

# Minutes of the meeting of the Board of Directors held on 4 February 2019 4 March 2019

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Agenda Item No: 3.0

# The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 4 February 2019  
at 10 am in Board Room, Corporate Services Centre, Building 12,  
New Cross Hospital, Wednesfield, Wolverhampton

<b>PRESENT:</b>	Mr J Vanes	Chairman
	Prof. A-M Cannaby (v)	Chief Nursing Officer
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Mr J Hemans	Non-Executive Director
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms Nuttall (v)	Chief Operating Officer
	Dr J Odum (v)	Medical Director
	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:

Mr T Arrowsmith	
Ms S Evans	Head of Communications, RWT
Ms S Gill	Healthwatch Wolverhampton
Mr S Hildrew	Seimens
Dr C Huntley	RWT
Mr C McIntosh	Pfizer
Ms T Palmer	RWT
Ds S Steadman	RWT
Mr K Wilshere	Company Secretary, RWT

## APOLOGIES:

Ms Etches OBE	Deputy Chief Executive
Mr D Loughton (v) CBE	Chief Executive Officer

## Part 1 – Open to the public

### **TB.7196: Apologies for absence**

Apologies were received from Mr Loughton and Ms Etches.

### **TB.7197 : To receive 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.7198: Minutes of the meeting of the Board of Directors held on, 3 December 2018**

Ms Edwards had one change to the draft minutes – the addition of an Action Point and timescale following the final paragraph, page 7, item TB.7148 Maternity Cap and Activity Update Report as follows:

**Action:** Mr Sharon to provide an initial review and update on the potential impact on RWT Maternity service following changes announced to the service at Shrewsbury and Telford Hospitals at the 1 April Board Meeting.

**Resolved:** That the minutes of the meeting of the public session of the Trust Board held on Monday 3 December 2018 with the addition of the Action Point above be approved as a correct record.

**TB.7199: Matters arising from the minutes of the meeting of the Board of Directors held on 3 December 2018**

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

**TB.7200: Board Action Points**

2018/TB 6710 also 30 July 2018/TB 6979 Midwifery Service Report  
It was agreed that the action remained unclosed and re-dated to the February 2019 Trust Board meeting, 4 February 2019.

**Resolved:** that the action be considered closed (on Agenda) and removed.

**TB.7201: Chief Executive's Report**

Mr Stringer introduced the report in the absence of the CEO. He highlighted a busy period for the CEO and the Trust and a great deal of activity particularly related to innovation and new technology opportunities, being part of the Sustainability and Transformation Partnership (STP) and wider NHS systems evolution including the STP role in capital allocation, the CEO's role in the wider Cancer network and services engagement as well as continued contact with local stakeholders, attending the launch of the NHS 10 year plan and participation in the recent Chair recruitment process.

Ms Rawlings asked about the contact with Lightfoot. Mr Mahmud said it was an exploratory meeting looking at potential use of data systems. Mr Dunshea asked how the meeting with the Safeguarding Board had gone. Prof. Cannaby said that it had unfortunately been cancelled at short notice. Mr Vanes asked whether there was any further information regarding Shrewsbury and Telford Hospital Trust's recent announcements. Mr Sharon clarified the position and confirmed that SaTH had taken the decision to site a single Emergency Department at Shrewsbury and the relocation of Maternity Service at the Shrewsbury site with the re-use of the Telford site for planned care. He said that the potential impact of this was being assessed in terms of RWT. He highlighted that the decision may be subject to some form of review or legal challenge but that the capital availability had been confirmed to be followed by a final Business Case.

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

## **Patient Safety, Quality and Experience**

### **TB.7202: Patient Story**

Prof. Cannaby introduced the patient story from a patient who had received services from the Trust over a considerable period of time since 2012 in relation to his cancer. He spoke about receiving his initial diagnosis and spoke highly of the clinical teams care, contact and immediate treatment response. He related his experiences over time and the high standard of care and compassion from all staff he had come across. He said his only negative experience related to treatment when he had broken his arm as a result of neutropenia in relation to a lack of knowledge in the staff in that area and his wife being inappropriately and inaccurately informed that he was dying. He related how his Consultant had corrected the misconception. He was continually positive about his care and treatment.

Prof. Cannaby spoke about subsequent cross-education of staff regarding other areas of speciality to ensure consistency of care. Ms Edwards asked how his bones had become susceptible to breaking. Dr Odum said it related to osteoporosis and degrading of the bone marrow and was a recognised feature of the condition.

Ms Rawlings asked about the staff education in ensuring accurate information is given in future. Prof. Cannaby said that in her view the principle was to ensure staff sought adequate advice and information prior to discussion with patients and their relatives from specialist colleagues. Prof. Cannaby added that there was an ongoing programme of Nurse Education available including specialist knowledge and principle care factors.

**Resolved: that the Patient Story be received and noted.**

### **TB.7203: Mortality Action Plan/Learning from Deaths update**

Dr Odum introduced the report and highlighted the following aspects. He said that there had been no change in the overall statistical position and that over the winter crude mortality had been higher locally and nationally. He confirmed that the SHMI had remained at 1.22. He went on to detail that the Admission numbers had continued to reduce in the Trust along with a reduction in the older people admitted as part of this.

Dr Odum said that the number of deaths in hospital remained relatively high and that seven Medical Examiners had been recruited and were taking up the roles including reviewing notes and speaking with relatives. He went on to say that the bereavement nursing role was in the process of being recruited to and would be part of enabling and supporting relatives to participate in future reviews.

He then referred to the Coding reviews that had shown issues with primary and secondary diagnosis categorization with work between coders and clinicians continuing to improve accuracy. He highlighted that with fewer numbers of discharged patients, the correct attribution becomes more important.

Dr Odum referred to the recent sign off and introduction of a local coding Policy to ensure capture of all relevant co-morbidities and also referred to the work with PwC is undertaking which is also looking to ensure coded spells/episodes are correct. He said that their initial findings related to the depth of coding in specified clinical areas and conditions (around 20%) and the relative risk scores of death of deceased patients being under represented. He provided an illustration of the differential risks of death between conditions that may look superficially similar hence the requirement for greater accuracy. He said that work was

continuing on this between clinical and coding staff to revise the submitted data in the short term.

With respect to the quality improvement agenda he said that the Mortality reviews had shown that around 3-4% of cases had issues relating to the standard of care as detailed in the IQPR for example recognition and management of deteriorating patients, recognition of sepsis and with end of life care.

Dr Odum said that the updated VitalPAC with the national early warning score and the revised approach to Sepsis recognition was awaiting implementation. The recognition and treatment of Sepsis had continued to improve with further gains to be made.

Dr Odum said the Business Case to enhance the in-hospital and out-reach services for End of Life Care support services had been approved and that the recruitment to posts had commenced.

The Business Case to appoint additional nurses to the critical care outreach team had also been approved and will strengthen the support for management of the deteriorating patient 7 days/week.

Dr Odum summarised the recent Audit activity that had been undertaken on the care pathways in areas with the raised mortality rates on both medical and nursing components. He said the first one had commenced regarding pneumonia.

Dr Odum referred to the Mortality Policy and Strategy recently completed and further activity across the health community to improve community based end of life care. He referred to the learning from death Structured Judgement Reviews (SJR's) now focussing on deaths in specific groups plus in reviews in a random 10% of other deaths for further learning points included in the IQPR.

Dr Odum then referred to the external review by Stan Silverman with a draft report being reviewed and with a focus on quality of care. He also said that the Trust was out to recruit to the quality improvement lead role. He said there was a lot of interest in this post and it's potential. He then referred to further CQC Alerts received and being responded to and he noted that there was a national review of the SHMI process by NHSI with technical support and input.

Mr Vanes said that Prof. Cannaby and Mr Mahmud had added to the information given by Dr Odum. Prof. Cannaby confirmed the improvements undertaken to the audit process application. Mr Mahmud said that real time calculations showed location improvement in the SHMI before it entered the national comparison and basing. He said that the outlier alerts had been expected and anticipated. Ms Edwards asked about the Action Plan and the involvement of bereaved families and that there was no implementation date. Mr Wilshere confirmed that the paper provided was not complete and had aspects missing in the conversion of the documents. He said that the paper provided would be replaced in the papers in due course (this was confirmed soon thereafter).

Dr Odum clarified the changes to the engagement of families and relatives in the future review process. Prof. Cannaby said that there were Bereavement Nurses in some specified areas but that the new role would expand this potential and process. Ms Martin asked about the red item relating to CQI audits. Dr Odum confirmed that these had now commenced. Prof. Cannaby confirmed this alongside nursing audits in the same area. Ms Martin suggested breaking this action down for future reporting. Ms Martin said that she remained unassured in respect of the

improvement of coding accuracy and the recovery of appropriate costs given the content of the report. Mr Stringer explained that the cost recovery and attribution was a complex process from clinical records through to the submitted coding data. He said that each Finished Consultant Episode (FCE) was being examined and that the work undertaken by PwC was enhancing and improving this. He also referred to the use of artificial intelligence in improving this. Ms Martin said the data capture and coding elements were therefore both being examined and acted upon. Mr Stringer confirmed this. Ms Martin said the data capture from clinicians remained unaddressed.

Prof. Cannaby said that there was increased joint work on this in AMU where clinicians and coders worked together at the same time to discuss and improve the definition and recording of the initial data. Mr Mahmud confirmed the PwC system looked at both aspects but that further data cycles were required to assess what and the degree of improvement that could be achieved. He also referred to work that other Trusts were taking in parallel to improve their recording and coding. Ms Martin asked when that might be available. Mr Mahmud said in around 6 months. Ms Martin asked when the Stan Silverman report would be available to the Board. Dr Odum said that it was imminent. Mr Dunshea asked what the SHMI was. Dr Odum confirmed it was 1.22. Mr Mahmud said the locally tracked downward trend position would change when nationally rebased on the rolling 12 month period. Mr Vanes referred to the work underway and asked that the executives remain vigilant in pursuing all aspects of this important work and he thanked those involved to date for their efforts and focus.

**Resolved: that the Mortality Report – Learning from Deaths update be noted.**

### **Strategy, Business and Transformation**

#### **TB.7204: Memorandum of Understanding – The Black Country and West Birmingham Sustainability and Transformation Partnership (STP)**

Mr Sharon introduced the paper and explained that this was an updated version and that it was for approval. He said the document raised no new or changed risks and that limitation was clearly defined therein. Mr Sharon said that the increased use and emphasis meant that being an active member of the STP was required.

Mr Vanes said the legal name remained incorrect. Mr Sharon confirmed that this would be changed. Ms Edwards asked about the development of Key Performance Indicators across the STP. Mr Sharon said this was the collation and aggregation across the STP of data already collected and submitted. He said that questions had been raised about how this would or would not provide benefits and insight compared to existing submissions and performance management. Mr Vanes referred to the chart on page 25 and the pivotal role of one key group in future decision making and impact.

**Resolved: that the Memorandum of Understanding – The Black Country and West Birmingham Sustainability and Transformation Partnership (STP) be approved subject to the use of the Trust's correct name.**

#### **TB.7205: Brexit Planning Summary**

Ms Nuttall introduced the paper and the brief summary therein of the preparation for possible implications within the requirements of the NHS nationally. She highlighted the areas of identified vulnerability, the known and the unknown referred to in the report and that all had been escalated to the NHS centrally with local monitoring, the frequency of which will flex depending on the national lead.

Mr Vanes referred to the concerns regarding the status of EU nationals working in the UK and the potential implications for employers. Ms Nuttall said there had been meetings with staff potentially impacted upon with support in place as far as can be provided at this point. Mr Duffell reiterated the Trust's support for staff including ongoing communication and signposting where known.

Mr Vanes also highlighted issues for people where partners or family members are EU nationals.

**Resolved: that the Brexit Planning Summary be received and noted.**

#### **TB.7206: NHS 10 Year Plan Summary**

Mr Sharon introduced the paper and highlighted a number of aspects that would impact upon the Trust. He said there was now planning guidance but with aspects to be confirmed. He also confirmed that conversations were continuing regarding targets and workforce issues. He said the focus on patient outcomes was well received but that the funding settlement was mainly to provide stability and catch-up rather than for investment in new or innovative services. He said the focus on investment in mental health and primary care was welcomed along with the continued use and implementation of quality improvement methodologies for gains in quality, safety and possibly cost.

He said that the Plan outlined that all STP's would become ICS's by 2021 but that there was detail on this to follow. Mr Sharon referred to the new Primary Care Contract that featured inclusion in local networks with further funding opportunities for extended primary care teams e.g. community nursing teams based around local primary care networks. He said it also included options for extended services on a network level. He said it referred to preventative elements without addressing the issues regarding public health spending reductions and that revision of the funding formulae towards areas of higher deprivation.

Mr Sharon said that the references to outcomes were set out in the report and paper, as were the staffing elements including additional nurse training funding, the emphasis on the use of new technology and the roll out of the NHS App, waste reduction, achieving financial balance and a continued constrained capital situation, changes to regulation and greater use of the model hospital/model system metrics.

Mr Sharon said it set out the ideas for potential legislative change although he said it was unclear as to whether these would, when worked through, achieve priority parliamentary time. Mr Duffell said the workforce aspects lacked detail with further work was underway that would make it likely that the Workforce Plan might not emerge until later in the year. Mr Vanes asked that further time and consideration be devoted at the planned away-day in March 2019. Mr Dunshea asked who will be pushing RWT towards aspects of the plan. Mr Sharon said commissioners and STP along with NHSe and NHSi would be likely to be the one focussing on the development of the primary care networks.

Mr Mahmud spoke about the Trust's increasing involvement in Public Health provision locally. Mr Sharon said that local systems would be required to produce local STP based plans to enable the national plan. Mr Dunshea asked whether the Trust or STP would report against this. Mr Sharon said he thought it would probably be both.

**Resolved: that the NHS 10 Year Plan Summary be received and noted.**

### **TB.7207: Estates Strategy**

Mr Stringer introduced the Strategy. Ms Martin clarified that it had been reviewed by the Finance and Performance Committee previously. Mr Stringer said it was an update of the current Strategy and that a five year plan ahead would be required and reviewed from June 2019 onwards to fit in with the national timescales and cycles once known. Mr Stringer highlighted the changes undertaken including Mid-Staffs acquisition and Vertical Integration practices, the challenges relating to diagnostic capacity, Maternity capacity, Radio Pharmacy, community strategy, West Park and Cannock Chase. He said the 12 month capital plan would follow at the next Board.

**Resolved: that the Estates Strategy update be received and noted.**

**Resolved: that the Estates Strategy timescale extension by 12 month hence be approved.**

## **Performance**

### **TB.7208: Midwifery Service Report**

Ms Palmer joined the meeting and introduced the report highlighting that there had been further recruitment towards meeting the Birth-rate plus ratios, currently 1:28 and at 1:27 when all the new recruits were in place. She said that Walsall lifted their cap a few months ago but that women who had elected to come to Wolverhampton had not asked to move back to Walsall. She said that levels were within the RWT cap but not by much and that this was being monitored with the COO frequently. Ms Palmer said that the standards regarding continuity of carer presented a challenge and that an update would follow mid-year. She also highlighted the new national Healthcare Safety Investigation Branch (HSIB) reporting was about to commence. She finally said the NHSLA Maternity Incentive Scheme Year 2 was being pursued against 10 safety actions requiring compliance with an update to follow at a subsequent Board.

Ms Rawlings asked about the HSIB investigations and how many cases had previously met the reporting criteria. Ms Palmer said in the previous year there had been 13, perhaps, more than typically but due to the RWT service being a 'cooling centre' and many cooled babies meet the reporting criteria. She confirmed that the HSIB investigation takes over from the internal Serious Incident process – the SI is reported internally and then referred on to HSIB. Prof. Cannaby said the process will be traced through the RWT SI tracking. Ms Edwards asked about the NHSLA Standard 5 – c – and 1:1 care in labour. Ms Palmer said this was being met currently. Ms Martin asked for clarification of the midwife to birth ratio and whether the 1:27 was the new requirement whereas it was previously 1:30. Ms Palmer confirmed that this had changed as the ratio was now calculated factoring in the acuity of the births catered for in each Trust's case and circumstances. Ms Martin said that had made a considerable difference in the workforce requirement and asked how that had been funded. Ms Palmer said there was a risk. Ms Nuttall confirmed it was a cost pressure. Mr Vanes asked whether this had been pursued. Mr Sharon confirmed the funding issue would be picked up as part of the negotiations with local commissioners. Mr Stringer asked whether this was straightforward or whether commissioners would assume existing funding met the requirements. Ms Nuttall said the continuity of care was a national requirement and challenge and Ms Palmer confirmed this had been raised nationally in terms of how this too would be accounted for in terms of cost. Mr Vanes asked how the acuity judgement was made. Ms Palmer said it was done on recent 3 months of data. Mr Vanes asked how often it would be re-assessed. Ms Palmer said every 3 years unless requested sooner if local leaders thought there was a change. Mr Vanes said he was surprised by the small amount of data used. Mr Sharon asked whether other local Trusts were similar. Ms Palmer said it was. Mr Stringer asked about the payment criteria for NHSLA

and whether it was, as previously, all or nothing for the discount. Mrs Palmer said it was and that local service monitoring was regular and detailed.

**Resolved: that the Maternity Service Report be received and noted.**

**TB.7209: Financial Report – M8 & 9**

Mr Stringer introduced the reports and highlighted the Month 8 £5.8m deficit including unachieved PSF and STF and by month 9 Q3 payments including PSF resulted in a surplus of £3.8m with accommodations at month 9 including the backdated A&E performance payments.

Mr Stringer said the Finance and Performance Committee had reviewed the reports in considerable detail comprising the adjustments made and the outcome of a review of assets. He said the deficit target from NHSI was £10.6m with actions taken including stops to discretionary spending and restrictions. He highlighted 3 other issues reviewed being vacancy performance, pay award overspend and Cost Improvement Plan performance below target. He said that creditor payments were being managed related to cash availability and was linked to delayed capital payments from the centre under discussion but with PBC currently withheld as part of a national position regarding capital overspend. He said that the Stroke Capital spend was being looked into.

Ms Martin referred to further work on overseas patients income with national team support means it was being managed as well as it could be and the Division 1 Report was well received. She said the meeting was observed by NHSI staff and she was awaiting their written feedback. Mr Dunshea asked about the accommodation with Wolverhampton CCG. Mr Stringer said that he thought agreement was close so the matter would then be resolved. Mr Vanes asked about the variation in predicted indicators on the forecast figures. Mr Stringer said that Q3 month 9 was within requirement but year-end forecast was adrift against the control total. Mr Stringer said he would check the figures and report provided as the headings may not be correct.

**Resolved: that the Month 8 and Month 9 Finance Reports be received and noted.**

**Resolved: that the report of the Chair of the Finance and Performance Committee be received and noted.**

**TB.7210: Integrated Quality and Performance Report**

Prof. Cannaby referred to a breach of a duty of candour due to human error that had been addressed, a drop in VTE assessment performance that resulted in further input and support to practice, and a small spike in near-miss Radiation incidents that had been reviewed with positive processes in picking up potential errors.

Ms Nuttall highlighted additional capacity that had been put in place for diagnostics including weekends and contracting out but that imaging remained a challenge in Cancer and Cardiology, urgent care performance although below target was an improvement on previous years despite the challenging winter period. Ms Nuttall highlighted a correction to the report in relation to trolley waits and she said that Cancer remained an area of significant challenge with detailed review at Board Committees. She also said that national pathways standards for 28 day diagnostics were being looked at and further detail would follow at a future Board briefing.

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

### **TB.7211: Executive Workforce Report**

Mr Duffell introduced the report and highlighted the key items of improvements to retention rates, sickness absence and mandatory training rates, and a slight deterioration in vacancy rate against increased establishment, flu vaccination remained in the low 60% with marginal movement and a further recruitment event for surgery with positive potential for recruitment.

Mr Hemans highlighted the anti-bullying campaign review underway and further discussions with University of Wolverhampton regarding participation in their recruitment events plus further work to improve equality and diversity. He also added a slight revision to the Terms of Reference to include a floating executive.

Ms Edwards asked about the Medical workforce figures in the report regarding being repeated. Mr Duffell said these would be corrected. He also referred to the WRES data published with the disability data imminent nationally. Mr Vanes asked about the effect of the cultural ambassador's impact. Mr Duffell said they continued to have a positive impact.

**Resolved: that the Executive Workforce Report be received and noted.**

### **Annual, Six monthly and Quarterly reports**

There were no reports in this section this month.

### **Governance, Risk and Regulatory**

#### **TB.7212: Chief Nursing Officer (CNO) Governance Report**

Prof. Cannaby introduced the Risks Register that had already been reviewed at Board Committees. Ms Martin asked about the five red risks and that the Risk related to CIP Target had been broadened to all Divisions but had not been changed on the report provided – Prof Cannaby said this would be updated. Ms Martin asked about the risk relating to quality of patient care with reduced manpower and she wondered whether it needed to be specific about remaining areas of concern given the recruitment success, and the second was the risks relating to the communication of test results.

Prof. Cannaby said that there were still pockets of concern relating to workforce with evidence of sustainability from a nursing perspective. Ms Nuttall said other areas had specific issues identified including some consultant manpower issues. Ms Nuttall said she would review these risks. Dr Odum said that the testing reporting infrastructure was available including urgent reporting with an audit being completed. He said that the results of imaging was good but that the area of challenge was the reviewing and filing the results that was not being adequately followed at present and there was focussed work to improve this position. He highlighted that the preferred review and filing systems were different and that in the near future one option would be removed. Ms Martin asked when audit based assurance of improvement would be available. Dr Odum said by the April Board meeting.

**Action:** Dr Odum to provide audit based assurance regarding the improvement in the filing of images.

**Resolved: that the Chief Nursing Officer (CNO) Governance Report be received and noted.**

**TB.7213: CNO Report**

Prof. Cannaby introduced the report and highlighted the continued increase in Nursing Student placements undertaken from University of Wolverhampton with consequent increase in student nurse numbers, recent peer reviews in haematology and oncology with maternity in March 2019 with reports to follow, the increased outreach work of the patient experience team and the positive impact of the Nursing Newsletter well received by staff and others. Mr Vanes said he was impressed by the standard and content of the Newsletter.

Mr Dunshea said he would like to see the information across all the professional groups including the AHP's and others. Prof. Cannaby confirmed she was in discussions with colleagues to address this and that Medical Staff were contributing to the Nursing Newsletter.

**Resolved: that the Chief Nursing Officer Report be received and noted.**

**TB.7214: Board Assurance Framework (BAF)**

Mr Vanes confirmed that the BAF Risks had been reviewed at the appropriate Board Committee's.

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

**TB.7215: Board Attendance Return**

Mr Vanes confirmed that Dr Darby had stepped down as an Associate Non-executive Director and that the process to recruit was underway. Mr Dunshea asked whether there was clarity regarding Ms Etches future role at RWT. Mr Sharon confirmed that the work at Dudley was to the end of March 2019 at present.

**Action:** that Mr Loughton clarifies the future role of Ms Etches at RWT.

**Resolved: that the Board Attendance Return be received and noted.**

**TB.7216: CQC Action Plan/Compliance Report**

Prof. Cannaby introduced the report and highlighted the risks related to Mandatory Training rates that were being addressed.

**Resolved: that the CQC Action Plan and Compliance Report be received and noted.**

**Feedback from Board Committees**

**TB.7217: Chairs Report of the Trust Management Committee of 25 January 2019**

**Resolved: that the Chairs Report of the Trust Management Committee of 25 January 2019 be received and noted.**

**TB.7218: Chairs Report of the Finance & Performance Committee of 19 December 2018 and 23 January 2019**

**Resolved: that the Chairs Report of the Finance & Performance Committee of 19 December 2018 and 23 January 2019 be received and noted.**

**TB.7219: Agreed Terms of Reference of the Finance and Performance Committee**

**Resolved: that the Agreed Terms of Reference of the Finance and Performance Committee be received and noted.**

**TB.7220: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 23 January 2019**

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 23 January 2019 be received and noted.

**TB.7221: Chairs Report of the Audit Committee of 6 December 2018**

Resolved: that the Chairs Report of the Audit Committee of 6 December 2018 be received and noted.

**TB.7222: Chairs Report of the Workforce Organisational Development Committee (WODC) of 19 December 2018**

Resolved: that the Chairs Report of the Workforce Organisational Development Committee (WODC) of 19 December 2018 be received and noted.

**TB.7223: Agreed Terms of Reference of the Workforce Organisational Development Committee (WODC)**

Resolved: that the Agreed Terms of Reference of the Workforce Organisational Development Committee (WODC) be received and noted.

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

**TB.7224: Approved Minutes of the Trust Management Committee of 23 November 2018**

Resolved: that the Approved Minutes of the Trust Management Committee of 23 November 2018 be received and noted.

**TB.7225: Approved Minutes of the Finance and Performance Committee of 21 November 2018 and 19 December 2018**

Resolved: that the Approved Minutes of the Finance and Performance Committee of 21 November 2018 and 19 December 2018 be received and noted.

**TB.7226: Approved Minutes of the QGAC Committee of 21 November 2018**

Resolved: that the Approved Minutes of the QGAC Committee of 21 November 2018 be received and noted.

**TB.7227: Approved Minutes of the Audit Committee of 24 September 2018**

Resolved: that the Approved Minutes of the Audit Committee of 24 September 2018 be received and noted.

## General Business

### **TB.7228: Matters raised by members of the general public and commissioners**

No matters were raised.

## Any other Business

**TB.7229:** There was no further Business raised.

### **TB.7230: Date and time of next meeting:**

4 March 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

**TB.7231:** 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 so to do.

The meeting closed at 12:38

Informal item over lunch:

**Staff Voice – Speech and Language Therapy Staff**