

**Meeting of the Board of Directors
Wednesday 30th September 2009**

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

1.0 Chairman's Welcome and Introduction

Michael Cassidy, Chairman, opened the meeting and welcomed Dylan Jones, General Manager for General & Emergency Medicine and Acting Chief Operating Officer to the meeting.

2.0 Apologies for absence

Michael Keith 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 29.07.09 and matters arising

The minutes of the previous meeting were agreed with one alteration to the text in paragraph one of item 11.1 which should read potential instead of significant.

Matters arising:

With regard to maternity performance it was noted that it is likely that the Whittington and UCLH maternity units are picking up some Homerton activity. The Board were assured that the Homerton is now in the process of improving the marketing of its Maternity services.

Anna Anderson, Finance Director stated that the draft restated accounts under IFRS have been signed off by David Stewart, Non-Executive on behalf of the Board. These will now be reviewed by the Trust Auditors for final sign-off by the Board of Directors in October.

5.0 Chairman's Report

Michael Cassidy provided the Board with a review of the Annual Members Meeting which he stated had been very well attended. At the meeting he had announced the results of the recent Council of Governors elections from which four new Governors had been appointed. Three vacant seats remain. There had also been a meeting of the Nomination Committee to approve the reappointment of Stephen Hay subject to the final approval by the Council of Governors in October.

6.0 Chief Executive's Report

Nancy Hallett gave an update on the changes within the executive team noting that Dylan Jones will act up into the Chief Operating Officer post. With regard to the Finance Director post Ms Hallett thanked Anna Anderson for all the work she had done for the Homerton. The Finance Directors post has been advertised and an interim Director recruited.

She went on to inform the Board that the Trust had received a visit from Ruth Carnall Chief Executive of NHS London.

There had also been a very productive Clinical Board away day focussing on the pilot of the directorate structures, finance and performance.

7.0 Corporate Governance

7.1 Homerton Q1 2009 – 10 monitoring results notification

Pauline Brown, Chief Nurse & Director of Governance presented the results of Monitor's analysis for Q1 monitoring of Foundation Trusts. The Trust's current ratings are financial risk rating – 5, governance risk rating – green and mandatory services risk rating – green. The Board noted the contents of the report.

7.2 Safeguarding Children Declaration

Pauline Brown presented the declaration submitted to Monitor stating that the Trust has met its statutory safeguarding requirements. She stated that the Trust was considered amber for Child Protection training but she assured the Board that the Trust has an action plan in place to ensure all relevant staff receive training. The Board endorsed the declaration.

7.3 Care Quality Commission (CQC) Hygiene Code Inspection

Pauline Brown presented the Board with the results of an unannounced inspection which the Trust received on 19th August. She was pleased to announce that the CQC had found no evidence that the Trust had breached the regulations to protect patients and others from the risks of acquiring healthcare-associated infections. The Board noted the contents of the report.

8.0 Business Planning & Performance Management

8.1 Finance and performance report month 05

Anna Anderson, Director of Finance reported that the financial position at the end of the first five months of 2009/10 was a surplus of £2.5m, £0.46m ahead of plan mainly as a result of higher outpatient activity. Clinical non-pay expenditure is still high particularly in areas with additional activity. Work continues on the development of service line reporting managed by the SLM steering group. She noted that planned spend is

currently higher than projected spend and work is ongoing to ensure individual project managers fully utilise the budgets allocated.

Dylan Jones, Acting Chief Operating Officer reported that performance remains strong across service KPI's. The 62 day target for cancer waiting lists remains a potential risk whilst the Trust awaits new guidance.

A question was raised regarding the percentage of complaints responded to in 25 days which the Trust had not met. It was stated that nationally we are no longer required to respond within a set time frame but the Trust had set its own target. This had not been met recently because of delays in staff responses. The Trust is working to improve this situation.

8.2 Productivity and Efficiency Programme (PEP) update

Anna Anderson gave an update on progress with the productivity and efficiency programme. She summarised the work ongoing and provided an update on the estimated savings target and the outcome of the Clinical Board and Senior Manager away day where ideas for savings had been discussed. She notified the Board that the Trust has still not been able to release Dr Blanshard from her Clinical work but had been able to appoint a project manager to oversee the programme. The resourcing issues for the project will be discussed at the next steering group meeting.

The impact of not being able to release Dr Blanshard was discussed. It was felt that this may delay some aspects of the work.

Professor Chris Griffiths commented on GP's perception of length of stay (LOS) and that this is felt to be longer than other Trusts. Dr Coakley, Medical Director explained that the Homerton LOS data was affected by areas such as RNRU and the Neonatal Units with long term admissions. However if GP's do perceive this then it was acknowledged that the Trust needs to explain the reasons for this.

8.3 Monitor Downside Scenario Planning

Anna Anderson presented a paper providing the background and rationale for the downside scenario being submitted on 30th September. She tabled an amended paper explaining that Monitor require the Trust to consider the future financial environment. The paper described the assumptions used, the results of modelling, the Trust strategy, actions required and risks. The Board endorsed the report with one alteration to the sentence regarding senior staffing gaps.

8.4 Proposal for Boiler Replacement Feasibility Study

Andrew Panniker, Director of Environment presented an outline proposal to progress the outline design and feasibility work for the replacement of the heavy fuel oil fired boilers. He provided the Board with background information regarding the existing system and the problems associated with the management of the 22 year plant and the potential clinical risk associated with them failing. He stated that the capital programme had already allocated £1.4m and requested that the Board endorse the allocation of the estimated £110 000 required for the feasibility study. The Board endorsed the proposal.

8.5 Perinatal Development Update***

This item was discussed under reserved business.

8.6 Transport for London update

Andrew Panniker gave a verbal update regarding the planned North London line closures. He stated that the closure plans had been delayed with no date fixed. This is likely to be towards the end of February or March with no indication yet as to the length

of the closure. The Trust is still waiting for a response from TfL regarding alternatives but early indications are that they have underestimated the numbers of people affected by the closure.

9.0 Clinical Governance

9.1 SUI Report***

This item was discussed under reserved business.

9.2 Pandemic Flu Update

Dr John Coakley provided the Board with an update regarding Pandemic Flu. He presented a paper produced for NHS London which provided an update on the work completed or underway to prepare Homerton's response. He stated one of the risks the Trust is facing is the uncertainty of the extent of the second wave. He went on to describe the plans under the following: escalation processes, logistics, essential services and vaccination plan. The Board noted and agreed the content of the winter and flu resilience checklist.

10.0 Human Resources Governance

10.1 Clinical Board Proposal

Cheryl Clements, Director of Workforce provided the Board with an update on the current Clinical Board arrangements. There had been a meeting regarding the current temporary appointments of the Clinical Directors and it was agreed that this situation will be maintained until spring 2010. the Board noted and approved this.

10.2 Human Resources update

Cheryl Clements, provided the board with a human resources update. The Trusts sickness absence rate has been maintained at around 3.5 – 3.8% in most areas with weekly reporting to the SHA. The Trust turnover of staff remains around 11%. She stated that bank usage remains quite high. There have been improvements within the medical staffing department and junior doctor hours monitoring will commence over the next two weeks. The implementation of Oracle Learning Management (OLM) has commenced with the upload of Electronic Staff Record data in October.

10.2 Consultant Appointment

The Board of directors ratified the appointment of:

Dr Soumit Singhai – Consultant Geriatrician.

Ms Laila Parvanta – Consultant Breast and Endocrine Surgeon

Dr Brian Kennedy - Consultant in Emergency Medicine

11.0 Strategy and Policy

London Strategic Reviews ***

This item was discussed under reserved business.

12.0 Any other business

There was one item. Anna Anderson stated that in respect of the Trusts working capital facility there is a requirement that this is formally approved by the Board of Directors. The Board noted and approved this.

