

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 4 March 2019
at 10 am in 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
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Mr D Loughton (v) CBE	Chief Executive Officer
	Mrs M Martin	Non-Executive Director
	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:

Matron K Cheshire	Matron, Maternity Services, RWT
Ms S Evans	Head of Communications, RWT
Mr K Wilshere	Company Secretary, RWT
Dr Halahakoon	Consultant, Maternity Services, RWT

APOLOGIES:

Ms Etches OBE	Deputy Chief Executive
Mr J Hemans	Non-Executive Director
Mr S Mahmud	Director of Integration
Ms Nuttall (v)	Chief Operating Officer

Part 1 – Open to the public

TB.7264: Apologies for absence

Apologies were received from Ms Etches, Ms Nuttall, Mr Mahmud and Mr Hemans.

TB.7265: 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.7266: Minutes of the meeting of the Board of Directors held on 4 February 2019

There were no changes to the Minutes of the Board of Directors held on 4 February 2019

Resolved: That the Minutes of the Board of Directors held on 4 February 2019 be approved as a correct record.

TB.7267: Matters arising from the minutes of the meeting of the Board of Directors held on 4 February 2019

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

TB.7268: Board Action Points

4 February 2019 TB 7198/TB 7148

Maternity Cap and Activity Update Report

Due at the 1 April Board Meeting.

4 February 2019 TB 7212

Chief Nursing Office (CNO) Governance Report

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

Dr Odum said that the Audit figures had remained unchanged and recommended monitoring of this at the Quality Governance Assurance Committee (QGAC) of the Board.

Resolved: that the action be considered closed at Board and future monitoring be undertaken at QGAC.

4 February 2019 TB 7215

Board Attendance Return

That Mr Loughton clarifies the future role of Ms Etches at RWT.

Mr Loughton confirmed that Ms Etches had continued her secondment at Dudley and that RWT had been supported by NHSI in this. He said that there had been discussions as to the position post financial year-end that had not yet concluded. He confirmed that henceforth Ms Etches would not be included as a non-voting Executive on the Board. He also said that once discussions had been concluded regarding the next year he would inform the Board.

Resolved: that the action be considered closed.

Action: that Mr Loughton provide an update regarding the Financial Year 2019-2020.

TB.7269: Chief Executive's Report

Mr Loughton introduced his report highlighting the recent New Born Network meeting he had attended and issues concerning Walsall deliveries from bordering practices that RWT had previously accommodated. He said that none of the practices had returned to using Walsall services and he had expressed his view that a strategic approach across the wider area was required including capital investment. He reiterated that the RWT cap was to remain in place. He added that the Shrewsbury and Telford decision to centre on Shrewsbury was likely to also have an impact in due course.

Mr Loughton attended a recent HSJ Awards event relating to the nomination of Pathology services and he said he hoped any award would recognise the staff efforts and improved service. Mr Loughton referred to the appointment of Prof. Steve Field as confirmed and that he looked forward to working with Prof. Field on further innovation, transformation and improvement.

Mr Dunshea asked whether there was any update on the likelihood of capital for Cancer services. Mr Loughton said there was not at this time. He said he had meetings at national level arranged alongside the development of plans for a variety of options for investment, funding and future service delivery.

Ms Rawlings asked about whether pregnant women attending for births without prior engagement with services had caused any incidents. Mr Loughton said they had not and that the needs had been dealt with. Prof. Cannaby said the number of calls from out of area women asking to be cared for and delivered by RWT services taken by staff had continued to increase.

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

Patient Safety, Quality and Experience

TB.7270: Patient Story

Prof. Cannaby introduced the patient story from a patient who had received services from the Trust in relation to her breast cancer care and subsequent unrelated cancer diagnosis and further surgery and treatment. She received radiotherapy and chemotherapy that required the insertion of a Hickman line. There were issues with the insertion of the line witnessed by the patient who had had a local anaesthetic. She said that despite expressing pain and problems breathing (put down to anxiety by the staff), she was discharged without being checked by the Doctor concerned.

She returned the next day and there was sufficient concern to x-ray and admit her to treat a collapsed Lung. She said she had felt disconcerted and not listened to when expressing pain and breathlessness and that she should not have been discharged unseen. She related her pursuit of the issue through complaints and with the senior medical staff. She expressed some unhappiness with the Doctors response and subsequent written response as she said it read in a way where it seemed to still imply that she and her alleged anxiety were somehow contributory factors when they were not. She reiterated that apart from this incident that her care had been 'fantastic'.

Prof. Cannaby referred to the details from the investigation of the circumstances and incident and said that there was a recognition that the patient's condition should have been checked prior to discharge, improved information for patients about expected and unexpected side-effects, and the powerful impact of the way that language that had been used, unintentionally, appearing as overly defensive or not listening to what the patient is trying to express to a professional.

Ms Edwards said the patient appeared articulate and so the absence was likely to be in the listening and observing by the professionals. Prof. Cannaby said there was the listening, the responding and the skill of talking to people when something has gone wrong. Ms Edwards asked whether there was anything else from the Doctors reflection. Prof. Cannaby said she was not privy to that detail.

Ms Martin asked about the circumstances under which the patient heard the Doctor express issues during the procedure. Ms Rawlings re-iterated the point and said she had been provided with headphones for distraction. Prof. Cannaby said that greater awareness of all the staff in such a situation of the circumstances and potentially adverse impact of poor or inadvertent communication. Dr Odum reiterated this. Prof. Cannaby said that the theatre team work and simulation enactment was for clinical, team work and communication skills. Mr Duffell said he felt for the patient's anxiety in such a situation. Dr Odum said it was a known risk of the insertion site used and agreed that better heed should have been paid to the patient's pain and distress and that this would have formed part of the staff reflection.

Prof. Cannaby said that communication remains the largest single issue in health services and problems in listening and hearing what patients are communicating. Mr Dunshea said headphones may help where appropriate and as long as they didn't interfere with communication.

Mr Sharon said it reminded him of a recently stated view by the Chief Inspector of Hospitals that most clinical professionals believe that what they are doing is a fundamentally safe activity with some risks, and he had offered a re-frame that it is a risky activity requiring constant diligence and a better conditioned response when things do not proceed as expected especially where there is a known risk or complication. Mr Loughton said that was consistent with the nature of the risk with interventions. Dr Odum said that the apparently straightforward procedure had known complications as happened in this case and that where a procedure may have been undertaken successfully many times prior, that there was always the risk of complication and how that was dealt with.

Mr Vanes thanked the patient for her clear and articulate expression of her experience. He welcomed the points about the use of language by professional staff – that they might know what to do but not always what to say or how to say it. Mr Loughton reminded the Board of the value of basic touch and physical contact as part of communication and making a connection.

Resolved: that the Patient Story be received and noted.

TB.7271: Patient Experience Q3 Report

Prof. Cannaby referred to the highlights in the report and referred to the increased emphasis on the visibility and accessibility of the staff being 'out and about' to explore 'always events' and the wider Patient Experience Matrix. She referred to the National Cancer Patient Survey results and the Maternity Surveys in the report. Prof. Cannaby said that the results of the Maternity survey conducted in February 2018 had been disappointing. She referred to the relevant Action Plan and she said that a repeat survey had shown some improvements and that it would run again in the near future to track intended improvements. She said that often the action related to reminders and reinforcement with new staff into the service of the expectations and some related to the lack of partner accommodation restricted by the building and environment. Prof. Cannaby confirmed that there was a network of local leads sharing their work nationally through a twitter feed. She referred to the 'looking back' question in the Survey that was not responded to but on reflection in many cases a longer stay was preferred but not always possible due to the through put and planning time to discharge required.

Mr Dunshea asked whether the Survey was useful. Prof. Cannaby said it was mixed – some things were known, others less so. Mr Dunshea asked how difficult it was to address the issues. Prof. Cannaby said the internal repeat Survey had provided useful in tracking perceived progress and further improvement such as reducing variation in experiences.

Ms Martin referred to page 27 of the report referring to the Cancer Patient Survey questions regarding GP and Primary Care aspects and asked whether there was work to share and improve this in any Vertically Integrated practices. Prof. Cannaby replied that the lead Nurse for the service area had formed an Action Plan that includes work with and into Division 3 services including GP and Primary Care Services.

Ms Rawlings referred to page 5 of the report and the British Sign Language Training and asked the question as to whether there was any visual impairment training as it affected quite a number of patients. Prof. Cannaby said she didn't know the answer to the question but would speak to her after the meeting. Ms Rawlings also wanted confirmation as to whether reference made to staff shortages was an ongoing situation or a one off. Prof. Cannaby advised it was a mixture there was one particular area where there was an issue and another one where it was a point in time. She advised there was reference of this on the nursing dashboard.

Mr Vanes mentioned that sign language practice was very important and it did not need to be practiced in a formal setting. He mentioned whether there was anything in the wider workforce which could be set up as reinforcement groups can make a big difference.

Mr Duffell made reference to Appendix 1 - as every action appeared passed. Prof. Cannaby advised a lot of the actions had been completed and would request an updated report as some of the items would be removed.

Resolved: that the Patient Experience Q3 Report be noted.

Strategy, Business and Transformation

TB.7272: Brexit Planning – verbal update

Mr Stringer advised there was a lot of guidance being received which was low in terms of transactional details - 6 key areas which are being focused on were medicines, vaccines, medical devices, clinical consumables, medical devices non clinical, blood and transplants. He mentioned the guidance nationally was still not to stock pile although clearly some action was being taken in some areas in particular prescriptions and medicines with 6 weeks continuous stocks available to the system.

He said that an EU exit workshop took place in the Midlands on the 15th February and there were weekly bulletins coming out to the Trust from the EU. He said that national the Exit Team had been asking the Trust questions around capacity arrangements, on call arrangements and control structures. He advised there had been quite a lot of mapping of transport and the logistics of making sure that there were contingency arrangements in place and in particular there was work to clarify agreements regarding data exchange and security. Mr Stringer said the other area of focus was dedicated short life of products medicines in particular in relation to shelf life, what the medicines were, which parts they came from and what their transport locations were.

He advised that an Incident Escalation Protocol was being developed to address how to escalate an issue if something was to happen unexpectedly and quickly. He said that in order to interpret these points and work on the actions a task and work group had been set up headed by Di Preston, the Business Continuity lead. He mentioned there was nothing of significance on the Risk Register, some moderate but no serious issues at present.

Mr Stringer advised that the Trust had been required to consider responses to various potential situations such as if deliveries had to be taken out of usual delivery hours, for assurance that delivery could be taken and distribution achieved. He highlighted that Short life radio-wave isotopes in particular had been looked at and there was an agreement to take it into a local airport if needed.

Mr Stringer mentioned that a number of Freedom of Information Requests (FOIs) had been received from people asking the Trust if and how it was planning for Brexit. He highlighted that Trust suppliers had also been asked about stockpiling and that the Trust response had been to refer to the national position. He said that most supplier routes had been mapped, advised that a risk register was in place and weekly meetings had and would be taking place. He said that to date there had been nothing of significant risk or anything sent out nationally advising any further action.

Mr Sharon mentioned that a discussion had taken place at the last pathology implementation group because although the Trust provided the pathology service across the Black Country there was no responsibility for none pay items. He said each Trust had similar escalation and continuity plans.

Mr Loughton mentioned Central Team had had discussions with all the suppliers in the Black Country Pathology Group because they were on the list and that a list was produced last week of all the companies that could be potentially impacted upon.

Resolved: that the Brexit Planning – verbal update be received and noted.

Performance

TB.7273: Financial Report – Month 10

Mr Stringer introduced the report and highlighted the Month 10 position, £1.5m in month deficit cumulative showing £2m surplus with the forecast for the year end towards £10.6 m deficit before PSF with more work to be done in last 2 months.

Mr Stringer advised that some of the risks would be removed for Month 11. He highlighted that the MSFT monies had been paid, that the year-end arbitration issue with CCG had been resolved and paid with both organisations happy to formally report that it was no longer an issue. He referred to the expected CIP for the year was at £14.5m (of £25m) with much of it being non-recurrent.

Mr Stringer advised that one area of focus on was PDC payments and particular trying to get money out centre in respect of works for stroke services, pathology and cladding replacement circa £7m). Mr Stringer explained that this had been difficult due to the national problem regarding cash and capital availability and he said that there was a danger, if nothing could be arranged in the short-term to meet the deadline for submitting approval for PDC of a danger of an overspend on the Capital Resource Limit (CRL).

He highlighted that it was expected that the centre would deliver decisions on stroke and cladding but pathology. Mr Stringer highlighted the requirement of working out whether to apply for a CRL increase from working balances. Mr Stringer highlighted the continued pay overspend run rates and that despite the good side of recruiting there was further work underway regarding Junior Doctors and in particular the fellowship programme as the pay bill was one of the biggest risks in terms of setting the budget for the next year.

Ms Martin referred to, under the performance items, the change in the projected recovery of the 62 day Cancer waits from June 2019 to March 2020 due to the continued increase in the level of referrals month on month.

She highlighted that although there was an increase in activity and the number of people going through the system, the increasing referrals meant that the gaps were not being closed. She noted that the national intensive support team had continued to work with and support the Trust and that they were looking at other cancer pathways concentrating on those in neurology and other areas.

Ms Martin also referred to the diagnostic capacity referred to by the CEO in his report and the work on the business case for additional diagnostic machines and that this would take some time to outline and agree both the business case and the capital investment.

Mr Loughton asked what the predicted year end position was. Mr Stringer said the target was £10.6m before PSF and £3m deficit after PSF. He said that at month 10 it was £13m. He said that would depend on year end activity levels and year end discussions with commissioners being resolved. He said these varied between commissioners. Mr Loughton said he was ready to support this should it be required. Mr Loughton referred to the capital for the stroke investment. Mr Stringer said he thought the issue related to the cash position at the centre. He said that the improvement in service delivery was included in the case made.

Mr Dunshea asked what the issues had been with Wolverhampton CCG. Mr Stringer said it was mainly around the range of year end activity variations. He confirmed that previous issues had been resolved. Mr Loughton asked that the focus was on year end activity.

Resolved: that the Month 10 Finance Report be received and noted.

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

TB.7274: Maternity Incentive Scheme

The Matron for Neonatal Services and lead Consultant introduced themselves and the Maternity Incentive Scheme. They referred to the action plan that had been ongoing for the last 2 years. They highlighted that the main part of the maternity incentive of the second year plan and the requirement to inform the Trust Board for information.

They highlighted that much had been achieved to date with further reduction in un-necessary transfers to the Neo-natal unit. She referred to work in reductions of asphyxiated babies from examination of the pathway and earlier identification from induction, through labour and to earlier support in delivery. Dr Halahakoon, referred to further examination of term admissions and the resulting improvements in performance alongside those already gained. He highlighted the challenges in respiratory admissions with a higher local rate with complex factors involved. He said that a revised triage process had been identified to be implemented in the near future to deal better with these 20+ a month.

Prof. Cannaby said that there would be further information to follow as part of reporting progress in relation to the scheme. Ms Edwards referred positively to her recent visits to the service and the knowledge and engagement of the staff in the work and process. Matron agreed that staff were proud of the work done and the service they deliver. Mr Dunshea asked about the Caesarean rate reductions aimed for. Dr Halahakoon said that the early identification work was intended to impact positively i.e. reduce the Caesarean rate.

Resolved: that the Maternity Incentive Scheme Action Plan be approved.

TB.7275: Integrated Quality and Performance Report

Prof. Cannaby referred to the report and highlighted that there had been a gap in the report data due to a short notice staff absence. Prof. Cannaby referred to the continued changes required from the next month's Mortality reporting focussing more on outcomes than process. She referred to VTE at 93% (95% target) with an ongoing risk relating to issues in completion and data cleansing that had further recent investment.

Prof. Cannaby said there had been a spike in complaints in two areas – obstetrics across a number of component services and Wards A7 and A8 Care of the Elderly regarding communication and discharge. She gave assurance that all were being investigated and acted upon.

Prof. Cannaby referred to late patient moves data and guidance and that recent review had shown that the moves were largely from AMU as part of the natural and expected flow. She referred to debate with Commissioners regarding the usefulness and relevance of the indicator given the context.

Mr Vanes referred to previous anecdotal complaints regarding patient awareness of the requirement for patient flow versus late internal movement that is not desirable. Mr Loughton reiterated the desirability of patient flow from AMU. Prof. Cannaby said that AMU was a very busy clinical area and that flow out was a good thing for patients. Mr Loughton reiterated the flow benefits for ED in turn. Ms Edwards asked what was a good time to be on a CDU. Dr Odum said the processes were designed to move patients through to the most appropriate clinical area. Mr Vanes asked how the information in the report would be reviewed and changes suggested. Prof. Cannaby said proposed changes would be shared at the next Board. Mr Dunshea asked what the risk was of VTE being under reported. Prof. Cannaby referred to there being issues regarding numerators and denominators in some areas e.g. including those undergoing short procedures, and the doing and recording of the assessments. Mr Dunshea referred to previous references from External Audit.

Prof. Cannaby said the un-addressed issue related to the analytics of the data. Dr Odum agreed that the process currently used was 'clunky' until the change to using the EPMA could happen. Mr Dunshea asked when that was achievable. Dr Odum said an exact timing was not yet available but being worked on. Mr Dunshea asked about the emergency Caesarean rate target and whether it was realistic and achievable. Prof. Cannaby said that it was nationally set and that early intervention may impact on this but that the issue was complex.

Prof. Cannaby referred to recent Ambulance Conveyance variations between hospitals in the area and Ambulance Service analytics versus the complex additional routes into hospital ED's. She referred to the potential versus reality of ambulance diverts and control of conveyancing to speed up offloads. Dr Odum referred to it as intelligent conveyancing principles including diversions versus the challenges that can then present in ED, incorrect service placement and further along the patient pathway. He referred to risks relating to the lack of clinical information on some patients that had been experienced previously in similar situations. He said the concerns had been relayed to the ambulance service and he highlighted the differences in clinical need that would or would not be appropriate for such an approach. He said that WMAS had agreed to undertake further modelling of the impact. Dr Odum said ambulance conveyances continued to rise predominantly from the local area.

Mr Loughton referred to recent discussions between himself and other CEO's regarding Ambulance off-load times and conveyancing and potential impact on discharges out of area. Mr Vanes recommended a rounded review with WMAS at a near future point. Ms Edwards asked for the conveyancing data to isolate the stroke admission rate increase in addition to the ED increase in ambulance attendances. Mr Loughton referred to the apparent disincentive to ambulance crews undertaking 'see and treat' versus conveyance to ED if the off-load time remains low. Dr Odum asked why Ms Edwards asked for the stroke numbers to be differentiated. Ms Edwards said that it was 5-7 additionally over and above the expected numbers plus those with similar looking conditions. Ms Rawlings asked Mr Loughton whether there was still a lack of system wide view of ambulance conveyances. Mr Loughton referred to the ED delivery targets pointing to the wrong thing. Mr Sharon referred to the decline in RTT with specific service pressures relating to staff hard to recruit to areas. He added that performance in ED had improved compared to the national picture. Mr Stringer said that Theatre Productivity would be looked at during the next Board Development Session on March 18, 2019.

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

TB.7276: Executive Workforce Report including Staff Survey results

Mr Duffell introduced the report and highlighted the key items of the predicted year end position flu vaccinating that was being reviewed. He added that the Trust vacancy rate continued to reduce including Nursing and Medical staff. He then referred to the continued net increase in staff and the inclusion of key recruitment 'hot-spots' of shortages of staff. Mr Duffell then referred to mandatory training reporting that rates now differentiate the RWT figures from the Black Country pathology service position where a number of issues had been identified and that were in the process of being addressed. He said that the sickness absence rate was higher than target with the expected seasonal variation from previous years with hot spots in Estates and Division 3.

Mr Vanes said that the data was now more open and transparent. Mr Duffell said some actions still required timescales in addressing them. Ms Martin asked what work was being done to tackle the hard to recruit to areas. Mr Duffell referred to the development of the use of innovative ways of contacting staff in hard to recruit areas and other options for associated role development.

Mr Duffell gave a brief overview of the 10 key themes in the staff survey and highlighted the main areas of change and rates of staff engagement against the wider national position. He also referred to the 'place to work' improvement in score and 'recommend to be treated' improvement in score.

Mr Duffell referred to the comparative data nationally and the exception relating to the equality and diversity indicator. He referred to the RWT analysis in the report across and within the Divisions with a future focus on Division 2. He said that there would be work with service managers in the relevant areas with a further report in May on the detailed actions being taken.

Ms Edwards asked whether the Trust was in the top 25%. Mr Duffell said the report did not give those comparators. Mr Loughton referred to the impending Listening into Action ranking and matrix that would show the Trust position compared to others locally and nationally.

Mr Loughton acknowledged the tension between workforce recruitment for safe service delivery and the financial pressures. Mr Dunshea referred to the equality and diversity question areas and the degree of perceived discrimination and what might be done to address those. Mr Vanes said despite the progress with various initiatives there was a lack of detail in the continuing responses that got to the heart of the issues. He referred to a potential adverse positive in terms of confidence to report such issues. He asked whether further work could be undertaken to better understand and identify aspects of this issue. Mr Sharon said he and Mr Duffell had discussed this and that the local and national picture had continued to deteriorate. Mr Duffell said the question by question data would be looked at in detail with further work and enquiry in near future surveys. Mr Loughton asked whether in some cases unrealistic expectations had been set. Mr Vanes said he didn't think this was the case.

Ms Rawlings asked about the involvement in changes in work area that had become less and asked whether this was less the case than before. Mr Duffell said this would be promoted through the Quality Improvement programme and the encouragement of local services, teams and individuals to make the changes they can. Ms Rawlings asked how the management encouragement or otherwise would be identified and addressed. Mr Duffell said that there was further work to be done. Mr Vanes welcomed the results of the staff survey and the positive picture largely illustrated and he thanked Mr Duffell and his staff for their efforts in this area.

Resolved: that the Executive Workforce Report and the Staff Survey results be received and noted.

Annual, Six monthly and Quarterly reports

TB.7277: Education Report and Undergraduate Education Academy Report

Ms Martin asked about the size of the Workforce Development funding. Dr Odum said it had not yet been announced but that the year on year reduction was illustrated in the report. Mr Duffell said it may not be announced until the new financial year and would impact predominantly on Nursing and AHP staff. Prof. Cannaby said that those professional groups were identifying the priority areas ahead of the confirmation. Dr Odum said that all the pots of education funding were reducing and therefore greater cross-professional approaches were recommended. Dr Odum said a new clinical Tutor had been appointed and he highlighted that a successor would be sought for Paul Rylance.

Resolved: that the Education Report and Undergraduate Education Academy be received and noted.

Governance, Risk and Regulatory

TB.7278: CNO Report

Prof. Cannaby introduced the report and highlighted the main areas in the summary of the report.

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

TB.7279: Chief Nursing Officer (CNO) Governance Report

Prof. Cannaby introduced the Risks Register and highlighted the main areas in the summary. Ms Martin asked about the Information Governance work-plan and what the current status was. Prof. Cannaby said it would be provided to Board. Mr Stringer said there had been progress against the compliance position and that would be circulated to members in the near future ahead of the formal return to the Board. Dr Odum said that full compliance was unlikely. He said it would be reported to QGAC. Ms Martin asked what the implications of not achieving full compliance would be. Dr Odum said he would articulate that at the next Board and QGAC. Ms Edwards agreed.

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

TB.7280: Board Assurance Framework (BAF)

Ms Edwards asked what the frequency of updates was. Mr Wilshere said it was now synchronised to be provided monthly.

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

TB.7281: Strategies – review update

Prof. Cannaby reiterated the reviews in preparation for providing assurance of up to date Strategies. Mr Stringer said the ICT strategy would be re-badged.

Resolved: that the Strategies – review update be received and noted.

TB.7282: Mortality Strategy

Mr Vanes said that the NEDs had agreed to defer further discussion until the rest of the Board meeting had been completed.

Resolved: that the Mortality Strategy be deferred for consideration to the next Trust Board.

TB.7283: Kark 'Fit & Proper Persons Regulation Review' Summary of Recommendations

Mr Vanes said he had provided some input to the review. Mr Duffell asked if there was a timescale yet. Mr Wilshere said there was none to date as the implementation plans were being 'worked on' nationally.

Resolved: that the Kark 'Fit & Proper Persons Regulation Review' Summary of Recommendations be received and noted.

TB.7284: 7 Day Services update

Dr Odum introduced the report and the revised self-assessment process resulting in the update before the Board. He said further requirements were due to be devolved. Ms Edwards asked about the variation in compliance figures between high intensity units and Ward Round compliance.

Resolved: that the 7 Day Services update be approved.

TB.7285: Cleaning Strategy

Mr Sharon asked that the Equality statement and review be updated prior to publication.

Resolved: that the Cleaning Strategy be approved subject to confirmation of the changed Equality review section.

Feedback from Board Committees

TB.7286: Chairs Report of the Trust Management Committee of 22 February 2019

Resolved: that the Chairs Report of the Trust Management Committee of 22 February 2019 be received and noted.

TB.7287: Chairs Report of the Finance & Performance Committee of 20 February 2019

Resolved: that the Chairs Report of the Finance & Performance Committee of 20 February 2019 be received and noted.

TB.7288: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 20 February 2019

Resolved: that the Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 20 February 2019 be received and noted.

TB.7289: Chairs Report of the Audit Committee of 12 February 2019

Resolved: that the Chairs Report of the Audit Committee of 12 February 2019 be received and noted.

TB.7290: Agreed Terms of Reference of the Audit Committee

Resolved: that the Agreed Terms of Reference of the Audit Committee be received and noted subject to the confirmation of required revisions.

TB.7291: Chairs Report of the Workforce Organisational Development Committee (WODC) of 22 February 2019

Resolved: that the Chairs Report of the Workforce Organisational Development Committee (WODC) of 22 February 2019 be received and noted.

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

TB.7292: Approved Minutes of the Trust Management Committee of 25 January 2019

Resolved: that the Approved Minutes of the Trust Management Committee of 25 January 2019 be received and noted.

TB.7293: Approved Minutes of the Finance and Performance Committee of 23 January 2019

Resolved: that the Approved Minutes of the Finance and Performance Committee of 23 January 2019 be received and noted.

TB.7294: Approved Minutes of the QGAC Committee of 23 January 2019

Resolved: that the Approved Minutes of the QGAC Committee of 23 January 2019 be received and noted.

TB.7295: Approved Minutes of the Audit Committee of 6 December 2018

Resolved: that the Approved Minutes of the Audit Committee of 6 December 2018 be received and noted.

TB.7296: Approved Minutes of the Workforce Organisational Development Committee (WODC) of 19 December 2018

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

General Business

TB.7297: Matters raised by members of the general public and commissioners

No matters were raised.

Any other Business

TB.7298: There was no further Business raised.

TB.7299: 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.7300: 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 12:36pm