

# Minutes of the meeting of the Board of Directors held on Monday 26 February 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 26 February 2018 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton**

<b>PRESENT:</b>	Mr J Vanes Mr A Duffell Mr R Dunshea Ms Etches OBE Ms R Edwards Mr J Hemans Mr D Loughton CBE Mr S Mahmud Mrs M Martin Ms G Nuttall Dr J Odum Mr M Sharon Miss J Small Mr K Stringer	Chairman Director of Workforce Non-Executive Director Chief Nursing Officer/Deputy CEO Non-Executive Director Non-Executive Director Chief Executive Director of Integration Non-Executive Director Chief Operating Officer Medical Director Director of Strategic Planning and Performance Non-executive Director Chief Financial Officer
<b>IN ATTENDANCE:</b>	Ms Amy Downland Ms Raz Edwards Ms Alison Tennant Ms Leanne Walford Mr K Wilshere	Communications Officer Information Governance Clinical Director of Pharmacy Nurse Education (shadowing Ms Etches) Interim Trust Board Secretary
<b>OBSERVERS:</b>	Ms Sheila Gill Dana Tooby	Observer – Healthwatch Wolverhampton Observer – Healthwatch Wolverhampton
<b>APOLOGIES:</b>	Dr J Darby Prof. Stockley Mrs S Rawlings	Associate Non-Executive Director Associate Non-Executive Director Non-Executive Director

## **Part 1 – Open to the public**

The Chair opened the meeting and welcomed all attending despite the weather. He also highlighted the recent Trust Board Committee meetings where many of the papers present have also been discussed.

### **Apologies for absence**

Apologies for absence were received from Dr Darby, Ms Rawlings and Prof Stockley. Ms Walford was in attendance shadowing Ms Etches.

### **TB. 6753: 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. 6754: Minutes of the meeting of the Board of Directors held on Monday 29 January 2018**

Amendments to the minutes were as follows:

Page 9 First Paragraph add the word 'ambassador'.

Mr Duffell introduced the report. He highlighted a number of areas including the armed forces step into health scheme, staff support groups development, cultural *ambassador* 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.

Page 9 Third paragraph add the word 'more';

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 *more* difficult to deal with.

**Resolved:** That the minutes of the meeting of the public session of the Trust Board held on Monday 29 January 2018 be approved as a correct record with the amendments noted.

### **TB. 6755: Matters arising from the minutes of the meeting of the Board of Directors held on 29 January 2018**

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

### **TB. 6756: Board Action Points**

The Board Action points were reviewed 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 integrated care organisation with access to appropriate external and expert advice.

March 2018

#### **29 January 2018/TB 6706 Chief Executive's Report**

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

April 2018

#### **29 January 2018/TB 6710 Midwifery Service Report**

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.

March 2018

As none of the items were scheduled for completion by the meeting there was no further discussion at this time.

### **TB. 6757: Chief Executives Report**

Mr Loughton introduced the report highlighting the launch of the Lakeside GP Practice in Staffordshire and NHSI, NHSE and others are looking at the Clinical Fellowship Programme. He referred to the Trust having 20 medical staff awaiting visa's for work but only 4 recently confirmed. Mr Loughton summarised the situation regarding medical staff quotas recruited abroad. He said that local MP's were supportive of the Trust.

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

### **TB 6758: Patient Experience Q3 Report**

Ms Etches introduced the report provided. She highlighted on page 4 a trend in a reduced amount of complaints and latterly with an improvement in completion within timescale now of 100%. On page 5 she referred to an updated action regarding complaints in Obstetrics and Gynaecology and the falling out of use of the 'Birth Reflection Area'. The evidence base for this is that enabling mothers and families in reflecting and understanding the birth experience can help prepare positively for any future pregnancies. This practice is to be re-instituted.

Ms Etches referred to page 7 and the complaints referred to and back to the Trust, including some from the Parliamentary and Health Service Ombudsman office (PHSO). She said that in many cases where a complaint is referred back to the Trust, it will be with and sometimes because of new or further information coming to light or new issues. She said that where the concern is new, it will be treated as a new complaint with a linkage in future which may increase the number of complaints.

Ms Etches referred to page 9 and two complaints referred during the reporting period to the PHSO and the receipt of three decisions in the quarter regarding issues previously referred. She said that one was upheld and two partially upheld along with detailed information from the PHSO. She said that the number upheld remain low, that the PHSO use external clinical experts in the relevant field where necessary and that in some cases the decision can be in relation to number of organisations involved in complex complaints.

Ms Etches referred to page 9 examples of learning and actions taken from complaints. She referred to page 10 and the contacts with the Patient Advice and Liaison Service (PALs) and changes to the recording of PALs activity versus general enquiries alongside further examples of lessons learned. She also referred to the online reviews detailed in the report.

Ms Etches said that the Trust response rate for the Friends and Family Test (FFT) was 18%. She went on to highlight that the Trust had an approval rating of 92% and that the report also contained comparative data from other local Trusts and the national picture. She went on to highlight the ways in which response rates are being encouraged and tried to be improved to give more confidence in the data. She referred to initiatives in Maternity and Paediatrics. She also referred to page 17 of the report that appeared to show a dip in approval on Wednesdays for which there was no immediate reason or explanation.

Ms Etches then referred to the figures on page 19 relating to Equality and Diversity goal 2 – improving patient access and experience. She said that the data was being analysed at the time of reporting.

Ms Martin asked about the re-introduction of the birthing experience reflection and whether there would be sufficient staff to allow for this? Ms Etches confirmed it is good practice based and the 1:31 ratio reflects the current number of births and the vacancy factor in Maternity is very low. Ms Etches has asked for more detail regarding its re-introduction and any potential impact and will report back at the next Board Meeting.

**Action:** Ms Etches to report back on any impact of the re-introduction of the Birthing Reflection in Maternity services.

Mr Mahmud referred to the star rating from NHS Choices and the positive rating to date both for the Trust and when compared to other local Trusts. Ms Etches said along with the increase in the number of ratings the Trust has also started to receive more comment as well. Ms Small referred positively to the establishment of the new council of members. Ms Etches said once the initial work plan is confirmed it will be shared and the members are very enthusiastic in their putative role. Mr Vanes asked whether they would meet the Board. Ms Etches said sharing their experience once they have started their work would be useful to the Board.

Mr Dunshea referred to page 23 and the theme of closed complaints in the surgical division with a high volume of complaints in trauma and orthopaedics and the delays in responses and he asked what was being done about this. Ms Etches said she was not clear what the delays referred to. Ms Nuttall said that some referred to 18 weeks delay and spinal conditions. Mr Dunshea said the number was high and patients are suffering whilst waiting. Ms Nuttall said additional resources have recently been approved which should start to show a positive impact in due course. Mr Loughton said it is a regional specialty issue. Ms Etches said that the five closed complaints and 29 PALs contacts require further breakdown and analysis.

**Action:** Ms Etches/Ms Nuttall to provide further breakdown and information regarding the Complaints closed and PALs contacts in Orthopaedics referred to in the report.

Dr Odum asked about the seven day services data given that it is well developed across the Trust and he asked whether there was any more information on the apparent mid-week dip referred to earlier in the report. Ms Etches said the percentage numbers difference is not large however she said she would seek further information and understanding. Dr Odum said he was surprised by this and wondered whether other organizations experienced anything similar.

**Action:** Ms Etches to provide further commentary on the 'Wednesday dip' in recommendation percentage.

Mr Vanes asked about the gaps in Maternity figures for two FFT areas. Ms Etches explained these are two 'touch' points and that as the Trust follows mothers in this area into the community, the timing of the information gathering can be tricky. She went on to say that the intended next IT system in Maternity Services was, amongst other things, designed to provide the opportunity to start collecting the information for these two touch points in common with other Trust services more easily.

**Resolved: that the Patient Experience Q3 Report be received and noted.**

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

### **TB 6759: Patient's Story**

Ms Etches introduced the patient story referring to it as an NHSI video regarding a patient at the end of 2016 involving the Trust, Ambulance and Police services. The video outlined issues relating to delayed handover of patients from Ambulance services to hospitals and one young man who had taken an overdose and the delays to him being treated due to Ambulance delays and ambulance handover delays on that day at the Trust.

Ms Etches said this was a powerful story and related it to the volume, numbers, flow, peaks and troughs in attendances and ambulance arrivals. She referred to a number of actions taken by the Trust not just in relation to this case but more generally to try and improve all these aspects in emergency care – 7 days services, Physician A admission model, Safe bundle with senior review of delays, Red to Green (treatment versus waiting) initiative, Discharge to assess in the community amongst others.

Mr Dunshea said the film was very powerful and asked whether the Police are trained in urgent care. Dr Odum said in this case it was unclear whether it would have made a difference as the substance taken was unknown. Mr Sharon said that fire service crews are trained in some basic on site medical assistance. Ms Etches said the Police could only offer basic first aid. There followed a brief discussion of current treatment options for self-poisoning.

Ms Martin asked what the outcome from the ECIPs national team action plan was and whether there were any further actions needing to be taken. Ms Nuttall said that all the actions from that review had been completed and there was further work identified. She referred to the recent very high ambulance conveyance and handover rates and impact. Ms Nuttall also referred to other changes including the use of the Ambulance off-load area to minimize handover impact and the development of the Ambulatory and Frailty service. She went on to highlight that peaks of very high ambulance numbers in short timescales still cause challenges in the physical environment available – recently 24 arrivals in an hour with 19 cubicles available. She said the focus remains on positive working with the ambulance service and to free up crews as soon as possible.

Dr Odum added that there are regular meetings and discussions with the ambulance service regarding numbers and flow and ambulance service triage changes made recently regarding acuity and conveyance. Mr Vanes referred to previously seeing the film and the bravery of all the participants in taking part and the power of reflection on the issues covered. He also referred to recent media reports of high volumes of patients in emergency departments in other locations and asked whether the NHS was struggling to make headway with this challenge.

Mr Loughton said that the system needs to respond to patients who are transported and discharged soon thereafter by attending to them in the community rather than conveying them which might seem quicker in the first instance but has the consequential impact on others in greater need of emergency response.

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

## **Performance**

### **TB. 6760: Finance Report Month 10**

Mr Vanes referred to this report being discussed in detail at the recent Finance and Performance Committee Meeting the previous week. In setting the context Mr Stringer gave an overview of the national position based on the recently released Q3 (End of December) figures from NHS Improvement:

- The provider side of the NHS was £1.2billion in deficit at the end of December which included £0.6billion of uncommitted STF.
- The forecast year end position was an improvement to £0.9billion deficit of which the unearned STF would increase to £0.8billion.
- 139 providers (out of 234) were in deficit and of those 107 were acute (80% of the 136).
- At the end of December 58 Trusts including The Royal Wolverhampton had changed their forecast year end position.

Mr Stringer referred to the Trust position at the end of month 10 and his summary in the report which detailed an actual cumulative surplus of £4.9million. He detailed the following key points:

- Month 10 had been a strong month financially with an in-month surplus of £0.5m driven by patient activity being £0.9m above plan. This reflected the very busy urgent care demand for A&E and Non-elective admissions whilst maintaining elective activity levels compared to many NHS organisations which had had to cancel elective activity.
- The Trust still had a number of financial risks which needed to be resolved in order to achieve the revised year end position of £1.2m surplus (deficit of £4.3m without STF). These included the £6m deficit support from the DH being paid, the arbitration case for £4.8m being resolved to the Trust's satisfaction and achieving a year end agreement with Wolverhampton City CCG for the stranded cost/MRET/Readmissions and fines monies being paid/returned to the Trust.

Mr Stringer referred to high level of planned capital expenditure for the remainder of the year along with the out-turn of the cost improvement plan to circa £20m by year end. He also referred to the impending Use of Resources review by NHSI scheduled for Friday 2 March 2018 and detailed the components of the Single Oversight Framework performance against plan for the Board.

**Resolved: That the month ten Finance Report for January 2018 be noted.**

**TB. 6761: Chairs Report of the Finance and Performance Committee 21 February 2018**

Ms Martin agreed on January being a positive month also compared to the previous year and she recognized the rising cumulative in-year CIP performance. She said the Finance and Performance Committee had extensive discussions regarding the financial plan for 2018-2019 and the implications regarding acceptance or otherwise of the proposed control total alongside regular updates on cash availability and creditor payments with assurance of no impact on patient critical supplies.

**Resolved: that the Chairs Report of the Finance and Performance Committee 21 February 2018 be noted.**

**TB. 6762: Integrated Quality and Performance Report**

Mr Vanes referred to previous discussions at recent Board Committee's. Ms Etches highlighted (on page 11) a slight increase in late observations in Division 2 with an Action Plan being formulated, that (on page 12) a continued reduction in late moves and increases in Emergency Department (ED) and admission breaches reflecting volume and flow.

Ms Etches highlighted that the Trust rating on the Safety Thermometer remained positive although there had been an increase in avoidable pressure injuries. She also said that the Trust participation in the national initiative had resulted in positive feedback from the national team. Ms Etches went on to refer to an increase in Cardiac Arrests in January and that it appeared that this was a reflection of the numbers and complexities of patients being admitted. She highlighted that the Mortality reviews that follow will highlight any other factors involved. She also referred to Maternity delivery figures for the previous month.

Ms Nuttall referred to (on page 7) the deterioration in cancelled operations due to consultant sickness, that bed availability had remained challenging, (on page 27) the increase in ED attendances by 5% and by acuity of those attending with consequential increased length of stay and she referred to a 20% increase in walk-in centre attendances. She also referred to (on page 35) the improving position regarding delayed transfers of care in Wolverhampton and Staffordshire.

Ms Edwards asked about why the TOTO Business Case (referred to on page 4) was turned down. Ms Etches said that the CCG had said that they wanted to Commission a different level of support for patients who require turning to a maximum of twice a night. She said that further discussions with the new CCG Chief Nurse were being pursued on the best range of solutions.

Ms Martin asked about Emergency Care and the performance and impact of Vocare. Mr Loughton contrasted this with the performance of the Trust's Phoenix Centre. Ms Martin said patients may not recognise that Vocare is not provided by the Trust. Mr Loughton agreed. Ms Etches confirmed the CCG Chief Nurse is aware of the performance issues with Vocare and is pursuing this matter. Mr Vanes said this would be only their second winter of operation.

Mr Dunshea referred to page 33 and the reasons for cancellation of theatre sessions and asked why the second reason was for clinical governance sessions. Ms Nuttall said it is an important part of clinical patient safety – the meetings are scheduled monthly in advance and on days where the down time in theatres is minimised and planned across the week and month. Mr Dunshea asked whether it should then be included in the figures.

Mr Dunshea asked about safeguarding referral rates on page 23 continuing to reduce and whether there were any concerns as a result. Ms Etches clarified these are both referrals by RWT staff and against RWT by others. She said that she shares the concern and that the Trust safeguarding team continue to work to improve staff awareness and appropriate referrals.

Mr Vanes noted the overall positive nature of the care quality metrics during a time of great operational pressure.

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

**TB. 6763: Executive Workforce Report**

Mr Duffell highlighted from his report; the cultural ambassador programme launch; the reduction in Nurse vacancies; the international recruitment position and review for 2018/2019; that e-rostering had enabled a reduction in un-used hours continuing; that 4 visa certifications were recently confirmed, and that the figures for vacancy and turnover were positive with more starters than leavers to the Trust.

Ms Edwards asked about the e-rostering. She said that in her encounters with staff the system was viewed positively. She contrasted this to the metrics for the system and that these although improving, were not yet being met. She asked why this might be and whether the current metrics reflected the staff reported benefits. Mr Duffell said that the targets set were very aspirational and will take some time to get nearer to given the cultural shift required.

He said the position is continuing to improve but the targets set will be reviewed in due course. Mr Dunshea asked for a single set of metrics in the IQPR. Mr Duffell and Ms Nuttall confirmed this would be the case from April 2018.

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

**TB. 6764: Chairs Report of the Workforce and Organisational Development Committee 23 February 2018**

Mr Hemans said the work of the Committee is being clarified including the expansion of the apprenticeship programme and succession planning for the future workforce needs. He also said a number of policies are now starting to be approved alongside refresh of learning strategies.

**Resolved: that the Chairs Report of the Workforce and Organisational Development Committee 23 February 2018 be noted.**

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

### **TB. 6765: Pharmacy Annual Report**

Ms Tennant introduced the report provided and highlighted the hospital pharmacy transformation plan achievements to date including the impending 'go-live' of the electronic prescribing system (EPMA) with positive feedback from areas of e-prescribing to date, savings for the Trust and local health economy.

Ms Tennant referred to the infographic provided giving a brief summary of the significant numbers and data for the Trust pharmacy service. These included spend of £50m annually, individual patients reconciliation on admission, support to patients and other clinicians, supply of home care medicines, aseptic preparation on Sundays for early Monday clinics and positive comparison when benchmarked in terms of efficiency and productivity.

She also referred to the low error rate in the dispensary. Ms Martin referred to page 3 and the Carter report including 80% of staff time on medicines optimization and other references to investment and any business cases. Ms Tennant said that the current reported rate of 72% is close and there are aspects of the definitions that make this challenging. She said the Trust has made EPMA investment to date and further system development will improve this further. She highlighted her wish to increase the work and investment in education and training – hands on and on common medication errors.

Dr Odum congratulated the progress made by Ms Tennant and her team to date and reiterated the potential patient safety benefits from the EPMA development. He said there were further investments and benefits that were being explored including the potential for 7 day services and better utilization of the full range of Pharmacists skills clinically.

Mr Dunshea asked what data assurance was available for the figures in the report. Ms Tennant said that Finance staff provide assurance on costs and cost improvement delivery as well as the PBR excluded drugs reclamation and that the dispensary activity is from the medicines tracker system. She also said that the advent of the EPMA clinical desktop will also provide further activity data in the near future. Mr Dunshea asked how the preparation with clinical medical staff was progressing ready for the introduction of the EPMA. Ms Tennant said that there is good uptake of the training systems with permanent training areas around the Trust offering further learning about the system, building FAQ systems and enthusiasm for use is gathering. She said once they have experience of the system, based often on brief sessions, they are well disposed to it.

Ms Edwards referred to the reference to the Boots contract on page 5, item 2.2 – she wondered how the performance and savings were looking? Ms Tennant said those savings continue to be captured and agreed it would be appropriate to look at how well they are doing. The patient experience especially at New Cross is being monitored as the dispensary is so busy it is being explored whether the vacant foyer shell space could be better utilized to improve flow through.

Ms Martin referred to page 11 and a new Aseptic Area Business Case. Ms Tennant referred to ongoing work to establish this that will require further significant investment. Mr Vanes referred to the CCG strategy described at a recent Overview and Scrutiny Committee regarding community pharmacy developments and he asked about the contact between the hospital and community pharmacies. Ms Tennant said there is a meeting in March for hospital, community and primary care pharmacies to try and progress a health community plan for pharmacy to enhance patient flow. Mr Loughton said this was the ambition and thanked Ms Tennant and her team for her work and achievements. Ms Tennant said that comparative data is benchmarked with comparable organisations.

**Resolved: that the Pharmacy Annual Report be received and noted.**

### **TB. 6766: Clinical Audit Quarter 3 Report**

Dr Odum introduced the report and he highlighted that the performance is slightly behind in the number of completed audits but he expects these to catch up by year end to beyond the expected 85%. He said the report illustrates a relatively low number of minor actions identified from audits to date with re-audit to follow in future. He referred members to the wealth of detail with the report.

Mr Dunshea asked for the year-end report and that he would like to see included the accrued patient benefits from the clinical audit programme for the year. Dr Odum agreed it would include qualitative information as well as performance data and he recommended the audit awards as another source of recognition and focus on the content of audits that makes a difference to patients and in changing practice.

**Resolved: that the Clinical Audit Quarter 3 Report be received and noted.**

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

#### **TB. 6767: EU General Data Protection Regulation (GDPR) (replaces the Data Protection Directive 95/46/EC) Briefing**

Dr Odum introduced Raz Edwards, the Trust Information Governance (IG) Lead who gave the briefing. Ms Raz Edwards introduced it as the largest change to data law in 20 years where the current regulation is being replaced and will go ahead from 25 May 2018 followed by a United Kingdom Bill resulting in a new UK data protection act. She said the Trust has a GDPR Implementation Group in place working to ensure the Trust can address and meet the requirements linked to the new 'rights' regarding personal data and information. She also highlighted that the Fine enforcement allows the ICO to impose significant fines for data breaches. She said that currently the maximum fine available is £500,000. Under the new regulations this will rise to €20 million (or 4% of annual turnover per breach) although this was likely to be subject to a public sector cap thought to be proposed as £1m.

Ms Raz Edwards said that the main issues related to transparency regarding what data is being held where and for what use and informing the person whose data it is. She also referred to the new governance role of Statutory Data Protection Officer whose role it is to provide the Board with updates on compliance and associated issues. There is also an implication on data retrieval and supply – currently within 40 days and at a charge of up to £50/£10 will move to being free from May alongside a reduction in the allowed timescale.

Ms Raz Edwards referred to the Trust track record on data breaches as good (i.e. few and low level to date) and she highlighted changes to disclosure in such cases. She referred to work to differentiate between statutory processing where consent is not required versus those that do require clinical and staff consent. She also highlighted the principle of 'Privacy by design' as a requirement for all new data systems – assessing privacy in system design henceforth. She also noted the changes to the status of data processes who will, under the new requirements, be responsible for their own data breaches if they do not follow clear instructions and contracts are being reviewed on this basis.

Ms Raz Edwards said that there is an implementation plan within the report. Ms Small asked about the resource, capacity and capability given the timescale. Ms Raz Edwards said that resource and capacity impacts are currently being assessed by leads in various areas of function and that initial implementation by May is to the minimum requirement with work to follow on fuller implementation in due course along with sector specific guidance following the general guidance. Ms Small said it was a huge change. Ms Raz Edwards said we have to demonstrate compliance as far and as quickly as we reasonably can. Mr Hemans asked about primary care practices. Ms Raz Edwards said that vertically integrated services were part of the working group and the changes apply to primary care as they do to other areas of the Trust. Ms Etches referred to the Division 3 governance investment to support this initiative amongst others.

Mr Vanes referred to the tight timeline. Ms Raz Edwards said the Trust situation was similar to others and the risk will continue to be monitored and reported on. She felt that the Trust should be able to implement the rights publication and support the spirit of the regulations with back office changes to follow. Dr Odum said the change relates to an understanding in staff of the protection of individuals and their data. He said he thought the essential elements were going to be in place in the initial timescale.

Mr Duffell asked about national systems the Trust uses. Ms Raz Edwards said that national systems groups are being pushed including recent changes to national contract changes – however she said the onus is on the Trust to ensure the addendums and changes as the data controller. Mr Mahmud asked who was leading nationally. Ms Raz Edwards said there is a group doing so on behalf of NHS Digital.

Ms Rosi Edwards asked whether the current Information Governance (IG) Toolkit would offer any form of assurance meanwhile. Ms Raz Edwards said that the toolkit, although it is changing from April 2018, is not covering the requirements of the new regulations though it is hoped that in future it will include this and other new requirements. Mr Vanes thanked Ms Raz Edwards for the briefing.

**Resolved: that the EU General Data Protection Regulation (GDPR) (replaces the Data Protection Directive 95/46/EC) Briefing be received and noted.**

**TB. 6768: Annual Board Members Declarations – Fit and Proper Persons, Conflict of Interest and Code of Conduct**

Mr Wilshere reminded all Board members of the requirements for annual and periodic checks including DBS checks, fit and proper persons declarations, declarations of interest and confirmation of working to the NHS Code of Conduct and Code of Accountability for NHS Trust Boards.

**Resolved: that the Annual Board Members Declarations – Fit and Proper Persons, Conflict of Interest and Code of Conduct will be made in line with agreed timescales.**

**Committee Minutes and Chair's Reports**

**TB. 6769: Chairs Report of the Trust Management Committee 26 January 2018**

**Resolved: that the Chairs Report of the Trust Management Committee 26 January 2018 be noted.**

**TB. 6770: Chairs Report of the Audit Committee 20 February 2018**

Mr Dunshea highlighted the recent Audit Committee as receiving positive assurance on Information Governance, partial assurance on consultant job planning and e-rostering (both work in progress). He confirmed that the Audits plans have been drafted for 2018-2019 and have included discussion regarding the follow up on Serious Incident investigation actions that remains work in progress.

**Resolved: that the Chairs Report of the Audit Committee 20 February 2018 be noted.**

**TB. 6771: Chairs Report of the Quality Governance Assurance Committee 21 February 2018**

Ms Small highlighted positive assurance relating to the Groups reporting to the Committee, on Quality Review Visits to C17 and partial assurance regarding safety processes for invasive procedures in the areas highlighted in the report.

**Resolved: that the Chairs Report of the Quality Governance Assurance Committee 21 February 2018 be noted.**

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

**TB. 6772: Approved minutes of the Finance and Performance Committee 24 January 2018**

Resolved: that the approved minutes of the Finance and Performance Committee 24 January 2018 be noted.

**TB. 6773: Approved minutes of the Quality Governance Assurance Committee 24 January 2018**

Resolved: that the approved minutes of the Quality Governance Assurance Committee 24 January 2018 be noted.

**TB. 6774: Approved minutes of the Workforce & Organisational Development Committee 20 December 2017**

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

**TB. 6775: Approved minutes of the Audit Committee 7 December 2017**

Resolved: that the approved minutes of the Audit Committee 7 December 2017 be noted.

**General Business**

**TB. 6776: Matters raised by members of the general public and commissioners**

None raised.

**TB. 6777: Any other Business**

None raised.

**TB. 6778: Date and time of next meeting: 26 March 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. 6779: 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.