

## SALISBURY NHS FOUNDATION TRUST

### Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 8 August 2011 In the Boardroom, Salisbury District Hospital

<b>Present:</b>	Mr L March Mr B Bull Mr M Cassells Mr A Denton Mr I Downie Dr C Fuller Mr P Hill Mr S Long Miss T Nutter Mr J O'Connell Mrs M Romaine Mr J Stokoe	Chairman Non-Executive Director Director of Finance & Procurement Director of Human Resources Non-Executive Director Acting Medical Director Interim Chief Executive Non-Executive Director Director of Nursing Interim Chief Operating Officer Non-Executive Director Non-Executive Director
<b>Apologies:</b>	Mr N Atkinson Dr L Brown	Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Mr L Arnold Mrs J Hair  Mrs P Permalloo-Bass  Mr J Williams Mr M Wareham Mr J Carvell Mr R Coate Mrs C Collins Mr E Gould Dr A Lack Mr W Moss Dr B Robertson	Director of Corporate Development Deputy Director of Human Resources (for SFT 3163) Equality and Diversity Manager (for SFT 3164) Secretary to the Board Staff Side Representative Governor Governor Governor Governor Governor Governor Governor

1680/00 **OPENING COMMENTS**

1680/01 **Jim O'Connell**

LM welcomed JO'C to his first Board meeting following his appointment as Interim Chief Operating Officer. LM said that JO'C would be supporting the Executive Team on operational issues and the day to day management of the Trust's performance with a specific emphasis on delivering the cost improvement plan.

- 1680/02 **Horatio Chapple**  
LM wished to publicly extend the Board's sympathy to the family of Horatio Chapple who had so tragically lost his life in Norway. Like the children of many consultants in the Trust Horatio had expressed a firm desire to follow his parents into medicine and this opportunity had been sadly denied to him.
- 1681/00 **INTERESTS**  
Members were reminded that they had an obligation to declare any interest which might impact on the business of the Trust, both as discussed at this meeting, or outside of this meeting. No member present declared such an interest.
- 1682/00 **MINUTES**  
The minutes of the meeting held on 6 June 2011 were accepted as a true record.
- 1683/00 **MATTERS ARISING**  
There were no Matters Arising.
- 1684/00 **CHIEF EXECUTIVE'S REPORT – SFT 3155 – Presented by PH**
- 1684/01 **Final Care Quality Commission (CQC) Inspection Report**  
Following the unannounced visit to the hospital on 3 & 4 May 2011 by a team of Compliance Inspectors the CQC had published its final report confirming the Trust had met all the essential quality and safety standards. In the report the CQC said that patients were happy with their care and treatment and felt involved in decisions made about them. They also felt their rights to privacy, dignity and respect were fully promoted. Adequate nutrition and hydration for patients, good food choices and hospital cleanliness were also positive areas for the Trust. The CQC had suggested minor areas of improvement in five areas and asked for action plans to be submitted. Full details of the report and the action plans sent to the CQC were covered later in the Agenda under Paper SFT 3158.
- 1684/02 **Trauma Unit Designation**  
Confirmation had been received from both the South Central and South West Strategic Health Authorities that the Trust had been successful with its application to become a designated Trauma Unit. This means that the Trust can continue to provide Accident and Emergency services and further develop the discussions that were being held with Southampton University Hospitals NHS Trust to provide the plastic surgery and specialist rehabilitation elements to their regional Major Trauma Centre.
- 1684/03 **Children's Services**  
Children's inpatient and outpatient services had moved from Sarum Ward and the Child Health Department to Levels 3 and 4 of the

main hospital building. Thanks to the support of the local community the Stars Appeal, Caring 4 Kids campaign, had successfully raised over £1m to fund additional facilities for this unit. These included home from home rooms, therapy facilities for children with disabilities, a multi-sensory room and indoor and outdoor play areas.

The Board wished to take this opportunity to formally record their thanks to Dave Cates, Director of Fundraising, for his commitment and leadership which had been integral to the successful outcome of the campaign.

1684/04 **Relocation of Pembroke Suite**

The Pembroke Suite and Oncology out-patients had been relocated to Level 2 so as to be co-located with The Pembroke Ward. This would support the integration of care for this particular service.

1684/05 **Salisbury Geneticist Wins International Award**

Patricia Jacobs, Professor of Human Genetics, had won a major international scientific prize from an American medical charity, *The March of Dimes*. The highly prestigious March of Dimes Prize in Developmental Biology was awarded to researchers whose work had contributed to the understanding of the science that underlies birth defects. Professor Jacobs joins a number of eminent scientists and several Nobel Laureates who had previously won the award.

1684/06 **Customer Care Awards**

Local people and patients have the opportunity to nominate an individual member of staff or team for a Salisbury District Hospital Customer Care Award. The 2011 Customer Care Awards will focus on the way in which staff have dealt with other people, in particular, whether they were friendly and welcoming or who had gone that extra mile to help. Nominations can take place either by the completion of a form available in the Customer Care Department or via the Trust website.

1684/07 **Trust Young Volunteer Award**

South Wiltshire Grammar School student Emma Preedy had been presented with the Trust's Young Volunteer Award. Emma was planning to study medicine and had spent around two hours a week over the last twelve months provided additional support to staff on Laverstock ward, helping with tea rounds, serving meals and making beds. The Trust currently has over 600 volunteers of all ages who give up about 1,900 hours a week of their free time to provide extra support across a whole range of hospital services. While this award relates specifically to young people, the Trust recognised the enormous contribution volunteers of all ages make to the hospital and our patients.

1684/08 **Dementia Care**

Over the past year the Trust had made real progress against the requirements of the national dementia strategy and introduced a number of service improvements which help to ensure that dementia patients are treated with respect and dignity, and receive an appropriate level of care. This included the launch of the Trust's dementia champions initiative. Dementia champions will be in place across the Trust and will monitor standards of care, promote dementia training and ensure that staff have the skills needed to manage the care of people with dementia and also provide advice to their carers. This initiative was combined with training across the hospital and the establishment of a 'confusion care pathway'. Dementia care would continue to be a priority for the Trust as part of a wider approach, where all dementia patients would receive a clinical review to ensure that their care was compliant with current best practice and guidance.

1684/09 **Supporting Adults with Learning Disabilities**

In order to ensure that the Trust was responding to national and local issues involving adults with learning difficulties the hospital was introducing a number of improvements. These included a Hospital Passport, which contains important information about the person which helps the Trust to plan their care and make reasonable adjustments. This is filled out by the patient, their family or carers in the community. The Trust was also looking to give these patients the first or last slots in clinics to reduce the time spent in waiting rooms and help relieve the anxieties that some of these patients were known to experience before their consultation.

The Board noted the report.

1685/00 **PATIENT CARE**

1685/01 **Quality Indicators Report to 30 June 2011 – SFT 3156 – Presented by CF**

This paper showed the Trust's performance for quarter one against the agreed Quality Indicators for 2011/12.

In her presentation CF particularly drew the Board's attention to the following:-

- Deaths expressed as an absolute number were as expected.
- There had been 2 Trust apportioned cases of MRSA bacteraemia (which was disappointing given there had been no cases in 2009/10 or 2010/11).
- The number of Trust apportioned C. Difficile cases stood at 4 which was below the target for the quarter, however as a consequence of a further 12 notifications in July TN had formally advised Monitor that the half year target would not be achieved.

- There had been a further 3 falls in June resulting in fracture or major harm which made 11 for the quarter.
- There been only 2 Grade 3-4 pressure ulcers during the quarter which compared very favourably to the overall total of 19 in 2010/11.
- The percentage of stroke patients with 90% of their care on Farley Ward continued to improve with a 100% month only figure for June. This had improved the cumulative position for the quarter to 91.2%.
- The use of escalation beds fell but 0.56% of patients (target 0.30%) had experienced more than 3 bed moves and there were 11 non-clinical breaches of same sex accommodation.
- Of the 142 patients who had taken part in the Real Time Feedback initiative in June 1.4% (3) felt that they had not been treated with dignity, however no patients had rated the quality of care they received as poor.

The Board asked if there was any particular reason why the number of falls resulting in fracture or major harm stood at 11 for the quarter which compared unfavourably to the whole year totals of 24 in 2009/10 and 21 in 2010/11. TN said that there was no one identified cause and it should be remembered that many patients were admitted to the Trust as a consequence of falling at home, or while in care. The Trust took every precaution to provide a safe environment which was supported by the number of falls recorded over the last two years, however there would continue to be cases where patients simply fell over. The Trust would continue to closely monitor this statistic which would be reported to the Board monthly.

The Board noted the report.

1685/02

**Patient Environment Action Team (PEAT) Results for 2011 – SFT 3157 – Presented by PH**

This report showed that the Trust had achieved 'excellent' ratings for the environment, food, and privacy and dignity in 2011. These outcomes were based on the results of self-assessment inspections carried out by the Trust's Patient Environment Action Team, which included two Governors, a community representative, the Trust's Director of Infection Prevention and Control, a senior nurse in Infection Control, the head of the Trust's Patient and Public Involvement Group and the Vice-Chair of Wiltshire Involvement Network.

The paper described how PEAT audits were first established in 2000 and how a number of findings and recommendations had helped to maintain the high quality standards the Trust had historically achieved in these three measures.

The Board noted the report.

**Care Quality Commission (CQC) Report Following Unannounced Audit On 3 & 4 May 2011 – SFT 3158 – Presented by PH**

As a consequence of the 2008 Health and Social Care Act ( July 2008 ) the CQC came into being on 1 April 2009 and brought together the work of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Act Commission, creating for the first time an independent Regulator of health, adult social care and mental health in England.

At the beginning of 2010 all acute trusts were required to register their location and range of services with the CQC. The Trust's submission was approved by the Trust Board on 25 January 2010 ( Paper SFT 2051 ) and this resulted in Salisbury NHS Foundation Trust being formally 'registered without conditions' by the CQC on 1 April 2010.

Following the completion of the registration process the CQC announced that all acute trusts would be subject to an unannounced audit by 31 March 2012. At the Trust Board meeting on 6 June 2011 PH informed the Board that CQC Inspectors had carried out a two day unannounced visit to the Trust on 3 & 4 May 2011. Day 1 had featured five CQC Inspectors and a Pharmacist while day 2 had seen the return of the same five Inspectors together with their Line Manager. The CQC team had talked to staff and patients across many of the Trust's services to gauge the quality of care, the patient experience and the way in which staff interacted with their patients. When drawing their conclusions and preparing their report the CQC had also taken into account a wide range of performance data gathered from a number of sources.

The final report was received towards the end of June and overall made very good reading. The vast majority of the CQC's findings were positive and they were very complimentary with regard to the attitude of the staff and the quality of care given. They identified five areas where they had minor concerns and asked the Trust to submit action plans showing how and when remedial action would be implemented. None of these findings had affected the Trust's status as being 'registered without conditions.' The action plans were sent to the CQC on 4 July 2011 and copies were attached to the Paper.

On receipt of the report the document was circulated to all members of the Trust Board and to each Governor. On publication of the report both the CQC and the Trust issued Press Releases and the report and its findings were covered by the local media. The report is available to view on the Trust's website.

The Board noted the receipt and content of the CQC's report and the Trust's action plans in response to the five areas where minor concerns had been identified. The Board asked for their thanks to be expressed to all staff who were responsible for delivering the range of services on which the CQC had commented so positively.

LM/PH

1686/00 **PERFORMANCE AND PLANNING**

1686/01 **Finance Committee Minutes from the Meeting held on 20 June 2011 and Draft Minutes from the Meeting held on 25 July 2011 – SFT 3159 – Presented by LM**

LM advised the Board of items discussed / decisions taken / actions agreed.

At the meeting held on 25 July 2011 the Committee had reviewed the Terms of Reference which were approved unchanged. The Board was asked to ratify the Terms of Reference for further review in twelve months.

The Board noted the minutes and ratified the Terms of Reference.

1686/02 **Finance Report for the Period to 30 June 2011 (Month 3) – SFT 3160 – Presented by MC**

MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £3.0m which was in line with the plan figure of £3.2m. This translated into an income and expenditure deficit of £501,000 compared to the planned deficit of £200,000 at the end of the first quarter. The £300,000 shortfall was attributed to a slippage in cost improvement savings, cost pressures and estimates for income changes following revised Payment by Results guidance for 2011/12. Operating Income totalled £42.8m; £0.8m below the plan figure of £43.6m, while Operating Expenditure stood at £40.4m; £0.5m above the plan figure of £39.9m. Working capital, including cash balances of £14.3m was sound and the composite financial risk rating remained unchanged at 3.

MC said that discussions were ongoing with Wiltshire PCT in respect of the 2011/12 contract. At this stage there remained a gap of around £5m between what the PCT believed should be the contract quantum and the sum the Trust considered would be due based on activity linked to Payment by Results and the separate agreement with the PCT for costs that do not attract a Payment by Results tariff. Part of the solution would be to work with the PCT to agree a realistic level of activity that the Trust was likely to undertake during the year. Both organisations agreed there was a need to curb demand from the present levels. An update on the these contractual discussions would be shared with the Finance Committee on 22 August 2011. Elsewhere contract discussions with other key commissioners were gradually being concluded with Heads of Terms in place.

Identified Cost Improvement Plans (CIPs) were progressing well but a further £3.5m needed to be found and JO'C would be helping with this work.

SL commented that in the previous two years there had been a CIP shortfall at the end of quarter one but, ultimately, the objective had been achieved by the year end and he sought reassurance that this was likely to be the case in the current year. TN remarked that there

were challenges in reducing cost against a background of increasing volumes and higher numbers of Delayed Transfers of Care, which recently had been fairly constant around 12/14 cases. Discussions with both Wiltshire Community Health Services and Wiltshire Council were ongoing to reduce this number. ID was pleased to note the strong management of cash and the funds currently held by the Trust.

LM asked if there was confidence in relation to the Trust receiving payment for the activity undertaken to date. MC said that he believed this to be the case but there had been challenges arising from invoices submitted for the first two months work and Wiltshire PCT's stance was that they had a maximum figure in the order of £88/90m to cover their total liability to Salisbury in the current year.

LM noted there had been 129 readmissions in the first quarter with a value of £0.32m and asked what actions the Trust was undertaking to understand these figures and reduce the number. CF said that surgical readmissions were relatively easy to quantify and understand but this was more difficult in medicine. Patients could be readmitted within 30 days of discharge but for different (new) reasons and the assessment of whether or not the Trust should be liable for payment was more difficult to judge.

The Board noted the report.

1686/03 **Progress against Targets and Performance Indicators to 30 June 2011 ( Month 3 ) – SFT 3161 – Presented by LA**

The Performance Report set-out a number of key indicators under the headings of quality, activity, efficiency and staffing. For each indicator performance over time and against plan, where appropriate, was shown together with an indication of the trend, and a traffic light rating given in relation to the overall performance.

In taking the Board through the report LA made the following observations:-

- Following agreement at the Board away day in March, cancelled operations resulting from clinicians being unavoidably unavailable at the last minute (invariably because they were unwell) had been excluded.
- The Trust was achieving the national 95% target for patients being discharged from the Emergency Department within 4 hours of arrival.
- All cancer waiting time targets were achieved during the quarter.
- The Trust continued to work hard to reduce the number of patients waiting more than 18 weeks for an elective admission due to capacity reasons. This figure fell by 40 between May and June and further reductions were achieved in July.

- The Trust continued to see good progress with non-elective length of stay for medicine with performance exceeding the year end target. However an increase in the number of Delayed Transfers of Care had contributed to bed pressures experienced in the Trust during the quarter. Surgical elective length of stay saw continued improvement in performance as evidenced at the end of the previous financial year.
- The coding rate had risen slightly after the reductions in April and May. The department was working hard to catch up on the backlog and a major service improvement review had been started to look at options for improving the speed of coding whilst ensuring that the quality of coding remained at a very high standard.
- The staff absence rate for the quarter continued the improvement seen last year with a rate of 3.26% against a target of 3.50%.

After presenting the report LA explained in more detail the work that was underway to review the Trust's approach to coding and whether more could be done from the discharge summaries rather than from the patient records. This included plans to visit other Trusts who had developed a reputation for delivering coding in an accurate and timely fashion. LA promised to keep the Board advised of progress with this work.

LA

While reference to the number of Delayed Transfers of Care had been made during the presentation of the Finance report TN described the nature of the discussions that were on-going between the Trust, Wiltshire Community Health Services (WCHS) and Wiltshire Council – essentially how WCHS and Wiltshire Council could develop / implement joint packages of community based care.

The Board noted the report.

1687/00 **STAFF**

1687/01 **Workforce Information 2010/11 – SFT 3162 – Presented by AD**

AD presented the annual report describing in a combination of statistical tables, graphs and supporting narrative the dynamics of the Trust's workforce. The total whole time equivalent (WTE) number of staff employed by the Trust as at 31 March 2011 stood at 2724.69 compared with 2815.04 as at 30 April 2010 – a decrease of 90.35 (3.20%). The largest staff group was nurses and midwives, with 724.65 WTE, marginally (8.26 / 1.12%) down from 731.29 WTE the year before.

The report included an analysis of staff by gender; ethnic origin; age; sexual orientation, faith and disability; a local labour market analysis; an absence analysis; an inter-organisational absence comparison; reasons for absence; reasons for leaving; a part-time analysis and a staff turnover analysis.

The report showed that staff turnover was down while unemployment in the local and regional labour markets compared comparatively high.

A separate report showed the number of accidents to staff and incidents of verbal and physical violence which would be kept under close review.

The Board noted the report.

### **Human Resource Priorities 2011/12 and Beyond – SFT 3163 – Presented by AD and JH**

Following the presentation of an initial paper to the Trust Board on 6 June 2011 under reference SFT 3137 the Board requested an action plan in support of the various proposals.

The action plan was divided into four themes:-

- staff pay and conditions of employment
- workforce planning and design
- workforce education and development
- individual performance management.

The action plan described the main components of the workforce related priorities and stated who would be responsible for their delivery and the planned timeframe. The paper suggested that progress reports should be presented to the Board in October 2011, February 2012 and June 2012.

The Board asked what committee would be responsible for over viewing progress for each of the themes and AD advised that the first theme would be monitored by the Joint Board of Directors, the second and third themes by the Education and Workforce Development Committee and the fourth theme by a combination of the Operational Management Board and Revalidation Implementation Board.

The Board were supportive of the action plan although considered some of the timescales were ambitious. AD said it was important for the plan to be challenging and timescales could be revised as the actions were implemented.

In response to an invitation from LM to comment MW said that, in terms of Theme 1, he welcomed local agreements where this was possible and practical such as the recent agreement to a single system of payment of on-call for Agenda for Change staff. However while he was glad the Trust had made contact with NHS Employers he thought it unlikely that any local agreements could be reached that differed from national guidance.

The Board agreed that the action plan was appropriate to deliver the priorities and that progress reports should be presented in October 2011, February 2012 and June 2012. Additionally, in noting the number of individual objectives, the Board asked if the top ten

AD

priorities could be separately identified and listed in the October 2011 progress report.

1687/02

**Equality and Diversity Annual Report 2011 – SFT 3164 – Presented by AD and PPB**

Equality and Diversity is at the core of the Trust's values and beliefs. Over the last 12 months the Trust had made considerable progress against the equality and diversity agenda. This report provided a summary of the key strategic equality and diversity achievements for the 2010/11 year in relation to both employment practice and service delivery. The report identified the key challenges for the Trust to ensure equality and diversity was mainstreamed into all service provision, to further develop public and patient involvement and to meet the requirements of the Equality Act 2010 legislation and the Department of Health Equality Delivery System (EDS).

The Equality Act 2010 came into effect on the 1st October 2010. It replaced the various existing anti-discrimination laws with a single Act. The paper set out the specific detail and duties of the Equality Act.

The Equality and Diversity Council (EDC) was formed in 2009 with representatives of the Department of Health, NHS and other interests. Central to the EDS are its objectives and outcomes. NHS organisations are required to assess their equality performance against 18 outcomes grouped under the following four objectives:-

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and inclusive staff
4. Inclusive leadership

The paper illustrates Trust performance and progress within the field of equality and diversity and identified the key priorities for 2011/12. Progress and activity would be monitored via the Equality and Diversity Steering Group and the Equality and Diversity Operational Group both of which are chaired by SL.

The Board noted the report and the implications of adopting the Equality Delivery System.

1688/00

**PAPERS FOR NOTING OR APPROVAL**

1688/01

**Remuneration Committee 15<sup>th</sup> Annual Report – SFT 3165 – Presented by LM**

The Terms of Reference of the Remuneration Committee require a summary of the year's work to be presented annually to the Trust Board at which time the Board must be given the opportunity to comment on the effectiveness of the Remuneration Committee. This report detailed the work of the Remuneration Committee between 1 July 2010 and 30 June 2011 and covered four meetings.

The Board noted the report and concluded that the Remuneration Committee was effectively discharging its responsibilities as

described in the Terms of Reference.

1688/02 **Draft Minutes from the Audit Committee Meeting held on 11 July 2011 – SFT 3166 – Presented by BB**

BB advised the Board of items discussed/decisions taken/actions agreed.

BB particularly drew the Board's attention to the agreement by MC to undertake a review of the Trust's Standing Orders (last approved by the Board on 7 April 2008) in the coming months.

The Board noted the minutes.

1688/03 **Minutes from the Council of Governors Meeting held on 16 May 2011 - SFT 3167 – Presented by LM**

LM presented the minutes from the Council of Governors meeting held on 16 May 2011 which identified the current work of the Council and also the activities of the various 'working groups'.

Attached to the minutes was a breakdown of the membership numbers by constituency, age, gender and ethnicity as at 31 March 2011 at which time the Trust had an overall membership of some 18,000.

LM took this opportunity to record the Board's thanks to the Governors for the submission of their annual report to the Care Quality Commission ( CQC ) which had been taken into account by the CQC when preparing their unannounced visit to the Trust on 3 and 4 May 2011.

The Trust Board noted the Minutes, the work of the Governors and the membership figures as at 31 March 2011.

1688/04 **Draft Minutes from Clinical Governance Committee Meeting held on 19 July 2011 – SFT 3168 – Presented by TN**

TN advised the Board of items discussed/decisions taken/actions agreed.

TN particularly drew the Board's attention to the ten Trust apportioned C. Difficile cases which had been identified in the first two weeks of July and the actions that the Trust was taking in response. These included a four week deep clean exercise.

The Board noted the minutes.

1689/00 **ANY OTHER BUSINESS**

Nothing was raised.

1690/00 **QUESTIONS FROM THE PUBLIC**

John Carvell (Governor) asked whether any falls resulting in a

fracture or major harm had been life threatening for the patient. TN TN  
said she would research and advise JC separately.

With reference to the Real Time Feedback information JC asked if actual numbers could be quoted alongside the percentages and CF/TN agreed to consider when preparing the report for the October Trust Board meeting. CF/TN

JC mentioned that the Academy of Medical Royal Colleges was suggesting that clinicians should become involved in clinical coding as part of the revalidation process which will start in 2012. This would help with the accurate collection of their 'appraisal data.' As a consequence the Trust may wish to factor this into the clinical coding review to which LA referred. LA

Celeste Collins (Governor) said that she was aware of two recent cases where patients had waited in excess of six weeks to be seen by physiotherapists. PH said that while this service was provided on the hospital site it was delivered by Wiltshire Community Health Services (via the Great Western Hospitals NHS Foundation Trust, Swindon) and the Trust was unable to investigate referral timescales. A member of the public who was present at the meeting commented that she had been referred to a physiotherapist some ten days after meeting with her GP and therefore timescales could be linked to the 'urgency' of the condition.

Dr Beth Robertson (Lead Governor) referred to the readmission figures and asked if they included patients from the hospice. PH said that patients for whom cancer was a primary diagnosis were excluded.

Dr Alastair Lack (Governor) thought it would be helpful for consultants to become more closely involved in the coding of their procedures and asked whether numbers were available to show the difference between surgical and medical delays. It was agreed that AL would meet with LA to discuss. LA/AL

Within the Real Time Feedback section AL asked if it would be possible to have an explanation as to why a number of patients would not recommend the hospital to others – CF to research and provide this information. CF

Finally AL sought clarification on certain aspects of the Equality Delivery System to which AD and SL responded.

1691/00 **DATE AND TIME OF NEXT MEETING**

The next meeting will be held on 3 October 2011 in the Board Room at Salisbury District Hospital starting at 1.30 pm.

1692/00 **CONFIDENTIAL ISSUES**

The Board resolved to exclude press and public from the remainder of the meeting as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

