

Approved Minutes of the Trust Management Committee of 26 April 2019

13 May 2019

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Agenda Item No: 12.6

The Royal Wolverhampton NHS Trust

TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 26 April 2019 in the Board Room, Corporate Services Centre, Building 12, New Cross Hospital, Wolverhampton.

Present:

Mr I Badger	Divisional Medical Director, D1
Ms N Ballard	Head of Nursing – Division D3
Dr J Bateman	Head of Academy
Prof. A-M Cannaby	Chief Nursing Officer
Dr M Cooper	Consultant – Microbiology – part meeting
Mr A Duffell	Director of Workforce
Dr S Fenner	Divisional Medical Director, D1
Mr L Grant	Deputy Chief Operating Officer, D1
Dr C Higgins	Divisional Medical Director, D3
Mr D Loughton (Chair)	Chief Executive
Dr C Marlow	Consultant – Palliative Medicine
Dr B McKaig	Deputy Medical Director
Ms F McKean	Assistant Director of Pharmacy Medicine
Dr A Morgan	Divisional Medical Director, D2
Ms B Morgan	Head of Nursing – Division D2
Ms M Morris	Deputy Chief Nursing Officer
Mr W Nabih	Head of Estates Developments
Ms G Nuttall	Chief Operating Officer
Dr J Odum	Medical Director
Mr J Owen	Senior Business Analyst
Mr T Powell	Deputy Chief Operating Officer, D2
Mr M Sharon	Director of Strategy, Planning and Performance
Dr M Sidhu	Divisional Medical Director, D3
Prof B Singh	Clinical Director IT
Ms H Troalen	Deputy Chief Financial Officer
Ms L Walker	Clinical Operations Manager
Dr A K Viswanath	Divisional Medical Director, D2

In Attendance:

Ms K Boffey	Senior Delivery and Improvement Lead NHS England and NHS Improvement – Midlands
Ms G Nightingale	Executive Assistant
Mr K Wilshere	Company Secretary

Apologies:

Prof. J Cotton	Director of Research and Development
Dr L Dowson	Quality Improvement Lead
Dr S Grumett	Lead Cancer Clinician
Ms C Hobbs	Head of Nursing – Division D1
Dr J Macve	Director of Infection, Prevention and Control (DIPC)
Ms T Palmer	Head of Midwifery
Ms S Roberts	Divisional Manager, Estates and Facilities
Ms K Shaw	Deputy Chief Operating Officer, D3
Ms V Whatley	Deputy Chief Nursing Officer

Standing Items

19-20/001: Apologies for absence

Apologies for absence were received from those listed.

Ms K Boffey, Senior Delivery and Improvement Lead for NHS England and NHS Improvement – Midlands, in attendance as shadowing the Chief Executive for the day.

19-20/002: Declarations of Interest

There were no new or changed declarations of interest given at the meeting.

19-20/003: Minutes of the meeting of the Trust Management Committee held on 22 February 2019

The minutes of the meeting were approved subject to Dr L Downson, Divisional Medical Director, D1 being changed to Dr L Dowson, Divisional Medical Director, D2.

It was agreed: that the Minutes of the meeting of the Trust Management Committee held on 26 March 2019 be approved subject to the above changes.

19-20/004: Matters arising from the minutes of the previous meeting

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

19-20/005: Action Points List

The following action points were provided as an update:

Date of meeting	Item/Action	By When
Friday 22 March 2019	<u>18/514: Topic A - Teletracking</u> Ms Nuttall to coordinate group to visit and view Command Centre at Chester.	22 May 2019

Main Body of Meeting – Discussion Items

19-20/006: Developing Workforce Safeguards – current compliance and gap analysis for Nursing and Midwifery

Professor Cannaby introduced the report and stated that she, Dr Odum and Mr Duffell had a national responsibility to advise on the Trust's compliance with workforce safeguard standards. She said that this report was based on nursing compliance and was a combined evidence-based tool with professional judgement to ensure the right staff, with the right skills are in the right place at the right time. Professor Cannaby also mentioned the role-out to Theatres, non-inpatient and community areas with suitably adapted tools and method, therefore we were compliant in some areas and in other areas work would be required, she reiterated that a lot more work would need to be undertaken on workforce analysis.

It was agreed: that the Developing Workforce Safeguards – current compliance and gap analysis for Nursing and Midwifery Report be received and noted

19-20/007: Aston Medical School

Mr Loughton represented a verbal proposal for the training of Aston Medical School Students, previously it had been unanimously agreed not to provide the training as had University Hospitals Birmingham (UHB) declined, to reverse the decision he said that match-funding as for Birmingham University students would be required along with a piece of work to best align the syllabus.

Dr Odum advised that Russell Smith had introduced a new organisational structure at Aston Medical School and had recently sent him a document that looked at funding and the allocation for Medical Students.

He said that Helen Cameron, the new Dean – Aston Medical School, had done some good structured work, which included looking at the Birmingham University model we currently have in place with a view to putting in place a similar model for Aston Medical School students. Dr Odum said it was the right thing to do for medical students, however careful planning would be required in relation to the infrastructure and curriculum; the proposed start year is 2020 – potentially 20 medical students for that year followed by 100 medical students each year.

Dr Odum introduced Dr James Bateman, Head of Academy, who would be working on the provision of the training to Aston Medical School. Dr Bateman said that there was strong evidence of good training outcomes for medical students when more than one University uses the same organisation for training, he did highlight that the transition period would be extremely important. In response to Mr Loughton, Dr Bateman said that he had not visited a London Hospital who takes three different University medical students for training, he went on to say that there are other examples of good practice such as York and Warwick; he agreed to undertake an analysis of the training model.

Professor Singh said that there would be potential gains for the Trust and as the link for the University of Wolverhampton he would also like to take it forward in partnership. Mr Loughton also suggested discussing it with Professor Steve Field CBE – Chairman, as the Chancellor of the University of Aston was on his interview panel and Professor Field had some useful links with other Institutions.

Action: it was agreed that Mr Bateman would visit other Trusts who had adopted a model of training medical students from various Universities to understand how the model works.

It was agreed: that the training of Medical Students for Aston Medical School be approved in principle.

Innovation Presentations

19-20/008: Introduction

Professor Singh introduced the presentation on Vertical Integration – An informatics framework for the reconfiguration of care. He said that data was the key to transformation and it was of particular use when dealing with co-morbidities for patients and drew attention to the Wagner Model of Care and the notion that informatics drives the model of care. He said that the Public Health agenda in relation to prevention was key to its success and as we are an acute Trust we deal with disease management not prevention. Professor Singh said that large scale costs are during the later stages of life, particularly when dealing with chronic disease management, so the key question was ‘how do we manage the care provision for these patients?’ he said that this implied a real need to use informatics to support the care provision for integration of care and a real need to build the data around the person which then drives the care across organisations via the use of pathways. He advised that we had reached a key junction moving forward in Wolverhampton, as with the potential for an Alliance that would create the data provision required across organisations and therefore erasing silo working, partners would be able to provide more efficient care as data would be accessible to all.

Professor Singh went on to say that with the release of the NHS Plan it had been confirmed that care provision would be on a Placed Based model and it would be for local interpretation as to ensure it meets the needs of the population we serve. He said that patient-centric data was key and where a patient crosses services data would be captured at that point, which would drive integrated care in an holistic approach and would result in better care for the individual – do it now, do it once and do it right. He said to achieve this we would use proven risk escalation tools combined with clinical assessment. He advised that Dr Sidhu had undertaken a lot of hard work to get us to this stage so that as a GP she can predict with the use of the integrated data what the best possible care provision would be for the individual presenting in her Surgery that day.

He stated that this was an evidence based model and he highlighted some of the efficiencies including removing the need for meetings to share key clinical information. He envisaged delivering this within 3 months to an MDT.

Mr Loughton said that following a meeting with Anthony Marsh, Chief Executive of West Midlands Ambulance Service (WMAS) Mr Marsh had confirmed that the Trust would have access to patient data which included practice level data from the Ambulance Trust. Professor Singh said that this would be extremely useful.

It was agreed: that the Data Introduction presentation be received and noted.

19-20/009: The Huddle

Mr Owen introduced and outlined the purpose of a Huddle; a group of staff who meet together on a morning to go through each individual patient's current care needs and actions for the day which allowed for plans to be effectively managed.

He then introduced the presentation and shared data from Fairoak Ward upon which a trial of electronic gathering of data had been undertaken as part of the Huddle process. He demonstrated that the introduction of the data gathering tool was a proven methodology which would lead to standardisation and therefore a clear understanding of what was expected to be carried out for the said individual that day and from the evidence available, from the Fairoak pilot more discharges took place.

Mr Owen then went through what data is captured on the 'Huddle Data Capture Tool':

- End of Life Care Assessment – upon completion and the trigger of certain points the Palliative Care Team are notified and relevant support provided
- Red or Green Day – Red until actions are completed and then moved to Green when actions had been completed
- Discharge plans

He said that once the initial plan of information was inputted for that day a report was generated for the ward which allowed the staff to see what the individual's plan of care would be for that day. He stated that the pilot of the tool had been undertaken on Fairoak and Ward 2 at West Park Hospital and all users had said how useful the report and data tool had been in providing a plan of care for the patient for the forthcoming day. He advised that the next step would be to trial the tool on an Acute Ward (C41). In response to Mr Loughton, Professor Singh confirmed that it was an RWT produced system and that it was stored on the 'Portal'.

In response to Dr Sidhu, Mr Owen confirmed that should a patient be readmitted the system was based on the Patient's NHS number and once inputted would bring up previous admissions information and yes a form of discharge email/letter would be provided to the GP.

Mr Loughton thanked Mr Owen and went on to say what a great piece of work this was.

It was agreed: that the Huddle presentation be received and noted.

19-20/010: End of Life Model of Care

Professor Singh introduced Dr Marlow and asked attendees awareness of the "Surprise Question" - 'would you be surprised if this person passed away within 12 months'. He outlined that clinical significance of the response during initial data inputting as the question would be considered and if yes it would trigger a notification to the Palliative Care Team for a care package to support the patient.

Dr Marlow started the presentation with the definition of End of Life Care, a person who is thought to be in the last year of life.

The informatics system she presented included the Surprise Question that could be triggered as part of the initial registering of the patient or from a combination of warning flags from the data along with the clinical judgement of the Surprise Question. She went on to share how inputting the data would inform

the care plans and that the care plans would be stored on the document section of Clinical Portal which the Palliative Care Team had access to and that the overall aim of the system would be:

- Better quality of care experienced by all people nearing the End of Life
- Better communication, co-ordination and teamwork
- Better outcomes:
 - for patients and those important to them
 - for health systems – better use of limited resources and reducing over-hospitalisation

Professor Singh highlighted that should any care provider need to be aware of actions/care provision that it would be possible to provide access to the system. In response to Professor Singh noting an item Mr Loughton had raised at a previous meeting regarding the Liverpool Pathway, Dr Marlow confirmed that the system would not be based on the Liverpool Pathway and stated that she had been in discussion with the GSF National Team who are excited about what the Trust was doing and that they had said that it had been seen as a Gold Standard. She also confirmed that the GSF National Team would be visiting the Trust later in the year to undertake an external validation exercise of the system.

In response to Mr Loughton, Professor Singh confirmed that access could be provided to WMAS to assist them when arriving at a patient's home as to how best to assist the patient. He also confirmed to Dr Sidhu that the GP Out of Hours service would be provided with access to the information and that to provide the information to other organisation's Raz Edwards, Information Governance Lead, had produced a Data Sharing Agreement. Professor Singh advised that the next informatics/data projects are Frailty and Learning from Deaths and separately the 0–19 service. In response to Ms Morris, Dr Marlow confirmed that the system links with the RESPECT project.

In response to Dr Viswanath, Dr Marlow said that the Palliative Care Team would not be providing all the care, it would be a combination of provision and support to the wards. In response to Dr Viswanath, Professor Singh advised that the coding of palliative patients would also be part of the data system. Dr Odum drew attention to the coding of palliative and specialist palliative care of which Dr Marlow concurred that it needed to be carefully undertaken to ensure the most appropriate code was used. In response to Mr Badger, Dr Marlow and Professor Singh said that it would be based on clinical judgement on the individual when assessed in relation to the Surprise Question. Everyone agreed that communication and training would be important during the implementation stage.

Mr Loughton and Professor Singh thanked everyone for all their hard work.

It was agreed: that the End of Life Care Model presentation be received and noted.

By Exception Papers

19-20/011: Budget Report

Ms Troalen introduced the two reports on the agenda, the Budget 2019/20 and Financial Position for Month 12; she then went on to draw attention to the presentation in the papers. She reported that the month 12 position was £1.4m surplus and that at Quarter 4 the Trust did not achieve its financial target and therefore did not receive PSF money that is earmarked for achieving targets. However, the organisation did receive £4.8m from NHS I (PSF money) following the distribution of money left at the centre where nationally other Trusts did not achieve their targets. It was this additional money that pushed the Trust into a reported surplus of £1.4m.

She said that before the central money the control total was a £0.2m deficit, after central funding the control total was £11.6m. Therefore achieving a surplus of £1.4m (or £3.1m after impairment adjustments) was some way off the financial plan for the year.

She drew attention to the fact that only one figure was reported in the Trust's accounts and that there are two other important factors to take into account that signal how well we are doing as a Trust financially. Firstly, after the removal of any one-off payments the Trust would have a £32m deficit, this had improved on the 2017/18 figure and she confirmed that it was moving in the right direction ie reducing, the caveat to this was that it was still 5% of our turnover, which was a large deficit to manage.

The second important figure is the cash balance which has also reduced by £9m over the 2018/19 financial year.

Mr Loughton reminded everyone of his and Mr Stringer's meeting with NHSI during September 2018 and the challenge around our £15m deficit and the agreed figure of £10.6m which meant the Trust had to undertake difficult actions to achieve and in actual fact the Trust achieved a £9.9m deficit. He then said that NHSI had provided further money which had resulted in a £1.4m surplus. Mr Loughton said that it was extremely difficult to ask staff year on year to make cost savings and then to announce to staff that we had achieved a surplus due to money returned from NHS I. He stated that he had said to senior leaders that this financial regime was very difficult to manage on an operational basis and gets remarkable worse each year they continue with the regime of providing money at the end of the financial year.

19-20/012: Income and Expenditure Budgets 2019/20

Ms Troalen introduced the report and presentation and highlighted how difficult it had been to produce the 2019/20 budgets, there had been four iterations of the report due to changes in the financial regime at various stages during the production of the budgets. She reported that:

- The control total regime was being phased out over the medium term but in 2019/20 the Trust still had a control total
- The mechanism was still complex, making £9.7m of central money available in return for agreeing to the control total and hitting financial targets throughout the year
- Before the central money the control total was a £4.74m deficit
- After central funding the control total was a £4.96m surplus
- Both figures are less than 1% of the turnover - reasonably close to breakeven

She said that there are significant risks around the 2019/20 financial plan and that proposed mitigations included a request to NHSI for an additional £5.1m of financial support, or an equivalent change to the Trust's control total, to address the impact of changes in the calculation of depreciation. Ms Troalen advised that the Trust had not yet received a response to the request and that this in itself was a significant risk to the Trust's financial plan. She said that the agreed £25m Cost Improvement Programme (CIP) also posed a risk if not achieved.

She confirmed the following benefits to signing up to the control total:

- £2.3m of MRET funding
- The opportunity to earn up to £7.4m of PSF funding
- Avoidance of contract penalties estimated at £6m

She reported that there was a consequence in that each Trust would be placed in a segmentation from 1 to 4 under the Single Oversight Framework; Segment 1 means the least oversight from NHS I and Segment 4 is effectively special measures. She confirmed that the Trust had been moved from Segment 2 to Segment 3 due to:

The deterioration in the 2018/19 financial position:

- For 2018/19, the Trust agreed a deficit control total of £0.205m and at month 9, the Trust submitted a revised forecast outturn deficit of £10.605m, this was a £10.4m adverse variance to plan (excluding PSF).
- The Trust had a 2018/19 CIP plan of £25m and at month 10 the Trust had a year to date CIP target of £18.674m and had delivered £11.484m.

NHSI's assessment of the risk attached to delivery of the 2019/20 control total:

- The plan was based on CIP delivery of £24.5m (4.24%), but £11.9m was at opportunity level only with £13.509m rated as high risk.

These failings by the Trust demonstrated a failure of governance and financial management standards.

She went on to outline what the Trust's next steps are:

- The financial situation would need to be effectively but sensitively communicated to staff
- Escalated expenditure controls from 2018/19 would remain in place
- It would be very important that we achieve or exceed contracted activity levels
- Avoid wastage whether cost, duplication or time
- Become the most efficient lead in GIRFT and other such initiatives
- Go digital where appropriate

In response to Mr Fenner, Ms Troalen stated that in reducing your vacancy factor it would not have an impact on the overall figures as evidence states that in the last 10 years it had remained at a similar level but had moved across the various areas within the acute system.

Mr Loughton thanked Mr Stringer, Ms Troalen and their teams for all their hard work and support in producing the end of year accounts and budgets for 2019/20 and requested he attend the monthly Escalation meeting with NHS I.

In response to Professor Singh, Mr Loughton said that the overall finances for the NHS are deteriorating; the focus needs to be on 'caring for patients'.

Action: Mr Loughton to attend the monthly Escalation meeting with NHS I

It was agreed: that the Budget Reports presentation and Report be received and noted.

19-20/013: Brexit Update – verbal

Ms Nuttall advised that this item had been deferred as there was nothing new to report.

Items to Note - Monthly Reports

19-20/014: Integrated Quality and Performance Report

It was agreed: that the Integrated Quality and Performance Report be received and noted.

19-20/015: IQPR Review 2019/20

It was agreed: that the IQPR Review 2019/20 Report be received and noted.

19-20/016: Division 1 Quality, Governance and Nursing Report

It was agreed: that the Division 1 Quality, Governance & Nursing Report be received and noted.

19-20/017: Division 2 Quality, Governance and Nursing Report

It was agreed: that the Division 2 Quality, Governance & Nursing Report be received and noted.

19-20/018: Division 3 Quality, Governance and Nursing Report

It was agreed: that the Division 3 Quality, Governance & Nursing Report be received and noted.

19-20/019: Executive Workforce Summary Report

It was agreed: that the Executive Workforce Summary Report be received and noted.

19-20/020: Chief Nursing Officer (CNO) Report

It was agreed: that the Chief Nursing Officer (CNO) Report be received and noted.

19-20/021: Chief Nursing Officer (CNO) Governance Report

It was agreed: that the Chief Nursing Officer (CNO) Governance Report be received and noted.

19-20/022: Finance Position Report

It was agreed: that the Finance Position Report be received and noted.

19-20/023: Capital Programme Update

It was agreed: that the Capital Programme Update Report be received and noted.

19-20/024: Operational Finance Group Minutes

It was agreed: that the Operational Finance Group Minutes be received and noted.

19-20/025: Financial Recovery Board – monthly update

It was agreed: that the Financial Recovery Board – monthly update Report be received and noted.

19-20/026: Learning from Deaths Update

It was agreed: that the Learning from Deaths Report - be received and noted.

Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual)

19-20/027: Care Quality Commission (CQC) Insight Report

It was agreed that the Care Quality Commission (CQC) Insight Report be received and noted.

19-20/028: CQC – Action Plan

It was agreed: that the CQC – Action Plan be received and noted.

19-20/029: Tenders

Mr Loughton and Mr Sharon advised that the Trust had tendered for the Human Papilloma Virus (HPV) (HPV primary screening is a type of test done on the sample of cells taken at cervical screening appointments. It is sometimes called HPV primary testing) screen testing (laboratory services) and had been successful. Mr Sharon said that this was a great achievement for the Trust.

Mr Loughton raised concerns about the additional space required within the Pathology building to accommodate the service. He then went on to confirm that a solution for accommodating the service had been found. He requested that any staffing or service issues are known before the transfer of the service.

Action: Mr Sharon and Mr Duffell to understand if there was any staffing or service issues before the transfer of the service.

It was agreed: that the Tenders Report be received and noted.

19-20/030: Director of Infection Prevention and Control Report

Dr Cooper introduced the report and highlighted that the Trust had achieved the *C.Difficile* target for the year and that the annual total of CPE's had reduced therefore reversing the trend of annual increases, the decrease was due to improved awareness/screening across the Trust, which was different to what was being experienced Nationally – continued increases. He also reported that Antimicrobial training had achieved a high compliance rate with 96.6% of clinical staff trained.

Dr Odum raised Surgical Site Infection (SSI) rates and the major benefits achieved over recent years; Dr Cooper confirmed that following an extensive awareness programme and training there had been a remarkable reduction in SSIs, more recently this had plateaued; he noted it was a superb system, the envy of colleagues elsewhere as you are able to highlight possible problem areas which allowed for a targeted approach.

It was agreed: that the Director of Infection and Prevention and Control Report be received and noted.

Dr Cooper attended for this agenda item only.

19-20/031: Sustainability and Carbon Reduction Gap

Mr Nabih confirmed that a Sustainability and Carbon Reduction Gap Group had been set-up with the aim of reducing the Trust's carbon footprint.

It was agreed: that the Sustainability and Carbon Reduction Gap Report be received and noted.

19-20/032: Trust Annual Business Plan

Mr Sharon introduced the report and confirmed this was the Trust's submission to NHS I using their agreed template, it sets out our key priorities. He said that an Operating Plan for the Trust would be produced.

It was agreed: that the Trust Annual Business Plan Report be received and noted.

19-20/033: Property Management Update

It was agreed: that the Property Management Update Report be received and noted.

19-20/034: Capital Programme 5 Year Plan Update

Mr Nabih introduced the report and highlighted that the 5 year programme sets aside regular allocations for 'business as usual', capital expenditure for medical equipment, Information Management & Technology (IM&T), backlog maintenance and divisional requirements with the remainder for strategic schemes. He said the revised programme assumed internal funding for Linac 4 in the Financial Year 2020/21, although the decision was currently under review.

Mr Loughton said that he had requested National funding for the Linac 4 but that the response had been that they were unable to assist, therefore a decision had to be made on the priorities for funding and unfortunately the building of the Multi-storey Car Park to assist with parking issues experienced by both patients and visitors needed to be resolved and completed ahead of the replacement of Linac 4.

Mr Nabih advised that the 2019/20 programme was oversubscribed by approximately £1.1m which was a planning assumption to offset any potential slippage in the programme due to changing circumstances. He also said that the five year programme was over-subscribed by approximately £4m and would require further prioritisation.

It was agreed: that the Capital Programme 5 Year Plan Update Report be received and noted.

19-20/035: Biannual Skill Mix Review – Adult inpatient

Professor Cannaby introduced the report and highlighted that the Trust had undertaken a skill mix review of adult inpatient wards utilising the Safer Nursing Care Tool, an evidence-based acuity/dependency tool. She said that the review used a triangulation approach as recommended by NHS I Developing Workforce Safeguards document. She confirmed that there would be no cost implications and that it was based on established posts, she then went through the establishments for Adult Inpatient areas and said that we are now at a point when we need to undertake international nursing recruitment. Mr Powell stated that 69 nurses were appointed last year and that 73 had left. Ms Morgan confirmed that Division 2 on average since October 2018 carried 61 vacancies. Mr Loughton requested Mr Duffell undertake an analysis of the nursing workforce data broken down by Division.

Action: Mr Duffell to undertake a nursing workforce analysis at Divisional level.

It was agreed: that the Biannual Skill Mix Review – Adult inpatient Report be received and approved.

19-20/036: Integrated Care System Report

It was agreed: that the Integrated Care System Report be received and noted.

Business Cases - Division 1

19-20/037: Additional Injection Suite within the Eye Infirmary

It was agreed: that the Additional Injection Suite within the Eye Infirmary be approved.

19-20/038: Replacement Vascular Scanner

It was agreed: that the Replacement Vascular Scanner not be approved.

19-20/039: Replacement of Critical Care Ultrasound Scanners

It was agreed: that the Replacement of Critical Care Ultrasound Scanners be approved.

19-20/040: Provision of additional storage space within Nucleus Theatres

It was agreed: that the Provision of additional storage space within Nucleus Theatres be approved.

Business Cases - Division 2

19-20/041: Funding Request for the Expansion of Hepatology Service

It was agreed: that the Funding Request for the Expansion of Hepatology Service be approved.

19-20/042: Purchase of an Ultrasound Machine to Support Gastroenterology and Respiratory Procedure

It was agreed: that the Purchase of an Ultrasound Machine to Support Gastroenterology and Respiratory Procedure be approved.

19-20/043: Reconfiguration and Expansion of Discharge Lounge

It was agreed: that the Reconfiguration and Expansion of Discharge Lounge be approved.

19-20/044: TAG545 Gemtuzumab Ozogamicin for Untreated Acute Myeloid Leukaemia

It was agreed: that the TAG545 Gemtuzumab Ozogamicin for Untreated Acute Myeloid Leukaemia be approved.

19-20/045: Replacement of Videoconferencing Equipment in Deanesly and Radiology Seminar room for the purpose of supporting Cancer MDTs

It was agreed: that the Replacement of Videoconferencing Equipment in Deanesly and Radiology Seminar room for the purpose of supporting Cancer MDTs be approved.

Business Cases - Division 3

There were no Business Cases submitted for approval.

Corporate Business Cases

There were no Business Cases submitted for approval.

Outline/proposals for change

There were no Outline/proposals for change submitted for approval.

Policies

19-20/046: Strategies Update

It was agreed: that the Strategies Update be approved.

19-20/047: Policy Update

It was agreed: that the Policy Update be approved.

19-20/048: CP11 Resuscitation Policy

It was agreed: that CP11 Resuscitation Policy be approved.

19-20/049: HR03 Disciplinary Policy

It was agreed: that HR03 Disciplinary Policy be approved.

19-20/050: HR52 Consultant Cover Arrangements Policy

It was agreed: that HR52 Consultant Cover Arrangements Policy be approved.

19-20/051: IP12 Standard Precautions Policy

It was agreed: that IP12 Standard Precautions Policy be approved.

19-20/052: OP95 Introduction of new Clinical Techniques and Interventional Procedures Policy

It was agreed: that OP95 Introduction of new Clinical Techniques and Interventional Procedures Policy be approved.

19-20/053: HR18 Appraisal Policy

It was agreed: that HR18 Appraisal Policy be approved.

19-20/054: HR14 Work Experience Policy

It was agreed: that HR14 Work Experience Policy be approved.

19-20/055: OP105 VIP Celebrity Visitors to the Trust Policy

It was agreed: that OP105 VIP Celebrity Visitors to the Trust Policy be approved.

19-20/056: Waiting List Initiative Policy

It was agreed: that the Waiting List Initiative Policy be approved.

19-20/057: Equality of Opportunity Policy

It was agreed: that the Equality of Opportunity Policy be approved.

19-20/058: Any new Risks or changed risks as a result of the meeting

There were no new or changed risks noted from the business of the meeting.

19-20/059: Any other business

There were no Any other business.

19-20/050: Date and Time of next meeting

The next meeting of the Trust Management Committee will be held on Friday 24 May 2019 at 1.30pm in the Board Room of the Corporate Services Centre, Building 12, New Cross Hospital

The meeting closed at 3.55pm