

Agenda

Group Name:	Council of Governors' Meeting		
Date of Meeting:	Tuesday 10 July 2018		
Venue:	Conference Room, Heartbeat Education Centre, F Level, North Wing, Southampton General Hospital		
Time:	4.15 to 7.30pm		
Apologies to:	Sue Diduch - Corporate Affairs Administrator Tel: 023 8120 3885		
Closed Session 4.15 – 4.45pm	In Private Governor-Only Meeting Governors only in attendance		
NED Session 4.45 – 5.45pm	Council of Governors' Meeting with Non-Executive Directors Governors and Non-Executive Directors in attendance		
Break 5.45 – 6.00pm	Tea and coffee to be served		
Open Session			
6.00	1.	Chair's Welcome and Opening Comments	
	2.	Apologies for Absence	
	3.	Declarations of Interest	
	4.	Minutes of Previous Meeting held on 17 May 2018	Enclosure 1
	5.	Matters Arising/Summary of Agreed Actions	Enclosure 2
6.05	6.	Chief Executive's Performance Report <i>Receive an update on current performance of the Trust</i> (David French, Interim Chief Executive)	Enclosure 3
6.25	7.	2017/18 Annual Accounts and Annual Report, Quality Account and Performance of the Auditors <ul style="list-style-type: none"> • <i>To receive the annual accounts and annual report</i> (David French, Interim Chief Executive) • <i>To receive the auditor's report on the quality account</i> (Neil Thomas, KPMG) • <i>To receive a report from the Audit and Risk Committee on the performance of the external auditors</i> (Simon Porter, Chair of Audit and Risk Committee/SID) 	Hard copies of the report will be provided at the meeting Enclosure 4
6.45	8.	Governor Elections <i>An update on planning for elections.</i> (Norma Cadavieco, Corporate Affairs Manager / Emma Abdulaal, Membership Manager)	Oral
6.55	9.	Update from Governors' Nomination Committee <i>Receive an update from the Governors' Nomination Committee regarding NED recruitment</i> (Peter Hollins, Chair)	Oral

Council of Governors' Minutes – Open Session

Minutes of the Extraordinary Council of Governors' (CoG) meeting on Thursday 17 May 2018, held in Tutorial Room 2, Education Centre, C Level, South Academic Block, University Hospital Southampton, commencing at 14.00 and concluding at 15.30.

Present:

Peter Hollins, Chair	PH
Anne Murphy, Elected, New Forest, Test Valley & Eastleigh	AM
Reuben Pengelly, Elected, New Forest, Test Valley & Eastleigh	RPe
Rob Chambers, Elected, Southampton City Centre	RC
Rose Wiltshire, Elected, Isle of Wight	RW
Robert Purkiss, Elected, Rest of England & Wales	RP
Max Jonas, Elected, Medical & Dental Staff	MJ
Emil Bica, Elected, Other Clinical Staff	EB
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
Steve Harris, Human Resources Director	SH
Norma Cadavieco, Corporate Affairs & Policy Manage	NC

Apologies:

Simon Porter, Senior Independent Director/Deputy Chair
 Tony Havlin, Elected, Southampton City Centre
 Diane Eldridge, Elected, Southampton City Centre
 Andrew Grapes, Elected, New Forest, Test Valley & Eastleigh
 Richard Goldsmith, Elected, Rest of England & Wales
 John Haydon, Elected, Rest of England & Wales
 Tina Baker, Elected, Nursing & Midwifery Staff
 Dr Mark Kelsey, Appointed, Southampton City CCG
 Lorna Cotter, Under 21 Representative

27/18 Chair's Welcome and Opening Comments

The chair welcomed everyone to the meeting.

Action By

28/18 Declarations of Interest

No declarations of interest were made.

29/18 Minutes of Previous Meeting

The minutes of the meetings held on 13 March 2018 were accepted as a correct record.

30/18 Matters Arising/Summary of Agreed Actions

30.1 Ref 7.2- Nutrition & Hydration

Meeting held, will be added as presentation topic for future meeting.

30.2 Ref 16.1- Matters Arising- Membership Engagement

Data circulated on 11 April 2018.

30.3 Ref 21.3 – CEO & NED Advertising Details

This will be discussed with Item 6.

30.4 Ref 21.4 – Advertising Costs for NHS Jobs & Public Appointment Portal

Costs not yet determined. Information to be circulated to governors.

- 30.5 Ref 22.1 – Working Group Composition
Working Group Composition circulated on 19 March 2018.

31/18 Appointment of Chief Executive Officer

- 31.1 SH summarised the chief executive selection process, confirming that two governors (SB and RP) participated as carousel members. Following the interviews and carousels, a preferred candidate had been identified. The appointment of the preferred candidate has been supported by the Remuneration & Appointment Committee, the Trust Board and the Governors' Nomination Committee. Approval of the appointment by the Council of Governors was now requested.
PH provided a summary of the preferred candidate's background & achievements. RP added that the preferred candidate stood out among the candidates. SA sought clarification of the timescale for the appointment. PH said that as the process of approval was still underway a formal offer had not yet been made.
RC sought further information on the background of other candidates. PH provided a summary of the other candidates' backgrounds, noting that there were several strong contenders amongst them.
SA queried how this would be communicated, both publicly and within the Trust. PH confirmed that after the appointment was finalised an announcement would be made to staff and public simultaneously. Until then the identity of the candidate remained strictly confidential.

- 31.2 **RESOLVED**
That the Council of Governors APPROVE the appointment of the recommended candidate.

32/18 Non-Executive Director (NED) Extension

- 32.1 PH updated the governors, noting that the recruitment of a new Non-Executive Director (NED) to fill the role currently held by SP has been delayed. Because of the delay, an extension to SP's term, which was due to finish at the end of May 2018, was proposed. The extension requested was for up to 3 months. This will maintain the required balance between Executive and Non-Executive directors on the Trust Board until the role can be filled. RC sought clarification of the ability to extend individual NED terms within the Trust's Constitution. AL confirmed that there was currently a provision to temporarily extend individual terms under extraordinary circumstances,

- 32.2 **RESOLVED**
That the Council of Governors APPROVE the extension of contract for SP, as SID/NED for up to three months.

33/18 Review of the Trust Constitution

- 33.1 AL introduced the proposed revised Constitution and summarised the changes. This had been the first comprehensive review of the Trust Constitution since achieving Foundation Trust status, and the Trust worked with solicitors during the process to ensure that all relevant regulatory requirements had been respected. Many of the changes included had arisen following discussion at Council of Governors and would make it easier to carry out the Council's duties. The Trust Board has approved the updated Constitution.
- 33.2 AL highlighted a proposed change not included in the circulated document to Annex 8 regarding the quoracy of the Governors' Nomination Committee. It is proposed that the quorum requirement be changed to include the Trust Chair plus 3 governors, 2 of which should be elected. The Governors agreed to this change.
- 33.3 The Governors sought clarification of the requirements and restrictions for serving on the Council of Governors. AL confirmed that the total term of office for any individual, in any constituency, regardless of a break period, is 6 years.

- 33.4 RPe queried whether substantive employees could serve as public governors. AL confirmed that substantive employees are only able to serve as staff governors, but clarification was required around non-substantive staff, including volunteers and those on honorary and fixed-term contracts.
ACTION: AL to confirm the rights of honorary and fixed-term staff and volunteers to serve as public governors. AL
- 33.5 PH highlighted the proposed changes involving the addition of a Deputy Lead Governor and the provision for electronic meetings to be held. RP sought clarification of the election of the Deputy Lead Governor. RPe queried whether Governors would be formally invited to submit nominations. PH confirmed that two informal nominations had been made, but Governors would now be formally invited to submit nominations. The election will be carried out electronically.
- 33.6 SA sought clarification of the review process for the Constitution. AL confirmed that there is no fixed review period, however, it is reviewed when new guidance is issued. RC noted an error on paragraph 22.4, where the Chief Executive was referred to as the 'accounting' officer. This should be changed to 'accountable' officer.
- 33.7 **ACTION: AL to update paragraph 22.4 to refer to the Chief Executive as the accountable officer.** AL
- 33.8 **RESOLVED**
That the Council of Governors APPROVE the revised Trust Constitution subject to the amendments noted.
- 34/18 NHS Improvement (NHSI) Governance Declarations**
- 34.1 AL provided an overview of the topic, noting that the Trust Board is asked to review performance and confirm compliance with the requirements placed on Foundation Trusts. This year, NHS Improvement (NHSI) have also requested that the views of Governors be considered. PH clarified that the Governors are not asked to confirm that the declarations are accurate; however, this is an opportunity for Governors to review and raise any concerns with the declarations made. AL added that the document had not yet been approved by the Trust Board.
- 34.2 RC suggested that the Trust Board Composition outlined in section 3E be clarified for those board members with a 'medical' role.
ACTION: Section 3E to be revised to specify the reference to the 'medical' representation on the Trust Board. AL
- 34.3 AL highlighted the section referring to Governor Training. MJ sought clarification on the availability of training for Governors not holding the role of Lead Governor. AL confirmed that training is available for all governors from NHS Providers. However, events are held nationally, and it is not therefore possible for governors to travel to all events. AT confirmed that she had previously attended one of these training sessions and found it valuable. PH encouraged governors to express their interest to attend training when events become available. MJ sought confirmation of the associated cost. AL confirmed that the Trust pays a subscription fee to NHSI for access, but the approximate cost for attendance is £300 per person.
- 34.4 The Governors raised no objections to the NHSI Governance Declarations.
- 34.5 **RESOLVED**
That the Council of Governors NOTE the NHS Improvement (NHSI) Declarations.
- 35/18 Chairman's Pay**
- 35.1 MJ chaired this portion of the meeting. MJ summarised the proposed changes to the Chairman's pay and expenses in line with current terms for Non-Executive Directors. The Governors agreed that the proposed changes were appropriate.
- 35.2 **RESOLVED**
That the Council of Governors APPROVE the recommended changes to the Chairman's Pay.

36/18 Any Other Business

- 36.1 SH proposed that the Council of Governors and/or the Governors' Staff Experience Group review the detailed Staff Survey Results at a future meeting. The Council will consider where this will be best addressed.

37/18 Date of Next Meeting: Tuesday 10 July 2018, 4.00 to 7.30pm, Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

UHSFT – Council of Governors’ Actions Summary for 10 July 2018 Council of Governors’ meeting

Action & Minute Reference	By whom	Target Date	Current Status
<i>Council of Governors – 17 May 2018</i>			
30.4	<u>Matters Arising/Summary of Agreed Actions</u> Ref 21.4 Advertising Costs for NHS Jobs & Public Appointment Portal - Costs not yet determined. Information to be circulated to governors.	Steve Harris/ Amanda Lowe	To be circulated
33.4	<u>Review of Trust Constitution</u> AL to confirm the rights of honorary and fixed-term staff and volunteers to serve as public governors.	Amanda Lowe	Complete.
33.7	AL to update paragraph 22.4 to refer to the Chief Executive as the accountable officer.	Amanda Lowe	Complete.
34.2	<u>NHS Improvement (NHSI) Governance Declarations</u> Section 3E to be revised to specify the reference to the ‘medical’ representation on the Trust Board.	Amanda Lowe	Complete.

4 July 2018

Council of Governors' meeting 10 July 2018

Title	Chief Executive's Quarterly Performance Report
Authors' names & Job titles	David French, Interim 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 10 July 2018

Chief Executive's Performance Report

1. Purpose

The purpose of this report is to summarise the Trust's performance against a range of key indicators. This report covers the period March 2018 to May 2018 noting that some targets are reported in arrears.

The Board has recently discussed the performance measures it considers, and the presentational format in which it considers them, and has agreed to revise several of the metrics to improve the relevance and effectiveness of the Board's oversight. Future Chief Executive's performance reports to the Council of Governors will incorporate these amendments.

2. Safety

Infection Control	Target	March 2018	April 2018	May 2018
Clostridium Difficile infection (confirmed lapse in care)	<=4	1	4	3
MRSA Bacterium infection	0	1	0	0

Safety	Target	March 2018	April 2018	May 2018
Never Events	0	0	0	0
Serious incidents requiring investigation (month in arrears)	N/A	0	1	N/A
Number of overdue SIRIs	0	3	5	N/A
Avoidable hospital acquired grade 3 and 4 pressure ulcers (month in arrears)	<=2	4	2	N/A

In May, there were three cases of Clostridium difficile which is within the accepted tolerance rate. There was a reduction in Grade 3 and 4 pressure ulcers in April. There was one SIRI in April.

Clinical Effectiveness	Target	To Dec 2017	To Jan 2018	To Feb 2018
Hospital Standardised Mortality Ratio (HSMR) – UHS (rolling 12 month average)	<=100	97.1	95.6	94.7
Hospital Standardised Mortality Ratio (HSMR) – SGH (rolling 12 month average)	<=100	91.8	89.9	88.5

HSMR performance continues to drop to 94.7 and 88.5 for UHS and SGH respectively. This is due to losing a spike in performance (in Jan 2017) from the rolling twelve-month figure. This is now the 12th month running that the Trust has been below 100.

Patient Experience

Friends and Family Test (FFT)

Indicator	Target	Mar 2018	Apr 2018	May 2018
Inpatients - Negative Score	<5%	1.1%	0.76%	0.90%
ED - Negative Score		0.00%	0.00%	N/A
Maternity - Negative Score		0.00%	0.00%	1.70%

Friends and Family test results remain positive in all areas.

Concerns and Complaints

There is a new KPI setting out complaints per 1000 bed days. In April 2018 complaint performance was 1.44 for the month (against the target of <1.2, reported one month in arrears). In May there were 50 complaints.

More detailed complaint data is outlined for the period March to May 2018

Indicator	Target	Mar 2018	Apr 2018	May 2018
Complaints received for investigation	Trends monitored	34	55	50
Number of complex concerns		32	21	22
Number of complaints and complex concerns		66	76	73
Complaints open at end of month		5	33	45
Number of complaints closed in month		51	41	42
Trust average response time for complaints (based on resolved date)	35 days	36	34	34
Complaints returned dissatisfied	15 per quarter	4	5	4
Parliamentary and Health Service Ombudsman (PHSO) cases upheld (reported a quarter in arrears)	0	0 for Q4 (2017/18)		

All feedback, including concerns and complaints are welcomed by the Trust, therefore no definitive targets are 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.

The total number of complaints and complex concerns continues to increase although this is in line with increasing activity throughout the Trust. Comparative data to other similar sized trusts demonstrates a significantly lower rate of complaints per 1000 staff than other major trusts.

4. Access Performance

Emergency Access Performance		Mar 2018	Apr 2018	May 2018
% patients spending less than 4 hours in UHS ED's (Types 1, 2 & 3, which includes Lymington)	=>95%	82.5%	87.4%	87.4%
% patients spending less than 4 hours in ED - UHS site (Main ED, Eye Casualty & Urgent Care Hub)	≥ 90%	80.1%	85.3%	*
% patients spending less than 4 hours in ED - Lymington Minor Injuries Unit	=>95%	99.0%	99.8%	100.0%
% patients spending less than 4 hours in ED - RSH Minor Injuries Unit	=>95%	99.7%	99.6%	*
% patients spending less than 4 hours in ED - Combined system total	≥ 90.30%	87.1%	90.7%	90.83%

*Data not available for May 2018 due to a change in metrics.

The national target for Emergency Access is 95% of patients treated and discharged within 4 hours. Our trajectory target for Q1 is to achieve 90.3% including all emergency attendances for our population (i.e. including the Royal South Hants Minor Injuries Unit). We achieved this target for May.

Referral to Treatment (RTT)	Target	Mar 2018	Apr 2018	May 2018
% incomplete pathways within 18 weeks in month	=>92%	86.21%	86.54%	87.60%
% of elective operations cancelled at the last minute	<=1%	*		
Total patients in backlog (internal target)	<1200	4,316	4,267	3,996
New referrals received (month in arrears)	N/A	18,168	18,787	N/A

*Data not available for due to a change in metrics.

The Trust did not meet the 92% target for Referral-to-Treatment in May due to insufficient capacity to meet rising levels of demand. It is anticipated that the Trust will achieve 92% by the end of the calendar year. A formal recovery action plan has been requested by Commissioners. Actions to recover this position include recruitment to medical staff in a number of key specialty areas. This has to be finely balanced against a request not to increase the contract over performance.

Cancer	Target	Feb 2018	Mar 2018	Apr 2018
Urgent GP referrals seen in 2 weeks (month in arrears)	=>93%	93.5%	94.2%	84.4%
Breast symptomatic patients referral seen in 2 weeks (month in arrears)	=>93%	78.9%	79.0%	39.8%
Treatment started within 62 days of urgent GP referral (month in arrears)	=>85%	78.1%	79.0%	78.1%

In April, we did not meet the targets for Urgent GP Referrals seen in 2 weeks, Breast symptomatic patient referral seen in 2 weeks and 62-day urgent GP referral to treatment. The Urgent GP referral and Breast Symptoms targets were not achieved due to insufficient breast radiology capacity. Improvement around 62-day urgent GP referral to Treatment is likely to be slow because of current challenges presented by significant growth in referrals and capacity constraints in urology.

5. Finance

Indicator	Mar 2018	Apr 2018	May 2018
Financial position	£7.9m surplus, £2.6m better than Plan.	£1.0m deficit, £0.8m worse than Plan	£1.1m surplus, £0.8m worse than Plan
Cost improvement plans (CIPs)	£7.8m against a target of £3.5m	£0.6m against a target of £2.3m	£0.8m against a target of £2.4m
Financial Sustainability Risk Rating	1	3	2

The year 2017/18 finished with the Trust reporting a surplus in excess of £41m, one of the highest in the country. In May the Trust delivered a control total surplus of £1.1m which is £0.8m worse than Plan, although this was driven in full by failing to achieve the ED 4 hours element of the PSF (Provider Sustainability Fund, the new name for the Sustainability and Transformation Fund). Improved ED performance in June, combined with clarification that the trajectory target is lower than previously communicated to us, means we expect to achieve the full PSF for the quarter. CIP delivery in the month was £0.8m against a target of £2.4m, meaning a £1.6m shortfall to Plan in the month. This slow start to CIP performance is driving the surplus shortfall as overall the Trust is £3.4m behind its CIP Plan.

Under the single oversight framework, the Trust has delivered a score for Finance and Use of Resources of a '2' in the month versus a Plan rating of 'a' for May. This variance is driven by the adverse position to plan.

6. Human Resources

Indicator	Target	Q4	National Average
Staff FFT - % of staff likely or extremely likely to recommend UHS as a place to work	=>75.5%	78%	64%
Staff recommending UHS as a place to receive care/treatment	=>85.0%	93%	81%

The Trust continues to maintain strong performance against the Staff Friends and Family Test measure, with 78% of respondents saying that they would recommend the Trust as a place to work. There was an increase in staff recommending UHS as a place to receive care/treatment to 93%, which also remains well above the national average.

Indicator	Target	Mar 2018	Apr 2018	May 2018
Turnover – rolling 12 months (internal target)	<=12%	13.14%	13.46%	13.60%
Sickness absence – rolling 12 months (internal target)	<=3.0%	3.46%	3.48%	3.46%
Nursing vacancies (internal target)	<=8%	13.04%	14.50%	17.64%

Turnover over for the rolling 12-month period has increased slightly to 13.60%. Nursing vacancies also increased to 17.64% in May. There is an expected rise at this time of year in registered nurse vacancies as the output of newly qualified nurses is awaited. Sickness absence, however, has decreased slightly and remains near the target of <=3.0%.



External audit presentation 2017/18

University Hospital Southampton – 10 July 2018

Content

The contacts at
KPMG in
connection with
this report are:

Neil Thomas
Partner

Tel: 07714 633 339
neil.thomas@kpmg.co.uk

John Oldroyd
Senior Manager

Tel: 07826 903 829
John.oldroyd@kpmg.co.uk

Headlines from our work

Financial Statements

Use of Resources

Quality Report

Questions

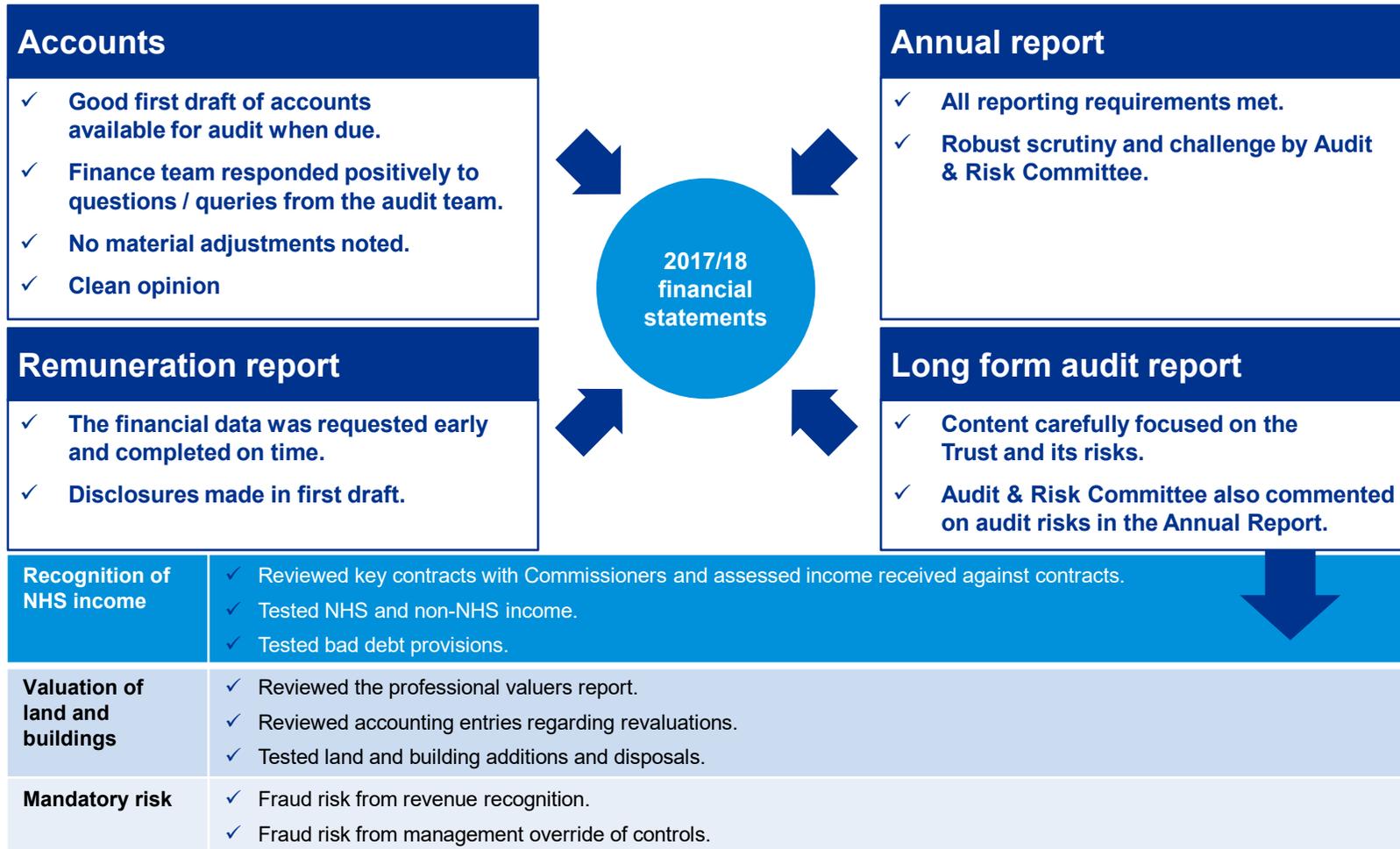


Headlines from our work

- We have a responsibility to sign a true and fair opinion for your financial statements and ensure that the annual report includes everything it should;
- NHS Improvement also require us to report both the public and private findings to Governors; and
- We value the opportunity to receive feedback from Governors and understanding your perspectives.

Financial Statements	<p>Unqualified (clean) opinion on the financial statements (2016-17 unqualified opinion).</p> <p><i>Means we have checked that amounts the Foundation Trust says it has received and spent and money it owes and is owed are correctly recorded. We have also checked where Management has used judgement, that those judgements are well thought through and appropriate.</i></p>
Use of resources	<p>Unqualified (clean) conclusion on the use of resources (2016-17 unqualified conclusion).</p> <p><i>Means we have looked at how the Board works and what the Trust's main regulators, NHS Improvement and the Care Quality Commission, have said about it and found no significant concerns.</i></p>
Quality report	<p>Limited assurance (clean) opinion on the content of the quality report (2016-17 clean opinion). Limited assurance (clean) opinion given on the "A&E 4 Hour wait" indicator (2016-17 clean opinion). Qualified opinion given on the "referral to treatment" indicator (2016-17 qualified opinion).</p> <p><i>Means the Trust has included everything it should have done within the quality report and presented both good performance and areas for development. No issues were found with the "A&E 4 Hour Wait" indicator but data quality issues were identified with the "referral to treatment" indicator which resulted in a qualified opinion being issued. The Trust are continuing to implement changes to its processes and train relevant personnel in order to address the issues relating to data quality.</i></p>

Financial statements detailed findings



Use of resources

Our approach is to consider:



Annual Governance Statement	<ul style="list-style-type: none"> Balanced narrative that reflects our understanding of the Trust's operations and risk management arrangements
Work of other regulators	<p>We considered the outcomes of relevant regulatory reviews (NHS Improvement, CQC, etc.) in reaching our conclusion.</p> <p>We reviewed the action plan which the Trust are progressing following the Care Quality Commission inspection in previous years and we believe the Trust is making sufficient responses to the findings to ensure the issues raised will be appropriately addressed.</p> <p>We reviewed the Trust's current NHSI ratings, Financial sustainability risk rating and Governance rating, and are satisfied that the Trust is responding appropriately to the ratings to make improvements.</p>
Other work	<p>We did not perform any other specific work but we did consider in our risk assessment the Trust's progress with CIP savings, operational performance and commissioner relationships, management's assessment of the ability to continue as a going concern and its partnering arrangements.</p>

We have issued a clean Use of Resources conclusion for 2017-18 as we did in the prior year.



Quality Accounts



Content and consistency

Content and consistency – clean limited assurance opinion issued

A good first draft of the Quality Report was received.



National Indicators:
A&E 4 hour wait
Referral to treatment

A&E 4 hour wait – clean limited assurance opinion issued

The indicator is calculated in line with national guidance

Referral to treatment – qualified limited assurance opinion issued

Following issues highlighted in 2015/16 and 2016/17 the Trust is continuing to make progress in redesigning the process and deliver training to relevant personnel to ensure the data is captured accurately and with a high standard. However, this has not been reflected in full in the 2017/18 financial year as it is still in the process of being fully implemented by the Trust.



Local Indicator:
Recognition and management of the deteriorating patient – cardiac arrests

Recognition and management of the deteriorating patient – cardiac arrests

Our work on the local indicator as selected by Governors has indicated that we would be able to provide a clean opinion, and we have not come across any indications that data for this indicator is not produced in line with national guidance.

Questions

Contacts

Neil Thomas
Partner
KPMG
15 Canada Square, Canary
Wharf, London E14 5GL

Mob: 07714 633339



Contacts

John Oldroyd
Senior Manager
KPMG
Gateway House, Tollgate,
Chandlers Ford,
Southampton SO53 3TG

Mob: 07826 903 829



Council of Governors' meeting 10 July 2018

Title	UHS Trust membership update
Sponsoring Executive	David French, interim chief executive
Authors' names & Job titles	Emma Abdulaal, communications 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 the attached UHS Trust membership update and provide feedback/comments at the CoG meeting on Tuesday, 10 July.

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 March 2018 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	2,999
New Forest, Eastleigh & Test Valley	3,579
Isle of Wight	800
Rest of England and Wales	1,346
Out of trust area (inc Jersey)	7
Total number of members	8,731

Please note these numbers are correct as of 4 July 2018.

Membership engagement – summary

Please see below a summary of membership engagement activities that have taken place since March 2018.

Members' evenings

We have hosted two members' evening since March – the first focused on PICU and the Channel 4 documentary. The event was well attended and we had five new members sign up in order to attend. Following the event, one member chose to make a very kind donation to Friends of PICU and remains involved in their work. The second was on 15 May and in keeping with celebrations around 70 years of the NHS focused on innovations. It was well received but numbers were lower than those that RSVPd. We think this may have had to do with the great weather that day!

The next event is scheduled for 16 July and in keeping with the NHS70 theme includes developments in organ donation and other UHS achievements from over the years.

Members' mail

Since March a number of member communications have been emailed out including event notifications and reminders about

Membership engagement group

The group met on 5 June 2018.

NHS70 events

We held an event at Westquay on 23 June that involved other Trusts and CCGs. The event went down really well and we are in the process of getting feedback from the others involved. Initial reports are favourable with everyone having high engagement levels with shoppers on the day. Lots of people were interested in finding out more about membership and based on their feedback we are going to develop the new sign up forms to be clearer and have more information on what it entails. A number of people signed up as members on the day and their data is in the process of being entered into the system.

- **5 July – Winchester Cathedral NHS service**, 5.30pm. Governors should have received an invitation via email to attend, if not please let Emma Abdulaal know. We hope to see as many of you there as possible celebrating the work of NHS staff.
- **5 July – SGH party, 11am to 2pm outside main entrance**. This event is for staff and the public and gives them the chance to celebrate 70 years of the NHS while enjoying some cake!

Mela Festival Southampton

We are hoping to join in with West Hampshire CCG's stand as it has been difficult this year finding volunteers to cover our own stand all day. This would also help with the NHS70 theme of us all working together. We will be recruiting at this event and welcome governor involvement by talking to people about the Trust and recruitment.

Get Involved Day

On 2 June we hosted a "get involved day" at SGH where the public could find out more about the different ways they could get involved in the Trust. We had a number of new members sign up and people were very interested in finding out about the Youth and Young Adults group being organised by Southampton Children's Hospital. We discussed with the team behind this group about one of our u-21 representatives sitting on the group and reporting back to the CoG about anything that needs taking forward. This was received favourably and now one of our reps is involved in the group.

GDPR

We have updated the privacy policy for membership and thankfully changes did not significantly affect numbers as initially thought.

Recruitment

Recruitment continues with social media and engagement events being used as the main points of reaching people. We have also discussed with a number of groups in the Southampton City area about coming and speaking with them. This is something the MEG is taking forward.

Elections

Governor elections are due to start on 16 July to fill five public seats and one staff. A communications plan has been created and engagement will be taking place with members across a variety of methods including face-to-face public events, internal communications with staff and external newsletters to members.

Timetable and list of vacancies below:

Event	Date
Publication of Notice of Election	Monday, 16 July 2018
Deadline for Receipt of Nominations – 5pm	Wednesday, 15 August 2018
Publication of Statement of Nominations	Thursday, 16 August 2018
Deadline for Candidate Withdrawals	Monday, 20 August 2018
Notice of Poll / Issue of Ballot Packs	Friday, 31 August 2018
Close of Poll – 5pm	Tuesday, 25 September 2018
Declaration of Result	Wednesday, 26 September 2018

Constituency and Class	Number of Seats
Public - New Forest, Eastleigh and Test Valley	1
Public - Southampton City	2
Public – Rest of England & Wales	2
Staff – Nursing and Midwifery	1