

**Minutes of the Meeting of the Council of Governors (In Public)**  
**20 September 2023, 14:00 – 16:35**  
**Hyde Park Room, Lanesborough Wing, St George's Hospital**  
**and via Microsoft Teams**

Name	Title	Initials
<b>Members:</b>		
Gillian Norton	Chairman	Chairman
Nasir Akhtar	Public Governor, Merton	NA
Afzal Ashraf	Public Governor, Wandsworth	AAs
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	ABen
Patrick Burns*	Public Governor, Merton	PBu
Sandhya Drew	Public Governor, Rest of England	SD
Sarah Forester	Appointed Governor, Healthwatch Wandsworth	SF
John Hallmark	Public Governor, Wandsworth	JHa
Hilary Harland	Public Governor, Merton	HH
Lucy Mowatt	Public Governor, Wandsworth	LM
Richard Mycroft	Public Governor, South West Lambeth (Lead Governor)	RM
Khaled Simmons	Public Governor, Merton	KS
Huon Snelgrove	Staff Governor, Non-Clinical	HS
Ataul Qadir Tahir*	Public Governor, Wandsworth	AQT
Stephen Worrall*	Appointed Governor, Wandsworth	SW
<b>In Attendance:</b>		
Ann Beasley	Non-Executive Director, Vice Chair	ABea
Stephen Collier*	Non-Executive Director	SC
Paul Cuttle	External Auditor, Grant Thornton ( <i>item 3.4 only</i> )	EA
Paul Da Gama	Group Chief People Officer	GCPO
Andrew Grimshaw	Group Chief Finance Officer	GCFO
Natilla Henry	Site Chief Nursing Officer – SGUH	Site CNO
Stephen Jones	Group Chief Corporate Affairs Officer	GCCAO
James Marsh	Group Deputy Chief Executive Officer	GDCEO
Andrew Murray	Non-Executive Director	AM
Kate Slemeck	Managing Director – SGUH	MD-SGUH
Stephanie Sweeney	Group Director of Quality Governance	GDQG
Jacqueline Totterdell	Group Chief Executive Officer	GCEO
Tim Wright	Non-Executive Director	TW
<b>Secretariat</b>		
Muna Ahmed	Interim Senior Corporate Governance Manager (Minutes)	SCGM
<b>Apologies:</b>		
Adil Akram	Public Governor, Wandsworth	AAk
Padraig Belton	Public Governor, Rest of England	PBe
Derek Cattrall	Public Governor, Rest of England	DC
Kathy Curtis	Appointed Governor, Kingston University	KC
Jenny Higham	Non-Executive Director	JHi
Marlene Johnson	Staff Governor, Nursing & Midwifery	MJ
Yin Jones	Associate Non-Executive Director	YJ
Shalu Kanal	Public Governor, Wandsworth	SK
Peter Kane	Non-Executive Director	PK
Julian Ma	St George's University of London	JM
Tunde Odutoye	Staff Governor, Medical and Dental	TO
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SP
Alex Quayle	Staff Governor, Allied Health Professionals	AQ
Arlene Wellman	Group Chief Nursing Officer	GCNO

\* Joined the meeting via MS Teams

1.0	OPENING ADMINISTRATION	Action
1.1	<p><b>Welcome and Apologies</b></p> <p>The Chairman welcomed everyone to the meeting, both those attending in person and those joining remotely via videoconference.</p> <p>The Council of Governors noted the apologies as set out above.</p>	
1.2	<p><b>Declarations of Interest</b></p> <p>There were no new declarations of interest.</p>	
1.3	<p><b>Minutes of the Public meeting held on 26 July 2023</b></p> <p>The minutes of the meeting held on 26 July 2023 were approved as a true and accurate record.</p>	
1.4	<p><b>Action Log and Matters Arising</b></p> <p>The Council of Governors reviewed the action log and noted the following updates:</p> <ul style="list-style-type: none"> <li>• <b>COG.260723.1 External Audit Tender:</b> Three Governors had put themselves forward to participate in the new working group to oversee the process for the tendering of a new contract for an external audit provider across the Group (Khaled Simmons, Richard Mycroft and John Hallmark). The action was closed.</li> <li>• <b>COG.260723.2 External Audit Tender:</b> An NHS Providers GovernWell guide for Governors on appointing an external auditor had been circulated to Governors on 31 July 2023. In-house training opportunities would also be explored. The action was closed.</li> <li>• <b>COG.260723.5 Board and Board Committee dates:</b> Board and Board Committee dates had been recirculated to Governors on 4 September further to previous circulations of these dates. Regular reminders would be circulated (these have subsequently been included in the Governor weekly newsletter). The action was closed.</li> <li>• <b>COG.260723.4 Governor visits:</b> A comprehensive programme of Governor visits for the next 12 months had been circulated to Governors on 18 September. The action was closed.</li> <li>• <b>COG.260723.3 Theatre utilisation:</b> An item on theatre utilisation had been added to the Council forward plan. The action was not yet due.</li> </ul>	
1.5	<p><b>Chief Executive Officer's Report</b></p> <p>The GCEO provided the following updates:</p> <ul style="list-style-type: none"> <li>• The events that had taken place at the Countess of Chester Hospital would have a profound impact on the NHS and everyone across the health service had been shocked by the horrific criminal acts. A public inquiry would be welcome and would support the NHS in learning lessons. The Trust would work proactively to ensure that all appropriate mechanisms were put in place to ensure the highest levels of safety and security.</li> <li>• PSIRF was being implemented across the Group from September 2023. The new framework sought to increase opportunities to learn and improve, and</li> </ul>	

would underpin a culture of continuous improvement and would strengthen the Trust's responses to patient safety incidents.

- Industrial action was continuing with strikes by junior doctors as well as consultants taking place in September and a combined industrial action from junior doctors and consultants scheduled for 2-5 October. The Trust was working hard to ensure patient safety was protected and manage the operational challenges. The Trust was preparing for, and mitigating the risks of these events and planning was underway at Group and Site level. There would be further cancellations in elective work.
- The consultation on the Principal Treatment Centre (PTC) for Paediatric Cancer would be launched on 26 September 2023 and run for 3 months, closing at midnight on 18 December 2023.
- There had been extensive media reports of a visit by a St George's Chaplain to Afghanistan over the summer. The individual concerned had met Taliban officials while on annual leave. The Trust took immediate action and also sought advice from the police, Prevent and relevant local authorities. The Trust met with the Chaplain on his return to the UK who said his visit was part of a charity delegation to deliver humanitarian aid. It was reinforced to the Chaplain that patients and staff must be treated in line with the Trust's values. Disciplinary action can only be considered if personal or political views impact upon conduct in the workplace or if any policies were breached.
- All trusts had been asked by NHS England (NHSE) to assess their estate to identify the presence of Reinforced Aerated Autoclaved Concrete (RAAC). Across all sites at both St George's University Hospitals and Epsom and St Helier University Hospitals, a number of surveys had been undertaken and it was established that there was no RAAC present anywhere on the estates. Further checks would continue to be carried out.

The Chairman invited questions and comments from Governors. The following points were raised and noted in discussion:

- Khaled Simmons (KS) queried whether Martha's Law had been discussed by the Board, in relation to the Letby case. The GCEO clarified that Martha's Law gave families and carers the legal right to a second medical opinion in the same hospital and was different from the Letby case. There were 7 sites piloting Martha's Law and NHS guidance would be published, following the completion of the pilot.
- Sarah Forester (SF) queried where the Trust was with winter planning. The MD-SGUH stated that the Trust was in the process of undertaking planning for winter and a winter plan would be brought through the Quality and Finance Committees in November building on the learning from the previous winter. The focus would be on avoiding admissions and a prompt turnaround at the 'front door', including measures to improve flow, extending the same day emergency care services with more virtual ward capacity in the community. Work on improving flow was ongoing with the partner organisations including local authorities, and a concordat was in place to involve the local authorities earlier in the patient pathways to help support quicker discharges.
- Hilary Harland (HH) asked about challenges with discharges at the weekends. The MD-SGUH acknowledged that this was more challenging at weekends, particularly where there were ongoing care needs, such as access to packages of care and home placements. The issue was not a lack of

	<p>resources on the acute site at weekends, but rather the availability of care places for those who would be discharged.</p> <p>The Council noted the GCEO report.</p>	
<p><b>2.0</b></p>	<p><b>ACCOUNTABILITY</b></p>	
<p><b>2.1</b></p>	<p><b>Questions to Non-Executive Directors</b></p> <p>The Chairman invited questions to Non-Executive Directors (NEDs):</p> <ul style="list-style-type: none"> <li>• Richard Mycroft (RM) asked Andrew Murray (AM) about the implementation of PSIRF. AM explained that the decision was taken to trial PSIRF in specific departments, starting with Surgery in July 2023. The trial would be reviewed and learning would inform the roll out of PSIRF into other departments.</li> <li>• In relation to PSIRF, KS sought assurance that the learning identified and solutions to be implemented would be effective. AM relayed that in Surgery, departmental meetings had been put in place to focus on and monitor the actions. The Quality Committee was due to receive a report on the trial and would be interested to see the reflections from the departmental meetings and assurance around the delivery of actions. The Chairman added that NEDs were concerned about how the Board would receive assurance under the new PSIRF framework and this was being taken forward.</li> <li>• SF relayed that she had been approached to be a patient safety partner. She queried whether there was sufficient resource to drive the change required. AM stated that launching the new framework by department would help to ensure there was adequate resource. The quality governance review would also seek to review the governance around the new PSIRF framework.</li> <li>• Afzal Ashraf (AAs) suggested distinguishing between lessons identified and lessons learned. The Site CNO emphasised that learning was at the centre of the new PSIRF framework. A soft launch had been a conscious decision as PSIRF was a major cultural shift and the Trust wanted to ensure it was sustainable in the long term and bring the learning from one division into other areas and embed the changes.</li> <li>• Huon Snelgrove (HS) queried what the implementation of PSIRF meant and whether there was a robust evaluation plan in place for PSIRF. He also commented that PSIRF was covered as part of the Big 5 civility training and high performing teams training. AM explained that PSIRF was a national programme which all trusts were required to follow. The launch had recently begun, starting with surgery and would roll out elsewhere subsequently. This would support the Trust in learning lessons throughout the process of implementation. The Chairman added that the Trust was committed to implementing PSIRF and doing so in a full and robust way. However, implementation of PSIRF did not lend itself to a simple evaluation plan in the way that other smaller-scale interventions might, and that while it was important to learn lessons throughout the implementation process the Trust was required to implement PSIRF in the way that had been mandated nationally. AM noted that the Quality Committee would continue to scrutinise never events, and had done so recently in respect of wrong site surgical never events across the Group. The Quality Committee would continue to monitor the implementation of PSIRF but it was also important to recognise the complexity and scale of the cultural change envisaged under the new framework.</li> </ul>	

- Nasir Akhtar (NA) queried whether learning could be gained from other organisations that may have piloted PSIRF. The GDQG explained that learning had been shared from trial sites and that the Group was working with the South West London (SWL) Integrated Care Board (ICB) to ensure the learning was implemented. PSIRF training had commenced and was at 70% compliance.
- John Hallmark (JH) requested the timescales for the full roll-out of PSIRF. The GDQG stated that the roll out in Surgery would continue to mid-October following which PSIRF would be launched in all other areas. A group lead for PSIRF had been appointed to oversee this.
- KS commented that PSIRF allowed more discretion in what was investigated and how things were reported. In light of the recent criticism by the CQC of the downgrading of incidents within maternity, he queried how the Board could be assured this would not happen under PSIRF. The Chairman acknowledged the concern, and reiterated that the Board remained concerned as to how it would receive effective assurance under the PSIRF framework, and that the Board would be holding further development sessions to explore this. In relation to the comment on maternity incidents, AM stated that categorising significant events in maternity was complex because there was a lack of clarity on what was deemed as harm and whether harm had to be classed as 'avoidable' harm by the Trust or whether all harm needed to be reported. AM stated that, having spoken to staff in maternity, he was satisfied that there had been no pressure to downgrade incidents and the issue reflected the complexities outlined.
- KS stated that the CQC's inspection report on maternity had suggested that the Board was unsighted on the issues and asked how the Board could be confident that it was not similarly unsighted on other issues. He asked whether non-executives would commission a review to identify factors that may be preventing accurate reporting and assurance. AM confirmed a quality review had been commissioned, the terms of reference of which had been agreed by the Quality Committee and the Group, and these had been shared with the Council of Governors at the meeting on 26 July. The review would be in two phases. It would start with maternity at SGUH and ESTH and consider actions that may be necessary to strengthen governance and culture within maternity and from maternity to the Board. It would subsequently look more broadly at quality governance processes across the Trust and the Group as a whole. The external review had been delayed due to the new financial 'triple lock' process which required all expenditure over £25k to be approved by SWL ICB and NHS London. As a result, the Chairman and Chief Executive had identified an individual from NHS England who would be seconded to the Trust for one year to support quality governance and undertake the actions set out in the governance review terms of reference. In addition, the Trust had arranged for the national maternity safety support programme to support the Trust and conduct an upstream diagnostic review in maternity. This was expected to start in late October and the Board was due to meet the Regional Chief Midwife for London at a Board development session in mid-October to discuss this work.
- Lucy Mowatt (LM) queried whether it was known which areas beyond maternity the quality governance review would consider. The Chairman stated that this was being worked through. A proposal would be shared with the Board.



### 3.1 Maternity Services Update

The Site CNO - SGUH provided an update on the actions from the CQC inspection of maternity services in March 2023 and on the Trust response to the CQC's Section 29A Warning Notice. The actions in respect of the Warning Notice had been within the timescales and reported to the CQC in June 2023. The full CQC inspection report had been published on 17 August 2023 and the Trust had been asked to undertake 15 'must do' actions and 6 'should do' actions to improve the service. Management oversight of these actions was undertaken at a weekly operational group, chaired by the Site CNO and there was, in addition, a Maternity CQC Steering Group which was chaired by the Group Chief Nursing Officer. The 'must do' actions were in progress and were nearing completion. The chairing of the Steering Group would move from the GCNO to the Managing Director – SGUH shortly. The areas of focus would be broadened to governance, triangulation and management of information received from various sources. The Site CNO also provided an update on the Trust's compliance with the safety actions set out in year 5 of the NHS Resolution Maternity Incentive Scheme (MIS) 2023 and highlighted that there was a risk of non-compliance against 3 of the safety actions relating to transitional care, midwifery workforce planning, and care bundles.

HH noted that University Hospitals Leicester NHS Trust had received a similar CQC report on maternity and queried whether the Trust was aware of the checklist the CQC was working to. The Site CNO stated that the CQC had well established Key Lines of Enquiry and the Trust was aware of these.

Sandhya Drew (SD) queried what had gone wrong with Freedom to Speak Up (FTSU) and what would be done differently in the future. The Site CNO emphasised that staff were encouraged to speak up and had feedback sessions with the Maternity Team. The GCCAO added that it was important to be clear about what the issues were in relation to staff in maternity speaking up and to distinguish between speaking up in general terms and FTSU as a service. The latter had worked effectively in that staff had approached FTSU, and FTSU in turn had escalated those concerns to the Divisional management team, the Site management team, the Executive team and the Board. The issue in this case was not that staff had felt unable to speak up, or that they did not know how to speak up. The issue was the timeliness and effectiveness of the management follow-up to the concerns once raised. This issue of timely responses to concerns was a wider issue, and one that the Executive, People Committee and Board recognised and were focused on addressing. This was why a new Raising Concerns Oversight and Triangulation Group had been established to oversee the timely resolution of concerns, and the triangulation of concerns with other relevant data, such as incidents, complaints, staff survey, leavers, and sickness absence among others.

SF asked whether additional staff had been recruited in maternity to enable existing staff to undertake training and whether it was affecting service delivery. The Site CNO confirmed that the Group Executive had agreed to recruitment of a number of additional midwives, and these were expected to join the Trust by October 2023. The Trust had adopted a dynamic approach on how the birth centre would be utilised. There had been a significant improvement in the availability of the birth centre.

AAs asked to know where accountability for the situation in maternity lay. He also asked what risk mitigations had been taken and what measures had been put in place to provide early warning of possible failings in a particular area. AAs stated that better understanding was required on where the governance mechanism failed. The GCCAO explained that, as previously referenced, the Trust had made arrangements for a quality governance review to be undertaken to address the specific issues on quality governance highlighted by the CQC, and that it had been agreed that this would also incorporate a review of culture. In terms of accountability, the Board was

	<p>ultimately accountable for quality and safety and the Executive was accountable to the Board in terms of operational management of the improvement actions, which were being taken forward at Site, Divisional and Service level.</p> <p>KS stated that Governors should have sight of the terms of reference for the quality governance review. The GCCAO explained that the terms of reference for the review had been circulated to Governors in the papers for the Council's meeting on 26 July 2023, but said these would be recirculated. The Chairman added that it was important to reiterate the earlier point that, in the context of the triple lock, the Trust had agreed to second an individual to work at the Trust for a year and that the way in which the review would be delivered would differ from the way originally envisaged in the terms of reference. Nevertheless, the terms of reference accurately reflected the scope of the work that the individual had been asked to undertake.</p> <p>The Council noted the Maternity Services Update.</p>	<p><b>GCCAO</b></p>
<p><b>3.2</b></p>	<p><b>Raising Concerns Update</b></p> <p>The GCCAO presented the report, which provided Governors with an overview of the Trust's Freedom to Speak Up arrangements and the steps being taken to strengthen the approach to raising and responding to concerns. The GCCAO explained that there was a particular focus on speaking up in the context of the events at the Countess of Chester Hospital and the recent Royal College of Surgeons report on sexual harassment. More specifically, the Trust was focused on strengthening its arrangements for speaking up and the wider speak up culture in the context of the Trust's NHS Staff Survey, the results of which in 2022 had demonstrated that 68% of staff felt secure raising concerns about patient safety and 56% in raising concerns more generally, but that far fewer staff felt confident that action would be taken in response. The GCCAO explained that there were multiple ways of speaking up and raising concerns as part of business as usual, specifically through normal line management routes. The FTSU service provided a route for staff to speak up when they felt they could not raise concerns in the usual way, for whatever reason. The trend over the past 6 years was of more staff raising concerns which was welcome and suggested growing awareness of and confidence in raising concerns. The main themes raised were around management capacity and conduct; Trust systems and processes; and bullying and harassment. There had more recently been an increase in the number of patient safety concerns raised via FTSU. The main issue for the FTSU Guardian was the timely resolution of concerns. The GCCAO added that a lot of work had already taken place to strengthen FTSU. FTSU training was now mandatory for all staff and more than 5,000 staff had been trained. The Guardian regularly went out to clinical and non-clinical teams across the Trust to hold drop in sessions and listening events, particularly where there were clusters of concerns. This would then feed into broader culture and organisational development (OD) interventions. The current focus was on strengthening arrangements to ensure timely responses to concerns and prompt management follow-up. The new oversight group that had been created would provide a forum to resolve issues, drive progress in responding to concerns, and triangulate concerns with other data, as well as to coordinate a communications approach across the Trust to build confidence in raising concerns through initiatives such as case studies and 'you said, we did' approaches.</p> <p>The GCPO stated that one of the Big 5 workstreams was based around how we encourage staff to have more confidence in speaking up, and one major area of focus was civility and psychological safety. A series of online workshops had been held for staff which were well attended. Other areas of focus were bullying and harassment and the processes in place. Work was underway to strengthen the employee relations function and create effective processes, and build compassionate and inclusive leadership, with the aim to help middle managers create an environment which enabled staff to speak up and them to act upon it. The culture work also</p>	

focused on inclusive behaviours and understanding the Trust values. The GCPO stated that when you have high performing teams, issues can be resolved locally and promptly. The Trust has a strong staff support function that offers mediation services. Also, where issues are identified by FTSU, the organisational development team would go into the department and work locally to create inventions and address the issues.

The GCMO added that raising concerns was essential to a healthy safety culture. The GCMO was pleased to see the increase in patient safety concerns being raised. He stated that the reasons people provided for not raising concerns were that they did not believe anything would be done and that staff were worried about suffering from detriment. He also added that were reluctant to speak up about sexual safety concerns.

The Chairman invited questions from Governors and the following issues were raised and noted in discussion:

- AAs stated that he was not assured that the issues would be addressed and felt that a more radical and proactive approach was required with leaders going out to obtain information, instead of relying on other people to raise concerns.
- SD queried whether the Board had received more detail on the 79% of concerns resolved informally and 21% of concerns resolved formally. SD questioned whether the new oversight group would have sight of what was happening with the concerns and the outcomes. SD also asked what the plan was in response to what went wrong in the past with the Board receiving false assurance in respect of maternity.
- KS expressed concern that the new oversight group's time would be taken up with grievance-related concerns. KS noted that only 13% of concerns were in relation to patient safety concerns.
- Alfredo Benedicto (ABen) noted that the workforce was diverse and that some cultures may not be encouraged to speak up. ABen queried how the Trust was addressing cultural diversity.

The GCCAO clarified that the new oversight group was set up to address the lack of follow-up and the challenges around timely resolution of concerns. He explained that proceeding as previously was not an option, that a step change was needed to ensure timely resolution of concerns, and that only by demonstrating to staff that concerns would be dealt with promptly and effectively could the Trust build confidence in the processes. The oversight group would not be focused on individual grievances or any other employee relations processes, other than to triangulate concerns and identify hotspot areas. The new group would not cut across established HR processes. The group had an important contribution to make in terms of triangulating concerns with other data to identify hotspot areas and support others to take early interventions. The group would consider patterns in incident reporting, complaints, sickness absence and turnover data alongside data from the NHS staff survey to identify those areas which may require support or intervention. The GCCAO said that the Trust needed to do more work on 'you said, we did' to help build confidence that if staff spoke up action would be taken.

The GCCAO explained the informal resolution of concerns involved, for example, signposting staff to the right HR process; facilitating a discussion or enabling mediation. More formal investigations could include, for example, undertaking appreciative inquiries where there were clusters of concerns. The FTSU was a small



	<p>team with 3 substantive roles and its main role was to listen to staff. As part of the corporate services integration, a group-wide FTSU service was being established.</p> <p>KS queried whether the data published in the Royal College of Surgeons report in relation to sexual assault in the workplace was reflective of the position at the Trust. The GCPO stated that the employee relations data for the Trust showed very few such cases but the GCMO added that there was nothing to suggest that the position at SGUH should be any different from any other organisation in the NHS and that it would be important to examine this further. The GCMO added that where concerns were raised regarding sexual misconduct, these were investigated and the Trust had recently dismissed a consultant on these grounds following investigation.</p> <p>LM commented that it was important for staff to be able to speak to their managers and ensure support was there for middle managers. LM also stated that the concerns needed to be triangulated.</p> <p>RM commented that the key was leadership and that middle management needed to be improved. RM was aware that there was a leadership development programme and would like to know more about it. RM felt that engaging staff on improving patient care was vital and should be part of the culture. The Chairman agreed that a paper bringing together the work being done in relation to leadership development should come to a future meeting.</p> <p>The Council noted the report.</p>	
<p><b>3.3</b></p>	<p><b>Financial Performance Update</b></p> <p>The GCFO reported that in month 5 the Trust had a £24.6m deficit, which was £10.0m adverse to plan. The overall adverse variance to plan was due to the impact of the industrial action and the shortfall in the elective recovery funding (ERF). The financial position was under pressure and the GCFO was expecting significant challenges in the second half of the year. The key areas of risk were from the delivery of Cost Improvement Plans (CIP), additional escalation beds, and inflationary costs.</p> <p>There was a discussion about ERF. The Trust was not meeting the ERF target. The Trust would have to achieve 106% of the 2019/20 elective activity in order to receive the full value of the ERF. The site and operational teams were working on improving theatre productivity, bed capacity and use of Queen Mary's Hospital theatres. Non-elective pressures were having an impact on elective activity with emergency cases taking up intensive therapy unit (ITU) beds and impacting planned work.</p> <p>The Council noted the M5 Financial Performance update.</p>	
<p><b>3.4</b></p>	<p><b>External Audit Report 2022/23</b></p> <p>Paul Cuttle, external auditor, joined the meeting and reported:</p> <ul style="list-style-type: none"> <li>• The auditor had issued an unqualified audit opinion for 2022/23.</li> <li>• Auditor annual report provided commentary on the value for money arrangements.</li> <li>• The significant weakness highlighted was around financial sustainability and the financial challenges the Trust was facing.</li> </ul> <p>The Council noted the External Audit Report 2022/23.</p>	
<p><b>4.0</b></p>	<p><b>COUNCIL OF GOVERNORS - GOVERNANCE</b></p>	

<p><b>4.1</b></p>	<p><b>Annual Members' Meeting 2023</b></p> <p>The GCCAO provided an overview of the plans for the Annual Members' Meeting to be held on 27 September 2023. The Communications team was organising the meeting and arranging a number of events to encourage attendance and participation. The structure of the meeting would be similar to previous years. The annual report and accounts would be submitted as well as the minutes of the previous year's AMM before having a patient story focused on paediatric cancer services, an overview of the year from the Chief Executive and an overview of the Trust finances from the GCFO.</p> <p>The Council noted the update on the AMM 2023.</p>	
<p><b>4.2</b></p>	<p><b>Elections to Council of Governors 2023/24</b></p> <p>The GCCAO informed the Governors that the next set of elections to the Council of Governors was scheduled to take place in quarter 3 2023/24 and that the Governors elected would take up their new terms of office from 1 February 2024. The process would include an awareness session for prospective Governors and current Governors were welcome to attend. The GCCAO also highlighted that there were also additional vacancies due to the retirement of Marlene Johnson, the Staff Governor for Nursing and Midwifery, and the resignation of Michael Amherst, Public Governor in the Rest of England Constituency, who had been elected in January 2023. The proposal was to fill these vacancies from the forthcoming elections, rather than either holding stand-alone elections or going to the runner-up from the most recent elections.</p> <p>The Council noted the plans for holding elections to the Council of Governors during Q3 2023/24; and agreed that the vacant seats on the Council in the Staff Nursing and Midwifery and Public (Rest of England) constituencies should be filled through the 2023/24 election process.</p>	
<p><b>5.0</b></p>	<p><b>CLOSING ADMINISTRATION</b></p>	
<p><b>5.1</b></p>	<p><b>Any other business</b></p> <p>No other business was raised.</p>	

**Date of next Meeting**  
**Wednesday 22 November 2023, 14:00**