

**Minutes of the Meeting of the Board of Directors held on Monday 25<sup>th</sup> July, 2011 at 10.00 a.m. in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital**

**PRESENT:**

Mr. B. Picken	Chairman
Mr. K. Bryan	Non-Executive Director
Ms. M. Espley	Director of Planning and Contracting
Ms. C. Etches	Director of Nursing and Midwifery
Ms V Hall	Chief Operating Officer
Mrs. B. Jaspal-Mander	Non-Executive Director
Mr. D. Loughton CBE	Chief Executive
Dr. J. Odum	Medical Director
Mr. J. Sharples	Non-Executive Director
Mr. K. Stringer	Director of Finance and Information
Mr. D. Sutton	Non-Executive Director
Mr. J. Vanes	Non-Executive Director

Ms. D. Harnin	Director of Human Resources
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**IN ATTENDANCE:**

Mr. A. Sargent	Governance Officer
Mr. S. Evans	Head of Performance Management

**OBSERVERS:**

Mrs. M. Corneby	Wolverhampton City PCT
Cllr. Claymore	Wolverhampton City Council
Mr. B. Griffiths	Deputy Vice-Chairman, LINK
Ms. J. Viner	LINK Co-ordinator

**APOLOGIES:**

Dr. J.M. Anderson	Non-Executive Director
Professor D. Luesley	Assc. Non-Executive Director
Mr. J. Oatridge	Wolverhampton City PCT
Mr. H. Ward	Wolverhampton City PCT

**Action**

**Part 1 – Open to the Public**

**TB.3664** The Chairman welcomed Mr. Simon Evans, who had recently been appointed to the post of Head of Performance Management.

**TB.3665** **Resignation from Board**

The Chairman reported that he had received the resignation of Mr. John Sharples, who had indicated a wish to concentrate on other work. The Chairman, on behalf of the Board, thanked Mr. Sharples for his contribution to the work of the Trust since his appointment in 2008.

Mr. Sharples responded that it had been a pleasure working with the Executive and Non-Executive Directors.

## MINUTES OF MEETING HELD ON MONDAY 27<sup>th</sup> JUNE, 2011

**TB.3666**      **RESOLVED: that the Minutes of the Meeting of the Board of Directors held on Monday 27<sup>th</sup> June, 2011 be approved as a correct record.**

## MATTERS ARISING FROM THE MINUTES

**TB.3667**      Performance Report April 2011: C.difficile (TB.3588)

Ms. Etches reported that a sample of tests which had proved positive using the new method during May and June had been re-tested using the old method and 40% had proved negative. It was clear that the new method was a more accurate test for c.difficile and if implemented would lead to faster treatment and be more clinically effective. She told the Board that guidelines were expected from the Department of Health linked to NICE Guidance on HCAs. She confirmed the Trust was one of a handful of Trusts currently using the new test.

Orthopaedic Work being undertaken at the Nuffield Hospital (TB.3595)

Ms. Hall confirmed that this work would cease in August.

Quality and Safety Quarter 4 report – Mortality (TB.3601)

The Chief Executive reported that Mr. J. Sharples had been appointed, following the last meeting, to serve on the Mortality Assurance Review Group.

Shared Service Arrangements for Payroll and IT Services (TB.3584)

Mr. Stringer confirmed that the location of certain services at Coniston House was under review as part of the updated Estate Strategy.

Capital Programme 2011/12 – Demolition of former Catering Store (TB.3626)

Mr. Stringer confirmed that a report on this scheme was anticipated for the September Board meeting.

Action

Operational Performance – Community – End of Life Pathway (TB.3625)

Ms. Espley advised that the Quarter Two figure for patients dying in the place of their choice was 93% of those who had been referred through the End of Life pathway. She undertook to provide a percentage figure in future reports to the Board.

ME

In response to a question by Mr. Loughton she confirmed that for each person who did not die in the place of their choice an RCA was carried out to identify the reasons..

**DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS**

**TB.3668** There were no declarations of interest.

**CONSULTANT APPOINTMENTS**

**TB.3669** Mr. Loughton reported that there had been no consultant appointments since the previous meeting.

**PRESENTATION – PUBLIC HEALTH ANNUAL REPORT**

**TB.3670** The Chairman welcomed Dr. Adrian Phillips, Director of Public Health, and invited him to present the Public Health Annual Report.

Dr. Phillips highlighted a number of points from his Annual Report including: male life expectancy at birth 1991 – 2009, female life expectancy at birth 1991 – 2009; trends in infant mortality rates 1986 – 2009; and pointed out that it was unlikely that Wolverhampton would hit the life expectancy target for men or for women but that it was on course to achieve the infant mortality target. He spoke about the significant difference between life expectancy in different parts of the City, with men in Tettenhall Wightwick living statistically six years longer than those living in Ettingshall. He demonstrated a similar picture regarding female life expectancy. Dr. Phillips went on to talk about male and female life expectancy by socio economic deprivation quintile and pointed out that most of the life expectancy improvement in men and women had been enjoyed by the most advantaged, whilst the gap between the least advantaged and the rest had widened. He went on to talk about avoidable lost life years, and highlighted the impact of alcohol related liver disease, coronary heart disease, infant mortality, lung cancer, stroke and suicide. He commented that the good work leading to gains around stroke and coronary heart disease in recent years had been countered by the growth of alcohol related diseases and he went on to discuss alcohol mortality by socio economic quintile.

Dr. Phillips drew attention to key successes including:

- Improving CHD and stroke mortality rates per 100,000 for persons under seventy-five in Wolverhampton.
- A growing percentage of CVD patients on best treatments.
- The systematic evidence based application of cognitive behavioural therapy through the Healthy Minds programme, which was having a huge difference in the mental well being of Wolverhampton's citizens.

Dr. Phillips went on to point out that further work was required around infant mortality, citing the number of mothers who smoked at delivery and he illustrated this by reference to smoking in pregnancy rates by socio economic quintile 2005 – 09. Dr. Phillips reiterated the growing concern over the alcohol related reduction in life expectancy for men and women.

Dr. Phillips said that the application of industrial-scale evidence based interventions (such as the Healthy Minds programme) had had a positive impact on public health, as did high quality services which could reduce inequalities. He emphasised the need to apply the successes of reducing CHD to problems around alcohol and infant mortality. Turning specifically to the achievements at RWHT, Dr. Phillips acknowledged the commendable record on HCAI which was due to the systematic application of interventions at scale. He expressed the hope that the Trust would continue to build on the excellent start regarding alcohol and to apply the evidence base systematically, and also that it would consider a systematic approach to ante-natal care using dynamic intelligence (rather than retrospective intelligence). He also recommended a policy of "making every contact count" to tackle smoking, weight loss and psychological needs which might be dealt with through talking therapies.

Dr. Phillips added that public health depended not only on services provided directly through the NHS but also through services such as education, and through other factors such as housing and employment. In response to a question, Dr. Phillips confirmed that there was international evidence that alcohol and smoking were price related and he cited the current availability of three litres of strong cider at a price cheaper than a bottle of water in Dudley Road. He acknowledged that some of the issues regarding alcohol depended upon national policy, but he maintained that it was still possible to carry out some actions locally to ameliorate the situation. In response to a question by Mr. Vanes, Dr. Phillips explained that Wolverhampton's position as a deprived area reflected the high unemployment rate within the City.

In response to a question from Ms. Etches, Dr. Phillips noted that the use of drugs should be considered more frequently in dealing with addiction to alcohol as should the use of therapy to tackle the addiction itself. He urged the need for people with such problems to be identified early as they came through the health care system so that appropriate treatment and help might be offered.

Mr. Bryan asked about the long term implications of changes in behaviour, such as the increasing number of 16-18 year old girls drinking excessively. Dr. Phillips confirmed that current behaviour would lead to potential difficulties for individuals later in their lives although some problems such as infant mortality were more acute. He mentioned also obesity and lung cancer in this connection. Dr. Phillips pointed out that it could take years to establish the use of particular drugs within the health care system and that part of the public health function was to encourage change based on evidence, such as he believed was available in respect of two particular drugs useful in dealing with alcohol related problems.

The Chairman thanked Dr. Phillips for attending the meeting and for his presentation.

## OPERATIONAL PERFORMANCE

### **TB.3671** Performance Report – Acute, Cancer and PROMS (June 2011)

Ms. Hall introduced the monthly Performance Report for Acute services. She highlighted the red rated indicator for c.difficile. She referred also to the red rated indicator regarding complaints responded to within twenty-five working days and confirmed that work was being carried out to improve the level of performance. Mrs. Jaspal-Mander confirmed that this had been considered by the Board Assurance Committee, which had been informed that performance was due in part to administrative errors in closing complaints off and a further report was due to be submitted to the next Committee meeting. She added that the Committee had been informed of the importance of ward managers in assisting with this process. Ms. Hall spoke also of the seven red rated indicators around Efficiency and Effectiveness. Mr. Loughton pointed out that since the previous meeting A & E had experienced the busiest day ever recorded within the hospital, dealing with 354 patients, and that very high levels of pressure had continued to date. The Trust was working with the PCT to understand the situation. The Board noted the factors behind the performance reported, including the high numbers of general surgery patients requiring a higher level of input from Social Services. The Board also noted that the Trust was challenging the StHA's performance rating on its Performance Dashboard, on the basis that no indicators were graded as under performing on that Dashboard.

CE

In response to a question by Mr. Bryan regarding red rated indicators for workforce, Ms. Hall acknowledged that the level of vacancies was not particularly high and it might have been more appropriate for this target to have been amber-rated. Ms. Harnin added that the Trust was attempting to consolidate substantive arrangements for medical staff and thereby to reduce reliance on the use of Bank staff. This was due to be reported to the Trust Management Team in September.

DH

Mr. Sharples noted a steady increase in vacancies for medical training grades and was informed that a policy decision by the Deaneries had led to the six monthly rotation becoming a four monthly rotation.

Responding to a question by Mrs. Jaspal-Mander, Ms. Hall confirmed that whilst pressure on the hospital's A & E Department had steadily increased, attendances at the Phoenix Centre had been reducing.

The Board commended staff for the progress now reported on delivering the Cancer Targets 2011/12 Quarter 1 update.

Ms. Hall outlined the highlights in the report on Patient Reported Outcome Measures (PROMS) participation rates from April 2009 to December 2010, and referred in particular to data on variation in the health gain achieved between trusts on hip replacements and knee replacements. She confirmed that attention was now being given to obtaining more information on health outcomes. In response to a question by Mr. Sharples, Mr. Loughton told the Board that he had met with Northgate on behalf of the Department of Health to ask for details around the sensitivity of data. It was clear that currently far more work was required to make this data robust and objective.

**RESOLVED: that the report on Performance – Acute (June 2011) be noted.**

**TB.3672** Operational Performance – Community Services (June 2011)

**RESOLVED: that the Performance Report – Community Services (June 2011) be noted.**

## BUSINESS PLANNING

**TB.3673** Capital Programme 2011/12 – Month 3 progress report

Mr. Stringer presented the report on progress at Month 3 for the 2011/12 Capital Programme. He advised that the actual expenditure position at month 3 was £1,327,075, a movement of £175,048 in the month and against a target of £1,444,109 which represented a value of £117,034 behind plan. He outlined the risks to the programme and indicated that the StHA was due to consider the Pathology Project on 26<sup>th</sup> July.

		Action
	<p>That one scheme constituted a significant part of the Capital Programme and progress on it would be reported to the September meeting of the Board. He confirmed that in the event of the project not being sanctioned by the StHA, the Trust would have to consider an alternative strategy to safeguard the underspend for use in 2012/13.</p> <p><b>RESOLVED: that the progress report as at Month 3 for the 2011/12 Capital Programme be noted.</b></p>	KS
TB.3674	<p><u>Delivery of the Estates Strategy – Quarter 1 Progress report for 2011/12</u></p> <p>Mr. Stringer outlined the highlights from his report on the delivery of the Estates Strategy. The Board noted that the key performance indicators would need to be updated to reflect the acquisition of Community Services from the 1<sup>st</sup> April. Mrs Jaspal-Mander said that the refurbishments in the Women’s Unit had attracted very positive feedback from patients.</p> <p><b>RESOLVED: that the Quarter 1 report on the delivery of the Estates Strategy be noted and endorsed.</b></p>	
TB.3675	<p><u>TCS Integration Committee</u></p> <p>Ms. Espley presented a progress update from the TCS Integration Committee and added that the next meeting was due to consider a Communications Plan designed to increase engagement across the Trust.</p> <p><b>RESOLVED: that the matters considered by the first meeting of the TCS Integration Committee, as detailed in the report, together with the progress of the Benefits Realisation Programme, be noted.</b></p>	
TB.3676	<p><u>Emergency Preparedness</u></p> <p>Ms. Espley presented her report which described activities undertaken for Emergency Preparedness in Quarter 1 and recommended an amendment be made to the Major Incident Plan.</p> <p>Mr. Loughton assured the Board that for the last two years the team had been planning and training for the use of high velocity weapons.</p> <p>Mrs. Jaspal-Mander enquired about regional integration and co-ordination of emergency situations. Referring to the situation in obstetrics, Ms. Hall replied that there had been an agreement reached with the Department of Health that no maternity units would close. However, both Dudley and Walsall units had closed temporarily and the consequent pressure of referrals had been experienced at this hospital.</p>	

Ms. Hall referred to the continuing pressure upon the maternity unit. Mr. Loughton commented that it was anticipated that the StHAs would merge into a small number of clustered organisations.

In response to Mr. Vanes, Ms. Espley confirmed that the main elements of the Heat Wave Plan included ensuring that appropriate supplies of nutrients and liquids were available, particularly in acute and front line services, and that staff in all agencies were aware of and vigilant for symptoms requiring appropriate treatment.

**RESOLVED: that the activities undertaken for emergency preparedness for Quarter 1, as detailed in the report, be noted, and that the revision of the Major Incident Plan be approved.**

## FINANCE AND INFORMATION

### TB.3677 Financial Report – June 2011

Mr. Stringer presented the Finance Report for June 2011 (Month 3). He highlighted a surplus of £2,432,000, which was £459,000 above the month 3 plan. He indicated that there had been a technical adjustment on the income side, whereby reserves for emergency admissions and emergency thresholds had been moved to try to relate the position regarding reserves in a more transparent way. He highlighted the introduction of a new structure from the beginning of June involving the transfer of services from ward D1 to D2, and vice versa. This meant that expenditure variances in month 3 would differ from those recorded for months 1 and 2. He pointed out that the Trust was in the strongest position yet regarding financial risk. He referred to the increased income base following the finalisation of contracts with the PCT for orthopaedics, following which the budget had been increased accordingly. Over performance remained high at the end of June. Referring to expenditure, Mr. Stringer pointed out that there had been a £0.25m deterioration so far this year but the rate was slowing and the key area for concern appeared to be pay. Staff were focusing on the use of medical locums and agency medical staff and nurse bank useage in order to reduce expenditure on pay. Mr. Loughton explained to the Board that unless all acute trusts worked together it would be very difficult to secure better rates for the use of locum doctors from agencies. He highlighted the need to develop the training programme for doctors. Finally, Mr. Stringer highlighted the withdrawal of £5,587,000 from budgets under the Cost Improvement Programme at month 3.

**RESOLVED: that the Finance Report for June 2011 be noted.**

<b>TB.3678</b>	<u>Sustainable Development Management Plan</u>	<b>Action</b>
	<p>Mr. Stringer presented the proposed Sustainable Development Management Plan which was the overarching plan outlining the Trust's response to Climate Change for the period until 2014/15, and which incorporated the Carbon Management Plan which the Board had approved in March, 2011. The Board noted that this Plan also replaced the Sustainability and Carbon Reduction Strategy which the Trust Board had approved in December, 2009. Mr. Stringer highlighted the proposals for a combined Heat and Power Plant, a major scheme which would be reported to the Board during the Autumn.</p>	<b>KS</b>
	<p><b>RESOLVED: that the Sustainable Development Management Plan be approved.</b></p>	

**GOVERNANCE**

<b>TB.3679</b>	<u>Board Assurance Framework/Trust Risk Register</u>	
	<p>Ms. Etches presented the Board Assurance Framework and Trust Risk Register. With regard to the red risk 2765 (Capacity issues – Health visiting service in Bilston) Ms. Hall indicated that she had now seen an action plan designed to achieve a better position by September. Ms. Etches clarified that the first risk identified in Appendix A (2449 – inadequate and ineffective systems to safeguard vulnerable adults) was in respect of children safeguarding and not adults.</p>	
	<p><b>RESOLVED: that the report on the Board Assurance Framework and Trust Risk Register be noted.</b></p>	

**QUALITY AND SAFETY**

<b>TB.3680</b>	<u>Quality and Safety Report</u>	
	<p>Ms. Etches presented the Quality and Safety Report together with a Quality and Safety Dashboard. In response to a question by Mr. Bryan, Ms. Etches confirmed that many, but not all, of the red incidents reported would become STEIS reports. She confirmed that the dashboard should help management to identify trends on red indicators. She added that trends were monitored through the Quality and Safety Committee and the Board Assurance Committee and that the latter could then raise any significant trends with the Trust Board. Members of the Board welcomed the approach proposed, but requested that in future the Dashboard be accompanied by more narrative information to interpret the data presented.</p>	

**RESOLVED: that the Quality and Safety Report, including the Quality and Safety Dashboard, be approved, and that the monthly Trust Dashboard and Quality and Safety reports be considered first by the Quality and Safety Committee and then to the Trust Board, as recommended in paragraph 2.3 of the report.**

**TB.3681** External Assurance on Quality Account 2010/11

Ms. Etches presented the External Assurance from Price Waterhousecoopers on the Trust's Quality Account 2010/11.

**RESOLVED: that the external audit view of the Trust's Quality Account for 2010/11 be noted.**

**TB.3682** Mortality Summary - July 2011

Ms. Etches presented the Mortality Summary report for July 2011, which provided a summary of the year end HSMR mortality position and recent trends in the determinants of the indicator. She indicated that this would be one element of a single Quality and Safety report in future. In response to questions, she confirmed that the figure of 102 given for the period in the report was based on a rolling twelve month calculation of data. It was thought that the figure would probably come out at 113 for this year (compared with 116 for last year). Mr. Stringer pointed out that the clinical coding team were able to improve data retrospectively. Ms. Etches emphasised that the real richness of the data lay in the study of case notes and the detailed work of the Mortality Review Assurance Group.

Dr. Odum updated the Board on the recent work of the Mortality Review Assurance Group which had held two recent meetings. He said that a better understanding of how the data from the two sources was presented was required and this work was ongoing. Mr. Loughton emphasised the need to obtain a better understanding of the work being undertaken with Birmingham University and other acute trusts. Mr. Sutton said that deprivation had been factored into the Dr. Foster statistics although in the light of what Dr. Phillips had said during his presentation on the Public Health Annual Report it seemed that the weighting in Dr. Foster was unrealistic. Mr. Sutton noted that as a Tertiary Centre this hospital catered for patients brought in from other hospitals, many of whom had very serious conditions and some of whom subsequently died here. Therefore they were reflected in the mortality data of this hospital.

**RESOLVED: that the report on the Mortality Summary be noted.**

**(Note: At this point the Chairman left the meeting and the Vice Chairman assumed the Chair)**

TB.3683	<u>Care and Compassion?</u>	Action
	<p>Ms. Etches presented a gap analysis and action plan identified to implement learning and improved patient experience reflecting the issues identified in the report of the Ombudsman “Care and Compassion?” She explained that the action plan, which had not yet gone through the Trust’s committee structure, was a risk based approach which would enable the Trust to form a view on where it stood in relation to the risks identified. Ms. Etches explained that the action plan needed to be considered in the context of responses to local or national reports, such as on matters raised by the Wolverhampton LINK, or the recent report of the CQC.</p>	CE
	<p>She emphasised that each report from an outside body led to the preparation of an action plan and would be taken through the approved quality and safety process. Therefore matters would not be reported immediately to this Board. For example, the recent CQC report would initially be considered by the Board Assurance Committee and subsequently by the Trust Board in September.</p>	DH
	<p>It was suggested that a Board Development Session might with advantage be devoted to consideration of reports on Discharge Policy from, among others, internal audit and the Care Quality Commission, and that partner agencies including the PCT and Social Services should be invited to participate.</p>	
	<p><b>RESOLVED: that the recommendations and action plan in response to the report “Care and Compassion?” be noted and endorsed.</b></p>	

**HUMAN RESOURCES**

<p>TB.3684</p>	<p><u>Library Services Strategy – 2011-13</u></p> <p>Ms. Harnin presented the revised Library Services Strategy 2011 – 2013 for approval.</p> <p><b>RESOLVED: that the revised Library Services Strategy 2011 – 2013 be approved.</b></p>
<p>TB.3685</p>	<p><u>Organisational Development and Education and Training Strategies – update</u></p> <p>Ms. Harnin presented a report outlining progress against the implementation plans for the Organisational Strategy and the Education and Training Strategy.</p> <p><b>RESOLVED: that the report be received for assurance.</b></p>

## FOUNDATION TRUST APPLICATION – VERBAL UPDATE

**TB.3686** Mr. Stringer reported that the date for the Board to Board meeting was still awaited. He confirmed that the meeting with Governors had gone well. Mr. Loughton indicated that consideration was being given to including Governors on the Trust's standing committees in due course.

**RESOLVED:** that the verbal report on the Foundation Trust Application be noted.

## FEEDBACK FROM BOARD SUB-COMMITTEES

**TB.3687** Minutes of the meeting of the Trust Management Team held on 20<sup>th</sup> May, 2011

**RESOLVED:** that the Minutes of the meeting of the Trust Management Team held on 20<sup>th</sup> May, 2011 be noted.

**TB.3688** Minutes of the Meeting of the Infection Prevention and Control Committee held on 26<sup>th</sup> May, 2011

**RESOLVED:** that the Minutes of the meeting of the Infection Prevention and Control Committee held on 26<sup>th</sup> May, 2011 be noted.

**TB.3689** Minutes of the meeting of the HR Sub-Committee held on 24<sup>th</sup> May, 2011

**RESOLVED:** that the Minutes of the HR Sub-Committee held on 24<sup>th</sup> May, 2011 be noted.

**TB.3690** Minutes of the meeting of the Audit Committee held on 7<sup>th</sup> June, 2011

**RESOLVED:** that the Minutes of the meeting of the Audit Committee held on 7<sup>th</sup> June, 2011 be noted.

## GENERAL BUSINESS

**TB.3691** Policies approved by the Trust Management Team at the meeting held on 22<sup>nd</sup> July, 2011

The Board noted that the following Policies had been approved by the Trust Management Team at its meeting held on 22<sup>nd</sup> July, 2011:-

- Isolation Policy (IP10)
- Hand Hygiene Policy (IP01)

**TB.3692** Matters raised by members of the general public and the press

Mr. B. Griffiths raised the following matters on behalf of the Wolverhampton LINK:-

- a) He commented on the extent to which reports and discussions at the Board were laden with jargon and appealed for the use of plain language whenever possible. Mr. Loughton acknowledged this concern.
- b) He requested further information about the proposals for the refurbishment of the A & E Department.

In response, Mr. Loughton outlined the work undertaken to date for the development of an Emergency Portal. This had stalled due to the level of backlog maintenance required in C block (which housed the A & E Department) but it was intended to start again and develop a new A & E facility within the hospital in the next twelve – eighteen months. In the meantime, it was proposed to carry out sufficient work to maintain standards at A & E pending the development of the new facility.

Mr. Lintern, from the Wolverhampton Express and Star, asked whether the Board wished to make any comment on the CQC report which had been released in the last week. Mr. Bryan responded that the report would be considered by the Board Assurance Committee, in accordance with the Scheme of Delegations, and Mr. Vanes confirmed that the Non-Executive Directors had seen the report as soon as it had been published and that the proper internal processes for dealing with it had been commenced. Mr. Bryan added that the CQC report was one of a number of internal and external sources of information about conditions in the hospital and that the Board was already aware of areas for improvement which these had highlighted. Mr. Loughton indicated that the CQC report held no surprises for the Trust, which maintained a high standard of care for 95% of patients for 95% of the time and that work was constantly being done to ensure that the remainder was being addressed. The Board noted that the CQC report was overwhelmingly in favour of the hospital and that on the whole it contained positive patient feedback.

**TB.3693** Date and Time of Next Meeting

The Board noted that the next meeting was due to be held on Monday 26<sup>th</sup> September, 2011 at 10.00 a.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**TB.3694**

Exclusion of the press and public

**Action**

**RESOLVED:** that pursuant to the provisions of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

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