

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 16 May 2018 at 3.00pm in Conference Room A, 2<sup>nd</sup> Floor, Civic Offices, Portsmouth**

**Summary of Actions  
Governing Board held on Wednesday 16 May 2018**

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>
3a	<b>Minutes of Previous Meeting</b> - Amendment to minutes on page 6 to be made.	J Collis/ E Fellows	Jul 18
3a	<b>Minutes of Previous Meeting</b> - Tenure for David Scarborough, Practice Manager Representative to be checked (clarify if 2 or 3 years).	J Collis/ E Fellows	Jul 18
3b	<b>Minutes of Previous Meeting</b> – Share final Operating Plan along with any feedback from NHS England with Governing Board members.	I Richens/ M Spandley	Jul 18
4	<b>Chief Clinical Officers Report</b> – Take forward recruitment of an independent nurse representative to replace Dr Julie Cullen on the Governing Board including scoping the possibility of expanding its remit to play a greater role in the system agenda.	E Fellows/ I Richens	Ongoing
4	<b>Chief Clinical Officers Report</b> – Clarify the number of incidents in radiology which have been judged to have caused significant harm (three or four).	L Collie/ I Richens	Jul 18
5b	<b>Quality Update</b> – Innes Richens to discuss with Jackie Powell the Jubilee House Activity Input work outside of the meeting.	I Richens/ J Powell	Jul 18
5d	<b>Risk/Governing Board Assurance Framework Update</b> – Review risk rating on GBAF in respect of radiology given the latest position.	I Richens/ J Jeffs	Jul 18
7	<b>Portsmouth and South East Hampshire System Update</b> – Feedback support to working as a Portsmouth and South East Hampshire health and Care System and to provide feedback on the statement of intent as detailed.	E Fellows/ J Jeffs	Jul 18
8	<b>National Stakeholder Survey Report</b> – Consider using a commissioning evening opportunity for future Practice Members Forum instead of TARGET and ensure greater notification of the date and arrangements to invitees.	L Collie/ J Jeffs	Jul 18
8	<b>National Stakeholder Survey Report</b> – Get input from practice managers as to how they would want to engage with the CCG most effectively including via the Practice Members Forum.	D Scarborough	Jul 18
9	<b>Verbal Report from Committee Chairs</b> - It was agreed that clarification would be obtained regarding future arrangements for Local Authority member involvement in the Health and Wellbeing Board following the outcome of the recent elections and council meetings.	J Horsley	Jul 18

## **Present:**

Dr Linda Collie	- Chief Clinical Officer and Clinical Leader (GP)
Dr Annie Eggins	- Clinical Executive (GP)
Dr Elizabeth Fellows	- Chair of Governing Board/Clinical Executive (GP)
Ms Margaret Geary	- Lay Members
Dr Jason Horsley	- Director of Public Health, Portsmouth City Council
Dr Jonathan Lake	- Clinical Executive (GP)
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 David Scarborough	- Practice Manager Representative
Mr Andy Silvester	- Lay Member
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

## **Apologies**

Dr Julie Cullen	- Registered Nurse
Mr David Williams	- Chief Executive, Portsmouth City Council

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## **1. Apologies and Welcome**

Apologies received from Dr Julie Cullen and David Williams.

Dr Elizabeth Fellows welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board meeting held in public. She 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. Justina Jeffs noted that a number of amendments had been made regarding staff that had left the organisation and there had been some additions to the register.

**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 21 March 2018 were approved as an accurate record subject to the following amendment:

Page 6, 7<sup>th</sup> paragraph, change “taking about the same” to “talking about the same”.

**Action: J Collis/E Fellows**

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>
3	<b>Minutes of Previous Meeting</b> – Present a summary of the system urgent care workshop held in February to the next meeting.	E Fellows	May 18	Dr Elizabeth Fellows provided an update on the urgent care work stream – see below*.
4	<b>Chief Clinical Officer's Report</b> – Circulate summary of STP activities to Governing Board members.	L Collie	May 18	Complete.
5	<b>Integrated Performance &amp; Quality Report and Governing Board Assurance Framework</b> – Review reasons for the reported dipped performance against the dementia post diagnostic support indicator show on page 27 of the report and feed back to the Governing Board.	M Spandley/ N Moore	May 18	Dr Nick Moore provided an update – see below**.
5	<b>Integrated Performance &amp; Quality Report and Governing Board Assurance Framework</b> – Investigate the reasons for identifying maternity as an area of new concern and report back.	J Cullen I Richens	May 18	Innes Richens said he would cover this during Item 5b Quality Update.
5	<b>Integrated Performance &amp; Quality Report and Governing Board Assurance Framework</b> – Look at presenting data in relation to wheelchair services in the report more clearly.	M Spandley/ I Richens	May 18	
6	<b>Operating Plan</b> – Insert reference to Local Authorities and South Central Ambulance Service to page 3.	I Richens/ M Spandley	May 18	
6	<b>Operating Plan</b> – Update RAG ratings to reference PCCG and not FG/SHE CCGs on pages 9, 11 and 13.	I Richens/ M Spandley	May 18	Complete.
6	<b>Operating Plan</b> – Bring final submission of the CCG Operating Plan to the Governing Board in May 2018.	I Richens/ M Spandley	May 18	The plan was submitted in line with the NHS planning timetable. There were no substantive changes and we are waiting for feedback from NHS England which will be shared with the Governing Board in due course.
9	<b>Progress Update Report on Health and Care Portsmouth Programme – Delivering the</b>	J Collis	May 18	Complete.

Agenda Item	Action	Who	By	Progress
	<b>Portsmouth Blueprint</b> – Presentation to be published on website.			
11	<b>Quality Improvement in Residential Homes</b> – Update to be provided in six months' time regarding the progress on the actions being taken in relation to quality improvement of residential care.	I Richens	Dec 18	Due Dec 2018.

- There has been a huge improvement on performance regarding the Urgent Care workstream and the whole system has made improvements. The Community Health and Care workstream for System working reports into the A&E Delivery Board which is one of the things that came out of the Urgent Care workshop held in February. Portsmouth Hospitals Trust has said it needs to change the flow and has made efforts on early discharge by booking patient transport earlier and simple discharges are now happening in a routine way and it is felt this hasn't led to re-admissions. The CCG has asked for the readmission rate data however it does not feel like a lot of patients are being readmitted. Complex discharges are being flagged up early and most escalation beds are closed.

- \*\* The Dementia diagnosis rate is 75.7% and is going down. There are fluctuations and there are 11 other CCGs in our peer group of which we are ninth. PHT have processes in place to identify patients who may have a new memory problem and flag this up to practices. There is a plan in place which we will continue. Michelle Spandley commented that the latest report relates to 2016/17 and Dr Nick Moore said that unfortunately there isn't any more up to date data.

Jackie Powell asked why the post diagnostic support was so low. Dr Nick Moore explained that support is provided by Solent Remind and there is good access. Work is in progress to update the Dementia Pathway.

David Scarborough raised a query regarding the tenure for his position as Practice Manager Representative and asked if it was for 2 or 3 years. It was agreed this would be checked and clarified at the next meeting.

**Action: E Fellows/J Collis**

#### 4. 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:

- St James/St Mary's Business Cases Update

Solent NHS Trust have recently been successful in securing capital funding (up to £10.3m) to refurbish St Mary's Community Health Campus and St James' Hospital properties following successful completion to Phase 1 of the project a couple of years ago.

- Governing Board Nurse Representative Role

Dr Linda Collie reported that Dr Julie Cullen, Registered Nurse Representative on the Governing Board has confirmed that she will not seek to renew her tenure at the end of March 2019 and that should the CCG be able to arrange a successor prior to this then she would like to step down earlier due to her capacity constraints. Dr Collie explained that three options have been considered regarding the recruitment of a successor as detailed in the report. The recommendation of the Chair and Chief Clinical Officer following discussions was Option 3. However, Governing Board members are asked to debate this and determine a way forward.

Governing Board members made the following comments:

- An independent external view is important.
- Would encourage academic skills.
- Valued the independence that Julie brought to the Quality agenda.
- Julie has a lot of Board level experience and we are very fortunate.
- Like the idea of an independent role, analytical skills very important.
- Would be good for role to have time to engage in the wider Wessex agendas.

David Scarborough asked what the time commitment was and did the candidate have to be local. Tracy Sanders explained that the current time commitment is 2 days per month and Dr Elizabeth Fellows said that the role has to be outside of the providers of the CCG to ensure it is an external view.

Dr Jason Horsley said that he presumed that we would not be the only CCG looking to fulfil this type of role and we could perhaps look to take up the role across the patch. Dr Elizabeth Fellows explained that some other local CCGs fulfil the role by having an Executive Nurse as Head of Quality.

**Governing Board members agreed to proceed with Option 3 as detailed in the report.**

**Action: E Fellows/I Richens**

- Portsmouth Hospital NHS Trust and CQC

Dr Linda Collie reported that the full review of the backlog of chest x-rays was completed at the end of February and patients or families affected have been spoken with by the hospital. In April the hospital published a paper on the lessons learnt as well as the outcome of the independent review and processes are now in place.

On 4 May 2018 the CQC published a report into Portsmouth Hospitals urgent and emergency care service following an unannounced inspection at the end of February. The hospital has fully accepted the findings of the report, and whilst there is an ongoing process to fully resolve the issues some significant progress has already been made.

Graham Love queried the discrepancy between the incidence of significant harm reported in the Chief Clinical Officers Report as opposed to the Quality Report later on the agenda. It was agreed this would be checked and reported back.

**Action: L Collie/I Richens**

Jackie Powell asked about Urgent Care plans. Dr Elizabeth Fellows explained that work is in progress on what Emergency Care should look like and the redesign of service.

Michelle Spandley said that Portsmouth Hospitals Trust have received some pump priming funding with regards to Urgent Care and in particular to support scoping of a revised footprint for the emergency department to operate from. There may be the opportunity for capital funding or they may have to do a PFI. There has been funding to work up the

business case and then we need to look at how we source the funding as a whole. Dr Elizabeth Fellows commented that the aim is for a 15 year future.

Jackie Powell asked about the funding for St James and Michelle Spandley explained that this is linked to the strategic development of the St Mary's Health Campus and changes to the use of the St James site.

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

#### **5a. Performance Report**

Michelle Spandley presented the Performance part of the Integrated Performance & Quality Report and Governing Board Assurance Framework dated 16 May 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. She highlighted the following:

Michelle Spandley provided an update on the performance figures for March as follows:

- A & E 4 hour wait – combined PHT and St Marys Treatment Centre at 79.3% with April showing a marked improvement of 88.8%.
- 999 response times showing a deteriorating position in March but an improvement of targets with all categories reporting achievement in April.
- 111 calls answered within 60 seconds, remain under 95% target at 64.3% for March but improved to 79.8% in April. Performance fluctuates and is sometimes due to the number of calls and sickness.
- Referral to Treatment – ended the year at 87.6% which has been similar for the last 3 months of the year in part as a result of the national decision to postpone elective surgery over the winter period. We anticipate no change in this position.
- Diagnostics achieved the 99% target.
- Cancer targets – all were achieved for March.
- Mental health continues to exceed the targets.

Dr Elizabeth Fellows commented that there had been no 12 hour trolley waits during April and there had not been any queueing ambulances which was good news. Michelle Spandley said that the system had been on green for several days at a time.

#### **5b. Quality Update**

Innes Richens commented on the quality indicators and that the metrics were looking healthier. He provided an update from the Quality and Safeguarding Executive Group that had been held this morning.

Portsmouth Hospitals Trust is establishing a mental health programme in response to concerns raised by the Care Quality Commission (CQC). This will look at the matters raised by the CQC along with the hospitals approach to mental health services working with partners. Reporting arrangements for safeguarding and mental capacity are now much clearer as is the support in place for staff. Work is being undertaken to ensure 24/7 cover for psychiatric liaison around the hospital and this work has already commenced in the emergency department.

Jackie Powell asked about the Spinal Network Model mentioned on page 10 of the report. Innes Richens explained that work to develop a centralised operating model had been completed. This included assessment of arrangements post-surgery including follow-up care.

Innes Richens also reported regarding work that had been undertaken regarding delays in assessment of planned care in particular related to cardiology. It is understood that this is no longer an issue.

Dr Jonathan Lake reported on elective care explaining that work is ongoing to improve pathways between primary and secondary care for gastroenterology, cardiology and dermatology and improving the patient journey.

Wheelchair Service - Innes Richens reported that there had been a joint review on the impact on patient care due to the waiting list for Wheelchair services. Millbrook Healthcare is working on the delivery of the recommendations of the review. There were 19 cases where there was evidence of low to medium harm across Hampshire and the Isle of Wight. The issues highlighted were the need for clear communications with patients and referrers into the service on what can and cannot be offered and issues around record keeping. The waiting list stands at 1,467 for March across the whole services with 221 for Portsmouth, 189 of which are adults and 32 children. The average waiting time is 22.6 weeks for adults and 12.9 weeks for children. The provider is flagging the number of referrals is above the contracted activity and that the backlog cannot be cleared because of this. We need to be sure this is accurate.

NHS Solent - There has been a reduced number of missed community nursing staff visits in March.

Jackie Powell asked about the Solent vacancy rates and if the issue had been resolved. Innes Richens explained that a lot of work had taken place on redesigning ways of working shift patterns etc and Solent have been working hard to get to grips with it.

Jackie Powell asked about activity input at Jubilee House as mentioned on page 22 of the report. Innes said that unfortunately he did not have an update on this and agreed to discuss it further with Jackie outside of the meeting. Dr Nick Moore commented that he thought it was related to end of life patients.

**Action: I Richens/J Powell**

Jackie Powell asked about performance data for Children and Young People Eating Disorders as mentioned on page 12 of the report. Michelle Spandley explained that the data is only reported quarterly and this is why it had not been included in the report.

Graham Love commented on Radiology and that he had read that the backlog had now been dealt with and the service was in better shape. Innes Richens and Michelle Spandley confirmed that this was the case.

Graham Love asked about the the Wheelchair Services trajectory not being met. Innes Richens confirmed that this was the case.

Dr Elizabeth Fellows commented on the Oxygen Service and that as a City we are an outlier for the number of burns resulting from people smoking whilst using oxygen. At a recent TARGET event we were encouraged to use the oxygen service to go out and access patients so that GPs are not responsible for prescribing oxygen. Dr Jason Horsley commented that there should be link to the stop smoking service also.

## **5c. Finance Report**

The CCG is exceeding its in year break even target by £1.7m. This was achieved by releasing the 0.5% non-recurrent reserve and the category M prescribing rebate. The cumulative position is now at £7.7m.

Although we achieved this position there were some overspending areas eg. CHC, Mental Health ECRs and some acute contracts. These were partly offset by prescribing budgets underspending, contingency reserves and restricting investments.

#### **5d. Risk/Governing Board Assurance Framework Update**

Dr Linda Collie asked if Radiology was going to be removed from the risk register. Innes Richens explained that this had been discussed at the Quality and Safeguarding Executive Group meeting this morning but they did not discuss the risk score. It was agreed this would be reviewed.

**Action: I Richens/J Jeffs**

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

#### **6. Governing Board Work Programme**

Dr Elizabeth Fellows presented the Governing Board Work Programme, which sets out the work of the Governing Board over the year, for review and approval.

Jackie Powell asked about partnership working and the Local Authority and System Board etc. Dr Linda Collie explained that we would need to review the work programme once the system reform work has been completed.

**The Governing Board approved the Work Programme.**

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

Dr Elizabeth Fellows provided an update on the Portsmouth and South East Hampshire System. She explained that the minutes from the System Board meeting allows members to see the work being undertaken.

Jackie Powell asked about the outcome of the meeting held on 25 April 2018 with NHS Improvement. Dr Elizabeth Fellows explained that unfortunately the meeting had been cancelled and will be rearranged in due course.

Dr Elizabeth Fellows explained that four workstream had been fully established; Elective Care, Urgent Care, New Models of Care and Mental Health. The work is moving forward well and another workstream for Children is being looked at.

Dr Jason Horsley outlined work that is going on in the Dorset system with regards to childrens services and how we might learn from it in particular from a business intelligence perspective. Michelle Spandley commented that Dorset do not have a Commissioning Support Unit it is all in-house so they are in a different position.

- Statement of Intent – System Working and Reform

Dr Elizabeth Fellows presented the Statement of Intent for discussion, in particular section 2.1, explaining that it is a start at how we move forward looking at our Governance and that each organisation has been asked by the System Board to support the statement. It was felt that Sovereign Board sign up was needed in order to go back to the STP.

Innes Richens noted that it was important to reflect the views of the Local Authority in this work and in particular focus on where people experience most of their care rather than a focus on “in and out of hospital”.

Jackie Powell commented that a diagram would be useful. Dr Linda Collie said that this is something that may be included in the final version and it was agreed this would be submitted to the July meeting.

Innes Richens commented that there is not a clear end point and he hears understanding and support for us as a CCG working with other partners in Portsmouth and South East Hampshire health care offer to residents.

It was agreed to feedback support to working as a Portsmouth and South East Hampshire Health and Care System and to provide feedback on the statement of intent as follows:

- review phrasing in statement of intent regarding in and out of hospital to reflect more health and care to better recognise the role of Local Authorities in the system working.
- consider inclusion in the statement of organisations who are party to the statement of intent.
- the need to explore links to the system reform work being undertaken at STP level section 2.1 b).
- a further report to be presented in July.

**Action: E Fellows/J Jeffs**

**The Governing Board supported the following:**

- **Section 2.1 a) – Subject to change in phrasing regarding in and out of hospital to reflect more health and care to better recognise the role of Local Authorities in the system working.**
- **Section 2.1 b) – Happy to continue to explore what it means for us to work as a system locally.**
- **Section 2.1 c) – Recognise if we need to work at a quicker pace Governance is set up. We do not want the governance side to be a barrier for change.**

David Scarborough asked as we are separate organisations, what would happen if we said that we did not like the mechanism in place for this and pushed back. Justina Jeffs explained that at the moment all organisations have to go back to each individual sovereign organisations for agreement. The idea is how can we make decisions so that this doesn't have to happen. The governance is not in place at the moment to support delegated decision making.

Dr Elizabeth Fellows commented that it is key that we are involved in the workstreams so that there are no surprises.

## **8. National Stakeholder Survey Report**

Dr Linda Collie presented the results from the National Stakeholder Survey 2018. She explained that there were a number of new questions for 2018 and therefore comparisons could only be made to last year for 14 of the questions. Compared to other CCGs, Portsmouth has performed well and in 15 of the 21 questions it returned the highest score.

Jackie Powell commented on section 5.3 and the low score for demonstrating the views of patients and the public when making commissioning decisions. She said that she would like to see an improvement and felt this did not reflect the feedback from the patient and public activities that she was involved in. Dr Nick Moore commented that it may be linked to a change in roles.

David Scarborough commented on the lower number of responses and if this was because of practices merging and therefore there would be fewer responses from each practice. Dr Linda Collie said that only one response from each practice is allowed and that the overall response rate was well above the average.

David Scarborough commented on the Practice Members Forum and that the invite to TARGET had gone out late and therefore they were not very well represented. He said he would encourage more forward planning in the future. Dr Jonathan Lake commented that it may be better for the Forum to attend a commissioning evening as TARGET are big events. Dr Nick Moore said that TARGET was used because people are already there. David Scarborough commented that it seemed to be squashed in at the beginning of TARGET. It was agreed that consideration would be given to using a commissioning evening opportunity for future Practice Members Forum instead of TARGET and ensure greater notification of the date and arrangements to invitees.

**Action: L Collie/J Jeffs**

It was agreed that input would be gained from Practice Managers as to how they would want to engage with the CCG most effectively including via the Practice Members Forum.

**Action: D Scarborough**

**The Governing Board noted the paper and agreed the proposed action plan and next steps as set out in the paper.**

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

- **Audit Committee**

Andy Silvester reported that everything was on track. Michelle Spandley commented that a meeting was due to take place next week to sign off the annual accounts.

- **Clinical Strategy Committee**

Dr Linda Collie reported that there were no particular issues to raise but there had been a very useful development session held recently. It has been agreed that these sessions will be held more regularly in future.

- **Health and Wellbeing Board**

Dr Linda Collie commented that she had chaired this meeting twice now. Dr Jason Horsley reported that newly elected members had been agreed as follows: Councillors Luke Stubbs, Matthew Winnington and Rob Wood. Dr Horsley agreed to clarify future arrangements for Local Authority member involvement in the Health and Wellbeing Board following the outcome of the recent elections and council meetings.

**Action: J Horsley**

- **Primary Care Commissioning Committee**

Margaret Geary reported that at today's meeting which had taken place earlier, the Annual Report to NHS England had been approved and an Integrated Primary Care Service Contract had been agreed to commence from 1 July 2018.

- **Remuneration Committee**

Graham Love reported that the Committee had met in January 2018 and had looked at a number of areas including; workforce data, absences, diversity data and Whistleblowing Policy - Freedom to Speak Up.

## **10. 2018/19 Opening Budget**

Michelle Spandley presented the opening budget for the 2018/19 financial year which is based on the 2018/19 national planning guidance and allocations. She explained that not all savings had been identified yet. If the CCG is unable to identify all of the savings then contingency will be used and a restriction on investments going forward would be put in place.

Jackie Powell asked how confident is the CCG that it will achieve the efficiency savings. Michelle Spandley said that we try to be realistic when identifying savings and some programmes have more robust plans than others. We monitor plans to ensure that programmes are on track and happen at the Clinical Strategy Committee. There are some plans identified at this stage however if not all are identified then it will be more difficult to do the transformation work.

**The Governing Board approved the 2018/19 Opening Budgets amounting to £314.8m, including the requirement to deliver an in-year break even control total with £11m Efficiency Savings (QIPP).**

## **11. Governance Arrangements Annual Review**

Dr Elizabeth Fellows explained that as part of good governance practice the CCG reviews its arrangements annually. The Governance Framework for the CCG comprises of a number of key documents that support accountability, responsibility and decision-making throughout the CCG. She drew attention section 7 “Future Considerations” and noted that the paper was presented for acceptance by the Board.

**The Governing Board accepted the CCG’s governance arrangements for the 2018/19 financial year.**

## **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 7 March 2018.
- Minutes of the Primary Care Commissioning Committee meeting held on 17 January 2018.

**The Governing Board accepted the minutes.**

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

The next Governing Board meeting to be held in public will take place on Wednesday 11 July 2018 at 3.00pm – 5.00pm in the CCG Committee Room, NHS Portsmouth CCG Headquarters, 4<sup>th</sup> Floor, 1 Guildhall Square, Portsmouth.

**Governing Board - Attendance Log**

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

Key: ✓ - Present  
 A - Absent