

28/10/2014

Dear Andrew,

We received your detailed list of questions on the morning of the Annual Members Meeting (AMM) and the Chairman provided a verbal answer to them. The Trust did not initially recognise them as an FOI request and you had not specifically presented it as such, rather we took it to be issues raised at the meeting, and thus we were of the view that you had accepted our responses to them at the AMM and that the matter was resolved.

We would happily have responded further to this misunderstanding had you followed up with us personally. We are now responding via the Information Commissioner's Office, as you have requested. I have also included the minutes from the Annual Members Meeting of September 11 2014, which were agreed at the recent meeting of the Council of Governors.

Due to the short turn-around time of the complaint, it has not been possible to provide all of the requested information in the time required, however the remaining information will be forwarded on within the next ten working days, which the ICO has agreed. In the meantime, this is the information we have in relation to your questions not fully covered at the AMM.

Below is the information you have requested in your question: 'There have been several maternal and neonatal deaths as well as serious incidents at the maternity unit in recent years. Please provide numbers for each for the last 5 years'

<b>Year</b>	<b>Maternal Death</b>
2009	0
2010	0
2011	1*
2012	1*
2013	2
2014 (to 30.09.14)	2

\*these deaths were not directly related to pregnancy or childbirth, but are included as they meet criteria for reporting in the national confidential enquiry

<b>Year</b>	<b>Maternity SIs</b>
09/10	2
10/11	9
11/12	16
12/13	25
13/14	18
14/15 (to 22.10.14)	10

*Incorporating hospital and community health services, teaching and research*

Data pertaining to neonatal deaths is not available at this time and will be provided in due course with any additional necessary information, from your request.

In answer to your question: 'Please advise whether these deaths and incidents are in line with the national average or not?'

We do not hold figures for maternal deaths and SIs in other Trusts, however we recognise that maternal deaths and SIs are always worrying events which we take extremely seriously.

We will provide any further data available in the next ten working days.

If you have any queries about this response please contact the information governance manager at [foi@homerton.nhs.uk](mailto:foi@homerton.nhs.uk) , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk) to take them further.

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Yours sincerely

James Cook  
Information Governance Administrator

Mike Dunne  
Information Governance Manager/Deputy Calidcott Guardian

## Annual Members' Meeting

Meeting held on Thursday 11<sup>th</sup> September 2014, Education Centre, Homerton University Hospital NHS Foundation Trust

### Present:

Tim Melville-Ross	Chairman
Tracey Fletcher	Chief Executive
Jo Farrar	Finance Director
Sheila Adam	Chief Nurse & Director of Governance
John Bootes	Public Governor
Stuart Maxwell	Public Governor
Suri Friedman	Public Governor
John Bootes	Public Governor
Julia Bennett	Public Governor
Eli Kernkraut	Public Governor
Jess Brand	Public Governor
Patricia Bennett	Public Governor
Helena Charles	Public Governor
Sivakumar Anadaciva	Public Governor
Christopher Sills	Public Governor
Dr Gary Marlowe	Partner Governor
Marion Rabinowitz	Staff Governor
Caroline Bowring	Staff Governor
Sir John Gieve	Non Executive Director
Jude Williams	Non Executive Director
Polly Weitzman	Non Executive Director
Susan Osborne	Non Executive Director
Dylan Jones	Chief Operating Officer

The meeting was also attended by approx 85 public and staff members.

### Minute taker:

David Bridger                      Head of Governance

#### 1. Chairman's welcome and introduction

The Chairman Tim Melville-Ross welcomed the attendees to the 11<sup>th</sup> Annual Members' Meeting. He apologized on behalf of Dr Martin Kuper the new Medical Director who was unable to attend the meeting.

A public member requested further information regarding the timing of the items on the agenda and wished it noted that he felt that members have not been given adequate time to review the annual report and accounts ahead of the meeting. He suggested that it should have been sent out to all members ahead of the meeting. It was explained that the Annual Report has been published and available on the Trust website for some time. Sending a copy to all members would be very expensive and not good use of public funds. The Trust will look into ways it can raise awareness of the document and make it more accessible to members if they wish to see it.

## 2. Guest lecture

Marcia Smikle: Head of Nursing(CSDO), Monica Vassall: Senior Nurse for Health Visiting, Chrispina Omoniruvbe: Lead Health Visitor and Jessica Woods: Health Visitor presented the members with a lecture on Health Visiting (HV) at Homerton. They provided information on the role of the Health Visitor and the service they provide. An explanation of the HV service model in Hackney and the City was given along with plans to increase the numbers of HV. They concluded by giving a case presentation reflecting delivery of the service to mothers and children.

Members were given the opportunity to ask any questions. These included:

Q Thanks you for a very interesting and informative talk, could the slides be sent out?

A Yes this can be arranged.

Q There are clearly challenges delivering the service to families who may be mobile, how does the service manage this?

A It is estimated that there is a 30-40% movement of families across boroughs. The Trust works with our partners and GP's to ensure needs of children and families are identified and met. The team also work closely with local hostels and the homeless families units.

Q What are the triggers that will send a Health Visitor into a persons home?

A There is an automatic referral process in place between the maternity service and the Health Visitors. Other referrals may come from Accident and Emergency, GP's and other Health Visitors. All referrals will be based upon an assessment of the needs of the family.

Q Are Health Visitors regarded as baby snatchers?

A No they are not, this is a rather unfortunate rumor among some groups of our community. Health Visitors have an important role when there are safeguarding issues identified and work closely with other services. Health Visitors do not have any statutory powers to remove children from their families.

## 3. Review of the year, Annual Accounts and looking to the future

Chief Executive, Tracey Fletcher, addressed the members. She presented a review of the achievements of the Trust in the last year. Ms Fletcher also provided an overview of the current status of the Trust, and the services it provides to Hackney and the City.

She highlighted some of the main activities and developments over the year including: the new Trust Strategy and organisational values; the summary results of the national staff and patient surveys and the outcome of three Care Quality Commission inspections. She went on to describe some of the service improvements across the Trust including the redevelopment of St Leonard's and John Scott Health Centre, the new Clifden Centre, Outpatients 2 and the new Boiler house.

Jo Farrar, Director of Finance presented the key points from the annual accounts for 2013/14, outlining the Trust's income and expenditure. He informed the members that the Trust had generated a surplus of £0.5m and gave a breakdown of key areas of income and expenditure.

He provided an overview of the Accounts highlighting the following:

- Unqualified audit opinion on financial statements.
- “Limited (scope) Assurance Report” with respect to Quality.
- No significant issues raised by the Independent auditor.
- Financial Risk Rating of 4 achieved in Q1 & Q2. Continuity of Service Risk Rating of 4 achieved in Q3 & Q4.
- Green in all four quarters of the year for Governance.
- Maintained liquidity position – cash of £20.2m at 31 March 2014.

Tracey Fletcher provided members with details of the key challenges and opportunities for the future. These included strategic challenges and opportunities such as:

- Following up on the recommendations of the CQC as well as focussing on the issues arising from staff and patient surveys
- Following through on our strategic objectives and embedding our values
- Increased focus on clinical standards, 7 day working and service accreditation
- Increased financial constraints against predicted population growth

She provided details of key developments for the Trust over the coming year including:

- Work with other partners within Hackney to develop service provision to patients in the community
- Expand and improve our IT and information systems for both community services and within the hospital
- Environmental improvements:
  - Pathology Department
  - Maternity expansion
  - Ward improvement programme
  - Theatre capacity

She concluded by providing an overview of the future strategic priorities for the Trust which will focus on the three key areas of Quality, Integration and Growth.

Members were given the opportunity to ask Tracey and Jo any questions.

Q Regarding the quality standards for sickle cell why are these not covered in the Annual Report and also with the ongoing ward improvement programme why has this not been applied to the areas where sickle cell patients are treated?

A The annual report provides a summary overview and tends not to focus on specific services. Regarding the redevelopment of the area this has been noted for redevelopment but we do not have a specific timescale when this will be implemented.

Q Why are you adding back the impairment stated on P139 of the accounts?

A An impairment is a technical adjustment which we add back in order to understand the underlying trading position of the organisation.

Q As Chair of the Sickle Cell and Thalassaemia Group I previously met with Tracey Fletcher regarding a number of issues that have been highlighted regarding the service and I am disappointed that she has not responded to us. We are currently working with Healthwatch Hackney to find out what Hackney residents using Sickle Cell and Thalassaemia services think of the service, both at the Homerton and at the Sickle Cell

and Thalassaemia Centre. The group will then set up some discussions for patients with the Homerton based on the findings.

A Tracey Fletcher conveyed her apologies regarding following up with the Chair of the Sickle Cell and Thalassaemia Group and will be in contact.

Q I think that Tracey Fletcher has been very modest regarding the recent CQC inspection of the Hospital and it should be noted and applauded that the Homerton A&E received an outstanding report from the CQC?

A Thank you for your comments.

Q With regard to P156 of the accounts which highlights income from private patients, will the Trust be doing more to improve the level of income as stated?

A The Trust receives some income from paying patients using the fertility services and the level of income associated with this is difficult to increase. On a broader level the Trust is not set up to have any private patient activity which requires specific facilities to support the service. All Trusts are considering all possibilities of improving income.

Q With regard to P158 of the accounts which highlights bad debt provision, what are the bad debts and are there penalties for late payers?

A All bad debts have been reviewed and risk assessed, and are due to be received. These have all been benchmarked and are not considered high. Bad debts come from a range of areas including commissioners. The reasons for late paying can be multifactorial but the Trust does have the option to charge interest if considered necessary.

#### **4. Governor Elections and Membership Report**

John Bootes, Lead Governor, presented the results of the recent Governor Elections and the membership report for 2013/14.

He thanked the following outgoing Governors for their contribution and involvement:

- Eli Kernkraut: (public: hackney)
- Jude Williams: (public: hackney)
- Eric Sorensen: (public: outer)
- Andrew Ezsias: (staff: clinical)
- Prof. Stan Newman: (Partner Governor)
- Jonathon McShane: (Partner Governor)

He presented the results of the recent Governor elections.

The following candidates were elected for the Hackney constituency:

- Danny Turton
- Helena Charles

The following candidate was elected for the Outer constituency:

- Sivakumar Anandaciva

The following candidate was elected for the Clinical Staff constituency:

- Suzanne Levy

The following candidates were elected unopposed at elections held earlier this year:

- Claudine Matthews (Staff – Clinical) June 2014

- Caroline Bowring (Staff – Non-Clinical) July 2014

He then presented membership data highlighting membership composition, growth, ethnicity, and age.

He highlighted key areas of Governor and membership involvement and membership talks. Membership priorities for 2014/15 were also presented including the continued focus on attracting younger members to the Trust.

He passed his thanks to Sadhna Chand and Kim Boakye for their hard work supporting Trust membership.

#### **5. Questions from members to the Board of Directors and Governors:**

Members were given the opportunity to ask the Governors and Board members present any questions.

Q. What powers do we as members have?

A. Members are responsible for voting and electing Governors, the Governors in turn are responsible for appointing the Non-Executive Directors. The Governors are also responsible for setting the pay for Non-Executives.

Q. Can I take this opportunity to congratulate the Trust for being identified as one of the top 100 NHS organisations to work for in the recent HSJ feature. Does the Trust have comments regarding the Transforming Services, Changing Lives (TSCL) Programme?

A. Members were provided with a brief introduction to what the programme represents. Homerton is part of the programme and will ensure that patient care pathways are appropriate and preserved.

Q. It is clearly disappointing the number of under 22 year old members there are but looking at the literature the Trust puts out much of it is not geared towards that age group.

A. Very good point.

The issue of ethnicity of the Council of Governors and the Board was raised. It was explained that with regard to Governors the diversity of the council is dictated by those wishing to stand as Governor and who gets elected by the membership. Regarding the Board it was noted that the Board had recently appointed three female Non-Executive Directors and the recruitment process had attempted to identify candidates from minority ethnic groups but unfortunately was unable to identify anybody suitable for appointment.

#### **The following questions were circulated at the meeting by Mr Andrew Ezsias, public member.**

*The annual report of 2012/13 of the Trust reported (p30) that "The committee agreed pay award for the Chief Executive [Ms. Nancy Hallett], Chief Operating Officer [Ms. Tracey Fletcher] and Chief Nurse [Mr. Charlie Sheldon]". Some of the Governors enquired about the amount and the exact nature of the award. There have been conflicting explanations by the Chair. It was later claimed that such award was given for significant additional work done at the time of the Olympics and amounted to £2000/person. However, the chair instructed the note taker of that public meeting not*

to record the amount and indeed it was not recorded in the Minutes. Concerns over the accuracy of minutes had already been raised before.

1. Please clarify unequivocally what this payment was about and how much actually was paid whether it was taxable or not and who authorised such payment and from what fund?

Last year concerns were expressed that several executives at Homerton, a relatively small NHS hospital, had amassed considerable pension pots, the largest being of the previous medical director's amounting to £1,780 000.00 (£1.78 million, p130 of Report 2012/13), a staggering figure for an average NHS worker. The report of 2013/14 states (p162) "No pension benefits are disclosed for J Coakley (Medical Director) who retired on the 31 March 2013" (sic!). It is understood that Dr Coakley in fact retired in June 2014 (not 2013). Retirement or resignation makes no exception to reporting requirements. However, Dr Coakley was in fact medical director for the reporting period of 2013/14.

2. Please advise the AGM about Dr Coakley's pension contribution for 2013/14, who made it and the value of his final pension pot?

The Report of 2013/14 states (p37) "The [Remuneration] Committee agreed that no pay award were to be provided to the Executive Directors". However, pp 160-162 of the Report could indicate that several senior executives received considerable amount pension contributions eg chief executive appr. £150,000, chief nurse £142,000.00. If that is correct

3. Please explain who awarded such amount and on what basis?
4. If that was the remuneration committee of the Non-executive Directors (NED) why they shied away to account and explain to the Governors such a large awards in addition to salaries already in payment?
5. Why were these awards not reported on page 37?

It seems many of the NEDs' attendance at Governors meetings is rather poor, their explanation of their decisions, indeed their committee works (eg remuneration committee), to Governors to whom they are obliged to account, is negligible over their tenure.

6. Please explain how the Board in general and NEDs in particular wish to comply with the law regarding their accountability to the Governors?

NEDs and Governors usually have 3 joint meetings annually. The agenda of these meetings is determined by others than the Governors. No time is allocated for Governors to question and account the NEDs.

7. What does the Board wish to do to remedy this rather unsatisfactory situation?

Recently several appointments were made to the Board. However, it does not appear that the composition of the Board reflects the ethnic mix of the community which Homerton serves.

8. Please explain

There have been reported concerns that ethnic backgrounds midwives disciplined/suspended in much higher proportion than their white counterpart. Such

*concerns were expressed at least by one MP as well.*

9. *Please clarify whether such information have been conveyed to the Board?*

10. *If so what action the Board did and what it suppose to do to investigate the reasons for it and address such problems?*

*There have been several maternal and neonatal deaths as well as serious incidents at the maternity unit in recent years.*

11. *Please provide numbers for each for the last 5 years*

12. *Please advise whether these deaths and incidents are in line with the national average or not?*

*At least two groups expressed considerable concerns regarding these issues. One of the groups, they claimed, petitioned (wrote) to the Governors. However, the Governors never received their letter/petition. The matter was raised with the Chair in July 2013 but no explanation has been forthcoming why a letter addressed to governors was not delivered to them. The Governors are here to represent to whole community in fact they are accountable to them therefore they have the right, in fact the duty, to know such concerns and incidents.*

13. *Please explain why such communications were not handed to Governors?*

*Inconnection with these concerns the CQC reported (p 52 of its report) that "The Clinical Commissioning Group (CCG) completed an external review which they had not published at the time of the writing this report" (April2014).*

14. *Please advise the AGM whether or not the report has now been published and if so what its conclusion was and where a copy of it can be obtained?*

**In response to the above questions the Chairman stated the following:**

Q1. A modest bonus was paid to three executive directors in the aftermath of the Olympic games (Homerton was the nominated "Olympic" hospital) in recognition of the large amount of personal time the three had committed to the Trust during that period and the success of the Trust in discharging this unusual responsibility. The amount is not required to be shown separately in the published accounts (it is included in the total payments shown to each individual), it was taxable and was paid from the Trust's general funds.

Q2 – 5. A number of questions about pension payments are answered by clarifying that the pension benefits shown on pp 160 to 162 of the accounts are just that, i.e. benefits and not contributions. Moreover, the sums in question arise out of the way in which the NHS pension scheme operates, not through decisions taken by the Trust, so the question of accountability to the Governors does not arise. With specific reference to the absence of a figure for Dr John Coakley in the 2013/14 accounts, this arises because Dr Coakley's original retirement date was 31 March 2013, at which point he started to draw his pension. Dr Coakley agreed to stay on after that date to avoid the Trust being without a Medical Director for a considerable period of time.

Q6 and Q7 are about the extent of board involvement with and accountability to the governors:

- a. It is not always possible for all board members to attend joint meetings of the board and governors in the same way as it is not always possible for all governors to attend. However, board members do their best to attend when they can.
- b. All the board committees, Audit, Risk and Remuneration, report regularly to the governors. With particular reference to the Remuneration Committee all the information that the Trust is required to publish is available to the governors, and the division of responsibility between the board remuneration committee and the governors' remuneration committee is rigorously observed.
- c. Governors are free to propose any matter for discussion at governors and joint board/governors meetings. I now meet with the Lead Governor routinely a fortnight before each meeting to discuss precisely this issue. Ample time is available at each meeting for governors to question directors, which they do vigorously. We have recently increased the time allocated to each meeting at the request of the governors.
- d. I think I can say on behalf of the governors that we have recently taken considerable steps to increase the involvement of governors in the business of the Trust. We believe we comply fully with both the letter and the spirit of the law in this regard.

Q8. This is about the ethnicity of the board. I fully agree that the ethnicity of the board does not reflect the ethnic mix of the community we serve. This is a matter of real concern to me, and we sought to address this in our recent board recruitment exercise. However, in spite of rigorous efforts by the recruitment firm, we were unable to identify suitably qualified candidates. This may be due to an understanding of and concern about the very considerable responsibilities and workload attaching to board membership, but it is not satisfactory and I regard this as unfinished business. We were however successful in attracting three excellent new female non-executive directors so the gender balance of the board is now much improved.

Q9 – Q14. These questions are all about our maternity services, including criticism of recent maternal and neo-natal deaths, and the differential treatment given to midwives from different ethnic backgrounds. With regard to the former point we freely acknowledge that there have been some regrettable incidents, which have been fully investigated and lessons learned. Moreover, these need to be seen in the context of the very large number of maternal cases we deal with successfully. Rather than taking my word for it, you might be interested to know that a recent report from the NHS Litigation Authority stated that the Homerton “has one of the lowest numbers of obstetric claims notified to us”, and “the (maternity) unit does not give us any reasons for concern”.

With regard to the petition mentioned by the questioner, we went to enormous lengths to engage with those responsible for the petition without success, and the report into the

matter carried out by the City and Hackney Clinical Commissioning Group concluded that the claims made in the petition were without foundation.