

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 12TH JULY 2016 1pm
BOARDROOM, THE DEPARTMENT, LEWIS'S BUILDING

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Tom Jackson	Chief Finance Officer
Dave Antrobus	Lay Member – Patient Engagement
Dr Fiona Lemmens	GP
Dr Monica Khuraijam	GP
Dr Rosie Kaur	GP
Dr Maurice Smith	GP
Dr Janet Bliss	GP
Jane Lunt	Head of Quality/Chief Nurse
Moira Cain	Practice Nurse
Dr Tristan Elkin	GP – Liverpool Central Locality

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Dr Sandra Davies	Director of Public Health
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Rob Barnett	LMC Secretary
Dr Jamie Hampson	GP Matchworks Locality
Tina Atkins	Practice Manager

IN ATTENDANCE:

Lynn Collins	Chair of Healthwatch Liverpool
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Stephen Hendry	Senior Operations & Governance Manager
Jane Keenan	Head of Urgent & Emergency Care (item 3.1 only)
Paula Jones	Governing Body Administrator/Minutes

APOLOGIES:

Dr Donal O'Donoghue	Secondary Care Doctor
Dr Fiona Ogden-Forde	GP
Ian Davies	Chief Operating Officer
Cheryl Mould	Primary Care Programme Director
Ray Guy	Retired Practice Manager
Derek Rothwell	Head of Contracting & Procurement
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Alison Ormrod	Interim Deputy Chief Finance Officer

Public: 12

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. Both Governing Body members/attendees and the members of the public present introduced themselves. The Chair emphasised that this was a private meeting held in public with the opportunity for questions at the end of the agenda. Two formal written questions had been received prior to the meeting.

The Chair informed the Governing Body that in addition to the apologies received the Cabinet Member for Health & Adult Social Care, Liverpool City Council would be arriving late to the meeting.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 14th June 2016 were agreed as an accurate record of the discussions that had taken place subject to the following changes:

- The Head of Quality/Chief Nurse referred to item 5.1 being the overview of the Liverpool Community Health Capsticks Report, page 19 of 23 in the minutes discussing the transaction process. She clarified that there was a sub group of the Transaction Board with a specific remit to oversee quality through the Transition.
- The Chief Officer referred to item 4.3 Review of Homeopathy Services and the reference to three additional pieces of evidence which had been submitted which had been shared with Governing Body members but there was no new evidence contained in the documentation. She requested that this be clarified to state that new evidence had been submitted but that this did not make a material difference.

1.3 MATTERS ARISING from 14th June 2016 not already on the agenda:

1.3.1 Action Point One: it was noted that the feedback on the Frailty Services was to be part of the Performance Report for the August 2016 meeting.

1.3.2 Action Point Two: it was noted that the update on the Joint Targeted Inspection would be given under the Chief Officer's update item 2.4.

1.3.3 Action Point Three: it was noted that a letter of congratulations was being sent to Dr Helen McKendrick on her MBE award.

- 1.3.4 Action Point Four: it was noted that the Alcohol Strategy would be brought to the August 2016 Governing Body meeting .
- 1.3.5 Action Point Five: it was noted that the Improving Access to Psychological Therapies deep dive analysis was to be brought to the Governing Body in August 2016 as part of the performance report.
- 1.3.6 Action Point Six: it was noted that updates to the Governing Body on financial sustainability spending were on-going.
- 1.3.7 Action Point Seven: it was noted that the written response to a detailed question from the public which had been treated as a Freedom of Information Request and responded to was available. The other question received was not actually a question for the Governing Body and had been responded to directly by the Chair.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 46-16:

- Primary Care Commissioning Committee 21st June 2016 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Primary Care Support Services – the situation was on-going.

The Local Medical Committee Secretary added he had nothing good to report, there were still problems and he had escalated all issues to NHS England/Capita. Recent problems included Citysprint refusing to deliver/pick up from a practice branch office. There were also issues with locum GP pension payments. No guarantees of anything being resolved had been received and it was only a matter of time before the situation was picked up by the public.

- ✓ Prescribing – Communication plan completed to ensure member practices are engaged with support from the Medicines Management Team.
 - ✓ Performance Report – The Primary Care clinical advisor post was now in place. There would be an annual review of Care Quality Commission inspections and a report to the Primary Care Quality Sub-Committee.
 - ✓ The revised Terms of Reference were approved and included in the reporting template. The changes were marked in red and included the responsibility for the management of the prescribing budget and change of frequency of meetings to a minimum of six times per annum as and when required. These changes required Governing Body ratification which was given.
 - ✓ The GP Specification implementation and delivery plans for 2016/17 for 93 practices were approved.
- Finance Procurement & Contracting Committee 28th June 2016 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Financial Strategy update was given and would come back to the committee several times between now and September/October 2016.
 - ✓ Anticoagulation and External Audit were approved to move to the next stage of the procurement process. The procurement route for Early Intervention in Psychosis was approved subject to resources being available.
- Healthy Liverpool Programme Board 29th June 2016 – the Chief Officer fed back to the Governing Body:
 - ✓ Liverpool Women’s Hospital/review of women’s and neonatal services pre-consultation engagement would run from 29th June 2016 to 15th August 2016. Leaflets were being distributed

containing a questionnaire and this was also available online, the results of which would be collated following the engagement period. There was also substantial social media and PR activity. Four public meetings would be held which would be clinically led and explain the issues for the review of services and the case for change. There was also engagement with Sefton and Knowsley CCGs. Feedback from the engagement process would inform the pre consultation business case and the options to be considered, following which there would be a formal consultation process on one or more options.

- Committees in Common 6th July 2016 – the Chief Officer fed back to the Governing Body:
 - ✓ Review of women’s services – recommended a shortlist of options for pre-consultation business case, to be further informed by the public engagement.
 - ✓ Cardiovascular re-design discussed – collaborative working across North Mersey was agreed, looking at how to identify and resource the model for use across the whole population. This was well received.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

2.2 Liverpool City Region CCG Alliance – Report No GB 47-16

The Chief Officer informed the Governing Body that Liverpool CCG was hosting the meeting for the next six months and fed back on the discussions which had taken place:

- There had been discussions around how the CCGs worked together given the over-arching Sustainability & Transformation Plan and Local Delivery Systems. The

next meeting would be a workshop across CCGs to review options and develop proposals for the way forward. This would also be discussed the following week at the Governing Body Strategic Development Session.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool City Region CCG Alliance.**

2.3 Update from Joint Commissioning Group – 20th June 2016 – Report No: GB 48-16

The Healthy Liverpool Programme Director - Community Services & Digital Care, fed back to the Governing Body:

- Deadline for the final submission of the Better Care Fund was 30th June 2016, provisional assurance rating from NHS England was “Approved with Support” and additional evidence had been sourced around financial systems and joint ownership of the plan in preparation for final submission which had now been made. There was no more formal feedback available from NHS England but informally we had been told that the evidence submitted was strong.
- Review of performance data for the six key indicators for the Better Care Fund and the review of latest data for the Liverpool Health & Social Care Integrated Performance Report – key risk areas to delivery were identified and action taken.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Joint Commissioning Group.**

2.4 Chief Officer’s Update

The Chief Officer updated the Governing Body:

- ✓ Sustainability & Transformation Plan – this was a work in progress and the language was changing constantly, now being “a document to start conversations with national leaders”. It was an over-arching Cheshire & Mersey Plan

with Annexes for each Local Delivery System. The North Mersey Local Delivery System was completed with formal feedback to be received the following week in Leeds. This would be translated into an action plan.

- ✓ Joint Targeted Children’s Inspection – the Head of Quality Chief Nurse updated the Governing Body on the inspection which had taken place since the last Governing Body meeting:
 - The inspection looked at children at risk of sexual exploitation and focussed on front door processes including Careline.
 - Four inspectorates were involved: Ofsted, Care Quality Commission, HM Inspectorate of Constabulary and HM Inspectorate of Probation.
 - Fieldwork had been carried out onsite between 20th and 23rd June on a “deep dive” of ten cases.
 - Investigation had also looked at the leadership, management and governance arrangements across the patch and the Liverpool Safeguarding Children Board.
 - Verbal feedback had been received already on a number of areas but the formal letter was yet to be received which would outline priority areas for action, areas for improvement and strengths.
 - The formal report would be considered at the Quality Safety & Outcomes Committee.
 - Informal feedback: Liverpool had a very complex health economy, we were already aware of our strengths and weaknesses and where improvement was needed. A&E Departments needed to be aware of safeguarding processes/alert triggers, Aintree A&E performed very well in this area, but the Royal Liverpool Hospital was not so strong and would look to Aintree on how to improve. Improvements in Careline were required and associated processes such as Multi Agency Safeguarding Hub where the health contribution could be used more effectively.

- ✓ Liverpool Community Health Care Quality Commission Inspection results – the Head of Quality/Chief Nurse continued:
 - Latest report published on 8th July 2016.
 - Overall rating remained at ‘requires improvement.’
 - Inspection took place early February with an unannounced follow up.
 - Focus on leadership and governance arrangements and inspected core services requiring improvement since the last inspection in May 2014.
 - Recommendations from 2014 were around access, culture, workforce and governance
 - Significant improvement had been found in the culture of the organisation, staffing had improved, key metrics performance and governance systems had shown improvement.
 - However, progress in other areas was slower than required. A full report will go to the next meeting of Quality, Safety and Outcomes Committee.
- ✓ A successful Marketplace Event had been held for General Practice. The Practice Manager Member continued the update noting that over 400 delegates had attended over the two days, there had been clinical education sessions around liver disease, prescribing and learning disabilities and a session around cancer screening ‘Every Contact Counts’. Feedback from the event was excellent and the Chief Officer acknowledged the great deal of effort put into this by the Primary Care Team.
- ✓ iLinks Conference – The Clinical Vice Chair updated the Governing Body at the request of the Chief Officer on the iLinks Conference which had taken place. This conference had come into being out of the EMIS User

Group and had grown into a national conference with over 500 delegates (including delegates from Alabama in the USA). The feedback received was extremely positive and highlights were the Digital Zone with over 100 organisations displaying their information technology and the private session run by Apple.

Key elements were:

- Launch of digital roadmap, reflecting partnership working.
 - Four new appointments in NHS England digital Team.
 - Emergency Preparedness, Resilience & Response was a vital part of the North Mersey strategy.
 - Telehealth – we were leading in Europe in this area.
 - New ways of working digitally with the sharing of records/information via Smart 'Phone.
- ✓ Living Well Summit took place on 5th July 2016 – had been well attended and opened by the Mayor. The Physical Activity Clinical Lead thanked the Liverpool City Council Programme Manager and Healthy Cities Co-ordinator and the Liverpool CCG Senior Communications Officer for their involvement.
- ✓ Fit For Me Campaign was launching and the promotional video was played to the Governing Body and leaflets distributed. There was a website and Facebook page and the campaign would be promoted by the Liverpool Echo and City FM radio station.
- ✓ Liverpool CCG had entered a Team in the Corporate Games and two of the participants gave a presentation of the day and updated on the results. Liverpool CCG had combined with Mersey Care, the Walton Centre, the Royal Liverpool Hospital and Local Authority under the banner of Healthy Liverpool. There were 70 participants in the games taking part in 12 different sports. The Healthy Liverpool Team had won 16 medals (3 Gold, 5 Silver and 8 Bronze) and came overall 16th out of 50 organisations from all over England.

The Local Medical Committee Secretary asked if the Governing Body would see the Sustainability & Transformation Plan. The Chief Officer responded that the document was a work in progress, the Local Delivery System submission was available for Governing Body members. Governing Body members would be kept informed.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer's update**

2.5 NHS England Update

There was no one present from NHS England so no update was given. .

The NHS Liverpool CCG Governing Body:

- **Noted that there was no verbal update.**

2.6 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ Local Authority and Public Health launch of Physical Activity Strategy which was good news.
- ✓ Cancer: information promoting/improving performance on screening re bowel and cervical cancer was now available, signed off by the Cancer Group.
- ✓ Cancer Prevention Strategy for 2016-2020 had been signed off by the Cancer Group.
- ✓ Concerns over breast screening rates were being discussed with NHS England – work was ongoing to renew systems and programmes.
- ✓ Four in Ten cancers were caused by lifestyle issues so there was still a great deal of work to be done.
- ✓ 'Examine Your Options' – there was a campaign to educate the public re common childhood illnesses (involving the Liverpool CCG Clinical Vice Chair).

- ✓ Maternity pathway communication – Insight worked was being done with Liverpool Women’s Hospital to produce material to look at the issues facing pregnant women and their support.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 49-16

The Senior Operations & Governance Manager presented the report to the Governing Body on key aspects of the CCG’s performance in the delivery of quality, performance and financial targets for April and May 2016. He highlighted:

- Referral to treatment 18 week target was green for the CCG as a whole. However the Royal Liverpool Hospital and Liverpool Heart & Chest Hospital had failed the target. The Royal Liverpool had cited capacity issues in specific specialties such as General Surgery, Trauma and Orthopaedics and Oral surgery which had impacted on overall delivery of the RTT target. The numbers of patients breaching the standard at Liverpool Heart & Chest Hospital were relatively small although action plans were in place to improve performance.
- Diagnostics – performance was green.
- Referral to treatment 52 week target – there was one breach by the Royal Liverpool Hospital and this was due to an administrative error.
- Cancer waits – this was green at the CCG level however at provider level Liverpool Heart & Chest Hospital continued to struggle, due to issues around complex clinical pathways. It was noted that the August 2016 report would contain a more detailed look

into maximising the effectiveness of clinical pathways on a national level.

- Good work was being done around dementia.
- A&E four hour waits – NHS England had stated at the end of 2015 that ‘Type 3’ walk-in centre attendances would not be permitted for inclusion in Trusts’ A&E performance and that ‘Type 1’ would be the only measure assessed from 1st April 2016. However, the Head of Urgent Care & Emergency Care explained that NHS England had recently changed their position; allowing Type 3 (walk in centres), Type 2 (consultant led units) to continue to be aggregated with Type 1 (Hospital A&E) for overall performance. NHS Improvement and NHS England have negotiated revised monthly trajectories for A&E with the Royal Liverpool which seemingly fall below the 95% NHS Constitutional Standard, and which the CCG was seeking clarity on from NHS England/NHS Improvement due to the impact on both patients and performance. For Quarter 1 both the Royal Liverpool and Aintree had failed the 95% target.
- Mixed Sex Accommodation – there was a zero tolerance target so this was showing as red. There were two breaches for May 2016 referring to Liverpool patients in Salisbury, there was no information currently available and this would be reported on in more detail at the August 2016 Governing Body.
- MRSA – zero tolerance target so year to date target breached but there were no new cases in month.
- C Difficile – the Head of Quality/Chief Nurse updated that the Royal Liverpool was over trajectory and this had been discussed at the Clinical Quality & Performance Group meeting and was due to their approach. Aintree made use of the appeals process where if there were no lapses of care the case was not counted, the Royal were using the appeals process far less and were to be encouraged to use it more. The Lay Member for Patient Engagement noted that the

reasons for this approach from the Royal were around the resource/time necessary to undertake the appeal process. The Head of Quality/Chief Nurse noted that there was no detailed feedback given to an appealing trust other than upheld or not but providers needed to be encouraged that the process was beneficial due to the learning done during the process.

- Care Quality Commission Inspections – since the Performance Report was written the Capsticks report re Liverpool Community Health had been published. This had been discussed in depth at the previous Governing Body meeting. Re practice inspections six GP practices had been inspected, five had the overall rating of “Good” and one “Required Improvement” against the categories of safe and well led. An action plan was in place with the practice. One practice had been re-inspected following an initial inspection in 2014 when there had been breaches of a legal requirement in relation to staffing and recruitment. The re-inspection found that the practice had completed the improvements identified.
- Sustainability and the CCG Financial Position (no information had been available at the June 2016 meeting) – the Chief Finance Officer updated the Governing Body that the Finance Team were working on month three data. The underlying position so far was that the CCG was on target to deliver the £14m surplus as required for all CCGs by NHS England but this would be tight. There would be a more detailed report in next month’s performance report.

The Governing Body commented as follows:

- The North Locality Chair referred to the A&E four hour wait reporting targets for the Royal Liverpool Hospital and Aintree Hospital and asked if future performance would be on the rate NHS Improvement had set for the trusts at 85% or the 95% that the CCG was measured against. The Head of Quality/Chief Nurse responded that Aintree Hospital was forecasting 89% performance by Quarter four therefore it was important to keep the pressure on for the trust to achieve the remaining 5%.

The Chief Officer acknowledged the discrepancy between the targets for A&E four hour wait performance set for the acute trusts by NHS Improvement and the targets imposed on CCGs. It was noted by the Clinical Lead for Urgent and Emergency Care that Liverpool's A&E acuity was higher than other areas of the country. The Cabinet Member for Health & Adult Social Care, Liverpool City Council noted that he personally had attended A&E at the Royal and the treatment received was excellent and within the four hour time limit.

- The Primary Care Clinical Lead referred to the 62 day wait from urgent GP referral to definitive treatment for cancer performance and highlighted the challenges of complex cancers and root cause analyses had been completed to show whether breakdowns in pathways were occurring or if this was about processes. Workshops were to be held on diagnostics as in complex pathways such as lung cancer diagnostic capacity was an issue and a Sustainability & Transformation Fund bid was to be submitted around this. The Practice Nurse member asked if appointment cancellations and non-attendance were being looked at. The Clinical Lead was not aware and agreed to find out. She noted that Liverpool was a very complex health economy which impacted on A&E acuity.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators and the recovery actions taken to improve performance;**
- **Determined the level of assurances given in terms of mitigating actions where risks to CCG strategic objectives are highlighted.**

PART 4: STRATEGY & COMMISSIONING

There were no items under this section.

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 50-16

The Senior Operations & Governance Manager presented a paper to the Governing Body on the changes to the Corporate Risk Register for July 2016. He highlighted:

- Six risks were to be removed, three new risks added.
- Overview of Extreme Risks:
 - Liverpool Community Health C024a - the Head of Quality/Chief Nurse noted that the Care Quality Commission re-inspection report had been published on 8th July 2016, as discussed earlier in the meeting, and time was now required to consider it in detail. This would be via the Clinical Quality & Performance Group and the Collaborative Commissioning Forum. It was noted that the risk had been on the risk register for some time and it was important for the Governing Body to challenge.
 - C035 Failure of Aintree Hospital to meet the Four Hour A&E Wait target.
 - C036 Service Pressure across North Mersey – formal winter debrief had been held in May 2016 which would feed into the August preparation process.
 - C041a Primary Care Support Services/Capita – this was out of the CCG's control as NHS England commissioned the service but we should not ignore the impact on Primary Care services.
- Risks for Removal:
 - C042b APMS Procurement – the full procurement had commenced so this would be routinely monitored by the Finance Procurement & Contracting Committee.
 - C046 Transition of Childhood Vaccinations & Immunisations – transition was now complete and monitoring in place via the GP Specification.

- C052 and C053 around the delivery of the health and care transformation of the Healthy Liverpool Programme were similar and had been merged into one risk C059.
- C034 Alder Hey Referral to Treatment 18 week target – this had been delivered against the target in every month during 2015/16.

The Governing Body commented as follows:

- The North Locality Chair referred to Liverpool Community Health and noted that a new Medical Director had been appointed. Also the Interim Director of Nursing was due to leave next month. The Chief Officer responded that the CCG was still concerned about the clinical risk in Liverpool Community Health and would continue to monitor the risk via the Clinical Quality & Performance Group and as part of the Transaction process to ensure quality in the new service, a process which the Head of Quality/Chief Nurse was actively involved in.
- The Chief Officer referred to the second and third recommendations to the Governing Body around being satisfied with the current control measures/progress against action plans and agreement that the risk scores accurately reflected the level of risk. She asked the Governing Body if they required more information and that any feedback would be welcome. The Lay Member for Governance/Deputy Chair asked that where a 'red' risk had remained static for three Governing Body meetings then more information would be required around the action plan.
- The Local Medical Committee Secretary referred to the risk around Primary Care Support Services and that the explanations given by NHS England gave insufficient assurance and asked for the matter to be escalated to NHS Clinical Commissioners. The Chair emphasised that the CCG was not the commissioner and therefore unable to control the process but given the impact on practices needed to raise its concerns at every forum

available. The Lay Member for Governance/Deputy Chair felt that if all the usual methods of raising concern were exhausted, given the real potential threat to patient safety, we needed to be more forceful.

The NHS Liverpool CCG Governing Body:

- **Noted the risks (CO42b, CO46, CO34, CO55, CO52 and CO53) recommended for removal from the Corporate Risk Register;**
- **Noted the three new risks added to the Corporate Risk Register (CO57, CO58 and CO59);**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

6. QUESTIONS FROM THE PUBLIC

The Chair noted that two detailed questions had been received in writing prior to the meeting and written copies of the responses had been made available to the public.

An opportunity was then given for questions from the floor:

- 6.1** A member of public asked about the recent article in the Liverpool Echo about the transfer of congenital heart disease surgery from Central Manchester to Liverpool with children being dealt with at Alder Hey and adults at Broadgreen Hospital and how this would affect A&E figures. Also how soon would this happen? The Clinical Lead responded that this referred to specialist services which were not commissioned by the CCG. There was no conflict over A&E department as this was planned surgery which was already being carried out at Alder Hey for children's and the adult surgery would be carried out at Liverpool Heart & Chest Hospital which had no A&E Department. The Chief Officer added that this referred to only 90 additional cases per year and was welcomed as it strengthened the provision of

specialist services in Liverpool rather than run the risk of losing them to Manchester. The member of the public went to ask about the effect on patients in Manchester travelling to Liverpool but was reassured that the pre-operative and post-operative care would be carried out locally to the patients, this referred only to the surgery.

6.2 A member of the public commented on the situation with Primary Care Support Services being commissioned by NHS England from Capita and queried the wisdom of the contract award given failure by Capita in other areas to provide services. The member of the public also asked if the Governing Body would be considering the Sustainability & Transformation Plan. The Chief Officer responded that the Sustainability & Transformation Plan was intrinsically linked to the Healthy Liverpool Programme and Shaping Sefton which were all in the public domain. In time there will be a public document available but more would be known after the meeting the following week with Simon Stephens, Chief Executive, NHS England. The Chair added that any changes to be made to services as a result of the Sustainability & Transformation Plan would be fully consulted on with the public.

6.3 The same member of the public from 6.2 expressed his thanks and appreciation to the Governing Body Administrator for the welcome given to the public at the meetings, provision of papers and attention to their needs. He also commented on the sound system and the hearing loop in the boardroom which was excellent and meant that he was able to hear everything which was discussed.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 9th August 2016 1pm in The Boardroom, The Department.