

Draft Minutes of the Trust Board held on 29 January 2018

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Agenda Item No: 3

Royal Wolverhampton NHS Trust

Minutes of the meeting of the Board of Directors held on Monday 29 January 2018 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:

Mr J Vanes	Chairman
Dr Jonathan Darby	Associate Non-Executive Director
Mr A Duffell	Director of Workforce
Mr R Dunshea	Non-Executive Director
Ms D Hickman (for Ms Etches)	Deputy Director of Nursing
Ms R Edwards	Non-Executive Director
Mr J Hemans	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
Miss J Small	Non-executive Director
Mr K Stringer	Chief Financial Officer

IN ATTENDANCE:

Mr K Wilshere	Interim Trust Board Secretary
Ms S Evans	Head of Communications, RWT
Ms H Troalen	Deputy Chief Finance Officer, RWT
Ms T Palmer	Head of Midwifery

OBSERVERS:

Ms Sheila Gill	Observer – Healthwatch Wolverhampton
Ms Annabal Bagdi	Express & Star
Mr Rick White	BT

APOLOGIES:

Prof. Stockley	Associate Non-Executive Director
Ms C Etches OBE	Chief Nursing Officer

Part 1 – Open to the public

The Chair opened the meeting and welcomed all attending.

Apologies for absence

Apologies for absence were received from Ms Etches and Prof Stockley. Ms Hickman was in attendance for Ms Etches.

TB. 6703: Declarations of Interest from Directors and Officers

No additional declarations of interest were made in the meeting. The list of Declarations of Interest has been circulated. The Interim Trust Board Secretary asked Board Members to ensure they regularly review their entries and provide any changes and/or confirmation before each Board Meeting.

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

TB. 6703: Minutes of the meeting of the Board of Directors held on Monday 27 November 2017

There were no amendments to the Minutes.

Resolved: That the minutes of the meeting of the public session of the Trust Board held on Monday 27 November 2017 be approved as a correct record.

TB. 6704: Matters arising from the minutes of the meeting of the Board of Directors held on 27 November 2017

There were no Matters Arising other than the Board Action Points.

TB. 6705: Board Action Points

The Board Action points were reviewed and revised as follows:

31st July 2017/TB 6519 Chief Executive's Report

Mr Loughton to organise a development session with the Board regarding the progression to an accountable care organisation with access to appropriate external and expert advice.

December 2017

Mr Loughton said the Trust is awaiting further direction regarding the development of Integrated Care and asked for it to be re-scheduled for March 2018.

Action: It was agreed to revise the delivery of this Action to March 2018 subject to clarification being available from NHS England.

27 November 2017/TB 6668 National Emergency Department (ED) Survey 2016

Ms Nuttall to provide the summary time to triage data. January 2018

Ms Nuttall confirmed that the data had just been received and will be shared as part of the performance data at the next Board.

It was agreed that this Action be considered closed.

27 November 2017/TB 6669 Freedom to Speak Up Guardian Annual Report

Ms Mehay to provide the Harm definitions used. Mr Wilshere to place in Trust Board reading Room for reference. January 2018

Mr Wilshere confirmed that the information was available.

It was agreed that this Action be considered closed.

27 November 2017/TB 6677 Executive Summary Workforce Report

Mr Duffell to confirm the source of the Night Worker questionnaire. January 2018

Mr Duffell and Ms Edwards confirmed this Action had been completed.

It was agreed that this Action be considered closed.

TB. 6706: Chief Executives Report

Mr Loughton introduced the report highlighting recent presentations to colleagues on Integrated Care Systems and information on GP activity. He said that he and colleagues had met with Steve Field the Chief Inspector of General Practice along with the Secretary of State's special adviser recently and he had shared with them the Trust's work and progress in this area that was well received. He highlighted that he had raised the requirement for funding support to further progress the work.

Mr Loughton said that he had also shared with them work and progress with the Academic Institute of Medicine and Mr Loughton referred to a letter he had sent to local Members of Parliament (MP's) asking for their support in lobbying the Home Secretary following the repeated refusal of recent local visa applications for medical and other staff as the national quota of entrants for the year 2017-2018 had been already reached. He said that all the MP's had passed their views on to the Home Secretary. He explained the differences between the visa Tiers and the benefits of direct employment of key clinical staff in settings where UK recruitment was challenged..

He also referred to a recent visit to facilities at Cannock by the local MP who was impressed with the improvements in the facilities and services in Cannock. Mr Loughton pointed out the continuation of elective surgery throughout January by the Trust due to the specialist nature of the Trust's services. He referred to issues relating to high numbers of patients through the Emergency Department and the additional impact of patients with flu. He highlighted delays in specialist treatment transfers including a patient who was awaiting transport to North Yorkshire and had already been waiting in excess of eleven hours.

Mr Loughton said he had also been attending the Sustainability and Transformation Planning (STP) area meetings regularly. He referred to the consideration and expected sign off by other Trust Boards in the Black Country of the proposed merger of Pathology services based on the work of Lord Carter a decade ago.

Mr Loughton said that he has now stepped down as the Chair of the Neo-natal Network meeting after some time. He also highlighted the recent joint appointment with Birmingham Children's Hospital appointment of a Paediatric Cardiologist. Further potential shared appointments are being discussed. He also referred to plans for joint appointments in Public Health.

Ms Small said the Public Health appointment allocated to RWT was very positive regarding integration. Ms Rawlings said it would be good if the Board could meet at Cannock given the recent visit.

Action: The Interim Trust Board Secretary will explore holding a future Trust Board Meeting at Cannock.

Mr Dunshea asked what other shared schemes were in prospect in the STP area. Mr Loughton said that Stroke Services from Walsall will transfer in mid-April and that the Trust has also been asked to consider Walsall Haematology services. He said that there were opportunities for further payroll provision for other organisations and shared procurement progression to potentially expand the existing hub based in Stoke. He highlighted further areas in relation to potential gains from national procurement drives.

Mr Dunshea and Mr Vanes asked whether the Emergency department was now medically up to establishment following recent appointments. Ms Nuttall explained that with the recent recruitment the establishment was now up to ten in post of twelve planned posts. She said that recruitment will continue up to 17 alongside the over-establishment in Paediatric Emergency Medicine. Dr Odum said it was definitely progress.

Resolved: that the Chief Executives Report be noted.

Patient Safety, Quality and Experience

TB. 6707: Patient's Story

Ms Hickman introduced the Patient Story. It referred to a gentleman who had two heart attacks and an in-patient stay. Issues were highlighted relating to out-patient investigation delays and communication problems regarding this and the impact on the patient and his family of the inconsistency and delays. It was related by the patient's wife. She asked for better liaison between staff, that timescales for responses given are realistic and that any further delay should be avoided.

Ms Hickman gave an update regarding the availability of cardiac specialist input. She then emphasised the issues regarding delay and communication gaps. Ms Rawlings asked how the issues had been tackled at departmental level. Ms Hickman said the story and impact were fed back to the staff involved. Ms Edwards reiterated the importance of letting people know regularly what isn't happening and why, as well as what is. Ms Hickman said that what was being done also wasn't being communicated to the patient and his family in this case.

Mr Hemans commented that the patients family should not have had to go through the PALs service to gain a response and the information they needed. Ms Hickman agreed it was less than ideal. Ms Martin said she was struck by the reliance on paper records and transfers and asked that the use of electronic transfer of records be speeded up to improve the process of records movement and access. Mr Vanes asked how the patient was. Ms Hickman said he has now had his results and he is making progress. Mr Vanes asked whether it is likely to re-occur. Ms Nuttall said that the recent appointment should reduce the likelihood due to capacity issues but that the human factors and communication issues are less straightforward to prevent happening again. She said the lessons have been shared across the Divisions and Directorates.

Dr Odum said that most investigations are now booked electronically but a few specialist tests are still booked through the department. Ms Martin referred to the transfer of paper records. Dr Odum said that most records are now available electronically. Ms Hickman said the explanations given to the patient and their family should be factual. Ms Rawlings asked if there is a planned walkabout in the area that those visiting be mindful of such incidents. Mr Vanes confirmed that he would write to thank the patient and his family for sharing their experiences.

Resolved: that the Patient Story be noted.

TB. 6708: Mortality Update Report

Dr Odum introduced the report recently also provided to the local Overview and Scrutiny Committee (OSC). He explained the identified drivers and the debate at the OSC including the statistical issues. Dr Odum confirmed the situation has not changed and the statistics remain as they were. He said he has received all the additional reviews commissioned with the conclusion that there were no systemic issues or failures identified, with some areas of care identified as of good quality.

He also referred to compliance with the Pneumonia Pathway undertaken by an external company with work following to address the identified gaps in compliance. The findings will be reviewed in due course by the internal group tasked.

Dr Odum went on to explain further work in place designed to impact positively on the statistical data in the near future contained in the report. He said he anticipated a rise in the expected death rates and changes in attribution resulting in a fall in the headline death rate. He also referred to the changes to end of life care services which impact on the mortality rate.

Dr Odum said that the qualitative work undertaken was largely positive and completed. The Learning from deaths work nationally was also referred to in the report. He said the Trust has a robust process for examining deaths in care. He also referred to the Royal College of Physicians view regarding the appropriate use of the potentially avoidable deaths methodology and data and that it is to be published but not used comparatively. He also referred to other work in prospect. He summarised that in terms of avoidable deaths, he does not believe the Trust has excessive rates.

Ms Edwards said the paper was very clear and useful in showing the issue being data driven and the usefulness of the qualitative assurance work undertaken. She said she hoped national inspection bodies would also understand this. Dr Odum said it was right to conduct such a review to provide assurance that it was not indicative of greater problems or issues relating to the quality of care.

Ms Martin referred to a reference to greater care in the community for end of life so patients do not end up spending their last hours in a hospital. Mr Loughton said this work is underway. He also highlighted issues for the Ambulance service regarding see and treat/care at home versus pressure to convey. Dr Darby asked whether any of those with 'Do Not Attempt Resuscitation' (DNAR) instructions should be conveyed to hospital. Dr Odum agreed with the points made and pointed to some progress in supporting care homes regarding the appropriateness of transfers to hospital and support to care in the home.

Mr Dunshea said this is a big issue to tackle. Mr Loughton said that the Trust is doing all it can in this area with further work to understand the spikes in Ambulance activity recently identified. Mr Sharon added that reviewing the pathways and services is a continual process with some discernible progress such as the rapid intervention team having been established. He also referred to the Ambulatory Care scheme progress alongside the Physician A model having had a positive impact. He said the Trust will continue to raise with the CCG regarding further initiatives. Mr Loughton pointed out the previous consequence of reducing admissions and the financial dispute between the Trust and the CCG over this that remains unresolved given the current payments system.

Mr Dunshea asked about the quality of the external reviewer. Dr Odum said the reviewer had been transparent in the process, method and standards used in the reviews and that he was assured that the approach was sound. Mr Loughton added that he works for NHS England and NHS Improvement. Mr Vanes referred to previous work in 2011/2012 and contrasted it with the much improved quality of work undertaken recently but also highlighted that similar issues had been raised with the then national lead at the time with no apparent impact on the data rates and interpretation. Mr Loughton confirmed this has been raised by him with Sir Bruce Keogh. Dr Odum said he feels the quality of the discussion is very different and more positive than in previous instances with recognition of the value of the case reviews as the main learning method with the statistics as a potential 'smoke alarm' only.

Dr Odum confirmed that there will be quarterly Update Reports while the rates are elevated. Mr Vanes extended the Boards thanks to all involved in the work to date and going forward.

Resolved: that the Mortality Update Report be noted.

TB. 6709: Heart and Lung Centre Fire Safety Update

Ms Nuttall introduced the report. She highlighted the report recommendation from the external review and fire service view that the Trust continues with the mitigations in place until such time as the recommended replacement is available from the work nationally. Ms Edwards asked about the availability of the interim building regulations report being 'Spring 2018'. Ms Nuttall confirmed that it had not yet been received and was expected as stated in the report. Ms Martin asked about the Stage 4 plan response from NHSI still not received. Ms Nuttall confirmed the Trust has not received any response to the submitted Stage 4 plan and mitigations. Mr Loughton reiterated the differences between the Heart and Lung Centre and the Grenfell Tower situations.

Resolved: that the Heart and Lung Centre Fire Safety Update be noted.

TB. 6710: Midwifery Service Report

Ms Palmer introduced the report. She highlighted the main issue regarding Midwifery Staffing. She added that a review of service in relation to acuity is underway. Mr Dunshea asked about point 2.1 and asked what it would mean for new mothers. Ms Palmer explained that the point referred to the collaborative between local services in the Black Country and West Midlands taking forward the 'Better births' direction looking to reduce variations in maternity care and improve consistency across and between services.

Ms Martin asked about the Chief Executive Officer's letter and a reported decrease in bookings and asked whether there was assurance that the 5000 births would not be breached. Mr Loughton said that the 5000 had already been exceeded and that whilst it was the aspiration, mothers could not be turned away. Ms Martin said this gives a capacity and resource problem for the Trust. Mr Loughton explained the impact of the increasing activity and knock on effects on nearby services. He explained there is a step change in staffing costs at 5500 births that provides potential staffing for up to 9000 births and that work is underway to understand the impact of such a step change. Ms Palmer referred to the delayed impact of reduced bookings on service. Mr Vanes said that the business discussion was required with the prospect of birth rates continuing to stay high. Mr Loughton said initial work was underway as the rate is unlikely to reduce and there were other factors in the area that may result in further increases. He added the need to factor in housing developments impact.

Ms Rawlings asked how the staff had coped with the additional demand. Ms Palmer said that there had been successful recruitment resulting in minimal vacancies that has helped but it was and remains a challenge. Ms Rawlings asked if there have been any other issues. Ms Palmer said it was day to day complexities and issues. Mr Loughton added the lack of improvement in smoking rates in mothers and the consequential impact along with new mothers presenting who are unknown to the service, small numbers with potentially big impacts. Mr Vanes and the Board thanked Ms Palmer and the service team for their efforts.

Resolved: that the Midwifery Service Report be noted.

Action: it was resolved that a subsequent report on the revised Business Case issues associated with a birth delivery rate above 5,500 a year be brought back to the Board.

Strategy, Business and Transformation

TB. 6711: Anaesthetic Machines Replacement Business Case

Mr Stringer introduced the proposed Business Case. He confirmed that it has been reviewed and approved by the CRG and TMC and is before the Board due to the size of the Business Case. He gave an overview of the current status of the machines and the proposed replacement programme. The proposal includes a charitable contribution from the Goodyear Benevolent Fund.

Mr Dunshea said that he thought the options appraisal analysis could have been stronger with some of the other options better explained and explored. Mr Stringer said that there may be further detail not included in this version of the case. Ms Rawlings agreed with Mr Dunshea's observation. Mr Loughton asked whether the replacement equipment would have a suitable lifespan. Ms Martin asked whether the programme was over 3 or two years. Mr Stringer confirmed 3 years. Ms Martin asked whether the expenditure line was already included in the capital programme. Mr Stringer confirmed it was a planned part of the equipment maintenance/replacement expenditure. It confirmed it is staged as 20 machines in 2017-2018, 9 and 9 in the following two years. Ms Edwards asked whether the new machines would be assessed in terms of Human Factors safety requirements. Mr Stringer confirmed the clinical focus of the specification for the new machines.

Resolved: that the Anaesthetic Machines Replacement Business Case be approved.

TB. 6712: Black Country Pathology Service Business Case

Mr Sharon introduced the updated Business Case. He confirmed that it had been refined and revised including the pay and non-pay elements, the commercial agreement between the organisations and the commencement of the IT system procurement have all been progressed with greater confidence in relation to the risks involved. He confirmed the savings expected as realistic. The other Trusts have Board meetings in the following two weeks for them to review and approve the Business case and agreed next steps.

Mr Loughton asked that the considerable contribution of Jonathan Fellows, a Non-executive Director at Dudley Group of Hospitals be recognised in support of this proposal. He also asked that there will be the need for addition investment in technology in the near future.

Resolved: that the Black Country Pathology Service Business Case be approved subject to the following steps;

- **that the approved Business Case progress to the transition phase including the initiation of the enabling HR plans immediately.**
- **that the approved participation be on the basis of the governance and commercial terms, as set out in the business case.**
- **that if there are any changes to the approved Business Case recommended during the transition and due diligence phases that these are delegated to the Oversight Group for consideration and approval.**
- **that where the approved Business Case impact results in a change of the financial position, any proposed changes will be taken to the Oversight group and if approved there, be recommended to Trust boards for approval.**
- **that the approved Business Case be taken as agreement to set up the BCPS as a shared Arms-Length Organisation, hosted by RWT.**
- **that the approved Business Case commitment to fund the necessary enabling works, as contained in the FBC is commenced and that the management is delegated to the Oversight Group.**
- **that the approved costs incurred to date (detailed in a paper presented to the Oversight Group) amount to a total of £794,909 (which equates to £ £198,727 per trust, based on a 25% split).**
- **that the approved Business Case be considered as authorisation for the continuation of the design development.**
- **that the approved Business Case be considered as authorisation to appoint the substantive Clinical Director and Operational Manager.**

Performance

TB. 6713: Finance Report

Mr Stringer introduced the report and the highlights included in the summary of the report on page 3. He referred to the position at month 9 resulting in the Q3 STF payment. He said that the operational activity in December remained largely as planned despite the winter pressures and the forecast following NHSI regional team discussion is that the Trust will be £6m short of the control total due to the efficiency target and cost improvement programme previously increased. He confirmed the year end projection will be revised.

Ms Martin gave the Chair's report from the Finance and Performance Committee and highlighted time spent examining the Board Assurance Framework Risks related to this as further escalated. She said that there will be a revised review of the use of resources, estate and staff. She also referred to the Financial Recovery Board having support to progress the best use of the Safe Hands information.

Mr Stringer confirmed to Mr Loughton that the year-end position including expected STF payments was predicted to be break-even. Mr Loughton asked the Board to recognise the extent of this achievement and the benefits to service quality. He also asked that the operations staff and Chief Operating Officers efforts to maintain service activity throughout the winter and other recent pressures were applauded. He said this was in contrast to the position of some other local organisations.

Resolved: that the month nine Finance Report for December 2017 be noted.

TB. 6714: Chairs Report of the Finance and Performance Committee of 7 December 2017 and 24 January 2018

Resolved: that the Chairs report of the Finance and Performance Committee held on 7 December 2017 and 24 January 2018 be noted.

TB. 6715: Integrated Quality and Performance Report

Ms Nuttall introduced the report and gave an update regarding page 7 cancelled operations figures due to unexpected reasons such as staff sickness and support service issues. She also referred to page 27 Ambulance conveyance figures and the resulting handover delay figures impact. Ms Nuttall asked that the Clinical Teams especially the Emergency Department Teams responses so far be noted.

Ms Nuttall also noted that the delayed transfers of care work with partner organisations had continued to be positive. She referred to the Cancer care information on page 31 with a forecast increase in breast cancer referrals of 30% in December with the resulting capacity pressures. She went on to say that the backlog has now been cleared.

Mr Loughton referred to the further difficulties created by local roadworks for ambulance ingress.

Ms Hickman referred to page 3 and 4 in the summary impacts of increased activity including late moves but despite these pressures the Trust continued to meet the requirements of the Safety Thermometer.

Mr Dunshea referred to page 34 Theatre Utilisation available sessions in General Surgery and the numbers cancelled. Ms Nuttall said that there were some particular challenges due to staffing gaps and staff absences in this instance. Mr Dunshea asked about, on page 23, the apparent considerable reduction in Safeguarding Adults referrals. He asked whether this was a concern. Ms Hickman said that the impact of Safeguarding Team availability and informal discussions along with education means the evidence to date is that there is an increase in seeking appropriate advice and clarification alongside the reduction in referrals.

Ms Rawlings asked about the impact of the reported delay in the reporting of incidents referred to in the report. Ms Hickman confirmed that the quality of the reports is being maintained as a priority and that the issue is where the initial timescale is not being met. Mr Dunshea asked whether the Board would be receiving performance reports from the Primary Care Directorate in due course. Mr Loughton said that there is work to complete on defining the measures most appropriate to use. Ms Nuttall confirmed there is also national work underway on this area. She confirmed that the newly formed Division Three would commence Quality and Performance reporting from May 2018 Trust Board, reporting on April 2018.

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

TB. 6716: Executive Workforce Report

Mr Duffell introduced the report. He highlighted a number of areas including the armed forces step into health scheme, staff support groups development, cultural programme development, temporary manual collection of exit interview information, career and job fairs successes, revised workforce metrics regarding e-rostering approval and un-used hours – both showing improvement, clinical fellowship (reflecting the national picture regarding visa license issues previously referred to) and new reporting metrics alongside Directorate information.

Mr Hemans gave his update report as the Chair of the recently convened Workforce and Organisational Development Committee (WODC). He referred to the work outlined for retention of staff, the need to focus on Mandatory training rates and the assurance regarding work on Equality and Diversity progression. Mr Hemans also referred to the Trust position regarding Apprenticeships – the Trust is under target and the WODC continues to work on promoting and improving the position.

Ms Martin referred to page 10 Sickness Absence figures reported with November 2017 at 4.54% of which 2.94% is long term sickness. She asked for trend information relating to long term sickness so improvement over time can be seen in future reports. Mr Duffell confirmed that future reports will include the use of trend lines either by month or by quarter. He went on to say that long term sickness is difficult to deal with.

Ms Martin asked whether the Trust rate was good or not by comparison. Mr Duffell said that the Trust has a target in line with the national target – Mr Duffell would like to agree a stretch target for next year with greater granularity. Mr Loughton added that the 3% will include staff that are no longer paid due to the length of sickness absence unless discretionary support is agreed. Mr Dunshea added the cost of covering for absence. Mr Mahmud said the national rate is 4%. Mr Duffell said that he agreed that the short and long term absence figures need to be separate in future.

Ms Small asked what was being done in relation to the delivery of the staff health and well-being programmes. Mr Duffell referred to the Occupational Health focus on wider health and well-being including employee assistance service to address health and well-being issues. Mr Dunshea asked whether the workforce data in the IQPR should be brought together in the Workforce Report. Mr Duffell agreed. Mr Dunshea also asked about the Nurse and Physician Associate programme position. Mr Duffell clarified that the Trust currently doesn't have any Physician Associates at present and approximately 20 Nurse associate positions.

Mr Duffell referred to recent discussions at the Trust Management Committee regarding the use of such roles in the wider context of the development of new roles and future service recruitment needs. Mr Loughton said that the Trust will consider and define what is actually required and the best fit to support the future delivery of services. Mr Vanes gave some feedback regarding the position with the recruitment of the Cultural Ambassadors roles regarding the description of the role. Mr Duffell said that the initial position came from the national definition. Mr Vanes asked whether the description of the role content could be more positive. Mr Duffell agreed.

Resolved: that the Executive Workforce Report be noted.

TB. 6717: Chair Report of the Workforce & Organisational Development Committee 20 December 2017

Resolved: that the Chairs report of the Workforce & Organisational Development Committee 20 December 2017 be noted.

TB. 6718: Annual, Six monthly and Quarterly reports

None this month

Governance, Risk and Regulatory

TB. 6719: Trust Risk Register and Board Assurance Framework

Mr Vanes referred to previous scrutiny of these documents recently at the Board Committee's. Ms Hickman referred to Risk 3069 and the revised national definition of Never Events. Mr Vanes confirmed that discussion with CCG representatives was in the process of being arranged regarding Never Events. He asked for a Briefing on the changes and the potential and likely impact prior to that meeting and to aid Non-executive understanding.

Resolved: that the Board Assurance Framework and Trust Risk Register Update be noted.

TB. 6720: Chairs Report Quality Governance Assurance Committee of 7 December 2017 and 24 January 2018

Ms Edwards introduced the report and confirmed that the Board Assurance Framework and Risk Register was more up to date as a result of the work and focus undertaken and she thanked all those involved for this.

Ms Edwards highlighted a number of areas of assurance including the quality of challenge taking place as part of the Quality Review visits programme assessments, partial assurance on the progress with NatSIPS and LoCSIPS along with Risk 4523 Heater Cooler Units risk handling. She referred to two items where assurance was lacking relating to the CCG not approving the case for TOTO Beds and the performance of the Urgent Care Unit (Vocare) impact as part of the collective local response was lacking. Mr Loughton added his views regarding the position and recent further investment in Vocare and outlined the potential to use a different model of care delivery if the Trust delivered the service.

Resolved: that the Chairs Report Quality Governance Assurance Committee 7 December 2017 and 24 January 2018 be noted.

TB. 6721: Update on Trust Action Plan – Deloitte Governance Review and Update – License Self-assessment

Mr Wilshere confirmed the version being considered was the update following review at a recent Board Development Session. He confirmed the intention for all actions to be complete prior to the requirement for the next self-assessment declaration. The Chief Nurse asked for the sign-off of the Actions to be delegated to the Quality Governance Assurance Committee. The Chair confirmed this was acceptable.

Resolved: that the Update on Trust Action Plan – Deloitte Governance Review and Update – License Self-assessment be noted.

Resolved: that the assurance sign-off of the completed Deloitte Governance Review Action Plan be delegated to the Quality Governance Assurance Committee of the Board.

Feedback from Board Committees

Committee Minutes and Chair's Reports

TB. 6722: Chair's report and draft minutes of the meeting of the Trust Management Committee held on 27 November 2017

Resolved: that the Chair's report and draft minutes of the meeting of the Trust Management Committee held on 27 November 2017 be noted.

TB. 6723: Chairs Report of the Audit Committee of 7 December 2017

Resolved: that the Chairs report of the Audit Committee of 7 December 2017 be noted.
Minutes from Committees in respect of which the Chair's report has already been submitted to the Board:

TB. 6724: Audit Committee Minutes 7 September 2017

Resolved: that the Audit Committee Minutes 7 September 2017 be noted.

TB. 6725: Quality Governance Assurance Committee Minutes 7 December 2017

Resolved: that the Quality Governance Assurance Committee Minutes of 7 December 2017 be noted.

TB. 6726: Finance and Performance Committee Minutes 7 December 2017

Resolved: that the Minutes of the Finance and Performance Committee Minutes of 7 December 2017 be noted.

TB. 6727: Workforce & Organisational Development Committee Minutes 18 October 2017

Resolved: that the Minutes of the Workforce & Organisational Development Committee of 18 October 2017 be noted.

General Business

TB. 6728: Matters raised by members of the general public and commissioners

None raised.

TB. 6729: Any other Business

None raised.

TB. 6730: Date and time of next meeting:

26 February 2018 at 10a.m. in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton

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.

TB. 6731: 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 12:17pm.