|  |  |  |
| --- | --- | --- |
| **Document:** | **Minutes (draft & unconfirmed)** | |
| **Meeting:** | **AGM/AMM**  **30 July 2018, 18:30 – 20:30, The Meridian Hall, East Court, College Lane, East Grinstead RH19 3LT** | |
| **Present:** | Beryl Hobson (BH) | Chair |
|  | Brian Beesley (BB) | Public governor |
|  | John Belsey (JEB) | Public and Lead governor |
|  | Wendy Burkhill-Prior (WB-P) | Public governor |
|  | Robert Dudgeon (RD) | Public governor |
|  | Colin Fry (CF) | Public governor |
|  | Antony Fulford-Smith (AF-S) | Public governor |
|  | Angela Glynn (AG) | Public governor |
|  | Janet Haite (JDH) | Public governor |
|  | Chris Halloway (CH) | Public governor |
|  | Douglas Hunt (DH) | Public governor |
|  | Andrew Lane (AL) | Public governor |
|  | Carol Lehan (CL) | Staff governor |
|  | Glynn Roche (GR) | Public governor |
|  | Peter Shore (PS) | Public governor |
|  | Norman Webster (NW) | Stakeholder governor |
|  | John Wiggins (JW) | Public governor |
|  | Martin Williams (MW) | Public governor |
|  | Mickola Wilson (MW) | Public governor |
| **In attendance:** | Ginny Colwell (GC) | Non-executive director |
|  | Steve Jenkin (SJ) | Chief executive |
|  | Gary Needle (GN) | Non-executive director |
|  | Geraldine Opreshko (GO) | Director of Workforce |
|  | Clare Pirie (CP) | Director of communications |
|  | John Thornton (JT) | Senior independent director |
|  | Jo Thomas (JMT) | Director of nursing |
|  | Michelle Miles (MM) | Director of finance |
|  | Hilary Saunders (HS) | Deputy company secretary |
|  | Approximately 30 members of the public | |
| **Apologies:** | Liz Bennett (LB) | Stakeholder governor |
|  | Sandra Lockyer (SL) | Staff governor |
|  | Joe McGarry (JMcG) | Public governor |
|  | St John Brown (StJB) | Stakeholder governor |
|  | Tony Martin (TM) | Public governor |
|  | Robert Tamplin (RT) | Public governor |
|  | Julie Mockford (JM) | Staff governor |
|  | Tony Tappenden (TT) | Public governor |
|  | Kevin Gould (KG) | Non-executive director |
|  | Ed Pickles (EP) | Medical director |
|  | Abigail Jago (AJ) | Director of operations |
| **Welcome and introductions** | | |
| The Chair opened the meeting and thanked everyone for coming. She began by recognising the Trust’s proud heritage, and noted that it was still pioneering new treatments and receiving excellent patient feedback. Highlights of her introduction included:   * That at our last inspection in 2016, CQC’s rating of the hospital was *good* with *outstanding care*. * In the last year the Trust had appointed a new Finance director and Director of operations. On both occasions there was an excellent pool of applicants from which to recruit, confirming the strong reputation of QVH as a centre of excellence. We were now confident that we had a great team at QVH which would continue to deliver world class clinical services, efficiently and effectively.   The Trust continued to be proud of what it did at QVH, and was particularly proud of the role the hospital played in the wider NHS, including partnerships with other hospitals and networks of care.  BH advised that the format of this meeting required inclusion of certain statutory items; these comprised approval of last year’s minutes, receipt of the annual report and accounts for 2017/18, and of the forward plan and the Trust’s membership strategy. However, the highlight of this evening would be talks from our clinicians on how we rebuild lives at QVH. | | |
| **Standing items** | | |
| **Draft minutes of the meeting held on 31 July 2017**  The draft minutes of the meeting held on 31 July 2017 were **APPROVED** as a correct record. There were no matters arising. | | |
| **Governance** | | |
| **QVH achievements in 2017/18 and plans for the year ahead**  The Chief Executive opened by describing QVH as a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation for people across the South of England. Over the last year, the hospital continued to face many challenges including a growth in referrals, lack of availability of specialist clinical staff, difficulties in treating every patient in a timely way, and national funding constraints. However, the organisation continued to provide compassionate care, clinical expertise and community relevance alongside world-leading specialisms.  Other highlights included:   * Achievement of our control total which had made us eligible for a further allocation from the Sustainability and Transformation fund. * That the NHS Improvement score for finance & use of resources currently stood at 1 (this was the strongest possible performance). * The outlook for 2018/19 which included increased partnership working; * A review of our membership strategy   The presentation closed with a few examples of the type of patient feedback which the Trust received on a regular basis.  Council and members **NOTED** the contents of the update including the details of the Trust’s strategy and forward plan, and its membership strategy. | | |
| **Summary of the 2017/18 audit findings**  BH welcomed CG from the Trust’s external auditors KPMG, who was attending to provide a summary on 2017/18 audit findings. CG noted that her presentation would cover detailed findings of the trust’s financial statements, use of resources and quality report, highlighting the following.   * Financial statements   That external audit was required to ensure that monies had been correctly recorded, and also check that management judgements had been considered and appropriate. CG confirmed that the Trust had met all reporting requirements and that KPMG had issued an unqualified (clean) opinion on the financial statements.   * Use of Resources   External audit was also required to review how the board operates, (taking into account the views of the Trust’s main regulators, NHSI and CQC). Three areas under consideration were the Annual Governance Statement, work of the regulators, and a review of Trust plans to secure a sustainable financial future. KPMG had issued an unqualified (clean) conclusion in this respect.   * Quality Report   As with last year’s report, CG advised that whilst the “referral to treatment” and “cancer waits” data might be accurate, it was still not possible to align this with Trust records. Accordingly, a limited assurance (clean) opinion on the content of the quality report was issued. External audit had been unable to offer an opinion on the “18 week referral to treatment” and “62 day cancer waits” indicators. It was stressed that concerns were in relation to system design and data accuracy, and not patient care.  Although no opinion had been required on the local governor selected indicator, (drug prescribing errors) external audit would have been unable to issue a limited assurance opinion due to errors in the way it was reported.  There were no further questions. BH thanked CG for her presentation on the 2017/18 annual report and accounts, which were **RECEIVED** by Council and the members. | | |
| **Clinical presentations** | | |
| **Making faces: the art and science of facial expressions**  QVH is one of a very small number of centres in the UK specializing in facial palsy. Mr Charles Nduka, Consultant plastic surgeon, attended the meeting to provide a thorough and comprehensive presentation on how we read faces, the impact of facial palsy and how we continued to rebuild lives every day. | | |
| **Disfigurement – Making life worth living again**  Since Archibald McIndoe’s time, QVH had been treating the whole person not just the injury or illness, and the psychological therapies team played a very important part of that.  Maja Schaedel and Elizabeth Scott-Gliba from the Psychological therapy team joined the AGM to talk about the importance of psychological therapy and some of the ways in which their team helps patients come to terms with disfigurement. | | |
| **Questions from the public** | | |
| In response to questions from the public, the psychological therapies team explained that the typical number of sessions with a patient could vary. Sometime treatment required only 5/6 sessions; however, supporting a patient with Post Traumatic Stress Disorder could take around 20 sessions. It was always important to establish goals at the beginning of treatment to measure effectiveness.  The psychological therapies team was asked what they would wish for if the funding was available and responded that they wished for more resources to be able to provide this service to a larger number of patients. Service availability varied nationally, and was often only provided within a community setting with very limited access.  There were no further questions and BH thanked all those for attending. | | |

Chair:…………………………………………………………… Date:…………………