

**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>	24.06.11	
<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>▪ Research and Development update – endorsed the proposal for a 10 day turnaround target across Trust Management for dealing with proposals for research.</li> <li>▪ Consultant posts in Maxillofacial Surgery – Head and Neck Directorate; approved the business case for the recruitment to posts.</li> <li>▪ Recruitment of fifth Colorectal Surgeon (general surgeon with a special interest in a colorectal surgery) – approved the business case.</li> <li>▪ Dermatology – noted the increased pressures on the service following the temporary suspension by the PCT of the community dermatology service.</li> <li>▪ 2011 PEAT scores – noted the good progress during 2011 and the actions required to maintain momentum for the year ahead.</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ ePrescribing and Medicines Administration (ePMA) and Electronic Medicines Management (eMM)– approved the business case to implement ePMA and eMM.</li> <li>▪ Integrated Electronic Patient Record – approved the business case to allow dedicated resource and IT capacity to commence detailed analysis of the clinical service areas and the build of the IT solution to underpin Integrated Electronic Patient Record.</li> <li>▪ Inpatient data, capture and coding accuracy – approved proposals for the improvement of inpatient data capture and coding accuracy.</li> <li>▪ Mortality Assurance Review Group – approved the terms of reference for this Group.</li> </ul>
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade (categorisation matrix/Datix number)</b></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

**Date:** Friday 24th June, 2011

**Venue:** Boardroom, Clinical Skills and Corporate Services Centre  
New Cross Hospital

**Time:** 1.30 p.m.

<b>Present:</b>	Ms. V. Hall	Chief Operating Officer (Chair)
	Mr. G.P. Argent	Divisional Manager, Estates and Facilities
	Mr. I. Badger	Divisional Medical Director – Division 1
	Ms. R. Baker	Divisional Nurse – Division 1
	Dr. M. Cooper	Director of Infection Prevention and Control
	Dr. J. Cotton	Director of Research and Development
	Ms. M. Espley	Director of Planning and Contracting
	Ms. C. Etches	Director of Nursing and Midwifery
	Mr. L. Grant	Divisional Manager – Division 1
	Ms. D. Hickman	Acting Head of Midwifery
	Dr. S. Kapadia	Divisional Medical Director – Division 2
	Mr. T. Powell	Divisional Manager – Division 2
	Mr. K. Stringer	Director of Finance and Information
	Ms. Z. Young	Divisional Nurse – Division 2
<b>In attendance:</b>	Ms. C. Hall	Director of Nursing and Midwifery – Quality and Safety
	Mr. S. Mahmud	Associate Director (part)
	Ms. C. Marshall	HR Service Centre Manager
	Mr. C. Wanley	Head of IT (part)
	Mr. A. Sargent	Governance Officer
<b>Apologies:</b>	Mr. D. Loughton CBE	Chief Executive
	Ms. D. Harnin	Director of Human Resources
	Dr. J. Odum	Medical Director
	Dr. D. Rowlands	Lead Cancer Clinician
	Dr. B.M. Singh	Lead – Information Technology

Minute		Action
11/157	<p><b><u>MINUTES OF THE MEETING HELD ON FRIDAY 20<sup>th</sup> MAY, 2011</u></b></p> <p><b>IT WAS AGREED that the Minutes of the Meeting of the Trust Management Team held on Friday 20<sup>th</sup> May 2011 be approved subject to the following amendments:</b></p> <ul style="list-style-type: none"> <li>i. Minute 11/139: The first sentence in the second paragraph to read as follows                      “Year end income position shows an over performance for Division 1 of £0.513 million and for Division 2 of £3.86 million”.</li> <li>ii. Minute 11/128: The second paragraph of this Minute being amended to read as follows                      “A patient attended for a lobectomy procedure and the surgery went well, but the lobectomy specimen was sent to the pathology laboratory without first being fixed in formalin. However, the specimen was processed and there was no adverse impact on the patient concerned. This incident has been downgraded.”</li> </ul>	
11/158	<p><b><u>MATTERS ARISING FROM THE MINUTES</u></b></p> <p>There were no matters arising from the Minutes</p>	
11/159	<p><b><u>ACTION SUMMARY</u></b></p> <p>It was agreed that the following items had been discharged and could be removed from the Action Summary:-</p> <ul style="list-style-type: none"> <li>1. 11/40 – Palliative and Supportive Care Strategy</li> <li>2. 10/243 – Division 1 Theatre Expansion</li> <li>3. 10/222 – Division 2 Shared Care Briefing</li> <li>4. 10/73 – Divisional Medical Directors Report – Division 2</li> </ul>	
	<p>Regarding Item 10/244 – Division 2 Trauma and Orthopaedics Waiting List Position, Ms. Marshall was requested to follow up progress on this matter.</p>	CM
	<p><b><u>QUARTERLY REPORTS</u></b></p>	
11/160	<p><b><u>Report of the Director of Research and Development</u></b></p> <p>Dr. Cotton outlined the salient points in his progress report, drawing attention to the encouraging progress towards achieving the 2011/12 target of 2,000 accruals, and the likelihood of achieving increased recruitment.</p>	

Minute	Action
<p>However, although RWHT continued to increase its research capability and portfolio, it was required to meet a 30 day deadline for improving studies, and failure to meet this deadline would have a detrimental effect on the Trust's ability to retain income and its reputation with the West Midlands (North) Comprehensive Local Research Network (WMNCLRN) and National Institute of Healthcare Research (NIHR). To this end therefore it was recommended that a target of 10 days be set for new research and development proposals to be taken through the approval process by Directorates. Ms. Hall requested that all present note, support and adhere to this timeframe in order to ensure the timely approval of future research studies by Trust Management.</p>	
<p><b>IT WAS AGREED that the proposal for a 10 day turnaround target across Trust Management for dealing with approvals for research be endorsed.</b></p>	<p><b>JC</b></p>
<p><b><u>DIVISIONAL MEDICAL DIRECTORS' REPORTS</u></b></p>	
<p><b><u>Division 1</u></b></p>	
<p>11/161</p>	<p><u>Governance Report</u></p> <p><b>IT WAS AGREED that the Governance Report for Division 1 be noted.</b></p>
<p>11/162</p>	<p><u>Nursing, Midwifery and Quality Report</u></p> <p><b>IT WAS AGREED that the Nursing, Midwifery and Quality Report for Division 1 be noted.</b></p>
<p>11/163</p>	<p><u>Consultant Posts in Maxillofacial Surgery – Head and Neck Directorate</u></p> <p>Mr. Badger presented a report and Business Case recommending the recruitment of consultant posts in Maxillofacial Surgery, subject to approval at the Contracting and Commissioning Forum. Mr. Stringer commented that the report did not appear to bear out the claims made around levels of activity and performance in support of the appointment.</p> <p>In response to a question Mr. Badger indicated that the proposals would have no impact on the in-patient case mix.</p> <p>Ms. Etches noted the provision for a medical secretary within the proposals, and Ms. Hall indicated that the finance section of the Business Case needed to be reworked to reflect what had been agreed prior to this meeting.</p>

Minute	Action
<p><b>IT WAS AGREED</b> that the Business Case for the recruitment of a replacement consultant post (Head and Neck Cancer Surgeon), the employment of a Middle Grade Specialty doctor to support capacity pressures, and the funding of the 5<sup>th</sup> Maxillofacial Consultant be approved, subject to the financial section of the Business Case being reworked to reflect what had been agreed prior to this meeting, and everything being contained within a total cost of £340,000, and all subject to approval at the Contracting and Commissioning Forum.</p>	IB
<p><b>11/164</b> <u>PACS Progress Report June 2011</u></p> <p>Mr. Badger introduced the PACS progress report, and in response to a question confirmed that if all outstanding matters could be resolved with Philips, the new PACS should go forward within the next six months. He added that “in theory” the current red risks could be downgraded now.</p> <p><b>IT WAS AGREED that the report be noted.</b></p>	
<p><b>11/165</b> <u>Post Discharge Management of Patients</u></p> <p>Mr Badger introduced this report and indicated that the numbers of patients who had accessed urgent medical advice within 24 hours of their discharge had been gratifyingly low.</p> <p><b>IT WAS AGREED that the report be noted and that a further update be brought back in three months time.</b></p>	IB
<p><b>11/166</b> <u>Recruitment of 5<sup>th</sup> Colorectal Surgeon (General Surgeon with a Special Interest in Colorectal Surgery)</u></p> <p>Mr. Badger introduced a report which set out the Business Case for the recruitment of a fifth Colorectal Surgeon. He drew attention to the long term aim of preparing RWHT to be in a position to provide a specialist colorectal service around peritoneal malignancy. In response to questions he indicated that another member of the team had also received training at Basingstoke in order to provide cover when required. Mr. Grant confirmed that this would have a CVO value of £800,000, all costs would be covered and there would be a contribution if the PCT purchased the service at the full rate. Dr. Cotton enquired about the possibility of undertaking research at the same time as developing the new service. Mr. Badger indicated that he was not aware of any reason why the service should not be developed whilst research was being undertaken.</p> <p>Ms. Etches noted that the Business Case contained a proposal for a full-time medical secretary.</p>	

Minute	Action
<p><b>IT WAS AGREED</b> that the Business Case for the recruitment of a 5<sup>th</sup> Colorectal Surgeon be approved with the proviso that the post of medical secretary be reviewed, confirmation of PCT support be obtained, and the Business Case exactly matching the approved financial envelope.</p>	IB
<p><b><u>Division 2</u></b></p>	
11/167	<p><u>Nursing Report</u></p>
<p>Ms. Young presented the monthly nursing report for Division 2. She referred to the recent CQC visit which had echoed some of the concerns outlined in the report although the CQC had not registered any particular concerns over staffing levels. Ms. Young indicated that she continued to have some concerns over staffing levels on the night shift and there was a discussion at management level on the workload of nurses. In response to questions from Ms. Etches, Ms. Young confirmed that concerns about staffing shortages at night had not been recorded on the risk register. Ms. Etches emphasised that Business Cases must clearly demonstrate the impact on patient areas. She also said that if a case mix was changed it was important to address the impact on wards. Ms. Young confirmed that it was not clear from the data nor from complaints, that staff shortages were detrimental to patients. Ms. Etches suggested that the Safer Nursing Care Tool might be useful in determining these matters and Ms. Baker confirmed that it could be applied when it was intended to change the service, such as changing the case mix on a ward.</p>	
<p>With regard to the possibility of obtaining funding through the Rapid Improvement Events money, Ms. Etches asked that this be discussed initially through the Division.</p>	
CE/ZY	
<p>Ms. Espley enquired when it was proposed that information relating to quality and patient safety in Community Services would be reported to this meeting as she had noted that the reports from the Divisions did not currently include this information. The Chair confirmed that from the 1<sup>st</sup> July Divisional reports should include information about Community Services.</p>	
<p><b>IT WAS AGREED to note this report.</b></p>	
11/168	<p><u>Quality and Safety Report</u></p>
<p><b>IT WAS AGREED that the contents of this report be noted.</b></p>	

Minute	Action
<p>11/169 <u>Business Case – Certolizumab</u></p> <p>Dr. Kapadia introduced a Business Case which recommended the addition of Certolizumab Pegol and Abatercept to the formulary.</p> <p><b>IT WAS AGREED that the Business Case for the addition of Certolizumab Pegol and Abatercept to the formulary be approved and that a joint Business Case with commissioners be endorsed for protocols for Biologic drugs and immuneosuppressive therapy for severe inflammatory conditions.</b></p>	Dr SK
<p>11/170 <u>Dermatology update</u></p> <p>Dr. Kapadia submitted a progress report on the impact of the PCTs decision to temporarily suspend the community dermatology service.</p> <p>Mr. Powell referred to the threefold increase in referrals since the service had been taken on by RWHT. He told the meeting that there had been 58 extra clinics run in May due to the very challenging workload, and that there was ongoing dialogue to ensure that the correct care pathways were in use. Mr. Stringer noted from the report that a proposed audit was not fully completed due to insufficient “buy-in” from all medical staff. Mr. Powell referred to the potential conflict of interest related to one member of staff and confirmed that this situation continued to be carefully monitored.</p> <p><b>IT WAS AGREED that the progress report on the Community Dermatology Service be noted.</b></p>	
<p>11/171 <u>Cystic Fibrosis Centre</u></p> <p>Dr. Kapadia reported on the intention of Specialised Service Commissioners to make RWHT the preferred provider of Cystic Fibrosis services in the Black Country. Ms. Hall confirmed that discussions were continuing around the infrastructure costs for establishing this proposed service.</p> <p><b>IT WAS AGREED that the update report on the proposed establishment of a Cystic Fibrosis Centre be noted.</b></p>	
<p>11/172 <u>Stroke update</u></p> <p>Dr. Kapadia outlined the salient points of the performance report against the stroke contract performance indicators and the associated action plan for improvement. He reminded the meeting that initiatives designed to improve performance on the stroke contract could have beneficial effects on other targets, such as the 4 hour A &amp; E target.</p>	

Minute

Action

Mr. Powell confirmed that the PCT supported the action plan subject to the inclusion of timelines for each action.

**IT WAS AGREED that the update report on performance against stroke contract performance indicators and progress against the action plan for improvement be noted.**

**REPORT OF THE CHIEF OPERATING OFFICER**

11/173 Performance Report (May 2011) RWHT and Community

In presenting this report Ms. Hall congratulated all concerned in the achievement of targets under the Compliance Framework, on progress around Readmissions, and around reductions in sickness absence. She also expressed satisfaction with the achievement around Information Governance. However, she expressed concern over the lack of compliance on complaints and the meeting noted that this would be the subject of a meeting with the CQC next week. Disappointment was also expressed over the level of cancelled operations during May. Responding to a question around C.difficile rates now reported Dr. Cooper referred to the increased sensitivity of the test now in use. Incident meetings were being held to analyse each case and deep cleans were carried out as required by the in-house teams. He added that 14 cases during May had occurred at West Park Hospital.

**IT WAS AGREED that the RWHT and Community Performance Reports (May 2011) be noted.**

11/174 2011 PEAT Scores

Mr. Argent presented the PEAT Scores for 2011. His report identified the changes from last year and the action to be taken to lift scores next year. In regard to action to be taken, he pointed out that the target completion date for on-going refurbishment in the A & E Department and Ward C1/2 had been set at 2013 because of the ongoing uncertainty around the Emergency Portal. Ms. Etches suggested that the action around patient notes should be led by Health Records or even the Caldicot Guardian. She also commented upon the action stipulated to identify where possible separate consultation rooms on wards, and said that this was probably an impractical suggestion although the principle would be designed into future new build proposals.

**IT WAS AGREED that the report on the 2011 PEAT Scores be noted.**

Minute	Action
<p>11/175 <u>Trust Medicines Policy</u></p> <p>Ms. Hall presented the revised Trust Medicines Policy for ratification.</p> <p>Ms. Etches indicated that it had become clear that a number of existing Trust policies related to the one under consideration and that a significant piece of work remained to be undertaken whereby every operational policy which impacted on the Medicines Management Policy would have to be cross checked in order to achieve consistency and where possible remove unnecessary overlap. Mr. Badger requested that the policy include the printed name of the first person on the drug chart.</p> <p><b>IT WAS AGREED that the revised Trust Medicines Policy be approved subject to the inclusion of midwife amongst those professional groups defined in paragraph 2 of the Policy.</b></p> <p><b><u>REPORT OF THE DIRECTOR OF FINANCE AND INFORMATION</u></b></p>	
<p>11/176 <u>Information Governance Strategy – Annual Review</u></p> <p>Mr. C. Wanley presented a report on the Annual Review of the Information Governance Strategy together with the amended Terms of Reference for the Information Governance Steering Group.</p> <p><b>IT WAS AGREED that the report on the Annual Review of the Information Governance Strategy, together with the amended Terms of Reference for the Information Governance Steering Group, be approved.</b></p>	
<p>11/177 <u>ePrescribing and Medicines Administration (ePMA) and electronic Medicines Management (eMM)</u></p> <p>Mr. Wanley presented the Business Case for the implementation of ePMA and eMM to deliver patient safety improvements through safe prescribing and reduction of missed doses and improvements to patient pathway through the provision of an electronic patient medication record. He confirmed that the overall saving identified in the Business Case amounted to approximately £52,000 per annum. The associated capital costs were already included within the approved capital programme. Mr. Powell emphasised that any possible CIP savings in Pharmacy would be the subject of discussions within the Division and no agreement had been reached to use any savings to support the project under discussion.</p> <p>There arose a debate regarding the capacity for existing ICT systems on wards to cope with the systems proposed in the report.</p>	

Minute

Action

Mr. Badger pointed out that there were intense pressures on wards when up to 20 people might have to prescribe, using the sometimes limited equipment available to do so.

Dr. Cotton acknowledged that clinical anxieties had already been expressed, similar to those now mentioned by Mr. Badger, and that the group who had worked on this Business Case had been reassured that there would be greater access to the necessary devices to support electronic prescribing. He added that a ward by ward assessment would be carried out to identify what was already available and what would be required to make this electronic prescribing work. Mr. Wanley confirmed that the Project Board, which included clinicians, would monitor the implementation of this programme and he undertook to bring a report to the TMT after the initial roll-out of the programme.

**IT WAS AGREED that the Business Case to implement ePMA and eMM, as outlined in the report, be approved.**

11/178 Integrated Electronic Patient Record

Mr. Wanley presented the Business Case to deliver a fully integrated Electronic Patient Record to minimise the paper based record, to ensure greater efficiency and demonstrable improvement to the quality of the record, to remove the needs for the presence of a paper medical record in OPD clinics, and increased security and audit of the patient record. In response to a question by Dr. Kapadia, Mr. Wanley confirmed that provided there was a N3 connection it would still be possible to access records off site. He also confirmed that the phased introduction would enable staff reductions to take place as the specialities began to use the Integrated Electronic Patient Record. Ms. Young enquired about the scope for including digital pens within the Business Case. Mr. Wanley indicated that although it was understood that digital pens were being trialled in the community, they were not within the scope of this Business Case.

**IT WAS AGREED that Option 1 set out in the Business Case be approved to allow dedicated resource and IT capacity to commence detailed analysis of the clinical service areas and the build of the IT solution to underpin Integrated Electronic Patient Record for noteless OPD across 10 pilot sites in March 2012.**

11/179 Financial position at the end of May 2011 (Month 2)

Mr. Stringer presented the report on the Financial Position of the Trust at the end of May 2011. He drew attention to the over performance on income of £1570k, £1328K of which related to patient activity shared across the Divisions as follows:

Minute	Action
Division 1: £263,000 Division 2: £631,000 Other: £434,000	
He also highlighted the net overspend on pay, non-pay and drugs, with a significant deterioration in Divisions 1 and 2, which were overspent by £1.2M, following a deterioration by £0.9 in May alone. It was noted that the Operational Finance Group on 16 June had undertaken a detailed analysis of the position, paying particular attention to the pay costs with some concerns over the use of locum doctors, bank nurses and waiting list payments. Actions had immediately been put in place to review their use and to increase control. Mr Stringer added that he had shared these concerns on 23 June at the Senior Managers' Briefing.	
<p><b>IT WAS AGREED that the report on the Financial Position of the Trust at the end of May 2011 be noted.</b></p>	
<p><b>11/180</b>     <u>Capital Programme 2011/12</u></p>	
Mr. Stringer presented the progress report on the Capital Programme 2011/12. He indicated that following the decision not to proceed with the full Emergency Portal scheme there would be a sum of approximately £4m to spend and the possibility of bringing forward capital schemes from 2012/13 was under investigation. He also updated the meeting on the slippage around the Integrated Pathology scheme which was now two months behind schedule. The Business Case was being reviewed at the request of the SHA.	
<p><b>IT WAS AGREED that the progress report on the Capital Programme 2011/12 be noted.</b></p>	
<p><b>11/181</b>     <u>Proposal to Improve Inpatient Data Capture and Coding Accuracy</u></p>	
Mr. Stringer presented a proposal for the improvement of Inpatient Data Capture and Coding Accuracy.	
<p><b>IT WAS AGREED that the proposal for the Improvement of Inpatient Data Capture and Coding Accuracy, as outlined in the report, be approved.</b></p>	
<p><b>11/182</b>     <u>Revised Terms of Reference – Health Records Committee</u></p>	
Mr. Stringer submitted the revised Terms of Reference for the Health Records Committee.	

Minute	Action
<p>The Meeting noted that Divisional Clinical Leads were being sought to serve on this Committee.</p> <p><b>IT WAS AGREED that the Revised Terms of Reference for the Health Records Committee be approved.</b></p>	
<p><b>11/183</b> <u>GI02 Financial Management Policy</u></p> <p>Mr. Stringer submitted for approval a revised Financial Management Policy. He confirmed that once approved, all electronic systems would be updated to reflect the authorised limits set out in the Policy.</p> <p><b>IT WAS AGREED that the revised financial management policy be approved.</b></p>	
<p><b><u>REPORT OF THE DIRECTOR OF NURSING AND MIDWIFERY</u></b></p>	
<p><b>11/184</b> <u>Red Incidents, Complaints and Operational Risks for Corporate Areas</u></p> <p><b>IT WAS AGREED that the report on Red Incidents, Complaints and Operational Risks for Corporate Areas be noted.</b></p>	
<p><b>11/185</b> <u>Terms of Reference – Policy Committee</u></p> <p>Ms. Etches presented the proposed Terms of Reference for the newly formed Policy Committee, for approval.</p> <p><b>IT WAS AGREED that the Terms of Reference for the Policy Committee as now submitted, be approved.</b></p>	
<p><b><u>REPORT OF THE MEDICAL DIRECTOR</u></b></p>	
<p><b>11/186</b> <u>Mortality Assurance Review Group (MoRAG) – Terms of Reference</u></p> <p>Mr. Mahmud attended the meeting to present this report seeking approval of the Terms of Reference for the Mortality Assurance Review Group. He explained how the situation at Mid Staffordshire had highlighted the need for a good flow of mortality data to and from the Trust Board.</p> <p><b>IT WAS AGREED that the Terms of Reference for the Mortality Review Assurance Group be endorsed and submitted to the Board Assurance Committee for approval.</b></p>	

Minute	Action
<b><u>REPORT OF THE DIRECTOR OF HUMAN RESOURCES</u></b>	
11/187	<p data-bbox="280 479 847 508"><u>On-call and Extended Service Arrangements</u></p> <p data-bbox="280 553 1278 618">Ms. Marshall presented this report, updating the meeting on the progress of the on-call and extended service arrangements review project.</p> <p data-bbox="280 658 1278 786"><b>IT WAS AGREED that the current On-call pay arrangements be extended until the end of the second quarter of the current financial year in the light of resource constraints within HR and difficulties with securing accurate financial modelling data.</b></p>
11/188	<p data-bbox="280 831 1166 860"><u>OD and Education and Training Strategies – Implementation progress</u></p> <p data-bbox="280 904 1278 1032">Mr. Stringer asked for more information about the “talent” plans. Ms. Etches pointed out that the CQC was moving from a focus on systems and processes to outputs and outcomes and that reports to TMT and Trust Board should increasingly reflect this new emphasis.</p> <p data-bbox="280 1072 1278 1137"><b>IT WAS AGREED that the report on Organisational Development and Education and Training Strategies be noted.</b></p>
11/189	<p data-bbox="280 1173 715 1202"><u>Library Services Strategy 2011-13</u></p> <p data-bbox="280 1247 1257 1276">Ms. Marshall presented the Library Services Strategy 2011-13 for ratification.</p> <p data-bbox="280 1321 1278 1391"><b>IT WAS AGREED that the Library Services Strategy 2011-13 be approved.</b></p>
11/190	<p data-bbox="280 1426 528 1456"><u>OP06 Media Policy</u></p> <p data-bbox="280 1500 1062 1529">Ms. Marshall submitted for approval the revised Media Policy.</p> <p data-bbox="280 1574 1062 1608"><b>IT WAS AGREED that the revised Media Policy be ratified.</b></p>
11/191	<p data-bbox="280 1644 999 1673"><u>HR11 Protection of Pay and Conditions of Service Policy</u></p> <p data-bbox="280 1718 1278 1917">Ms. Marshall was asked whether the different treatment of AfC banded staff on Band 6 and below compared to those on Band 7 and above could lead to indirect discrimination. In response she confirmed that the EIA had not revealed any direct discrimination by adopting this Policy but it would be monitored at the end of each year to try to identify whether any indirect discrimination which had been caused.</p>

Minute	Action
<p><b>IT WAS AGREED that the revised Protection of Pay and Conditions of Service Policy be approved.</b></p>	
<p>11/192 <u>HR14 Work Experience Policy</u></p>	
<p>Ms. Marshall presented the revised Work Experience Policy. She pointed out that the PCT no longer organised the work experience process on behalf of RWHT.</p>	
<p>A number of those present expressed disquiet over work experience placements being managed directly by individual departments not only due to the possibility of inconsistent treatment (for example in their induction training), but also due to concerns over establishing a consistent approach to the exposure of young people to sensitive areas, and to situations requiring confidentiality.</p>	
<p><b>IT WAS AGREED that the Work Experience Policy be deferred to allow further consultation and review in the light of the concerns now expressed.</b></p>	
<p>11/193 <u>HR09 Personal Files</u></p>	
<p>Ms. Marshall presented the revised Personal Files Policy. Ms. Baker indicated that it was not possible for wards to retain paper records for long periods of time. Ms. Marshall indicated that there was no central storage resource for paper records and suggested that thought be given to scanning these as a solution for retaining them.</p>	
<p><b>IT WAS AGREED that the revised Policy on Personal Files be approved, subject to further discussion and consultation around the question of the storage of paper records.</b></p>	
<p>11/194 <u>Organisational Development Plan – update</u></p>	
<p>In presenting her report on the Organisational Development Plan, Ms. Marshall confirmed that the Executive away day was due to be held on the 18<sup>th</sup> July and that a third session could be organised for Directorate Leadership Teams in August.</p>	
<p>During discussion it was suggested that the range of attendees be widened to include Divisional Governance Managers and appropriate support staff so that non-clinicians should be involved as much as possible.</p>	

Minute	Action
<p>Ms. Espley suggested that this process should involve external engagement with patients and stakeholders before being reported to the Trust Board.</p>	
<p><b>IT WAS AGREED that the plans for Organisational Development as set out in the report be noted.</b></p>	
<p><b>11/195    <u>ANY OTHER BUSINESS</u></b></p>	
<p>Dr. Cooper reminded the Meeting that two years had elapsed since the Trust had seen an incidence of MRSA bacteraemia.</p>	
<p><b>11/196    <u>DATE AND TIME OF NEXT MEETING</u></b></p>	
<p>It was noted that the next meeting of the Trust Management Team would be held on Friday 22<sup>nd</sup> July, 2011 at 1.30 p.m. in the Boardroom of the Clinical Skills and Corporate Services Centre, New Cross Hospital</p>	

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