The Royal Wolverhampton NHS
NHS Trust

Minutes of the meeting of the Trust Management Committee held on 25 October 2013

Agenda Item No: 13.1

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Trust Management Committee	
Report From:	Chief Executive	
Date:	25.10.13	
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 by the need and desire 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 to increase **midwifery staffing levels**. The Midlands and East Local Area Team (LAT) have agreed to use the tool "Birth Rate Plus" to commission and benchmark midwifery services. By applying it to this organisation it has been established that we require 9.68 WTE band 6 clinical midwives to make the Directorate compliant with Birth Rate Plus standards for our existing birth rate. ▪ Approved the business case for the **recruitment of one replacement Consultant for Histopathology, and an additional part time Consultant for Histopathology**. The impending retirement, in March 2014, of a long standing consultant has prompted the review of the number of consultants required to deliver reliable Histopathology and Cytology medical services. The retiring consultant is to be replaced with a full time equivalent, but he will be retained on a 2 day per week basis using money which has recently been allocated to the Department for workload increases. ▪ Discussed and approved the business case for the use of **Aflibercept** as a treatment for neovascular Age Related Macular Degeneration. This treatment will give a more predictable dosing schedule and hence more predictable

	drug costs and service planning. It will remove the need for patients to attend hospital every month regardless of whether or not they need an injection and free clinic capacity as a result of the reduced monitoring requirements. The Committee also endorsed the use of **Lucentis** for Branch Retinal Vein Occlusion and Central Retinal Vein Occlusion. ▪ Discussed and approved the business case for the extension of the trial use of **pressure care mattresses** in order to provide 100% dynamic mattress capability in six wards at RWT. Financial benefits are expected to include a potential reduction in dressing and other clinical consumables, releasing nursing time to care, elimination of current unbudgeted spend on mattress rental, and securing the CQUIN from 2014/15 (£101k). ▪ Approved a new **Divisional Accountability Framework** designed to strengthen the existing arrangements for monitoring the performance of the divisions, and to simplify the reporting process and remove duplication. It follows on from the Review of Governance by PWC earlier this year.
Risks Identified: **Include Risk Grade (categorisation matrix/Datix number)**	The Trust Management Committee has had regard to any risks identified in respect of these matters. The TMC 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 COMMITTEE

Date:	25 October 2013	
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
	Ms R Baker	Head Nurse – Division 2
	Dr M Cooper	Director of Infection Prevention and Control
	Dr J Cotton	Director of Research and Development
	Dr M Cusack	Divisional Medical Director, Division 1
	Dr Lee Dowson	Divisional Medical Director, Division 2
	Ms M Espley	Director of Planning and Contracting
	Ms C Etches	Chief Nursing Officer
	Mr M Goodwin	Head of Estates Development
	Mr L Grant	Deputy Chief Operating Officer, Division 1
	Ms D Hickman	Head of Midwifery
	Dr J Odum	Medical Director
	Ms G Nuttall	Chief Operating Officer
	Mr T Powell	Deputy Chief Operating Officer, Division 2
	Dr D Rowlands	Lead Cancer Clinician
	Dr S Smith	Divisional Medical Director, Division 2
	Mr K Stringer	Chief Finance Officer
	Ms Z Young	Head Nurse – Division 1
In Attendance:	Ms D Pugh	Deputy Director of Human Resources
	Ms S Roberts	Head of Hotel Services
	Mr A Sargent	Trust Board Secretary
Apologies:	Mr G Argent	Divisional Manager, Estates and Facilities
	Ms D Harnin	Director of Human Resources
	Dr B M Singh	Lead Clinician - IT

Minute		Action
13/279	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
13/280	**MINUTES** **IT WAS AGREED: That the minutes of the meeting of the Trust Management Committee held on Friday 20 September 2013 be approved as a correct record, subject to the following amendments:-** • **In Minute 13/250, the report was presented by Mr Grant (not Mr Lewis as stated)** • **In Minute 13/262, the final sentence of the preamble to the decision should read that the paediatric staffing plan would be brought to the Trust Management Committee at a future meeting (not October, as stated)**	
13/281	**MATTERS ARISING** There were no matters arising from the minutes of the previous meeting.	
13/282	**ACTION POINTS** During consideration of this item, the following updates were given and the status of certain items amended accordingly: • 13/47- Business case for the provision of a Fibroscan System for chronic liver disease: Mr Powell reported that this service would commence in January 2014. • 13/106 – SIFT budget: Dr Odum indicated that this item would be brought back when further information was available. • 13/216: Provision of a lead Asthma respiratory consultant – Ms Espley confirmed that because this had not yet been approved by the commissioner, the Trust had escalated it and had requested a response within a reasonable timescale. • 13/221: ICT 5 year strategy – Mr Stringer indicated this item was likely to be ready for the November meeting. • 13/241: Integrated Business Plan – Mr Stringer confirmed that this item would be presented in November.	
13/283	**INFECTION PREVENTION AND CONTROL – QUARTERLY REPORT** Dr Cooper presented the quarterly report on Infection Prevention and	

	Control in the Trust. Mr Loughton referred to the meeting of the Infection Prevention and Control Group today, which had heard that there were water outlets, such as showers and taps, which had not been flushed through for a considerable period of time. He stressed that this was unacceptable and that all areas needed to be attended to; each water outlet had one accountable person for flushing, and he urged that careful and urgent attention be paid to this matter. **IT WAS AGREED: that the Quarterly Report on Infection Prevention Performance during Quarter two of 2013/14 be noted.**	**ALL**
13/284	**<u>DIVISION 1 – GOVERNANCE REPORT</u>** Mr Badger presented the monthly Governance Report for Division 1. **IT WAS AGREED**: **that the Governance Report for Division 1 be noted.**	
13/285	**<u>NURSING AND MIDWIFERY REPORT – DIVISION 1</u>** Ms Young presented the Nursing and Midwifery report for Division 1 and indicated that one on-going challenge concerned recruitment to the Orthopaedic wards, and in particular recruiting experienced staff. She also highlighted the significantly reduced number of falls during September. Ms Hickman referred to the Midwifery section of the report and said that although recruitment had been slower than anticipated, it was anticipated that within a few weeks' time new midwifes would come into post so that by the end of November the birth to midwife ratio would be 1:31. She reported another significant rise in activity during the month and an increased number of IUTs. She added that the Midwife Led Unit would reopen on 28 October. In response to a question by Ms Etches, Ms Hickman confirmed that Councillor Samuels from Wolverhampton City Council had visited the Department recently, and that the visit had been productive. **IT WAS AGREED: that the Nursing and Midwifery Report for Division 1 be noted.**	
13/286	**<u>BUSINESS CASE TO INCREASE MIDWIFERY STAFFING LEVELS (BIRTH RATE PLUS)</u>** Mr Badger presented the business case to increase staffing levels in line with the Midlands and East Local Area Team (LAT) Commissioning Intentions and the Trust's Initiative for Supervisory Ward Managers in 2013/14. The report explained that the Midlands and East LAT had agreed to use the tool "Birth Rate Plus" to commission and benchmark Midwifery services. Ms Espley	

	confirmed that this business case had been considered at the Contracting and Commissioning Forum, which had approved the in-year cost of the proposals but had decided that for 2014/15 this would have to be presented as a cost pressure scheme. Ms Etches indicated that it was intended to appoint staff to substantive posts. Ms Hickman said that on that basis the Department would be staffed at a level higher than ever before and it was anticipated that no bank staff would be required. Mr Loughton asked about the recruitment plan which would be followed. Ms Hickman said that the recent open day had not been successful and that other approaches were being considered. **IT WAS AGREED: that the business case for increased staffing levels in the Obstetrics and Gynaecology Department, in line with the Midlands and East LAT commissioning intentions and the Trust's initiative for supervisory ward managers in 2013/14, be approved.**	
13/287	**<u>BUSINESS CASES: EYLEA (AFLIBERCEPT) AND BRANCH RETINAL VEIN OCCLUSION (BRVO) AND CENTRAL RETINAL VEIN OCCLUSION (CRVO) WITH LUCENTIS</u>** Mr Badger indicated that these two business cases should be considered together. He explained that the use of Aflibercept for Neovascular Age Related Macular Degeneration would result in a reduced number of injections and monitoring visits, and therefore less income to the Trust. However, the use of Lucentis for treating BRVO and CRVO would potentially generate additional income and would entail the creation of a dedicated injection room and fewer injections taking place at weekends due to capacity issues. Ms Espley indicated that the Contracting and Commissioning Forum had approved these business cases in principle, provided that the Division could clearly demonstrate that the loss of income due to the use of Aflibercept would be offset by increased income through the use of Lucentis for BRVO and CRVO. She added that the latter business case might require the approval of the specialist commissioner. **IT WAS AGREED: that the business cases for the use of Aflibercept for neovascular age related macular degeneration and for the use of Lucentis for Branch Retinal Vein Occlusion (BRVO) and Central Retinal Vein Occlusion (CRVO) be approved, with the proviso that the Division makes the case that the loss of income following the introduction of the former would be at least offset by increased income as a result of adopting the latter; and that the Director of Planning and Contracting seek, if necessary, the approval of the specialised Commissioner to the Lucentis business case.**	**L Grant** **M Espley**
13/288	**<u>REPLACEMENT CONSULTANT AND ADDITIONAL PART-TIME CONSULTANT FOR HISTOPATHOLOGY.</u>** Mr Badger presented a business case for the replacement of a	

	retiring post holder and for the retention of this consultant in a part-time capacity with the Trust, in order to meet increasing demands upon the service. Ms Espley confirmed that the Contracting and Commissioning Forum had approved this business case. Ms Nuttall said that it would be necessary to find out whether additional income should be recovered from the Dudley Group of Hospitals under the existing Service Level Agreement for this service. **IT WAS AGREED: that the business case for a replacement Consultant and an additional part-time Consultant for Histopathology be approved.**	**G Nuttall**
13/289	**NURSING AND QUALITY REPORT – DIVISION 2** Ms Baker presented the monthly Nursing and Quality report for Division 2. **IT WAS AGREED: that the Nursing and Quality Report for Division 2 be noted.**	
13/290	**GOVERNANCE REPORT – DIVISION 2** Ms Baker submitted the Governance Report for Division 2. **IT WAS AGREED: that the Governance Report for Division 2 be noted.**	
13/291	**INTEGRATED QUALITY AND PERFORMANCE REPORT** Ms Nuttall drew out the following exceptions which were flagged red on the returns to the TDA: • Cancer – 31 day surgery: this had not been achieved in September because there had been two patient breaches. • Stroke target: this had not been met in September either, and significant fines were attached to the failure. It was important to ensure that any patient diagnosed as having had a stroke was taken to the Stroke Unit as soon as possible. • Public Health indicators: some of these indicators would now have to be reported quarterly. Significant under-performance was recognised at present, but no fines were attached. Ms Nuttall went on to say that during September A & E performance had been good, but would continue to be under scrutiny, particularly by external organisations. Dr Dowson noted that under the winter plan the extra ward at B7 would be open from 1 December at the earliest, and that an existing locum consultant would work in there. He also said that work was on going to reconfigure the work patterns of junior doctors to meet the demands of the service, along with attempts to increase the capacity of 20 outlier beds and make better efficiencies in moving patients around so as to be under the	

	supervision of the correct specialists. Ms Etches asked whether the number of beds proposed would be sufficient to get the organisation through the winter period. Mr Powell said that the bed model suggested that the Trust needed 30 beds to be opened and that another potential 10 had been identified in the event of a severe crisis. In response to Ms Etches, he said that the Beynon Centre would continue to be used for medical outliers. Ms Etches asked whether it would be wise now to recruit substantively to staff those additional beds in order to reduce bank spend. Ms Nuttall said that this matter had been discussed last week and that she did not wish to open ward A10 if she could avoid it. Mr Loughton noted that additional staff would be required over a period of four months and suggested that they be recruited substantively, because over that period of time there would be some turnover and these additional members of staff could in all likelihood be accommodated elsewhere later. Ms Nuttall repeated that she did not wish to factor in to the plans the definite reopening of ward A10 as it would represent an additional cost pressure for which the Trust did not have the funds. Mr Loughton said that the Trust overall was entering into the winter period in a better state of preparedness than it did 12 months ago having regard to the opening of the Clinical Decisions Unit, the additional majors bays in A&E, seven day working with Social Services and the recruitment of further A&E Consultants. He agreed that the Chief Operating Officer should not be rushed into opening up new capacity. Mr Loughton also noted performance against the 62 day cancer target and expressed concern over this. Ms Nuttall indicated that the reconvened Cancer Meeting yesterday had reviewed the situation, and two specialties were particularly challenged over the situation. She said that there had been discussion over possible changes to care pathways to overcome some of the problems. She also referred to the real challenge around staffing in Urology. Ms Etches indicated that a matron was working on the outliers. **IT WAS AGREED: that the monthly Integrated Quality and Performance Report be noted.**	
13/292	**PLACE (PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT)** Ms Roberts presented the report on the results of the PLACE inspection, which had resulted in the Trust scoring higher than most other hospitals in the area, and which included an action plan designed to achieve further improvements during the year ahead. The outcome in respect of Cannock Hospital, which was a relatively new establishment, was noted. Ms Young indicated that she had received an approach from the WCCCG about signage in the hospital which, according to the CCG, was deemed not to be fit for purpose by the general public. Mr Cusack indicated that there was also some confusion on the ground floor in the Heart and Lung Centre in regard to signage. Mr Goodwin responded that issues relating to the Heart and Lung Centre would be addressed in the next month. Ms Roberts advised that patients involved in the	

	PLACE inspection process were not united in their opinion of the Trust's signage arrangements. Mr Loughton emphasised that much work had been done on the signage during the last 12 months, and that a conscious decision had been taken to emulate the style and approach adopted in places which were known to be successful in this regard. He suggested that the Trust's own staff must be conversant with the new signage and location descriptions in order to be able to direct patients and members of the public correctly whenever approached for directions. Mr Goodwin confirmed that there were large direction signs at each of the three key entrances and more work would be done in outpatient areas. He stressed, however, that teams in outpatients must give clear instructions to help patients, and suggested, for example, that the prescription pads be redesigned to include the location number for Pharmacy to help outpatients being directed there. Mr Loughton congratulated Ms Roberts and her team on the excellent scores now being reported. **IT WAS AGREED: that the results of the PLACE inspection be noted, and that the staff involved be commended for the scores achieved.**	
13/293	**DIVISIONAL ACCOUNTABILITY AGREEMENT** Ms Nuttall drew out the salient points of her report on the new Divisional Accountability Agreement, pointing out that this would hold corporate divisions, as well as operational ones, to account, and that the Appendices were not exhaustive lists of matters which would be monitored. She also drew attention to the proposal that each Division would be required to complete a quarterly certification using the OPR process to evidence sign off, and that all of the Medical Directors would be required to sign off delivery across their Division. In response to a question by Ms Baker, Ms Nuttall confirmed that the mention of "board turnover" in appendix 4 related to the Trust Board and was a corporate matter. In response to Ms Baker's question about the 25 working days for resolving complaints (appendix 6), Ms Etches expressed the view that this period of time should not be extended. Dr Cooper asked whether it was appropriate in Appendix 4 to mention e.Coli and MSSA cases. Ms Nuttall requested that matters of detail, such as this, be raised in an email to her within the next 5 working days. **IT WAS AGREED: that the Divisional Accountability Agreement be approved, subject to the Chief Operating Officer being authorised to make any final adjustments in the light of observations received from members of the Trust Management Committee within the next 5 working days.**	**G Nuttall**
13/294	**FINANCE REPORT FOR MONTH 6** Mr Stringer presented the financial position of the Trust at the end of	

	September 2013, highlighting that the Trust's surplus at that time was £2.12m, which was on plan. He added that between now and the end of the financial year it was important to hit the control totals month by month, make good progress towards achieving the CIP target, and that Division 1 needed to protect elective surgery (especially in Orthopaedics) and Division 2 needed to try to contain the winter pressure costs. He said that work was on-going in respect of the Cost Improvement Programme for 2014/15. Mr Stringer indicated that the Trust was actively managing the cash position, which was a sign of growing pressures around income and CIP. Mr Loughton underlined the need for tight control, and highlighted the need to bear down on agency spend, particularly on doctors. Dr Dowson asked whether it would be possible to make permanent appointments in cases were there had been long term agency spend on posts. It was agreed that Dr Odum, Ms Nuttall and the Chief Executive would look at this matter in more detail outside the meeting. Dr Cusack referred to the need to safeguard elective surgery and mentioned how bed availability could affect this. He asked what scope had been provided in the winter plan to allow for a surge in activity. Ms Nuttall responded that ward A10 might be available; alternatively a contract could be drawn up with a private sector provider. Mr Loughton underlined the need for robust contingency plans to ensure that winter pressures did not crowd out elective surgery within the Trust. **IT WAS AGREED: that the report on the financial position of the Trust at month 6 (September 2013) be noted.**	
13/295	**<u>CAPITAL PROGRAMME 2013/14</u>** Mr Goodwin presented the report on the progress of the capital programme as at month 6 (September) 2013/14. It was noted that the month 6 out-turn projection equated to an over commitment against the Capital Resource Limit of £5,245,772. **IT WAS AGREED: that the monthly report on the progress of the capital programme 2013/14 be noted.**	
13/296	**<u>REVISION TO CAPITAL PROGRAMME 2013/14</u>** Mr Goodwin summarised the report which recommended a revised Capital Programme for 2013/14, which had been drawn up in the light of additional commitments approved in recent months. He explained that projects shown red in the appendix were proposed to slip into 2014/15. Dr Cusack expressed concern over the proposed slippage of the scheme for the Catheter Labs which he said were past their useful life and regularly failed, including during procedures. The failure was losing activity for the Trust. Mr Grant expressed concern that theatre refurbishment was also proposed for deferral. Mr Loughton indicated that the TDA was expected to respond to the Trust's request for additional resources by 1 November. He said that subject to the outcome of discussions with the TDA, he would meet	

	with the Executive Directors to review the proposals for deferring schemes, having regard to the business cases which had been prepared in respect of them. Dr Odum said that it would be important to understand the risks attached to the slippage of various schemes, for example, the risk of equipment failing during a surgical procedure. **IT WAS AGREED: that the report on proposed revisions to the Capital Programme 2013/14 be deferred until the next meeting.**	
13/297	**<u>FIVE YEAR CAPITAL PROGRAMME 2013/14</u>** Mr Goodwin introduced this report, which proposed a revised 5 year capital programme as a result of the funding requirements for the new Emergency Centre, to ensure that the Programme remained in balance should additional external funding not be received. **IT WAS AGREED: that the revised Five Year Capital Programme 2013/14 be approved, as set out in attachment 1 to the report.**	
13/298	**<u>DELIVERY OF ESTATES STRATEGY 2009/10 TO 2018/19 – QUARTER 2 REPORT 2013/14</u>** Mr Goodwin submitted the report for quarter 2 of the implementation of the Trust's Estates Strategy, giving information on major projects and reporting progress from the Estates Governance Groups. **IT WAS AGREED: that the report for quarter 2 on the implementation of the Estates Strategy 2009/10 to 2018/19 be noted.**	
13/299	**<u>NEW EMERGENCY CENTRE – OUTLINE BUSINESS CASE</u>** Dr Odum guided the meeting through the Outline Business Case for the new Emergency Centre (phase 1) at New Cross Hospital. He said that this was a £28M investment for the first phase of the development and that discussions were on-going in respect of a second phase to be undertaken at a later date. He described the service model and the anticipated future activity upon which the business case was developed, and confirmed that the service model had now been agreed by the WCCCG. It was anticipated that the reassignment of a percentage of New Cross Emergency Department activity to Primary Care, to be delivered in/alongside the new Emergency Department, would use local GPs but the exact model of service provision had not yet been defined. Mr Goodwin confirmed that the £28M was the total estimated capital cost, including fees and VAT, and that the Trust would use the same architect which had been engaged in connection with the Pathology Laboratory. Mr Stringer spoke about the high level financial summary and indicated that the capital cost of the scheme would be funded from surpluses made by the Trust. He also indicated that between this point and the	

	submission of the Full Business Case there would be considerable work undertaken to define the income which would be obtained through activity, including the price paid by the WCCCG to use the CDU. He alluded to the recent meeting of the WCCCG Board when this matter had been considered, and it was noted that they appeared to be was now supportive of the proposals. **IT WAS AGREED: that the Outline Business Case for the new Emergency Centre (Phase 1) at New Cross Hospital be approved.**	
13/300	**REVALIDATION OF MEDICAL STAFF – QUARTERLY UPDATE** Dr Odum submitted the quarterly update on the Revalidation of Medical Staff, which highlighted that as at 15 October the Trust's Responsible Officer had made positive recommendations for 42 Doctors, and they had been approved by the GMC. As at 30 September 2013 the Trust's medical appraisal compliance was 90.3%. He referred to the national and local problems with the revalidation of locum doctors. He referred also to the improved compliance against medical appraisal of non-training grades which averaged 50% nationally but was now 84.6% in this Trust. **IT WAS AGREED: that the quarterly report on the revalidation of medical staff be noted.**	
13/301	**RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS.** Ms Etches introduced this report, which contained two new amber risks identified during the period under review. She urged Directorates to examine the detail of the report to assess whether high amber risks which had been identified some time ago could be downgraded, removed, or, if necessary, escalated. **IT WAS AGREED: that the monthly report on red incidents, red complaints and high level operational risks for corporate areas be noted.**	**ALL**
13/302	**NURSING, MIDWIFERY AND HEALTH VISITING PROGRAMME 2012-1014** Ms Etches presented the quarterly update on the implementation of the Nursing, Midwifery and Health Visiting Programme 2012- 2014, which had been produced this time in a new format. She drew attention to a recent review whereby each work-stream had been mapped to the range of national documents pertinent to best nursing practice. **IT WAS AGREED: that the quarterly update on the implementation of the Nursing, Midwifery and Health Visiting Programme 2012-14 be noted.**	

13/303	**BUSINESS CASE: CHANGE IN TREATMENT ALGORITHM FOR *C.difficile* TO FIDAXOMICIN AS FIRST LINE AGENT** Dr Cooper submitted a business case for the introduction of Fidaxomicin, which was a new anti-biotic considered to be highly effective against C.*difficile,* producing a significantly lower rate of recurrent disease and thereby improving patient experience and safety, avoiding potential fines, and reducing the risks of generating antimicrobial resistance to vancomycin and metronidazole. Tests had demonstrated that this treatment could reduce the rate of recurrence of C.*difficile;* but a course of treatment cost £1620. The likelihood was that the introduction of this treatment would reduce the length of stay and the risk of fines for infections. In response to questions, Dr Cooper said that the drug had been proven to reduce the rate of recurrence. Dr Dowson asked how many cases of C.*difficile* were recurrent, and Dr Cooper said that there were approximately 20 per annum, and that the Trust encountered fewer severe cases of C.*difficile* than formerly. Ms Espley said that the Contracting and Commissioning Forum had not been able to support this recurrent business case on the information presented, and had suggested that the cost and benefits be further examined for possible introduction in 2014/15. Ms Etches said that the Department of Health had issued guidelines on this new treatment and that the Infection Prevention and Control Group had recently supported the proposal. Mr Loughton said that this was not in the tariff and there did not appear to be a strong clinical argument to make the case a compelling one, and he therefore requested Dr Cooper to meet with the other Clinical Directors and the Medical Director to have a further discussion about the merits and demerits of this business case. **IT WAS AGREED: that the business case for a change in the treatment algorithm for C.*difficile* to fidoxamicin as first line agent be deferred.**	**M Cooper**
13/304	**CARE QUALITY COMMISSION UPDATE** Ms Etches reported that the initial feedback from the CQC had been positive and that the final report was expected in time for the Quality Summit on 19 November. She also referred to the CQC's unannounced visit to Community Services a week before the visit to the Hospital, which had gone well. There had also been an unannounced visit to the Hospital in early October, and the CQC was still working through issues raised during the event at the Molineux. Ms Etches wished to place on record her appreciation of the work done by staff in getting the Trust to attain NHSLA Level 3. She said that the impact of this achievement should not be underestimated, especially around the live health record check, and that there was now national interest in the achievements made by this organisation. Ms Etches went on to mention a recent visit by Ruth May (NHS England) one week after the CQC visit, and said that her visit had	

	also been positive, and that she had asked for details of good practice which she had observed during that visit. Turning to the need to sustain performance following the CQC visit and NHSLA assessment, Ms Etches said that ideas were under consideration on the development of an integrated peer review within each directorate, and further consideration to this would be given at the Matrons Away Event and reported to a later meeting of the Trust Management Committee. Dr Higgins referred to the thematic review of Paediatrics by the WCCCG. Mr Loughton said that a letter should be sent to all staff with payslips as soon as the CQC report had been published, in order to express appreciation for their achievements. Mr Loughton mentioned that on 24 October the CQC had ranked all hospitals in the country, and that this organisation was ranked 5 (which was "very good"), 6 being the highest position. **IT WAS AGREED: that the report on the recent inspections by the Care Quality Commission and other bodies be noted.**	
13/305	**<u>BUSINESS CASE FOR PRESSURE CARE MATTRESSES</u>** Ms Etches introduced this report, which recommended an extended trial of the use of the latest hybrid mattress to provide 100% dynamic mattress capability in six wards in the hospital. The expectation was that this would lead to a more efficient use of mattresses across the Trust, and this had recently been supported by the Executive Directors. Mr Stringer added that the hybrid mattresses were new to the market but that ultimately there would be savings by purchasing these on a like for like basis, and it would help unlock CQUIN monies in the next financial year, as well as potentially reducing the number of patients suffering from pressure ulcers. In response to questions, Ms Baker said that the wards selected for the extension of the trial were those with the highest number of pressure ulcers reported. Ms Espley confirmed that this had been considered at the Contracting and Commissioning Forum which had requested further clarification before approving the use of the mattresses for 2014/15, but that it had accepted that the proposed in-year saving should fund the extension of the trial during 2013/14. The Forum would need a strong business case to persuade it to approve this development for future years. **IT WAS AGREED: that the trial use of the latest hybrid mattresses to provide 100% dynamic mattress capability be extended to six wards within the hospital.**	
13/306	**<u>EMERGENCY PREPAREDNESS – QUARTER 2 2013/14</u>** Ms Espley submitted an update on activities in respect of Emergency Preparedness for Quarter 2, 2013/14. **IT WAS AGREED: that the report on activities during quarter 2**	

	in regard to Emergency Preparedness be noted.	
13/307	**CONTRACTING AND COMMISSIONING UPDATE** Ms Espley introduced this report, and indicated that the contract round for 2014 had now been launched, the commissioning intentions having been received from all commissioners and the first internal contracting meeting was due to take place next week. She confirmed that contract negotiations for 2014/15 were expected to be far tougher than previously. She added that TMC would be kept informed of opportunities to tender for NHS work as and when they arose. **IT WAS AGREED: that the update on LDPs with the main commissioners be noted.**	
13/308	**CHANGE PROGRAMME BOARD** Ms Espley submitted the monthly report on the progress of the Change Programme Board, which showed that as at month 6 a total of £7.77M (£0.63M in month) had been removed from budgets against the 2013/14 target of £21.28M, representing 36% of the annual amount. The target performance was for 53% of the annual plan to have been achieved to date, and therefore underachievement against the month 6 plan by £883k was recorded, which was an underachievement for the year to date in the sum of £3.54M. **IT WAS AGREED: that the monthly update on the Change Programme Board be noted.**	
13/309	**OP26 – SECURITY POLICY** **IT WAS AGREED: that the revised OP26 Security Policy be approved**.	
13/310	**CP13A WOUND MANAGEMENT POLICY FOR ADULTS AND CHILDREN** Ms Etches presented revisions to the Wound Management Policy for Adults and Children. Mr Badger requested that the wording of parts of the revised policy be reviewed, and that it to be brought back to the TMC in November **IT WAS AGREED: that consideration of Policy CP13A (Wound Management Policy for Adults and Children) be deferred to allow a further review of the wording of aspects of the policy.**	**C Etches**
	MP01 – PRESCRIBING, STORAGE AND ADMINISTRATION OF	

13/311	**DRUGS, AND ASSOCIATED MEDICINES MANAGEMENT HANDBOOK PROCEDURES** Dr Odum presented a revised policy for approval **IT WAS AGREED: that policy MP01 (Prescribing, storage and administration of drugs, and associated Medicines Management Handbook procedures) be approved.**	
13/312	**ORGAN DONATION POLICY** Dr Odum introduced a new policy for approval. Mr Badger expressed the view that in paragraph 4.7 of the policy it was incorrect to state that the family were able to give permission for donation and continued care under the Mental Capacity Act 2005. In his view, this reference was inappropriate and should be removed from the policy. **IT WAS AGREED: that consideration of the Organ Donation Policy be deferred until the November meeting to allow Dr Odum to review the policy in the light of the comments made by Mr Badger.**	**J Odum**
13/313	**OP96 PRESSURE ULCER PREVENTION AND MANAGEMENT FOR PAEDIATRIC AND ADULT PATIENTS IN HOSPITAL AND COMMUNITY SERVICES.** Ms Etches submitted a revised policy for approval. **IT WAS AGREED: that the revised Policy OP96 (Pressure Ulcer Prevention and Management for Adult and Paediatric Patients in Hospital and Community Services) be approved.**	
13/314	**RISKS** At this point in the meeting, opportunity was given for those present to identify any further risks for inclusion on a risk register. No additional risks were identified.	
13/315	**DATES OF MEETINGS IN 2014/15** **IT WAS AGREED**: that meetings of the Trust Management Committee be held at 1.30pm in the Board Room of the Clinical Skills and Corporate Services Centre on the following dates in 2014/15: 24 January 2014 21 February 2014 21 March 2014 25 April 2014	

	30 May 2014 27 June 2014 25 July 2014 26 September 2014 24 October 2014 21 November 2014 23 January 2015 20 February 2015 27 March 2015	
13/316	**DATE AND TIME OF NEXT MEETING** It was noted that the next meeting of the Trust Management Committee would be held on Friday 22 November 2013 at 1.30pm in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.	

The meeting closed at 3.45pm