CHAIRMAN'S SUMMARY REPORT

This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee.

Name of Committee/Group:	Trust Management Team
Report From:	Chief Executive
Date:	23.11.12
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 an **additional consultant orthopaedic surgeon** with a specialist interest in upper limb work. In 2011/12 the PCT commissioned 177 cases non-recurrently. It was estimated that there would be a 50/50 split between in-patient and day cases, and a business case was successfully submitted and funded non recurrently for this work to be delivered via initiative lists. The case mix proved to be incorrect and a much higher number of major inpatient cases were undertaken. Capacity was planned in line with the predicted case mix and therefore the capacity planned was insufficient for the number of major cases. The daily monitoring of slots for outpatient specialties shows that upper limb continues to be a pressure point compared to the other sub-specialties. ▪ Supported the business case for the replacement of essential **catheterisation equipment for the Catheter Suites in the Heart and Lung Centre**. The equipment in use currently was purchased seven years ago and the pattern and intensity of usage is now significantly different to what it was then. The equipment is outdated and cannot support the latest software

	which is required for providing the level of service now expected. ▪ Approved a **proposal to test for Norovirus in-house** for a trial period. If, after evaluation, the trial is considered to have worked well, a business case will be submitted to the Infection Prevention and Control Committee for the Trust routinely to test for Norovirus in future, rather than have this work done off-site. ▪ Received and discussed the **Patient Experience Annual Report 2011/12**. This wide-ranging report included progress updates on, among other things, the Trust Volunteer Service, the development of Healthwatch, Patient Surveys, the Friends and Family Test, Working with Governors, and the work of PALS. It also signalled a review of the existing policy on the use of interpreting and translation services. ▪ Approved the business case for the **Automated Number Plate Recognition System** which was installed in connection with the introduction of staff car parking charges from 1 October 2012. ▪ Considered and approved the business case for **roof replacement works at the Women's Unit.** This work was identified in the 2008 Backlog Maintenance Survey Report, and can be tackled now that the additions and refurbishments to the roof-top plant areas have been completed. ▪ Received and approved a business case for the secondment of a Band 7 nurse until the end of March 2013 to review patients with long term urethral catheters (approx. 250 patients), and a part time Band 6 nurse, also until the end of March 2013, to lead the delivery of education in catheter policy and protocol, all in connection with the **Catheter Safety CQUIN**. ▪ Considered and approved a business case for the provision of **snacks to in-patients** for a trial period of three months. This relates to the need to comply with National Standards, which state that all patients in England should be provided with snacks on two occasions per day. The funding agreed will provide all inpatients with a choice of two snacks per day, and is expected to lead to improved nutritional uptake, and improved quality of care and patient experience.
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
NHS Trust

Minutes of the Meeting of the Trust Management Team

Date:	Friday 23 November 2012	
Venue:	Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital	
Time:	1.30 p.m.	
Present:	Mr. D. Loughton CBE	Chief Executive (Chair)
	Mr. I. Badger	Divisional Medical Director, Division 1
	Dr. M. Cooper	Director of Infection Prevention and Control
	Dr. J. Cotton	Director of Research and Development (part)
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches OBE	Chief Nursing Officer
	Mr. M. Goodwin	Head of Estates Development
	Dr. S. Kapadia	Divisional Medical Director, Division 2
	Ms. G. Nuttall	Chief Operating Officer
	Dr. J. Odum	Medical Director (part)
	Ms. S. Roberts (on behalf of Mr. G. Argent)	Head of Hotel Services
	Ms. Z. Young	Head Nurse, Division 1
In Attendance:	Ms. M. Henriques-Dillon (part)	
	Ms. D. Wilding	Deputy Director of Human Resources
	Ms. E. Williams	Deputy Director of Finance
	Mr. A. Sargent	Secretary to the Trust Board
Apologies:	Mr. G.P. Argent	Divisional Manager, Estates and Facilities
	Ms. R. Baker	Head Nurse, Division 2
	Mr. L. Grant	Deputy Chief Operating Officer, Division 1
	Ms. D. Harnin	Director of Human Resources
	Ms. D. Hickman	Head of Midwifery
	Mr. T. Powell	Deputy Chief Operating Officer, Division 2
	Dr. D. Rowlands	Lead Cancer Clinician
	Mr. K. Stringer	Chief Financial Officer

Minute		**Action**
12/310	**DECLARATION OF INTERESTS** There were no declarations of interest.	
12/311	**MINUTES OF THE MEETING HELD ON FRIDAY 26 OCTOBER 2012** **IT WAS AGREED: that the minutes of the meeting of the Trust Management Team held on Friday 26 October 2012 be approved as a correct record.**	

Minute		Action

12/312 **MATTERS ARISING FROM THE MINUTES**

There were no matters arising from the Minutes of the previous meeting.

12/313 **ACTION SUMMARY**

The following updates were received:

- 12/259 Winter Pressure – Resources required

  Ms. Espley reported that of fourteen bids made to the CCG for non-recurrent funding associated with winter pressures, six had been agreed, but that social work capacity was not among them. However, there had more recently been a number of issues around the availability of social care support to step-down beds, which may lead the CCG to reconsider its position on the bid relating to social work capacity.

- 12/153 NHSLA General Standards Progress – DNAR

  It was agreed that this matter could now be closed down.

IT WAS AGREED: that the Action Summary be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

Division 1

12/314 Governance Report

Mr. Badger highlighted the key points in the monthly Governance Report for Division 1.

IT WAS AGREED: that the Governance Report for the Surgical Division be noted.

12/315 Nursing, Midwifery and Quality Report

Ms. Young presented the monthly Nursing, Midwifery and Quality Report for the Surgical Division, and indicated that as of last week there had been forty-five deliveries in the MLU.

IT WAS AGREED: that the monthly Nursing, Midwifery and Quality Report from the Surgical Division be noted.

Minute		Action
12/316	Business Case for the Recruitment of an additional Consultant with a Specialist Interest in Upper Limb work Mr. Badger submitted the Business Case for the recruitment of an additional Consultant Orthopaedic Surgeon with a special interest in Upper Limb work. The background to this Business Case was that in 2011/12 the PCT commissioned 177 cases non-recurrently. It was estimated that these would be a 50/50 split between inpatient and day cases, and a Business Case was successfully submitted and funded non-recurrently for this work to be delivered via initiative lists. However, the case mix proved to be incorrect and a much higher number of major inpatient cases were undertaken. Capacity had been planned in line with the predicted case mix and therefore proved insufficient for the number of major inpatient cases undertaken. The daily monitoring of slots for out-patient specialties showed that upper limb continued to be a pressure point compared to the other sub-specialties. On average, five to six cases could be undertaken on a four hour list, whereas only two major cases could be undertaken within the same four hour period. Mr. Badger indicated that the income generated by the work was estimated to be £797,000. Ms. Williams confirmed that a sum of money had been held in reserves for this Business Case. Ms. Espley said that there was a potential financial risk next year, linked to the Trauma and Orthopaedic Pathways which required further detailed analysis, however the case had been presented to the Contracts and Commissioning Forum, and Finance had confirmed that the funds were identified. Responding to a question by Ms. Etches, Ms. Young confirmed that she was content with the level of nursing resources within the Division to support this work. **IT WAS AGREED: that the Business Case for the Recruitment of an additional Consultant Orthopaedic Surgeon with a specialist interest in Upper Limb work, be approved.**	
12/317	Business Case for MacLab Equipment for the Cardiac Catheter Suite Mr. Goodwin presented the Business Case for the replacement of essential catheterisation equipment for the Catheter Suites in the Heart and Lung Centre. He indicated that the equipment was included within the capital programme 2012/13. It was noted that the equipment currently in use was purchased seven years ago and the pattern and intensity of usage was now significantly different to what it had been then. The equipment was outdated and incapable of supporting the latest software which was required to provide the expected level of service.	

Minute		Action
	IT WAS AGREED: that the Business Case for the replacement of essential MacLab equipment for the Cardiac Catheter Suites in the Heart and Lung Centre be approved.	
	Division 2	
12/318	Governance Report	
	Dr. Kapadia presented the monthly Governance Report for the Emergency, Medical and Community Services Division (Division 2), providing details of new Serious Untoward and STEIS reportable incidents. He drew attention in particular to a new amber incident (2898) which referred to patients having to wait in ambulance off-load areas to be seen in A & E. He pointed out that this had been a significant issue over the last several weeks and cited, by way of example, an occasion when nine patients were waiting on the corridor. This raised risks regarding patient safety, experience, privacy, dignity and comfort. Ms. Nuttall assured the meeting that the situation was being managed pro-actively on a daily basis and the level of risk was also reviewed daily. In this regard, the agreement with the Hospital Ambulance Liaison Officer was vital. A nurse was employed to look after patients who were waiting in the off-load area pending treatment.	
	In response to a question by Mr. Loughton, Dr. Kapadia confirmed that the percentage of patients who were seen and then admitted was still in the mid to high teens. Mr. Loughton requested that the 85%, or thereabouts, of patients who were not admitted to the Hospital should be audited over the period of one week to gain a better understanding of the patterns of attendance of this group. Ms. Nuttall said that the West Midlands Ambulance Service was undertaking its own audit which was expected to inform its review of staff numbers to ensure it would be able to cope with the current patterns of demand.	**GN/TP**
	Ms. Nuttall informed the meeting that the West Midlands Ambulance Service had very recently forecast that the number of patients being brought to this and similar organisations was likely to increase by 20% during December. Mr. Loughton questioned the advice being given by central control to ambulance crews in respect of the destinations of the people who had requested their assistance. He underlined the risk of there being no emergency ambulances available if demand continued to increase and patients were not transferred from ambulance to hospital in a timely way. He noted that the co-ordination between central control and ambulance crews was vitally important and asked for clarification about the advice which came from central control to the crews, and what scope the crews had for substituting their own judgement in each case.	

Minute		Action
	IT WAS AGREED: that the Governance Report for the Emergency, Medical and Community Services Division be noted.	
12/319	Nursing and Quality Report **IT WAS AGREED: that the monthly Nursing and Quality Report for the Emergency, Medical and Community Services Division be noted.**	
12/320	Proposal for the Management of the Hospital at Night Ms Henriques-Dillon attended the meeting for this item, and gave a PowerPoint presentation on proposals to develop the Hospital at Night project. She outlined the proposed model which would support the Hospital out of Hours and not focus purely on Hospital at Night. The model would integrate roles, services and technology, maximise resources, strengthen clinical governance arrangements and clarify accountability and responsibility. She said that at present each department had secured its own individual arrangements to support their services out of hours, and therefore there was a lack of coherence across the entire organisation. She summarised the risks of continuing with the status quo. Responding to Dr. Odum's question about what would be provided in the model, Ms. Henriques-Dillon confirmed that this would be available in detail at the next stage. She went on to explain, in response to further questions, that in respect of night visiting one trained nurse presently covered the whole City (supported by Local Authority staff) and was available (to telephone) if colleagues had any problems. Ms. Young noted that the model might offer additional professional support for workers across the City compared to the present arrangement. Ms. Henriques-Dillon emphasised that critical to the success of a new model was improved communications out of hours to ensure that messages were sent and received by nurses much faster than at present. Ms. Etches asked whether medical provision was included within the scope of the exercise; Ms. Henriques-Dillon answered in the affirmative. Mr. Loughton asked about the timescale for the outline Business Case and Ms. Henriques-Dillon said that it was expected to be ready by the end of January or early February. Dr. Kapadia said that it was not yet clear whether VitalPac could be used to develop a bespoke service or whether another agency would have to be requested to undertake this work on behalf of the Trust. Dr. Odum noted that another local hospital was using the VitalPAC system to link through to i-bleeps. Dr. Kapadia acknowledged the desirability of developing that arrangement and that further work with IT would be required in respect of the development of VitalPac. Ms. Etches asked whether the organisation would sign up to the implications of this model, which involved having the right numbers of night nurse practitioners.	

Minute		Action
	Ms. Young asked whether medical staff should be included in this work stream. Dr. Kapadia said that they should in principle, but there were issues with the Deanery about what would be acceptable from a training point of view. He acknowledged that the Trust had not previously had the nursing or IT capacity to deliver on this sort of model. Dr Odum asked whether the project working group included a medical representative or someone from IT. **IT WAS AGREED: that further work to develop the Hospital at Night Project through the three work streams (clinical role, site management and information technology) be continued in order to develop an outline Business Case by January 2013.**	
	REPORT OF THE CHIEF OPERATING OFFICER	
12/321	Performance Report Ms. Nuttall presented the monthly report on Operational Performance, and highlighted the following points in particular: • Progress had been made in recruiting to the post of Specialist Nurse – Learning Disabilities; with the Local Authority's input, applicants had been shortlisted for interview in the near future. • A & E performance (including walk-in centre performance) had deteriorated in November compared to October with the risk that the 95% target would not be achieved for the quarter. • Regarding the percentage of GPs who received correspondence within twenty-four hours of discharge, November performance, as of last week, had risen to over 70%: the Trust had now signed an agreement with the WCCG regarding sanctions for future breaches. • There remained concerns over the elective and non-elective lengths of stay, and Ms. Nuttall indicated that although the situation might appear good by comparison with a number of Trusts elsewhere in the West Midlands, internally there was considerable pressure and investigations were continuing to discover the reasons why certain specialties were higher and what more could be done to manage the situation effectively. It was clear that the Cancer Directorate had identified a new drugs regime which was causing patients to stay in the Hospital longer than before, but the wider picture was still unclear. Mr. Loughton requested Ms. Nuttall to inform him, after the meeting, of any further information available on this point.	**GN**

Minute		Action
	IT WAS AGREED: that the monthly Operational Performance Report be noted.	
12/322	Trust's Strategic Goals update 2012/13 – Quarter 2 Ms. Nuttall submitted the Quarter 2 assessment against the business outcomes contained within the Trust's Annual Plan for 2012/13. **IT WAS AGREED: that the Quarterly update on performance against the Trust's Strategic Goals 2012/13, be noted.**	
	REPORT OF THE CHIEF FINANCIAL OFFICER	
12/323	Financial Position of the Trust as at the end of Month 7 (October 2012) Ms. Williams presented the monthly report on the Financial Position of the Trust, and highlighted that at the end of October the Trust's surplus was £4,592,000, which was £77,000 above plan. There had been an over performance on income, amounting to £3,483,000, and a deterioration on expenditure (excluding CIP) of £708,000 in month. She said that there remained concerns over the progress of the Cost Improvement Programme. She also indicated that the cash balance was £20,397,000, which was above plan at the end of October. She confirmed that both Divisions had agreed their year-end positions and were being managed against the agreed action plans. **IT WAS AGREED: that the report on the Financial Position of the Trust at the end of October 2012, be noted.**	
	OTHER BUSINESS CONSIDERED AT THIS POINT IN THE MEETING (Mr. Loughton requested that two matters of "Any Other Business" be dealt with at this juncture, because Dr. Cotton and Dr. Odum would shortly have to leave the meeting to attend other appointments).	
12/324	Visit of Dr. J. Sheffield, National Institute of Health Research Dr. Cotton outlined the purpose of a recent visit to the Trust by Dr. Jonathan Sheffield of the National Institute of Health Research at which he had received a presentation on how the Trust had used research money. Dr. Cotton explained that the arrangements for the bidding and funding for research was being changed and the Trust needed to consider whether to make a bid to be a host organisation.	

Minute		Action
	Mr. Loughton highlighted the strengths of the research work undertaken in the Trust and stressed the need for both Divisions to continually monitor and measure clinical trials to ensure that they took place on time and on target. Dr. Odum said that it would be important to raise the profile of research and development across the Directorates as a performance issue. Mr. Loughton requested Dr. Odum, Dr. Cotton, Dr. Kapadia and Mr. Badger to take this work forward in order to strengthen the Trust's position with regard to making a bid to be a host organisation in 2013.	
12/325	Update on discussions regarding Mid-Staffordshire NHS Foundation Trust Dr. Odum reported on the progress of recent discussions regarding the future of services provided by Mid-Staffordshire NHS Foundation Trust, and the possible implications for this organisation. (At this point in the meeting, Dr. Cotton and Dr. Odum left)	
	REPORT OF THE CHIEF FINANCIAL OFFICER	
12/326	Capital Programme 2012/13 – Month 7 progress report Mr. Goodwin submitted the Month 7 progress report on the Capital Programme 2012/13, highlighting that the actual expenditure position at Month 7 was £12,389,388, which was £99,362 ahead of plan. He referred to the work which was in progress to change the signage around the Hospital and confirmed that staff would receive a Wayfinding Guide with their November payslips and signage was already being changed in preparation for the 1 December changeover. In response to a question from Ms. Etches, he confirmed that a certain amount of the old signage would remain in situ but would be removed at a later date, in order to de-clutter the site. Mr. Loughton requested that the Wayfinding Guide be sent to all eighty Heads of Departments in the next day or so, ahead of other staff receiving it with their payslips. It was also to be mentioned at the senior Managers' Briefing on the 29 November 2012. **IT WAS AGREED: that the progress report at Month 7 on the Capital Programme 2012/13 be noted.**	
12/327	Automated Number Plate Recognition – Staff Car Parking Business Case Mr. Loughton presented the Business Case for the Automated Number Plate Recognition Project which was installed in connection with the introduction of staff car parking charges from 1 October 2012. **IT WAS AGREED: that the Business Case for the Automated Number Plate Recognition (ANPR) Project, be approved.**	

Minute		Action
12/328	Women's Unit Roof Replacement Business Case Mr. Goodwin drew out the salient points of the Business Case for the Women's Unit Roof Replacement works. The work had been identified in the 2008 Backlog Maintenance Survey report and could be tackled now that the additions and refurbishments to the roof top plant areas had been completed. Mr. Loughton requested that a feasibility study be carried out into the possibility of increasing capacity to cater for another 1,000 births per annum). **IT WAS AGREED: that the Business Case for the Women's Unit Roof Replacement scheme be approved.**	**IB/LG/MG/DH**
	REPORT OF THE CHIEF NURSING OFFICER	
12/329	Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas Ms. Etches introduced the monthly report on Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas, and highlighted the large number of amber risks against Corporate Departments. She said that she expected these to be reviewed at departmental governance meetings with a view to seeing the levels of risk downgraded over time. **IT WAS AGREED: that the monthly report on Red Incidents, Red Complaints and High Level Operational Risks for Corporate Areas, be noted.**	**ALL**
12/330	NHSLA General Standards Progress Update Ms. Etches presented the monthly report on progress relating to NHSLA General Standards Formal Assessment which was due to take place on the 27 and 28 November, 2012. She pointed out that it was essential for the Divisions to check the health record of each inpatient next Monday, to ensure that they were compliant with the standards. It was understood that the assessors would ask for seventeen sets of randomly selected notes for current patients and these would be the basis of a rigorous examination. She undertook to inform all staff of the outcome of the assessment as soon as it was known. **IT WAS AGREED: that the progress update on the NHSLA General Standards Assessment be noted.**	
12/331	Patient Experience Annual Report 2012/13 Ms. Etches presented the Patient Experience Annual Report for 2012/13.	

Minute		Action
	The report included progress updates on the Trust Volunteer Service, the development of Healthwatch, Patient Surveys, the Friends and Family Test, Working with Governors and the work of PALS. The report also signalled a review of the existing policy on the use of interpreting and translation services. Responding to a question by Dr. Kapadia about the legal requirement placed upon the Trust to provide interpreting services to patients and their carers, Ms. Etches indicated that there was a duty to provide such services, although they did not have to be face-to-face interpreting services. Mr. Badger enquired about the requirement for the interpreter to sign consent forms and Ms. Etches acknowledged that this matter required clarification as it was likely that the interpreter would be required to sign on the consent form. She undertook to look into this matter further. **IT WAS AGREED: that the Annual Report on Patient Experience for the year ended March 2012, be noted.**	**CE**
12/332	<u>More Transparency to Drive up NHS Safety – Department of Health, October 2012</u> Ms. Etches submitted a report to inform the Trust Management Team of the national findings around numbers of Never Events as reported by the Department of Health, and to provide assurance that this Trust has additional measures in place already to mitigate the risks identified. She referred to the work which had already taken place and stressed the need to maintain the momentum, for example by ensuring that actions identified on risk registers were being carried out in a timely way. She added that the unannounced visit by the Care Quality Commission was still awaited. **IT WAS AGREED: that the contents of the report be noted.**	
12/333	<u>Funding to support Catheter Safety CQUIN Delivery – Business Case</u> Ms. Etches submitted a Business Case for funding to support one WTE Band 7 and 0.5x Band 6 nurses to drive forward essential work to ensure delivery of the CQUIN for Catheter Safety. Asked by Ms. Young whether the Band 7 in the Infection Prevention Team could take this work on, Ms. Etches said that the Infection Prevention Team was already fully committed in terms of workload and activity. Ms Espley confirmed that the case had been considered and agreed by the Contracting and Commissioning Forum.	

Minute		Action
	IT WAS AGREED: that the Business Case for the secondment of a Band 7 nurse until the end of March 2013 to review patients with long term urethral catheters (approximately 250 patients) and a part time Band 6 nurse, also until the end of March 2013, to lead the delivery of education in catheter policy and protocol, all in connection with the Catheter Safety CQUIN, be approved.	
12/334	Business Case for the Provision of Snacks for Patients Ms. Roberts submitted the Business Case for the provision of snacks for patients. This related to the need to comply with National Standards, which stated that all patients in England should be provided with snacks on two occasions per day. The funding proposed would provide all in-patients with the choice of two snacks per day and was expected to lead to improved nutritional uptake, and improved quality of care and patient experience. In response to questions, she said that this would be an additional choice, as fresh fruit was already supplied daily although the number of additional patients predicted to choose fresh fruit was relatively small. She confirmed that overall uptake was predicted to be high, based on experience in other trusts. Ms. Etches commented that once snacks were offered they would become popular and demand would grow. Ms. Williams pointed out that there was no budgetary provision for this expenditure and if approved it would have to be linked to the Cost Improvement Programme. Ms. Espley indicated that the case should be considered within the annual budget setting framework and therefore any non-recurrent decision to introduce snacks for a trial period would require further consideration by the end of January 2013 as part of the 2013/14 budget setting process. By way of clarification Ms. Roberts said that the snacks would be offered with the current beverage service, which operated three times a day on each ward. Ms. Young informed the meeting that staff received complaints from some patients about feeling hungry between the evening meal and breakfast time. Mr. Loughton said that he would be prepared to support a three month trial, with funding from the Trust Fund, with the proviso that the dieticians prepared a proper evidence base on the benefit of this for patients in time for a review early in the new year, and also an assessment of the amount of waste food left by those request the snack service. **IT WAS AGREED: that the Business Case for the provision of snacks to in-patients be approved for a trial period of three months, using Trust Funds, and that the take-up and impact be reviewed by the Trust Management Team prior to a decision being made about whether to continue to provide the service in 2013/14.**	

Minute **Action**

REPORT OF THE DIRECTOR OF PLANNING AND CONTRACTING

12/335 Report of the Change Programme Board

Ms. Espley outlined the main points in the report of the Change Programme Board for October 2012.

She indicated that as at Month 7 a total of £7,983,000 had been removed from budgets against the annual target of £15,325,000, which represented 52% of the total, against the originally agreed target (for Month 7) of 76%. She emphasised that this was deterioration from the September position, although she recognised the amount of work undertaken by Divisions in the last few weeks to develop recovery plans and to identify mitigation schemes. She added that the next monthly report should show the effect of that work with a number of mitigation schemes coming through. She pointed out that the Trust would be under pressure to achieve the delivery of 85% recurrent savings as expected by Monitor, and that the position was that the Trust was likely to have to add another £1m of recurrent savings to the CIP programme for 2013/14 because this would not be achieved in this financial year. Most of the mitigation schemes being received were for non-recurring expenditure.

IT WAS AGREED: that the report of the Change Programme Board for October 2012 be noted.

12/336 **Policies for Approval**

IT WAS AGREED:

a) that the following Policies be approved without amendment:

NHSLA Policy Summary Report

IP11 Infection Prevention Management of Patients affected by Common UK Parasites

IP04 Transportation of Clean and Contaminated Instruments, Equipment and Specimens

IP17 Prevention and Control of Tuberculosis in a Hospital Setting

OP71 Hospitality Policy

CP57 Policy for the Prescription and Administration of Emergency Oxygen in Adults

Minute		Action
	b) that Policy IP20 Urinary Catheter Policy be approved subject to the amendment of the first bullet point on page 9, to provide for the words "or urologist, or uro-gynaecologist" to be inserted following the words "referral to the Continence Service".	
12/337	**RISK (Standing Item)**	
	There was a discussion about any additional risks which had been identified during the meeting for entering onto a risk register. It was agreed that the Hospital out of Hours arrangements should be placed on the Division 1 and Division 2 Risk Registers.	**IB/SK**
	ANY OTHER BUSINESS	
12/338	Tests for Norovirus	
	Ms. Etches reported that the Infection Prevention Team had proposed that RWT undertake its own on-site Norovirus testing. To this end, the Infection Prevention and Control Committee had approved a trial period to undertake testing at an estimated cost of £5000 and, if successful a Business Case would be prepared for approval by the Infection Prevention and Control Committee for the Trust to routinely to test for Norovirus in future, rather than have this work done off-site.	
	IT WAS AGREED: that the proposal to undertake on-site Norovirus testing be endorsed, and that the Infection Prevention and Control Committee be authorised to review the pilot, and that the Chief Executive be authorised to determine the Business Case for this initiative.	
12/339	Dates of Trust Management Team Meetings in 2013/14	
	IT WAS AGREED: that the Trust Management Team will meet at 1.30 p.m. on the following dates during 2013/14:	
	2013 • **25 January** • **22 February** • **22 March** • **19 April** • **17 May** • **21 June** • **19 July** • **20 September** • **25 October** • **22 November**	

2014

- **24 January**
- **21 February**
- **21 March**

The meeting closed at 3.40 p.m.

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