

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 28 March 2019 at 9:30 am
in Think@ Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street,
Leeds, LS10 1JR**

Board Members

Apologies

Prof S Proctor	Chair of the Trust
Prof J Baker	Non-executive Director
Mrs J Forster Adams	Chief Operating Officer
Miss H Grantham	Non-executive Director
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive
Mrs C Holmes	Director of Organisational Development and Workforce
Dr C Kenwood	Medical Director
Mr A Marran	Non-executive Director
Dr S Munro	Chief Executive
Mrs M Sentamu	Non-executive Director
Mrs S White	Non-executive Director (Deputy Chair of the Trust)
Mrs C Woffendin	Director of Nursing, Quality and Professions
Mr M Wright	Non-executive Director (Senior Independent Director)

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Ms L Mather	CQC Inspector
Mr R Buchanan	CQC Inspector

Six members of the public (three of whom were members of the Council of Governors)

Action

The Chair opened the public meeting at 9.30 am. She welcomed members of the Board and those observing the meeting. Prof Proctor also noted that Liz Mather and Rob Buchanan were observing the meeting as part of the forthcoming CQC inspection.

19/034

Sharing Stories (agenda item 1)

Prof Proctor welcomed Robert Baskind (Consultant Psychiatrist and Clinical Lead for Leeds Adult ADHD service), Sarah Beswick (Manager of the ADHD and Autisms Diagnostic Service) and Alex Wolstencroft (service user of the ADHD service) to the sharing stories session.

Dr Baskind firstly outlined details of the work of the ADHD service. Mrs White asked about the transition from the child ADHD service into the adult service, noting the comments he had made about some clinicians believing that the condition did not exist in adults. Dr Baskind explained the pathway and the steps taken to ensure people receive a seamless transition when they reach adulthood from one part of the service to another.

Ms Wolstencroft was then invited to share her experience of the service. She talked about her early life before receiving a diagnosis, describing the difficulties that she had experienced both at school and later in her work life. She then talked about her positive experiences whilst in the care of the ADHD service. She also spoke about the way in which she uses social media to raise awareness of the condition and help others.

Mrs Woffendin asked if there was sufficient knowledge in Leeds of the condition and the service. Dr Baskind indicated that there was not sufficient knowledge amongst GPs and clinicians outside the service and outlined the steps being taken to raise awareness and knowledge.

Prof Baker noted the comments made by Dr Baskind in relation to the cost effectiveness of the interventions the service provided and asked if there was any learning from other services who make a case for being cost effective and the relative impact made on outcomes. Prof Baker agreed to meet with Dr Baskind to explore this further.

JB

Dr Munro then spoke about the development of the five-year strategy for the West Yorkshire and Harrogate ICS and asked Mrs Forster Adams and Dr Kenwood to ensure both the ADHD and Autism services were fed into the priorities for the strategy; ensuring that access to these services is not cut off at the age of 18.

JFA / CK

Prof Proctor also agreed to raise awareness of Ms Wolstencroft's YouTube channel in to her blog.

SP

The Board **thanked** Dr Baskin, Ms Beswick and Ms Wolstencroft for attending the Board and sharing their stories. Directors **acknowledged** the points raised, noting that these were important in informing the design and improvement of the Trust's services and that they helped to inform the discussion at the Board meeting.

19/035 Apologies for absence (agenda item 2)

There were no apologies for the meeting.

19/036 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)

The Board noted that following the year-end declaration process the matrix of declarations had been updated and presented to the Board for information under this agenda item.

The Board also noted that Mr Marran and Mrs Sentamu had declared an interest in agenda item 9.1. It was agreed that they would remain in the meeting, but would take no part in the discussion on this item. No other director at the meeting advised of any conflict of interest in relation to any agenda item.

19/037 Question from a member of the public

Prof Proctor noted that there had been a question put to the Board by a service user regarding patient choice in relation to inpatient care. Prof Proctor noted that due to this being specific to their care this had been picked up with the individual by a member of their clinical team and a response provided.

19/038 Minutes of the previous meeting held on 28 February 2019 (agenda item 4)

The minutes of the meeting held on 28 February 2019 were **received** and **agreed** as an accurate record and were signed by the Chair.

19/039 Matters arising

The Board noted that there were no matters arising.

19/040 Actions outstanding from the public meetings of the Board of Directors (agenda item 6)

Prof Proctor presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding.

The Board discussed the action log. It was noted that the action relating to the diversity of Staffside representatives was now closed and that Mrs Holmes had spoken with Dave Syms (Chair of Staffside). Mrs Holmes noted that whilst this was a matter for Staffside, Mr Syms had indicated that there wasn't a problem with Staffside being representative. However, with regard to Unison, it was felt that there could be a greater number of female representatives.

With regard to the action in respect of equity of access to CPD across the professions, Dr Munro advised that there were not currently systems in place to collect data in this way. She advised that consideration had been given as to how this data might be accessed and that it had been concluded that there were currently a number of important work streams taking place and there was no spare capacity to carry out this work at the present time. However, she added that there was a general acknowledgement that nationally CPD funding had been cut over recent years and that this was being looked at as part of the national NHS Workforce Strategy. The Board agreed to close this action.

The Board **received** a log of the actions and **noted** the details, the timescales and progress.

19/041

Chief Executive's report (agenda item 7)

Dr Munro presented her Chief Executive's report. In addition to the items detailed in the report, Dr Munro advised the Board of the position regarding Interserve. She noted that during the uncertain period for the company, their staff had come to work and provided a service within the Trust's PFI buildings. She asked for the Board's thanks to be extended to this important group of staff.

The Board discussed the content of her report. Mrs Sentamu asked if there had been any response from Claire Murdoch, the NHSE lead for mental health, in relation to the Trust seeking her oversight and support to get the psychological medicine service (NICPM) nationally commissioned. Dr Munro advised that there was some detailed work ongoing and that the reason for contacting Ms Murdoch was to raise awareness of the work being carried out to ensure she was sighted on this should her support be needed.

Mr Wright drew attention to the matter of Interserve, noting that this was a risk that had been identified by the Board, although he added that the Trust was in a good position in the short to medium term. However, he added that the Board would need to keep a watching brief on this matter should there be a need to escalate the risk.

Mrs White asked if the third sector was part of the West Yorkshire and Harrogate Partnership Board. Dr Munro assured the Board that they were and agreed to bring the Terms of Reference once they had been approved, which was expected to be around July 2019.

SM

Prof Proctor asked about learning from this year's winter planning. Dr Munro indicated that there would be a process of evaluation around Easter which would look at the outcomes and learning and would be fed into the planning for the coming year.

The Board **received** and **noted** the report from the Chief Executive.

19/042

Report from the Chair of the Quality Committee for the meeting held on 12 March 2019 (agenda item 8)

Prof Baker presented a report on the work of the Quality Committee for the meeting held on 12 March 2019. In particular, he drew attention to:

- The complaints management process, noting how reports were received by the committee were improving
- An early version of the Quality Account for 2018/19, noting that the committee was able to comment on the content.

Dr Munro noted the pro-active work on the production of the Quality Account.

The Board **received** the report from the chair of the Quality Committee and **noted** the matters raised.

19/043

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 21 March 2019 (agenda item 9)

Mrs Sentamu presented a report on the work of the Mental Health Legislation Committee for the meeting held on 21 March 2019. In particular, she drew attention to:

- The significant improvement in compliance rates for Mental Health Act training, noting the current rates, and outlining the actions that had been taken by the Mental Health Legislation Team to achieve this progress
- Compliance with the recording of mental capacity assessments by clinicians. She noted the actions being taken to monitor compliance
- Advocacy, noting that this service was commissioned by the Local Authority and that there had been an issue with receiving data reports from the provider of this service. She added that this had been raised with the Local Authority and that this would be taken with the company concerned.

With regard to the recording of mental capacity assessments, Dr Kenwood advised the Board that there was no suggestion that the assessments were not being carried out, just that they were not being recorded on the electronic system. The Board noted this point of clarity and the work being done to support clinicians in putting the data onto the system.

The Board **received** the report from the chair of the Mental Health Legislation Committee and **noted** the matters raised.

19/044

Changes to the remuneration of the Mental Health Act Managers (agenda item 9.1)

Mrs White (a member of the Mental Health Legislation Committee) presented a paper which provided assurance on the current level of remuneration for Mental Health Act Managers in comparison to other mental health trusts, noting that overall this was favourable. She noted that the paper proposed a change to the remuneration package whereby Mental Health Act Managers would receive remuneration for the completion of their mandatory training, and that it also proposed that future decisions in respect of remuneration of the Mental Health Act Managers be delegated to the Mental Health Legislation Committee.

The Board received and considered the assurances and proposals. Having discussed the paper in some detail it was agreed that in order to bring Mental Health Act Managers into line with the Trust's bank staff they should receive remuneration for completing their compulsory training. The Board agreed the amount that would be paid for this would be £60 on completion of

all relevant compulsory training.

In addition to this it was agreed to delegate responsibility for future remuneration decisions relating to the Mental Health Act Managers to the Mental Health Act Legislation Committee, noting that the budgetary oversight would be provided by the Director for Nursing, Professions and Quality who is a member of the sub-committee. It was also noted that a report on any decisions taken by the committee would be reported back to the Board through the Chair's report.

To provide assurance on the uptake of compulsory training and also on the efficacy of making a payment to the Mental Health Act Managers, it was agreed that there would be a report on compliance made to the Quality Committee in 6 months' time.

SL / MS

The Board was **assured** on the level of rates being paid; it **agreed** that there should be a £60 payment made to managers for the completion of their mandatory training and that a report on uptake would be made to the Quality Committee in 6 months' time. It was also **agreed** to delegate responsibility for decision in respect of the remuneration for Mental Health Act Managers to the Mental Health Legislation Committee and that this decision would be reviewed by the Board every 3 years. It was noted that the Terms of Reference for the committee would be amended and submitted to the board for ratification.

SL / MS

19/045

Report from the Chair of the Finance and Performance Committee for the meetings held 26 March 2019 (agenda item 10)

Mrs White presented a report on the work of the Finance and Performance Committee for the meeting held on 26 March 2019. In particular, she drew attention to:

- The performance and financial aspects of the Combined Quality and Performance Report (CQPR), noting that whilst the issues raised were not new to the Board, the committee had noted in particular the bed occupancy levels; OAPs; gender identity waiting times; and the Leeds Autism Diagnostic Service. She added that the committee was looking at the actions being taken to address these issues and that it would review performance against these indicators
- Finance, noting the update on agency spend and the plan to bring the Trust's spending under the cap in 2019/20 and the associated risks related to this
- The situation in relation to the Interserve contract and assurances that any risks were being managed appropriately
- The Trust's Operational Plan for 2019/20, noting that this would be looked at in more detail in the private part of the Board.

Mr Wright supported the comments made by Mrs White. He noted that the committee continued to monitor the issues raised within the CQPR performance report and was assured of the work ongoing to address these. He also noted that the 2019/20 Operational Plan would present some

financial challenges for the Trust in the year ahead, but that this was part of the national picture for the NHS and not specific only to this Trust.

The Board **received** the update report from the Chair of the Finance Performance Committee for the meeting that took place on 26 March 2019.

19/046

Report from the Chair of the joint meeting of the Finance and Performance Committee and Quality Committee held 26 March 2019
(agenda item 11)

Mrs White gave a verbal report on the inaugural joint meeting of the Finance and Performance Committee and the Quality Committee.

She outlined the areas that the joint committees had considered, in particular a review of the plans for the Cost Improvement Programme (CIP). She noted that the committees had looked at these in relation to the financial and quality impact of the cost improvements proposed. She noted that the processes to identify, agree and monitor the impact on quality of the CIPs were robust and the committees had been assured of these. However, she noted that currently only £1.8m of the £2.9m cost improvements had been identified and that there was more work to do to identify schemes for the £1.1m shortfall.

She also noted that the committees had suggested that the Trust needed to look system-wide for some of the savings it has to make, but recognised that there could be constraints in relation to capacity. Prof Baker indicated that it was good for the committees to get this information ahead of the CIPs being signed off and that it had been a very valuable meeting.

The Board discussed the matters raised in the Chair's report, in particular the suggestion that the Trust looked at system wide savings and how partnership working could support this.

The Board noted the value of the two committees coming together to discuss cross-cutting issues and agreed that there would be further consideration as to when the committees might meet together again and for this to be picked up after the May IHI Workshop.

JB / SW

The Board **received** the verbal report from the chair of the joint Finance and Performance Committee and the Quality Committee meeting and **noted** the matters raised.

19/047

Combined Quality and Performance Report (CQPR) (agenda item 12)

Mrs Forster Adams presented the CQPR. She noted that the metrics in the report had been looked at in detail by the Quality Committee and the Finance and Performance Committee.

The Board discussed the report. Prof Proctor asked about letters to GPs

and the lack of progress with implementing an electronic process by them. Dr Kenwood noted that this was being picked up through the implementation of the new patient data system, CareDirector. The Board also noted the wider efficiencies that would be brought about by the implementation of CareDirector, not least making it easier for clinicians to enter information onto their system, thereby freeing up more of their time.

Mrs Sentamu asked about the single point of access (SPA) and why the third sector was providing 24 hour access and whether this was something the Trust could provide. Mrs Forster Adams noted that this was a dedicated phone line for people with a range of mental health issues some of whom need access to acute and crisis mental health services. She noted that the Leeds CCG had commissioned a phone line which would amongst other things trigger access to the SPA where needed.

Mrs Sentamu also asked about the ALPs service and why staff were not able to comply with their compulsory training. Mrs Forster Adams noted that there were a number of pressures in the team and outlined the support being provided to allow them to participate in the necessary training.

Prof Baker reported that the Quality Committee had received a report on the community redesign which commenced in March 2019 and that the committee had been assured on progress. He added that there was still more work to do to identify additional metrics that would be required to monitor the impact of the new service. The Board acknowledged the huge amount of work that had gone into the redesign and thanked all the staff who had been involved in this. The Board asked for a commentary on the impact of the community redesign to be included in the CQPR report to the May meeting.

JFA

The Board **received** the Combined Quality and Performance Report and **noted** the content.

19/048

Guardian of Safe-working Quarterly Report – Quarter 3 (agenda item 13)

Dr Kenwood presented the report on behalf of the Guardian of Safe Working. She noted that the report showed there had been some shifts that had not been filled, but that this had not created any patient safety issues.

Dr Kenwood also noted that there had been 100% recruitment to the core trainees, but that there were still some vacancies in the cohort of higher trainees. She noted that whilst this was good news, filling the vacancies would create a financial pressure elsewhere in the system.

The Board **received** the report from the Guardian of Safe Working and **noted** the assurances provided.

19/049

Report from the Medical Director (agenda item 14)

Dr Kenwood presented her Medical Director's Report which focused on the Quality Strategic Plan and the initial feedback from the recent IHI visit. With regard to the visit, Dr Kenwood noted that the final report was still awaited and that this would be shared more widely when received. She then drew attention to the work that had been carried out by the Quality Improvement Team in particular with the Gender Identity Service.

Mrs White asked about the capacity of the Quality Improvement Team and whether the team was sufficiently resourced. Dr Kenwood advised the Board that the team was there to support front-line staff in using the QI tools rather than the team using the tools on behalf of the staff and that there were resources within the teams in care services to carry out the QI work.

Prof Proctor referred to the CQC Guidance and suggested that at the May IHI Workshop there is time taken to consider how capacity and understanding is built within the unitary Board and how we could use governor champions. Dr Kenwood assured the Board that this would feature in the IHI final report.

Mr Wright noted that CareDirector was an important project for the Trust, but that it also presented some risks with its implementation. He added that he was assured of progress having met with the team, but suggested that the Board received an update at the Board to Board meeting in September with the governors on the implementation of CareDirector.

CK / DH

The Board **received** the Medical Director's report and **noted** the content.

19/050

Mortality Review: Learning from Deaths (agenda item 15)

Dr Kenwood presented the Learning from Deaths paper, noting that it had been presented to the Trustwide Clinical Governance Group and also the Quality Committee.

She indicated that the paper referred to a higher incidence of unexpected female deaths, but that on further analysis it was found that these deaths were both females and males. Dr Kenwood also reported that further work had been requested to look at unexpected deaths under the age of 30 and to identify any themes and trends. She indicated that she was not unduly concerned at the number when looked at in the context of the national figures.

Dr Kenwood reported that NHS Improvement had carried out a review of Board reports in the NHS and that the Trust's report had been identified as being simple, clear and transparent. She thanked the team for their work putting this together.

With regard to those deaths categorised as 'not our deaths', Dr Kenwood noted that Dr Ian Cameron (Director for Public Health, Leeds City Council)

was organising a meeting of all partners in Leeds to look at how learning could take place across organisations. She noted that this was an important step in having a better understanding from the perspective of other organisations and having some joined up learning to improve systems and services.

The Board discussed the report and looked at some of the learning from individual cases. The Board noted that family involvement in care planning was important and also family involvement in investigations.

The Board **received** the Learning from Deaths paper and **noted** the content.

19/051

Report from the Director of Nursing, Professions and Quality (agenda item 16)

The Director of Nursing, Professions and Quality presented her report highlighting in particular the work that had been carried out in respect of the patient experience and engagement review. She noted that there had been a workshop on 22 March that had been attended by over 80 people. At this workshop three service users had expressed an interest in being involved in the Service User Reference Group and that this was being taken forward. Mr Wright also spoke about the workshop, noting that some of the service users who had attended the Board to share their stories had participated in the event.

Mrs Woffendin then drew attention to the information provided about the recent flu campaign and compliance, reporting that there had been 79.4% uptake of the vaccine. She added that this would entitle the Trust to the full CQUIN and that this level of uptake had not been achieved by the Trust before. The Board of Directors welcomed this achievement. The Board noted the work that would now take place to look at what barriers there had been in relation to those staff who had declined the vaccine. Mrs Woffendin confirmed that the compliance report had been submitted to NHS Improvement.

Prof Baker noted that more than 50 health support workers had expressed an interest in nursing associate or nurse training position and asked what was being done to support people through this pathway. Mrs Woffendin noted that there had been most interest in the nursing associate role but added that being in the pipeline would ensure that they could be encouraged and supported to be a qualified nurse in the future. Dr Munro explained some of the discussions that were taking place at a local and national level to ensure that people who want to train as a learning disability or mental health nurse were supported and that training programmes were in place.

Prof Baker then congratulated the Trust on its work to secure newly qualified staff noting that 71 of the third-year students due to qualify later this year had been offered preliminary employment.

Prof Proctor noted that there was more work to do on achieving a smoke-free environment. However, she asked that Mrs Woffendin seeks the

Nursing and Midwifery Council's position in relation to the suggestion of nurses offering service users e-cigarettes as an alternative to smoking real cigarettes. Mrs Woffendin agreed to contact the NMC for their view.

The Board **received** the Director of Nursing, Professions and Quality report and **noted** the content.

19/052 Safer Staffing Report (agenda item 17)

Mrs Woffendin presented the Safer Staffing report noting that there had been no non-compliant shifts or breaches since the last report. She also drew attention to the work ongoing in relation to the Keith Hurst Tool noting that the Trust was proactively using the tool. Further, that data would be collected over the coming months so a clear position could be achieved in relation to understanding acuity and the staffing needed on wards. She added that this would then be provided to the commissioners in support of funding requests for any additional staff.

It was noted that the outcome of data collection would first go to the Financial Planning Group and would then be shared with the Board through the November Safer Staffing Report.

The Board **received** the Safer Staffing report and **noted** the content.

19/053 Workforce and Organisational Development report (agenda item 18)

Mrs Holmes provided a high-level summary of the report, noting that the Board had already considered the staff survey at a recent workshop. She reminded the Board of the next steps in relation to the findings from the survey which would ask local teams to identify their three top actions to drive change.

Mrs Holmes then drew attention to the appraisal improvement plan which had been agreed following the recent Internal Audit report received in January 2019.

With regard to the National Guardian's Office review of practice at the Cornwall NHS Trust, Mrs Holmes noted that there had been a recommendation made that Settlement Agreements must not be used where the offer of such an agreement is a purposeful means of avoiding a Whistleblowing issue. She assured the Board that the Trust had not entered into any settlement agreement which had, or could have had, the intended or unintended consequence that a Whistleblowing concern was unaddressed and that the Trust was wholly committed to continuing with this good practice. Mrs Holmes also assured the Board that settlement agreements would never be used where there was any issue outside the realms of the direct employment of an individual including complaints or safeguarding matters.

Mrs White welcomed the plan for improving the appraisal process and asked whether this would be linked into the work of the newly established “Culture Club”. Dr Munro noted that the “Culture Club” would not look at the appraisal process but would be seeking to confirm there was a culture where appraisals could take place across the Trust.

Dr Munro also noted that national benchmarking data on the Staff Survey was now available and that the Trust had performed very well nationally and had significantly out-performed a number of other Trusts. Dr Munro agreed to share the report with the Board. Dr Munro noted that there was still work to do in some areas but that the national benchmarking report showed that our approach to making changes was the right one.

SM

Mrs Sentamu asked about equality and diversity, noting that she had attended the Equality and Diversity Group which had reviewed the action plan which addressed some of the points raised in the staff survey. Mrs Holmes assured the Board that this issue would be linked into the “Culture Club”.

Prof Proctor noted the importance of the issue of equality and diversity and suggested that the Rainbow Alliance was invited to the Council of Governors to talk about their work. Mrs Hill agreed to add this to the forward plan for the Council.

CH

The Board **received** the report, **noted** the content and was **assured** of the work being undertaken.

19/054

Report from the Chief Financial Officer (agenda item 19)

Mrs Hanwell presented the Chief Financial Officer’s report and outlined the position in relation to the Trust’s contracts. In particular, the contract with the Leeds CCG. She noted that the CCG had not yet recognised the safer staffing issues and that the Keith Hurst Tool would be used to provide further indication of the staffing levels required.

She added that the Trust was significantly ahead of plan; that the income and expenditure position had improved mainly due to non-recurrent items and additional revenue support from the Leeds CCG, which fully covered the in-year financial risks for Out of Area Placements. Mrs Hanwell reported that the financial score was ‘1’ and that this was due to a high surplus ratio. In regard to the forecast outturn, she reported that this was expected to exceed the plan.

The Board discussed the financial report. It noted that an announcement was due about the Gender Identity Service investment from NHS England and asked for a verbal update to be provided to the public Board in April.

DH

The Board **received** the Chief Financial Officer’s report and **noted** the content.

19/055 Approval of the Data Security and Protection Toolkit (agenda item 20)

The Board received the Data Security and Protection Toolkit and noted that there had been a recent audit report which had provided significant assurance on the process. The Board noted that the Trust had met the standards and agreed that the self-certification should be submitted to NHS Digital.

The Board was **assured** on the Data Security and Protection Toolkit final scoring and **agreed** this should be published via the NHS Digital DSP Toolkit website.

19/056 Freedom to Speak up Board action plan and strategic policy (agenda item 21)

Dr Munro presented the action plan in relation to 'Speaking Up'. She noted that this provided the most up to date position in relation to the plan. Dr Munro also drew attention to the Freedom to Speak Up Strategic Policy which was unanimously agreed by the Board.

Mrs Hill noted that the Quality Committee had reviewed the action plan and Strategic Policy and that Mr Wright as the NED champion for speaking up had also reviewed the Policy.

The Board noted the progress against the action plan and **approved** the Freedom to Speak Up Strategic Policy.

19/057 Annual declarations of interest, non-executive directors' independence and fit and proper person declarations (agenda item 22)

The Board **noted** the declarations made by members of the Board in relation to their interests and also with regard to being fit and proper. It also **confirmed** that the non-executive directors were all independent.

19/058 Leeds Providers Integrated Committees in Common (LPICC) Programme Directors' Report (agenda item 23)

The Board **received** the programme director's report and the minutes of LPICC and **noted** the content.

19/059 Use of the Trust's seal (agenda item 24)

The Board **noted** the seal had not been used since the last meeting.

19/060 Glossary (agenda item 25)

The Board received the glossary.

19/061 Resolution to move to a private meeting of the Board of Directors (agenda item 26)

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12.45 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

Signed (Chair of the Trust)

Date