

**Meeting of the Board of Directors
Wednesday 28th October 2009**

Present:	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
	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
	Dr John Coakley	Medical Director – in part
Minutes:	Charlotte Painter	Business Development Manager
	Dylan Jones	Acting Chief Operating Officer

1.0 Chairman's Welcome and Introduction

Michael Cassidy, Chairman, opened the meeting.

2.0 Apologies for absence

Stephen Hay	Non-Executive Director
Professor Chris Griffiths	Non-Executive Director

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 30.09.09 and matters arising

The minutes were agreed as a correct record and there were no matters arising.

5.0 Chairman's Report

Michael Cassidy was pleased to note the reappointment of Stephen Hay, as non-executive director.

6.0 Chief Executive's Report

Nancy Hallett asked the board to note the score of "double excellent" in the Care Quality Commission's ratings and commended the staff on this achievement.

She also congratulated the clinical and estates teams on completing the first part of the perinatal build and the refurbishment of Lamb ward. The board were invited to inspect the facilities.

The National Leadership council had visited and this had been successful.

The board had been updated by email regarding the various changes to the executive team.

7.0 Corporate Governance

7.1 Board Assurance Framework Q2

Pauline Brown, Chief Nurse & Director of Governance presented the BAF to September 09 which had been reviewed by the risk committee. She drew the board's attention to two new risks:

1.3 – The reduced executive team. This was mitigated by robust interim arrangements with the interim Chief Operating Officer starting on the 1st January and the (permanent) Deputy Chief Operating Officer starting on 2nd November. Advertisements for the Director of Finance and Chief Nurse posts had been placed.

2.4 – 62 Day Cancer target. Ms Brown assured the board that a comprehensive action plan was in place to address this risk.

Other high-scoring risks included 3.1 – the uncertainty regarding the Health4NEL outcome, which is regularly reviewed by the board. Of note also was risk 2.7 – failure to comply with the Hygiene Code – which had been downgraded from 16 to 4 following the inspection report. An interim solution for recording training was in place with the permanent solution via Oracle forthcoming. It was also noted that good arrangements were in place for the 2nd wave of pandemic flu and these had been rated “green” by the Department of Health.

7.2 Q2 Monitor Governance Declaration

Pauline Brown presented the Monitor declaration, due on 31/10/09 and stated that the Trust will declare full compliance. Noted by exception were the changes to the executive team and the reappointment of Stephen Hay and Eric Sorensen to the Board for a further term of 3 years. The performance report highlighted the positive ratings and two key risks (62 day cancer waits and the 4 hour A+E wait targets). Action plans for both will be submitted. The Board agreed the declaration.

7.3. Annual Health Check 2009-10

Pauline Brown informed the Board that a declaration of compliance with Standards for Better Health was due for submission to CQC in November. No lapses were anticipated and no third party scrutiny is required at this stage.

7.4 Mental Health Managers Arrangements

In order to comply with the Mental Health Act review process for sectioned patients, the Trust is obliged to convene a Managers panel when required. Following a court case last year, an interim process has been in place with the Mental Health Trust. Pauline Brown presented a paper recommending the delegation of this responsibility to, and the appointment of, five Mental Health Managers. The selected candidates were approved by the Board.

7.5 2008-9 Audit Committee Annual Report

Anna Anderson, Finance Director, presented the annual report for information. She stated that it was considered best practice for the Audit Committee to produce an annual report. This was approved by the Board.

7.6. Restatement of 2008/9 Accounts

Anna Anderson informed the Board that the 2008/9 accounts had been restated under International Financial Reporting Standards and they have now been audited. No issues were raised and the Board approved the re-stated accounts.

7.7 Approval of Waiver – Pitney Bowes

Anna Anderson asked the Board to consider a sole-supplier waiver for Pitney Bowes in order to top-up the franking machine for Trust postage. This was approved by the Board.

There was a brief discussion about the cost of postage and it was confirmed by Andrew Panniker, Director of Estates and Facilities, that the majority of Trust correspondence was sent 2nd class.

8.0 Business Planning & Performance Management

8.1 Finance and Performance Report Month 06

Dylan Jones, acting Chief Operating Officer, presented the performance-related Key Performance Indicators. He informed the board that performance overall was strong. There were two key risks: A+E 4 hour waiting target, which dipped below 98% in September and the 62 day cancer target as previously discussed. A+E performance had since recovered and an action plan was in place. Further guidance for the 62 day cancer target was required. He stated that he would be meeting the North East London Cancer Network to clarify the guidance. The role of the Network was clarified and it was noted that the Trust is partially reliant on other Trusts to perform well in order to meet this target.

Anna Anderson informed the Board that the overall financial position for the year was satisfactory. She presented the income statement and noted that the forecast year-end surplus was £3.2M. However she went on to say that the current month was overspent on pay and non-pay with an adverse variance of £220K. Direct cost variances were mainly attributable to the division of Diagnostics, Surgery and Outpatients. Additional income had also been generated but extra costs exceeded this. Ms Anderson reported that she would discuss this further with the division.

The first Service Line Reporting (SLR) statement was presented next. SLR demonstrates contribution, surplus / deficit and direct and indirect costs by division. Under this methodology, CWSH and DSO show an adverse variance against plan with GEM showing a positive variance. It was noted that there would be further iterations to refine the methodology.

The financial control statement showed a good cash balance And the year-to-date capital spend was c. £4M with a further £10M available to spend before the end of the financial year.

The CIP progress report showed an adverse variance from plan for DSO due to the reduced contribution being generated. Ms. Anderson will update the Board at the next meeting.

8.2 Productivity and Efficiency Programme Update

Anna Anderson gave a verbal update. The PEP steering group had recently met and reviewed the list of savings for each division. It was expected that some of these would be signed off in November and December although there was still some progress to be made to reach the interim £5M target by the end of December.

The Board noted that it had still not been possible to release Dr. Blanshard from her clinical commitments to work on PEP but that further interviews for a locum would take place shortly.

Nancy Hallett asked the Board to note a general concern regarding the financial position for next year and the potential difficulty in delivering the full £8.5M of PEP savings due to lack of key staff. It was noted that Monitor requires the Trust to deliver a surplus of 1% to achieve an adequate risk rating and the consequence of not achieving this is strong performance management/action by the regulator.

8.3 Transport for London Update

A verbal update was provided by Andrew Panniker. There is currently no firm date for work to start but the current estimate is that the overground line will be closed between February and June 2010. It was noted that TfL assume 30% of passengers will find alternative transport, not the existing bus service. The Trust has requested that TfL closely monitor numbers of people using the bus service and be prepared to consider alternative provision. Displays showing alternative transport routes will be available from December 09.

9.0 Clinical Governance

9.1 SUI report***

This item was discussed under restricted business.

9.2 Pandemic Flu

A verbal update was given by Cheryl Clements, Director of workforce. The Trust's flu plan had received a green rating from the Department of Health and the operational flu group meets weekly to review A+E attendances and admissions relating to flu. She went on to inform the board that the staff vaccination programme had commenced with over 100 vaccines given in one day. Clinical staff in key areas are being trained to give cascade training to the staff vaccinator team. The Department of Health will be monitoring uptake on a daily basis from 02/11/09.

9.3 Research Strategy for Homerton 2009 – 2014

A five year research strategy paper was presented to the board by Pauline Brown. She explained that the strategy had grown out of workshops with key stakeholders and reflected the current research landscape with an emphasis on developing key partnerships and increasing portfolio study funding. £233K had been secured in the first year via this route and this was commended by the Board. It was noted that the Trust has a body of key researchers with international reputations, a sound research governance structure and an active Research and Development Committee. In future years the Trust will need to increase research trial funding which attracts a per capita payment.

The Board approved the strategy.

10. Human Resources Governance

10.1 Human Resources Update

Cheryl Clements provided a verbal update on staff issues. Sickness is at 3.46% 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 as 10.77% with staff bank processing 130 – 150 requests per day and filling an average of 80% of vacant shifts. Medical staffing were receiving between 10 and 15 requests for locum doctors daily.

1 member of staff is currently suspended pending investigation for a bullying allegation.

10.2 AAC Ratification

The Board was pleased to ratify the appointments of the following Consultants:

Dr. Beena Hameed – Consultant in Rheumatology and General Medicine

Dr. Piero Reynolds – Consultant in Rheumatology and General Medicine

Mr. Amer Khan – Consultant in Trauma and Orthopaedics

11. Strategy and Policy ***

This item was discussed under reserved business

12. Committee Reports

13. Any Other Business

None