

Minutes of the meeting of the Board of Directors held on Monday 30 April 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 30 April 2018 at 10 am in the Boardroom, Corporate Services Centre, Building 12, New Cross Hospital, Wednesfield, Wolverhampton

PRESENT:	Mr J Vanes	Chairman
	Prof. A-M Cannaby (v)	Chief Nursing Officer
	Dr J Darby	Associate Non-Executive Director
	Mr A Duffell	Director of Workforce
	Mr R Dunshea	Non-Executive Director
	Ms R Edwards	Non-Executive Director
	Mr J Hemans	Non-Executive Director
	Mr D Loughton (v) CBE	Chief Executive
	Mr S Mahmud	Director of Integration
	Mrs M Martin	Non-Executive Director
	Ms G Nuttall (v)	Chief Operating Officer
	Dr J Odum (v)	Medical Director
	Mrs S Rawlings	Non-Executive Director
	Mr M Sharon	Director of Strategic Planning and Performance
	Miss J Small	Non-Executive Director
	Mr K Stringer (v)	Chief Financial Officer

(v) denotes voting Executive Directors.

IN ATTENDANCE:

Ms R Edwards	Information Governance Manager
Ms S Evans	Head of Communications, RWT
Ms D Hickman	Deputy Chief Nurse
Mr K Wilshere	Company Secretary

OBSERVERS:

Ms N Yassin

APOLOGIES:

None received

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. The Chair welcomed the new Trust Chief Nurse, Prof. Ann-Marie Cannaby to the Trust and to the Board Meeting.

Apologies for absence

There were no apologies for absence received. The Chair said that Prof. Stockley had decided to step down from being an Associate Non-Executive Director due to personal circumstances.

Mr Loughton asked that another Non-Executive with a research background and insight be sought.

TB. 6845: Declarations of Interest from Directors and Officers

Dr Darby advised a change to one of his entries in the meeting and agreed to provide the details to the Company Secretary by email. The list of Declarations of Interest had been circulated. The Company Secretary reminded Board Members to 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. 6846: Minutes of the meeting of the Board of Directors held on Monday 26 March 2018

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 26 March 2018 be approved as a correct record.

TB. 6847: Matters arising from the minutes of the meeting of the Board of Directors held on 26 March 2018

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

TB. 6848: 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 system with access to appropriate external and expert advice.

Mr Mahmud confirmed that a date will be set with the Company Secretary for the 9 July 2018 Board Development Session.

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.

The Company Secretary confirmed that a suitable room had been identified for the Board Meeting on 25 June 2018. Ms Martin asked whether the public interest would be as high as previously. This was thought unlikely.

Resolved: that the June 25 Trust Board Meeting being held at the Cannock Hospital be approved.

This item was agreed as now closed.

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.

June 2018

26 March 2018/TB 6804 Annual refresh of 5 year Capital Programme

Mr Stringer to report back to Board any access to or availability of IT investment benchmarking or comparison information.
April 2018

Mr Stringer said that there is no national investment or cost in IT comparison available. He highlighted the need to continue to invest in IT as part of new schemes and work with NHS digital reporting back to the Finance & Performance Committee as and when available. **It was agreed that this item be considered closed.**

26 March 2018/TB 6804 Annual refresh of 5 year Capital Programme

Mr Stringer to add a reference to the position regarding the primary care estate to the programme. Work underway to assess the size and risks relating to backlog maintenance to be shared with the Board at a future development session following receipt and initial scrutiny of the report at the Finance and Performance Committee. The item would then be brought to the next public board.
April 2018

Mr Stringer highlighted the backlog maintenance review being undertaken by external consultants reporting into Finance & Performance Committee in July. **On that basis it was agreed that this item be considered closed.**

26 March 2018/TB6806 Budget (Income/Expenditure Plan)

Mr Stringer agreed to confirm the inflation assumptions for Division 2 with the operational leads for Division 2.
April 2018

Mr Stringer confirmed the figures were correct and that the difference was due to the inflation linked to Theatres equipment et al and accounted for the disparity. **It was agreed that this item be considered closed.**

26 March 2018/TB 6820 National Children and Young People Survey 2016

Ms Etches to report on the comparison of Actions from 2014 and 2016 Survey Reports.
Ms Etches and Mr Wilshere to include this on the Board Development Session programme.
April 2018

Mr Wilshere confirmed that the item is on the Board Development Programme. **It was agreed that this item be considered closed.**

TB. 6849: Chief Executive's Report

Mr Loughton introduced his report. He confirmed Graham Danks as the lead of the Pathology Service with consultation imminent and the transfers of staff in due course. He reported some issues regarding understanding the transfer of staff ahead of the new building availability and decisions regarding specialist Pathology services. Meetings have been held with all staff groups with Mr Duffell and Mr Loughton in attendance. Mr Loughton highlighted the need for the potential benefit of the Pathology Scheme to reflect the wider service and related investment and cost. Mr Stringer said there is recognition of the need to reflect the complex organisational nature in the figures. Mr Loughton highlighted the potential impact of the numbers of agency staff on the Trust figures.

Ms Martin asked about the TUPE to RWT as a ring fenced section and how the activity will be reported in future. Mr Loughton confirmed this was being worked through as to how this would be reported in future. He said that a Clinical Director is still being sought. Mr Dunshea asked about the benefits realisation governance responsibility. Mr Loughton said it would fall to this Trust Board. He highlighted the future need for a Development Session to go over the technology development. He also highlighted the positive recent Cervical Screening Quality Assurance visit.

Mr Loughton also referred to Ms Etches retirement and welcomed Prof. Cannaby and he recognised some of the further improvements to be made at Cannock Hospital. He also referred to the Undergraduate Pre-Medicine Programme Launch at the University of Wolverhampton that he attended with Dr Odum and the significant legacy potential of this scheme. Dr Odum agreed it was an exciting innovation and Trust staff and partner academic organisations were involved. Mr Loughton highlighted his and Dr Odum's attendance along with colleagues from Wolverhampton CCG. He has written to those invited who did not attend highlighting the potential for this workforce innovation.

Mr Loughton referred to the Royal Awards as a good and enjoyable evening. He also highlighted his recent contact with the King's Fund presentation regarding Integrated Care Systems and the innovation in Information Systems and sharing information. He said that the Division 3 and Public Health ventures were positive moves to ensure that Primary Care and Public Health are part of the Trust's services.

Mr Loughton confirmed the Linear accelerator funding position and highlighted that in future Lottery Funding may be sought in line with the initial set-up funding and the possible option with partners to buy-out the Public Finance Initiative (PFI) scheme in Radiology and access to capital through the City Council. He said that this may be looked at as part of a potential packaged PFI buy-out scheme. Ms Edwards said that in some cases ownership can take considerable efforts to establish and dis-aggregate. Mr Loughton illustrated some of the oddities in the PFI service contract and increased efficiency. Ms Rawlings asked whether others are likely to come on board with such a scheme. Mr Loughton said he thought this was likely if it was led by this Trust.

Resolved: that the Chief Executives Report be noted.

Patient Safety, Quality and Experience

TB. 6850: Patient's Story

Prof. Cannaby introduced the video relating to the experience of a patient who used the Trust maternity services recently. She said it illustrated some of the positive and negative aspects of a new mothers experience through the pathway with a really good inter-partum experience and a less good position in terms of support and initiating breast feeding. Prof. Cannaby referred to changes and additional staff now in place alongside the need for 'softer' skills to judge those patients who are struggling but who may not be able to articulate this or assume they should be able to 'cope'. She referred to discussions regarding how staff might be able to tell and differentiate relative support needs.

Ms Rawlings asked what was being done to improve Volunteer training and whether this was isolated or part of a pattern. Prof. Cannaby said there was adequate training alongside in work feedback and supervision. Ms Hickman said it was not a theme or regular issue but could be viewed as a communication issue relating to transition anxiety for new mothers. Prof. Cannaby pointed out the changes in roles and boundaries including the input from volunteers.

Mr Duffell said the issue was capacity and recognition. Prof. Cannaby agreed that it was about understanding the individual in their context and at that point in their experience. Mr Dunshea asked whether the post-natal Midwives rotated. Ms Hickman confirmed that the Midwives rotate around that core team. Prof. Cannaby said there is a good emphasis on breast feeding but that there needs to be better recognition of when patients need more help.

Mr Hemans asked how many Volunteers were in the Maternity services. Ms Hickman said there are 38 active on a rota over the week and they work with patients identified as having or asking for a support need. She added they cover the Wards, the whole of the Maternity Unit and the community. Prof. Cannaby also highlighted it forms part of all staff roles including annual updates for professionally registered staff. Ms Small asked about the subtlety of communication skills required and how this was going to be addressed. Prof. Cannaby said there are advanced communication skills training programmes in place in some organisations and this may need to be looked at in this case. Mr Vanes reflected his familiarity with the situation described. He said that breast feeding rates for the local area remained comparatively low and he referred to cultural and community messages to new mothers in this respect and the opportunity to engage new mothers in establishing breast feeding before being subject to other potential influences. Prof. Cannaby said she was talking to Public Health about cross-community opportunities including in this area.

Resolved: that the Patient Story be noted.

TB. 6851: Learning from Deaths (Mortality) Update Report

Dr Odum introduced the report and highlighted that it built on previous reports to the Trust Board. He said that the position represented by the report shows a low expected death rate as previously. Dr Odum referred to the comment regarding the slight increase in deaths in early 2018 and as yet the comparative English figures were not yet available.

Dr Odum highlighted the completion of the receptionist Finished Consultant Episodes (FCE) attribution training and the impact of the first 2 FCE's to the Coding position. He said this will not have an impact on the statistics for some time yet. Dr Odum went on to refer to the importance of the improvement in coding activity and capture with revised documentation about to be implemented.

Dr Odum said that the opening of the Ambulatory and Frailty Care Unit may increase the number of discharges and the consequent impact on the statistics. He referred to work in Palliative Care to better capture the coding work and the positive impact of the SWAN project on support for patients in Palliative Care. Ms Hickman added that there was a review underway to review the current level and frequency of contacts in that clinical area.

Mr Dunshea asked whether the CCG and NHSI remained satisfied with the progress so far. Dr Odum said that understanding of Mortality Statistics was not as good as he would like but that the position was generally supportive with the case note reviews as assurance. Mr Vanes asked when the next data set with some change in the data would be available. Dr Odum said that it was unlikely to have fed through until 7-8 months into the current financial year and that the position is comparative to the English position which might change during that time too.

Mr Mahmud said that the key information was whether the Trust crude mortality rate was higher or lower than average. Dr Odum highlighted the ongoing case review process with the training of clinical staff continuing with a built in escalation process from initial review. He said that the number taking place had increased along with the numbers trained and the learning from the escalation reviews with feedback to the appropriate department and directorate. Dr Odum highlighted the link with the potential Medical Examiner role to undertake review of each death along with liaison with the family and Coroner if required along with the ability to escalate to the second level review. He said that feedback from other organisations that already have this role in place has been positive and would improve the managing learning from deaths process.

Ms Edwards said she had spoken to two other Medical Examiners in the role and said that they were helping identify a wide variety of issues that might not be identified through other routes and the improved speed and contribution from the family into the review process alongside the relative independence in liaising with the family. Ms Rawlings asked about the rating of the overall care rates and what improvement work was being done to improve the quality of care.

Dr Odum said that the judgement of the quality of care is somewhat subjective and can vary greatly in terms of what is regarded as adequate or not care. He said that any items of concern can be escalated and mostly it is those rated poor or inadequate that are escalated for further review.

Ms Rawlings said that the figures for poor, inadequate or only adequate care were quite stark and possibly concerning with patients not receiving 'good' care in nearly 50% of cases. Dr Odum said that as the process is spread across the Trust's services the data may change and that further reflection on the rates even though they are subjective would be useful. Ms Martin asked whether the views could be triangulated with any other sources of information that might help to shed light on the subjective judgements such as Serious Incidents associations in such cases and that the learning might come together. Ms Rawlings asked whether that then leads on to entries on the Risk Register. Dr Odum said any death can be declared as a Serious Incident or a Serious Incident referred into the Learning from Deaths process including the subjective quality of care. He said the system will mature to allow for such triangulation and learning. Ms Martin said definition of what constitutes 'poor' or 'inadequate' care needed to be defined to better understand the ratings. Dr Odum reflected on the learning from subjective reviews, the impact of individual bias and different perspectives and he highlighted that the system is still in its early days.

Mr Vanes pointed out that the Trust was an early adopter of the process and this is therefore a new discussion and he asked for a future Board Development Session to better understand the development. Ms Edwards said that the data would be quarterly in the IQPR Report and she asked for a separate more nuanced report for the initial period.

Resolved: that the Learning from Deaths (Mortality) Update Report be noted.

Action: that a future Board Development Session be scheduled to review the data, information, and possible sources of triangulation and learning from the developing process. The date of this to be agreed with Dr Odum.

Dr Odum said that NHSI asked whether the Board understands the position regarding Mortality. Mr Vanes agreed the Board did and would continue to seek to do so.

Governance, Risk and Regulatory

TB. 6852: General Data Protection Regulation (GDPR) and Cyber Security update declaration

Ms R.Edwards introduced the report and information. She highlighted three main issues – progress on the implementation of GDPR, the proposed position statement on Data Protection (interim) until the new Data protection Bill is passed by Parliament, and the Data Security and Protection Requirements Position Statement for NHSI.

Ms R.Edwards presented the current progress to date on the implementation of GDPR including mandatory training package, patient information and the review of legal position to process data for 25 May 2018. She said that otherwise the Trust would wait for the implementation date and any challenge or requests that are received subsequently. She also highlighted that the processing of people attempting to exercise their rights will arise from experience along with the definition of consent requirements in relation to patient data and processing patient data.

Mr Duffell said that Freedom of Information had created something of an industry in relation to requests and asked whether Ms R.Edwards thought data access requests was likely to do the same. She said that it might or might not be the case and the valid mechanism should be in line with established principles relating to personal data. She also highlighted national campaigns to clarify rights in relation to health data and she hoped that any myths would be corrected given the legal provisions in respect of health data.

Mr Dunshea referred to the Business Continuity aspects being tested and asked when this would be addressed. Ms R.Edwards clarified that part of the submission was the new IG toolkit released in April 2018 with a plan in place that will be tested soon. Ms Nuttall asked whether the ‘wannacry’ attack was classified as a test. Ms R.Edwards said the advice was that there was a wider test required. Mr Dunshea asked whether, hypothetically, patients could ask for their record to be wiped. Ms R.Edwards said this would only be the case to be considered after a suitable period of non-contact and even then records may be retained for longer. Mr Mahmud asked about the public Communication programme. Ms R.Edwards said that the staff Communication has commenced and the next phase with patients was planned to follow the national publicity campaign.

Ms R.Edwards asked for approval of the Data Protection Policy Statement and the approval of the Data Security Protection Requirement position statement on compliance with new assurance framework replacing the IG toolkit. Ms R.Edwards said she would check the Data Protection Testing requirements.

Resolved: That the contents of the Report on progress on the implementation of the requirements for GDPR be noted.

Resolved: That the Data Protection Policy Statement and the Data Security Protection Requirement position statement on compliance be approved.

Strategy, Business and Transformation

TB. 6853: Annual Business Plan

Mr Sharon introduced the plan as set out in the format required by NHSI. He highlighted the main areas of content and he raised the potential risks relating to the level of income assuming increased elective activity with work underway to assess the impact on Trust services with three specialities identified with highest risks in General Surgery, Urology and Gynaecology. He also referred to the impact of the £25m Cost Improvement Programme as a further risk to the delivery of the plan alongside risks related to quality improvement initiatives.

Mr Vanes referred to extensive discussions at the recent Trust Committees on these topics. Mr Stringer pointed out in Section 4 of the Plan and the now agreed reduction in the control total confirmed by NHSI following previous discussions.

Mr Dunshea asked about the details regarding vertical integration. Mr Sharon pointed out the reference to the formation of Division 3 in the plan.

Resolved: That the Annual Business Plan be approved.

Performance

TB. 6854: Finance Report – Month 12

Mr Stringer introduced the Report highlighting the summary on page 4 pointing out the year end revisions to the STF income resulting in a declared £4.3m surplus. He confirmed that key financial targets had been met with an improved cash position. Mr Stringer referred to a recent report from another Trust relating to Board awareness of the ongoing financial and cash position of the organisation.

Ms Martin referred to two additional objectives agreed for the Finance and Performance Committee of the Board relating to the monitoring of the Trust cash position and support and monitoring for the Cancer performance improvements including revised reporting on patient flow and tracking.

She added that the CQUIN delivery for 2017-18 it was low compared to previous years and some of the items in the scheme such as the flu vaccination rates would make it even harder to achieve in the year 2018-19.

Mr Dunshea referred to under performance in out-patient attendances. Ms Nuttall said that there is variability in performance and Mr Sharon pointed out a shift from attendance to procedures. Ms Nuttall said she would look further into this and provide information in due course.

Action: Ms Nuttall to provide further commentary on the Out-patient Attendance Rates in the Report.

Resolved: that the Finance Report – Month 12 be noted.

Ms Martin left the meeting.

Mr Vanes extended the Board's thanks to the Finance Team and staff for their hard work on the accounts and financial monitoring throughout the year. He mentioned the improvement in the Agency expenditure position as being remarkable and of note compared to previous positions.

Resolved: that the Finance and Performance Committee of 25 April 2018 be noted.

TB. 6855: Integrated Quality and Performance Report

Prof. Cannaby highlighted additional information provided at the meeting and in the report page 11 Friends and Family Test (FFT) responses in the Emergency Department (ED) to better reflect the positive work in the service, further improvement work through process change and best practice dissemination in respect of pressure injuries, on page 18 that patient falls with harm were 4 in the month reported - below the national average with the need to continue the progress already achieved, that the rate of *C.Difficile* continued to be below target and the very positive reflection on good practice and service improvements underway.

Prof. Cannaby also referred to the positive position regarding Safeguarding processes in place with further analysis of safeguarding themes for further Board assurance in future reports.

Ms Nuttall said the performance report reflected the tough winter and impact thereof with resulting challenges in critical care capacity and some cancellation of elective procedures alongside challenges in Ambulance handover rates. She referred to the review of the Flu campaign locally and compared this to the national picture, the resulting revised planning for the next winter was underway including capacity plans for that period. Ms Nuttall referred to the relatively positive ED performance and the improvement already seen in April. She highlighted that the Trust was 15th highest attended nationally through the various ED routes as a health system and the second best performing against the 4 hour standard.

Ms Nuttall also introduced the proposed revisions to the Integrated Quality and Performance Report from the review undertaken.

Mr Dunshea asked about the increase in late moves after 10pm and asked what actions were being taken. Prof. Cannaby said they are reducing now but there will be further work to identify further improvements that will be shared with the CCG.

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

Mr Dunshea expressed some concerns that the Report in its current form and length does not help focus the Board on the main concerns. He wondered whether the assurance elements already shared in detail with and by the Board Committees could help to reduce and focus the Report on the areas of concern with possible additional information where relevant. He added that the workforce information remained and he thought it was moving to the Workforce Report.

Mr Duffell said that had happened but that the IQPR was intended to give a rounded view of the Trust performance position and he was not sure that if all the Workforce data was removed it would continue to provide this. He thought that keeping some key elements in was therefore useful. Prof. Cannaby agreed that relevant if reduced workforce information be included. Mr Loughton said it was a useful prompt with services to ensure the continued focus on local efforts on recruitment.

Ms Edwards commented on her view that the Mortality Data and Learning from Deaths information would be better dealt with as a focussed report. Mr Loughton agreed with Mr Dunshea about some of the information in the report. Ms Nuttall said it was a public report and comparatively brief compared to other Trust's. She agreed with Ms Edwards that detailed information on learning from deaths would be dealt with separately.

Mr Loughton said that the main key indicators presented briefly with the more detailed aspects of the report available as a supporting reference document might work better. Mr Dunshea said that key indicators should also include a brief description of what is being done to improve the situation if it is not good or what is good and should be celebrated. Mr Vanes referred to the work Mr Mahmud and he had undertaken as part of the Trust Board Self-assessment and improvement work against the Well-led Key Lines of Enquiry and their focus on what information the Board sees and how the Board uses the data and information it has. He said this needs to include looking at other Trusts approaches and encouraged subsequent discussions on what key indicators might be in due course. He thanked those responsible for continuing to provide, produce and refine the report.

Resolved: that the proposed revisions to the Integrated Quality and Performance Report from the review undertaken be approved.

Action: that the Board undertakes subsequent further review and discussion on the information and data it reviews as part of the Well-led Self-assessment with further proposals for revision to reports as appropriate.

Regular Reports

TB. 6856: Research and Development – RWT Plan

Dr Odum introduced the report. Ms Martin referred to the reduction in core funding year on year and asked why the Trust allocation was reducing. Dr Odum said that although research performance had improved, particularly the number and range of studies, this has made the Trust less reliant on small numbers of large studies; he explained that previous discussions on the allocation of the CLRN funding distribution had resulted in a revised formula through the partnership group based on an activity-related funding model. He agreed that under this arrangement this Trust had seen a reduction in funding that was predicted. However he said that the previous reliance on large single studies had heightened the impact along with a tapered introduction with the full impact only now realised.

Dr Odum said that the process was, in his view, the right one. He also highlighted that an increase in activity would produce an increase in funding in future. Dr Odum referred to the reduction in commercial research activity and resulting income reduction through reduced profitability of these studies giving a double-impact. He said that plans are being formulated as to how the reduction in funding impact would be addressed in the research department. Dr Odum also referred to the impending retirement of Prof. Sque and the need to formulate future Nursing research impact with Prof. Cannaby.

Resolved: that the Research and Development Plan Report be noted.

TB. 6857: Executive Workforce Report

Mr Duffell introduced the revised Report presentation focussing on key issues, actions and impacts aligned with the Workforce Strategic objectives. He highlighted the revisions and additions from the previous report including retention rates. He referred to the continued recruitment and retention rates to date, improvements in Mandatory Training rates in some areas, a recent drop in sickness absence rates with better revised definition of the Trust target and ambition in line with the Model Hospital to compare with other organisations and the range of other improved indicators in the report.

He also referred to areas for improvement including equality and diversity engagement of staff. He reflected on further improvements to the report. The Report was felt to be clear and an improvement. Mr Duffell referred to revisions to improve the informal settlement of disputes in the workplace.

Dr Odum asked why the Annual Appraisal rate target had increased to 90%. Mr Duffell said he would look into this and respond to Dr Odum.

Action: Mr Duffell to provide information regarding the increased appraisal rate target to Dr Odum.

Mr Vanes congratulated Mr Duffell on the completion of his first year with the Trust.

Governance, Risk and Regulatory

TB. 6858: Provider License Statement Self-Assessment

Mr Stringer introduced the self-assessment declaration update regarding General Condition 6.

Resolved: that the self-assessment against licence standards requirement be noted: that the self-assessment declaration that the Trust is compliant with condition C6(3) be approved.

TB. 6859: Draft Annual Governance Statement and Annual Report 2017-2018

Mr Wilshere referred to the ongoing drafting and he confirmed the revision to more closely follow the national template and reduce the size of the report where possible.

Resolved: that the draft Annual Governance Statement and Annual Report 2017-2018 be noted: that the Board delegate the final approval of the Annual Governance Statement and Annual Report 2017-2018 to the Audit Committee meeting of 25 May 2018 be approved.

Feedback from Board Committees

TB. 6860: Chairs Report of the Trust Management Committee 23 March 2018

Resolved: that the Chairs Report of the Trust Management Committee 23 March 2018 be noted.

TB. 6861: Chairs Report of the Finance and Performance Committee of 25 April 2018

Resolved: that the Chairs Report of the Finance and Performance Committee of 25 April 2018 be noted.

TB. 6862: Chairs Report of the Quality Governance Assurance Committee of 25 April 2018

Ms Edwards reported that the revised structure appeared to be working well.

Resolved: that the Chairs Report of the Quality Governance Assurance Committee of 25 April 2018 be noted.

TB. 6863: Chairs Report of the Audit Committee of 25 April 2018

Mr Dunshea referred to the provisional Internal Audit opinion of assurance.

Resolved: that the Chairs Report of the Audit Committee of 25 April 2018 be noted.

TB. 6864: Chairs Report of the Workforce and Organisational Development Committee of 27 April 2018

Mr Hemans gave a brief update regarding work to record leaver information and work to continue to develop the Committee's function. Mr Vanes asked whether meeting every two months was sufficient. Mr Duffell and Mr Hemans said they thought it was.

Resolved: that the Chairs Report of the Workforce and Organisational Development Committee of 27 April 2018 be noted.

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

TB. 6865: Approved Minutes of the Finance and Performance Committee of 21 March 2018

Resolved: that the approved Minutes of the Finance and Performance Committee of 21 March 2018 be noted.

TB. 6866: Approved Minutes of the Quality Assurance Governance Committee of 21 March 2018

Resolved: that the Approved Minutes of the Quality Assurance Governance Committee of 21 March 2018 be noted.

TB. 6867: Approved Minutes of the Audit Committee of 20 February 2018

Resolved: that the Approved Minutes of the Audit Committee of 20 February 2018 be noted.

TB. 6868: Approved Minutes of the Workforce and Organisational Development Committee of 23 February 2018

Resolved: that the Approved Minutes of the Workforce and Organisational Development Committee of 23 February 2018 be noted.

TB. 6869: Approved Minutes of the Charity Committee of 12 December 2017

Resolved: that the Approved Minutes of the Charity Committee of 12 December 2017 be noted.

General Business

TB. 6870: Matters raised by members of the general public and commissioners

Ms N Yassin commented on the potential for Charities funding research activity. Ms Rawlings confirmed that the Trust Charity does undertake some research funding. Dr Odum confirmed that a wide range of research funding was sought.

TB. 6871: Attendance at Trust Board Meetings Annual Return

Mr Vanes noted the continued high levels of attendance at the Board and thanked members for their continuing commitment to this.

TB. 6872: Any other Business

There were not matters of any other Business.

TB. 6873: Date and time of next meeting:

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

TB. 6874: 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 12.50pm.

DRAFT