The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on 1 April 2019

13 May 2019

Agenda Item No: 3.0

The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 1 April 2019 at 10 am in Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Prof. Steve Field CBE	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 D Loughton (v) CBE	Chief Executive Officer
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director - Chair
	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
	Mr K Stringer (v)	Chief Financial Officer/Deputy Chief Executive

(v) denotes voting Executive Directors.

IN ATTENDANCE:		
	Ms F Bull	Deputy HR Manager Division 1
	Ms S Evans	Head of Communications, RWT
	Ms S Gill	Healthwatch Wolverhampton
	Dr A Gulati	Consultant, RWT
	Ms H Osborn	
	Ms N Robottom	Acute Oncology Clinical Nurse Specialist
	Ms V Whately	Deputy Chief Nursing Officer, RWT
	Mr K Wilshere	Company Secretary, RWT

APOLOGIES:

None tendered.

Part 1 – Open to the public

Ms Martin as Deputy to the Chairman welcomed Prof. Steve Field to his first Trust Board meeting as the new Trust Chair. She said that she had agreed to Chair the first meeting as it was Prof. Field's first day with the Trust as well as his first Board Meeting. Prof. Field thanked Ms Martin for the welcome and for agreeing to Chair the meeting. Ms Martin said that the CEO would join the meeting once he had completed his welcome to new staff.

TB.7318: Apologies for absence

There were no apologies received.

TB.7319: 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.7320: Minutes of the meeting of the Board of Directors held on 1 March 2019
There were no changes to the Minutes of the Board of Directors held on 1 March 2019.

Resolved: That the Minutes of the Board of Directors held on 1 March 2019 be approved as a correct record.

TB.7321: Matters arising from the minutes of the meeting of the Board of Directors held on 1 March 2019
There were no Matters Arising raised other than those noted as Board Action Points.

TB.7322: Board Action Points

4 February 2019 TB 7198/TB 7148
Maternity Cap and Activity Update Report
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.

Mr Sharon confirmed that the Trust had written to the Shrewsbury and Telford Trust asking for involvement in the scoping of the implications of their service changes and had, at the time of the meeting, not received a reply.

Mr Sharon also confirmed that the RWT cap remained in place and that the service had said that at present a 'handful (1- 4 a month)' of additional referrals had been received to date.

Action: It was agreed that this Action remain open for further updates.

4 March 2019/TB.7282
Mortality Strategy
Deferred for consideration at next Trust Board
1 April Board Meeting
Ms Martin confirmed that this item had been re-presented as part of the meeting agenda.

Resolved: that the action be considered closed.

4 March 2019/TB 7285
Cleaning Strategy
Mr Sharon asked that the Equality statement and review be updated prior to publication.
1 April Board Meeting
Mr Wilshere had provided the following confirmation against this Action Point:
"To confirm paragraph 14.0 of the Cleaning Strategy has been amended to reflect comments made by the Trust Board on the 4 March 2019. I am advised that an EIA assessment was also undertaken as a requirement of policies being brought to Policy Group. The Strategy did not identify any adverse/negative impact therefore a full equality impact assessment was not required."

Resolved: that the action be considered closed.

Mr Loughton joined the meeting at 10:05am.

TB.7323: Chief Executive's Report

Mr Loughton introduced his report highlighting the recent Consultant appointments, his attendance at the 100k Genomes Celebration event with a considerable contribution from the West Midlands Trusts. He spoke about the potentially transformative nature of near future treatments the project would bring forward.

Mr Loughton referred to recent visits and briefings he had provided regarding Cancer services investment and the need for investment in greater capacity. He said the Long Service Awards had been well received and the celebration events had gone well. He also referred to his recent meeting with junior medical staff and their continued predominantly positive experience in the Trust.

Mr Dunshea referred to the Integrated Care Partnership meeting the CEO had attended and asked whether he sensed any momentum for this across services currently. Mr Loughton referred to the integration achieved to date based on established relationships and that the future of ICS was open to interpretation. Mr Sharon said that the extent to which integration would be achieved was slow to progress at present.

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

Patient Safety, Quality and Experience

TB.7324: Patient Story

Prof. Cannaby introduced the patient story from a patient who had received services from the Trust in relation to her experience of Maternity Services. The patient related to her recent care for the delivery of her second child. She referred positively to all aspects of her care including being well attended to in contrast to the birth of her first child. She said this had helped her feel calmer, more in control and better informed as to what was happening including the active monitoring of her baby during labour and delivery. She said she would recommend the care to any other expectant mothers.

Prof. Cannaby referred to previous conversations at Board relating to the crucial part played in patient care of communication. She said that their remained an issue in the post-natal area where partners could not be accommodated with new mothers and their babies. Ms Rawlings said it was a good story to hear and re-assuring regarding the monitoring and post-natal care. Prof. Cannaby said that there had been changes in the assessment and triage areas with positive feedback. She confirmed the patient had been thanked for their contribution.

Resolved: that the Patient Story be received and noted.

Strategy, Business and Transformation

TB.7325: Integrated Care System Report (ICS)

Mr Mahmud introduced the report and highlighted patient experience improvements across primary and secondary care due to shared information and data systems. He referred to the project structure and governance and the expansion of this work into the wider Wolverhampton 'place' backed by a clear contract and management structure.

He highlighted the expansion of the Public Health related remit in partnership with the Public Health service in Wolverhampton and initiatives lead by Prof. Singh.

Ms Edwards referred to page 6, section 2.2.5 Communication and Engagement and asked about whose remit it was to engage hard to reach groups. Mr Mahmud said this had been noted and would be covered in a number of ways including a communications plan. Ms Evans gave brief details of this planned programme. Mr Mahmud added that for some of these groups, they had no experience in their countries of origin of the role and function of primary care services.

Ms Rawlings asked whether there had been signs through this work of the required culture change from siloed working. Mr Mahmud said that the approach was aimed in part at boosting positive relationships, trust and mutual gain but that it would take some time given organisational history and experience. Mr Dunshea asked if the Trust had sufficient capital and resources for the changes identified. Mr Mahmud said further investment had been sought and Mr Loughton said that there was insufficient capital. Mr Dunshea asked whether the investment position would impact negatively on the plans underway. Mr Loughton said there was no prospect of additional support or funding at present and that all the elements including the Public Health changes carried a degree of risk regarding resources.

Dr Odum gave an overview of the clinical engagement and the positive moves to date focussed on End of Life Care and Frailty across the health economy in principle. He said that most stakeholders were involved and signed up in principle but that turning those principles into a deliverable structure would be the next major challenge in terms of function, affordability and impact for each component organisation.

Mr Loughton said that there was some work that had progressed in terms of starting to identify those patients potentially in need of End of Life Care. Prof. Field endorsed the approach taken and the hard to engage people as a significant priority. He referred to his involvement in recent national work and examples of good practice including Bradford and Reading each echoed in the report provided. He said that the link to the rest of the Local Authority would need further work to improve engagement with all social and domiciliary and nursing home care across the local authorities for children's' and adult social care. He recommended greater emphasis on this in the plans. Mr Loughton said that the services in Wolverhampton were very good in relation to others such as in Staffordshire and that the variability continued to be an issue. Mr Mahmud said that the Directors of Social Care were involved and acknowledged the need for greater involvement alongside the community aspects.

Mr Sharon said that there was work through the better care fund in improving engagement by Ms Nuttall and he referred to the enhanced support for Nursing Homes. Ms Nuttall said that domiciliary care remained an issue across local authorities. Prof. Field agreed that the impact of domiciliary was under-estimated including on DTOC and re-admissions for a Trust such as RWT. Ms Rawlings asked about the input to this from the Voluntary Sector. Mr Mahmud said the CCG was the lead agency for engaging the Voluntary Sector and he acknowledged that this was likely to require future review and enhancement. Ms Nuttall said they were involved in the better care fund discussions.

Resolved: that the Integrated Care System Report (ICSI) be received and noted.

TB.7326: Brexit Update (verbal)

Ms Nuttall gave a brief verbal update on the situation as it had unfolded with no significant change from the previous report with planning continuing with regular update reports to the centre. She confirmed there were no immediate red risks identified. She added that the reporting on drug supply impact was largely a reflection on the pre-existing situation. She confirmed this continued to be monitored and re-assessed. She also added that the financial impact and cost of the preparation was being recorded.

Mr Loughton added that the drug supply position was flexed on an international basis day to day. Prof. Field added that medical devices were also considered. Ms Nuttall said that some Cardiac device suppliers had identified possible impacts and that this was being addressed nationally.

Resolved: that the Brexit Update (verbal update) be noted.

TB.7327: Capital Programme Update

Mr Stringer said he was asking for approval in principle following review and revisions from F&P. He outlined the current issues over year end that had changed the impact for 19/20 and the change in surveyors' guidance on depreciation calculation changes that would impact further. He said that these were being worked through but that approval was required to progress the Multi-storey Car Park and Pathology development to ensure these could be progressed in 19/20 as required.

Mr Loughton outlined the impact of not addressing the car parking situation alongside the temporary reduction whilst the works are undertaken over the summer and into Autumn. He said that contingencies were being considered should central funding not be forthcoming.

Resolved: that the two major programmes outlined (Multi-storey Car Park and Pathology development) be approved.

Resolved: that the Capital Programme Update report be noted in principle and re-presented for full approval.

Performance

TB.7328: Clinical Audit presentation

Dr Odum introduced Ms Robottom and Dr Gulati and the Clinical Audit presentation with Ms Robottom presenting the 'Neuropenic Sepsis – door to needle audit' information, data, results and learning', the winner of the Clinical Audit Award in 2018. Ms Robottom referred to this condition as one she encountered in her day to day clinical work.

Ms Robottom summarised the condition, prevalence and the clinically significant action and treatment for these patients with anti-biotics as soon as possible (Door to needle). She said that following an initial audit the service embarked on a range of improvement activity. She said that a re-audit showed some improvement and the Trust had raised the profile and further support for tackling Sepsis across the Trust.

Ms Robottom referred to the improvement work undertaken in conjunction with colleagues in the Emergency Department (ED) and the pathways between departments. She said that the most recent Audit aimed to: 1. Re-evaluate compliance for the management of neutropenic sepsis within the Trust, and 2. Evaluate changes made following the 2017 audit action plan. Ms Robottom detailed the audit method and criteria used and summarised the findings as illustrative of improvement with further gains and improvements to be made. She referred to

further work to complete missing information on prescribing responsiveness, variations in responsiveness over time and further practice improvements. She said colleagues in ED had been invaluable partners in collaborative improvement.

Mr Sharon thanked Ms Robottom for the presentation and her efforts. He outlined the Clinical Quality Improvement (CQI) process the Trust will be using and he asked were there any blocks or anything that could have helped further. Ms Robottom said many of the actions came as a result of education and staff knowing what they needed to do and when alongside them being involved in, engaged in and learning from the change process. Dr Gulati added similar themes emerged across clinical areas and the part played by electronic prompts and reminders.

Mr Hemans said he appreciated the engagement and he asked how the missing data could be addressed. Ms Robottom said it had changed since the introduction of electronic prescribing as the prescriptions are now timed and therefore the data was now available for the next re-audit. Dr Gulati added that the triggers were also better recorded.

Mr Duffell asked whether the prevalence was similar to neighbouring Trusts. Ms Robottom said all patient numbers had and were continuing to increase – more people with longer and more intensive treatments. Mr Dunshea asked how confident the service was that the improvements since the turn of the year would continue. Ms Robottom said that work was underway to try and better understand the reasons for the 'dips' and that the new NEWS system and other initiatives might improve this. Dr Gulati said it could be monitoring methods, winter pressures or something else but that it was being looked into.

Mr Dunshea asked how aware the patients were of their risks. Ms Robottom said all patients were informed and reminded of the risks and this was now backed up by take-away patient information including notice cards for use in ED. She said this had to be in conjunction with the awareness of the clinical staff. Mr Loughton asked about improvements in blood cultures and Phlebotomy service. Ms Robottom said that issues had been explored and a number of issues had been identified that had resulted in changed practice to eliminate contamination. Ms Whately said the training and assurance monitoring was in place. Prof. Field thanked Ms Robottom for the presentation and he said the patient awareness was a very positive thing in his experience. He welcomed the detailed examination and understanding of the issue involved. He linked the work to the prevention of avoidable deaths. Dr Odum said that it had been a great piece of work with the potential to continue to build on the gains made and for patients to continue to be better managed, prescribed for and treated in a timely manner. He differentiated the profile of Neuropenic Sepsis and Sepsis symptoms.

Resolved: that the Clinical Audit presentation Clinical Audit presentation 'Neuropenic Sepsis – door to needle audit' be received and noted.

TB. 7329: Clinical Audit and Quality Improvement Strategy

Mr Dunshea asked how best value was assured in the prioritisation of the Clinical Audits. Dr Odum said all proposed audits were compared against the criteria matrix previously seen at Board . He said the number of audits per directorate was also limited and that the audits were then supported at a local level. He said that QiPP Audits were specified nationally and the outputs nationally were variable and the move was away from Clinical Audits alone to a shorter Quality Improvement process.

Ms Edwards referred to the steady progress in each Clinical Audit report in process improvement but agreed there remained a need to improve the impact of the audit outputs, and focus on areas where the trust is falling below national standards. She also referred to the section of the report on feedback from the audit staff wanting to do less national audits and more local audits.

Dr Odum responded that all national audits would be prioritised and participated in. He said that some of local audits may duplicate some elements which had caused some frustration. He agreed that benchmarking nationally was a beneficial thing. He said that audit outputs were considerable in number on a regular basis with high completion rates but that some thought would need to be given to which audits and what information so it was well managed.

Resolved: that the Clinical Audit and Quality Improvement Strategy be approved.

Ms Martin said the following reports had all been reviewed recently in Board Committees.

TB.7330: Integrated Quality and Performance Report

Prof. Cannaby introduced the report and highlighted that VTE remained below the 95% threshold with work continuing to improve the data, reporting and recording. She also said the Mortality report data had been revised with a reduction in the outstanding reviews with an increasing emphasis on outcomes. She referred to the Late Moves and asked for agreement to remove the indicator with a specific audit on the small numbers involved with agreement of the CCG.

Ms Nuttall referred to the challenges in Cancer that had been covered previously relating to capacity and increasing referrals. She said the most challenged was the breast cancer pathway with an increase of circa 300 to over 500 a month and she expected the performance to continue to deteriorate. She said an overview and in depth briefing of the Board could be considered for a future Board Development Session. She said that the harm reviews continued to be undertaken and that there was a 12 hour breach in ED for a patient waiting for a mental health bed, eventually found in London.

Ms Rawlings asked about the Coalway Road performance dip in the appointment figures. Ms Nuttall said it was staff sickness related and that options had been looked at in terms of additional capacity to cover for the absence. Mr Dunshea said he had spoken with ward staff about the FFT data recording and collection and asked whether the process was robust. Prof. Cannaby said it was and that the old system was reliant on paper forms and manual inputting to an electronic system. She said that Volunteers are increasingly sitting with patients to facilitate patients giving responses and inputting them directly.

Mr Loughton voiced his concerns about the increasing referral rate in Cancer services and that he doubted the target could be met in year. He said this was now the new level of referrals and that the historic resource was insufficient to meet the new level of demand. He said he already had some concerns amount the extended hours that some staff were already working.

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

TB.7331: Executive Workforce Report

Mr Duffell introduced the report and highlighted the key items including the well-received long service awards. He said that the Trust had in excess of 1200 staff who met the long service criteria (more than 25 years service) split over 3 events.

He referred to staff survey benchmarking nationally with some organisations improving and performing beyond the RWT figures. He confirmed the completion of the preparation for the Band 1 phase out. He said the vacancy rate had been adversely impacted by the increase in establishment and that recruitment continued apace.

Mr Duffel said page 13 had an error in the graph that should be reflected in the narrative. Mr Loughton said the staff survey could still be improved and that Mr Duffell was pursuing further changes and improvements. He also said that the current figures were not to be taken for granted. Prof. Field confirmed he intended to visit those areas with issues and those performing highly to better understand the issues and challenges.

Ms Edwards asked about the reference to the Pathology Service unregistered staff turnover and asked whether it was having an operational performance impact. Mr Duffell said this had not been identified as having any adverse impact at present. Mr Loughton said some of this was a legacy of the service transfer.

Dr Odum asked about Medical and Dental turnover by Division at 11% and whether it included rotational posts. Mr Duffell said they were excluded. Dr Odum said he thought the target rate was high at 11%. Mr Duffell said WODC would be reviewing this. Ms Rawlings asked about the rationalisation of the Mandatory Training requirements. Mr Duffell said it would commence from the start of the new financial year. Mr Duffell clarified the mandatory and statutory requirements in the core skills framework.

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

TB.7332: Financial Report – Month 11

Mr Stringer introduced the report and highlighted the Month 11 position and the year-end being worked on with a forecast at the lower end at £10.6 deficit, with PSF £3.2m deficit with the PSF figure yet to be confirmed.

Ms Martin confirmed from F&P new objectives relating to a better understanding of the underlying deficit including staffing/pay costs and RTT Waiting Lists.

Resolved: that the Month 11 Finance Report be received and noted.

Annual, Six monthly and Quarterly reports

TB.7333: Research and Development - RWT

Dr Odum highlighted the high performance of the team and the continued reductions in funding over the last 3 years (circa £1m) in reduced central NIHR funding and the reduction in commercially funded research. Ms Edwards asked about the lack of Orthopaedics research. Dr Odum said there were issues of engagement in that and a few other services with work underway to try and improve the position.

Resolved: that the Research and Development – RWT Report be received and noted.

Governance, Risk and Regulatory

TB.7334: Report of the Chief Nursing Officer (CNO) against the Nursing System Framework 2018 – 2020

Prof. Cannaby introduced the report and highlighted the main areas in the summary of the report regarding the change in the criteria for *C.Diff*. reporting and target, and areas of concern in Nurse recruitment. She said NHSI had looked at Maternity services with a largely positive outcome and some actions to be implemented.

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

TB.7335: CNO Governance Report including Trust Risk Register

Prof. Cannaby introduced the Risks Register and highlighted the main areas in the summary.

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

TB.7336: Mortality Strategy

Dr Odum introduced the Strategy and outlined its importance and the revisions from the recent Interim report. He said it would be subject to further change as plans were implemented. Ms Edwards asked to emphasise the potential role of bereaved families and the need to actively invite families to participate via the Legal Department. Dr Odum said the Medical Examiners were talking to the majority of bereaved families with positive feedback to date. He said the engagement in investigations would be introduced with the employment of the bereavement Nurse. He agreed that would be explicitly included in the next revision of the Strategy.

Mr Duffell asked whether more could be done to communicate the actions being undertaken. Dr Odum said in his view the planned education and communication in the plan was sufficient. Prof. Field asked for it to be re-orientated to Learning from Deaths and the wider implications regarding deaths in all services so it was central to the Trust's culture along with the importance of time to reflect on such incidents and activity for staff. Dr Odum agreed. Mr Sharon referred to the Continuous Quality Improvement (CQI) programme education elements based on a central expertise with ambassadors with a champion and trained trainer role that was being developed.

Mr Dunshea asked about para 3.2 and asked about the statement that HSMR was not an indicator of quality of care. Dr Odum said the statistics themselves are not indicative of issues in the quality of care – they are a potential 'smoke-signal' requiring detailed case investigation. Mr Mahmud said that there were differing views regarding attribution in this case. He said the main point is it is still taken seriously and followed up on the basis that it could be an indicator for further investigation. Ms Martin suggested that entry be re-worded to reflect this.

Mr Dunshea asked whether there was a date by which it was intended for the HSMR/SHMI reducing. Dr Odum and Mr Mahmud said this was not possible as the other Trusts data was also subject to change at each re-fresh. Mr Loughton said a Board Development Session (BDS) with Public Health input may help improve clarity on this matter and in terms of the predictability of the trajectory. Mr Mahmud confirmed that input from Nigel Coates would also be informative.

Resolved: that the Mortality Strategy be approved subject to confirmation of the revision of para 3.2 and Ms Edwards contribution.

TB.7337: Infection Prevention Strategy

Prof. Cannaby introduced the Strategy. Ms Edwards questioned the lack of promienence of CPE in the plan. Prof. Cannaby said further detail could be added regarding pre-existing improved surveillance. Ms Rawlings referred to the scene setting statistics as being dated. Prof. Cannaby said these older figures had been used to illustrate the previous step-change in performance at that point in time. She said more recent data showed incremental improvements, but would mask the step change thereby reducing the impact of the section. Ms Rawlings suggested that it would be possible to include the older and latest data, and Prof. Cannaby agreed that both be included, as this would show that the improvement had been sustained.

Resolved: that the Infection Prevention Strategy be approved subject to confirmation of the addition of CPE actions and more recent continuing improvement data.

TB.7338: Palliative and End of Life Care Strategy
Prof. Cannaby introduced the new Strategy and Action Plan.

Resolved: that the Palliative and End of Life Care Strategy be approved.

TB.7339: Board Attendance Return

Resolved: that the Board Attendance Return be noted with the addition of Mr Duffell as present on the 30/04/2018.

TB.7340: Information Governance (IG) Data Protection and Security Toolkit (DPST) 2018/19
Dr Odum confirmed that this was the position submitted as agreed at QGAC prior to submission. He said there were just 4 areas not compliant. He said the national picture was not yet known. He said the Action Plans for each of the 4 areas had also been submitted. He said if the compliance plans were not accepted then there would have to be further action taken.

Resolved: that the Information Governance (IG) Data Protection and Security Toolkit (DPST) 2018/19 submission be approved.

TB.7341: G102 Financial Management Policy including Standing Orders, Standing Financial Instructions and Scheme of Delegation
Ms Martin said this paper needed further consideration and asked for any comments be sent to the Company Secretary clarifying whether the revisions were to the document or regarding the implications of the document.

Resolved: that the G102 Financial Management Policy including Standing Orders, Standing Financial Instructions and Scheme of Delegation be re-presented at the next Board Meeting.

Feedback from Board Committees

TB.7342: Chairs Report of the Trust Management Committee of 22 March 2019

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

TB.7343: ToR Trust Management Committee

Resolved: that the ToR Trust Management Committee be approved.

TB.7344: Chairs Report of the Finance & Performance Committee of 20 March 2019

Resolved: that the Chairs Report of the Finance & Performance Committee of 20 March 2019 be received and noted.TB.7345: ToR Finance & Performance Committee

Resolved: that the ToR Finance & Performance Committee be approved.

TB.7346: Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 20 March 2019

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

TB.7347: ToR QGAC

Resolved: that the ToR QGAC be approved.

TB.7348: Agreed Terms of Reference of the Audit Committee

Resolved: Deferred to May Trust Board.

TB.7349: Chairs Summary of the Charity Committee of 18 March 2019

Resolved: that the Chairs Summary of the Charity Committee of 18 March 2019 be received and noted.

Action: It was agreed to re-present the WODC and Charity Committee Terms of reference at the next Trust Board so as to re-synchronise the review dates for all the Trust Board Committee's.

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

TB.7350: Approved Minutes of the Trust Management Committee of 22 February 2019

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

TB.7351: Approved Minutes of the Finance and Performance Committee of 20 February 2019

Resolved: that the Approved Minutes of the Finance and Performance Committee of 20 February 2019 be received and noted.

TB.7352: Approved Minutes of the QGAC Committee of 20 February 2019

Resolved: that the Approved Minutes of the QGAC Committee of 20 February 2019 be received and noted.

TB.7353: Approved Minutes of the Charity Committee of 26 November 2018

Resolved: that the Approved Minutes of the Audit Committee of 26 November 2018 be received and noted.

General Business

TB.7354: Matters raised by members of the general public and commissioners
No matters were raised.

Any other Business

TB.7355: There was no further Business raised.

TB.7356: Date and time of next meeting:
13 May 2019 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB.7357: 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 12:50 pm