

Minutes of Annual Members' Meeting
24 September 2025
 Hyde Park Room, St George's Hospital, Blackshaw Road, London, SW17 0QT

Presenter	Title
Sir Mark Lowcock	Group Chair
Alfredo Benedicto	Lead Governor
James Blythe	Interim Group Chief Executive Officer
Andrew Grimshaw	Group Chief Finance Officer
Kate Slemeck	Managing Director, St George's

1.0 OPENING ADMINISTRATION

1.1 Welcome and Minute of the previous meeting

The Chair welcomed everyone to the Annual Members' Meeting and introduced James Blythe as Interim Group Chief Executive Officer.

The minutes of the previous Annual Members' Meeting, held on 25 September 2024, were received and approved.

The Trust's Annual Report and Accounts 2024/25 had been published on the Trust's website and were being presented to the Annual Members' Meeting in accordance with the Trust's statutory obligations.

2.0 TRUST OVERVIEW OF THE YEAR

2.1 Patient Story

The Chair introduced Matthew Sunter, Lead Heart Failure Nurse, who gave a presentation on an innovative approach to heart failure using a chemotherapy style treatment. To date, 30 patients had been treated this way with a 62% reduction in deaths. Readmission rates had reduced by 30% and the number of appointments patients needed to attend had also reduced.

2.2 Review of the Year and Looking Ahead – Kate Slemeck, Managing Director, St Georges' and James Blythe, Interim Group Chief Executive Officer

Kate Slemeck reported on the following highlights from the year:

- 4,000 babies had been born;
- 152,000 people had been treated in the Emergency Department;
- 891,000 outpatient appointments had taken place; and
- 27,000 surgical procedures had been undertaken.

James Blythe set out the priorities for the year ahead:

- Improving quality and patient experience, focusing on waiting times and particularly the Emergency Departments;
- Involving people in the difficult decisions the Trust needed to make, maximising the resources available to care for its communities;
- Becoming more efficient and productive;
- Ensuring the Trust was getting the very best out of its partnerships across gesh to reduce variation and improve services; and
- Continuing to develop place-based teams, delivering the national NHS 10-Year Plan through neighbourhood health and helping to keep people well and out of hospital.

2.3	Lead Governor Update
	Alfredo Benedicto (AB) introduced himself and explained the importance of members and the role of governors. During the previous year the Council of Governors had: • Recruited and appointed a new Chair; • Recruited three new Non-Executive Directors and one Associate Non-Executive Director; • Supported the election and induction of 6 new Governors; • Appointed the external auditors for the 2025-28 period; and • Increased the number of members and reactivated engagement activities. There were a number of priorities for governors in the year ahead including: • Retaining or appointing one Non-Executive Director and 1 Associate Non-Executive Director; • Supporting the recruitment of the new Group Chief Executive Officer and approving their appointment; • Supporting the election, appointment, and induction of 9 new Governors; • Increasing membership engagement activities; and • Supporting the Trust in the implementation of the new NHS 10-Year Plan AB highlighted the upcoming governor elections and encouraged members to nominate themselves.
2.4	Trust Finance Review and Auditors Year-End Report
	Andrew Grimshaw (AG), Group Chief Finance Officer (GCFO), gave an overview of the audit of the Trust's annual accounts for 2024/25 which had been undertaken by Grant Thornton. He highlighted the following: • The Trust had received an unqualified audit opinion on its 2024/25 accounts. Grant Thornton had also undertaken its work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. • In 2024/25 the Trust had a deficit of £4.3m but this included deficit funding from NHS England, making the underlying position a deficit of £50.1m • The Trust had had income of £1,328.2m and operating expenditure of £1,322.5m The GCFO noted that the Trust had submitted a breakeven financial plan for 2025/26. The financial environment was more challenging than in 2024/25, with a significant Cost Improvement Programme requirement, and delivery of the plan would be very challenging.
4.0 QUESTIONS FROM MEMBERS AND THE PUBLIC	
	The Chair opened the meeting to questions from members and the public, starting with those submitted in advance of the meeting before moving on to take questions from those present: 1. How do you support retiring staff from the Trust and those already retired staff of the Trust ? The Group Chief People Officer (GCPO), Victoria Smith, said that a policy on retirement had recently been launched which also made reference to flexible working options for those who did not wish to fully retire. This also helped the Trust to retain and high quality experienced staff. Staff were also directed to the NHS pre-retirement webinars and support from professional bodies and NHS charities. 2. I'm curious why there's a charge for the Certificate of Employment. Could you explain what the £10 fee is used for? I understand there might be some administrative costs, but I'm wondering why it's necessary to pay for something like this, especially since other

	places don't seem to charge for it. With the ongoing cost of living concerns, it would be helpful to understand the reasoning behind this fee. The GCPO was pleased to inform the meeting that a review was underway with the hope that the administration fee could be reduced or removed. 3. Please could we know how the management of patient transport be improved to prevent patients having to wait hours often to get home when they have no alternative. Jenni Doman, Deputy Director of Estates and Facilities, said that she understood the frustration with transport issues and was disappointed at the experiences that patients were having. 1000s of patient transports were arranged and there had been an increase in the number of people booking transport who were not entitled to it. This was being addressed, as well as working with the provider to improve performance. 4. How much does the trust pay in PFI contracts? The GCFO described the PFI (Private Finance Initiative) arrangements relating to the Atkinson Morley Wing and Queen Mary's Hospital. He advised that the Atkinson Morley Wing PFI cost approximately £10m annually and had approximately nine to ten years remaining. He also outlined the more complex arrangements at Queen Mary's Hospital, where the Trust occupied space through arrangements involving other NHS bodies, at a cost of approximately £10m annually. 5. What was the response to the recent CQC reports into services? The MD-SGUH said that she was very disappointed with the findings and she knew that staff were disappointed as well. Basic issues such as equipment checks, missed medicines or documentation and out of date risk assessments should not be occurring. The really good outcomes in maternity should be recognised and there was a focus on ensuring the right support for maternity, ED and surgery to address the issues identified. The MD-SGUH was confident that the services were moving in the right direction. During further questions it was noted that: • There were no plans to change the chaplaincy service. • MD-SGUH would discuss with teams whether it was possible to give an indication of wait times in outpatient clinics if they were running behind schedule. • There was a huge opportunity for joint working with City St George's University, reflecting the organisation's colocation on the St George's site. • As an anchor employer there could be opportunities to work with local businesses.
5.0	CLOSE
	The Chair formally closed the meeting and thanked the Board, Governors, staff and the community for their continued support. He also thanked everyone for their contribution in making the meeting a success, particularly the Communications Team and the presenters.

There being no further business the meeting closed at 7.40pm.