Trust Board
Minutes of the Trust Board meeting in public held on Wednesday 16 January 2019 in Wing Tat Lee Seminar Room, Osler House, JR Hospital Site

Present: Dame Fiona Caldicott FC Chairman
Dr Bruno Holthof BH Chief Executive
Mr Jason Dorsett JD Chief Finance Officer
Mr John Drew JDr Director of Improvement and Culture
Ms Sam Foster SF Chief Nurse
Mr Christopher Goard CG Non-Executive Director
Prof David Mant DM Non-Executive Director
Prof Meghana Pandit MP Medical Director
Ms Sara Randall SR Acting Director of Clinical Services
Prof Gavin Screaton GS Non-Executive Director
Mrs Anne Tutt AT Non-Executive Director
Ms Eileen Walsh EW Director of Assurance

In attendance: Ms Debra Leeves DL Developmental Non-Executive
Dr Neil Scotchmer NS Deputy Head of Corporate Governance
Ms Marilyn Rackstraw MR Corporate Governance Manager

Apologies: Ms Paula Hay-Plumb PHP Non-Executive Director

TB19/01/01 Apologies, welcome and declarations of interest
The Chairman welcomed Professor Meghana Pandit to her first Trust board meeting as Medical Director of the Trust.

The Chairman further welcomed governors, members, public and staff to the meeting of the Trust Board.

Anne Tutt declared that she is a Director of Oxford Hospitals Charity.

TB19/01/02 Minutes of the meeting held on 14 November 2018
The minutes of the meeting held on 14 November 2018 were reviewed and approved as a true and accurate record.

TB19/01/03 Matters arising from the minutes
There were no matters arising from the minutes.

TB19/01/04 Action Log
The Action Log was reviewed, and the status of actions as recorded was noted and agreed. All actions were reported as being on track within the timeframes given.

The Board reviewed and agreed the status of actions as recorded.

TB19/01/05 Chairman’s Business
The Trust Chairman reported that the Council of Governors had appointed her successor. Professor Sir Jonathan Montgomery had been appointed to the position
of Trust Chairman from March 2019. The Trust’s Council of Governors, which includes elected representatives of the public and staff, made the appointment at its meeting on Monday 10 December 2018, following a recommendation from an Appointment Panel which included four elected governors.

The Next Council of Governors meeting was due to be held in public at 2.30pm on Tuesday 22 January in Thame.

**TB19/01/06 Chief Executive’s Report**

Dr Bruno Holthof, Chief Executive, presented his regular report, which highlighted the following:

Congratulations were expressed to the Hip Fracture Team based at the Horton General Hospital in Banbury who had been ranked in the top five of all hospitals nationally for the sixth year in a row. The 2018 National Hip Fracture Audit, which compares the performance of 175 hospitals in England, Wales and Northern Ireland, showed that more than 95% of hip fracture patients admitted to the Horton General underwent surgery either on the same day or the day after with the national average being 69%. It also highlighted that the Horton General had some of the lowest mortality figures in the country for patients treated for hip fractures. The Hip Fracture Team also won the Clinical Team of the Year category at the Trust’s annual Staff Recognition Awards ceremony which was held on 5 December 2019.

Extra chemotherapy chairs had been installed in the Brodey Cancer Centre at the Horton General Hospital, which enabled the Horton nursing staff to treat around 100 patients every week in a revamped 11-chair chemotherapy suite. A number of generous donations from Tadmarton Heath Golf Club, the Carriage Company and the Horton League of Friends, as well as a very special donation from a local family, had helped to fund the refurbishment and the new chairs. More North Oxfordshire patients could now receive chemotherapy treatment closer to home, instead of having to travel to Oxford.

A number of new facilities had opened at the John Radcliffe Hospital following a successful bid for £3.2 million of central Government funding to improve patient experience at both the John Radcliffe and the Horton General Hospital. The newly refurbished Complex Medicine Unit (CMU) Ward A on Level 7 and the newly refurbished Operational Centre reopened. The new Assessment Area in the Emergency Department (A&E) also opened.

The Chief Executive had written personally to all EU staff employed by OUH to let them know that the Trust would cover the costs of their applications for settled status to continue to live and work in the UK after Brexit. Professor David Mant asked whether there was an indication of the numbers of EU staff that would be applying for settled status. The Director of Improvement and Culture reported that it would be tracked through reimbursements / payroll but there was no indication of expected numbers as yet.

The Board received and noted the Chief Executive’s Report.
TB19/01/07 Learning from Patient Experience

The Chief Nurse noted that the patient experience story was to be presented via a video and detailed the story of Julia, a patient who was experiencing Palliative care within the Trust at Sobell House Hospice. It was confirmed that a paper providing background information would be uploaded to the Trust website.

The story highlighted the work of the Charity in supporting palliative and end of life care and the extensive work being undertaken across the organisation to enhance such care.

A two year End of Life Care Project (circa £1.4 million) to enhance end of life care across the whole of the organisation had been extended to three years using the available funding. This investment has enabled an increase in workforce and strengthening of the multi-disciplinary team, including occupational therapists, a consultant pharmacist and a chaplain with specific responsibilities for care of dying patients across the Oxford hospitals.

The Trust Board reflected on the video and the positive work of the Hospice. It was noted that it was unusual for a Trust to run a hospice, and highlighted how this gave the Board and teams within the Trust exposure to skills and experience that otherwise would not have been gained.

The Board reflected on the lessons learnt, and the assurance provided. It was requested that thanks be conveyed back to the Hospice and its staff on behalf of the Board.

TB19/01/08 Quality Committee Report

Professor David Mant, Non-Executive Director and Chairman of the Quality Committee, presented the regular report from the last meeting of the Quality Committee held on 12 December 2018.

In particular, he highlighted the following points which had been discussed:

- In its consideration of the paper on Serious Incidents Requiring Investigation (SIRI) and Never Events, the Committee’s attention had been drawn to two Never Events which related to a retained guidewire and wrong site surgery. Immediate action had been taken to raise awareness of good practice and learn lessons from these events.

- The proportion of patients with delays in the repair of fractured neck of femur had been reduced from 38% to 25%; as this number remained high, the Quality Committee will continue to monitor progress.

- The sepsis deep-dive had shown that 64% of newly admitted patients with red-flag sepsis (35/56) had received antibiotics within one hour. The relatively small numbers of cases of red-flag sepsis identified among inpatients in directorates other than acute medicine/ED had been noted. However best estimates of mortality in patients with suspected sepsis suggested that OUH was performing above the national average (7.8% vs. 9.2%). The Committee was satisfied that mortality rates remained low, but highlighted that the time to receive antibiotics needed improvement.

- The midwifery staffing position had improved slightly (to 1:31) but remained challenging.
• The number of hospital-acquired category 2/3 pressure ulcers rose slightly in the last reporting month (0.41%, Sept 18), but no category 4 ulcers had been reported in the year to date. All category 3 ulcers had been investigated and lessons discussed and disseminated at the PUCIG (the Pressure Ulcer Clinical Improvement Group).

The Director of Assurance drew attention to the fact that the Committee had discussed resources in terms of delivery of the Governance element of the NHS Improvement Undertakings. External support was being considered to support Quality Impact Assessments, with further external support being sought to deliver the overall governance plan.

The Acting Director of Clinical Services provided an update on the task and finish group that had been established to review Patient-Led Assessments of the Care Environment [PLACE] and which would report back to the Quality Committee. A Cancellation Procedure had been approved at Trust Management Executive, with the Quality Committee and Finance and Performance Committee to continue to monitor the impact.

The Director of Improvement and Culture referred to paragraph 3 on page 4 of the report; the Committee was informed that the Neurosciences, Trauma and Orthopaedics Specialist Surgery and Children’s and Neonatal Services [NOTSSCaN] had halved its staff turnover, and confirmed that turnover was at 11.8%, with an overall Trust goal of 12%. It was noted that, whilst improvement had been seen, it had not halved as stated.

The Board received and considered the regular report from the Quality Committee.

TB19/01/09 Quality Report

The following points related to quality metrics were highlighted by the Medical Director:

• The National Quality Strategy Update ‘Opening the door to change – NHS safety culture and the need for transformation’ had been published by the CQC in December 2018. The desire to move to a safety focus throughout the organisation was highlighted.

• A Never Event summit had been held, with over 80 Trust staff attending.

• The Quality Conversation event had taken place, which had been well attended. The Council of Governors and its Quality subcommittee would be kept regularly updated.

• A Wrong Site Surgery Never Event was declared in November, in which a patient had a diathermy loop excision of the cervix in colposcopy clinic after a result which belonged to a different patient was misfiled in her notes. Immediate actions taken included a new standard operating procedure in the colposcopy clinic which included adding a more visible sticker for urgent results and checking processes prior to filing.

• The upper ceiling for OUH apportioned cases of C.difficile for 2018/19 was 68. During November 2018 there were 5 cases of OUH-apportioned C.difficile, all of
which were deemed unavoidable. The Trust was currently 14 cases under the cumulative yearly limit.

- There were no cases of post 48 hour MRSA bacteraemia during November 2018. To date there had been two avoidable MRSA bacteraemias.

The Chief Nurse presented the sections of the Quality Report relating to safe staffing and patient experience, highlighting the following points in particular:

- The Trust was participating in a National Recruitment and Retention improvement programme run by NHSI and planned to reduce nurse turnover (Table 13) which would improve the number of nurses in post. One key measure was to reduce band 5 turnover of RNs by 2% in 12 months. November figures indicated that the 2% reduction had been achieved with a turnover at band 5 of 19.2%.

- It was noted that the Trust was fast establishing itself as an area of high quality non-medical clinical education with interest being expressed from a range of external organisations seeking to access places.

- Assurance was given on the Trust’s approach to mixed sex accommodation. The delivery of same sex accommodation had been included in the Chief Nurse’s Patient Experience Delivery Plan to ensure that the Trust was complaint with national reporting requirements and to ensure any mixed sex accommodation was kept to a minimum.

- The report assured the Board that the Trust remained compliant with the revised national reporting categories for pressure ulcers, and also detailed the improvement in numbers of grade 3 pressure ulcers over the last six months.

- The level of closure of formal complaints in line with the Trust policy had improved.

Ms Anne Tutt, Non-Executive Director, noted the CQC National Safety report, and asked how Trusts were to address the issues raised within the report.

The Medical Director noted that the report set out a national strategy framework, which stakeholders had been asked to review. The strategy focused on engaging staff and initiating basic steps to disseminate learning and change culture across the board.

Christopher Goard, Non-Executive Director, referred to metric PS13 – Cleaning scores, and noted that the Trust did not seem to be performing optimally, which had been an issue for some time and asked what measures were in place to improve this.

The Acting Director of Clinical Services reported that spot checks were in place and a programme of work was being developed to ensure engagement and commitment to improving this standard across the Trust.

Professor David Mant referred to the Trustwide cannula audit and reiterated a concern that had been raised by NEDs previously around the placement of cannulae by ambulance staff, and subsequent failures to remove them. He asked if the local policy could be looked at in conjunction with the audit, and for this to come back to the Quality Committee for further discussion and assurance. It was suggested that a LocSSIP [Local Safety Standard for Invasive Procedures] should be considered.

Action: MP
It was highlighted that the standard for outpatient letters to GP within 7 days was worsening. The Acting Director of Clinical Services noted that she was working with the team to iron out issues, and would report back to the Quality Committee.

**Action:** SR

**The Board noted the contents of the Quality Report.**

**TB19/01/10 Learning from Deaths**

Professor Meghana Pandit presented this report, which provided learning opportunities following structured mortality reviews undertaken in Q2 of 2018/19.

22 such reviews had been completed, including ten reviews for patients with learning disabilities. There were no deaths judged to have been more likely than not to be preventable in the completed reviews. The Summary Hospital-level Mortality Indicator (SHMI) for the data period July 2017 to June 2018 was 0.92. This is rated ‘as expected’ and had remained unchanged.

**The Board received and noted the learning identified from mortality reviews.**

**TB19/01/11 Finance and Performance Committee Report**

In the absence of the Committee Chairman, Ms Anne Tutt, Non-Executive Director and Vice-Chairman of the Finance and Performance Committee, presented the regular report from the last meeting of the Committee held on 12 December 2018.

In particular, she highlighted the following points which had been discussed:

- The Committee received an update on the Integrated Recovery Plan following the Board to Board session with NHSI. The meeting had been regarded as supportive and the performance of the Trust had been recognised to be better than the national average. Risks to delivery were identified, however, and it was noted that NHSI should be given advance warning of any significant concerns.

- The Committee received a presentation from the senior divisional team from the NOTSSCaN (Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children and Neonatal) Division outlining work being undertaken to improve the projected outturn for the Division.

- An outline of timescales for the Trust’s required business planning submissions for 2019/20 was provided to the Committee, highlighting the risks associated with the tight timetable and possible delays to the production of the planning guidance.

- A summary of the Q2 divisional performance reviews held in November was provided to the Committee, highlighting key themes. It was noted that a review of the metrics being used was to be undertaken.

Key risks identified were:

- The impact of insufficient capacity for the urgent care pathway on elective activity and the achievement of RTT (Referral to Treatment) and 52 week wait targets.

- Ongoing failure to deliver the 62-day wait cancer target for GP referrals with concern that delivery of the 85% target by March might not be realistic and that an amended trajectory should be agreed.
• The ongoing impact of workforce constraints on both bed and theatre capacity was highlighted, affecting both the ability of the Trust to treat elective patients and to appropriately manage non-elective flow.

The Trust Board noted the update from the Finance and Performance Committee.

TB19/01/12 Integrated Performance Report Month 8

The Acting Director of Clinical Services presented the report, which provided a summary of the Trust’s performance in November 2018 against a range of key performance indicators. The following points were highlighted from the three key areas:

• The Trust’s four-hour wait performance had been 86.5% in November 2018, 4.39% better than in November 2017. In December, 87.39% of patients had waited for less than four hours, 6.7% better than in December 2017.

• For November and December, the Trust’s four-hour wait performance remained below the trajectory level agreed with NHS Improvement.

• No waits of over 12 hours were reported in either month in OUH’s Emergency Departments from a decision to admit (DTA).

• On 30 November 2018, 48,841 people were waiting on incomplete elective pathways for care at OUH. The waiting list size was 3,173 (2.6%) smaller than it had been on 31 March.

• 82.77% of people on the list were waiting for less than 18 weeks, still well below the 92% national standard. 8,414 people were waiting for over 18 weeks for treatment, 640 (7.1%) fewer than in October 2018.

• Over 52-week waits reduced from 199 in September to 93 in November. Gynaecology reduced its 52 week waits from 158 to 66.

• Five cancer waiting time standards were not met in October. Access standards for two week waits were maintained, but first treatment was not achieved for the required percentage of patients within 31 days of a decision to treat or for first treatment within 62 days of urgent GP referral of referral from a screening service. Subsequent treatments with surgery and radiotherapy were also reported as having not met waiting time standards.

Professor David Mant referred to the key performance indicators and noted that OUH appeared worse than other Shelford trusts for referral to treatment standards. The Acting Director of Clinical Services noted that progress had been made in improving performance and that some breaches would relate to patient choice, but agreed that the Trust needed to get to the bottom of the issue and understand the variation.

It was highlighted to the Board that this was a national challenge, and remained subject to continued debate, but it was important to maintain focus on reducing breach numbers despite the challenges. Nationally lists were increasing, whereas OUH lists were decreasing which was positive, but this needed to be sustained.

The Board acknowledged the work that had been required to reach this position and staff were thanked for their continued efforts despite the ongoing challenges.
The Trust Board noted the IPR for M8.

TB19/01/13 Financial Performance up to 30 September 2018

The Chief Finance Officer presented the paper, and drew the Board’s attention to the following points:

- At month 8, 8/12ths of the £5m of contingency, or £3.3m, had been released.
- In-month, against the control total, performance was a deficit of £3.2m, £5.2m lower than plan.
- Year to date the Trust had reported a £12.8m deficit on a control total basis (excluding Provider Sustainability Funding), compared to a planned £11.3m deficit.
- In-month underlying EBITDA was £1.5m which was £2.9m worse than the forecast submitted at month 7. The key drivers of this performance were:
  - £1.4m due to undelivered improvements in the run rate, as a result of unidentified efficiencies and productivity improvements;
  - £0.2m costs of additional management capacity and interim support;
  - £0.3m due to under-invoiced radiology income and lower than planned PET-CT income;
  - £1.6m staff incentive payments/temporary staffing premium to maintain capacity; and
  - £0.7m delivery of the CNST Maternity incentive scheme rebate.
- Cash was £37.8m at month end. This was £16.1m above the plan and £12.9m lower than the previous month end.
- Capital expenditure was £12.5m to the end of November, £6.0m below plan, due to lower spend in Radiotherapy Swindon (£2.5m), ED Resus Bay (£1.6m), Global Digital Exemplar (£1.4m) and Estates General (£1.8m), offset by higher spend on Research and Development (R&D) and Donations.

Anne Tutt, Non-Executive Director, highlighted the importance of progress in improving the Trust’s underlying performance.

The Trust Board noted the Finance Report for Month 6.

TB19/01/14 Trust Management Executive Report

The Chief Executive presented this report highlighting significant items of interest to the Board, key risks, and decisions that had been taken. He noted that many of the items discussed had been contained within previous reports on the agenda.

The Trust Board noted the Trust Management Executive report.

TB19/01/15 Audit Committee Report

Anne Tutt, Non-Executive Director and Audit Committee chairman presented this report highlighting the key topics that the Committee had discussed at its meeting held on 16 November 2018.

In particular, she highlighted the following points which had been discussed:
- The Committee received specific updates on the management responses to the reviews of Medicines Management and IT Governance. Improvements to the Trust’s processes were discussed to ensure that internal audit recommendations were reviewed, signed off and actioned in a timely fashion.

- The Committee received an update on the work that was being undertaken regarding consultant job planning including a project plan with timescales. A new job planning system had been procured and had gone live on 5 November.

- The Committee received the regular progress report on counter fraud and was updated in particular on the measures that were being taken by the Trust’s Local Counter Fraud Specialist to ensure that staff had received sufficient training in counter fraud awareness through both e-learning and face-to-face sessions.

- An update on the latest status of the Oracle Fusion Project was provided to the Committee. The Committee was informed that the project was currently paused whilst an evaluation of a number of possible options regarding the approach to be followed was undertaken.

- Income Recognition: An update was provided on the work that was being done to ensure that the Trust was compliant with the International Financial Reporting Standard (IFRS) 15 (on Revenue from Contracts with Customers). It was noted that further work would be required to finalise the position and that it was expected that this would be brought to the Committee’s next meeting.

- Asset Lives: The Committee received a report providing a summary of the asset lives currently operated by the Trust benchmarked against those used by a number of other Trusts. The Audit Committee approved the recommendation that the current policy on asset lives should continue.

- Investment Property Review: An update was provided to the Committee on the work being carried out to review the Trust’s investment property and other assets that might be accounted for as investment properties and approved the associated recommendations.

Professor David Mant, Non-Executive Director enquired about consultant job planning, and what work was being undertaken. The Medical Director confirmed that job planning software was a requirement to enable Trusts to be able to analyse staff productivity and staffing numbers efficiently. The electronic system would replace the existing paper based system. The Chief Finance officer further confirmed that the Trust currently spent more on medical staff than other Trusts and it was hoped that the electronic platform would help the Trust to understand why this was.

The Trust Board noted the report from the Audit Committee.

**TB19/01/16 Update on Annual National Planning Guidance**

The Chief Finance Officer presented the paper, which provided an update on guidance issued to date for business planning 2019/20.

Business planning for 19/20 would take place in the context of a multi-year funding settlement, at an average of 3.4% real term increase over 5 years, and the NHS long term plan which would cover the next 10 years.

It was reported that the guidance allowed for renewed focus on staff productivity including through new digital technology, wider infrastructure and transformation.
The Chief Finance Officer noted that a verbal update would be provided to the Trust Board on the full technical guidance once it had been issued.

The Trust Board noted the contents of the guidance issued to date.

**TB19/01/17 Update on Care Quality Commission [CQC] Activity**

The Director of Assurance provided the Board with an update on recent CQC activity.

As part of the CQC unannounced core service inspection, undertaken in November and December 2018, the CQC had issued two separate letters to the Trust raising concerns.

The first letter referenced concerns observed within the theatres at JR2. The Trust had immediately developed an action plan to address the areas of concern and established a taskforce group led by the Acting Director of Clinical Services to oversee and assure implementation of the required actions. The Board was provided with oversight of the letter of response and the related action plan, which had been submitted in line with the required reporting deadline. Progress against this action plan was reported weekly to the CQC.

The second area of concern related to two specific incidents observed within the Emergency Department at the JR hospital. The Chief Nurse had led the development of an action plan to address the matters of concern. The Board were provided with oversight of the letter of response and the related action plan, which had been submitted in line with the required reporting deadline. The CQC had not formally asked for regular update reports in relation to this action plan. However the action plan is being monitored and reviewed by the Chief Nurse and will form part of the Trust’s regular reporting to the local inspection team.

It had been agreed that future update reports on progress with both action plans would be provided to the Trust Management Executive and to the Trust Board at their regular meetings.

The Trust remained committed to providing support for the frontline teams to allow the escalation of risks, and the strengthening of the performance management system.

It was noted that, whilst it was regrettable that these issues had arisen without being highlighted internally at a senior level, the speed of change in addressing them was now recognisable.

The Trust Board noted the update provided.

**TB19/01/18 Fit and Proper Persons Test: Board Annual Assurance**

This paper was presented to the Board, noting that in October 2018 the Board of Directors had completed the Fit and Proper Persons Test Self Declaration Form in accordance with the Fit and Proper Persons Policy ratified at Trust Board in November 2017. The signed declarations had been reviewed and the outcome of the checks satisfied the requirements of schedule 4 of the regulations and determined that the current Directors met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.

Professor Sir Jonathan Montgomery, the Trust’s newly appointed Chair who is due to commence in March 2019 and Professor Meghana Pandit, Medical Director, who
joined the Trust on 2 January 2019, have completed the Fit and Proper Persons Requirements in accordance with the updated Fit and Proper Persons Policy, ratified at Board in November 2018.

The Director of Assurance suggested that the Board needed to further consider application of the test to Divisional Management Teams. It was agreed that benchmarking would be undertaken within the Shelford Group on the approach taken, with further thought to be given to this topic at a Trust Board seminar.

The Trust Board noted the contents of the report, and recorded that all current Directors satisfy the Fit and Proper Persons Requirements.

**TB19/01/19 Patient Experience Action Plan**

The Chief Nurse presented the Patient Experience Delivery Plan, which would run for the next two years. The improvements involved nine aspects of Trust care and services, which had been identified from the national patient surveys and complaints over the previous year.

The Chief Finance Officer noted his full support for the paper, but suggested that the plan might need further adjustment as the planning process got underway to ensure that there was a link between the two and various other schemes were factored in.

It was highlighted that car parking remained a high priority as this was something that affected both patients and staff.

The Trust Board noted the action plan.

**TB19/01/20 Annual Review of the Constitution and Reservation and Delegation of Powers and Standing Financial Instructions**

The Chief Finance Officer presented this paper which recommended changes to the Constitution and Standing Financial Instructions previously approved by the Trust Board in January 2018. These changes reflected the updated Terms of Reference for subcommittees of the Board of Directors, changes in executive director’s responsibilities and the change in status of the charitable funds.

It was confirmed that the Audit Committee had considered these proposals at their meeting on 16 November and recommended their acceptance to the Board.

The Trust Board approved the revisions outlined within the paper.

**TB19/01/21 Nomination of Responsible Officer for Medical Revalidation**

This asked the Trust Board to ratify the appointment of Professor Meghana Pandit to the role of Responsible Officer for Medical Revalidation from 2 January 2019.

It was confirmed that Professor Pandit met the criteria for acting as a Responsible Officer and the Trust Board had previously confirmed that the role of Responsible Officer was linked to the Medical Director post.

The Trust Board approved the recommendation.

**TB19/01/22 Consultant Appointment and Signing of Documents**

The Chief Executive presented this regular report on activities undertaken under delegated authority, and the recent signing and sealing of documents, in line with the Trust’s standing orders.
* Post meeting note: The mentor assigned to Dr Jessica Harris, Consultant in Liaison Psychiatry, is Dr Jane Walker.

The Board received and noted the report.

**TB19/01/23 Any Other Business**

There was no other business to be discussed.

**TB19/01/24 Date of next meeting**

A meeting of the Board to be held in public will take place on Wednesday, **13 March 2019 at 10:00** in the Conference Room, Oxford Centre for Enablement, at the Nuffield Orthopaedic Centre

The Trust Board approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960).