**TRUST BOARD (AGM)**

**Minutes of the meeting held on Wednesday 22nd September 2010 at 17:30 in the Assembly Room at King's Lynn Town Hall**

**Present:**

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| **Mrs K Gordon (KG)** | **Chair** |
| **Ms N Vaughan (NV)** | **Chief Executive** |
| **Mr S Green (SG)** | **Non-Executive Director** |
| **Mr N Harrison (NH)** | **Non-Executive Director** |
| **Dr J Robinson (JR)** | **Non-Executive Director** |
| **Mrs J Hillier (JH** | **Non-Executive Director** |
| **Mr J Fletcher (JF)** | **Commercial Director** |
| **Mr C Preston (CP)** | **Director of Finance** |
| **Mrs G Wilson (GW)** | **Interim Chief Nurse** |
| **Ms B Cummings (BC)** | **Director of P&I** |
| **Dr M Blunt (MB)** | **Critical Care Consultant** |
| **Dr B Watson (BW)** | **Consultant, Day Surgery** |
| **Ms G Rejzl (GR)** | **Company Secretary** |

**Action**

**290/10** **1. Chair's Welcome and Apologies**

The Chair welcomed the members of the public to The Queen Elizabeth's Annual General Meeting 2010.

A broad run through of proceedings was given to the audience, who were informed there would be time for questions and answers after each presentation.

**291/10** **2. Minutes of the last AGM Trust Board meeting held on 30th September 2009**

The minutes were subject to amendment;

Attendance – Mrs C Townsend, Vice Chair at the time, is to be added to the attendance listing.

274/09 – the date of the previous AGM held, is to be amended to correctly reflect the year, i.e. 2009 is to become 2008.
Subject to amendments, the minutes were approved as an accurate record of the meeting.

**292/10** **3. NHS Developments Nationally and the QEs Performance (Annual Report)**

The Trust's Annual Report was presented by Nerissa Vaughan, Chief Executive. NV outlined the Trust's successes throughout 2009/10;

- Achievement of our financial plan for 2009/10 and the national targets for Cancer, A&E waiting times, 18 weeks treatment target.
- Reduction in MRSA and C.diff
- A reduced mortality rate, making the QEH one of the best in the region.
- The Trust rated 29th in country by external assessors "Dr Foster", and ranked within the top quarter of the East of England region by our workforce.
- The significant progressions made towards achieving Foundation Trust status (progressing through the DoH and SHA gateways and the current assessments being done by Monitor).
- The upgrades made to A&E, the Central Delivery Suite, pathology and the opening of the Clinical Decisions Unit and the new Tilney Ward which is to be used in 'peak' seasons.
- Benefits made in the services offered by the QEH; the extension of the Minor Surgery Outreach Services at Littleport and the extension of the range of fertility treatment services offered by the Trust. An increase in the number of clinics for Stroke Patients and the introduction of a test that saves up to 100 potentially fatal blood clots a month. The Trust also played a major role in developing a new test for Alzheimer's disease.

**Questions from members of the public**

**Car parking** – the issue of car parking, availability and access on and off the site was raised by the public. NV reported that the Trust is in negotiations with the Borough Council and is hoping to submit a planning application for a 2nd point of site access (onto the A149), and an application for increased parking on the 'tennis court' site. However, NV noted that these applications may take some considerable time; therefore as an interim measure the Trust is to re-mark the spaces of the current main car park, with the removal of some of the green areas to ensure that the currently areas used for parking is fit for purpose. It is hoped the remarking will provide an increase about around 100+ spaces. The Trust is also advertising to staff, other methods of getting to the site such as buy-your-own-bike-incentives, cycle ways and bus routes.

**Performance** - a member of public wished to express her congratulations on a good performance over the year, specifically in respect of infection control. The Executive elected to pass this onto the staff concerned.

**293/10** **4. QE Financial position and Annual Accounts / Auditor's Letter**

CP presented the Trusts' financial performance over 2009/10; reporting that the;

- Delivered
  - £11.6m of EBITDA
  - £4.5m of Surplus

- Meet its three key financial objectives
  - Achieving break even
  - Operating within its EFL (External Financing Limit)
  - Operating within its CRL (Capital Resource Limit)
- Achieving an unqualified external audit opinion
- Improving against Auditor Local Evaluation standards
- Income was £156m – 1% higher than budget
- Higher non-elective activity and Lower outpatient and elective activity
- Additional training funding relating to student doctors and to support Eliminating Mixed Sex Accommodation compliance, received.
- Costs were £151m – 1% higher than budget
- Additional agency staffing costs
- Lower depreciation charges

**Question from members of the public**

**FT status implications on the balance sheet** was discussed. It was noted that there are no expectations of any issues arising from the prospective FT Status approval.

**Value of assets –** it was confirmed that the Trust has correctly devalued its assets and that a surplus of £4.3m was representative. This was supported by the unqualified External Audit opinion.
**Interest reinvestment** - CP also confirmed that the Trust reinvests any interest made back into Trust funds.

**Sustainability -** a member of public questioned the ability to achieve the Trusts' carbon footprint targets of a 10% reduction by 2015. BC confirmed that a review of the measures being taken within the Trust is underway to ensure compliance.

294/10 **5. QE Quality Account 2009/10**

It was reported that the QEH's Annual Account 2008/9 was used as an exemplary account for other Trusts'.

The Account details how the Trust engages its services users, FT members and potential governors, how the Trust aims to continue with good performance and focuses on what is best for patients.

The Quality of service is measured by patient safety, clinical effectiveness and patient experience. The Patient Experience Group (PEG) has offered its opinion on the service within the account.

The priorities of 2010/11 are also outlined within the report, which the Trust will be measured against in over the year.

**Questions from members of the public**

**"Think Glucose" project –** received significant praise from a member of the public, stating the "excellent work" and how this had been "done well". The Executive elected to pass this onto the staff concerned.

Further more, the Board were questioned on how diabetes diet

management and footcare education is to be progressed; the Trust is working closely with the PCT on to achieve this and the project is being lead by DR George (Associate Director for Education).

**The patient experience** - a greater input into the Account by the PEG was suggested by a public member. KG reported that the group also sits on many key committees to offer patient experience feedback and that the Board receives a monthly update of the positive and negative aspects of patient experience from the Chief Nurse. KG also noted that becoming a FT will ensure links with members and services users, regarding the patient experience, is strengthened.

**295/10** **6. Arthur Levin Day Surgery - Dr B Watson**

Dr Watson reported that the Day Surgery Unit (DSU) was set up from a donation by Dr Levin via the Wolfson Foundation, along with a sister DSU in London, in 1998. It was then opened by the HRH The Queen in 1999.

Dr Watson detailed that patients within DSU are admitted and discharged within a day; they come in for an operation / procedure and are discharged within the same working day between 8.00am – 5.00pm. Each patient receives a pre-operation assessment on a different day to treatment to ascertain suitability to the procedure, help 'set the patient at ease' and allow time for patient / doctor discussions and questions.

The Trust's DSU is a national leader in anaesthetic treatment, in terms of the use of regional anaesthetics for obese patients where anaesthesia and anaesthesia equipment can sometimes be problematic.

The DSU also offers a telephone helpline for patients with out of hours questions or issues. The phone line goes direct to the night nurse practitioner. All calls are then followed up by DSU staff the following day.

The unplanned readmissions rate, back to the DSU, is below the national standard of 2%, standing at 0.9 in 2009-10. One of the main causes of readmission is urinary retention which the Trust is tackling via the use of a bladder scan on patients before treatment.

**Questions from members of the public**

None received.

**296/10** **7. Critical Care – Dr M Blunt**

Critical Care is "high dependency and intensive care patients, and patients with one or more severe organ dysfunction". The unit has 2 elective beds. The non – elective bed patients are ranked in levels with level 1 being the least severe and level 3 the most dependant patients.

An outreach and patient follow up services are offered by the Trust, which ensures a greater patient experience and assurance to the patient.

The unit is monitored by ICNARC, who externally validate the Trusts' Critical Care statistics. The units mortality ratio is a better than average,

0.6. meaning 52 more patients survive at the QEH per year than the average Trust.

Dr Blunt reported this was mainly due to great team work, research and innovations by the QEH, along with a great infection control record. The Trust has advocated a innovative stomach fluid tube, had research published nationally and embraces new technology; electronic patient records, which allow Critical Care staff to see all the patients records instantly and free up time for patient care.

Patient safety and lessons learned are key aspects of the service, as is quality of care.

Plans for the future of Critical Care include; formulisation for academic links and training in the Eost of England, and improved renal replacement programme and an extension of the outreach programme.

**Questions from members of the public**

**Mortality rates** - Dr Blunt was requested to clarify the mortality rates; the Trusts' HSMR rate has decreased by 20% over 3 years (a 5% reduction last year alone), due the implementation of;

- A programme on how to monitor a patient for deterioration
- A greater emphasis on team work
- Analysis of what could be done better, and lessons learned
- Improvements on infection control rates
- And a closer working with microbiologists for antibiotic policies and prescribing.

**297/10** **8. Meeting Close**

The Chair and Board thanked the members of public for their strong support and attendance to the meeting.

***The meeting closed at 19.00***