

Minutes of the meeting of the Board of Directors held on Monday 1 October 2018 5 November 2018

Three wavy lines in blue, green, and pink/magenta colors that sweep across the bottom of the page.

Agenda Item No: 3.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 1 October 2018 at 10 am in Room 2, Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Prof. A-M Cannaby (v)	Chief Nursing Officer
	Dr J Darby	Associate Non-Executive Director
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Ms Etches OBE	Deputy Chief Executive
	Mr J Hemans	Non-Executive Director
	Mr D Loughton (v) CBE	Chief Executive Officer
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms Nuttall (v)	Chief Operating Officer
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Ms J Small	Non-Executive Director
	Mr K Stringer (v)	Chief Financial Officer/Deputy Chief Executive

(v) denotes voting Executive Directors.

IN ATTENDANCE:

Ms L Bood	Fundraising Co-ordinator, RWT
Ms S Evans	Head of Communications, RWT
Ms D Hickman	Deputy Director of Nursing, RWT
Dr B McKaig	Deputy Medical Director, RWT
Mr M Stevens	Wolverhampton Overview and Scrutiny Committee
Ms V Whatley	Head of Nursing Corporate Support Services
Mr K Wilshere	Company Secretary, RWT
Ms E Davis	Care Quality Commission

APOLOGIES:

Dr J Odum (v)	Medical Director
---------------	------------------

Part 1 – Open to the public

TB. 7026: Apologies for absence

There were apologies for absence received from: Dr J Odum.

TB. 7027: Declarations of Interest from Directors and Officers

There were no declared changes or conflicts arising from the list of declarations reviewed.

Resolved: That the updated declarations of interest by Directors and Officers be noted.

TB. 7028: Minutes of the meeting of the Board of Directors held on Monday 30 July 2018

There was one amendment to the minutes; Page 4, TB. 6978, 3rd paragraph should read; *“Mr Loughton confirmed that City and Sandwell had ~~not~~ opted in to the Pathology approach and he outlined future potential for further and wider developments in pathology services including Cytology services. He also alluded to the potential for the development of shared transport services in the future.”*

Resolved: That the minutes of the meeting of the public session of the Trust Board held on Monday 30 July 2018 be approved as a correct record with the amendment agreed above.

TB. 7029: Matters arising from the minutes of the meeting of the Board of Directors held on 30 July 2018

There was no Matters Arising other than those noted as Board Action Points.

TB. 7030: Board Action Points

The Board Action points were reviewed as follows:

30 April 2018/TB 6851 Learning from Deaths (Mortality) Update Report

A future Board Development Session be scheduled to review the data, information, possible sources of triangulation and learning from the developing process. The date of this to be agreed with Dr Odum.

It was confirmed that this had been arranged and taken place on Monday 17 September 2018. It was agreed that this action be closed.

30 April 2018/TB 6855 Integrated Quality & Performance Report

Prof Cannaby confirmed some amendments had been made and more would be agreed through the QGAC. Ms Nuttall said the revised dashboard was planned for inclusion from November. Mr Dunshea asked for a proposal for the NEDs to review prior to changes to the report. Prof. Cannaby said that the approach being taken was to revise in real time and to take any further feedback from Board Members. Prof. Cannaby and Mr Dunshea agreed to meet before the next Board if necessary.

Action; Prof. Cannaby agreed that an outline of the changed report would be provided to the next Board Meeting.

25 June 2018/TB 6710 Midwifery Service Report

Ms Martin said that the Risk on the Risk Register had remained unchanged. Prof. Cannaby said that the cap had been applied but that there were women already in the system process before the cap had been applied. She said that according to birth-rate plus the service required a further six midwife posts, that review and re-structuring was being considered and that external governance feedback indicated that the current situation was safe. Ms Martin said it was Consultant cover as well as Midwife cover. She said that regular updates on the predicted ‘run-rate’ was what she was looking for.

Ms Nuttall said that there was a meeting to review the predicted forecast run-rate arranged and to review the staffing cover and recruitment. Dr McKaig added that the external review (Royal College of Obstetrics and Gynaecology - RCOG) provisional information had been received and a further report was to be provided to the Board in due course. Prof. Cannaby said that some other partner Trusts had indicated they would be lifting their 'caps'. She confirmed a report would be provided to the December Trust Board.

Action: AMC & GN to provide an update Report to Board at December Trust Board Meeting.

25 June 2018/TB 6854 Finance Report – Month 12

Ms Nuttall said this would be picked up in the Financial Recovery Board report presented at the next Trust Board meeting.

It was confirmed that this information was now included in the Financial Recovery Board Report. It was agreed that this action be closed.

25 June 2018/TB 6939 Patient and/or Staff Story

Prof. Cannaby said that further work had been undertaken over the summer and that the Story's had been extended to relatives and staff and this would be reflected in the stories presented in future.

It was agreed that this action be closed.

30 July 2018/TB 6982 Kirkup Report Part 2 – Gap Analysis

It was agreed that the revised plan and future reporting would be monitored through the QGAC.

It was confirmed that the Kirkup Report Actions was now monitored by QGAC with target dates. It was agreed that this action be closed.

30 July 2018/TB6985 Clinical Nursing Fellowship Programme

It was agreed that the scrutiny of the progress of this proposal will be undertaken by the Workforce and Organisational Development Committee of the Board.

It was confirmed that the Clinical Nursing Fellowship Programme was now monitored by the Workforce and Organisational Development Committee. It was agreed that this action be closed.

Patient Safety, Quality and Experience

TB. 7031: Patient Story

Prof. Cannaby introduced the narrative from the relative of a patient who was also a Trust employee. He spoke about his mother's recent experience as a patient and about the improvement since her previous admission. Prof. Cannaby said it was a positive story compared to the previous experience with improved communication, teamworking and attention to explaining each stage of the pathway to the patient as it was happening. Ms Small said it was a powerful story and should be shared across services. Prof. Cannaby agreed and highlighted the focus on 'general care' issues being important in all contact between patients and staff. Ms Rawlings added that her recent experience as a carer had been as good as that of the respondent. Mr Vanes noted the performance of a new member of staff highlighted by the relative.

Resolved: that the Patient Story be received and noted.

Mr Loughton joined the meeting.

TB. 7032: Chief Executive's Report

Mr Loughton introduced his report and highlighted the positive GiRFT inputs that had been received. He highlighted that within any organisation there was likely to be variations in quality between services and specialities and the data available through GiRFT had demonstrated this. He highlighted recent visits from other Trusts looking at the Safe Hands system and he added that he was considering a move of the control centre to WMAS in due course. He also referred to revisions of the membership of the West Midlands Cancer Alliance following his taking of the Chair.

Mr Loughton then referred to problems in other A&E departments particularly at Shrewsbury and Telford Trust. He said that previously agreed numbers had been revised without his knowledge and that the numbers now highlighted were not sustainable or achievable and that he had written to the CEO to this effect. He referred to the extended journey times from parts of Wales and the impact of this on the Welsh Ambulance service. He referred to work to provide greater treatment in the community in future through the Ambulance service.

Mr Loughton stated his concerns regarding the continued impact of any additional Ambulance attendances overnight and his concerns regarding future repatriation of patients from outside the immediate area. He said that the University had confirmed an increase, in response to the Trust request, in the number of Nurses accepted for training but that this would present a challenge in providing sufficient placements.

Mr Loughton clarified his approach to the reviews of Cancer Services by speciality and he confirmed that the leading clinicians were involved in shaping the future of the services. Mr Vanes asked when the target date was for the Telford overnight closure. Mr Loughton said diverts had already been taking place. Ms Edwards asked about the reference to the Keogh report on A&E services delivery and whether there had been any progress on implementing this with other organisations. Mr Loughton said that there was not. Ms Edwards asked whether it could be moved forward. Mr Loughton said that this was not the case at this moment in time and that he had refused to transfer staff.

Mr Dunshea asked about the Cancer Alliance and any recommendation for a future Cancer centre. Mr Loughton said he hoped so but that he had yet to attend the national meeting. He confirmed it was one of the top two priorities for capital investment nationally after mental health. He added that construction costs had increased locally since the failure of Carillion.

Resolved: that the Chief Executives Report be received and noted.

TB. 7033: Patient Experience Q1 Update/Report

Prof. Cannaby referred to the Report and highlighted the reduction in complaints and the improvement in response times to the complaints. She referred to complaints regarding general care elements and recent work that had resulted in an increase in FFT responses in A&E. She also highlighted the areas with higher than expected 'non-recommendation' rates that would be subject to further analysis. Prof. Cannaby referred to the revision that had been made to the report including the data and information to a greater depth. Ms Edwards confirmed that some of the data was very useful in the way in which it had been presented.

Resolved: that the Patient Experience Q1 Update/Report be noted.

TB. 7034: National Inpatient Survey 2017 Report

Prof. Cannaby introduced the Survey report and the summary information in the report with additional elements related to consistency and avoiding un-necessary variation in care. She referred to the data regarding the highest and lowest scores and she highlighted the general positive set of results. She referred to the need to understand the general care elements referred to previously, staffing, education and communication all being elements referred to in the Nursing Strategy that would be published in the near future.

Ms Edwards referred to information given on danger signals to patients after discharge and she asked whether it was a failure to apply current practice or that the current practice was no longer appropriate. Prof. Cannaby said that discharge information was an area of issue with more work to do – she highlighted that practice regarding medication information had improved.

Mr Hemans asked whether there were any particular areas of issue. Prof. Cannaby said that A&E was always tricky given the brief episode and contact involved but that this had improved more recently. Dr McKaig said that NHSI had made further recommendations that would be integrated into discharge processes such as the use of plain English in written communications. Prof. Cannaby said that the research indicated that the patient had to be in the right position to ask the right information of the right person but that the process was complex. Ms Rawlings asked about information for the patient's carer. Prof. Cannaby said that the engagement and dialogue was key.

Mr Dunshea asked about question 69 with no improvement shown and asking whether patients had been asked about their quality of care. Prof. Cannaby said that this should be included as part of all appropriate interactions with patients and their relatives about how this could be asked in real time throughout the patients pathway and that the Patient Experience Team were looking at how this could be sought and logged apart from those providing the direct care. She said that a live feedback system had to be considered for the future.

Mr Dunshea said he advocated early questioning in case there were issues that could be addressed. Prof. Cannaby agreed. Ms Small referred to the low Paediatric response rates. Prof. Cannaby said that work was underway regarding the views of both parents and the perceptions of the young people involved. Mr Vanes welcomed the revised report and the results in the Survey.

Resolved: that the National Inpatient Survey 2017 Report be noted.

TB. 7035: Learning from Deaths/Mortality Data

Prof. Cannaby provided an overview of the position regarding mortality and learning from deaths in the future. She referred to crude mortality and standardised mortality mechanisms and calculations for the latter as complex. She said the underlying message was that the Trust had some issues and needed to find a way of understanding and addressing these.

Prof. Cannaby summarised the many and complex variables involved in the quality of care including those things that play a part in the recording and calculation of hospital mortality data including the way in which things were recorded influenced the coding recorded and the resulting expected death ratio.

Prof. Cannaby said it was a complexity of issues involved and the key questions to respond to the issues involved from the understanding of the data, planned improvements, the reliability of care, the good governance of these and knowing what the Trust was going to do next.

Prof. Cannaby highlighted what was known about the data and ratio information to date and the understanding that had emerged including the detailed reviews of all deaths that had taken place with emerging themes addressed by the plan that had been put in place tackling 6 streams of work - Program management, City-wide programs, Policies and processes, Quality/safety, Education and Workforce. She went on to outline the robust internal and external Governance with the enhancement of a newly formed Programme Board chaired by the CEO overseeing the plan implementation.

Prof. Cannaby referred to the quality improvement plan and the expertise from external sources that had been put in place to support this alongside the development of the new Medical Examiner roles that were being recruited to. She said that there was further work to improve coding dialogue and recording influencing coding underway.

Prof. Cannaby said that the work of the small Palliative Care Team had been reviewed and might require future investment and enhancement. Dr Darby commented that there were the community aspects to be considered, particularly care and nursing homes practice. Mr Loughton said that this was a focus of further changes that would be promoted in the care sector and in the community including in respect of preferred place of death.

Dr Darby asked about the liaison with the Local Authority. Mr Loughton confirmed that it would be with social services on board. Dr Darby further questioned the use of DNACPR and the responses of Ambulance services. Mr Loughton said that discussions were ongoing with WMAS to incentivise treatment and care at place of care rather than conveyance. Ms Etches said that the relatives' responses and understanding also need to be addressed to ensure a consistent community based approach including input from MacMillan and other specialists skilled in this care.

Mr Dunshea said it was important that the current position was recognised, the time it would take for the ratio to change and the potential for an adverse impact on the reputation of the Trust services. Prof. Cannaby said that further external expert analysis had been engaged and was to take in place in analysing and tracking the SHMI ratio.

Mr Mahmud said the focus was the essential questions from NHSI –

- 1. What does the trust understand are the drivers for elevated mortality ratios?*
- 2. Do we have a robust improvement plan?*
- 3. Are we providing reliable care?*
- 4. Is there a clear governance structure with appropriate Board engagement?*
- 5. What are our next steps?*

and that these were the most important focus. He said that the data impact of quality improvement would be tracked monthly even though the nationally published updates are every 6 months. Mr Loughton spoke about the previous impact of incorrect publicity regarding deaths in care.

Mr Hemans spoke of his family's recent experience of end of life care at home and the key role of the community support services into the home was vital to ensure relatives and carers were confident in the care at home. He said he was concerned about the situation with Telford and the increase in overnight Ambulance attendances impact. Mr Loughton confirmed that there had been and would be additional investment in community services.

Mr Loughton said that staff in A&E were also concerned about the potential impact. Ms Edwards said the quality of care was paramount and must be demonstrable including the Learning from Deaths outputs. Mr Loughton said that previous action plans had been accepted by the CQC and that proving quality of care was not always straightforward. Dr McKaig referred to the work with external expertise on providing assurance of the quality of care being 'as good as it can be' and that it was part of the wider quality improvement programme across the Trust.

Ms Nuttall spoke about the positive relationships with the local authority in Wolverhampton and the need to develop these with other local authority areas to aid repatriation and continuity. Mr Vanes welcomed the update and recognised the complexity of the issues involved. He went on to acknowledge the wider health and social care systems part in promoting preferred choice in the end of life care process. He reminded the Board that the impact was through the published ratio and the reputation of the Trust.

Resolved: that the Learning from Deaths/Mortality Data Report data be received and noted.

TB. 7036: EPRR Core Standards

Ms Nuttall introduced the report and outlined the self-assessment process with three areas that required further work – shelter and evacuation, mass countermeasures and mortuary capacity. She said that all were planned and scheduled for completion before the end of the Financial Year and she recommended the overall position to the Board. Mr Dunshea asked what the evidence was for the effectiveness of the plans. Ms Nuttall said there was a schedule of testing of the systems and plans.

Resolved: that the EPRR Core Standards Self-assessment be received and noted.

Strategy, Business and Transformation

Performance

TB. 7037: Financial Report – Months 4 & 5

Mr Stringer introduced the report and the summary position as per the summary in the report. He flagged up the risks that related to the national pay award funding shortfall. He added the pay movements on page 7 and that pay was above where it was expected to be as more staff are appointed and the lag to when they start work. Mr Stringer said that the Divisions had undertaken work to further analyse and understand the pay position.

Ms Martin reiterated the work being reported on the pay spend position and the expected receipt of the long term financial model despite the guidance not yet being available nationally and that this would include the impact as far as was known of the future funding of the remainder of the pay award. She also said that payment of suppliers had been reviewed and work was underway to further improve the payments position. She added that other NHS organisations are delaying payment to the Trust on national instruction.

Mr Duffell asked about the impact on A&E targets of additional activity from other organisations. Mr Loughton said he intended to address this. Mr Dunshea asked if the legacy CCG debt was yet settled. Mr Stringer confirmed that it was not and had been escalated further.

Resolved: that the Finance Report – Months 4 & 5 be noted.

TB. 7038: Integrated Quality and Performance Report

Mr Vanes said this had been extensively reviewed by recent Board Committee's. Prof. Cannaby referred to the initial revisions in format and presentation and asked for members' views and suggestions including additional indicators from the Sepsis pathway. She referred to the SI reporting breaches monitored by the CCG that was subject to further remedial work for completion in the near future. Prof. Cannaby said the VTE Assessment compliance was improving, the C.Diff position was higher with resulting deep cleans and the catch-up on SJR 1 reviews was in hand.

Ms Nuttall spoke about the ED performance in the top quartile nationally and that there had been a significant increase in Ambulance conveyances but with an improvement in handover performance. She said the two breaches were patients awaiting mental health placements. She referred to the Cancer position and recent meetings and that the actions were addressing the increased number of referrals and backlog of cases. Ms Nuttall said the initial improvement trajectory was based on the then predicted referral rate which has increased significantly and therefore presented further challenge.

Ms Rawlings referred to recent Ward Walks and staff concerns regarding increased visiting times and the potential for this to increase infections and disrupt clinical care. Prof. Cannaby said that infection prevention practice should mitigate any additional footfall. Ms Whately said that August had been a month where numbers increased for a number of reasons including the change in junior medical staff. Mr Loughton reminded the Board that it also improved parking flow. Ms Etches said that long visitors had an impact on the delivery of care and privacy/dignity in a care setting. Mr Vanes said it demonstrated the impact of Non-executive activity on the knowledge and intelligence in the Trust. Prof. Cannaby welcomed the contribution.

Resolved: that the Integrated Quality and Performance Report be noted.

Regular Reports

TB. 7039: Executive Workforce Report

Mr Duffell introduced the report and highlighted the summary provided including the changes made to the report and the improved sickness absence rate, improved Appraisal completion rate and improved Mandatory Training position. He also confirmed that the Pathology Staff had transferred to RWT and he confirmed the contingencies in place to ensure the transferred staff are paid at month end. Mr Loughton said that this had a negative impact on the Trust reference costs and that this needed to be recognised by NHSI and NHSE. Mr Sharon asked whether they were part of the Trust Flu Jab rate. Ms Whately said that the campaign had already started and so their vaccine would be through their previous routes this year.

Mr Duffell reiterated the success that the recent recruitment campaigns have had; he also said the NHSe well-being framework was to be adopted to give greater focus on the Health & Wellbeing agenda.

Mr Hemans highlighted the success in attracting Apprentices and that the improvement in Mandatory training rates had to be maintained. Ms Rawlings added that some staff had found it difficult to access and to some of the Mandatory Training. Mr Duffell said the move to e-learning would continue and there was a group working to improve the focus and reduce the length of some of the training along with a post-induction Mandatory training checklist and a re-examination of the frequency and requirement for some of the current areas defined as 'mandatory'.

Resolved: that the Executive Workforce Report be noted.

Annual, Six monthly and Quarterly reports

TB. 7040: Education Report

Dr McKaig introduced the report and highlighted the clinical fellowship programme success, the undergraduate and other professions satisfaction feedback, and the expansion of the clinical fellowship scheme. He also highlighted the work referred to on improving the Mandatory Training offer and requirements. Dr McKaig then referred to work to review the approach to Leadership and Management development, the impact that the further reduction in learning beyond registration funding had, and the reduction of Dietetic placements due to low staff numbers.

Mr Dunshea asked what the plans were for the placement of the Nursing Associates approaching the end of their training. Prof. Cannaby said that they were in vacant posts but that the regulation was catching up with the clinical situation. Mr Dunshea asked about the physician associate training. Dr McKaig said that this was underway and subject to discussions about the best placements and use of this role when qualified, but that the position regarding prescribing was not yet resolved at a national level.

In terms of Physician Associate students, we anticipate 25 PA students for this academic year and 20 for next academic year.

Mr Loughton said he would like a legal view as to whether the Trust Board could extend the role of the Associates. Prof. Cannaby said that as the Associates were as yet unregulated then the option for extended scope that existed for regulated professions was not available. Prof. Cannaby said there were other quasi-professions in a similar position. Ms Rawlings asked whether other Trusts use of the associates had been looked at. Mr Duffell confirmed that this had been done.

Resolved: that the Education Report be received and noted.

TB. 7041: Annual Equality, Diversity and Inclusion Report for 2017 – 2018

Mr Duffell introduced the report that included all the relevant Equalities related reports. He said it highlighted the key objectives to be pursued. He said the information was nationally proscribed and that it included the direction and development for the Trust.

Mr Sharon concurred and referred to page 63 and the ED&I Induction and Mandatory Training packages as positive symbols of the need to understand and operate in a culturally diverse organisation and community.

Mr Vanes said he hoped this would be shown in the future staff surveys and awareness. He referred to inconsistencies in the community breakdown statistics. Mr Duffell confirmed he would review and check the figures.

Resolved: that the Annual Equality, Diversity and Inclusion Report for 2017 – 2018 be received and noted.

TB. 7042: Staff Flu Vaccination Assessment

Ms Whatley referred to the instruction received from NHSI that the Trust self-assess and report to the Trust Board the status and plans for vaccination in key groups of staff as outlined in the report. She said the Trust had to provide an update from last year's campaign and the current campaign.

Ms Whatley referred to recommendations in the information regarding potential actions in relation to staff that refuse the vaccine working in areas where a 100% was expected. She said that the impact in the current year was already showing a greater uptake. Mr Loughton asked for a conversation with Mr Duffell to agree the Trust approach in any such cases. Mr Stringer confirmed to the Chair that there was a CQUIN payment related to the vaccination rate in staff. Mr Loughton asked that the message be a positive one about the benefits and patient safety elements of the campaign.

Resolved: that the Staff Flu Vaccination Assessment be received and noted.

Governance, Risk and Regulatory

TB. 7043: Trust Risk Register

Prof. Cannaby referred to the three new risks identified in the report and the actions that had been taken to address these along with those removed and the remaining risks.

Resolved: that the Trust Risk Register be received and noted.

TB. 7044: Board Assurance Framework (BAF)

Mr Wilshere introduced the revised format for the BAF and the new Risk SR12 that had been reviewed by the Board Committee's.

Resolved: that the Board Assurance Framework be received and noted.

TB. 7045: Annual Audit Letter

Mr Stringer introduced the letter and the positive opinion with two items as outlined in the report. Ms Edwards asked about the VTE indicator occurring for a second year and she asked whether it would be addressed this time. Prof. Cannaby said it was difficult to provide assurance at this time given the plethora of electronic systems used to record this and that the system had been changed previously.

Ms Edwards asked whether the audit trail was clearer for future audits. Prof. Cannaby said the reporting is still undertaken manually. Ms Hickman said that the new system post-dated the audit and the new system operation had not been looked at. Mr Stringer said an interim audit could be requested prior to the year end. Mr Dunshea confirmed that the letter was largely positive.

Resolved: that the Annual Audit Letter be received and noted.

TB. 7046: Charity Annual Report/Accounts

Mr Stringer introduced the Accounts and Report. He recommended the improved report and work it reflected. Ms Rawlings agreed and thanked Ms Bood and Ms Evans for their efforts. She added that the Celebration event was on 12 November 2018 including volunteer awards.

Resolved: that the Charity Annual Report/Accounts be received and noted.

TB. 7047: Assignment of NEDs to committees

Mr Vanes confirmed there were no intended changes to the NED representatives on the Board Committees. He asked for the confirmation to be circulated.

Action: Company Secretary to circulate NED Committee membership.

Resolved: that the Assignment of NEDs to committees be received and noted.

TB. 7048: Freedom To Speak Up Vision & Strategy with action plan

Ms Mehay introduced the work undertaken previously with the Trust Board. Mr Duffell said that the Trust had assessed that an agreed 'vision' was required and the final draft of this was included in the report. Following discussion it was agreed that the vision was:

"As an NHS Trust we are committed to promoting a culture of openness and transparency, enabling speaking up to become business as usual. We will provide a safe environment, empowering employees to speak up with confidence knowing their concerns will be well received and acted upon."

Ms Mehay said that October was FTSU Month and that there were a number of promotional activities involving Board members planned.

Resolved: that the Freedom to Speak Up Vision & Strategy with action plan be received and noted.

Feedback from Board Committees

TB. 7049: Chairs Report of the Trust Management Committee of 27 July 2018

Resolved: that the Chairs Report of the Trust Management Committee of 27 July 2018 be noted.

TB. 7050: Chairs Report of the Finance & Performance Committee of 5 and 19 September 2018

Resolved: that the Chairs Report of the Finance & Performance Committee of 5 and 19 September 2018 be noted.

TB. 7051: Chairs Report of the Audit Committee of 24 September 2018

Resolved: that the Chairs Report of the Audit Committee of 24 September 2018 be noted.

TB. 7052: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 19 September 2018

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 19 September 2018 be noted.

TB. 7053: Chairs Report of the Workforce & Organisational Development Committee (WODC) of 24 August 2018

Resolved: that the Chairs Report of the Workforce & Organisational Development Committee (WODC) of 24 August 2018 be noted.

TB. 7054: Chairs Report of the Chairs Report of the Charity Committee of 13 August 2018

Resolved: that the Chairs Report of the Charity Committee of 13 August 2018 be noted.

Minutes from Committees in respect of which the Chair's report has already been submitted to the Board:

TB. 7055: Approved Minutes of the Finance and Performance Committee of 5 September 2018

Resolved: that the Approved Minutes of the Finance and Performance Committee of 5 September 2018 be noted.

TB. 7056: Approved Minutes of the Audit Committee of 25 May 2018

Resolved: that the Approved Minutes of the Audit Committee of 25 May 2018 be noted.

TB. 7057: Approved Minutes of the QGAC Committee of 25 July 2018

Resolved: that the Approved Minutes of the QGAC Committee of 25 July 2018 be noted.

TB. 7058: Approved Minutes of the WOD Committee of 20 June 2018

Resolved: that the Approved Minutes of the WOD Committee of 20 June 2018 be noted.

TB. 7059: Approved Minutes of the Charity Committee of 11 June 2018

Resolved: that the Approved Minutes of the Charity Committee of 11 June 2018 be noted.

General Business

TB. 7060: Matters raised by members of the general public and commissioners

None raised.

Any other Business

TB. 7061: Date and time of next meeting:

5 November 2018 at 10a.m. in the Board Room, Corporate Services Centre, New Cross Hospital, Wolverhampton

TB. 7062: To consider passing a resolution 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 about to be transacted, publicity on which would be prejudicial to the public interest.

Resolved: that the resolution to exclude be approved.

The meeting closed at 12:45pm.