

## CHAIRMAN'S SUMMARY REPORT

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

<b>Name of Committee/Group:</b>	Trust Management Team	
<b>Report From:</b>	Chief Executive/Chief Operating Officer	
<b>Date:</b>	20.07.12	
<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> Bullet point aims of the reporting committee (from Terms of Reference)	<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.	<p>The matters highlighted below are not driven directly by the CQC, Monitor, or any other outside body. They are driven variously by the imperatives to enhance patient experience, ensure patient safety, maximise operational efficiency and effectiveness, improve the quality of services, and safeguard the financial position of the Trust.</p>	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> <li>▪ Considered and approved the business case for the <b>replacement of Consultant Orthodontist</b> Mr R Evans who retired in October 2012.</li> <li>▪ Supported the business case for the implementation of an <b>Acute Oncology Service as well as increasing provision for central line access for chemotherapy patients</b> at New Cross Hospital. This will deliver compliance with NICE, Cancer Peer Review and guidance from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</li> <li>▪ Approved changes to the Trust's <b>car parking policy</b> in order to provide for scheme of car park charges for staff, to reintroduce the £2 tariff for the first hour of public parking, and the introduction of charges for Blue Badge holders, all effective from 1 October 2012.</li> <li>▪ Received a progress report on the <b>establishment of a local bank</b> of junior doctors, intended to reduce reliance upon agency staff, as part of the Medical Staffing Project.</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Discussed and approved the business case for <b>Point of Care Testing</b>, which will change the pathway for low risk patients presenting at A and E with cardiac chest pain and potentially avoid admissions. There is expected to be a loss of tariff because of reduced admissions and increased costs of point of care testing over standard laboratory tests. However the initiative is expected to improve patient experience and will be submitted to the Commissioners as a QIPP scheme.</li> </ul>
<p><b>Risks Identified:</b></p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	<p>The Management Team has had regard to any risks identified in respect of these matters.</p>

## Minutes of the Meeting of the Trust Management Team

<b>Date:</b>	Friday 20 July 2012	
<b>Venue:</b>	Boardroom, Clinical Skills and Corporate Services Centre, New Cross Hospital	
<b>Time:</b>	1.30 p.m.	
<b>Present:</b>	Ms. V. Hall (Chair) Mr. G.P. Argent Mr. I. Badger Dr. M. Cooper Dr. J. Cotton Ms. M. Espley Ms. C. Etches OBE Mr. M. Goodwin Mr. L. Grant Ms. D. Hickman Dr. S. Kapadia Mr. D. Loughton CBE Mr. M. Ogden-Meade Dr. D. Rowlands Mr. K. Stringer Ms. Z. Young	Deputy Chief Executive Divisional Manager, Estates and Facilities Divisional Medical Director, Division 1 Director of Infection Prevention and Control (part) Director of Research and Development Director of Planning and Contracting Chief Nursing Officer Head of Estates Development Deputy Chief Operating Officer, Division 1 Head of Midwifery Divisional Medical Director, Division 2 Chief Executive (part) Interim Chief Operating Officer Lead Cancer Clinician Chief Financial Officer (part) Head Nurse, Division 1
<b>In Attendance:</b>	Mr. S. Mahmud Ms. L. Myatt Dr. I. Perry Mr. A. Sargent Ms. D. Wilding	Associate Director (part) Patient Access Manager (part) Consultant Gastroenterologist (part) Trust Board Secretary Deputy Director of Human Resources
<b>Apologies:</b>	Ms. R. Baker Ms. D. Harnin Dr. J. Odum Mr. T. Powell	Head Nurse, Division 2 Director of Human Resources Medical Director Deputy Chief Operating Officer, Division 2

Minute		Action
12/208	<p><b><u>DECLARATION OF INTERESTS</u></b></p> <p>There were no declarations of interests.</p>	
12/209	<p><b><u>MINUTES OF THE MEETING HELD ON FRIDAY 22<sup>ND</sup> JUNE 2012</u></b></p> <p><b>IT WAS AGREED: that the Minutes of the meeting of the Trust Management Team held on Friday 22 June, 2012, be approved as a correct record.</b></p>	

**Minute**

**Action**

12/210

**MATTERS ARISING FROM THE MINUTES**

Funding for the Toxin EIA Test – c.difficile (12/112)

Mr. Ogden-Meade undertook to look further into this matter and report back to the next meeting.

**MOM**

Extension of the Wet Age-Related Macular Degeneration Services (12/113)

Ms. Espley reported that pending the conclusion of the Peer Review, funding for this treatment would continue to be approved on a case by case basis.

e-Discharge (12/183)

Mr. Stringer reported that, following the previous meeting, he had carried out his own enquiries, which had confirmed that e-Discharge was working well in a number of medical wards but less well in some of the surgical wards and the EAU. He emphasised that the roll out of the programme had been approved in principle and in practice, as there was no alternative and the Commissioners had contracted with the Trust to deliver GP discharge letters within twenty-four hours. Failure to achieve this target could lead to a fine of up to two per cent of the contract which would equate to approximately £6 million per annum. He acknowledged that a clear strategy and vision for IT services across the Trust was required, and needed to be communicated, and that there would be a step change in performance once electronic patient records were in place. A number of technical problems had been identified, including speed, and new hardware would be installed shortly to help alleviate this difficulty. He also acknowledged frustrations which had been cited, such as staff having to hold multiple passwords.

Dr. Kapadia acknowledged that the principle had been agreed and that it was widely supported, but the pace of implementation had given rise to a number of concerns. Mr. Badger concurred with this view and emphasised the need for the e-discharge process to be made faster. He believed that the required improved speed would result from the introduction of e-prescribing.

After discussion, it was agreed to set up a small focus group to ensure that the e-Discharge process was running as smoothly as possible, and to re-launch it, and to manage it appropriately in future.

**KS**

12/211

**ACTION SUMMARY**

The following updates were received:

**Minute**

**Action**

- 12/110: Never Events Policy - Ms. Etches confirmed that the Policy had now been reviewed. It was not specific about sanctions for failing to report Never Events, but the view had been taken that the Trust should not focus on Never Events alone but should be concerned about the need for all incidents to be reported. Therefore, no revision of the policy was proposed for now.
- 12/195: NHSLA General Standards Update – Ms Etches indicated that the issue regarding DNAR was linked to the End of Life Strategy, and involved the transferability of DNAR across agencies.
- 12/160: Workforce Review of Nursing and Midwifery Stage 1 – Ms. Espley said that this Business Case, along with that in respect of Seven-day Working, was due to be considered by the WCCG on the 14 August, by which date two revised Business Cases would have been submitted to the Commissioners for consideration.

**ME**

**IT WAS AGREED: that the Action Summary be noted.**

**12/212**

**QUARTERLY REPORT**

**Infection Prevention and Control**

Dr. Cooper presented his Quarterly Infection Prevention and Control report and drew out the following highlights:

- There were high hopes that the IV Resource Team would substantially reduce the number of DRHABs once they were in place and would also help to combat MSSA bacteraemias.
- The Trust had set a new record for itself for days between cases of MSSA bacteraemias, namely 59 days between 5 May and 3 July, 2012.
- In June 2012, the Trust had recorded its lowest ever average blood culture contamination rate, at 1.35%.
- Performance in respect of *C.difficile* up to the end of June was better than the target.
- He expressed concern that a recent death certificate had cited *C.difficile* as one of the causes of death: a policy had previously been established that if it was suspected that *C.difficile* was a cause of death a member of the Microbiology team should be consulted, as well as a consultant, prior to completion and signing of the death certificate. It was noted that an RCA in respect of this incident was in progress, and the relevant consultant had been made aware of the concerns.

**Minute**

**Action**

- There remained much work to do to achieve the 95% target for compliance with Hand Hygiene and Infection Prevention training and Hand Hygiene Competency Assessment.
- There remained concerns about the Antimicrobial prescriber training, which remained below target.

Ms. Etches emphasised the need for those present to understand the reasons for any pockets of non-compliance with the Hand Hygiene and Infection Prevention training within the areas for which they were responsible. With regard to this and the Antimicrobial prescriber training, Mr. Badger emphasised the need to ensure that this was covered at induction, and doctors provided with paper copies of their certification subsequently.

**IT WAS AGREED: that the Quarterly Report on Infection Prevention be noted.**

**DIVISIONAL MEDICAL DIRECTORS' REPORTS**

**Division 1**

**12/213**

**Governance Report**

Mr. Badger presented the monthly Governance Report for the Surgical Division. He guided those present through the incidents listed in the report and confirmed that an RCA was being undertaken in respect of the three most recent incidents listed. He outlined the background to the patient's fall resulting in serious injury (2012/15182), which had been suffered by a dementia patient on Ward D1.

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

**12/214**

**Nursing, Midwifery and Quality Report**

Ms. Young summarised the main points in the monthly Nursing, Midwifery and Quality Report from the Surgical Division. Ms. Hickman indicated that it was hoped that newly qualified midwives would be recruited to vacancies in October. She also confirmed that midwifery-led protocols had been finalised, and were subject to approval by the Consultant body today.

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

**12/215**

**Recruitment of Consultant Orthodontist**

Mr. Badger presented the Business Case for the recruitment of a Consultant Orthodontist to replace Mr. R. Evans who was retiring in October 2012. Ms. Espley confirmed that this had been approved at Contracting and Commissioning.

**Minute**

**Action**

In response to questions Mr. Badger confirmed that the prospective field of candidates appeared to be acceptable and that although this was a single-handed arrangement, links for cover would be established through a peer at Walsall Manor Hospital.

Although extra activity was likely to be generated, it was thought that the supporting services would be able to cope.

**IT WAS AGREED: that the Business Case for the recruitment of a Consultant Orthodontist, as outlined in the report, be approved.**

**Division 2**

**12/216**

**Governance Report**

Dr. Kapadia outlined the monthly Governance Report for the Emergency, Medical and Community Services Division.

**IT WAS AGREED: that the monthly Governance Report for Division 2 be noted.**

**12/217**

**Business Case for the Implementation of an Acute Oncology Service at New Cross Hospital**

Dr Kapadia presented the Business Case for the implementation of an Acute Oncology Service at New Cross Hospital. Ms. Espley indicated that Contracting and Commissioning had raised queries on the financial template and that the Business Case had yet to be submitted to the Commissioner. Mr. Argent queried whether the Business Case reflected costs which he had previously highlighted, such as in respect of Medical Physics, and undertook to review the Business Case to ensure that it reflected these matters. Ms. Etches noted the proposed establishment of three CNS posts and requested that these be cross-referenced to the CNS review so as to ensure consistency of approach.

**GA**

**SK**

**IT WAS AGREED: that the Business Case for the implementation of an Acute Oncology Service at New Cross Hospital be approved in principle, subject to approval of the Business Case by the Commissioner.**

**12/218**

**Nursing and Quality Report**

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

Minutes

Action

**REPORT OF THE INTERIM CHIEF OPERATING OFFICER**

12/219

Performance Report

In presenting his report, Mr. Ogden-Meade highlighted the following:

- There had been two fewer reds and two additional greens recorded during June compared to the previous month.
- During June everything on the Monitor compliance framework had been rated green.
- In respect of the Time to Initial Assessment performance target, the new rapid assessment facility had come into operation this week and it was anticipated that this would improve performance against this indicator.
- The four hour A and E (maximum waiting time) standard remained a challenge for the Trust and detailed analysis was being undertaken, particularly around length of stay and discharge rates.
- Admissions had not increased significantly during the period under review, but the demographic nature of those being admitted had changed, and the Trust had seen a dramatic rise in the number of those in the seventy plus age group presenting and being admitted, and going on to experience significant lengths of stay. Again, this was being analysed. It was noted also that a significant proportion of this cohort were females.
- The current escalation arrangements were under review in view of the frequency and magnitude of some of the surges in demand recently experienced.

**IT WAS AGREED: that the report on Performance against National and Local Performance Indicators for June 2012 be noted.**

12/220

Car Park Charging

Mr. Argent presented a report which sought approval for the introduction of staff car parking charges, and which proposed revisions to the public car parking policy (in regard to the reinstatement of the £2 tariff for the first hour of car parking) and the introduction of charging for blue badge holders, all from 1 September, 2012.



**Minute**

**Action**

Mr. Argent indicated that approval had been given in April this year to commence consultations with the Staff Side in respect of the introduction of car park charges for staff. A series of four meetings had then taken place but no agreement had been reached, and the Staff Side continued to oppose the proposal. A significant number of letters of objection, together with a major petition, had been received. The discussions, however, had been cordial throughout. He pointed out that the proposal summarised in the report provided a scheme of charges to cover full-time, part-time and non-Trust staff, with rates set for a period of three years until March 2015. Mr. Argent informed the meeting that the full year income effect of the charges was estimated to be as follows:

2012/13	£1.1 million
2013/14	£1.5 million
2014/15	£1.6 million

Mr. Argent said that a technical implementation team was meeting weekly to develop the on-line allocation, permit issue, and communications matters, and that the payroll team were fully engaged in this process. It had been decided at this stage to exclude all of the Trust's Community Services premises, due to the practical difficulties of differentiating between staff and patient vehicles.

The next steps were for on-line applications to be invited with effect from 1 August and for charging to commence with effect from 1 September. However, issues continued to arise in respect of the details of the scheme, such as in respect of essential car users, and Mr. Argent requested authority to resolve these matters within the approved parameters of the scheme without seeking further TMT approval.

During the ensuing discussion, the following additional points were raised and questions answered:

- Penalties applied for "offences" such as parking over two parking bays would apply to the public as well as staff and photographs would be taken when penalties were imposed, and would be used as evidence in the event of any subsequent appeal against that penalty.
- Staff had expressed anxiety that even after paying for a place there may be insufficient car park spaces available. Mr. Argent explained that there were currently approximately 1,600 staff car parking spaces available, and the effect of the charges was thought to be a reduction in demand of the order of ten per cent. Nonetheless, car parking spaces could not be guaranteed.

**Minute**

**Action**

- It was thought unlikely that staff would warm to the proposals even if they were presented as part of a package which included investment in car parking and wider benefits, such as reduced carbon emissions. It was, however, noted that there had been significant investment in staff car parking during the last twelve months.
- Significant pressure was being exerted by the local authority to reduce the amount of car parking taking place on the site.
- Following vigorous representations from the Staff Side about personal welfare issues, the exclusion zone for existing staff had now been withdrawn and any exclusion zone would be restricted to new starters only.
- Arrangements would be made for “on-call” staff to be able to park out of hours.
- A number of people who worked at the Trust but were not on the payroll would be required to use public car parks, and letters would be issued to confirm the arrangements in due course.
- It was noted that the time when applications for parking permits had to be made would coincide with the peak holiday period. Mr. Argent indicated that the proposals needed to be introduced as soon as possible.

Mr. Argent summarised the proposals in respect of public car park charging and charging for holders of blue badges.

**IT WAS AGREED: that the revisions to the car park policy to provide for staff car park charges, the re-instatement of the £2 rate for the first hour of public parking, and the introduction of charges for blue badge holders, all with effect from 1 September 2012, be approved, and that Mr. Argent be authorised to resolve outstanding matters of detail within the approved parameters of the scheme for charging for staff car parking.**

**REPORT OF THE CHIEF FINANCIAL OFFICER**

**12/221**

**Financial Position of the Trust at the end of Month 3 (June 2012)**

Mr. Stringer presented a report on the Financial Position at the end of June 2012 (Month 3), by when the Trust’s surplus was £390,000, which was £562,000 below plan. The overall position was an over-performance on income of £687,000, with deterioration in Division 1 and an improvement in Division 2.

**Minute**

**Action**

One of the key drivers was the reduced level of out-patient (new and follow-up) activity being done compared to contract and the same period last year. It had been noted that the week of the Jubilee celebrations had resulted in elective and out-patient activity being lower than in the same period in 2011, and Division 1 was identifying the level of activity which needed to be undertaken in order to catch up at little or no additional cost. Mr. Stringer highlighted that the expenditure position showed a deterioration of £610,000 in month.

Mr. Grant confirmed that Division 1 had investigated the reasons for the deficits in Orthopaedics and Cardiothoracic Surgery, and that the former now had an action plan in place to deal with the situation.

**LG**

Mr. Stringer emphasised that if the in-year trading position data showed that the Trust was off-plan there would undoubtedly be external challenges, and a potential impact on the Trust's financial risk rating. Ms. Etches suggested that this should be escalated on to the Risk Register for Division 1. Mr. Grant confirmed that this would be reviewed next week.

**IT WAS AGREED: that the report on the Financial Position at the end of June 2012 (Month 3) be noted.**

**12/222**

Capital Programme 2012/13 – Month 3 progress report

Mr. Goodwin presented his report on progress with the Capital Programme 2012/13 as at Month 3 (June 2012). He mentioned the risks to the programme and confirmed that mitigation strategies were in place to offset the risks identified.

**IT WAS AGREED: that the monthly report on the Capital Programme 2012/13 be noted.**

**12/223**

Delivery of the Estates Strategy 2009/2010 – 2018/2019: Quarter 1 progress report

Mr. Goodwin submitted his Quarterly Report on the delivery of the Estates Strategy. He highlighted work in respect of the emergency portal, women's unit refurbishment, demolitions, and car parking developments.

**IT WAS AGREED: that the Quarterly Report on the delivery of the Estates Strategy for 2009/10 – 2018/19 be noted.**

**12/224**

Applying appropriate sanctions and seeking redress following the investigation of a fraud referral

Mr. Stringer outlined the key points in a report on sanctions and redress following the investigation of a fraud referral.

**Minute**

**Action**

He indicated that this had previously been considered by the Trust Management Team but had been deferred to allow the Director of Human Resources to consider one or two detailed matters.

In response to a question he confirmed that this was a holding position pending definitive guidance from NHS Protect.

**IT WAS AGREED: that the proposal for an interim position regarding applying appropriate sanctions and seeking redress following investigation of a fraud referral, as detailed in the report, be approved.**

**12/225**

Health Records Policy OP07

Ms. Myatt outlined the salient points in the report on the Health Records Policy, and in response to questions confirmed that administrative staff were presently working through the training package and that its availability would be communicated across the Trust over the next few weeks when there would also be on-going work in order to raise compliance with this policy. She confirmed that the training package was available via the KITE site.

**IT WAS AGREED: that the harmonised Health Records Policy (OP07), as now submitted, be approved.**

**REPORT OF THE DIRECTOR OF HUMAN RESOURCES**

**12/226**

Update on the Establishment of a Local Bank

Ms. Wilding introduced a progress report on the recruitment to the Medical Bank which formed part of the Medical Staffing Project. She confirmed that the Trust was averaging twenty to twenty-five per cent of bank fill of required cover against a target of fifty per cent. However, thirty-two junior doctors had now accepted bank contracts and further follow-up was taking place. In addition, during the last two weeks tighter controls had been implemented on the methods used to book junior doctors from outside the Trust.

Ms. Etches commented on lessons learnt from the establishment of the nursing bank and mentioned the importance of applying controls to the bank in order to prevent junior doctors from working excessive hours.

**IT WAS AGREED: that the progress report on the establishment of the Local Bank be noted.**

Minute		Action
12/227	<p><u>Agenda for Change Policy and Procedures</u></p> <p>Ms. Wilding submitted the Agenda for Change Policy and associated Procedures (Job Evaluation and Pay Progression) for approval.</p> <p><b>IT WAS AGREED: that the Agenda for Change Policy and associated Procedures (Job Evaluation and Pay Progression) be approved.</b></p>	
12/228	<p><u>Health and Well Being Project update</u></p> <p>Ms. Wilding outlined the contents of a report updating the TMT on the Sickness Management pilot scheme.</p> <p>The sickness absence rate had reduced from 5.27% (February 2012) to 4.11% (June 2012) and it was now planned to roll the project out from 18 August, across the entire Trust. In tandem with this, the sickness absence policy was under review with the Staff Side and would be submitted for approval by the TMT in September. She confirmed that HR were working with IT to facilitate a better IT management system and improved methods of data capture from August onwards.</p> <p><b>IT WAS AGREED: that the update report on the Sickness Management Pilot Scheme, be noted.</b></p>	
<b><u>REPORTS OF THE CHIEF NURSING OFFICER</u></b>		
12/229	<p><u>Red Incidents, Complaints and Operational Risks for Corporate Areas</u></p> <p>Ms. Etches pointed out that Never Events were identified as a red rated risk on the Board Assurance Framework.</p> <p><b>IT WAS AGREED: that the monthly report on Red Incidents, Complaints and Operational Risks for Corporate areas, be noted.</b></p>	
12/230	<p><u>Nursing, Midwifery and Health Visiting Programme: 2012 – 2014 Quarter 1 2012/13</u></p> <p>Ms. Etches presented her report updating the meeting on the work being undertaken by the Nursing and Quality Directorate on the Nursing, Midwifery and Health Visiting Programme 2012/14.</p> <p><b>IT WAS AGREED: that the report be noted.</b></p>	

Minute		Action
12/231	<p><u>Terms of Reference for the Quality and Safety Committee</u></p> <p><b>IT WAS AGREED: that the revised Terms of Reference for the Quality and Safety Committee for 2012/13, as set out in the report, be approved.</b></p>	
12/232	<p><u>Discharge Policy CP04</u></p> <p>Ms. Etches submitted for approval the proposed new Discharge Policy. Mention was made of a possible exemption relating to out of hours discharges from the Maternity Unit, and it was agreed that this should be investigated.</p> <p><b>IT WAS AGREED: that the revised Discharge Policy (CP04) be approved.</b></p>	CE
<p><b><u>REPORTS OF THE DIRECTOR OF PLANNING AND CONTRACTING</u></b></p>		
12/233	<p><u>Emergency Planning update – Quarter 1 2012/13</u></p> <p>Ms. Espley submitted the report on Emergency Planning for the first quarter of 2012/13.</p> <p><b>IT WAS AGREED: that the Quarterly Report on Emergency Planning, be noted.</b></p>	
12/234	<p><u>Contracts and Commissioning 2012/13 update</u></p> <p>Ms. Espley guided the meeting through a progress update on Contracts for 2012/13 together with the local commissioning changes. Ms. Hall asked about the audit of emergency re-admissions which had been jointly undertaken with members of the Clinical Commissioning Group. Mr. Stringer indicated that the financial value based on the audit results was expected to be favourable to this Trust.</p> <p><b>IT WAS AGREED: that the progress update on Contracts and Commissioning 2012/13, be noted.</b></p>	
12/235	<p><u>Change Programme Board</u></p> <p>Ms. Espley presented the monthly report on the work of the Change Programme Board, and highlighted the dip in performance during Month 3 with a shortfall of just under £400,000 being recorded. She emphasised the importance of making up lost ground and drew attention to Appendix A which set out the detailed analysis and the targets over the next three months. She confirmed that the Change Programme Board had recently requested more detailed work to be undertaken on the PIDs for schemes which were at risk of slipping.</p>	

**Minute**

**Action**

She also pointed out that following a quality impact assessment the scheme for the summer closure of the Paediatric Assessment Unit had been withdrawn, and would be replaced by an alternative.

**IT WAS AGREED: that the monthly report on the work of the Change Programme Board, be noted.**

**REPORT OF THE MEDICAL DIRECTOR**

**12/236** Mortality Report

Mr. Mahmud presented the summary of the year end HSMR and SHMI mortality position.

He emphasised that this Trust was now ranked as fifth best for improvement in respect of mortality in the UK and was expected to receive favourable mention in the Good Hospital Guide to be published later this year.

In response to questions, he indicated that other Trusts which had made significant improvements in respect of mortality had struggled to maintain the pace and focus, and that a real effort was required to maintain momentum in respect of mortality rates in this Trust. In response to a question by Dr. Cotton about whether the presence of the Heart and Lung Centre disadvantaged the Trust in regard to mortality figures, Mr. Loughton emphasised that the HSMR was not driven by crude numbers but by the relative risk of particular patients dying while in hospital. Mr. Mahmud also drew attention to the internal alert relating to alcohol related liver disease and the acknowledgement by the CQC that the matter was closed and because they were satisfied with the Trust's investigation into this matter.

**IT WAS AGREED: that the summary report on Mortality be noted.**

**12/237** Information Governance Strategy - Annual Review

Mr. Stringer presented this report.

**IT WAS AGREED: that the review of the Information Governance Strategy, together with the amended Terms of Reference for the Information Governance Steering Group, be approved.**

**12/238** MECC and WHO Health Promoting Hospital

Dr. Ian Perry submitted a report on the Making Every Contact Count (MECC) initiative and the WHO Health Promoting Hospitals Network, and requested that these programmes be adopted.



**Minute**

**Action**

There was discussion about the possibility of GPs alerting the hospital at the point of referral to out-patients, if a patient, was known for example to be a smoker, in order to assist with identifying and targeting as appropriate. Dr. Perry confirmed that signposting could take place at various points, such as at pre-operative assessment and in certain clinics. Dr. Rowlands noted the current emphasis on the relationship of lifestyle to cancer rates and thought that the programmes now under consideration could have a big beneficial effect in this regard. It was suggested that Dr. Perry should liaise with Divisional Medical Directors and Head Nurses in order to devise an implementation plan for these programmes.

**IT WAS AGREED: that the Making Every Contact Count initiative and the WHO Health Promoting Hospitals Network programmes be adopted by this Trust.**

**12/239** Ionising Radiation Safety Policy HS05

Ms. Etches presented this report.

**IT WAS AGREED: that the revised Ionising Radiation Safety Policy (HS05) be approved.**

**ANY OTHER BUSINESS**

**12/240** Point of Care Testing – Business Case

Dr. Kapadia presented a Business Case for Point of Care Testing. He drew attention to the estimated capital cost of the proposals together with the potential loss of income following the non-admission of patients. However, the proposal tied in with the wider intention to avoid hospital admissions. Ms. Espley indicated that this proposal had not yet been considered at Contracting and Commissioning. Ms. Hall said that, if approved, the testing arrangements would be monitored by the Patient Productivity Programme and that it should be recognised as a QIPP scheme in order to recoup the income lost. Dr. Cotton queried whether the proposal risked bypassing existing processes and patient pathways, and agreed to pursue this with Dr Kapadia outside the meeting.

**IT WAS AGREED: that the Business Case for Point of Care Testing be approved, and that this be put forward as a QIPP scheme to the Commissioners.**

**ME**

**12/241** NHSLA Update

Ms. Etches spoke to a PowerPoint slide which showed the current position in respect of NHSLA Level 1 and Level 3 at mid-July 2012. She urged members of the Team to engage with the quality assurance process for the audit which was currently underway.



**Minute**

**Action**

She also emphasised the importance of attaining Level 3 in the forthcoming assessment. It was noted that there was some way to go to achieve full compliance with Level 1 and that it was important for Divisional Meetings to pick this up to ensure that this was achieved as soon as possible.

**IT WAS AGREED: that the monthly update on NHSLA be noted.**

Reconfiguration of Stroke Services

**12/242** Mr. Loughton updated the meeting on recent discussions with Dr Steve Cartwright, Director of Public Health for the Black Country Cluster, in respect of reconfiguration of Stroke Services. Dr. Kapadia reiterated the intention to make a very strong case to retain the services within this Trust.

**DATE AND TIME OF NEXT MEETING**

**12/241** It was noted that the next meeting of the Trust Management Team was due to be held on Friday 21<sup>st</sup> September, 2012 at 1.30 p.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital.

**The meeting concluded at 3.52 p.m.**

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