

## Board of Directors (in Public)

### Item 7

## minutes

### Minutes of the Board of Directors' meeting held on 26<sup>th</sup> May 2016

<b>Present :</b>	Neil Large	Chairman
	Jane Tomkinson	Chief Executive
	David Bricknell	Non-Executive Director/ Deputy Chair and Senior Independent Director
	Julian Farmer	Non-Executive Director
	David Jago	Chief Finance Officer/Deputy CEO
	Mark Jones	Non-Executive Director
	Sue Pemberton	Director of Nursing and Quality
	Raphael Perry	Medical Director
	Marion Savill	Non-Executive Director
<b>In Attendance:</b>	Lucy Lavan	Associate Director of Corporate Affairs
	Dr Sukumuran Binukrishnan	Clinical Lead – Radiology (Item 1 only)
	Jackie Bellard	Grant Thornton (Item 3 only)
	Jo Whittingham	Grant Thornton (Item 3 only)
<b>Apologies for absence :</b>	Lawrence Cotter	Non-Executive Director
	Debbie Herring	Director of Strategy and Organisational Development
	Mark Jackson	Director of Research and Informatics
	Tony Wilding	Chief Operating Officer
<b>Observers: Governors / Staff/ Members of the Public:</b>		

1

Computed Tomography Angiography to describe Septal

Action

1  
Chair's  
Initials

## **Vascular Anatomy prior to Alcohol Septal Ablation (ASA) for Hypertrophic Obstructive Cardiomyopathy**

Dr Sukumuran Binukrishnan, Clinical Lead - Radiology, attended to present to the Board on the use of CT to support the diagnosis and treatment of Hypertrophic Obstructive Cardiomyopathy.

The Board heard that LHCH is the lead centre for treatment of this condition which is relatively uncommon with approximately 8-10 treatments per year. The presentation demonstrated that the advancement of imaging in cardiology was key to improving care and outcomes, saving lives and delivering better value.

The Chairman thanked Dr Binukrishnan for his informative presentation.

Dr Binukrishnan left the meeting.

## **2 Welcome and Opening Matters**

### **2.1 Apologies for absence**

Apologies for absence were received and noted from Lawrence Cotter, Debbie Herring, Mark Jackson and Tony Wilding.

### **2.2 Declaration of interests relating to agenda items**

The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

### **2.3 Patient Story**

The Board listened to a recorded interview with a recent patient and family member from the Isle of Man who both shared their experiences of LHCH.

### **2.4 Chairman's Briefing**

The Chairman paid credit to the staff for the hard work that had gone in to the CQC inspection noting that the exercise had brought teams together and had created a positive culture for sharing and learning.

The challenges of the year ahead were noted in relation to sustainability and the magnitude of financial deficit facing the NHS. It was imperative that the Trust develop a clear strategic direction and ensures strong performance management and delivery. The Chairman asked colleagues to be mindful of this in going through the Board agenda items.

The recent visit by Sir Bruce Keogh had been positive and it was clear that the profile of LHCH nationally needed to be raised to enable wider recognition for the Trust's work and innovation. Further thought would be given to how links with NHS England can be strengthened to secure the support needed for future innovation including robotics, during the ongoing period of financial constraint.

It was announced that the Chief Executive would be attending

Buckingham Palace to receive her OBE on 9<sup>th</sup> June 2016.

The Chairman noted that this was the final Board meeting for David Jago, Chief Finance Officer who would be leaving the Trust to begin his new role at Wirral University Teaching Hospitals NHS FT. He commented that during a period of almost 4 years at LHCH, David Jago had made a fantastic contribution, showing huge dedication to the Trust. He had led the finance team who had consistently produced high quality annual accounts and noted that David had been a strong team player, offering the Board sound and professional advice. The Board thanked David for his work and wished him every success for the future.

### 3

#### 3.1

### **Annual Report and Accounts 2015/16**

#### **Receipt of External Auditor's Report**

Jackie Bellard and Jo Whittingham, external auditors from Grant Thornton, joined the meeting and presented the draft Audit Findings Report. It was noted that the report had been reviewed by the Audit Committee and that the auditor anticipated providing an unqualified opinion, subject to completion of some routine outstanding audit work. It was confirmed that although the audit was substantially complete, there remained a small number of audit procedures to be finalised by the submission deadline of 31<sup>st</sup> May 2016; however, no issues were anticipated.

The key messages were that the draft financial statements were of a high quality and drafted within the required timeframe; a small number of amendments were agreed and actioned; audit trails and working papers had significantly improved, however there was further work to do in relation to operating expenditure. The Board discussed the note in the opinion relating to this and heard that due to limitations with presentation of balances within the SBS system, the auditors had needed to review a significant number of debtor and creditor balances which had not been netted off. This had made the audit process inefficient but did not in any way impact upon the integrity of the accounts. The Chair of the Audit Committee advised that this point had also been raised and noted at Audit Committee.

The Report to Governors on the Quality Report 2015/16 was tabled and it was noted that unqualified opinions had been given in respect of the two mandated indicators; however the auditor was unable to give an independent view on the selected local indicator ('Home for Lunch') due to limitations with the system of recording.

It was noted that a meeting between the auditor and the informatics team had been scheduled in June 2016 to consider the data recording processes in place that would inform the selection of a suitable local indicator for 2016/17.

It was confirmed to the Board that the term 'limited assurance opinion' related to the limited scope of mandated audit work in respect of quality indicators.

It was confirmed that the Trust's annual report, including the Annual Governance Statement met the requirements set out in the NHS Foundation Trust Annual Reporting Manual and was consistent with the audited financial statements. No significant control weaknesses were highlighted.

The limited assurance work on the Trust's Quality Report and the limited assurance opinion would be reported to the Council of Governors in September 2016.

The Board noted the report.

### 3.2

#### **Approval of Annual Report and Accounts 2015/16**

The Board received and reviewed the annual report and accounts 2015/16 (including the Quality Report); the Director of Internal Audit Opinion and annual report 2015/16; the external auditor's representation letters in connection with the audit of the group financial statements for the year ended 31<sup>st</sup> March 2016 and the Quality Report for year ended 31 March 2016; and certifications of the Chief Finance Officer and Chief Executive in respect of the (FTC) Schedules to the accounts.

It was noted that the Audit Committee had met immediately prior to the Board meeting and had reviewed the audited annual report and accounts 2015/16, including the Annual Governance Statement and had received the Director of Internal Audit's annual opinion, providing an overall opinion of 'significant assurance', in addition to the external auditor's draft report.

The Board noted the Chief Finance Officer's summary report and schedule of required approvals.

On the recommendation of the Audit Committee and subject to finalisation of the external audit report, the Board of Directors:

- Approved the annual report and accounts for the year 31<sup>st</sup> March 2016;
- Authorised the Chief Executive to sign the Foreword to the Accounts;
- Authorised the Chief Executive to sign the Accounting Officer's Statement of Responsibilities (within the accounts);
- Authorised the Chief Executive to sign the Annual Governance Statement;
- Authorised the Chief Executive to sign the Statement of Financial Position at 31<sup>st</sup> March 2016;
- Authorised the Chief Executive to sign the Management Representation Letter to the external auditor; and
- Authorised the Chief Executive and Chief Finance Officer to sign the letter to NHS Improvement regarding the consistency of the (FTC) Schedules to the accounts.

The Board approved the submission of the final audited annual report and accounts 2015/16, subject to incorporation of

signatures and the required amendments, to NHS Improvement by 31<sup>st</sup> May 2016.

It was noted that the annual report and accounts would not be made available to the public until the documents have been laid before Parliament. The Governors would receive the documents at a combined general meeting of the Council of Governors and Annual Members' meeting scheduled to take place on 26<sup>th</sup> September 2016.

The Chairman acknowledged the work of the external auditors and finance team in delivering the annual report and accounts.

Jackie Bellard and Jo Whittingham left the meeting.

## 4

### **Patient Safety and Quality**

#### 4.1

#### **LHCH Monthly Staffing – April 2016**

The Board received the report on staffing levels by ward for April 2016.

The report highlighted 'red flags' for 10 shifts on Mulberry Ward, as a result of only one registered nurse being rostered compared to NICE guidance recommending a minimum of two registered nurse per shift. On each 'red flag' occasion the nurse to patient ratio had been less than 1:8 and patient acuity levels low, meaning that patient safety was at no point compromised.

The Board noted that new national guidance would take effect from June 2016 and would move away from the current indicators towards the measurement of care hours provided. This would involve recording the number of patients in beds at 23.59 Hrs each day and dividing this by the number of care hours. The hospitals piloting this measure had invested in IT systems to support the required data collection. The Director of Nursing and Quality would report further on this at the next Board meeting.

SP

The Board noted the report.

#### 4.2

#### **CQC Inspection – Initial Feedback and Learning / Actions**

The Board noted that the CQC's formal comprehensive inspection process was now complete, with the follow up unannounced visit having been conducted on 13<sup>th</sup> May 2016. Early informal feedback had been positive with no immediate safety concerns highlighted. Action had been taken to further raise staff awareness about incident reporting with posters listing examples of incidents circulated widely. There had been numerous follow up requests from the CQC for further information and the report was expected within 60 days. The Trust-wide action plan was being progressed and would be reviewed and updated to reflect any further developments required on receipt of the final CQC report.

The Board noted the update.

The Chairman thanked Sue Pemberton for her work in leading the preparatory process, and acknowledged the input from Lawrence Cotter during the inspection.

**4.3      *Annual Integrated Complaints and Incidents Report\****

The Board noted the report and was advised that the format and structure of reporting would be reviewed in light of any observations made by the CQC in their inspection report. In particular, assurance around application of the Duty of Candour would be further enhanced following implementation of the new Datix risk management system.

The Board was satisfied that the focus on trends, impact and harm provided the assurance it required and noted the value of the Venn diagram in correlating any relationship between incidents and complaints.

It was noted that the positive trend around increased incident reporting would be monitored closely during the transition to Datix.

**4.4      *Director of Infection Prevention and Control – Annual Report 2015/16\****

The Board noted the report.

The Medical Director noted that the CQC had asked about the number of surgical site infections which generally arise from MSSA and advised that the incidence of MSSA had now levelled and was reducing slightly. Improvement work would continue in relation to surgical site infections.

It was noted that regular attendance at Infection Prevention Committee continued to be problematic for some individuals and that actions included a review of meeting times, attendance for pertinent items only and changes to the membership.

**4.5      *Health and Safety Annual Report 2015/16***

The Board noted the report.

**5        *Strategy and Development***

**5.1      *Stakeholder Plan – Progress Report\****

The Board noted the report.

**5.2      *Research and Innovations Strategy – Annual Report 2015/16 and Forward Plan***

This item was deferred for consideration at the next meeting of the Board of Directors on 26<sup>th</sup> July 2016.

**5.3      *Chief Executive's Briefing***

The Board received the report and the Chief Executive updated on the following:

- Progress on the re-provision of services provided by Liverpool Community Health NHS Trust and the collaboration with RLBUHT and Aintree around part of the

service portfolio;

- The ACHD business case for which Commissioners would make a decision in the Autumn, hence a practical implementation date would be no earlier than April 2017;
- The new proposals for the junior doctors contract had been accepted by the BMA who would now ballot its members;
- Key risks included the delivery of RTT and cancer pathway targets, which had been breached in April. The Board would discuss these issues later in the meeting.

The Chairman asked whether there had been any formal feedback from NHS Improvement in relation to the Trust's Operational Plan and was advised that this had not yet been received.

The Board noted the report.

6

## **Targets and Financial Performance**

6.1

### **Strategic and Operational Dashboard – Performance Assignment Thresholds**

It was noted that a number of the metrics set out in the report required further refinement. It was agreed that the Integrated Performance Committee would receive and review a revised report prior to Board sign off in July 2016.

MJ  
(/MS)

6.2

### **Board Dashboard – Strategic Indicators and Operational Performance, period ended 30<sup>th</sup> April 2016**

The Board reviewed the strategic and operational dashboards, noting the new KPI dataset for 2016/17 and discussed adverse variances in performance in relation to:

#### **Strategic Objectives:**

**Quality & Experience** – ‘amber-red’ with targeted improvement work in progress to improve the timeliness of mortality reviews, reduce the number of falls, improve the local target for sepsis management, improve compliance with the post-cardiac surgery pathology protocol, and increase the percentage of patients discharged by midday.

The Board discussed the overall ‘amber-red’ rating and did not feel that this reflected overall performance on quality indicators which was generally strong. The metric definitions and thresholds for assignment of RAG ratings would need further work as noted above (Item 6.1).

MJ / SP

**Service and Innovation** – ‘green-amber’ with improvement plans in place for the 18 week RTT (incomplete pathway), Welsh waiting times, and the 31 and 62 day cancer targets.

**Value** – ‘green-amber’ with actions in relation to implementation and adoption of Service Line Reporting;

**Workforce** – ‘green-amber’ with continued improvement work in

relation to 'time to hire' and number of vacancies. It was noted that there were 136 variances against a target of 70. There had been a strong field of applicants for the medical staff posts in anaesthesia.

The workforce metrics would require refinement, for example to ensure inclusion of performance against the trajectory for agency staff. The 'green – amber' rating did not appear reflective of the risks around delivery of targets in relation to workforce.

MJ / DH

***Working Together*** – 'green'.

**Operational Performance:**

Adverse performance and exception reports were noted in relation to:

- Mixed sex accommodation breaches arising from blockages in patient flow, prohibiting timely discharge from critical care- investment in additional capacity should see improvement by the end of Quarter 1 2016/17.
- Serious incidents, never events and red alerts – the detail of a reported serious incident (April 2016) was noted;
- Number of Incidents Reported – below target. Datix risk management software to be implemented from June 2016.
- Delayed Transfers of Care – continuation of long waits due to capacity issues across the local health economy;

RTT, 31 and 62 day cancer target breaches were the subject of separate more detailed reports to the Board.

The Board noted the report.

**6.3**

**Finance Report for period ended 30.04.16**

The Board received the finance report for Month 1.

Key highlights included:

- an overall financial sustainability risk rating (FSSR) of 2 against a plan of 2;
- capital expenditure at £0.4m, below the cumulative plan of £0.5m;
- cash balances at £6.8 million, above the planned position of £5.2m;
- a net deficit of £0.9m against a planned deficit position of £0.9m;
- total income above plan by £0.4m;
- CIP achieved at £0.2m (planned CIP £0.3m)
- expenditure on agency staff and additional sessions - £0.3m for the month, compared to £0.4m last year.

The Board noted that the financial outturn position (£906k deficit) marginally better than plan.

A discussion followed in relation to CIP and level of slippage

reported at Month 1. The Chief Finance Officer advised that a number of CIP schemes were not yet fully worked up and that PIDs would be reviewed through the CIP Steering Group. He highlighted the challenge around driving through the planned workforce changes via e-rostering.

The Chief Executive advised that clear messages around accountability and deliverability had been given to operational leaders with advice that any slippage would need to be bridged with alternative non-recurrent schemes. A joint letter from the Chief Executive and Deputy Chief Finance Officer to CIP Steering Group members on both attendance and delivery would be issued imminently.

It was noted that financial reporting to Divisions was now improved with net trading positions providing granularity on areas requiring most focus.

The Board discussed the implications of its decision to reject the control total on the basis that it could not be delivered and the possibility that there may be scope for further negotiation around access to the sustainability fund. The level of risk associated with delivering the financial plan set by the Board was discussed in some detail and the Board determined that more clarity on the normalised financial position was required from Month 2 onwards.

The Chairman summarised that underperformance on CIPs and deliverability of the financial plan had generated strong debate. Activity had been lost in April 2016 due to industrial action by junior doctors and this had impacted adversely on the Trust's ability to deliver access targets. The Board and its Assurance Committees would retain a strong focus on delivery of finance and performance targets in the months ahead.

The Board noted the report.

#### 6.4

##### **Reference Cost Submission Process 2015/16**

The Board received an assurance report demonstrating that the Trust had completed the reference cost submission in accordance with reference cost guidance and approved the processes and approach as outlined in the Chief Finance Officer's report.

It was noted that the benchmarking data (Appendix 5) highlighted that there were significant variations in provider costs and the Chief Executive advised that a review of costing processes and drive to better understand cost variation would be a key objective for the new Chief Finance Officer in the coming year. It was also noted that cost variation and Service Line Reporting would be a key area of focus for the Integrated Performance Committee.

#### 7

##### 7.1

##### **Governance and Assurance**

##### **Certification of Annual Board Statements / Corporate Governance Statement**

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(/CW)

CW  
(/MS)

- **Declaration of Compliance with General Condition 6 – Systems for compliance with license conditions**

The Board received the paper and gave careful consideration to its declaration of compliance with General Condition 6 of the Provider Licence, in the knowledge that any issues not identified but that may subsequently arise, could call into question the Board's self- certification process. It was noted that the declaration must be submitted to NHS Improvement (NHSI) by 31<sup>st</sup> May 2016, in accordance with the requirements of the Risk Assessment Framework.

The Board reviewed the arrangements in place for ensuring compliance with licence conditions in the context of its wider governance system including the Board Assurance Framework process and the controls in place for ensuring the effectiveness of the Assurance Committees. The Board confirmed that for the financial year ended 31.3.16, the Trust took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS constitution. In confirming this declaration, the Board noted that operational constraints and a national initiative to reduce the backlog of long waiters had meant that the Trust had breached RTT targets in two quarters during 2015/16 but had retained a 'green' governance rating throughout the financial year. Going forward, the Board confirmed its wish to signal that the Trust had breached the RTT incomplete pathway in April 2016 (and therefore Quarter 1) due to loss of elective activity during the junior doctors' strikes; and also that it had breached two cancer performance targets in April 2016. It was assured that the reasons for these breaches were attributable to the unavoidable loss of activity (outpatients and diagnostics in addition to elective cases) during April 2016.

It was agreed that the Chief Executive would also discuss the reasons for these breaches with NHS Improvement prior to submission of the Board self-certification.

JT

The Board supported a compliant declaration together with the proposed form of words for inclusion within the submission, in the knowledge that NHS Improvement would be fully briefed on the Trust's position on RTT and cancer pathways.

The Board went on to confirm that the Trust continued to meet the criteria for holding a licence, subject to the above Quarter 1 breach and pending full implementation of the action plan involving investment in additional capacity as outlined in the 2016/17 financial plan.

The Board noted that regard had been taken to the views of Governors at the most recent Council of Governors meeting (1<sup>st</sup> March 2016) and approved the submission of Certification G6 to NHSI by 31<sup>st</sup> May 2016, subject to the above.

- **Academic Health Science Centres (AHSC) and training of Governors**

The Board confirmed the AHSC statement and accompanying note stating that the Trust is involved in Liverpool Health Partners but that this did not meet the definition of an AHSC.

The Board noted that it had previously received strong assurance around the training of Governors and confirmed the self-certification of this statement.

The Board noted that regard had been taken to the views of Governors at the most recent Council of Governors meeting (1<sup>st</sup> March 2016) and approved the submission of 'Other Declarations' (AHSCs and Training of Governors), without caveat to NHSI by 30<sup>th</sup> June 2016.

- **Corporate Governance Statement 2016**

The Board gave careful consideration to the Corporate Governance Statement, noting that the declarations relate to forward compliance with the governance condition for 2016/17 and required any risks and mitigations to be set out.

The Board received and reviewed a comprehensive report from Mersey Internal Audit Agency following a high level evaluation of the Trust's processes for preparing and assessing compliance with the Corporate Governance Statement.

This included:

- i) the follow up of progress in implementing the recommendations from previous independent reviews of the self-certification process in 2015 and 2014;
- ii) the update of the 2015 evidence base to reflect changes in governance processes since the last review; and
- iii) an evaluation of the adequacy and sufficiency of evidence, focussing on gaps identified previously and new evidence identified for the 2016 review.

The review concluded that *'taking into account the issues identified, the Board can take reasonable assurance that the processes upon which the organisation relies for preparing and assessing compliance with the Corporate Governance Statement are appropriately designed and consistently applied'*.

The review highlighted that the main risks to compliance related to operational capacity and the Trust's ability to deliver additional capacity at the pace needed, given risks around activity lost through industrial action and the ability to recruit and retain staff and drive down agency costs.

Many areas of good practice were identified during the review and improvement opportunities were set out. The Board noted that the

quality and sufficiency of evidence provided for the all statements was rated 'green' (low priority, requiring only minor improvements to enhance assurance).

The Board considered progress against the previous recommendations and noted the schedule of evidence that had been updated and reviewed in relation to the 2016 Corporate Governance Statement.

The recommended actions and management responses were supported.

The Board noted the report.

The Board determined that all statements were to be 'confirmed' and that an explanatory narrative for Statement 4 on the risks and mitigating actions relating to the 18 week RTT (incomplete pathway) and cancer pathways (31 and 62 days) was to be included.

It was noted that the Board statements had previously been shared with the Council of Governors to provide Governors with an opportunity to raise any issues that it wished the Board to consider in making the self-certification. The Governors had confirmed their satisfaction with the proposed compliant declarations; and did not raise any matters for the Board to consider. It was noted that the Council of Governors would be formally informed of the target breaches for April 2016 at the next meeting of the Council of Governors in June 2016.

The Board approved the Corporate Governance Statement for submission to NHSI by 30<sup>th</sup> June 2016.

## 7.2

### **Board of Directors Strategy Day 28<sup>th</sup> June 2016**

The Chief Executive advised that Mike Farrar had confirmed his availability for the full day and proposed that an agenda be structured to include a policy update from Mike followed by discussion around the implications of the STP and the strategic positioning of LHCH, including the determination of terms of reference the next phase of the strategic options review.

The Board would need to take decisions about how it proceeds with its 5 year trajectory and determine what is to be paused and what is to be progressed at pace.

Opportunity to engage with the organisation would begin on the planned strategy day with the cardiologists on 30<sup>th</sup> June 2016 followed by the Operational Board Strategy Day on 1<sup>st</sup> July 2016.

The Board supported this approach.

## 7.3

### **Annual Review of Complaints Process**

The Board received and noted the report, acknowledging the inclusion of 3 years' data in relation to complaints, as requested

DJ

by the Quality Committee.

**7.4        *NHS Constitution – Annual Report on Compliance\****

The Board noted the report.

**7.5        *ICMS Annual Report***

This item was deferred for consideration at the next meeting of the Board of Directors on 26<sup>th</sup> July 2016.

**7.6        *Receipt of ICMS Board Minutes***

The minutes of the meeting of the ICMS Board held on 5<sup>th</sup> May 2016 were received and noted.

**8         *Board Assurance***

**8.1        *BAF Key Issues Reports and Minutes from Assurance Committee Meetings:***

**8.1.1     *Audit Committee***

The Board received an oral update from the Chair of the Audit Committee in respect of the recent meeting that had taken place immediately prior to the Board of Directors meeting. It was noted that there had been no material issues of concern relating to the year-end accounting processes and that the internal audit programme for 2015/16 had been completed. The Audit Committee had reviewed the licence checklist, noting the risks around compliance with access targets on which the Board was fully sighted. The external auditor had commended inclusion of issues relating to the Annual Governance Statement as a standing item on the Audit Committee agenda.

**8.1.2     *Quality Committee***

In the absence of the Chair of the Quality Committee, the Director of Nursing and Quality presented the report, highlighting the following:

- Strong assurance on improvements and staff training in relation to stroke care;
- Improvement work in relation to compliance with the WHO checklist;
- Completion of actions in relation to medicines management and assurance that processes were safe and auditable;
- Excellent work delivered by the Tissue Viability service.

The Board received the approved minutes of the meeting of the Quality Committee held on 8<sup>th</sup> March 2016.

**8.1.3     *Integrated Performance Committee***

The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 22<sup>nd</sup> March 2016.

**8.2        *Operational Board***

The Board received the Summary Report of the Operational Board meeting held on 29<sup>th</sup> April 2016.

The Board received the approved minutes of the meeting of the Operational Board held on 1<sup>st</sup> April 2016.

**9 Minutes of the Board of Directors Meeting held on 25<sup>th</sup> April 2016 (in public)**

The minutes of the meeting of the Board of Directors held on 25<sup>th</sup> April 2016 (in public) were reviewed for accuracy and approved by the Board.

**10 Action Log from Previous Meeting**

The action log was reviewed and updated as follows:

- Actions 1, 2 and 6 – completed and closed,
- Action 4 – in progress and to be actioned by 31<sup>st</sup> May 2016
- Action 7 – it was noted that formal letters advising of legal action had been issued in relation to unpaid invoices; the action would continue to be included on the Board action log until resolved.

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All actions not listed above would carry forward per designated review dates.

**11 Legality of Board Documentation and Decisions**

Board members confirmed that the conduct of the meeting and decisions made by the Board, to the best of their knowledge, complied with the law. Board members confirmed they were satisfied with the format of the meeting.

**12 Date and Time of Next Meeting:**

Tuesday 26<sup>th</sup> July 2016 at 9.30am

**13** The Board resolved to exclude the public at this point by reason of the private nature of business to follow.