

Annual Governors' Meeting Annual Members' Meeting

Monday 28 September 2020

17:00

via MS Teams



Annual Governor Meeting/Annual Member Meeting
Monday 28 September 2020 17:00 – 18:00
 via videoconference

AGM/AMM			
Welcome and introductions			
Ref	Item	Time	Mode
01-20	Welcome, apologies, declarations of interest and introductory comments <i>Beryl Hobson, Chair</i>	17:00	<i>verbal</i>
Standing items			
Ref	Item	Time	Mode
02-20	Draft minutes of the meeting held on 29 July 2019 <i>Beryl Hobson, Chair</i>	17:05	<i>attached</i>
Annual report and accounts			
Ref	Item	Time	Mode
03-20	QVH achievements in 2019/20 and plans for the year ahead <i>Steve Jenkin, Chief Executive</i>	17:10	<i>presentation</i>
04-20	Summary of 2019/20 audit findings <i>Our expanded version of the 2019/20 annual report, and financial accounts is published to our website here.</i> <i>Our Quality Report can also be found here.</i> <i>Neil Hewitson, KPMG</i>	17:30	<i>presentation</i>
Questions from the public			
Ref	Item	Time	Mode
05-20	<i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Hilary.Saunders1@nhs.net clearly marked "Questions for the AGM".</i> <i>Beryl Hobson, Chair</i>	17:40	<i>verbal</i>

Document:	Minutes (draft & unconfirmed)	
Meeting:	AGM/AMM 29 July 2018, 18:00 – 20:00, 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 governor
	Liz Bennett (LB)	Stakeholder governor
	St John Brown (StJB)	Stakeholder governor
	Colin Fry (CF)	Public governor
	Antony Fulford-Smith (AFS)	Public governor
	Angela Glynn (AG)	Public governor
	Janet Haite (JDH)	Public governor
	John Harold (JH)	Public governor
	Douglas Hunt (DH)	Public governor
	Andrew Lane (AL)	Public governor
	Carol Lehan (CL)	Staff governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	Martin Williams (MW)	Public governor
	Clare Pirie (CP)	Director of communications and corporate affairs
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
	Steve Jenkin (SJ)	Chief executive
	Jo Thomas (JMT)	Director of nursing
	Michelle Miles (MM)	Director of finance
	Kevin Gould (KG)	Non-executive director
	Gary Needle (GN)	Non-executive director
	Karen Norman (KN)	Non-executive director
	John Thornton (JT)	Senior independent director
	Harriet Lynch (HL)	EA to the Chair and Chief Executive
	Denise Styles (DS)	EA to the Director of Nursing
	Debbie Finch (DF)	EA to the Director of communications and CA
	Kathryn Langley (KL)	Communications manager
	Tania Cubison (TC)	QVH consultant plastic surgeon
Approximately 42 members of the public		
Apologies:	Sandra Lockyer (SL)	Staff governor
	Joe McGarry (JMcG)	Public governor
	Tony Martin (TM)	Public governor
	Julie Mockford (JM)	Stakeholder governor
	Glynn Roche (GR)	Public governor
	Tony Tappenden (TT)	Public governor
	John Wiggins (JW)	Public governor
	Mickola Wilson (MRW)	Public governor
	Abigail Jago (AJ)	Director of operations
	Geraldine Opreshko (GO)	Director of Workforce and OD
	Ed Pickles (EP)	Medical Director

Welcome and introductions

The Chair opened the meeting and thanked everyone for coming. She began by introducing members of the Board of Directors and Council of Governors and went on to summarise some of the key highlights of the last year which included:

- Publication of the Care Quality Commission (CQC) report, with QVH retaining its overall Good rating and maintaining Outstanding for the caring domain.
- Results of the 2018 NHS inpatient survey which showed that only eight acute specialist trusts had been categorised within the highest band, including QVH.
- The appointment of two new non-executive directors to the Board. Once again there had been an excellent pool of applicants from which to recruit, confirming our reputation as a centre of excellence.
- Whilst we had experienced challenges in recruiting to areas of national shortages (including specialist theatres nurses), we have also started to see the results of a successful overseas recruitment programme and some very positive results from local recruitment too.

BH reminded those present that the format of this meeting required inclusion of certain statutory items comprising approval of last year's minutes, receiving the annual report and accounts for 2018/19 and receiving the Trust's forward plan and membership strategy.

However, the highlight of this evening would be a presentation by Tania Cubison, QVH consultant plastic surgeon and Lieutenant Colonel in the Royal Army Medical Corps, who will be talking about treating wounded service personnel in Afghanistan and what she has brought from those experiences to the NHS.

Standing items

Draft minutes of the meeting held on 30 July 2018

The draft minutes of the meeting held on 30 July 2018 were **APPROVED** as a correct record. There were no matters arising.

Governance

QVH achievements in 2018/19 and plans for the year ahead

SJ explained how last year had been one of substantial challenge in terms of waiting list, recruitment and finance; however there had also been significant achievements in maintaining the CQC's rating of Outstanding for care, improving retention of staff and operational grip.

He went on to explain the reasons behind the challenges with operational performance which was the result of a long standing data quality issue at some of our spoke sites; this was finally resolved in July 2018 but had resulted in an increase in patients on the waiting list, and the Trust had made a decision to provide additional resources to support timely treatment of patients.

Workforce issues were predominantly challenges to recruiting in areas of national shortages, in particular theatres, critical care and wards which had required significant agency use. However, the

second half of the year had seen some improvements with a successful overseas recruitment programme, positive results from local recruitment and a large number of substantive staff in post with less agency usage.

Although the Trust had achieved its control total in 2017/18 this had been as a result of non-recurrent income; as a result of the operational and workforce challenges, the financial position had further deteriorated in 2018/19. A review of income compared to expenditure showed that it was costing the Trust more to provide its services than it was generating in revenue. The Trust therefore did not accept its control total for 2019/20 and was forecasting a deficit, with a need for cash support from the DHSC.

The Trust had developed a recovery plan to minimise the 2019/20 deficit; our focus in 2019/20 was to further develop our partnership working with Brighton & Western hospitals which would support our long term sustainability. We would also continue to improve productivity and take care of our staff.

Council and members **NOTED** the contents of the Chief executive's report, including the details of the Trust's strategy and forward plan, and its membership strategy.

Summary of the 2018/19 audit findings

BH welcomed NH from the Trust's external auditors KPMG, who was attending to provide a summary on 2018/19 audit findings; this would cover findings of the Trust's financial statements, use of resources and quality report. Matters of note were:

- Financial statements
KPMG's responsibility was to audit the financial statements and review the annual and remuneration reports. They had issued an unqualified opinion in 2018/19 but this had included reference to material uncertainties casting doubt over the Trust's ability to continue as a going concern.
- Value for money
For 2018/19 KPMG had issued an "except for" conclusion regarding the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources
- Quality report.
KPMG were required to review the quality report and undertake an audit of mandated indicators (18-week RTT and 62-day cancer waits as per national guidance) and local indicators (Outpatient appointment cancellations by patients as selected by the Council of governors). As in previous years it was still not possible to fully align "referral to treatment" and "cancer waits" data with Trust records. Accordingly, a limited assurance (clean) opinion on the content of the quality report had been issued. Although no opinion was required for the local governor selected indicator, KPMG could not have issued a limited assurance opinion due to the way in which data had been compiled and retained. NH emphasised that concerns related to system design and data accuracy, and not patient care.
- Whole of Government Accounts
This required KPMG's co-operation with other relevant regulatory bodies and the auditor of the consolidated accounts of NHS foundation trusts. NH confirmed that for 2018/19, KPMG had issued an unqualified audit certificate.

In response to members, NH referred to a national audit office survey raising concerns on the future of foundation trusts and a separate report which had highlighted that over one third of all NHS bodies had received qualified value for money conclusions.

SJ noted that in the past the Trust had been able to increase its activity in order to achieve a financial surplus but this option was no longer available; moreover there had been a requirement for additional

funding to address the waiting list issue. The Trust was keen not to exceed its planned deficit this year, and the continuing collaboration with other trusts within the Sussex Health and Care Partnership should help to reduce costs across the system.

There were no further questions. BH thanked NH for his presentation on the 2018/19 annual report and accounts, which were **RECEIVED** by Council and the members.

Clinical presentations

The Chair introduced Tania Cubison, QVH consultant plastic surgeon and Lieutenant Colonel in the Royal Army Medical Corps who gave a presentation on the learning taken from 10 years in Afghanistan. She began by talking about her experiences of treating wounded service personnel in Afghanistan and highlighting what she had brought from those experiences to the NHS. She went on to describe pre deployment training and the complex configuration of this type of trauma team. The challenges of treating the worst type of trauma cases within a high pressure environment were exacerbated by the continual rotation of almost all staff.

TC explained that whilst military injuries at Bastion differed from general trauma, plastic surgery expertise was required for complex vascular repairs, hand surgery, burns, facial injury and soft tissue damage. There was also a need for Maxillofacial and Ophthalmology support.

Key learning after 10 years in Afghanistan included the importance of training for everyone, the significance of ATMIST (handover to the medical team of accurate standardised information) in silence, regular SITREPS (status reporting providing quick understanding of the current situation) and time out, and valuing each individual in your team.

At the end of the presentation a member of the public highlighted the huge amount of goodwill for QVH in the local area and suggested the Trust should proactively seek financial support when fundraising for a particular piece of equipment.

There were no further questions and BH thanked TC for taking the time to speak at today's event.

Questions from the public

Members considered the content of this evening's programme seeking clarification as follows:

- There had been a significant reduction in trainee nurses since the withdrawal of nursing bursaries, which had impacted on the Trust's ability to recruit nurses in theatres and critical care.
- To address the considerable national workforce challenges, the NHS had recently launched an interim people plan and appointed a new Chief People Officer. Key themes included tackling the nursing shortages and developing a new operating model for workforce.

There were no further questions. The Chair thanked all those for attending and closed the meeting.