

**Meeting of the Board of Directors  
Wednesday 26<sup>th</sup> May 2010**

<b>Present:</b>	Michael Cassidy	Chairman
	Nancy Hallett	Chief Executive
	Jo Farrar	Finance Director
	Dr John Coakley	Medical Director
	Cheryl Clements	Director of Workforce and Education
	Andrew Panniker	Director of Environment
	Jenny Negus	Acting Chief Nurse
	Eric Sorensen	Non-Executive Director
	David Stewart	Non-Executive Director
	Imelda Redmond	Non-Executive Director
	Stephen Hay	Non-Executive Director
	Professor Chris Griffiths	Non-Executive Director
	Professor Michael Keith	Non-Executive Director
<b>Minutes</b>	Dylan Jones	General Manager – GEM

**1.0 Chairman's Welcome and Introduction**

Michael Cassidy, Chairman, opened the meeting and welcomed Jenny Negus in her role as Acting Chief Nurse

**2.0 Apologies for absence**

Tracey Fletcher – Interim Chief Operating Officer

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

None

**4.0 Minutes of the previous meeting held of 28/04/2010 and matters arising**

The minutes of the previous meeting were agreed

**5.0 Chairman's Report**

Michael Cassidy informed the Board that one of the Trust's governors had been removed from his post for inappropriate conduct. He also informed the Board that the work of the Programme Board, established to oversee the proposed

integration of Homerton, Whipps Cross and Newham, was continuing with input from both himself and the Chief Executive

## **6.0 Chief Executive's Report**

Nancy Hallett informed the Board that the key items for reporting would be addressed through the Strategy and Policy part of the agenda

## **7.0 Strategy and Policy – Homerton Strategic Position\*\*\***

This item was discussed under reserved business

### **Quality and Safety**

#### **8.1 SUI Report\*\*\***

This item was discussed under reserved business

#### **8.2 2009 Inpatient Survey**

Jennie Negus presented the Board with the 2009 inpatient survey results. She explained that there had been significant improvements since the 2008 survey and that the Homerton performed worse than other Trusts in only one section as opposed to 4 sections in 2008. However, the Trust remained a low-performer both against the CQC benchmarks and against other organizations nationally.

She explained that an action plan had been produced and would be implemented and monitored via the Patient Experience Committee. Whilst some of the information and process related failings were relatively easy to address failings relating to attitude and communication were more difficult to correct.

Nevertheless, she emphasised that targeted interventions such as specific campaigns around issues such as patient dignity and leadership development training for matrons had been implemented in order to address cultural problems.

Members of the Board emphasised the need to address the process related failings as these should be straightforward to unpick and undress. In particular, concern was expressed with regard to the seeming inefficiency of the discharge process and it was agreed that this would be looked at further

Commenting on cleanliness and food quality Andrew Panniker informed the Board that there were specific plans in place for improving both further during 2010/11

#### **8.3 Infection Control DIPC Q4**

Alleyna Claxton (Director of Infection Prevention and Control) presented the Board with the Q4 report for 2009/10. She explained that during the quarter the Trust had recorded 5 MRSA bacteraemias but that the Trust achieved its year end target with 9 bacteraemias in total against its target of 11. Measurement criteria for 2010/11 had been refined. She informed the Board that during April two bacteraemias had been reported against a 2010/11 target of only 4. She therefore expressed concern at the ongoing infection control risk within the organization and informed the Board that this risk was now formally recorded on the corporate risk register.

Ms Claxton outlined that there were two key factors behind the deteriorating performance level. Firstly, blood cultures contamination which was being addressed through new blood culture packs. Secondly, peripheral line care where a similar approach may need to be taken. The Board discussed creating a dedicated team to manage blood cultures and peripheral line care and it was agreed that this option could be considered should the current action plan fail.

Nancy Hallett re-assured the Board that the Executive Team was actively engaged in this issue as was Clinical Board

Ms Claxton reported continuing good performance on C-Diff and norovirus rates within the Trust

## **Corporate Governance**

### **9.1 Annual Plan 2010/11**

Jo Farrar presented the Board with both a detailed version of the Annual Plan and a presentation of the highlights contained within it. He also confirmed that the Governors had also seen the documents and a sub-set of them had been taken through them in detail.

The Board discussed in particular the challenging CIP forecasts for future years and the organisation's ability to meet them. Jo Farrar agreed that there was a significant risk in this area and that rolling out Service Line Reporting within the Trust was a key form of mitigation. He also explained that the forecasts would need to be refreshed if when the transfer of City & Hackney community services was completed

The Board agreed that the Chairman would sign-off the plan in its presented form

### **9.2 Annual Report 2009/10 Update**

Nancy Hallett explained that a report would be going to the Audit Committee with a copy provided to all Non-Executive Directors

### **9.3 Quality Account**

Nancy Hallett presented the Board with the Trust's Quality Account and explained that the document was both a prospective and retrospective commentary on the steps taken by the Trust to maintain and improve upon the quality of its services across a range of indicators. She also explained that the document had been e-mailed to Trust staff along with an invitation for them to contribute their thoughts

## **Business Planning & Performance Management**

### **10.1 Finance and Performance Report Month 1**

Jo Farrar presented the Board with the financial position for M1 and explained the Trust was ahead of its financial plan. This was as a result of a higher than expected level of income which was only partly off-set by a higher level of expenditure. Mr Farrar also informed the Board that he was planning to work with

the Divisions to understand the end-of-year forecasts they had provided at the end of M1 given the significant local variances

Presenting the performance report for M1 Nancy Hallett outlined three main operational risks. Firstly, performance against the Emergency Care Target was below the 98% standard although the position had improved during May. Secondly, the 62-day cancer standard remained a major performance risk but reassured the Board the risk was reputational rather than clinical. Nevertheless, the level of performance needed to improve and work was continuing on amended the urology pathway. Thirdly, the MRSA referred to in the Infection Control report

## **10.2 Capital Plan 2010/11**

Jo Farrar provided the Board with an overview of capital plans for the next 3 years and drew attention in particular to the need to re-provide pathology services more appropriately

## **Human Resources**

### **11.1 Human Resources Report**

Cheryl Clements presented the Board with the Human Resources Report and highlighted two areas of concern amongst overall good performance. Firstly, focused work is required on improving mandatory training compliances. Secondly, appraisal rates have fallen in some areas and these will need to improve.

Ms Clements also presented a revised format for presenting sickness absence information which was welcomed by the Board

### **11.2 AAC Ratification**

The Board ratified the appointment of:

Dr Maryam Parisaei – Consultant Obstetrics and Gynaecology

## **12.0 Any Other Business**

Michael Cassidy reported that the Clinical Excellence Awards process had been completed with 22 awards granted

Michael Cassidy confirmed that Monitor had approved the maximum possible term for Homerton Governors as being 3 terms of 3 years

John Coakley informed the Board of an allegation against a Trust Consultant which had led to him being removed from clinical work. He explained that a Non-Executive Director was required to participate in the internal investigation and the Board agreed that Eric Sorensen would be the appropriate representative