

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 2nd December 2021 via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	Steve Banks	Non-Executive Director	StB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Clare Teeney	Director of People	CT
Simon Barton	Chief Operating Officer	SiB	
Marcus Duffield	Associate Director of Communications	MD	
In Attendance:	Sue Bradshaw	Minutes	
	Becky Cassidy	Deputy Director of Corporate Affairs	BC
	John Tansley	Clinical Director for Patient Safety	JT
	Martin Cooper	Guardian of Safe Working	MC
	Paula Shore	Divisional Head of Nursing and Midwifery	PS
Observers:	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Claire Page	360 Assurance	
	Julie Vizzard		
Apologies:	None		

The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
18/221	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
18/222	DECLARATIONS OF INTEREST		
1 min	StB declared his position as Non-Executive Director for Nottinghamshire Healthcare NHS Foundation Trust.		
18/223	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
18/224	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors in Public held on 4th November 2021, the following amendment was identified:</p> <ul style="list-style-type: none"> Item number 18/195, paragraph 2, line 1 should read "...vacancy rate has increased from 9.1% to 11.6%" as opposed to "...vacancy rate has increased from 2.4% to 11.76%" <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
18/225	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/163, 18/193.1, 18/193.2, 18/194.2, 18/195.3, 18/198.1 and 18/198.2 were complete and could be removed from the action tracker.		
18/226	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the appointment of Aly Rashid and Steve Banks as Non-Executive Directors, Staff Excellence Awards and Health Service Journal (HSJ) awards finalists.</p> <p>The Board of Directors were ASSURED by the report.</p>		

18/227	CHIEF EXECUTIVE'S REPORT		
7 mins	<p>PR presented the report, highlighting the visit to the Trust by the Chief Midwifery Officer for England, Professor Jacqueline Dunkley-Bent, staff survey, Covid and flu vaccinations and the rollout of the Winter Plan. The organisation is very busy and emergency care demand is extremely high. The number of Covid positive inpatients increased to 60 during November.</p> <p>NG noted the comment in the report in relation to only opening areas where there are the right number of people with the right types and levels of skills and queried what mechanisms are in place to ensure this happens. PR advised JH and DS consider Quality Impact Assessments (QIAs) to ensure an appropriate workforce is in place with capacity and capability to provide the service.</p> <p>JH advised QIAs are continually monitored after their initial signoff. There are daily nurse staffing meetings, which are moving to twice daily. Staffing is reviewed monthly and if things tighten as expected, staffing will be reviewed on a weekly basis with the red flags from a nursing, midwifery and AHP perspective. DS advised QIAs are not static documents. A process has been established to regularly review QIAs.</p> <p>StB queried if there are any service areas which are not open. PR advised the report references the Winter Plan, which has been previously approved by the Board of Directors, and the extent to which this has been rolled out and the risk assessments which are undertaken to provide assurance in terms of workforce. There are no areas which the Trust is unable to staff appropriately or areas where the Trust is not providing the services which were planned to be provided.</p> <p>SiB advised all the areas which were scheduled to be open at this stage are open. In terms of staffing, this moves into 'business as usual' workforce safety processes as outlined by JH. Everything outlined in the Winter Plan to date is open and operational.</p> <p>The Board of Directors were ASSURED by the report</p>		
5 mins	<p><u>Climate Emergency Declaration</u></p> <p>PR presented the report, advising the Trust has a comprehensive Green Plan, which sets out the organisation's ambition to reduce the impact of climate change. Declaring a Climate Emergency sends a clear message the Trust recognises the threat posed to public health by climate change. The declaration is supported by the Trust Management Team (TMT). The Risk Committee will be considering the further strategic risk of climate change.</p> <p>GW queried if the Trust's PFI partners are aware of the proposal. PR advised the Trust will ensure the timing of the announcement and the communications relating to it have the full participation of the PFI partners. The partners are fully aware of the Green Plan and the Trust is working in partnership with them to deliver it.</p>		

<p>14 mins</p>	<p>NG noted the aim to reduce carbon emissions from energy consumption by 80% by 2025 and queried if this target is realistic. NG queried who will lead the programme to ensure delivery. PR advised the ambitions in relation to carbon emissions are included in the Green Plan, which has been previously approved. The programme will be led by the Trust's Sustainability Lead, who will work with Estates and Facilities and partners to deliver the ambitions.</p> <p>The Board of Directors APPROVED the proposal to declare a Climate Emergency</p> <p><u>COVID-19 Vaccination Update</u></p> <p>CT presented the report, advising over 165,000 vaccinations have been administered through the Hospital Hub to date and the Hub is currently delivering up to 1,200 vaccines per day. 70% of staff are eligible for their booster and 64% of eligible staff have received their booster. The current focus is the mandated vaccination for front line healthcare workers. 200 colleagues have been identified who require the vaccine.</p> <p>The workforce bureau hosted by the Trust continues to support the wider vaccination programme. All over 18s will be eligible for the booster by the end of January 2022. To achieve this target system wide, 50,000 vaccines per week need to be issued, this figure is currently 42,000. Additional pop-up clinics are being planned.</p> <p>BB queried how making the vaccine mandatory has been received by staff. CT advised over 96% of colleagues have been vaccinated and generally colleagues have been proactive in terms of having the vaccine. There has been some hesitancy but mandating the vaccine per-se has not caused any significant reaction in the organisation. However, there is work to do with the colleagues who are outstanding.</p> <p>AH queried the vaccination rate in the local population in terms of boosters and 12-16 year olds. CT advised uptake for 12-16 year olds is 40% and 45-50% for 16-18 year olds, acknowledging there is still work to do with the younger population cohorts. Uptake is different across the county, with uptake in the city being more challenging. In addition, there are hotspots which are linked to areas of higher deprivation.</p> <p>AH sought clarification regarding uptake of the booster in care homes and people aged over 75. CT advised the hardest programme to deliver is the housebound population. The roving service is ensuring the vaccine is offered and provided. The work into care homes is in place and capacity is available.</p> <p>CW queried if there is capacity to extend the opening hours of the Hub. CT advised this is being considered. Currently the Hub is open 8am-8pm, 7 days per week and is making a significant contribution by delivering 1,200 vaccines per day. Other things which have worked well are increased spread and the ability for people to walk in without an appointment. All options are being considered.</p> <p>The Board of Directors were ASSURED by the report</p>		
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18/228	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
12 mins	<p><u>Maternity Update</u></p> <p><i>Safety Champions update</i></p> <p>JH presented the report, highlighting NHS Resolution (NHSR) Year 4 standards, Continuity of Carer, Maternity Forum, Ockenden submission and the visit to the Trust by the National Maternity Team. There has been one case reported externally to the CCG in month via STEIS (Strategic Executive Information System).</p> <p>NG noted the inequalities identified in relation to women from a Black, Asian and Minority Ethnic (BAME) background and queried if there is anything further which can be done to make their experience safer.</p> <p>JH advised the saving babies lives care bundle is the main method of avoiding perinatal morbidity and mortality and the Trust is fully compliant with the NHSR requirements. The main additional action would be to add the Continuity of Carer programme to that. The teams are centred in communities which are most vulnerable from either an ethnicity or deprivation perspective.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>JH presented the report, highlighting postpartum haemorrhage, Apgar, training compliance and Friends and Family Test (FFT).</p> <p>AH felt when the deep dive is presented to the Quality Committee it would be helpful to reflect if processes are in place to respond quickly to triggers for escalation.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Overnight Homebirth Service</i></p> <p>JH presented the report, advising six whole time equivalent (WTE) community midwives have been recruited, which has reduced the vacancy rate from 35% to 29%. However, not all of these midwives are in post yet. Therefore, the overnight homebirth service is unable to restart at this time. A review has been commissioned to look at community practice.</p> <p>MG queried if it is possible for women to choose a service elsewhere which would allow for a homebirth. JH advised this would not be possible as many of the Trust’s surrounding units also have suspensions in place.</p> <p>StB queried how common it is for suspensions to be in place and if the Trust is an outlier. StB sought clarification if staffing is more available at this point in the year as people are qualifying and if the Trust will be able to maintain the required staffing levels.</p>		

<p>16 mins</p>	<p>JH advised the Trust is not an outlier within the region, noting SFHFT's staffing position is more favourable than other organisations. However, it was noted the region is the worst nationally. There is an influx of newly qualified midwives at this time of year. However, they do not go out into the community until they have completed a period of preceptorship. Given the changes being made to the model and the review of community services, it is hoped no further suspension will be required.</p> <p>The Board of Directors APPROVED the extension of the overnight suspension of the Home Birth Service for a period of three months to March 2022</p> <p><u>Patient Safety Specialist</u></p> <p>JT, MC and PS joined the meeting</p> <p>DS presented the report, highlighting Patient Safety partners, Patient Safety Curriculum, Healthcare Safety Investigation Branch (HSIB) report and the appointment of a Patient Safety Specialist. It was noted there is an opportunity to nominate a Non-Executive Director to assist with this programme of work.</p> <p>JT provided additional information in relation to the HSIB reporting trial.</p> <p>BB advised she is willing to take on the role of nominated Non-Executive Director as this would fit with her role as Chair of the Quality Committee.</p> <p>StB sought clarification in relation to the 'just culture' within the Trust and queried if there is any insight from the staff survey, or other avenues, which provides a view on this. DS advised the staff survey closed on 26th November 2021 and, therefore, this information is not yet available, but it is one of the specific questions within the survey. Just culture is a continuous process of work and the Trust continues to commit to and give attention to it.</p> <p>JT advised the Trust is making good progress with the high level investigations and is keen to ensure actions and reports do not single out individual members of staff. The Trust has received positive feedback from the CCG and CQC in relation to the organisation's open and honest culture and no blame approach.</p> <p>CT advised the approach is being built into formal HR processes to ensure a just and restorative way of working those things through. Staff are offered the relevant support throughout any process or investigation.</p> <p>EC advised the Trust has an active learning and improvement network and has set a vision for what continuous improvement means for the organisation. A key element of this is the maturity in relation to being a learning organisation and doing that in a safe and effective way.</p>		
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	<p>BB noted the Patient Safety Curriculum training is currently unfunded and queried what the risk to organisation is if the Trust does not have the funding resources referenced in paper.</p> <p>DS advised there is no additional funding associated with the Patient Safety Specialist programme. While there is a requirement to identify staff to support with this, it matches the Trust's desire to provide improved quality of care for patients. Work will be undertaken with colleagues in the finance and training teams to ensure staff have the appropriate resources to undertake this work. Any risk is a financial risk.</p> <p>The Board of Directors were ASSURED by the report</p> <p>JT left the meeting</p>		
18/229	STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
16 mins	<p>Guardian of Safe Working</p> <p>MC presented the report, highlighting staffing, expansion of the Clinical Fellows programme, decrease in the overall number of exception reports, ongoing work to highlight the exception reporting process, medical outliers and an improvement in the timeliness of exception report closure. There was one immediate safety concern raised in the quarter and no particular areas of concern were identified from the exception reports.</p> <p>MG noted the Allocate software does not link to E-rota and queried if there is a risk associated with this. MC advised the system flags up when an exception report is raised, but does not flag a response from educational supervisors to the trainee. Therefore, the trainee has to check the system to monitor progress. This does not present a risk.</p> <p>GW noted ten new exception reports were raised in the quarter by trauma and orthopaedics, with none being closed and sought clarification if this is an area of concern as this figure is higher than other areas. MC advised the closure system is more of a technicality than a reality. MC advised he is satisfied there is no system issue but these figures are due to the sporadic attrition of hours and workload, rather than any particular issue. The trainees are happy with the resolution.</p> <p>The Board of Directors were ASSURED by the report</p> <p>MC left the meeting</p>		
18/230	PATIENT STORY – HOMEBIRTH SERVICE		
14 mins	<p>PS presented the Patient Story which highlighted the work of the Homebirth Service.</p> <p>JH felt the story was a good example of how a personalised plan was devised for a woman who was adamant she wanted a home birth. This was an excellent piece of multidisciplinary working.</p>		

	<p>PR acknowledged the work of the team to provide a personalised service to mothers</p> <p>CW felt this story provides assurance to the Board of Directors the decision made in September to suspend the overnight Homebirth Service, and the decision taken at this meeting to extend that suspension, is the right decision and the needs of women are being accommodated.</p> <p>PS left the meeting</p>		
18/231	SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT		
50 mins	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the civility and respect event, staff survey and building capability and capacity in relation to improvement within SFHFT.</p> <p>CT highlighted flu vaccination uptake, health and wellbeing interventions, mandatory and statutory training and appraisals and an increase in non-Covid sickness absence. Absence and capacity is further impacted by Covid absence and precautions. However, CT advised staffing capacity is overseen daily.</p> <p>AH noted the flu vaccination rate of 73% and queried if there has been an increase in vaccine hesitancy and what the anticipated level of uptake is. CT advised there has been an increase in uptake of the flu vaccination in recent weeks, noting there was a slower start to the campaign than last year. This was due to people waiting for clarification if a gap was required between the flu and Covid vaccines. It is anticipated the Trust will achieve the 80% target for flu vaccine uptake.</p> <p>QUALITY CARE</p> <p>JH highlighted Clostridium difficile (C.diff) and ED Friends and Family Test (FFT).</p> <p>DS highlighted Venous thromboembolism (VTE) screening and cardiac arrest rate.</p> <p>AH acknowledged there have been two external reviews in the last 6 months looking at C.diff, which have highlighted no process issues or cross infections. However, the Trust remains an outlier. AH queried if any data is available in terms of community based C.diff transmission and carriage.</p> <p>JH advised this information is available and is looked at on a system wide basis. The C.diff rate in the community was raised but has reduced in the last month, in line with the hospital rate. A key theme which has been identified is while there is oversight of primary care prescribing, there is no such view of dental prescribing. Dental access in the area has been an issue and this is a potential cause affecting community C.diff rates. The system group is working with dentists to gain further understanding.</p>		

MG noted the health inequalities in terms of access to dental and other areas and queried if this is being analysed and if there is anything the Trust is doing in relation to accessible services. DS advised there is a programme of work at Integrated Care System (ICS) level in relation to health inequalities and the Trust is linking into that. It is acknowledged there are significant areas of the local community which have significant deprivation. DS highlighted the work of the Street Health project as one area where the Trust is addressing an identified need. However, there is a lot of work to do and a system approach needs to be taken.

TIMELY CARE

SiB advised the NHS remains in a Level 4 incident and the Trust continues to run the Incident Control Team. The new variant of Covid is raising concern at a national level, which may lead to the incident being heightened.

ED 4 hour wait in October was 82.6%, ranking SFHFT tenth in the NHS. Ambulance turnaround times remain very good. It was acknowledged there are days of crowding in ED, but this is well managed. Some drivers of demand work has been undertaken and the Winter Plan is progressing well.

SiB advised, in terms of cancer care, the backlog remains higher than trajectory but remains on the re-forecast trajectory. The average waiting time from referral to treatment (RTT) is a week longer than in 2019 and three weeks longer at the 85th percentile. A report has been presented to the Patient Safety Committee in relation to how patients in the backlog are kept safe. A lot of work is ongoing in relation to pathway redesign.

Elective care waiting times remain better than the national position and the Trust achieved 97% of working day adjusted 2019/2020 activity for October. There are some areas of challenge, which are mostly related to Covid restrictions.

CW sought clarification if the elective capacity at Newark Hospital is being utilised as much as possible. SiB advised the run rate for Newark Hospital is as expected for December, with the exception of a couple of weeks around Christmas when there is a higher level of leave than usual. Feedback at the last meeting of the Scheduling Group was some patients do not wish to book appointments around that period. There are administration constraints in relation to the length of time being booked, making the booking window shorter than previously. There is a different case mix at Newark Hospital, which gives less turnover on some lists. There is a need to continue to work hard to ensure Newark Hospital is as full as possible. There is a proposal to move additional case mix to Newark Hospital, but this has not yet gone through the quality governance process.

CW queried if it is possible to work with partners, for example NUH, to fill slots over Christmas if the Trust's patients do not wish to be seen during this period. SiB advised the offer has not been made in a wholesale way, but the Trust is supporting NUH in some specific speciality areas where they have very long waits, with some of those patients going to Newark Hospital.

DS advised the patient mix at Newark Hospital is very different to King's Mill Hospital. Much of the orthopaedic workload is in the elderly population, who have significant comorbidities. There is a need to balance the risk of complications against the Trust's ability to provide a service at Newark Hospital. The selection process is kept under review.

AH noted the Urgent Care Centre (UCC) appears to be 'struggling' more than in previous Winters and queried if the Covid vaccine booster campaign would impact on GP availability and staffing.

SiB advised the Trust meets with David Ainsworth, Director of Engagement and Service Re-design, CCG, each week in terms of the Primary Care picture. There is a plan for GPs to do more face to face work over the Winter period. For the King's Mill Hospital site, if Primary Care patients present to ED, they are streamed into PC24. The UCC at Newark is currently undertaking the same amount of work which it used to do in 24 hours in less time due to the overnight closure. Additional workforce has been put into the UCC to help with this. There is further work to do with primary care at Newark.

AH noted the recovery activity and queried if there are any signals from the safer surgery audits and screening in relation to risks. DS advised there is currently nothing flagging. The never events at the Trust have occurred outside of the operating theatre. The ICS Elective Recovery Programme is reviewing the risk processes and continues to suggest the waiting lists are causing minimal impact. However, the system for capturing information across the whole system is immature. SiB advised a clear relationship between Did Not Attends (DNAs) and deprivation has been identified. Further work is required to understand this in more detail.

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 7.

EC provided an update on the Trust's Financial Improvement Programme (FIP) at the end of Month 7.

NG highlighted the risks to the delivery of the H2 plan identified by the Finance Committee.

GW acknowledged the establishment of the Capital Oversight Group. While this is in the early stages, it will help build positive relationships with Skanska.

MG queried if there was any risk to external funding, in terms of capital funding which needs to be spent in year. RM advised within the overall Capital Plan some capital funds have been allocated in relation to Community Diagnostic Hubs, which relates to equipping the mobile endoscopy unit. This is in train. The other element which is externally funded is the Targeted Investment Fund which is funding for elective recovery related schemes. The Trust has been allocated some money for that which relates to critical care works and work on the Respiratory Support Unit. There are challenging timescales in relation to this and this is an area which is being looked at by the Capital Oversight Group to ensure it is managed in year.

	The Board of Directors CONSIDERED the report.		
18/232	INFECTION PREVENTION CONTROL BOARD ASSURANCE FRAMEWORK (IPC BAF)		
3 mins	<p>JH presented the report, advising there are 10 domains within the framework and 127 lines of enquiry; the Trust is declaring compliance with 125 of those and this has been externally reviewed by the CCG and NHSE/I. The two areas of non-compliance are risk assessment of all infections and documentation of Covid status on discharge summaries.</p> <p>MG sought clarification in relation to how Nervecentre will help mitigate the risk in terms of completion of risk assessments. JH advised currently assessments are split between Nervecentre and paper based. Using Nervecentre will mean the assessments are completed in one place only.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/233	ASSURANCE FROM SUB COMMITTEES		
11 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting internal audit and declarations of interest.</p> <p>Finance Committee</p> <p>NG presented the report, highlighting the items of expenditure approved by the Committee.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting Advancing Quality Programme, Covid harm report, external accreditation and regulation processes, review of BAF risks and Quality Strategy.</p> <p>People, Culture & Improvement Committee</p> <p>MG presented the report, highlighting health and wellbeing offer, job planning audit, review of BAF risks, mandating of Covid vaccination, ICS developments and People, Culture and Improvement Strategy.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/234	OUTSTANDING SERVICE		
mins	Video was not played due to technical difficulties.		

18/235	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Thanks to staff and well wishes for Christmas and the New Year • Congratulations to winners of the Staff Excellence Awards • Climate Emergency declaration • Guardian of Safe working report • Patient Safety Specialist report • Patient Story – Home births 		
18/236	ANY OTHER BUSINESS		
7 min	<p>Critical Care Anaesthetics Workforce Review</p> <p>RM presented the report, advising this has been previously approved by the Trust Management Team (TMT) and Finance Committee. The request is for a permanent increase in Critical Care Unit capacity to provide 12 Level 3 beds, with 15 beds in total.</p> <p>SiB advised this investment would enable the team to plan a sustainable workforce.</p> <p>The Board of Directors APPROVED the investment to increase capacity and staffing within Adult Critical Care Services</p>		
18/237	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th January 2022 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:05</p>		
18/238	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/239	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 mins	<p>One question was received.</p> <p>Question 1 Ian Holden, Public Governor for Newark and Sherwood asked, Do we need to make a statement about the delayed appointment of a substantive CEO?</p> <p>CW advised when Richard Mitchell left, the Trust indicated the desire to get through the Winter pressures to ensure stability during the difficult time before recruiting a CEO. In addition, Winter is not a good time to advertise across the NHS for a CEO. The process for recruiting a substantive CEO will be revisited in the New Year.</p>		
18/240	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		