seen and that most KPIs should be fully operational by the 4th week of October. From a City perspective recruitment of Agincare staff is going well. Hampshire is struggling with

recruitment and more information on this will be available shortly. They were considering using a different agency or PHT care at home.

Michelle Spandley commented that this is the first time we have discussed winter pressures in the summer and we have used consultancy work to see if it helps in preparing ourselves and everyone is stepping up. Jo York commented that this time it is our plan and is one single plan which we know inside out.

Dr Jason Horsley commented that last year was the first year that flu vaccinations were offered to social care providers and it is likely this will happen again this year. There will be a similar approach this year which will be to either visit a pharmacy or your GP. There were lessons learned from last year and it will be a challenge to improve the uptake. In future years we would like to be able to offer everyone the vaccination. Jo York said that it might be worth exploring the possibility of offering flu vaccinations to Agincare and care home staff.

**Action: I Richens/J York**

## **11. Verbal Report from Committee Chairs**

- **Audit Committee**

Andy Silvester reported that the meeting held recently had focused on a number of areas such as Finance, Cyber Crime and Fraud etc.

- **Clinical Strategy Committee**

Dr Nick Moore commented that he had taken over as Chair for this meeting and three sets of minutes from the meetings were included on today's agenda. A number of topics had been covered such as Mental Health Assessment Unit Business Case, and SHIP 8 Priorities Committee recommendations. We are working with Katie Hovenden, Clinical Associate, on how the policy recommendations are presented to the CCG and how we receive them as there have been some issues where the policies were not aligned across the CCG.

- **Health and Wellbeing Board**

Dr Linda Collie said that there was nothing new to report as the previous meeting had been about getting to know the new members. The next meeting is due to take place at the beginning of October.

- **Primary Care Commissioning Committee**

Margaret Geary reported that, at the meeting held earlier today, an update had been provided on the progress regarding the Integrated Primary Care Service which had been positive. A review of GP mergers was presented along with a report on the University Student Health Needs Assessment.

- **Remuneration Committee**

Graham Love reported that at the last Remuneration Committee meeting the following topics had been discussed: workforce report – including starters, leavers and sickness data; Governing Board appointments and the implementation of the Agenda for Change 3 year pay award.

## **12. Minutes of Other Meetings**

The minutes of the following meetings were presented for acceptance by the Board:

- Minutes of the Clinical Strategy Committee meeting held on 4 April 2018, 4 July 2018 and 1 August 2018.

**The Governing Board accepted the minutes.**

### 13. Date and Time of Next Meeting in Public

Andy Silvester explained that today was Dr Julie Cullen's last day at the CCG and therefore her last Governing Board meeting. On behalf of the CCG and Governing Board he thanked Julie for her invaluable contribution to the CCGs work since 2013 when the CCG was established. Andy then presented Dr Cullen with a card and gift from staff at the CCG. Dr Julie Cullen thanked Andy Silvester for his kind words and gift.

Andy Silvester also explained that it was Dr Annie Eggins last Governing Board meeting as she leaves the CCG on 24 October 2018. On behalf of the CCG and Governing Board he thanked Annie for her hard work representing member practices during her time with the CCG and wished her well in her relocation. There will be an opportunity to say goodbye to Annie in October.

The next Governing Board meeting to be held in public will take place on Wednesday 21 November 2018 at 3.00pm – 5.00pm in Conference Room B, 2<sup>nd</sup> Floor, Civic Offices, Portsmouth.

Jayne Collis  
27 September 2018

### Governing Board - Attendance Log

Member Name	May 18	Jul 18	Sep 18	Nov 18	Jan 19	Mar 19
Dr Linda Collie	✓	✓	✓			
Dr Julie Cullen	A	✓	✓			
Dr Annie Eggins	✓	✓	✓			
Dr Elizabeth Fellows	✓	A	A			
Ms Margaret Geary	✓	✓	✓			
Dr Jason Horsley	✓	✓	✓			
Dr Jonathan Lake	✓	A				
Mr Graham Love	✓	✓	✓			
Dr Nick Moore	✓	✓	✓			
Ms Jackie Powell	✓	✓	✓			
Mr Innes Richens	✓	✓	✓			
Mr David Scarborough	✓	✓	A			
Mr Andy Silvester	✓	A	✓			
Mrs Michelle Spandley	✓	✓	✓			
Dr Tahwinder Upile	✓	A	✓			
Mr David Williams	A	✓	A			

Key: ✓ - Present  
A - Absent