

**Meeting of the Board of Directors  
Wednesday 17<sup>th</sup> December 2008**

<b>Present:</b>	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
	Sallie Rumbold	Acting Chief Operating Officer
	Stephen Hay	Non-Executive Director
	Professor Chris Griffith	Non-Executive Director
	Eric Sorensen	Non-Executive Director
<b>Minutes:</b>	David Bridger	Head of Governance

**1.0 Chairman's Welcome and Introduction**

Michael Cassidy, Chairman, opened the meeting.

**2.0 Apologies for absence**

Imelda Redmond	Non-Executive Director
David Stewart	Non-Executive Director
Professor 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 26.11.08 and matters arising**

Anna Anderson, Director of Finance amended the wording to item 8.1 which now reads '*The Trust underperformed on income from elective and non-elective activity this month and non-PBR activity is under plan cumulatively due to reduced activity in SCBU and ITU*'. The rest of the minutes were agreed as an accurate record.

**5.0 Chairman's Report**

Michael Cassidy, Chairman notified the Board that the Council of Governors had a very stimulating meeting with very good contributions from the governors particularly when reporting back on their own topic areas.

**6.0 Chief Executive's Report**

Nancy Hallett, Chief Executive reported on the following:

The Trust had successfully appointed a new Chief Operating Officer, Simon Weldon from Lothian Health Board.

The Trusts bid for the provision of Stroke services had been successful and met the quality standards for both TIA services and the Stroke Unit. Some Trusts had not been successful and geographically the services were very central London focussed. As a result there is likely to be further reviews to allow the unsuccessful Trusts to be reassessed however the deadline for this is uncertain. The process is therefore not yet complete but the Homerton is in a very strong position. There is going to be a public consultation on the model in March.

Early results from the staff satisfaction survey are much improved with a response rate of more than 50%. The initial report indicates our position is favourable and we are now awaiting the final report.

The Healthcare Commission has led a seminar on the national patient survey. They acknowledged that there may have been bias within the survey design but it was uncertain what would be done to rectify this situation. It was commented that the survey itself was very complicated and lengthy. Eric Sorensen requested that a copy of the questionnaire be emailed to all the Directors.

Accident & Emergency performance remains a problem nationally and achievement of the annual target is a concern. This is an issue across London and the London Ambulance Service has seen significant increases in the number of category A calls.

The Trusts are continuing to work hard on the action plan to address the issues raised by the recent Hygiene Code inspection visit.

On 10<sup>th</sup> and 11<sup>th</sup> of December the Trust was subject to a visit by the Health and Safety Executive (HSE) to carry out a review of the Trusts processes in relation to contact dermatitis.

Andrew Panniker, Director of HR & Environment provided the Board with a summary of the review. The inspection looked at our policies and procedures, risk assessments, occupational health service, procurement and infection control. It was identified that the Trust needs to put in place a Control of Substances Hazardous to Health (COSHH) policy, update the Latex policy, risk assess all soaps and gels and identify alternatives to the latex products in use. An action plan has been drawn up to address the above issues and the Trust is required to implement all the actions and provide evidence to the HSE by the end of January 2009.

## **7.0 Corporate Governance**

### **7.1 Annual Health Check**

Pauline Brown, Chief Nurse & Director of Governance provided an update with regard to the process for self assessment against the Standards for Better Health. Ms Brown notified the board that whilst there had been limited change to the content of criteria greater emphasis had been given to outcomes of the standards. To date the Trust has used Dr Foster software to provide electronic access to Trust evidence however this has now been withdrawn and the Trust is currently looking at the purchase of alternative software. During January the Trust will compile an evidence review to identify any actual or potential areas of risk and report these to the Board in January.

### **7.2 Hygiene Code Inspection Position**

Nancy Hallet updated the Board regarding the Trusts position in relation to the recent Hygiene Code inspection. The Trust had received the initial report which indicated that the HCC may find Homerton to be in material breach of the Code of Practice on infection control. Failings were found at the inspection visit; however these need to be set in the context of Homerton having some of the lowest hospital acquired infection rates in the

country. The board were asked to note the letter sent to the HCC setting out the Trust position and asks that we be given the opportunity to engage directly with the HCC to determine a way forward. The Trust has submitted further evidence to the HCC which will be the subject of a case review. Ms Hallet informed the Board that an action plan to address the issues highlighted by the report will be presented to the Board in January.

### **7.3 Restatement of opening balance sheet for 2008/09**

Anna Anderson, Director of Finance reported that the opening balance sheet for 2008/09 has been restated in line with requirements for the adoption of International Financial Reporting Standards (IFRS). She reported that a change had been made to transfer some software assets from tangible to intangible assets. The Audit Commission will review the adjustments in January/February after submission to Monitor at the end of December. The board agreed to approve the restatement of the balance sheet.

### **7.4 Monitor Q2 Feedback**

Pauline Brown presented the feedback from Monitor regarding the Trusts position at quarter 2. The trust has a financial risk rating of 5, governance risk rating of green and mandatory services rating of green. Key points raised were the MRSA target, a cancer waiting time breach, private patient income and the hygiene code inspection.

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

### **8.1 Finance and activity report month 8 position**

Anna Anderson, Director of Finance presented the Month 8 executive performance report. She reported that the financial position at Month 8 continues to be strong with a surplus to date of £4.1m partly due to unused reserves. Activity trends reported previously are continuing and the Trust is continuing to underperform on income from non-elective activity this month. There is over spending on non-pay costs in DSO. Performance challenges remain i.e. MRSA target and A&E waiting times. A report on Service Line reporting will be brought to the Board in January.

### **8.2 Operating Framework for 2009/10**

Anna Anderson, Director of Finance tabled an operating framework briefing which summarised the main points of the framework. She notified the Board that there were no new targets and the emphasis was now on improving quality. Regarding resources and the financial framework she notified the board that: the PbR tariff has been issued for 'road testing' with final tariff being issued before the end of January 2009; the funding formula for PCT's has been amended giving more weight to the elderly and rural deprivation which will disadvantage City and Hackney PCT and changes with the Market Forces Factor are proving difficult to interpret.

### **8.3 Emergency Care Target Update**

Sallie Rumbold, Acting Chief Operating Officer provided the Board with an update and action plan regarding the Trust position against the emergency care target. She highlighted the following:

- To address the lack of beds the MDU has been moved to Bryning which has allowed an additional 12 beds to become available.
- Peaks of attendance have been seen between 8pm and midnight therefore the possibility of extending the opening of the PUCG until 2am is being explored.

- The reduced numbers of available doctors during December and January is being addressed through the introduction of a winter pressures locum rate to try and fill shifts.
- A diagnostic visit by NHS London is being considered

The Board noted the contents of the action plan.

#### **8.4 Perinatal developments**

Andrew Panniker, Director of HR & Environment reported that the perinatal development is on target but is still currently two weeks behind but within budget. He also reported that there had been bed head trunking issues but these are being addressed.

#### **9.0 Clinical Governance**

##### **9.1 SUI Report\*\*\***

**This item was discussed under reserved business.**

##### **9.2 Complaints Report**

Pauline Brown presented a review of two reports produced to provide a clear picture of complaints management at the Trust. She summarised the reports which noted that the Homerton compares favourably with other acute Trusts and she highlighted areas where the Trust could improve complaints management. These were:

- Improvements needed with response times
- Better evidenced learning from experience
- Better use of Datix software for the management of complaints.

Ms Brown outlined a number of actions that need to be taken to address the above recommendations. The board noted the contents of the report and endorsed the recommendations.

#### **9.4 Healthcare Associated Infection (HCAI) Registration**

Pauline Brown presented a paper providing details of the HCAI registration process. All Trusts are required to register with the new Care Quality Commission to ensure they protect patients and staff from HCAI. The process comes into force in April 2009 and builds upon the existing framework. Trusts are required to provide a retrospective declaration against the relevant core standards for the 2008/09 annual health check. Based upon the outcome of the recent hygiene code visit and despite having a robust action plan in place the Trust is likely to be registered with conditions. The board noted the contents of the report.

#### **10.0 Human Resources Governance**

##### **10.1 Human Resources update**

Andrew Panniker informed the Board that there had been one appeal against a dismissal and that the decision for that dismissal had been upheld.

##### **10.2 Consultant appointments**

The Board of Directors ratified the appointment of Dr Daniel Jacobs Consultant Anaesthetist.

#### **11.0 Strategy and Policy**

##### **11.1 London developments – verbal update**

Nancy Hallett, provided a summary of the Healthcare for London report 'Local Hospitals in London'. She noted that the plans for stroke services were as highlighted earlier in the meeting. Eric Sorensen, Non-Executive Director provided a verbal review of the North East London provider landscape review meeting at which all North East London providers were present. In summary a steering group of joint PCT's will look at service categories and the distribution of services against the criteria of what is required.

### **11.2 Team Hackney: Children's Trust Arrangements**

Sallie Rumbold presented a draft paper outlining Hackney Children's Trust Arrangements. It was noted that the Board had previously considered and supported an earlier version of this document. The Board noted the contents of the report and felt that representation should be from the Officer plus a clinician rather than a NED.

### **12.0 Any Other Business**

Andrew Panniker tabled and presented a paper regarding the building & engineering replacement programme which identified a list of projects included within the capital programme requiring investment in capital. The Board endorsed the projects listed