

**Meeting of the Board of Directors
Wednesday 24th October 2007**

Present:	Michael Cassidy	-	Chairman
	Nancy Hallett	-	Chief Executive
	Tracey Fletcher	-	Director of Operations
	Pauline Brown	-	Director of Corporate Development
	Dr John Coakley	-	Medical Director
	Caroline Clarke	-	Director of Finance
	Guy Young	-	Director of Nursing & Quality
	Ian Luder	-	Non Executive Director
	Jessica Crowe	-	Non Executive Director
	Kate Costeloe	-	Non Executive Director
	Michael Keith	-	Non Executive Director
	Eric Sorensen	-	Non Executive Director
	Stephen Hay	-	Non Executive Director
Minutes:	Sallie Rumbold	-	Deputy Director of Operations

1.0 Chairman's Welcome and Introduction

Michael Cassidy, Chairman opened the meeting

2.0 Apologies for Absence

Apologies were received from Andrew Panniker, Director of HR & Environment

3.0 Declaration of interests regarding items on the agenda

Caroline Clarke, Director of Finance under item 7.3 related to KPMG.

4.0 Minutes of the previous meeting held on 26.9.07 and matters arising not covered elsewhere on the agenda

It was noted that Michael Keith had not been present at the last meeting. With the exception of this the minutes of the previous meeting were agreed as an accurate record.

5.0 Chairman's Report

Michael Cassidy, Chairman reported on the recent governors meeting which had been very positive. The external and internal auditors had been appointed and there would also be a forthcoming election to appoint a vice chair of the Council of Governors. Mr Cassidy also reported that the induction process for governors was working well and good feedback had so far been received.

6.0 Chief Executive's Report

Nancy Hallett, Chief Executive reported that the hospital had been very busy clinically recently. Ms Hallett also formally reported the recent resignations of Caroline Clarke, Director of Finance and Richard Gourlay, General Manager. Both individuals would be difficult to replace and the Trust would be sorry to see them go. Ms Hallett would keep the Board of Directors updated on progress in recruiting to these key posts.

Ms Hallett also reported on a planned visit to the hospital on 29th February 2008 of the Israeli Ambassador and the High Commissioner for Grenada. Lord Clinton-Davis of Hackney would also be present. This visit would be an acknowledgment of the continuing clinical links that Homerton has with the Rambam Hospital in Haifa and St Georges Hospital, Grenada.

Ms Hallett also reported that implementation of the controlled parking zone had now been delayed until spring 08. Ms Hallett would now be writing to Jules Pipe, Mayor of Hackney to ask for a review meeting.

Ms Hallett informed the Board about a recent SUI. This was discussed further under 9.1 (reserved business).

7.0 Corporate governance

7.1 Q2 Monitor Declaration

Pauline Brown, Director of Corporate Development presented the copy of the intended declaration for Q2. Part 1 would not be signed due to the Trust breaching the emergency care target. A supplementary paper would be submitted with the declaration outlining measures being taken to resolve the issue. It was noted that the recent unannounced visits by the Healthcare Commission and Environmental Health had also been noted in the declaration as exception reports.

7.2 Appointment of External and Internal Auditors

Ms Brown reported that the process was now complete. KPMG had been appointed as Internal Auditors and the Audit Commission as External Auditors. Counter Fraud services would be provided by Bentley Jensen.

Caroline Clarke, Director of Finance explained that there was now a cooling off period of 10 days before any contracts were formally signed. Stephen Hay, Non Executive Director commented that the process had been well organised with good presentations. Unanimous decisions had been made with a focus on value for money as well as quality.

7.3 Process for Appointment of Finance Director

Nancy Hallett, Chief Executive explained that appointment to this post would be undertaken by the BoD Nominations Committee. An interview panel was being set up with the aim of interviewing on December 11th. A recruitment agency had been engaged as part of this process.

7.4 Process for Appraisal of Board of Directors

Ms Brown presented a paper outlining the process for appraising individual performance of Board members. Board members were invited to comment on the proposed framework. A discussion regarding timing of the paperwork, rating system, timeframes and appraisal cycle took place. It was agreed that a rating scale of 1-10 would be tried and guidance would be developed for this.

7.5 Healthcare Commission Annual Health Check Rating

Ms Brown informed the Board that the Trust had received a rating of 'excellent' for use of resources and a 'good' for quality of care in the recent HCC Annual Health Check Ratings. Areas of underachievement were discussed. These included the MRSA indicator, drug user participation and reducing mortality from stroke and heart disease. Michael Cassidy asked what the Trust was doing to address these areas. Ms Brown explained that individual executive members were leading on each area. The Board noted that for healthcare acquired infections the Homerton had one of the lowest rates in London but had not achieved percentage reductions which was extremely difficult to do with such low numbers to start with.

Mr Cassidy offered to write to Lord Sir Ara Darzi about this unfair system which was punishing good achievements. John Coakley had already written to David Nicholson and his response was awaited.

Ms Brown would return a position statement to the Board in November/December with progress against the underachieved indicators. In future all non compliant indicators would be signed off by the Chief Executive prior to submission.

8.0 Business Planning & Performance Management

8.1 Finance Report Month 6

Caroline Clarke, Director of Finance presented the Month 6 finance report. Ms Clarke explained that these figures would also be included with the Q2 compliance declaration to Monitor. Ms Clarke explained that forecasting income using month 6 x 2 was the least optimistic option currently and that if patient levels were closer to contract, the financial position would improve further. Tracey Fletcher, Director of Operations reported that 2 of the 3 directorates were under-spent. This indicated the tighter control over budgets now being achieved in the directorates. The directorate which was overspent, DSO, was also exceeding its contract income.

Ms Clarke reported on the paying patient's income which was marginally ahead at 124k of the 160k arising from Fertility Unit patients. Ms Clarke confirmed that this was allowable at 0.2% of patient related revenue. However these figures included some pre-payment and some bad debt provision was also required. It was anticipated that income within the cap would be achievable this year. KPMG had been engaged to do some work on this as a better system was needed for future years.

Ms Clarke also explained that a re-evaluation of the Trust estate was now required and a paper would be returned to Board in December describing the effect of this on capital charges. The detail of this would be discussed at the Finance Committee prior to the Board meeting.

Stephen Hay, Non Executive Director asked for an update on the FRP. Ms Fletcher explained that there had been some slippage in two main areas. The consumables project was proving difficult to realise in terms of taking out of budgets where the target was probably too high. There was also a debate around ITU assumptions where funding may have already been given up.

Michael Keith, Non Executive Director enquired about the A&E reported activity and the impact of this on the emergency care target. John Coakley, Medical Director explained that daily variation was higher than the weekly or monthly variation. Ms Clarke would ask the information team to check the figures which may be extrapolated Q3 and 4.

8.2 Performance Report

Ms Brown presented the performance report. Key issues were the 18 week target and also the increase in staff sickness rates. Ms Brown explained that the 18 week target issues had been reported in a paper to Board last month and were largely unchanged with problems reporting the overall target an ongoing challenge. Ms Brown explained that sickness rates had increased in September from 4.2% to 4.8% (target 4%). More detailed work was underway to understand the reasons for this and data recording was also being checked. A retrospective audit of sickness management was being carried out and would be reviewed at the Performance Committee.

Ms Brown also reported that daycase rates were now showing 80% for September as reporting accuracy had improved.

Tracey Fletcher, Director of Operations gave an update on the emergency care target. Ms Fletcher reported that most actions were now complete. The ACT and A&E departments were working well together now and the junior doctor rotation in A&E was in the process of being negotiated. The Clinical Site Managers working patterns and role had now been clarified as had the role of the 'on take' consultants. The A&E nursing team had been allowed some additional flexibility to recruit bank staff if required. Ms Fletcher reported that the Trust was now achieving just under 98% on the rolling target and this was improving. Ms Fletcher also explained that the Trust was considering bringing in an external person to make any potential further recommendations. Ian Luder, Non Executive Director enquired about A&E attendances in Q1 & 2 this year compared to the same time last year. If attendances were higher this year this should be included in the update to Monitor.

Michael Cassidy, Chairman enquired on behalf of the Governors about mixed sex bays on the wards. Nancy Hallett, Chief Executive explained that for areas such as ACU and ITU bays were exempt from DoH guidance where it was not possible to segregate. However in all other wards bays were not mixed and separate toilet facilities were also provided. The Clinical Site Managers would complete an incident form if there was ever any breach of this general policy. There had been no reports that this had been an issue recently.

Tracey Fletcher, Director of Operations gave an update on clinical coding. Ms Fletcher explained that a coding expert had now been employed on an agency basis to review coding accuracy and depth. Ms Fletcher will provide an update to the November meeting. By then the findings would also have been validated by some clinical consultants as well.

8.3 Perinatal Development

Ms Fletcher reported that the Perinatal designs had now been signed off and the architects were now taking this to tender. Following this project timescales would be reconfirmed. Operational policies were currently being updated and also a decant plan was being prepared. Patients and governors were also being engaged via a series of meetings being co-ordinated by Pauline Brown, Director of Corporate Development. Ian Luder, Non Executive Director enquired about full planning permission. Nancy Hallett, Chief Executive agreed to confirm this by email when Andrew Panniker, Director of HR & Environment returned from leave.

8.4 Financial Position 2008/09

Caroline Clarke, Director of Finance presented a paper providing some context for planning the forthcoming year. Ms Clarke explained that 4% growth was better than assumed previously but the wage settlement and PbR tariff had still not been confirmed. Ms Clarke explained some issues for the Trust. These included wage drift from agenda for change which is now in the region of £900k per annum. Estate and re-evaluation costs were also a risk.

Ms Clarke explained that the PbR tariff was currently being road tested. Best and worst case scenarios for 2008/09 were also being tested with 3% cost savings anticipated currently. Requirement for surplus would also need to be considered. Ms Clarke would return further figures in December and January to the Board. The recent Comprehensive Spending Review was also discussed.

9.0 **Clinical Governance**

9.1 **SUI Update*****

This item was discussed under Reserved Business

9.2 Reporting Infection Control Issues

Guy Young, Director of Nursing & Quality presented a paper outlining progress towards the Health Act 2006 – The Hygiene Code. It was noted that this paper was already planned and work already underway prior to the Maidstone report becoming public.

Mr Young reminded the Board about the unannounced visit in August to the Homerton from the Healthcare Commission (HCC) regarding the Hygiene Code. Verbal feedback had highlighted no cause for concern but the final report was still awaited.

Mr Young also reported that the Director of Infection Prevention & Control (DIPC) had assessed Trust compliance using the HCC toolkit which had highlighted areas of good compliance and areas requiring some improvement. Mr Young explained to the Board that the DIPC, Dr Alleyna Claxton was a Consultant Microbiologist. John Coakley, Medical Director confirmed that Dr Claxton was a frequent visitor to the ward areas and was highly visible to clinical staff.

A number of issues required Board action or decision were discussed:

- The Board gave agreement to a collective statement outlining their commitment to responsibility for minimising risks of infection. *'The Board takes collective responsibility for minimising the risk of infection and preventing and controlling risk. The Board will take action to ensure compliance with the Hygiene Code and report progress to the*

Council of Governors'. It was noted that this commitment had always been there. It was agreed that this should also be displayed publicly on the website and the Board of Governors should also be made aware.

- Board reporting arrangements were discussed at length. It was agreed that the Infection Control Committee (ICC) would be **designated as a formal sub-committee** of the Board of Directors and as such the Board would then receive **quarterly written** reports from the ICC.
- Nancy Hallett, Chief Executive confirmed that she chaired the ICC with Guy Young, Stephen Miles (Clinical Director) attending. Dr Claxton as DIPC was the Chief Operating Officer serving on this committee which also had external representatives such as from the Health Protection Agency (HPA). The role of the DIPC was also discussed. It was also agreed that the **DIPC should attend the Board of Directors once a year to present the annual report** from the ICC.
- The attendance of a Non Executive Director on the ICC was also discussed. It was agreed that this would be welcomed but would ideally be a clinically qualified NED, although this would not stop any other interested Non Executive Directors attending too.
- Resources for managing HCAI's were also discussed. The Board agreed to a statement explaining that resources would be identified in the event of an outbreak and that this would be appropriately resourced.
- Reporting of HCAI incidents was discussed. The Director of Nursing and the DIPC had agreed to investigate all incidents related to HCAI's and declare as an SUI only if they feel that this is relevant. All deaths related to MRSA bacteraemia were already subject to an investigation and root cause analysis. The Board agreed to support this approach.

9.3 Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust

Pauline Brown, Director of Corporate Development presented the executive summary of the above investigation for information. Comments were received from Board members and a discussion took place. The differences between both organisations and Homerton were discussed and considered at length as were the learning points from the report.

9.4 Safeguarding the Welfare of Children

Guy Young, Director of Nursing & Quality as executive lead for safeguarding children presented the report into the arrangements at Homerton. The Healthcare Commission assesses trusts on performance indicator based on 15 different areas. The paper explained compliance against these areas using a self assessment tool.

Jessica Crowe, Non Executive Director enquired about issues with mental health decisions about parents. Mr Young reported that staff at Homerton recognised child safety issues and action is always taken swiftly and liaison was good between mental health services and maternity for example. Professor Costeloe, Non Executive Director explained that integration between social services and the Neonatal Unit was also better recently.

The Board noted the contents of the report.

9.5 Patient Experience

Mr Young outlined the current position and measures being taken to improve this.

9.6 PPI Strategy

Jessica Crowe, Non Executive Director presented a strategic update paper on Patient and Public Involvement. The Board discussed the paper and supported the approach being taken. The Board also agreed that the lead for public involvement should be supported through the Governors and the membership.

10.0 Human Resources Governance

No presentations were made under this item.

11.0 Policy, Strategy and Innovation

11.1 Re-configuration of health services in outer north east London

Nancy Hallett, Chief Executive gave a verbal update on the Outer North East London review. Option 4 to downsize King Georges and provide only a limited A&E service had been proposed. Ms Hallett explained that Professor Alberti and team had been asked to review the proposal from a clinical point of view. The proposal had been supported in principle but had been found to contain insufficient detail about how the activity would be accommodated. The other key recommendation to come from the review was for Whipps Cross and Waltham Forest PCT to align to Inner North East London in future. The issues for maternity care were discussed in terms of how these changes could affect the future.

12.0 Papers for Information Only

The minutes of the Audit Committee 11th September were received and noted. Pauline Brown, Director of Corporate Development gave a verbal update on the Risk Committee.

13.0 Any Other Business

Michael Cassidy, Chairman enquired about progress with the Clinicenta proposal. Ms Fletcher explained that this was now delayed until at least the beginning of the next financial year. This was due to independent sector levels of activity being reconfirmed across London prior to December.

Mr Cassidy also noted that the police office was now completed. Ms Hallett confirmed that this had been handed over 6 weeks ago but not yet commissioned by the police.

Ms Hallett also reported that Cath Cole had been appointed and started as part time fundraiser for the Trust. The HIV project was the focus of her time currently. Mr Cassidy reported on fundraising progress with UBS Bank and also progress with the call centre plan. The Museum of London would be holding a display at Homerton in December/January.

14.0 Dates of forthcoming meetings

Wednesday 19th December 2007

Wednesday 30th January 2008

Actions:

	Action Agreed	Who responsible
1	Write to Mayor of Hackney re CPZ	NH
2	Write to Ara Darzi regarding HCC rating and MRSA target	MC
3	Statement/paper to Board re progress & actions regarding non compliance areas in HCC Annual Health Check (November/December)	PB
4	Re: 8.1 check A&E figures Q3 & 4	CC
5	Report coding position to Board in November following audit	TF
6	Check with AP regarding planning permission and email Board members on AP return from leave (re Perinatal Centre)	NH