

**Approved Minutes**  
**Board Meeting**  
**Thursday 29 October 2015**



**Members**

Jeane Freeman (JF)	Chair
Stewart MacKinnon (SM)	Non Executive Board member
Mark MacGregor (MM)	Non Executive Board member
Phil Cox (PC)	Non Executive Board member
Kay Harriman (KH)	Non Executive Board member
Jack Rae (JackR)	Non Executive Board member
Jane Christie-Flight (JCF)	Employee Director
Jill Young (JY)	Chief Executive
Julie Carter (JC)	Director of Finance
June Rogers (JR)	Director of Operations
Anne Marie Cavanagh (AMC)	Nurse Director
Mike Higgins (MH)	Medical Director
David Miller (DM)	Acting Director of Human Resources

**In attendance**

Sandie Scott (SS)	Head of Corporate Affairs
Ewan McInnes	Communications Assistant
Emma O'Neill	Corporate Affairs Assistant

**Minutes**

Christine McGuinness	Corporate Affairs Officer
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**1 Chair's Introductory Remarks**

- 1.1 JF opened the meeting and thanked everyone for their attendance.
- 1.2 JF welcomed Ewan McInnes and Emma O'Neill, two new members of the Communications Department, to the meeting.
- 1.3 The Golden Jubilee Foundation was named runner-up in the 'Employer of the Year' category at the inaugural Icon Awards on Friday 9 October. Our Employee Director, equality lead and Senior Clinical Perfusionist, Jane Christie-Flight, was the only NHS employee, and only woman, shortlisted in the category of 'Uniformed Icon of the Year'.

- 1.4 The Scottish Pulmonary Vascular Unit Research Team at the Golden Jubilee Research Institute recently completed a research project to test the potential benefits of Riociguat, a new drug, for improving the quality of life for patients with Pulmonary Hypertension.
- 1.5 The team at the Golden Jubilee won the Best Poster Award at the European Society of Cardiology (ESC) Congress 2015, being praised for their work on “Mobile echo acquisition and transfer for donor organ assessment”.
- 1.6 The Golden Jubilee hosted its 10th Arthroplasty course in five years, sharing best practice techniques with colleagues from around the world. Over 150 delegates from across the globe to attend the Advanced Knee Arthroplasty Course, which focused on the current issues, controversies and advancements in this orthopaedic field.
- 1.7 Friends and relatives of a family of heart patients have donated more than £3,000 to the Golden Jubilee National Hospital in memory of Maisie Sullivan, a heart transplant patient who sadly passed away last year at age 24.
- 1.8 The family of a man treated for heart and chest injuries donated over £6,000 to the Golden Jubilee to honour their son and brother, Alexander, who sadly passed away in April 2014. Alexander was treated for chest and heart injuries in one of the Intensive Care Units (ICU) at the Golden Jubilee after being involved in a car accident.

### **First Minister Announcement**

- 1.9 JY advised Board members that there will be a follow up to the First Minister’s expansion announcement this weekend, with the release of the artist’s impression of the Golden Jubilee expansion, which it is hoped will be taken forward after the election in May. JF recorded the Board’s pleasure at the announcement and thanked the Golden Jubilee’s senior team for their work carried out to date in making the case for expansion, and thanked the team in advance for the work that lies ahead.

## **2 Apologies**

- 2.1 Apologies were received from:

Maire Whitehead (MW) Non Executive Board member

## **3 Declarations of Interest**

- 3.1 There were no declarations of interest.

## **4 Minutes of Last Meeting**

4.1 Minutes of the meeting held on 17 September 2015 were approved as accurate subject to the following amendments:

- P13, 7.5.4 – change ‘register’ to ‘regulator’
- P17, 8.3.3 – change ‘25% in senior management posts’ to ‘25% required reduction in senior management posts’

## **5 Matters and Actions Arising**

### **5.1 Actions**

5.1.1 All actions were closed with the exception of those noted below.

Action no:	291015/04-05
Action:	Consider adding risk of cyber attack to the Board Risk Register / Further report on risk of cyber attack to the ARC and then Board
Action by:	JC
Action status:	Ongoing
Action update:	Actions 291015/04 and 291015/05 have been merged

### **5.2 Matters Arising**

5.2.1 There were no matters arising.

## **6 Person Centred**

### **6.1 Partnership Forum**

6.1.1 JCF gave Board members an update on discussions at the Partnership Forum meeting which took place on 18 September 2015.

#### **Person Centred**

- The Forum discussed the Dementia Strategy and noted a Dementia Action Plan has been implemented for 2015/16 and incorporated into the local Dementia Strategy, to ensure that local work streams are in line with national priorities, but continue to have a strong focus on what is required here at the Golden Jubilee National Hospital.
- The Forum noted that it was now proposed that Flying Start would be mandatory for all Nursing, ODP and AHP newly qualified practitioners employed. This approach was supported by the Forum.

- The Forum discussed the progress to date with iMatter and Staff Survey. It was noted that the response rate for the Staff Survey was not as anticipated due to all responses being double counted as a result of a coding error. Had this been flagged up earlier, more would have been done to target key areas across the Board.

### **Safe**

- The Forum approved the updated Protection of Vulnerable Groups (PVG) Policy, noting that no material changes had been made.
- The Forum approved the Management of Employee Conduct Policy, noting that no material changes were made to the policy. There was a discussion about section 6.2.3 and a request was made that it was reworded slightly to improve clarity. The Forum approved the policy subject to these changes.

### **Effective**

- The Forum discussed the arrangements for this year's Annual Review and approved the Partnership Forum Self Assessment and questions. It was agreed that members would confirm attendance in advance of the meeting.
- The Forum discussed this report and recognised the contribution made by the Learning and Organisational Development during 2014/15 in supporting the delivery of the Boards 2020 Everyone Matters Vision.
- The Forum was presented with the feedback from the Staff Governance Unit, which was very positive, and the Board's response.

**6.1.2** DM added that he has now received a letter from Capita apologising for the double counting and explaining that this was due to a coding issue which had resulted from the local question being added in. He added that the Capita team have offered to come in and present our results for us, and that they have indicated the results are very positive, although the response rate had only increased by 1% since last year.

**6.1.3** JF asked about the timeframe for receiving the results. DM advised that these are expected in December.

**6.1.4** MM asked if the response rate was up or down in other Boards. DM advised that this was different in every Board. JCF added that the average response rate was 38%.

**6.1.5** Board members noted the update.

## 6.2 Medical appointments

6.2.1 DM updated Board members on recent medical recruitment processes, noting that these had been carried out in accordance with the Board's Framework for the Recruitment and Selection of Consultant and Senior Management Appointments.

- **Consultant in Cardiothoracic Anaesthesia and Intensive Care:**  
Interviews took place for this position on 2 September 2015. There were two candidates for the post and the successful candidate was Dr Ben Shelley. Dr Shelley is expected to take up post in February 2016 and the job plan is currently being finalised.
- **Consultant In General Anaesthesia:**  
Interviews took place for this position on 30 September 2015. Dr Justine Nanson was successful for the position and will hopefully take up post in January 2016. Dr Andrew Woods has also been offered a fixed term appointment for one year and is expected to take up post in December 2015.
- **Consultant Ophthalmologist:**  
We are currently advertising for the position of Consultant Ophthalmologist for which the closing date is 30 October 2015. Interviews are scheduled to take place on 6 January 2016.

6.2.2 DM commented that the recruitment process is working very well but that the paperwork is currently being updated. JY requested that the new paperwork is presented to a future Board meeting once it has been to the relevant groups.

**Action no:** 291015/01  
**Action:** Updated Recruitment Process to a future Board Meeting  
**Action by:** DM  
**Action status:** NEW

6.2.3 MM asked if any consultant posts were deliberately held back. DM confirmed that this had not happened, adding that Board Members are up to speed on the SACCS position, and provided reassurance that contingencies are in place for this.

6.2.4 JF commented that it would be helpful to have an update on all vacancies and potential hotspots at the next Board meeting. MM suggested it would also be useful to see agency spend. JC added that agency and locum spend can be added to the paper. MM noted that there is also a difference between locum and visiting consultants.

**Action no:** 291015/02  
**Action:** Update to Board on vacancies, hotspots etc  
**Action by:** DM  
**Action status:** NEW

6.2.5 The Board noted the update.

### **6.3 Corporate Objectives**

6.3.1 Board members discussed the Corporate Objectives, which were signed off at the Remuneration Committee in July 2015. It was noted that:

- Our corporate objectives also support our vision to quality, research and innovation. These have been aligned to the Local Delivery Plan (LDP) and Health Efficiency Access Treatment (HEAT) targets and other local and strategic priorities.
- Our Executive Directors have agreed their individual objectives which are weighted and scored and form part of their Personal Development Plan. We are now in the position to cascade our corporate objectives through the organisation in order to ensure that division and departmental objectives are fully aligned to corporate priorities.
- It is important that every member of staff is aware of how their personal and day to day development within their role fits with all or some of our corporate objectives.

6.3.2 SM asked if reviewing the funding model should be added as an objective. JC asked if this would be for the full Board or the expansion only. SM responded that he meant for the full Board. JC responded that this would have to be done on a case by case basis but reassured the Board that funding routes are being looked at as part of the expansion. JF added that nothing will be lost by looking at funding of the whole enterprise but that this doesn't mean we need to change the objectives; this could be carried out through the Audit and Risk Committee. JY urged caution on the timing of this with Health and Social Care Integration, highlighting that we have a three year rolling plan with referring boards. JF responded that this can be an internal exercise overseen by the Audit and Risk Committee.

6.3.3 Board members ratified the Corporate Objectives.

### **6.4 Leadership Framework**

6.4.1 JY presented for discussion and approval the Golden Jubilee Foundation (GJF) 'Leadership Framework', noting that:

- All previous feedback has been incorporated.
- The framework sets out our ambition to have a workforce who have personal development to think and act differently, innovate, challenge conventional wisdom, spot trends, see opportunities, and tenaciously find ways to achieve the highest quality of care, a truly person-centred approach. It is vital that everyone is clear on our vision of 'Leading Quality, Research and Innovation for NHS Scotland', then as a team we can succeed.
- We want to encourage everyone, whether a patient, staff, partner or visitor, to speak out, be actively involved, inventive and creative in our quest for continuous improvement. To ensure that talent is encouraged and rewarded, this framework will give individuals and teams the support and tools to realise their full potential.
- Our framework also sits alongside the NHS Scotland 2020 workforce vision, the Staff Governance Standards and the Quality Strategy.

6.4.2 KH commented that the framework is now much clearer in terms of where we are going but asked what the outcomes and measures will be. JY responded that a meeting will be taking place in the next week to discuss the operational plan and Key Performance Indicators and that it is hoped all staff can complete the basic level of training within the first year. A group of 16 members of staff are completing Human Factors training to help deliver that.

6.4.3 JF asked for an update on the rollout plan to be brought to the February 2016 Board Meeting.

**Action no:** 291015/03  
**Action:** Update on rollout of Leadership Framework and Human Factors training  
**Action by:** JY/DM  
**Action status:** NEW

6.4.4 MM asked if the training will also be available for the Non Executive Directors. JY confirmed this, advising that the basic training module will take four hours to complete.

6.4.5 MM commented that the triangle diagram on page 8 implies a hierarchical leadership model. JF asked if it needs to be this shape as people can sometimes see the shape and not read what's in it. JY responded that the shape isn't important, but instead it's about how you go out and train people. MM reiterated that he is happy with the detail but not the symbolism. JY added that not every member of staff will get to gold level and that you don't have to be in a senior grade to achieve it. JF added that MM's comment is fair.

- 6.4.6 SM asked if the point on innovation could be updated to say ‘innovation and risk management’ as this is vitally important. JY added that patient safety is the backbone of the framework and we want all staff to have this focus. KH responded that we are already addressing Risk Management in a very robust way and it could potentially detract from engaging staff in the innovation and safety priority intended by the Leadership Strategy.
- 6.4.7 Board members approved the Leadership Framework, which will now be implemented across the organisation.

## **7 Safe**

### **7.1 HAIRT**

- 7.1.1 AMC presented the Healthcare Associated Infection Reporting template (HAIRT) for August 2015, highlighting that:
- There were no cases of Clostridium Difficile.
  - There was one Staphylococcus Aureus bacteremia, taking the total to six since April.
  - Hand hygiene compliance and technique was at 99%, with an increase in medical staff compliance from 92% to 99%.
  - Housekeeping compliance was recorded at 98.4% (down from 98.9%) and Estates at 99.7% (up from 99.5%).
  - Cardiac and Orthopaedic Surgical Site Infections (SSI) are below the control limits; there was one superficial cardiac SSI.
  - A Problem Assessment Group has been convened in Ophthalmology. Despite improved decontamination procedures being put in place, particles are still being discovered. Although no patients have been harmed, a decision has been taken to suspend use of this equipment whilst further investigations are carried out. The team have reverted to using the previous kit to ensure patient waiting times are met.
  - An unannounced Healthcare Environment Inspectorate inspection took place on 7-8 October. The report on this visit is scheduled to be published on 15 December.
- 7.1.2 JY added that MHRA have been fully briefed and are responsible for alerting other ophthalmology units that use the same equipment.
- 7.1.3 JF asked for an update on the SABs. AMC responded that this seems to be an issue with cannulas and intra aortic balloon pumps. AMC added that every unit has a protocol for sepsis but some are more explicit than others; these have all been brought into alignment with one single protocol for each.

- 7.1.4 JackR asked if anything significant has been identified as a result of the HEI inspection. AMC responded that an issue was flagged about 'difficult to clean' areas; whilst it was highlighted that most units are achieving this at a really high standard, one unit was noted as not having the same attention to detail. AMC added that there has also been some positive feedback about our education around HEI, and how innovative this is. The public partner was very exemplary about patient and staff interaction. AMC noted that there are some areas for improvement and that staff are being supported in this. JY added that the report will highlight a number of small issues in one unit. AMC added that there is an issue with leadership and that an additional Band 7 has been put in place to support the team in making remedial actions.
- 7.1.5 MM commented that SABS are currently at a rate of one per month, highlighting that this will breach the HEAT target if it continues. AMC responded that this is a rolling target but that this is already improving, but highlighted that these continue to be identified as different strains.
- 7.1.6 JF commented that the HEI report is really about tone and context and we need to be careful with that. JY added that the Chief Executives will meet privately with the team at NHS Healthcare Improvement Scotland to discuss that issue. JF noted that the Chairs will also be doing this, adding that it will be more difficult to engage staff when it is not recognised that they are doing things well. JF added that there is also an issue with one single organisation being both an inspection and improvement agency.
- 7.1.7 The Board noted the report and approved its publication.

**Action no:** 291015/04  
**Action:** Publish HAIRT  
**Action by:** AMC/COMMS  
**Action status:** NEW

## 7.2 Winter Plan

- 7.2.1 JY presented for discussion and approval the Winter Plan for 2015/16, highlighting that:
- The Golden Jubilee Foundation Winter Plan outlines the proposed action that would be taken to deliver our key business objectives supported by contingency planning. The plan supports the existing Golden Jubilee Foundation Business Continuity Planning Policy.
  - The plan includes our response to the following Winter Planning Priority Actions outlined in the "National Unscheduled Care Programme: Preparing for Winter 2015/16" guidance.

1. Escalation policies for management of inpatient capacity
  2. Effectively schedule elective activity to optimise business continuity
  3. Agree staff rotas to match projected peaks in demand.
  4. Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission
  5. Ensuring that senior clinical decision making and Allied Health Professional capacity is available during the festive period to maximise capacity
  6. Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period to facilitate discharge.
  7. Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.
- It is anticipated that the plan will be achieved within existing resources.

7.2.2 JY advised that a new Duty Manager rota is about to be implemented and training is being provided to support new staff who have been included for the first time. The new rota will see staff being Duty Manager for a shorter period of time, but more often.

7.2.3 JackR commented that the Fairness Test states that negative impacts were identified. JY responded that this is an error, and should state that 'no negative impacts were identified'.

7.2.4 PC asked if any lessons were learned from last winter. JY responded that the only change from last year was to remove the recommendation for staff being required to report to their nearest NHS facility if unable to reach their own place of employment due to bad weather.

**Action no:** 291015/05  
**Action:** Update Winter Plan to say that the Fairness Test identified 'no' negative impacts  
**Action by:** JC  
**Action status:** NEW

7.2.5 The Board approved the Winter Plan for 2015/16.

**Action no:** 291015/06  
**Action:** Publish Winter Plan  
**Action by:** JC  
**Action status:** NEW

## **8 Effective**

### **8.1 Performance**

8.1.1 JY presented the latest Board Performance report which highlights areas of operational performance discussed at the October 2015 Performance and Planning Committee.

#### **Safe**

- A further Staphylococcus Aureus bacteraemia (SAB) was reported in July bringing the total number of cases April-July 2015 to seven. Five are confirmed cases within GJNH and two attributed to the GJNH via another health board. All cases are different strains of S.aureus. Infection Control are working closely with the clinical teams involved and clinical educators to identify and address risk factors that may contribute to SAB acquisition.
- Following the unusually high number of clinical incidents in June (twelve high and one very high) July saw only three high incidents reported. Despite the June rise the KPI remains well within target.

#### **Effective**

- Reported bed occupancy continued to fall in July. While a reduction was expected over summer due to reduced operating, investigations have found that beds were not always being closed appropriately on TrakCare leading to under reporting of performance. Further training is in place to support wards along with a new monitoring report to monitor improvement.
- One orthopaedic patient breached the treatment time guarantee (TTG) in July following an administrative error after the move from Helix to TrakCare. The patient was treated a few days after their breach date and administrative teams have been advised of the issue to prevent reoccurrence. During August 100% target compliance was achieved.
- Referrals for Cardiac Surgery have been increasing with a shift in case-mix towards more clinically urgent patients. The service team expect these trends to be maintained and are monitoring it closely. The number of cancellations for Cardiac Surgery, the majority of which are patient driven, also continues to be high. A clinical audit of cancellations is being undertaken to ascertain what is driving the cancellations and what could be done to improve.
- Pressure is being felt in the Electrophysiology (EP) service. Workforce vacancies and efforts to reduce the waiting list before the Cath Lab 2 renewal meant that the department was already going through a busy period; however, an increase in referrals has

increased this pressure. The senior team is in negotiation with the EP clinicians to seek their support to address this challenge.

### **Person Centred**

- Complaints performance fell to 67% in July during which two out of six complaints were not responded to within the twenty day target due to delays in Senior Management sign off. The position was recovered during August with 100% of complaints responded to within target.
- Sickness absence remains above target with a peak of 4.8% seen in July. August saw a slight reduction to 4.6%. Services are working closely with HR to ensure that all periods of absence are proactively managed in line with absence policies.

8.1.2 MH advised that a new electronic job planning system is being introduced on 1 April 2016 and work is under way to get existing paper plans onto the system. DM added that HR are working with the consultants to ensure they are trained on the system and this is going really well so far in terms of understanding responsibilities and benefits.

8.1.3 JackR asked if there were concerns about the experience of the surgeons due to low numbers of transplants/VADs. MH responded that this would be a risk if it carries on for a long time, but reassured the Board that the transplant surgeons are 'double running' to keep up their skills. He added that these skills are transferable and the surgeons also perform cardiac surgery.

8.1.4 JackR commented that the table of unavailable patients on page 19 needs adjusted as medically unavailable should be higher than socially unavailable.

**Action no:** 291015/07  
**Action:** Add a legend to graph on p19 of performance report on medical/social unavailability  
**Action by:** JC  
**Action status:** NEW

8.1.5 MM noted the dip in occupancy and asked if we are confident of managing levels over the school holiday periods. JY responded that there are times of planned reduction in activity. JR added that theatre space was converted to other specialties during this time.

8.1.6 The Board noted the report.

## 8.2 Business

### 8.2.1 JR provided an update on hospital activity for the period to 31 August 2015.

- Measured against an activity projection of 32,584, the combined inpatient/day case and imaging activity at the end of August was 4% ahead of plan for the month of August and 1.8% ahead of plan year to date. When adjusted to reflect complexity the combined inpatient/day case and imaging activity at the end the end of August was 5.4% ahead of plan for the month and 3.3% ahead of plan year to date.
- The annual target for orthopaedic joint replacements for 2015/16 is based on 3,600 primary joints. There is also a target number of 705 orthopaedic non joint procedures for the year.
- The total number of orthopaedic theatre slots originally planned for the month of August (joint replacements, foot and ankle surgery and other orthopaedic procedures) was 359. However, orthopaedic expansion phase 5 commenced in August, which added an additional 25 primary joint replacements to the plan, taking the new planned activity to 384. The actual number of theatre slots utilised was 428.
- The annual target for ophthalmology for 2015/16 is based on 4,800 procedures (an increase of 1,200 cataracts in comparison to 2014/15). Ophthalmology activity remains high although behind plan by 30 procedures for the month of August.
- Plastic surgery (including hand surgery and general plastic surgery) was a total of 11 procedures behind plan. We continue to see a significant improvement on the theatre utilisation experienced throughout 2014/15.
- Endoscopy activity was behind plan by 35 procedures for the month of August. While this is a considerable improvement on previous months, the delivery of endoscopy remains a challenge. This shortfall can be attributed to consultant availability. Every effort will be made to continue to recover the year to date deficit.
- Despite a 24% increase in the diagnostic imaging target, activity was ahead of plan by 140 examinations for the month of August.

#### **Situation at End August 2015:**

- The Phase 5 orthopaedic expansion has been successfully implemented with the expected additional 25 joint replacements being carried out in August.
- The orthopaedic phase 6 expansion is expected to deliver an additional 150 joint replacements and 200 foot and ankle procedures per annum. It is expected that this expansion will take effect in mid October 2015.

- A further ophthalmology expansion is expected to take effect from November and will deliver an additional 100 procedures per month over the current target.
- Delivery of our endoscopy commitment continues to present challenges due to consultant availability. Additional visiting consultants were recruited to the bank. However, while this has helped the situation, their availability is also fairly limited.
- Work is being progressed to identify the complexity of patients undergoing plastic surgery and their actual time in theatre. A mechanism for calculating utilisation will then be agreed with the referring Board and in future theatre slots used rather than patients treated will be reported.
- The Recovery Group will continue to meet on a weekly basis to scrutinise theatre utilisation and address shortfalls in activity as they arise.

### **Waiting Times Internal Audit Report**

The Waiting Times Internal Audit Report for August was in the amber range with 98% compliance. This can be attributed to one missing Treatment Time Guarantee (TTG) letter for cardiac surgery, one missing TTG letter for cardiology and one missing TTG letter for orthopaedic surgery.

All of the patients audited were added to the waiting list before the implementation of the Trakcare patient administration system. Letters are generated automatically from the Trakcare system, so the issue of missing letters is expected to diminish.

8.2.2 The Board noted the report.

### **8.3 Finance**

8.3.1 JC provided an update on the financial position to 31 August 2015.

- The year-to-date (YTD) results show a total surplus of £501k. This is broadly in line with the forecast in the finance plan by the end of the first quarter. At this stage it is anticipated that the Board will achieve break-even by year-end.
- We have agreed to release funds initially to cover, non-recurring revenue bids note this is excluding capital as these will not be considered as part of this process. Currently we have planned for approx £500k of non-recurring investment.
- An updated capital plan has been presented to the capital group and the medical equipment group and the content of this plan is has now been finalised with the financial value has been confirmed with SGHSCD. A short life working group which is

meeting on a weekly basis has also been put in place to ensure that all items included in the above plan have business cases appropriately approved and items are delivered and paid for by year-end.

- As carbon emissions no longer form part of the HEAT targets for the Board it has been agreed that the information relating to energy performance of the Board would be incorporated into the monthly finance report. The analysis to June 2015 shows gas usage is 6% less than the same period last year and electricity is showing a 5% reduction to the same period last year. Weather significantly affects the gas consumption of the site and for the same period last year weather impact was 8% greater (known as degree days). Hospital boiler usage however reduced which further recognises the impact of the energy initiative schemes put in place by the Board.
- At month five, recurring efficiency savings achieved were £1.409m against a plan of £1,434m, this is an improvement from prior month. We also have non-recurring savings to date of £109k. Therefore total savings of £1.518m were delivered for to the end of month 5.

8.3.2 SM noted that he agreed on the approach being taken but asked if there was a potential impact of moving capital funds on next year's budget. JC responded that there's always a risk but reassured the Board that this has been agreed as a one-off.

8.3.3 The Board noted the report.

#### **8.4 Annual Review update**

8.4.1 JY advised Board members that the Annual Review will no longer take place on Monday 9 November 2015, and the new date will be communicated as soon as it has been confirmed.

8.4.2 PC asked if there is a timeline for when Annual Reviews need to be completed. JY advised that they have to take place by the end of the financial year.

8.4.3 SM commented that the self assessment reads very well.

8.4.4 The Board noted the update.

#### **9 AOCB**

9.1 JF suggested having a Board dinner after the workshop on 9 December. JY advised that a diary invite will be sent out for this.

**Action no:** 291015/08  
**Action:** Circulate invitation for Board workshop and dinner on 9 December  
**Action by:** JY/SS  
**Action status:** NEW

**10 Date and Time of Next Meeting**

10.1 The next meeting takes place on Thursday 10 December at 9.30am.