1. Chair’s Welcome and Apologies

The Chair welcomed the Board to the meeting.

There were no apologies received for the meeting.

2. Minutes of the last AGM meeting held 22nd September 2009

The minutes were agreed as a true record of the meeting and approved for publication.

3. Annual Report Presentation

The Trust’s Chief Executive, Nerissa Vaughan presented the Annual Report 08/09 to the AGM, highlighting key areas;

- Commendable Infection Control rates within the Trust for MRSA and C.diff
- HSMR has reduced from 93% to 77% this year so far.
- The Trust has performed well on dignity and respect ratings.
• 90% of A&E attendees rate the Trust as ‘good’

• Patient Experience Action Team rate the food as ‘excellent’

• An outpatient Ophthalmology services have been set up in Littleport.

• The QEH also won its bid for fertility and stroke services.

• The 60th Anniversary celebrations earlier in the year saw the opening of the sacred space, a multi faith worshiping arena for patients, visitors and staff.

• The Trust Board launched a fundraising campaign for £150,000 towards the neonatal intensive care unit.

• Eliminating Mixed Sex Accommodation (EMSA) works are on course with completion expected.

• The FT application is progressing by the end of 2009.

• Quality Innovation, Productivity & Prevention (QIPP) is the initiative, addressing issues relating to economic climate and maintaining performance and quality of service.

Following a request by the Chair for questions and comments, Helen Shaw the Chair of the Patient Experience Group reported that the group was extremely pleased with the improvements made throughout the year and was also happy to see the Trust remained committed to patient safety, experience and continuous improvement.

There were no further questions.

276/09 3b. Annual Accounts

The Annual Accounts 08/09 for the Trust were presented to the AGM by the Interim Director of Finance, Colin Whipp. He highlighted some of the key elements; the Trust's retained surplus of £6.2million, disposal of accommodations, competition of theatre upgrade and PCT has settled some of its debt.

277/09 3c. Annual Audit Letter

The Chairman of the Audit Committee described the purpose of the Audit letter give;
• unqualified opinion on Trust’s accounts
• No material errors in financial statements
• Unqualified VFM conclusion
• ALE score improved from 2-3

The Trust Board Chair declared the Annual Audit Letter would be made available for publication and initiated questions. None were recorded.
The Board received the:

- Annual Report 08/09
- Annual Accounts 08/09
- Annual Audit Letter 08/09

The AGM closed at 10.20am. The public were then informed the meeting would now progress into the Public section of the Trust Board meeting, as stipulated on the agenda.

The Board so resolved

278/09


The minutes were approved as an accurate record of the meeting.

279/09

5. Matters Arising

No matters were reported.

280/09

6. Declarations of Interest

No declarations were recorded.

281/09

7. Urgent Matters (under Standing Order 3.6 and 5.2)

No Urgent Matters were recorded.

282/09

8. Chair’s Update and Correspondence

The Chair reported the Trust had received a visit from the Chairman of the SHA on 10th September. He reviewed the completed and planned works for the EMSA and concluded the SHA was satisfied with progress.

No other items were reported.

9. STRATEGIC

283/09

10. QIPP

The CEO gave an update on Quality Innovation Productivity and Prevention is a new SHA incorporating efficiencies and sustainable quality. It was reported the national QIPP projects details had not been fully released. QIPP focus on PBR, tariffs, configuration of services and moves from Acute to Primary Care Services.

KG reported that an overview paper will be formulated to enable the Board to develop a comprehensive understanding of the four elements of QIPP and what is needed to achieve them.

NV also reported that a CEO led steering group would be formed, which will include all PCT CEOs.

It was agreed by the Board, a timetable and delivery plan for QIPP be
produced.

The Board noted the QIPP overview and requested a timetable and delivery plan is composed.

284/09  11. Pandemic Flu Plan – Declaration of preparedness and approval for publication

NS stated that the Trust, along with all Trusts, was required to declare its preparedness for a pandemic flu scenario. NS also reported the Trust’s plan had been tested and was considered robust.

KG commented the Board must be assured of the plan’s rigour before a declaration is made, therefore opening the forum for questioning. KG also noted NHS Norfolk had reviewed the plan and had made a few suggestions for HR planning, which were under consideration.

The Trust Board agreed that the plan was robust and declared the Trust prepared for Pandemic Flu.

285/09  12a.  5 Year Workforce Strategy

Jaqui Bate, Director of HR & OD, reported the strategy had been reviewed and aligned with the national changes.

In response to a query concerning the Trust’s ‘Improving Working Lives’ accreditation, JB confirmed that there is no national requirement but the Trust holds an internal review every 2 years to review whether standards are being upheld.

The Board approved the strategy and asked to review it in April 2010.

286/09  12b.  Organisational Development

JB explained this paper’s aim was to update the Trust Board on OD/leadership and development proposals.

The Chair questioned how the strategy aligned with the SLM. NV commented a full SLM paper is due to the Trust Board’s November meeting which should give further clarification.

Following a question from a NED on control for fast tracking skills, JB informed the Board the Service Improvement Group would be reinstated as an internal control.

The Board noted the update and asked for a further update in December 2009.

287/09  12c.  Communication Strategy

The Commercial Director presented this paper.

A NED questioned how national queries would be handled and was informed this would be done through the health community and leads taken from SHA, PCT and DoH were appropriate. The Board
agreed it was important the Trust is represented in a positive light and asked that all good news stories be released as soon as possible. It was also requested JF organised a regular update to staff regarding the Trust Board’s key issues to enable the Trust Board to be more visible within the organisation.

Another NED questioned how success will be measured in regards to the strategy and was informed the PCT currently monitor press releases and statements in relation to the Trust, which could be used as a measuring device, along with patient surveys and referral numbers as a key outcome.

It was agreed that groups be monitored on a quarterly basis to establish benchmarking.

JF stated focus groups have indicated that patients prefer ‘paper format’ is ‘electronic’ for communication. To this end, Helen Shaw, the Chair of PEG, asked that the Trust be mindful of in that the PEG would not wish to advocate spending money on glossy leaflets and pamphlets if this were to compromise patient services. Her comments were noted.

The Board noted the update given

OPERATIONAL

288/09 13. Patient Safety monthly report

The MD explained that the HSMR rates indicate a 5% yearly reduction. The QEH HSMR now stands at 77 demonstrating excellent performance. The QEH currently has a 1.8% crude mortality rate which is the best performance the Trust has ever had. The Board congratulated GH on the work done to achieve these.

GH also reported the Mid -Staffs action plan to the Board;

- 21 works streams underway with 3 now complete.
- There were no reported delays on emergency scanning.
- Radiology were highly praised by an external review, as were Orthopaedics.
- Stroke capacity was reported as increased.

GH also reported the Trust had taken part in Patient Safety week with a report due back later in the year.

The Chair of the Healthcare Governance Committee reported HCGC has requested that the Patient Safety Committee carries on reviewing outcome of the LIPs programme with assurance feedback to the HCGC. The Board so resolved.

The Board noted the update.
289/09 14a. Finance – month 5 results summary

- The Trust is undergoing international and local recruitment campaigns to all vacancies and address the agency/bank staff costing issues.
- Positive Variance on drugs expenditure.
- CIP is £1.9million below plan
- Liquidity is positively improved as Cambs PCT have settled some of the debt

The Board noted the summary.

290/09 14b. Process Improvement

CIPs have been reviewed and are focused on performance improvement, delivering major savings. Clinical engagement has improved. The work will be supported by SLM.

Four major projects have been discussed with the PCT with work starting on projects shortley.

The Trust Board supported the CIP/Process Improvement Initiatives.

291/09 15a. Performance KPIs

A&E performance was below 98% in Quarter 1, however it was reported as above this threshold to date in Q2 indicating the action plan is effective.

Backlog is being addressed on admitted patients.

Cancelled operations are at a manageable level with work ongoing.

Cancer performances are on target with a paper on new legislation to go to HCGC.

DoH / SHA have recommended the Trust reduces its C.diff targets to 61 cases per annum

Dr Foster re-admission rates are currently unavailable. Internal performance data have been used. The Trust Chair asked that Dr Foster information be pursued.

Readmission trends are being reviewed by HCGC.

In relation to the reduction of the c.diff targets, a NED queried the potential impact of swine flu on performance against targets.

Following a query from a NED, the Board asked for Choose and Book performance to be included in the KPI report. BC updated that Choose and Book overall performance has improved and currently
stands at 69%, with slot availability and patient access at GP surgeries as the issues. Work with the PCT is currently underway to rectify.

**The Board noted the update.**

292/09  
**15b. Performance Workforce KPIs**

It was reported that Ian Vince is currently working with EDs on appraisal performance. A full report is due to the Board in November or December. 

GH reported to the Board that he has applied for an increase on middle grade obs&gynae cover in relation to EWTD but noted these areas are difficult to recruit to.

KG highlighted to the Board, that the Trust is being upheld as a ‘best practice’ example on sickness management, which the Board noted and applauded.

**The reported was noted by the Board.**

293/09  
**16. Trust Board Terms of Reference Review**

There were no material changes to the Trust Board ToR.

**The Board approved the Terms of Reference**

294/09  
**14. Date of next meeting – 26th October 2009, in the conference room at 9.00am**

295/09  
**Questions from the public**

An Eastern Daily Press representative questioned if more EMSA details would be made available, NS and Gary Howman undertook to provide further information.

296/09  
**The Chair informed that the Trust Board meeting that the Board would now reconvene its private Trust Board meeting in accordance with the Public Bodies (Admission to Meetings) Act 1960, the public and reporters of the press be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted; publicity on which could be prejudicial to the public interest.**

**The Board so resolved**

*The meeting closed at 11.15am*