

**Minutes of the Council of Governors meeting held on
22nd July 2024 in the
Trust Boardroom and via Microsoft Teams**

Present:

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| Kevin Arnold | Public Governor |
| Joanna Bennett | Public Governor |
| Barry Bull | Public Governor |
| Frank Cunnane | Public Governor (Teams) |
| Benita Florence | Staff Governor (Teams) |
| Jason Goodchild | Nominated Governor (Teams) |
| William Holmes | Public Governor |
| Jane Podkolinski | Volunteer Governor |
| Salil Ray-Chowdhury | Public Governor |
| Andy Rhind-Tutt | Public Governor |
| Paul Russell | Staff Governor |
| Peter Russell | Deputy Lead Governor |
| Jayne Sheppard | Lead Governor |
| Matthew Swift | Public Governor |
| Susan Snoxall | Public Governor (Teams) |
| Sara Willan | Public Governor |

In Attendance:

| | |
|---------------------|--|
| Eiri Jones | Senior Independent Director – Chaired meeting |
| Ian Green | Chair (Teams) |
| Lisa Thomas | Interim Chief Executive |
| Peter Collins | Chief Medical Director |
| Naill Prosser | Chief Operating Officer |
| Mark Ellis | Interim Chief Finance Officer |
| Rhakee Aggwal | Non-Executive Director (Teams) |
| David Buckle | Non- Executive Director (Teams) |
| Paul Cain | Non-Executive Director (Teams) |
| Michael von Bertele | Non-Executive Director |
| Kirsty Matthews | Non-Executive Director (Teams) |
| Anne Stebbing | Non-Executive Director |
| Isabel Cardoso | Membership Manager (minute taker) |
| Fiona McNeight | Director of Integrated Governance |
| Kylie Nye | Head of Corporate Governance |
| Dave Roberts | Associate Director of Communication, Engagement and Community Relations |
| Angie Ansell | Deputy Director of Nursing |
| Chris Randall | External Auditor - Deloitte |

1 CoG 22/07/1.1 OPENING BUSINESS Welcome and Apologies Action

E Jones, SID is chairing the Council of Governors meeting on behalf of the Chair who was away at a conference but attending virtually.

E Jones welcomed everyone to the public session of the Council meeting and noted apologies from:

- Mark Brewin, Staff Governor
- Peter Kosminsky, Public Governor
- Frances Owen, Public Governor
- Anthony Pryor-Jones, Public Governor

- Judy Dyos, Chief Nursing Officer

I Green informed the Council that at the public Board meeting earlier in the day had met to consider the proposal to enter into a group structure with RUH and GWH. I Green noted that the Board was very conscious of the conversation that had been had with the Council of Governors on Thursday the previous week and the letter that had been sent by the Council to the Board which they received an hour before their meeting. I Green informed the Council that while the Board believes that there are real benefits for entering into a group arrangement with RUH and GWH they had decided to put matters on hold and pause over the summer so as to engage further with the Council of Governors and to answer many of their questions. I Green said that no decisions were made other than pausing the process.

I Green informed the Council that the Board would be responding to their letter hopefully in the following week or so but wanted to make the Council aware of the position the Board had taken that morning.

E Jones welcomed A Stebbing to her first Council of Governors meeting and asked her to give a brief introduction.

A Stebbing informed the Council that this was her second NED post and that she had been a NED for the Southampton Ambulance for six years ending in March. A Stebbing said that her background was as a surgeon and that she was two thirds retired from Hampshire Hospital and General and West surgeon.

CoG
22/07/1.2

Minutes from Public Meeting Held on 20th May 2024

E Jones presented the minutes from the meeting held on 20th May 2024 which had been circulated and asked if they could be agreed as correct record.

J Podkolinski informed that there was a correction to be made on page nine under Mini PLACE where it says that the results of the previous assessment were not known is incorrect, they actually did know and were trying to understand what the barriers were to them not being corrected. The other correction is in relation to the Dialysis unit, and it was to say that it was from a volunteer who was friends with a patient on the dialysis unit that Jane became aware of the issues.

The Council agreed the minutes as a correct record with the two corrections mentioned above.

CoG
22/07/1.3

Matters Arising / Action Log

CoG 20/05/2.5 Constitution Review – I Cardoso sent an email to all Governors requesting their preference of stakeholder(s)

I Cardoso updated the Council that only a few Governors had responded to the email the email so far. I Cardoso informed the Council that once more responses have come in that they would be taken into consideration by the newly reformed Constitution Committee. I Cardoso said that the Constitution Committee currently only had one Governor and required a further two to join. **ACTION:** Governors to volunteer for the Constitution Committee and to send further nominations of their preferred stakeholders by the end of August.

UPDATE: Two Governors came forward to join the Constitution Committee at the end of the Council of Governors meeting: Matthew Swift and Peter Kosminsky.

CoG 20/05/5.3 Trust led subgroup reports - Clinical ethics – P Collins emailed that Duncan Murray has taken over this committee and that he would be forming the group on an ad hoc basis with the intention of looking to formalise it into a regular touchpoint meeting with meetings taking place a few times a year.

There were no further specific actions in the action log.

**CoG
22/07/2
CoG
22/07/2.1**

ASSURANCE

New Interim Chief Operating Officer – Niall Prosser

E Jones welcomed N Prosser to his first Council of Governors meeting and asked him to provide a brief introduction of himself to the Council of Governors since he started at the Trust.

N Prosser informed the Council that he has been at the Trust for approximately six months. N Prosser informed the Council that he is a NHS manager by background, not training having come into the NHS as an operational manager for 15 plus years. N Prosser said that he had been predominately in the Bristol system and then spent a number of years at BSW doing a variety of different roles before coming to the Trust.

N Prosser noted that at Salisbury Hospital one can actually feel the values and culture, and when speaking to staff members these come across strongly. N Prosser said that the way that the Trust had embraced Improving Together was fascinating, as within many other organisations this can get stuck in it developments or partially used or not at all. But at Salisbury the Improving Together methodologies are used all the way through the organisation resulting in a common language being used. That there have been some areas of real success.

N Prosser informed the Council that he found that the Trust had a nice balance between making sure that the Trust was a clinically led organisation with managers supporting them to deliver, compared to other Trusts where they were either clinically led or managerially led.

N Prosser noted that since his arrival he can see that the Trust was on a good journey of improving cancer and maternity standards. N Prosser said that he has recognised that the Trust is finding ways of improving the patient pathway but that there were still some real challenges ahead for the organisation.

N Prosser provided some insight as to what he saw were the challenges that the Trust faced and that the roadmap for the next two to three years can already be seen especially with the national challenges and the pressure that is coming from the system on how the hospital should work better.

E Jones thanked N Prosser for his thoughts and insight on what he has seen since his appointment.

**CoG
22/07/2.2**

Non-Executive Director update – David Buckle

E Jones welcomed David Buckle to the Council of Governors and asked him to provide his thoughts on the activities that he has been involved in at the Trust.

D Buckle informed the Council that this was his 43rd year in the NHS and that he thought that having good healthcare for everyone was incredibly important and that the values of the NHS mean a lot to him. D Buckle said that he had no hesitation in saying that Salisbury was a good Trust and that he enjoyed working here. D Buckle said that the Trust was going through some leadership changes at the moment and that as a small Trust this was quite significant and relevant. D Buckle said that the NHS had never been in such a difficult position as now. Since starting at the Trust, the waiting lists nationally have just grown from three and half million to seven and half million now and that when

was a medical director no Trust near him was below the 95% four hour standard in casualty and patients were rarely seen within that time.

D Buckle informed the Council that he has seen improvement in care in his lifetime especially since he was diagnosed with Crohn's disease when he was 13 years old and the only offer was surgery as a treatment other than steroids and now there was a whole service with different treatments available. D Buckle informed the Council that he was a trustee for the Stroke Association and has also seen stroke care transform. D Buckle said that many advances in medicine have taken place and still more are occurring such as the newest one 'Galleria' – a blood test that will be able to identify up to 50 cancers at an early stage, with some cancers being diagnosed without people having symptoms. There are society changes with vaccination test and some of the real advances over the next 10 years are going to be around vaccinations – we will be offered more.

D Buckle noted that we had a good Trust and that as chair of the Clinical Governance Committee he thought that the Trust offered safe and effective care even though it is hectic and very busy.

D Buckle said that the concerns were always the same where it used to be money and people it's now people and money with and increased demand on services. There is a failing primary care system which won't be fixed quickly. The NHS is test driven and with studies like the 'Galleria' it will only increase demand for more making the NHS have to provide more tests. The population is getting older and expectations are getting higher.

D Buckle informed the Council that he had sat on over 11 boards – eight of which were commissioning organisations, and three where Trusts. D Buckle has been a GP throughout that time and has worked with 12 chief executives and that his focus has always been about the people. Patients, and trying to provide what they need.

D Buckle said that he thought that the leadership at the Trust was doing its real best to find a solution to get through the challenges and continue looking after our people and patients. D Buckle informed the Council that he was not in favour of another structural change but that he wanted to enable the leaders of the Trust to get through the difficult patch.

D Buckle thanked everyone and said that it was a joy at times just as it was frustrating but that he would not change anything.

The Council thanked D Buckle for his reflections and that it was helpful to understand that his core value was looking after the local community even though there is tension between clinical advancements and politician changing the structure.

I Green thanked D Buckle for his contributions over the many years to the governance of the Trust and that he had contributed significantly towards making the best decisions on behalf of the population.

**CoG
22/07/2.3**

NED Escalation reports of Trust Board Committees

E Jones asked the Council to take the reports as read unless anyone had any particular issues or questions they would like to highlight.

E Jones made the Council aware that the People and Culture Committee had identified that many policies need updating and that L Thomas had called for a summit to address these.

Charitable funds – I Green

No questions were raised.

Clinical Governance – E Jones; D Buckle

Pt Russell noted that at the last Clinical Governance the issue of the outpatient pharmacy, Lloyds and the risks associated, and wanted to know what was happening and if there was an update. D Buckle informed the Council that there are issues but that the Trust has been managing them quite well, and that the committee would be updated the at the meeting which was taking place next week.

L Thomas informed the Council that pharmacy was challenged in Wiltshire and that it was a standing agenda item on the Health and Well-being board for Wiltshire given the number of community pharmacies closing, which is linked to the profitability of dispensing, so long term pharmacies are making money and doing the added services that the Trust encourages. The Trust recruitment reflects that national trend and the Trusts data on Lloyds looks better but is not where it should be.

No further questions were raised.

Finance and Performance – D Beaven

D Beaven stated

No questions were raised.

Audit Committee – Richard Holmes

Governors raised the following action for the next Council of Governors meeting - **ACTION:** NED assurance of the financial position of the Trust and the driving factor behind the proposition – the financial viability of the Trust.

M Ellis informed the Council that the Trust was not alone in this and that in the Southwest the three systems rather than individual organisations were in a very similar position due to the financial pressure on the NHS by the national team so that financial plans are hit as submitted this year. But ultimately from a cash perspective there was a revenue support programme that the Department of Health run and the Trust is engaged with that, but the Trust is working with the BSW system to ensure that the Trust has the resources required to run the organisation.

J Podkolinski raised the fact that not all patients with sepsis were receiving IV antibiotics within an hour and wanted assurance that things were changing and that the patients were getting their antibiotics. D Buckle noted that it was a difficult target and that it depended on whether it was a cavity or somewhere else. D Buckle said that the Clinical Governance Committee discussed this and were watching it. P Collins said that to his recollection it was an issue that J Dyos had brought to the CGC in her role as **dipsy** and that it was not a Trust wide issue and that people coming to the front door are still receiving antibiotics in a timely manner. P Collins said that it may have been about the acute oncology service which was a very small number of patients, and that J Dyos was doing a piece of work to understand what the issues were around that small cohort of patients and do something specifically around them. E Jones noted that it was indeed acute oncology, so people who were already immunocompromised and that it was a national issue due to the shortage of acute oncology nurses.

A Ansell informed the Council that the Trust had a sepsis and deteriorating patient workstream, so all of those issues were picked up there and addressed.

No further questions were raised.

Trust Management Committee – L Thomas

No questions were raised.

People and Culture – M von Bertele; E Jones

E Jones

No questions were raised.

All the reports were noted and there were no further questions from the Governors.

**CoG
22/07/2.4**

External Auditors Report – Chris Randall, Deloitte

E Jones welcomed Chris Randall from Deloitte's who were appointed the Trusts external auditors in 2023 to update the Council on the yearend report.

C Randall informed the Council that the purpose of the paper was to summarise the results of the year end external audit and that rather than going through it page by page, he would draw out the key points.

C Randall was pleased to say that they have issued an unqualified opinion on the financial statements this year and that it was issued ahead of the national reporting deadline of the 28th June. They did however report a weakness in the arrangements to secure financial sustainability as part of their value for money conclusion, and that this was largely driven by the low level of liquidity at the Trust at the years end and that's a situation that is not forecast to improve in the final plan for FY25. Maintaining the required liquidity is dependent on the Trust meeting a number of challenging cost improvement plans and if there was any slippage in the delivery of these. Cash reserves could be exhausted, and any additional capital or revenue funding would be required from the Department of Health and Social Care and receipt of that is not guaranteed, and this was the broadly driving the Trusts weakness around value for money and financial sustainability.

C Randal said that the report also contained details of the significant risks which they had identified within their audit, which were the evaluation of land and buildings, capital expenditure and management override of controls, the latter of which is mandated as a significant risk in all audits. Valuation of land and buildings had been identified as it is an area of significant judgement and relates to very material value and capital expenditure was also identified as it related to material value and is also an area of some judgement and complexity.

C Randall informed the Council that they had identified several improvements which could be made to the processes and controls relating to fixed assets what they have reported to management and the audit committee.

In terms of value for money – the assessment of overall arrangement sin place rather than substantially assess expenditure and verify whether a notional standard of value for money had been achieved. Focused on arrangements of financial sustainability (weakness identified), governance and improving the economy, efficiency and effectiveness (no reportable weakness identified in these areas).

C Randall concluded his report and welcomed any questions from the Council.

E Jones informed the Council that she had been at the last audit committee and that this report had been discussed in detail, and received that assurance as none of them were surprised about the value for money situation.

I Green highlighted what had been reported and wanted to make sure that the Council was fully cited on the external auditor's report around productivity and in particular the

Trusts cash position, which was of concern to the Board. I Green said that there were ways to mitigate this in terms of making sure that the cost improvement programme that is in place is delivered even though it became more challenging as time went on. The Board was also concerned about the requirement for additional cash support from the Department of Health.

B Bull said that it was a real concern listening to the discussion around cost cutting programmes as these have become more difficult to achieve year on year and that it cannot be kept up especially when the Trust gets to a point where it does not have much headway and that there was a cost to service delivery.

M Ellis informed the Council that the Trust is heavily incentivised to tackle all the waiting lists and get the incremental payment for that. M Ellis stated that there was still some work for the Trust to do to get back to the kind of levels that the Trust used to see before COVID, and that the Trusts approach for this was very much through the Improving Together methodology.

L Thomas noted that there was a slight separation between whether the NHS is appropriately funded or not, and as a statutory organisation that is taxpayer funded trading in an overdraft consistently. L Thomas said that there was tension between those two things and that over the next few years the Trust will have to start having conversations about what services it can provide and what it cannot because of cost, the Trust cannot continue to be overdrawn. The Trust has to think about what its core services are and what it should be delivering and what services can be worked in a network way to get back to a better economy of scale.

A discussion about what would happen if the Trust had to go to the Department of Health to borrow money (cash). The Governors were made aware that if this was the case that the Trust would be put under a higher level of scrutiny which could result in the Trust not having the control to make decisions on what might be in the best interest of the local population. The Trust would have to negotiate really carefully should this occur, but that the Trust would have to respond to the challenges and issues that are presented with the need to borrow funds, and that the better solution would be to borrow the funds from within the system.

The Council noted the presentation.

**CoG
22/07/2.5**

Staff Survey update – Dave Roberts, Associate Director for Communications, Engagement and Community relations

E Jones welcomed D Roberts and asked him to present an update to the Council on the staff survey.

D Roberts informed the Council that he had a PowerPoint presentation to share with them. D Roberts said that these were the survey results from November 2023. D Roberts noted that the 2023 Staff survey had fundamentally been a really good survey.

D Roberts informed the Council that 2265 people had completed the survey about 54% of the Trusts workforce. There were 55 questions that the Trust had done better on than the previous year. D Roberts informed the Council that a wide breath of staff (evenly distributed across professions and divisions) had been targeted for the survey. D Roberts said that in comparison with previous years 2023 had shown a marked improvement on staff experience of working at the Trust.

D Roberts informed the Council that the staff survey was constructed around the people promise:

- we are compassionate and inclusive.
- we recognise and reward.
- we have a voice that counts.
- we are safe and healthy.

- we are always learning.
- We work flexibly.
- we are a team.
- staff engagement
- morale

D Roberts informed the Council that statistically the Trust was significantly higher on all the categories and that there were good engagement scores that were slowly going up.

D Roberts noted that compared to other acute Trusts, the Trust was below average on a few themes such as staff development, and appraisals. D Roberts mentioned that the two core things that the Trust looked at was advocacy – recommend the place you work and the place to be treated. The Trust is doing ok with these two areas.

D Roberts said that the Trusts motivation, involvement and advocacy metrics were improving. D Roberts also said that the Trust was quite close to being in the top quartile in the country, missing out by a small percentage point.

D Roberts broke down the rest of the staff survey results for the Council and let them know where the Trust needed to focus on to improve and how that would be achieved. D Roberts informed the Council that this was not the only survey carried out as there was a quarterly Pulse survey done to which they received over 1000 responses.

D Roberts summarised that the Trust was the most improved Trust in the country which took the Trust to being quite an average Trust which now needed to improve the same levels of improvement to take the Trust into an above average goal and to deliver on some of the metrics that the Trust was working on.

D Roberts said that the Council was welcome to have the slides so that they could look at the results at their leisure. **ACTION:** I Cardoso to email the slides to the Governors. – action completed on the 23rd July 2023.

The Governors raised some queries around what actions are being taken on the themes that have been identified as problematic and said that it would be good to know what actions were being taken to remedy these before the next survey. D Roberts informed the Governors that these get cascaded to the divisions who the put action plans in place to help solve the issue. **ACTION:** D Roberts to come back later in the year.

The Governors noted that learning and development was also a huge issue and wanted to know if there were any actions in place to remedy the problem. D Roberts informed the Council that there was ongoing leadership development across the Trust on all levels not just senior levels. D Roberts said that there had been significant investment into the organisational development and education teams to improve and address the issue. L Thomas informed the Governors that the biggest challenge was culture and that it was difficult to write an action plan for this.

The Council noted the presentation.

CoG
22/07/2.6

Learning from Deaths

E Jones welcomed P Collins and asked present his paper.

P Collins said that he would take the paper as read but ask the Governor to note a couple of things. P Collins informed the Council that one was the mortality statistics which have improved drastically over the recent months, since the national remodelling of data post COVID.

P Collins informed the Council that the report per the recommendations of NHS England insights included more context, particularly around some of the audits that the Trust is doing, especially with the new audit management tool which helps the Trust better

understand the learning from deaths review and the data from the national end of life audit around the experience that the Trust is giving through the families of those who die in hospital.

P Collins said that he would like to thank Charles Ranaboldo and Ben Browne for the lion's share of the work, especially as C Ranaboldo had recently taken over the mortality lead role and provided a degree of independence from the Chief Medical Officer which should give the governors and the board further assurance.

E Jones informed the Council that the Clinical Governance Committee had asked if there were any complaints or litigation cases around what people felt were inappropriate deaths, and the committee was assured that there were none. E Jones assured the Council that triangulation was happening.

The Council noted the update and the report.

CoG
22/07/2.7

Summary Risk Register

F McNeight noted that she would take the detail of the report as read but that there were a couple of things worth noting. F McNeight informed the Council that the scrutiny of the board assurance framework was quarterly and that every single risk is gone through and that it was important to know the risks in and out of tolerance. F McNeight said that there were three risks on the board assurance framework that were out of tolerance and seven on the corporates register.

F McNeight informed the Council that the Board Assurance Framework (BAF) provided the Trust Board with a mechanism for satisfying itself that its responsibilities were being discharged effectively. It identified through assurance where aspects of service delivery were being delivered to internal and external requirements. It informed the Board where the delivery of principal objectives was at risk due to a gap in control and/or assurance.

F McNeight informed the Council that twice a year she reported to the board on how the Trust aligned with the ICB risk register and that it was a really good process which has shown that the Trust are aligned around workforce, performance and financial risks. It shows that the Trust is on a similar page as the ICB risk register. F McNeight informed the Council that the Trust risk appetite was set at the height of COVID and no revision had been done of that, but that the Trust was now going through that process, resetting categories of risk tolerance and therefore the Council might see a shift in future reports.

The Council noted the report.

CoG
22/07/3
CoG
22/07/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report

E Jones noted that the Council had been provided with the IPR report and invited L Thomas to comment on the IPR report.

L Thomas noted that the report was based on May's data so would take the report as read and provide the Council an update on the themes:

- seeing an increase on demand, nearer 10% to that which had been planned for the year of 3 to 4%, which is having a significant impact on the Trust plans and flow through the hospital.
- No criteria to reside is down to 67 which is a significant improvement and helps slow the bed occupancy thereby improving performance.
- Cancer performance has been a challenge to the organisation and the Trust is in Tearing – national oversight in terms of progress. Council to note that the cancer performance is two months out of date so the data in the May report refers to February/March 2024. L Thomas said that in real time the reporting shows that

the Trust has made significant improvement and continue to improve performance with patients.

- Diagnostics is where it needs to be
- Waiting list metrics have had slower progress and the Trust is struggling to reduce the patients that are waiting 52 weeks and still have some at 65 weeks that the Trust is working through.
- Imber ward opened slightly later than expected – end of May early June. This should help the Trust with increased capacity throughput and should start to see improvement in the coming months.
- Managing patient deterioration – Trust is looking at how this is measured as the Trust had a binary measurement of 30 minutes. So the Trust is adding a 5 minute window to make sure that the Trust is measuring the thing that is improving and focus on the actions that are making a difference and not get caught up in some of the data points.
- Workforce – turnover is stable, and nursing vacancy levels are down, absence is static, but will increase over August due to holidays etc.
- Finance – had a better month three than month two and will be a challenge the rest of the year. Most significant CIP program that the Trust has had in years.

E Jones noted that for assurance purposes that D Beaven, D Buckle and herself as the three chairs of the subcommittees that feed into the board around the IPR, they ensure that finance is a robust discussion at every meeting and that anything of concern is flagged up in the upward report.

The Governors raised the question of all the new housing estates that are going up in and around Salisbury and if these were factored into the Trusts forecasting of potential increase in demand to services from those people. L Thomas informed the Council that from Wiltshire Council assessments the population projections were not that significant and that the Trust had bigger challenges from the aging population as people come to rural areas to retire. So going forward the Trusts challenges are going to be with an aging workforce and aging population. L Thomas said that the Trust was having frequent conversations with the leader of the Council and making noise around affordable housing, particularly for the public sector staff and what can be done.

The Council noted the IPR report.

CoG
22/07/4
CoG
22/07/4.1

QUALITY AND RISK

Patient Experience Report – Q4

A Ansell noted that she would take the report as read and would highlight a few points from the report.

A Ansell informed the Council that:

- Complaints – remain static at about 44 compared to Q3
- Concerns – 58 logged and again consistent with the previous quarter
- Comments/enquiries – 490 in total which PALs is seeing a continued increase quarter on quarter.
- Compliments – 222 this quarter less than in the last quarter due to a backlog with recording with PALs with a total of 888 for the year. This is a new metric and therefore has no historic data to compare to.
- Themes remain largely unchanged, so patient care and communication are the two main reasons for complaints. A new theme has emerged around appointments including delays and cancellations. Within these themes unsatisfactory treatment, lack of or insensitive communication and delays with receiving appointments come out as the highest sub-categories.
- Overdue complaints continue to be a challenge.

- Reopened complaints/concerns have increased slightly.
- Friends and Family test in this report is at 1.8% response against the target of 15% set for the year but have since introduced the new electronic friends and family test and was pleased to report that the Trust had exceeded the target in the first month. Are at 17%.
- RTF – currently have an 81.6% overall satisfaction rate but are looking at ways to increase this.
- Learning from Patient stories – have stories most months and the themes that have come from these are communication and information sharing.

A Ansell informed the Council that there was a new managing consent and complaints policy looking at the different ways that the Trust engages with patients and families when complaints and concerns are received.

Governor raised a query regarding how reopened complaints are logged from the initial issue but with another reason. A Ansell informed the Council that PALs are measuring the number of reopened complaints and are finding during the process that it is actually a new complaint. The initial complaint is closed and a new one is opened.

E Jones thanked A Ansell for her report and to thank all of her teams for all their hard work.

CoG
22/07/5
CoG
22/07/5.1

GOVERNOR BUSINESS

Governor Bi-Elections 2024 – New Forest

I Cardoso informed the Council that the bi-election for the New Forest Constituency was under way and that three candidates had put their names forward. I Cardoso said that the election pack were being dispatched on the 8th August with the results being know at midday on the 30th August.

The Council noted the information.

CoG
22/07/5.2

Committee/working group reports:

E Jones invited the Chairs of the following Governor committees to comment on their meetings:

- **Membership and Communications** – no meeting. B Bull informed the Council that the next meeting is on the 3rd September where the committee will be looking to regenerate constituency meetings and also pull together the next newsletter. B Bull mentioned that the committee was also looking for a few new governors to join it ranks.
- **Self-Assessment Committee** – no meeting
- **Staff Governors** – met on the 18th July, a few action have come out of this meeting. Minute available at the next Council meeting.

The Council noted the information.

CoG
22/07/5.3

Trust-Led Subgroup Reports

E Jones took the reports as read.

- **Patient Experience Steering Group/ Food and Nutrition Steering Group** – no comments raised.
- **Dementia Steering Group** – no comments raised.
- **A&E PLACE** – J Podkolinski emphasised the point that Frances Owen made in the report that it was very helpful to have clinicians along on the place assessments as one gets a really good feel for what the environment is like for them.

The reports were all noted.

CoG **CLOSING BUSINESS**

22/07/6

CoG **List of Dates for Council of Governors meetings in 2024**

22/07/6.1

A list of all the Council of Governors meetings for 2024 was provided to the Council to note and action. The Council was asked to note the dates for the Trust Board meetings and committees.

CoG **Any Other Business**

22/07/6.2

I Cardoso informed the Council that the AGM would be changing date from the 7th October to the 30th September due to issues with the venue, and that diary invitation would be sent out in due course.

There was no other business.

CoG **Date of Next Public Meeting: 25th November 2024**

22/07/6.3

CoG **RESOLUTION**

22/07/7

CoG Resolution to exclude Representatives of the Media and Members of the Public from the
22/07/7.1 Remainder of the Meeting (due to the confidential nature of the business to be
transacted)