The Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 24 April 2017 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Dr J Anderson	Non-Executive Director
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Prof Rob Stockley	Associate Non-Executive Director
	Mr K Stringer	Chief Financial Officer
IN ATTENDANCE:		
	Ms D.Hickman	Deputy Director of Nursing
	Mr K Wilshere	Interim Trust Board Secretary
OBSERVERS:		
	Mr S Marshall	Wolverhampton CCG
APOLOGIES:		
	Mr J Hemans	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer

Part 1 – Open to the public

TB.6381: Declarations of Interest from Directors and Officers

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

TB. 6382: Minutes of the meeting of the Board of Directors held on Monday 27 March 2017

RESOLVED: That the minutes of the meeting of the public session of the Trust Board held on Monday 30 January 2017 be approved as a correct record, subject to the following amendments;

Page 3 Item TB 6332 The 5th paragraph (penultimate on page 3) beginning 'Ms Edwards referred to..' is replaced with a revised paragraph as follows –
"Ms Edwards referred to the requirements of the new National Guidance on learning from Deaths. The actions described by Dr Odum were in line with what this required but in addition RWT would need to undertake a comparison of its policies and procedures on investigation, involvement of bereaved families, reporting and Board oversight with the requirements of the guidance."

Page 6 Item TB 6336 The second paragraph to have the words "the" instead of "and", the removal of the plural "manufactures" in the last line and insertion of the word "of" thereafter. The paragraph now reads –
"Ms Edwards asked about the Quality Aseptic Services and whether there was a case for a more collective approach, whether a credible Black Country alternative existed, and could there be collaboration, whereby the NHS commissions the manufacture of Pharmacy products at scale?

Page 7 Item TB 6341 In the paragraph the second sentence is to be re-worded from the point "In response to questions from Ms Edwards.." to later in the sentence "and how the establishment figures".
The paragraph now reads –
"Ms Holland presented the monthly comprehensive update on workforce. In response to questions from Ms Edwards as to whether RWT was really 19 midwives over cadre when the midwife to birth ratio was still 1:31 and why the nurse establishment figures vary month by month and how they were derived, she would review and provide detail after the Board by email."

TB. 6383: Matters arising from the minutes of the meeting of the Board of Directors held on 27 March 2017

No matters arising were raised.

TB. 6384: Board Action Points

The Board Action points were reviewed and revised as follows:
The detail was added to minutes TB 6171 regarding Theatre Utilisation rates. The Action is to agree revisions to the next Performance Report in May 2017.

RESOLVED: That the Board Action Points list be noted.

TB. 6385: Chief Executive's Report

Mr Loughton mentioned meeting with Andrew Donald, the now retired Chair of Stafford and Cannock CCG, in relation to potential relationships with GP practices and community services in South Staffordshire. Mr Vanes asked whether Mr Loughton knew the value or staffing size of the remaining community services. Mr Loughton replied that it was a complex situation with geographical complexities and where RWT already provides some services. He said it should become clearer over the next 3 months. He also referred to interest from Cannock GP's regarding a potential GP Hub with some services provided by a partner mental health Trust.

Mr Loughton also referred to a meeting regarding issues in neo-natal care in adjoining areas which are and will have an upward impact on the number of births under the care of RWT. He confirmed that planning and actions are already underway to build additional physical and staffing capacity for the anticipated activity. He recommended the impact of other service reviews on future RWT services is looked at in an imminent Board Development Session.

Other highlights mentioned by Mr Loughton included the achievement of the Estates Team at the West Park GP Surgery, built and opened in 8 weeks, the Safe Hands television coverage and the Minister of State's recent visit, and the successful recruitment of a Consultant Neurologist trained in the use of robotics. He also referred to the on-going impact of the most recent 5 year forward view for the NHS.

Mr Loughton also congratulated all the participants and winners at the Royal Awards evening recently held.

Mr Vanes commented that neither the migration of Maternity Services or Staffordshire Community Services were referred to in the Black Country STP.

Ms Martin asked how many additional births RWT was likely to have to accommodate. Mr Loughton replied that in Telford there are approximately 4000 births a year and Walsall just under 5000 births.

Ms Rawlings asked whether RWT was likely to generate any income from the development of Safe Hands. Mr Loughton said he expected this and is talking to the commercial partner on this basis. Ms Martin asked whether the national team could be based in RWT. Mr Loughton said that he was working for the national control room to be based here for the 12 hospitals involved nationally. He added that the Trust will explore the potential to establish a consultancy function for future opportunities.

RESOLVED: That the Chief Executive's report be received and noted.

TB. 6386: Patient's Story

The Board watched a video recording of the husband and daughter of a patient who had a gall bladder removal with ensuing complications post-discharge. The focus of the story related to the experience of a lack of communication and coherent planning and information regarding the patient's initial discharge. The family felt this had impacted negatively on the patient's subsequent well-being, recuperation, rehabilitation and recovery.

Ms Hickman summarised the outcome of the investigation into the circumstance described and the lessons learned. She said that the same issues are repeatedly raised in the patient survey feedback. These relate to the reliance on relating discharge information to patients and families verbally when their ability to focus on and retain such information is often compromised. She said it was clear that in this case the service did not get it right first time. Ms Rawlings asked if it was clear which staff in areas discharging 'own' the discharge and the responsibility for ensuring it is done in an appropriate and proper manner. Ms Hickman replied that each Ward has ownership of the process. This can be impacted on by increases in activity and other pressures. She said that the question had been raised regarding whether the way in which information was provided, both verbal and written, was acceptable, appropriate and in reference to the individual patient and their procedure, condition, discharge and aftercare.

Mr Dunshea asked whether the patient and family had been talked with and given information regarding the out-turn under the Duty of Candour requirements. Ms Hickman confirmed that the Duty of Candour applied to cases of what is defined as Moderate Harm. In this case, the meetings with the patient and family were as per the Trust complaints process.

Dr Odum reiterated that the principle is that discharge information should be given as early as possible into the contact with services. He added that specific parts of interventions include a consenting process with written information, often general in nature. He agreed that patients and families may not be always able to remember or retain such information. He referred to improvements in practice in other areas regarding communication and information giving such as in providing Medication. He agreed that the onus is on RWT to improve practice in this area.

Dr Anderson referred to previous issues relating to patients in the discharge lounge not being attended to and whether the lounge was a suitable environment. Ms Hickman confirmed that the discharge lounge had be reviewed along with the criteria for its use with input from families and members of the CCG.

Ms Nuttall said it was disappointing that there remain issues regarding communication with patients and families before, during, at and after discharge. Ms Nuttall confirmed that there have been improvements to the discharge lounge environment and facilities including access to drinks and some food. She said that the challenge of pressures in activity do not preclude the need for the Trust to improve this aspect of care.

Dr Anderson asked if the patient was still alive. Ms Hickman confirmed they were. Ms Martin pointed out that the same principles related to all patients and families as being in hospital or having a relative in hospital is in itself stressing and distressing. Mr Sharon asked whether there are examples where this is done better in other hospitals, including improved system and culture. Mr Vanes added that when patients are in hospital for any length of time such as more than seven days information given on admission tends to fade in the memory. Ms Hickman agreed to explore all alternatives outside the meeting.

Mr Vanes confirmed he would write a letter of thanks to the family in the video for their contribution.

RESOLVED: That the patient story be noted.

TB. 6387: Strategy, Business and Transformation

Mr Vanes asked for any reflections on the 5 year forward view considered at a recent Board development session. Mr Mahmud said that the common view is that it is about the what and how in creating vehicles for delivery of services focussing on primary care innovation, mental health, cancer and emergency departments. He reflected that while the STP's were the vehicles to achieve change, this is complicated by the CCG's and their role and input. In his view the STP's are still under discussion and in a state of some flux.
Mr Sharon noted the shift in language from organisations to systems of delivery and new models of care. Mr Mahmud agreed that the new models of care are key and wondered how the Trust can gain greater collaboration with other organisations to achieve this.

TB 6388: Integrated Quality and Performance report

Mr Vanes introduced the monthly Quality and Performance report and confirmed it had been circulated prior to the meeting and discussed at Committees the previous week.

Ms Nuttall highlighted the following:

- Information Governance training rates
- New trajectories with focus on Emergency Performance that will be looked at by the Delivery Board.

Ms Hickman confirmed the MRSA target and performance figures. Mr Loughton asked Mr Marshall, an observer, when he was to expect the publication of the CQC Report on the Vocare service on the New Cross site as he is concerned about the potential reputation impact on RWT. Mr Marshal confirmed he would contact Mr Loughton on this matter outside the meeting.

Mr Dunshea asked about the inclusion of waiting list initiatives in the utilisation rates in the report. Ms Nuttall confirmed that these flex in and out if they are short term or they are built in if the initiative is long term. Mr Dunshea asked what the impacts were on utilisation. Ms Nuttall said they are intended to free up theatre time.

RESOLVED: That the March 2017 Integrated Quality and Performance report be received and noted.

TB 6389: Review of the content and format of the Integrated Quality and Performance report

Mr Vanes referred to the current size and length of the report as it has been added to over time. He asked whether the RWT report had been compared with other similar organisations. Ms Nuttall confirmed she will do so and has looked at others recently. She reported a marked variability in the reports used. She emphasised the need for the report content to be relevant to the needs and services of RWT.

Ms Edwards asked why the compliance with the WHO Surgical Checklist was to be removed. Ms Hickman explained that review had revealed that despite on-going reports of 100% compliance this actually masked issues revealed by incidents and their investigation. Therefore the danger was that the reported compliance figures gave a false assurance.

Ms Rawlings asked what the impact was on performance emerging from vertical integration. Ms Nuttall confirmed that the report would now contain some workforce information. Decisions regarding other future information are being considered. Mr Mahmud confirmed that this will continue to develop over time.

Mr Dunshea asked about whether the recommendation on page 30 of the Deloitte report had been considered and included. Dr Anderson referred to 5 never events in the previous year pointing to failures in procedures despite the 100% WHO compliance figures. Dr Odum explained that the Trust Patient Safety Group discusses these matters and had concerns about the potential for a culture of compliance reporting that is not consistent with actual behaviour as borne out by the incidents referred to. He said that they find that an emphasis on culture and attitudes in theatres is more likely to improve practice and reduce incidents, along with examination of the detail of the component parts of theatre procedures. He said that greater knowledge of these components and what they may indicate could be useful in future. He alluded to a revised report on this in due course to provide a better balance of compliance and confidence in the assurance it provides. Dr Anderson wondered whether there were more 'near miss' events not captured. Mr Loughton reflected that near misses are not always reported. Mr Vanes suggested the removal of the compliance indicator be accepted with the development of a better indicator in due course.

RESOLVED: That the changes to future Integrated Quality and Performance report be received and noted, subject to the development of improved indicators and consideration of the Deloitte recommendation referred to.

TB.6390: Chair's report of the meeting of the Quality Governance Assurance Committee held on 22 March 2017

Ms Edwards presented a report containing the highlights of the meeting of the Quality Governance Assurance Committee held on 22 March 2017. Among other matters she highlighted the cessation of prospective audits to focus on those already in process and to a potential vulnerability for the Trust in now only having one member of staff with the RDAT Radiation Safety certificate.

RESOLVED: That the Chair's report of the Quality Governance Assurance Committee meeting on 22 March 2017 be received and noted.

TB. 6391: Nursing Workforce report

Ms Hickman introduced the report and said that the nurses from the Philippines already in the recruitment pipeline would be continued if the process was sufficiently progressed. Mr Vanes said the settlement team received congratulations and support at the awards night. Ms Hickman confirmed the positive feedback from recruits regarding the settlement and pastoral support.

Dr Anderson asked whether it is the case that the Trust lost more staff than started in month and whether this represented an increasing gap. She suggested that to have the figures in a graph would provide a visual representation of any emerging gap over time. Ms Hickman confirmed that there is a lag in impact and that currently over time the gap is shrinking.

Dr Anderson asked what impact the ward closure would have on establishment. Ms Nuttall confirmed that it would reduce the overall Trust establishment but as the staff had been re-deployed then it would also contribute to permanent staff rates elsewhere, further closing the gap.

RESOLVED: That the report on planned versus actual staffing by ward during March 2017 be noted.

TB. 6392: Finance Board report – Month 10 (January 2017)

Mr Stringer introduced the report on the Trust's financial position at month 12 and year end. He provided a revised year end position taking into account additional STF payment, the final amount of which is still to be confirmed. The known year end position is a surplus of £7.35m. He confirmed the £4.8m in dispute with the CCG has now moved to the next stage of arbitration where the appeal is heard by another region.

He highlighted aspects of the report including on page 5 the position regarding cash and capital targets and the positive performance there. He also highlighted the Cost Improvement Programme figures on page 6 both recurrent and non-recurrent and that as in previous years the amount delivered increases at the year end.

Mr Stringer confirmed that all statutory financial duties had been achieved reflecting the hard work across the Trust and the sometimes difficult decisions made. He also confirmed that the Trust asset valuations are being reviewed by external auditors from KPMG.

Given that the final year-end figures are still possibly subject to further revision, Mr Stringer asked that authority to agree be delegated to the Audit Committee.

Ms Martin asked about the key role in the year ahead of cash flow management and asked if the monthly report could give a month by month tracking of this and any impact. Mr Stringer confirmed that the Deputy Director of Finance is working on this for future reporting. Ms Martin also asked about the impact of the changes to the IR35 rules. Ms Nuttall reported that RWT had lost some consultant staff with operational impact, some have transferred on to the Trust payroll and that agency rates were rising as a result.

Mr Duffell confirmed that the impact was being monitored and that the Trust is holding the line in not paying higher rates to consultant demands. He reflected that if other NHS organisations do not hold the same line then the impact could be greater.

Ms Martin asked what the underlying operating results were. Mr Stringer confirmed these figure are being finalised. Mr Loughton congratulated the Trust in achieving this year end position. He confirmed the management team will be looking at the cultural messages to the organisation and its staff for the year ahead mindful of the need to maintain financial discipline whilst dealing with exacting regulation.

Mr Dunshea asked whether any provision had been made in case the arbitration of the disputed £4.8m was not settled in the Trust's favour and whether there is a mechanism now in place to prevent such things happening in the financial year ahead. Mr Loughton said that he would first exhaust all and any route of appeal and settlement. Mr Stringer said that future financial risk sharing arrangements are being explored and the details of these will follow.

RESOLVED: That the report on the Trust's financial position at month 12 - March 2017 be received and noted subject to the possible revision highlighted.

RESOLVED: That the authority for final agreement of the Trust's financial position at month 12 - March 2017 subject to audit confirmation be delegated to the Audit Committee.

TB. 6393: Chair's report of the meeting of the Finance and Performance Committee held on 22 March 2017

Mr Vanes asked that congratulations be passed on to the Finance Team for achieving the position and year-end figures through a time of change in personnel and transactions.

RESOLVED: That the Chair's report of the meeting of the Finance and Performance Committee held on 22 March 2017 be received and noted.

Dr McCathie joined the meeting.

TB. 6394: Clinical Audit case study – Increasing the uptake of HIV testing in Black Africans

Dr McCathie gave a brief presentation of the audit work she had undertaken in this area. There followed a discussion as to whether testing all blood samples would add cost or expose people to stigma. Dr McCathie explained that there remained the need for the proper consents to be taken and documented. Dr Odum agreed.

Dr McCathie pointed out that this area is one for continued public health focus. Mr Loughton asked if there had been any trials of complete blood sample screening. Dr McCathie said that anonymous screening to date used left over samples and so could be seen as representative of the population. Maternity is the only area that currently requires an active 'opt-out'. Mr Vanes said that he was aware of other hospitals that had moved to an all area's opt-out approach. Mr Loughton asked whether RWT should consider this. Dr Odum agreed to look into this and discuss with the Consultant body.

Mr Sharon asked whether there was any economic analysis of the impact from screening. Dr McCathie said that there may be as part of the NICE Guideline. The principle of early treatment, the cost of those treatments reducing and the effectiveness increasing means that screening and intervention is potentially economically positive. There followed further discussion on the potential and current trials of PREP. Dr McCathie confirmed that she has been asked to present this work at a National Conference in due course. The Chair thanked her for the presentation and discussion.

Dr McCathie left the meeting. Prof Rylance joined the meeting.

TB. 6395: Undergraduate Education Academy

Prof. Rylance introduced the report on quality assurance as part of the work undertaken by the Undergraduate Teaching Academy. Prof. Rylance highlighted a number of achievements in the report, including the continuing positive feedback from the medical students, the increase in Medical teaching Fellows to 10, the positive impact of appraisals on teaching and the comment by students on the approachability and friendliness of RWT staff and the organisation.

Prof. Rylance also highlighted the report from the national monitoring body in October 2016 and the positive report that the academy has a strong governance culture. He confirmed that there remained some areas for improvement in clinical areas impacted upon by clinical pressures and operational issues.

Prof. Rylance also mentioned the increase, well received, in Consultant teaching, the improved facilities at RWT and Cannock and the development of the 'apprenticeship' training for 5th year students, the impact of which is to be presented at national and international events.

Prof Stockley asked for assurance that the areas for improvement and issue contained in the report are being addressed. Prof. Rylance gave that assurance and said that the progress with actions would be monitored and included in future reports. Dr Anderson reiterated the importance of the attention of Consultants to their students through Consultant teaching and its inclusion in future Consultant job planning.

Mr Loughton congratulated Prof. Rylance on the continued achievements, the result of an on-going 20 year journey. He said that the benefits can be seen internally from the students experience and externally by the enhanced reputation of RWT. He encouraged the academy team to continue to drive for further improvements and innovation beyond the national standards met. Prof. Rylance confirmed that this is already underway. Mr Vanes extended the Board's congratulations and thanks to Prof. Rylance and his team.

RESOLVED: That the Undergraduate Education Academy report be received and noted.

Prof. Rylance left the meeting.

TB. 6396: Executive Workforce report

Mr Duffell presented the monthly update on workforce. He highlighted several issues that are or will have an impact on the Trust Workforce and recruitment. These included the impact of the government immigration surcharge of £3,000 per candidate, the upgrade to the use of e-roster version 10 with a focus on productivity and un-used hours, progress towards the national target of apprenticeships across the Trust (approximately 185); Mr Duffell said that the consequences of not meeting this number is not yet clear. Mr Duffell also highlighted that overall rates of sickness absence were marginally down and that this continued a positive (i.e. downward) trend. Mr Duffell said that he is in the process of reviewing the contents of this report and intended to improve the references to trends as well as month to month comparisons. Ms Hickman confirmed that recruitment from outside the EU had been reviewed as a result of the immigration surcharge. Ms Edwards asked what analysis and action had been taken in respect of the Bank Shifts undertaken and sickness absence on page 16 of the report. Mr Duffell confirmed that this work is on-going. He highlighted that work is underway to ensure that Occupational Health screen the health and well-being of all staff, as part of the recruitment process and including to the Bank.

RESOLVED: That the Executive Workforce report be received and noted.

TB. 6397: Participation in early implementation of 7 day services

Dr Odum introduced the report on the progress of this initiative. He said that all Directorates have met to review their positions and identify any changes required to meet this. All are working on the 'Consultant of the week' model. As yet absolute compliance is yet to be confirmed as the current focus is on recording and tracking improved compliance to date. Dr Odum said that he was awaiting confirmation but expected the position in May to show 90% compliance.

Dr Odum identified areas of particular difficulty – relating to services where the workforce does not match the service requirements, such as in Older Peoples services (high number of beds compared to staff with vacancies), respiratory (reduced staffing but with recent closure reduction in service demand) and Head and Neck.

Dr Anderson said that the reduction in out-patient sessions referred to was not acceptable and asked whether availability had been taken into account in Consultant job planning. Dr Odum said it is taken into account and that the analysis of the situation included a potential loss in activity which was why the option to close a Ward was taken. Dr Anderson said that if there was less demand to be Consultant of the week due to the Ward closure, this should give more time for out-patient activity. Dr Odum pointed out that duties were not just related to Consultant of the week but included acute assessment and other duties.

Mr Dunshea asked for future information on the overall cost of achieving this and the impact on patient activity and length of stay. Dr Odum said that the changes in the models used are reflected in current job plans, that he expected an improvement (i.e. reduction) in length of stay of around a day but also pointed out that there are other initiatives underway which will also impact on length of stay and that it may not be possible to dis-aggregate the individual impact of the 7 day initiative.

RESOLVED: That the Participation in early implementation of 7 day services report be received and noted.

TB. 6398: Quarterly report of the Guardian of Safe working.

Dr Odum introduced this report on the exercise following the implementation of the new Junior Doctors contract. He said that there are still some rotas to be formally validated and that he expects the process of moving on to the new contracts to be mostly completed by August 2017. There were some exceptions reported and these are being addressed. As this is work in progress Dr Odum proposed to report back to the Board every 6 months as there is no cause for concern.

Mr Vanes asked Dr Odum to clarify the reference on page 4 of the report regarding pay protection for the non-executive Directors after the meeting. Dr Odum agreed to do so. Dr Odum said that there remained some technical issues relating to the implementation that were overlooked nationally. Mr Loughton reflected on his recent meeting with the Junior Doctors forum and the continuing strength of feeling relating to the contract changes. Mr Duffell asked whether it was clear yet what consequence there might be should the requirements of the Guardian not be met. Dr Odum said there was none known to date.

RESOLVED: That the Participation in early implementation of 7 day services report be received and noted.

RESOLVED: That future reports on the Participation in early implementation of 7 day services report be received every 6 months.

TB. 6399: Emergency preparedness response and resilience (EPRR) Annual Report 2016-2017

Ms Nuttall introduced the report and highlighted that the priority areas for work in the year ahead are a review of the current Business Continuity Plans in the light of recent experience and Pandemic Flu (nationally mandated).

RESOLVED: That the Emergency preparedness response and resilience (EPRR) Annual Report 2016-2017 be received and noted.

TB. 6400: Research and Development Directorate Update Report

Mr Vanes introduced the report. Prof Stockley said that this was the 2nd of these reports he had seen and asked whether the Trust is reactive or pro-active in its recruitment to studies. He noted that although there has been a rise in overall recruitment, in comparison across the CLRN the Trust rates poorly in the 30 day turn-around and first recruitment. He wondered whether there were areas of poor performance being masked by the overall figures and asked for a more detailed breakdown for the next report. He added he would also like the inclusion of publication, presentations and inclusion in other publications of studies the Trust has participated in.

Dr Odum said that the performance of the Trust was favourable when compared to other District General Hospital trusts. He agreed that the published information should be shared. Ms Edwards asked why the recruitment to time and target performance was worse on page 3 of the report. Dr Odum said that this related to the type of studies participated in. He highlighted that there is a push to improve this and the accuracy of potential patient number predictions. Dr Anderson asked whether the ethics approval timescales were still problematic. Dr Odum said that the centralised process continued to present challenges in timescales. Prof Stockley said that unfortunately the process that had sought to simplify the process had in fact made it more complex as all studies are subject to the same level of detail and scrutiny. Mr Loughton confirmed that he would raise the issue again at NHS England.

RESOLVED: That the Research and Development Directorate Update Report be received and noted.

TB. 6401: Board Attendance Return for 2016-2017

RESOLVED: That the Board Attendance Return for 2016-2017 be received and noted.

TB. 6402: Audit Committee revised Terms of Reference

RESOLVED: That the Audit Committee revised Terms of Reference be deferred to the May Trust Board meeting.

TB. 6403: Chairs report and draft minutes of the meeting of the Trust Management Committee held on 19 April 2017

It was confirmed that this item referred to the meeting on the 22 March 2017.

RESOLVED: That the Chairs report and draft minutes of the meeting of the Trust Management Committee held on 22 March 2017 be received and noted.

TB. 6404: Minutes of the meeting of the Quality Governance Assurance Committee held on 22 March 2017

RESOLVED: That the Minutes of the meeting of the Quality Governance Assurance Committee held on 22 March 2017 be received and noted.

TB. 6405: Minutes of the meeting of the Finance and Performance Committee held on 22 March 2017

RESOLVED: That the Minutes of the meeting of the Finance and Performance Committee held on 22 March 2017 be received and noted.

TB.6406: Matters raised by members of the general public and commissioners

There were no matters raised.

TB.6407: Any Other Business

No matters of any other business were raised.

TB.6408: Date and time of next meeting

It was noted that the next meeting was due to be held on Monday 22 May 2017 at 10 am in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

TB.6409: Exclusion of Press and Public

RESOLVED: That, pursuant to the provisions of section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted.

The meeting closed at 11:44 am.