

# **Annual General Meeting Annual Members' Meeting**

**Monday 30 July 2018**

**18:30 – 20:30**

The Meridian Hall  
East Court  
College Lane  
East Grinstead  
West Sussex  
RH19 3LT



**Annual General Meeting and Annual Members' Meeting 2018**  
**Monday 30 July 2018, 18:30 – 20:30**  
 Meridian Hall, East Court, College Lane, East Grinstead RH19 3LT

Agenda		
Item	Time	Mode
<b>Welcome and introductions</b>		
<b>Welcome, apologies, declarations of interest and introductory comments</b> <i>Beryl Hobson, Chair</i>	18:30	-
<b>Standing items</b>		
<b>Draft minutes of the meeting held on 31 July 2017 (for approval)</b> <i>Beryl Hobson, Chair</i>	18:35	paper
<b>Annual report and accounts</b>		
<b>QVH achievements in 2017/18 and plans for the year ahead</b> <i>Steve Jenkin, Chief Executive</i>	18:40	presentation
<b>Summary of the 2017/18 audit findings</b> <i>(The Trust's 2017/18 annual report, quality accounts and financial accounts is published to our website)</i> <i>Neil Hewitson, Director, KPMG</i> <i>Charlotte Goodrich, Manager KPMG</i>	18:55	presentation
<b>Clinical presentations</b>		
<b>Making faces: the art and science of facial expressions</b> <i>Charles Nduka, Consultant plastic surgeon</i>	19:10	presentation
<b>Disfigurement – Making life worth living again</b> <i>Maja Schaedel and Elizabeth Scott-Gliba, Psychological therapy team,</i>	19:50	presentation
<b>Questions from the public</b>		
<i>Beryl Hobson, Chair</i>	20.25	-

<b>Document:</b>	<b>Minutes (draft &amp; unconfirmed)</b>	
<b>Meeting:</b>	<b>AGM/AMM 31 July 2017, 18:30 – 20:30, The Meridian Hall, East Court, College Lane, East Grinstead RH19 3LT</b>	
<b>Present:</b>	Beryl Hobson (BH)	Chair
	John Belsey (JEB)	Public and Lead governor
<b>In attendance:</b>	Wendy Burkhill-Prior (WB-P)	Public governor
	Robert Dudgeon (RD)	Public governor
	Antony Fulford-Smith (AF-S)	Public governor
	Janet Haite (JDH)	Public governor
	Chris Halloway (CH)	Public governor
	John Harold (JH)	Public governor
	Douglas Hunt (DH)	Public governor
	Carol Lehan (CL)	Staff governor
	Julie Mockford (JM)	Staff governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	Tony Tappenden (TT)	Public governor
	Norman Webster (NW)	Stakeholder governor
	John Wiggins (JW)	Public governor
	Mickola Wilson (MW)	Public governor
	Ginny Colwell (GC)	Non-executive director
	Steve Jenkin (SJ)	Chief executive
	Sharon Jones (SJ)	Director of operations
	Gary Needle (GN)	Non-executive director
	Geraldine Opreshko (GO)	Director of Human resources
	Ed Pickles (EP)	Medical director
	Clare Pirie (CP)	Director of Communications
	Lester Porter (LP)	Senior independent director
	John Thornton (JT)	Non-executive director
	Jo Thomas (JMT)	Director of nursing
	Clare Stafford (CS)	Director of finance
	Hilary Saunders (HS)	Deputy Company Secretary
<b>Apologies:</b>	Angela Glynn (AG)	Public governor
	Sandra Lockyer (SL)	Staff governor
	Joe McGarry (JMcG)	Public governor
	St John Brown (StJB)	Stakeholder governor
	Tony Martin (TM)	Public governor

### Welcome and introductions

The Chair opened the meeting and thanked everyone for coming. Apologies were noted as above, and there were no new declarations of interest.

BH began by recognising the Trust's proud heritage, but noted that in 2017 it continued to pioneer new treatments and receiving excellent patient feedback. Highlights of 2016/17 included:

- CQC's rating of the hospital as *good with outstanding care*. The Trust was now committed to working towards every aspect of QVH being rated as outstanding;
- In the last year we had appointed a new chief executive and medical director, as well as new directors of communications and of HR, and two new non-executive directors. On every occasion we had an excellent pool of applicants from which to recruit, confirming the strong reputation of QVH as a centre of excellence, providing the very best care to patients. We were now confident that we had a great team here at QVH continuing to deliver efficient and effective world class clinical services.

The Trust continued to be proud of what it does 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 concluded by explaining that the format of this meeting required inclusion of certain statutory items; these comprised approval of last year's minutes, for the Council of Governors and members to receive the annual report and accounts for 2016/17, and updates on the forward plan and the Trust's membership strategy. However, the highlight of this evening would be the talks from two of our expert clinicians on how we rebuild lives at QVH.

### Standing items

#### **Draft minutes of the meeting held on 25 July 2016**

The draft minutes of the meeting held on 25 July 2016 were **APPROVED** as a correct record. There were no matters arising.

### Annual report and accounts

#### **Annual report and accounts 2016/17**

QVH is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation for people across the South of England. Chief executive Steve Jenkins explained in the last year the hospital faced many challenges including an increase in day surgery cases, difficulties in recruiting specialist staff and national funding constraints. In addition, QVH was affected by the pressures in other NHS organisations, where some patients were referred to QVH less swiftly than we would want, (or that national targets require).

QVH had delivered its control total despite these challenges which made us eligible for further allocation from the Sustainability and Transformation fund. Overall the Trust had exceeded the original planned surplus by £1.0m. SJ went on to explain how our money was spent. Although the largest cost to this (and other organisations) was staff, this year's capital spend had included a femtosecond laser, anaesthetic machines, improvements to the IT infrastructure and electronic document management, in addition to planned maintenance within the Trust. The NHS Improvement score for finance & use of resources was currently 1 (which was the strongest possible performance).

Looking ahead, SJ described the rationale behind the sustainability and transformation partnerships which were being designed to bring significant improvements in health and care. QVH was making an active contribution at regional level, which included networked models of care and partnership with other hospitals, provision of specialist expertise, the strong relationship with Brighton and Sussex University Hospitals

Examples of the world class clinical services the Trust was currently providing included facial palsy, corneo-plastics and a study into how scars are formed in order to target correct treatment.

In terms of membership, the trust currently had 7,429 public members (which was up from 7,248 in 2016). 46% of these members were now on email which enabled real time engagement, and communications had included lots of news updates, for example CQC inspection results, QVH News newsletters and details of governor elections

In concluding, SJ provided a few examples from the wealth of patient feedback sent to the Trust in response to the excellent care patients had received.

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 2016/17 audit findings**

BH welcomed CG from the Trust's external auditors KPMG, who was attending to provide a summary on 2016/17 audit findings. CG explained that her presentation would cover detailed findings of the trust's financial statements, use of resources and quality report.

- **Financial statements**  
KPMG was required to check that monies had been correctly recorded. It was also required to check that management judgements were well thought through and appropriate. CG confirmed that all reporting requirements were met and that KPMG was able to issue an unqualified (clean) opinion on the financial statements.
- **Use of Resources**  
Auditors were required to look at how the board works and what the Trust's main regulators, (NHSI and CQC) said about it. The three areas under consideration included the Annual Governance Statement, work of other regulators, (eg CQC and NHSI), and a review of Trust plans to secure a sustainable financial future. This year the Trust had achieved a surplus of £1.9m in 2016/17, including achieving £1.7m of Sustainability and Transformation Funding, and was projecting a surplus for 2017/18 of £1.5m. Taking all of the above into account had enabled KPMG to issue an unqualified (clean) conclusion on the use of resources.
- **Quality Report**  
KPMG was required to ensure that the Trust had included everything it should do within the quality report. CG explained that the "referral to treatment" and "cancer waits" data may well be accurate, but could not always be aligned to records. Therefore, a limited assurance (clean) opinion only on the content of the quality report was issued. KPMG was unable to offer an opinion on the "18 week referral to treatment" and "62 day cancer waits" indicators. CG emphasised that concerns were in relation to system design and data accuracy, and not patient care. Council received assurance that much work was being undertaken by the Trust in respect of the national 18-week target, which had improved significantly since last year.

No opinion was required on the local governor selected indicator, (outpatient clinic late starts). However, if it was, CG advised that KPMG would not be able to issue a limited assurance opinion on this indicator due to errors in the way it was reported.

There were no further questions. BH thanked CG for her presentation on the 2016/17 annual report and accounts, which was **RECEIVED** by Council and the members.

## Clinical presentations

### Head and neck reconstruction

Brian Bisase, Consultant Maxillofacial/Head and Neck Surgeon, provided an in-depth presentation on the hospital's head and neck cancer services which had gained both regional and national recognition.

### Prosthetics

Mark Cutler, Consultant Maxillofacial Prosthetist, joined the meeting to describe the work undertaken at QVH, which was host to Europe's largest maxillofacial prosthetics rehabilitation centre. He gave a thorough and comprehensive presentation of patient treatment and provided examples of how it we continued to rebuild lives every day.

## Questions from the public

Noting that the QVH Charity was in the process of approving funding for a 3D printer to enhance the work of the Maxillofacial Department, BB was asked what he would wish for to support his work if the money was available. He responded that he would welcome funding to support research into cellular tissue banking, which would be of huge benefit to head and neck cancer patients.

A question was raised in respect of the future of the Blond McIndoe Research Centre. BH explained that Blond McIndoe was an independent charity based on the QVH site, which had provided lab based elements of some of the research work in which QVH had been involved. QVH had no involvement in the Blond McIndoe board's decision to cease laboratory based research on site. EP noted that QVH would wish to continue with two research projects currently undertaken by the BMRF, including scar tissue (as described under the CEO's update)..

There were no further questions and BH thanked all those for attending.

Chair:..... Date:.....