The Royal Wolverhampton NHS
NHS Trust

Minutes of the Meeting of the Board of Directors held on Monday 25 March 2013 at 10.00am in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital

PRESENT:	Mr R Harris	Chairman
	Dr J M Anderson	Non-Executive Director
	Ms C Etches OBE	Chief Nursing Officer
	Mr J Holder	Associate Non-Executive Director
	Mrs B Jaspal-Mander	Non-Executive Director
	Mr S Kalirai	Non-Executive Director
	Mr D Loughton CBE	Chief Executive
	Ms G Nuttall	Chief Operating Officer
	Dr J Odum	Medical Director
	Mrs S Rawlings	Associate Non-Executive Director
	Mr K Stringer	Chief Financial Officer
	Mr J Vanes	Non-Executive Director
	Ms M Espley	Director of Planning and Contracting
	Ms D Harnin	Director of Human Resources
IN ATTENDANCE:	Ms D Hickman	Head of Midwifery (part)
	Mr J Emery	Patient Experience Lead (part)
	Mr A Sargent	Trust Board Secretary
OBSERVERS:	Mr M Swan	Lead Shadow Governor
APOLOGIES:	Cllr I Claymore	Wolverhampton City Council
	Mr R Young	Wolverhampton City Clinical Commissioning Group

Part 1 - Open to the Public

WELCOME TO CHAIRMAN

TB. 4417 Mr Loughton introduced Richard Harris, recently appointed as Chairman of the Trust Board, and welcomed him to his first meeting of the Board.

Mr Harris expressed gratitude for this welcome and in turn welcomed those present in the public gallery.

MINUTES OF MEETING HELD ON MONDAY 25 FEBRUARY 2013

TB. 4418 **RESOLVED: That the minutes of the meeting of the Board of Directors held on Monday 25 February 2013 be approved as a correct record, subject to the amendment of TB. 4379 (Never Events), so that the word 'gall' in the fourth line is amended to read 'gauze', and the amendment of the third paragraph in TB.4384 to read as follows:**

"Dr. Anderson said that it would not be practical for medical staff on the in-patient side to go round wards answering patients' questions as a separate exercise, and that this should be undertaken as part of the daily ward rounds, although it would be good for a doctor to telephone a patient the day after they had gone home. "

MATTERS ARISING

TB. 4419 Patients' Story - 'passports' for patients with conditions requiring regular visits to hospital (TB. 4323).

Ms Etches reported that work was ongoing in respect of the suggestion made at the January meeting regarding patients with conditions which required regular visits to the hospital. The intention was to extend the principles of the patient pathway to the patient group which had been the subject of the story shown to the Trust Board, namely those suffering from Sickle Cell Anaemia.

TB. 4420 Quality and Safety Report - Local Never Events
In respect of the point raised at minute TB. 4377, Ms Etches said that a wider piece of work to review cardiac arrests over a trial period would be undertaken prior to further discussions about the possibility of designating cardiac arrests as local Never Events (CE/JO).

BOARD ACTION POINTS

TB. 4421 It was noted that reports on Organ Donation and Service Line Reporting were now scheduled for the April meeting of the Trust Board. Ms Nuttall indicated that the item regarding Pressure on Emergency Services was likely to be dealt with at a Board Development session in May (GN).

DECLARATIONS OF INTEREST FROM DIRECTORS AND OFFICERS

TB. 4422 There were no declarations of interest at this meeting.

REPORT OF THE CHIEF EXECUTIVE

TB. 4423 Mr Loughton reported that the following policies had been approved by the Trust Management Team at their meeting on the 22nd March:

- CP 11 Resuscitation Policy
- Policy for the Prevention and Management of the Deteriorating Patient
- IP 04 Transportation of Clean and Contaminated Instruments, Equipment and Specimens

RESOLVED: That the report of the Chief Executive be noted.

PATIENTS' STORIES AND THE USE OF THE NEW ELECTRONIC MEDIA

TB. 4424 Mr Emery, Patient Experience Lead, gave a brief power point presentation on the use of social media to capture patient feedback. He showed how the Patient Opinion internet site received stories and comments and how the Deputy Chief Nursing Officer and he were able to respond as soon as possible to items posted. He confirmed that the site was moderated so that offensive material was removed,

and where necessary steps taken to protect patient confidentiality. He informed the Board that 140 stories had so far been posted on this page. Ms Etches indicated that the CQC would routinely examine this type of feedback to inform its quarterly Quality Review. In response to Ms Nuttall, Mr Emery confirmed that feedback on the NHS Choices website streamed directly to the Trust's own Patient Opinion pages, and that posts from this source were treated in the same way as any other, with responses being sent as soon as possible. Ms Rawlings asked whether the Trust had a policy on the timescale by which responses would be made and the type of stories which would routinely receive a response from the Trust. Mr Emery said that there was no policy at the moment and that in practice comments tended to be referred to the relevant service within the organisation with a request that a response be prepared as soon as possible. The Chief Executive expressed concern over possible reluctance by departments to respond and suggested that a formal policy would be required. Ms Etches indicated that a new strategy on patient experience and patient feedback was being developed and that a policy to support the implementation of such a strategy would be submitted to the Policy Committee and Trust Management Team in due course. With regard to Mr Vanes' question about the potential for damaging negative publicity via Twitter, Mr Emery said that he had no access rights to use that media at present. The Chairman suggested that the Board needed to have a more rounded discussion on how patient feedback was currently obtained, only part of which was through the internet. Ms Etches indicated that the new social media might eventually be harnessed to the family and friends test. She confirmed that a further report should be available for the Trust Board at the meeting in May.

Dr Odum cautioned that individual members of staff must not use these channels to respond directly to patients on their own behalf. Ms Etches referred to the GMC's guidance for employees on the use of social media.

RESOLVED: That the report on the use of social media to capture patients stories be noted, and that a report on the development of the strategy to cover the manner in which the Trust captures and responds to patient feedback through the new social media be submitted to the Trust Board in May (CE).

QUALITY AND SAFETY REPORT

TB. 4425 Ms Etches drew out the salient points of the monthly Quality and Safety Report. She asked the Board to note: that the overall net promoter score had improved to 76.2% and a little extra impetus was required to improve on that and thereafter to maintain it; all of the patients who had suffered from falls had been properly risk assessed but, despite this, had gone on to fall within the hospital; the number of health acquired avoidable pressure ulcers had reduced; the percentage of late observations of deteriorating patients had decreased, but further progress was required; although there was good news about hand hygiene, the need for improvements in Orthopaedics was noted and had been discussed at the Infection Prevention and Control Committee last week, when further actions had been put in place to drive up standards; the deterioration of patient experience in Division 1 reported through the trackers was disappointing and might be related to the relentless pressures being felt within the organisation, although this was not being offered as a justification for any incidents where patients were not treated with care and compassion.

Ms Etches referred to the review of Quality Governance in the Trust and the point made by PriceWaterhousecoopers that the Board should review the level of detail which it received. She asked the Board to consider whether it still wished to receive detailed action plans as part of the Quality and Safety reports. In response to questions from Mrs Rawlings, she confirmed that in the event of there being three successive red indicators an action plan would continue to be drawn up by the Division along with target dates for improvements. Following discussion, it was agreed that the action plans need no longer be submitted as part of the Quality and Safety report. Dr Anderson requested, however, that in future the Divisional scorecards show information for a third month, so that the Board can observe when there are 3 successive red indicators or any other patterns which might give rise to further inquiries or challenge (CE).

Mr Vanes noted that Division 1 was now showing red against patient experience and asked whether the reasons for this were yet apparent, and what steps would be taken if there were no improvements. Ms Etches explained that for Division 1 there had been a high number of complaints in respect of cancelled operations. Mr Vanes asked about the deterioration on patient experience (care and compassion) in Division 1. Ms Etches suggested that the relentless pressures upon staff in many parts of the organisation had left them feeling tired and jaded and that this could have had a detrimental effect upon the way they were perceived to have been treating some patients. She added that sickness absence rates were also starting to creep up again. Mr Vanes asked whether the PALS team would normally be the most effective way for patients to raise concerns. Ms Etches said that this was not always possible, for example after discharge, when the formal complaint process tended to be followed.

Mr Loughton commented on the levels of pressure being experienced not only within this Trust but also other neighbouring hospitals, some of which had been unable to undertake any elective surgery since February. He indicated that he had been in discussions with the WCCG about opening two more wards, subject to additional staff being recruited, and extending capacity in Accident and Emergency to meet the increased levels of demand. He also reminded the Board that the introduction of the new 111 service was predicted to lead to an increase of up to 8% in ambulance conveyances to the hospital, on top of the other pressures recently experienced. He went on to describe the way in which the hospital attempted to release ambulances as soon as possible, which meant that patients were nursed in the corridor until they could be treated in the Accident and Emergency Dept.

Mrs Jaspal-Mander noted the number of falls reported at West Park Hospital and asked whether any particular causes were apparent at this location. Ms Etches responded that the RCAs of all incidents of falls were examined at the accountability meeting every Wednesday. There had been no specific concerns around West Park Hospital.

Mr Kalirai enquired about the HSMR statistics in the report and noted an increase in the raw HSMR figures reported. He asked whether this posed a risk for the organisation and how the figure could be reduced. Dr Odum replied that the current HSMR stood at 99, and when rebased was 104, which was higher than at the end of last year. He indicated that the diagnostic groups were reviewed monthly by two Trust committees. He also reported that work was continuing, to ensure that clinical coding adequately captured primary and secondary diagnoses.

This was not a particular problem in terms of the Trust's mortality figures, but the work on coding would lead to a more realistic picture of activity undertaken. Mr Loughton referred to a recent article in the Daily Mail newspaper and confirmed that the robust and detailed response by the Trust was available on the RWH website. He also mentioned that the HSMR, HSMI and crude mortality data were falling at the same rate.

The Chairman noted the net promoter score of 76.2% and asked how this compared with other Trusts in the region. Ms Etches said that the SHA had carried out a comparative exercise recently and agreed to include some comparative information in the April report (CE).

RESOLVED: That the monthly report on Quality and Safety be noted.

NEVER EVENTS

TB. 4426 Ms Etches reported that there had been no Never Events since the February meeting. She indicated that a report by Internal Audit into the robustness of data was to be considered by the Audit Committee and should give reassurance about the controls in place. Dr Anderson noted that there still appeared to be a lack of awareness of Never Events evidenced by responses to questions in recent consultants' interviews, which was attributable to doctor training. Mr Harris noted that there had not been a Never Event in the Trust for a number of months and asked whether this was partly by chance or because the Trust's processes were now so rigorous.

Mr Loughton said that the Trust was doing its best to put suitable processes in place but there was never any room for complacency. In response to a further question from Mr Harris about the level of confidence in these processes, Ms Etches said that there was confidence that the processes were correct in that the culture of the organisation was changing, although cultural change could take as long as two years to achieve.

RESOLVED: That the oral report on Never Events be noted.

REPORT FOLLOWING THE CARE QUALITY COMMISSION UNANNOUNCED INSPECTION ON 24 JANUARY 2013

TB. 4427 Ms Etches presented a report setting out the findings of the Care Quality Commission, following their unannounced inspection on 24 January. The report was positive and the findings reflected cultural changes within the organisation. The Chief Executive expressed appreciation for the work undertaken by Ms Etches and Dr Odum over the last two years to bring about the changes which had contributed to the positive CQC findings. In response to a question by Mr Harris, Ms Etches said that there were no outstanding issues with the Care Quality Commission; and that the inspection report reflected a snapshot of the situation at the Trust. The Board noted that the CQC might observe matters on another occasion which could lead to other concerns being raised.

RESOLVED: That the report on the Care Quality Commission's unannounced inspection on 24 January 2013 be noted.

MIDWIFERY REPORT

TB. 4428 Ms Hickman submitted the six monthly progress report on the Midwifery Service and drew out the main points for the board. The Chief Executive referred to the situation at Mid Staffordshire, and the proposals drawn up by Ernst and Young for developments over a three year period. Mr Loughton said that should there be an decision to withdraw the maternity service from that hospital, staff and patients would probably leave before the three years had elapsed, and it was necessary for arrangements to be made to deal with that eventuality in the short to medium term. Mr Kalirai noted that there was a deficit of 12.85 WTE midwives against establishment. Ms Hickman said that the Trust was currently funded for 122 clinical midwives and that the deficit identified through Birth Rate Plus was 2 or 3%. She added that generic Band 6 experienced midwives were proving hard to recruit. In response to Dr Anderson's question about the possibility of drawing back any midwives who had left to begin families, Ms Hickman said that there had been some local interest in the 'Return to Practice' programmes, and that it would be possible to support some returnees during retraining. Mr Kalirai asked about the level of activity going forward. Mr Loughton replied that it was hard to predict.

RESOLVED: That the progress report on Midwifery be noted.

ORGANISATIONAL DEVELOPMENT IN RELATION TO SAFEGUARDING ADULTS AT RISK

TB. 4429 Ms Etches presented a report on recent organisational development in relation to safeguarding adults at risk.

RESOLVED: That the report be noted.

SAFE HANDS PROGRAMME - UPDATE

TB. 4430 Ms Etches submitted a progress report on the current status of the Safe Hands Programme. The Board noted that the contract had been transferred to a new organisation and it was hoped that there would be significant benefits for this organisation as a result. The Chairman said that the subject appeared complex and it would take time for the Board to absorb the real scale and importance of this development. He asked whether it could be made the subject of a separate discussion, with a focus on how Safe Hands would help the Trust to deliver improved care to patients. Mr Loughton acknowledged that the new system was very different to the one originally demonstrated to the Directors.

RESOLVED: That the progress update on the Safe Hands programme be noted, and that a more detailed presentation be given to a future Board Development Session (CE).

PATIENT SAFETY INITIATIVE ANNUAL REPORT

TB. 4431 Dr Anderson said that there still appeared to be problems with the Catheter bundle and asked whether there was now a team in place. Ms Etches responded that a team was almost assembled. Dr Anderson noted that the 24 hour VTE assessment was still of concern. Ms Etches said that the Vitalpac system made it clear when the four hourly VTE had not been completed, but did not trigger the 24 hour alert. Dr Odum told the Board that an acute physician was now leading on VTE assessments, and was expected to drive forward improvements soon.

RESOLVED: That the report be noted.

ORGAN DONATION - UPDATE ON PERFORMANCE

TB. 4432 This item was deferred until the April meeting.

QUESTIONS FROM PRESS AND PUBLIC

TB. 4433 No matters were raised by members of the general public, commissioners or press at the meeting.

FINANCIAL POSITION OF THE TRUST - FEBRUARY 2013 (MONTH 11)

TB. 4434 Mr Stringer introduced the monthly report on the Trust's financial position, and said that the income and expenditure position at month 11 was a surplus of £7,926,000, which was £2,675,000 above the month 11 plan. He said that the Divisions had been implementing measures to deliver the planned financial targets by year end, in line with the agreed control totals. At month 11 £11,468,000 had been withdrawn from budgets under the Cost Improvement Programme, which represented 75% of the total. The Board noted that the Trust was likely to be £5,000,000 above the SHA control total by year end. Mr Stringer also reported that the closing cash balance amounted to £22,388,000, which was above plan by £4,873,000. Mr Kalirai noted that the Cost Improvement Programme (carry forward) was included as a red risk in the report. Mr Stringer said that two risks had been identified for the Cost Improvement Programme, only one of which was rated red. He pointed out that the Trust would finish the year with surplus which was £0.5million above expectations, against an overall budget of £384,000,000, and the outcome of the Cost Improvement Programme would not affect the year end results. Mr Vanes continued to express concern that the underachievement of plans this year would add significant pressure to the Cost Improvement Programme for 2013/14 and sought assurance that the risks had been correctly represented to the Board. Mr Stringer acknowledged that it was fair to challenge the B2 rating of the risk of underachievement of CIP plans in the report. Mr Kalirai referred to the financial risk rating and noted that it currently stood at an overall rating of 3.8. In response, Mr Stringer expressed confidence that it would be rounded up to 4 by the end of the financial year, and Mr Loughton confirmed that it was expected that the Trust would enter the Monitor process with a rating of 4. He added, however, that the situation around Mid Staffs and the continuing focus on patient safety would have implications for the financial risk rating and said that further details of the changes proposed by Monitor would be bought to the Board in due course.

RESOLVED: That the report on the financial position of the Trust at month 11 (February 2013) be noted.

CAPITAL PROGRAMME 2012/13

TB. 4435 Mr Stringer reported that the month 11 position showed a projected outturn position of £23,011,092, which was £186,182 above the Capital Resource Limit (CRL) of £22,824,910. He said that he was confident that the Trust would deliver the capital programme within the agreed CRL targets.

RESOLVED: That the report on the progress of the Capital Programme 2012/13, as at month 11, be noted.

INCOME AND EXPENDITURE PLAN FOR 2013/14

TB. 4436 Mr Stringer submitted the report outlining the Income and Expenditure Plan for 2013/14, which would produce a surplus of £8.03million before impairments and would include a level of efficiency savings of £14.74M through a Cost Improvement Target. He referred to the discussions and negotiations with the Trust's Commissioners which had secured contracted patient income of £337M. He indicated that contracts would not be signed until the size of the transfer of specialist services had been clarified. Mr Stringer was challenged by Non-Executive Directors over an unexplained difference of £11million between the forecast outturn of £384million and the budget of £373million. Mr Stringer indicated that he would circulate a full reconciliation to members of the Board after the meeting (KS). In response to a question by Mr Vanes, Mr Stringer confirmed that the Cost Improvement Programme, together with the quality impact assessment, would be considered later during the private session of the Board. He added that in his opinion in some areas the Commissioners were taking a risk on the level of activity which they were committed to purchasing, and thought that they had underestimated the level of demand during the year ahead. Ms Nuttall indicated that one area with lower volume would be Vascular following changes to the contract. Dr Anderson asked whether a reduction in elective surgery would have a negative effect on the reputation of the Trust. Mr Stringer said that the commissioner did not intend to purchase the levels of activity which the divisions believed necessary to meet demand.

RESOLVED: That the Income and Expenditure Plan for 2013/14, together with the associated balance sheet and cash flow, be approved.

BOARD ASSURANCE FRAMEWORK/TRUST RISK REGISTER

TB. 4437 Ms Etches submitted the monthly report on the Board Assurance Framework and Trust Risk Register, highlighting that there were currently 10 risks on the Board Assurance Framework, and 39 in the Trust Risk Register. The Board noted that there were a number of new risks on the Trust Risk Register. The red risk related to the Cost Improvement Programme. She invited the Board to consider whether there was any other area of risk which should be added the Board Assurance Framework. She also mentioned that the format of the report might be reviewed as a consequence of the recent Review of Quality Governance.

The following points were raised during discussion of this item:

- Ms Rawlings asked whether the two new risks (consent audits and VTE audits) in the name of the Medical Director would have been picked up without audits. Ms Etches replied that no trends had been picked up regarding the consent process.
- Mr Harris asked why so many new risks were appearing now. Ms Nuttall responded that the Divisions had been reviewing their risks, and there had been a robust drive to update Divisional Risk Registers and a number of these had been escalated onto the Trust Risk Register.
- Dr Anderson noted the new risk around the unsuitability of premises at West Park Hospital for Clinical Service Delivery. Ms Espley indicated that the Hearing Services had moved to West Park some time ago and

the PCT intended to relocate the service to the new LIFT, however these were no longer going ahead. The current premises had never been fit for purpose and had been on the PCT risk register for some time. Ms Nuttall said that it was a risk in terms of recommended guidance for the accommodation needed for this service.

- Mr Kalirai asked what assurance the Board could have that all risks had been captured. In response, Dr Odum said that the NHSLA process had exposed gaps between practice and policy, which had generated some of the risks now reported. Ms Espley added that some of the risks had been on Divisional Risk Registers for some time but had now been escalated onto the Trust Risk Register.
- The Chairman asked whether the Board could be assured that everything management believed should be on the register was now contained on the register. Ms Etches said that as an individual director she was aware of the risks in her area and confident that they were included on the Risk Register. In response to a question from Ms Harnin, Mrs Jaspal-Mander said that the Board Assurance Committee was satisfied that systems and processes were in place to identify and triangulate risks from ward level upwards, although there could never be 100% assurance for the Board,
- Ms Etches stressed the need for individuals to be mindful of the role of the Trust Risk Register, and to make the link between matters which were viewed as 'problems' and making appropriate use of the Risk Register.
- In response to a question by Mrs Rawlings, Ms Nuttall affirmed that the Divisions had been far more robust in the way in which they reviewed and identified risks.

RESOLVED: That the report on the Board Assurance Framework and Trust Risk Register be noted.

INFORMATION GOVERNANCE TOOLKIT SUBMISSION 2012/13

TB. 4438 Dr Odum presented a report which requested approval for the IG Toolkit scores to be submitted to the Department of Health by the 31st March, and updated the Board on the work being undertaken by the Information Governance Steering Group.

RESOLVED: (a) That the IG Assurance Statement, set out in appendix 1 to the report, be accepted.
(b) That the approval of the IG Toolkit final scores by the Trust Management Team on the 22 March, as set out in section 2 of the report, be noted.
(c) That subject to achieving 95% IG mandatory training compliance, the Medical Director and IG lead be authorised to change the score if appropriate so as to enable a level 2 submission for requirement 111.

ANNUAL REPORT ON DIRECTORS' DECLARATIONS OF INTEREST

TB. 4439 **RESOLVED: That the Annual Report on Directors' interests be noted.**

PERFORMANCE REPORT

TB. 4440 Ms Nuttall submitted the Performance Report for February 2013 and highlighted that because only the exceptions were being reported all of the indicators were shown as reds. She added that A&E Performance had achieved the 95% standard during February. She went on to inform the Board that the learning disability nurse had now been appointed and this would have a positive benefit for the Monitor Compliance Framework. She also highlighted that: the number of cancelled operations had decreased slightly; there had been an increase in delays in transfers of care (especially affecting Staffordshire); non-elective length of stay had increased slightly from the baseline in August 2012; and the Trust had not achieved the 62 day Cancer target. She added that for the first two weeks in March ambulance attendances had been 8% up, and it was expected to rise further with the onset of the new 111 service. A&E would be flagged as red for March and Quarter 4, but not for 2012/13 overall. She added that attendances at A&E during the first two weeks of March had been the highest ever recorded at the organisation.

Mr Loughton told the Board that this Trust was one of only two in the West Midlands which were likely to hit their A&E targets during the year. In response to a question by Mr Loughton, Ms Nuttall said that Social Services would not work over the Easter Bank Holiday. Mr Holder asked whether more notice could be given of short notice cancellation of operations. Mr Loughton said that this was not possible. Ms Nuttall added that elective lists were kept under constant review, and where more notice could be given it was, but it was generally found that patients did not mind having to ring in on the day because they were anxious to have the surgery for which they were waiting. Performance on this indicator was reasonable by comparison with other Trusts.

Mr Harris asked whether, given the volume of demand being experienced in the A&E department, Executive Directors were satisfied that health and safety standards were being met. Ms Nuttall said that the situation was currently satisfactory and that there were sufficient staff in the offload area and around the department to meet patients' needs, but that the experience of patients could be improved and that capacity should be expanded. Mr Loughton expressed concern about the suitability of the current facilities given the volume of patients going through each year and emphasised the need to find an interim solution pending the development of a new Emergency Centre, and subject to being able to recruit more nurses in the short-medium term. Dr Odum added that the A&E Clinical Directors in the region were telling him that volumes experienced in recent weeks at A&E were the worst they had ever seen in the NHS and that the situation was exacerbated because there was insufficient movement out of hospitals. Medical Directors elsewhere were expressing concern over the safety of their services and this had led to a discussion about possible solutions. The Chairman noted concern expressed over the performance expected during the Easter Weekend and requested an assurance that everything possible was being done to manage the situation. Mr Loughton said that for its part the Trust was doing all that it could but asked the Board to note that the pressure had been experienced at this high level of intensity over a period of months, which was bound to have a detrimental effect on staff. There ensued a brief discussion about the need for GPs and Commissioners to play their part in dealing with these pressures.

RESOLVED: That the Performance Report for February 2013 be noted and that the Vice-Chairman and Chief Executive be authorised to sign the self-certification and Board Statements on behalf of the Board for submission to the NHS Trust Development Authority.

CAPITAL PROGRAMME 2013/14-2017/18

TB. 4441 Mr Stringer drew out the highlights of the proposed 5 year Capital Programme for the period until 2017/18, and the detailed Capital Programme for 2013/14. Mrs Rawlings asked why there was no provision for improvements to the Hearing Services facilities currently located at West Park. Mr Stringer pointed out that this was linked to the TCS Property Transfers and that the WCCG had been requested to fund any improvements required when the building was taken over by RWT from the 1st April. He pointed out that this matter had been on the Risk Register of the PCT for a number of years. Mr Vanes noted the inclusion of £10million for an additional radiotherapy bunker and the replacement of four linear accelerators and associated equipment, and asked whether any other body might be able to assist with this expenditure. Mr Loughton suggested that it might be worth writing to the other Trusts who had received Lottery funding 10 years ago with the possible aim of submitting a joint bid to the Lottery covering all of the organisations facing a similar level of expenditure (KS).

RESOLVED: That the 5 year Capital Investment Plan 2013/14-2017/18, together with the detailed Capital Programme for 2013/14, be approved.

TCS PROPERTY TRANSFERS

TB. 4442 Mr Stringer presented a report which gave details of properties which were due to transfer from Wolverhampton City Primary Care Trust to the Royal Wolverhampton NHS Trust on the 1st April 2013, and also explained the due diligence process which had been undertaken, and the legal and resource implications of the transfers.

RESOLVED: That the proposed transfer of the following properties from the Wolverhampton City Primary Care Trust to the Royal Wolverhampton NHS Trust on the 1st April 2013 be approved:

West Park Hospital (freehold)
Primrose Lane Health Centre (freehold)
Warstones Health Centre (freehold)
Snow Hill Sexual Health Clinic (leasehold)
The Maltings Mobility Centre (leasehold)

CHANGE PROGRAMME BOARD

TB. 4443 Ms Espley submitted an update of the progress of the Change Programme for month 11 (February 2013) which gave an overall financial position, the view of the progress for schemes during February, and an assessment of the quality impact of the programme. The report also included a more detailed overview of the high valued schemes. She referred to the discussion which had already taken place on this matter earlier in the meeting during the report on the Trust's Financial Position at month 11.

RESOLVED: That the report of the Change Programme Board at month 11 be noted.

TRUST'S STRATEGIC PRIORITIES 2012/13

TB. 4444 Ms Espley introduced an annual report on the Strategic Priorities of the Trust, namely Urgent Care, Care Of Older People and End Of Life Care.

The Chairman requested that this matter be deferred to enable a fuller discussion at the April Trust Board Meeting.

RESOLVED: That the report on the Trust's Strategic Priorities be deferred for consideration at the next Board meeting.

LDP UPDATE - 2013/14

TB. 4445 Ms Espley outlined the salient points in her progress report on the LDP discussions with the Trust's main commissioners. She informed the Board that the Heads of Agreement had been signed, and she indicated that one of the biggest risks to the organisation was the requirement of the CCG to deliver £4.7million of QUIPP savings during the year ahead, this sum to be re-invested into the local health economy. She advised the Board that these QUIPP proposals would require robust delivery plans if they were to command any confidence. The other key area to resolve in the contractual process was the movement of funds between the CCG and Specialised Commissioners, which was being managed on a regional basis.

RESOLVED: That the update on the LDP negotiations for 2013/14 be noted.

2012 NATIONAL NHS STAFF SURVEY RESULTS

TB. 4446 **RESOLVED: That this report be deferred for consideration at the April Board meeting.**

MINUTES AND CHAIRS' REPORTS FROM BOARD COMMITTEES

TB. 4447 **RESOLVED: That the Chairs' reports and minutes of the following committees be noted:**

(a) **The minutes of the meeting of the Trust Management Team held on 22 February 2013, together with the Chairman's report**
(b) **Chairman's summary report and minutes of the meeting of the Infection Prevention Committee held on 25 January, and the draft minutes of the meeting held on 22 February 2013**
(c) **Chairman's summary and minutes of the meeting of the Audit Committee held on 13 December 2012**
(d) **Chairman's summary and draft minutes of the meeting of the Audit Committee held on 26 February 2013**
(e) **Draft minutes of the meeting of the Human Resources Sub Committee held on 29 January 2013**

DATE AND TIME OF NEXT MEETING

TB. 4448 It was noted that the next Trust Board meeting was due to be held on Monday 22 April 2013 at 10am in the Clinical Skills and Corporate Services Centre, New Cross Hospital.

ANY OTHER BUSINESS

TB. 4449 The Chairman expressed his appreciation to Mr Vanes for standing in as Chairman of the Board since October 2012.

EXCLUSION OF THE PRESS AND PUBLIC

TB. 4450 **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 1.25pm.