Dorset HealthCare
University NHS Foundation Trust

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 14th May 2014
at Kingston Maurward College, Dorchester, Dorset DT2 8PY

Present:	Mr. R Shields	Chief Executive
	Mr. D Brook	Non-Executive Director
	Ms. J Chai	Acting Director of Finance & Performance Management
	Mr. I Cordwell	Non-Executive Director
	Mrs. G Fozard	Non-Executive Director
	Mr. C Hague	Director of Human Resources
	Ms. F Haughey	Interim Director of Nursing & Quality
	Ms. L Hunt	Non-Executive Director
	Dr. L Mynors-Wallis	Medical Director
In Attendance:	Ms. B Aldridge	Service User Voluntary & Carer Group Representative
	Ms. L Boland	Director of Children and Young People Service
	Ms. J Elson	Director of Mental Health Services
	Ms. V Graves	Project Director
	Ms. M Hopkins	Head of Patient Safety and Risk
	Mr. I Lynam	Turnaround Director
	Mr. P Moore	Managing Director PM Governance
	Ms. G Morris	Assistant to Trust Board Secretary
	Ms. S O'Donnell	Interim Director of Community Health Services
	Ms. N Plumb	Director of Organisational Development, Participation & Corporate Affairs
	Mr. J Sharp	Service User giving Patient Story
	Ms. D Steer	Staff supporting Mr Sharp
	Ms. C Teare	Programme Management Lead
Governors	Mr. C Balfe	Governor (Dorset RoEW)
	Ms. J Brown	Staff Governor
	Ms. P Cooper	Staff Governor
	Ms. S Gregory	Governor (Dorset RoEW)
	Ms. S Lofthouse	Governor (Dorset RoEW)
Apologies:	Ms. A Abraham	Chair
	Mr. C Harvey	Trust Board Secretary

WELCOME

Ms Hunt welcomed Mr Sharp who had joined the meeting to share his experience of using the Trust services.

069/14 **ARE WE CARING AND ARE WE RESPONSIVE?**

The Board listened to a story of a patient who had multiple long-term conditions.

Mr Sharp recounted his medical history from when he was diagnosed with Multiple Sclerosis in 1982. Between 1982 and 1990 Mr Sharp's medical provision was all managed via his GP. In 1990, he was contacted by Disability Action, a 3rd party organisation whose aim is providing ongoing support, assessment/intervention and monitoring for adults with long-term neurological/neuromuscular conditions.

Due to the pharmaceuticals required to manage his medical condition Mr Sharp developed further health problems. Disability Action ensured that assessment, support, referrals and intervention was managed through a single team, reducing the need for Mr Sharp to liaise with various different specialists and with social services. Disability Action's support has been invaluable and has helped reduce his acute hospital admissions as conditions are identified and treated as required, acting as an early warning system. The support of Disability Action has also improved the quality of his life significantly. Additionally specific goals and action plans are agreed in conjunction with the patient and their family or carer ensuring continuity of care. Mr Sharp added that he is now on the Steering Committee of Disability Action.

Mr Sharp reflected that the referral approach previously in place led him to feel like he was "*in a game of Ping-Pong between his GP and Specialists*". On the occasion of his acute admission, he said that it was not helpful that the Rehabilitation Consultant whose care he was under was not allowed to see him.

Overall, Mr Sharp said he was very happy with the support received from the NHS and that Disability Action was core to the support and treatment he receives.

Mr Brook ask what the impact of the Steering Committee was.

Mr Sharp responded that many roles are represented on the Steering Committee.

Ms Hunt commented that it was important that issues were noted and that resulting actions carried forward.

Mr Shields advised that Mr Sharp's experience prior to Disability Action's involvement was a good example of care provision being disconnected. He added that this would be addressed by the Locality Model paper later in the meeting.

Mrs Fozard said that it was unacceptable that Acute facility in-house referrals were not possible.

Mr Cordwell was interested in the status of Disability Action and its relationship with the Trust.

Mr Shields commented that the 3rd Sector is more able to be flexible and respond quickly to changing needs. He went on to add the Trust needs to make sure there are no gaps between us and 3rd Sector organisations.

Ms. O'Donnell clarified whether two staff of Disability Action are Trust employees and on confirmation advised that she would follow up regarding Disability Action's vacancies to understand whether they were Trust vacancies. SO

Mrs Fozard suggested that the impact of frequent management changes forms part of the Trust's consideration of changed management structures.

070/14 **APOLOGIES**

Apologies were received from Ms Abraham & Mr Harvey.

071/14 **QUORUM**

It was confirmed that the meeting was quorate.

072/14 **DECLARATIONS OF INTEREST**

There were no further interests declared.

073/14 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 9th April 2014 were approved with the following alteration:

051/14 – '*complications in relation to fire compartmentalisation and potential relocation of Psychiatric Intensive Care Unit to enable the upgrade to happen*'

074/14 **MATTERS ARISING**

The schedule of matters arising from the 9th April 2014 was presented. The report was accepted with the following note:

Serious Incident Reporting was discussed at the Quality Assurance Committee Meeting of 8th May.

075/14 **KEY ISSUES**

There were no key issues to raise.

076/14 **CHAIR'S UPDATE**

Ms. Hunt provided the following update:

1. Monitor Meeting 28th April 2014
   This meeting was the last meeting with Monitor to review

the development of the Blueprint and resulting action plans before submission to Monitor at the end of May 2014. At the meeting with Monitor a broad range of activities undertaken to offer assurance of the Trust's capability to deliver the forward action plan and ensure robust governance were presented. The meeting was a positive meeting.

2. Council of Governors Meeting 30th April 2014
The Governors worked in small groups to identify areas of personal interest. To ensure that Governors are clear about the role and responsibilities, training days have been arranged during May and June 2014. A formal meeting will be held on 21st June 2014 to present the Blueprint.

077/14 **CHIEF EXECUTIVE'S UPDATE**

1. Blueprint, Annual statements and reports
Mr. Shields referred to the amount of work that had been taking place in the previous few weeks and went on to advise that the documents would be signed-off shortly.

2. Clinical Service Review
This review was commissioned by the Dorset Clinical Commissioning Group with the objective of defining the shape of clinical service provision in Dorset for the next ten years. The output of the review will be a plan for Sustainable Clinical provision underpinned by a financial framework. The Clinical Commissioning Group will appoint a partner to help manage the review and is advertising the post within the next month. It is expected that the review will take 6 to 8 months to complete the plan. One key premise is to define what clinical service provision can take place within the community. The executive of this work will be actively involved in every strand and will report back to the Board.

3. Letter from Dorset County Hospital
Mr. Shields advised that Dorset County Hospital had sent a letter to the Clinical Commissioning Group recommending that Dorset HealthCare services were put out to Tender. He went on to add that the Clinical Service Review being undertaken by the Clinical Commissioning Group would address the concerns raised by the hospital. A response had been sent by Mr. Shields to the Commissioners recognising the challenge to address the acute provision from a patient and service user perspective.

4. St Ann's Hospital
   Mr. Shields informed the Board that progress is slower than expected. Whilst a spend of £1m has been authorised, costs are escalating and may not be affordable. The plan is expected to be finalised during week commencing 19th May 2014. It is important that this work starts, however the concern remains that neither solution proposed fully address all the issues highlighted, for example beds per sleeping bay. An update will be brought to the Board at the June Board Meeting.
   Ms. Hunt advised that the Finance, Investment, and Performance Committee have concerns that the costs are spiraling because of a maintenance backlog and some staff expectations.

5. Memorandum of Agreement with Bournemouth University.
   A meeting had taken place with the University to review the Memorandum of Agreement which will be taken to the University Senate in October 2014. The meeting discussed the commitment to extend the scope to beyond Mental Health Services and ensuring that the whole University agenda could become integral to the Trust and realise the potential of the Trust being a University Trust. Consideration had been given to the University having a place on the Trust Board. It was felt that it would be more appropriate and effective for a University representative to join the Executive Team meeting held monthly. Arising from this it is envisaged that a report will be made to the board twice a year in an appropriate format on development of University and Trust working. This proposal was accepted.
   Mr. Brook, whilst supporting the principle of working with the University expressed a reservation that it may set a precedent for other organisations.
   Mr. Shields accepted the need to monitor the arrangement but did feel this was appropriate in view of the trust being a University Trust.
   Mrs. Fozard was in favour of the proposal as it would enhance relationship building with the University.

6. Crime and Police Commissioner Meetings
   Mr. Shields reported that he had met with the Dorset Police and Crime Commissioner regarding two pilot studies which the commissioner proposed to fund. The first was to look at Mental Health Service Users incidents as victims of crime, their treatment and how to help prevent these crimes, and the second pilot was to improve Police Service awareness of dementia in the community by creating a dementia aware Police Force.

The Police Commissioner expressed his desire to work with the Trust on these pilots.
Mrs. Fozard commented that this would be a helpful dynamic.
Ms. Elson added that these new developments would add to the good work that is already taking place for street triage services.

ARE WE WELL LED? STRATEGY

078/14 **To Approve the Blueprint**

Ms. Hunt presented the Blueprint.

Mr. Shields said that the document is clear and honest about the Trust's starting position especially around governance with the emphasis now on what the Trust will do. Mr. Shields went on to ask for any final contributions or comments from the Board before the Blueprint goes to Monitor at the end of May 2014.

Mr. Cordwell expressed concern whether the Blueprint adequately addresses the external risks that might prevent achieving objectives laid out and suggested that the document was reviewed with that in mind.

Mr. Shields acknowledged that some governance risk exists in relation to the Risk Register and said that Clinical Services were not adequately described adding that PM Governance would be continuing to work with the Trust to address these two areas.

Ms. Hunt, referring to the risk page, asked what might take the Trust away from being able to deliver the plan.

Ms. Plumb agreed that the Blueprint illustrated internal risk.

Mr. Shields suggested that some wording was drafted and included in the Blueprint to address external risk and actions being taken to mitigate that risk. NP

Mr. Hague added that this new section should include reference to stakeholder partners.

Mr. Shields asked the Board to reflect on whether the report is fit for purpose and will provide enough assurance to ensure The Trust's release from Special Measures.

Ms. Hunt added that the Blueprint needed to provide the assurance that real change would take place and that it would prevent the Trust reverting to practices previously seen.

Mr. Lynam said that the Blueprint gives real assurance about Board behavior and thinking and that the Trust takes full ownership of the document.

Ms. Hunt considered that the Blueprint illustrated the Trust's sense of direction and pride and was therefore not just a tool for Monitor adding that the Trust is currently functional but aims to be exemplary.

Mr. Brook said that he supported the level of detail currently included.

Dr. Mynors-Wallis cautioned that as this is a Trust wide document care needed to be taken in addressing how staffing changes would be communicated and to ensuring deliverables are truly deliverable. He added that a final check should take place regarding timings noted in the Blueprint.

Ms. Plumb agreed that change outcomes resulting from the Blueprint needed to be communicated effectively. NP

Ms. Hunt agreed that a final review should take place regarding all deadlines and implementation dates to ensure that they are achievable. NP

Mrs. Fozard suggested that greater emphasis could be placed on strengthening the Trust's partnership with the University for staff recruitment as found on page 14.

It was agreed that Ms. Plumb would make detailed adjustments to the draft Blueprint document taking into account Board comments, prior to approval by the Chair and chief Executive on behalf of the Board. NP

Ms. Hunt thanked the Board for their contributions to date.

079/14 **To receive the Locality Development Proposal**

Ms. Graves introduced this report advising that it is an introductory paper that aims to start the process of bringing about major transformational change regarding the delivery of clinical services and seeks Board approval to continue developing the proposal. She outlined the key components of the proposal, those being: What Integrated Care Means; Quality and Cost Effectiveness; Learning to date from other integrated models; What the programme may look like; and support services as programme enablers.

Ms. Hunt referred to GP feedback saying that they feel they don't often get the opportunity to speak with specialist clinicians asking how an Integrated Model would address this. She also asked for the clinical leadership model to be illustrated.

Ms. Graves responded that the Locality Model is about delivering clinical services suited to each locality and therefore it was important not to be too prescriptive. She drew the Board's attention to Appendix 1 that illustrates examples of Integrated Care already in place as well as

noting that the Clinician Led model already in place in Weymouth could be finessed.

Dr. Mynors-Wallis expressed his support for the paper recognising that changes are necessary but alone are not sufficient. He added that using the structure to empower and enable staff was important to the success of the proposal. He noted that the risks to the proposal were the way in which this change was communicated to clinicians, advising that maintaining business-as-usual whilst creating excitement for the new model will make a positive difference to the programme's implementation. He stressed the importance of illustrating the difference this will make to patients as this would help reduce staff anxiety and create an air of excitement around the proposal.

Mr. Cordwell stated his support for the programme questioning whether the proposal was ambitious enough. He cited the locality model already in place in some GPs' surgeries to illustrate inherent risks of not being patient centred.

Ms. Graves referred to the success criteria outlined in section seven of the report and acknowledged that is important for clinicians to be excited about the programme.

Mr. Brook queried whether further emphasis should be placed on '*doing the right thing for patients*' as a means to excite staff.

Mrs. Fozard agreed that the success criteria are critical, placing patient outcomes alongside patient experience. She went on to raise concerns about workforce development noting that staff changes would need to be handled sensitively.

Ms. Plumb agreed adding that it was important to create balance between pace and staff engagement. She considered that success rests on involving staff and patients as they will know best locations and that setting out a strong vision making staff central to success would aid engagement.

Ms. O'Donnell, building on Ms. Plumb's assertion said that the proposal had the potential to be very exciting and that local staff involvement will enhance engagement.

Mr. Hague acknowledged that the Locality Development Model is a proposal that will need to go through a formal consultation process. The proposals will have a significant impact for staff. He noted the potential for uncertainty for staff whilst changes were suggested through consultation and implementation, and it was therefore desirable to keep this period of uncertainty to a

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minimum. He went on to say that support service provision needed to be reviewed and challenged to support the changes in service delivery to ensure that developments are integrated and fully support the new model.

Mr. Shields summarised the discussion by describing the Locality Development Model as work-in-progress; that there is a need to make the model strongly reflect benefits to service user to create excitement; the requirement to establish a clear leadership structure; explore methods of GP and clinician engagement; and to fully test the model prior to full implementation. He explained that this process highlighted the potential for further efficiencies.

The Board gave their approval for the CEO to proceed with consultation with affected staff; to the proposed implementation plan; and to the job descriptions, remuneration and recruitment process for the Locality Director posts.

080/14 **Issues to Escalate to the Board**

There were no issues to escalate to the Board.

Mr. Brook commented that there was potential duplication between agenda items seven '*Key issues*' and agenda item 10.3 '*Issues to Escalate to the Board*'.

081/14 **People Management and Organisation Development**

Mr. Hague presented this report.

Mr. Hague highlighted that recruitment would need to take place for three Non-Executive Directors.

Ms. Hunt informed the Board that Ms. Abraham has a process in place to select the new Non-Executive Directors of the Trust Board.

Mr. Hague drew the Boards attention to the Appraisal Policy Framework advising the Board that the policy reflects national changes to the Agenda for Change Terms and Conditions. He went on to advise that eight offers of employment were made to Italian nurses following the overseas recruitment events held on 23rd April 2014 with a total of sixteen nurses recruited from Italy.

With reference to the Family and Friends test Mr. Hague advised that the test enhances the NHS Staff survey and does not seek to supersede it. He thanked IT for their support in making the execution of the Family and Friends test more cost effective by using an in-house IT solution.

Ms. O'Donnell reflected that staff appear surprised when the test comes around in spite of it being a regular event.

Mr. Hague agreed that there are opportunities to improve participation and engagement.

Ms. Boland considered that if staff received feedback on the narrative they provide more quickly, that may enhance engagement.

Ms. Elson said that the top three themes from Mental Health Services Directorate were fed back to the team.

Ms. Haughey cautioned that test results should be considered in context of organisational change seen in the respective previous quarter.

Ms. Plumb agreed that we use this process to continue enhancing staff engagement.

The People Management and Organisational Development Report was noted.

082/14 **To approve the revised Terms of Reference for the Programme Board**

Mr. Shields presented the amendments to the Monitoring Duties in the Terms of Reference.

Dr. Mynors-Wallis queried whether risks other than financial were being brought to the Board.

Ms. Hunt responded that the Finance, Investment and Performance Committee Report detail all programmes, associated risk and mitigation to risks. She noted that the previous meeting schedule timing had created a time lapse which was being addressed. She added that some programmes were at risk of falling behind so that risk needs to be addressed.

Dr. Mynors-Wallis asked for reassurance that quality risks were being addressed and sought clarification that the Board was in agreement to moving forward in making its savings and agree the decisions being made.

Ms. Hunt advised that risks are illustrated through the detailed financial position.

Ms. Chai added that exploring all risk formed part of the development for each scheme. She went on to say that the Finance, Investment and Performance Committee Chair reports progress and risk to the Board.

Mr. Shields advised that whilst some items on the programme at risk of slipping were being addressed and that the Executive have reviewed the identified risks and have approved the financial plan.

Ms. Hunt acknowledged that there was anxiety about the overall programme however the £8m Cost Improvement Programme is considered achievable and that there is a requirement that the programme should be delivered as planned. She reiterated that the plan had been agreed

and that anxiety around achieving target savings often forms part of the planning process.

Mr. Cordwell confirmed that a high level plan had been agreed adding that the monitoring had been delegated to the Finance, Investment and Performance Committee to ensure that timings, risks, and cost changes were escalated to the Board.

Mrs. Fozard agreed that whilst quality and finance were the main areas of concern, as they were escalated via the Finance, Investment and Performance Committee there was no reason to assume that the Cost Improvement Programme would not happen.

Mr. Shields recounted that the Cost Improvement Programme had be thoroughly reviewed. He went on to say that there is much work to be done to deliver the schemes and that the benefits may not be seen until after implementation is complete.

Mr. Cordwell requested that the Cost Improvement Programme be presented at the next Board Meeting.

Ms. Chai responded that the Finance, Investment and Performance Committee Report for the meeting taking place on 4th June 2014 would be brought to the Board Meeting on 11th June 2014.

The Board approved the revised Executive Programme Board terms of reference.

HOW SAFE ARE WE?
QUALITY, PERFORMANCE AND FINANCE ASSURANCE

083/14 **To receive the Integrated Corporate Dashboard and Report for March 2014**

Ms. Chai presented this report and gave a summary of the key points noting that the CQUIN target for the Family and Friends test and the reduction of Hospital Acquired Pressure Ulcers had not been met; the impact of not achieving those two tests was a cost of £335k.

Ms. Haughey said that the quarter four Family and Friends test did achieve the required target.

Mr. Hague said the Mandatory Training and Sickness Workforce indicators are improving but remain amber with a noteworthy improvement in Personal Development Reviews. Improvements in the Delayed Transfer of Care indicator have been seen but remain red. It was finally noted that quality data regarding access to Crises Resolution/Home Treatment Teams has not been included as data quality checking processes are being reviewed.

Ms. Chai said overall the quarter four return for Monitor shows 'red' for governance with a risk rating of four for Finance. She closed by stating that the Trust was reporting a an unaudited year-end financial position of £0.4m which is consistent with the forecast at month eleven and as submitted to Monitor as part of the Annual Plan on 4th April 2014.

Mr. Cordwell, referring to the level of vacancies in the Mental Health function, asked if this was a concern.

Ms. Elson acknowledged that Older People's Mental Health Services is an area where it is difficult to recruit as it is not traditionally seen as a career path of choice; however vacancies are currently as far as possible in other ways being covered by agency staff.

Mrs. Fozard asked what action is being taken to reduce the number of hospital acquired pressure ulcers as no improvements had been seen on the previous year.

Ms. Haughey responded that zero tolerance policy is in place and ensuring standards of care were all in progress as shown in the Quality Account.

Mrs. Fozard agreed that zero tolerance was the correct approach and stressed the need for continued challenge.

Dr. Mynors-Wallis queried to what extent pressure sores are unavoidable if they occur within the community.

Ms. Haughey replied that the same standards of practice should follow wherever care is provided and that equipment, medication, and training are relevant in prevention of pressure ulcers.

Ms. O'Donnell agreed that there is a difference between hospital and community care and that hospital acquired pressure sores should be avoidable. Where patients have a choice then additional support and risk assessments should take place to ensure that patients understand what action they can take.

The Board noted the Integrated Corporate Dashboard and Report.

084/14 **To receive the Francis Action Plan**

Ms. Haughey gave a summary of the report saying that the Trust is in a good position with a plan in place to address each recommendation and that the plans have been aligned to the Blueprint. She drew the Boards attention to the outstanding National Guidance saying that once National Guidance becomes available, it will be incorporated into the plans. There is now a statement Trust website stating that the recommendations have been implemented.

Mrs. Fozard asked if any action could be taken in advance of National Guidance becoming available.

Ms. Haughey responded that this action had taken place where possible, although some of the National Guidance is in relation to the Constitution and cannot therefore be actioned until the guidance becomes available.

The Board noted the progress of the implementation of the Francis Recommendations through the action plan; the progress and implementation of the actions arising from the internal audit report; agreed the ongoing monitoring and reporting arrangements of progress against the Francis recommendations.

085/14 **To approve the Quality Report**

Ms. Haughey presented this report and gave a summary of the key points noting that the report is mandated and scripted by Monitor and acts as an extended version of Quality Account providing a reflection on 2013/14 quality performance and the priorities for 2014/15. Currently the report is with the external auditors to ensure a consistent message throughout and there may be further changes to be incorporated based on auditors' feedback.

Mrs. Fozard questioned the number of preventable deaths per annum from Venous Thromboembolism.

Ms. Haughey said that she would add in the reference to the statistic. FH

The Board agreed the draft Quality Report noting that it is an open, honest and transparent report of the 2013/14 year with regard to quality of service. The board also noted that the Quality Report contains an accurate description of the quality priorities going forward and for inclusion in the Monitor submission due 30th May 2014.

086/14 **To receive the Complaints Annual Report**

Ms. Haughey presented this report and gave a summary of the key points noting that this is a mandated report that is submitted to the Department of Health. She said that the metrics require review as the benchmark is based on the number of complaints received year on year'.

Mrs. Fozard asked if all verbal complaints are captured.

Mr. Shields responded that they are not all captured but the Trust is good at recording verbal and written compliments.

The Board noted the Complaints Annual Report.

087/14 **To receive an update on the Trust's arrangements to enable revalidation of medical staff**

Dr. Mynors-Wallis presented this report.

The Board noted the report.

HOW EFFECTIVE ARE WE?
BOARD COMMITTEE BRIEFING PAPERS

088/14 **To note the Quality Assurance Committee briefing report held on 8th May 2014**

Mr. Brook presented the report on the activities of the Quality Assurance Committee and highlighted the paper prepared by Dr. Mynors-Wallis on Serious Incident Reporting.

The Board noted this report.

089/14 **To note the Finance, Investment and Performance Committee briefing report held on 15th April 2014**

Ms. Hunt presented the report on the activities of the Finance, Investment and Performance Committee noting that a detailed report would be presented in June from the Finance, Investment, and Performance Committee.

The Board noted this report.

090/14 **GOVERNANCE**

Part 1 Forward Board Agenda Planner.

The Board noted the forward planner with the following amendment request.

Safeguarding Children Annual Report and Declaration to be brought forward from September 2014 to June 2014 — CH

Annual Infection Control Report to be brought forward from August 2014 to June 2014 — CH

Mr. Cordwell observed that the Board reports for review in June were 300 pages and queried whether the forward plan was appropriate.

Mr. Brook responded that the number of reports at Board Meetings was discussed at the Quality Committee to ensure that reporting and time management was efficient.

Mr. Shields advised the Board that reviewing the Board Forward Agenda & content would form part of the remit for PM Governance.

MINUTES AND USE OF EMERGENCY POWERS FOR INFORMATION

091/14 **Minutes of the following meeting were received and noted**

- Quality Assurance Committee Meeting held on 27th March 2014.
- Finance, Investment and Performance Committee Meeting held on 24th March 2014.
- Charitable Funds Sub-committee Meetings held on 3rd September 2013 and 3rd December 2013.

092/14 **EMERGENCY POWERS**

There were no reported uses of emergency powers.

093/14 **ANY OTHER BUSINESS**

No other business was noted.

094/14 **SIGNIFICANT ISSUES FROM DIRECTORS**

No significant issues from Directors were noted.

095/14 **OBSERVATIONS FROM GOVERNORS**

Ms Gregory thanked and congratulated Ms Hunt's chairing of the Board Meeting.

DATE AND TIME OF NEXT MEETING

The next meeting of the Dorset HealthCare University NHS Foundation Trust will be held on Wednesday 11th June at Sentinel House (Training Rooms 1&2), 4-6 Nuffield Rd, Poole, Dorset BH17 0RB.

EXCLUSION OF THE PUBLIC

To resolve 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 being transacted, publicity of which would be prejudicial to the public interest.

Signed: Date:

Lynne Hunt, deputising for Chair