

**Meeting of the Board of Directors
Wednesday 25th February 2009**

Present:	Michael Cassidy	Chairman
	Nancy Hallett	Chief Executive
	Pauline Brown	Chief Nurse & Director of Governance
	Dr John Coakley	Medical Director
	Anna Anderson	Director of Finance
	Andrew Panniker	Director of HR & Environment
	Simon Weldon	Chief Operating Officer
	Stephen Hay	Non-Executive Director
	Professor Chris Griffith	Non-Executive Director
	Eric Sorensen	Non-Executive Director
	David Stewart	Non-Executive Director
	Imelda Redmond	Non-Executive Director
	Michael Keith	Non-Executive Director

Minutes: David Bridger Head of Governance

1.0 Chairman's Welcome and Introduction

Michael Cassidy, Chairman, opened the meeting. He welcomed Simon Weldon, newly appointed Chief Operating Officer, to his first Board of Directors meeting.

2.0 Apologies for absence

None

3.0 Declaration of interests regarding items on the agenda

There were no declarations of interest.

4.0 Minutes of the previous meeting held on 27.01.09 and matters arising

The minutes were agreed.

5.0 Chairman's Report

No report.

6.0 Chief Executive's Report

Nancy Hallett, Chief Executive informed the Board that the Trust had needed to invoke the business continuity plan twice in the past month.

The first incident was a fire on the Graham Stroke Unit necessitating the evacuation of the ward. The incident was investigated by the fire brigade; is being investigated by the police and has been referred to the coroner. An internal investigation is also being carried out. She complimented the staff who reacted quickly to this incident and successfully and safely evacuated the ward.

The second incident was as a result of the severe adverse weather which caused significant transport problems for staff getting to the hospital. This posed an immediate clinical risk and subsequent performance risk (28 day target as a result of cancelling elective surgery). The priority was to maintain a safe hospital which was achieved. The staff involved were commended for their hard work.

Lessons have been learnt from this event. The business continuity plan was sufficient but could have been better applied. It was clear that distinct strategic and operational arms were required. A review of the plan is in progress.

Stephen Hay, Non-Executive Director asked whether an exception to the 18 week waits could be made as a result of this incident. Unfortunately this is not possible as responsibility for hospital initiated cancellations lies with us.

Eric Sorensen Non-Executive Director commented that Local Authorities are carrying out reviews of their responses to the adverse weather. He enquired whether Hackney was also carrying out a review. Nancy Hallet commented that health is not yet part of this review. The major problem related to public transport with only a very limited service available. Hackney Borough responded well with gritting services working throughout. The Homerton might work more closely with Hackney Borough in the future on the provision of gritting services for the hospital.

Ms Hallett reported that meetings had taken place with Meg Hillier MP and CEO of Hackney Borough, Tim Shields. A meeting is planned to take place with Diane Abbott MP. It is clear that plans to develop the North London Line will cause a significant disruption to services which will have a significant impact on staff getting to the hospital.

7.0 Corporate Governance

7.1 Consultation on amendments to the compliance framework 09/10

Pauline Brown, Chief Nurse & Director of Governance provided a summary of the amendments to the 2009/10 compliance framework. The key changes highlighted were:

- the need to accommodate ambulance trusts as foundation trusts
- changes to healthcare targets for 2009-10 on which they will assess service performance as reflected in the priorities of the Operating Framework
- the need to reflect CQC registration requirements
- proposals for newly appointed Chairs and Chief Executives to attend an induction programme
- reporting requirements to better reflect engagement and representation of FT members
- reporting requirements for divestments which meet the major investment 'size' thresholds
- obligations arising from the Principles and Rules for Cooperation and Competition
- the need for information governance on protect patient confidence in safeguarding of data
- Monitor's approach to escalation and de-escalation.

Any written comments need to be provided before 27th February. It was noted that the timetable for the annual plan has been brought forward to 31st March 2010. The board

noted the contents of the consultation and did not feel they had any significant comments.

7.2 Hygiene Code Inspection Update

Pauline Brown provided the Board with an update regarding the Hygiene Code inspection. The Trust had been re-inspected on 11th February. Two inspectors visited the Trust and inspected Outpatients, Day Stay Unit, Graham Stroke Unit, Edith Cavell and Accident & Emergency. They also interviewed a number of staff including the improvement notice action plan leads. They carried out a very thorough review. No feedback was received on the day although they did raise concerns regarding the condition of trolley mattresses in A&E. The Trust was aware of this and was able to evidence that we were already addressing this issue. A letter has now been received and we have been assessed as compliant in all four areas pending ratification by a national panel. The Trust will be reassessed in April on the outstanding areas of the plan. The Board acknowledged the hard work of all the staff involved.

8.0 Business Planning & Performance Management

8.1 Resource Outlook 2009/10

Anna Anderson, Director of Finance presented a paper summarising progress on financial plans for 2009/10. The paper had previously been presented to the Finance Committee on 18th February. The overall position has improved significantly due to a variety of factors including costings associated with the new tariff which are likely to be subject to further negotiation by PCTs. Income forecasts have improved and more CIPs have been validated. Overall the estimated gap is now £0.7m with a possible range of £2m either way. Cost improvements have resulted from income from additional surgical work and better coding in maternity. The Trust still needs to consider investment in projects to improve productivity and efficiency whilst maintaining quality. The contract with PCT should be agreed by the next meeting.

8.2 Productivity and Efficiency Programme

Simon Weldon, Chief Operating Officer presented a paper proposing the establishment of a Productivity and Efficiency Team. The purpose would be to lead the implementation of a programme of cost improvements across the Trust focussing on areas where key productivity gains can be made. Areas for action include length of stay (LOS), theatre utilisation, activity and procurement. The team will be centrally led with a full-time Project Manager supported by staff from across the Trust. He informed the Board that the programme is required to position the Trust to meet the financial challenges anticipated in future years from 2010 onwards.

Michael Keith, Non Executive Director enquired whether the added cost of additional bureaucracy would be met. Simon Weldon said that the funding set aside to support the programme would be recouped and in addition, a key aim of the funding was to ensure that directorates were trained to be able to take on this type of work to ensure sustainability of the approach.

Imelda Redmond, Non Executive Director asked if the team would be looking at improving patient experience for example by reviewing discharge planning, an area where savings could be made. Simon Weldon responded that an updated report will reflect this area.

Stephen Hay, Non Executive Director asked about the types of Trust being used for benchmarking. Simon Weldon stated that the information systems available allow for a variety of different peer groups to be contrasted.

The Board noted the report and supported the recommendations.

8.3 Finance and activity report month 10 position

Anna Anderson presented the Month 10 finance and performance report. She reported that the Trust I&E surplus to date has increased to £5.1m. The overall income position has improved against plan in January, with elective activity ahead of plan, particularly in bariatric surgery. The under-performance against non-elective activity and income plans reported in previous months continues. There is continued under spending against expenditure reserves of just over £2.2m.

Looking at service performance, A&E has improved in January and we have been asked to make further improvements in the remainder of the year to help the overall London position. Once data on patients treated by other hospitals was received we were able to confirm that the Q3 HCC cancer target was met. The number of breaches of the no mixed sex accommodation rules on ACU is high and actions are being taken to address this. Infection control remains within target. The Board noted the contents of the report.

8.4 Perinatal developments

Andrew Panniker, Director of HR & Environment updated the Board on the ongoing development works in the Trust. The concrete used on the perinatal development that had failed the crushing test has now all been broken out and recast at the contractors cost. He informed the Board that this had impacted on the timetable and may lead to a 6 week delay however the contractors may be able to make up time in other parts of the build. The refurbishment of Templar Ward is now complete and work has started on the Graham Stroke Unit.

With regard to the legacy from GE he notified the Board that he would be meeting with them in mid March to discuss what options are available.

The Trust has also been approached by the charitable arm of Coca Cola regarding an Olympic legacy looking at involving staff in health and fitness programmes. A meeting has been arranged to explore the opportunities available to the Trust. Andrew Panniker confirmed that it was the charitable arm of Coca Cola that the Trust in dialogue with, and that discussions were not predicted on product placement.

9.0 Clinical Governance

9.1 SUI Report***

This item was discussed under reserved business.

9.2 Safeguarding Adults

Pauline Brown provided an outline of the Homerton safeguarding adults strategy. This had been reviewed in light of a serious case review and DH guidance on the protection of vulnerable adults. The Board will be provided with feedback once the final report has been received. She also notified the Board that the new Care Quality Commission is planning to introduce a new performance target associated with access to services for individuals with learning disabilities. The Board noted the contents of the report and actions taken to date.

9.3 Registration with the Care Quality Commission in relation to Healthcare Associated Infection (HCAI)

Pauline Brown provided the Board with the registration documents submitted to the Care Quality Commission to register the Trust in relation to HCAI. The Trust declared overall compliance with partial compliance for criterion 1, 2, 8 & 9. The actions to ensure compliance are incorporated into the hygiene code action plan. The Trust is now waiting the final response regarding the registration and Hygiene Code visit. The Board noted the declaration.

10.0 Human Resources Governance

10.1 Human Resources update***

This item was discussed under reserved business.

10.2 Staff Survey

Nancy Hallett presented the preliminary results of the 2008 HCC Staff Survey. She commented that the return had been much better than last year and whilst the findings were favourable for the Homerton it should be noted that they are based on a comparison with just 32 acute trusts (those that used Picker to conduct their survey). The results do indicate that the Homerton has improved. The HCC will aggregate result for all acute trusts prior to publication. The Board noted the contents of the report.

10.3 Director of Workforce post

Nancy Hallett updated the Board regarding the recruitment of a Director of Workforce. She notified the Board that interviews will take place on March 11th.

11.0 Strategy and Policy

11.1 NHS London and NEL provider review

Nancy Hallett provided an update of the review into Healthcare for London. Having previously passed the quality criteria for the provision of stroke services the final decision regarding the allocation of services has been delayed in North East London.

Eric Sorensen provided feedback from a presentation by the Executive Chair of Monitor, Bill Moyes. He indicated that the NHS is moving towards a more quality focused service with an emphasis on customer satisfaction. It was also indicated that the outcome of the review of services in London may involve mergers or closures of services.

11.2 Fundraising at Homerton*.**

This item was discussed under reserved business.

12.0 Any Other Business

Michael Cassidy, Chairman updated the Board regarding the last Council of Governors meeting. Governors had expressed concerns regarding the attitude of certain groups of staff. He recommended that Directors should try and attend some Governors meeting as it would provide good experience for them.

Pauline Brown notified the Board of the proposed process for appraisals of all Directors. It is proposed that the assessment forms are sent out via email to all Directors with their consent. All directors gave consent for their emails to be released for this purpose.

The Joint Board of Directors/ Council of Governors meeting is planned for March 19th. The Annual plan will be presented and discussed.

