


**Minutes of the LNC Meeting with Management
18 June 2019
Boardroom A, Farm Villa, Hermitage Lane, Maidstone
(Minutes not verbatim)**

Present: CHAIR: [REDACTED] (R.H.) Acting Medical Director
 [REDACTED] (N.A.) Acting Deputy Medical Director
 [REDACTED] (A.K.) Consultant Psychiatrist
 [REDACTED] (I.P.) Consultant Psychiatrist
 [REDACTED] (B.M.) Acting Consultant Psychiatrist
 [REDACTED] (P.P.) Junior Doctor
 [REDACTED] (A.F.) Junior Medical Staff Representative
 [REDACTED] (T.D.) Deputy Medical Staffing Manager


Minutes: [REDACTED] (L.S.) Revalidation Coordinator

		ACTION
1.	Apologies for Absence: Apologies received from [REDACTED], [REDACTED], [REDACTED] [REDACTED]	
2.	Minutes of the last meeting Pg.1 – re Canterbury Hub – should read [REDACTED]. With this correction, the minutes of 13 March 2019 were agreed as an accurate record.	
3.	Matters Arising <u>Canterbury Hub</u> EACO RH gave an update on the redevelopment of the St Martin’s site which will be carried out in three phases. For the first phase, it is planned to close the bottom of the St Martin’s site, and the junior doctors will be relocated to the upper re-developed site. This would make safer working for the junior doctors as the wards are located at the top of the site. The poor mobile phone reception at St Martin’s was discussed	

<p>and P.P. was asked to speak with [REDACTED], Medical Education Manager to explain the problems and explore alternative salutations.</p> <p>N.A. was also asked to speak with [REDACTED] to find out what her involvement is with the BMA's recommendation in respect of the elimination of pagers by 2020. A.K. said there is already work underway to increase the Wi-Fi range. N.A. is to check if a working group has already been established and if so, who was on this group. He was also requested to see if medical representation was required.</p> <p>Laurel House Parking is problematic at Laurel House. It was reported that the buildings in Canterbury which have been looked at are not fit for purpose. As service users are not happy with the proposed move to EACO, it has been agreed that office space in Canterbury will be looked at again. However, if no suitable office space is found within 3-months, the move will revert back to EACO.</p> <p><u>Medway Hub</u> Work is ongoing for an alternative location to Canada House, and three consultants are involved in the feedback.</p> <p><u>Dartford and Medway Combined Rota</u> No update was provided for today's meeting, but it was thought frequency would not alter. N.A. is to follow up with [REDACTED] for plan.</p> <p><u>Senior Management and Clinical Leadership Consultation</u> Following the last LNC meeting T.D. was asked to obtain a draft structure chart. T.D. circulated the structure which she had been provided with. It was reported that the changes in the management structure were already in place and were not linked to the CQC visit. The changes reflected a stronger clinical leadership. Feedback received from the CQC had been positive.</p> <p>Some incorrect details on the structure were highlighted. T.D. was asked to report back to [REDACTED], detailing the following:</p> <ul style="list-style-type: none"> • I.P. pointed out there was no AMD included for the Acute Service • The Director of Therapies for Acute is correct • No AMD for OPMH and Community • Director of Therapies is in place at the present time • Allied Health – to be reviewed again <p>T.D. is to distribute the revised structure in order for this to be reviewed again.</p> <p><u>Fatigue and Facilities</u> A.K. reported it had been discussed at the JDF with management and the Educational Director on how to use the funds. There was generally little disagreement.</p> <p><u>Business Mileage Error</u> There has been no progress. [REDACTED] has reported an error in the software, and she is going back to the developers.</p>	<p>P.P.</p> <p>N.A.</p> <p>N.A.</p> <p>T.D.</p>
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	<p>I.P. described the difficulty of calculating home to base and business mileage, and queried how was this going to be paid. An audit was suggested but there are no resources to do this. N.A. is to escalate to [REDACTED] and will get back to IP.</p> <p><u>Gender Pay Gap</u> TD is to pick this up and obtain a copy.</p>	<p>N.A.</p> <p>T.D.</p>
<p>4.</p>	<p>SAS Autonomous Working Policy This is a BMA recommended policy which B.M. had been asked to review and forward to [REDACTED] and Medical Staffing. Once approved it will be compliant with the SAS Charter.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • The Trust is already promoting SAS doctors autonomous working through working in Consultant Acting Up roles and the CESR route. • R.H. said more SAS doctors are taking up the CESR route, with fewer doctors going the autonomous working route. • Process in place for SAS doctors taking on more responsibilities to ensure it is a safe way of working. • N.A. said we already have SAS doctors working autonomously, with processes in place such as supervision with the consultant. • The BMA came up with this policy. A.K. suggested that management could go through the policy and take out what was not needed. • N.A. asked how do the Trust sign-off the SAS Charter. Trust approves a policy and agrees on how it supports SAS doctors. • N.A. questioned that as the Trust are already promoting autonomous working, do we need this policy as areas are already covered. It was suggested there is a learning opportunity for a member of the SAS group being identified to write a policy and to take it through the policy approval process. B.M. will speak with Hugh Townsend to ascertain if we do in fact need a policy. 	<p>B.M.</p>
<p>5.</p>	<p>Medical Advisory Committee (Draft Constitution) R.H. had taken this to the Chief Executive, and it has been agreed by her. The Workforce O.D. Committee had already agreed this. [REDACTED] has queried the reporting line, and a diagram is required to demonstrate roles.</p> <p>Following amendment A.K. will forward to L.S. for distribution to LNC members – please see attached.</p>	<p> Medical Advisory Committee-Draft Cons</p>
<p>6.</p>	<p>CEA Awards A lengthy discussion took place. The last CEA round happened on 10 June. R.H. reported there were 22 awards available, 15 applied and 15 awards were made. The panel made a decision not to give more than one award to one individual.</p> <p>B.M. asked when the results would be published and T.D. is to</p>	<p>T.D.</p>

	<p>check with [REDACTED] for the report. A.K. mentioned the four week appeal before a report can be distributed, and T.D. said she would look at the list.</p> <p>The panel was made up of a mixed representation from across the Trust. New panel members were unsure of posts and expectations, and the Chair and CEO had asked if more information could be made available on the application form. R.H. is to check this. However, T.D. advised there is a limit on what can be recorded on the form. The question was therefore raised as to whether it is in fact more information needed or better quality of information. An independent member of the panel did comment of improvement in the quality of the applications. [REDACTED] has volunteered to provide training in the completion of the application form. There is a job plan section on the form which would aid the panel to gain a better understanding of the doctor's role, etc.</p> <p>I.P. raised part-time pro-rata paid. T.D. is to forward guidelines. This is to be reviewed again and to be brought back to the September LNC meeting.</p> <p>A.K. mentioned the weighting of the domains in the scoring process as per the policy.</p> <p>T.D. advised for the next CEA round Medical Staffing will be looking to sending out applications in November. As from April 2020 we should be back on track and up to date with the CEA awards.</p>	<p>R.H.</p> <p>T.D.</p>
<p>7.</p>	<p>Medway and Canterbury Hub Discussed under Matters Arising.</p>	
<p>8.</p>	<p>Any Other Business <u>Guardian Report</u> There had been 1 breach due to a medical emergency. The Guardian Report has been shared with the JDF which is well attended. Overall a good position was reported. It was stated that this report needs to go to the Trust Board. T.D. asked when the report was due, and did [REDACTED] present to the Board. A.K. said he would be happy to attend. T.D. is to liaise with both A.K. and R.H. with regard to attendance.</p> <p><u>136 Rota</u> A.K. had been unable to send the draft however, this was distributed at the meeting. R.H. asked that he emails this to [REDACTED] in order for her to agenda the proposal at the Medical Managers meeting.</p> <p>136 Rota – Daytime rota Nothing had been received from [REDACTED] with regard to arrangements in the East. It was stated that [REDACTED] had been asked to review with [REDACTED] but this has not come back to the LNC.</p> <p>R.H. has spoken with [REDACTED] in this connection, and it was confirmed that it is the responsibility of the Switchboard to</p>	<p>T.D.</p> <p>A.K.</p>

<p>ring for cover.</p> <p>N.A. will pick this up with [REDACTED] as it has not progressed.</p> <p><u>Step Down Draft Protocol</u> No progression reported, and N.A. is to pick this up with [REDACTED] [REDACTED] will be asked to work on this. As an interim measure it will be taken to the Consultants Meeting and LAB. Input from A.K. and P.P. was requested to take to sub-committee to discuss gaps in the rota and how is this managed.</p> <p><u>Workforce Plan</u> A.K. and Dr Faruqi reviewed. R.H. said she would present at Thursday's Trust-wide CPD Day. Plan is to be launched through Governance, with approval from EMT, Workforce and Trust Board. Brilliant Doctors Medical Workforce Strategy to be attached to the minutes – please see attached.</p> <p><u>BMA Junior Doctor Contract Changes</u> This had been voted by the junior doctors as a good piece of work. A.K. said he did not know all the fine details. P.P. said he was aware of a 2% pay rise. I.P. mentioned extra pay for junior doctors doing weekend shifts i.e. 1:4 but pointed out that junior doctors only do 1:4. However, it was mentioned that higher trainees could in fact be worse off. This was open to ballot, and it was a case of watch this space.</p> <p><u>BMA Changes to Pensions</u> A.K. said the BMA are still working on this with the Government and, as yet, he has not heard of a resolution.</p> <p>There is a main plan for a 50-50 scheme.</p> <p>N.A. reported there is a small pensions group in the Trust who are looking at this, as well as other schemes. There is a cash alternative whereby a doctor can elect to come out of the scheme and the pension contribute which is made by the Trust can be given directly to the individual, but N.A. is as yet unsure if we can actually do this as KMPT is not a Foundation Trust.</p> <p><u>Appointment of Medical Director</u> R.H. advised that a new M.D. has been appointed and will be joining the Trust in the Autumn.</p>	<p>N.A.</p> <p>N.A.</p> <p> Brilliant Doctors full paper v2.docx</p> <p>N.A.</p>
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Date & Time of Next Meeting:
17 September 2019
10.00 am
Boardroom A, Farm Villa, Hermitage Lane, Maidstone