|  |  |
| --- | --- |
| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 14 June 2022 |
| **Zoom details:** | https://mohnz.zoom.us/j/9738756003 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Assigned Lead Reviewers** |
| 10:30-11:00am | 2022 FULL 12829 | BD Veritor™ At-Home COVID-19 & Flu Test and BD Veritor™ System for Rapid Detection of COVID-19 & Flu | Dr Penny Montogomery | Devonie Waaka & Dominic Fitchett |
| 11:00-11:30am | 2022 FULL 12781 | Low-dose naltrexone to help treat depression | Dr Joanne Lin | Nicola Swain & Anthony Fallon |
| 11:30-12:00pm | 2022 EXP 12941 | A pathway to care for NZ veterans revision 1 | A/Prof. David McBride | Mira Harrison-Woolrych & Dominic Fitchett |
| **12:00-12:15pm** |  | ***Break (15)*** |  |  |
| 12:15-12:45pm | 2022 FULL 12929 | Rapua te mea ngaro ka tau | Dr Anneka Anderson | Amy Henry & Anthony Fallon |
| 12:45- 1:15pm | 2022 FULL 12896 | A Phase 3, Multicentre, Randomised, Double-Blind, Placebo-Controlled, Parallel Group Study to Evaluate the Efficacy, Safety and Tolerability of CBD Capsules in Adults with Sleep Disturbance | Dr Michael Williams | Devonie Waaka & Dominic Fitchett |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mr Anthony Fallon | Lay (Consumer/Community perspectives) | 13/08/2021 | 13/08/2024 | Present |
| Dr Devonie Waaka | Non-lay (Intervention studies) | 18/07/2016 | 18/07/2019 | Present |
| Assc Prof Mira Harrison-Woolrych | Non-lay (Intervention/Observational studies) | 28/06/2019 | 28/06/2020 | Present |
| Mr Dominic Fitchett | Lay (the Law) | 05/07/2019 | 05/07/2022 | Present |
| Ms Amy Henry | Non-lay (Observational studies) | 13/08/2021 | 13/08/2024 | Present |
| Ascc. Prof Nicola Swain | Non-lay Intervention/Observational studies) | 22/12/2021 | 22/12/2024 | Present |

## Welcome

The Chair opened the meeting at 10:00 am and welcomed Committee members.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 10 May 2022 were confirmed.

## New applications

|  |  |  |
| --- | --- | --- |
| **1** | **Ethics ref:** | **2022 FULL 12829** |
|  | Title: | BD Veritor™ At-Home COVID-19 & Flu Test and BD Veritor™ System for Rapid Detection of COVID-19 & Flu |
|  | Principal Investigator: | Dr Penny Montogomery |
|  | Sponsor: | Becton Dickinson Ltd |
|  | Clock Start Date: | 02 June 2022 |

Dr Penny Montogomery, Tom Christensen, and Diana Osavlyuk were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The study aims to assess the performance of the two BD Veritor™ Assays using direct nasal swabs versus an appropriate FDA authorized molecular reference method using a nasal swab in 3 mL UVT

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. Please ensure ethnicity data collected for New Zealand participants is relevant to the New Zealand population. If protocol-proscribed ethnicity groups are not relevant, appropriate data should be collected by each site in addition to that required per the case report form. The Committee recommended researchers collect New Zealand appropriate data groupings in the source documents so they can provide that information to HDEC at the conclusion of the study
2. Please remove the statement “All study related care and treatment will be provided at no cost” from the recruitment material as it wrongly infers the participant could reasonably be expected to be charged for the service provided
3. The Committee noted that advertising a koha for recruiting a paediatric population may result in parents signing their children up solely to receive this compensation. Please remove references to a $100 payment in the advertising material. Reimbursement will be included in the Participant Information Sheet and Consent Form (PISCF)
4. The Committee noted that question D8 in the application form has been answered incorrectly - not all participants will give informed consent - and as such several important questions regarding the informed consent process have not been populated
   1. The Committee asked whether any participants under the age of 16 will be able to give independent informed consent as, if they are competent to provide this, they should be given the opportunity to do so. The Researcher stated that they will enable participants under the age of 16 who are able to provide informed consent to do so. The Committee asked how the capacity for minors to provide independent informed consent will be ascertained. The Researcher stated that they intend to discuss this with each participant individually and make this determination on a case-by-case basis. Please state this in the protocol
   2. The Committee asked if the Researcher will be accepting rangatahi who approach the researchers independently of their parents, clarifying that parental consent is not required in New Zealand in cases where the participant is deemed competent to provide independent informed consent. The Researcher stated that as long as the researchers have documented a discussion with said participant, the participants’ parents would not be required to provide further consent
5. Please ensure the PISCF provided to a minor participant is selected based on level of comprehension, not age as currently stated
6. The Committee asked whether validated positive COVID-19 results would require reporting to the Medical Officer of Health in New Zealand. The Researcher stated that they were unsure if this was required. The Committee requested that the Researcher clarify this and comply with the required practices in New Zealand
7. The Committee asked for clarification on section 12.1 of the Data & Tissue Management Plan (DTMP) which states that the participant's GP will be informed of the results of potential clinical significance. The Researcher clarified that this would be if any participants were sick or unwell and the participant had given the researchers permission to contact their GP. This would also be unrelated to findings from the PCR test or the device trials. The Committee recommended that it be mandatory to inform the GP if there is significant concern about the clinical status of a participant. Please include this in the PISCF
8. The subheadings for 10.2.1 and 10.2.3 in the DTMP appear to have been inadvertently reversed. Please correct this

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please remove the black box warning from the first page of the PISCF as this is intended for new medicine trials
2. Please replace the term “respiratory tract infections’ with a lay alternative in all PISCFs & assent forms
3. Please remove the statement “The participant is strongly recommended to inform their GP of study participation” from the paragraph below reimbursement as this is not medically justified considering the risk-level of this trial.
4. Please simplify the possible risks section and remove unnecessary information that does not relate to the trial
5. Please provide the exact amount that participants will be reimbursed
6. Please delete the following sentence which is not applicable for this study: “This notice will allow that person or the study doctor to further discuss any health risks or special requirements linked to withdrawing”. Please review the rest of the PISCF for further statements that do not apply to this study and delete accordingly
7. Please remove repeated information regarding the continued use of data collected prior to study withdrawal
8. Please delete repeated information about ownership rights and financial benefit on page 8; this is stated more succinctly on page 7
9. Please delete the optional tick-box regarding continued use of data on study withdrawal; the body of the PIS makes it clear that this is mandatory
10. In the parental PISCF, please make it clear that the child will not be enrolled if they do not assent, regardless of the parent's wishes
11. On page 5 of the main PISCF, please refer to the Southern HDEC, rather than the Northern HDEC which is currently stated
12. Please add the word “information” to the statement “The following groups may have access to your identifiable” on page 6 of the main PISCF
13. Please refer to the correct sponsor name on page 2 of the Parent/Guardian PISCF: “Becton Dickinson Limited”
14. Please replace “you” with “your” in the first paragraph of “What If Something Goes Wrong” on page 5 of the Parent/Guardian PISCF
15. The Committee stated that if the swabs are considered to be human tissue, more information should be provided about tissue management; including the locations these samples will be sent to, what will happen to the samples after testing, whether a karakia will be available upon destruction of samples, etc.
16. Please include a Māori tissue cultural statement
17. Please ensure that the two assent forms are suited for different levels of comprehension. One should be very simple, and one should lie somewhere between the simple assent form and the full PISCF
18. Please address that self-swabs for some children will be taken by a parent/guardian in the assent form. The Committee recommended that whether the self-swabs are done by a parent/guardian or by the participant themselves should be determined by the participant’s capabilities as some young children may be capable of carrying out a self-swab and some older children may not be. Please include both options in both forms
19. Please delete the statement 'no one will be angry with you' from the assent forms
20. Replace the list of contacts in the assent form with the name and number of the lead investigator for the study site and state that their parents/guardian have a list of further contacts
21. Please review all PISCFs & assent form for grammatical errors and typos.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).
4. Please update the data and tissue management plan to ensure the safety and integrity of participant data and tissue *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15, 14.16&14.17).*
5. Please update the recruitment material, taking into account the feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Devonie Waaka and Mr Dominic Fitchett.

|  |  |  |
| --- | --- | --- |
| **2** | **Ethics ref:** | **2022 FULL 12781** |
|  | Title: | Low-dose naltrexone to help treat depression |
|  | Principal Investigator: | Dr Joanne Lin |
|  | Sponsor: |  |
|  | Clock Start Date: | 02 June 2022 |

Dr Joanne Lin and A/Prof. Suresh Muthukumaraswamy were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The study aims to investigate inflammatory markers in individuals with major depressive disorder (MDD), screened and prospectively classified into low/high 'inflammatory status' based on blood levels of C-reactive protein (CRP), a proinflammatory acute phase protein.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee asked where the QR code from the short advert will lead. The Researcher stated it will link to further information for potential participants and potentially the participant information sheet (PIS). The Committee recommended this not be the PIS but an intermediate source between the advert and the PIS
2. While it would not affect the ethical validity of the study, the Committee noted that the sample size of 12 in each group is unlikely to attain statistical significance. The Committee suggested the Researcher increase their sample size should they not want this to be considered a pilot study

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee asked about the role of the healthy controls. The Researcher stated that the healthy controls were to aid the inferential understanding of the effects of the treatment. Please make this clearer in the protocol.
2. Please include an explicit invitation for whānau to attend appointments.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please state the range for how much “extra money” could be gained from the EEG tasks: up to $20
2. Please simplify the healthy control PISCF to explain what will be done with their data only
3. Please inform participants that de-identified data from one of the stress tests will be sent overseas
4. Please review forms for errors including references to “independent data safety monitoring”, “new medicine”, etc.
5. The Committee noted that certain wording was different between the main PISCF and the healthy control PISCF. The Committee preferred the wording in the healthy control PISCF; please insert this wording back into the main PISCF. Please keep a copy of this amended PISCF with tracked changes to submit with the first annual progress report.
6. Please review the document for formatting errors and remove any unnecessary dead space (e.g., page 5)
7. Please remove any unnecessary tick boxes; one tick box can be used for all statements.

**Decision**

This application was *approved* by consensus, subject to the following non-standard conditions:

* please address all outstanding ethical issues raised by the Committee
* please update the Participant Information Sheet and Consent Form, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
* please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

|  |  |  |
| --- | --- | --- |
| **3** | **Ethics ref:** | **2022 EXP 12941** |
|  | Title: | A pathway to care for NZ veterans revision 1 |
|  | Principal Investigator: | Dr David McBride |
|  | Sponsor: | University of Otago |
|  | Clock Start Date: | 02 June 2022 |

Dr David McBride was present via videoconference for discussion of this application.

**Potential conflicts of interest**

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member

**Summary of outstanding ethical issues**

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee queried the screening process and whether the study would recruit through GPs. The Researcher confirmed it would and stated the intention was GPs could identify veterans with pain and do preliminary screening and then refer them to the study. The Committee requested the Researcher revise the protocol to make this process clearer and that GPs should only refer potentially eligible participants with the study team completing a thorough screening process.
2. The Committee stated it accepted the study is justified but noted concern that the sessions could trigger an underlying traumatic response. The Researcher stated this has been discussed with the chair of Acupuncture New Zealand who believed acupuncturists are suitably trained and experienced in calming patients down and this was not a major concern. The Researcher stated if a potential participant received a high score during screening there would receive appropriate management. The Committee requested the consenting process be done face to face rather than online to provide an additional safety net to potential participants that may have high levels of distress.

*(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.1; 9.7)*

1. The Committee recommended redesigning the trial to be a localised pilot study first rather than a nationwide approach. The Committee advised the study could then expand nationwide in later phases if the preliminary results were promising.
2. The Committee requested a revision to the protocol to make notification of the participant's GP a mandatory requirement of participation. The Committee requested information explaining this be added to the PIS.
3. The Committee requested a clarification to the protocol to determine if the acupuncturists are co-investigators / researchers on the study or simply providing care.
4. The Committee requested the inclusion of a clear path for reporting adverse events and to clarify who on the study staff will manage this. The Committee noted at one point it implied the participant would be responsible for reporting adverse events and in another it was the acupuncturist.

*(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.30)*:

1. The Committee noted some of the language in the PIS implied the treatment plan was effective though it has not been proven yet. Please revise the sheet to use neutral language and not promise a benefit when one cannot be guaranteed.
2. The Committee strongly recommended the Researcher adapt the [HDEC data management plan](https://ethics.health.govt.nz/assets/HDEC-data-only-management-template-Oct-2021.docx) to ensure it complies with all requirements in [Chapter 12 of the National Ethical Standards.](https://neac.health.govt.nz/national-ethical-standards/part-two/12-health-data/)

*(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a)*:

1. The Committee requested an update to the protocol to clarify how participant progress at sessions would be documented and whether this information would be part of their clinical record or not.
2. The Committee noted the study promised ongoing access to treatment but queried whether this would be applicable to participants who had already received twelve weeks of ACC treatment. The Committee requested the Researcher investigate whether ongoing access is possible and make it clear in the PIS
3. The Committee requested reimbursement be made clear in the PIS as it is currently ambiguous what participants may be entitled to.
4. The Committee requested the Researcher supply tracked-changes versions of updated documents for the resubmission.

**Decision**

This application was declined by consensus, as the Committee did not consider that the study would meet the ethical standards referenced above.

|  |  |  |
| --- | --- | --- |
| **4** | **Ethics ref:** | **2022 FULL 12929** |
|  | Title: | Rapua te mea ngaro ka tau |
|  | Principal Investigator: | Dr Anneka Anderson |
|  | Sponsor: | University of Auckland |
|  | Clock Start Date: | 02 June 2022 |

Dr Anneka Anderson and Dr Julie Bennett were present via videoconference for discussion of this application.

**Potential conflicts of interest**

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member

**Summary of outstanding ethical issues**

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee requested the Researchers supply the text of any content intended for newsletters, bulletin boards, etc as these are technically study advertisements and require approval.
2. The Committee strongly recommended the Researchers adapt the [HDEC data management plan](https://ethics.health.govt.nz/assets/HDEC-data-only-management-template-Oct-2021.docx) to ensure it complies with all requirements in [Chapter 12 of the National Ethical Standards.](https://neac.health.govt.nz/national-ethical-standards/part-two/12-health-data/)
3. The Committee requested the Researchers supply an independent review of the study protocol to confirm its scientific validity. The Committee recommended using the [HDEC peer review template.](https://ethics.health.govt.nz/assets/Uploads/HDEC/hdec-peer-review-template-june-2021.docx)
4. The Committee requested the Researchers submit a home-visit safety plan to ensure Researcher safety in participants homes.
5. The Committee noted some young people under 16 may be able to provide their own consent and requested the Researchers adapt the parent PIS to create a young person one for this purpose.
6. The Committee recommended removing the age value on the assent forms and having an older version and younger version with content appropriate for each group.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. The Committee requested the inclusion of the statement 'I wish to take part' with a 'yes/no' tickbox in the parent PIS as there is currently no place for them to indicate this.
2. Please include a statement informing participants that any family history of rheumatic fever would be collected.
3. On the interview consent form please correct the statement to advise that health information will be kept for ten years after the participant turns 16.
4. Please state whether a translator will be available.
5. Please clarify that the koha is intended for the whānau as a whole (it currently states 'you').
6. Please undertake a general revision of the parent PIS to ensure font is consistent and any grammatical and spelling errors are corrected.
7. Please insert a statement clarifying that no further samples will be taken on page 2.
8. Please insert a statement advising that information collected during the study will not be deleted if a participant chooses to withdraw.
9. Please include more information about data management. The Committee recommended adapting the [HDEC PIS template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) for prompts.
10. Please amend the reference to 'results collected' in the whānau PIS to 'information collected'.
11. The Committee requested the English version lay title be simplified so children will understand it.
12. Please insert a statement advising that regardless of the parent/guardian's decision if the rangatahi says no the study will not collect any information about them.
13. Please remove the ACC statement as this is not relevant to a study that only collects information.
14. The Committee requested a revision to simplify some of the technical language in the whānau PIS.
15. The Committee recommended the inclusion of a statement acknowledging that there are different perspectives on vaccination and to be mindful of this during the discussion.
16. The Committee noted that all participating members of the whānau interview would need to provide independent informed consent or, for those minors unable to provide independent consent, assent in addition to parental consent. Please provide parental PISCFs and assent forms for this purpose.
17. The Committee requested the Researchers supply tracked-changes versions of updated documents for the resubmission.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

* Please supply a data management plan consistent with Chapter 12 of the National Ethical Standards *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a)*:
* Please update the participant information sheet and consent forms and assent forms, taking into account feedback provided by the Committee, *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
* Please supply an independent peer review for the current version of the study protocol. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.26).*
* Please supply the text for any newsletter content bulletin board updates. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).
* Please provide a researcher safety plan addressing the concerns raised by the Committee *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.62).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Amy Henry and Mr Anthony Fallon.

|  |  |  |
| --- | --- | --- |
| **5** | **Ethics ref:** | **2022 FULL 12896** |
|  | Title: | A Phase 3, Multicentre, Randomised, Double-Blind, PlaceboControlled, Parallel Group Study to Evaluate the Efficacy, Safety and Tolerability of CBD Capsules in Adults with Sleep Disturbance |
|  | Principal Investigator: | Dr Michael Williams |
|  | Sponsor: | Cann Group Ltd |
|  | Clock Start Date: | 02 June 2022 |

Dr Michael Williams, Ms Fiona Menzies, Mr Sam Phillips and Ms Catherine Harvey were present via videoconference for discussion of this application.

**Potential conflicts of interest**

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member

**Summary of outstanding ethical issues**

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. Please collect ethnicity data using the New Zealand Census categories for final reporting to HDEC. If this is incompatible with the study's protocol requirements / CRF, please collect this information at the site-level.
2. The Committee requested the Researchers review the therapeutic claims made in the advertisements and ensure they are consistent with the [Therapeutic and Health advertising code](https://www.asa.co.nz/codes/codes/therapeutic-and-health-advertising-code/). The Committee noted the claims may have to be removed if they are not consistent with the code's requirements.
3. Please replace the word 'subject(s)' with 'participant(s)' in all participant-facing material.

The Committee requested the following changes to the submitted recruitment material:

1. Please ensure all recruitment material / advertisements state that Evrima are a recruitment company and not part of the study itself. Please ensure the advertisements state the study sponsor.
2. Please include a paragraph in the pre-screening form to state who the identifiable information collected will be shared with. Please include a statement advising what will happen to the data for those who do not complete the screening process or are found to be ineligible.
3. Please remove statements about 'free study-related medical care'.
4. Please remove statement referring to access to medicine before it is widely available as this infers the treatment is effective and not everyone can get it yet. Please use more cautious language and do not promise a benefit when one has not been proven yet.
5. Please update the reference to the Privacy Act to state Privacy Act 2020.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please insert a simple lay friendly title to be used as a heading for all participant-facing material.
2. The Committee noted some information repeats (e.g. a description that the study is voluntary with an explanation is repeated twice) and contains unnecessary detail in the assessment section. Please undertake a revision to simplify the sheet and improve readability.
3. The Committee noted the study assessment schedule has been copied over from the protocol and requested it be simplified into a lay-friendly version.
4. The Committee noted 'as a healthy volunteer not requiring treatment' is not technically accurate as participants have sleep disturbance. The Committee requested this statement be revised and that other options for managing sleep disturbances be summarised.
5. Please undertake a general revision to correct typos and grammar and ensure font consistency.
6. Please remove the numerical digit "1" when discussing the purpose of the study as there is no corresponding 2, 3, etc.
7. Please insert a statement advising participants that their samples cannot be returned and a karakia cannot be guaranteed at tissue destruction.
8. Please insert a statement advising whether participants who withdraw part-way through the trial are eligible for the full $100 koha or not.
9. Please insert a statement advising participants of what they should expect at the end of the trial and how their sleep may be affected.
10. Please insert a statement advising whether participation in the trial may have an effect on workplace drug tests.
11. The Committee requested the Researchers supply tracked-changes versions of updated documents for the resubmission.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

* Please update the advertisements, taking into account the feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).
* Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Devonie Waaka and Mr Dominic Fitchett.

## General business

1. The Chair reminded the Committee of the date and time of its next scheduled meeting:

|  |  |
| --- | --- |
| **Meeting date:** | 12 July 2022 |
| **Zoom details:** | To be determined |

1. **Review of Last Minutes**

The minutes of the previous meeting were agreed and signed by the Chair as a true record.

1. **Matters Arising**
2. **Other business**
3. **Other business for information**
4. **Any other business**

The meeting closed at 1:15pm