Oxford University Hospitals NHS Trust

Membership Strategy

Draft for Board approval - December, 2013
Membership Strategy

Introduction
1. People can become members of NHS Foundation Trusts (FTs) and influence their development.
2. Public and staff members elect representatives to a Council of Governors which voices the views of the members they represent and holds the Board of Directors to account. Governors are also responsible for engaging with their members about the future strategy of the organisation.
3. As a result, FTs are more accountable than NHS Trusts to the people they serve and to their staff.
4. Each FT must establish, develop and maintain an active membership. Sustaining a meaningful membership base involves a significant commitment of time and resource, with effective engagement with members involving people throughout the Trust.
5. The voluntary nature of membership should also be recognised. Members are offered no preferential treatment and have no special rights to access services or premises.

Purpose
6. This strategy outlines what Oxford University Hospitals (OUH) will do to build a representative membership and engage and involve its members in the development of the Trust’s plans and services. We anticipate the Council of Governors reviewing this strategy and its associated actions within OUH’s first year of operating as an FT.

Aims
7. The aims of our Membership Strategy are:
   7.1. to build a substantial and representative membership;
   7.2. to support our members being well-informed, motivated and engaged; and
   7.3. to provide our members with opportunities to help shape how our services develop.
8. Delivering these aims is intended to support OUH in meeting its objectives, not least through being a responsive organisation with a good understanding of the needs of its patients and the communities it serves.

Build a substantial and representative membership
9. OUH provides a wide variety of services to varied populations. It provides a district general hospital service to the people of Oxfordshire, south Northamptonshire and parts of south Warwickshire. It provides specialised services for Buckinghamshire, Berkshire and Milton Keynes and into Northamptonshire, Warwickshire, Gloucestershire and Wiltshire. Some services are provided on a national basis. Our public membership needs as far as possible to reflect this range of catchments.
10. Membership recruitment to OUH began in earnest in March 2012 and the trust had just over 6,700 public members in late November 2013.
11. We intend to:

11.1. Continue to build our public membership base to reflect the diversity of the people we serve.

11.2. Grow our public membership to 7,000 by the time of authorisation and within two years of authorisation to 9,800 public members from Oxfordshire and 2,500 from other areas.

11.3. Have a staff membership of at least 97% of our staff.

**Support our members being well-informed, motivated and engaged**

12. Public members are kept informed of the trust’s work via bi-monthly stakeholder briefings and invitations to open events and public talks.

13. There are important connections between our members and the Trust’s strategic approach to public and patient involvement. Members are invited to and involved in patient groups and panels in services such as Cancer and Diabetes; in work with local communities, for example through the Community Partnership Network in North Oxfordshire and South Northamptonshire; and in activities such as clinical summits and other mechanisms through which OUH seeks the views and input of patients, public and staff to help improve its services.

14. We intend to continue to:

14.1. Provide information to members and take account of members’ views on how best to do so.

14.2. Provide events for members which, once our Council of Governors is in place, will offer opportunities for Governors to hear the views of members. During 2014, the focus will be on increasing membership attendance at these events.

14.3. Work with the Trust’s Charitable Funds network and local charities to inform and involve our members.

**Provide our members with opportunities to help shape how our services develop**

15. Members of the Trust’s public and staff constituencies will play an important role in influencing the development of our services and provide confidence for OUH and its regulator that our plans are the best possible to meet the needs and concerns of the communities that we serve.

16. The Trust’s members can stand for election to the Council of Governors, which is the main way in which members can directly influence the Trust’s strategy.

17. We will:

17.1. Inform the Trust’s membership of the trust’s strategy, current changes in health and social care services and the challenges facing us.

17.2. Develop a thriving and influential Council of Governors which is responsive to the views and concerns of members and working effectively with the Board of Directors.

December, 2013
Membership action plan

1. Establishing an active membership: the membership community

1.1. OUH’s membership needs to reflect the ranges of communities the trust serves. For this reason, we recruit members from a wide geographic area.

1.2. We continue to monitor the membership, and will work to ensure that populations which are under-represented are encouraged to become involved. We will do this by targeting patient mailings in particular geographical areas and through active recruitment through existing public engagement events in those areas. As our active membership grows and our Council of Governors evolves, we will also support our Governors in working to attract more members.

1.3. Oxfordshire and neighbouring counties have lower levels of social deprivation than a number of other areas in England. There are, however, pockets of deprivation within Oxford City, Banbury and in some other areas. The trust will target particular recruitment campaigns at these areas as necessary so that its membership represents the whole community proportionately. After each recruitment drive, we will evaluate our membership against the demographic profile of our catchment and plan the next phase of activity accordingly. This will be done through attending community events in these areas and also through postcode-targeted patient mailings.

Younger members

1.4. The need to ensure a proportionate membership in terms of age also means that we will need to tailor specific campaigns to fill any gaps in our membership profile.

1.5. In particular, we will work with the trust’s young persons’ patient panel, YiPpEe, to develop sustainable plans for recruiting younger members. This is likely to include using YiPpEe members as ambassadors, working with secondary schools across Oxfordshire, potentially helping to recruit local young people to train as healthcare workers, including as nursing students at Oxford Brookes University and as medical students at the University of Oxford.

Diversity

1.6. We are committed to supporting representation from black and minority ethnic communities and from white non-British communities. The trust’s existing membership is broadly representative of Oxfordshire’s ethnic minority communities.

1.7. Where there are particular ethnic minority groups who appear to be under-represented in the membership in comparison to their presence in the population, every effort will be made to find ways of encouraging members of that particular community to join.

1.8. Involvement in community meetings may include presentations about health conditions of particular interest for certain ethnic minority groups. As with all trust leaflets, translations will be made of FT membership leaflets and other documents if requested. The standard membership form offers translations in many languages.

1.9. The trust asks on its membership form if members have any special needs which may require support. Large print leaflets are supplied and all venues used for public and member events are fully accessible, including having hearing loops.

Recruitment of younger members

1.10. OUH will develop a young people’s membership. The trust has a Children’s Hospital and it is important for our young patients to have a voice in our development as a Foundation
Trust. For this reason, the Council of Governors will have a young person’s governor nominated by YiPpEe, the trust’s young persons’ panel.

1.11. This governor will need to be aged at least 16 in order to carry out all functions as a governor and we will work closely with YiPpEe to make arrangements as helpful to their nominee(s) as possible, including making sure that their nominee has appropriate support.

1.12. YiPpEe have also asked that it be allowed to alternate between nominees, and sometimes have more than one attendee (although only one vote). YiPpEe has also requested that the Council of Governors considers meeting times carefully so that they are not always held during school hours.

**Membership numbers**

1.13. The target size of the membership reflects the population served by the Trust and its staff numbers.

<table>
<thead>
<tr>
<th><strong>Public members</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The population of Oxfordshire is approximately 660,000.</td>
</tr>
<tr>
<td>We plan to have at least 6,600 public members by the date of the first election (equating to 1% of Oxfordshire’s population) and 7,000 by the time of authorisation.</td>
</tr>
<tr>
<td>Within two years of becoming a Foundation Trust, we aim to have 9,800 public members from Oxfordshire (equating to 1.5% of its population) and 2,500 from elsewhere.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Staff members</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some 11,000 people are employed by the Trust.</td>
</tr>
<tr>
<td>We aim to have fewer than 3% of OUH choosing to opt out of membership.</td>
</tr>
<tr>
<td>Also able to join the Trust’s staff constituency are staff working for the University of Oxford’s Medical Sciences Division, OUH’s Retention of Employment scheme and who work for one of the Trust’s PFI service providers or who work at OUH’s sites and are directly employed by Carillion Services Limited, G4S or their subcontractor Aramark.</td>
</tr>
</tbody>
</table>

1.14. Attrition rates from the Trust’s membership and reasons for leaving will be monitored each month in order to spot any trends. There can be expected to be an attrition rate of about 10% per annum, so the trust is anticipated to need to recruit at least 10% of its membership total each year.

### 2. A representative membership

2.1. To develop a representative membership, OUH will take into account factors such as:

- Whether members are public or staff.
- Whether particular groups of staff have higher opt-out rates.
- Geographical location of public members.
- Age and gender of public members.
- Ethnic origin of public members.
- Socio-economic profile of the membership.
- Lifestyle profile.
2.2. The Trust’s database supplier, Membership Engagement Services (from February 2014) provides it with the ability to measure progress against its targets and catchment profile generally, using categories defined by Monitor.

**Age and gender balance of public members**

2.3. The trust will seek to achieve a balance between adult public members (aged 21-64), older public members (aged 65+), and younger public members (aged under 21) as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (aged 21-64)</td>
<td>50%</td>
</tr>
<tr>
<td>Older (aged 65+)</td>
<td>30%</td>
</tr>
<tr>
<td>Younger (aged under 21)</td>
<td>20%</td>
</tr>
</tbody>
</table>

2.4. If the membership does not have a similar age profile to that sought (for example if there is a lower proportion of younger public members) then particular recruitment methods will be used to attract members in that age group. This is likely to include additional recruitment work with sixth forms, schools and colleges.

2.5. OUH will also seek to achieve a gender balance such that if either gender is greater than 60% of the total, then recruitment efforts will be targeted at the other gender.

**Ethnic origin of public members**

2.6. The Trust aims to get its membership as close as possible to the ethnic minority breakdown of Oxfordshire. This will be monitored on a bi-monthly basis and appropriate recruitment action taken as necessary.

**Socio-economic background of public members**

2.7. The Trust aims to have a membership as close as possible to the socio-economic background of the wider population. Again, this will be monitored bi-monthly basis and recruitment action taken as necessary.

**Membership protocols**

2.8. Targets have been calculated based on rules consistent with the Trust’s draft Constitution:

2.8.1.A member will be able to be a member in only one public constituency, divided geographically; this will be determined by the postcode of their home address.

2.8.2.Anyone eligible to be a member of the staff constituency will not be able to register as a member in any other constituency.

**Record-keeping and administration**

2.9. The trust will maintain an accurate and informative database of members. From its database of members held securely by its database provider, progress will be monitored towards meeting recruitment targets.

2.10. The database will also be used to hold information given by members and, as Governors are elected or nominated, information on the training, committees and meetings in which Governors have participated.

2.11. The minimum data set for members is name, address, member category (public or staff), postcode (to determine which public constituency), age, gender and ethnic origin. In addition, members are asked whether they have any particular interests, about any disability they might have and whether they are interested in volunteering or helping the trust’s charitable funds. Wherever possible, we will attempt to capture email addresses for
members and to communicate electronically to contain costs and reduce environmental impact.

2.12. The database will regularly be ‘cleaned’ to remove members who we have been informed have died or who have moved without a forwarding address.

3. **Maintaining an active membership: infrastructure to support members**

**Membership Office**

3.1. The trust will operate a ‘Membership Office’ to communicate effectively with members, to support potential Governors in preparation for the first elections and to support communications with Governors and members following the initiation of the Council of Governors.

**Development for Governors**

3.2. In addition to information sessions for potential Governors and induction for Governors once elected or nominated, the Trust will induct and train its Governors.

3.3. Development arrangements for governors will respond to needs identified through work with the Council of Governors and taking account of national best practice.

**Communications - keeping in touch**

3.4. The trust will continue to operate a programme of talks and events for members.

3.5. Over time and in discussion with the Council of Governors, groups may be developed which focus on particular areas of interest.

3.6. Twice-yearly newsletters and regular updates on the members’ area of the Trust’s website will form part of communications with members, as well as:

3.6.1. Communicating and liaising with local voluntary organisations and key stakeholders.

3.6.2. Community outreach events.

3.6.3. Contact with potential service users through representative organisations and charities.

3.6.4. Members’ meetings for specific constituent groups and educational events built around local health issues.

3.6.5. Development of means for Governors to engage directly with members such as ‘open meetings’ where members can meet Governors and communicate their views.

3.7. The Trust’s membership application form will ask members how they wish to be contacted and will state clearly that while we will produce a newsletter, we are keen to be as cost and environmentally conscious as possible and would be grateful for members opting to have their contact via email.

3.8. Email addresses are held for some 49% of the membership which compares favourably to other trusts. The rate of change of email addresses is quite high, so there is a continuing need to ask members to supply or update their email address in any mailing we do.
Events
3.9. OUH will directly invite those members who have already indicated an interest in a subject and invite those for whom an email address is held. We will also list the event on our website and advertise it in the members’ newsletter.
3.10. We will aim to give as much notice of events as possible in order that members who do not have regular access to the internet or an email have an opportunity to know about events. We will also seek to publicise them through local media.

Consultation and surveys
3.11. The same mailing approach will be employed, combined with targeting geographical areas where this is appropriate.

Website
3.12. The trust’s website contains information about membership, Foundation Trusts and the Council of Governors, as well as an online application form. The website also has events and news linked to the Foundation Trust members’ area. OUH has used Survey Monkey to do online surveys, and this is something we could use in the members’ area in the future, with reporting back on findings.
3.13. The aim is to have a lively online presence that stimulates members to become involved and provides real value in terms of information provided and the opportunity to provide feedback.

Membership programme
3.14. A lively membership programme is an essential part of creating a motivated and engaged membership. The main elements of the membership programme are as follows:

3.14.1. Talks and lectures on a variety of issues: Oxford Biomedical Research Council has provided most OUH speakers as they are keen to publicly engage on their work and they are able to provide fascinating speakers on cutting-edge translational research.
3.14.2. Events: members are invited to the Annual General Meeting. Members have also been invited to special events such as the BRC open day and a tour of the Newborn Intensive Care Unit at the John Radcliffe Hospital. Members have also been invited to attend engagement meetings. Any such event being organised in OUH should to be drawn to the attention of members, particularly those who have expressed an interest in attending events.
3.14.3. Consultative forums: we hope to develop new groups and to adopt existing groups within the Foundation Trust membership structure in order to have a clear channel of communication between patients and the public and the trust.

Social responsibility
3.15. Many Trust staff already donate time as volunteers, both at home and abroad, including supporting the Trust’s charitable funds and national health-related charities as well as providing important training and assistance overseas. We will work with members and the Council of Governors to see how they can build on these ‘social responsibility’ activities and develop links with projects in our local communities, particularly those whose aims are to promote health and wellbeing.
Training

3.16. Staff throughout the Trust will be encouraged to find out more about FT membership and to become involved in membership recruitment.

3.17. Early induction and development of members of the Council of Governors will feature information about their role in supporting and developing the membership scheme.

4. Monitoring progress

4.1. Membership is not any one person's business. The variety of work requires input and commitment from a range of people across the Trust. However, responsibility for coordination of the work programmes and the development of the strategy lies with the Foundation Trust Programme Director, supported by the membership team.

4.2. The Board of Directors and Council of Governors will receive regular reports on total numbers and the composition of membership. Progress on recruitment will be measured against the targets and trajectories set. There will be regular analyses of the membership’s composition to inform recruitment.

5. Developing the strategy

5.1. The Board of Directors will review the membership strategy on at least an annual basis, examining whether adequate resources are provided for its implementation.

5.2. Key performance indicators to be used in monitoring progress will include:

   5.2.1. membership analysis reports, covering age, gender, ethnicity and geography as a minimum;
   5.2.2. turnover of membership;
   5.2.3. membership engagement in activities;
   5.2.4. governor election data; and
   5.2.5. surveys of members’ views.

5.3. The Council of Governors will be asked to consider all aspects of the Membership Strategy and to work with the Trust to evaluate and update it, informed by the views of members.

December, 2013