

Minutes of the Trust Board Meeting held on 31 March 2008

Present:	Joyce Catterick Lionel Conyers Gary Dimmock Anne Gregory David Hinchliffe Jan Wilson Steven Michael Nisreen Booya Malcolm Featherstone Hazel O'Hara Noreen Young	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director (from item 4.2) Deputy Chair Chief Executive Medical Director Deputy Chief Executive/Director of Finance Chief Operating Officer Director of Nursing, Compliance and Innovation
In attendance:	Ian Black Alan Davis Terry Dutchburn Bernard Fee Ruth Unwin Bernie Cherriman-Sykes	Non-Executive Director (designate) Director of Human Resources and Workforce Development Director of Business Development and Planning Non-Executive Director (designate) Director of Corporate Development and Constitutional Affairs Board Secretary (author)
Apologies:	None	

TB/08/29 Welcome, introduction and apologies (agenda item 1)

The Chair opened the meeting and welcomed Ian Black (IB) and Bernard Fee (BF) to their first Trust Board meeting. She confirmed that BF was joining as Non-Executive Director (designate) until his formal appointment on 26 May 2008 and IB as designate until Authorisation and ratification by the Members' Council. There were no apologies.

TB/08/30 Declarations of interest (agenda item 2)

The following Declarations of Interest were considered by Trust Board.

Ian Black	Non-Executive Director, NISA-Today's Group PLC Non-Executive Director, McKeith Press Ltd. Non-Executive Director, Trustee and Treasurer, Scope Ltd. Governor, Beaumont College, Lancaster Private shareholding in HBoS PLC (retired member of staff)
Bernard Fee	None

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally note the Declarations of Interest made by Directors of the Trust.** There were no further declarations of interest made over and above those already notified to Trust Board.

Regarding her declaration of interest made at the previous meeting, Anne Gregory (AG) confirmed that the contract is with the NHS not that it may extend to the NHS. It was agreed this would be amended.

TB/08/31 Minutes of and Matters Arising from Trust Board meeting held on 29 February 2008 (agenda item 3)

One further amendment to the minutes was requested.

- On page 7 in the penultimate paragraph under 'Finance Report', it was agreed to amend the wording to read "No schemes are reporting a delay in timescales but there is an underspend. Mechanisms are in place to ensure capital funds are available in 2008/09".

Subject to these two amendments, **it was RESOLVED to approve the minutes of the Trust Board meeting held on 29 February 2008.**

There was one matter arising.

TB/08/22 Public consultation on the amendments to the Monitor Compliance Framework (page 8) Noreen Young (NY) confirmed that the Trust's response to Monitor had been sent by the due date.

TB/08/32 Trust Board assurance from Committee meetings (agenda item 4)

4.1 Minutes of Mental Health Act Committee 3 March 2008

No further issues were raised.

Jan Wilson (JW) reported that she had attended the Hospital Managers' Forum to confirm the award of a flat rate of £45 per session, backdated to 20 December 2007 when the decision was taken by Trust Board.

4.2 Minutes of Audit Committee 5 March 2008

Lionel Conyers (LC) reported that the Committee received a presentation from Alan Davis (AGD) on Service Line Management at its meeting. A number of issues were raised regarding the content, which, although not the focus for the Committee (which is on process), he thought it worth raising with Trust Board. AGD commented that there had been a good debate, particularly around autonomy and the dangers of fragmentation. He offered to facilitate a more detailed development session for Trust Board.

4.3 Minutes of Remuneration and Terms of Service Committee 20 March 2008

The Chair, as Chair of the Committee, reported that, as the meeting had only just been held, the minutes would come to the next Trust Board. The full minutes, which include details of the Committee's decision on Executive Directors' remuneration, will be circulated to Non-Executive Director members of the Committee and to other Non-Executive Directors on request. She confirmed that the part-year effect for all Executive Directors (as the awards are backdated to 1 July 2007) was £29,045 and the full year effect £37,489. AG raised two issues to do with timing and requested the facility to have a fuller discussion on the decisions made. The Chair responded that the delay in convening the Committee sooner was due to the absence of a substantive Chair of the Trust and that there would be a further review post-Authorisation as a Foundation Trust.

TB/08/33 Chief Executive's Report (item 5)

The Chief Executive reported on Foundation Trust developments, annual planning (detail below), contracting, service line management and the Healthcare Commission (HCC) visit to Older People's Services. He ended his report by informing Trust

Board that one of the Trust's senior nurses working in services for people with a learning disability was runner-up at the Nurse of the Year Awards in the diversity category, an excellent achievement for her personally and the service.

With regard to the annual planning process and cost improvement programme (CIP), the Chief Executive provided a summary of progress and key timescales and action. Trust Board was reminded that annual plans previously submitted to Monitor included a CIP developed for the FT application. These were originally developed by the Service Delivery Groups (SDGs) and support directorates to achieve a minimum of 2% CIP (the original target set by Trust Board, assessed through the 'Star Chamber' and approved by the Board as part of the IBP development). National Operating Framework guidance indicated 3% efficiency was the expected norm, and the Trust therefore had to remodel original figures to meet a Monitor deadline of 3 January 2008. The Monitor assessment team has reviewed the detail of these proposals during the assessment process. Alongside this process, SDGs and support directorates continue to refine plans for CIPs and, in some cases, may need to look for higher or alternative CIPs to address underlying financial issues which have emerged in the interim. If the Trust is authorised on 1 May 2008, these refinements will need to be factored into final versions of the annual plan by the end of May as part of the first formal submission to Monitor as an FT. An initial assessment of first cut proposals and any subsequent revision indicate that schemes taken in isolation will not require Trust Board approval. This is consistent with analysis undertaken at the last 'Star Chamber'. Trust Board will be involved in monitoring delivery of the annual plan and CIPs through routine performance reports.

The Chief Executive asked Trust Board to note that, with Trust Board having previously approved both the initial 2% CIPs and the supplementary 3% CIPs, these, taken with known cost pressures, such as Agenda for Change incremental drift, would be applied to current outturn budgets to be the financial year 2008/09 start budgets. These start budgets might be amended in May if the finalised annual plans lead to new CIP proposals either substituting or supplementing existing CIPs.

A detailed note of the Chief Executive's remarks will be circulated separately to Trust Board.

It was RESOLVED to note the Chief Executive's report.

TB/08/34 Strategic Development (agenda item 6)

Foundation Trust application (agenda item 6.1)

Ruth Unwin (RU), Director of Corporate Development, introduced this item. In the routine update, she highlighted that membership now stands at 9,494 against a target of 9,000. The performance report (item 7.2) indicates membership is not currently representative of the population as it is not clear what tolerances Monitor will allow. David Hinchliffe (DH) questioned how membership is measured and RU responded that Monitor measures by ethnicity, age and gender. The Trust is also expected to collect demographic information, however, Monitor has not yet asked to review this. She also confirmed that a piece of work to enable the Trust to measure representation of eleven to fourteen year olds will be undertaken. It was also

confirmed that the Trust will be expected to achieve a membership equivalent to 1% of the population in Calderdale, Kirklees and Wakefield and will not be required to have a membership equivalent to 1% of the population of the wider Yorkshire and Humber region.

AG commented on the lack of representation on white, British males and the elderly and RU explained that recruitment originally was targeted in areas the Trust thought would be harder to recruit. In terms of gender, women make up a higher proportion of service users and carers and evidence shows they are also more active in community engagement. A number of recruitment initiatives are planned to target these under-represented areas.

She also reported on the elections, which begin today until midday on 17 April 2008. The Trust will be required to submit a report to Monitor on the number of seats filled, the number of contested seats and the representativeness of the Members' Council. She confirmed that all seats had been filled apart from Nursing Support and a further election would be held in a few months time to fill this seat. Early feedback from Monitor has been positive with regard to the Trust's governance arrangements.

JW asked whether the Trust was able to support people with learning disabilities if they wished to stand or were elected to the Members' Council. RU responded that the Trust would ensure that papers were accessible to all, and that plans were in place for a mentoring programme and a specific programme through Partners in Policy.

Trust Board was also asked to approve appendix B6(c), mandatory education and training, Appendix B7, protected property, and Appendix B12, Board Statement on risk and performance management. On the latter, RU explained that this had previously been presented to Trust Board and that a robust review had taken place of the evidence to support the Statement by the Chairs of Trust Board Committees, followed by a comprehensive review by the Chair of all the evidence. As a result, it was recommended to Trust Board that evidence was in place to enable the Statement to be signed by the Chair.

It was RESOLVED to:

- **note the progress report on the Foundation Trust application;**
- **approve Appendix b6(c), mandatory education and training;**
- **approve the proposal to recognise the Fieldhead site, excluding the top field, as the only property falling within the scope of protected property to submit to Monitor;**
- **approve the Board Statement (Appendix B12) on risk and performance management.**

TB/08/35 Strategic Execution (agenda item 7)

HCC annual healthcheck 2006/07 declaration of assurance (agenda item 7.1)

NY introduced this item and explained the process of assurance that had taken place. JW commented that it had been a useful process and a number of issues had been raised by the Committee Chairs, which provided Trust Board with assurance that the process was robust and thorough. NY confirmed that third parties had been

asked for comments and it is a matter for each organisation whether it wishes to respond and against what criteria.

It was RESOLVED to approve the recommendation that the Trust makes a declaration to the Healthcare Commission of compliance with no significant lapses.

Performance Report (agenda item 7.2)

Hazel O'Hara (HOH) introduced this item and highlighted a number of areas for Trust Board to note.

1.1. to 1.4 percentage of market share - Terry Dutchburn (TD) explained that these targets were the subject of a paper in the private session of Trust Board.

1.6 Number of 3-year contracts in place – this reflects the position in February and the target will be met by the end of March 2008.

2.9 HCC quality of services – it is difficult to predict the final outcome for 2007/08 as the thresholds are still uncertain; however, the current expectation is to maintain our performance (see finance report for commentary on Auditor's Local Evaluation (ALE)).

2.14 Sickness absence rate – an improvement has been reported although AGD commented that he thought it unlikely that such a stretching target of 5% would be met by the year-end. However, mechanisms have been put in place to address the underperformance, such as the Trust's own Occupational Health Service, which has a greater emphasis on mental health and supporting staff through stress. This is beginning to work through to improve the figures. The Electronic Staff Record (ESR) system has also allowed more accurate benchmarking, which will enable better comparison with other Trusts in future.

2.16 Annual attendance at fire lectures – plans are in place to improve on performance against target; however, the target is unlikely to be met. AGD was asked to include this issue in a wider report on mandatory training as a whole in his report to Trust Board in May.

3.4 % of complaints upheld with staff attitude as an issue – RU reminded Trust Board that this will be addressed through a programme of promoting mutual respect and customer care for all staff.

3.5 % complaints replied to within agreed deadlines – RU explained that the capacity issue within the team had now been addressed through re-structuring and recruitment to an additional post was underway.

4.1 % of staff who have had an appraisal – AGD explained that there has been concerted effort to increase the level of appraisals leading to an increase in performance; however, it is unlikely that the target will be met. He asked Trust Board to note that the target of 80% would put the Trust into the top 20% performing Trusts. A number of comments were made.

- This issue is linked to measurement of staff attitude, which is picked up in appraisals.
- This and quality of appraisals (the focus for 2008/09) will be particularly pertinent next year when a high level of change will take place within the organisation.
- Investors in People will provide a vehicle for ensuring a culture is in place which promotes appraisal.

- LC asked whether reduced resources were a contributory factor to performance in this area. AGD responded that the Knowledge and Skills Framework is resource intensive and may be a contributing factor in performance.

AGD was asked to include all the issues raised in his paper to Trust Board in May. Trust Board should alert AGD to any further issues prior to development of the paper so that these can be included.

6.3 Delayed transfers of care – HOH explained that the Monitor Compliance Framework target for mental health trusts recently changed from 3.5% to 7.5% with this Trust's current position at 9.9%. For Adults of Working Age, March will show a marked improvement as twelve individuals have been inappropriately recorded as delayed transfer of care. In Older People's Services, a number of care homes in Calderdale and Kirklees are in special measures, which meant they were not allowed to admit people. They have now been allowed to admit one person per week and the Trust is working with these homes to support staff in taking Trust transfers of care.

HOH informed Trust Board that she could not give 100% assurance that the target will be met. She confirmed that, although not yet a formal target, the Trust has been asked to report on this to Monitor as part of its performance indicators and, therefore, Trust Board needs to know the reasons behind its performance.

LC asked what the actual numbers for delayed transfers of care were and HOH agreed to include this in the next report to Trust Board.

It was agreed to introduce an 'amber' category to show an 'acceptable' approved position where a target has not been met.

HOH also highlighted the positive comments made by the HCC during its visit to Older People's Services.

With regard to the issues raised in the Forensic Service report on New Hall prison, TD explained that this did present a risk to the Trust in terms of culture and the scope of the contract and he is leading a review of the contract with the PCT. In terms of culture, the provision of mental health services to prisons presents a number of issues and risks due to differences in culture between the prison service and the NHS. Proactive and positive work has begun in New Hall, supported by Dr Adrian Berry, which should bring about change.

Reference costs – it was noted that this report was for costs in 2006/07 and highlights action taken in 2007/08, which will have an impact on the figures. However, Trust Board should be aware that figures are benchmarked against other Trusts and therefore activity by other Trusts will affect this Trust's position in future. Malcolm Featherstone (MF) explained that, to some extent, the figures are not very useful in that:

- they reflect only clinical inputs and do not include outputs, therefore they are incomplete;
- there are significant differences in the approach of mental health trusts; and

- the denominator (i.e. activity data) varies in quality between mental health trusts.

It would be difficult to base any decisions on service delivery on these figures. However, they are included in ALE and Monitor considers reference costs as part of the assessment process. The Chief Executive raised the concern that the Trust is in the same position as other organisations and it needs to agree how it is to improve performance rather than defend the position. It was agreed that a report should be made to Trust Board on a quarterly basis against the action plan for 2008/09 included in the performance report on key milestones and activity the Trust is undertaking to address performance.

Equal Pay Claims – AGD raised two issues:

- The Trust supports the NHS commitment to resist any claims, therefore, the number remains at eleven. He is working with MF on any provision required in the accounts.
- Local authority equal pay claims may have an effect on the Trust in terms of integrated teams.

Finance report

- MF reported the position at month 12 on the Trust's statutory financial duties. Surplus on income and expenditure, External Financing Limit and Capital Resource Limit will all be met. In terms of secondary targets, Capital Cost Absorption will be met; however, the Trust will not achieve the Better Payment Practice Code target.
- The target for delivery of CIPs was achieved some time ago following the decision by Trust Board to defer achievement of the full CIP for Carr Street.
- Informal feedback on ALE is that the evidence presented to support clinical benchmarking under Value for Money indicates achievement of level 2. This represents an achievement of level 2 for Value for Money as a whole and, therefore, overall achievement of level 2. Supplementary evidence has been submitted but it is not known whether this will be sufficient to achieve level 3.
- The cost of running Carr Street will no longer be borne by the Trust after 1 April 2008. The continuation of the service to the end of June 2008 is fully funded by the PCT.
- AG reminded Trust Board that the reasons for the closure of Carr Street were not finance-driven but to ensure the Trust was providing the service expected of a modern mental health trust.
- Trust Board asked for assurance that the cash balance target of £230,000 would be met. MF explained that, although the Department has relaxed its requirement and Trusts can now retain up to £1 million, the Trust is working to retention of 0.3% of turnover.
- It was agreed that the Audit Committee should look at the content and structure of financial reports to Trust Board at a future meeting to ensure what is presented to Trust Board provides the assurance it needs in the absence of a Finance Committee.
- In response to a question from the Chair regarding the delay in the re-provision of the Castle Hill Unit on the Fieldhead site of one month, MF reported that the project team determined that there was not enough contingency to meet the target date of 1 July 2008 presenting a risk of the building not being complete in time to train and orientate staff and transfer service users. Therefore, it was

considered less of a risk, particularly to the Trust's reputation, to delay the opening until 1 August 2008. TD confirmed commissioner support for this. He confirmed that this had a marginally beneficial impact financially for the Trust in 2008/09 as costs would not be borne until 1 August 2008.

- It was agreed to receive a report on the re-provision of all services currently on the St. Luke's Hospital site at an early date.

It was RESOLVED to receive the report as assurance of the Trust's current performance position and that mitigating action is being taken to address any areas of under performance.

Compliance Framework assessment (agenda item 7.3)

NY introduced this paper.

It was RESOLVED to note the Trust's position against the Monitor Compliance Framework.

NHS Litigation Authority Risk Management Standards update on process (agenda item 7.4)

NY introduced this item. The Chair asked how the Trust was addressing the 'reds' and 'ambers' and received assurance that Trust Board will receive early notice of any issues, particularly in terms of resources and capacity. An interim report was requested at the July 2008 meeting.

It was RESOLVED to:

- **note the NHS LARMS process with the Trust, the timescales and current baseline position;**
- **receive a further update on progress at the July 2008 meeting.**

Information Governance (agenda item 7.5)

NY introduced this report. She informed Trust Board that only limited assurance had been received from an internal audit report on information governance and there is a major issue around resource. A development plan will be put in place to ensure scores are raised in 2008/09. LC commented that this is the second year running that the same issues have been raised with regard to information governance and NY assured Trust Board that the development plan would be robust and thorough.

The Chair noted that this was one of a number of papers that demonstrate that the overall data function needs to be timely and accurate.

JW asked what validation process takes place and NY confirmed that she would like to see a degree of external validation as with a number of other compliance standards such as HCC and NHSLARMS.

The Chief Executive informed Trust Board that he had asked for a review of information governance and whether resources were being deployed to meet the requirements of the toolkit. He asked for the development plan to come back into Trust Board at its next meeting to assure Trust Board that action is in place to address areas where the Trust is below 'green' on the toolkit.

It was RESOLVED to:

- **note the assessment ratings to be sent to the Department of Health;**
- **receive the development plan at the next meeting and, as a result, agree future progress reports to Trust Board.**

Psychological Therapy Services Report (agenda item 7.6)

The paper represents a summary for Trust Board of the position with regard to psychological therapy services. LC asked whether there were any other areas where there is a risk that commissioners are not happy with Trust provision of services. TD assured Trust Board that there this was not the case. Non-Executive Directors sought confirmation from EMT that the Trust would maintain its contracts in psychological therapy services. It was confirmed that this service was an integral part of the pathway the Trust wants to provide and there is evidence that, where the Trust has control of the pathway, it has an effect on other Trust services such as reducing demand on secondary services and directing service users to the most appropriate services earlier in the process.

MF confirmed that proposed enhancements to psychological therapy services in 'outer years' were due to re-investment of savings from the CIP if these are available to release. Therefore, the Trust needs to maintain quality of service now.

It was agreed to provide a report for a future Trust Board around the action plan to be developed for Kirklees in June, which will contain a summary and key actions to be taken.

It was RESOLVED to support the approach taken to mitigate the risk regarding provision of psychological therapy services.

Closure of Cherry Court and reinvestment proposals (agenda item 7.7)

The Chief Executive explained that, although this falls within his delegated authority, he felt the report should come to Trust Board for formal ratification.

It was RESOLVED to:

- **approve the permanent closure of Cherry Court;**
- **approve the reinvestment of the resource in the provision of a revised model of care.**

Use of Trust seal (agenda item 7.8)

It was RESOLVED to receive the paper to meet the requirements of the Trust's Standing Orders and to note that the seal had not been used since the last report to Trust Board on 19 July 2008.

Treasury Management Policy (agenda item 7.9)

MF explained that the policy was required to enable Trust Board to sign off the Board Memorandum on 10 April 2008 and had been reviewed by the Audit Committee.

LC expressed some concern about the level of funds that can be transferred without any involvement external to the finance team and the probity of such a proposal. MF explained that the Trust usually has much larger sums to invest and this lower sum may actually restrict investment ability. The range of investments is extremely

restricted and, therefore, offers limited scope for mismanagement. Trust Board asked that a non-finance manager be used to review transactions where possible. Where this is not possible, it was agreed that a record be kept of each transaction for review by Trust Board when the strategy returns in six months times. An upper limit on the spread of cash investment and who can authorise this will also be included in the revised policy.

It was RESOLVED to:

- **approve the Treasury Management Policy;**
- **agree to its review within the next six months in light of the formulation of a Treasury Management Strategy.**

TB/08/36 Culture (agenda item 8)

Constitution, Standing Orders, Reservation of Powers to the Board and Standing Financial Instructions (agenda item 8.1)

RU introduced this item.

Constitution

Trust Board has reviewed this on a number of occasions and it is based on the Monitor Model Core Constitution. Further changes have been made to reflect Monitor comments since the last review by Trust Board, including:

- clarity of the start date of terms of office for Council Members;
- removal of reference to Local Involvement Networks;
- confirmation from Monitor that any changes to the Constitution and/or any one of its annexes will require the approval of Trust Board, the Members' Council and Monitor.

Standing Orders, Scheme of Delegation and Standing Financial Instructions

Standing Orders are an annex to the Constitution and changes in future will require approval of Trust Board, the Members' Council and Monitor. The Scheme of Delegation and Standing Financial Instructions, although forming a suite of governance documents with the Standing Orders, can be amended by Trust Board without recourse to the Members' Council and Monitor. All three documents reflect guidance from the Monitor Code of Governance and comments received from Monitor.

Following a comment on the timing of despatch of Trust Board papers, it was agreed that papers would be issued a minimum of six days before a meeting.

In response to a query regarding the requirement for the Board to approve any plans for service development attracting income of over £500,000, MF commented that this was, in effect, a very small amount in relation to the size of the organisation and the size of in-year adjustment made to contracts. It would also allow the Trust to respond flexibly and quickly to requests by commissioners. It would not prevent smaller scale developments of clinical or strategic significance being fully debated by the Executive Management Team or discussed at Board. Trust Board confirmed it was comfortable with the existing wording.

It was RESOLVED to:

- **approve the revised Constitution;**
- **approve the Standing Orders, Reservation of Powers to the Board/Scheme of Delegation and Standing Financial Instructions.**

Statement on Internal Control (agenda item 8.2)

The Chief Executive explained that this had been revised to take account of annual reporting requirements and the Monitor assessment. In his role as Accountable Officer, the Chief Executive has to provide information on all internal control mechanisms to ensure the organisation can fulfil its duties as a Foundation Trust. The revisions to the Statement on Internal Control effectively do this. The Chief Executive assured Trust Board that the Statement on Internal Control met the requirements of relevant guidance, including the Department of Health, HM Treasury and Monitor.

It was RESOLVED to approve the Statement on Internal Control.

TB/08/37 Structure (agenda item 9)

No items.

TB/08/38 Innovation (agenda item 10)

Ensuring progress in the area of Payment by Results for Mental Health (agenda item 10.1)

The Chief Executive introduced this paper and informed Trust Board that it is proposed to form a consortium with other Trusts and PCTs in the northern project, with SHA and DoH support. The following issues were raised.

- PCTs are involved in both the North East and Yorkshire and the Humber through the Northern Project.
- A clinical conference will be arranged, which will include GP involvement, to inform development of the next phase of the project.
- The Trust is also working locally to engage GPs.
- There will be capacity issues in the Performance and Information team to participate in the project, which will need to be addressed.
- This could present a significant business opportunity for the Trust and provide a leadership platform for other areas.
- MF clarified that governance of the project rests with the project board not with this Trust and this Trust is not in a position to determine what happens to the intellectual property. However the Trust is currently seeking legal advice in this area.
- Different Trusts lead on different strands of the project. There is no one host.
- The consortium approach spreads and allows practical management of any risk to the Trust.

It was RESOLVED to:

- **approve the approach for the formation of a consortium involving key stakeholder organisations supporting the Northern Pathways and**

Packages project, subject to proposals being agreed by the project's Programme Board on 1 April 2008;

- approve the approach to the issue of intellectual property for the Trust's contribution to work undertaken in this area.

TB/08/39 Partnerships (agenda item 11)

Partnership and commissioning report (agenda item 11.1)

TD provided an update on existing and potential service developments. He particularly highlighted 'Putting People First', which will impact on how the Trust delivers services over time. The Chair and Chief Executive will meet with all three heads of service locally over the next few weeks and the document provides an excellent framework for this. DH asked whether the Trust should be looking at the impact of individualised budgets and TD responded that more work will be done in this area.

It was RESOLVED to note and support ongoing business developments in line with the IBP.

TB/08/40 Date and time of next meeting (agenda item 12)

The next meeting of Trust Board will be held in private on Thursday 10 April 2008 at Fieldhead, Wakefield at 3.30pm. The next formal public meeting will take place on Thursday 1 May 2008.

TB/08/41 Resolution to Exclude the Public and Press

It was RESOLVED that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Section 1 (2) Public Bodies (Admission to Meetings) Act 1960

Signed **Date**