

**Minutes of the LNC Meeting with Management
13 March 2019
Boardroom B, Farm Villa, Hermitage Lane, Maidstone
(Minutes not verbatim)**

Present:

<p>██████████ (A.K.) ██████████ (R.H.) ██████████ (S.M.) ██████████ (M.A.) ██████████ (AS) ██████████ (J.A.) ██████████ (H.T.) ██████████ (T.D.)</p>	<p>Interim Chair & Consultant Psychiatrist Acting Medical Director Consultant Psychiatrist Consultant Psychiatrist Consultant Psychiatrist Trainee Representative BMA Regional Coordinator and Industrial Relations Officer Deputy Medical Staffing Manager</p>	
<p>Minutes: ██████████ (L.A.)</p>	<p>Revalidation Administrator</p>	

		ACTION
1.	Apologies for Absence Apologies received from ██████████ and ██████████.	
2.	<p>Minutes of the last meeting The minutes of the meeting dated 11 December 2018 were agreed.</p> <ul style="list-style-type: none"> • Medway and Canterbury Hub Canterbury: <ul style="list-style-type: none"> - A.K. had emailed ██████████ to follow-up regarding Wi-Fi boosting. The update was that they are starting phase and phones will be used via intranet from May 2019, but there may be a delay. R.H. to follow-up. - Walkie-talkies were previously suggested and R.H. is to follow-up with ██████████ Medway: <ul style="list-style-type: none"> - Canada House Hub – a follow-up meeting was held further to new floor plans and gathering views/suggestions, and we are now awaiting a response from ██████████ 	<p>R.H.</p> <p>R.H.</p>

	<ul style="list-style-type: none"> • Brexit – Settled Status pilot of approx. 150 completed • Consultants CEA: <ul style="list-style-type: none"> - Proposal for option d) was agreed and it was highlighted that the extra payment will save money as the award is non-pensionable. Policy to be presented at EMT next week for approval as no EAC until the end of the month. - Management and HR in agreement and awaiting approval - Recruitment are currently working on new dates further to a delay due to late application requests following annual leave - T.D. / R.H. to ask [REDACTED] if we can begin scoring and carry on as before 	T.D. / R.H.
3.	<p>Matters Arising Proposal for MAC is in the final stage of protocol and the LNC supports in principle. This will be brought to the June 2019 LNC meeting for information and then presented to the Chief Executive Medical Director.</p>	
4.	<p>Dartford and Medway Combined Consultants Rota R.H. confirmed that the ambition was to have the same rota system across KMPT.</p> <p>R.H. informed that feedback reported the 3-tier rota is working well and stated that Dartford and Medway are to merge so doctors across the county have the same rota system.</p> <p>It was reported that there are a number of vacancies, but Dr Ashurst and [REDACTED] have now recruited through the CESR Fellowship programme, and once we have been more doctors in post, we will be able to populate tier 2 rota for Medway and Dartford.</p> <p>R.H. to ask [REDACTED] to prepare paper and present to the LNC and then circulate to the teams for comments.</p>	R.H.
5.	<p>Senior Management and Clinical Leadership Consultation (Phase 2) R.H. presented Phase 2 Consultation Document V3.</p> <p>Proposed 5 AMDs:</p> <ul style="list-style-type: none"> - 2 Community (East and West) - 1 Older Adult - 1 Acute - 1 Specialist and Forensic <p>R.H. confirmed that the Deputy Director of Operations role would cease from 1 April 2019.</p> <p>Section 3.5 Lines of Accountability addressed: R.H. confirmed that the AMDs would continue to report to the Medical Director at present and that this would be reviewed when a new Medical Director is appointed.</p> <p>S.M. expressed concerns that the Medical Director post was</p>	

	<p>being diluted and that they must remain as the line of reporting. M.S. asked who the Medical Director reports to. R.H. confirmed that the Medical Director reports to the Chief Executive.</p> <p>R.H. confirmed that in the last round, no Medical Director was appointed. R.H. is Acting Medical Director from April 2019 until the next round.</p> <p>R.H. confirmed the following: Phase 1: Deputy COOs up from 1 to 2, 2nd starts in April 2019 and Director of Care Groups to be replaced with Heads of Services Phase 2: AMD posts – CRCG posts now substantive Phase 3: Service Manager changes Phase 4: Review under Service Managers</p> <p>T.D. to ask [REDACTED] for a copy of phases and to distribute.</p> <p>T.D. / R.H. to ask [REDACTED] for a draft structure chart for the LNC.</p> <p>T.D. to ask [REDACTED] for a copy of the Leadership CQC for the LNC to view.</p>	<p>T.D.</p> <p>T.D. / R.H.</p> <p>T.D.</p>
<p>6.</p>	<p>136 Rota – daytime rota A.K. highlighted: 1) Sustainability of the rota 2) Compensation for extra duties 3) Flexible working policy</p> <p>A.K. created 2 or 3 meetings; received feedback from Older Adult, Perinatal Community, and Acute SPR and SAS doctors; and reported the following:</p> <ul style="list-style-type: none"> - SAS (5-10) – some were very keen whilst half had reservations with clear, reasonable reasons. Competency concerns were also raised. - SPR – agree in principal as this will spread the burden - SPR & SAS preferred an opt-in option - Overall there was an unclear response <p>R.H. informed that [REDACTED] previously requested for the Older Adult care group not to be on the rota as they rarely receive 136 and have additional memory clinics to attend.</p> <p>Majority are younger adult.</p> <p>A.K. to draft a paper proposal on Staff Side and report back to the LNC. R.H. informed A.K. that he would need to get an update from Dr Debenham regarding the Dartford 136 suite.</p> <p>M.A. to liaise with [REDACTED] regarding arrangements in East Kent and to obtain a copy of a previous paper prepared by Dr Babiker to bring to the next LNC meeting.</p> <p>R.H. advised that flexible working to be noted in doctor’s Job Plan and signed by line manager and fee claiming to be sent to line manager, also.</p>	<p>A.K.</p> <p>M.A.</p>

7.	<p>Quarterly Guardian Report 10 breaches Jul. to Sep. 2018 0 breaches Oct. to Dec. 2018</p> <p>No major concerns were reported at the last meeting.</p>	
8.	<p>Step Down Draft Protocol R.H. reported feedback from higher trainees has been received.</p> <ul style="list-style-type: none"> - Protocol for emergency situations only - Change in out of hours <p>LNC asked if the Consultant has responsibility for phoning around for cover and if role / function could be carried out by someone working a waking shift on-site. R.H. to take to Jacquie Mowbray-Gould to check.</p> <p>There was discussion about the draft policy and the role of the Consultant on-call to ensure that this is safely covered and how colleagues could manage across sites. M.S. asked if there is no junior doctor, would the Consultant be expected to attend. R.H. confirmed that the Consultant would need to speak to the managers to resolve and find a solution.</p> <p>Rewrite in-line with policy and embed guidance for doctors on-call.</p> <p>It was raised that it is the Consultant's responsibility to find cover for junior doctors when Medical Staffing are out of hours.</p> <p>Consultants are to liaise with the Clinical Lead and AMD to arrange cover or establish the best way to safely manage, prioritising Dartford, Canterbury and Maidstone.</p> <p>H.T. advised 3 PAs are currently suggested as a rate for Consultants to step down. R.H. confirmed that there is a business case to look at the rate and that this is being completed by Dr Debenham.</p> <p>M.A. advised that when a consultant on-call in West Kent had to leave, she had to cover. It was confirmed that the East and West can cover each other.</p> <p>R.H. to circulate the updated draft by May; Dr Debenham is to help Luke. This should then be discussed / approved at the next LNC meeting.</p>	<p>R.H.</p> <p>R.H.</p>
9.	<p>Fatigue and Facilities (update from management) Confirmed all doctors, not just juniors.</p> <p>H.T. advised of £30,000 for each Trust coming in April 2019 and said that the guidelines are to be issued. H.T. to send guidelines to A.K. and advised that additional funding may be subject to CQC / BMA requirements. Further detail of allocations is awaited.</p>	H.T.
10.	<p>SAS Autonomy If a SAS doctor can work autonomously, they are being</p>	

	<p>encouraged to take CESR route in acting roles.</p> <p>R.H. to take back to medical managers.</p> <p>T.D. and ██████████ to incorporate into policy.</p> <p>T.D. reported the following with regard to CESR Fellowship:</p> <ul style="list-style-type: none"> - Currently at the Pre-employment checks stage - Another round of adverts are to go out - 6-monthly reviews to take place - Possibility of acting-up positions 	<p>R.H.</p> <p>T.D.</p>
11.	<p>Business Mileage Error</p> <p>M.A. raised that Dr ██████████ highlighted that there must be an error in the software as her payslip is less than the calculated figure.</p> <p>██████████ confirmed that they are currently reviewing this. A.K. is allowing a month or 2 for ██████████ to report back and will then arrange a teleconference to discuss.</p> <p>Dr Ashurst suggested an audit.</p>	<p>A.K.</p>
12.	<p>Any Other Business</p> <ul style="list-style-type: none"> • CEAs – it was reported that part-time funding gets reallocated, which will be complex, and pro-rata payments may also increase the pay gap • S.M. requested a copy of the Gender Pay Gap Report going to Workforce next week to be shared with the LNC • J.A. asked if anyone would object to a junior doctor attending LNC as a visitor – there were no objections. 	<p>T.D.</p>

Date & Time of Next Meeting:
18 June 2019
10.00 am
Boardroom A, Farm Villa, Hermitage Lane, Maidstone