

**Meeting of the Board of Directors
Wednesday 26th November 2008**

Present:	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
	David Stewart	Non-Executive Director
	Professor Michael Keith	Non-Executive Director
	Professor Chris Griffith	Non-Executive Director
	Eric Sorensen	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; he welcomed David Stewart, Non-Executive Director to his first 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 24.09.08 and matters arising

The minutes of the previous meeting were agreed as an accurate record

5.0 Chairman's Report

Michael Cassidy, Chairman notified the Board that the Council of Governors had received a very stimulating seminar from Marian Goodrich, Director of Strategic Commissioning for City & Hackney PCT an appointed Governor. The talk focused on the joint strategic needs assessment and the commissioning strategy plan 2009/10. He commented that this would be a very interesting subject to be presented to the Board in the future.

6.0 Chief Executive's Report

Nancy Hallett, Chief Executive reported that the Trust was currently very busy and experiencing a great deal of pressure on its beds. The Trust has been unable to divert ambulances as other local hospitals are experiencing similar problems. It has been difficult to discharge patients. Length of stay has increased as a result of the increasing

number of patients admitted to hospital with complex conditions. The situation has been like this for three weeks and it is likely to impact on our A&E target. The Trust is looking at options for creating more clinical space, but has lost some spare capacity through building work. The situation was also compounded by problems at BLT where they had to close their A&E department owing to a failure of their IT systems. As a result of this incident the Trust is able to submit an exception report for suspension of the A&E target. Irrespective of this, the Quarter 3 target for A&E waiting is significantly at risk.

Ms Hallett reported that the Trust had recently upgraded the EPR code and that this had gone very well.

Ms Hallett also reported that on the 11th and 12th November the Trust had been subject to the Healthcare Commission Hygiene Inspection. There had been four inspectors (three HCC staff and one from the Audit Commission assessing the assessors) on site for two days visiting clinical areas, interviewing staff and looking at paper evidence. Initial feedback suggests areas of concern and the Trust is currently reviewing the evidence. Ms Hallett reported that the visit had put additional strain on the already very busy hospital and resulted in a week of operational work lost.

The Board were also informed that there is a day industrial action planned for December 3rd for members of the union Unite. Andrew Panniker, Director of HR & Environment informed the Board that this was unlikely to have a major impact on the Trust as there are very few staff employed by the Trust that are members of this union.

7.0 Corporate Governance

7.1 Appointment of new deputy chairman

Michael Cassidy nominated Eric Sorensen to the post of deputy chair and senior non-executive director. The Board approved this appointment.

7.2 Executive Director Appointments

Nancy Hallett presented a paper updating the Board regarding the composition of the Trusts Executive team. She was pleased to announce that Pauline Brown has been substantiated into the post of Chief Nurse & Director of Governance. Discussions have commenced with a recruitment agency to appoint a Director of Workforce & Organisational Development. Interviews for the Chief Operating Officer post are scheduled for 16th December. The interim arrangements described at the last board meeting will continue until the vacant posts have been recruited into which, it is anticipated, will be by the new financial year. It was acknowledged that the interim arrangements are putting the executive team under considerable pressure.

7.3 Board Assurance Framework

Pauline Brown, Chief Nurse & Director of Governance presented the Board Assurance Framework highlighting the risks to achieving the Trusts corporate objectives. Those risks scoring 12 or more were brought to the Boards attention and included: failure to deliver against public expectation as measured by patient surveys; failure to maintain a strong position for HAI; failure to recover all income due because of problems coding activity and failure to capitalise on the opportunities presented by the review of Health Services London. She provided assurance to Board that the Trust is trying to minimise these risks.

7.4 Research & Development Annual Report

Pauline Brown presented the research & development annual report. She highlighted that the Trust will, from April 2009, receive no funding from DH to support research activity. Funding will be from the East/Central London Clinical Local Research Network (CLRN) and this funding will be based upon the number of patients recruited as part of the National Institute for Health Research (NIHR) portfolio studies. Based upon this there is a need to recruit more patients onto portfolio studies. The current £317K R&D surplus for 2008-09 will help cover for some of the costs of research for 2009-10, the risks to 2010-11 need to be considered. The R&D committee will develop the R&D strategy. She highlighted the selection of key researcher publications between April 2007 and March 2008. In response to a question regarding what priority the Trust sets for research Nancy Hallett responded that research remains a high priority for the trust as it creates a stimulating work environment and helps recruitment. The Board noted the overall funding picture and agreed to continue to support the R&D committee.

7.5 Board of Directors meeting schedule 2009/10

Pauline Brown, presented the proposed meeting dates for the Board of Directors for 2009-10 which the Board noted. Dates of standing committees need to be set. David Stewart, Non-Executive Director agreed to chair the Risk Committee.

8.0 Business Planning & Performance Management

8.1 Finance and activity report month 7 position

Anna Anderson, Director of Finance tabled an amended version of the Month 7 executive performance report. She reported that the financial position at Month 7 continues to be strong with a surplus to date of £3.2m (£1.4m ahead of plan). 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 Trust is also over in the provision of services to other Trusts. Activity has been high within surgery. A review of the Trusts investments has taken place and a decision has been taken to maintain the current portfolio. Performance challenges remain i.e. MRSA target, A&E waiting times and outpatient waits. The graphs reporting directorate analysis of referrals are still under development.

8.2 Emergency Care Target Update

Sallie Rumbold, Acting Chief Operating Officer provided the Board with an update regarding the Trust position against the emergency care target. Owing to a significant number of breaches the target for Q3 is at considerable risk. This is as a result of a number of factors including lack of available beds including less 'overspill' beds available during the surgical centre refurbishment; increased length of stay, increasing surgical activity and peaks of A&E activity during evenings and nights. To address these issues the following are proposed:

- Secure additional bed capacity through relocation of the MDU over the next two weeks.
- Ensure staffing of A&E matches periods of peak demand.
- Improving discharge processes and reducing length of stay.

The Board endorsed the proposed actions. The focus now needs to be the annual target for A&E waits which is at risk. It was acknowledged that an increase of 10 beds on the current capacity of 450 is not much and that this needs consideration as a longer term issue. The board noted the contents of the report.

8.3 Resource Outlook 2009-10

Anna Anderson presented a paper providing an update on the factors affecting the 2009-10 financial position. The Trust recently participated in the DH exercise to test the new 2009-10 tariff. When modelled it was found that it will potentially result in a significant income loss particularly reductions in OPD income and the Market Forces Factor Index. There is uncertainty around the detailed aspects of the proposed tariff which make it difficult to fully model the impact and further guidance is being sought from DH. The board noted the contents of the report.

8.4 Perinatal developments

Andrew Panniker, Director of HR & Environment reported that the perinatal development is on target but is currently two weeks behind owing to the cellars that were discovered. This will not impact on the completion date. The contractors have been instructed regarding the build of the additional floor. The Trust is still waiting on a decision regarding the legacy from GE. Mr Panniker also commented that funding has been secured to refurbish Graham Ward as part of the ISG contract.

9.0 Clinical Governance

9.1 SUI Report***

This item was discussed under reserved business.

9.2 Healthcare Associated Infection (HCAI) Action Plan

Pauline Brown presented an update of the HCAI action plan. The risk of breaching the MRSA bacteraemia target remains and the action plan focuses on MRSA screening, IV line care and urinary catheter care. Monitor has requested to see the Trust action plan. The actions are all being monitored very closely by the Infection Control committee. The antibiotic policy is due to be re-audited in two months time but has empowered pharmacists to question antibiotic prescribing. Dr Coakley, Medical Director informed the Board that the *C diff* target is currently being recalculated by DH and the Trust target may change. The board noted the contents of the report.

9.4 Safeguarding Children Report

Pauline Brown presented the annual Safeguarding Children Report, she assured the board that the Trust has robust systems in place and is compliant with the safeguarding children structure. Two areas of risk against compliance with the Standards For Better health were highlighted notably child protection training records and the child protection policy needs updating. She assured the board that these would be in place by the end of March. Any identified incidents are identified and reviewed by the Child Protection nurse on a weekly basis and managed overall by the Homerton Safeguarding Children Committee.

Further detail was discussed under reserved business.

10.0 Human Resources Governance

10.1 Appraisal update

Andrew Panniker provided the board with an update regarding staff appraisals. Currently approximately 80% of staff have now had appraisals. The response rate for the staff survey is now at approximately 46% with a target set of 50% both of which are well above the national average.

10.2 Consultant appointments

No consultant appointments were ratified.

11.0 Strategy and Policy

11.1 Healthcare for London – verbal update

Nancy Hallett, Chief Executive gave a verbal update. The two London strategic reviews continue, the Darzi/Healthcare for London review and the North East London provider review.

11.2 Outline Plans 2009-10

Nancy Hallett presented a paper setting out potential areas of development for the Trust over the next financial year. She highlighted three potential priorities and two key ambitions:

Priorities

- Measurement for quality improvement (safety, effectiveness and experience) - the development of a systemised programme for the measurement of improvement in clinical safety and effectiveness.
- Productivity programme – to address efficiency savings and address the current economic downturn the Trust needs to ensure that programmes of productivity and efficiency are suitably resourced and managed.
- Business development and service protection – changes relating to commissioning will need the Trust to adapt to protect against service loss and capitalise on emerging opportunities.

Ambitions

- Enhance our position in Hackney – the Trust needs to ensure it maintains its position as the health service provider for Hackney ensuring it captures a full share of Hackney referrals and establishes new services based on need and maintain public confidence.
- Protect and enhance our position in NE London – the Homerton must build upon its status as one of London's peri-natal centres and enhance and develop other specialist services and academic programmes.

The board supported the proposal in the paper and asked that these be shared with governors and other stakeholders.

11.3 Healthcare for London Stroke Project – designation process update

Dr John Coakley updated the Board regarding its position within the Healthcare for London Stroke Project. He informed the Board that the Trust had applied to be rehabilitation and TIA service provider and not a hyper-acute unit. This would preserve the service that the Homerton currently provides. The result is expected in the new year following a public consultation.

12.0 Any Other Business

It was noted that the next board meeting would be taking place a week earlier on 17th December 2008. At this meeting there will be a presentation regarding the appeals process by Capsticks.

It was also noted that the COPD service provision bid had been awarded to the Homerton.

Action log

	Action	Lead	Date received	Date completed
1	Board to agree appointment of new deputy chairman at the next board meeting	Michael Cassidy	29/10/08	26/11/2008
2	Future financial & performance report to include year end targets.	Anna Anderson	29/10/08	26/11/2008
3	Review of possible reasons for increase in elective LOS.	Anna Anderson	29/10/08	26/11/2008
4	Review the Trusts investment portfolio	Anna Anderson	29/10/08	26/11/2008
5	Update regarding progress with Stroke designation	Dr John Coakley	29/10/08	26/11/2008