

## Agenda Council of Governors

<b>Date</b>	24/07/2024
<b>Time</b>	14:00 - 16:00
<b>Location</b>	Conference Room, Heartbeat/Microsoft Teams
<b>Chair</b>	Jenni Douglas-Todd

### **1 Chair's Welcome and Opening Comments**

14:00

### **2 Declarations of Interest**

14:02

### **3 Minutes of Previous Meeting**

14:03

Approve the minutes of the previous meeting held on 1 May 2024

### **4 Matters Arising/Summary of Agreed Actions**

14:05

### **5 Strategy, Quality and Performance**

#### **5.1 Chief Executive Officer's Performance Report**

14:08

Receive and note the report

Sponsor: David French, Chief Executive Officer

#### **5.2 Operating Plan**

14:28

Receive and note the report

Sponsor: Ian Howard, Chief Financial Officer

#### **5.3 Annual Report Update - Oral**

14:48

Sponsor: David French, Chief Executive Officer

Attendee: Craig Machell, Associate Director of Corporate Affairs and Company Secretary

### **14:53 Break**

### **6 Governance**

#### **6.1 Appointment of Lead Governor**

15:03

Note the appointment of the new lead governor

Sponsor: Jenni Douglas-Todd, Trust Chair

Attendee: Karen Russell, Council of Governors' Business Manager

#### **6.2 Confirmation of Election of the Membership and Engagement Working Group Chair**

15:05

Confirm the appointment of the new Membership and Engagement Working Group Chair

Sponsor: Jenni Douglas-Todd, Trust Chair

Attendee: Karen Russell, Council of Governors' Business Manager

- 6.3**  
15:07 **Governors' Nomination Committee Terms of Reference**  
Approve the proposed changes to the Governors' Nomination Committee Terms of Reference  
Sponsor: Jenni Douglas-Todd, Trust Chair  
Attendees: Craig Machell, Associate Director of Corporate Affairs and Company Secretary and Karen Russell, Council of Governors' Business Manager
- 7**  
**Membership Engagement and Governor Activity**
- 7.1**  
15:17 **Membership Engagement**  
Receive the report  
Sponsor: Jenni Douglas-Todd, Trust Chair  
Attendee: Sam Dolton, Events and Membership Officer
- 7.2**  
15:27 **Annual Members' Meeting Update - Oral**  
Receive the update  
Sponsor: David French, Chief Executive Officer  
Attendee: Sam Dolton, Events and Membership Officer
- 7.3**  
15:32 **Governors' Nomination Committee Feedback**  
Chair: Jenni Douglas-Todd, Trust Chair
- 7.4**  
15:34 **Feedback from Strategy and Finance Working Group**  
Chair: Mandy Fader
- 7.5**  
15:39 **Feedback from Patient and Staff Experience Working Group**  
Chair: Sandra Gidley
- 7.6**  
15:44 **Feedback from Membership and Engagement Working Group**  
Chair: TBC
- 8**  
15:49 **Review of Meeting**  
Review and feedback on the content of this meeting  
Sponsor: Jenni Douglas-Todd, Trust Chair
- 9**  
15:54 **Any Other Business**  
Raise any relevant or urgent matters that are not on the agenda
- 10**  
15:59 **Date of Next Meeting: 23 October 2024**  
Note the date of the next meeting



# University Hospital Southampton

NHS Foundation Trust

## Minutes - Council of Governors (CoG) Open Session

<b>Date</b>	1 May 2024	
<b>Time</b>	14.35-16:30	
<b>Location</b>	Conference Room, Heartbeat Education Centre and Microsoft Teams	
<b>Chair</b>	Jenni Douglas-Todd, Trust Chair	
<b>Present</b>	Jenni Douglas-Todd, Trust Chair	JDT
	Shirley Anderson, Elected, New Forest, Eastleigh and Test Valley	SA
	Katherine Barbour, Elected, Southampton City	KB
	Patricia Crates, Elected, New Forest, Eastleigh and Test Valley	PC
	Helen Eggleton, Hampshire and Isle of Wight Integrated Care Board (ICB)	HE
	Professor Mandy Fader, Appointed, University of Southampton	MF
	Lesley Gilder, Elected, Southampton City	LG
	Sathish Harinarayanan, Elected, Medical Practitioners and Dental Staff	SH
	Sandra Gidley, Elected, New Forest, Eastleigh and Test Valley	SG
	Jenny Lawrie, Elected, Southampton City	JL
	Kelly Lloyd, Elected, Health Professional and Health Scientist Staff and Lead Governor	KL
	Brian Lovell, Elected, Rest of England and Wales	BL
	Esther O'Sullivan, Elected, New Forest, Eastleigh and Test Valley	EO
	Catherine Rushworth, Elected, Isle of Wight	CR
	Liz Taylor, Elected, Non-Clinical and Support Staff	LT
	Councillor Victoria Ugwoeme, Appointed, Southampton City Council	VU
	Professor Emma Wadsworth, Appointed, Solent University	EW
	Mike Williams, Elected, New Forest, Eastleigh and Test Valley	MW
<b>In attendance</b>	Peter Baker, Commercial and Enterprise Director (for item 6.3)	PB
	Jessica Burnett, Associate Governor	JB
	Tracey Burt, Minutes	TB
	Martin De Sousa, Director of Strategy and Partnerships (for item 5.2)	MDeS
	Sam Dolton, Events and Membership Officer	SD
	Craig Machell, Associate Director of Corporate Affairs and Company Secretary	CM
	Neylia Mustafapour, Associate Governor	NM
	Karen Russell, Council of Governors' Business Manager	KR
	Joe Teape, Chief Operating Officer (for item 5.1)	JT
<b>Apologies</b>	Theresa Airiemiokhale, Elected, Southampton City	TA
	Linda Hebdige, Elected, Southampton City	LH
	Councillor Edward Heron, Appointed, Hampshire County Council	EH
	Jake Smokcum, Elected, Nursing and Midwifery Staff	JS
	Quintin van Wyk, Elected, Rest of England and Wales	QvW

## 1 **Chair's Welcome and Opening Comments**

The Chair welcomed everyone to the meeting.

## 2 **Declarations of Interest**

There were no new declarations of interest related to matters on the agenda.

## 3 **Minutes of Previous Meeting**

The minutes of the meeting held on 31 January 2024 were **approved** as an accurate record, after the 4<sup>th</sup> bullet point of item 5.1 was amended to read:

- CR said that many families from the Isle of Wight (IoW) travelled to the mainland to use maternity services and she was extremely concerned that the facilities at PAH were already stretched, without additional patients being sent from Winchester. She felt strongly that it would be inappropriate to send IoW patients to maternity units that were even further away from the island and she said that PAH staff were already fearful of the pressures to come. She queried whether additional staff were being recruited and whether the facilities would be improved to accommodate more patients.

## 4 **Matters Arising/Summary of Agreed Actions**

The updates on the summary of actions in the paper were noted.

## 5 **Strategy, Quality and Performance**

### 5.1 **Chief Executive Officer's Performance Report**

JDT welcomed JT to present the performance report on behalf of David French, CEO, who was attending a meeting in London.

He highlighted that:

- NHSE had granted UHS a one-off cash payment of £24.6m (due partly to the successful delivery of the improvement in its forecast position), which meant that the forecast deficit of £27m for 2023/24 had reduced to £4.5m.
- cost savings of £63m had been achieved in 2023/24.
- the Trust had delivered £75m of capital development during the year, which had included the opening of new wards and the building of the sky bridge.
- 118% of 2019/20 levels of elective, day case and outpatient first attendances had been delivered in 2023/24, against a target of 113%.
- UHS should be proud of its performance against other university teaching hospitals. The Emergency Department's performance had remained in the top quartile for the whole year and significant progress had also been made in treating those who had waited the longest for treatment.
- one of the Trust's biggest risks during 2024/25 was the lack of funding for social care within the community and he noted that there were currently 238 beds occupied by those waiting to be discharged. JT advised that the Trust was looking for more strategic solutions and was working with its partners across the integrated care system, to improve the position.

The following comments/queries were raised by governors:

- it was encouraging to see the number of performance targets showing as green in the report.
- it was interesting to hear that UHS was in the top quartile for many performance targets, even when they showed as red in the report and it gave an indication of the significant challenges all Trusts were facing. JT advised that the Trust had a strong focus on prioritising patients based on clinical need. He also noted that there was a weekly meeting to review those patients who had been on waiting lists the longest.
- how staff remained motivated when it felt as though they were treading water? JT advised that staff delivered amazing results, against all the odds and he hoped that motivated them.

- what was being done to reduce the number of patients who did not meet the criteria to reside? JT advised that there were improvements that could be made, such as ensuring that patients were on the right clinical pathway and that the number of failed discharges reduced (e.g. transport not booked, medication delays).
- SH asked what had been included in the £63m Cost Improvement Programme. JT advised that it had included additional income earned, vacancies held and a series of recurrent savings (e.g. length of stay, outpatient improvements, procurement savings and improved theatre productivity).
- EW noted that the report referenced the challenging work environment and she asked whether staff were involved in putting together measures to address the concerns. JT advised that there had been a discussion at Trust Board regarding staff morale and that lots of things had been tried to provide improved support, e.g. the Wellbeing Hub, the PAH roof garden and staffroom refurbishments. He said that the Trust was keen to encourage a long-term, ground up, philosophy and wanted to create an environment in which its staff could thrive.
- that many staff were tired and run down, following the pandemic and had not had a chance to recover. Whilst facilities like the Wellbeing Hub were good, staff needed to be allowed time (during the working day) to access them.
- many staff believed that they were identifiable through bar codes/reference numbers on staff survey forms, which were meant to be anonymous. It was suggested that the response rate would improve, if they were removed.
- KB asked whether governors were aware that there was an issue regarding Band 2 staff, who were seeking to be regraded to Band 3. JT advised that it was a national issue in respect of Band 2 Health Care Assistants who were working at a Band 3 level. He said that UHS wanted people to be paid the right amount for the work they did and Steve Harris, Chief People Officer, was involved in discussions across HIOW, to reach a unified position.
- KB noted the importance of people connecting with nature and the positive effect that being able to see greenery from a hospital bed, could have on patients. She queried whether it would be possible to have TV screens on wards, showing scenes of the countryside.
- KB advised that the Catholic Home Care service (which had supported many people across the city) was to close, increasing pressure on other services.

**Actions:**

- the governors were keen to express their thanks to the staff for the sterling work they did and JT was asked to consider how that message could be shared across the organisation.
- JDT agreed to ask Steve Harris, Chief People Officer, to provide governors with an update regarding the situation with Band 2 staff.

## **5.2 Corporate Objectives 2024/25**

JDT welcomed Martin De Sousa (MDeS), Director of Strategy and Partnerships, to the meeting. He advised that there had been a lot of discussion regarding the corporate objectives for 2024/25 as the Trust wanted them to be ambitious but realistic. They were also keen for them to reflect the challenges in the system, whilst recognising the pressure that teams were already under.

The report set out the 14 corporate objectives that had been proposed and MDeS advised that they had been structured around the five domains of the UHS 5 Year Strategy.

The following comments were made:

- KL said that, as a member of staff, she appreciated the fact that the objectives clearly linked to the vision and values of the Trust.
- MDeS confirmed that UHS continued to work closely with acute Trusts outside the HIOW ICS, e.g. Salisbury NHS FT and University Hospital Dorset.
- MDeS confirmed that the corporate objectives would be included in the Trust Board papers that were available to the public and in the hospital's annual report.
- measures were in place to ensure that progress against the corporate objectives could be monitored.

### 5.3 Non-NHS Activity

JDT welcomed Peter Baker (PB), Commercial & Enterprise Director, to the meeting and he acknowledged that one of the responsibilities of governors was to provide a level of assurance that the Trust was predominantly focussed on NHS activity.

He noted that private patients and overseas visitors continued to bring income into the Trust and that in 2023 a new company, UHS International Development Centre (IDC) had been set up to support the funding and development of innovative products. The IDC would enable staff to bring forward innovations for consideration and to present them to a professional team, who could then take them forward and look for investors. Many staff had innovative ideas and the IDC provided an exciting opportunity for them.

PB advised that the IDC worked closely with the University of Southampton and also that it generated income from contracts with independent hospitals (Spire and Nuffield), the Ministry of Defence and the cruise line industry.

The following comments were made:

- staff were already under a lot of pressure, caring for NHS patients, so how did the Trust ensure that any additional work was monitored in terms of hours worked, well being and guarding against burnout. PB advised that if a consultant wanted to do private work in NHS time, they had to obtain sign off at a senior level. Generally, however, they would undertake any additional work at weekends or in the evenings.
- the IDC was seen as a good recruitment and retention tool and the Trust had a generous intellectual property policy.
- EW advised that Solent University would be keen to support the IDC with knowledge exchange and PB agreed to pursue the opportunity.

**Action:** EW and PB to discuss the potential for knowledge exchange between the IDC and Solent University.

### 5.4 Annual Report and Quality Accounts Timetable 2023/24

CM presented the paper and highlighted the timetable provided. He advised that the Quality Account had to be published by 30 June 2024 and that the Annual Report and Accounts 2023/24, could not be published until after they had been laid before Parliament. It was noted that Parliament's summer recess would commence on 23 July 2024.

The first draft of the annual report and accounts was about to be circulated to the governors for a one-month consultation period and final sign off was scheduled for 17 June 2024, with submission by 28 June 2024.

## **6 Governance**

### **6.1 Review Terms of Reference - Council of Governors and Working Groups**

CM advised that there had been no significant changes to the Terms of Reference for the Council of Governors and its working groups. A couple of minor changes had been proposed to reflect the current composition of the CoG and compliance arrangements, together with a small number of grammatical changes.

**Decision:** The CoG approved the revised Terms of Reference for the Council of Governors and its working groups.

### **6.2 Vacancy for the Health Professional and Health Scientist Staff Governor**

KR advised that KL would be standing down as a governor on 28 June 2024 as she would be leaving UHS. Generally, there would be three options for filling a vacancy for any reason other than the expiry of the term of office but Option 2 did not apply, as there had only been one candidate at the last election.

The CoG was therefore asked to approve Option 1, by calling an election to coincide with the scheduled governor elections in 2024.

**Decision:** The CoG approved the use of Option 1 to fill the vacant seat for the health professional and health scientist staff group, by calling an election to coincide with the scheduled governor elections in 2024.

### **6.3 Council of Governors' Elections 2024**

KR advised that two vacancies would arise within the Rest of England and Wales public constituency of the CoG on 1 October 2024, when the current governors reached the end of their term of office.

The proposed timetable and arrangements for the elections to the CoG in 2024, were noted.

## **7 Membership Engagement and Governor Activity**

### **7.1 Membership Engagement**

SD introduced the membership engagement report and advised that the Communication Team was in a transition phase, which meant that it was having to look at what events it could coordinate and support. Consequently, he had not yet circulated a list of events to governors, for them to indicate their availability.

He highlighted the following:

- with reduced staff available, the Trust's attendance at larger community events, would be the priority (e.g. the Mela Festival). Working in partnership with other teams was also being considered.
- there was a particular focus on existing members, to ensure they were kept up-to-date with news/events and a monthly email was sent out. The digital magazine, Connect, was sent out quarterly.
- there had been lots of questions from members at the virtual event held in February on dementia. A second virtual event in the series 'Transforming lives and healthcare through research', was being arranged.
- there would be a virtual event w/c 6 May 2024 on choosing the right healthcare for your child. The head of the 111 service from South Central Ambulance and David Jones, Consultant Paediatrician at UHS, were both due to speak.

The following comments were made:

- it was unfortunate that the number of events to be attended, was having to be reduced.

- whether the 'open' rate for emails sent to members, suggested that it was not their preferred means of receiving updates. SD advised that it was typical of the 'open' rate experienced by other organisations.
- it was suggested that key points should be included in the body of any email sent out, rather than as an attachment, which members may not open.
- that any material sent out needed to be as engaging as possible.

**Action:** SD **agreed** to provide a list of events (for KR to circulate) so that governors could indicate their availability.

## 7.2 **Membership Strategy - Review of the Trust's Public Membership**

SD advised that many of the Trust's public members had been recruited when the Foundation Trust was formed in 2011 but that a large proportion of the database was now out of date, due to members moving or being deceased. A data cleansing programme was used but was only around 80% accurate.

Public members with an email address were contacted regularly. However, those for whom the Trust only held a postal address, were only contacted when there was an election to the CoG in their constituency. The Trust was therefore keen that members for whom it did not hold an email address, were asked to opt in, if they wished to continue as a Trust member.

The following comments were made:

- it was suggested that members might be encouraged to opt in, if the Trust made them aware of the overall cost of communicating by post and how, for example, that might equate to employing an additional nurse.
- the Trust should be careful not to make members feel guilty, as they may decide to opt out and then receive nothing. SD assured the CoG that UHS would use the experience of the database company to ensure that any wording used was appropriate.

**Decision:** The CoG **approved** Option 1, which had also been the preferred option of the governors who had attended the Membership and Engagement Working Group on 11 January 2024.

## 7.3 **Governors' Nomination Committee Feedback**

JDT advised that the NED appraisals had been conducted and the relevant documents were complete. She had provided a report to the Governors' Nomination Committee and had attended their recent meeting.

## 7.4 **Feedback from Strategy and Finance Working Group**

MF advised that the Strategy and Finance Working Group had met on the 29 April 2024. There had been a discussion about health inequalities and Paul Grundy, Chief Medical Officer and Luci Hood, Head of Medical Directorate had been invited to talk about what actions the Trust was taking.

MF said that it had been well attended, there had been good presentations and lots of questions raised.

## 7.5 **Feedback from Patient and Staff Experience Working Group**

SG advised that Serena Gaukroger-Woods, Head of Clinical Quality Assurance, had attended the working group. She had discussed the draft Quality Account priorities for 2024/25 and had given an overview of how the process worked. Those attending had been able to ask questions and had inputted into the draft plan.



SG mentioned that governors had been surprised to learn that a behaviour framework, initiated by staff, was being produced and that post Covid-19 there had been a need to go back to some of the more traditional values.

**7.6 Feedback from Membership and Engagement Working Group**

KL advised that Arabella Roderick, the Trust's Gypsy, Roma and Traveller (GRT) Liaison Lead, had attended the working group. She had been in post for 18 months and had been working with the GRT community to build better links and to try to make UHS a more welcoming environment for them to seek help and treatment.

KL said that it had been a very engaging conversation, that it was a community who experienced significant health inequalities and that there was a lot more work to be done.

**8 Review of Meeting**

JDT asked governors for their feedback regarding the meeting and the following comments were made:

- that the informal session with the NEDs had been valuable and their detailed answers had been appreciated.
- that more time with the NEDs would have been useful.
- that a more “punchy”, top line account of the finances, with visual aids and without acronyms, would have been welcomed.

**9 Any Other Business**

JDT noted that it was KL's last meeting and she thanked her for stepping into the Lead Governor role, when she had still been a relatively new governor. She thanked her for all her work and wished her well for the future. KL responded by saying that she had enjoyed the role and she thanked the governors for being relatable and approachable.

**10 Date of Next Meeting**

The next meeting of the CoG would be held on 24 July 2024.

Agenda item	Assigned to	Deadline	Status
Council of Governors 31/01/2024 7.1 Membership Engagement			
1114	Membership Events 2024/25	● Sam Dolton	01/05/2024 <span style="color: green;">■</span> Completed
<p><i>Explanation</i> It was agreed that SD would circulate a list of all events (once available) to governors, so that they could indicate their availability.</p>			
<p><i>Update</i> SD provided a further update at the meeting on 1 May 2024 regarding the reduced number of community events which the Trust would be attend in 2024. Following his update, a new action item was created regarding this (see action item 1131).</p>			
Council of Governors 31/01/2024 7.3 Feedback from Strategy and Finance Working Group			
1115	Trust's Inequalities Strategy	● Mandy Fader and Karen Russell	01/05/2024 <span style="color: green;">■</span> Completed
<p><i>Explanation</i> It was suggested that MF/KR obtain more information from Paul Grundy (Chief Medical Officer) about the new health inequalities group at UHS.</p>			
<p><i>Update</i> Paul Grundy and Luci Hood (Head of Medical Directorate) attended the Strategy and Finance Working Group meeting on Monday, 29 April 2024 to provide a presentation regarding the Trust's Health Inequalities Strategy.</p>			
Council of Governors 31/01/2024 7.4 Feedback from Patient and Staff Experience Working Group			
1116	Security at the Princess Anne Hospital	● Sandra Gidley and Karen Russell	24/07/2024 <span style="color: green;">■</span> Completed
<p><i>Explanation</i> It was agreed that SG would seek clarification regarding the specific issues picked up in the CQC report around security and the actions that had been taken and that governors consider joining a matrons' walkabout at the PAH, so they could see the current security system that was in place.</p>			

	<p><i>Update</i> An update was provided by Tim Peachey at the governors' and non-executive directors' discussion meeting on 1 May 2024.</p> <p>A further update on the progress of the new security arrangements will be provided at the governors' and non-executive directors' discussion meeting on 24 July 2024.</p> <p>Arrangements for governor walkabouts within the hospital are currently being reviewed on a broader basis.</p>			
Council of Governors 01/05/2024 5.1 Chief Executive Officer's Performance Report				
1128	Thank you to UHS staff	● Joe Teape	24/07/2024	■ Completed
	<p><i>Explanation</i> The governors were keen to express their thanks to the staff for the sterling work they did and JT was asked to consider how that message could be shared across the organisation.</p>			
	<p><i>Update</i> An infographic has been shared across staff briefing and social channels. David French (Chief Executive Officer) has also arranged to prepare a video which will include this message.</p>			
1129	Band 2 staff	● Jenni Douglas-Todd	24/07/2024	■ Completed
	<p><i>Explanation</i> JDT agreed to ask Steve Harris, Chief People Officer, to provide governors with an update regarding the situation with Band 2 staff.</p>			
	<p><i>Update</i> Steve Harris has provided the following update: UNISON (an NHS trade union) is leading a national campaign for healthcare assistants (HCAs) in Trusts. This is in relation to levels of pay for these roles, which are typically paid at band 2. UNISON's campaign pushes for a recognition that many HCAs have actually undertaken band 3 duties over a number of years. The claim pushes for an entitlement to a rectification of their banding and appropriate back pay to reflect this. A small number of Trusts have seen industrial action and have reached a settlement. UNISON has been conducting campaigning activity at UHS over the last few months. UHS is currently evaluating the potential impact of a claim being lodged here and simultaneously pushing for a national solution to the issue, as it is likely to affect nearly all NHS organisations.</p>			

Council of Governors 01/05/2024 5.3 Non-NHS Activity				
1130	Knowledge exchange between the IDC and Solent University	● Emma Wadsworth and Pete Baker	24/07/2024	■ Completed
<p><i>Explanation</i> EW and PB to discuss the potential for knowledge exchange between the IDC and Solent University.</p>				
<p><i>Update</i> EW has advised that her colleagues Katarzyna Gleadell (Head of Knowledge Exchange) and Mike Toy (Senior Communities Development Manager) met with PB and Martin Gossling (Head of Commercial Innovation) on 12 June 2024. They discussed the UHS Innovation Centre and any collaborative support Solent University might be able to offer. Following the meeting, Katarzyna and Mike shared Solent's Business Solution information and details of their current Innovation Voucher scheme. They also extended an invitation to Martin and Peter to visit the University for a tour of their facilities and discussion with some of their Research Leads. It is hoped to arrange this visit over the summer.</p>				
Council of Governors 01/05/2024 7.1 Membership Engagement				
1131	UHS attendance at community events in 2024	● Sam Dolton and Karen Russell	24/07/2024	■ Completed
<p><i>Explanation</i> SD agreed to provide details of any events which the Trust is planning attend, for KR to circulate), so that governors could indicate their availability.</p>				
<p><i>Update</i> SD confirmed that the Trust's research communications team would be attending the Southampton Mela Festival on Saturday, 13 July 2024 and governors were invited to support the event. Details of the event were circulated to governors on 26 June 2024.</p> <p>Governors were also invited to support a dual stand between Diabetes UK and the Digital team at HIOW ICB at Eastleigh Mela on Sunday, 21 July. Details of the event were circulated to governors on 9 July 2024.</p> <p>The Trust will be attending Southampton Pride during the weekend of 24/25 August 2024 and governors are invited to support this event. Details were circulated to governors on 18 July 2024.</p> <p>There is currently no other planned attendance at community events in 2024 but governors will be advised if this changes.</p>				

Report to the Council of Governors				
<b>Title:</b>	<b>Chief Executive Officer's Performance Report</b>			
<b>Agenda item:</b>	<b>5.1</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>			
<b>Author:</b>	<b>Sam Dale, Associate Director of Data and Analytics</b>			
<b>Date:</b>	<b>24 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>Y</b>
<b>Issue to be addressed:</b>	Information about Trust performance supports the Council of Governors in their role.			
<b>Response to the issue:</b>	This report is intended to inform the Council of Governors about aspects of the Trust's performance.			
<b>Implications:</b>	This report provides performance information relating to a broad range of Trust services and activities. There are no specific implications.			
<b>Risks:</b>	This report is provided for the purpose of information.			
<b>Summary:</b>	This report is provided for the purpose of information.			

# UHS Council of Governors July 2024

## Chief Executive's Performance Report

### 1. Purpose and Context

The purpose of this report is to summarise the Trust's performance against a range of key indicators. Where available, this report covers data from the period April 2024 to June 2024, noting that some performance data in relation to some of the targets is reported further in arrears.

Notable features of the last quarter include: -

- The trust set a £14.5m deficit plan for 2024/25 which includes incremental monthly improvements and a break even position for the second half of the year. The plan includes an £85m savings target underpinned by internal productivity and efficiency schemes alongside system wide transformation.
- The trust reported an £8.4m deficit after two months, which is £2m behind the financial plan. However significant progress has been through new recruitment controls and the trust continues to increase clinical revenue as elective activity levels reached 123% of 19/20 levels.
- Patient flow challenges remain as the volume of patients attending the emergency department grew by 2% in quarter two and the volume of patients in the hospital not meeting the criteria to reside (nCTR) remains above 200 each day.
- Despite the operational challenges, the hospital is benchmarking well on performance targets for elective waiting lists, emergency waiting times and cancer pathways despite a recent increase in referrals. UHS is consistently in the top quarter for most key metrics when compared to peer teaching hospitals across the UK.
- The organisation continued to prioritise clinically urgent and long waiting patients during the latest period of industrial action. The hospital is in a positive position as we target the national ambition of zero patients waiting over 65 weeks by the end of September 2024.

### 2. Safety

Infection Control	Target	Apr 2024	May 2024	Jun 2024
Clostridium Difficile infection	<=5	12	7	10
MRSA Bacterium infection	0	1	0	0

#### MRSA

The organisation reported 1 Healthcare Associated BSI attributed to UHS for Q1 (against a nationally set threshold of 0). This was a paediatric patient admitted to UHS from another hospital for cardiac surgery with no known history of MRSA. The case underwent a detailed concise review led by the Infection Prevention Team and an after-action review (AAR) with the relevant clinical teams to identify learning and areas for improvement. Whilst the source of the MRSA was not clear, some gaps in practice were identified in relation to screening for MRSA on admission to UHS.

Focused activity/support to wards by the Infection Prevention Team has been undertaken in Q1 to support improvements in application of measures to prevent MRSA acquisition including focused ward reviews/feedback, education, training and awareness.

#### C.difficile

27 cases of Healthcare associated C.difficile were attributed to UHS in Q1 (still awaiting confirmation of national set thresholds for 2024/25). All cases continue to be reviewed by the infection control team for assurance regarding antimicrobial prescribing and infection prevention & control practices.

Focused activity on improving IP&C practice standards and antimicrobial stewardship and application of the principles of prudent antimicrobial has been undertaken in Q1 and will be continued in Q2, including enhanced focus and education on equipment cleanliness (particularly cleanliness of commodes); appropriate glove use; review and update of a revised isolation policy with a focused rollout and launch activities scheduled for July 2024; ongoing update of UHS antimicrobial prescribing guidelines.

Safety	Target	Apr 2024	May 2024	Jun 2024
Never Events	0	0	0	2
Patient Safety Incident Investigations (PSIIs)	N/A	2	2	0
Pressure ulcers category 2 per 1000 bed days	<0.3	0.39	0.37	0.36
Pressure ulcers category 3 per 1000 bed days	<0.3	0.26	0.23	0.25

### Serious Incidents

Two never events were reported in June: A retained foreign object following orthopaedic surgery where a piece of metal was identified in the soft tissue on X ray in their outpatient appointment. It was removed at the same time as one of the screws. The second event is a retained swab in maternity following a ventouse delivery, the patient had been treated for a chronic infection by the GP prior to being referred back to maternity.

We have reported 3 PSIIs in quarter one; a patient who became hypoglycaemic whilst on a VRI and there was a delay in starting their NG feed. A child who was admitted via CED with a bleeding renal tumour and there was a delay in them getting the theatre and the third case relates to lost to follow up in urology.

### HSMR

Clinical Effectiveness	Target	To Feb 2024	To Mar 2024	To Apr 2024
Hospital Standardised Mortality Ratio (HSMR) – UHS (rolling 12 month average)	<=100	90.26	92.03	
Hospital Standardised Mortality Ratio (HSMR) – SGH (rolling 12 month average)	<=100	88.97	90.04	

The HSMR statistics have been refreshed for the March 2024 position, but are not available for quarter one as the metric is reported three months in arrears. The current position reflects better than expected survival, with 100 being the expected index based upon national average performance for the same period adjusted for the types of patients / conditions reported by UHS.

## 3. Patient Experience

### Friends and Family Test (FFT)

Indicator	Target	Apr 2024	May 2024	Jun 2024
Inpatients - Negative Score	<5%	0.41%	0.66%	0.83%
Maternity - Negative Score		0.00%	3.70%	3.42%
(Maternity = feedback on 'Birthing Care' by women who gave birth in the period)				

There has been an array of valuable feedback gathered from FFT and various surveys run at UHS, with positive feedback received relating to the themes of staff attitude, communication and clinical treatment. The introduction of auto-reports for FFT (staff being sent direct links to read the positive praise written about teams) has boosted staff morale as their named feedback can be passed back to them on a regular basis, as many staff are mentioned by name in free text comments for impressing the patient and providing quality care.

## Complaints

Indicator	Target	Apr 2024	May 2024	Jun 2024
<b>Complaints received for investigation</b>				
Complaints – Taking a Closer Look		43	41	34
Complaints – Early Resolution		22	25	18
Complaints - Total		67	67	55
Number of complaints closed in month		47	66	63
<b>Trust complaints response time</b>				
Complaints – Taking a Closer Look	35 days	48	34	43
Complaints – Early Resolution		14	23	18
Complaints - Total		36	31	32
Complaints returned dissatisfied	<15 p/qtr	2	4	1
Parliamentary and Health Service Ombudsman (PHSO) cases upheld, (reported a quarter in arrears)	0	0	0	0

Due to staff vacancies and absence, there has been a backlog of work in the PALS and complaints team. This has impacted on response times for acknowledging complaints and the amount of time it has taken to resolve complaints compared to Q4. In May, temporary support was provided and the backlog started to improve in June. In addition, the PALS and complaints team have experienced an unprecedented amount of complex complainants which have impacted upon time and resources throughout the Trust.

## 4. Access Performance

Emergency Access Performance	Target	Apr 2024	May 2024	Jun 2024
% patients spending less than 4 hours in UHS EDs (Types 1 & 2)	=>78.0% (Mar'25)	69.1%	71.3%	69.7%

Attendances to the Emergency Department (ED) have continued to increase, averaging 435 per day across April, May and June in 2024. This represents a 2% increase on volumes reported in the previous quarter and a 5% increase against the equivalent period last year. Whilst this generates flow challenges for the organisation, UHS has maintained a four hour performance position close to 70% for all months in quarter one. The hospital's ED performance continues to compare strongly, ranking 2<sup>nd</sup> for May 2024 and 4<sup>th</sup> for June 2024 when compared to 20 peer teaching hospitals across the UK (for Type 1 attendances).

Referral to Treatment (RTT)	Target	Apr 2024	May 2024	Jun 2024
% incomplete pathways within 18 weeks in month	=>92%	62.74%	63.89%	TBC
Total patients on a waiting list		59,485	59,812	TBC



The trust has seen a 2% increase in the number of patients on the RTT waiting list since the final quarter of the 2023/24 financial year. This increase is within the referral element of patient pathways, whereas the volume of patients waiting for a planned admission or diagnostics have both reduced. A significant proportion of the referral growth sits within specialties impacted by seasonal conditions. Overall, the hospital continues to benchmark well for the proportion of patients who have been waiting over 18 weeks for treatment, with UHS ranking in fourth place for each of the last six months when compared to 20 peer teaching hospitals.

The organisation continues to report zero patients waiting over two years and the only cohort of patients now waiting over 78 weeks (14 in May 2024) remains those impacted by the national shortage of corneal tissue which is managed nationally. In May 2024, the trust reported less than 50 patients waiting over 65 weeks and is fully focussed on the national ambition to achieve zero by September 2024. Outside of the corneal patients, the remaining 65 week waiters are complex cases in a small number of specialties. The organisation continues to rank in the top quartile for this metric when compared to peer teaching hospitals.

Cancer	Target	Mar 2024	Apr 2024	May 2024
Faster Diagnosis - within 28 days	>=77%	87.2%	85.7%	85.9%
31 Day target - decision to treat to first definitive treatment	=>96%	92.3%	90.8%	88.7%
62 day target - urgent referral to first definitive treatment	=>70%	77.3%	76.5%	69.7%

Over the last six months, the organisation implemented multiple steps to streamline patient pathways, increase capacity and balance staffing levels with the demand for cancer services. These action plans have proved successful as our waiting times and breach cohorts improved. The trust benchmark wells for both 28 day and 62 days metrics, consistently ranking first for 28 day faster diagnosis against peer teaching hospitals.

Alongside a difficult financial and recruitment position, the organisation has faced challenges to maintain these levels of performance in the last two months as urgent referrals continue to increase in 2024. The organisation continued to prioritise cancer patients and their treatments through all periods of industrial action and the organisation is in constant dialogue with primary care to explore innovative pathways and share referral outcomes.

## 5. Finance

The financial environment remains extremely challenging as the organisation commences a new financial year. The annual plan for 2024/25 is a £14.5m deficit with incremental improvement needed to take the organisation from a deficit in the first half of the year to breakeven in the second half of the year. The plan is predicated on the delivery of an £85m savings programme that not only needs a step change improvement in productivity and efficiency but system wide transformation particularly across schemes helping accelerate discharge and reducing the numbers of patients within the hospital who don't meet the criteria to reside or who have mental health rather than physical health needs. Further to this the plan assumes no industrial action which carries an immediate risk for June.

UHS is currently reporting an £8.4m deficit after two months (April and May) which is £2m behind plan. This is predominantly due to savings targets not being achieved fully in early months coupled with an estimated gap in consultant pay award funding of £0.2m per month. Mobilising the delivery of efficiency plans to keep pace with required efficiency savings was a known risk through the planning process and progress continues to be made in making sustainable financial improvements.

The organisation has made great strides in making sure workforce growth is controlled and agency costs minimised. Agency expenditure is below 1% of total pay expenditure and continues to benchmark favourably when compared to similar organisations. Surge capacity has also reduced in usage across April and May with the organisation delivering activity predominantly from within its funded bed base. The trust has also delivered elective activity at 123% of 2019/20 levels which is 10% above the trusts target. This has helped deliver additional revenues of £3m across April and May.

Non criteria to reside numbers however remain flat from 2023/24 at between 200 and 250 in any day. Similarly mental health patient volumes also remain broadly similar to 2023/24. Both these two factors pose significant risk to the delivery of the financial plan. Risks will continue to be monitored closely in year as continuing to run in a deficit is not sustainable for the trust's cash or capital position. The trust however remains positive that in working with system partners, improvements can be achieved and therefore continues to forecast plan delivery.

Further to this the trust remains on target to spend its full capital allocation for 2024/25 totalling £86m. This includes £5.5m (£3.5m subject to business case approval) recently awarded for the emergency department, £18m related to continued investment in decarbonisation funded via a Salix grant, and £7m related to the completion of the Southampton Community Diagnostics Centre planned for the Royal South Hants hospital (centrally funded). This investment in capacity, digital and estates infrastructure helps support continued ongoing financial sustainability and efficiency improvements that provide foundations for the future.

## 6. Human Resources

Indicator	Q4 23/24	Q1 24/25
Staff recommend UHS as a place to work %	63.0%	63.8%
Staff survey engagement score (out of 10)	6.8	6.85

The most recent quarterly survey results show a slight increase in the percentage of staff who would recommend UHS as a place of work and the overall engagement score, which we hope will continue. It is acknowledged that the response rate for quarterly submissions is significantly below the rate achieved for the annual staff survey.

Indicator	Target	Apr 2024	May 2024	Jun 2024
Staff Turnover (internal target; rolling 12 month)	<=13.6%	11.0	11.4	11.2
Sickness absence 12 month rolling (internal target)	<=3.9%	3.8	3.8	3.9

### Turnover:

In June 2024, UHS had a total of 107.1 WTE leavers. The highest number of leavers was within Trust HQ, with 25.6 WTE leavers. Within Trust HQ, the Admin & Clerical staff group had the most significant turnover, accounting for 13.9 WTE leavers. Division B had the second highest turnover, with 23.9 WTE leavers, which is 1.6 WTE fewer than Trust HQ. In Division B, the largest contributions to turnover came from the Nursing and Midwifery staff group, with 8.7 WTE leavers, and the Additional Clinical Services staff group, with 8.0 WTE leavers.

### Sickness:

The current rolling sickness rate (as of June 2024) is 3.9%, which is the same as the sickness target for 24/25 (<3.9%). In-month sickness for June 2024 was 3.6%. The rolling sickness rate for June 2024 is 0.1% higher than July 2023 figure (3.8%).

<b>Report to the Council of Governors</b>				
<b>Title:</b>	<b>Operating Plan 2024/25</b>			
<b>Agenda item:</b>	<b>5.2</b>			
<b>Sponsor:</b>	<b>Ian Howard, Chief Financial Officer</b>			
<b>Author:</b>	<b>Ian Howard, Chief Financial Officer</b>			
<b>Date:</b>	<b>24 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
				<b>Y</b>
<b>Issue to be addressed:</b>	<p>Information about trust planning and budget setting supports the Council of Governors in their role.</p> <p>This report is intended to inform the Council of Governors about aspects of the Trust's operating environment and plan for 2024/25.</p> <p>A more detailed report is presented to Trust Board for their consideration and approval.</p>			
<b>Response to the issue:</b>	<p>UHS is entering the financial year with a deficit run rate of between £4m - £4.5m per month (£48m-£54m per year). The financial settlement for 2024/25 remains challenging, with reductions to funding in relation to national convergence to a "fair share" of funding and return of deficit from the prior year, and no growth funding has been offered.</p> <p>We have been in discussions with HIOW ICB and NHSE, noting this position is not affordable nationally, nor do we at UHS have the cash to support this scale of deficit. We have therefore been focussing on stretch improvements we can make within UHS and across the system, as well as identifying some additional funding, in order to deliver an improved financial deficit plan position.</p> <p>UHS has now submitted a revised 2024/25 operational plan that delivers an improved financial deficit of £14.5m, whilst maintaining our commitment to both quality and performance targets. As part of the improved plan we are also anticipating a further £11m of cash support from NHSE. The assumptions within the plan are outlined in Appendix A.</p> <p>This relies upon delivery of a number of system-wide initiatives, including reductions to Non-Criteria to Reside (NCTR) patients, reduced mental health demand and an unidentified system stretch focussed on potential corporate savings through collaboration with partners.</p> <p>The plan also relies upon stretched internal targets relating to our programmes of transformation, including outpatients, theatres and patient flow. This is on top of previous targets, benefits from business cases and "BAU" CIP in divisions.</p>			

	<p>The overall plan is therefore significantly ambitious and stretching, with elements within our control and some elements where we need to work with partners. There is of course significant risk within these plans.</p> <p>However, we have also focussed on areas where we know there are opportunities, and we can improve. Our collective effort needs to focus on delivering the best position we can in these areas, which will support our position across performance, quality and financial metrics.</p>
<p>Implications: (Clinical, Organisational, Governance, Legal?)</p>	<p>This report provides information relating to a broad range of trust services and activities, there are no specific implications.</p>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<p>This report is provided for the purpose of information</p>
<p>Summary: Conclusion and/or recommendation</p>	<p>This report is provided for the purpose of information.</p>



University Hospital  
Southampton  
NHS Foundation Trust

# 2024-25 Annual Plan Summary

**Report to  
Council of  
Governors**

24 July 2024

# UHS Executive Summary

This presentation:

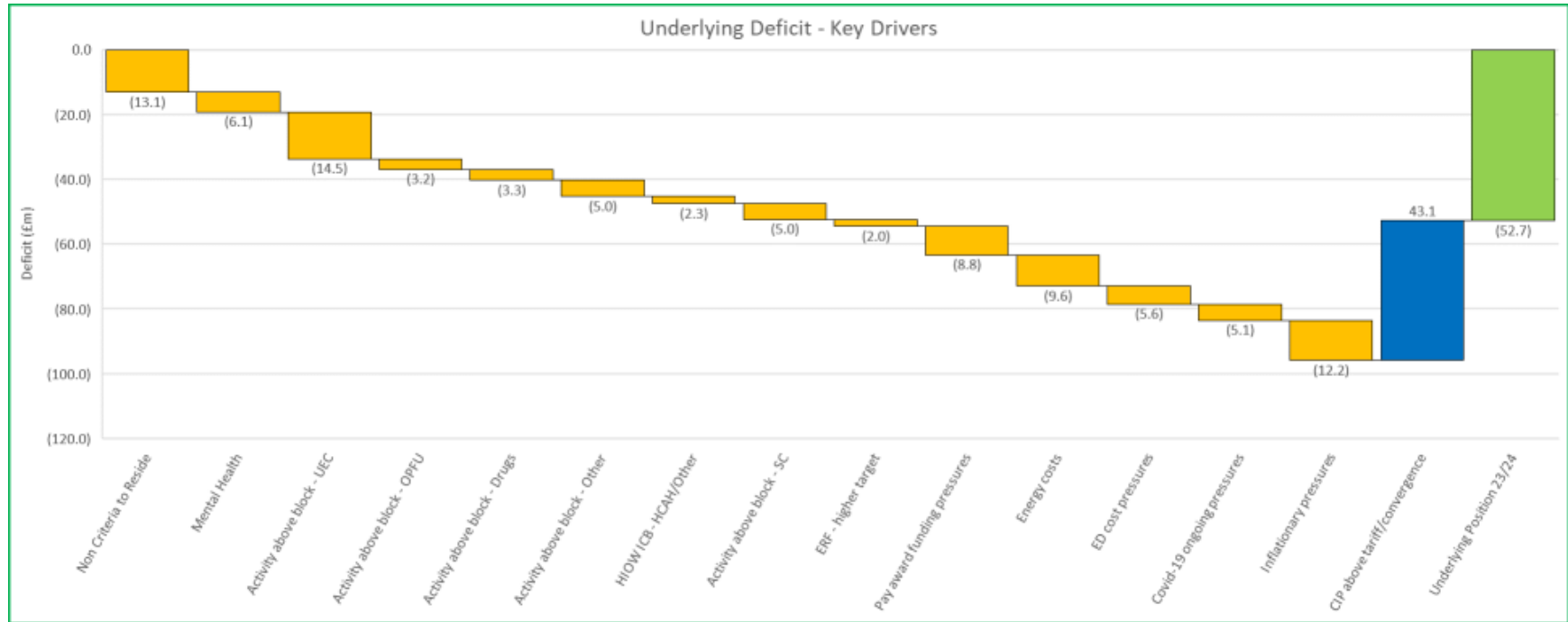
- Sets out the plans we have submitted to HIOW ICB and NHS England, and that we will be expected to deliver.
- Highlights important opportunities and areas that we can focus on within our plan.
- Acknowledges the significant level of challenge that we will need to manage, aligned the scale and pace of improvement we seek.

In summary, our plan shows:

- We are performing well on quality/performance metrics, with specific areas of focus to improve further.
- Finances – UHS is planning to deliver a £14.5m deficit in 2024-25. This financial position comes with significant risks. It is expected to be reached through NCTR & Mental Health reductions, confirmed additional funding, increased transformation programme targets, and further CIP stretch.
- We require ICS support to reduce NCTR and MH patients by a total of 170 per day. Production of realistic ICB delivery plans is ongoing.
- Workforce – our WTE has grown by 18% since April 2020, in line with ERF performance. Our plan includes targeted reductions, alongside planned increases, with a net total reduction of 333 WTE by March 2025 assuming demand initiatives are successful.

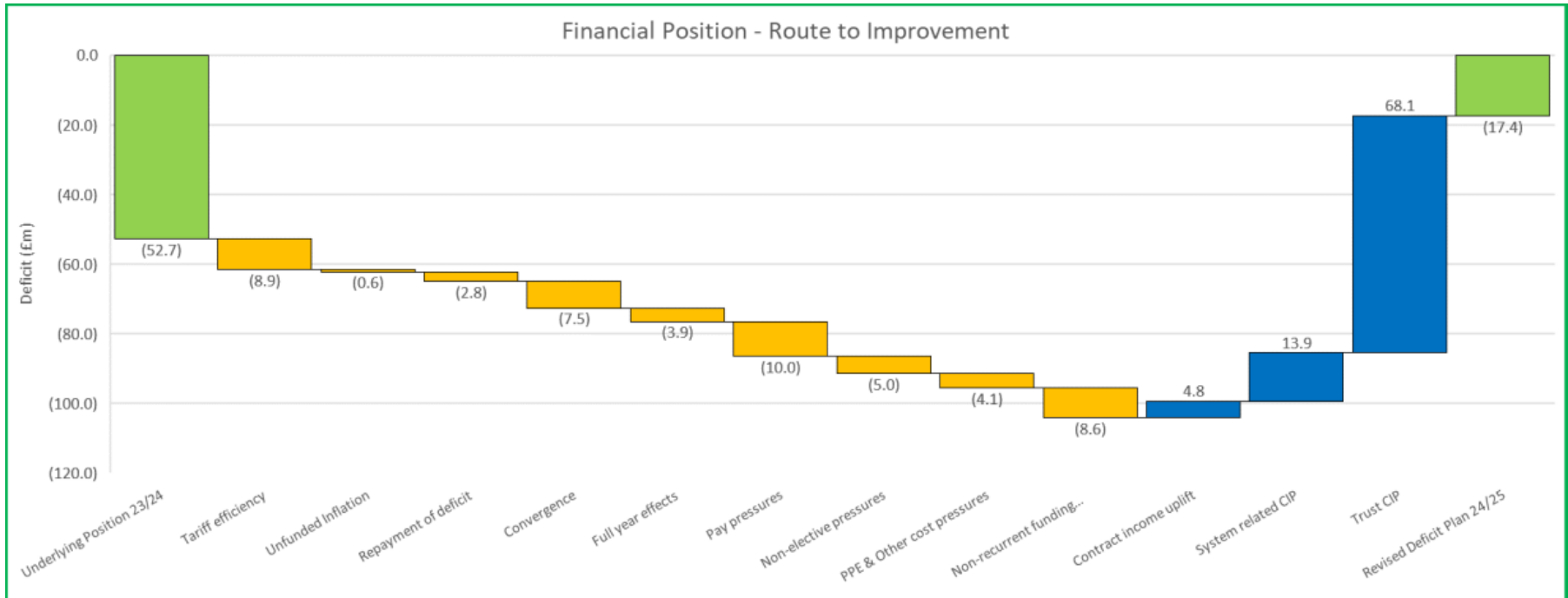
# Finance (Underlying Position 23/24)

Key drivers of the underlying position:



Underlying pressures have built up over several years.

# Financial Planning Bridge (24/25)

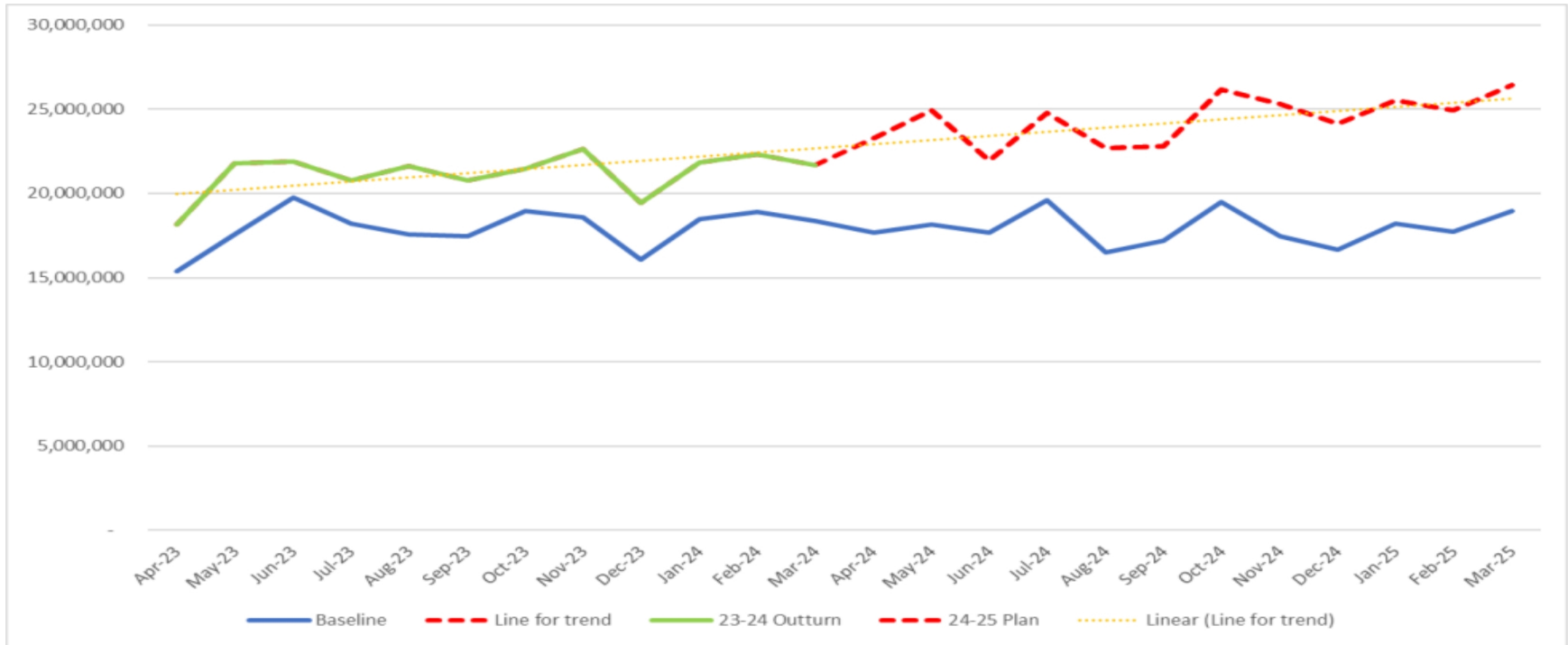


Note: A further £2.9m stretch was applied to System-related CIP, taking the revised deficit plan to £14.5m.



# ERF Performance

In 2024-25 we plan to increase our ERF income to **136%** of 2019-20 levels. We expect to deliver 127% through existing levels of activity, approved business cases, and based on the assumption of **no** Industrial Action in year. A further 9% requires delivery via transformational programmes increasing productivity.



# Transformation Programme

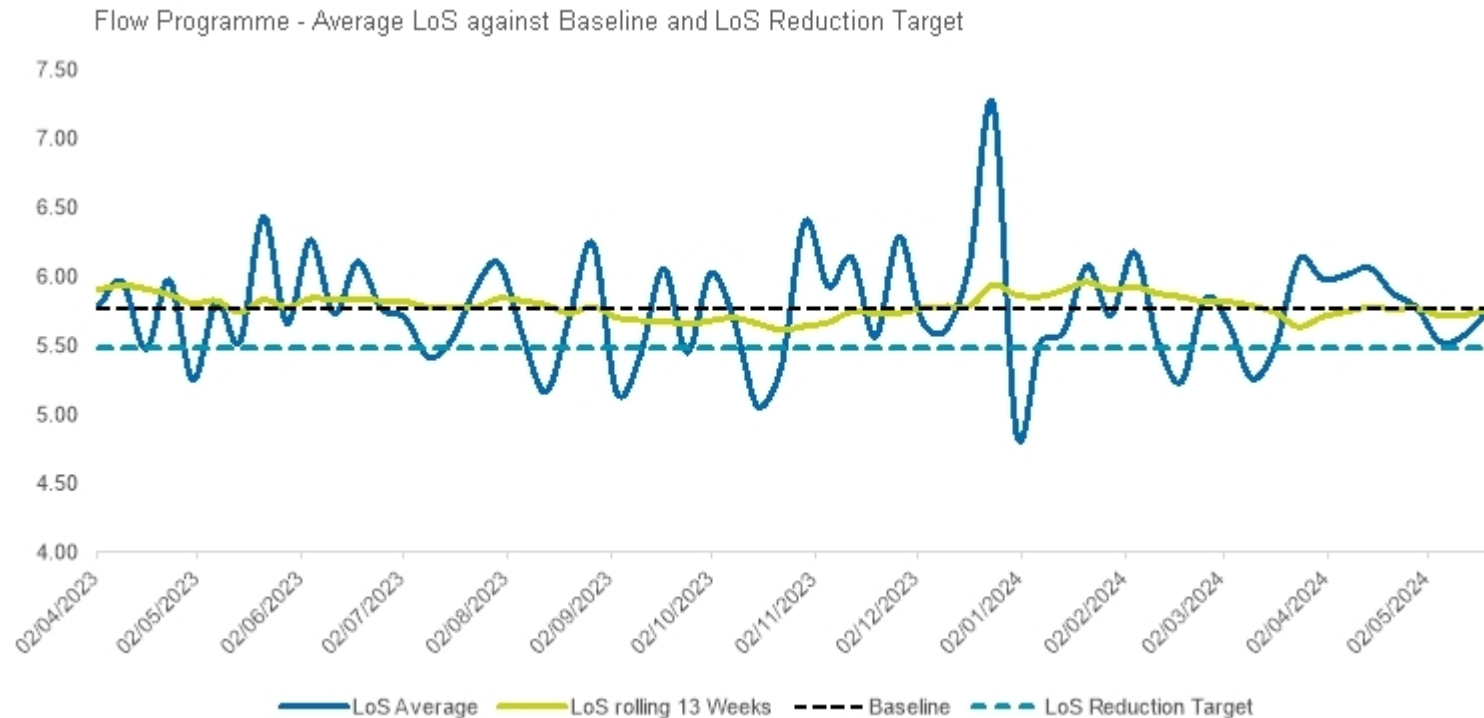
Our plan includes further improvements within our existing Transformation programme.

Programme	Stretch Value	Rationale
Patient Flow	£2.4m	Difference between a 5% length of stay reduction and the existing plan to achieve a 3% improvement compared to 2023/24
Optimising Operating Services	£3.3m	Additional 5% ERF income at a 50% margin, related to elective admissions, as a result of additional cases per list / improved capped theatre utilisation %, phased achievement
Outpatients	£2.5m	Most likely to be achieved through conversion of PIFU / OPFU demand reduction into additional OPFA or Advice & Guidance

*Note: The above Transformation programmes are enablers for divisional CIP delivery.*

# Transformation Programme: Patient Flow

The patient flow programme is targeting a 5% reduction in length of stay in 24/25 having delivered a 1.6% reduction in 23/24. The initial ambition of a 3% reduction would yield £5m of benefit to UHS. The financial stretch to get to 5% represents an additional £2.4m, this totals £7.4m.



# Transformation Programme: Outpatients

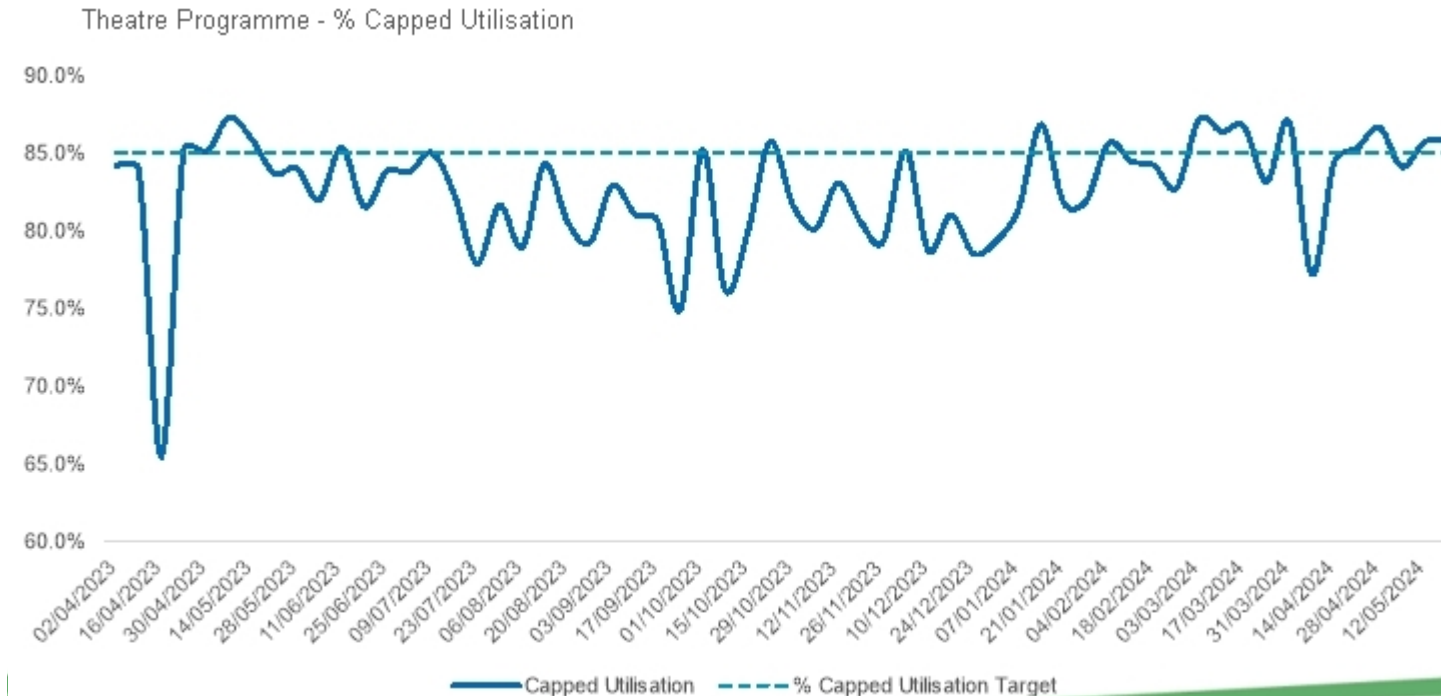
Planning guidance created a new metric looking at the volume of first appointments and procedures as a proportion of overall outpatient appointments, replacing the previous target on outpatient follow-up reduction. Alongside improvements in DNA's and A&G diversions, UHS will need to hit 55% on this metric to deliver our original programme plus the £2.5m of financial stretch. UHS increased by 5% against this metric in 23/24 from 46% to 51% requiring a further 4% this year.

Outpatient Programme - % of New and OPPROC Attendances against Follow ups



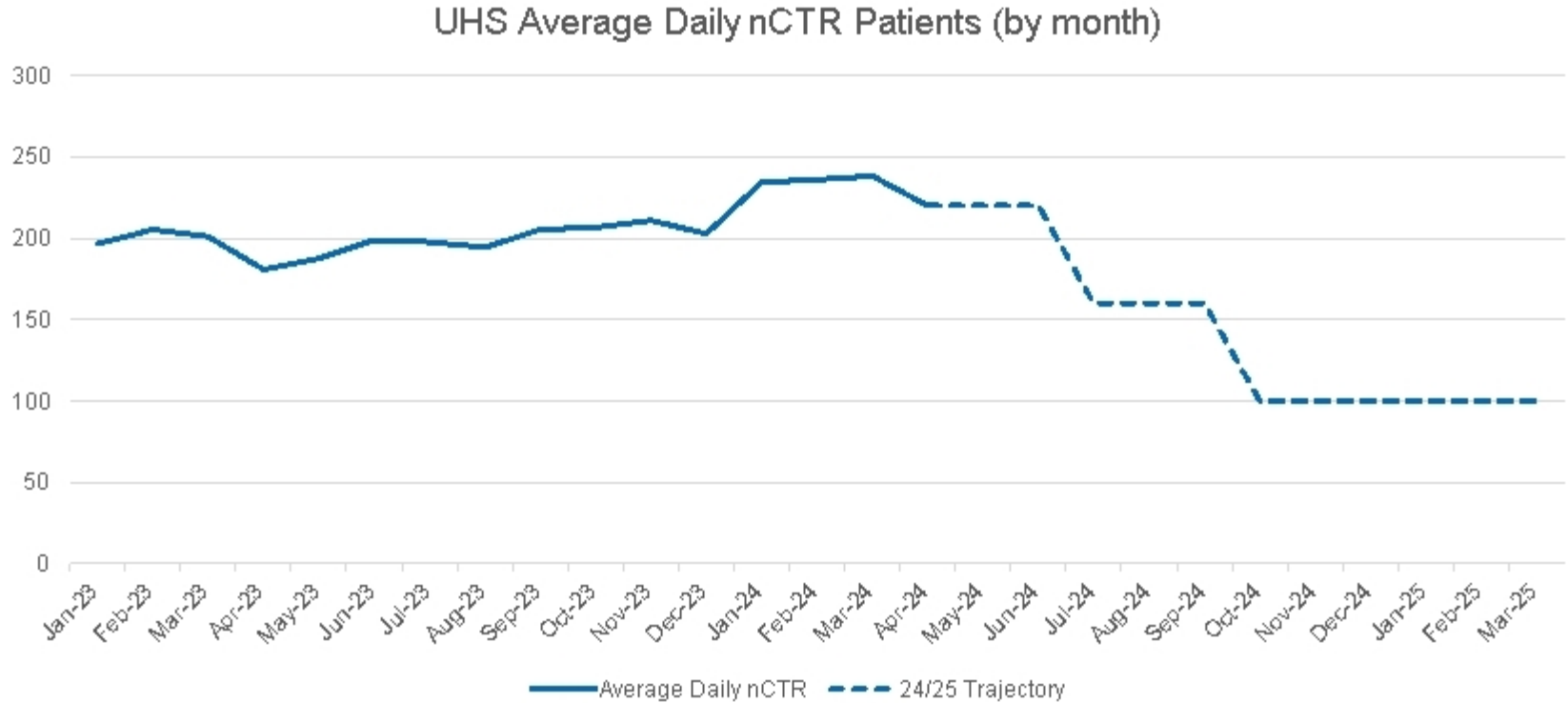
# Transformation Programme: Theatres

UHS increased its average theatre utilisation performance by 2% in 23/24 to 82.4% ending the year around 85% capped utilisation. Consistent performance above 85% utilisation enabling a further 2,310 cases (at £3,615 average tariff) to be completed is required to deliver £3.3m of financial stretch in addition to the original programme plan. The accuracy of internal theatre utilisation data and correlation to model hospital is currently under review so the chart below is subject to change.



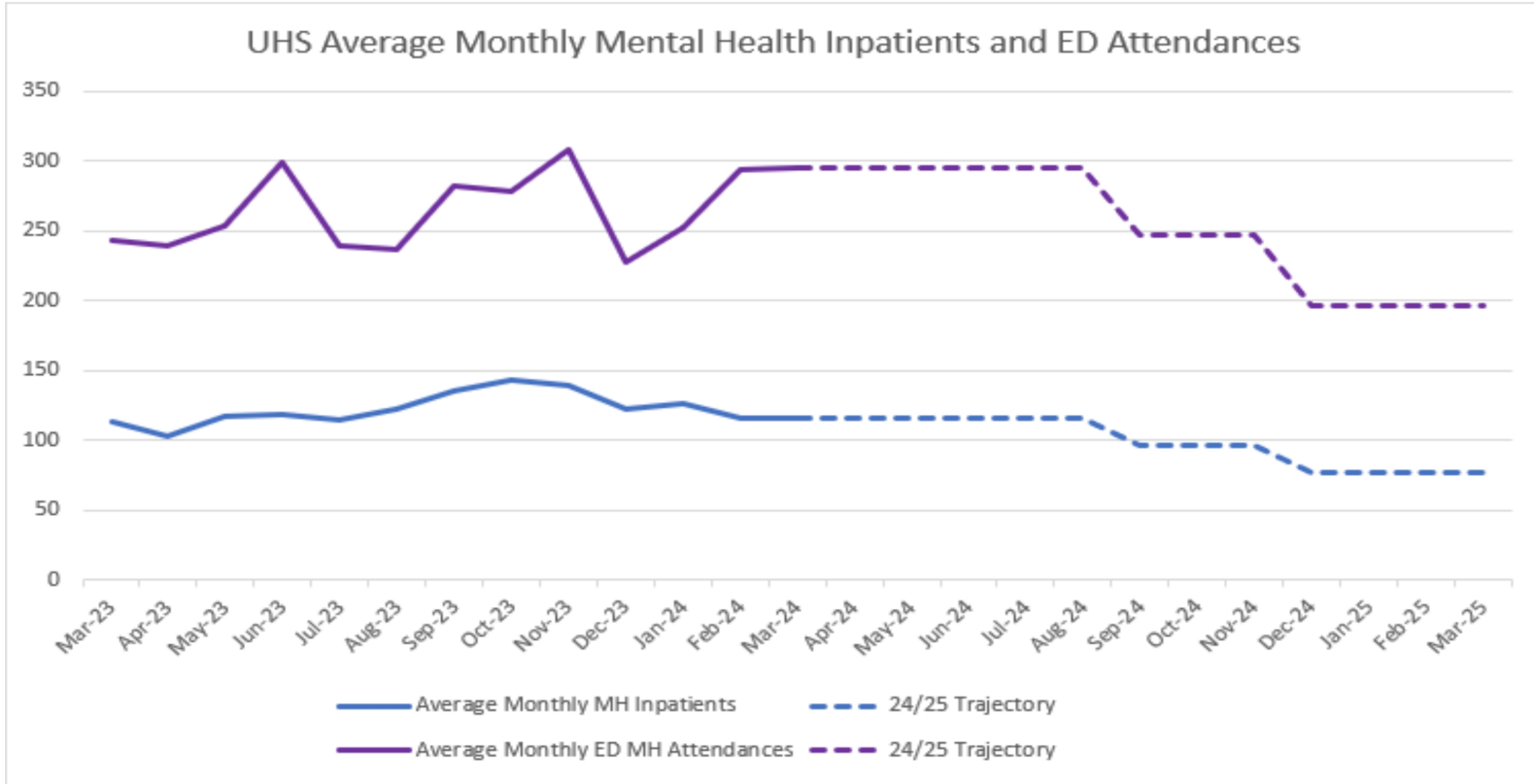
# NCTR Patients

A reduction in the number of acute hospital beds inappropriately occupied by NCTR patients is fundamental to the UHS plan. UHS is reliant on system plans to support delivery of reductions in NCTR.



# Mental Health Patients

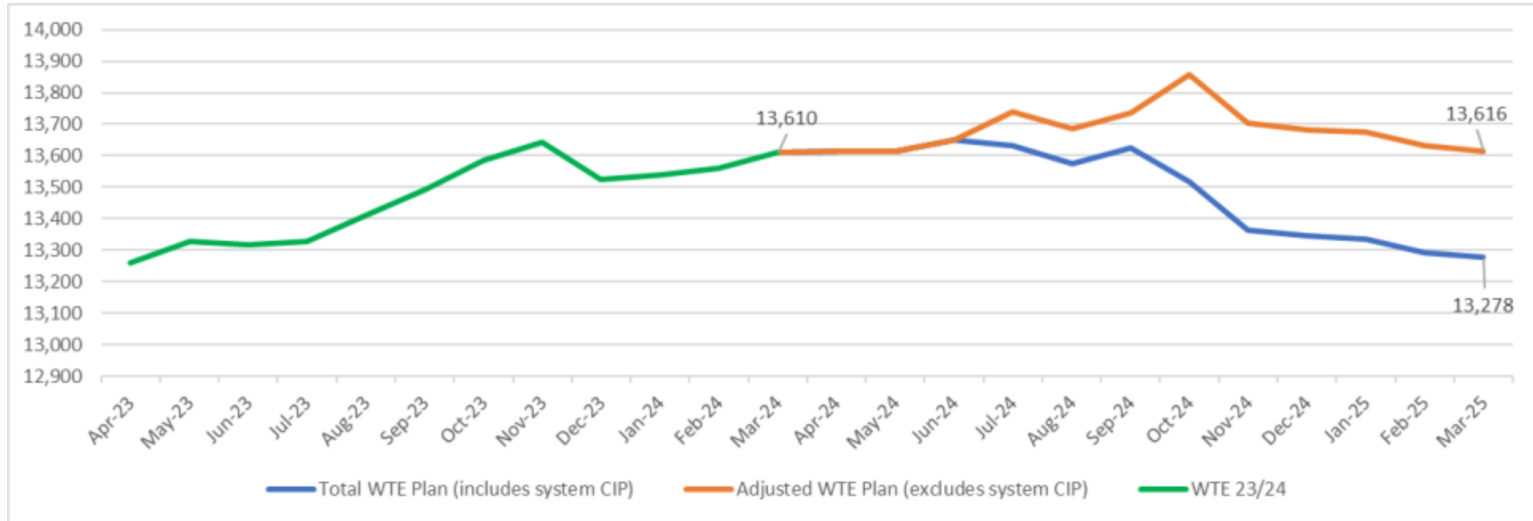
Our plan is predicated on a reduction in the number of mental health patients inappropriately accommodated within UHS's acute hospital beds. UHS is reliant on system plans to support delivery.



# Workforce Plan

The graph and table summarises the WTE plan and movements in year for 2024/25. This includes system related CIPs of 338 wte that take effect from Q2. Adjusting for these the plan is forecast to be relatively flat over the year with divisions allocated AWL targets.

Description	WTE	Phasing
Business Cases	135	Bespoke
Divisional AWL	100	From Q1
Corporate Reductions	-30	From Q1
Workforce Growth	200	From Q1
Workforce Mitigations	-200	From Q1
Other Changes	-200	From Q1
<b>Internal Plan Delivery</b>	<b>5</b>	
NCTR	-161	From Q2
Mental Health	-57	From Q2
Corporate Reductions	-120	From Q3
<b>System Related CIP</b>	<b>-338</b>	
<b>Workforce Movement in Year</b>	<b>-333</b>	





# Quality and Performance Targets

Area	National Target	UHS Performance
Urgent and emergency care	Improve A&E waiting times, with a minimum of 78% of patients seen within 4 hours in March 2025	Improvement trajectory in 24/25 year from 70% achievement in March 24 target to achieve 78% in March 2025. Viewed as a system-wide target and is contingent upon: - inclusion of UEC/UTC activity as per 23/24 approach, and - delivery of ICS-wide transformation including reduction of NCTR patients to improve inpatient flow.
Elective waits	Eliminate waits of over 65 weeks for elective care by September 2024 (except where patients choose to wait longer or in specific specialties)	UHS is expecting to meet this target, with zero RTT 65 week waits by September 24. UHS has profiled zero RTT 52 week waits by March 25. Performance is dependent upon referral growth rates and no Industrial Action
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	UHS expects to achieve the national trajectory for diagnostic 6 week waits at trust level overall. UHS will struggle to meet the target for both NOUS and CT as individual modalities, where long term recruitment challenges are impacting activity/capacity, but it aims to continue making some improvements in these modalities.
OPFU (without procedures)	Increase the proportion of outpatient attendances that are either first attendances or attract a procedure tariff to 46% across 2024/25	UHS is already achieving this target in 23/24 and this is expected to continue in 24/25 with some improvements expected linked to the Trust's ongoing outpatient transformation programme
NCTR	Improve community services waiting times, with a focus on reducing long waits	Implementation of a system-wide transformation programme has been agreed with the ICS and reflected into UHS projections. The plan targets a reduction in UHS NCTR patients, to 160 patients in Q2 and further reduced to 100 from Q3 to year end. Achievement of this is dependent upon the successful delivery of transformation plans by ICS colleague organisations (including local authorities).
Cancer 28 day	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	UHS forecast to achieve this in 24/25, based on assumptions provided by the Wessex Cancer Alliance
Cancer 62 day	Improve performance against the headline 62-day standard to 70% by March 2025	UHS forecast to achieve this during 24/25, based on assumptions provided by the Wessex Cancer Alliance. It should be noted that the system is already seeing increased referrals in April 24.

# Cost Improvement Programme

CIP Delivery	£ Target	Target Held By	Accountable Owner	Components
Divisional CIP	£33.3m	Divisions/ Directorates	Divisions/ Directorates	<ul style="list-style-type: none"> <li>• ERF stretch (<i>linked to £8.9m Transformation</i>) - £13.5m</li> <li>• Non-Pay savings - £11.5m</li> <li>• Medicines optimisation - £3.7m</li> <li>• Private Patients - £0.4m</li> <li>• Carry forward - £4.2m</li> </ul>
Central CIP	£7.9m	Central	Trust	<p>Includes:</p> <ul style="list-style-type: none"> <li>• In-year business case benefits - £1.8m</li> <li>• Benefit for UHS Theatres MSC - £1.5m</li> <li>• Central VAT recovery - £1m</li> <li>• R&amp;D income - £0.6m</li> </ul>
AWL Pay Savings	£10m	Central	Trust	<ul style="list-style-type: none"> <li>• AWL targets now shared with dynamic control totals for each division mitigating unaffordable growth risks</li> </ul>
Further UHS Central Schemes	£20m	Central	Trust	<ul style="list-style-type: none"> <li>• £2.1m SDF income + Other contract income</li> <li>• Further stretch through planning / unidentified targets to be developed in-year.</li> </ul>
HIOW ICS-led initiatives	£13.7m	Central	ICS / Trust	<ul style="list-style-type: none"> <li>• Reductions in NCTR beds - £8.2m</li> <li>• Mental health savings - £1.9m</li> <li>• Unidentified ICS-led corporate stretch - £3.6m</li> </ul>
<b>Total</b>	<b>£84.9m</b>			

# Financial Risks

- Plan assumes full delivery of ERF plan, plus an ambitious ERF stretch target (CIP)
- Plan assumes no negative financial impact from industrial action (including relating to ERF activity levels)
- Plan assumes all pay awards are fully funded
- Plan assumes full delivery of system initiatives, including those to reduce NCTR and Mental Health demand at UHS
- Plan assumes no deterioration in discharge, community or social care – for example any savings initiatives outside UHS that might cause further pressure in the hospital
- There is no contingency built into the plan to manage adverse movements in-year
- CPI inflation is currently running at higher levels than assumed in the plan (plan aligns with national guidance) – there is no contingency set aside for this risk
- It is assumed Covid levels remain consistent with 2023/24 levels
- Plan assumes a step-change in delivery of transformation programmes.
- Plan assumes a minimum 6% reduction in non-pay expenditure.



**FOUNDATIONS  
FOR THE FUTURE**

Report to the Council of Governors				
Title:	Appointment of Lead Governor			
Agenda item:	6.1			
Sponsor:	Jenni Douglas-Todd, Trust Chair			
Author:	Karen Russell, Council of Governors' Business Manager			
Date:	24 July 2024			
Purpose	Assurance or reassurance	Approval	Ratification Y	Information
Issue to be addressed:	Kelly Lloyd stood down as lead governor on 28 June 2024 due to leaving her employment at the Trust.			
Response to the issue:	<p>The lead governor is chosen by the council of governors and in accordance with the appointment process set out in annex 6 of the Trust's constitution, governors who were interested in taking on the role were requested to submit a written statement in support of their candidature.</p> <p>Shirley Anderson and Sandra Gidley expressed an interest in taking on the role. In accordance with the appointment process, their statements were circulated to governors with a request to vote for by email.</p> <p>Governors decided by a majority decision to appoint Shirley as the new lead governor with effect from 1 July 2024.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	The council of governors is required to appoint a lead governor in accordance with annex 6 of the Trust's constitution.			
Risks: (Top 3) of carrying out the change / or not:	<ol style="list-style-type: none"> <li>1. Non-compliance with annex 6 of the Trust's constitution.</li> <li>2. Effective functioning of the council of governors.</li> </ol>			
Summary: Conclusion and/or recommendation	The council of governors is asked to note the appointment of Shirley Anderson as its lead governor.			

Report to the Council of Governors				
<b>Title:</b>	<b>Confirmation of Election of the Membership and Engagement Working Group Chair</b>			
<b>Agenda item:</b>	<b>6.2</b>			
<b>Sponsor:</b>	<b>Jenni Douglas-Todd, Trust Chair</b>			
<b>Author:</b>	<b>Karen Russell, Council of Governors' Business Manager</b>			
<b>Date:</b>	<b>24 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
			<b>Y</b>	
<b>Issue to be addressed:</b>	A vacancy arose for the chair role of the Council of Governors' Membership and Engagement Working Group as Kelly Lloyd, the previous chair, stood down on leaving her employment at the Trust on 28 June 2024.			
<b>Response to the issue:</b>	Governors were asked to indicate if they would be willing to take on the role of chair of the Membership and Engagement working group. Patricia Crates expressed an interest in taking on this additional role.  The working group has decided by a unanimous vote to appoint Patricia as its new chair and this appointment is required to be confirmed by the Council of Governors.			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	The terms of reference of the Council of Governors' Membership and Engagement Working Group requires that the appointment of the chair of the working group is confirmed by the Council of Governors.			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	<ol style="list-style-type: none"> <li>1. Non-compliance with the terms of reference of the Council of Governors' Membership and Engagement Working Group.</li> <li>2. Effective functioning of the Council of Governors' Membership and Engagement Working Group.</li> </ol>			
<b>Summary: Conclusion and/or recommendation</b>	The Council of Governors is asked to confirm the appointment of Patricia Crates as the chair of the Council of Governors' Membership and Engagement Working Group following election by the working group.			

Report to the Council of Governors				
Title:	Governors' Nomination Committee Terms of Reference			
Agenda item:	6.3			
Sponsor:	Jenni Douglas-Todd, Trust Chair			
Author:	Craig Machell, Associate Director of Corporate Affairs and Company Secretary and Karen Russell, Council of Governors' Business Manager			
Date:	24 July 2024			
Purpose	Assurance or reassurance	Approval	Ratification	Information
		Y		
Issue to be addressed:	<p>The Governors' Nomination (<b>GNC</b>) Terms of Reference (<b>ToRs</b>) have been reviewed to provide more flexibility relating to the membership of the GNC. Currently the ToRs state that the members will be:</p> <ul style="list-style-type: none"> <li>• the chair of the Council of Governors (<b>CoG</b>) and Board</li> <li>• the Lead Governor</li> <li>• three governors appointed by the CoG, at least one member of the Committee will be an appointed governor, at least one member of the Committee will be a governor elected by the members of the public constituency, and at least one member of the Committee will be a governor elected by members of the staff constituency. For the purposes of determining whether a constituency is represented on the Committee, the Lead Governor's constituency membership shall be counted in this regard.</li> </ul>			
Response to the issue:	The proposed changes (shown in red) would provide greater flexibility to the composition of the membership of the GNC.			
Implications: (Clinical, Organisational, Governance, Legal?)	The terms of reference ensure that the purpose and activities of the GNC are clear and support transparency and accountability in the performance of its role.			
Risks: (Top 3) of carrying out the change / or not:	<ol style="list-style-type: none"> <li>1. Non-compliance with the National Health Service Act 2006 and The NHS Foundation Trust Code of Governance.</li> <li>2. Non-compliance with the Trust's constitution relating to the appointment of the chair and non-executive directors and the composition of the GNC.</li> <li>3. The CoG and the GNC may not function as effectively without terms of reference in place.</li> </ol>			
Summary: Conclusion and/or recommendation	Following recommendation by the GNC at its meeting on 1 July 2024, the CoG is requested to approve the proposed changes to the GNC terms of reference.			

## Governors' Nomination Committee Terms of Reference

Version: 4

Date Issued:	<del>31 January</del> 24 July 2024
Review Date:	January 2025
Document Type:	Committee Terms of Reference

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### Document Status

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## 1. Role and Purpose

- 1.1 The Governors' Nomination Committee (the **Committee**) is responsible for advising and/or making recommendations to the Council of Governors (the **CoG**) on:
  - 1.1.1 the appointment and reappointment of the chair and non-executive director (**NED**) positions on the board of directors (the **Board**) of University Hospital Southampton NHS Foundation Trust (**UHS** or the **Trust**);
  - 1.1.2 the remuneration, allowances and other terms and conditions of the chair and NEDs;
  - 1.1.3 the evaluation of the performance of the chair and NEDs; and
  - 1.1.4 the approval of the appointment of the chief executive by a committee of the NEDs.
- 1.2 The Committee provides the CoG with a means of ensuring a formal, rigorous and transparent procedure for the appointment of the chair and NEDs and remuneration for the chair and other NEDs reflects the time commitment and responsibilities of their roles in accordance with relevant laws, regulations and Trust policies.
- 1.3 The duties and responsibilities of the Committee are more fully described in paragraph 7 below.

## 2. Constitution

- 2.1 The Committee has been established by the CoG. The Committee has no powers other than those set out in the Trust's constitution and these terms of reference.
- 2.2 The Committee is authorised by the CoG to act within its terms of reference. All members of staff are requested to cooperate with any request made by the Committee.
- 2.3 The Committee is authorised to seek information from executive directors and managers as is necessary and expedient to the fulfilment of its functions.
- 2.4 The Committee is authorised by the CoG to request independent professional advice if it considers this necessary, taking into consideration any issues of confidentiality and the Trust's standing financial instructions.

## 3. Membership

- 3.1 The members of the Committee will be the chair of the CoG and Board, the Lead Governor and three governors appointed by the Council of Governors. At least one member three members of the Committee will be an appointed governor, at least one member of the Committee will be a governors elected by the members of either the public or staff constituencies, and at least one member of the Committee will be a governor elected by members of the staff constituency. For the purposes of determining whether a constituency is represented on the Committee, the Lead Governor's constituency membership shall be counted in this regard.
- 3.2 The chair of the CoG and Board will chair the Committee (the **Committee Chair**). Where the chair has a conflict of interest, for example when the Committee is considering the chair's reappointment or remuneration, the Committee will be chaired by the senior independent director/deputy chair or another non-executive director. In the absence of the Committee Chair and/or an appointed deputy, the governors present will elect one of themselves to chair the meeting.
- 3.3 Only members of the Committee have the right to attend and vote at Committee meetings. However, the following will be invited to attend meetings of the Committee on a regular basis:
  - 3.3.1 the Chief People Officer;
  - 3.3.2 the Associate Director of Corporate Affairs/Company Secretary; and
  - 3.3.3 the Council of Governors' Business Manager.

3.4 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Committee is considering areas that are the responsibility of a particular executive director or manager. Any attendee will be asked to leave the meeting when the Committee is dealing with matters concerning their appointment or removal, remuneration or terms of service.

#### **4. Attendance and Quorum**

4.1 Members should aim to attend every meeting and should attend a minimum of 75% of meetings held in each financial year. Where a member is unable to attend a meeting they should notify the Committee Chair or Company Secretary in advance.

4.2 The quorum for a meeting will be three members, including the chair of the CoG and Board (or the senior independent director/deputy chair as appropriate or other non-executive director) and a governor elected by either the members of the public or staff constituency. A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

#### **5. Frequency of Meetings**

5.1 The Committee will meet as required, which will usually be a minimum of four times each year.

#### **6. Conduct and Administration of Meetings**

6.1 Meetings of the Committee will be convened by the Company Secretary at the request of the Committee Chair or any of its members.

6.2 The agenda of items to be discussed at the meeting will be agreed by the Committee Chair with support from the Chief People Officer and the Company Secretary. The agenda and supporting papers will be distributed to each member of the Committee and the regular attendees no later than three working days before the date of the meeting. Distribution of any papers after this deadline will require the agreement of the Committee Chair.

6.3 The Company Secretary will minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance and any declarations of interest.

6.4 Draft minutes of Committee meetings and a separate record of the actions to be taken forward will be circulated promptly to all members of the Committee.

#### **7. Duties and Responsibilities**

7.1 The Committee will carry out the duties below for the Trust.

##### ***Nomination Role***

7.2 The Committee will:

7.2.1 periodically review the balance of skills, knowledge, experience and diversity of the NEDs and, having regard to the views of the Board and relevant guidance on board composition, make recommendations to the CoG with regard to the outcome of the review;

7.2.2 review the results of the Board performance evaluation process that relate to the composition of the Board;

7.2.3 review annually the time commitment required for the chair and the NEDs;

7.2.4 give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and its plans to address them, and consulting with the Board as to the skills and expertise needed on the Board in the future;

- 7.2.5 agree with the CoG a clear process for the appointment of the chair or a NED, including, in the case of any new appointments to the Board:
  - 7.2.5.1 preparing a description of the role and capabilities required for the chair or each NED appointment and the expected time commitment, taking into account the views of the Board on the qualifications, skills and experience required;
  - 7.2.5.2 the use of open advertising or the services of external advisers to facilitate the search; and
  - 7.2.5.3 the composition of the interview panel, which shall include a majority of governors;
- 7.2.6 identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the CoG, considering candidates from a wide range of backgrounds on merit and against objective criteria, with due regard for the benefits of diversity on the Board including gender and clinical backgrounds, taking care that appointees have enough time available to devote to the role;
- 7.2.7 ensure that a proposed chair or NED is a 'fit and proper' person as defined in law and regulation;
- 7.2.8 ensure that a proposed chair's or NED's other significant commitments are disclosed to the CoG before appointment and that any changes to their commitments are reported to the CoG as they arise, including appointment to executive or other office;
- 7.2.9 ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported;
- 7.2.10 determine whether or not the chair or any NED proposed for appointment is independent (according to the definition in The Foundation Trust Code of Governance and/or in the Trust's constitution or governance procedures);
- 7.2.11 ensure that on appointment the chair and NEDs receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board meetings;
- 7.2.12 advise the CoG in respect of the reappointment of the chair or any NED in accordance with the Trust's constitution, with a particularly rigorous review of any term beyond six years, having given due regard to their performance and ability to continue to contribute to the Board in the light of the knowledge, skills and experience required;
- 7.2.13 advise the CoG in regard to any matters relating to the continuation in office or removal from office of the chair or a NED; and
- 7.2.14 carry out similar duties in relation to any Associate NEDs, adapted as appropriate.

### ***Remuneration and Evaluation Role***

#### **7.3 The Committee will:**

- 7.3.1 recommend to the CoG a framework or broad policy for the remuneration and terms of service for the chair and NEDs, taking into account applicable guidance, including the document 'Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts' published in November 2019 by NHS England, and the views of the chair (except in respect of his or her own remuneration and terms of service), the Chief People Officer and/or Chief Executive Officer and any external advisers;
- 7.3.2 in accordance with all relevant laws and regulations, recommend to the CoG the remuneration and allowances, and the other terms and conditions of office, of the chair and NEDs;

- 7.3.3 agree the process for evaluation of the chair and NEDs and receive and review reports about the performance of the chair and individual NEDs and consider this evaluation output when reviewing remuneration levels;
- 7.3.4 in adhering to all relevant laws and regulations establish levels of remuneration which:
  - 7.3.4.1 are sufficient to attract, retain and motivate a chair and NEDs of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
  - 7.3.4.2 reflect the time commitment and responsibilities of the roles;
  - 7.3.4.3 take into account appropriate benchmarking and market-testing or remuneration in other NHS foundation trusts of comparable scale and complexity, while ensuring that increases are not made where Trust or individual performance do not justify them; and
  - 7.3.4.4 are sensitive to pay and employment conditions elsewhere in the Trust, especially when determining any annual salary increases;
- 7.3.5 be responsible for establishing the criteria for selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee, either periodically or when considering making major changes;
- 7.3.6 monitor procedures to ensure that existing directors remain 'fit and proper' persons as defined in law and regulation;
- 7.3.7 oversee other arrangements related to remuneration and performance evaluation of the chair and NEDs; and
- 7.3.8 carry out similar duties in relation to any Associate NEDs, adapted as appropriate.

## 8. Accountability and Reporting

- 8.1 The Chair of the Committee will report to the CoG following each meeting.
- 8.2 The Trust's annual report will include sections describing the work of the Committee including remuneration policies, details of the remuneration paid to NEDs and the process it has used in relation to the appointment of NEDs.

## 9. Review of Terms of Reference and Performance and Effectiveness

- 9.1 At least once a year the Committee will review its collective performance and its terms of reference. Any proposed changes to the terms of reference will be recommended to the CoG for approval.

## 10. References

- 10.1 National Health Service Act 2006
- 10.2 NHS Foundation Trust Code of Governance
- 10.3 Trust Constitution

### Document Monitoring Information

Approval Committee:

Council of Governors

Date of Approval:

31 January 2024

<b>Responsible Committee:</b>	Governors' Nomination Committee
<b>Monitoring (Section 9) for Completion and Presentation to Approval Committee:</b>	January 2024
<b>Target audience:</b>	Council of Governors, Governors' Nomination Committee, NHS Regulators, Staff and Public
<b>Key words:</b>	Nomination, Remuneration, Appointment, Committee, Council of Governors, Non-Executive Director, Terms of Reference
<b>Main areas affected:</b>	Trust-wide
<b>Summary of most recent changes if applicable:</b>	Membership and attendees
<b>Consultation:</b>	Chief People Officer
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<b>Does this document replace or revise an existing document?</b>	Yes
<b>Should this document be made available on the public website?</b>	Yes
<b>Is this document to be published in any other format?</b>	No

DRAFT

<b>Report to the Council of Governors</b>				
<b>Title:</b>	<b>Membership Engagement</b>			
<b>Agenda item:</b>	<b>7.1</b>			
<b>Sponsor:</b>	<b>Jenni Douglas-Todd, Trust Chair</b>			
<b>Author:</b>	<b>Sam Dolton, events and membership officer</b>			
<b>Date:</b>	<b>24 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>Y</b>
<b>Issue to be addressed:</b>	Information about engagement with Trust members supports the Council of Governors in their role.			
<b>Response to the issue:</b>	This report aims to update the council on Trust membership and recent and planned engagement activities.			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	This report provides engagement information, there are no specific implications.			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	This report is provided for the purpose of information.			
<b>Summary: Conclusion and/or recommendation</b>	This report is provided for the purpose of information.			

## Overview of engagement

Over the last three months we have continued to be proactive in engaging with our members.

### Membership updates

Our routine membership updates have continued to be split into two different formats:

- A monthly newsletter to keep public members updated on what’s happening across the Trust and the ways they can get involved in various projects.
- A quarterly *Connect* digital magazine which mainly focuses on patient stories, UHS successes and individual/team achievements, with the Summer 2024 edition due to go out in July.

Update	Type	Date sent	Sent to	Bounces	Opens*
May 2024	Monthly update	14/05/2024	3017	52	41%
June 2024	Monthly update	19/06/2024	3010	49	40%

### Events

In May we hosted the virtual event *Choosing the right healthcare for your child* in partnership with South Central Ambulance Service NHS Foundation Trust. David James, paediatric consultant at UHS, focused on what parents/carers should do if their child is unwell depending on their symptoms and also gave an insight into what to expect if a child needs to be seen in our emergency department. Joanne McPartlane, head of 111 and IUC services at SCAS, gave an overview of what happens when parents/carers call NHS 111. We received six feedback forms, five rating the event excellent and one good, with comments including below:

- “Well presented event with knowledgeable panel of experts.”
- Suggestion to provide case study examples.

Earlier on in July we hosted the second virtual event of our series *Transforming lives and healthcare through research*, which focused on advanced therapies. Attendees listened to several short presentations, led by Dr Helena Lee, associate director for emerging therapies, followed by a Q&A session. The presentations were well received, but unfortunately there were some technical issues which may have negatively impacted on attendee’s experience on the evening. A full recording will be sent to everyone who registered. We received six feedback forms, five rating the event excellent and one poor, with comments below:

- “Thank you all, very interesting and inspiring.”
- “Amazing developments - in preventive care very humbling. We are so fortunate to have dedicated, down to earth but visionary professionals. Thank you.”
- “(technical issues were) the only reason why I marked the event as I did (poor) due to the quality of accessing the event.”

<u>Virtual event</u>	<u>Date held</u>	<u>Pre-registrations</u>	<u>Peak live audience</u>	<u>Recording views*</u>
Choosing the right healthcare for your child	07/05/2024	125	25	135
Spotlight on advanced therapies	16/07/2024	95	25	N/A

### Targeted emails

We sent one targeted email to smaller sections of our database, promoting the Council of Governors election to public members in the Rest of England and Wales constituency and inviting them to find out more about standing as a governor at two information sessions.

Email	Date sent	Sent to	Bounces	Opens*
RoE and Wales election nomination stage open	20/06/2024	614	7	37%

### Other emails

Public members were invited to observe the May public Trust Board meeting via Microsoft Teams and have been asked to nominate an individual or team for the membership award at the We Are UHS Champions annual staff awards ceremony.

Email	Date sent	Sent to	Bounces	Opens*
May Board Meeting	21/05/2024	3008	50	39%
Nominate your UHS Champion for the membership award	25/06/2024	2994	52	37%

\* All open rates and recording views as of 17 July 2024

### Public engagement on social

Impressions = number of times a post has been displayed

Engagement = number of likes, shares, comments

We have been active across our social media channels. Content with high engagement included:

#### Reminder of industrial action

In the lead up to and during industrial action by some NHS doctors from 27 June to 2 July we reminded the public that if they have a life-threatening illness or injury they should continue to call 999 as normal, but for other urgent care needs use NHS 111 online or by phone

31,156 impressions      808 engagements

#### Nurse Rosie

In May we shared the story of Rosie, a 9-year-old girl visiting her dad on our D3 cardiac ward wearing her nurses uniform, asking questions about how things work on the ward and bringing much joy and positivity.

32,141 impressions      9,877 engagements



### Radio Lollipop looking for new volunteers

Radio Lollipop Southampton, which helps entertain and lift the spirits of our young patients at Southampton Children's Hospital, launched a recruitment drive as it prepares to celebrate its 30th birthday this year.

30,527 impressions      2,212 engagements

### UK first for using robotic surgery to treat acid reflux

In June we became the first NHS trust in the UK to implant a novel device to treat patients with severe acid reflux disease using robotic surgery.

28,893 impressions      4,641 engagements

### Member analysis

Age breakdown (and number of new members since 1 May 2024)	
16-21	146 (4)
22-29	229 (2)
30-39	468 (1)
40-49	585 (7)
50-59	823 (4)
60-74	1953 (4)
75+	3618 (1)
Not stated	253

Gender breakdown (and number of new members since 1 May 2024)	
Unspecified	53
Male	3115 (7)
Female	4798 (14)
Transgender	6
Non-binary	1
Prefer not to say	101 (2)
Prefer to self-describe	1

Ethnicity breakdown (and number of new members since 1 May 2024)	
White - English, Welsh, Scottish, Northern Irish, British	6904 (12)
White - Irish	8 (1)
White - Gypsy or Irish Traveller	0
White - Other	88
Mixed - White and Black Caribbean	3
Mixed - White and Black African	9
Mixed - White and Asian	9 (2)
Mixed - Other Mixed	47
Asian or Asian British - Indian	103 (1)
Asian or Asian British - Pakistani	14
Asian or Asian British - Bangladeshi	11 (1)
Asian or Asian British - Chinese	27
Asian or Asian British - Other Asian	203
Black or Black British - African	51 (2)
Black or Black British - Caribbean	4
Black or Black British - Other Black	75
Other Ethnic Group - Arab	9
Other Ethnic Group - Any Other Ethnic Group	55
Not stated	455 (4)

## Member recruitment

As of 17 July 2024, there are 8075 public members. Since the last Council of Governors meeting on 1 May 2024, 23 new members have joined the Trust. Recruitment has been driven by promoting our spotlight on advanced therapies virtual event and asking people to sign up as a pre-requisite to attend.

## Conclusion

Our immediate focus is to:

- Produce a monthly update in September and a *Connect* digital magazine in October.
- Support the delivery of Council of Governor elections in the Rest of England and Wales public constituency and the health professional and health scientist staff constituency.
- Co-ordinate the membership award at We Are UHS Champions.
- Plan and deliver the in person annual members' meeting and open evening on 21 November 2024.

Our long-term focus remains on implementing the membership engagement strategy 2021-2025.

## Recommendation

This paper aims to update the Council of Governors on Trust membership and recent and planned engagement activities.