

Cover Sheet

Council of Governors Meeting: Wednesday 13 July 2022

CoG2022.11

Title: **Membership Strategy Update**

Status: **For Decision**

History:

Lead: **Committee Chair**

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Confidential: **No**

Key Purpose: **Strategy**

Membership Strategy Update

1. Purpose

- 1.1. This paper presents an updated Membership Strategy (Appendix 1) for approval by the Council of Governors.
- 1.2. It also outlines other key points emerging from the Membership Strategy Working Group which could form elements of the forward plan for the Patient Experience, Membership and Quality Committee.

2. Background

- 2.1. The current Trust Membership Strategy was approved by the Council of Governors in October 2019.
- 2.2. Under its Terms of Reference the Trust's Membership Strategy is to be reviewed by the Patient Experience, Membership and Quality [PEMQ] Committee on an annual basis but such consideration has been delayed due to the pandemic.
- 2.3. A Membership Strategy Working Group was established to develop recommendations to be presented to the full Council of Governors. The group was chaired by Sally-Jane Davidge and the other governor members were Mike Gotch, Jill Haynes, Anita Higham, Janet Knowles, Graham Shelton, Jules Stockbridge and Sally-Anne Watts. The group was also supported by Joy Warmington, Neil Scotchmer and Caroline Rouse.
- 2.4. The working group has had two meetings on 12 January and 7 June.

3. Updates to Trust Membership Strategy

- 3.1. An updated version of the Membership Strategy following consideration by the working group is presented to the Council for approval.
- 3.2. This version provides greater clarity about where the Trust's membership is drawn from and updates the Trust's recruitment goals to make these more focussed.
- 3.3. The section of the document indicating approaches for governors to interact with members has also been strengthened.

4. Future Development of Membership Engagement

- 4.1. Discussions of the working group recognised that developing and engaging effectively with the Trust's membership would require a wider programme of work than simply revising the Strategy.

- 4.2. The group noted that the strategy should be regarded as a Trust strategy, and should therefore not only be owned by the Council of Governors, but also by the Trust Board.
- 4.3. It was also noted that the Integrated Care System should increasingly be undertaking its own public engagement work and that governors would wish to be kept informed regarding these plans.
- 4.4. It was felt that the Trust needed to be clearer about its offer to members and consider how this could be communicated beyond an internal Strategy. The group noted that the pressure that the NHS was currently under made this an important time to be a member and that a genuine desire to hear from service users needed to be emphasised.
- 4.5. It was noted that, in undertaking any engagement with members, governors would not wish to duplicate or impede the work of the Trust's Patient Experience Team with which it would wish to liaise and coordinate activities.
- 4.6. The need to employ diverse routes of engagement in order to try to reach those whose voices were not often heard was recognised. It was also appreciated that this should include those who were not online or who did not have easy access to IT.
- 4.7. The opportunity to survey the Trust's members was recognised to be a useful tool. The group noted that its effectiveness was likely to reduce if overused as response rates would decrease. In addition, the importance of communicating what changes are made in response to feedback was emphasised.
- 4.8. It was suggested that greater use could be made of the members' bulletin and proposed that each issue could provide a focus on a different governor.
- 4.9. It is proposed that these issues be addressed further through the work programme of the Patient Experience, Membership and Quality Committee to ensure that the overall strategy is effectively implemented.

5. Recommendations

- 5.1. The Council is asked to:
 - **approve** the revised Membership Strategy; and
 - **note** and comment on proposals for ongoing work on membership engagement which will be led by the Patient Experience, Membership and Quality Committee.

Oxford University Hospitals NHS Foundation Trust

Membership Strategy

Approved by Council of Governors in [TBC]

Membership Strategy

Introduction

1. People can become members of NHS Foundation Trusts (FTs) providing them with an ongoing relationship with the organisation so that they have the opportunity to learn more about Trust services 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 non-executive directors to account. Governors assist the Trust to engage with 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 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 be recognised. Members are offered no preferential treatment and have no special rights to access services or premises.

Purpose

6. This strategy outlines what governors will do with the support of the Trust to ensure that the Trust builds a representative membership and engages and involves members in the development of the Trust's plans and services.

Aims

7. The aims of our Membership Strategy are:
 - to ensure the trust builds a representative membership that reflects the population it serves;
 - to ensure members have opportunities to become involved in service plans, developments and improvements; and
 - to ensure governors are supported in engaging with their constituents.
8. Delivering these aims is intended to support Oxford University Hospitals NHS Foundation Trust (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.

Review

9. The Patient Experience, Membership and Quality Committee [PEMQ] will review this strategy annually on behalf of the Council of Governors.

Build a representative membership

10. Anyone aged 16 or over living in England and Wales can become a member of the public constituency.
11. We aim to recruit and develop a membership which represents people living in the communities

served by the Trust. This includes patients, former patients, carers and other members of the public.

12. 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 (and Milton Keynes), Berkshire, Northamptonshire, Warwickshire, Gloucestershire and Wiltshire. Some services are provided on a national basis. Our public membership needs as far as possible to reflect this catchment area.
13. Our staff constituency is made up of staff employed by the Trust under a contract of employment which has no fixed term, or has a fixed term of at least 12 months; or they have been continually employed by the Trust for at least 12 months.
14. Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust who; have a contract of employment with the University of Oxford within its Medical Sciences Division or are employed by a Private Finance Initiative provider to provide services at any of the Trust's premises may become members of the staff constituency, provided they have exercised these functions continuously for a period of at least 12 months.
15. We intend to take the following measures to support the development of our membership:
 - 15.1. Continue to build our public membership base to reflect the diversity of the people we serve by having at least 1% of the population represented across the Oxfordshire constituencies;
 - 15.2. Continue to increase the number of men represented;
 - 15.3. Continue to increase the number of people represented aged between 16 and 49 years of age;
 - 15.4. Support governors in speaking to their local contacts regarding membership of the Trust and recruit people in their local networks;
 - 15.5. Invite governors to support recruitment and membership events that are being attended by the Trust;
 - 15.6. Institute a rolling programme of governor presence on Trust sites to support recruitment and engagement, when possible. This would assist both with recruitment and in raising the profile of governors;
 - 15.7. Have a staff membership of at least 97% of eligible OUH staff (this is set out in the constitution);
 - 15.8. Encourage Medical Sciences Division staff and staff employed by our PFI partners to join as members; and
 - 15.9. Invite our governors to attend other public events where the Trust is recruiting for new members alongside Trust staff.
16. At all times the health and safety of our staff, governors and members of the public must be prioritised and this may at times restrict the types of events that may be organised in support of this Strategy.

Support our members being well-informed and engaged

17. Our membership scheme allows members of the public to receive information about our services and plans for the future; it allows them to get involved with the Trust as much or as little as they wish.
18. There are no obligations as a member of the Trust, but there are lots of ways of getting involved, from voting for candidates to be on our Council of Governors to taking part in events for members.
19. Public members are kept informed of the Trust's work via e-newsletters and invitations to open

events and public talks. Periodic newsletters are sent to those members with no email address.

20. We will:
 - 20.1. Provide information to members and take account of members' views on how best to do so;
 - 20.2. Invite members to attend the Annual Public Meeting and the Quality Conversation so the Trust can hear members' views and take note of said views in future plans; and
 - 20.3. Encourage our governors to participate in their local Patient Participation Group as well as any other health related groups to enable them to hear members' views.

Ensure that members' views are sought in discussions on how our services develop

21. 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.
22. 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.
23. 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; and in activities such as the Quality Conversation and other mechanisms through which OUH seeks the views and input of patients, public and staff to help improve its services.
24. We will:
 - 24.1. Inform the Trust's membership of the Trust's strategy, current changes in health and social care services and the challenges facing us;
 - 24.2. Provide events such as the Annual Public Meeting, Quality Conversation, constituency meetings and service specific open days for members to attend which will offer opportunities for the Trust and governors to hear the views of members;
 - 24.3. Invite members to take part in projects run by the Trust to further enhance Trust services; and
 - 24.4. 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.

Support governors to engage with their constituents

25. The Trust will continue to provide routes for governors to engage with their constituents but also encourage them to take advantage of the opportunities provided by their own networks and events locally.
26. The need to use diverse routes for engagement is recognised in order to reach those whose voices are often not heard.
27. We will:
 - 27.1. Encourage governors to attend events in their locality to engage with members of the public and seek feedback on their experience of Trust services and advertise the Trust membership scheme;
 - 27.2. Enable governors to undertake periodic surveys to gauge members' views;
 - 27.3. Produce a monthly membership bulletin with the opportunity to include an update from a

governor;

- 27.4. Institute periodic constituency meetings around the county for governors of that constituency to chair and talk about the Council of Governors and the membership scheme, along with a health-related talk by a clinician; and
- 27.5. Offer governors on the Patient Experience, Membership and Quality Committee the opportunity to attend the NHS Providers course on Member and Public Engagement training.

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