CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Team	
Report From:	Chief Executive	
Date:	19.07.13	
Action Required by receiving committee/group:	X For Information □ Decision □ Other	

Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis ▪ To direct and influence the Trust service strategies and other key service improvement strategies which impact on these, in accordance with the Trust overall vision, values and business strategy.
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	The matters highlighted below are not driven directly by the CQC, Monitor, or any other outside body. They are driven variously by the imperatives to enhance patient experience, ensure patient safety, maximise operational efficiency and effectiveness, improve the quality of services, and safeguard the financial position of the Trust.
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	▪ Considered and approved the business case for the appointment of a replacement **consultant anaesthetist with special interest in chronic pain within Critical Care Services** (to replace one who has taken up a post elsewhere). ▪ Approved the business case for **the replacement of a Consultant Cardiothoracic Surgeon** (following a retirement) and **the establishment of additional Cardiac activity** which could generate income by attracting patients from other areas. ▪ Discussed and approved the business case for the **reorganisation of the Catheter Labs and Cardiology Day Ward**, with the intention of improving the overall efficiency of the labs, increasing patient productivity, and improving the patient pathway. ▪ Authorised the provision of a **mobile PET CT scanner at RWT**, to replace the existing PET CT service at the Alliance Medical PET Centre at the University Hospital Birmingham. ▪ Discussed and approved the business case for the provision of **a lead Asthma Respiratory Consultant** to lead on the implementation of a Tertiary Asthma Service in the Black Country and Staffordshire, to enable the appropriate,

	specialised management of asthma patients, to facilitate a reduction in unnecessary admissions, and reduce the length of stay in hospital. ▪ Endorsed the secondment of a Band 6 Nurse for a period of nine months in connection with education and audit for the improved **Continence Pathway** CQUIN. ▪ Approved the business case for the continuation of the Trust wide **Surgical Site Surveillance Team**, whose work has contributed to a significant reduction in infections among patients. ▪ Discussed the new Trust committee structure, noted that there remained some details to be worked through below the level of Trust Committees, and agreed to the proposed **terms of reference and revised membership of the Trust Management Committee** post 1 September.
Risks Identified: **Include Risk Grade (categorisation matrix/Datix number)**	The Management Team has had regard to any risks identified in respect of these matters. The TMT also has a standing item on every agenda, at which point anybody present may raise any matter which is deemed to be worthy of consideration for inclusion on a risk register.

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT TEAM

Date:	19 July 2013	
Venue:	Board Room, Clinical Skills and Corporate Services Centre, New Cross Hospital	
Time:	1.30 p.m.	
Present:	Ms C Etches	Chief Nursing Officer (Chair)
	Mr G Argent	Divisional Manager, Estates and Facilities
	Mr I Badger	Divisional Medical Director, Division 1
	Ms R Baker	Head Nurse – Division 2
	Mr M Cooper	Director of Infection Prevention and Control
	Dr J Cotton	Director of Research and Development
	Ms M Espley	Director of Planning and Contracting
	Mr M Goodwin	Head of Estates Development
	Mr L Grant	Deputy Chief Operating Officer, Division 1
	Ms D Hickman	Head of Midwifery
	Mr T Powell	Deputy Chief Operating Officer, Division 2
	Dr D Rowlands	Lead Cancer Clinician
	Dr B M Singh	Lead Clinician, IT
	Mr K Stringer	Chief Finance Officer
In Attendance:	Ms L Myatt	Head of Patient Access
	Ms D Pugh	Deputy Head of Human Resources
	Mr A Sargent	Trust Board Secretary
Apologies:	Ms D Harnin	Director of Human Resources
	Mr D Loughton CBE	Chief Executive
	Ms Z Young	Head Nurse, Division 1

Minute		Action
13/201	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
13/202	**MINUTES** **IT WAS AGREED: That the minutes of the meeting of the Trust Management Team held on Friday 21 June 2013 be approved as a correct record.**	

13/203	**MATTER ARISING – MORTALITY (13/196)** In the absence of Dr Odum it was not possible to give an update on actions proposed or taken to improve the capture of co-morbidity data. This matter would be reported to the September meeting.	**KS/JO**
13/204	**ACTION POINTS** With regard to the Business Case for the provision of a Fibroscan System for chronic liver disease, it was noted that the matter would be reconsidered by the Commissioning Committee of the WCCG very soon, and it was hoped that the matter would be resolved to the satisfaction of this Trust at that time. **IT WAS AGREED: that the Action Points list be noted.**	
13/205	**INFECTION PREVENTION – QUARTERLY REPORT** Dr Cooper introduced the quarterly report on Infection Prevention, and said that overall the Trust was meeting its internal and external performance targets regarding Infection Prevention, but that it had been disappointing to record four cases of C.*difficile* over a period of four days, after a long period without any being reported. He underlined the need for compliance with mandatory training on antimicrobial prescribing, hand hygiene and infection prevention which were still below the NHSLA target of 95%. In response to a question by Ms Etches, Dr Cooper said that there had been considerable effort over a long period of time in respect of achieving the target on antimicrobial prescribing, and that the Trust had previously met the target in respect of hand hygiene training; therefore he believed it could be done again. He said that members of staff would be followed up as soon as they registered as amber (for elements of their outstanding mandatory training) and that it would no longer be the case that the Trust would wait until they presented as red on the training returns. Dr Cotton asked whether the data included staff who were on sabbatical or long term leave. Dr Cooper replied that in cases where the training department was aware of a sabbatical or long term leave, then staff would be removed from the database until they returned to work. Dr Singh suggested that individuals who had not undergone the training mentioned in this report were likely to have training outstanding in other topics as well, and that such members of staff should be vigorously followed up. Mr Badger suggested that there were some individuals who did not receive induction training and that in such cases it usually proved difficult for them to do the mandatory training at a later date. However, he had found that most people eventually did complete their training and were willing to do so. He asked whether it would be possible to send emails to remind people who had not been trained and to follow this up through formal process for the hard core of staff who did not comply with the mandatory training requirements. Mr Goodwin said that his department alerted staff two months before they were due to be registered as amber on the	

	training database. **IT WAS AGREED**: **that the quarterly report on Infection Prevention be noted.**	
13/206	**<u>THE INTEGRATED ELECTRONIC PATIENT MEDICAL RECORD</u>** Dr Singh guided the Team through the quarterly report on progress towards implementing the Integrated Electronic Patient Medical Record project. He drew out the highlights of the report and mentioned a number of the risks associated with the proposals. **IT WAS AGREED: that the quarterly report on the Integrated Electronic Patient Medical Record be noted.**	
13/207	**<u>DIVISION 1 - GOVERNANCE REPORT</u>** Mr Badger presented the Governance Report for Division 1 **IT WAS AGREED**: that the Governance Report for Division 1 be noted.	
13/208	**<u>DIVISION 1 – NURSING AND MIDWIFERY REPORT</u>** Mr Badger submitted the monthly Nursing and Midwifery report for Division 1. **IT WAS AGREED: that the monthly Nursing and Midwifery report for Division 1 be noted.**	
13/209	**<u>MATERNITY REPORT</u>** Ms Hickman introduced the monthly Maternity Report, and advised that staffing levels continued to impact upon activity and capacity, and that due to the level of challenge which this was presenting the Division, this matter now featured on the divisional risk register. She added, however, that plans had been drawn up to address a number of the issues. **IT WAS AGREED: that the monthly Maternity Report be noted.**	
13/210	**<u>BUSINESS CASE FOR CONSULTANT ANAESTHETIST POST WITH SPECIAL INTEREST IN CHRONIC PAIN WITHIN CRITICAL CARE SERVICES</u>** Mr Badger introduced a business case for replacing a Consultant who had resigned from his post. In response to questions, Mr Badger confirmed that the unexpected resignation had been tendered at the end of May, and that the Consultant would leave the Trust at the end of July. Ms Espley confirmed that the business case had been approved at the Contracting and Commissioning Forum in	

	June. **IT WAS AGREED: that the business case for a replacement Consultant Anaesthetist Post with a Special Interest in Chronic Pain, within Critical Care Services, be approved.**	
13/211	**BUSINESS CASE FOR REPLACEMENT CONSULTANT CARDIOTHORACIC SURGEON AND ADDITIONAL CARDIAC ACTIVITY** Mr Badger presented a business case for a replacement Consultant Cardiothoracic surgeon, and explained that the opportunity was being taken to establish additional cardiac capacity which could generate income by attracting patients from other areas. Responding to Ms Baker's question about the need for another Ward Receptionist, Mr Badger indicated that this was necessitated by the geography of the ward which would make it difficult for one receptionist to cope. Ms Espley confirmed that the business case had been approved at the Contracting and Commissioning Forum in June. **IT WAS AGREED: that the business case for a replacement Cardiothoracic Surgeon and additional Cardiac activity be approved in principle, subject to obtaining the approval of the Specialised Services Commissioner.**	
13/212	**BUSINESS CASE – REORGANISATION OF CATHETER LABS AND CARDIOLOGY DAY WARD** Mr Badger submitted a business case for the reorganisation of Catheter labs and the Cardiology Day Ward which he said should improve the overall efficiency of the labs, increase patient productivity, and improve the patient pathway. Ms Espley said that the Contracting and Commissioning Forum had requested further information on how the proposals would support efficiencies and service improvements and how these could be linked to the Patient Productivity CIP. Mr Lewis said that the business case presented a real opportunity to change that patient pathway for the better. Dr Cotton spoke strongly in support of the proposals. It was noted that there were no financial details attached to the business case, and it was suggested that it should be deferred until these were available. **IT WAS AGREED: that the business case for the reorganisation of Catheter Labs and Cardiology Day Ward be approved in principle, and that the matter be brought back to the September meeting with the financial pro forma completed, and that in the meantime every effort be made to obtain approval from the commissioners in order that the proposals can be implemented promptly after the September meeting.**	
13/213	**BUSINESS CASE – PET CT SCANNER** Mr Badger highlighted the salient points in the business case for replacing the existing PET CT service at the Alliance Medical PET	

	Centre at the University Hospital Birmingham with a mobile service provided at this Trust. Ms Espley indicated that the proposals had been approved by the Contracting and Commissioning Forum, subject to approval by the Commissioner. **IT WAS AGREED: that the business case for the provision of a PET CT Scanner at RWT be approved in principle, subject to obtaining approval from the Commissioner.**	
13/214	**NURSING AND QUALITY REPORT – DIVISION 2** Ms Baker presented the monthly Nursing and Quality report for Division 2, highlighting that there had been no new red complaints and no new red/open red and high amber risks during the period under review. She said that the Division had 14 grade 3/4 pressure ulcers during June all of which had been subjected to the usual review processes. **IT WAS AGREED: that the Nursing and Quality report for Division 2 be noted.**	
13/215	**DIVISION 2 – GOVERNANCE REPORT** Ms Baker drew out the salient points from the Governance report from Division 2, and again highlighted that there had been no new red complaints or new/open red and high amber risks during the period under review, during which there had been a total of 19 STEIS reportable incidents. Six of these incidents had been identified and subsequently closed with the month. **IT WAS AGREED: that the monthly Governance report from Division 2 be noted.**	
13/216	**PROVISION OF A LEAD ASTHMA RESPIRATORY CONSULTANT** Mr Powell presented the business case for the recruitment of a Respiratory Consultant to lead on the implementation of a Tertiary Asthma service in the Black Country and Staffordshire, to enable the appropriate, specialised management of asthma patients, to enable the reduction of unnecessary admissions, and reduce the length of stay in hospital. Dr Singh asked whether in connection with this proposal there had been a review and consultation over reconfiguration of existing consultants' job plans. Mr Powell indicated that consultant job plans had been re-written within the Division, without any detrimental impact on capacity management in the other areas from which PA activity had been taken. Ms Espley added that the proposals had been approved by the Contracting and Commissioning Forum, and now required the approval of the Commissioner. **IT WAS AGREED: that the business case for a Respiratory Consultant to lead on a Tertiary Asthma service be approved, subject to endorsement by the Commissioner.**	

13/217	**INTEGRATED QUALITY AND PERFORMANCE REPORT.** Ms Etches introduced this report and highlighted the matters raised within the Executive Summary. Mr Powell requested the meeting to note that the first ever 12 hour breach in A & E had occurred during June. Mr Stringer highlighted the contractual implications of certain aspects of the performance described in the report, and advised that penalties had been applied in a number of instances. **IT WAS AGREED: that the monthly Integrated Quality and Performance Report be noted.**	
13/218	**FINANCIAL POSITION OF THE TRUST AT THE END OF MONTH 3 (JUNE 2013)** Mr Stringer submitted the report on the financial position of the Trust at the end of June 2013. He drew attention to the fact that the Income and Expenditure Plan submitted to the TDA by the end of March contained certain figures which were different to those in the current Trust Plan, which reflected developments since 1 April. He went on to report that the Trust's surplus at the end of June was £1.273M, which was £111,000 above plan. He highlighted that there was a potential loss of around £0.5M relating to Best Practice Tariff income, which was under review at Divisional and Directorate level to ensure that the Trust achieved as much income as possible from this source. He went on to summarise the expenditure position in Division 1 and Division 2, and emphasised that the most significant challenge facing the Trust continued to be achieving the Cost Improvement Plan target for 2013/14. Mr Argent noted the link between achieving CIP and the ability to continue with capital investment across the Trust. Mr Stringer emphasised that the capital programme was funded from surpluses, and that failure to achieve surpluses would lead to the capital programme being reviewed and redefined. In response to a question by Dr Singh, Mr Stringer confirmed that the Cost Improvement Plan target included a carry-over of £6.54M brought forward from 2012/13. Dr Singh stressed the need for senior clinical leads to understand the implications of what was in the report, particularly regarding the Cost Improvement Plan, and suggested that some clinicians felt distant from this particular matter. Whilst there had been plenty of discussion of this at and outside TMT, Mr Stringer agreed to consider whether the headlines needed to be cascaded down the organisation below Clinical Director level. **IT WAS AGREED: that the report on the financial position of the Trust at the end of June 2013 be noted.**	**KS/ME**
13/219	**CAPITAL PROGRAMME 2013/14 – MONTH 3 PROGRESS REPORT** Mr Goodwin presented the monthly progress update on the delivery of the Capital Programme, and drew attention to the projected potential over-commitment of £4,459,555 as at month 3. He said that this was the subject of approaches for funding from other sources, and if that additional funding was not thus secured, steps	

	would have to taken to bring the programme back into balance. **IT WAS AGREED: that the monthly progress report on the Capital Programme 2013/14 be noted.**	
13/220	**DELIVERY OF ESTATES STRATEGY 2009/10 – 2018/19 – QUARTER 1 PROGRESS UPDATE** Mr Goodwin submitted the quarterly update on delivery of the Estates Strategy. **IT WAS AGREED: that the report on the delivery of the Estates Strategy during quarter 1 2013/14 be noted.**	
13/221	**ICT 5 YEAR STRATEGY** Mr Stringer submitted the updated ICT five year Strategy which had been completed following significant input from internal and external staff and partners. It was intended to formally update the Strategy at least twice a year, with a formal report on progress being submitted annually. Dr Singh added that the Strategy attempted to align ICT developments with the Trust's Strategic Objectives. He pointed out that if the Integrated Electronic Patient Record was functioning properly, it would demonstrate that a number of other crucial streams of work and building blocks had been successfully put into place. Ms Etches emphasised the need for this document to thoroughly owned and understood right across the organisation. Mr Badger underlined the need to get the basics right, citing the need for adequate numbers of computers in clinical areas, and warned that, if the basics were not in place, clinics and theatre work would seize up with serious consequences for the organisation. It was noted that a report would be submitted to the next meeting with further information on an action plan and criteria to be used for allocating the limited resources available in connection with the Strategy. **IT WAS AGREED: that the ICT 5 year Strategy be approved.**	**Dr Singh**
13/222	**HEALTH AND WELL BEING STRATEGY – PROGRESS** Ms Pugh introduced the progress report on the implementation of the Health and Well Being Strategy. **IT WAS AGREED: that the progress report on the Health and Well Being Strategy be noted.**	
13/223	**UPDATE REPORT FROM THE DIRECTOR OF HUMAN RESOURCES** Ms Pugh drew out the highlights of the general update from the	

	Director of Human Resources, and told the meeting that the NHS Employers had notified this Trust that it was regarded as achieving good practice in respect of Sickness Management. She also reported that the Pay Progression Policy had been revised and would be submitted for approval at Workforce Assurance Group next week. Mr Stringer asked whether any further progress had been made following a national announcement that automatic incremental payments would be abolished. Ms Pugh said that there had been no further information for HR managers so far. Mr Stringer highlighted the situation whereby the Trust was liable to incur additional costs of approximately £400,000 compared to the same period last year, due to certain staff, such as bank doctors and nurses, being contracted into the NHS superannuation scheme unless they specifically requested not to be. He said that Payroll were currently analysing the situation within the organisation; there was a process whereby employees would be warned two months in advance that they would be contracted in, unless they requested not to be. The additional costs were related to employer's on-costs in such situations. Mr Powell referred to discussions regarding re-charges for staff who spent time at other Trusts and Mr Stringer indicated that this needed to be added to the risk register. **IT WAS AGREED: that the general update report from the Director of Human Resources be noted.**	**KS**
13/224	**RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS** **IT WAS AGREED: that the monthly report on Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas be noted.**	
13/225	**NHSLA GENERAL STANDARDS – BASELINE POSITION** Ms Etches presented a report which updated the meeting on the position in relation to work planned towards NHSLA general standards level 3. She mentioned in particular the need to make significant progress in respect of the live health record checks. Mr Powell noted the scores related to e-discharge letters being sent from Division 2 to GPs, and asked why this appeared as mainly red and amber given the progress known to have been made in respect of e-discharge. It was agreed that the RAG-ratings in the report should be given further consideration outside the meeting. Mr Stringer questioned the reportedly low compliance in respect of DNAR shown in appendix 2. Ms Etches replied that the figures had been verified at Directorate level, which confirmed that DNAR still required significant improvement. **IT WAS AGREED: that the monthly update on the NHSLA General Standards – Baseline Position be noted.**	**CE/TP/DEV SINGH**

13/226	**SUPPORT FOR THE DELIVERY OF THE IMPROVED CONTINENCE PATHWAY CQUIN** Ms Etches introduced a business case for the secondment of a Band 6 Nurse for 9 months to provide education and audit relating to the improved Continence Pathway CQUIN. Ms Espley confirmed that this had now been approved by the Contracting and Commissioning Forum and that resources had been identified for the secondment. **IT WAS AGREED: that the business case for the secondment of a band 6 nurse for a period of 9 months in connection with education and audit for the improved Continence Pathway CQUIN be approved.**	
13/227	**TRUST WIDE SURGICAL SITE INFECTION SURVEILLANCE AND CHLORAPREP.** Ms Etches presented a report setting out a business case for continuing a Trust-wide Surgical Site Infection Surveillance project. She referred to the benefits of the project so far, particularly the significant reduction in infections. The evidence suggested that the difference was made by the work of the team rather than the use of ChloraPrep. In response to a question by Mr Stringer, Dr Cooper said that the emphasis now was on continuing to support the team. Mr Badger made reference to the way in which surgical site surveillance had contributed to patients' safety and enhanced the reputation of the Trust. He added that very high numbers needed to be treated with ChloraPrep to justify its use. **IT WAS AGREED: that the business case to continue the Surgical Site Infection Surveillance project be approved.**	
13/228	**DVT AND PE PATHWAYS** Ms Etches submitted a report which sought approval to introduce amended pathways in order to meet NHSLA targets. Mr Badger requested that the final bullet point relating to point "symptoms and signs" for Deep Venous Thrombosis (DVT) be amended to read that patients with phlegmasia caerulea dolens will be referred to the on call vascular team (not the surgical team). Ms Etches undertook to incorporate this change. **IT WAS AGREED: that the full DVT Pathway, and the clinical risk stratification sheet for PE as outlined in the report, be approved.**	**CE/IB**
13/229	**PATIENT EXPERIENCE STRATEGY 2014 -2017** Ms Etches drew out the salient points contained in the updated	

	Patient Experience Strategy. **IT WAS AGREED: that the updated Patient Experience Strategy 2014-2017 be approved.**	
13/230	**NURSING, MIDWIFERY AND HEALTH VISITING PROGRAMME 2012-2014** Ms Etches presented a report which updated the Team on the work being undertaken by the Nursing and Quality Directorate in respect of the Nursing, Midwifery and Health Visiting Programme 2012/14. **IT WAS AGREED: that the progress report on the Nursing, Midwifery and Health Visiting Programme 2012/14 be noted.**	
13/231	**GOVERNANCE COMMITTEE STRUCTURE** Ms Etches introduced a report on the proposed sub-board Committee Structure together with the draft terms of reference for the Trust Management Committee (which would be the new name for the current TMT). In response to Mr Goodwin's question about which of the existing groups at tier 3 would continue, and if so to which body would they report upwards, Ms Etches said that the Head of Governance would speak to the Chairs of these of tier 3 meetings to clarify the way forward. **IT WAS AGREED: that the proposed terms of reference and membership of the Trust Management Committee be approved**.	**CE/M Arthur**
13/232	**REVIEW OF RISK MANAGEMENT REPORTING AND PATIENT SAFETY POLICY** Ms Etches presented proposed additions and amendments to the Risk Management Reporting and Patient Safety Policy. It was pointed out that one or two terms still needed to be amended, for example SHA to be replaced by LAT. **IT WAS AGREED: that the revised Risk Management Reporting and Patient Safety Policy be approved, subject to a final check that all terminology is correct.**	**CE**
13/233	**EMERGENCY PREPAREDNESS QUARTER 1 REPORT** Ms Espley submitted the report on Emergency Preparedness for quarter 1 2013/14, and highlighted proposed changes to the Emergency Preparedness Strategy. She added that the Strategy had just been triggered due to a level 3 heat wave alert from 18 July, and that there had been an overall positive response across the	

	organisation to this alert, with just 1 or 2 areas of improvement required particularly having regard to patient comfort both in hospital and in community settings. **IT WAS AGREED: that the Emergency Preparedness activities undertaken for quarter 1, 2013/14 as outlined in the report be noted, and that the revised Elegancy Preparedness and Resilience Strategy be approved.**	
13/234	**CONTRACTING AND COMMISSIONING UPDATE** Ms Espley submitted the quarterly update on Contracting and Commissioning issues. She drew attention in particular to the Best Practice Tariff set out in appendix 1 and underlined the point made by Mr Stringer earlier in the meeting regarding the need to maximise income through these Tariffs. She requested that the information be cascaded throughout departments and divisions, and confirmed that Elaine Williams and Jane Lawrence would be available to talk to teams on how to engage with the issue most effectively. **IT WAS AGREED: that the quarterly update on Contracting and Commissioning matters be noted.**	
13/235	**REPORT OF THE CHANGE PROGRAMME BOARD** Ms Espley submitted the monthly report on the Change Programme Board. She said that although now in month 4 of the financial year, there remained a sum of approximately £6M to be identified for 2013/14 (from the total CIP for the year of £21.28M), which was a matter of concern. She also indicated that every scheme identified as amber would be reviewed in order to gain greater understanding of the end of the year forecast. **IT WAS AGREED: that the monthly report on the Change Programme Board be noted.**	
13/236	**RESEARCH AND DEVELOPMENT DIRECTORATE REPORT** Dr Cotton submitted the monthly report on Research and Development. He said that the majority of targets were being met, and the year so far had been marked by good levels of recruitment to studies. He then informed the meeting that major drives were underway in relation to embedding KPIs and performance within the Divisions, trying to establish Wolverhampton Research (which would be the subject of a further report), and making a bid to host the West Midlands Local Research Network. **IT WAS AGREED: that the monthly report on the work of the Research and Development Directorate be noted.**	
13/237	**REVALIDATION OF MEDICAL STAFF** **IT WAS AGREED: that the progress report on the management**	

	of medical appraisal and revalidation be noted.	
13/238	**UPDATE ON EMERGENCY CENTRE** Mr Goodwin reported that the Strategic Outline Case would be considered by Trust Board on 22 July, prior to submission to the Trust Development Agency, and that the Outline Business Case was due to be submitted to the Trust Board in September. He mentioned that the revenue affordability for the scheme remained a major issue, and that it was currently projected that the Trust would move from its present surplus position to a deficit position around 2015, when the new facility was due to open. Challenge meetings had already been held with divisional teams to examine the situation. **IT WAS AGREED: that the oral update on the proposed new Emergency Centre be noted.**	
13/239	**POLICIES FOR APPROVAL** **IT WAS AGREED: that the following policies be approved:** • HR11 – Protection of Pay and Conditions of Service Policy • Non-Elective Surgery Policy • IP03 – Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organisms • Control and Management of Transmissible Spongiform Encephalopathies, including Creutzfeldt Jacob Disease (CJD) policy • IP17 Prevention and Control of Tuberculosis in the Hospital Setting.	
13/240	**RISKS (STANDING ITEM)** At this juncture, opportunity was given for those present to identify any further risks for inclusion on a risk register. No additional risks were so identified.	
13/241	**ANY OTHER BUSINESS** **1. Update on Foundation Trust** In response to a question by Dr Singh, Mr Stringer said that a board to board meeting with the TDA was due to be held on 16 August. The Integrated Business Plan had been finalised and submitted to the TDA. He explained that this was an essentially a private document between the Trust and the TDA but that, in response to a request by Dr Singh, a presentation on this document could be given to the Trust Management Committee in September in order to deepen understanding. He added that if the board to board on 16 August went well, the process with Monitor would be reactivated, following which that organisation would attend this site over a period of 3 months, and that the earliest possible date for authorisation as	**KS**

	an FT would be 1 February 2014. **2. Mid Staffordshire Foundation Trust** In response to a request for an update by Dr Singh, Mr Stringer indicated that the consultation document had been prepared by the Trust Special Administrator and Monitor's response would be published on 31 July, with public consultation commencing in August. **3. CQC inspection** Ms Etches reported that the forthcoming full CQC inspection of the Trust had recently been announced. The organisation was, in any event, due for a full inspection visit in the near future, and this inspection was expected to take place sometime between August and December.	
13/242	**DATE AND TIME OF NEXT MEETING** It was noted that the next meeting was due to be held on Friday 20 September 2013 at 1.30pm in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.	

The meeting closed at 3.35pm.