

## CHAIRMAN'S SUMMARY REPORT

<b>Name of Committee/Group:</b>	Trust Management Committee	
<b>Report From:</b>	Chief Executive	
<b>Date:</b>	25.07.14	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information	
	<input type="checkbox"/> Decision	
	<input type="checkbox"/> Other	
<b>Aims of Committee:</b>	<ul style="list-style-type: none"> <li>▪ To oversee and co-ordinate the Trust operations on a Trust-wide basis</li> <li>▪ 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.</li> </ul>	
<b>Drivers:</b> 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.	
<b>Main Discussion/Action Points:</b>	<ul style="list-style-type: none"> <li>▪ Considered and approved the business case for a <b>spy-glass visualisation for the treatment of patients with suspected biliary malignancy or Choledocholithiasis (bile duct stones)</b>. This is an advanced alternative to Endoscopic Retrograde Cholangio Pancreatography (ERCP), which enables the diagnosis of abnormalities in the bile duct and improves the management of patients with suspected bile duct cancer. It is not currently available in the Midlands and surrounding area, and will enhance the reputation of the Gastroenterology Directorate as a tertiary provider of specialised endoscopy services. This will also enhance the quality of service to patients and secure additional income.</li> <li>▪ Endorsed the business case for <b>admin picker and packer posts, as part of the Dressing CQUIN 2014/15</b>. Until now, community patients requiring wound care have relied upon GP prescription and availability of products through retail pharmacy outlets, with attendant delays in obtaining the necessary products for the effective care of their wounds. This business case provides for district nursing teams to have instant access to some products from the formulary, held at base through regular order from NHS Supplies. The investment will be in staff to handle materials and undertake</li> </ul>	

related admin work at each of the three locality bases. As well as improving patient experience the Trust stands to achieve full delivery on the CQUIN and recurrent cost savings from the change in practice.

- Approve the business case for **the nursing homes project – homes in reach team**. For a trial period of six months a rapid response service has been provided to 10 targeted nursing homes in the city, leading to a 21% reduction in attendances to A and E from those homes. It has therefore been agreed to provide an inreach team service to nursing homes on a permanent basis so that whenever possible patients can be treated and supported in their nursing home, thereby reducing the number of admissions to ED and AMU and reducing in-hospital deaths. The business case is primarily for the appointment of Advanced Nurse Practitioners to carry out the service.
- Received and supported the CQUIN-Dementia business case for **fixed term funding for members of staff to deliver the Dementia CQUIN**, by finding and assessing patients with dementia and then referring them onward to the Dementia Outreach Team. The team work across the whole organisation, targeting the Emergency Portals. This will support the national ambition that two thirds of the estimated number of people with dementia will receive a diagnosis and, from that, go on to receive high quality post diagnostic support. Funding has been approved for Q2 while work to evaluate an alternative electronic solution continues. If this turns out not to be viable, then the funding for staff to do this work will continue beyond Q2, in order to deliver the CQUIN.
- Approved a business case for the **assessment and management of psoriasis**. This is in line with NICE Guidance, requiring the development of services for patients with this inflammatory skin disease. Current staffing and resources within the Department do not allow for full implementation of the NICE Guidance, and the business case provides for additional staff resources to support 100 new inpatient attendances at joint Rheumatology and Dermatology Clinic, and 500 new follow up attendances.
- Discussed and endorsed **the partial integration of IT for health visitors working from health centres**. Health visiting Staff in Wolverhampton are in the process of co-locating with local authority staff in Children's' Centres. This modest investment will allow staff to input data to a shared system, as part of the wider service transformation and improvement programme for health visiting. The result will be improved communication between organisations and therefore improved outcomes for young people.
- Approved the business case for **delivering Fluenz vaccine to Wolverhampton children** in school years 7 and 8 (approximately 5000 children aged 11-13). A team of

	<p>qualified nurses will carry out the programme within schools, funded by NHS England.</p> <ul style="list-style-type: none"> <li>▪ Approved the business case for the <b>replacement of the water treatment unit at the Renal Unit</b>. The existing water treatment plant for Renal is over 10 years old, and is obsolete, resulting in component failures and delays to treatment. The water treatment plant is a vital component in the provision of purified water for making up prescribed drugs for dialysis.</li> </ul>
<p><b>Risks Identified:</b>  <b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	<p>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.</p>

# The Royal Wolverhampton NHS Trust

## TRUST MANAGEMENT COMMITTEE

Minutes of the meeting of the Trust Management Committee held at 1.30pm on Friday 25 July 2014 in the Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital, Wolverhampton

### Present:

Ms C Etches	Chief Nurse (Chair)
Ms R Baker	Head Nurse, Division 2
Dr M Cooper	Head of Infection Prevention
Dr J Cotton	Head of Research and Development
Dr L Dowson	Divisional Medical Director, D2
Ms M Espley	Director of Planning and Contracting
Mr M Goodwin	Head of Estates Development
Mr L Grant	Deputy Chief Operating Officer, D1
Dr C Higgins	Divisional Medical Director, D2
Ms G Nuttall	Chief Operating Officer
Mr T Powell	Deputy COO, Division 2
Dr D Rowlands	Lead Cancer Clinician
Dr B Singh	Lead Clinician, IT
Dr S Smith	Divisional Medical Director, D2
Mr K Stringer	Chief Financial Officer

### In Attendance:

Mr N Bruce	Head of IT (part)
Mr A Sargent	Trust Board Secretary

### Apologies:

Mr G Argent	Divisional Manager, Estates and Facils
Mr I Badger	Divisional Medical Director, D1
Dr M Cusack	Divisional Medical Director, D1
Ms D Hickman	Head of Midwifery and Interim HN D1
Mr D Loughton CBE	Chief Executive
Dr J Odum	Medical Director
Ms D Pugh	Acting Head of HR

### 14/221: DECLARATIONS OF INTEREST

No interests were declared at this meeting.

### 14/222: MINUTES OF THE MEETING OF THE TRUST MANAGEMENT COMMITTEE HELD ON 27 JUNE 2014.

**IT WAS AGREED:** that the minutes of the meeting of the Trust Management Committee held on Friday 27 June 2014 be approved as a correct record.

### 14/223: MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

#### **14/224: ACTION POINTS LIST**

Following discussion, it was agreed that the following items could be closed:

- 13/221 – ICT 5 Year Strategy
- 14/63 – Business opportunities for the Trust: Ms Espley indicated that she had spoken with Dr Singh about the business opportunities being presented through open tenders currently being considered
- 14/128 – Out of Hours Child Sexual assault Examinations – now approved by NHS England. Ms Espley said that the commissioner had not yet made a decision regarding Certiluzimab.

**IT WAS AGREED:** That the Action Points list be amended and noted.

#### **14/225: INFECTION PREVENTION QUARTERLY REPORT**

Dr Cooper presented the quarterly report on Infection Prevention, which informed the meeting that there had been one MRSA bacteraemia in quarter one, and five *C.difficile* cases which counted against the external objective of 9 for quarter one. None of these had been adjudged to be unavoidable, because of poor compliance with mandatory training or inadequate documentation of antimicrobial prescribing decisions. He pointed out that every case above the target (39 for the year) would attract a fine of £10,000 and it was therefore essential that the Trust achieved maximum mandatory training and documentation of decisions.

Ms Nuttall asked whether Fidaxomicin had been used. Dr Cooper replied that it had been used in a very small number of cases but was pleased to report that these were fewer than he had originally anticipated. He added that in the near future human faecal transplants would be available and would prove even more effective.

Dr Dowson asked whether the enhanced process was in use for following up staff whose mandatory training in hand hygiene was out of date. Ms Baker confirmed that it was fully functional.

**IT WAS AGREED:** That the quarterly report on Infection Prevention be noted.

#### **14/226: GOVERNANCE REPORT - DIVISION 1**

Mr Lewis introduced this item and highlighted that there had been no new red complaints opened in this period, and there remained just one open red risk relating to staffing levels and quality of nursing care on Ward A6. He reported that a recent never event had occurred in dental paediatrics on 10 July; the 48-hour RCA had been completed and submitted to the Commissioner on 21 July.

Ms Etches requested the Division to accelerate its work of identifying those procedures outside theatre which would benefit from a safety checklist (LG/RB/IB).

**IT WAS AGREED:** that the monthly Governance report for Division 1 be noted.

#### **14/227: NURSING, MIDWIFERY AND QUALITY REPORT - DIVISION 1**

Mr Lewis presented this report on behalf of Division 1. The improving position on nurse and midwife vacancies was noted.

**IT WAS AGREED:** That the report on Nursing, Midwifery and Quality in Division 1 be noted.

#### **14/228: NURSING AND QUALITY REPORT - DIVISION 2**

Dr Dowson summarised the monthly nursing and quality report from Division 2. He mentioned that there had been 25 reported breaches in agreed staffing numbers during June, across the Division, along with eight grade 3 and 4 pressure ulcers and 108 falls. There was progress in respect of staffing although the numbers of vacancies given in the report reflected the increased capacity in parts of the division, for example endoscopy.

**IT WAS AGREED:** That the monthly Nursing and Quality report for Division 2 be noted.

#### **14/229: GOVERNANCE REPORT - DIVISION 2**

Dr Dowson presented the monthly governance report from Division 2. He said that there were no new red complaints opened during June, and one red risk remained open along with 11 existing high-level amber risks on the risk register. The Committee noted that a further seven risks were awaiting approval. Ms Etches asked when the red risk might be downgraded, and in response Dr Smith said that an early decision from Dr Odum was expected on this point.

Referring to 840 (quality and safety at NNU and A21) Ms Nuttall reported that the Quality Governance Assurance Committee on 23 July had requested that this be reviewed and updated. Dr Higgins confirmed that staff had now been recruited, and working practices were under review, and she undertook to update the controls/actions stated in the report.

**IT WAS AGREED:** That the Governance report for Division 2 be noted.

#### **14/230: BUSINESS CASE FOR A SPY GLASS VISUALISATION FOR THE TREATMENT OF PATIENTS WITH SUSPECTED BILIARY MALIGNANCY**

Dr Dowson submitted a business case for a spy glass visualisation for the treatment of patients with suspected biliary malignancy or Choledocholithiasis (bile duct stones). Mr Powell indicated that this was a retrospective business case which had been approved by the Contracts and Commissioning Group some time previously and had also been approved by the Commissioner.

Dr Cooper asked the Division to ensure that this equipment could be decontaminated properly (**Dr Dowson**).

**IT WAS AGREED:** That the business case for a Spy Glass Visualisation for the treatment of patients with suspected biliary malignancy be approved.

#### **14/231: DRESSING CQUIN 2014/15 – ADMIN PICKER AND PACKER POSTS**

Dr Higgins introduced the business case for employing administrative staff to assist with ordering and handling dressings for wound care patients to assist in achieving more timely interventions for the patients and thereby achieving the Dressing CQUIN for 2014/15. Ms Espley indicated that this had now been approved at the Contracting and Commissioning Group and that the plan for risk share needed to be formally ratified.

Mr Stringer referred to a recent visit to Landport Road where he had learnt that AHPs were not allowed to prescribe dressings but that they were able only to make recommendations to GPs. He asked whether it might be possible to allow them in future to prescribe dressings which would then be paid for from the Trust's budget (providing a suitable transfer was made from the primary care budget). Ms Baker agreed to look into this matter further (RB).

**IT WAS AGREED:** That the business case for admin picker and packer posts to achieve the dressings CQUIN for 2014/15 be approved.

#### **14/232: NURSING HOMES PROJECT – HOMES INREACH TEAM**

Dr Dowson reported that this business case had been developed following a successful pilot project covering ten nursing homes in Wolverhampton over a six month period as a result of which there had been a reduction of 21% in attendances to A and E. It was noted that the two suggested financial models would be discussed further with the CCG in the near future. In response to Dr Singh's question, Ms Nuttall said that it was clear that the CCG was keen to proceed with this project and that if they gave final approval then they would also fund it. In response to a question from Ms Etches, Ms Baker said that the project would be reviewed by the Care of the Elderly Group, and Ms Nuttall said that it would also automatically be reviewed by the Operational Finance Group after six months of operation. Ms Espley confirmed that the business case had been approved by the Contracting and Commissioning Group.

**IT WAS AGREED:** That the business case for the Nursing Homes Project (Homes In reach Team) be approved, subject to funding via the CCG.

#### **14/233: CQUIN – DEMENTIA**

Dr Dowson submitted the business case for appointing staff to support the Dementia CQUIN.

Dr Singh asked whether sufficient consideration had been given to the development and use of an IT solution to identify dementia patients. In response, Mr Powell said that the IT solution did not appear to be ready for implementation and that this business case had been submitted in order to ensure that the Trust met the CQUIN for this financial year. However the Division would be willing to continue discussions with IT about the development of a suitable alternative IT solution, but this must not only identify patients but also enable some degree of case review to be undertaken.

Ms Espley emphasised that this annual CQUIN had quarterly indicators and that payment depended upon having the resources in place to provide the necessary data in a timely manner. So far, bank staff had been used. Ms Espley also confirmed that the business case had been approved by the Contracting and Commissioning Group.

**IT WAS AGREED:** That the business case for the employment of staff to collect data in connection with the Dementia CQUIN be approved, and that staff continue to be employed during Quarter 2 while discussions are held about the development of an alternative IT solution to deliver this CQUIN, and that a progress report be submitted to the September meeting (TP/Dev Singh).

#### **14/234: THE ASSESSMENT AND MANAGEMENT OF PSORIASIS - BUSINESS CASE**

Mr Powell presented the business case for changes in practice within both dermatology and rheumatology to comply with NICE Guidance in respect of the assessment and management of psoriasis. He indicated that this would be subject to gaining the support of the

Commissioner. Mr Stringer noted that the report suggested that the changed approach would run at a loss. Dr Dowson said that discussions were required on the level of tariff available. Ms Espley confirmed that meetings had been arranged to examine how to increase the tariff and the proposal would not be submitted to the Commissioner until it was financially viable. Ms Espley confirmed that the business case had been approved by the Contracting and Commissioning Group, subject to finalising the tariff.

**IT WAS AGREED:** That the business case for the assessment and management of Psoriasis be approved in principle, subject to further work on the financial viability of the proposals and subject also to gaining the approval of the commissioner.

#### **14/235: PARTIAL INTEGRATION OF IT FOR HEALTH VISITORS WORKING FROM CHILDRENCENTRES**

Dr Higgins presented this business case. Ms Espley confirmed that the business case had been approved by the Contracting and Commissioning Group, and the Directorate had agreed to fund it directly.

**IT WAS AGREED:** That the business case for the partial integration of IT for health visitors working from Children Centres be approved, to be funded via the Directorate.

#### **14/236: DELIVERING FLUENZ VACCINE**

Dr Higgins presented the business case for undertaking the vaccination of approximately 5000 11/12 -year-olds against influenza during the autumn term 2014. She confirmed that this would be funded by NHS England. Ms Espley confirmed that the business case had been approved by the Contracting and Commissioning Group.

**IT WAS AGREED:** That the business case for delivering fluenz vaccine to schoolchildren in school years seven and eight during the autumn term 2014 be approved.

#### **14/237: CORRELATION OF THE TRUST'S 2013 NATIONAL NHS STAFF SURVEY RESULTS, CHATBACK SURVEY RESULTS AND THE RESULTS FROM THE FRIENDS AND FAMILY TEST 2014**

This report was submitted for information only.

**IT WAS AGREED:** That the report on the correlation of the Trust's 2013 National NHS staff survey results, Chatback survey results, and the results from the Friends and Family Test 2014 be noted

#### **14/238: NURSE RECRUITMENT**

The Committee noted the update on the actions being taken at a national and international level to recruit nurses and midwives to the vacant posts in the Trust. Ms Etches indicated that a cohort of European nurses had commenced work in the last week. She also reported that Health Education West Midlands had offered to work on behalf of NHS trusts with a particular company in order to reduce the cost of recruiting from overseas.

Mr Stringer referred to data which suggested that certain trusts were forecasting reduced requirements for nursing and that consequently there would be a reduction in the number of commissioned university training places. Ms Etches confirmed that whilst this Trust had not significantly reduced its workforce plan for nurses, certain other trusts in the West Midlands had done so, and that this would have an impact on the number of university training places. She added that there were discussions with the University around the possible introduction



of a four-year self-funded Masters Course. She pointed out that commissions were funded places.

**IT WAS AGREED:** That the report on Nurse Recruitment be noted.

#### **14/239: INTEGRATED QUALITY AND PERFORMANCE REPORT**

Ms Nuttall reported that there had been increasing attendances at A and E (July so far the busiest on record), delays for DEXA scans should be reducing by the end of July, ambulance attendances to the site had increased by 11% mainly following boundary changes relating to Stafford, but there had been a decrease of over 50% in the number of cancelled operations compared to the same period in 2013. It was also noted that fines for performance in the emergency department were 25% lower than in 2013, but there remained challenges in cancer services particularly regarding urology, and that although a vacant post had been advertised there had been no applicants and therefore discussions were taking place with a neighbouring hospital.

Ms Etches reminded the directorates that performance around complaints continued to be under intense scrutiny. She said that the new Patient Experience lead would start in August and would review the way complaints were handled in the Trust. The improved scores for the Patient and Carer Voice were noted, as was the slight deterioration in month in the midwife to birth ratio.

**IT WAS AGREED:** That the monthly Integrated Quality and Performance report be noted.

#### **14/240: FINANCE REPORT FOR M3 (JUNE 2014)**

Mr Stringer reported that at the end of Month 3 the Trust's deficit was £1,141k, which was £89k above plan. The report showed that while Division 2 was managing to balance income and expenditure quite well, there were some specialties in Division 1 which were underperforming in terms of elective activity. Mr Stringer explained that the Trust was now red-rated on CIP with the TDA and must ensure it was doing all it could to demonstrate proper oversight and control of the programme. The cash balance was strong in month three partly because payments were being withheld from a number of trusts involved in R and D until contracts had been signed. It was also noted that the local authority was taking longer to settle its accounts with the Trust and firmer action was being taken to recover money owed.

**IT WAS AGREED:** That the report on the Trust's financial position at the end of M3 (June 2014) be noted.

#### **14/241: CAPITAL PROGRAMME 2014/15 – M3 (JUNE 2014) UPDATE**

Mr Goodwin reported that the actual monthly expenditure position at month 3 was £2,777,303, against a target of £2,397,318 (which was an overspend of £379,985 in month). He said that the capital review group had discussed ways of bringing the programme back into balance and that the Inpatient Cystic Fibrosis Scheme, estimated to cost £3 million, would be deferred into the next year. He also reported that attempts were being made to draw down from the TDA the total £10 million additional Public Dividend Capital in this financial year. Mr Stringer pointed out that the capital works at Cannock hospital (estimated cost – £11 million) were outside the CRL.

**IT WAS AGREED:** That the progress of the Capital Programme 2014/15 at the end of June 2014 be noted.

#### **14/242: DELIVERY OF ESTATES STRATEGY 2009/10-2018/19: Q1 REPORT**

Mr Goodwin reported that, as indicated in the report, closure of the existing east entrance for demolition and remodelling would take place for a period of approximately 2 weeks at the end of August. Mr Stringer noted that the doors which would be used instead of the present entrance did not open automatically. Mr Goodwin pointed out that as this was not a fire door they could be held open so that people with disabilities, people with pushchairs, and the like, were not impeded by the temporary change.

**IT WAS AGREED:** That the report on the delivery of the estates strategy (quarter one 2014/15) be noted.

#### **14/243: NEW URGENT AND EMERGENCY CENTRE OGC GATEWAY REVIEW 3 – INVESTMENT DECISION**

Mr Goodwin summarised the report which was for information.

**IT WAS AGREED:** That the outcome of the Department of Health Gateway review on the new Urgent and Emergency Care Centre together with the Trust's response to the recommendations made by the Gateway team, be noted.

#### **14/244: ICT STRATEGY UPDATE**

Mr Bruce attended for this item and guided the meeting through the report on the Trust's ICT Strategy. He pointed out that the report contained no reference to the situation at Cannock hospital because, although that would in the long-term shape the Trust's technology landscape, it should not be allowed to overshadow everything else which was taking place. He stressed that IT must be seen as an enabler to patient care and supportive of the organisation keeping patients in the centre. He stressed the need for engagement, particularly with clinical staff, and the need for projects to be driven by the service perspective rather than the IT perspective.

**IT WAS AGREED:** That the update on the Trust's ICT strategy be noted.

#### **14/245: MID STAFFORDSHIRE FOUNDATION TRUST**

Mr Stringer guided the Committee through this report, which included an update on the Memorandum of Understanding, the contingency business case, the transaction documents, work around due diligence, the Legacy Management Office (which this Trust had offered to host), the disaggregation of services at MSFT, and the internal programme structure.

**IT WAS AGREED:** That the progress report on Mid Staffordshire Foundation Trust be noted.

#### **14/246: BUSINESS CASE FOR REPLACEMENT OF WATER TREATMENT PLANT FOR RENAL UNIT AT NEW CROSS HOSPITAL**

Mr Goodwin summarised this business case.

**IT WAS AGREED:** That the business case for the replacement of the water treatment plant for the renal unit at New Cross Hospital be approved.

#### **14/247: REVALIDATION OF MEDICAL STAFF – ANNUAL REPORT**

This report was submitted for information only.

**IT WAS AGREED:** That the annual report on the revalidation of medical staff be noted.

**14/248: RED INCIDENTS, RED COMPLAINTS AND HIGH LEVEL OPERATIONAL RISKS FOR CORPORATE AREAS**

Ms Etches submitted this report.

**IT WAS AGREED:** That the report be noted.

**14/249: SAFE STAFFING: PLANNED VERSUS ACTUAL STAFFING BY WARD – JUNE 2014 DATA**

Ms Etches drew out the salient points of this monthly report on the planned versus actual staffing by ward. She referred to recent guidance from NICE about safe staffing in inpatient wards, which was the latest offering on what was becoming a time-consuming activity whose benefits were still less than obvious. She believed that the Safe Hands technology provided the required level of information about patient acuity which could guide the Trust when determining the most appropriate level of staffing. She had been informed that the latest idea from the centre was to monitor and record the amount of contact time between nurses and patients.

**IT WAS AGREED:** That the monthly update on planned versus actual staffing by ward be noted.

**14/250: EMERGENCY PREPAREDNESS QUARTER 1 2014/15**

Ms Espley presented this report, which summarised progress in the first quarter in respect of the emergency preparedness of the Trust, and sought approval of two revised and one new Plan. It was also noted that the Heat Wave Plan had been approved at the Emergency Planning Group. She also reported that the recent self-assessment exercise against the national standard had disclosed two particular areas for improvement, namely cascading information in a major incident, and testing competencies following training. Actions were in place to make the required improvements.

**IT WAS AGREED:** That the report be noted, and that the following plans be approved:

- Major Incident and Mass Casualty plan
- Business Continuity Strategy and Framework
- Severe Weather Response Plan.

**14/251: TRANSFORMATION PROGRAMME – MONTHLY UPDATE**

Ms Espley submitted this report, and again referred to the significant challenge which CIP presented to the organisation. She said that whilst there was real momentum in programmes A and B, it remained critical that proposals became deliverable efficiencies for CIP. The meeting also noted that a significant saving was tied up in programme D, involving large scale changes to the terms and conditions of staff on Agenda for Change, and this would be discussed by the Trust Board on Monday, 28 July.

**IT WAS AGREED:** That the monthly report on the Transformation Programme be noted.

**14/252: POLICIES FOR APPROVAL**

The Committee considered two policies submitted for approval, both of which were being revised and updated.

**IT WAS AGREED:** That the following revised policies be approved:

- CP41 Safeguarding Children Policy
- HS11 Management of Medical Devices Policy

**14/253: RISK - CONSIDERATION OF RISKS TO BE ENTERED ONTO A RISK REGISTER**

No new risks were identified for a risk register during the course of this meeting.

**14/254: ANY OTHER BUSINESS**

No other business was raised at this meeting.

**14/255: DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting of the Trust Management Committee was due to be held on Friday 26 September, 2014 at 1.30 p.m. in the Board Room of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**The meeting closed at 3.15 pm**