Airedale NHS Foundation Trust Council of Governors: 26 April 2018 Title: Membership Development Strategy Author: Jane Downes, Company Secretary

#### Background

The Membership Development Group continues to meet regularly, and reviews the work streams of communication, recruitment, and engagement with members and the public.

In April 2017 it was agreed that the membership strategy key priority was to continue the work of engaging with members and the public and collecting feedback from the public and members, including staff, throughout the year, and to present that feedback to the board of directors. The Council of Governors, in agreeing the Membership Development Strategy also agreed to develop closer working with the Patient Experience and Public Engagement Group through the Patient Experience and Engagement Manager. A governor engagement plan was developed with the main focus being centred on supporting the Trust's Patient and Public Engagement Plan.

Those objectives have been achieved. Feedback has been collected throughout the year from public, members and staff via events with face to face conversations, emails and feedback 'walls' where the public and staff have given their views. All feedback was collated and the main themes presented to the Board of Directors in December 2017 for consideration with the annual plan. The Board's response to that feedback, was provided at the Board to Council meeting in March 2018 ahead of submission of the annual plan. This public and member feedback was also shared with the Patient and Public Experience and Engagement (PPEE) lead on a monthly basis and presented at the PPEE group meeting to ensure all the feedback and its themes were reviewed throughout the year through the appropriate mechanism.

In respect of membership numbers, the target was to ensure the leavers were replaced with new members. Whilst public membership numbers have decreased slightly during the 12 month period to March 2018, the decrease was less than 5%.

Member recruitment during the year has been focussed on a range of community events, careers fairs and at college events. In 2017 the board also held one of its Board meetings in Ilkley community which included a health fair and the key involvement of governors.

Communication with members has continued albeit a change to the communication medium changed during the year, with paper based newsletters being replaced by member updates being issued via email. Prior to implementing the change, the Foundation Trust conducted a survey to gauge the views of Members and to seek additional email addresses from members. The majority of Members responding to the survey were supportive of the change on the grounds of costs and being more environmentally friendly. The e-newsletter is in its infancy and whilst some Member briefings have been issued on topics such as the ACE2 Cancer Pilot Test Centre, it is hoped the process of e-communication will become embedded during 2018/19.

Member and public engagement continued throughout the year with focus events where Trust staff gave talks on health topics. The Trust has developed its collaboration with BDCFT and held joint member events. This is an area the Governors are looking to develop further. At those events there were opportunities for the Governors to meet members and the public to explain their role and to get feedback. Other open days such as the annual staff event and the theatres open day continued to be an excellent way to engage with a large number of members and the public.

Looking further in to 2018/19, the Membership Development Group considered that the key priorities of the Membership Development Strategy should focus on developing links with other local Trusts, in particular through the WYAAT networks and to continue to work with all colleagues on the Council of Governors to fulfil their role of engaging with their community and membership.

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## **Recommendations:**

The Council of Governors is asked to:

- (i) Receive and note the Membership Development Evaluation Report; and
- (ii) Consider and approve the Membership Development Strategy for 2018/19.



# Membership Development Strategy 2018/19

## 1. Purpose of the Membership Development Strategy

The purpose of the Membership Development Strategy is to develop a representative membership and clarify the way in which the Council of Governors, members of the Membership Development Group, Company Secretary and the members and public will be involved with upholding the Trust's corporate and business objectives.

The Membership Development Strategy will complement the Trust's Patient and Public Engagement Activity Plan and inform the governor engagement plan. It will also link to other key Trust strategies and policies as they emerge and are developed, as set out in the Trust's Annual Plan.

## 2. Overview of the Membership Development Strategy

As part of the Trust's commitment to its members and the public, there is a constant need to not only think about current membership challenges, but also forward plan to meet future demands including the inevitable changes in reporting requirements and compliance standards.

NHS Foundation Trusts need to work closely with patients, the public and local communities to develop ways of providing health services which are responsive to their local needs. This involvement needs to be approached in a strategic and meaningful manner in order to provide benefits to both the Trust and the local population.

A cohesive Membership Development Strategy will ensure that the membership and the public are:

- fully represented at all levels;
- clearly informed; and
- used appropriately in decision making around service provision.

The Membership Development Strategy aims to:

- ensure public membership is representative of the community it serves (in terms of nationality, gender, disability, ethnic origin, age, social background, geographical spread and social deprivation);
- ensure that all staff groups are given equal opportunity to become involved;
- identify levels of involvement and participation within the membership and the public according to the wishes and needs of individuals; and
- ensure a continuous approach to the development of the membership.

## 3. Scope of the Membership Development Strategy

This strategy will be delivered by the Membership Development Group; supported by the Company Secretary and the wider Council of Governors, as they are the key individuals responsible for planning, developing, managing, and improving Trust membership.

The Membership Development Strategy is a public document and should also be seen as relevant to key Trust partners in service commissioning and provision.

Successful implementation of the Membership Development Strategy involves serious commitment in time and resource; therefore the responsibilities of the Company Secretary, the Membership Development Group and the wider Council of Governors will be clarified and identified. However, although the delivery of this plan is the responsibility of the aforementioned, it is essential to recognise that success will require close joint working and communication with the Board of Directors.

## 4. What is membership?

Throughout this document, the term 'member' means individuals who have joined the Trust as public or staff members.

Our members, recruited from the local community, join us in deciding how we will improve services. We will plan and deliver services with local people rather than give them what we think is best for them.

The Trust will continually seek to involve service users and carers in how it delivers and develops its services and uses feedback from local and national patient surveys, the Patient & Public Experience and Engagement Group and joint working with local service users and carer support groups, in its decision making.

#### 5. What it means to be a member

Our membership is made up of local people with an interest in the Trust and the services we provide and our staff, including hospital volunteers. We are keen that our membership is representative of the wide range of people who we care for and their carers, those who work for us, and those who live in the communities we serve.

By becoming a member, people will be demonstrating their interest in, and desire to be more closely involved with, the Trust. Members will be able to:

- receive information about the performance of the Trust and updates on services;
- be invited to help shape the local service provision;
- be eligible to stand for election as a Governor, or vote for others to represent them;
- have greater opportunities, through the Council of Governors, to ensure their views are taken into account when decisions are made regarding the future direction of the Trust's services in collaboration with local health partners;
- participate in surveys and focus groups; and
- attend general meetings of the Trust, open days and events of interest.

Whichever level of participation an individual member chooses (ie receive regular information; attend events and focus groups; interest in becoming a Governor), it will give them a bigger say in what the Trust does, and the Membership Development Strategy will ensure their views are counted.

#### 6. Who can become a member?

The Trust is committed to developing its membership to ensure it is fully representative in terms of disability, age, gender, sexuality, ethnic background, faith and social deprivation. Membership is open to anyone over the age of 14.

Constituencies represented are as follows:

- The public
- Staff (including volunteers)

The Trust has made a conscious decision to recruit public members by a positive opt-in method.

The Trust also has a number of Stakeholder Governors drawn from Local Authorities and the voluntary sector.

Staff members are automatically opted into membership if they work for Airedale NHS Foundation Trust and have a permanent contract of employment or a fixed term contract for 12 months or longer. Staff membership includes those working for contracted-out services, such as domestic

services, but not staff in a different organisation providing a discrete service (i.e. contracted cleaning companies). Staff can opt out if they do not wish to become members.

The Trust has approximately 350 volunteers actively participating in helping the Trust. Volunteers are automatically opted into the staff membership if they have at least one year's service as a Trust volunteer.

All members are eligible to vote for a Governor to represent them on the Council of Governors.

## 7. Membership objectives

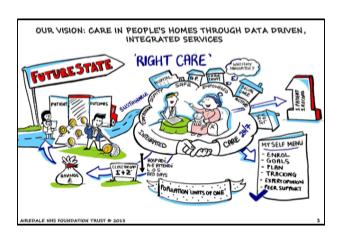
It is important that the Trust does not view the notion of membership as tokenism, but that members have a real and valued role to play as part of the Trust's development. The organisation intends to continue to recognise and use members as a valuable resource by working closely with the Council of Governors, Membership Development Group and through its patient and public experience and engagement links.

Having a clear, strategic Membership Development Strategy in place will allow for targeted recruitment, engagement and information sharing based on local intelligence and statutory reporting requirements. Forward planning will enable effective delivery of the Membership Development Strategy.

The Membership Development Strategy must ultimately underpin the Trust's strategic and business objectives and support the Trust's vision.

## 8. The Trust vision and objectives

Our focus over recent years has centred on improving the patient experience, maintaining high quality care, whilst at the same time putting in place the foundations to achieve our shared Right Care ambition. Our Right Care vision remains at the heart of what we are trying to achieve, placing the patient at the centre, empowering and supporting people in a way that best meets their individual needs, enabled by technology - as shown in the illustration below.



However, we fully recognise the range and diversity of the increasing demands, expectations and challenges over the next few years, that requires a significant shift in emphasis away from episodic care to population based health, with partners coming together to meet our local population's health and social care needs. Our focus going forward is therefore on ensuring we maintain a high quality care and experience, whilst achieving financial sustainability, through transforming the way care is delivered for our local population.

## 9. Achieving our objectives

To successfully embed the Trust's objectives into the heart of the Membership Development Strategy, a number of objectives have been identified which will, in turn, lead to the work streams for identified leads to follow. These objectives are as follows:

- To develop the membership in terms of representation and engagement levels;
- To involve the membership and the public in planning, monitoring and development of Trust services to improve the quality of care wherever possible;
- To encourage and support members to stand for election to Airedale NHS Foundation Trust's Council of Governors:
- To provide appropriate learning and engagement opportunities for members and the public;
- To raise staff awareness about the reasons for, and benefits of, membership and the Council of Governors; and
- To support the Council of Governors in undertaking their day to day role.

Successful delivery of this Membership Development Strategy requires not only commitment from staff and Governors, but to have robust support systems and processes in place at a strategic level, thus enabling a high quality and consistent approach.

Requirements can be summarised as follows:

- A comprehensive Membership Development Strategy and subsequent work streams
- Senior commitment and leadership
- Appropriate resource and support within financial constraints
- Clear roles, responsibilities and accountability
- A clear commitment to partnership working
- Effective mechanisms for monitoring and evaluation
- Recognition that additional efforts and joint working are required to ensure the work of the Membership Development Group and Council of Governors reflect equality and diversity issues

## 10. How will we get there?

The Membership Development Strategy uses existing processes as its foundation and sets out three work streams to generate and support planned, sustainable and effective membership recruitment and engagement:

- Communication
- Recruitment & Retention
- Engagement (including elections)

#### 10.1 Work stream 1: Communication

Good communication is vital to ensure members and the public are able to contribute effectively. For membership to thrive, maintaining a continual two-way dialogue, both formal and informal, is essential. Communication with the membership and the public must move forward in line with improvements in technology.

E-communication is being actively encouraged, such as e-mail and use of the internet, to save postage and printing costs. A targeted and cohesive approach to communicating with the members will be implemented through providing information with specific, identified areas of interest; which, in turn, will lead to an increase in attendance levels and positive feedback.

The Trust needs to be sensitive to the needs of the different cultural groups represented in the membership. Meetings and events should be scheduled to avoid religious festivals and holy days

where possible. However, events should also be planned to link with specific national awareness days and cultural celebrations where appropriate.

Communication channels will include:

- Letters and messages (sent via e-mail)
- Members' area within the Trust website
- e-Newsletters
- Annual members' meeting
- Open days
- FT Office telephone contact
- Surveys and feedback
- Focus groups
- Council of Governors
- Attendance at local events
- Attendance at local, regional and national conferences

# 10.2 Work stream 2: Recruiting and Retaining

As a Trust we are committed to providing the best care to our local community. It is anticipated that a key motivator for people to sign up as a member of the Trust will be to help retain and improve services provided by the Trust.

Areas of low representation in terms of age, gender and ethnicity will be identified and appropriate recruitment campaigns developed by the Membership Development Group to target these areas. Experience has shown that work age people are an example of a difficult group to target. Therefore a concerted effort to identify appropriate opportunities to engage with this and other groups will be made. Recruitment campaigns need to be tailored to the audience. Governors will also try to identify and work with hard to reach groups in the community.

The leavers rate e.g. as a result of deceased members, 'gone aways' or members changing address is approximately 2% per year with the majority of these being deceased members. The use of email maximises the opportunity to follow up any members who have changed their address.

#### 10.3 Work stream 3: Engagement

The membership is an invaluable resource made up of individuals who have clearly declared their interest in the Trust. The Membership Development Group will work closely with the communications team and the Public & Patient Engagement and Experience Lead to ensure that the membership is fully informed of the levels of involvement they can choose to participate in and are given regular opportunities to do so, thus showing our commitment to them.

Central to the achievement of this objective is the need to promote the membership and the importance of, reasons for, and benefits of using members' feedback in decision making to key individuals within the Trust.

#### (i) Demonstrating engagement:

These areas **could** be split into the following categories:

#### Empowering

 Ensuring the majority views of the membership and the public influence the decision making process;

#### Collaborating

o Partnering with members and the public in decision making; and

#### Involving

 Working directly with members and the public to ensure aspirations/concerns are understood and considered.

(these are classed as **engaged members**)

## Consulting

Asking members and the public for feedback or advice on an issue(s)

## Informing

o Giving members and the public information on an issue(s)

(these are classed as **contact members**)

Engaging members and the public successfully can be undertaken in a number of ways, such as providing members and the public with the chance to influence decisions on issues. This is a tangible example of their power to make a difference and, in turn, can prove very productive in increasing overall engagement.

Specific areas of engagement and information sharing with the membership and the public which have been identified are as follows:

#### Members' Newsletter

As referred to earlier the change from paper-based to e-newsletter is in its infancy and will become the standard communication medium as we go forward. The e-newsletters issued so far have focussed on TV or media articles which are relevant to current Trust issues, as well as local issues. The newsletters will be made available on the Trust website and emailed to FT members with registered email addresses.

#### The Trust website

The Trust website is an invaluable source of communication and must be utilised to its full potential as a major channel for sharing information with our members and the wider public. A programme of development for the website to become the 'go to first' place for Member updates will be launched during 2018/19.

#### **Annual Members' Meeting and open days**

The Trust holds a Members' meeting every year incorporating a presentation from the Board of Directors on a number of items as set out in the Constitution. The Trust also holds events that are open to the public. A staff event held every year also gives an excellent opportunity for members and the public to find out more about the Trust, to meet governors and give their feedback.

## **Elections**

It is recognised that the Trust has to work hard to create interest among its Members and the public for future elections to the Council of Governors. Providing clear information about the role of a Governor prior to election is essential and will reduce vacancies arising mid-term, as well as ensuring that the candidates standing for election are fully aware of the demands of the role.

Use of the website and e-mailing to the relevant members has been used for previous elections, and these methods have proved successful in encouraging interest from members wishing to stand as governors.

We use e-communications and e-voting to increase engagement and make the nomination and voting process easier to use. We also offer telephone and text voting to give the members more options in the way they vote.

## **Key priorities**

The Membership Development Group has identified the following key priority to focus on during the next 12 months.

This priority is directly related to the work streams identified and is:

#### Member engagement

Objective	Vision/Future	What do we	Action/activity	Interdependencies	Measures
	State	want to	planned to		
		achieve?	achieve this		
Enhance the a	Stronger	Raise the level	Widen reach in	PPEE Lead	1. Number of
governor	interactions	of Governor	to communities	Communications	events
engagement	between	engagement	linked to	Department	attended by
plan	communities		bespoke		Governors
	and governors	Strengthen	engagement		2. Approximate
	to obtain	engagement	topics		number of
	meaningful	with other			people
	feedback	WYAAT			reached
		providers and			3. Events
		local			calendar
		Foundation			
		Trust's			

## 11. Roles and Responsibilities

## (i) Council of Governors

Every NHS Foundation Trust has a Council of Governors whose main purpose is to represent the views and opinions of the members and the public. Governors work in partnership with the Board of Directors and agree what needs to be done to meet the needs of the community.

The Trust's Constitution allows for the Council of Governors to establish committees or working groups to assist in carrying out its functions and the Membership Development Group is one example of this.

In order to keep the Council of Governors informed of progress against the Membership Development Strategy, it is proposed that the minutes of the Membership Development Group will be circulated to the Council of Governors.

## (ii) The Membership Development Group

The purpose of the Membership Development Group, which is made up of a number of representative Governors and some key Trust staff, is to support the development and implementation of the Membership Plan covering:

- membership recruitment and development;
- member retention and engagement with the Trust;
- member and public engagement with the Governors; and
- member and public communication and feedback.

The Membership Development Group is required to develop and monitor an annual work plan which will link directly to the work streams identified within the Membership strategy.

#### (iii) Company Secretary

The Company Secretary is there to provide a universal point of contact and to assist the Governors as much as possible with communication and information distribution. The Company Secretary will provide the support required to enable the Membership Development Group to deliver the objectives set out in the Membership Development Strategy.

## 12. Membership rules

Full details of the eligibility for, and the exclusions from, membership are included in the Constitution of Airedale NHS Foundation Trust which can be found on our website www.airedale-trust.nhs.uk.

## 13. Legislative and regulatory context

The Health and Social Care Act 2012 sets out the statutory requirements of Foundation Trusts.

## 14. NHS Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It offers the support the providers need to give patients consistently sage, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary intervening, the organisation helps the NHS to meet its short-term challenges and secure its future.

## 15. The Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of health and social care in England, whether provided by the NHS, local authorities, private companies or voluntary organisations.

It is the role of the CQC to implement systems and processes that register health and social care providers in England. The CQC has statutory powers to regulate the performance of all health and social care providers.

April 2018