

**Meeting of the Board of Directors
Wednesday 27th May 2009**

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| Present: | Michael Cassidy | Chairman |
| | Nancy Hallett | Chief Executive |
| | Anna Anderson | Director of Finance |
| | Andrew Panniker | Director of HR & Environment |
| | Dr John Coakley | Medical Director |
| | Simon Weldon | Chief Operating Officer |
| | Eric Sorensen | Non-Executive Director |
| | Imelda Redmond | Non-Executive Director |
| | Michael Keith | Non-Executive Director |
| | David Stewart | Non-Executive Director |

Minutes: Sallie Rumbold Deputy Director Operations

1.0 Chairman's Welcome and Introduction

Michael Cassidy, Chairman, opened the meeting.

2.0 Apologies for absence

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| Pauline Brown | Chief Nurse & Director of Governance |
| Stephen Hay | Non-Executive Director |
| Professor Chris Griffiths | Non-Executive Director |
| David Bridger | Head of Governance |

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 29.4.09 and matters arising

The minutes were agreed as an accurate reflection of the meeting

5.0 Chairman's Report

Michael Cassidy provided feedback from a recently attended meeting at NHS London. The key messages from this meeting were that London should expect to see a 20% cut in resources over the next 5 years. Various models of restructuring had been discussed including the role of Foundation Trusts within this and the role of Monitor and the continued requirement to comply with the financial and performance regime. Further discussions and meetings were planned over coming weeks.

Nancy Hallett, Chief Executive confirmed that the focus of NHS London is now on the acute trusts and also provided an update on the NE London provider landscape review. John Coakley, Medical Director explained that the NE London review is taking place

within 6 clinical work streams. Different models of care were being discussed and public and private meetings were taking place regularly. The detail of any final options proposal for NE London remains unconfirmed. This work is being led by McKinsey's and proposals are due to go out for consultation in July.

David Stewart, Non Executive Director reported back on the Monitor dinner. The key message being that the focus must now be on productivity and efficiency gains and that financial settlements from 2011 onwards will be -2%.

6.0 Chief Executive's Report

Nancy Hallett, Chief Executive gave an update to the Board on a recent SUI. This was discussed in further detail under reserved business item 9.1.

Nancy Hallett informed the Board that Sallie Rumbold, Deputy Director of Operations will be leaving the Trust in August after 20 years at Homerton to take up another post in an NHS Trust outside of London.

Nancy Hallett gave an update on recent discussions with GE about an Olympic legacy scheme at Homerton. A number of options were being discussed which are currently focusing around Perinatal services.

Nancy Hallett reported on current discussions with Transport for London regarding the planned closure of local London Overground services for 16 weeks in January 2010. Discussions will continue to ensure that the impact on the Homerton is fully understood and to agree mechanisms for reducing the impact particularly in terms of staff transport planning.

7.0 Corporate Governance

7.1 Annual Plan 2009/10

Nancy Hallett provided a verbal update regarding the Trusts Annual Plan. The Board were asked to make comments on the final draft version by the end of today. The submission deadline is Friday 5th June.

7.2 Board Appraisal Feedback

Michael Cassidy, Chairman presented a paper which summarised the results of the Board appraisal. It was suggested that the exception report should be customised to include green responses as well as amber and red.

7.3 Annual Report (verbal)

Nancy Hallett gave a verbal report on progress with the Annual Report which will be reviewed at the Audit Committee next week. Submission date is June 6th.

7.4 Monitor Q4 declaration (verbal)

Simon Weldon, Chief Operating Officer reported that cancer target thresholds had still not been published and therefore compliance against cancer targets would not be monitored in Q4.

8.0 Business Planning & Performance Management

8.1 Finance and performance report month 01

Anna Anderson, Director of Finance reported that the financial position at the end of April was £316k surplus which is ahead of plan. Patient income was also slightly ahead of plan particularly in elective surgery. The debtor's position was not as good as it should be and reflected the current staffing shortages which were being addressed.

Cost improvement savings of £4.7m had been signed off and plans for a further £1m saving this year were in hand.

Simon Weldon, Chief Operating Officer provided an update on performance and explained that although the scorecard still reflected 98% performance against the emergency care target this did mask issues over the past 2 weeks with larger than expected numbers of breaches due to staffing difficulties during the late evening and at weekends which were currently being addressed. Simon Weldon also reported that the new expected thresholds for cancer targets would put achievement of the 2 week and 62 day targets at risk in year. A plan was in place to reduce these risks. Simon Weldon explained that the targets for 18 weeks were now being assessed and managed at a subspecialty level. In line with national trends trauma and orthopaedics would need the greatest focus of attention to ensure the Trust meets the 18 week target this year.

8.2 Productivity and Efficiency Programme (PEP) update

Simon Weldon gave an update on progress with the productivity and efficiency programme. £1m of savings has been identified this year from four main schemes and work was underway to ensure this is achieved to plan. Key risks to the programme are the need to secure substantive clinical leadership. There have been difficulties in securing locum cover to release Dr Blanshard from her clinical duties to lead the PEP. David Stewart, Non Executive Director asked about sustainability of the programme and the need to establish projects now that will achieve savings next year and beyond. Recurrent and non-recurrent savings were discussed. Simon Weldon explained that this work was underway but that further focus was required to ensure these projects delivered and that other projects continued to be initiated.

8.3 Perinatal Development Update

Anna Anderson gave an update on progress with the Perinatal development and explained that the business case was being updated to reflect recent activity figures particularly in maternity. Marketing plans were also in development. There were slight delays to the build programme and the impact of this on neonatal activity this year was being assessed. A meeting with specialist commissioning would be taking place today to discuss repatriation to the unit when it opens in line with previously agreed neonatal network agreements.

8.4 South East Hackney Polyclinic – submission of interest bids***

This item was discussed under reserved business

9.0 Clinical Governance

9.1 SUI Report****

This item was discussed under reserved business.

9.2 National In-Patient Survey 2008

Jennie Negus, Deputy Director of Nursing attended the meeting to provide an update on behalf of Pauline Brown, Chief Nurse. Jennie Negus explained the significance of the patient survey results and how this is still the main measure of patient satisfaction being used by the Care Quality Commission. Jennie Negus explained that the response rate for 2008 had been 3% less than the previous year (293 patients). This was despite all inpatients receiving a personal letter from the CEO and senior focus on the wards to try to encourage more patients to complete the survey.

Jennie Negus emphasised that despite this the Trust should not lose sight of the level of dissatisfaction that is apparent within those patients that did respond. It was however

noted that the action plan last year had focused on addressing 19 key areas highlighted in the survey and it was very positive that 14 of these had now shown an improvement. Jennie Negus confirmed that other indicators of patient satisfaction such as the patient experience tracker (PET) would be used within the Quality Accounts currently being prepared. The PET was also showing a very different and more positive picture than the patient survey and providing valuable real time feedback to clinical areas.

Jennie Negus explained that the next steps would be the continued involvement in the pan London work where the overriding theme was around the need to improve nursing attitudes. Involvement of the Trust would also continue in the national Department of Health group looking at other experience indicators. The local action plan would also be updated with the key deliverers of these actions being the matrons. The board also heard about the changes planned to nurse uniforms.

10.0 Human Resources Governance

10.1 Human Resources update

Nancy Hallett, Chief Executive reported that Cheryl Clements would be starting next week as Director of HR and Organisational Development. The board also received a verbal update on current personnel issues. Nancy Hallett reported that the 8 clinical directors were currently attending a leadership development programme. Nancy Hallett also reported to the Board that 3 anonymous letters had recently been received about 3 different issues and these were currently under investigation.

10.2 Consultant Appointment

The Board ratified the appointment of Mr Y Koak, Consultant Bariatric Surgeon.

11.0 Strategy and Policy

11.1 NE London Provider Review* (verbal)**

This item was covered under reserved business and item 5.

11.2 Impact of East London NHS Foundation Trust Developments

Anna Anderson, Director of Finance reported on a recent meeting held by East London NHS Foundation Trust. Two options are under discussion. The first is a potential move to the St Leonards site and the other is staying on the Homerton site and redeveloping. The trust would continue to stay involved in the discussions and would need to assess the impact on Homerton as an organisation when plans become clearer. A number of key service links are currently in place and this will require an assessment of risk for both sides as business plans progress.

12.0 Any other business

Michael Cassidy, Chairman gave an update on the recent Clinical Excellence Awards process. Confirmation of awards would be notified by letter this week.