

**Meeting of the Board of Directors  
Wednesday 25<sup>th</sup> November 2009**

<b>Present:</b>	Michael Cassidy	Chairman
	Nancy Hallett	Chief Executive
	Anna Anderson	Director of Finance
	Andrew Panniker	Director of Environment
	Pauline Brown	Chief Nurse & Director of Governance
	Cheryl Clements	Director of Workforce
	Dr John Coakley	Medical Director
	Dylan Jones	Acting Chief Operating Officer
	Eric Sorensen	Non-Executive Director
	David Stewart	Non-Executive Director
	Imelda Redmond	Non-Executive Director
	Michael Keith	Non-Executive Director
	Stephen Hay	Non-Executive Director– in part
	Professor Chris Griffiths	Non-Executive Director

**Minutes:** David Bridger Head of Governance

**1.0 Chairman's Welcome and Introduction**

Michael Cassidy, Chairman, opened the 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 28.10.09 and matters arising**

Nancy Hallett, Chief Executive had corrections in the second paragraph of item 11.1 these were to amend the text to read:

*She explained that the Minister had offered an assurance that there was no intention, through the current review, to change service provision at the Homerton. However, an assurance on changes beyond the current process was not given.*

**5.0 Chairman's Report**

**6.0 Chief Executive's Report**

Nancy Hallett, Chief Executive presented a paper outlining the position regarding the changes within the executive team. Regarding the Chief Operating Officer (COO) she notified the board that that Mark Ogden-Meade will be joining the Trust as interim COO in December with Dylan Jones continuing to act up into the post until then. Karl

Munslow-Ong has been appointed as Deputy Director of Operations. Dr Christine Blanshard has been appointed to the post of Director of Strategy/Service Redesign & Associate Medical Director but has not yet taken up the position.

Regarding the Finance Director post Nancy Hallett informed the Board that interviews for this post are planned for December with an interim Finance Director, Dominic Tkaczyk, starting in December initially for a period of three months.

The Board considered the interim Director arrangements in the context of its overall composition taking into account the constitutional requirements and were assured that the arrangements were satisfactory. The Board noted that the Interim COO and Interim FD were both able to commit to periods of up to 12 months, thus offering additional assurance.

Regarding the Chief Nurse & Director of Governance position Nancy Hallett notified the Board that interviews with the shortlisted candidates will be taking place on 7<sup>th</sup> December.

Nancy Hallett presented a paper outlining the draft corporate objectives for 2010/11 which have been considered by the Executive Team and Clinical Board. Contractual and regulatory requirements are core business and will now be reflected in divisional business plans rather than the objectives. Securing the correct strategic options for the Trust must be a focus in the year ahead. The Trust needs to consider an objective regarding productivity and efficiency given the current economic situation. The Trust also needs to consider a particular focus on workforce in 2010/11 including supporting staff and maintaining employee relations.

Nancy Hallett provided the Board with a summary of a serious untoward incident involving the death of a patient. This case was to be heard at the Coroners court but the case has been adjourned until June. The internal investigation of this incident has now been completed and the report has been circulated for factual checking. The identified recommendations have all been agreed and all staff involved have been supported by the Trust. The patient's family have now made a formal complaint. A question was raised whether the findings of the report had identified systemic failings. The board were assured that this was not the case and that a fundamental issue was failings in communication. It was agreed that the report would be presented to the Board at a future meeting.

## **7.0 Corporate Governance**

### **7.1 Annual Health Check 2009/10**

Pauline Brown, Chief Nurse & Director of Governance presented the Care Quality Commission (CQC) declaration of compliance with the standards for better health. It was explained that the Trust was required to submit a half yearly declaration of compliance prior to the commencement of the registration system in 2010. She stated that the Trust intends to declare full compliance with the standards. The Board noted the contents of the declaration and approved the submission.

### **7.2 Annual Planning Process 2010-11**

Anna Anderson, Finance Director, presented a paper summarising the approach to business planning for 2010/11 which had been agreed by Clinical Board. This was based on the current understanding of when the framework and tariff will be available. She informed the Board that the Inner North East London Sector Acute Commissioning Unit will take the lead agreeing contracts with the three inner London PCT's. City and Hackney PCT will be responsible for setting strategy. The Board were informed that

updates will be provided to future meetings of the Board. The Board noted and agreed the approach.

### **7.3. Care Quality Commission registration**

Pauline Brown provided the Board with a summary of the process and timetable for registration with the CQC. This is coming into force on 1<sup>st</sup> April 2010 and Trusts are expected to register from January 2010. She informed the Board that there is a move towards more outcome focused data. The Trust needs to review the new standards and demonstrate how it is meeting these. The Board were also informed that the registration requires a fee and that this is likely to be in the region of £45k which may need to be met as a cost pressure.

### **7.4 Charitable Funds – Annual Report and Accounts 2008/09**

Anna Anderson presented the Annual Accounts and Annual Report for the Trusts charitable fund which have been finalised, audited and approved. The board noted and approved the filling of the Charitable Funds Account and Report.

### **7.5 Amendment to Authorised Bank Account Signatories**

Anna Anderson presented a paper requesting the addition of three further officers to the Trusts authorised bank account signatories list. The Board agreed the addition of David Freer Interim Assistant Director of Finance, Paul Shaw Interim Head of Financial Management and Dominic Tkaczyk Interim Director of Finance to the list. It was noted that Anna Anderson will be removed at the end of December.

## **8.0 Business Planning & Performance Management**

### **8.1 Finance and Performance Report Month 07**

Anna Anderson reported that the financial position at the end of the first 7 months of 2009/10 was a surplus of £3.2m. She stated that the income shortfall in October reflected some uncoded activity in earlier months. There is continued pressure in Diagnostics, Surgery and Outpatients Directorate partly due to increased activity and there is ongoing work in the division to manage this. She outlined the performance against planned contributions by division. She noted that capital spend is progressing towards achieving planned spend.

Dylan Jones, acting Chief Operating Officer, presented the performance-related Key Performance Indicators. He stated that A&E performance had improved and been maintained. The key risk remains the 62-day cancer target primarily as a consequence of patients waiting 6 weeks for MRI scans. He assured the Board that this wait was appropriate to the management of these patients. Discussions had been held with the North East London Cancer Network and the issue will also be raised with Monitor and CQC to review our position against this target.

A question was raised regarding the coding issues and the Board were notified that a report will be provided for the Audit Committee. Ownership of this issue sits with the Divisions and need to address this locally.

A further question sought clarification why the indicator for complaints was currently red. It was explained that the 25 day response is a local target maintained internally. Where SUI's have also been subject to complaints this has in some cases delayed a response to the complainant Pauline Brown assured the Board that a system has been introduced to 'stop the clock' once a formal response has been agreed.

### **8.2 Pandemic Flu, Critical care and Emergency Department Reporting**

Dylan Jones presented a paper describing recent changes to the way the Trust reports key elements of its daily operational performance and the way in which Emergency Department capacity is now managed across London. He explained that Flu, Critical Care capacity and A&E status are reported on daily. There had been a change to the management of A&E across London with control being coordinated by the London Ambulance Service. It was acknowledged that this may pose a performance risk and this was being closely monitored. The Board noted the report.

### **8.3 Productivity and Efficiency Programme update**

Anna Anderson presented a paper providing an update regarding the ongoing productivity and efficiency programme. The Board were informed that the new Deputy Chief Operating Officer has now taken lead responsibility for the programme. Unfortunately the release of Dr Blanshard to provide clinical leadership for the programme has not yet been possible. A more detailed report regarding the programme is to be presented to the Finance Committee in December.

### **8.4 Perinatal development progress report**

Anna Anderson presented a paper providing the Board with an update regarding progress with the perinatal development. The Board were informed that the first part of the development is now in use and the whole project is due to complete in June 2010. She described the impacts resulting from the 7 month slippage on the original plan and provided assurance that these were being suitably managed.

### **8.5 Review of Private Patient Cap**

Anna Anderson presented the review of restrictions on private patient income being coordinated by Department of Health. The document was provided for information and it was agreed that the Trust will submit evidence and this will be brought to the next Board meeting.

## **9.0 Clinical Governance**

### **9.1 SUI report\*\*\***

This item was discussed under restricted business.

### **9.2 Director of Infection Prevention and Control Quarterly Report (Q1)**

Alleyna Claxton, Director of Infection, Prevention and Control joined the meeting to present the Q2 DIPC report she highlighted the following areas:

- CQC Hygiene Code Inspection outcome
- All MRSA are now being declared as SUI's
- Quarterly HCAI surveillance
- Incidents and outbreaks
- IPC (Infection Prevention and Control) Audit programme
- IPC Education programme
- IPC balanced score card
- IPC risk register
- Decontamination
- IPC Policies

- Swine Flu

She highlighted one current risk regarding staffing levels on ITU and Halley which may be having an adverse effect on Infection Control.

She was questioned on how the Trust affects change in policy? This would be dependent upon the policy being implemented but all are supported by an appropriate launch, educational package and support from the IC team.

A query was raised regarding costs of screening and it was stated that this national requirement is included in the tariff.

The board noted the contents of the report.

## **9.2 Quality Account half yearly report**

Pauline Brown presented the half yearly quality account. She stated that this was the first year that we are required to present this information. She summarised the report covering the key areas of: safety, clinical effectiveness, patient experience. She provided descriptions and detail on individual quality objectives set by the Trust and Governors. A question was raised regarding the mortality figures contained within the report. Dr John Coakley explained that the data presented had been standardised for this Trust and our local population.

The board noted the contents of the report.

## **10. Human Resources Governance**

### **10.1 Human Resources Update**

Cheryl Clements provided a verbal update on staff issues. Sickness is at 3-3.8% and this is monitored weekly by the Department of Health. There were no major staff absences related to swine flu. She reported the current vacancy rate is 10.11%. She also provided an update on the following:

- The new merged educational function of the HR department.
- Junior doctor contractual monitoring
- Clinical excellence awards
- Registered and licensed doctors
- Care systems rostering

### **10.2 AAC Ratification**

None

## **11. Strategy and Policy \*\*\***

This item was discussed under reserved business

## **12. Any Other Business**