

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

**Minutes of the Meeting of the Trust Management Team held on
Friday 4th March, 2011 at 1.30 p.m. in the Board Room of the
Clinical Skills and Corporate Services Centre**

PRESENT:	Dr. M. Cooper	Director of Infection Prevention and Control
	Dr. J. Cotton	Director of Research and Development
	Ms. C. Etches	Director of Nursing and Midwifery
	Ms. V. Hall	Chief Operating Officer (Chair)
	Dr. R. Horton (part)	Divisional Medical Director, Division 1
	Dr. S. Kapadia (part)	Chair, Consultants' Committee
	Dr. J. Odum (part)	Divisional Medical Director, Division 2
	Dr. D. Rowlands	Lead Cancer Clinician
	Mr. K. Stringer	Director of Finance and Information
	Ms. M. Espley	Managing Director, Provider Services, WCPCT

APOLOGIES: Mr. D. Loughton CBE, Ms. D. Harnin, Dr. B.M. Singh

IN ATTENDANCE: Mrs. Louise Nickell, Mr. Sultan Mahmud (part)

MINUTES OF THE MEETING HELD ON FRIDAY 4th FEBRUARY, 2011

11/62 The Minutes of the Meeting held on Friday 4th February, 2011 were agreed as a correct record.

MATTERS ARISING FROM THE MINUTES

11/63 There were no matters arising.

ACTION SUMMARY

11/64 The Action Summary was reviewed and updated.

QUARTERLY REPORTS

11/65 Director of Infection Prevention and Control

Up to the end of January 2011, the Trust was within internal and external targets on all bacteraemias.

The Trust has an internal target of no more than 36 RWHT attributable MSSA bacteraemias for this year.

Although within target, there had been a variable monthly performance and improvements could be made.

The number of HABS is monitored internally. The target based around the number of Device-Related HABS which was set with the PCT has been achieved and a further 10% reduction trajectory has been applied this year. A senior nurse has been seconded to work on aspects of medical device management, including enhanced training, with the aim of reducing these infections.

The average blood contaminant rate for the first ten months of 2010/11 is 2.74%. There is no national target figure for this in the UK, but in the USA there is a standard of less than 3%.

The average number of RWHT MRSA acquisitions for April 2010 to January 2011 is 8.5%. This represents a reduction year on year since 2008.

The Trust's performance against the external target for *c.difficile* is well within the limits set, and is within the SHA's "stretch" target. Both of these targets were met last year but the internal target was missed. Up to the end of January the Trust had remained within the internal target but the introduction of a more sensitive testing method from the beginning of February had resulted in higher figures being seen. Some parallel testing had been undertaken which showed the pick-up rate had increased by 50%. The Department of Health was expected to circulate a letter addressing the issue of more sensitive testing and its relation to targets. The current target for the Trust for next year is 57.

The Director of Infection Prevention and Control advised that an update on the Trust's current compliance to the Code of Practice had not been possible for this report as the transfer of data from the old database into the Performance Accelerator was not complete.

The Chief Operating Officer referred to the setting of an external target for MSSA bacteraemias centrally from April, 2011 and was advised by the Director of Infection Prevention and Control that this will be a reduction target based on one quarter's performance.

AGREED that the Quarterly Report of the Director of Infection Prevention and Control be noted.

11/66

Director of Research and Development

The Director of Research and Development advised of the new target set by NIHR of 36 days for approval of studies. The Trust is performing well with the new R & D Directorate approval pathway in place and is currently achieving 30 to 60 days.

There are currently 287 active studies (including FU) open across the Trust, the vast majority of which are non-commercial studies.

Research activity can be demonstrated across a number of Departments with notable success in developing new areas such as critical care, A & E and Rheumatology.

The Diabetes Department are reviewing new commercial and own account research opportunities until such time that the NIHR trials are available.

The graphs shown on page 3 of the report provided an overview of where most NIHR projects reside (active and pending); Oncology and Haematology still dominate the Trust portfolio in terms of active trials.

Dr. Kapadia joined the meeting at this point

Two thousand, one hundred and eighty-six new patients had been recruited into trials, of which 656 have been recruited into randomised clinical controlled trials.

The first quarterly meeting of the Clinical Lead Management Board Committee was held this month with good representation from across the specialties. Minutes of the Committee will be available.

Ongoing talks are taking place between the R & D Director and the Dean of the School of Health and the Dean of Biomedical Sciences at Wolverhampton University regarding a new academic partnership.

AGREED that the Quarterly Report of the Director of Research and Development be noted.

DIVISIONAL MEDICAL DIRECTORS' REPORTS

It was noted that the Divisional Medical Director, Division 1 would be arriving later and therefore the Agenda items were revised accordingly.

Division 2

11/67

Report of the Staffordshire, Shropshire and Black Country Newborn Network Unit visit – November 2010

Following the Network's visit to the Trust in November 2010 a positive report had been received. There were a few points raised that needed to be addressed. In particular, following a gap analysis exercise it was noted that RWHT did not have a dedicated neonatal junior doctor rota overnight; this was not consistent with a Level III service. Suggestions had been made on how the Trust might resolve this issue and further discussions had taken place outside the Neonatal Network meeting. The ANNPs will be taking up two slots on the middle grade rota overnight. Two middle grade appointments across Paediatrics and Neonates needed to be made to separate the rotas formally. Although the Trust had been unsuccessful in recruiting to these posts in the past, there was now more confidence that appointments to the middle grade posts could be achieved.

The Chief Operating Officer questioned the impact on the nursing requirements when the ANNPs are placed on the rota overnight. The Divisional Medical Director advised that there would be an impact but that this had been factored into the requirements.

The Divisional Medical Director advised of a further significant factor following the review concerning the Neonatal Unit accepting under 28 week babies. The Network is considering a proposal that Wolverhampton takes the under 28 week babies routinely from Dudley and Walsall. Further discussions will take place at the next Network meeting and formal proposals will be produced which will be reported to the Trust Management Team.

AGREED that the Report of the Staffordshire, Shropshire and Black Country Newborn Network Unit visit, November 2010 be noted.

11/68 Home Therapies Business Case

The development of Home Therapies for dialysis patients is a CQUIN target for the Trust. The target requires the Trust to achieve 35% of renal replacement therapy (RRT) as home treatment; 25% for peritoneal dialysis (PD) and 10% on home haemodialysis (HDD). This equates to 116 PD patients and 46 HDD patients. To achieve the target will be a challenge and if the year end target is not reached, the CQUIN payment is reduced back across the entire year.

It was proposed to amalgamate the two units (PD and HDD) and to increase the nursing establishment by 2 wte Band 5 nurses and the current A & C support of 0.27 wte to 0.5 wte. The total cost would be £63,368 recurring.

The Chief Operating Officer reported that the Business Case had been discussed and approved at the Contracting and Commissioning Forum. However, the Business Case would be reviewed in six months time to ensure the activity was being seen.

AGREED that the Home Therapies Business Case be approved, but would be reviewed in six months time.

11/69 Nursing Report

The Divisional Medical Director highlighted the findings from the Specialist Nurse Review which had indicated a lack of consistency and clarity within specialist nurse posts with variation in the experience, qualifications, competence, titles, roles and job plans. The findings and recommendations have been accepted by the nursing directorate and a project is underway to implement these.

The Care Quality Commission (CQC) is expected to make an unannounced visit to the Trust. A re-visit from the Health and Safety Executive took place on the 3rd March regarding sharps safety and it was felt that this had been a successful visit.

The Director of Nursing and Midwifery advised that she had not been aware of the skill mix review as a result of the Home Therapies Business Case. She fully supported the Specialist Nurse review and welcomed a co-ordinated approach regarding standardisation of roles and bandings commensurate with their competencies.

The increase in reported hospital acquired pressure ulcers was raised as a concern by the Director of Nursing and Midwifery.

The Director of Nursing and Midwifery was surprised that the CQC visit was included under the Nursing Report as this was a Trust-wide visit regarding healthcare and not just nursing. She reported that the CQC had visited the Trust on 3rd March and a meeting had been held with a number of clinicians to discuss mortality and how the Trust manages mortality. This had been followed with a meeting with the Patient Information Manger and others regarding patient complaints, how they are managed and how the numbers that go through to the Ombudsman are upheld.

The meetings appeared to go well but no comments or feedback will be received. She advised the Trust Management Team that the CQC could visit at any time and that there would probably be more than one visit.

Dr. Kapadia raised concerns regarding appropriate means of identification for the visitors from the CQC. The Director of Nursing and Midwifery suggested that an official letter could be given to the visitors which would assure staff that they were official visitors to the Trust.

The Chief Operating Officer referred to falls prevention and whether a named consultant had been identified to join the Falls Prevention Group. The Divisional Medical Director advised that Mr. Isbister was to be approached.

AGREED that the Nursing Report for Division 2 be noted.

Sultan Mahmud and Dr. Horton arrived at this point

11/70 Governance Report

The clinical audit programme is under pressure at the moment and directorates were urged to work closely with facilitators to ensure completion of their annual audit plans by the end of March.

The Divisional Management Team had agreed that any responses to the Ombudsman following a referred complaint will need sign-off by the Divisional Governance Committee.

RSM Tenon have notified the Division that preparations are underway for the 2011/12 internal audit plans to commence in April

AGREED that the Governance Report for Division 2 be noted.

11/71 Vascular Access for Haemodialysis Patients

The Vascular Access Pathway was agreed in the Division last July. The principles included in the pathway will be managed through the MDT with representation from the vascular surgeons; Simon Hobbs is the lead and has the support of his colleagues to make decisions on their behalf. The MDT meetings will be held on a weekly basis in the first instance. Appendix 1 to the report detailed the management of the pathway. Regular progress reports will be presented to the TMT. The Director of Nursing and Midwifery questioned whether this project was included on the Directorate or Divisional Risk Register and asked for the Divisional Medical Director to include it if it was not already shown.

AGREED that the report on Vascular Access for Haemodialysis Patients be noted.

REPORT OF THE CHIEF EXECUTIVE

11/72 Health Records Project – update report including Revised Terms of Reference for the Health Records Committee

The report was presented by Sultan Mahmud, Associate Director.

The Trust had carried out a substantive review of Health Records during October and November 2010 and had recommended a change to the Terms of Reference of the Health Records Committee.

The changes had been made in consultation with Mike Cusack and Mr. Millar and would ensure the Committee became more strategic and would be underpinned by an operational structure.

The Managing Director, Provider Services suggested that representation from Community Services should be included on the Health Records Committee.

AGREED that the revised Terms of Reference for the Health Records Committee be approved. Representation from Community Services on the Committee was agreed.

Sultan Mahmud left the meeting at this point

REPORT OF THE DIVISIONAL MEDICAL DIRECTOR

Division 1

11/73 Quality and Safety

The Divisional Medical Director advised of major problems experienced with the new PACS system, in particular relating to inadequate training to use the system and problems with the software. A meeting had taken place on 3rd March between the Director of Finance and Information, the Divisional Manager, Radiology Manager, representatives of Philips and Impregilo and it appeared that the system is now operating smoothly.

The Director of Finance and Information advised that notice had been formally served to Impregilo regarding contract penalties concerning a system that was not fit for purpose. The Trust was concerned about the amount of backlog that had occurred as a result of the operational problems experienced and the Radiology Manager has plans in place to manage this backlog away.

The Director of Nursing and Midwifery noted the disparity between the Quality and Safety and Nursing reports on the number of pressure ulcers reported. The Divisional Medical Director agreed to clarify the matter.

AGREED that the Quality and Safety Report for Division 1 be noted.

11/74 Nursing Report

The Division was confident that full recruitment would be achieved for the new theatres planned to open in May 2011. Of the 10 nursing vacancies, 8 posts have been filled and one person has commenced with the Trust.

Advertisements have been placed for a Band 5 and Band 7 and interviews are being held on a weekly basis. As far as anaesthetic support is concerned, a further anaesthetist has been recruited and a locum is still in post. The Division were confident of being able to recruit additional staff in the coming months. A theatre schedule and training schedule have been prepared.

The Director of Nursing and Midwifery queried whether the principles of Productive Theatres were being built into the new theatres. The Divisional Medical Director was sure they were but would verify with the Divisional Manager.

AGREED that the Nursing Report for Division 1 be noted

11/75 Palliative Care Strategy Progress Report

The Palliative Care Team has reviewed progress against the implementation plan for the Palliative Care Strategy. All elements have been achieved and were detailed in the report. An annual update will be provided in February 2012.

AGREED that the progress report on the Palliative Care Strategy be noted

11/76 Business Case for the Replacement of a Consultant post in Maxillofacial – Head and Neck Directorate

The Divisional Medical Director advised of a number of changes taking place within the Directorate. A full service review in Head and Neck services had taken place to ensure the right amount of medical manpower is in place to deliver activity and meet targets. The replacement post is for Mr. Millar, Consultant Oral and Maxillofacial surgeon and Medical Director, who is to retire in April, 2011. The Directorate and Division were confident that this post should be replaced in order to meet targets. The proposal was to replace the consultant post and also employ a middle grade doctor; at the same time the Directorate would lose the locum post.

The Director of Finance and Information referred to the activity and income around the Business Case and questioned how realistic the figures were. The Divisional Medical Director advised that the Business Case had not yet been discussed at the Contracting and Commissioning Forum.

The Director of Nursing and Midwifery was unclear about the overall costs of the Business Case. The Chief Operating Officer explained that a replacement post should be contained within the existing capacity in theatres. The difference in pay costs will be the difference in budget for Mr. Millar as a clinician and what is managerial. The costs outside of the doctor appointments should be reviewed and the activity should also be reviewed to ascertain whether it is over and above current plan. Account should also be taken of the IOG and the fact that Shrewsbury Head and Neck services would not now come to the Trust. The Chief Operating Officer also requested further clarification around the post already established on a non-recurring basis pending Mr. Millar's retirement.

AGREED that the Business Case for the replacement of a Consultant post in Maxillofacial – Head and Neck Directorate be approved subject to scrutiny from the Contracting and Commissioning Forum.

Dr. Odum left the meeting at this point

11/77 Business Case for the Introduction of a Clinical Vascular Scientist led Vascular Laboratory

A project brief for the Vascular Services Reconfiguration of the Black Country, published in January, 2011 stated that vascular surgical outcomes are improved when surgical episodes take place in a single centre of excellence. The West Midlands SHA had laid down criteria which had to be met in order for any Trust to become the vascular centre for the Black Country. The Divisional Medical Director requested support for the introduction of a vascular laboratory, run by a Vascular Scientist which will strengthen the Trust's aim to become the regional centre for vascular surgery in the Black Country.

The Chief Operating Officer noted that there were currently three vascular ultrasonographers in post that provided some of the service and questioned whether a review of services would be required. The Divisional Medical Director was aware of this matter and the issue would be managed appropriately.

The Director of Nursing and Midwifery highlighted the fact that this would be a single-handed service and queried where cover would be provided in times of absence. The Divisional Medical Director advised that additional recruitment would be needed going forward but in the interim a named individual would be designated to cover in times of absence. The Director of Nursing and Midwifery asked whether the service would be closed down if the Trust did not become the vascular centre for the Black Country and was advised by the Chief Operating Officer that the service would still be required for the local service and referrals from the screening programme.

AGREED that the Business Case for the Introduction of a Clinical Vascular Scientist led Vascular Laboratory be approved.

REPORT OF THE CHIEF OPERATING OFFICER

11/78 Performance Report (January 2011)

The Chief Operating Officer reported good levels of compliance and performance overall. She was delighted to report the achievement of the 62 day cancer wait target to a level of 90.71%. Feedback from the Cancer Intensive Support Team and the Action Plan to support the delivery of the 62 day target was attached as Appendix 1 to the report.

Referring to 2.3 – Re-admissions, the Chief Operating Officer reminded the Trust Management Team that the Trust would not be able to charge commissioners for any emergency re-admission that follows an elective admission. Work had been undertaken and all emergency admissions following electives had been reviewed. New pathways on discharge for patients will be developed. The pathways cover 30 days after discharge. The Information Department was putting in an early alert system for when patients are re-admitted. Work was also being undertaken on whether the re-admission was related to the elective admission, or for a different diagnosis. The Chief Operating Officer also advised that a 25% reduction on re-admissions following emergency admissions was required to be seen. The Trust was working with the PCT on this matter.

The performance indicators are currently being reviewed for next year.

AGREED that the Performance Report (January 2011) be noted.

11/79 Annual Plan Quarter 3 – 2010/2011

The report provided a quarter three assessment against the business outcomes contained within the Trust's Annual Plan for 2010-2011. The Chief Operating Officer reported that good progress was being made in most areas. A summary of performance against the eighty-four business outcomes was shown in the report.

AGREED that the Quarter 3 Annual Plan update for 2010-2011 be received.

REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION

11/80 Financial Position of the Trust at the end of Month 10 (January 2011)

The Trust's financial position to the end of January, 2011 was set out in Appendix 1 to the report. The Trust's surplus was £8.518 million, which was £2.656 million above plan.

Division 1's position remains concerning given the low level of income surplus in comparison to its expenditure position. The Division's recovery plan is under review to determine how to deliver the original year-end projection.

The Trust has agreed a year-end position with commissioners that resolves the contractual challenges that the Trust received. This agreement allows the Trust to claim additional monies should performance significantly increase in February and March.

CIP performance remains strong with £8.9 million having been withdrawn from budgets although the speed of implementation has slowed. Division 1 have a number of challenges and these have been discussed in the Operational Finance Group.

AGREED that the report on the Financial Position of the Trust at the end of Month 10 (January 2011) be noted.

11/81 Capital Programme 2010/11 – Month 10 including Project Exception Report

The expenditure position at Month 10 shows a £2,298,227 underspend. Progress of all live projects continues to be monitored weekly and mitigation plans have been actioned to bring appropriate projects forward from the 2011/12 programme. The Director of Finance and Information was confident that the Trust could meet the target.

AGREED that the report on the Capital Programme 2010/11 – Month 10 including Project Exception Report, be noted.

REPORT OF THE MEDICAL DIRECTOR

In the absence of the Medical Director, the report was presented by the Director of Finance and Information.

11/82 Information Governance Toolkit v8 2010/11 Compliance

The report presents the Trust's annual self-assessed level of compliance with the Information Governance Toolkit standards for version 8, 2010/11. A summary of the final levels achieved were shown in Table 1 of the report, with further detail shown in Appendix 1. All requirements should be at Level 2 by March, 2011. However, the Trust has indicated two potential areas at Level 1; information governance awareness and mandatory training procedures for all staff, and the protection of confidentiality of service user information. Actions plans are in place. It has been recognised nationally that a problem exists with ensuring staff have the necessary information governance training by March 2011 and an extension to the end of June 2011 has been applied.

The Director of Finance and Information advised that the report as presented gave a statement of where the Trust were, but the Trust Board would debate as to whether based on actions underway, Level 2 compliance could be declared by the Trust in these two areas.

AGREED that the report on the Information Governance Toolkit v8 2010/11 Compliance be noted. Further review of the report would occur before presentation to the Trust Board at its meeting in March.

REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY

11/83 Red Incidents, Complaints and Operational Risks for Corporate Areas

There have been no new red incidents, no new red formal complaints and no new operational red risks during the period 27th January to 22nd February, 2011.

AGREED that the report on Red Incidents, Complaints and Operational Risks for Corporate Areas for the period 27th January to 22nd February, 2011 be noted.

Dr. Kapadia left the meeting at this point.

11/84 Safety Express Programme

The Director of Nursing and Midwifery explained that the Safety Express Programme was a national initiative and part of the QIPP Safe Care Workstream. The SHA had asked the Trust to be a host organisation. The principle of the programme is to go further, faster. The Trust has agreed to be part of the pilot host organisations. Rose Baker, Head of Nursing, Division 1 is the lead for the Trust. The Department of Health visited the Trust this week and their feedback has been very positive. The initiative will be integrated into the management structures already in place in the Trust. The aims of the programme for achievement by the end of 2012 were detailed in the report.

AGREED that the Safety Express Programme be supported and the report noted

11/85 Quality Account Priorities

The Trust will publish the second full Quality Accounts document covering 2010/11 in June 2011.

A list of priority areas to be considered for inclusion in this year's Quality Accounts was given in the report and the Trust Management Team was asked to select their top five priorities by 14th March 2011 and to inform Nina Dunmore, Patient Services Manager.

AGREED that the report on the Quality Account Priorities be noted.

11/86 Revision to the Integrated Governance Strategy

An annual review of the Trust's Integrated Governance Strategy and been done and would be presented to the Trust Board at its meeting in March.

The Director of Nursing and Midwifery advised that the current structure of the Quality and Safety Committee will be changed, and will be split to form a Quality and Safety Committee and a Compliance Committee. In addition, it has been agreed to establish a separate Policies Committee.

Terms of Reference for the Policy Committee have yet to be agreed. The final Terms of Reference for the new Governance committee structure will be agreed at the Quality and Safety Committee meeting in March with a view to commencement from April, 2011.

The Terms of Reference for the Trust Management Team have been amended in line with recommendations made at the meeting in February and will be presented to the Trust Board in March for approval.

AGREED that the Revision to the Integrated Governance Strategy be approved

REPORT OF THE DIRECTOR OF HUMAN RESOURCES

11/87 Employment Checks for PCT staff transferring to RWHT

Louise Nickell, Head of Education and Training, presented the report in the absence of the Director of Human Resources.

The Trust's lawyers had confirmed that CRB checks are not portable and will need to be re-done by the Trust. The Trust has also been made aware of a risk regarding Right to Work checks which will also need to be reviewed. The PCT have assured the Trust that all those staff transferring have all had a CRB check in the last three years and therefore the "real" risk is anticipated to be minimal. The roll-out of CRB checks will commence in May via a phased approach, commencing with child health and related services. The number of staff transferring is 1,701.

A central dedicated team will be established to ensure the checks can be concluded in the shortest time possible. E-Disclosure, an online CRB application process, will also be utilised.

It was recommended that 3 Band 2 wte be recruited to de-risk the Trust within a time period of approximately 13 weeks. The Director of Finance and Information questioned why, in view of the low risk, one band 2 post over a longer time period could not be considered.

AGREED that the report on Employment Checks for PCT staff transferring to RWHT be noted, and the recruitment of 1 Band 2 wte be approved.

11/88 Communications Strategy

The Communications Strategy had been re-written to include the requirements of Transforming Community Services. Staff from the PCT had been involved in re-writing the Strategy.

The Director of Nursing and Midwifery reminded the Trust Management Team that agreement had been reached to use positions, not named individuals in the document and asked for the document to be amended to reflect this.

AGREED that the Communications Strategy be ratified.

11/89 Organisational Development Leadership and Management Strategy

A working group including staff from the PCT had revised the Organisational Development, Leadership and Management Strategy. Two items had been included in the Strategic Implementation Plan to give further assurance following feedback from a Non-Executive Director.

The Director of Nursing and Midwifery referred to page 10 and asked that the title of Ward Manager be removed and amended to read Senior Sister or Charge Nurse.

The Director of Finance and Information referred to section 3.6 – Cultural Change Programme and questioned what would be done to ensure that the transferring 1,701 staff are fully aligned with the vision of the Trust. Mrs. Nickell reported that welcome events were to be held to engage staff in determining the visions and values of the Trust and a series of mini “Chat-back” exercises will be undertaken to gauge opinion and attitude at that point in time, with a view to repeating the exercise in six months time. The current 5,000 Trust staff will also be involved in this process.

AGREED that the Organisational Development, Leadership and Management Strategy be ratified

11/90 Education and Training Strategy

Minor changes had been made to the Education and Training Strategy. A working group including staff from the PCT had been involved in revising the document.

AGREED that the Education and Training Strategy be ratified

11/91 HR Strategy

A number of changes had been made to the HR Strategy in terms of integrating staff and adapting workforce planning.

The Chief Operating Officer stressed the amount of effort required to ensure that the transfer of staff is successful and that people align with the organisation.

AGREED that the HR Strategy be ratified

11/92 On-call and Extended Service Arrangement

The report requested an extension of the current on-call pay arrangements until the end of the first quarter of the financial year. The extension would enable proper costing to be done and the Finance and Human Resources Departments were currently working on this issue. Staff from the PCT would be aligned into this process.

The Chief Operating Officer advised of a CIP process linked to changes in on-call and further information would be required prior to approval.

AGREED that the report on the On-call and Extended Service Arrangement be noted. Further information regarding the link to CIP to be submitted before formal approval.

ANY OTHER BUSINESS

11/93 The Chief Operating Officer reminded the Trust Management Team that Mr. Millar was to step down as Medical Director with effect from April, 2011 after 11 years in that role. She wished to record the Trust's thanks and gratitude for the leadership and commitment shown by Mr. Millar to the organisation. Mr. Millar had served the Trust during times of adversity and success. The clinical reputation of the Trust is very high and it was important to recognise Mr. Millar's tremendous contribution to this. Mr. Millar had been fundamental in opening the Beynon Centre. The Maxillofacial team is a truly integrated Black Country team and is a very good example of how specialist teams can be formed. Mr. Millar was instrumental in the development of the Heart and Lung Centre and supportive of the development of robotic surgery. He was a champion for research and in attracting high calibre staff to the Trust as well as being a major influence in the Executive Director team. The Chief Operating Officer was saddened that Mr. Millar could not be at the meeting today, but wished him and Mrs. Millar a long and happy retirement.

Thanks were also extended to Dr. Horton and Dr. Odum who were stepping down from their roles as Divisional Medical Directors; Dr. Odum to take up the post of Medical Director and Dr. Horton to develop other clinical challenges. The Chief Operating Officer praised Dr. Horton and Dr. Odum for having the courage to make some difficult decisions. Their successes had been around clinicians in management and the directorate model, and their part in the Trust's achievement of an "Excellent" rating from the CQC for two consecutive years. Dr. Horton had been a key player in the introduction and development of new services in the Heart and Lung Centre. The Chief Operating Officer thanked them for the personal support and guidance they had given to her to help deliver a service that the organisation can be proud of.

DATE AND TIME OF NEXT MEETING

11/94 The next meeting of the Trust Management Team will be held on Friday 1st April, 2011 at 1.30 p.m. in the Clinical Skills and Corporate Services Building, New Cross Hospital.
