

Agenda

Group Name:	Council of Governors' Meeting		
Date of Meeting:	Tuesday 16 January 2018		
Venue:	Conference Room, Heartbeat Education Centre, F Level, North Wing, Southampton General Hospital		
Time:	2.45 to 5.30pm		
Apologies to:	Sue Diduch, Corporate Affairs Administrator		
Closed Session 2.45 – 3.15pm	In Private Governor-Only Meeting Governors only in attendance		
NED Session 3.15 – 3.45pm	Council of Governors' Meeting with Non-Executive Directors Governors and Non-Executive Directors in attendance		
Break 3.45 - 4.00pm	Tea and coffee to be served		
Open Session			
4.00	1.	Chair's Welcome and Opening Comments	
	2.	Apologies for Absence	
	3.	Declarations of Interest	
	4.	Minutes of Previous Meetings held on:	Enclosure 1
		i) 1 November 2017 Extraordinary	
		ii) 14 November 2017 Extraordinary	
	5.	Matters Arising/Summary of Agreed Actions	Enclosure 2
4.05	6.	Chief Executive's Performance Report <i>Receive an update on current performance of the Trust.</i> (Fiona Dalton, Chief Executive)	Enclosure 3
4.25	7.	Update from Governors' Nomination Committee – NED Recruitment and NED Appraisal Process <i>Receive an update from the Governors' Nomination Committee.</i> (Peter Hollins, Chair)	Oral
4.35	8.	Quality Account Indicator <i>To identify an indicator from the 2017/18 Patient Improvement Framework for external audit; to be included in the 2017/18 Quality Account.</i> (Gail Byrne, Director of Nursing & Organisational Development/ Serena Gaukroger-Woods, Head of Clinical Quality Assurance)	Enclosure 4
4.50	9.	Membership Engagement <i>Receive an update on membership engagement activities.</i> (Emma Abdulaal, Membership Manager)	Enclosure 5

Council of Governors' Minutes – Open Session

Minutes of the Council of Governors' (CoG) Extraordinary meeting on Wednesday 1 November 2017, held in Tutorial Room 3, Education Centre, South Academic Block, Southampton General Hospital, commencing at 14.00 and concluding at 14.20

Present:	Peter Hollins, Chair	PH
	Bryan Bird, Elected, New Forest, Test Valley & Eastleigh	BB
	Tony Havlin, Elected, Southampton City Centre	TH
	Diane Eldridge, Elected, Southampton City Centre	DE
	Andrew Grapes, Elected, New Forest, Test Valley & Eastleigh	AG
	Anne Murphy, Elected, New Forest, Test Valley & Eastleigh	AM
	Richard Goldsmith, Elected, Rest of England & Wales	RG
	John Haydon, Elected, Rest of England & Wales	JH
	Bob Purkiss, Elected, Rest of England & Wales	RP
	Dr Max Jonas, Elected, Medical & Dental Staff	MJ
	Amanda Turner, Elected, Non-Clinical Staff	AT
	Shirley Anderson, Appointed, Business South	SA
	Cllr Sue Blatchford, Appointed, Southampton City Council	SB
In attendance:	Amanda Lowe, Associate Director Corporate Affairs	AL
Apologies: (Received)	Simon Porter, Senior Independent Director/Deputy Chair	SP
	Rob Chambers, Elected, Southampton City Centre	RC
	Edward Chaney, Elected, Southampton City Centre	EC
	Reuben Pengelly, Elected, New Forest, Test Valley & Eastleigh	RPe
	Rose Wiltshire, Elected, Isle of Wight	RW
	Tina Baker, Elected, Nursing & Midwifery Staff	TB
	Emil Bica, Elected, Other Clinical Staff	EB
	Dr Mark Kelsey, Appointed, Southampton City CCG	MK
	Ellen McNicholas, Appointed, West Hampshire CCG	EMcN
	Michelle Cowen, Appointed, University of Southampton	MC
	Cllr Keith Mans, Appointed, Hampshire County Council	KM
	Lorna Cotter, Under 21 Representative	LC
	Aimen Maksoud, Under 21 Representative	AM

53/17	Chair's Welcome and Opening Comments The Chair welcomed Governors to the meeting and noted apologies.	Action By
54/17	Declarations of Interest There were none.	
55/17	Minutes of Previous Meeting The minutes of the meeting held on 10 October 2017 were APPROVED as an accurate record subject to one minor typographical amendment. Minutes to be updated to record RP apologies.	
56/17	Matters Arising	
56.1	None.	

57/17 Appointment of a New Non-Executive Director (NED) in succession to Lynne Lockyer

- 57.1 PH introduced the report, summarising the activities undertaken to identify appropriate candidates in succession of Lynne Lockyer. On 30 October 2017 the Governors' Nomination Committee interviewed four candidates for the role of Non Executive Director, resulting in a clear recommendation to appoint Jane Bailey (JB). BB outlined the discussions held by Committee members, noting the importance of ensuring that the successful candidate enhanced Board interactions. BP confirmed his role on the carousel interviews, adding that JB stood out as a candidate who would complement the existing Board composition, adding that he strongly supported the recommendation. SB sought additional information with regards to the candidates existing commitments and the reasons given for applying for the NED role. PH advised that the recommended candidate was passionate about improving public health and was particularly patient and public orientated. In terms of existing commitments, JB is a member of Portsmouth Healthwatch, indicating that she would be willing to step down from this position in the event that role presented a conflict of interest. Following discussion amongst Governors, it was agreed that the Chairman would closely monitor potential conflicts of interest, but at this stage, resignation from Healthwatch Portsmouth was not deemed necessary.
- 57.2 The Council of Governors **APPROVED** the appointment of Jane Bailey as a Non Executive Director.

58/17 Any other business

- 58.1 There was none.

59/17 Date of Next Meeting:

- 59.1 Tuesday 16 January 2018, 3 to 6pm, Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

Council of Governors' Minutes – Open Session

Minutes of the Council of Governors' (CoG) Extraordinary meeting on Tuesday 14 November 2017, held in the Conference Room, Heartbeat Education Centre, F Level, North Wing, Southampton General Hospital, commencing at 09.00 and concluding at 09.15

Present:	Simon Porter, Senior Independent Director/Deputy Chair	SP
	Rob Chambers, Elected, Southampton City Centre	RC
	Bryan Bird, Elected, New Forest, Test Valley & Eastleigh	BB
	Andrew Grapes, Elected, New Forest, Test Valley & Eastleigh	AG
	Reuben Pengelly, Elected, New Forest, Test Valley & Eastleigh	RPe
	Rose Wiltshire, Elected, Isle of Wight	RW
	Richard Goldsmith, Elected, Rest of England & Wales	RG
	Bob Purkiss, Elected, Rest of England & Wales	RP
	Max Jonas, Elected, Medical & Dental Staff	MJ
	Tina Baker, Elected, Nursing & Midwifery Staff	TB
	Emil Bica, Elected, Other Clinical Staff	EB
	Amanda Turner, Elected, Non-Clinical Staff Cllr	AT
	Sue Blatchford, Appointed, Southampton City Council	SB
In attendance:	Amanda Lowe, Associate Director Corporate Affairs	AL
	David French, Chief Financial Officer	DAF
Apologies: (Received)	Ellen McNicholas, Appointed, West Hampshire CCG	EMcN
	Edward Chaney, Elected, Southampton City Centre	EC
	Michelle Cowen, Appointed, University of Southampton	MC
	Dr Mark Kelsey, Appointed, Southampton City CCG	MK
	Cllr Keith Mans, Appointed, Hampshire County Council	KM
	Shirley Anderson, Appointed, Business South	SA
	Tony Havlin, Elected, Southampton City Centre	TH
	Diane Eldridge, Elected, Southampton City Centre	DE
	John Haydon, Elected, Rest of England & Wales	JH

60/17	Chair's Welcome and Opening Comments		
	The Deputy Chair welcomed Governors to the meeting and noted apologies.		Action By
61/17	Declarations of Interest		
	There were none.		
62/17	External Audit Retendering		
62.1	DAF introduced the report summarising the process undertaken to tender the Trust's external audit service, noting, that as the nominated Governor representative, BB had been engaged throughout the process. Governors were advised of the following:		
	- The tender period was for an initial 3 years with the option to extend for 2 further periods of one year;		

62.1
Cont

- Firms were selected from an approved external procurement framework: NHS Commercial Solutions;
- Bids were invited from the following firms: BDO, Deloitte, Grant Thornton, KPMG, Mazars, Moore Stephens, Price Bailey and PwC;
- Ernst & Young (EY) provide tax advice to the Trust. National Audit Office guidance states that firms cannot supply both external audit services and tax advice to the same client;
- A detailed specification and scoring matrix was developed. The scoring matrix was weighted, 32% on price and 68% quality;
- Moore Stephens and Price Bailey were excluded due to their lack of NHS experience. PWC, as the Trust's internal auditors, opted not to bid as they would have had a similar conflict to EY. The Trust was notified late in the process that BDO, Deloitte and Mazars had chosen not to bid;
- Bids were received from two firms, KPMG and Grant Thornton. Both firms were invited to present to a panel to draw out the key aspects of their bids;
- Following presentation and scoring of the bids it was clear that the KPMG offering had a significant advantage on quality which offset the small advantage on price offered by the Grant Thornton bid;
- The unanimous decision of the panel was to recommend the re-appointment of KPMG.

BB confirmed his full support of the recommendation, highlighting the role of external audit in the verification of indicator data contained within the Quality Account.

MJ queried the rationale for firms choosing not to bid. DAF confirmed that no formal explanation had been provided.

RC sought confirmation of the difference in the total scores given to each firm. DAF advised that there was a small difference in score with regards to pricing; however, there was a clear gap in the scores assigned for quality.

The Council of Governors **APPROVED** the re-appointment of KPMG as the Trust's

62.2 External Auditors.

63/17 Any other business

63.1 There was none.

64/17 Date of Next Meeting:

64.1 Tuesday 16 January 2018, 3 to 6pm, Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

UHSFT – Council of Governors’ Actions Summary for 16 January 2018 Council of Governors’ meeting

Action & Minute Reference	By whom	Target Date	Current Status
<i>Council of Governors – 11 July 2017</i>			
31.4 <u>Care Quality Commission (CQC) Report</u> Sum of fines in relation to same sex accommodation breaches, delayed discharges and norovirus to be provided.	Fiona Dalton	October 2017	
<i>Council of Governors – 10 October 2017</i>			
48.2 <u>Terms of Reference</u> <u>The Governor Strategy Group to be revised to read ‘Strategy and Finance Group’</u>	Amanda Lowe	November 2017	Complete
49.6 Current membership of Governor working groups to be circulated and a request for interest from Governors in both attending and chairing the Groups	Amanda Lowe	November 2017	Complete
50.2 Dates of the 2018 members’ evenings to be shared with governors.	Emma Abdulaal	December 2017	Complete.

Council of Governors' meeting 16 January 2018

Title	Chief Executive's Quarterly Performance Report
Authors' names & Job titles	Fiona Dalton, Chief Executive
Purpose of the paper	For information <input checked="" type="checkbox"/> To note <input type="checkbox"/> Formal approval <input type="checkbox"/> For decision <input type="checkbox"/>
History	Regular Report
Main issues / Executive Summary	To update the Council of Governors on the Trust's performance.
Implications	N/A
Action Required	The Council of Governors are asked to note the report.
Next Steps	N/A

Council of Governors 16 January 2018

Chief Executive's Performance Report

1. Purpose

The purpose of the report is to summarise the Trust's performance against a range of key indicators. This report covers the period September to November 2017 noting some targets are reported in arrears.

2. Safety

Infection Control	Target	Sept 2017	Oct 2017	Nov 2017
Clostridium Difficile infection (confirmed lapse in care)	<=4	3	1	1
MRSA Bacterium infection	0	0	0	0

Safety	Target	Sept 2017	Oct 2017	Nov 2017
Never Events	0	0	1	0
Serious incidents requiring investigation (month in arrears)	N/A	3	1	3
Number of overdue SIRIs	0	12	15	6
Avoidable hospital acquired grade 3 and 4 pressure ulcers (month in arrears)	2-3	3	0	4

Overall performance on the safety KPIs remains very good with most KPIs delivering against the targets. There has been one Never Event in the period. The Trust has fully investigated this event and shared the learning Trust-wide.

The Trust formally agreed plans to reduce the number of overdue SIRIs to zero by the end of December (a target is set by the commissioners for SIRIs to be investigated and signed off within 60 days) and this was delivered.

Clinical Effectiveness	Target	To May 2017	To Jun 2017	To Jul 2017
Hospital Standardised Mortality Ratio (HSMR) – UHS (rolling 12 month average)	<=100	92.44	93.16	94.16
Hospital Standardised Mortality Ratio (HSMR) – SGH (rolling 12 month average)	<=100	86.18	87.00	87.93

In the rolling 12 months to June the Hospital Standardised Mortality Ratio is 94.16. This is now the 5th month that the Trust has been below 100. This change is linked to an improvement in the accuracy of medical coding used to calculate this ratio.

3. Patient Experience

Friends and Family Test (FFT)

Indicator	Target	Sept 2017	Oct 2017	Nov 2017
Inpatients - Negative Score	<5%	0.59	1.39	0.72
ED - Negative Score		1.76	0.98	2.12
Maternity - Negative Score		1.15	0.66	1.37

The Friends & Family Test continues to give us monthly feedback on patients' views and experience at UHS. Nationally we are expected to measure the negative score – i.e. what proportion of patients would not recommend our services to their friends and families.

The number of patients completing a Friends and Family Test return in the Emergency Department dropped back in October and November. The team recognise that we need to increase this number and are actively reviewing the ways in which we collect this data, however this may take time to progress given current winter pressures.

All our FFT results remain very good, and it is reassuring that the ED results have remained consistent regardless of the response rate.

Concerns and Complaints

There is a new KPI setting out complaints per 1000 bed days. In October complaint performance was 1.14 for the month against the target of 1.2). In October there were 55 complaints.

More detailed complaint data is outlined for Quarter 2 (July to September 2017):

Indicator	Target	Jul 2017	Aug 2017	Sept 2017
Complaints received for investigation	Trends monitored	43	48	33
Number of complex concerns		21	34	40
Number of complaints and complex concerns		67	84	73
Complaints open and under investigation		-	-	-
Number of complaints closed in month		50	32	41
Trust average response time for complaints (based on resolved date)	35 days	33	33	35
% Closed within agreed timeframe	98%	98	98	97
Complaints returned dissatisfied	15 per quarter	5	8	7
Parliamentary and Health Service Ombudsman (PHSO) cases	0	0	0	0

All feedback, including concerns and complaints are welcomed by the Trust, therefore no definitive targets will be set for a reduction in numbers received; however, trends will be monitored. What is important is that learning and improvement occurs as a result of concerns and complaints, and that this learning is disseminated across the Trust.

Q2 saw a slight decrease in the number of complaints received, but an increase in the complexity of the concerns raised. Complaints closed within the agreed timeframe slipped to just under the target of 98% in Q2.

Top primary complaint themes	Top upheld themes
Clinical treatment	Communication
Communication	Clinical treatment
Values and behaviours	Values and behaviours
Appointments	Appointments

4. Access Performance

Emergency Access Performance		Sept 2017	Oct 2017	Nov 2017
% patients spending less than 4 hours in UHS ED's (Types 1, 2 & 3, which includes Lymington)		93.3%	91.9%	90.5%
% patients spending less than 4 hours in ED - UHS site (Main ED, Eye Casualty & Urgent Care Hub)		92.3%	90.7%	89.1%
% patients spending less than 4 hours in ED - Lymington Minor Injuries Unit		99.6%	99.8%	99.9%
% patients spending less than 4 hours in ED - RSH Minor Injuries Unit		100.0%	100.0%	100.0%
% patients spending less than 4 hours in ED - Combined system total	≥ 90.30%	95.1%	94.1%	93.0%

The national target for Emergency Access is 95% of patients treated and discharged within 4 hours. Our trajectory for this target is to achieve 90.3%. This can include all emergency attendances for our population (i.e. it includes the Royal South Hants Minor Injuries Unit). We achieved this target.

Demand for the main ED (excluding eye attendances) is up 3.2% year on year and 4.3% year to date. A formal action plan is in place to achieve the 90.3% target in Q3 and 95% in March 2018.

Referral to Treatment (RTT)	Target	Sept 2017	Oct 2017	Nov 2017
% incomplete pathways within 18 weeks in month	=>92%	89.2	88.1	88.34
% of elective operations cancelled at the last minute	<=1%	1.01	0.96	1.95
Total patients in backlog (internal target)	<1200	3,371	3,739	3,610
New referrals received (month in arrears)	N/A	17,589	17,988	-

The Trust did not meet the 92% target for Referral-to-Treatment in the reporting period, however it is encouraging to note that the deterioration in performance has now been halted. A recovery plan is in place focused on a small number of targeted specialties, in particular there is a focus on outpatient waits and we expect to see improvement over the next six months.

Cancer	Target	Aug 2017	Sept 2017	Oct 2017
Urgent GP referrals seen in 2 weeks (month in arrears)	=>93%	90.4	94.0	95.0
Breast symptomatic patients referral seen in 2 weeks (month in arrears)	=>93%	54.5	89.1	94.4
Treatment started within 62 days of urgent GP referral (month in arrears)	=>85%	81.5	86.4	85.1

UHS met the cancer standards during October (reported a month in arrears).

5. Finance

Indicator	Sept 2017	Oct 2017	Nov 2017
Financial position	£1.2m surplus £0.3m better than plan	£3.3m surplus £1.3m lower than plan	£3.7m surplus £0.1m lower than plan
Cost improvement plans (CIPs)	£2.4m against a target of £1.8m	£3.4m against a target of £3.5m	£4.2m against a target of £3.5m
Financial Sustainability Risk Rating	1	2	1

In November the Trust delivered a control total surplus of £3.7m, £0.1m worse than plan. After 8 months of the financial year the Trust is £1m behind plan (compared to £1.9m better than plan at Q1 and £0.5m at Q2) and has delivered a control total surplus of £12.9m. The Trust needs to deliver a further £14.2m surplus in the remainder of the year to achieve the year-end target control total surplus of £27.1m.

The Trust is continuing to forecast achievement of the year end control total.

Under the single oversight framework, the score for Finance and Use of Resources has improved to a '1' due to an improvement in the liquidity position.

6. Human Resources

Indicator	Target	Q2	National Average
Staff FFT - % of staff likely or extremely likely to recommend UHS as a place to work	=>75.5%	76%	64%
Staff recommending UHS as a place to be receive care/treatment	N/A	93%	81%

The Trust continues to maintain performance against the Staff Friends and Family Test measure, with 76% of respondents saying yes, they would recommend the Trust as a place to work and 93% recommending UHS as a place to receive care/treatment.

Indicator	Target	Sept 2017	Oct 2017	Nov 2017
Turnover – rolling 12 months (internal target)	<=12%	12.92%	12.88%	12.83%
Sickness absence – rolling 12 months (internal target)	<=3.0%	3.56%	3.57%	3.55%
Nursing vacancies (internal target)	<=8%	13.36%	13.00%	12.52%

Availability of staff is one of the biggest challenges for the Trust given the national workforce situation.

Turnover over a rolling 12 month period is 12.83%. This is showing some slight improvement. The number of nursing vacancies has improved in the reporting period.

Council of Governors' meeting 16 January 2018

Title	Local Quality Indicator 2017-18
Sponsoring Executive	Gail Byrne, Director of Nursing & Organisational Development
Authors' names & Job titles	Serena Gaukroger-Woods, Head of Clinical Quality Assurance
Purpose of the paper	<p>For information <input type="radio"/> To note <input type="radio"/> Formal approval <input type="radio"/> For decision <input checked="" type="checkbox"/></p> <p>The Council of Governors are asked to choose one indicator to be audited from the selected local indicators.</p>
History	This is the third paper presented to the Council of Governors for the development of the Quality Account
Main issues / Executive Summary	<p>Since 2012 all NHS foundation trusts are required to have their Quality Accounts audited and to gain external audit assurance.</p> <p>The auditors are required to undertake sample testing on two mandated performance indicators and one locally selected indicator.</p> <p>This paper is presented for the Council of Governors to identify their chosen local indicator.</p>
Implications	The Council of Governors will be provided with a limited assurance report of the chosen indicator following external audit.
Action Required	The Council of Governors are asked to identify the local quality indicator that will be audited by the external auditors KPMG.
Next Steps	The indicator will be audited by KPMG and a limited assurance report provided to the Council of Governors.

1 Purpose/Context/Introduction

- 1.1 The Health Act 2009 and associated regulations require that from April 2010 all healthcare providers working for, or on behalf of, the NHS would be placed under a legal requirement to publish an annual Quality Account. Sections 8 and 9 of the Act place a duty on those providers .The duty is to publish prescribed information about quality of services for the period 1 April to 31 March each year, and this Quality Account will be available to the public.
- 1.2 Since 2012 all NHS Foundation Trusts are required to have their Quality Accounts audited and to gain external audit assurance.
- 1.3 The auditors are required to undertake sample testing on two mandated performance indicators and one locally selected indicator.

2 Key Issues

- 2.1 UHSFT is awaiting details about the two mandated performance indicators identified by NHS Improvement.
- 2.2 The locally identified indicator has been selected for presentation by reviewing the indicators presented in the Quality Account 2016/17 under the sections patient experience and patient safety.
- 2.3 The locally identified indicators have been scrutinised by external auditors KPMG and deemed suitable for audit.
- 2.4 The locally selected indicators proposed for external audit are:
 - Recognition and management of the deteriorating patient(patient safety)
 - Meeting patients nutritional and hydration needs (patient experience)
 - Safer invasive procedures(patient safety)
- 2.5 The auditors are required to provide a report to the Council of Governors and Board of Directors (the Governors' Report) of their findings and recommendations for improvements concerning the content of the quality report, the mandated indicators and the locally selected indicator.

3 Next Steps

- 3.1 The chosen indicator will be audited by the external audit company and reported back to the Council of Governors on their findings.

4 Recommendation

- 4.1 Note and decide on the chosen local indicator from the Quality Account 2017/18 for external audit.

Council of Governors' meeting 16 January 2018

Title	UHS Trust membership update
Sponsoring Executive	Fiona Dalton, chief executive
Authors' names & Job titles	Emma Abdulaal, membership manager
Purpose of the paper	For information <input checked="" type="checkbox"/> To note <input type="checkbox"/> Formal approval <input type="checkbox"/> For decision <input type="checkbox"/>
Main issues / Executive Summary	This paper aims to update the council on Trust membership and recent and planned engagement activities.
Action Required	Please review this update and provide feedback/comments at the CoG meeting on Tuesday, 16 January 2018. The Membership Engagement Strategy 2017-2020 is included at Appendix 1, for supporting information.

UHS membership update

Aims of this paper

- Provide an overview of current UHS public members
- Provide a summary of membership engagement activities that have happened since October 2017 when the most recent update was provided
- To give the Council of Governors the opportunity to comment on and put forward any thoughts about future member engagement

Current members

The table below shows the current number of UHS public members broken down into constituencies.

Constituency	Number of members
Southampton City	3,052
New Forest, Eastleigh & Test Valley	3,661
Isle of Wight	811
Rest of England and Wales	1,365
Out of trust area (inc Jersey)	6
Total number of members	8,985

Please note these numbers are correct as of 2 January 2018.

Membership engagement – summary

Please see below a summary of membership engagement activities that have taken place since October 2017.

Members' evenings

We have hosted one members' evening since October – which focused on PLANETS and was very well received by attendees. The PLANETS charity had a bucket for donations at the end and took £106.16 on the evening so a huge thank you to everyone who attended and donated. Work continues on improving numbers, but there were some new members attending so we hope by sharing dates and themes for events earlier, this will continue going up.

The next event is scheduled for 30 January and is another focus on Southampton Children's Hospital with speakers from mental health, charity and diabetes planned.

We have also decided to host a members' evening on the Isle of Wight in the Spring/Summer which ties in with a CEO Patient Lunch we are going to be holding there. Emma Abdulaal will be working with Rose (IOW Gov) to help plan this event and raise awareness about it with residents.

Members' mail

Since October a number of member communications have been emailed out including an end of year newsletter, invitation to local residents for the recent transport event and information on upcoming events. From January we will be aiming to include more updates from the governors within these bi-monthly newsletters so you can share with members about the work you are doing.

We have also carried out a project within 450 members whose email addresses have been flagged as incorrect where we have contacted them individually and asked them to update. This has led to a number of people getting in touch with us to update their records, including email address, and only a very small number requesting to be removed.

This work goes some of the way towards improving the engagement levels with members by ensuring the database is accurate and members know how to get in touch with us. Budget

dependent it would be desirable to contact existing members who we only have postal addresses for and let them know why it is useful to share their email address with us. This is something other Trusts have done and while they did have a reduction in number, they found they had a higher proportion of engaged members.

Membership manager's conference

Emma Abdulaal attended the NHS Providers membership manager's conference in December and spoke with other Trusts about the various challenges we are all facing with both engagement and recruitment. It was great to hear that in terms of engagement we are viewed quite highly and many of the problems we face are also being discovered by other Trusts. We have all agreed to stay in touch and share approaches which are working in order to try and continue improving.

Membership engagement strategy

This strategy has been updated and is attached to this report. Feedback would be welcomed.

Membership engagement group

The group met in November 2017 and the next meeting date is confirmed for 29 January 2018.

Website

The membership section of the website is now updated and there are plans to include some case studies from members about why they have become a member, which will also be shared via social media. The governor profile pages have also been updated and we are now only missing one bio.

Governor engagement survey

Thank you to all of the governors who filled in the engagement survey which was sent out before Christmas. We received 13 responses in total so these will be looked at in the next membership engagement group meeting.

Social media

Part of the membership engagement strategy involves using existing Trust social media to reach both existing and potential members. This continues to work well and the plan is to introduce more opportunities for governors to engage with members through social media in 2018. Content is with a designer for the creation of social media banners (images explaining what membership, CoG and governors are) as well as an infographic which can be used as a way of explaining what we offer visually. These will be in use by February.

Under-21 representatives

We have been exploring ways of creating opportunities for the two under-21 representatives to gather views of other young people. Amongst these is a young person's forum and Emma is working with the representatives to look at other ideas.

Upcoming dates

Below is a list of the events we plan to have a presence at as well as those we are hosting.

- **29 January** – meet your staff governor. Opportunity for staff members to meet with staff governors
- **30 January** – members' evening
- **20 March** – members' evening

Membership engagement strategy (2017-2020)

Introduction – where are we now?

There are just over 9,000 names on the public membership database for UHS (March 2017). The majority of members were recruited in 2008 as part of the Trust's FT application process and they signed up in response to a mail shot to 50,000 recent patients of the Trust (with a 25% positive response rate).

Due to numerous factors, the majority of members fall into the over 65 years of age category and therefore do not represent the population as a whole. Also as a result of database cleansing which happens every month, we are losing members at a rate of approximately 700 per year.

Recruitment has not been a primary focus and therefore there has been no significant effort to recruit new members since the initial drive in 2008. Engagement has been a priority and it is recognised that there is more to be done in this area, particularly in working with existing and attracting new members from under-represented groups.

Over the past couple of years, engagement activities have included the medicine for members' series (bi-monthly events for members on a particular topic), the annual open day and a bi-monthly newsletter. Due to budget restraints, this newsletter is no longer posted to members and only emailed to the members who have supplied an email address (just over one-third of the current membership). During elections there is increased communication and engagement with members, while those who have not supplied an email address are sent the papers through the post.

The database works well, but some time does need to be spent on it making sure we have the correct information (address, date of birth, etc.) for all members. We are in the process of looking at the best way of doing this, while also gathering email addresses for members who haven't listed one.

There are a number of challenges we face as a Trust in engaging with members and potential members including budget restraints, which limit communications to digital format except in exceptional circumstances. Potential members seem unsure about what the benefits are to joining and those who have already joined are not utilising their ability to "have their say" in the future of UHS.

By not engaging fully with members and potential members, we are not only stopping ourselves as a Trust from receiving the full picture of members' views, but we could also struggle in recruiting new governors when existing ones reach the end of their term. We

Author: Emma Abdulaal

need to create an environment where members feel engaged and involved in UHS, while potential new members feel they have an important role to play in the improvement of facilities and services.

This strategy seeks to address these challenges over a three year period. It deals only with the Trust's public membership.

What is Membership?

Membership at University Hospital Southampton NHS Foundation Trust is free to join and open to anyone over the age of 16 who lives in England or Wales.

Members don't receive any payment or preferential treatment, but they do have the chance to share their views and play a valuable part in the way which the trust is run. In order to gather views from all parts of the community, it is important our members represent the diversity of those using our services and facilities.

As a member you can:

- Receive regular information about the work of the trust (including bi-monthly e-newsletter)
- Have the opportunity to share your views on what we do and how we can improve our services
- Receive invitations to our focus groups, themed member evenings and annual members evening
- Elect the Council of Governors
- Stand for election as a Governor of the trust
- Find out more and get involved with fundraising and voluntary opportunities within the trust
- Take advantage of special discounts on a range of services/products through Health Service Discounts

Members are incredibly important when it comes to sharing their voice and by becoming a member they are supporting their local hospital and facilities.

Benefits of being a member

Bi-monthly e-newsletter

Currently this is sent out every two months, but only to one third of our existing membership due to lack of email address for many. With elections coming up, we will include information within packs asking people to supply us with an email address if one is available. We are encouraging other services including the charity team to include an update for members within this newsletter, as well as providing a slot for membership news within their newsletter for supporters.

In order to improve the appearance of the newsletter, the membership team is researching the development of a purpose made html template that would allow us to share information in a more user-friendly, appealing way. There is a cost implication for this, but by improving the appearance, it is hoped members will recognise the work going into it and importance of them sharing their views.

Other trusts have invited external companies to provide some form of gift or inventive for a draw that is open to members who provide their email address in order to receive communications. This option gives us the chance to work closer with not just external companies, but providers working within the main hospital such as Marks and Spencer, Costa and Subway.

Members' evening

The medicine for members evenings are popular and provide the opportunity for us to raise awareness about specific topics, share information on transformation or research projects taking place as well as providing a place for members to meet and talk with governors. Currently they are only open to members (public and staff) and their guests, however by opening them up to the public and saying if they would like to attend it is free to do so when they register as a member, we can potentially reach a larger audience.

Other

We acknowledge that currently some members struggle to feel connected with the hospital as a member and alternative benefits need to be explored. A current pilot project that the membership engagement steering group (part of the Council of Governors) is working on implementing offers training on a number of public health issues for members, who are then encouraged to go out into their local communities and share this information through talks, workshops, blog posts, social media and much more. These types of projects are key in promoting a sense of pride and connection with the Trust. Aside from providing knowledge to the members taking part, it would also give them something to put on their CV and

encourage them to be involved in others areas of the hospital such as volunteering, charity, etc.

Objectives of the membership strategy 2017-2020

The Trust's objective for membership is to involve the public in the vision and strategy of the Trust and develop public support for its mission and aims.

To deliver this it is vital to develop a membership that:

1. Is engaged and understands its role within the Trust
2. Regularly provides its views and opinions on issues at the Trust
3. Receives the full benefits of membership as stated at point of recruitment
4. Attracts individuals who are willing to serve on our Council of Governors
5. Represents the Trust's varied catchment population

Our strategy for developing the membership will focus on three areas: recruitment; communication and engagement and involvement.

Becoming a Member – the process

Currently there are three tiers of membership available to members:

- Receive newsletters and vote in governor elections
- Receive newsletters, invitations, surveys and stand or vote in governor elections
- All of the above, plus take part in focus groups and workshops

This system however restricts the ability for members who may join wanting to know more, but because they aren't receiving certain invitations or surveys may not seek further involvement. We should be encouraging members to receive the "full package" of membership information, while ensuring we aren't overloading them with details. By limiting general communications to newsletter, elections and event invitations for all, we can then introduce invitations to focus groups or surveys for specific audiences.

Excluding the Rest of England and Wales, we have a potential membership reach of 793,915 people.

Maintaining the membership base

In order to maintain our existing membership database we must focus on introducing ways for our existing membership base to become more engaged and proactive with supporting the Trust. Details of planned events are made available to all members and a full calendar of events is essential in offering something for each demographic.

By encouraging existing members to improve support for the hospital by raising awareness among their friends, family and social groups, we will not only be improving the level of feedback we could receive, but also increasing the chance of new people registering.

We recognise that members are a valuable resource who can help improve services and in order to continue developing this resource, it is essential we maintain an accurate membership database, which can be used for communicating with members.

Building the membership base

By improving engagement and communication with members, we will in turn be advertising the benefits and opportunities available to those interesting in becoming a member. Through research with other Trusts, it is clear that continued engagement and open opportunities to meet with governors and representatives from the Trust are key in maintaining and developing the membership base.

Working with the local community, public sector, charities and other health services to attract hard-to-reach groups is an area of focus. We know that currently our membership base does not fully represent the following groups:

- Under 55's across all of the constituencies
- Ethnic categories other than "white-British", particularly in the Southampton constituency
- Under 25's, particularly in the Southampton constituency given the large number of temporary university students

We know that there are certain groups who are already involved in the hospital through different ways that we can approach with the possibility of becoming members.

These include:

- Patients and their visitors/carers

- Donors to Southampton Hospital Charity, as well as the other charities existing within the Trust
- Members of patient groups such as Healthwatch, SCAS and Hampshire & Isle of Wight Air Ambulance
- People training for careers in healthcare
- Volunteers and League of Friends
- Attendees at events such as the Open Day or community health days

Patients

By using existing channels – patient information and letters – we will work to help staff better understand the value of membership and how the opportunity to register as one can be shared easily with patients, without taking valuable time away from staff. By ensuring details on membership is included within relevant patient information, we can increase the amount of patients who are aware of it.

Resources also need to be available in public areas such as outpatient clinic waiting rooms, reception, notice boards and general UHS department email address signatures. There will be financial implications to sourcing these resources.

Patients who attend a CEO patient lunch have already shown they wish to be involved in the work of UHS so we will continue encouraging these attendees to register. The membership manager already organises and attends these events.

The existing membership section on the website is not very engaging so work will be done to improve/update the content there. Events when confirmed will be added and opportunities for public engagement with governors and other members will be listed more clearly.

UHS charities

Potential links between the donors to the official UHS charity/other charitable groups and our members will be explored as both audiences are already motivated to support the Trust. Becoming a member offers these audiences the opportunity to become more involved with the Trust, whilst continuing to support their chosen charity. Some of these charitable groups hold fundraising events throughout the year, by sharing these events with our existing membership; we can ask to be included within their newsletters or mailings.

Partner organisations

There are numerous organisations that we work with including SCAS, Healthwatch and the air ambulance team who we could share stands with at events or include information on becoming a member within their communication outlets. Often these arrangements will involve us doing something in turn, such as including information on becoming a member with them or an upcoming event, but this shows great partnership working between organisations.

Careers in healthcare

We already have good relationships with a number of local educational establishments so will continue building on this by approaching other sixth forms providers in our constituencies. Offering talks on relevant health topics as well as stalls at fresher fayres will help raise awareness about the Trust and while there we can show the benefits of becoming a member such as good for CV and insider view on future career. Those undertaking medical degrees at University of Southampton or Solent University could automatically be offered membership to the Trust and how this would work is something we need to explore further.

Events

The Open Day provides a great opportunity for us to register new members by showcasing the benefits of being a member and importance of gathering people's views. We will look at different ways for governors to engage with visitors at this event by offering activities such as governor's café and ensuring governors are easily identifiable.

Governor role and duties

The governors are an important part of engaging with members and the public so should be involved where appropriate with planning and hosting activities. There are numerous methods identified which could be used including:

- Health talks in public constituencies
- Governor/membership stands at open days, relevant health promotion events throughout constituencies, local community family days, etc.
- Governors attending local health events, school and university career events and charitable groups for the opportunity to speak with the public
- Governor visits to outpatients and other areas of the hospital. This is something that would need careful planning and potential working with other groups such as clinicians, League of Friends, etc. so disruption to patients is minimal. Staff governors

would be key in the successful implantation of this and the membership manager would support visits

- Public meetings of the Council of Governors (make the public aware they are able to attend and get meetings listed in local newspapers) and the Annual Members' Meeting
- Regular blog posts for the Trust website by governors. These should be focused on issues that affect the governor's constituents as well as more general ones on topics such as recent meetings, engagement activities, planning for future events, etc. A schedule for these will be created, but other posts will be submitted as appropriate
- Regular articles/columns from the governors (Governor Updates) for each constituency's local newspaper/magazine will help keep communities up to date with what is happening within the Trust. This is something we would need to get approval for from the media outlets, but would give their readers great gain

Membership forms as well as the link to online registration will be shared with all governors and they will be encouraged to request more when getting low.

Communicating and engaging with public members and the public

The Trust will ensure the public are communicated effectively through both existing and new channels. Currently the e-newsletter is sent out bi-monthly to members and is available for download from the Trust website. Social media will be utilised to spread awareness when a new newsletter is posted, encouraging readers to share with interested friends and family.

Press releases will be sent to media outlets before events encouraging not just the advertisement of the event, but inviting the media to attend and cover it as well as speaking with governors.

Careers evenings

By offering a taste of UHS for young people, we can share information on the types of jobs available, what they can get involved in and what opportunities are available in medicine. Other approaches are "I want a career in..." to cover different specialities and highlight roles outside of medicine as options.

Both University of Southampton and Solent University have a number of societies for students which we can utilise when it comes to both engagement and communication. Many of the students would benefit from becoming a member, further exploration needs to be made with them through a focus group to find what is stopping them from already

Author: Emma Abdulaal

registering. This is something the under-21 representatives can support with, along with existing governors.

Connecting with bloggers

By creating relationships with bloggers across Southampton and Hampshire, we can use their networks to get information out to specific target groups. A list of potential bloggers has been created and a number have already expressed interest in being involved with focus groups and members' events.

Member surveys

We will hold online surveys focussed on each constituency and make sure the governors for each area are involved in the structure of the questions asked. A different constituency will be targeted every quarter and the link will be shared via e-mail, social media and the website. Results from these surveys will be fed back at the Council of Governor meetings and any actions taken on as a result of the responses will be shared via the bi-monthly e-newsletter.

Social media

Social media for members is an area we need to explore further. This includes the potential to start a Facebook group for members where they can share news, ask questions, answer polls, etc. The Trust already has successful and interactive Facebook and Twitter profiles, which membership can use to get information on events and the benefits of becoming a member through. All governor blogs will be shared through social media as well as encouraging partner organisations to share/retweet posts involving membership on their own feeds.

Governor cafes

These cafes offer the opportunity for both members of the Trust and the public to meet with governors, ask questions and raise concerns/positive feedback to governors. Where possible these will involve other partner organisations to improve the number of people attending and attract a representative group of people to each area. They will be held in community settings throughout the constituencies and dates will be circulated through the e-newsletter, website, social media and local media outlets.

Resourcing membership development

Currently membership is managed by a single post holder whose role includes managing the Open Day, as well as some aspects of governor liaison and support to the Council of Governors. In order to continue developing the digital and media channels in particular,

support will be needed from the wider UHS communications team in line with the Trust's own communications strategy.

Engaging with staff members

UHS staff are automatically enrolled as members of the Trust when they start employment. Currently the bi-monthly newsletter is shared with them via staffnet and is also accessible through the public website; they are also invited through staffnet, staff briefing and core brief to upcoming members evening and made aware about upcoming elections they can take part in.

In order to help raise awareness among staff, the membership manager has been invited to some departmental core briefs and it has become clear many staff are unaware that they are members of the Trust.

Staff are not recorded as members on the existing membership database and instead data is requested through Workforce when needed for specific mailings (elections, etc.). We have mixed up take from staff when it comes to events and elections so awareness about membership is key.

Staff governors alongside internal communications play an important part in improving engagement and awareness with staff. Regular drop in sessions with staff advertised through existing internal communication channels that we know work will be key.

One way of making sure new staff are aware of membership is through their induction. Currently the Chair gives a small talk during this during which staff and public membership could be mentioned. There are no existing resources to share with staff about membership so the development of these will be one of the first steps.

Action plan

	Action	Methods	Frequency	Target audience	Lead	Progress	Deadline
Engagement	Plan 2017 Medicine for Members events and publish calendar online	Calendar online and shared through member publications	Event every two months – March, May, July, Sept, Nov	Members and staff	Membership Manager	Set dates until end of 2018	Completed Oct 2017
	AMM date – set up and published			Public and staff		Set 2018 date	Completed Oct 2017
	Governors' member engagement group	Meetings	Every two months	Governors and engagement with communities/ membership	Membership manager and group chair	2018 dates to be set	
	Governor Cafes	Drop in sessions to meet and speak with governors	Hold at existing events to begin with and then if popular, extend to new dates	Public and staff	Governors with support from membership manager	Dates being set for staff governors to engage with public	29 Jan (Staff - Monday) 20 Feb (Staff -

Author: Emma Abdulaal

						<p>Tues)</p> <p>29 March (Staff - Thurs)</p> <p>13 April (Staff - Friday)</p> <p>23 May (Staff - Weds)</p>
Fresher / Career Fayres	Raise awareness about certain issues (e.g. What to do in an emergency) and how useful being a member is especially if considering	Contact local schools, universities and colleges to introduce membership manager and request list of dates of future events	Young people / students / local colleges and schools	Membership Manager with support from governors, other members and HR	Waiting for the 2018 dates to be confirmed	

		career in medicine					
	Partnering with other community/organisations to reach target audience	Religious groups, Healthwatch, charities, community groups		Everyone – minorities and under-represented groups a priority		Progress / contact made with Muslim Council, Jewish Society and others. Still discussing working together	
	Governors visiting outpatients/wards to speak with patients	Supported by membership manager and other partners		Staff and patients/friends/family			
Recruitment	Link with UHS services and charity to reach their members/interested groups			Staff and public		Linked with charity, patient experience and voluntary services	

	Improve visibility of membership across UHS sites	Visual media including TV screens		Staff and public		New posters and membership forms being designed Dec 2017. Currently querying re TV screens and with commercial dev.	
	Open up member evenings to the public for a limited number of times each year	This will help encourage new people to sign up as members if the talks are recognised as a benefit		Staff and public		Happening for each members' evening where we have a couple of new members joining at each event	
Communications	Develop members area of UHS website (public)	Rewrite content and		Staff and public		Section rewritten and	

Author: Emma Abdulaal

	update governors list				with webmaster for uploading. Chasing some new governors re profiles	
Develop members area of staffnet (staff only)	Rewrite content and include some more information		Staff		New governor list updated, content to be updated in relation to "what is membership"	
Governor blog	Governors take it in turns to write a blog post on their work that month	Every two weeks/one month minimum	Staff and public		Blog schedule suggested to MEG and approved. To be circulated to governors.	
Establish Eventbrite for each member's event which is also open to the	Improves ability to share online and take				To be applied to all events in 2018	

Author: Emma Abdulaal

	public.	bookings					
General/Strategy	Outline 18 month strategy on membership engagement			Governors and members	Membership manager with support from MEG	Strategy written and action plan updated	
	Look at census for constituency areas and compare	Compare how the census information differs with current membership levels				Presented to MEG in summer 2017	
	Open letter to community groups offering to build links by providing talks, sessions with governors, awareness events, etc.	Letter on the UHS website & shared with local groups	On website	Community local to the hospital	Membership manager and governors	Taking place via email at the moment, open letter to be signed off at next CoG (Jan 2018)	

Regular catch ups with corporate affairs about upcoming elections, areas of focus.					Took place with Vicky B throughout 2017, replacement due early 2018	
Membership manager involvement in CoG membership engagement group					Ongoing	
Membership manager involvement in CoG staff experience group					Invited as required and catch up with chair outside of meetings	
Incorporate membership into Trust overall social media strategy					Social media for membership including infographic currently under development.	

Author: Emma Abdulaal

						Aiming for Jan 2018 to start	
	Develop membership network for other Trusts in the region	Include HHFT, SHFT, Portsmouth Hospitals, Royal Bournemouth and Christchurch Hospitals, Dorset Healthcare, Frimley NHSFT, Royal Berkshire NHSFT, SCAS	As needed. A community of membership teams/managers that share good practice, learn from each other and work together with the aim of improving membership engagement			Continuous	

Calendar of events/activities

Date	Event/Activity	Target audience	Comments
February 2017	Members' newsletter	Members via email	Drive needed to gather more email addresses from
	CEO patient lunch (21 February)	Public and previous/current patients	
March 2017	Medicine for Members – Ovarian Cancer (9 MARCH)	Members (public and staff) and potential members	
	Council of Governors meeting (14 March)	Governors and the public who can sit in on the open session	
	CEO patient lunch (27 March)	Public and previous/current patients	
April 2017	CoG membership engagement group (11 April)		
	CEO patient lunch (18 April)	Public and previous/current patients	
	CoG staff experience group (24 April)		

	Members' newsletter	Members via email	
May 2017	Members' evening (9 May)	Members (public and staff) and potential members	
	CEO patient lunch (23 May)	Public and previous/current patients	
	Students – fashion show (hospital gowns)	Student and young people – potential members	REVISIT 2018 AS PART OF NHS70
June 2017	Start of public governor elections	Members & governors	Waiting to hear back from VB on timetable
	CoG membership engagement group (13 June)		
	CEO patient lunch (27 June)	Public and previous/current patients	
	Members' newsletter	Members via email	
July 2017	Members' evening (July)	Members (public and staff) and potential members	
	Council of Governors meeting (11 July)	Governors and the public who can sit in on the open session	

	CEO patient lunch (25 July)	Public and previous/current patients	
August 2017	CEO patient lunch (22 August)	Public and previous/current patients	
	Members' newsletter	Members via email	
September 2017	Open Day (9 September)	Public, members and staff	
	CEO patient lunch (19 September)	Public and previous/current patients	
	AMM (26 September)	Members (public and staff) and potential members	
October 2017	Council of Governors meeting (10 October)	Governors and the public who can sit in on the open session	
	CEO patient lunch (24 October)	Public and previous/current patients	
	Members' newsletter	Members via email	
November 2017	Members' evening	Members (public and staff) and potential members	
	CEO patient lunch (21 November)	Public and previous/current	

		patients	
December 2017	CEO patient lunch (11 December)	Public and previous/current patients	
	Members' newsletter	Members via email	
January 2018	Members' evening (30 Jan)	Members (public and staff) and potential members	
	Core brief and staff briefing (8 Jan)	Info on staff being members (content by BB)	
	Council of Governors meeting (16 January)	Governors and the public who can sit in on the open session	
	Staff engagement group (30 Jan)		
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
	CEO patient lunch (23 Jan)	Public and previous/current patients	
February 2018	Members' newsletter	Members via email	

	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
	CEO patient lunch (27 Feb)	Public and previous/current patients	
March 2018	Members' evening (20 March)	Members (public and staff) and potential members	
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
	CEO patient lunch (27 March)	Public and previous/current patients	
	Members' survey	Questions set by Trust and governors for membership to answer	
	Council of Governors meeting (13 March)	Governors and the public who can sit in on the open session	
April 2018	Members' newsletter	Members via email	

	CEO patient lunch (17 April)	Public and previous/current patients	
	70 Days until NHS70 (27 April)		
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
May 2018	Members' evening (15 May)	Members (public and staff) and potential members	
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
	CEO patient lunch (22 May)	Public and previous/current patients	
June 2018	CEO patient lunch (19 June)	Public and previous/current patients	
	West Quay NHS70 event (23 June)	Membership recruitment and Trust engagement	

	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
July 2018	CEO patient lunch (17 July)	Public and previous/current patients	
	Members' evening (17 July)	Members (public and staff) and potential members	
	NHS70 (5 July)		
	Council of Governors (10 July)		
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
August 2018	CEO patient lunch (21 August)	Public and previous/current patients	
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	

September 2018	CEO patient lunch (25 Sept)	Public and previous/current patients	
	AMM (18 Sept)	Members (public and staff) and potential members	
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
	Trust open day (8 September)		
October 2018	CEO patient lunch (23 Oct)	Public and previous/current patients	
	Council of Governors (9 Oct)		
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
November 2018	CEO patient lunch (20 Nov)	Public and previous/current patients	
	Members' evening (20 Nov)	Members (public and staff) and	

		potential members	
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	
December 2018	CEO patient lunch (18 Dec)	Public and previous/current patients	
	Governor blog post	Chance for governors to engage with membership (public and staff) about the work they are doing	

Statistics taken from the 2011 Census

Table showing population per area (data from 2011 Census)

Area	Population (data from 2011 Census)	Membership numbers from database (March 2017)
Southampton	236,882	3,155
New Forest	176,343	3,780
Eastleigh	125,199	
Test Valley	116,398	
Isle of Wight	138,392	831
Rest of England and Wales	n/a	1,369
Out of Trust Area	n/a	5
	TOTAL: 793,915	9,140

Excluding the Rest of England and Wales, we have a potential membership reach of 793,915 people.

Table showing age groups per area

Area/Age	0-14 c	0-14 m	15-29 c	15-29 m	30-49 c	30-49 m	50-64 c	50-64 m	65+ c	65+ m
Southampton	38,809	0	69,111	129	63,685	431	34,501	601	30,776	1,833
New Forest	26,837	0	25,744	63	39,889	315	35,944	623	47,929	2,609
Eastleigh	22,119		22,091		35,594		24,564		20,831	
Test Valley	20,424		18,174		32,372		24,031		21,397	
Isle of Wight	20,918	0	21,688	5	33,193	47	29,508	134	32,954	632
Rest of E & W	n/a	0		99		160		267		751
Out of area	n/a	0		0		1		1		2

C – data from 2011 Census

M – data taken from UHS membership database March 2017

Table showing religious groups per area (data from 2011 Census)

Area/Age	Christian	No religion	Muslim	Hindu	Jewish	Sikh	Buddhist
Southampton	122,018	79,379	9,903	2,482	254	3,476	1,331
New Forest	115,021	45,374	485	217	220	79	429
Eastleigh	77,485	35,639	975	820	92	854	356
Test Valley	76,446	29,195	671	496	114	395	333
Isle of Wight	83,671	40,950	524	312	124	45	459
	474,641	230,537	12,558	4,327	804	4,849	2,908