

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON

**THURSDAY 17 JULY 2018 AT 11:20 hours, the Board Room, Alexandra Hospital,
Redditch**

Present:

Chairman: Sir David Nicholson

Board members: (voting)	Suneil Kapadia	Chief Medical Officer
	Michelle McKay	Chief Executive
	Inese Robotham	Interim Chief Operating Officer
	Jill Robinson	Director of Finance
	Vicky Morris	Chief Nursing Officer
	Bill Tunnicliffe	Non-Executive Director
	Steve Williams	Non-Executive Director

Board members: (non-voting)	Richard Haynes	Director of Communications
	Richard Oosterom	Associate Non-Executive Director
	Tina Ricketts	Director of People and Culture
	Kimara Sharpe	Company Secretary
	Sarah Smith	Director of Strategy and Planning

Public Gallery:	Press	0
	Public	4 plus two staff members

Apologies:	Philip Mayhew	Non-Executive Director
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41/18 **WELCOME**
Sir David welcomed everyone to the meeting

42/18 **ANY OTHER BUSINESS**
There were no items of any other business.

43/18 **DECLARATIONS OF INTERESTS**
The Board noted the updated list of declarations of interest and that they would be published on the website.

44/18 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 7 JUNE 2018**
RESOLVED that:-

- The Minutes of the public meeting held on 7 June 2018 be confirmed as a correct record and be signed by the Chair with the addition of Health Education England as an attendee at the Quality Summit (page 3).

45/18 **MATTERS ARISING/ACTION SCHEDULE**
Mrs Sharpe reported that all actions had been completed.

46/18

Chairman's Report

Sir David reported that he was interviewing for the non-executive director (NED) vacancy on 18 July and he was also looking to appoint an associate NED. This would give more flexibility for the NEDs in respect of attending meetings and other work undertaken.

He recommended the Committee membership as set out in his paper. He also reported that he has commissioned a governance review which would take place over the summer.

RESOLVED that the Board:-

- Approved the committee membership
- Noted the board level responsibilities

47/18

Chief Executive's Report

Mrs McKay reported on the NHS 70 celebrations that had taken place. She was also pleased to report that two staff members have been nominated for national awards. She then turned to the five year funding statement and stated that further details were still awaited. She was pleased that the tier 2 restrictions have been lifted and 12 doctors are now able to pursue their application to the Trust. Finally she requested board approval for the statement of compliance in relation to medical staff revalidation. This had been reviewed by the People and Culture Committee earlier in the month.

Sir David stated that the Trust would be contributing to the development of the 10 year plan and he was clear that the additional funding of 3.4% must be for front line services.

Resolved that:-

The Board

- Approved the statement of compliance.
- Received the report for noting.

48/18

PERFORMANCE

48/18/1

Performance Report

Mrs McKay introduced the report which showed month 2 performance. She was proposing limited assurance for the report. The report was taken in four separate sections with the Committee reports taken after each relevant section.

48/18/1/1

Operational Performance

Ms Robotham reported that the cancer targets for 2 week waits, overall and breast symptomatic, and 62 days were not achieved. She stated that there had been a significant increase in demand (over 40%, 500-600 patients) on the two week wait, specifically for urology, breast and colorectal. This increase appeared to be sustained. For 62 days there were similar figures with an increase to 194 from 140-160. She described the actions being taken to monitor the numbers which included daily catch ups for 2ww referrals and reviewing those waiting over 104 days on a patient by patient basis.

She went onto report a similar increase in demand for the emergency department. The border changes had been implemented at the beginning of June and the assumptions made prior to the changes have held true. Ten to 11 patients per day are arriving at the Alexandra Hospital with six admissions. There are significant benefits for patients which include 65% being seen within 4 hours. This leads to quicker review by specialist consultants.

The system reset ended on 6 July. The evaluation is being undertaken. There were significant numbers of discharges on both sites and a significant decrease in 'super stranded' patients (those in hospital for more than 21 days and medically fit). There were

significant increases in both walk ins and ambulance arrivals during the same period.

She was disappointed that it had not been possible to stop using the surge areas due to the demand increase.

She was pleased to report that the Trust was meeting the referral to treatment (RTT) trajectory. This was in line with the national trajectory. There was a zero tolerance to those waiting over 52 weeks and both patients waiting over 52 weeks had dates for admission in July. There were particular demands on diagnostics, including MRI, CT scanning and obstetric ultrasound.

Sir David asked for clarification for where the operational plans were discussed around the postcode changes and the system reset. Ms Robotham explained that the A&E delivery board oversaw the decisions. Sir David probed about where the performance implications for the Trust were specifically determined. Mrs McKay stated that they had been discussed at the A&E delivery board and conceded that consideration should have been made as to where the internal discussions took place.

Sir David asked what performance targets the Trust was aiming for in June. He was keen to ensure that the signatory behaviour of 'do what we say we will do' was delivered. He stated that if the target was not clear, then the F&P Committee would be unable to monitor the performance. He felt that more grip was needed to deliver the key targets.

Mr Williams confirmed that the F&P Committee did follow up the operational performance and there were corrective actions but these did not deliver the required improvement. He was particularly disappointed with diagnostics.

Dr Tunnicliffe expressed his view which was that the Trust had to set sufficient ambition against reality of delivery. He was interested to know whether the demand had been predicted. Ms Robotham confirmed that the cancer demand was not predicted, either locally or by the national intensive support team. Mr Oosterom stated that more work was needed on predicting demand.

Sir David acknowledged that this was a difficult area. He was keen to learn from the current experiences and requested that Finance and Performance reviewed the granular plan which has been signed up to by the divisions. He was also keen to develop targets for the future in order to be able to track progress and deal with short term issues.

ACTION: Develop a granular plan and local targets for consideration at F&P. Executive lead - Ms Robotham.

48/18/1/2

Financial Performance

Ms Robinson was pleased to report that there had been progress on the cost improvement plans (CIP) during month 3. There had been good progress with the back office and model hospital work, but insufficient progress with work under people and culture. This was because of the time needed to establish the projects and capacity.

She then turned to theatre productivity. This was linked to income which was down in months 1 and 2 by about £500-700k per month. Work was being undertaken at speciality level in triangulating RTT/demand expectations and theatre sessions. A review of the utilisation of dropped sessions was being undertaken. A detailed presentation would be made at the Trust Leadership Group on 18 July to show the linkages and opportunities.

She was pleased to report that with respect to expenditure, the Trust was on track.

In response to a query from Sir David, Ms Robinson confirmed that the 'amber' projects were those that had been identified but were still to be set up. They will deliver in year. The 'red' projects were those that had a structure but needed more work and those labelled as 'black' were to be further developed.

She went on to confirm that at this time, £12m will be delivered in CIPs. Mr Williams confirmed that 12 months previously the Trust did not have the governance or infrastructure which was in place now.

Sir David then turned to the workforce projects. He asked what the staff consequences were. Ms Rickets confirmed that four projects had been identified and one impacted on head count which was about 50 wte.

Sir David then turned to the issue of the financial target for 2018/19. He asked whether the Trust needed to open negotiations with the regulator about renegotiating the target. Ms Robinson confirmed that once the forecast for month 3 was available, she would discuss the possible renegotiation of the control total at the F&P Committee on 23 July. Mr Oosterom confirmed that the F&P Committee have considered this and his view was that the control total would not be met.

Sir David expressed concern about the income and the fact that the granular analytics connecting the various strands has only just commenced. He was strongly of the opinion that each surgeon needed individual detailed information in order to be able to work effectively to meet targets including financial targets. Mrs McKay stated that the Trust has only recently had the data to be able to take this forward.

Dr Kapadia confirmed to Sir David that there were few sanctions for consultants who were under performing. A level of detail was needed and it needed to be embedded to change behaviour.

Dr Tunnicliffe was pleased to report that the surgical division displayed willingness to embrace new ways of working following the surgical review. He was however concerned about the wider engagement of the medical workforce and their accountability.

Mr Williams confirmed to Sir David that the F&P Committee were responsible for overseeing and assuring on the CIP and financial plan. He was disappointed however that plans were not more firmly developed and felt that the Trust was about three months behind.

Sir David requested that the F&P Committee consider a realistic control total and he would like this prior to the board to board meeting.

ACTION: F&P to consider whether a revised control total is required. Executive lead Ms Robinson.

48/18/1/3

Finance and Performance Committee Assurance Report

Mr Williams stated that most of the issues discussed had been raised at the F&P meeting. He would like to see leadership from consultants in respect of theatre productivity.

Resolved that:

The Board was assured that:

- the Trust is getting traction in addressing the issues around flow
- every effort is being made to close the CIP gap and work continues with the Divisions and corporate functions to identify viable opportunities

- the FPC listens and is supportive of innovative thinking during in-depth reviews.
- the FPC oversees the Reference Cost Submission and that the Chief Finance Officer has been given authority to sign off the returns.

The Board approved:

- The consultancy expenditure to support delivery of the Financial Sustainability Programme and for on-going governance of the spend to be monitored through Finance & Performance Committee

48/18/1/4

Quality Performance

Dr Kapadia reported that the improvement in serious incident management and VTE reporting is being sustained. Whilst the mortality review figures show deterioration, he is confident that the figures will improve due to the changes implemented with the process. He reported an improvement in the number of patients receiving surgery for a fractured neck of femur within 36 hours and mortality continues to decrease and the Trust is not an outlier.

Mrs Morris stated that she would be discussing with the Chair of QGC the metrics being reported as she felt that they needed to be changed, given sustained progress in some areas.

ACTION: Mrs Morris to review the quality metrics with Dr Tunnicliffe.

48/18/1/5

Quality Governance Committee Assurance Report

Sir David asked Dr Tunnicliffe as Chair of QGC to comment on the quality performance. Dr Tunnicliffe reported that QGC is maturing and with intensive monitoring is making a difference to indicators. He recognised that there were still challenges particularly with mortality reviews and learning from deaths. He commended Mrs Morris on her work with respect to serious incidents and complaints.

Dr Tunnicliffe then went onto the learning from never events. He would be monitoring the action plans to ensure learning took place. He was also keen to progress to outcome based reporting.

He asked for a reduction in the risk rating of Board Assurance Risk 1.2 from 16 to 12.

Sir David complimented Dr Tunnicliffe on the work that QGC was undertaking. He looked forward to more outcome based reporting.

Resolved that:

The Board:

- Approved the change in risk rating from 16 to 12 for board assurance risk 1.2
- Received the report for assurance.

48/18/1/6

People and Culture Performance

Ms Ricketts stated that the scorecard presented contained metrics to show progress to see the effectiveness of the People and Culture Strategy. She reported a deterioration in agency spend and she explained that part of the workforce transformation programme was to implement an end to end solution for e-rostering including bank and agency for all staff groups. This will enable further reductions in agency spend as more staff are utilised through bank.

Ms Ricketts then turned to appraisals. She was concerned about the rate for non-medical staff appraisals which showed a rate of 64%. She also expressed concern about

mandatory training levels and she requested that directors raised awareness of the importance of both these areas during the quality visits.

Sir David asked for clarification about the progress of ensuring robust systems are in place to enhance accountability, particularly in respect of appraisals, mandatory training and job planning. Ms Ricketts explained that she has spent a considerable time ensuring that data in relation to mandatory training is reliable. She has ensured that the electronic staff record is set up to accurately report the information. Now the quality is good but the Trust has work to do on ensuring staff can access the training. She then stated that the new job planning system had been approved and it was in the process of being implemented.

Dr Kapadia confirmed that senior clinicians were now driving the implementation of the policy in relation to job planning. However it would be about three years before all medical staff had appraisals which reflected the Trust objectives. He described the three year cycle to members. In response to Dr Tunnicliffe he confirmed that the surgeons have had their job plans changed to reflect the emergency surgery changes. Medicine is more difficult due to the lack of cohesive working across the county.

Mr Yates confirmed that the People and Culture Committee have considered job planning and as Chair of the Committee he will be meeting with the deputy CMO to understand the processes in more detail.

Sir David commented that as both turnover rates and sickness were decreasing, there should be a commensurate reduction in agency spend. Mrs Morris reminded members that the Trust has additional areas open (surge areas) which needed staffing and these areas were causing the increase in agency spend. She also stated that two bank holidays in May would also have a similar effect. E-rostering will enable better annual leave management.

48/18/1/7

People and Culture Committee Assurance Report

Mr Yates reported that the Leadership Plan was presented to the Committee but it only outlined three areas of work. He has requested that this is enhanced and represented to the Committee.

He then turned to the resources dedicated to the management of health and safety which the Committee considered to be inadequate. Only one dedicated person was employed for the whole trust. He was pleased that the fire risk identified with the emergency department was being mitigated. Internal Audit has been asked to audit the health and safety function in 2018/19.

Mr Yates was pleased to report that recruitment and retention was a success story and the Trust has been highlighted by NHS I in this area.

He has requested a report on DBS checks for contractors and the Committee will receive a report on the benefits realisation of the 4ward programme at the next meeting.

Ms Ricketts added that the Trust has secured funding from Health Education England to undertake a skills audit in respect of leadership. This will commence immediately. She is also working with the peer support Trust, Wolverhampton, on leadership development.

Resolved that:

The Board

- Received the report for assurance.

Resolved that:

The Board:

- Reviewed the Integrated Performance Reports for Month 2.
- Sought assurance in relation to the mitigation of the risks of under-performance in each area and that robust plans are in place to improve performance in 18/19.

12:53 - The Board took a break and reconvened at 13:30

49/18

STRATEGIC RISK

49/18/1

Board Assurance Framework

Mrs McKay summarised the deliberations of the Committees which were presented within the paper.

Resolved that:-

The Board:-

- Approved the changes as detailed in the report.

50/18

GOVERNANCE

50/18/1

CQC Report

Mrs Morris presented the CQC summary report and the must dos and should dos. She explained that the must dos are the regulatory requirements. QGC has had a demonstration of the internal system being used to support divisions in tracking progress. The action plan will be overseen by the QGC for assurance.

Sir David wanted assurance that the divisions were clear about what was expected of them. Mrs Morris was able to assure him that the divisions were very engaged which Dr Tunnicliffe endorsed. He also stated that the must dos and should dos were mapped to the Quality Improvement Strategy.

RESOLVED that:-

The Board:

- Received the summary CQC report, published June 2018
- Noted that the action plan was submitted to the CQC by 29 June
- Noted that the QGC are monitoring progress of the action plan.

50/18/2

Bi-annual Patients' Acuity and Dependency Winter Study (February 2018) Midwifery Workforce Review (BirthRate plus- 2017/18)

Mrs Morris introduced the report which provides the two reviews of staffing dependency and acuity for review by the Trust Board. She explained that there are two reviews annually. Birth-rate plus is a national tool recognised by NICE and NHS I.

Mrs Morris stated that whilst there were some anomalies in the staffing levels, any changes to the establishment would be made after two or three reviews to enable a trend to be developed. She would also review peer and model hospital benchmarking. Some changes will be made such as the surgical ward with only nine beds.

The Birth-rate plus report showed that the Trust was two wte above the recommended levels. However the staffing mix needed to be reviewed, particularly the use of midwifery support workers. A task and finish group has been set up to undertake this work.

A further review will be undertaken in October followed by January.

Mrs Morris confirmed that the Trust is not compliant with the lock down of rotas. Currently the rotas should be locked down 6 weeks in advance, this is often done only 1 week ahead of the rota, this will need to improve and will need to move to best practice which should be 11 weeks. Once the Trust is compliant, the management of annual leave will be more

efficient.

Ms Ricketts expressed concern about how the Trust forecasts planned bank and agency use in relation to surge areas within winter. Mrs Morris stated that permanent staff were needed for the new beds and these could support winter pressures.

Mr Yates added that the full effect of ensuring a 90:10 ratio of midwives:support workers would generate savings, but not for two to three years.

Mr Williams asked whether the ward vacancy and sickness rates were triangulated with complaints and other indicators. Mrs Morris stated that this was undertaken. She also triangulated positive actions.

Dr Tunnicliffe was disturbed to hear that the Trust was not able to accurately link whole time equivalent staff with acuity. Mrs Morris explained that there were many senior nurses within the Trust who were not trained in the use of the acuity tool but she is working with the national lead who will be providing training in September and when the report is re-run in October this issue will be sorted. The safer staffing paper is provided bi-monthly for the People and Culture Committee.

Dr Tunnicliffe turned to medical staff and wondered if the same acuity tool is used for medical staffing. Dr Kapadia confirmed that it was not but work was undertaken to ensure the skill mix was right.

Sir David asked whether the Trust was aware of the proportion of bank staff needed compared to full time staff. Mrs Morris confirmed that the wards staff have an uplift of 23% to take account of sickness and maternity leave and other leave. This uplift would be used for bank and agency staff. She was unable to answer the specific question relating to the proportion of nursing expenditure on bank and agency staff from that uplift.

ACTION: Ms Ricketts to determine the proportion of nursing expenditure on bank and agency staff

Sir David recognised that over the next 12 months there was an opportunity to review the staff base in the light of the new beds. He asked who was the overall responsible officer for this work. Mrs Morris confirmed that the divisional nurse directors were reviewing the surge areas and the issues would be discussed at the Trust Leadership Group (TLG).

Ms Smith confirmed that the trust bed model needs to be refreshed. For 2019/20 it should be clear what the bed model is across the three sites. This work will be overseen by the Strategy and Planning Group which reports to TLG. It would also be discussed at the Finance and Performance Committee. Mr Williams stated that the work would impact on the clinical services strategy.

RESOLVED that:-

The Board:

- Noted the results from the winter patient acuity and dependency (A&D) study, and support the use of the study results and Care hours per patient day (CHPPD) in future establishment reviews.
- Noted the associated actions arising from the Dependency and Acuity review outlined in the paper.
- Noted the Birth Rate plus review and outcomes
- Noted the high level summary of outcomes and the recommendations for implementing the reviews which the People and Culture Committee will track through and monitor.

50/18/3

Risk Management Strategy and handbook

Mrs Morris confirmed that the Strategy and Handbook were reviewed at QGC. The Strategy was reviewed based on best practice. Dr Tunnicliffe confirmed that QGC had reviewed the Strategy. He complimented the development of the handbook.

Dr Tunnicliffe confirmed to Sir David that the limited assurance was because the structures for the implementation of the strategy needed to be more robust and embedded.

RESOLVED that:-**The Board:**

- approved the Risk Management Strategy and Handbook.
- noted that the Strategy will be presented to the Audit & Assurance Committee on 18 July 2018 for assurance.

50/18/4

Freedom to Speak Up Champion - Update

Ms Ricketts confirmed that the People and Culture Committee had reviewed the self-assessment and had confirmed the good progress being made. There is an action plan in place to address the gaps.

Mr Williams confirmed that he had reviewed the self-assessment with the Chief Executive and the Guardian. He was pleased with the progress being made.

Ms Ricketts asked for approval of the Policy by the Trust Board.

RESOLVED that:-**The Board:**

- Noted the expectations of NHS Improvement and the National Guardians Office in relation to the Freedom to Speak Up agenda
- Approved the self-review assessment
- Agree to bi-annual updates on progress as part of the Freedom to Speak Up Guardian's report to Board
- Approved the updated Freedom to Speak Up Policy

51/18

STAKEHOLDERS

51/18/1

Communications and Engagement update

Mr Haynes was pleased to report that the coverage in relation to NHS 70 had been very positive. This was a foundation to build upon. Twice daily communications were issued during 'Right Move'. These bulletins had been shared across the health economy. This would be emulated in the plans for winter.

Social media is becoming more prominent. It is useful for the dissemination of news and health advice. He was pleased with the work undertaken with HR in relation to the 4ward programme.

Mr Haynes then turned to the production of the Quality Account and Annual Report. He thanked all those who contributed to it and enabled the Reports to be published on time.

He is pleased with the staff engagement and staff are beginning to be proactive in identifying positive news stories.

Mr Yates asked about engagement with consultants. Mr Haynes confirmed that there were dates in place for engagement forums and he was working with the divisional leadership teams to improve methods of engagement.

Sir David thanked Mr Haynes and his team for the work around NHS 70. Mr Haynes stated that local media were receptive to reporting positive stories.

Mr Haynes confirmed to Dr Kapadia that the social media policy contained guidance about tweeting.

RESOLVED that:-

The Board

- noted the report which was provided for assurance
- Agreed the level of assurance was moderate.

52/18

AUDIT

52/18/1

Audit and Assurance Committee Report

Mr Williams thanked Mrs McKay for her presentation on the Trust Leadership Group. The Committee would now receive a regular summary of the activities of the Risk Management Group.

RESOLVED that:

The Board

- Noted the report for assurance.

52/18

ANNUAL REPORTS

52/18/1

Safeguarding Annual Report

Mrs Morris stated that a key objective was to ensure that safeguarding training was up to the required level of compliance across all professionals. After review by QGC, she had added to the report the findings from the CQC visit and the multi professional training compliance. Dr Tunnicliffe commented that it was an improvement on last year's report.

RESOLVED that:

The Board:

- Approved the Safeguarding Annual Report 2017 – 18 and the forward plan for 2018/2019

52/18/2

Complaints & PALS Annual Report

Mrs Morris stated that the report showed a reduction in overall complaints and an increase in response rates. She agreed that the resource for PALS needed to be reviewed and be a front line service, not just a telephone service. The new patient experience lead was working closely with the Divisional Directors of Nursing, which was making a positive impact in the friends and family response rates.

Mr Oosterom welcomed the report and asked what influence the services had on improving the patient experience. Mrs Morris stated that the main items of feedback from the PALS and Complaints services concerned communication and discharge information. In response to Sir David, she confirmed that she and the Chief Executive viewed every complaint and were able to see trends, both from a data point of view and subject. This enables action to be taken at different levels within the Trust.

RESOLVED that:

The Board

- Approved the complaint and PALs annual report 2017/18

52/18/3

Annual Report for Infection Prevention and Control Performance 2017-18

Mrs Morris drew members' attention to the summary and the achievements in 2017/18.

She particularly highlighted targets for 2018/19 which included reducing variation in the achievement of some targets including hand hygiene.

She then confirmed that whilst the incidence of MSSA increased during the year, other infections saw a reduction. There had been a successful flu programme for staff and successful management of flu cases in 2017/18.

There was an annual self-assessment against the hygiene code through the TIPCC with a particular focus on environmental cleanliness.

She concluded by stating that there would be a continued focus on infection and prevention and control in 2018/19.

Assurance level - limited

RESOLVED that:

The Board:

- Approved the Annual Report 2017-18 including the forward plan for 2018/19

52/18/4

Guardian for Safe Working – Annual Report

Dr Kapadia presented the report which had been compiled by the Guardian, Miss Alex Blackwell. The report showed challenges in respect of compliance of rotas, bullying by ward staff and exception reporting. The report reflected those challenges also present in reports from Health Education West Midlands and GMC. The People and Culture Committee receive a quarterly report which is scrutinised.

He was able to confirm that work was underway to improve the situation. There was an increase in the number of staff working with trainees and in particular to ensure the fines are paid on time. There had been improvements made to the on call rota and work was on-going with respect to skill mix.

Sir David asked about comparing the Trust with others. Mr Yates confirmed that Miss Blackwell's view was that the Trust was no worse than others. Dr Tunnicliffe stated that whilst the Trust may not be any worse, he found it a worrying picture. The training experience was not as good as it should be. The Trust ought to look after its trainees better.

Ms Ricketts confirmed that the new e-rostering system will resolve some issues. She was working with Miss Blackwell to ensure immediate improvements.

Dr Kapadia confirmed to Sir David that he was the accountable officer for these issues. The People and Culture Committee give assurance on the work and it was unable to give assurance. A further report will be presented to the Committee in September.

ACTION: Present an update report to the Board in October. Executive lead - Dr Kapadia

RESOLVED that:

The Board:

- Approved the annual report
- Noted that the Guardian for Safe Working cannot provide assurance to the Trust Board at the present time that the working patterns of junior doctors within the Trust are compliant with the Terms and Conditions Of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

- Noted that in some departments, doctors in training are working beyond their contractual hours, working through their rostered breaks and reporting concerns about patient safety
- Noted that all patient safety concerns have been investigated and reviewed by the Committee for Junior Doctor Safeworking.

52/18/5

Health and Safety Annual Report

Ms Ricketts confirmed that the report had been reviewed by the People and Culture Committee. The Report gave an overview of progress against objectives.

RESOLVED that:

The Board

- Approved the report

52/18/6

Security Objectives 2018-2020

Ms Ricketts explained that the Trust needed Board agreed objectives as a condition of the contract with commissioners.

RESOLVED that:

The Board

- Approved the security objectives for the period 1 April 2018 to 31 March 2020

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held on Thursday 13 September 2018 at 10:00 in the Board Room, Alexandra Hospital, Redditch.

The meeting closed at 14:55 hours.

Signed _____

Date _____

Sir David Nicholson, Chairman