Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th April 2010

TITLE	Trust Executive Committee Minutes held on 12th March 2010 and 26th March 2010
EXECUTIVE SUMMARY	The Trust Executive Committee key points include : **12th March 2010** • Discussion on Programme 3 Clinical Strategy and Programme 5 Workforce Redesign • Agreed the proposal to integrate the existing Non Clinical Risk Management Committee and the Clinical Risk Group. The new meeting would be named the Patient Safety and Risk Committee reporting to the Integrated Governance Assurance Committee. • Agreed Register of Gifts and Hospitality • Agreed Register of Interests Policy **26th March 2010** • Discussed Programme 2: Improving Service Productivity and Quality • Systems and Process Review Group progress report was received • Information Governance Annual self assessment 2009-2010; overall score of 75% agreed for submission
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compiled according to the Trust Committee Policy
STAKEHOLDER / PATIENT IMPACT AND VIEWS	None
EQUALITY AND DIVERSITY ISSUES	None
The Trust Board is asked to:	Note the minutes of the Trust Executive Committee held on the 12th March 2010 and 26th March 2010
Submitted by:	Andrew Liles Chief Executive
Date:	15th April 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
12th March 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT	Andrew Liles	Chief Executive (Chair)
	Giselle Rothwell	Head of Communications
	John Hadley	Clinical Director for Specialist Surgery
	John Headley	Director of Finance & Information
	Mike Baxter	Medical Director
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Paul Crawshaw	Clinical Director for Children's Services
	Raj Bhamber	Director of Human Resources & OD
	David Fluck	Clinical Director for Medicine
	Chris Schofield	Clinical Director for Trauma & Orthopaedics
	Andrew Laurie	Clinical Director for Pathology
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
	Jeremy Wright	Clinical Director for Women's Health
	Rebecca Carlton	Deputy Chief Operating Officer
	Sue Robertson	
	Vanessa Avlonitis	Deputy Chief Nurse
SECRETARY	Jane Gear	Head of Corporate Affairs
IN ATTENDANCE	Sarah Johnston	Head of Integrated Governance and Risk (Minutes 87 & 88 /2010)
APOLOGIES	Valerie Howell	Chief Operating Officer
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Jonathan Robin	Interim Clinical Director for Emergency & A & E
	Robin Gammon	Interim Head of Information Services
	Caroline Becher	Chief Nurse
	Paul Murray	Lead Clinician for Cancer
	Barry Sellick	Clinical Director for Critical Care
	Paul Bentley	Director of Strategy
	Elliot Chisholm	Clinical Director for Surgery

ITEM **ACTION**

78/2010 MINUTES

The minutes of the meeting held on 26 February 2010 were agreed as a correct record subject to amending minute 67/2010 to replace 'Middle management development opportunities' with 'Support from immediate managers'.

MATTERS ARISING

TEC reviewed all of the actions from the previous minutes. Nominated leads confirmed that all of the respective actions had been completed, appeared as agenda items for this meeting, or were on track within the agreed timescales. The following was noted:

79/2010 Workforce (minute 26/2010 refers)

The reconciliation between the workforce and financial information had been completed. There was no loss of income and the position would be resolved in the 20110/11 budgets.

The position was NOTED as closed.

80/2010 Pathology Network (minute 25/2010 refers)

Agreement from the 4th Trust Board was expected shortly.

This matter been included in the TEC work plan for a regular update.

81/2010 Visiting hours (minute 66/2010 refers)

Following discussion it was AGREED to commence the trial changes to Visiting Hours as outlined in the proposal paper from 1st May subject to :

- Removing 'medically depressed' from the exclusions
- Inclusion of set times for relatives to phone in at, ideally avoiding busy times on the wards
- Being clear this was about stakeholder engagement in terms of seeking views
- Undertaking an EQIA

The trial would be for a three month period and evaluation would take place after 2 months.

Engagement would include the Patients' Panel, and the Board should be informed. **VA/CB**

DELIVERY PROGRAMMES

82/2010 Programme 3: Implementing our clinical strategy
Paul Bentley, David Fluck, Elliot Chisholm

Sue Robertson introduced the discussion and report. Key highlights discussed included:

1. Clinical specialties were now developing their strategies in the light of the Trust's overarching Clinical strategic aims; TEC expressed general support for a workshop to draw these together; date in May to be advised as soon as possible. **PB**

2. Discussions had taken place with EDICS which was a commissioning body covering a population in excess of 110k around Epsom. This had been very positive with potential opportunities in Dermatology, Neurology and Cardiology being identified.

3. It was disappointing to note that the Trust's AAA screening bid had not been successful. Further clarification was being sought on the reasons from the DoH, and it was agreed to brief Andrew Liles separately. **SR**

TEC NOTED the Programme update.

83/2010 Programme 5: Workforce Redesign
Raj Bhamber, Peter Finch, Jonathan Robin

2 aspects were highlighted :

Job Planning – a demonstration as part of the decision making process for potential new software to support Job Planning was being planned for April. All the Clinical Directors present gave a verbal update on progress on Job Planning in their Directorates. Generally this was progressing well.

For the current round of Job Planning, the Chief Operating Officer would undertake a review looking for consistency and equity across the Trust before Job Plans were passed to the Medical Director.

Education and Development plans; These were being collated and analysed. Trauma & Orthopaedics and Specialist Services needed to be submitted and this would be progressed by the Clinical Directors **JH/CS**

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

84/2010 Corporate Business Plan and Capital Budget 2010/2011

Deferred to next meeting

85/2010 Marketing Report

Points to note included:

- Ashford Hospital needed to be developed as the main focus for patients from Hounslow.
- The intention was to hold fewer but better quality Spotlight Events. The next one would focus on paediatrics.
- Progress was being made with discussions with Cobham. It was important that opportunities identified within Table on p5 were pursued actively as ASPH needed to maintain its market share.
- Future editions of the Report should include a similar table for opportunities at Feltham Health Center. **SR**
- Table 3.6 set useful targets for market share by specialty. The Trust was loosing market share in Woking; opportunities might

be increased as this was within North West Surrey locality with which the Trust was now aligning strongly as commissioner.

TEC NOTED the Marketing Report.

86/2010 Corporate Risk Register

TEC AGREED the inclusion of VTE on the Corporate Risk Register, including the scoring and description of the risk.

TEC NOTED that there was a reduction on the risk rating for

- Infection
- Swine Flu
- Patient Identifiable data

However, it was highlighted that there were still significant numbers of staff who had not attended the training on Information Governance. A list would be sent out to directorates and it was essential that staff were encouraged to attend this mandatory training. Further training sessions would be provided in addition to e-learning. **ALL**

The data on attendance for this specific training needed to be uploaded onto OLM(ESR). **JH**

It was noted that slow progress continued in relation to updating Policies.

TEC NOTED the Corporate Risk Register.

87/2010 Integrating Risk Management meetings

Sarah Johnston was welcomed to TEC and gave the rationale on the proposal to integrate the existing Non Clinical Risk Management Committee and the Clinical Risk Group. The new meeting would be named the Patient Safety and Risk Committee reporting to the Integrated Governance Assurance Committee.

The aim was to provide a more integrated approach to risk and safety with less opportunity for matters to be overlooked between groups.

TEC AGREED the proposal. It was noted that the staff survey results had highlighted the need to raise the profile of Health and Safety and TEC asked that Health and Safety was an item on the first meeting of the new Committee. **SJ/(CB)**

88/2010 Safety Alerts

Sarah Johnston advised TEC that the existing Safety Alert Group was to be closed and a new mechanism was being put in place with a particular focus on ensuring the more complex and Trust wide alerts were properly actioned and closed. Ultimately this would feed back to the Patient Safety and Risk Committee.

TEC AGREED the new process for safety alerts.

89/2010 Register of Gifts and Hospitality

The Trust had a register in place but the new Policy would provide a framework to ensure it was actively managed and maintained. This included raising awareness across the Trust.

There was one error on the draft policy which related to *Accept but Record*- the threshold was £50.

TEC AGREED the Policy.

It was also suggested that a prompt should be included on the Study Leave Form. **JG**

90/2010 Register of Interests policy

The Policy set out the process to identify record and publish interests. This would support the current register more actively.

TEC AGREED the Policy.

FOR INFORMATION

91/2010 Public and Patient Engagement Report

The Report from the Group was noted

ANY OTHER BUSINESS

92/2010 NHS SURREY

A briefing on changes at NHS Surrey was given. The changes included that the current CE, Chris Butler, was leaving to take up a new opportunity as MD of the Commissioning Support Agency. Ann Sutton would be the interim CE, joining from NHS Eastern and Costal Kent.

The interim Chair of NHS Surrey was Julian Lee. Permanent appointments would be made to both the Chair and Chief Executive posts.

Other changes in SE Coast SHA were also noted; although these could collectively create some uncertainty for a period of time it would be essential that the Trust continued to progress its FT application, and ensured that new and positive relationships were established.

93/2010 Master Plan

The Master Plan had been accepted by Runnymede Borough Council subject to S106 agreements. This was a really successful outcome and meant that the Trust could now proceed with two detailed planning applications for decked car parking and the creation of office

accommodation to enable the demolition of parts of the ramp.

94/2010 Patient Information

A new group was being established to improve the process of agreeing patient literature. TEC would be kept informed as necessary.

95/2010 DATE OF NEXT MEETING

Friday 26th March 2010

ACTION LOG

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
08/01/2010 12/02/10	6.1/2010	**Patient Experience Programme**	Ascertain if HOSPICOM can be used for patient feedback	**CB**	26/02/10	
08/01/01	6.2/2010	**Workforce redesign**	TEC to discuss changes to HRBM role	**RB**	26/02/10	
12/02/2010 12/03/2010	48/2010 86/2010	**CRR** **CRR**	All Directorates to review the position on IG Training and produce list of those who have not attended Circulate list of non attendees at IG training	**ALL** **JH**	05/03/2010 09/04/2010	 List circulated
12/02/2010	60/2010	**ENT**	Discuss strategy for ENT in the light of proposed changes by RSCH	**JHa**	05/03/2010	
13/11/09	6.3 &25/2010	**Pathology Network**	Report to TEC monthly on progress	**Ala**	12/03/2010	In workplan
11/12/09	3.1	**Access policy**	Implementation Group to oversee ** Separation of a Children's policy ** EQIA ** Consistency of approach to DNAs Policy to revert to TEC for final approval	**VH**	26/03/10	
12/03/2010	82/2010	**Programme 3 Clinical Strategy**	Brief CE on failure of Trust bid on AAA	**SR(PB)**	26/03/2010	
12/03/2010	83/2010	**Programme 5 Workforce**	Education and Development plans to be submitted by T&O and Specialist Surgery	**CS/Jha**	09/04/2010	
12/03/2010	87/2010	**Integrating Risk Management meetings**	Include H&S on first meeting of new PSRC	**CB**	09/04/2010	

26/02/2010	70/2010	**Programme 1**	Consider options to resolve communications issue within out-patient consultation (analyse issues first)	**CB**	28/05/2010	
13/11/09	5.1	**Infection Control**	Review costs and service implications of systems to deliver on emergency screening for MRSA	**VH/AL**	11/06/10	
12/03/2010	89/2010	**Gifts and hospitality**	Include a prompt on attendance at sponsored conferences on Study leave form	**JG**	11/06/2010	
26/02/2010	66/2010	**Workforce Report**	Introduce systems to facilitate review of reasons why staff left within one year of appointment.	**RB**	25/06/10	
26/02/2010	68/2010	**IM&T review**	Implement first stages arising from Review Develop strategy through working groups Change ISSG to Programme Board	**JH**	25/06/2010	
12/03/2010	85/2010	**Marketing Report**	Include partnership opportunities table for Feltham in Marketing report	**SR/PB**	25/06/2010	
12/03/2010	86/2010	**CRR**	Upload data on IG training onto OLM	**JH**	25/06/2010	
12/03/2010	81/2010	**Visiting Hours**	Report back after evaluation two months of three months trial changes on visiting hours	**CB**	09/07/2010	

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST EXECUTIVE COMMITTEE MINUTES
26th March 2010
Lecture Theatre, Ramp, St. Peter's Hospital

PRESENT	Andrew Liles	Chief Executive (Chair)
	Giselle Rothwell	Head of Communications
	Paul Murray	Lead Clinician for Cancer
	Mike Baxter	Medical Director
	Mick Imrie	Clinical Director for Anaesthetics & Theatres
	Paul Crawshaw	Clinical Director for Children's Services
	David Fluck	Clinical Director for Medicine
	Chris Schofield	Clinical Director for Trauma & Orthopaedics
	Andrew Laurie	Clinical Director for Pathology
	Jonathan Glover	Acting Clinical Director for Imaging & Endoscopy
	Jeremy Over	Deputy Director of workforce and OD
	Tracy Paton	Assistant Director of Finance
	Faris Zakaria	(Consultant Obstetrician representing the CD)
	Valerie Howell	Chief Operating Officer
	Robin Gammon	Interim Head of Information Services
	Caroline Becher	Chief Nurse
	Paul Bentley	Director of Strategy
SECRETARY	Jane Gear	Head of Corporate Affairs
APOLOGIES	Elliot Chisholm	Clinical Director for Surgery
	Peter Finch	Clinical Director for Imaging & Endoscopy
	Jonathan Robin	Interim Clinical Director for Emergency & A & E
	John Hadley	Clinical Director for Specialist Surgery
	John Headley	Director of Finance & Information
	Jeremy Wright	Clinical Director for Women's Health
	Barry Sellick	Clinical Director for Critical Care
	Raj Bhamber	Director of workforce and OD

ITEM **ACTION**

96/2010 MINUTES

The minutes of the meeting held on 12 March 2010 were agreed as a correct record.

MATTERS ARISING

TEC reviewed all of the actions from the previous minutes. Nominated leads confirmed that all of the respective actions had been completed, appeared as agenda items for this meeting, or were on track within the agreed timescales. The following was noted:

97/2010 Workforce Redesign (minute 6.2/2010 refers)

It was agreed to defer the discussion of changes to the HRBM role.

98/2010 Access Policy (minute 3.1 11/12/2009/ refers)

Work was ongoing and would now include output from EQUIP. Date to revert to TEC therefore delayed.

99/2010 Job Planning (minute 83/2010 refers)

CDs gave a verbal update on progress.

The majority of Job Plans would be completed within the next 10 days. However it was noted that for certain specialties this would be an ongoing process, for example as theatre lists were realigned.

The aim of agreeing a process and setting a clear target for Job Planning had been to define a culture whereby job planning was embedded and aligned with delivering the Trust's objectives. The individual Job Plans needed to be in accordance with the Trust guidance, but if there were several iterations and therefore continual improvement, that was acceptable.

TEC noted that appraisal became even more important with the introduction of medical re-validation. The benefits of an electronic tool were emphasised.

DELIVERY PROGRAMMES

100/2010 Programme 2: Improving Service Productivity and Quality
Valerie Howell, Mick imrie, Chris schofield

The Cost Improvement Programme for 2010/2011 was more robust as it was benefitting from improved planning. There would also be a better system for monitoring delivery, and CDs were reminded that support could also be accessed where difficulties were being experienced.

Consideration was also being given to CIPs for 2011/2012 and 2012/13; these would be important as ASPH entered the Monitor phase of the FT process. Monitor would also focus on how any impact on quality was being assessed as CIPs were being identified. It was planned to hold a workshop to help the forward planning of CIPs.

TEC discussed the current and next tranche of EQUIP projects. Overall it was essential that staff across the Trust were skilled up with the appropriate tools and that they were strongly supported by TEC. It was evident that EQUIP could help multi-disciplinary working, and that it was a real tool to secure improvement.

TEC supported these principles and suggested that the profile of the

overall programme needed to be raised with a focus on celebrating success. There also needed to be a good method of tracking benefits, both financial and service improvement.

It was noted that the contact with Simpler would be reviewed at the end of April but EQUIP was a longer-term approach and support would continue to be needed.

Newton Industrial were currently helping review Theatres; this would be an area focused on in 2010/11. The new theatre system would go live in the summer and this would be helpful as it would provide improved data.

TEC NOTED the Programme update.

OPERATIONAL PERFORMANCE, QUALITY AND SAFETY

101/2010 Board Feedback

A number of the Board papers were substantive items on the TEC agenda.

The Board had received a presentation on Child Protection and Safeguarding. The Board had been disappointed that only 81% staff had been trained to level 2 against a target of 100% and had asked that this was addressed. In addition, the vacant social worker post had been noted together with the need for improved electronic systems in A&E to support child protection.

102/2010 Performance report

Points to note included:

1. Workforce

Most of the metrics had shown a positive reversal in trend with the exception of sickness levels. It was thought the cause was seasonal.

Slow progress continued to be made in completing appraisals. It was noted that consultants' appraisals would shortly be added to ESR.

2. Operational performance

The Trust was doing well across all targets, and was performing strongly when compared with other trusts in the sector. Stability on performance was also improving. The Trust expected to achieve the Type 1 target on A&E (St Peter's only) by the end of March.

3. Finance

The FRR of 4 was good. The Trust had overachieved on income due to the level of emergency admissions.

TEC NOTED the performance Report.

103/2010 Quality Report

#NOF operated within 48 hours; this had improved to 87% with only 5 patients not being operation on for non medical reasons. It was noted that the target moved to 36 hours from April 2010. The concern was when clusters of patients were admitted.

Mortality: the SMR was strong at 81.7 YTD. Consideration would be given to setting a challenging Trust target in 2010/11. Dr Foster (RTM) showed a double green flag for mortality. It was agreed to see if information on crude mortality could be found from local trusts so we could benchmark ourselves.

RG

Readmission with 14 days was 3% YTD. There had been some informal concern about the readmission rate possibly rising due to early discharge but this had not been substantiated.

The level of complaints had risen which was disappointing. Areas where the trend was rising included MAU and A&E and were being reviewed with the directorate. Consideration was also being given to the feasibility of disaggregation complaints numbers in terms of elective and emergency care.. However, the positive feedback from a patient where the clinicians involved had written was noted.

The Robert Francis Report into Mid Staffordshire NHS Foundation Trust had been published and was being reviewed internally; the findings would be taken to the Board and TEC.

Monitor was placing considerable emphasis on the importance of clinical audit. The Trust had a relatively low rate of recorded audit and re-audit; CDs were asked to ensure that any audits in their areas where properly recorded.

TEC supported the general direction of the Quality Report. This enabled TEC to have an overview of all services and seek to challenge and set new challenging targets. In the future it would be helpful if there was greater alignment in the reporting structures with the new CQC registration regulations, and it was also noted that consideration was being given to a web page as a resource for all Directorates to share learning and best practice.

TEC NOTED the Quality report.

104/2010 Single Sex Accommodation Declaration

SSA was an important national priority and all Trusts were being asked to make a public declaration on virtual elimination.The Trust had assessed compliance against 4 dimensions but the real test would be via patient feedback.

It was encouraging to note that the number of reported breaches had been diminishing.

In a general discussion it was noted that there were some issues with the national approach, nevertheless the spirit of what was intended in

terms of patient vulnerability and privacy and dignity was very important. This extended out beyond the formally reported areas, for example into radiology.

TEC NOTED the report.

105/2010 National Inpatient Survey

Picker was the Trust's contractor for the 2009 survey and the results provided an early indication of the likely position for the Trust when the CQC finally reported.

Although the Trust had made some progress between surveys, other trusts had made greater improvements and therefore ASPH showed a worse than average score against the other Picker trusts on 20 questions, and a better score on only 2.

A presentation by Picker was being arranged, and the actions would feed into Programme 1. The Board had expressed a view that greater urgency needed to be given to improving the results of the national surveys generally.

The survey also included many text comments from patients and these were available from the Chief Nurse on request.

106/2010 Budget 2010/2011

The Trust was still awaiting agreement on its SLA with NHS Surrey so the Board had agreed the draft budget based on a series of assumptions. The intention was to generate a £3.3m surplus in 2010/11.

Once the SLA was agreed there would be process of signing off Budgets and Directorate plans with each Directorate.

TEC NOTED the budget.

107/2010 Corporate Business Plan 2010/2011

The Plan had been developed top down and bottom up. It reflected national and local priorities and was based on the Trust being an FT hence the inclusion of the Monitor Compliance Framework. It established a series of objectives to take forward the 4 Corporate Objectives; these would be developed into clear deliverables. TEC were asked to consider if there were any omissions from the objectives. A revised scorecard was being produced including new stretch targets. This would be agreed with TEC.

The Plan included the Capital Programme. This identified £14.2m of expenditure; however £3m was tied to a loan to be drawn down specifically for the renal development.

The detailed activity, workforce and financial schedules would be completed when the SLA was agreed; these would then be agreed with each Directorate.

The Corporate Business Plan had been agreed by the Trust Board but in the context that the SLA was outstanding.

TEC NOTED the Corporate Business Plan.

108/2010 Systems and Process Review Group

The Systems and Process Review Group had been established by the Medical Director in response to the risk for test results being missed and appropriate action not being taken for patient care.

TEC NOTED the progress report.

109/2010 Information Governance Annual self assessment 2009-2010

The self assessment indicated an overall score of 75%; a slight improvement on the previous year.

In order to have the Statement of Compliance for secure connection to the national network (N3), all 25 requirements for information flow needed to score at level 2 or above; the Trust had achieved this.

It was noted that the self assessment had been overseen by the ISSG and TEC therefore APPROVED the assessment for submission.

110/2010 Marketing Report

The market analysis report for Q3 was received. The Trust market share for NHS Surrey had increased to 27% although the position for Woking had declined. On a specialty level there had been improvements in General Medicine, General Surgery and Paediatrics. ENT and Colorectal Surgery had declined compared with the previous year.

The importance of all services having access via Choose and Book was noted.

The Report contained a number of actions to improve market share. The need to move to proactively grasping opportunities rather than monitoring the position was made. However the Trust also needed to understand the linkages between emergency and elective flows and the impact of increasing the use of Ashford for day surgery.

TEC NOTED the marketing report.

111/2010 Appeals Policy

TEC AGREED the Appeals Policy.

112/2010 Honorary Contract policy

TEC agreed the Honorary Contract policy.

113/2010 Media Relations in the Election Period

The central guidance was noted.

It was important locally to be vigilant in looking for potential media issues; these should be communicated to the Comms. team or an executive as soon as possible. Where potential media issues were identified, a quick turn around of the Trust's response was also essential.

Staff should not be communicating direct with the media; guidance for all staff was being produced building on the existing Policy.

114/2010 Wireless Network Business case

Deferred to next meeting

FOR INFORMATION

115/2010 Single Equality Scheme Report

The Quarterly Report from the Group was noted

116/2010 DATE OF NEXT MEETING

Friday 9th April 2010

ACTION LOG

Date Action Agreed	Minute Number	Topic	Action	Owner	Timeline for completion	Comment
08/01/2010 12/02/10	6.1/2010	**Patient Experience Programme**	Ascertain if HOSPICOM can be used for patient feedback	**CB**	26/02/10	
12/02/2010	60/2010	**ENT**	Discuss strategy for ENT in the light of proposed changes by RSCH	**JHa**	05/03/2010	
13/11/09	6.3 &25/2010	**Pathology Network**	Report to TEC monthly on progress	**Ala**	12/03/2010	On 23 April agenda for an update
12/03/2010	83/2010	**Programme 5 Workforce**	Education and Development plans to be submitted by T&O and Specialist Surgery	**CS/Jha**	09/04/2010	
12/03/2010	87/2010	**Integrating Risk Management meetings**	Include H&S on first meeting of new PSRC	**CB**	09/04/2010	
26/02/2010	70/2010	**Programme 1**	Consider options to resolve communications issue within out-patient consultation (analyse issues first)	**CB**	28/05/2010	Not due yet
26/03/2010	103/2010	**Quality- Mortality**	See if crude mortality data is available from local trust to help benchmarking	**RG**	28/05/2010	Not due yet
13/11/09	5.1	**Infection Control**	Review costs and service implications of systems to deliver on emergency screening for MRSA	**VH/AL**	11/06/10	Not due yet
12/03/2010	89/2010	**Gifts and hospitality**	Include a prompt on attendance at sponsored conferences on Study leave form	**JG**	11/06/2010	Not due yet
26/02/2010	66/2010	**Workforce Report**	Introduce systems to facilitate review of reasons why staff left within one year of appointment.	**RB**	25/06/10	Not due yet

26/02/2010	68/2010	**IM&T review**	Implement first stages arising from Review Develop strategy through working groups Change ISSG to Programme Board	**JH**	25/06/2010	Not due yet
12/03/2010	85/2010	**Marketing Report**	Include partnership opportunities table for Feltham in Marketing report	**SR/PB**	25/06/2010	Not due yet
12/03/2010	86/2010	**CRR**	Upload data on IG training onto OLM	**JH**	25/06/2010	Not due yet
12/03/2010	81/2010	**Visiting Hours**	Report back after evaluation two months of three months trial changes on visiting hours	**CB**	09/07/2010	Not due yet
08/01/2001 26/03/10	6.2/2010 97/2010	**Workforce redesign**	TEC to discuss changes to HRBM role	**RB**	~~26/02/2010~~ 14/05/10	Not due yet
11/12/2009 26/03/2010	3.1 98/2010	**Access policy**	Implementation Group to oversee ** Separation of a Children's policy ** EQIA ** Consistency of approach to DNAs Policy to revert to TEC for final approval	**VH**	~~26/03/2010~~ 14/05/10	Not due yet