

# **Foundation Trust Membership Strategy 2016 – 2018**

# Foundation Trust Membership Strategy 2016-18

## 1. Introduction

As a Foundation Trust, we are accountable to our membership. Members have an opportunity to hold the Trust to account through elected Governors who represent the views of the membership at the highest level within the organisation. The Board of Directors as a collective takes account of those views when planning strategy. In order to develop and deliver an effective strategy, it is important that the views are representative of the local population and based on knowledge or experience of a service, proposal or healthcare condition.

In September 2015, a Council of Governors' Membership Development Committee was established. The Committee's key objective is to assist the Trust in the delivery of its Membership Strategy and the Committee has developed the draft objectives and action plan for the 2016-18 Strategy.

## 2. Aim of this Strategy

The aim of this Strategy is to outline how the Trust will continue to recruit a representative membership which is given opportunities to influence the Trust's plans and services. The objectives to deliver this overall aim are outlined at section 8. The Strategy is supported by:

- an action plan to deliver the key objectives (Annex A);
- relevant membership data (Annex B); and
- a diagram used to illustrate the move towards a more inclusive 'matrix management approach' to membership (Annex C).

## 3. Membership

As at 11 January 2016, the Trust had 9,659 Public members and 2,955 Staff members. The combined membership, therefore, equates to 12,614.

People aged 14 or above are eligible to become members of the Trust (subject to statutory legal exemptions on eligibility and details about this are outlined within the Constitution). People younger than this will be invited to influence the Trust's services through other involvement activities.

At its meeting in January 2012, the Trust Board agreed there would be two constituency areas from which members could be drawn:

- A Public Constituency divided into seven defined voting areas.
- A Staff Constituency divided into two defined voting areas.

### 3.1 Public Membership Constituency Representativeness

The Trust is required to regularly analyse the representativeness of its membership and to put in place action where appropriate to maintain a balanced membership. The Membership Development Committee considered the representativeness of the membership when developing the Membership Strategy objectives. The Committee believed the membership to be broadly representative of the local communities but believed the recruitment of younger

members should become a key priority of the new Strategy. The Committee also noted that whilst membership within Craven was lower than other constituency areas, the population of Craven is almost half that of any other area and the Trust provides fewer services in Craven. For these reasons, the current membership figure was considered sufficient although continued efforts will be made to increase this.

The historically high membership in the Rest of England category is as a result of the early recruitment campaign when members were accepted irrespective of location. During the last five years, a more focussed recruitment drive has resulted in only those people living on the borders of the areas served by the Trust being actively invited to become members.

### **3.2 Staff Constituency**

The Trust wants its staff to be fully involved and engage in how services are developed in the future. Staff membership is open to individuals who have a contract of employment with no fixed term or a fixed term of at least 12 months. However, any member of staff not eligible under this criterion is able to join the Trust as a Public member. Anyone eligible to be a Staff member cannot also be a Public member. In January 2012, the Board agreed that the Council of Governors should include Staff Governors from two groups: Clinical staff or Non-Clinical staff.

The Clinical Group contains all staff who are qualified or non-registered and who deliver healthcare services and treatment. The non-clinical constituency contains all other staff in corporate roles e.g. human resources or finance, and those who provide administrative support in the Trust.

## **4. The Value of Membership**

There are many benefits of membership engagement:

### *For Members*

- Members become more informed about services, about their own health and other people's conditions.

### *For the Trust:*

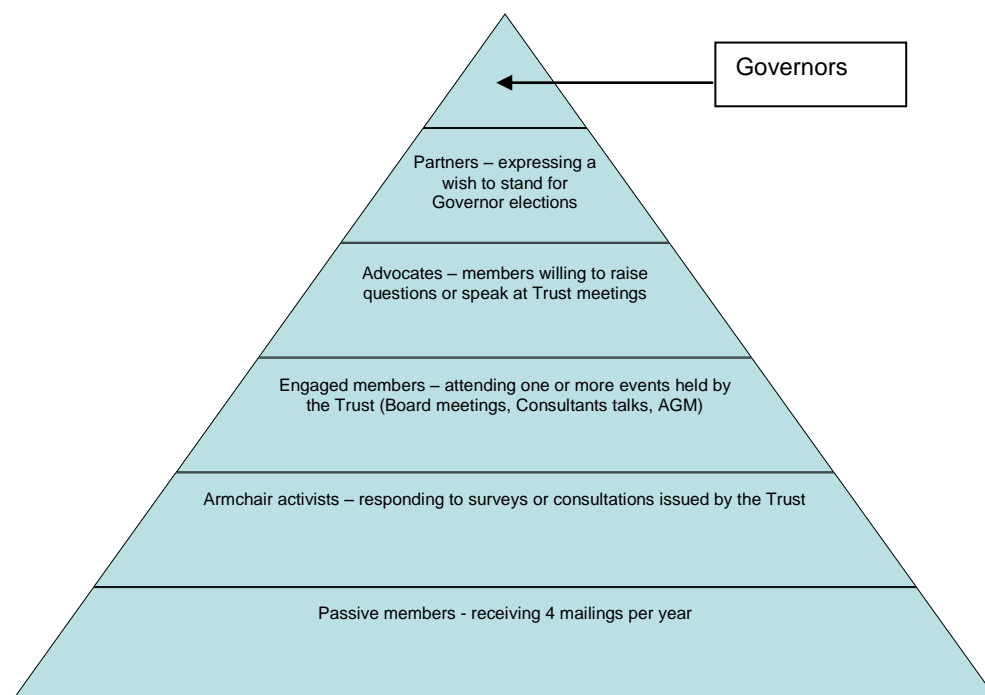
- Members understand the value of their membership and remain as members.
- Members become a valuable resource for the organisation, acting as ambassadors or becoming representatives on the Council of Governors.
- Members start to build relationships with the Trust and some get involved in its work.

### *Joint Benefits:*

- Members perceive to have an increased local ownership of services through partnership working. This in turn leads to a mutual understanding of what can be achieved to improve health.
- Conversations can lead to more realistic expectations about health services.

As the amount of involvement required increases, there are progressively fewer people willing to participate, as shown in the pyramid at figure 1 below. One of the principles of this strategy is to provide opportunities for members to move through the different levels of engagement, thereby providing a steady stream of members interested in the Governor role. Further information about membership is provided at section 8.2 of this paper.

Figure 1: Membership engagement model



## 5. Governors

In January 2012, the Trust Board agreed there should be a total of 27 Governors, appointed from the following areas:

- Public Constituency – 15 Governors
- Staff Constituency – 5 Governors
- Appointed Organisations – 7 Governors

Public Governors are elected by the Public membership and Staff Governors by the Staff membership. Appointed organisations nominate a Governor representative.

The Council of Governors forms a link between the Trust's members, the Board of Directors, the public and partner organisations. Governors have two key statutory duties: to hold the Non-Executive Directors to account for the performance of the Board; and to represent the views of the membership as a whole and the public. Governor induction and training programmes have focussed on these requirements.

The Trust's Appointed Governors (selected following a Public consultation) are detailed below:

<b>Organisation</b>	<b>No of Governors</b>	<b>Explanation for Selection</b>
Barnardo's	1	To represent younger people.
Bradford Metropolitan District Council	2	This complies with a statutory requirement to involve the local council on the Council of Governors. Two places have been allocated to reflect the Council's role and relationship with the Trust in moving towards the integration of health and social care.
Bradford University	1	To represent education, teaching and research issues affecting the Trust.
Bradford Assembly	1	To represent a wide variety of voluntary/charity organisations across Bradford.
Craven District Council	1	This complies with a statutory requirement and ensures the involvement of people in Craven.
Sharing Voices, Bradford	1	To represent BME and other seldom hear groups who are experiencing mental health problems.

## **6. 2014/15 Membership Strategy Progress Update**

The 2014/15 Membership Strategy was agreed by Trust Board in May 2014. At the time, the Trust had recruited 9,357 Public members. The Strategy contained a target membership figure of 9-10,000 Public members.

The 2014/15 Strategy contained three objectives as shown below:

- Objective 1: to continue to look for opportunities to recruit those people that have an interest in work of the Trust as members, whilst ensuring the membership remains representative.
- Objective 2: to engage those members wanting to get involved in the work of the Trust through engagement activities and events.
- Objective 3: To establish an effective Council of Governors body who have the appropriate knowledge and skills to effectively carry out their duties.

All three objectives have been met for the year including all Governor elections being contested, a successful district-wide membership event for young people, the Trust's first Annual Members' Meeting and an extensive induction programme for all new Governors. The development of Governor skills and knowledge will continue to increase as they become more familiar with their role and the work of the Trust. The 2016-2018 Strategy builds upon the outcomes achieved through the 2014/15 Strategy.

## **7. Membership Strategy Objectives 2016-18**

Membership comes at a cost and the Membership Development Committee (MDC) considered it important that membership was not only representative of the local population but that it also delivered value for money. Consequently, the Committee has developed draft objectives which aim to recruit those people with a genuine interest in healthcare or the NHS to become members of the Trust as

those people are more likely to want to influence future service provision and plans or to become employees/volunteers in the future. Taking these factors into account, it is not proposed at this stage to increase the 2014/15 Membership target of 9-10,000 members but to concentrate on recruiting a representative membership that wants to engage in the work of the Trust.

The 2016/18 Strategy focuses on the following three objectives. The actions required to deliver the objectives are contained in the action plan at Annex A.

- Objective 1: to recruit to the Trust those people that have an interest in healthcare, whilst ensuring the membership remains representative of the community;
- Objective 2: to engage those members wanting to get involved in the work of the Trust through engagement activities and events; and
- Objective 3: to obtain views from the Trust's members about the services provided by the Trust.

## **8. Actions in Support of the Objectives**

### **8.1 To continue to look for opportunities to recruit those people that have an interest in work of the Trust as members, whilst ensuring the membership remains representative**

We have determined that face-to-face conversations at meetings and events are the most effective way in which to promote membership of the Trust. This method of recruitment means that people are able to make an informed choice about whether or not to become a member of the Trust and will continue to be used in the future.

In order to ensure the Public membership constituency is truly representative, an analysis of membership will continue to be undertaken and reported to the Council of Governors through the Membership Development Committee. Where appropriate, membership recruitment will focus on areas of under-representation.

### **8.2 To engage those members wanting to get involved in the work of the Trust through engagement activities and events**

The purpose of membership is to influence the Trust's service provision and plans. In order to do this effectively, members require an understanding about those services or plans which they will gain through their own experiences and learning or through engaging with the Trust. However, experience tells us that members will only engage with the Trust when it is of benefit to them. Consequently, it is important they are provided with details about various engagement opportunities taking place across the Trust so that they can make an informed decision about whether or not to participate.

Over the last 18 months, the Trust has developed work streams around engaging services users, patient and carers through the You and Your Care Strategic Reference Group. This Group has made good progress in providing opportunities for increased engagement including employment for service users, the development of a Carer's Hub (opening in March) and the launch of a new Volunteering Strategy. However, this work has also identified that engagement across the Trust could be improved through better coordination, communication of a corporate calendar of events and a joining together of different groups under

the FT membership banner. This 'matrix management' approach has been discussed with engagement leads across the Trust, the Chair and Chief Executive and the Membership Development Committee and presented at the January 'Board on the Road' meeting. The development of the new approach is illustrated through the diagram at Annex C.

### **8.3 To obtain views from the Trust's members about the services provided by the Trust**

Governors have a statutory duty to represent the views of the membership as a whole and the public. The Membership Development Committee has considered ways in which those views can be captured and these are reflected in the action plan at Annex A.

## **9. Resource Required to Deliver the Strategy**

The Membership office currently consists of a full-time Deputy Trust Secretary and some administrative support is provided through the Executive Office. Sustaining a meaningful membership base involves a significant commitment of time, resource and engagement. This requires people at all levels throughout the Trust, including Board members, Governors and engagement leads, to be fully committed to developing, maintaining, engaging, involving and valuing our membership.

As the membership budget is limited, delivery of the Strategy is reliant upon:

- A programme of events being developed through the You and Your Care Strategic Reference Group;
- Governors promoting membership at engagement events;
- Engagement leads identifying possible recruitment and engagement opportunities; and
- Staff promoting the benefits of membership to the people they meet during the course of their work.

## **10. Evaluation and Monitoring**

The Membership Development Committee will receive half yearly progress reports about the effectiveness of the Membership Strategy and will report its findings through the Council of Governors and Trust Board meetings.

## **11. Conclusion**

The Trust's Membership Strategy needs to ensure its membership is meaningful and representative and that members are given every opportunity to engage with the Trust, should they so wish. This Strategy aims to address areas of membership recruitment, retention and engagement through the actions set out at Annex A.

## ANNEX A - Membership Strategy Action Plan:

Objective	Action Required	Who to Action	Deadline	Expected Outcome
1. To recruit to the Trust those people that have an interest in healthcare, whilst ensuring the membership remains representative of the community.	Promote membership and its associated benefits with healthcare students in further and higher education and with those school children undertaking health related studies.	Governors/Deputy Trust Secretary	March – December 2016	Young people join the Trust as members.
	Develop revised targeted and accessible promotional material which outlines the benefits of membership.	Communications/ Deputy Trust Secretary	April 2016	Information about membership opportunities is accessible and available for use at meetings and events.
	Utilise the Trust's website, communication material and social media to promote membership.	Communications/ Deputy Trust Secretary	Ongoing	Information about membership is available via different communication channels.
	Analyse membership data twice yearly to identify any significant gaps and target membership recruitment events accordingly.	Governor Membership Development Committee/ Deputy Trust Secretary	September 2016 and March 2017	Areas of under-representation are identified and addressed.
	Ensure membership is promoted at service user events hosted by the Trust.	Engagement leads/Y&YCSRG	Ongoing	Service users are invited to become members of the Trust.
	Produce a calendar of events highlighting key events taking	Deputy Trust Secretary/	March 2016	Membership is promoted within the community.



	<p>place across the district and arrange to promote membership at relevant events.</p> <p>Promote membership via individual networks.</p> <p>Encourage staff to invite service users/patients/carers to become members of the Trust.</p>	<p>Governors</p> <p>Governors</p> <p>Staff Governors</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Membership is promoted within the community.</p> <p>Those people that experience the Trust's services become members.</p>
<p>2. To engage those members wanting to get involved in the work of the Trust through engagement activities and events.</p>	<p>Membership magazine to be refreshed to incorporate a young person specific page.</p> <p>Explore opportunities to engage young people in the Barnardo's Young Person's Forum</p> <p>Engage members in the work of the Trust through the development and delivery of bespoke events.</p> <p>Utilise the Trust's website, communication material and social media to engage the membership and explore the development of a bespoke member app.</p>	<p>Communications Team</p> <p>Membership Development Committee/Steve Oversby</p> <p>Trust Secretary/ Deputy Trust Secretary</p> <p>Communications Team</p>	<p>June 2016</p> <p>February 2016</p> <p>Ongoing</p> <p>Ongoing</p>	<p>The magazine is more appealing to young people.</p> <p>Young people are encouraged to engage in health related activities.</p> <p>Members have an opportunity to learn about the work of the Trust, to meet with those people delivering care and to learn about careers in the NHS.</p> <p>Members are able to engage in the work of the Trust in accessible ways.</p>

	Incorporate an article in the Membership magazine which invites members to express an interest in taking part in research activities.	Communications Team/Research	July 2016	Members are given an opportunity to take part in Trust specific research activities.
3. Obtain views from the Trust's members and the public about the services provided by the Trust.	Invite members and the public to meet their Governors ahead of Council of Governor meetings.	Deputy Trust Secretary	April 2016	Members and the public are able to meet their Governors and express their views.
	Invite feedback from members at the Annual Members' Meeting	Governors/Deputy Trust Secretary	September 2016	Members are given an opportunity to engage with Governors at the Annual Members Meeting.
	Invite feedback from members and the public at individual network meetings and Trust events.	Governors	Ongoing	Governors are able to represent the views of the membership and the public.

## PUBLIC AND STAFF CONSTITUENCY REPRESENTATIVENESS

## Information Required by Monitor:

Public Constituency	No of Members/Percentage of Membership (Rounded)
<b>Age (Years):</b>	
0-16	96 (0.9%)
17-21	640 (7%)
22+	8,327 (86%)
Not Stated	596 (6%)
<b>Ethnicity:</b>	
White	5,606 (58%)
Mixed	207 (2%)
Asian or Asian British	3,049 (32%)
Black or Black British	464 (5%)
Other	113 (1%)
Not Stated	220 (2%)
<b>Socio-economic Groupings (Working Age Population):</b>	
AB	2,001 (21%)
C1	2,525 (26%)
C2	2,061 (21%)
DE	2,666 (28%)
<b>Gender Analysis:</b>	
Male	3,814 (39%)
Female	5,814 (60%)
Not Stated	31 (0.3%)

Table 1: Membership Profile at 11 January 2016

## Representativeness by Constituency Area:

Public Areas	Population	Minimum No of Members	Current Membership	% of Total Membership Base – Rounded	No of Governors
Bradford North	115,242	20	1,986	21%	3
Bradford South	103,508	20	1,268	13%	3
Bradford West	118,677	20	2,139	22%	3
Shipley	96,489	20	1,121	12%	2
Keighley	98,477	20	1,135	12%	2
Craven	55,540	10	475	5%	1
Rest of England	N/A	5	1,535	16%	1

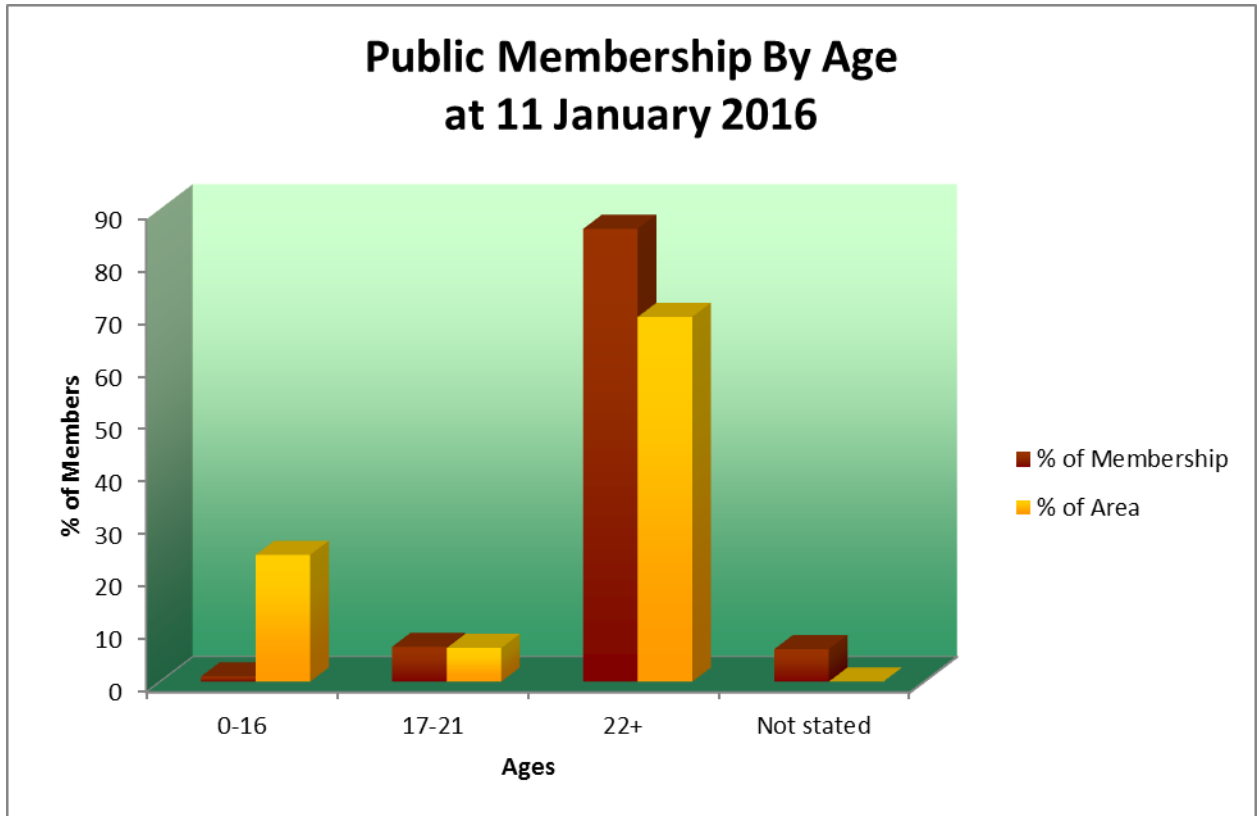
Table 2: Public Membership as at 11 January 2016

## Staff Membership:

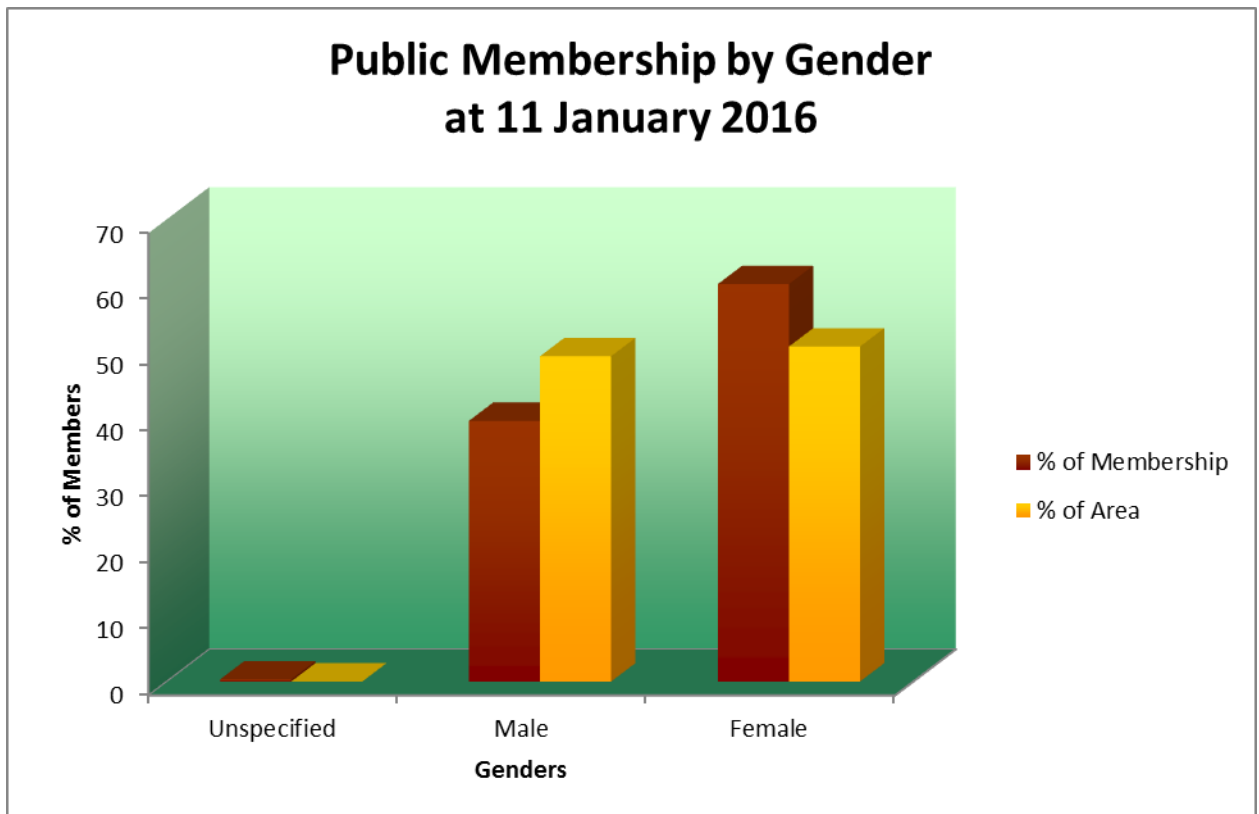
Area	No of Governors	Proposed Minimum No of Members	Current Membership – 11 January 2016	% of Total Staff Membership
Clinical	3	10	2,198	71
Non-Clinical	2	10	757	29

Table 3: Staff Membership as at 11 January 2016

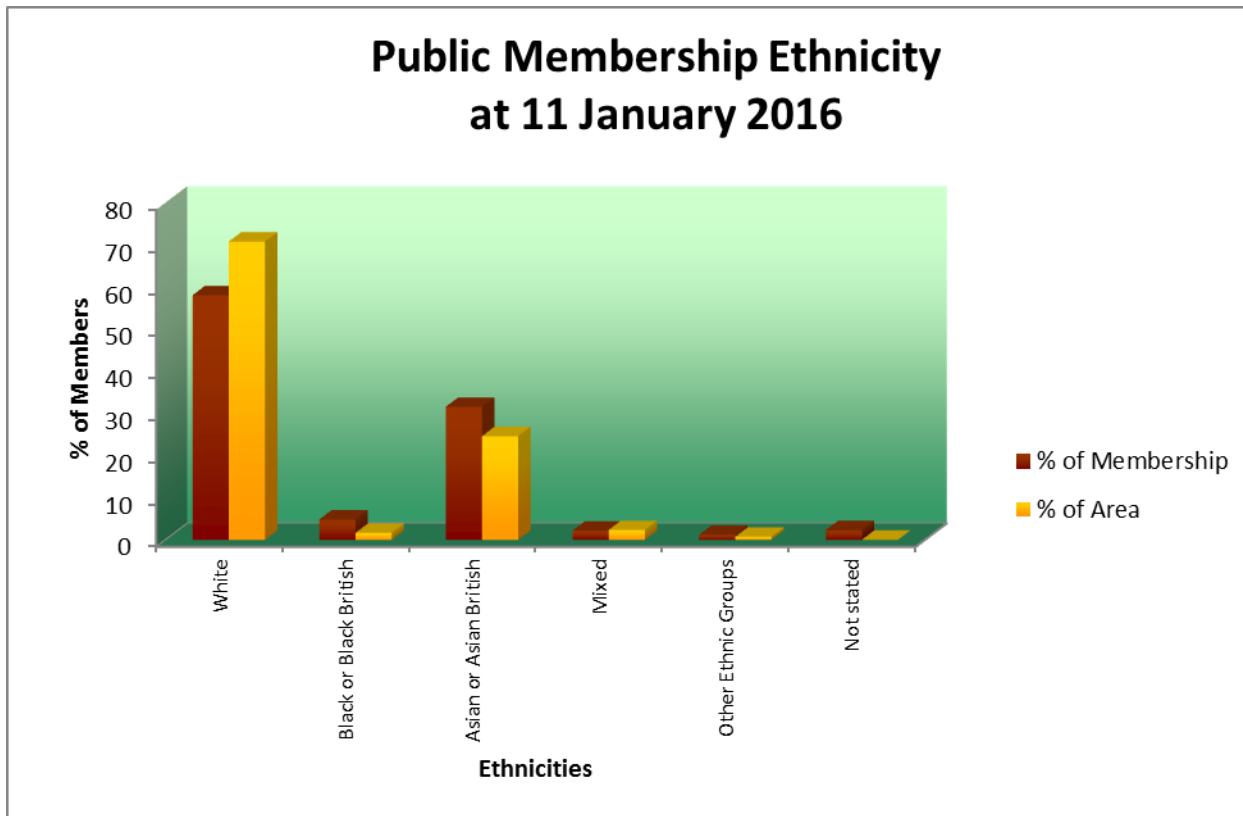
### Public Membership: Representativeness by Age



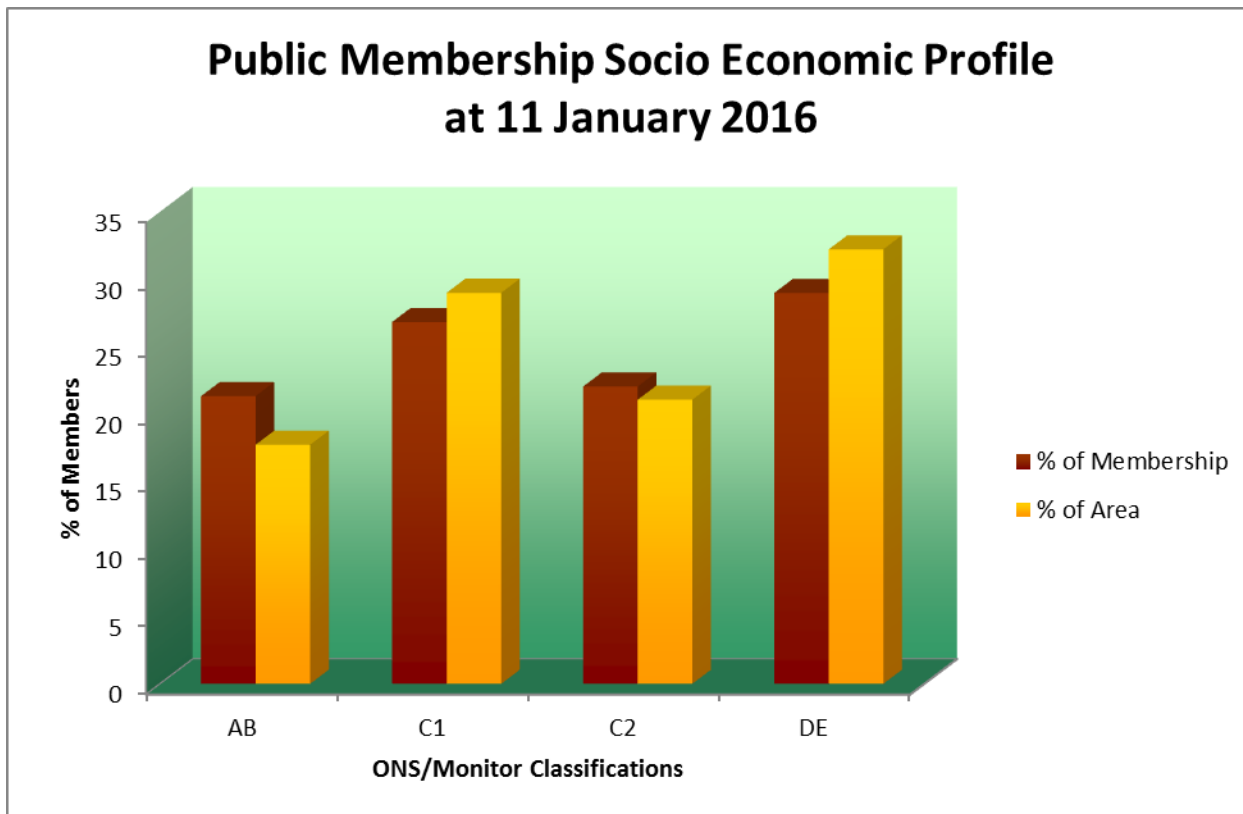
### Public Membership: Representativeness by Gender

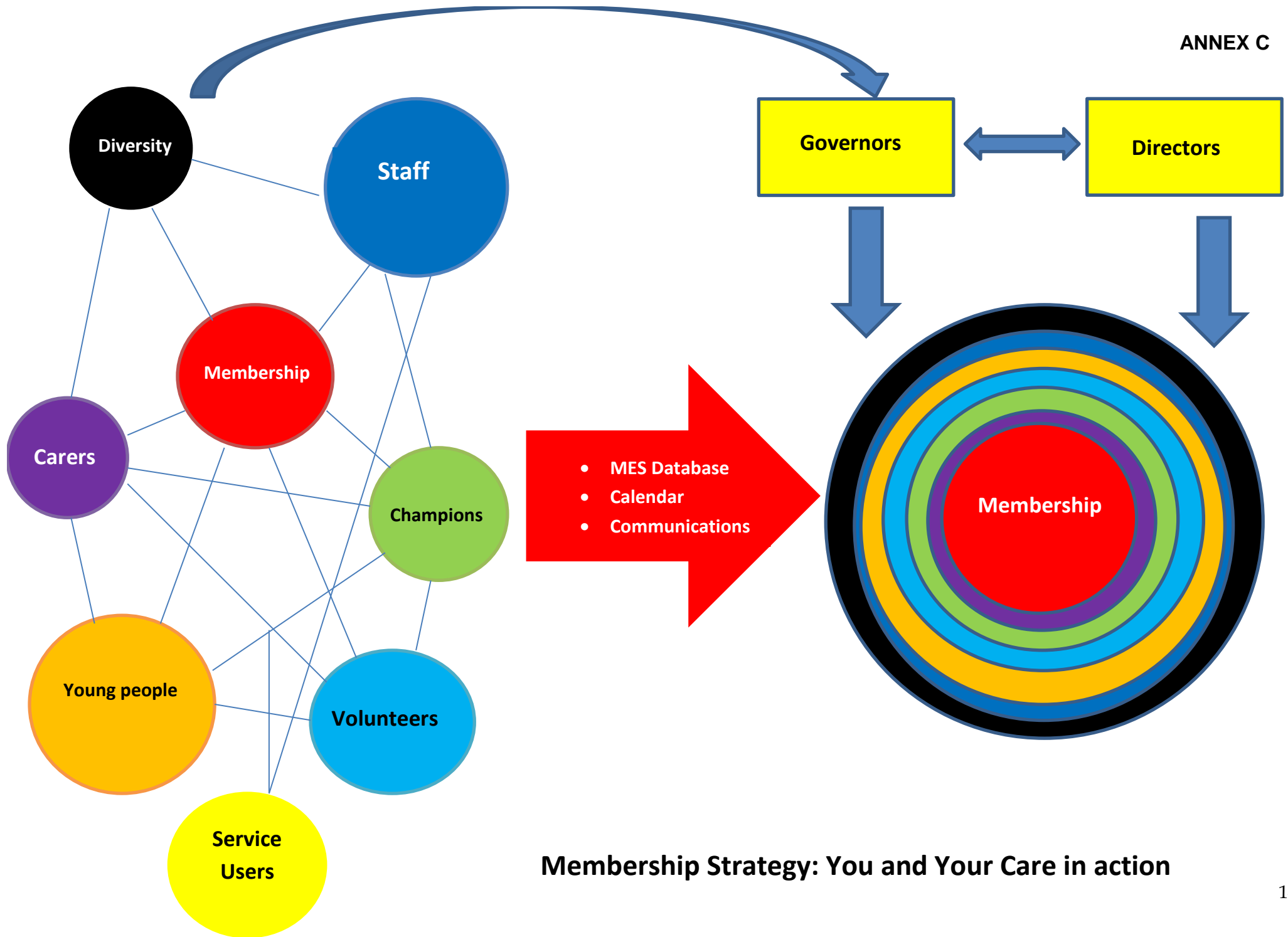


**Public Membership: Representativeness by Ethnicity**



**Public Membership: Representativeness by Socio-Economic Groups**





**Membership Strategy: You and Your Care in action**