

**Meeting of the Board of Directors
Wednesday 26th September 2007**

Present

Michael Cassidy	-	Chairman
Nancy Hallett	-	Chief Executive
Tracey Fletcher	-	Director of Planning and Service Development
Pauline Brown	-	Director of Corporate Development
Andrew Panniker	-	Director of HR & Environment
Dr John Coakley	-	Medical Director
Caroline Clarke	-	Director of Finance & Information
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

1.0 Chairman's Welcome and Introduction

Michael Cassidy, Chairman opened the meeting

2.0 Apologies for Absence

Apologies were received from Michael Keith, Non Executive Director
The Board also noted that no apologies had been received from Jessica Crowe, Non Executive Director

3.0 Declaration of interests regarding items on the agenda

No declarations were made.

4.0 Minutes of the previous meeting held on 27.7.07 and matters arising not covered elsewhere on the agenda

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

5.0 Chairman's Report

Michael Cassidy, Chairman reported on the Annual Members Meeting. The Board discussed the change from the current Patients Forum to 'LINKS' which is expected at the end of November. An early meeting with LINKS was suggested as a good way forward.

6.0 Chief Executive's Report

Nancy Hallett, Chief Executive reported on the changes that had occurred in the hospital during August including Modernising Medical Careers (MMC) and a change to the way care is provided to acute emergency patients with the 'Acute Care Team' (ACT) model.

Ms Hallett informed the Board that Laurence Gant, A&E Consultant had been appointed as Clinical Director to the General & Emergency Medicine Directorate to replace Christine Blanshard.

Ms Hallett also reported that members of the team from the London (LC2) IT programme were now on site and starting their programme of work. There had also been further involvement of the Trust in the London Organising Committee meetings for the Olympic Games. The Trust had also been nominated for a number of awards including the Health Service Journal, Nursing times and British Telecom.

Ms Hallett reported that the proposed local controlled parking scheme had now been delayed until spring 2008. The Trust would be seeking further meetings with the Deputy Chief Executive at Hackney Borough.

The Board also received an update on the London SHA consultation on the Ari Darzi proposals. PCT's have submitted local 5 year Commissioning Strategy plans. City & Hackney's 5 year plan majors on health inequalities and contained positive references regarding the role of Homerton Hospital in providing healthcare in Hackney. The 8 North East London PCT's now have to produce a collective plan. A monthly meeting of the Inner North East London Chief Executives had begun to increase the flow of information. Ms Hallett also reported on a recent facilitated meeting with City & Hackney PCT where agreement had been reached regarding issues to next explore including the issue of polyclinics.

Ms Hallett reported that Laura Sharpe, Chief Executive of City & Hackney PCT would be taking a 6-12 month leave of absence from December 07.

Ms Hallett also informed the Board about the sad and unexpected death of Curline Charles. Curline had worked as a nurse at the Trust since 1986 and had many friends amongst the staff at Homerton.

7.0 Corporate Governance

7.1 Monitor Q1 feedback

Pauline Brown, Director of Corporate Development reported on the latest Monitor rating (4/green/green).

7.2 Healthcare Commission (HCC) Publication Dates

Ms Brown reported that the Healthcare Commission ratings would be published on the 18th October with a preview for Trusts available on the 16th October.

7.3 Environmental Health Visit feedback

Andrew Panniker, Director of HR & Environment tabled a paper regarding the Environmental Health Inspection that had taken place on 16th August 2007. Mr Panniker explained that an inspection had also taken place in February 07 and an action plan was already in place to address identified shortcomings. In August a paper had been published in the media about standards in NHS kitchens. This had prompted the further inspection in August. No additional issues were found during this second inspection and the issues identified were minor points of action and did not identify any significant risk.

Mr Panniker explained that there had been issues with high turnover of catering management staff in the past but there was now a permanent catering manager in post and also a deputy in place. A deep clean of the kitchen area had been undertaken and would take place now on a regular basis. An action plan was in place to rectify minor problems and an external auditor had been commissioned to provide regular unannounced inspections. This had been welcomed by the catering management team.

Mr Panniker reported on the two remaining problems which would require future investment. This was the need for air conditioning in the kitchen, restaurant and café areas in order to support the refrigeration equipment to work better during hot weather. The other issue was the handling of food waste which currently creates 40% of the domestic waste from the hospital. In future a de-watering plant would be considered as an option.

The Board asked about progress with the water supply and pipe work generally. Mr Panniker gave an update and explained that work was taking place to systematically work through all the pipe work and temperature monitors and controls to assess where changes were required. The team were looking at changing the boilers in future and also differing chlorination methods.

7.4 Mental Health Act Board Resolution

Ms Brown presented two options for the delegation of powers under the Mental Health Act 2007. The board agreed option one as the preferred option which was to put in place a formal arrangement with East London & the City Mental Health Trust to act on behalf of Homerton NHS Foundation Trust and provide this service as required.

7.5 Board Performance and Appraisal

Ms Brown presented a paper which proposed a process for an appraisal system for the Chairman of the Board. The Board approved the proposal and noted that the Council of Governors Nomination Committee would be asked to comment and approve the system.

8.0 Business Planning & Performance Management

8.1 Finance Report Month 5

Caroline Clarke, Director of Finance presented the Finance and Activity report for month 5. Ms Clarke reported that the Trust was still on track to achieve the planned £1.8m surplus this year. Ms Clarke explained that the private patients cap would need careful managing in year to ensure this was not breached. A breakdown would be returned to the Board next month.

Ms Clarke highlighted to the Board that the appointment of internal and external auditors would take place on 19th October. A fuller paper on 2008/09 planning would be reviewed at the October Board meeting and would also be discussed at the Finance Committee later today.

Ms Clarke also reported that the estate would need to be revalued at the end of this year. The Board discussed the risk of this in terms of rising land values and the impact this could have on increasing rates and treasury capital charges.

8.2 Performance Report

Ms Brown presented the performance report and the key performance indicator tracker. Of note was half a breach of the 62 day cancer target. It was noted that the delays had not occurred at Homerton.

The MRSA target was also reported as a risk. 6 cases had now been recorded against a target of only 12 for this year. However, only one of the six cases had been hospital acquired. Two cases had been due to contaminated samples and as such were being appealed as an exception.

Coding was reported as still below target levels. Tracey Fletcher, Director of Operations explained the actions being taken to improve this including placing members of the Clinical Coding team within the directorates to address quality of coding.

Ms Fletcher presented a supplementary paper regarding the Emergency Care Target. The Trust is currently not achieving the 98% 4 hour target for either the Healthcare Commission (quarterly) or Monitor rolling target. The Board enquired about the changes in process that had taken place on 1st August from Modernising Medical Careers (MMC) and introduction of the Acute Care Team (ACT). Ms Fletcher explained that the changes in grades and the composition of junior staff on 1st August had required rotas to change. John Coakley, Medical Director explained the changes that MMC had imposed on all trusts in terms of incorporating different specialties and the change to training. Dr Coakley explained that the introduction of the ACT had been introduced with the aim of smoothing this process. It was important to note that the A&E trend had been down before 1st August and that the four week rolling average was now just beginning to recover. Ms Fletcher reported that a number of variables had contributed to the target not recovering as quickly as expected. It also appeared that all North East London Trusts were reporting some difficulty with the Emergency Care Target.

The Board discussed whether the 1st August changes would be a one off or whether they would occur again in future years. Dr Coakley reported that the changes in subsequent years would be larger in total numbers but not all on 1st August as it had been this year.

Professor Costeloe, Non Executive Director enquired about the discrepancy between weekday and weekend staffing in A&E. Ms Fletcher explained about the rota and said that the A&E consultants were now looking at ways of providing more cover during the evenings and at weekends.

A supplementary report was also received on the 18 week target. The Board enquired about the risks around staffing of Anaesthetists and Operating Department Practitioners. Ms Fletcher explained the steps being taken to recruit to posts and in training anaesthetic staff.

8.3 Newham & Homerton Agency Agreement***

This was discussed under Reserved Business

8.4 Capital Programme Update

Andrew Panniker, Director of HR & Environment provided an update on the Capital Programme. Mr Panniker reported that the front entrance and police office were almost finished. The Police Office will be manned for 2 hours a day with a drop-in facility. Workshops will be run from the office and neighbourhood signage will be used.

Mr Panniker reported on the Fertility relocation and explained that the outline design was now proceeding to full design. The completion date had now moved beyond April 08 which it was reported might have implications for the Human Fertilisation & Embryology Authority licence.

Mr Panniker also reported on the Perinatal build which was now in the detailed design phase. However costs were escalating and the original plans had not contained a contingency plan for possible inflationary rises due to construction costs related to the Olympic development. Mr Panniker explained that there was now an opportunity to refurbish other areas affected by the Perinatal build and ensure that these were refurbished to an extremely high standard. A paper would return in November with an update on the Perinatal build.

It was also reported that work on the new boiler house was progressing well and the potential future use of different heating systems was also being explored. A paper regarding this would also return to Board in future.

Michael Cassidy, Chairman enquired about the phlebotomy move. Mr Panniker reported that this was moving to the X-Ray records office and the design was currently being prepared. Mr Panniker also reported that the Pathology extension business case was currently being written. It was noted that Endoscopy still needed to move but no suitable space had yet been identified.

8.5 Clinicenta Update***

This was discussed under Reserved Business

8.6 Perinatal Development

Nancy Hallett, Chief Executive reported that this would now be a standing item on the agenda. Tracey Fletcher, Director of Operations presented a short summary paper, explaining that the focus would now be on the service development required to ensure the unit would become full, fully staffed and operational. The Board noted that a consultation with users would now take place.

9.0 Clinical Governance

9.1 SUI Update***

This was discussed under Reserved Business

9.2 HCC Hygiene Code Inspection Feedback

Mr Young reported on the unannounced hygiene visit that had taken place in August. Verbal feedback had been received and the final report was awaited. There was nothing to suggest that the Trust had not been found to be compliant.

10.0 Human Resources Governance

No presentations were made under this item.

11.0 Policy, Strategy and Innovation

Nancy Hallett, Chief Executive provided a verbal update on Healthcare for London.

12.0 Papers for Information Only

Stephen Hay, Non Executive Director provided a verbal update from the Audit Committee. Mr Hay reported that issues with salaries and missing payments appeared to be being addressed by the introduction of ESR. This would be reviewed again in December.

Mr Hay also reported that the internal auditor reports had looked at contracts and levy funding which would require continued control and oversight. SIFT monitoring had also been addressed and Professor Costelloe and Caroline Clarke, Director of Finance were looking into this to ensure this could be accounted for accurately. Mr Hay also explained that the private patients cap would require a different proposal for the future which would return to a future board meeting. Clinical coding was also discussed and it was agreed that further work would be required looking at both quality and depth of coding. Mr Hay also explained the appointment process for both internal and external auditors.

13.0 Any Other Business

Nancy Hallett, Chief Executive reported on the forthcoming retirements of Stephen Miles, Clinical Director whose retirement party later today. Mr Neville Wathen, Consultant Obstetrician & Gynaecologist would be retiring on 31st October.

14.0 Dates of forthcoming meetings

Wednesday 24th October

Wednesday 28th November

Wednesday 19th December

Actions:

- Breakdown of paying patients income/cap – CC to next board meeting

- Perinatal build update – AP to return to Nov Board of Directors