

**Approved Minutes  
Board Meeting  
23 June 2016**



**Members**

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

**In attendance**

Sandie Scott (SS)	Head of Corporate Affairs
-------------------	---------------------------

**Minutes**

Christine McGuinness (CM)	Corporate Affairs Officer
Emma O'Neill (EO)	Corporate Affairs Assistant

**1 Chair's Introductory Remarks**

- 1.1 SM welcomed members to the meeting.
- 1.2 The NHSScotland Event took place on 14-15 June. During a keynote speech, the Cabinet Secretary for Health and Wellbeing talked about expansion of the Golden Jubilee and a review of NHS Boards. Dr Venkatesh, the Chief Medical Officer at Aravind Eye Hospital Pondicherry, also mentioned that the Golden Jubilee is at the forefront of innovation and patient safety.
- 1.3 The Golden Jubilee has signed a memorandum of understanding with West College Scotland to develop education and employment opportunities for

clinical support, administration and hospitality posts including 'on the job' training for students. This will also support 'Developing the Young Workforce' activities in the local area and maximising healthcare opportunities for all young people.

- 1.4 The Board is supporting Armed Forces Day on Saturday 25 July with a short film for our social media channels. JY explained that the team had a meeting with reservists and armed forces about recruitment recently and is being nominated for the Employer's Gold Award.
- 1.5 Organ Donation Scotland is set to launch a new campaign to motivate more people in Scotland to join the NHS Organ Donor Register and save more lives. We Need Everybody will hit screens on Monday 4 July and will run for four weeks across TV, digital and PR.
- 1.6 Nominations are open for the Golden Jubilee Foundation Excellence Awards 2016. There are nine categories this year, including a new category sponsored by the Royal College of Physicians Edinburgh.
- 1.7 The Board is the first to introduce Patient Peer volunteers in the cardiothoracic surgery service. Two former patients share their personal experiences and help guide patients through their journey.
- 1.8 The Golden Jubilee hosted a conference to mark 10 years of Orthopaedic research, sharing groundbreaking work with delegates from around the world. Pioneering research in enhanced recovery after surgery, wound care, computer assisted surgery and post-operative rehabilitation has led to many improvements in patients' care and outcomes as well as increased efficiency and cost-effectiveness for the hospital.
- 1.9 The Board Support Team is looking at Board and Committee meeting dates for 2017. Comments on 2016 dates and suggestions for changes/improvements should be returned by 15 July.
- 1.10 Boards have been asked to put forward four Executive and four Non Executive members for the 'Quality Improvement for NHS Board Members' masterclass taking place at Murrayfield Stadium on 20 September. Members should advise if they are able to attend. Details have been circulated by email.
- 1.11 The next NHSScotland Non-Executive Directors Meeting will be held at Crosshouse Hospital on 30 September. Details have been circulated by email.
- 1.12 The new Parliamentary Health and Social Care Committee are having their next meeting here at the Golden Jubilee Conference Hotel and have requested a tour as part of this.

- 1.13 There will be another signing of a memorandum of understanding with a hospital in Bangkok on 19 July 2016.

## **2 Apologies**

- 2.1.1 Apologies were received from:

Maire Whitehead (MW) Non Executive Board member

## **3 Declarations of Interest**

- 3.1 There were no declarations.

## **4 Minutes of Last Meeting**

- 4.1 Minutes of the meeting held on 12 May 2016 were approved as accurate subject to the following amendments:

- P13, 8.2.4 – remove last sentence.
- P13, 8.2.5 – stop at ‘considered for this’
- P15, first bullet – change to read: ‘Quantified savings needed to meet the target of £3.9 million. There are over 100 efficiency schemes and six areas have been earmarked for Quality Bids. We recognise that we need to focus on a number of specific areas as defined within the plan.’
- P15, 8.4.3 – change middle sentence to read: ‘JR added that a lot of revenue could potentially come from repatriating independent health work’

## **5 Matters and Actions Arising**

### **5.1 Actions**

- 5.1.1 All actions were completed with the exception of the following:

Action no:	101215/04
Action:	Progress paper on Clinical Outcomes framework
Action by:	MH
Action status:	Ongoing
Action update:	After SMT/ CGC - then Board meeting

### **5.2 Matters Arising**

- 5.2.1 There were no matters arising.

## **6 Person Centred**

### **6.1 Partnership Forum**

6.1.1 JCF updated members on discussions at the Partnership Forum meeting on 10 June 2016.

#### **Person Centred**

- Plans for the Excellence Awards 2016 were discussed and approved.
- The Learning and Development Annual Report was discussed; this provides a summary of learning and development activity and end of year activity on mandatory training.

#### **Safe**

- The mandatory training report was discussed; it was noted that a Short Life Working Group, is being established to review how we collect and monitor information relating to this.
- An update was provided on the Scottish Health Act and changes in relation to the sale of Nicotine Vapour Products.
- The Hospital Huddle commenced on Monday 6 June. The Scottish Government has asked all Boards to hold hospital safety huddles every day including staff from all appropriate areas. These are intended to be swift highly structured meetings.

#### **Effective**

- An update was given on the Band 1 Review. A paper identifying any potential changes to roles and Board-wide impact would be brought back to SMT and the Forum.
- The Communications Scorecard was presented for 2015/16. Press coverage was over 98% (above target of 95%). The main theme of year is digital/social media, with Facebook followers for the hospital increasing monthly and the hospital page is rated in top three in Scotland for interacting with our followers.
- Implementation of the Night Worker pilot over weekends is planned for 24-27 June 2016.
- An update was provided on the redesign of the Human Resources Director Role and recruitment to this.

6.1.2 The Board noted the report.

## 6.2 Framework for Senior Appointments

6.2.1 DM presented for approval the updated Framework for Senior Appointments, highlighting the following:

- The process has been established within the Board for the past six years and has proven to be fair, reliable, robust, innovative and auditable.
- The process was recently reviewed and updated to be clearer about recruiting against our values, with the scoring sheets amended and new psychometric testing feedback created to be more effective at identifying a candidate's core values.
- Feedback has been provided from a number of internal and external sources, and has been incorporated into the document.

6.2.2 KH asked if something should be added to say that job offers are only subject to receiving satisfactory references.

6.2.3 KH commented that there was a discrepancy with the competency based interview scores. JY commented that the score for "doubtful" should read "some" rather than "many". MH added that the system is fair as the candidates know in advance about scoring.

6.2.4 MM asked what would happen if an interviewee gave an answer that was opposite to what you were looking for and suggested that the scoring should be left as numbers. DM explained that a red flag system is included in the scoring, and there are plenty of opportunities throughout the process to identify any immediate concerns.

6.2.5 MM raised concerns that hiring based on a set of values runs the risk of losing novel thinking as you have a group of employees who all have the same approach. DM responded that this is a very small risk; whilst we want behaviours to be similar, we also want diversity and balance and recognise that not everyone is the same. JY added that we also know what behaviours we don't want to be present.

6.2.6 SM commented that the process is excellent but raised concern about using a consultancy for all of the psychometric testing and asked if we should be training out own staff to do this. JY explained that this would progressed for lower level appointments but the independent assessment is required for senior roles. DM advised that a tender process had been carried out and the current provider had won this on the basis of a lower bid. PC added that there is value to having an independent element to this part of the process. DM added that some staff have been trained to carry out psychometric testing and the organisation has used them for some appointments. DM added that an infrastructure is being built to support this in-house when using a hybrid model.

6.2.7 JackR highlighted an error on P10: the bullet point which starts 'Understood' should say 'Understand' to keep it consistent with the others.

6.2.8 KH commented that it was unclear whether the Shortlisting section is referring to the “recruiting manager” or “Recruitment Manager”. JY confirmed that these are two different roles and this should be amended appropriately.

6.2.9 PC commented that the process is very thorough and asked if we are going to promote this to other Boards/organisations. JY responded that the process is available as part of the Quality Framework: it has been offered to other Boards for free but hasn’t been packaged to any private organisations yet. DM added that NHS Dumfries & Galloway has recently launched a “light” version of the process and that NHS Ayrshire & Arran have also expressed interest.

6.2.10 PC asked if there was an issue with the resource requirements in larger Boards. JY commented that it is important for Boards to commit the time to participating in the recruitment process, especially when you consider the amount of money being invested in successful candidates.

6.2.11 The Board approved the Framework for Senior Appointments subject to the amendments discussed.

Action no:	230616/01
Action:	Make amendments to the Senior Appointments Recruitment Process: <ul style="list-style-type: none"> <li>• Reiterate that appointments are subject to satisfactory references being obtained</li> <li>• Change description of competency based interview score one (doubtful) from ‘many elements of’ to ‘some of the elements’</li> <li>• Change bullet point ‘understood’ to ‘understand’ for consistency with others (P10, Section 6)</li> <li>• Clarify difference between ‘recruiting manager’ and ‘recruitment manager’ (P6, Shortlisting)</li> </ul>
Action by:	DM
Action status:	NEW
Action update:	ASAP

6.2.12 JY asked that Comms proofread the document when changes have been made.

Action no:	230616/02
Action:	Proofread Senior Appointments Recruitment Process
Action by:	DM/ COMMS
Action status:	NEW
Action update:	ASAP

## 7 Safe

### 7.1 HAIRT

7.1.1 Board members discussed the Healthcare Associated Infection Reporting Template (HAIRT) for April 2016.

- **Staphylococcus Aureus Bacteraemia** – nil to report
- **Clostridium difficile infection** – nil to report
- **Cleaning and the Healthcare Environment and Facilities Management Tool** - Housekeeping Compliance – 98.79% (down slightly from 98.89%, Estates Compliance 98.95% (down slightly from 98.98%.
- **Surgical Site Infection** – All within control limits.
- **Hand hygiene** - Reports are bi-monthly so will be recorded in the next Team Brief.
- The National Infection Control Manual has been reviewed with the main changes being around face masks and headwear
- The Board is participating in a national research study commissioned to look at MRSA.

7.1.2 AMC explained that the Prevention and Control of Infection team is working with clinicians around the small number of Surgical Site Infections within cardiac surgery. The team has not identified any common denominators and is ensuring that everything is compliant in this area.

7.1.3 JackR asked if, during the audit, we would stop a member of staff seen going into a patient's room without carrying out proper hand hygiene. AMC confirmed that the person carrying out the audit would approach the member of staff before they treated the patient.

7.1.4 JackR commented that there was no explanation for Theatre 1's hand hygiene compliance. AMC advised that she would look into this and get the report updated.

7.1.5 MM asked how feedback is given after the audits. AMC advised that immediate feedback is given to the member of staff involved, and that the senior charge nurse/ manager is also advised.

7.1.6 MM expressed disappointment that there were more SABs in March, with this averaging at one per month in the last year. AMC responded that this is disappointing but reminded the Board that this was still within the limits under the HEAT target.

7.1.7 The Board approved the report and its publication, subject to the discussed amendments.

Action no: 230616/02  
 Action: Changes to HAIRT:
 

- Change 'non-complaint' to 'non –compliant.'
- Add explanation for Theatre 1 Hand Hygiene compliance being 90%.

 Action by: AMC  
 Action status: NEW  
 Action update: ASAP

## 7.2 Clinical Outcomes Framework

7.2.1 MH gave a verbal update plans for the development of a Clinical Outcomes Framework.

- Work is progressing with a view to having a new reporting system in place by the end of December. Approval will be sought through the normal governance process.
- The discussion paper will explain what we are doing at the moment and what we want to do, highlighting the technical and information support required to do it.
- The work is being informed by the work of the International Consortium of Health Outcomes Measurement (ICHOM) - a not for profit organisation with representatives from Sweden and Harvard in Boston – which has an ambitious programme of delivering a worldwide consensus on three key outcome areas:
  - Pre-operative (baseline)
  - Immediate Post-Operative
  - Long Term Outcomes – both physical and perceived
- Our Framework will have a set of longer term outcomes which we hope will lead to improved quality of life and everyday activity.

7.2.2 JackR commented that now is the right time to develop the framework, highlighting that this might help improve compliance with care bundles. MH commented that there could be a gap between doing everything right (keeping everything in line with our values and processes) and the end result (the final outcomes).

7.2.3 MM commented that if a patient doesn't come back to say they haven't improved then we won't hear about it.

7.2.4 The Board noted the update.

## 7.3 Board Risk Register

7.3.1 Board members discussed and reviewed the Board Risk Register and the new format which has been updated to better reflect longevity of risks, i.e. short, medium or long term risks.

- 7.3.2 JC asked for feedback on the format to establish if it was fit for purpose.
- 7.3.3 SM asked whether Item 2 (strategic risk) should be a cluster.
- 7.3.4 MM asked if the risk can be re-ordered, commenting that the first risk is in relation to the hotel and clinical risks are lower down.
- 7.3.5 JC confirmed that strategic risk can be amended and that the overall risk register can be aligned with the corporate objectives.

Action no: 230616/03  
Action: Update risk register clusters to include a strategy clusters and re-order to put clinical risks first.  
Action by: JC  
Action status: NEW  
Action update: ASAP

- 7.3.6 The Board noted the report.

## 7.4 Enterprise Risk Framework

- 7.4.1 JC presented plans for an Enterprise Risk Framework and next steps of development:
- Approval of the appointment of a Chief Risk Officer and the recommendations on the attached report.
  - A Senior Management Team (SMT) workshop session on Enterprise Risk is being arranged.
  - The innovation risk model will be tested on two potential developments being considered.
- 7.4.2 JC asked the Board for formal sign off of the summary of workshop discussion and explained that this system will be tested out and regular updates will be brought to the Board.
- 7.4.3 SM highlighted that the names used within the Framework are not consistent with the new brand and asked for the term Risk Manager to be removed.
- 7.4.4 There was a discussion about where the Risk Committee (RC) should report to. JC explained that in the first instance the Chair of the ARC could attend the Risk Group and we would review progress once a few meetings had taken place.. PC agreed with proposal and felt that SMT/Risk agenda shouldn't be dictated by the ARC and highlighted that the SMT owns the risks.

The Board approved the Enterprise Risk framework and proposals.

7.4.5	Action no:	230616/04
	Action:	Make changes to the Enterprise Risk Framework: <ul style="list-style-type: none"> <li>• Update with new brand names</li> <li>• Drop term 'Risk Manager'</li> <li>• Clarify that the Chief Risk Officer is an add-on to an existing post</li> </ul>
	Action by:	JC
	Action status:	NEW
	Action update:	ASAP

## 8 Effective

### 8.1 Performance

JY updated the Board on areas of operational performance and asked the Board to approve the new corporate scorecard thresholds, which have been reduced to make the targets more challenging.

#### Safe

- The low trend in clinical incidents continued during March with an incidence rate of 0.02% seen, equivalent to one high incident. Taking this latest March position into account the full year average incident rate was 0.1% against the target of <0.8%.

#### Effective

- Overall Acute Bed Occupancy was maintained within target during March. When brought down to Ward level, however, a mixed picture of target and over occupancy performance was seen with some areas experiencing more pressure than others due to the nature of their referrals and patient pathway.
- Similar to the position in February, March Critical Care bed occupancy was below target but taken as separate areas HDU was 'green' while ICU was below target. The department continues to actively monitor bed occupancy levels, releasing staff to support other areas where possible.
- The Board was fully compliant with the Treatment Time Guarantee waiting list practice..

#### Person Centred

- Performance against the complaints response time target dipped during March with half of complaints responses sent out late. The reasons for delay were different in each case and included clinical complexity and a delay in receiving comments from another Board. Teams in all areas have assured focus on this target.
- A total of four disciplinary meetings took place during the final quarter of 2015/16 giving an incidence rate of 0.21%. Considering 2015/16 as a

whole there was an average incidence rate of 0.17% continuing the record of positive performance in this area.

- No grievances were lodged during Quarter 4 returning a rate of 0.00% for the period. Looking at the whole year, during 2015/16 a very low average incidence rate of 0.03% was reported.

### **Divisional Update – Surgical Services**

- A new pre-op pathway for day of surgery admission (DoSA) patients has been implemented to help ensure patients have had a full pre-op assessment before they see the Consultant Anaesthetist. This will increase our DoSA rates and help ensure all patients have a positive experience.

### **Divisional Update – Regional and National Medicine**

- Pressure on the Cardiology waiting list continues. The Committee authorised RNM to develop an escalation policy for managing peaks in demand and agreed that RNM will work with Surgical colleagues to scope the potential for a 'Surgeon of the Day' model to improve the flow of patients through the Cardiology wards.
- Implementation of the new National Organ Retrieval Service (NORS) rota continues to go well, however, there have been challenges around staffing and training. All training opportunities have been maximised with staff doubling up where possible, and recruitment to vacancies is ongoing to ensure team is fully operational from 1 July.

### **Annual Scorecard Refresh**

- To make sure our performance targets stay in line with the Board's objectives the annual scorecard refresh has just taken place with the Performance and Planning Committee signing off the updated KPIs for 2016/17. The updated scorecard will be used from the July Performance and Planning Committee meeting.

8.1.1 JY commented that the Divisional Reports demonstrate the sheer volume of work that the divisions undertake, suggesting these are excellent reference documents e.g. for the Board's Annual Review.

8.1.2 PC expressed initial concerns that the new targets were too ambitious, but commented that these reflect that the organisation is challenging itself.

8.1.3 MM commented that a recent paper on a German study had linked mortality rates to bed occupancy; if occupancy is at 92.5%, then 14% of mortality can be related to this.

8.1.4 JackR asked why our revision plan is to do more complex revisions. JY explained that the Orthopaedic department will present on this at the Board Workshop in August and highlighted that the national clinical strategy has

stated that there should be fewer numbers of specialist centres in Scotland carrying out complex revisions. MH added that more revisions means more complex cases. JR added that a Revision Group has been set up to look at the process for carrying out revisions on our own primary cases, as the first group of patients have now had their joints for 10 years.

8.1.5 JackR asked about the challenges around appointing a lead cardiac surgeon. MH explained that there is a governance lead but no operational lead, but assured the Board that everything is being done to fill this internally before going externally.

8.1.6 JackR commented that the report was very interesting and informative.

8.1.7 SM suggested that if any Non Executive Members have any grammar changes or complex questions to ask, these should be raised in advance with the support team or an Executive so that detailed answers can be provided at the meeting.

Action no:	230616/05
Action:	Advise support team/Executive Team of any complex questions you wish to ask at the Board meeting
Action by:	ALL
Action status:	NEW
Action update:	ASAP

## 8.2 Business

8.2.1 JR updated the Board on hospital activity at year-end, noting the key highlights.

- Inpatients/Day case activity is 15.5% higher than in 2014/ 15.
- Diagnostic imaging activity is 11% higher than in 2014/ 15.
- Combined inpatient/day case and imaging activity was 12.5% higher than in 2014/15.
- Expansions 5 and 6 in orthopaedic surgery and ophthalmology were delivered in accordance with plans.
- Orthopaedic activity increased 22% in year and 18% in comparison to 2014/15.
- The Ophthalmology Service delivered 16% more cataracts than the original plan with a 22% increase in ophthalmic surgery since 2014/15.
- A three year plan for activity for 2016/19 has been finalised with referring boards.
- Agreement has been reached to continue to provide an orthopaedic outreach service in Highland and Shetland throughout 2016/17, some of which will involve initial consultation via telehealth.
- The Mobile MRI Unit will be retained on site five days per week in 2016/17.
- The Waiting Times Internal Audit Report was in the green range with 100% compliance.

8.2.2 JR added that the Plastic Surgery target was challenging due to sickness absence, but assured the Board that the previous hand surgery operational issues are now resolved,

8.2.3 JackR commented that Plastics always seems to be an issue, and asked if there was a possibility of removing this service. JR responded that there is still a need for the service but the main issue is finding consultants to carry out the work.

8.2.4 JackR raised concerns about the pressures on staff as a result of the expansion programmes. JR advised that a good system has been put in place for resourcing these.

8.2.5 JackR expressed concern that as our original remit was as a waiting times Board but expansions have changed that concept. JY responded that the expansion would see the Board provide more services geared towards helping the national waiting times position.

8.2.6 The Board noted the update.

### **8.3 Finance**

8.3.1 JC updated the Board on the financial position at year-end.

- The year-end position is as forecast, a breakeven financial position for the year. This includes both core and non-core expenditure, this is broadly in line with the forecast in the finance plan.
- The capital spend for 2015/16 was £6.387m against a budget of £6.387m thus demonstrating a breakeven position, this number is subject to audit.
- The draft budgets for each of the Divisions and the Corporate functions are in final stages of being agreed; these will then be consolidated into the overall budget for the Board, which will be in line with the approved strategic finance plan.
- The annual accounts and report for the Board charity have been undertaken in tandem with the Board accounts. The accounts for the charity have also been audited with the next meeting arranged to review any issues noted during the audit. The accounts and annual report will be presented to the Endowments sub-committee and then the Board of Trustees prior to submission to the Office of the Scottish Charity Regulator.

8.3.2 The Board noted the report.

### **8.4 Audit and Risk Committee approved minutes**

8.4.1 Board members noted the approved minutes from the Audit and Risk Committee which took place on 19 April 2016.

## 8.5 Audit and Risk Committee update

8.5.1 PC updated the Board on discussions at the Audit and Risk Committee meeting which took place on 7 June 2016.

### Person Centred

- The Committee received a progress report on the high risk audit on clinical education identified at the last meeting. The medical and nurse director both attended the meeting to present their action plans. The Committee noted the update and the wider work initiated by the Chief Executive.
- The Endowments Committee annual report was noted by the committee, this followed an update from the last meeting.
- A verbal update was given on the National Fraud Initiative and committee noted the dates and actions for this exercise.
- An update on the fraud proactive plan was presented to the committee and agreed to the creation of a short life working group.

### Safe

- An update on the roll-out of the enterprise risk framework was approved.
- The Board risk register was reviewed by the committee with comments added.

### Effective

- The 2015/16 annual report and annual accounts and associated documents were reviewed and approved by the Committee
- The external audit annual report was presented by the external auditors. This was very positive with no issues identified
- The 2016/16 workplan was reviewed and updated to include cyber attack assurance and a mid year review of progress on the clinical education audit
- The paper detailing the budget process for the Board and the hotel was presented to the Committee
- The service audit on the national finance system was reviewed with only one recommendation noted
- The internal audit progress report was noted
- The Audit Scotland guidance on the governance statement was noted by the Committee

8.5.2 The Board noted the update.

## **8.6 Endowments Committee update**

8.6.1 PC updated the Board on discussions at the Endowments Sub Committee meeting which took place on 15 June 2016.

### **Person Centred**

- There were no items to discuss.

### **Safe**

- The external auditor presented the audit management report on the charity annual accounts and annual report 2015/16. This was positive and no significant issues identified.
- The charity annual accounts and annual report were presented to the Committee. These were approved by the Committee and will be presented for final approval to the Board of Trustees

### **Effective**

- There were no items to discuss
- The endowments subcommittee annual report was presented for final approval, this followed some minor changes identified at the last meeting.

8.6.2 PC suggested it would be useful for the auditor to be present for the discussion on the difference between the role of Non Executive Members and Charity Trustees. JC responded that Trustees would declare that they are also Non Executive Members and assured the Board that there are currently no conflicts of interest.

8.6.3 The Board noted the update.

## **Annual Reports and Accounts**

### **8.7 Statement of Assurance to the Board**

8.7.1 JC presented the Statement of Assurance, which has been signed off by PC and the Audit and Risk Committee.

8.7.2 The Board approved the Statement of Assurance.

### **8.8 Annual Report and Accounts**

8.8.1 JC presented the Annual Report and Accounts, highlighting that new guidance has been circulated around the sign-off process, which means the

Chair no longer has to sign these but the Accountable Officer does.

8.8.2 The Board approved the Annual Report and Accounts.

## **8.9 Committee governance papers**

8.9.1 JC presented the papers for each of the Board's Governance Committee papers.

8.9.2 JackR commented that there was an inconsistency with the papers. It was agreed that all papers should state 'may attend' for some staff rather than 'should attend'.

Action no:	230616/06
Action:	Change PCC terms of reference for consistency with other governance committees (should attend / may attend
Action by:	DM
Action status:	NEW
Action update:	ASAP

8.9.3 For each Governance Committee, the Board:

- noted the Annual Report;
- noted the Annual work plan; and
- approved the updated Terms of Reference.

## **9 AOCB**

9.1 There was no other business to discuss.

## **10 Date and Time of Next Meeting**

10.1 The next meeting takes place on Thursday 4 August 2016.