

TRUST BOARD

31 MARCH 2011

EXECUTIVE MANAGEMENT COMMITTEE MINUTES

Purpose – For Approval

Lead Director - Nick Moberly, Chief Executive

Executive Summary

The Executive Management Committee (EMC) met on 2nd March 2011 and discussed strategy, Trust performance, the new Complaints Policy and PDR Audit Report

1. INTRODUCTION

The minutes of the Executive Management Committee meeting held on 2nd March 2011 are attached.

2. FINANCIAL IMPLICATIONS

None.

3. HUMAN RESOURCES IMPLICATIONS

None.

4. LEGAL IMPLICATIONS

None.

5. RISK MANAGEMENT IMPLICATIONS – RELATIONSHIP WITH ASSURANCE FRAMEWORK

This is part of the core process of the Trust's governance structure.

6. SUSTAINABILITY IMPLICATIONS

None.

7. EQUALITIES AND DIVERSITY AND PUBLIC & PATIENT INVOLVEMENT IMPLICATIONS

None.

8. RECOMMENDATIONS

The Board is asked to approve the minutes of the meeting.

MEETING ACTION NOTES

Name of meeting	Executive Management Committee				
Date meeting held	Wednesday 2 nd March 2011				
Where meeting held	Anaesthetics Seminar Room				
Present	Nick Moberly	Paul Biddle	Michael Pantlin	Christopher Tibbs	Nichola Moore
	Linda Wilson	Denise Dinsey	Jane Shipp	Claire Broster	Nicky Waring
	Peter Lewis	Mel Hughes	Susan Darby	Lisa Ward	Janet Carr
	Martin Danford	Richard Woodage	Graham Layer	Ian Gordon	Marianne Illsley
	Raj Nigam	Ian Fry	Patrick Chapman		
Apologies	Sue Lewis	Ellen Bull	Ann Spence	Helen Brady	Robin Jago
	Nigel Taylor	Ali Littlewood	Joanne Green	Graham Maynard	Tom Dewar
	Mike Gray	Charlotte Langley			

	ACTION	BY WHOM	DATE TO BE COMPLETED BY
1.	<p>Re-launch of New Complaints Policy</p> <p>Linda Wilson, Complaints Lead, gave a presentation on the New Complaints Policy (attached)</p> <p>The Chief Executive thanked Linda for her presentation. The Committee agreed this is a very positive step forward and reflects the values of the Trust.</p> <p>The presentation will be circulated throughout the Trust</p> <p>It was stressed that no formal complaints should be kept in the medical records file, but a note that patient has made a complaint should be recorded in the notes.</p>	LW	

<p>2.</p>	<p>PDR Audit Report</p> <p>The Trust compliance rate for PDR appraisals is currently 52% which is below the 70% average for acute Trust's.</p> <p>The CQC have highlighted the Trust low compliance rate as a risk factor.</p> <p>An action plan for improving compliance has been put together. Key recommendations are:</p> <ol style="list-style-type: none"> 1. All line managers responsible for appraisal of staff should have this included as a mandatory objective in their own PDR appraisal. 2. Compliance figures will be provided to Associate Directors and Heads of Service on a monthly basis and they will then be responsible for driving compliance in their business units. 3. Compliance will be measured by the numbers of signed PDR forms returned to HR. 4. With effect from 1 April 2011, failure by appraising managers to achieve Trust and ward scorecard plans for PDR appraisals by year end should result in a maximum performance rating of partially successful in their own PDR appraisal. 5. No manager should be responsible for more than 15 appraisals. Delegation arrangements should be agreed where direct reports exceed this figure. 6. Further 1 hour PDR awareness sessions should be arranged for managers and staff by end Q4. 7. HR Business Partners will offer PDR refresher sessions in SBU meetings. 8. An update spreadsheet showing PDR due dates for 2011/12 will be provided to line managers by HR for 1 April 2011. 9. Business Unit monthly reviews will treat this as a priority until compliance rates improve. 10. The bottom 10 business unit performers will be targeted as a priority to improve compliance. <p>The Committee accepted the recommendations put forward</p> <p>It was agreed that Lisa Ward would circulate a communication throughout the Trust.</p>	<p style="text-align: center;">LW</p>	
<p>2.</p>	<p>Strategic Update</p> <p>The Chief Executive updated the Committee on the Trust's strategic position. The Trust is currently exploring options for Community Services, as well as other potential strategic moves.</p>		
	<p>Trust Performance Report</p> <p>Operational Efficiency</p> <p>The 4 hour wait target is back on track. The Chief Executive extended his thanks to everyone who was</p>		

	<p>involved in this.</p> <p>Finance</p> <p>Activity and income recovered in January. In month surplus £178k (£45k better than plan). YTD surplus £5.0m (£507k better than plan). The Finance Director is confident that the financial plan for 10/11 can be achieved.</p> <p>Further discussion on CIPS will be taking place w/c 7th March with SBU Leads, Associate Directors and Executive Directors.</p>		
	<p>NHSLA Inspection (NHS Litigation Authority)</p> <p>This is taking place on 1st and 2nd December, with an interim visit taking place in July. The Trust is aiming for Level 2.</p> <p>There are 10 criteria set, the Trust must achieve 7 out of 10.</p> <p>Briefing sessions will be taking place after the CQC visit. Details to follow.</p>	CB	
8.	<p>Values and Behaviours</p> <p>The Committee reviewed and confirmed that they had reflected the Trust's values and behaviours in their discussions during this meeting.</p>		
	<p>Dates Of Future Meetings:</p> <ul style="list-style-type: none"> • 6th April, Anaesthetics Seminar Room (ASR) • 4th May, ASR • 1st June, ASR • 6th July, ASR 		