



Minutes of the Trust Board Meeting held on 20 August 2008

Present:	Joyce Catterick	Chair
	Ian Black	Non-Executive Director
	Anne Gregory	Non-Executive Director
	David Hinchliffe	Non-Executive Director
	Jan Wilson	Deputy Chair
	Steven Michael	Chief Executive
	Malcolm Featherstone	Deputy Chief Executive/Director of Finance
	Hazel O'Hara	Chief Operating Officer
	Noreen Young	Director of Nursing, Compliance and Innovation
In attendance:	Alan Davis	Director of Human Resources and Workforce Development
	Terry Dutchburn	Director of Business Development and Planning
	Ruth Unwin	Director of Corporate Development and Constitutional Affairs
	Claire Lucas	Monitor Assessment Team
	Catherine Wackerle	Monitor Assessment Team
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Bernard Fee	Non-Executive Director
	Nisreen Booya	Medical Director

TB/08/70 Welcome, introduction and apologies (agenda item 1)

The Chair (JC) opened the meeting and welcomed Claire Lucas and Catherine Wackerle from the Monitor Assessment Team to the meeting.

The apologies from Bernard Fee (BF) and Nisreen Booya (NHB) were noted.

TB/08/71 Declarations of interest (agenda item 2)

Anne Gregory (AG) asked Trust Board to note that she had been commissioned by the Department of Health to undertake a piece of work to re-focus its capacity framework.

There were no further declarations of interest made over and above those previously declared.

TB/08/72 Minutes of and Matters Arising from Trust Board meeting held on 3 July 2008 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the Trust Board meeting held on 3 July 2008 as a true and accurate record of the meeting.

There were four matters arising.

TB/08/61a Foundation Trust Application – (page 2) Malcolm Featherstone (MF) confirmed that KPMG would start its work on working capital and financial procedures review on 29 September 2008 for one week.

TB/08/62a Performance report month 2 2008/09 – (page 4) Noreen Young (NY) informed Trust Board that, following the random audit from the Healthcare Commission (HCC), further information had been requested, which had been sent.

(page 6) Regarding the item on differentials in service patterns in Calderdale, the Chief Executive (SM) informed Trust Board that this had been discussed with the Chief Executive of the PCT. Terry Dutchburn (TD) commented that a meeting had also been held with officers of the PCT to look at the Trust's initial benchmarked evidence. Further work will now be undertaken to understand the detail of this evidence to fully support the Trust's position before a further meeting with the PCT at the beginning of the contracting round for 2009/10.

TB/08/62b Financial performance report month 2 2008/09 – (page 7) SM confirmed that the action plan for the Auditor's Local Evaluation (ALE) would be discussed at the Audit Committee in October 2008 following publication by the Audit Commission of Key Lines of Enquiry for 2008/09.

TB/08/73 Trust Board assurance from Committee meetings (agenda item 4)

4.1 Trust Board Committees – annual reports

Following the Audit Committee held on 18 August 2008, a revised version of the annual report was tabled reflecting minor amendments to the period covered by the report and membership of the Committee over that period.

AG commented that she would have liked to see stronger reference to some of the issues scrutinised by the Committee throughout the year and brought to the attention of Trust Board.

It was RESOLVED to RECEIVE the annual reports for 2007/08 and annual work programmes for 2008/09 from the Audit Committee, Clinical Governance and Clinical Safety Committee and Mental Health Act Committee.

JC thanked all involved with the Committees for their work over the past year in providing assurance to Trust Board.

4.2 Minutes of Clinical Governance and Clinical Safety Committee 1 August 2008

NY commented on the introduction of two new areas within version 6 of the Information Governance Toolkit, one of which concerns the appointment of a Senior Information Risk Officer. She will bring a proposal to Trust Board in October 2008 outlining the role within an update paper on information governance.

Jan Wilson (JW) informed Trust Board that she would meet with the service user and carer representatives on the Committee, Ann Brown and John Girdlestone, with Ruth Unwin (RU), to explain the outcome of the review of the Committee's membership and terms of reference as they have both made such a significant contribution to the Committee since its inception in 2002.

It was RESOLVED to RECEIVE the minutes from Trust Board Committees.

IB raised four issues from the Audit Committee held on 18 August 2008.

1. The audit timetable for financial accounts for 2008/09 will be curtailed by ten days, which presents issues for both the Trust and external audit in that the accounts will have to be signed-off by 13 June 2009. Although an approach has

been made to the Department of Health regarding this issue, it is unlikely to produce any change.

2. The Audit Committee had requested guidance on the assessment of risk in the organisational Risk Register. It was agreed this would be taken back through the Executive Management Team and brought back to the next Trust Board.
3. Trust Board will be aware from the annual report that the only outstanding issue from the Committee's self-assessment was training for Committee members. A session had been held after the meeting on 18 August 2008 with Nichola Crail from Grant Thornton, which had been well received.
4. The Committee agreed that it would meet four times in 2009 with a further meeting in June solely focussing on approval of the annual report and accounts.

TB/08/74 Chief Executive's Report (item 5)

SM referred to his written briefing of 8 August 2008. He began his remarks with the Trust's annual report for 2007/08 and explained that external audit look for assurance that Trust Board has discharged its external accountability in respect of the annual report. It was noted that the report will be distributed to appropriate stakeholders in advance of the Trust's annual general meeting and copies will also be publicly available in paper and web format.

SM also raised the following.

- Listening and Visioning events – SM thanked RU and Jo Vickerman and her team for the work put into planning the events.
- Leadership and management framework, linked to Investors in People – Alan Davis (AGD) confirmed the Trust was on track for achievement in early 2009.
- The 'Leading as Peers' programme – Trust Board confirmed its support for the approach outlined in the Non-Executives' briefing note of 8 August 2008. AG asked how much management time this would occupy and was assured that this was not onerous and would, in the main, be restricted to areas which could add value for the Trust. The Trust's involvement will be reviewed in six months.
- Visits by Ivan Lewis, Parliamentary Under Secretary of State for Care Services and MP for Bury South, and Barry Sheerman, Chairman of the Children's, Schools and Families Committee and MP for Huddersfield, to Trust services.
- Contact with Overview and Scrutiny Committees in relation to Trust services.
- Integrated Packages of Care and Pathways and Packages.
- Clinical Governance review in Kirklees, which will report to Trust Board in October.
- The opening of the Bretton and Oasis Centres on the Fieldhead site.

SM asked Trust Board to note the publication of the results of the HCC community survey, which presented a mixed outcome for the Trust and outlined early action to be taken. A full report will be presented to the Clinical Governance and Clinical Safety Committee in October 2008.

SM also asked Trust Board to note that the Constitution post-Authorisation allows for the Trust to have six Non-Executive Directors. He informed Trust Board that, in preparation for this, the recruitment process for the sixth post had begun. Trust Board noted that the appointment will initially be as designate, pending Authorisation

and formal approval of the appointment by the Members' Council. The process sits outside of Standing Orders as, prior to Authorisation, appointments are made through the Appointments Commission, who have been involved in the recruitment process. However, the Commission has no formal authority to appoint to a designate post. Interviews for the post will be conducted by the Chair of Trust and Chair of the Remuneration and Terms of Service Committee with an independent assessor on the panel. As the next meeting of Trust Board will not take place until 30 October 2008, Trust Board was asked to delegate authority to the Chair and Deputy Chair of the Trust and Chief Executive to formally approve the appointment on behalf of the Board.

It was RESOLVED to NOTE the Chief Executive's report and to DELEGATE authority to the Chair and Deputy Chair of the Trust and Chief Executive to formally approve the appointment on behalf of the Board, if appropriate.

TB/08/75 Strategic Development (agenda item 6)

TB/08/75a Foundation Trust application (agenda item 6.1)

RU introduced this item, presented to Trust Board in four parts.

1. With regard to the routine update, RU asked Trust Board to note that the nominations for the vacant Nursing Support place on the Members' Council closed on 12 August 2008. Only one nomination had been received and, therefore, the individual was elected unopposed. Due to illness, one vacancy for an appointed place for Wakefield PCT exists and the PCT is in the process of identifying a replacement.

AG asked whether there was any progress on agreeing what a representative membership should look like. RU responded that there was no national guidance and the issue had been discussed with Monitor at the 'kick-off' meeting. It is for Trust Board to decide what it considers a representative membership to be and, therefore, agree targets for achievement as well as what statistical tolerances are acceptable to ensure representation both in terms of the community the Trust serves and of individuals who use Trust services.

2. Trust Board noted the amendments to the Mandatory Services Schedule to reflect service developments, namely increased low secure and PICU bed base.
3. Trust Board also noted the amendment to the Mandatory Education and Training Schedule to reflect the uplift for 2008/09.
4. With regard to Appendix B12, Board Statements, RU explained that the Chair of the Trust and three risk Committee chairs had been taken through the evidence to support the Board Statements on risk and performance management, and board roles, structures and capacity, and could provide assurance to Trust Board that evidence was in place to demonstrate compliance with the Statements.

It was RESOLVED to:

- **NOTE the progress report on the FT application;**
- **APPROVE the amendments to the Mandatory Services Schedule and Mandatory Education and Training Schedule;**

- **CONFIRM that there is adequate assurance regarding risk and performance management, and board roles, structures and capacity to enable the Chair to sign the B12 Statements for submission to Monitor.**

TB/08/75b Constitution (agenda item 6.2.1)

RU also introduced this item and explained that the Constitution had been approved by Trust Board on 31 March 2008. Monitor has now provided the Trust with its comments, which were outlined in the paper. RU drew Trust Board's attention to one particular comment regarding the quorum for Members' Council meetings. She confirmed that legal advice supported the Trust's position that to require one member from each class to make up a quorum was unworkable as, for some classes and constituencies, there is only one member.

JW asked whether the change to the Deputy Chair of the Members' Council being the Deputy Chair of the Trust rather than taken from amongst Council Members would go against the Members' Council expectations. RU explained that it was logical that, in the absence of the Chair of the Trust, the Deputy Chair should act as Chair to maintain the 'bridge' between Trust Board and the Members' Council.

It was RESOLVED to:

- **APPROVE the proposed amendments to the Constitution;**
- **APPROVE the proposal that the Trust retains its original position on the quorum required for the Members' Council.**

TB/08/76 Strategic Execution (agenda item 7)

TB/08/76a Performance Report Month 3 2008/09 (agenda item 7.1.1)

JC pointed out that the timing of this Trust Board meeting had changed to meet the requirements of the Foundation Trust application and Hazel O'Hara (HOH) introduced this item and took Trust Board through the report. With regard to critical issues, the following issues were raised.

- NY explained that the Equality and Human Rights Commission had asked the Trust to address weaknesses in its Disability Equality Scheme identified during a random audit and the Trust had three months to do this. RU, as lead Director, explained that the Disability Equality Scheme had been approved as part of the Diversity Strategy in 2005 and a revised Scheme was to be developed as part of the review of the Diversity Strategy later in the year. This had now been brought forward to meet the Commission timescales and the proposal that the Scheme and progress against the action plan be taken through Clinical Governance and Clinical Safety Committee in October 2008 was approved.
- As previously explained to Trust Board, the Crisis Resolution and Home Treatment target has been a matter of dispute between Trusts and the Department of Health (DoH) since its introduction. However, HOH explained that the Trust is now required to put together an action plan demonstrating how it will meet the target. HOH also explained that she should be in a position at the next meeting to appraise Trust Board of the position with regard to meeting the target. David Hinchliffe (DH) asked for definition of an 'episode', which was provided by HOH. JC asked what the purpose of the target was and HOH responded that it was intended to demonstrate how the Trust helped individuals in crisis to prevent

them going into hospital. JW asked for confirmation of the criteria for this target, which HOH agreed to provide.

- HOH asked Trust Board to note that the bed occupancy for Forensic services had dropped below the 93% target for the month but had maintained performance at 93% year-to-date so will not trigger a penalty. HOH confirmed that the Trust would be above 93% in Month 6.

The following issues were raised regarding the detail of the report.

- 2.1.8 Monitor risk rating governance – this continued to be rated Amber due to the uncertainty around what constitutes representative membership.
- 2.1.10 HCC quality of service – NY guided Trust Board to the detailed explanation of performance on page 14 of the report.
- 2.2.5 % of service users with an enhanced CPA offered a care plan – detailed analysis of performance indicates there is an issue around data entry onto the clinical information system, RiO. HOH explained what was being done to address the situation, including a manual audit of care plans. IB asked when HOH expected to be able to report accurate figures and when the Trust would be achieving the target. JC asked what the cause of the underperformance was and HOH explained that the implementation of RiO has involved a major culture change within the organisation. There are also wide differences in IT skills and computer literacy of staff involved, although coaches are now available to take staff through the system. JC then asked whether there were sufficient resources in place to meet this key target and it was agreed that this was an issue the Executive Management Team should consider as a matter of priority. IB pointed out to Trust Board that an internal audit report on RiO implementation raised none of the issues discussed at Trust Board and DH commented that the issues raised represented a training and development issue for staff to underline that this is a key part of the work the Trust does.

In summary, it was agreed that the manual audit would be completed by the end of October 2008 (this was subsequently agreed by the Executive Management Team as end of September 2008) with a view to meeting the target by January 2009. The Executive Management Team will undertake an analysis of resources in place and required to achieve the target with a report coming back to Trust Board with a specific action plan and proposal regarding any additional resource required in October.

- 2.3.1 Sickness absence rate – AGD outlined four areas to improve the target around active management of long-term sickness, benefits of the new occupational health service beginning to drive through the organisation, revised stress management policy, and service user employment and support for individuals with mental health problems.
- 3.1.4 % of complaints upheld with staff attitude as an issue – RU reported that the Trust was introducing a programme of work to advance a culture of mutual respect aimed at reducing violence against staff and the percentage of complaints with staff attitude as an issue.
- 3.3.3 Independent Inquiries: plans on track – NY assured Trust Board that the four actions that have slipped on timescales should be back on track over the next few months.

- 4.1.1 % of staff who have had an appraisal in the last 12 months – AGD explained that a working group had been set up to look at a more streamlined appraisal system that retains the core Knowledge and Skills Framework at its heart, reporting at the end of December.
- DH asked for an explanation of why there is a drop in referrals but an increase in workloads. HOH explained that more detailed analysis of performance figures is beginning to lead to greater understanding of issues around activity in different services.
- AG commented that the KPIs under the strategy section had all been met and should they, therefore, be more stretching. HOH explained that this was a Trust Board decision and can be re-visited as appropriate.
- IB asked whether there was anything in the July performance report that Trust Board should be aware of given that the next meeting was not until October. HOH explained that the draft report was in preparation and would be circulated to Trust Board members; however, none were apparent at this stage.

JC acknowledged that the discussion correctly focussed on underperforming areas and thanked Directors and their teams for an overall high performance.

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.

TB/08/76b Financial Performance Report Month 3 2008/09 (agenda item 7.1.2)

MF explained that he would provide Trust Board with an update to the month 3 figures contained in the report as month 4 figures were nearly finalised. He raised the following issues.

- Subject to confirmation by the HCC in October, the Trust has achieved level 2 on its ALE score. An action plan will be presented to the Audit Committee in October 2008. All other key performance indicators are on target for achievement.
- With regard to the Trust's budgeted outturn of £2.6 million, the current forecast is £5.1 million as a result of £2.5 million revenue to capital brokerage to the SHA in 2006/07 being returned to the Trust in June.
- Month 3 figures indicate (confirmed in Month 4 figures) that in-year savings required of SDGs to make up the part-year effect of CIPs will be achieved. This will be monitored closely in the coming months as it is unlikely that this level of performance can be maintained. Therefore, MF has revised the end of year outturn (without the £2.5 million returned from the SHA) to £2.9 million.
- At the last Trust Board, IB requested further information on agency and temporary staff and its impact on the Trust. This will come to the October Trust Board.
- MF drew Trust Board's attention to the information on page 11, which shows that the Trust has largely caught up with overall performance against the CIP. The forensic service is the only area of concern; however, HOH assured Trust Board that work is ongoing within the service to ensure the target is met. JC asked whether, given the concerns and the number of issues within the service, this should be placed on the organisational risk register. HOH responded that robust controls have been put in place, particularly around the introduction of a general

management structure within the service, and, in her view, there was sufficient mitigating action in place. MF informed Trust Board that the penalty for under-performance has not been discounted in assessing the end-of-year outturn; however, there is confidence that the target will be achieved. TD and HOH will ensure that commissioners are aware that some causes of performance issues are out of the control of the Trust. Trust Board asked HOH to provide a review of the position for Trust Board in October 2008.

- Regarding cashflow (page 12), actual cash is £4 million higher than planned at June 2008 due to the monies returned by the SHA and the level of debtors. In the 'reconciliation of actual cashflow to plan' table (page 13), the money returned from the SHA appears under 'accruals'. MF confirmed that cash is invested in short-term investments, reflecting the Trust's risk averse approach as an NHS Trust does not have powers to adopt any other approach to investment. On current performance, the Trust should over-achieve on the interest received target and month 4 figures should provide a better assessment of the over-achievement.
- MF reminded Trust Board of an issue previously raised by the Audit Committee in June 2008 regarding the valuation of capital assets. Two strands to this were raised by MF. Firstly, the District Valuer will make a valuation of the Bretton and Oasis Centres. Unlike the Heath Centre, which was a new build, it is thought unlikely that this will result in devaluation as both buildings retained the foundations and shell that had been written-off. Secondly, as with all Trusts, this Trust is required to undertake a revaluation of its assets either in this financial year or next. This could have a considerable effect on the Trust's income and expenditure position. MF will update on the valuations at the October Trust Board.
- IB asked whether the closure of Carr Street was now completed. MF confirmed that was the case.
- In response to IB's comments regarding achievement of the Better Payment Practice target, MF responded that, although performance in this period had been good and the target achieved, he could not guarantee that this performance could be maintained to the end of the financial year.

It was RESOLVED to receive the report as assurance of the Trust's current financial position.

TB/08/76c NHS Litigation Authority Risk Management Standards (agenda item 7.2)

NY explained that this was a progress report to Trust Board and a further written report would be circulated to Trust Board between now and the October 2008 meeting to provide assurance that the Trust is moving towards the requirements to achieve Level 1 in November 2008.

It was RESOLVED to:

- **NOTE the assessment process and requirements for the NHSLA November assessment and progress to date;**
- **NOTE the Trust Board statement regarding the Clinical Negligence Scheme for Trusts, which was signed by the Chair on behalf of Trust Board for submission to Monitor with the FT application on 1 August 2008.**

TB/08/76d Healthcare Commission in-patient review (agenda item 7.3)

NY introduced this item and began by assuring Trust Board that an action plan had been developed in June 2007 to address weaknesses following the review. This had been robustly monitored by the Acute Care Forum over the past year and scrutinised by both the Executive Management Team and the Clinical Governance and Clinical Safety Committee.

AG asked whether the Trust had expected the result of '2' and HOH confirmed that it had. IB asked whether all reports such as this could include the management assessment of the position as well as the external assessment. JC asked whether the Trust could move from level 2 to level 4 and by when. HOH responded that action taken to date would move the Trust to level 3 and action outstanding would move the Trust to level 4.

JW asked whether this would have implications for the outcome of the HCC annual healthcheck and NY confirmed that it would be aggregated into the overall score but it was not clear in what way. The HCC will also use the results to triangulate with other standards.

It was RESOLVED to:

- **APPROVE the arrangements for monitoring and review through EMT and the Clinical Governance and Clinical Safety Committee;**
- **APPROVE the broader recommendations from the HCC and the planned action that will be taken with partners to address these issues.**

TB/08/76e National Independent Inquiry into access to healthcare for people with learning disabilities (agenda item 7.4)

HOH introduced this item and assured Trust Board that the Trust has noted the Inquiry report, taking account of the content of the report. The Trust is working with providers to ensure the requirements of the report are met and that Trust provision also meets best practice.

DH asked whether the Trust would consider initiating a conference involving PCTs, acute Trusts and the membership to look at the issues raised. It was agreed that this should be initially included in the Listening and Visioning event focusing on people with learning disabilities with this as a specific recommendation.

IB asked whether there were any opportunities for income generation in areas of Trust expertise. TD explained this was currently being explored with a number of pieces of work at the early scoping stage with PCTs.

It was RESOLVED to:

- **AGREE the action identified in the paper;**
- **ASK the Clinical Governance and Clinical Safety Committee to review the implementation of the identified actions.**

TB/08/76f Assurance Framework and Risk Register (agenda item 7.5)

SM explained that this was the first quarter report to Trust Board for 2008/09 and a number of refinements will be made for the next iteration of both Framework and the Risk Register.

AG asked why so much of the organisational Risk Register is 'red' and RU responded that significant or catastrophic risks to the Trust are deemed as red even if the likelihood is minor.

IB commented that the Audit Committee needs to assure itself that it is confident with the process for identifying, measuring and categorising risk. He stressed that the process had been appropriate and robust to date but the format was potentially not the optimum way of describing risk. RU highlighted that the format is prescribed to comply with DoH/SHA guidelines. However, RU confirmed that, once the Trust is authorised, it can develop its own approach and, therefore, a Trust Board session soon after Authorisation would be helpful. IB welcomed this proposal as a positive way forward.

It was RESOLVED to:

- **APPROVE the Assurance Framework as a record of progress against corporate objectives, with a clear indication of key controls in place and assurance provided to the Board and its committees;**
- **APPROVE the Risk Register as a reflective account of the key strategic risks faced by the organisation and approve action identified to mitigate same.**

TB/08/77 Culture (agenda item 8)

TB/08/77a Infection Prevention and Control annual report 2007/08 (agenda item 8.1)

NY confirmed that the report must be approved by a full Trust Board to meet the requirements of the HCC Hygiene Code. Regular presentations are made to the Clinical Governance and Clinical Safety Committee, providing assurance of the systems and processes in place across the Trust.

DH asked whether the Trust works with the care home sector on infection prevention and control issues. NY confirmed that the Trust works with PCTs in terms of providing advice but not specifically with the sector itself.

It was RESOLVED to:

- **NOTE the activity carried out during 2007/08;**
- **APPROVE the annual report for 2007/08;**
- **NOTE the Board requirements associated with the Hygiene code; and**
- **APPROVE the objectives for 2008/09.**

TB/08/77b Celebrating success (agenda item 8.2)

AGD introduced this item, explaining that this was intended to be an ongoing annual event for the Trust. IB expressed a concern that this was only one big event with very few people being recognised and asked whether there were any other ways for individual staff to be recognised. AGD pointed out that the Trust performs well in this regard on the staff opinion survey and was not thought to be an issue.

DH asked whether the Trust was doing anything to celebrate the 60th anniversary of the NHS and JC reminded Trust Board that this had been done at the members' events held in July. DH suggested that the Trust could link this to promotion of the excellent under-used museum resource, which shows changing practice in the NHS.

It was RESOLVED to APPROVE the recommendations for:

- **a steering group to be established to oversee the implementation of the Awards Scheme and develop a detailed project plan;**
- **a budget to be set for the event;**
- **administrative/project management support to be identified;**
- **consideration to be given as to how the Members Council and service users/carers can be involved.**

TB/08/77c NHS Constitution (agenda item 8.3)

JC introduced this item and explained that the PCTs are leading the public consultation and the Trust will ensure a process for staff and the membership is in place to inform the response. AG suggested holding a development session for Trust Board on the Constitution but it was agreed that there was insufficient Trust Board time available before the deadline. However, comments from Trust Board were welcomed to inform the response.

AG commented that the Constitution did not reflect the needs of service users within mental health trusts and JW commented that it was more like a charter setting out the rights and responsibilities of patients. DH felt that the Constitution did achieve the aim of continuing the founding principles of the NHS.

It was RESOLVED to:

- **NOTE that the NHS is consulting on its Constitution;**
- **AGREE to provide RU with comments to inform a response on behalf of the Trust by the required deadline of 17 October 2008.**

TB/08/78 Structure (agenda item 9)

No items.

TB/08/79 Innovation (agenda item 10)

TB/08/79a Innovation – service and practice development (agenda item 10.1)

NY introduced this item, which was welcomed by Trust Board.

It was RESOLVED to NOTE the ways of innovative approaches to service and practice development taking place across the Trust.

TB/08/80 Partnerships (agenda item 11)

No items.

TB/08/81 Date and time of next meeting (agenda item 12)

JC reminded Trust Board that the Annual General Meeting will take place on Tuesday 30 September 2008 at the Heath Training and Development Centre, Halifax. The next formal Trust Board meeting will take place on Thursday 30 October 2008 at Fieldhead (time to be confirmed).

TB/08/82 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**