

**MEETING OF THE  
BOARD OF DIRECTORS**

**AGENDA**

**Wednesday 26<sup>th</sup> October 2011**

**Trust Offices Meeting Room**

**Confidential**

**MEETING OF THE BOARD OF DIRECTORS OF  
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST**

**Wednesday 26<sup>th</sup> October 2011 at 08:30 – 12:00**

**Trust Offices**

**AGENDA**

**No. Item**

*Attachment*

- |           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1.</b> | <b>Chairman's welcome and introduction</b>                     |           | <b>MC</b>    |
|           | Sir John Gieve in attendance                                   |           |              |
|           | Vote of thanks to Eric Sorensen                                |           |              |
|           | Vote of thanks to Andrew Panniker                              |           |              |
| <b>2.</b> | <b>Apologies for absence</b>                                   |           |              |
| <b>3.</b> | <b>Declaration of interests regarding items on the agenda</b>  |           |              |
| <b>4.</b> | <b>Minutes of the meetings held on 28/09/2011</b>              | <b>MC</b> | <b>11/81</b> |
|           | <b>and matters arising not covered elsewhere on the agenda</b> |           |              |
| <b>5.</b> | <b>Chairman's Report</b>                                       |           | <b>MC</b>    |
| <b>6.</b> | <b>Chief Executive's Report:</b>                               |           | <b>NH</b>    |
|           | Haringey contract for stroke rehabilitation                    |           |              |
|           | Department of Health Proceedings***                            |           |              |
|           | CQC visit of Mary Seacole Nursing Home                         |           |              |
|           | NHSLA Maternity Assessment                                     |           |              |
| <b>7.</b> | <b>Quality and Safety</b>                                      |           |              |
| 7.1       | Variation to Homerton's CQC registration                       | <b>CS</b> | <b>11/82</b> |
| 7.2       | Clinical Quality and Safety Report                             | <b>CS</b> | <b>11/83</b> |
| 7.3       | Safeguarding Children and Adults Update                        | <b>CS</b> | <b>11/84</b> |

## 8. Corporate Governance

- 8.1 Board Assurance Framework CS 11/85
- 8.2 Homerton Q2 2011-12 Governance Declaration CS/JF 11/86
- Quality Governance Report

## 9. Business Planning & Performance Management

- 9.1 Finance and Performance Report Month 06 JF/TF 11/87
- 9.2 Update on Capital Schemes AP 11/88
- 9.3 EPR Contract\*\*\* TF
- 9.4 Presentations from Divisional Operations Directors\*\*\* TF 11/89
- a. Introduction to role and individuals
  - b. Next steps in Service Line Management

## 10. Strategy and Policy

- 10.1 NE London Sector Developments\*\*\* NH 11/90
- 10.2 National Policy and Strategy (verbal) JF

## 11. Human Resources Governance

- 11.1 AAC Ratification JC
- 11.2 Workforce Related Risk Update\*\*\* (verbal) CC

## 12. Committee Reports

- 12.1 Audit Committee 28<sup>th</sup> September DS 11/91

## 13. Any Other Business

\*\*\* Reserved Business

### Dates of forthcoming meetings

Board of Directors - Wednesday

Joint Council of Governors :  
(17:30)

Homerton University Hospital

NHS Foundation Trust



## BOARD OF DIRECTORS

Meeting date: 26<sup>th</sup> October 2011

Agenda Item: 4  
Paper: 11-81

<b>Title:</b> Minutes of the meetings held 28 <sup>th</sup> September 2011
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**Summary**            This document records the items discussed at the Board of Directors meeting held on 28<sup>th</sup> September 2011.

**Action:**            The Board are asked to approve the minutes as an accurate record of the matters arising

**Prepared by:**        **David Bridger, Head of Governance**  
**Presented by:**        **Michael Cassidy, Chairman**

**Compliance:**        Terms of Authorisation - Condition 5 - Governance

**Meeting of the Board of Directors  
Wednesday 28<sup>th</sup> September 2011**

<b>Present:</b>	Michael Cassidy	Chairman
	Nancy Hallett	Chief Executive
	Cheryl Clements	Director of Workforce and Education
	Andrew Panniker	Director of Environment
	Charlie Sheldon	Chief Nurse & Director of Governance
	Tracey Fletcher	Chief Operating Officer
	Dr John Coakley	Medical Director
	Jo Farrar	Finance Director
	Eric Sorensen	Non-Executive Director
	Imelda Redmond	Non-Executive Director
	David Stewart	Non-Executive Director
	Professor Michael Keith	Non-Executive Director
	Stephen Hay	Non-Executive Director
	Professor Chris Griffiths	Non-Executive Director

**Minutes:** David Bridger Head of Governance

**1.0 Welcome and Introduction**

Michael Cassidy, Chairman, opened the meeting. He welcomed the Board to the meeting being held at St Leonards Hospital site.

**2.0 Discussion with Alwen Williams, Chief Executive, NHS East London and City**

This item was discussed under reserved business.

**3.0 Apologies for absence**

**4.0 Declaration of interests regarding items on the agenda**

None

**5.0 Minutes of the previous meeting held on 27/07/2011 and matters arising**

The minutes of the previous Board of Directors were agreed.

**6.0 Chairman's Report**

Michael Cassidy, Chairman provided the Board with a verbal report on the recent Annual Members Meeting. The presentation on the Olympic Games was very interesting and had been well received. There were a wide range of questions from the public members and points raised were taken on board.

The results of the recent Governor elections were announced at the AMM there being seven new public Governors and four new staff Governors.

Interviews for new Non-Executive Directors had taken place. The Council of Governors had approved the appointment of Sir John Gieve to commence in November 2011 and Mr Vanni Treves to commence in September 2012. A press release announcing the appointments is currently being drafted.

**7.0 Chief Executive's Report**

Nancy Hallett notified the Board that Andrew Panniker, Director of Environment will finish working for the Trust in October. The post is about to be advertised and interim cover arrangements have been put in place.

She provided the Board with information regarding the Trust's response to the civil unrest in August which had affected Hackney and surrounding boroughs. The Trust had been on major incident standby and did receive some casualties from the unrest. The Trust had identified areas for improvement in its business continuity response particularly in relation to community service staff.

She updated the Board regarding the incident associated with the electronic staff record the potential financial impact of this and the ongoing investigation.

The Board was informed that the Care Quality Commission are still carrying out a review of maternity services at Queens Hospital in Romford and the Homerton had been asked to prepare plans to take additional maternity pts from the Barking, Havering and Redbridge area.

## **8.0 Quality and Safety**

### **8.1 Infection Control Q1 Report**

Charlie Sheldon, Chief Nurse and Director of Governance presented the Q1 Infection control report. He reported that there had been no MRSA bacteraemias reported in the first quarter of 2011/12 and none reported in the last 10 months. The Trust had reported two cases of *C. difficile* infection in Q1 (plus one more since the time of the report), these had been investigated and no significant breaches in practices had been identified.

He reported that the risk associated with legionella had now been reassessed and is the had been reassessed from a rating of 16 (significant risk) to a rating of 5 (moderate risk). This is due a number of actions being implemented including increased intensity of flushing regimes, changing shower heads monthly, introduction of a cooling coil into the mains supply and systematically identifying high risk areas and times of year.

He indicated to the Board that future reports will include data on staff flu vaccination uptake and community immunisation rates. Immunisation rates within community have been identified as a potential risk area.

The Board noted the report.

### **8.2 Patient Experience, Quality and SI Report**

Charlie Sheldon presented the Patient Experience, Quality and SI Report. He informed the Board that the Trust had received a total of 43 formal complaints in June and July. Response times for complaints are improving with 87.5% responded to in 25 days in June and 100% in July. Regarding incidents he reported that the Trust continues to see an increase in the number of incidents being reported but a decrease in the severity of harm. He provided the Board with a summary of the Trust's comparative position with other Trusts based on data from the NPSA. This shows that the Trust is reporting approximately 7.2 incidents per 100 admissions indicating the Trust has a good reporting culture. The Trust is carrying out a focused piece of work on pressure ulcer prevention following increases in the number of these reported. He informed the Board that the Trust has recently reported two never events both of which are being investigated.

Dr John Coakley provided the Board with a summary of the Trust's position with regard to standardised mortality rates which indicate the Trust rates are within acceptable limits and the Trust is not an outlier.

The Board noted the report.

### **8.3 Report on Quality Governance**

Charlie Sheldon presented a paper and two reports regarding the Trust's compliance with the Monitor Quality Governance Framework. The Trust's internal auditors had undertaken an assessment of the Trust's compliance and identified areas for improvement. He provided a

summary of the actions being taken to address the recommendations in the report and the ongoing quality improvement work in place. It was noted that some areas still require actions to be taken. The internal audit report is to be presented and discussed at the forthcoming Audit Committee meeting.

The Board discussed the results of the audit and the assurance required to sign the self-certification on quality. The Board noted and agreed with some of the potential concerns raised. The issue of assurance to the Board and how information regarding quality is distilled throughout the Trust were considered and it was agreed that the recent re-organisation and introduction of service line management will provide significant opportunity for quality to be managed and owned at a divisional level.

The Board discussed the potential issues regarding extended duties for Healthcare Assistants (HCA), qualifications of HCA and the potential risks associated with the appointment of nurses who had been removed from the NMC register.

It was agreed that a further update would be provided at the October Board meeting. Additionally the divisional directors have been invited to the October meeting to present to the Board of Directors.

*Post meeting note: At the Audit Committee meeting held on the afternoon of 28<sup>th</sup> September the Trusts internal auditors, KPMG, informed the Trust that since production of the draft report they have moderated their ratings such that all red rated risks are now re-rated as amber. They believe the Board will be in a position to make the declaration to Monitor in the required form as part of the Q2 submission.*

## **9.0 Corporate Governance**

### **9.1 Monitor Feedback on Annual Plan**

Jo Farrar, Director of Finance presented a letter and report from Monitor detailing Monitor's assessment of the Trust 2011 Annual Plan. He reported that Monitor had assigned a green risk rating for governance and a financial risk rating score of 3 for 2011/12. The Board noted the report.

### **9.2 Quarter 1 Monitor Results Notification**

Jo Farrar presented the results of Monitor's assessment of the Trust's Q1 performance. The Trust had been assigned financial risk rating score of 4 and a Green rating for Governance. The Trust's Q1 return has indicated that the private patient income is marginally above the Trust's cap however Monitor only considers the position on an annual basis. The Trust will continue to monitor performance in this area closely. He informed the Board that the summary of Monitor's analysis of all Foundation Trusts has not yet been published and will be circulated to the Board when available. The Board noted the report.

### **9.3 Appointment of External Auditors**

Jo Farrar presented a paper summarising the external audit tender process. The bids for the tender were evaluated by an advisory panel chaired by Stephen Hay and included a member of the Council of Governors. The panel agreed to the appointment of Deloitte LLP. This was subsequently presented to and approved by the Trust Council of Governors at their meeting in July. The Board noted the appointment.

## **10.0 Business Planning & Performance Management**

### **10.1 Finance and Performance Report Month 5**

Jo Farrar presented the Month 5 Finance and Performance Report. He reported that the Trust continues ahead of plan by £0.8m. This is primarily due to income over performance over a number of service areas. He reported that meetings had taken place with the divisions to review future planning regarding the current year and he is confident that the trust will be able to deliver against its plan.

Over the last month the Trust has seen a 20% increase in maternity activity with a particular rise in booking from women from the Barking, Havering and Redbridge area. The Board was assured that the Trust will not be penalised for this over activity.

The Board noted that all key performance targets had been met during the period to the end of August.

## **10.2 Olympic Planning Update**

Tracey Fletcher, Chief Operating Officer provided the Board with a verbal update regarding the Trusts plans for the forthcoming Olympic and Paralympic games. She highlighted the key challenges for the Trust and the plans associated with each. These included staffing during the games, strategies for managing increases in activity and issues associated with changes to the transport infrastructure. She reported that the Trust has appointed a senior manager to lead on Olympic plans and senior staff are meeting regularly to ensure the Trust is suitably prepared. The Board noted the report.

## **10.3 EPR Contract Update\*\*\***

This item was discussed under reserved business.

## **11.0. Strategy and Policy**

### **11.1 Board Response to Sector Developments**

Nancy Hallett provided the Board with a verbal update on strategic issues affecting Trusts across North East London currently. Concern has been expressed regarding the number of London Trusts that will have difficulties progressing towards FT status. NHS London is in the process of visiting all Non FT Trust boards.

The Board went on to discuss the Trust's current position against the backdrop of national financial difficulties, increasing population size and the proposed BLT, Whipps Cross and Newham Hospital merger.

## **12.0 Human Resources Governance**

### **12.1 AAC Ratification**

The Board ratified the appointment of:

Miss Kalpana Devalia, Consultant in General Surgery.

Dr Kyriakos Iliadis, Consultant Radiologist.

Dr Laura Marelli, Consultant Gastroenterologist

### **12.2 Workforce Investigatory Matters\*\*\***

This item was discussed under reserved business.

### **12.3 Workforce Related Risks Update\*\*\***

This item was discussed under reserved business.

## **13.0 Risk Committee Minutes**

The Board noted the content of the Risk Committee meeting from September 2011.

## **14.0 Any Other Business**

None

The meeting was followed by the Board of Directors being given a tour of the St Leonards site including the foot health department, wheelchair services, and Mary Seacole Nursing Home.

**BOARD OF DIRECTORS****Meeting date: 28<sup>th</sup> October 2011****Agenda Item: 7.1****Paper: 11-82****Title: CQC Registration amendments****Summary**

Healthcare providers are required to maintain an accurate and up-to-date registration with the Care Quality Commission (CQC) under the Health and Social Care Act 2008.

Homerton University Hospital NHS Foundation Trust (Homerton) provides acute and community based healthcare services, including the Mary Seacole Nursing Home. The Trust seeks to amend its CQC registration, following a review and updated advice and guidance from CQC.

The attached paper summarises the background and clarifies the CQC registration requirements.

**Action:**

The Board is asked to note the report and approve the associated recommendations.

**Prepared by:****Lesley Rogers, Head of Healthcare Compliance****Presented by:****Charlie Sheldon, Chief Nurse and Director of Governance****Compliance:***CQC (Registration) Regulations 2009***Homerton University Hospital** 

NHS Trust

**Care Quality Commission Registration Update**

# Report for Board of Directors

## 1. Introduction

The Health and Social Care Act 2008 (HSCA) introduced a new, single registration system for all health and adult social care organisations, which carry out particular defined regulated activities. The Care Quality Commission (CQC) (Registration) Regulations 2009 are derived from the HSCA and require that providers maintain an accurate and up-to-date registration with the CQC.

Homerton University Hospital NHS Foundation Trust (Homerton) and NHS City and Hackney Primary Care Trust (CHPCT), were registered with CQC from April 2010 without restrictive conditions

When community based services were transferred from CHPCT to Homerton in April 2011 the Trust reviewed its registration with CQC. This paper seeks approval from the Board to apply to CQC to vary the Trust registration in line with updated guidance and advice sought from CQC.

## 2. Registration of Mary Seacole Nursing Home

### 2.1 Application to vary a condition of registration by adding a location

Mary Seacole Nursing Home is currently registered, as one of two Homerton locations, with CQC to provide one regulated activity; 'Accommodation for persons who require nursing or personal care'. Care is provided at the nursing home by health professionals including registered nursing staff or staff under the supervision of registered healthcare professionals. This care includes treatment of people with ongoing long term conditions. Examples of some of the care and interventions carried out at the nursing home include management of people requiring percutaneous endoscopic gastrostomy (PEG) feeding and taking blood samples for diagnostic testing.

CQC guidance on the scope of registration includes the following description for the regulated activity 'Treatment of disease, disorder or injury'.

*'This activity allows for a treatment service that is (a) provided by a healthcare professional ... or by a multi-disciplinary team including one and (b) related to disease, disorder or injury. It will include a wide range of treatment such as emergency treatment, ongoing treatment for long-term conditions, and treatment and care for mental health problems and learning disabilities; but will not include treatment ... such as purely cosmetic interventions.'*

*'The principle is that a provider will require registration for this regulated activity if the service includes treatment, is carried out by or under the supervision of a listed professional, and is intended to treat disease, disorder or injury.'*

CQC guidance for the regulated activity 'Diagnostic and screening procedures' includes the following statement:

*'The activity includes many, if not all, instances of taking a sample or biopsy because it captures procedures if they involve removal of tissue, cells or fluids from the body, for the purpose of diagnosing disease, disorder or injury or monitoring its cause or extent. This will include taking blood (other than pin prick tests) but will not normally include urine samples,'*

In February 2011, CQC published a 'Quick reference guide to regulated activities by service type'. Care homes with nursing are shown to be 'highly likely' to carry out the regulated activity 'Accommodation for persons who require nursing or personal care' and 'possible in many cases' to carry out 'Treatment of disease and disorder or injury' and also 'Diagnostic and screening procedures'.

The Trust raised a formal query with CQC suggesting that Mary Seacole Nursing Home be added as a location from which two additional regulated activities are carried out. These regulated activities are:

- Treatment of disease, disorder or injury (TDDI)
- Diagnostic and screening procedures (DSP)

The Trust is already registered for both these regulated activities carried on at the Homerton Hospital site location and from community based facilities.

The CQC compliance inspector<sup>1</sup> for Homerton confirmed that most residential care homes which provide nursing care are expected to be registered for TDDI and to consider whether their activities fall within the scope of the DSP regulated activity. A combination of the volume and speed with which NHS trusts were registered initially<sup>2</sup> and the fact that very few NHS trusts directly manage nursing homes, may have accounted for this oversight by CQC in relation to Homerton's registration during 2010.

## **2.2 Application for registration as a Registered Manager**

CQC also require the Trust submit an application for registration as a Registered Manager, a fit and proper person in charge of the day to day management of the nursing home<sup>3</sup>. The matron of Mary Seacole Nursing Home has been checked by the Criminal Records Bureau (countersigned by CQC) and has prepared an application to be the Registered Manager. The job description of the Mary Seacole Nursing Home matron is being amended to reflect the duties of a Registered Manager.

Please note that the role of the Registered Manager is separate from the role of the Trust Nominated Individual.

## **2.3 Amendment to the Trust 'Statement of Purpose'**

In order to comply with CQC (Registration) Regulations 2009, Regulation 12(3), the Trust has amended its 'Statement of Purpose' using the CQC template, to reflect the proposed changes to its registration. Please note this document has been designed by CQC to help care providers comply with the Regulation. The amended 'Statement of Purpose' is attached.

## **2.4 Regulatory fees 2011/12**

Section 85 of the HSCA allows CQC to charge fees related to its registration functions. The Trust pays an annual fee under the scheme which came into effect on 1<sup>st</sup> April 2011. The fee

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<sup>1</sup> Email from Emilie Roberts, CQC Compliance inspector dated 26<sup>th</sup> July 2011

<sup>2</sup> House of Commons Health Committee, Annual accountability hearing with the Care Quality Commission, Ninth Report of Session 2010-2012, page 6, Dame Jo Williams, Chair of CQC '... we have worked with speed at the expense of quality'.

<sup>3</sup> Email from Emilie Roberts, CQC Compliance inspector dated 26<sup>th</sup> July 2011

covers the costs associated with ongoing monitoring of compliance and the processing of changes to vary the Trust registration.

### **3. Recommendations**

The Board is asked to:

- approve the submission of the Trust's application to vary a condition of its registration by adding the Mary Seacole Nursing Home as a location from which 'Treatment of disease, disorder or injury' and 'Diagnostic and screening procedures' are carried out;
- approve the application for the registration of the Mary Seacole Nursing Home matron as the 'registered manager' of this location;
- approve the submission of the application to amend the Trust's 'Statement of Purpose'.

Lesley Rogers  
Head of Healthcare Compliance  
October 2011

# Statement of purpose

## Health and Social Care Act 2008

### **Regulation 12 of the Care Quality Commission (Registration) Regulations 2009:**

- (1) The registered person must give the Commission a statement of purpose containing the information listed in Schedule 3.
- (2) The registered person must keep under review and, where appropriate, revise the statement of purpose.
- (3) The registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.

### **SCHEDULE 3**

#### **INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE**

1. The aims and objectives of the service provider in carrying on the regulated activity.
2. The kinds of services provided for the purposes of the regulated activity and the range of service users' needs which those services are intended to meet.
3. The full name of the service provider and of any registered manager, together with their business address, telephone number and, where available, electronic mail addresses.
4. The legal status of the service provider.
5. Details of the locations at which the services provided for the purposes of the regulated activity are carried on.

# Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	2.0	<b>Date of next review</b>	Periodic <sup>4</sup>
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## Service provider

*Full name, business address, telephone number and email address of the registered provider:*

<b>Name</b>	Homerton University Hospital NHS Foundation Trust
<b>Address</b>	Homerton University Hospital Trust Offices Homerton Row
<b>Town/city</b>	London
<b>County</b>	Greater London
<b>Post code</b>	E9 6SR
<b>Email</b>	<a href="mailto:enquiries@homerton.nhs.uk">enquiries@homerton.nhs.uk</a>
<b>Main telephone</b>	020 8510 5555
<b>Service provider ID</b>	RQX

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<sup>4</sup> Dependent on changes to Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations and/or the scope of Homerton University Hospital NHS Foundation Trust services

## Aims and objectives

Homerton University Hospital NHS Foundation Trust (Homerton) provides acute and community services, for the people of the London boroughs of Hackney, the City and the surrounding communities. Homerton also provides a range of bespoke specialist services for a wider population in north and east London and beyond.

Homerton's vision is to be recognised as London's leading provider of integrated health care with a seamless service across current organisational barriers. In April 2011, community based health services, formerly provided by NHS City and Hackney Primary Care Trust, were transferred to Homerton. This provides Homerton with the opportunity to capitalise on the interdependency of the services and the joint expertise of community and hospital practitioners.

### **Corporate objectives 2011/12**

We have defined a small number of strategic goals for the next three years to ensure that we remain focused and differentiate the investment of our scarce resources in terms of money, time, and management energy in order to meet our vision for 2014.

These strategic goals can be summarised as follows:

#### ***Strategic goal 1: 'Our Services, Our Business, Our Purpose'***

To maintain, grow or develop health and education 'services' which contribute to core business (directly or indirectly) and meet health need and quality requirements.

#### ***Strategic goal 2: 'Quality: Everyone – patient, visitor, staff member – treated safely, effectively and decently'***

To, at all times, ensure that whatever we do we continually strive to improve the quality and relevance of the services we provide to our patients, their friends and loved ones, and our staff. Specific objectives include:

- Demonstrate each year progress against Quality Account (QA) measures
- Increase partner input into development of QA objectives
- Determine quality initiatives that specifically respond to GP and Local Involvement Networks (LINKs) as patient advocates
- Deliver a consistently good outcome to the staff survey across all services
- Provide an environment that supports patient wellbeing e.g. nutritious food, clean and safe environment

#### ***Strategic goal 3: 'strengthening our reputation'***

To define and focus on a realistic range of areas where Homerton can build or develop its national profile, including:

- Community and hospital service integration and, where appropriate, the delivery of integrated care
- Further develop our already strong clinical informatics capability
- Strengthen and build on our reputation for quality academic output

## Legal status

Homerton is a not-for-profit public benefit corporation authorised under the Health and Social Care (Community Care and Standards) Act 2003. The principal purpose of the Trust is to provide goods and services for the purposes of the health service in England, and the Trust has a duty to do this effectively, efficiently and economically.

Homerton is regulated by Monitor and the Care Quality Commission (CQC). Monitor authorised Homerton to become a Foundation Trust on 1<sup>st</sup> April 2004 as one of the first ten NHS foundation trusts in England.

The CQC registered Homerton on 1<sup>st</sup> April 2010, without restrictive conditions. Homerton's registration was updated following the transfer of community based health care services from NHS City and Hackney Primary Care Trust on 1<sup>st</sup> April 2011. Homerton remains registered with CQC without restrictive conditions.

<b>Regulated activity</b> <i>As shown on the certificate of registration</i>	<b>Accommodation for persons who require nursing or personal care</b>
<b>Services</b> <i>Services, care and/or treatment provided for this regulated activity.</i>	Care home services with nursing
<b>Name of location</b>	Mary Seacole Nursing Home
<b>Address</b>	39 Nuttall Street London N1 5LZ
<b>Registered manager ID</b>	To be confirmed by CQC following submission of Registered Manager application for Mary Seacole Nursing Home matron
<b>Brief description of location<sup>2</sup></b>	Mary Seacole Nursing Home is located in a modern three storey building (comprising ground, first and second floors) which was opened as a nursing home in 1995. The building occupies a corner site in Hoxton, London N1 with boundaries on Nuttall Street, Hoxton Street, the grounds of St Leonard's Hospital and the Lawson Practice GP surgery which is also situated within the St Leonard's Hospital grounds.  Mary Seacole Nursing Home building contains

	<p>single furnished rooms with en suite bathrooms for 50 residents. In addition there are facilities for communal dining, space for a variety of social activities such as painting, board games and physical activities. The accommodation for people who use services is arranged in three wings on the ground and first floor. Facilities for food preparation and storage of medical equipment, laundry and office space is also provided within the nursing home. The second floor of the building is used as office space, including the office base for the Homerton Continuing Care At Home team.</p> <p>The building is fully accessible to people with disabilities with access to the first and second floor levels of the building provided via lifts as well as stairs. Entry to the Mary Seacole Nursing Home building is controlled by video and audio entryphone operated doors. Mary Seacole Nursing Home also benefits from two landscaped garden areas and paved terraces used by residents and staff.</p> <p>Care is provided by a multi-disciplinary team of health professionals and staff supervised by registered health professionals.</p>	
<p><b>Service user band(s) at this location<sup>5</sup></b> <i>Service user needs or groups of people who use the services at this location</i></p>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people (Adults aged 65+)	<input checked="" type="checkbox"/>
	Adults aged 18-65	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input checked="" type="checkbox"/>
<p><b>Regulated activity</b> <i>As shown on the certificate of registration</i></p>	<p><b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b></p>	
<p><b>Services</b></p>	<p>Acute services</p>	

<i>Services, care and/or treatment provided for this regulated activity</i>	Urgent care services	
<b>Name of location</b>	Homerton University Hospital	
<b>Address</b>	Trust Offices Homerton Row London E9 6SR	
<b>Brief description of location<sup>2</sup></b>	<p>Construction of Homerton University Hospital began in 1982 and the building was opened to patients in July 1986, bringing together general hospital services from across Hackney. The Trust is committed to improving the services provided to patients and staff through a variety of means, including by upgrading the built environment. Please see the link on the Trust website which provides information for patients on building work and other changes around the hospital <a href="#">Homerton refurbishment work</a></p> <p>Homerton guidelines for mental health close observation provide guidance and support to staff in the event of a patient displaying behaviour that poses a risk to themselves or others. The guidelines apply to informal patients as well as those detained under the Mental Health Act 1983. Where appropriate, patients are fully risk assessed by the duty psychiatrist or psychiatric liaison nurse. Advice on the most appropriate level of observation can also be obtained from staff in the Mother and Baby Unit in East Wing (East London NHS Foundation Trust) or Child Protection Nurse for Mental Health.</p>	
<b>Service user band(s) at this location<sup>5</sup></b>  <i>Service user needs or groups of people who use the services at this location</i>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input checked="" type="checkbox"/>

	Children 13-18 years	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input checked="" type="checkbox"/>
	People detained under the Mental Health Act	<input checked="" type="checkbox"/>
	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
<b>Regulated activity</b> <i>As shown on the certificate of registration</i>	<b>Diagnostic and screening procedures</b>	
<b>Services</b> <i>Services, care and/or treatment provided for this regulated activity</i>	Acute services Care home services with nursing Community healthcare services Community-based services for people with a learning disability Community-based services for people with mental health needs Urgent care services	
<b>Location 1:</b>		
<b>Name of location</b>	Homerton University Hospital NHS Foundation Trust	
<b>Address</b>	Trust Offices Homerton Row London E9 6SR	

<p><b>Brief description of location<sup>2</sup></b></p>	<p>This location is the site from which acute and urgent care services are provided. It is also the location of the Trust offices from which community based healthcare services are managed.</p> <p>Staff throughout the Trust undertake procedures related to diagnostics, screening and physiological measurement in sites such as Homerton University Hospital, Hackney Ark and health centres throughout the borough of Hackney.</p> <p>Homerton University Hospital provides <a href="#">Radiology services</a> , e.g. x-rays, CT, MRI and ultrasound scans on the hospital site.</p> <p>In addition Trust staff (including in community settings) take blood samples and physiological measurements. The Trust is also part of the national <a href="#">Newborn Hearing Screening Programme</a>. Please see the link on the Trust website for more details, including the Hackney Ark Audiology department.</p>
<p><b>Service user bands</b></p> <p><i>Service user needs or groups of people who use the services at this location</i></p>	<p>Please see <b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b> regulated activity for all the service user needs or groups of people who use the Trust's services at this location.</p>
<p><b>Location 2:</b></p>	
<p><b>Name of location</b></p>	<p>Mary Seacole Nursing Home</p>
<p><b>Address</b></p>	<p>39 Nuttall Street London N1 5LZ</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p>Staff at Mary Seacole Nursing Home undertake procedures related to diagnostics, screening and physiological measurement such as taking blood for analysis. The model of care at the nursing home respects and encourages residents to regard the facility as their home e.g. residents may personalise their bedroom with personal furniture and possessions. However, the nursing home also has facilities and equipment to enable clinical and therapeutic services to be provided.</p>

<p><b>Service user bands</b> <i>Service user needs or groups of people who use the services at this location</i></p>	<p>Please see <b>Accommodation for persons who require nursing or personal care</b> regulated activity for all the service user needs or groups of people who use the Trust's services at this location.</p>
<p><b>Regulated activity</b> <i>As shown on the certificate of registration</i></p>	<p><b>Family planning</b></p>
<p><b>Services</b> <i>Services, care and/or treatment provided for this regulated activity</i></p>	<p>Acute services Community healthcare services Urgent care services</p>
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>Homerton University Hospital NHS Foundation Trust</p>
<p><b>Address</b></p>	<p>Trust Offices Homerton Row London E9 6SR</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p>This location is the site from which acute and urgent care services are provided. It is also the location of the Trust offices from which community based healthcare services are managed.</p> <p>The Trust provides a complete <a href="#">sexual health service</a> as detailed on the website. These services are delivered from Homerton University Hospital (Department of Sexual Health) as well as outreach sessions in community settings e.g. Geffrye Community Centre, Hoxton, N1.</p> <p>Family planning services are also provided as part of the <a href="#">community sexual health service</a> based at the Ivy Centre, St Leonard's Hospital.</p> <p>Contraceptive advice is provided by Trust staff working in health centres around the borough (e.g. <a href="#">CHYPS Plus</a>).</p>
<p><b>Regulated activity</b> <i>As shown on the certificate of registration</i></p>	<p><b>Maternity and midwifery services</b></p>

<b>Services</b> <i>Services, care and/or treatment provided for this regulated activity</i>	Acute services Community healthcare services
<b>Location 1:</b>	
<b>Name of location</b>	Homerton University Hospital
<b>Address</b>	Trust Offices Homerton Row London E9 6SR
<b>Brief description of location<sup>2</sup></b>	<p>This location is the site from which acute and urgent care services are provided.</p> <p><a href="#">Homerton maternity service</a> is provided in a 'state-of-the-art' maternity and newborn centre which includes the midwifery led Homerton birth centre within Homerton University Hospital.</p> <p>Trust midwives look after women at the <a href="#">Homerton Hospital based antenatal clinic</a>, at local GP surgeries, children's centres, and the Shoreditch Maternity Centre (a joint venture between the Shoreditch Trust and Homerton).</p> <p>Homerton is a leading regional neonatal centre and is able to provide the highest quality specialist care for babies after birth if needed. Please see the link to the <a href="#">Homerton Neonatal Intensive Care Unit</a></p>
<b>Service user bands</b> <i>Service user needs or groups of people who use the services at this location</i>	Please see <b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b> regulated activity for all the service user needs or groups of people who use the Trust's services at this location.
<b>Regulated activity</b> <i>As shown on the certificate of registration</i>	<b>Surgical procedures</b>
<b>Services</b> <i>Services, care and/or treatment provided for this regulated activity</i>	Acute services
<b>Location 1:</b>	

<b>Name of location</b>	Homerton University Hospital
<b>Address</b>	Trust Offices Homerton Row London E9 6SR
<b>Brief description of location<sup>2</sup></b>	<p>General and specialist surgical procedures are carried out at Homerton University Hospital.</p> <p><a href="#">Homerton Surgical Services</a> facilities include five theatres and one treatment room. Surgery available includes:</p> <ul style="list-style-type: none"> <li>• Gynaecological procedures (Also see the link to services provided by the <a href="#">Homerton Fertility Centre</a>)</li> <li>• medical</li> <li>• <a href="#">Homerton Trauma and Orthopaedics services</a></li> <li>• <a href="#">Homerton plastic surgery</a> services include removal of scars and sebaceous cysts on an outpatient and day stay basis.</li> <li>• <a href="#">Ear, Nose and Throat (ENT)</a></li> <li>• <a href="#">Homerton podiatry services</a></li> </ul> <p><a href="#">Homerton Centre for Laparoscopic Surgery</a> offers a range of keyhole procedures, predominantly for the management of upper gastrointestinal (GI) and gynaecological conditions. The centre is one of the few NHS centres in the south-east providing a full range of surgical solutions to obese patients <a href="#">Homerton Bariatric Surgery</a>.</p> <p><a href="#">Homerton cancer services</a> work in partnership with neighbouring cancer units at Whipps Cross and Barts and the London Hospitals. Some procedures such as colorectal surgery are carried out at Homerton University Hospital, other procedures such as lung cancer surgery are carried out at St Bartholomew's Hospital (part of the Barts and the London NHS Trust).</p> <p>Please also see the following link: <a href="#">Homerton Oral maxillo-facial, head and neck surgery</a></p>

<b>Service user bands</b> <i>Service user needs or groups of people who use the services at this location</i>	Please see <b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b> regulated activity for all the service user needs or groups of people who use the Trust's services at this location.
<b>Regulated activity</b> <i>As shown on the certificate of registration</i>	<b>Termination of pregnancies</b>
<b>Services</b> <i>Services, care and/or treatment provided for this regulated activity</i>	Acute services
<b>Location 1:</b>	
<b>Name of location</b>	Homerton University Hospital
<b>Address</b>	Trust Offices Homerton Row London E9 6SR
<b>Brief description of location<sup>2</sup></b>	<a href="#">Homerton Termination of Pregnancy</a> service is based in the Women's Outpatients Department in Homerton University Hospital. Referral to the service is via GPs and other health services including the <a href="#">Homerton community sexual health service</a> .
<b>Service user bands</b> <i>Service user needs or groups of people who use the services at this location</i>	Please see <b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b> regulated activity for all the service user needs or groups of people who use the Trust's services at this location.
<b>Regulated activity</b> <i>As shown on the certificate of registration</i>	<b>Treatment of disease, disorder or injury</b>

<p><b>Services</b></p> <p><i>Services, care and/or treatment provided for this regulated activity</i></p>	<p>Acute services</p> <p>Community healthcare services</p> <p>Community-based services for people with a learning disability</p> <p>Community-based services for people with mental health needs</p> <p>Community-based services for people who misuse substances</p> <p>Urgent care services</p> <p>Care home services with nursing</p>
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>Homerton University Hospital NHS Foundation Trust</p>
<p><b>Address</b></p>	<p>Trust Offices</p> <p>Homerton Row</p> <p>London</p> <p>E9 6SR</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p>This location is the site from which acute and urgent care services are provided. It is also the location of the Trust offices from which community based healthcare services are managed.</p> <p>The majority of care, treatment and support provided by the Trust falls within the scope of this regulated activity. Trust staff are healthcare professionals or are supervised by registered healthcare professionals. Treatments are for a variety of general and specialised diseases, disorders and injuries and take place within the Homerton University Hospital as well as community settings, including patient's homes, children centres, schools and colleges, and health centres.</p>
<p><b>Service user bands</b></p> <p><i>Service user needs or groups of people who use the services at this location</i></p>	<p>Please see <b>Assessment or medical treatment for persons detained under the Mental Health Act 1983</b> regulated activity for all the service user needs or groups of people who use the Trust's services at this location.</p>
<p><b>Location 2:</b></p>	
<p><b>Name of location</b></p>	<p>Mary Seacole Nursing Home</p>

<b>Address</b>	39 Nuttall Street London N1 5LZ
<b>Registered Manager</b> <b>Registered Manager ID</b>	To be confirmed by CQC following submission of Registered Manager application for Mary Seacole Nursing Home matron
<b>Brief description of location<sup>2</sup></b>	Care at Mary Seacole Nursing Home is provided by a multidisciplinary team of registered health professionals, or by staff under the supervision of registered healthcare professionals. Care provided includes treatment for a variety of long-term conditions such as dementia.
<b>Service user bands</b> <i>Service user needs or groups of people who use the services at this location</i>	Please see <b>Accommodation for persons who require nursing or personal care</b> regulated activity

## Notes:

**1. Regulated activity** – If you use a combined statement of purpose, repeat the information for each of the regulated activities for which you are registered. You can do this by copying and pasting the whole regulated activity table.

**2. Locations** – For each location registered for a particular regulated activity (including your headquarters), please provide a brief description, including whether the services at that location are specifically adapted or suitable for people with particular needs or where you can meet requirements for special facilities or staffing. You can do this by copying and pasting the relevant lines for each location.

You may also give details around ‘listed buildings’, shared occupancy, and special facilities (for example hydrotherapy pools).

**3. Overnight beds** – If the location provides overnight beds, please state the number.

**4. Registered manager(s)** – Where the regulated activity is managed by a registered manager(s), please enter his or her full name, contact address (if different from the location address), telephone number and email address. Please state how much time is spent managing the regulated activities where more than one manager is in post for each location. This may be in days or hours. Where the regulated activity has no separate manager but is managed directly by the provider, leave the box empty.

**5. Service user band(s)** – Tick all the boxes that describe the service user needs or groups of people who use your service.

**BOARD OF DIRECTORS****Meeting date: 27<sup>th</sup> October 2011****Agenda Item: 7.2  
Paper: 11-83****Title: Clinical Quality and Safety Report****Summary:** The attached paper shows the Trust's performance against a range of quality and patient experience indicators as well as updates on specific actions and projects. The SUI report is appended.**Action:** To note the report**Prepared by:** **Melanie Mavers, Head of Clinical Quality**  
**Presented by:** **Charlie Sheldon, Chief Nurse and Director of Governance****Compliance** *CQC Essential Standards of quality and safety  
NHSLA Standards*

## Clinical Quality and Safety Report October 2011 (Reporting period August 2011)

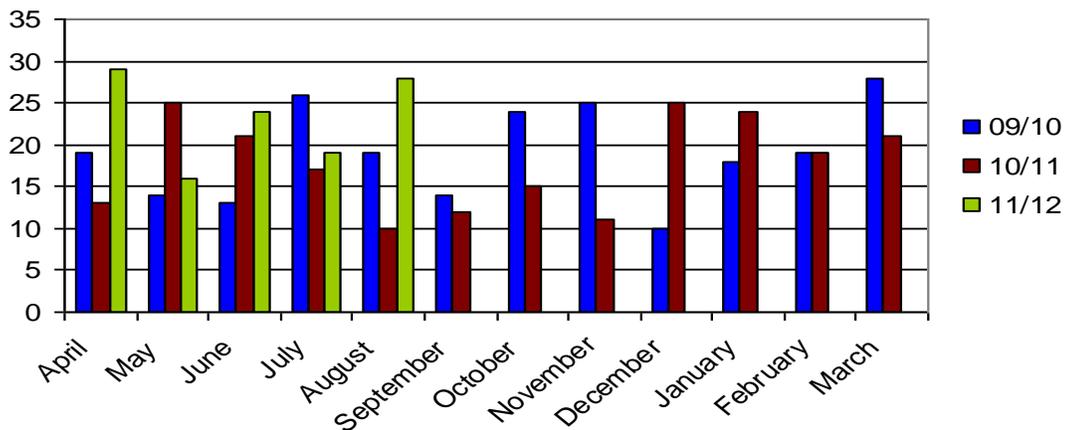
### 1. Introduction

The following information shows the Homerton University Hospital performance against a range of quality and patient experience indicators.

### 2. Complaints

The Trust received 29 formal complains in August 2011.

**Figure 1: Formal complaints by Month**



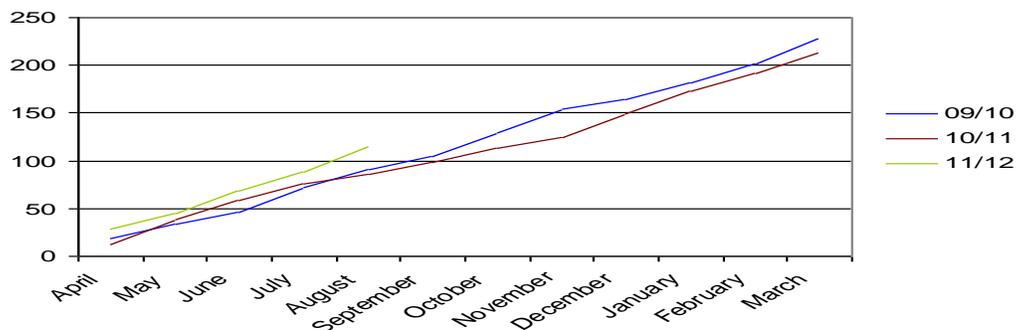
A breakdown of complaints by division from April to August 2011 is provided in Table 1.

**Table 1: Complaints by division in April to August 2011**

	Apr	May	Jun	Jul	Aug	Total
<b>Community Health Services</b>	3	1	3	1	0	<b>8</b>
<b>Children Women and Sexual Health Division</b>	4	5	6	4	7	<b>26</b>
<b>Diagnostic, Surgery and Outpatients Division</b>	13	5	7	7	10	<b>42</b>
<b>Directorate of the Environment</b>	0	0	1	1	0	<b>2</b>
<b>General and Emergency Medicine Division</b>	9	5	7	6	11	<b>38</b>
<b>Totals</b>	<b>29</b>	<b>16</b>	<b>24</b>	<b>19</b>	<b>28</b>	<b>116</b>

In August 2011, 82 % of complaints received were responded to within 25 days.

**Figure 2: Cumulative totals of formal complaints**

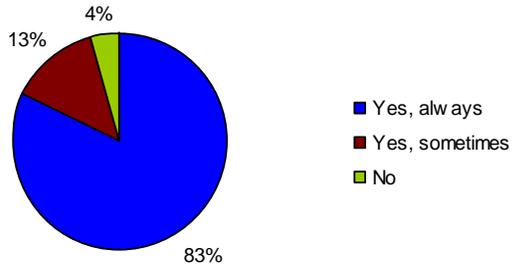


### 3. Patient Experience Tracker data for August 2011

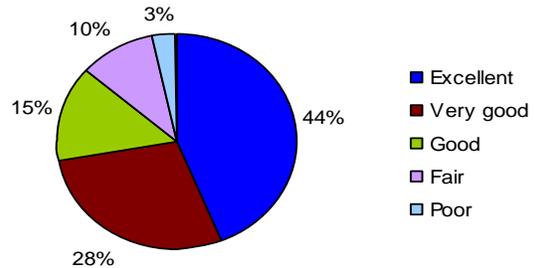
During August 2011 patients completed surveys against 5 ward questions. The results of these are as follows:

**Figure 3: PET responses to the five ward questions during August 2011 (responses were from 89 patients for all questions)**

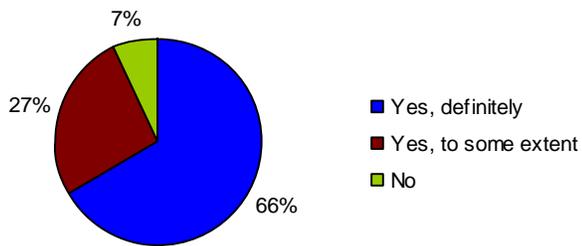
Did you have Trust and confidence in the nurses treating you?



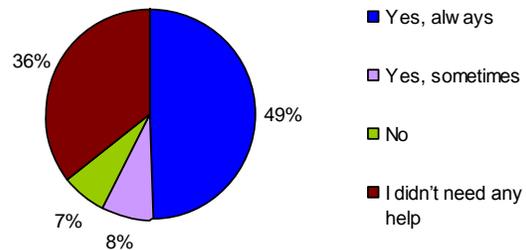
Overall how would you rate the care you received?



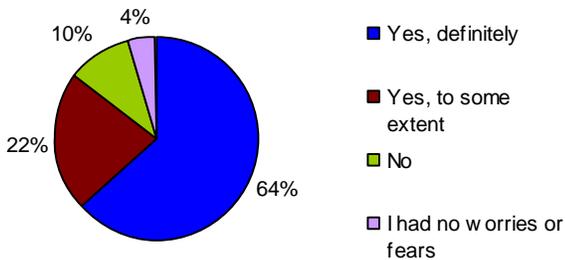
Were you involved as much as you wanted to be in decisions about your care?



Did you get enough help from staff to eat your meals?



Did you find someone on the hospital staff to talk to about your worries and fears?

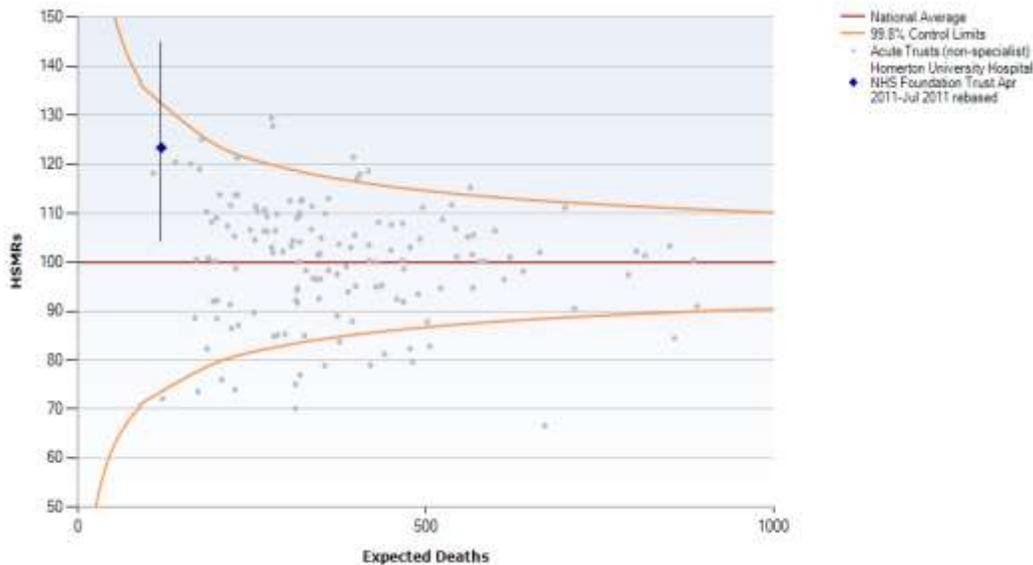


#### 4. Hospital Standardised Mortality Rate (HSMR)

HSMR is calculated by Dr Foster. The figure below shows the Trusts HSMR (April 11 to July 11) in relation to other acute Trusts

**Figure 4: Hospital Standardised Mortality Rate Apr 2010-July 2011**

The background points show the most recent rolling 12-month HSMR for each acute non-specialist trust in England.

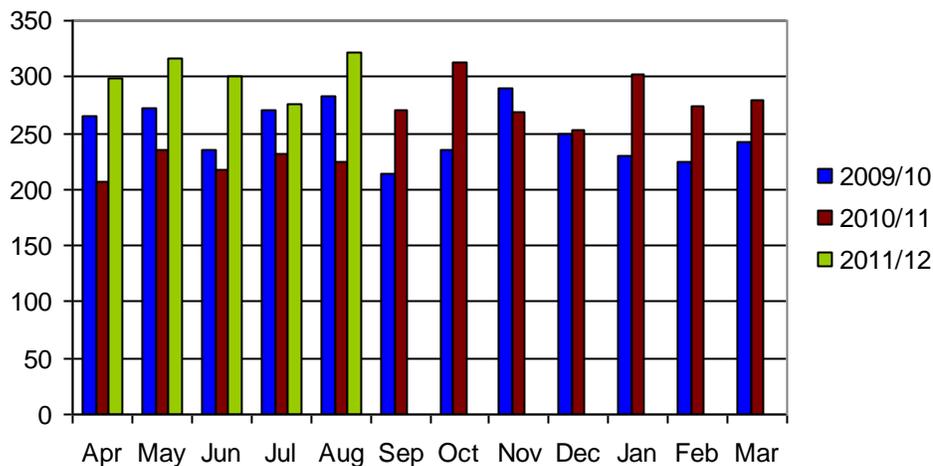


This indicates that the Trust death rate from April 11 to July 11 was within acceptable limits for our population based on Dr Fosters methodology.

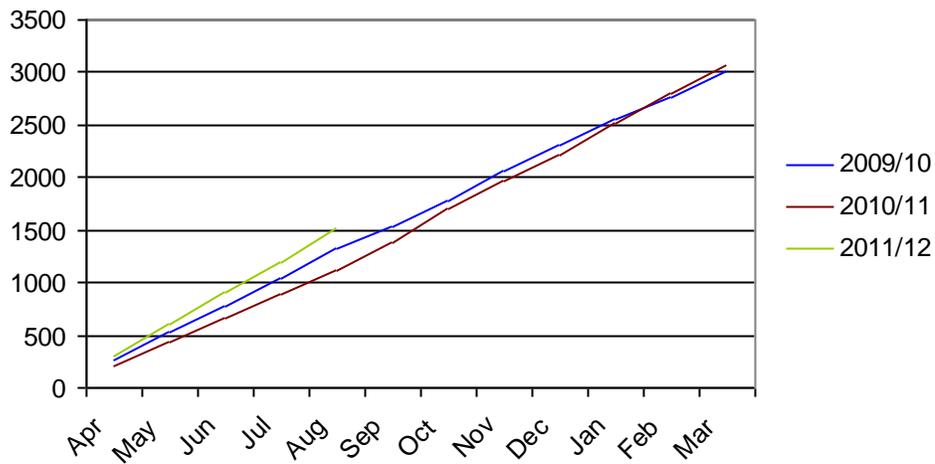
#### 5. Incident reporting

In August 2011, 325 clinical incidents were reported in the Trust. This is maintaining the trend of reporting above 250 clinical incidents per month as seen in the last quarter (Fig 5).

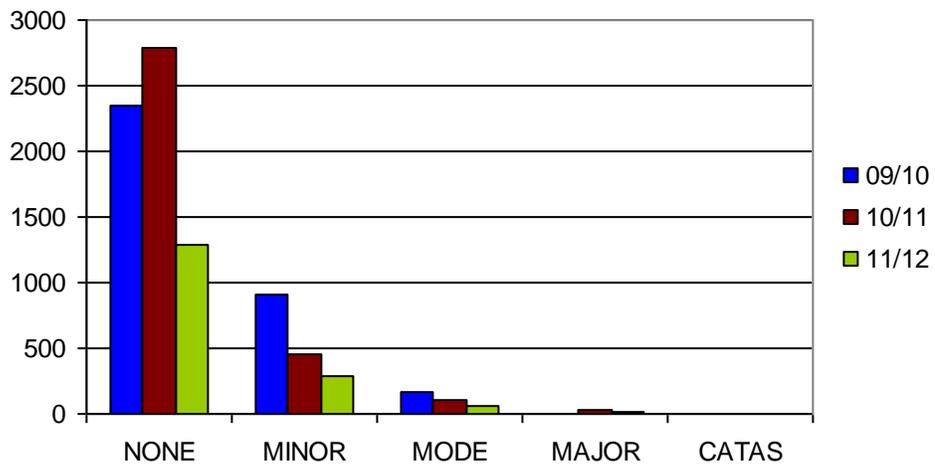
**Figure 5: Monthly reported incidents**



**Figure 6: Cumulative Incidents Trust**



**Figure 7: Incidents by severity**



## 6. Serious Incidents (SI)

This data was correct on the 17<sup>th</sup> October 2011.

From April 2011, we have reported 21 Serious Incidents (SIs). Two of these occurred in 2010 but were reported this year; one came to light from a patient complaint, the other from an audit.

Table 2 shows the category of SIs reported.

**Table 2: Categories of reported SIs**

Diagnosis Incident	1
Infection Control	1
Never Events	2
Pregnancy and Peri-natal (Labour / Delivery) Incident	4
Security Incident	1
Slips / Trips / Falls Unanticipated	1
Treatment Incident	2
Pressure Ulcer (Community Patients)	2
Pressure Ulcers	3
Pressure Ulcer (Hospital Patients)	3
Violence / Harassment / Aggression / Assault Incident	1
<b>Total</b>	<b>21</b>

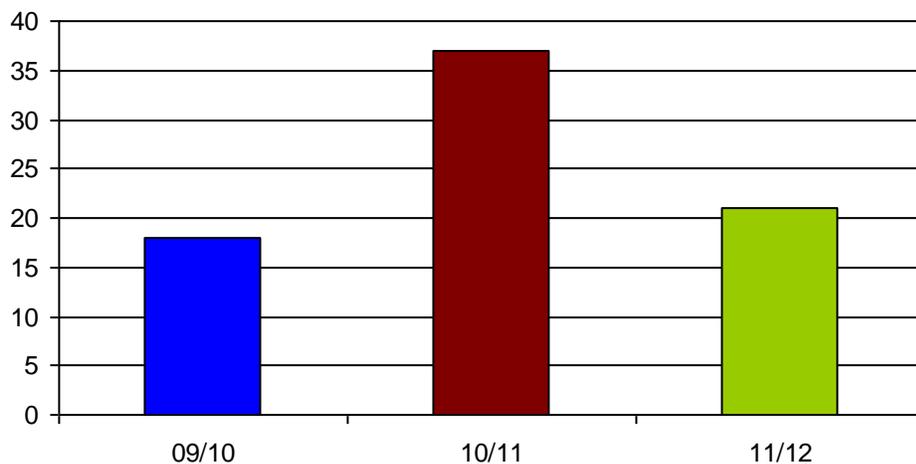
The breakdown of SIs by Division is shown in Table 3:

**Table 3: SIs reported by division since April 2011**

Community Health Services	2
Children Women and Sexual Health Division	5
Division B	2
Division C	1
Diagnostic, Surgery and Outpatients Division	3
General and Emergency Medicine Division	8
<b>Total</b>	<b>21</b>

- In context, these SIs account for 1% of all reported clinical incidents in the Trust to date.
- From April 2010 to March 2011, there were 37 SIs reported, and this represented 1% of all incidents reported in this period.
- Figure 8 shows a comparison of all SIs reported over the previous three financial years.

**Figure 8: total SI reported in each financial year**



Since April 2011 a total of fifty nine, 24 hour meetings have been held. The outcome of these meetings has been as follows:

- Serious incident investigations 21
- Root cause analysis (internal investigation) 23
- 24 hour meeting only 15

These meetings are labour intensive and average at two a week, they are an invaluable method of establishing as early as possible how serious an incident is and what type of investigation is required. The meetings also provide an overview of the type of potentially serious incidents that staff are identifying as occurring in the organisation.

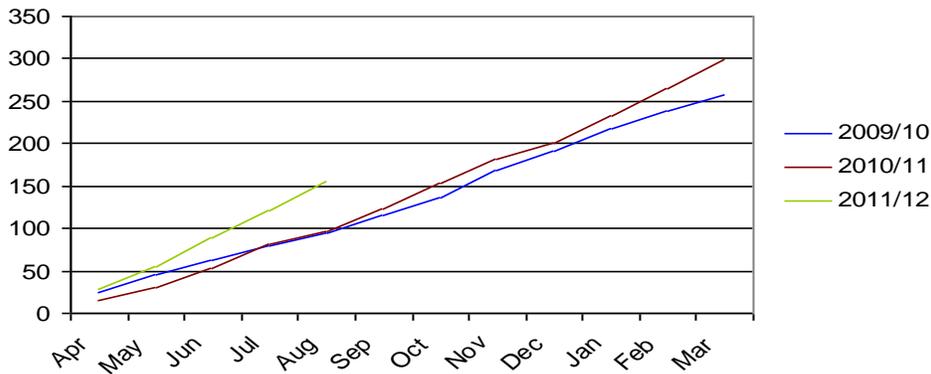
Approximately 25% of the incidents that a meeting is held about are considered not to require further investigation.

Appendix 1 shows all current reported SIs.

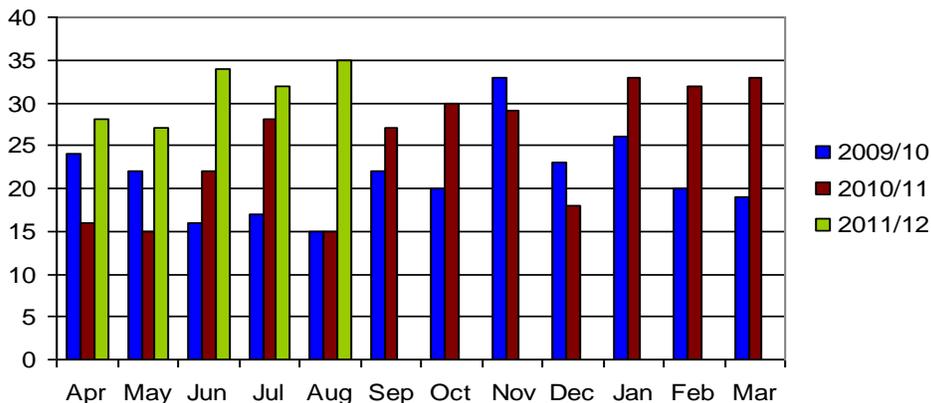
Of note this month is that there had been an increase in the level of detail staff are bringing to the 24 hour meetings, which is enabling decisions about investigation to be made more easily.

## 7. Medication Incidents

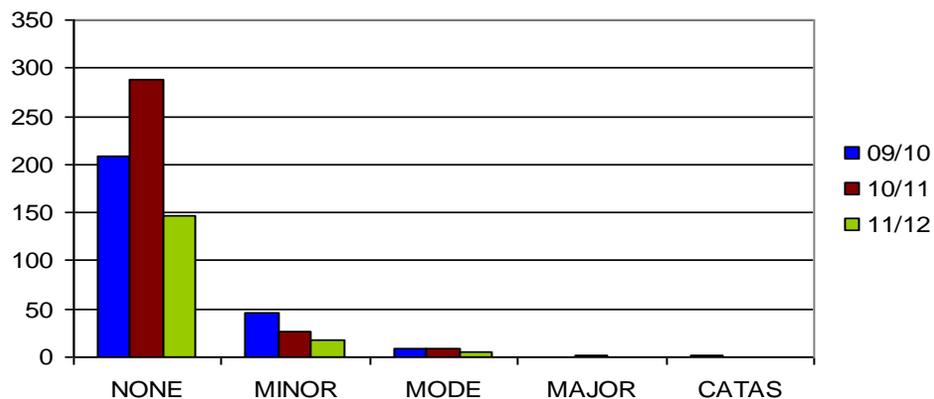
**Figure 9: Cumulative medication incidents**



**Figure 10: Medication incidents by month (Trust)**



**Figure 11: Medication incidents by severity**



## 8. Pressure Ulcers – update

On Thursday 6<sup>th</sup> October the Trust held a learning event to examine what factors were contributing to the serious incidents that had been reported around pressure ulcers.

The event was attended by approximately 40, mainly nursing, staff. There was a brief presentation by each investigator of the contributory factors that had been found in each pressure ulcer SI investigation. A presentation by the Chief Nurse was also given on one particular case which involved safeguarding issues.

The staff at the event then split into three groups to answer the following questions:

- Why do you think these pressure ulcers are happening?
- What would you like the Trust to do?
- What can we do locally?

Staff were open and honest regarding gaps in care or knowledge. The information gathered at the event is being collated by the Associate Director, Patient Experience and a Trust wide action plan will be implemented.

A new policy for the prevention and management of pressure ulcers has been out for first consultation and is currently undergoing revisions.

The profile of pressure ulcers as unacceptable clinical incidents has been raised across the organisation.

## Patient Falls

Figure 12: Patients falls by month

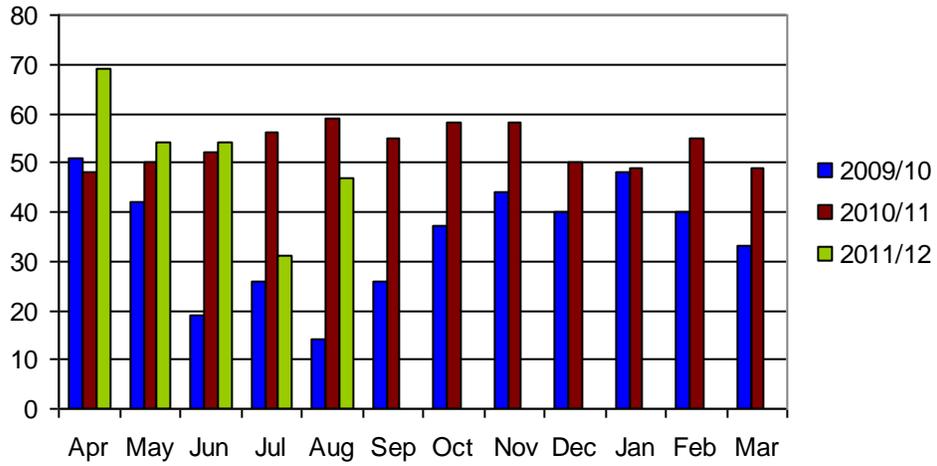
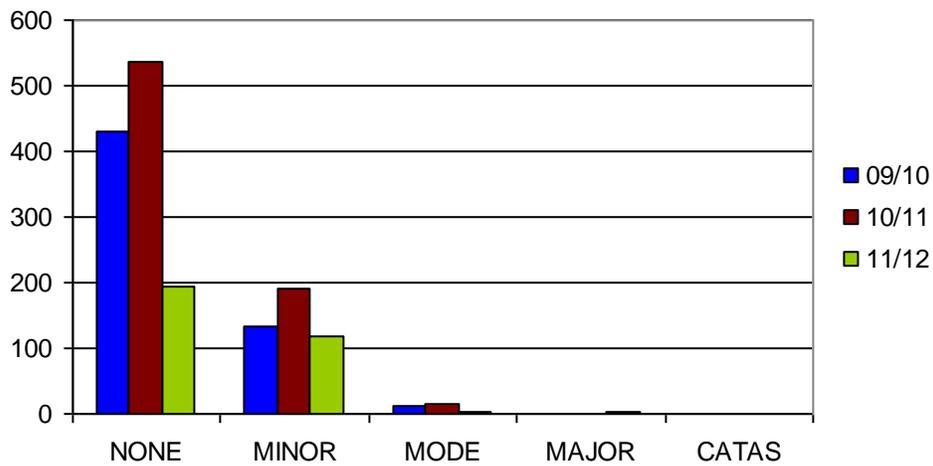


Figure 13: Severity of falls



Melanie Mavers  
Head of Clinical Quality  
October 2011

## BOARD OF DIRECTORS

Meeting date: 27<sup>th</sup> October 2011

Agenda Item: 7.3  
Paper: 11-84

**Title:** Update on Safeguarding Children and Adults

**Summary:** The attached paper provides the Board with an update regarding safeguarding children and safeguarding adults procedures and training in the Trust.

**Action:** The Board are asked to note the mid-year updates on safeguarding children and adults.

**Prepared & Presented by:** Charlie Sheldon, Chief Nurse and Director of Governance

**Compliance** *CQC Essential Standards of quality and safety*

**Board of Directors**  
**26<sup>th</sup> October 2011**  
**Update on Safeguarding Children and Adults**

**1. Introduction**

The Board are asked to note the following mid-year updates on safeguarding children and adults.

**2. Safeguarding Children**

The safeguarding children's committee continues to meet bi-monthly and continues monitoring and providing support for the members of the safeguarding team.

The Chief Nurse continues to represent the trust on the local safeguarding children's board.

On the 6<sup>th</sup> September the members of the safeguarding teams attended a summit hosted by NHS East London and City on safeguarding children.

Following the summit the safeguard team have developed an action plan for developing the team and service in the next six months.

The training sub-group has now been established and our current training figures for safeguarding children are as follows:

Level 1 trained	85%	(As a % of Trust Headcount)
Level 2 trained	69%	(As a % of Posts requiring Level 2 training)
Level 3 trained	85%	(As a % of Posts requiring Level 3 training)

(Target > 85% all levels)

The post of Designated Dr. for Child Protection in City and Hackney is now vacant as are the posts in both Newham and Tower Hamlets. The Trust is working with the sector to appoint a Designated Dr.

*Hackney has been selected by Ofsted as a pilot authority for the proposed new arrangements for the inspection of child protection. A team of five Ofsted inspectors will conduct the inspection joined by colleagues from other inspectorates in a 'shadowing' role. The pilot inspection, which will be unannounced, will last for two weeks and will take place between 31<sup>st</sup> October and 2<sup>nd</sup> December 2011.*

**3. Safeguarding Adults**

The Trust has now set up a Safeguarding Adults Committee which will be jointly chaired by Eileen Bryant, Head of Nursing and Siobhan Bay, Head of Therapies.

The Trust continues to attend the Local Safeguarding Adult Board.

All staff now receive vulnerable adult training as part of Trust induction.

**Charlie Sheldon**

**Chief Nurse & Director of Governance - October 2011**

## BOARD OF DIRECTORS

Meeting date: 26<sup>th</sup> October 2011

Agenda Item: 8.1  
Paper: 11-85

**Title:** Board Assurance Framework 2011/12 Q2

### Summary

The Board Assurance Framework provides a method for the management of the principal risks to meeting our strategic objectives.

It is a working document reviewed every six - eight weeks by the Trust executive team.

Each section is linked to its relevant strategic objective.

**Action:** To note contents and agree the board assurance framework

**Prepared & Presented by:** Charlie Sheldon, Chief Nurse and Director of Governance

**Compliance** *Terms of Authorisation*  
*CQC Essential Standards of Quality and Safety*

See separate file

## BOARD OF DIRECTORS

**Meeting date:** 26th October 2011

**Agenda Item: 8.2**  
**Paper: 11-86**

**Title:** Monitor Q2 Return

**Summary:**

We are required to submit three declarations to Monitor as part of the in-year monitoring regime. As in previous years, the board must self-certify in relation to Governance, including the achievement of all targets and indicators, and Finance. In addition, the board must now make a statement with regard to compliance with Monitor's Quality Governance Framework.

As the Board will be aware, we have spent recent months gathering evidence to provide the Board with sufficient assurance to enable it to make an unqualified declaration with respect to quality as part of our Q2 submission. KPMG, our internal auditors, have produced a report summarising our position in this regard. This report is considered in more detail as part of the attached paper.

As part of our quarterly monitoring returns we must also submit the results of any elections for governors. Reports on any changes in the board or council of governors are now reported separately.

The attached papers set out the declarations we are proposing on making in relation to Governance (unqualified), Finance (unqualified), Quality (unqualified)

**Action:** The Board is asked to confirm the proposed Q2 declarations.

**Prepared & Presented by:** Jo Farrar, Director of Finance  
Charlie Sheldon, Chief Nurse & Director of Governance

**Compliance:** Terms of Authorisation

**Self Certification for Quality  
(Assessment against the Monitor Quality Governance Framework)  
October 2011**

**1. Monitor Self Declaration for Quality**

This month we sign our declaration for quality;

*“The board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitors Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), it has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients”.*

**2. Internal Audit Report**

Attached is the revised report on quality governance undertaken by KPMG (internal audit).

Since production of the draft report KPMG, have moderated their ratings such that all red rated risks are now re-rated as amber. The overall rating is now “requires improvement”. Based on their work, both with us and a number of other Trusts, KPMG believe the Board is in a position to make the declaration to Monitor in the required form as part of the Q2 submission. This was confirmed at the Audit Committee in September.

**3. Quality Governance Action Plan**

The actions from the report will now be developed further; with Quality Improvement Committee taking a key role in monitoring progress.

The action plan will be divided into four main areas of work:

- a) Strategy
- b) Capability and Culture
- c) Process & Structure
- d) Measurement

The Director responsible for leading this work will be the Chief Nurse and Director of Governance.

The full action plan will be presented to the board in November 2011.

**Charlie Sheldon  
Chief Nurse / Director of Governance  
October 2011**

## BOARD OF DIRECTORS

Meeting date: 26th October 2011

Agenda Item: 9.1  
Paper: 11-87

**Title:** Month 6 Financial position and performance report

**Summary:** This report now reflects the performance against the newly formed clinical divisions which came into effect from 1<sup>st</sup> September 2011.

As at the end of September our reported surplus for the year to date was £2.7m, ahead of plan by £1.5m. This favourable variance continues to reflect income over performance across a number of service areas. Expenditure (both pay and non-pay) is also above plan although to a lesser extent than income.

We are currently in the process of modelling the year-end financial outturn to generate most likely, best and worst case scenarios to support future decision making processes. It is worth noting that there are a number of factors which may mean that the current level of surplus over achievement cannot be assumed for the second half of the year. The results of this review will be shared in due course.

All key performance targets, including Monitor's performance indicators, were met during the period to the end of September.

Bed occupancy rates are beginning to increase as we move in to the autumn and winter months. Due to increased admission numbers in September, the Trust has cut short its summer bed closure programme although the additional costs will be offset by increased income.

**Action:** The Board of Directors is asked to note the report.

**Prepared by:** Julius Famaks and Zaman Hussain  
**Presented by:** Jo Farrar, Director of Finance

**Compliance:** Terms of Authorisation: Condition 12 – Financial Viability  
Condition 6 – Healthcare Standards

See separate file

## BOARD OF DIRECTORS

Meeting date: 26<sup>th</sup> October 2011

Agenda Item: 9.2  
Paper: 11-88

**Title:** Capital Schemes Update

**Summary**

The attached paper provides the Board with an update on the status and progress of major capital projects underway or planned for Homerton.

**Action:** Board is asked to note status and progress of major projects

**Prepared &  
Presented by:** Andrew Panniker, Director of Environment

**Compliance** *Terms of Authorisation*

## Major Capital Project Update 2011

Project	Description	Estimated Cost	Start	Completion	Status
<b>Perinatal</b>	Development supporting the Trust's role as a provider of Level 3 Neonatal Intensive Care Services and to provide the infrastructure to support the continued growth of Maternity Services.		August 2008	Sept 2010	<ul style="list-style-type: none"> <li>Final Account with ISG agreed at £8,288,683 exc Vat</li> <li>End of defect liability period remedial works being undertaken.</li> <li>Final consultant fees to be agreed</li> </ul>
<b>Endoscopy</b>	Provide decontamination compliant facility and develop flexibility to respond to increase in baseline capacity by creating third procedure room	£2.1	Feb 2012	Phase 1 July 2012 Phase 2 Nov 2012	<ul style="list-style-type: none"> <li>Design signed off</li> <li>Tenders invitations due to be issued 12<sup>th</sup> Dec. 2011</li> <li>Consideration being given to impact of Olympics on contractors</li> </ul>
<b>Positive Lives</b>	To create an integrated HIV clinical, information and support facility along with a refurbished fit for purpose department of sexual health	£1.5m	¼ 3 2012/13	¼ 3 2013/14	<ul style="list-style-type: none"> <li>Outline designs produced with cost estimated at £1.5m exc decant</li> <li>Decant options being developed &amp; need to be agreed</li> <li>Business case early Nov.</li> <li>Consideration being given to impact of Olympics on contract start date</li> </ul>
<b>Energy centre</b>	Replacement of the boilers and steam services with more efficient boilers whilst improving carbon emissions and resilience	Circa £5.0m	¼ 2 2012/13	¼ 1 2013/14	<ul style="list-style-type: none"> <li>Competitive Dialogue OJEU procurement procedure commenced 7 October 2011.</li> </ul>
<b>ARU</b>	Part of rolling ward refurbishment programme	£620K	5 September 2011	5 December 2011	<ul style="list-style-type: none"> <li>No significant issues</li> <li>Costs currently within contract sum</li> </ul>
<b>Pathology</b>	Modernization of Pathology Services and provide a laboratory that will enhance efficiency and flexibility through combined automated processing function across biochemistry, haematology and microbiology	Circa £5.0- 6.0m	2Q 2012	4Q2013	<ul style="list-style-type: none"> <li>Business case in progress – Dec 2011</li> <li>Cost review to be undertaken once layouts agreed</li> <li>1:200 drawings ready for sign off</li> <li>Planning scheduled for Jan 2012</li> <li>Out to tender May 2012 subject to OJEU process</li> </ul>

## BOARD OF DIRECTORS

Meeting date: 26<sup>th</sup> October 2011

Agenda Item: 9.4  
Paper: 11-89

**Title:** Divisional Operations Directors Presentations\*\*\*

**Summary**

At the October meeting the Board will be provided with presentations from the three Divisional Operations Directors.

Included are the curriculum vitae for the three Divisional Operations Directors.

**Action:** Board is asked to note the presentations.

**Prepared & Presented by:** Tracey Fletcher, Chief Operating Officer

Papers reserved

## BOARD OF DIRECTORS

Meeting date: 26<sup>th</sup> October 2011

Agenda Item: 10.1  
Paper: 11-90

**Title:** NE London Sector Developments\*\*\*

**Summary**

The attached paper and letter from the sector Chief Executive provides the Board with an update on developments within the north east London sector.

**Action:** Board is asked to note the update and discuss any issues raised

**Prepared & Presented by:** Nancy Hallett, Chief Executive

**Compliance** *Terms of Authorisation – Condition 1 Principal Purpose*

Papers reserved

## BOARD OF DIRECTORS

Meeting date: 26<sup>th</sup> October 2011

Agenda item: 12  
Paper: 11-91

**Title:** Draft minutes of the Audit Committee held 28<sup>th</sup> September 2011

**Summary** This document records the items discussed at the Audit Committee meeting held in September 2011.

**Action:** Minutes for information

**Presented by:** Stephen Hay, Non-Executive Director  
**Prepared by:** Fiona I'Anson, Assistant Director of Finance

**Compliance:** *Terms of Authorisation – Condition 21 – Audit Committee*

**AUDIT COMMITTEE****Draft Minutes of Meeting 28<sup>th</sup> September 2011  
Trust Office Meeting Room**

<b>Present:</b>	Stephen Hay (Chair) Eric Sorensen Michael Keith Imelda Redmond	Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
<b>In attendance:</b>	Nancy Hallett Jo Farrar Heather Bygrave Neil Thomas Nick Rolfe Darriane Garrett Dhilson Davis Tracey Fletcher (only) Cheryl Clements Charlie Sheldon	Chief Executive Director of Finance Deloitte, External Audit KPMG, Internal Audit KPMG, Internal Audit RSM Tenon, Counter Fraud Head of Financial Accounts Chief Operating Officer (Items 4.5  Director of Workforce (Item 4.4 only) Chief Nurse & Director of Governance (Items 4.2 to 4.3 only)
<b>Minutes:</b>	Fiona l'Anson	Deputy Director of Finance

**1. Apologies****2. Minutes of last meeting on 2<sup>nd</sup> June 2011**

The minutes were agreed.

**3. Matters Arising**

There were no matters arising other than those included elsewhere on the agenda.

**4. Internal audit****4.1 Progress Report**

NT presented the progress report detailing the work carried out since the last Audit Committee. He noted there had been one change to the original plan: the addition of an ESR audit and the deferral of the "*Management of partnerships*" review to future years. NT also drew the Committee's attention to the technical update included within the progress report.

SH asked for further information on how we were progressing against SLM in light of the framework and assessment tool update included in the report. JF confirmed we were moving forward with the pilot areas and the recent restructuring will provide us with an

opportunity to embed SLM going forward. JF did note that we were not as far ahead with SLM as we would like at this stage and it was now a strategic priority.

The Committee noted the report.

#### **4.2 CQUIN report**

NT presented the report on CQUINs and confirmed an assessment of 'requires improvement'. The review included analysis of how targets are set, the arrangements for reporting and monitoring processes internally and the effective delegation and communication of responsibility for CQUIN achievement.

CS confirmed that all recommendations within the report were agreed and highlighted to the Committee how targets are set. SH asked whether these were all mandatory and if they result in staged payments through the year. CS confirmed it was a mixture of mandatory and locally agreed targets with commissioners and there were different payments stages for each one. In addition to agreement on setting the targets we also negotiate with commissioners to agree reasonable ways of measuring achievement, particularly for the more qualitative targets.

JF noted that the internal reporting for the CQUIN achievement had now been agreed with clinical divisions and this would be used to formalise steps that can be taken to drive up performance. SH asked how CQUIN achievement was included in Board reporting. JF confirmed that the trajectory for CQUIN achievement was factored in to financial information to the Board and performance against targets was included in the quality reports.

MK asked NT to clarify what the report recommended in relation to incentivising clinical divisions. NT noted they had observed best practice at other hospitals who have set up 'SLM rulebooks' and formally delegated responsibility for achievement with associated financial incentives to clinical areas. JF stated that this approach was under review and no decision had yet been made in relation to the most appropriate way to incentivise clinical divisions.

ES asked whether due to the ambiguous nature of some of the more qualitative targets it was difficult to translate to staff exactly what a CQUIN target led to in terms of day to day practice. NH confirmed this was an area of challenge that we are working on, focusing on communicating CQUINs as a measure of implementing quality healthcare for our patients that staff can directly impact rather than purely a financial one.

The Committee noted the report.

#### **4.3 Quality Governance Report**

NT presented the report. He noted that they had now completed the review in sixteen other organisations and we were by no means an outlier. As a result they would be reissuing a report reflecting a "downgrading" of all red risks included in the draft report to amber. This paper had been reviewed by the board earlier that morning and some concern had been expressed over the red ratings. The Committee was relieved to hear that the ratings were not in fact red but amber and that gremlins in the KPMG production department were responsible for some of the confusion. KPMG promised to share a forthcoming report based on work with all their FT clients on this topic as it is still a work in progress for most institutions. This information has subsequently been communicated to members of the board who were not present at the Audit Committee to reassure them of the true opinion of the auditors.

NT also confirmed that twelve of the sixteen other organisations reviewed have already declared full compliance to Monitor. On this basis NT believed the Board would be in a position to make the declaration in the required form at the end of Q2. He confirmed none of the recommendation priorities had changed since the report presented to the Committee.

NT highlighted to the Committee three points of significance within the report: making quality objectives meaningful that are in line with divisional action plans, setting aspirational quality priorities and embedding a systematic process for gaining assurance over the quality of information.

MK noted the report included a number of observations in relation to how information on quality flows up to Non-Executive Directors and the subsequent system of challenge.

NT highlighted specific recommendations in relation to this that should be considered: including NEDs on First Tuesday visits and an independent review of the Board every three years.

NH confirmed that we would value expressions of interest for NED involvement in visits. JF noted that we currently do not feedback First Tuesday outcomes to the Board and we can consider a short summary of themes to be considered at Board level going forward.

SH noted the recommendation in relation to the Board driving aspirational targets and suggested this be taken as a topic in a future Trust Board meeting to be specifically discussed.

The Committee noted the report.

#### **4.4 ESR Report**

NR presented the report that summarised the ESR review findings. JF noted that all recommendations had been agreed and one of the ways in which we are now improving performance is by putting in place robust processes for managing the payroll consortium.

IR asked if these issues had affected all consortium members. JF confirmed this was the case, however Homerton are an outlier in terms of the scale of the errors and financial consequences.

SH asked if the errors had occurred as a result of input errors or if they were systemic in nature.

NT stated that if the process worked as designed there should not be problems. He agreed that performance management of the relationship was paramount and suggested a scorecard could be agreed with the consortium or any other outsourced function.

The Committee noted the report.

#### **4.5 Market Analysis Report**

NT set out the scope of the internal audit review and noted this was the final report from the 2010/11 annual plan. A limited assurance opinion was provided. TF confirmed agreement with the recommendations and stated the implementation of these recommendations would be the focus of a new high level post that has been created as part of the restructure. This post will be embedded within the clinical divisions.

SH asked if there was one organisation that showed good practice. NT confirmed there was not one organisation where he felt that strong market analysis and understanding was fully embedded.

MK asked whether the actions that we need to take would be directly affected by changes in statute and the focus on patient choice. NT agreed to provide an update on this in the progress report to the next Audit Committee.

The Committee noted the report.

## **5 Counter Fraud**

### **5.1 Progress report**

DG presented the progress report which details the work completed to date. Proactive work includes attendance at induction events, workshops and the review of policies. The report also included details of ongoing reactive investigations.

MK asked whether there should be any concerns around the achievement of all proactive days in the plan as a number of reactive days to date was high.

DG confirmed the plan only included proactive days and reactive days were agreed on a case by case basis. There were no risks to achievement of planned days in the year.

The Committee noted the report.

## **6 External audit**

### **6.1 External audit tender summary**

JF presented the report confirming the process had been completed in line with the timetable.

The Committee noted the report.

### **6.2 2011/12 Annual workplan**

HB presented the draft annual workplan. She confirmed this had been developed following meetings with a number of key stakeholders at the Trust and whilst there may be small changes to the scope of the audit work following the publication of the Annual Reporting Manual from Monitor in December, it is unlikely that these will be significant. She noted the audit of the content of the Quality report has been extended in 2011/12 and will include the need to provide a limited assurance opinion on two mandatory performance indicators. HB brought to the Committee's attention the risks identified within the plan and how these would be dealt with as part of the audit and highlighted the likely shortened timetable for annual accounts approval in 2012 by one week to 31<sup>st</sup> May 2012.

The Committee approved the workplan.

## **7 Audit Committee business**

### **7.1 Audit Committee annual report**

SH presented the annual report that summarised the Committee's achievements in 2010/11 and how it met its terms of reference during that period.

The Committee approved the report.

### **7.2 Audit recommendation tracker**

DD presented the latest report and highlighted that whilst significant progress had been made in implementing recommendations, there were still a number outstanding. He noted that all outstanding recommendations were due to be completed by the end of December 2011.

The Committee noted the report.

### 7.3 SFIs, SOs and Scheme of Delegation

DD presented the report that summarised the proposed changes to the documents to ensure they are consistent and updated.

The Committee approved the report and proposed changes.

### 7.4 Hospitality Policy

JF presented the revised hospitality policy.

IR asked that in section 3.0 it should be made clear that it is the responsibility of all staff to follow this policy, not just senior staff as currently drafted. FI to make change to policy.

The Committee approved the policy.

### 7.5 Private Patients and Fee Paying Policy

JF presented the revised policy.

NH asked for two amendments to the draft:

Paragraph 8.1: 'Trust approval' in paragraph 8.1 to be replaced by 'Executive Director approval'.

Paragraph 9.1: Additional sentence to confirm that following formal agreement, conditions set out below must be met.

The Committee approved the policy. FI to make change to policy.

### 7.6 Requests for waivers of standing orders

FI presented the list of waivers that have been approved since the last meeting.

The Committee noted the report.

## 8 Any other business

None.

### Action Table

Action required	Date action identified	Person responsible
Updated Quality Governance report to be circulated	28 <sup>th</sup> September 2011	Neil Thomas
Topic of Board setting aspirational targets to be considered	28 <sup>th</sup> September 2011	Nancy Hallett
Update on the effect of changes in statute on	28 <sup>th</sup> September	Neil Thomas

market analysis work to be included in the next internal audit progress report	2011	
Amend draft hospitality policy as noted above	28 <sup>th</sup> September 2011	Fiona l'Anson
Amend draft fee paying policy as noted above	28 <sup>th</sup> September 2011	Fiona l'Anson

**Date of next meeting: Wednesday 21<sup>st</sup> December 12 – 2pm, Trust Office Meeting Room**