

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
HELD VIRTUALLY IN PUBLIC ON 5 AUGUST 2021 AT 9.30 AM,
BY MS TEAMS**

Present:

Voting Directors

Liam Coleman (LC) (Chair)	Trust Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Faried Chopdat (FC)	Non-Executive Director
Andy Copestake (AC)	Non-Executive Director
Charlotte Forsyth (CF)	Medical Director
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Claudia Paoloni (CP)	Associate Non-Executive Director
Julie Soutter (JS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Claire Thompson (CT)	Director of Improvement & Partnerships
Simon Wade (SW)	Director of Finance & Strategy

In attendance

Caroline Coles	Company Secretary
Emma Colgrave	Member of Differently Abled Network (agenda item 139/21 only)
Tim Edmonds	Head of Communications
Felicity Pullan	KPMG - observing
Al Sheward	Deputy Chief Operating Officer (agenda item 137/21 only)

Apologies

Nick Bishop	Non-Executive Director
Paul Lewis	Non-Executive Director
Jim O'Connell	Chief Operating Officer
Sanjeen Payne-Kumar	Associate Non-Executive Director

Number of members of the Public: 6 members of public (5 Governors; Chris Shepherd, Maggie Jordan, Arthur Beltrami and Janet Jarmin and Judith Furse).

Matters Open to the Public and Press

Minute	Description	Action
130/21	<p>Apologies for Absence and Chairman's Welcome The Chair welcomed all to the virtual Great Western Hospitals NHS Foundation Trust Board meeting held in public.</p> <p>Apologies were received as above.</p>	
131/21	<p>Declarations of Interest There were no declarations of interest.</p>	
132/21	<p>Minutes The minutes of the meeting of the Board held on 1 July 2021 were adopted and signed</p>	

Minute	Description	Action
	<p>as a correct record with the following amendments:-</p> <ul style="list-style-type: none"> On page 13 paragraphs 1 and 2 and page 14 1st sentence amend spelling of Chief Nurse. 	
133/21	<p>Outstanding actions of the Board (public) The Board received and considered the outstanding action list.</p>	
134/21	<p>Questions from the public to the Board relating to the work of the Trust There were no questions from the public to the Board.</p>	
135/21	<p>Chair's Report, Feedback from the Council of Governors The Board received a verbal update which included:-</p> <ul style="list-style-type: none"> The revised anticipated date to move to hybrid meetings was September 2021, however once again this would be dependent on government advice. Further details would be found on the Trust's website. There were two governor working groups that took place in July 2021; Finance & Staffing Working Group, where the governors had a presentation on the PFI and Staff Survey Results, and, a Patient Quality & Operational Performance Working Group. On 13 July 2021 the Trust held an Extraordinary Council of Governors Meeting which approved the appointment of the Trust's External Auditors, Deloitte LLC. KPMG were appointed to provide External Audit Services to the Trust in late 2020 however through mutual agreement KPMG terminated the service in June 2021 in order to perform other work within the Trust. Deloitte were part of the original competitive market tender and as the existing auditor had resigned within 6 months of the tender conclusion the Trust were able to appoint Deloitte without going out to re-tender. There was an Informal Governors meeting with the Chair of the Finance & Investment Committee, Andy Copestake invited to the meeting. There was also the regular monthly meeting between the Chair and the Lead Governors. <p>The Board noted the report.</p>	
136/21	<p>Chief Executive's Report The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <p><u>Continued Pressure on the Local Health System</u> - In July 2021 the Trust reached Opel 4, the highest alert level, due to the very high level of demand coupled with a large amount of staff shortages due to Covid-19 sickness or self-isolation. As a result the Trust decided to close the Urgent Treatment Centre overnight on weekdays for a period of time. The Trust had also seen a rise in conveyances of patients by ambulance causing surges in arrivals. The Trust was working closely with South West Ambulance Service to finalise a plan which was aimed at supporting the ambulance service to reduce the clinical risk of members of the public who are unable to get an ambulance in a timely manner.</p> <p><u>Rising Demand from Covid-19</u> - The Trust had seen a very definite upward trend in covid patients and, for the first instance in several weeks, this had had some impact on ICU.</p>	

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	<p><u>Workforce</u> – Staffing during the month had been challenging across the Trust due to absences mainly as a result of being pinged by the Test and Trace App. A staff risk assessment had been put in place for their safety to return to work.</p>	
	<p><u>Elective Activity Recovery</u> - The programme of work introduced to reduce the Trust’s waiting lists caused by the pandemic was well underway and the Trust was now seeing a positive impact from this.</p>	
	<p><u>Primary Care</u> - Last month the GP Practice 2021 Survey results were published and they reflected the challenges the Trust continued to face in this sector. A number of improvements were being considered which included improvements to the telephony system, online triage and regular patient engagement forums.</p>	
	<p><u>Recruitment to Senior Roles</u> - A recruitment campaign had been launched for a Chief Digital Officer, which would be a joint role with Salisbury NHS Foundation Trust, together with recruitment for two Deputy Nurse roles.</p>	
	<p><u>Supporting the Armed Forces</u> - The Trust had been accredited as a Veteran Aware Hospital in recognition of the Trust’s commitment to improving NHS care for veterans, reservists, members of the armed forces and their families.</p>	
	<p>In addition to the report the Chief Executive advised of a temporary black out in the hospital earlier in the week. No harm had been caused and successful tests had been completed since however this pointed to the discussion at Performance, People & Place Committee around site resilience and the importance of unblocking the PFI to obtain an upgrade to the electrical system.</p>	
	<p>Liam Coleman, Chair picked up on the last point with regard to the Board getting an understanding from a strategic perspective, via Performance, People & Place Committee, of the wider issues around the PFI contract and renewal process. Any further questions from the Board on the specific blackout issue should be directed to the Director of Finance & Strategy.</p>	
	<p>Action : Director of Finance & Strategy</p>	SW
	<p>Julie Soutter, Non-Executive Director asked how the Trust could improve communications to ensure that people were directed to the right place for treatment. Kevin McNamara, Chief Executive replied that the Trust was working across the BSW on focussed communications and sharing best practice across the South West.</p>	
	<p>Lizzie Abderrahim, Non-Executive Director asked if the Trust were confident in managing members of staff absence, demands in the system and hospital together with staff health and wellbeing. Kevin McNamara, Chief Executive responded that the Trust had been juggling all these issues, as well as seasonal events such as junior doctors hand over and staff taking annual leave, and was the reason why the Urgent Care Centre was closed overnight. Other difficult options may need to be considered to keep patient and staff safe in the coming months.</p>	
	<p>Andy Copestake, Non-Executive Director asked if the oxygen work on site had been finalised. Simon Wade, Director of Finance & Strategy responded that tests had been completed successfully over the last couple of weekends and the full programme of work was due to finish in September 2021. Kevin McNamara, Chief Executive added that over the course of the past few weeks not only had there been planned weekend tests but</p>	

Minute	Description	Action
	<p>also the black out and many staff had juggled these events and wished to thank all those staff concerned.</p> <p>Liam Coleman, Chair asked if the ambulance service had been given any additional resource to manage the influx of people due to summer holidays. Kevin McNamara, Chief Executive replied that emergency funding to provide additional resource together with those normally deployed for significant incidents was offered however this was limited. Response calls were also being prioritised and the SW ambulance service had, in addition, put in a bid for further national funding and awaited an outcome.</p> <p>The Board noted the report.</p>	
137/21	<p>Integrated Performance Report</p> <p>The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in May/June 2021.</p> <p>Part 1 : Our Performance</p> <p><i>Al Sheward, Deputy Chief Operating Officer joined the meeting for this agenda item.</i></p> <p>Performance, People and Place Committee Chair Overview</p> <p>The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 28 July 2021 and highlighted the following:-</p> <p><u>Recovery Programme</u> - The Trust had an excellent Q1 in terms of elective recovery with additional finances secured however Q2 would be more challenging and unlikely to achieve the Elective Recovery Fund as the national rules had changed.</p> <p><u>Re-admissions</u> - There was a good level of understanding of the issues faced and potential risks. An action plan was in place to deal with the risk and appropriate actions were being taken. The Committee asked for a report on Unscheduled Care to be brought to the October 2021 Committee meeting.</p> <p><u>Stroke</u> - Current issues had been addressed and performance was looking positive moving forward with the expectation that an improvement would be seen in the SNNAP score for Q1.</p> <p><u>Emergency Department</u> - In line with the national trend demand on the ED department and UTC continued to be extremely high. Work was being undertaken to understand the different pressures and possible actions across ED and UTC. Specific improvement was not expected in the next few months.</p> <p><u>Referral to Treatment Time (RTT)</u> - This was linked to the recovery programme and performance remained steady with elective care activity maintained despite the impact of Covid and the rising number of cases. The number of 52 week waiters continued to decrease.</p> <p><u>Workforce</u> - Whilst acknowledging risks the Committee was assured on the actions that the HR team were putting in place to manage these risks.</p> <p><u>Site Utility & Resilience</u> - As mentioned previously there were concerns that surrounded the timelines and the blackout risk and more Executive scrutiny was required. The</p>	

Minute	Description	Action
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Committee would receive back progress at an appropriate time.

The Board received and considered the Operational element of the report with the following highlighted:-

Emergency Care Standards - An imminent change to the Emergency Care standards was expected and therefore shadow reporting had commenced and would feature in future reports.

Ambulance Handover - Flow into ED and the UTC had significantly increased over the last 6 weeks. The number of ambulance handovers had also increased which caused surges in arrivals especially in the afternoon. The Trust were working closely with South West Ambulance Service to identify opportunities to both support the crews delayed and identify and implement actions that reduced holding.

Liam Coleman, Chair asked for greater insight into the plans to improve ambulance handovers particularly those that were in the Trust's control and those outside of the Trust's control. Al Sheward, Deputy Chief Operating Officer responded that a more detailed report would go to Performance, People & Place Committee with a wider perspective of a patient's journey rather than just signposting from the hospital front door.

Action : Chief Operating Officer

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Part 2 : Our Care

Quality & Governance Committee Chair Overview

The Board received an overview of the detailed discussions held at the Quality & Governance Committee around the quality element of the IPR at the meeting held on 22 July 2021 and the following highlighted:-

Electronic Discharge Summary (EDS) - The performance of EDS had not changed for some time despite best efforts. More options were being considered which included an increased amount of time at junior doctor's induction and the Committee would continue to monitor closely.

Charlotte Forsyth, Medical Director advised that induction of junior doctors had taken place this week and confirmed that the new intake were clearly told about EDS and the safety issues in delayed EDS.

Integrated Performance Report - A suite of reports highlighting a range of matrices on quality of care with most indicating positive outcomes, including a reduction in falls and pressure ulcers.

Perinatal Safety – Quality Surveillance Tool - Caesarean Section (C-section) rates were included for the first time in the IPR after the Committee requested it. Some concerns were expressed at the high rate in April 2021 but this reduced over May & June 2021. Included in this report was an update on CNST which reported that it was failing in 2 of the 10 standards.

Charlotte Forsyth, Medical Director added that the rate of C-sections within the Trust was high compared to national figures. Although there was no immediate concern the department were undertaking a deep dive and the outcome. Lisa Cheek, Chief Nurse added that a maternity safety report was being developed drawing all the elements of

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	<p>safety in maternity not just focussing on Ockenden and building a strong governance route up to Quality & Governance Committee.</p> <p>Action : Chief Nurse</p> <p><u>Perinatal Mortality Review Tool</u> - The Trust were compliant in achieving this standard.</p> <p>The Board received and considered the Quality element of the report with the following highlighted:-</p> <p><u>Medicine Safety</u> - The rate of medication incidents and the proportion causing harm remained stable. However this remained a key focus area particularly in 3 areas; medicine on discharge, oxygen delivery and medicine administration in order to gain a greater understanding of the impact on medicine errors on patients and the systems and processes.</p> <p><u>Patient Experience</u> - Another area of focus was patient experience through the Great Care Campaign with the commitment to working closer with patients and their families and carers to hear about their experiences as well as their expectations. This included the launch of a Learning Zone on World Patient Safety Day on 17 September 2021 where all the good work would be streamlined and shared between every team in the organisation so that learning was embedded and every team was provided the same level of quality care.</p> <p>Liam Coleman, Chair asked if through all the patient experience surveys did the Trust have clarification on what the patient's expectations were. Lisa Cheek, Chief Nurse replied that this was on-going work however was challenging as people had different expectations in different areas. A mapping exercise was currently underway to identify those areas where the Trust gained feedback with patients and the community which would feed into the governance route up to Quality & Governance Committee in September/October 2021.</p> <p>Action : Chief Nurse</p> <p>Fariel Chopdat, Non-Executive Director asked if the Great Care Campaign initiative accounted for long term sustainability of embedding processes and systems. Lisa Cheek, Chief Nurse replied that it was early days however this would be measured against the outcomes of national surveys, serious incidents and harm free care. The initiatives would constantly evolve and it was work in progress.</p>	<p>LCh</p> <p>LCh</p>
	<p>Part 3 : Our People</p> <p>The Board received and considered the Workforce performance element of the report with the following highlighted:-</p> <ul style="list-style-type: none"> • A number of Key Performance Indicators (KPIs) were not trending as green as previous months and it was anticipated that this would not improve next month. This was due to the significant pressures around demand on services and the number of staff not available to work. • A deep dive into all turnover had been undertaken with the outcome that demonstrated the reasons the performance remained above target were due to fixed term contracts and retirement. 	

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	<p>Julie Soutter, Non-Executive Director commented that looking at the figures for safer staffing and fill rates some areas were over allocated with staff and other areas struggling particularly with the increase of mental health support required. Lisa Cheek, Chief Nurse replied that the safer staffing was not helpful in the way it was presented and a different format was being looked at to gain better assurance. The Trust did even out staffing on acuity and dependence and there were 3 daily meetings to ensure staff were re-allocated to the right areas. A full establishment review was being undertaken during August/September 2021 to fully understand the nurse/patient ratio and models of care and this would take into consideration safer staffing.</p> <p>There followed a discussion on the increase in demand for mental health support which included direct access to mental health bed capacity, AWP involvement and work on-going to improve the situation. It was agreed to invite the relevant BSW colleague to a Board Committee to discuss this issue further and that the Chair and Chief Executive took the action to organise the next steps on who and where.</p>	
	<p>Action : Chair/Chief Executive</p>	LC/KM
	<p>Finance & Investment Committee Overview</p> <p>The Board received an overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 26 July 2021 and the following highlighted:-</p> <p><u>Monitoring benefits from Business Cases</u> - This was a referral from Performance, People and Place Committee. The Committee concluded that there was currently a gap and there was a need for regular reporting of the achievement or non-achievement of benefits to be able to learn lessons. It was noted that the QI programme was already picking this up as a key requirement and would be reported back to the Finance & Investment Committee.</p> <p><u>National Cost Collection 2019/20 Report</u> - This was a referral from Audit, Risk & Assurance Committee who had asked for more information on 2 specific areas; firstly an explanation of why the GWH elective inpatient cost had risen by 6% when the national average had fallen by 5% and, secondly, why the outpatient procedure costs were nearly 20% below the national average figures. This would be reviewed at the next Finance & Investment Committee.</p> <p><u>Month 3 Finance Position</u> - All the main indicators were green with a favourable I & E variance to date of £9k, cash of £30.2m at the end of June 2021, good performance with regard to the Elective Recovery Fund in Q1 and good progress in spending the Capital budget. Also, CIP achievement to date was £99k above plan.</p> <p><u>Finance Risk Register</u> - The processes around the risk register were robust with regular updates. One risk was added around Ockenden funding and it was noted the potential risk if the pay award was not fully funded.</p> <p><u>Cost Improvement Plans (CIPs)</u> - The Committee received a good report on CIP achievement in the first 3 months of the year. Better buying was significantly ahead of plan resulting in a favourable position overall but some of the Divisions were significantly below their respective plan targets. The red rating reflected the need to address a number of worrying underlying cost trends as well as responding to a much higher expected CIP target in H2.</p>	

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	<p><u>Capital Plan</u> - The Trust had re-profiled its Capital Plan. Spend to date was broadly in line with the new plan. The amber rating reflected the fact the Trust was still waiting for confirmation that the plan was fully funded.</p> <p><u>Improvement & Efficiency Plan</u> - The Committee received a follow up report on the Improvement & Efficiency Plan which helpfully addressed a number of concerns and questions raised at the previous meeting.</p> <p><u>GMP and main contract on Urgent Treatment Centre (UTC)</u> - The Committee received a detailed report from the Way Forward team on the considerable amount of work undertaken to reach an acceptable Guaranteed Maximum Price for the new UTC building. The Committee was satisfied that due process and agreed to approve the GMP of £8,445,988 and to sign off the Main Construction (Stage 4) Contract under the delegated authority approved by the Board.</p> <p>Liam Coleman, Chair asked what the understanding was with regard to agreeing the budget element in the next 6-18 months. Simon Wade, Director of Finance & Strategy confirmed that no further guidance had been received however the expectation was that the financial envelopment for the second half of the year (H2) would be received in September 2021 followed by a 2 month planning period to November 2021. Planning guidance for 2022/21 was anticipated in November/December 2021 for planning rounds to commence January to March 2022. From an internal planning perspective there was no significant change except for efficiency targets which would be greater.</p> <p>Liam Coleman, Chair asked if the resources were available to deliver the CIPs against the backdrop of demand and staffing challenges. Andy Copestake, Chair of Finance & Investment Committee replied that this dovetailed with the QI programme and that there was a concern in H2 as there was likely to be an increase of 3% in the efficiency target which equated to £5m. Those areas falling short had been identified and actions were in place to address them. Simon Wade, Director of Finance & Strategy added that the system was looking at ways to use resources more efficiently and in a different way in order to reduce premium agency spend where the savings could be found.</p> <p>Lizzie Abderrahim, Non-Executive Director queried the CIP graph which indicated that the savings in the latter part of the year would be non-pay not pay. Simon Wade, Director of Finance & Strategy responded that this was down to categorisation not where the savings would be made. Those targets with no plans were categorised as non pay in the first instance. It was agreed the graph was confusing and would be reviewed for the next month.</p>	
	<p>Action : Director of Finance & Strategy</p>	SW
	<p>Fariel Chopdat, Non-Executive Director commented that with all the various challenges within the Trust around demand exceeding supply and the resource model under pressure how was the £5m savings going to be made. Simon Wade, Director of Finance & Strategy replied that a lot of work would be done through the Improvement Board and the focus would be on key schemes for example theatre, flow programme with a balance between transactional and transformation. The benefits would be more in the new financial year. Claire Thompson, Director of Improvement & Partnerships confirmed that ground work for transformation in 2022/23 within the system had commenced which looked at value and real opportunities as well as transactional delivery in H2.</p>	

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	<p>There followed a discussion on the other challenges in terms of not releasing cash savings which included the underlying deficit and borrowing for cash purposes.</p> <p>The Board received and considered the Use of Resource performance element of the report and there were no further comments.</p> <p>RESOLVED</p> <p><i>to review the IPR and the on-going plans to maintain and improve performance.</i></p>	
138/21	<p>Audit, Risk & Assurance Committee Board Assurance Report</p> <p>The Board received an overview of the discussions held at the Audit, Risk & Assurance Committee at the meeting held on 15 July 2021 and the following highlighted:-</p> <p><u>Risk Management</u> - A good discussion on the development of the Board Assurance Framework which was well received together with a good grip on risk management within the Trust. It was noted that a Board workshop was being held on Risk Management in September 2021. Also at the meeting was a deep dive into Corporate risks; Estates and FM, IT, HR, Quality (IP&C, Safeguarding & PALS), Clinical Quality (Risk, FTSU). Assurance on processes with focussed action proposed on KPIs, training and more detail on IT Cyber risks.</p> <p><u>Annual Report on Cyber Security</u> - Although no successful cyber attacks in reporting period, risk of attacks was increasing overall and some key staff leaving the Trust. Further work was requested.</p> <p><u>Internal Audit – Staff Engagement</u> - This was not a formal audit report. This report was based on staff. Based on staff survey across specific clinical directorates. Good practice and quality noted on a range of communications approaches, with 2 medium recommendations.</p> <p><u>Internal Audit – Integrated Learning</u> - Rated moderate for Design and Effectiveness. Good practice noted with 2 medium recommendations.</p> <p><u>Counter Fraud</u> - New report format to match new standards. No new allegations received since last committee meeting. Work progressing as planned.</p> <p><u>Anti-Fraud and Corruption Policy</u> - The policy was updated.</p> <p><u>National Cost Collection 2019/20</u> - Report covered recent outcome of 2019/20 exercise. Assurance on process and improvements to quality controls pre submission. Some questions over specific areas within overall figure to be explored by Finance & Investment Committee.</p> <p><u>Freedom to Speak Up (FTSU) Annual Review</u> - Assurance on on-going initiatives and actions to promote open and supportive culture. Work planned to look at best practice, recovering the profile of FTSU after impact of Covid on activities and link to initiatives on Just Culture.</p> <p><u>Single Tender Actions</u> - Good assurance. Report on ‘waivers’ with discussion on recent improvement to controls and scrutiny. Further work being done by task and finish group linked to Counter Fraud submission.</p>	

Minute	Description	Action
	<p><u>Losses and Compensations Q1 21/22</u> - The Committee were assured that all losses had been through a robust process. Discussion on controls for improving collection processes going forward with assurance on finance processes and further reviews planned.</p> <p>Claudia Paoloni, Non-Executive Director asked how the recorded incidences and outcomes in connection with FTSU were reported back to individuals. Jude Gray, Director of HR replied that regular reporting was done through Executive Committee where cases were discussed together with actions and learning. However with regard to individual feedback the Director of HR would take the action to find out.</p> <p>Action : Director of HR</p> <p>The Board noted the report.</p>	JG
139/21	<p>Staff Story <i>Emma Colgrave, Member of the Trust's Differently Abled Network joined the meeting for this item.</i></p> <p>The Board received a staff story which highlighted the experiences of an individual with dyslexia. The story outlined a personal story regarding a less positive experience outside of the Trust and the more positive experience on joining and working for the Trust. It described how people viewed individuals with dyslexia and what could be achieved as a dyslexic person. Each individual with the condition would have a unique pattern of strengths and weaknesses.</p> <p>The Board thanked Emma for sharing her story which was very insightful and honest. There followed a discussion on what the Trust could still do to learn within its Equality, Diversity & Inclusion agenda for now and for future employees. It was concluded that phraseology was key especially around the words 'to declare' which should be changed to a softer approach for instance 'sharing information' as this was perceived as more supportive.</p> <p>Further discussion ensued around the broader challenges around the approach when talking to differently abled individuals, and also the adjustments to accommodate dyslexic patients particularly literature.</p> <p>The Board noted the staff story.</p> <p>Consent Items <i>Consent Items Note – these items are provided for consideration by the Board. Members were asked to read the papers prior to the meeting and, unless the Chair / Company Secretary received notification before the meeting that a member wished to debate the item or seek clarification on an issue, the items and recommendations would be approved without debate at the meeting in line with the process for Consent Items. The recommendations would then be recorded in the minutes of the meeting.</i></p>	
140/21	<p>Ratification of Decisions made via Board Circular/Board Workshop The Board was asked to ratify one Board Circular which had been approved since the last Board meeting:-</p> <ul style="list-style-type: none"> • To approve delegated authority to the Performance, People & Place Committee to sign off the final Premises Assurance Model (PAM) before submission. It was noted that this would be required for the August 2021 meeting and not July 2021 	

Minute	Description	Action
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as stated in the circular.

RESOLVED

to ratify the approval to delegate authority to the Performance, People & Place Committee to sign off the final Premises Assurance Model (PAM) before submission.

141/21 Complaints Policy

The Board received and considered the Complaints Policy.

The Quality & Governance Committee had discussed the policy in detail and had approved the policy and recommended the Board ratify the policy.

RESOLVED

to ratify the Complaints Policy.

142/21 Urgent Public Business (if any)

None.

143/21 Date and Time of next meeting

It was noted that the next virtual meeting of the Board would be held on 2 September 2021 at 9:30am via MS Teams.

144/21 Exclusion of the Public and Press

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 of which would be prejudicial to the public interest.

The meeting ended at 1445 hrs.

Chair Date.....