

Report to the Meeting of the Members' Council

For Information

8 February 2011

Membership Strategy and Membership Committee

Executive Summary

As part of the proposed integration with Community Health Oxfordshire (CHO), the Trust was required by Monitor (the independent regulator of NHS Foundation Trusts) to review its existing Membership Strategy. In particular, the purpose of the review was to identify new objectives and processes to recruit, maintain and further develop its Membership in light of the integration. A copy of the revised Membership Strategy is attached to this report.

The Membership Strategy is currently in draft format and will be finalised once the Trust's Constitution has been amended (the Strategy requires the approved Trust name and Membership Constituencies).

The Trust's current Membership Strategy has been in place since authorisation as an NHS foundation trust on 1 April 2008.

The purpose of this report is to formally present the current draft of the Membership Strategy to the Members' Council, seek support in implementing the objectives and establish the Membership Committee.

Membership Committee

Under the auspices of the Members' Council, the Trust would like to establish a Membership Committee which will assist in providing an overview of the implementation of the Membership Strategy and evaluating its success. The Membership Committee will decide how progress toward objectives will be monitored and measured, and will set contingency plans to manage unexpected results.

Members of the Membership Committee

The Membership Committee should be made up of the following: 1x Non-Executive Director, 1x Executive Director, 3x Governors, Trust Secretary, Membership Officer and the Head of Involvement.

Recommendation

The Members' Council is asked to note the report and nominate three (3) Governors to sit on the Membership Committee

Author and Title: Nathan James, Membership Officer

Date: 24 January 2011

New name
(currently Oxfordshire and Buckinghamshire Mental Health NHS
Foundation Trust)

Membership Strategy

2011 - 2016

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1. Introduction

The Trust is committed to developing NHS Foundation Trust (FT) Membership which is able to participate fully in the activity of the Trust, and which is representative of its patient, carer, public and staff communities. The Trust is committed to resourcing this appropriately and developing Governors to constitute the Members' Council.

Since becoming an FT in April 2008, the Trust has expanded its services, particularly its CAMHS and specialist services - which now include Swindon, Wiltshire, and Bath and North East Somerset (BaNES). Therefore the Membership Strategy now needs to consider how staff, patients, carers, and members of the public in these areas can be represented.

In addition, the Trust is working towards formal integration with Community Health Oxfordshire (CHO) to take place on 1 April 2011. CHO is the provider arm of NHS Oxfordshire, providing community health services to 640,000 people in Oxfordshire. The integration is a great opportunity for people who use or work within community health services in Oxfordshire to get involved and influence the further development of these services.

Due to changes since the original FT authorisation, the Trust is required by Monitor (the independent regulator of NHS Foundation Trusts) to review its existing Membership Strategy, and identify new objectives and processes to recruit, maintain and further develop its Membership, and set out how its Members will participate in the development of the Trust's activities.

2. Update on Previous Membership Strategy

The previous Membership Strategy, developed in April 2007, aimed to develop an active FT Membership and establish a Members' Council (consisting of Governors representing Members and key stakeholders). Achievements under this Strategy have included:

- Large numbers recruited to the Public constituency;
- Regular communication with all Members, including a quarterly newsletter;
- Opportunities for Members to participate in Trust consultations and surveys;
- Survey of all known carers associated with the Trust (initiated by Carer Governors);
- Bringing the management of the Membership Database in-house, to help manage costs; and
- An established Members' Council which undertakes its statutory duties and is helping to influence the direction of the Trust.

Despite the achievements, particular challenges still remain with more work required to develop the Patient constituency. Currently, only 7 per cent of the total Membership consists of Patient Members, compared to 40 per cent being Public Members, and the remaining 53 per cent of staff Members. In addition, more needs to be done to ensure that hard to reach groups are recruited to the Membership, and given the support and opportunity to stand for election to the Members' Council.

3. The Trust's Membership Objectives

Building on previous achievements, this Strategy sets out the Trust's Membership objectives and lists a series of actions to help the Trust achieve these over the next five years. It outlines how the Trust will evaluate its success in delivering this Strategy and how it will learn from this process to continue to develop and realise benefits from an active and participative Membership.

Over the next five years the Trust intends to:

Objective 1 - Develop a representative Membership.

Objective 2 - Develop a more informed and engaged Membership.

Objective 3 - Develop a more influential Members' Council which is closely informed by the Trust's Membership.

Objective 4 - Ensuring Membership information is widely and easily accessible.

Objective 5 - Empower Members to act as ambassadors for the Trust, to share information about the Trust's services and promote the benefits of Membership.

4. Membership Constituencies

The Trust would like to develop an actively engaged and involved Membership drawn from the following group(s):

- Public constituency– Members of the public that live in Oxfordshire, Buckinghamshire or the rest of England and Wales;¹
- Patient constituency – Members who have used any of the Trust's services as a patient or service user within the five years immediately preceding the date of application, or if they care for someone who has used any of the Trust's services within the five years immediately preceding the date of application;
- Staff constituency – Members of staff working for the Trust or who are seconded to the Trust, i.e. County Council employees.

Members must be aged 12 years or over and can only become a Member of one constituency.

Anyone eligible to be a Member of the Staff constituency will not be able to register as a Member in any other constituency, unless they are appointed on an honorary contract. Individuals on honorary contracts with the Trust who are also eligible to register in the public constituency may choose which category of Membership they wish to join.

Further detail, including specific criteria relating to Membership, may be found in the Trust's Constitution.

¹ The Rest of England and Wales class is designed to allow the following people to join: those associated with Wiltshire, Swindon and BaNES CAMHS; and people from across Wales and England who access or are interested in our specialist services, such as our forensic services.

4.1. Exclusions

The only exclusions to Membership that the Trust plans to set beyond the legal minimum are the exclusion of:

- known perpetrators of assault, violence or harassment against the Trust's staff; and
- anyone under the age of 12 years.

4.2. Member representation on the Members' Council

Each Membership constituency will be broken down into classes. Members will belong to a particular class (so long as they meet the relevant criteria) and will be able to elect Governor(s) to represent their constituency and class on the Members' Council.

Table 1 shows the structure of the Members' Council.

Table 1 – Structure of the Members' Council

Elected governors		
Constituency	Class	No of governors
Public	Buckinghamshire	4
	Oxfordshire	7
	Rest of England & Wales	1
Patient	Service Users / Patients	4
	Carers	3
Staff	Specialist Secondary Mental Health (all disciplines)	3
	Integrated Community Services (all disciplines)	3
	Children, Young People & Families (all disciplines)	1
	Forensic and Specialised Services (all disciplines)	1
	Corporate Services (all disciplines)	1
Subtotal elected		28
Appointed governors		
	NHS Oxfordshire	1
	NHS Buckinghamshire	1
	Oxfordshire County Council	1
	Buckinghamshire County Council	1
	University of Oxford	1
	<i>Voluntary / Community Organisations</i>	
	Mind (The National Association for Mental Health)	1
	Age UK Oxfordshire	1
Subtotal appointed		7
Total number of governors		35

* All Governors will need to be 18 years of age or over.

4.3. Membership targets

The Trust has a legal requirement to continue to grow a representative Membership. Based on analysis of previous experience, evaluation of earlier recruitment campaigns, comparison with other FTs, and advice from staff working within both mental health and community services, the Trust will work towards the projected Membership targets for each constituency as shown in Table 2.

Table 2 – Projected yearly Membership targets by Constituency

Constituency	Year				
	2011/12	2012/13	2013/14	2014/15	2015/16
Public					
At year start (April 1)	2165	2239	2367	2564	2847
New members	225	281	352	439	549
Members leaving	152	153	155	156	158
At year end (March 31)	2239	2367	2564	2847	3239
Staff					
At year start (April 1)	5455	5309	5172	5054	4989
New members					
Members leaving					
At year end (March 31)	5309	5172	5054	4989	4930
Patient					
At year start (April 1)	392	431	468	503	535
New members	63	66	69	73	77
Members leaving	24	29	35	41	50
At year end (March 31)	431	468	503	535	562
Grand Total ending March 31	7979	8007	8121	8371	8731

* These targets will be reviewed on an annual basis once benchmarking data can be collated.

These targets have been calculated using the following assumptions:

Mental Health Services

The Trust treats approximately 29,994 people per year, and at any one time has an average of 8,000 people in its care.² Of this total, based on previous experience, the Trust expects less than 5 per cent to register as Members, and less than 10 per cent of mental health staff to opt-out, over the next five years.

Community Health Services

The Trust provides community health services ranging from adult, children's and specialist services, to 640,000 people living in Oxfordshire.

In Oxfordshire there are over 180,000 people living with long term conditions such as asthma, diabetes, epilepsy or heart disease, and are likely to have more of an interest in becoming a Member.³

In addition, it is anticipated that a number of people within Oxfordshire who may not currently access community health services will, nevertheless, be willing to support these through becoming a Member. Many people may see themselves, at some stage, needing to access community health services, care for someone who does, or know people who do. Given this, it is more likely that these people will be willing to join as a Member. It is expected that the majority of people recruited through this process will identify more as a public Member and will opt to join the Public: Oxfordshire constituency and class. Consequently the Trust expects less than just

² OBMH Analytical Services, April 2010

³ NHS Oxfordshire, 2010. *Annual Report 2009-10*. [Online] Available at: <<http://www.oxfordshirepct.nhs.uk/about-us/publications/annual-report.aspx>> [Accessed 29 October 2010].

under 1 per cent of Oxfordshire's total population to register as Members over the next five years. In line with mental health services, the Trust expects less than 10 per cent of staff to opt-out, over the next five years.

4.4. Ensuring Membership information is accessible

The Trust will make sure that Membership information is widely available throughout its sites and services in all the areas covered by the Trust. For example:

- information will be widely distributed in a variety of formats, tailored to the interests and needs of different audiences, and will articulate the benefits of Membership;
- face-to-face recruitment will take place at all events, including staff meetings, patient forums, and public events;
- campaigns will take place targeting particular geographical areas or services, to ensure a representative socio-demographic mix of Members;
- Membership materials will be clear, simple and engaging; and
- Membership material will provide information and choices about how Members can be involved with the Trust.

4.5. The rights and responsibilities of Membership

Members will have the right to:

- elect representatives to the Members' Council;
- communicate with and be consulted by their elected Governor(s);
- receive regular information from the Trust about its plans and activities;
- be involved in the further development of specific services; and
- give feedback to the Trust on how it is performing.

Members will have a responsibility to:

- act in accordance with the best interests of the Trust, as they perceive them;
- challenge Governors if they do not feel that they have been adequately consulted on issues of importance coming before the Members' Council; and
- acknowledge and respect that across the Membership there will be a wide variety of priorities and views, and that the Members' Council will seldom be able to accommodate the wishes and views of all Members in its decisions, or in its advice to the Trust Board of Directors.

4.6. Using Members as a resource

Members will have information, lived experience and, in some cases, networks, which could be of value to the Trust. The intention is to make the best possible use of that expertise by:

- Continuing to provide Governors with the support and resources they need to communicate and engage regularly with Members;
- maintaining transparent procedures to govern how Members can be involved in service improvement and development projects;
- developing a management and leadership ethos across the Trust which positively encourages Members to offer feedback and suggestions for improvement, and which encourages managers to seek Members' ideas and opinions;

- helping Members to communicate and engage with the wider community about the Trust and its work; and
- enhancing feedback mechanisms for Members to, without prejudice, express their views on the Trust's services and how it is performing.

4.7. Maintaining an accurate and informative database of Members

The Trust recognised the need to maintain an accurate and informative database of Members, and made the decision in 2010 to purchase an off-the-shelf customer relationship management (CRM) system to manage its Membership database in-house. This decision was based primarily on improving the quality of data, whilst aiming to increase efficiency and minimise costs. The CRM replaced the system whereby the Trust outsourced the management and maintenance of its database to an external body.

This new CRM system will be used to improve segmentation, targeting of prospect Members, and also engage with existing Members on issues of specific interest to them.

This new system also has the capability to track and measure multichannel campaigns, including email, social media, telephone and direct marketing campaigns. The CRM system has the capability to produce an array of reports including the annual Membership report.

To ensure that the Trust's Membership data is accurate, the Trust will (in accordance with Data Protection law) from time-to-time use a credible data screening supplier to screen the Membership data against The Bereavement Register, to identify the deceased and remove them from the database.

5. Defining the Membership Community

5.1. Population profile

This section sets out the key population data for the areas served by the Trust. Developing a representative Membership will require the Trust to ensure that efforts are made to ensure that people from different backgrounds and circumstances are actively recruited as Members. The data below will be used as a resource to help guide this.

Mental Health Services

The Trust provides mental health services to 1.1m people who live in Oxfordshire and Buckinghamshire, and also provides specialist mental health services nationally to patients from across England and Wales.

Approximately 29,994 people are treated within mental health services, and at any one time has an average of 8,000 people in its care.

In addition the Trust also provides child and adolescent mental health services (CAMHS) and specialist mental health services in Swindon, Wiltshire, Bath and North East Somerset, which constitutes approximately 2,000 open cases.⁴

⁴ OBMH Analytical Services, April 2010

Community Health Services

The Trust provides community health services to 640,000 people living in Oxfordshire, ranging from Children's, Adult and Specialist services.

Demographic changes to the population base

Table 3 shows the demographic changes to the Trust's population base over the next five years.

Table 3 - Demographic changes to the Trust's population base over the next five years.⁵

County	Age group	2011/12	2012/13	2013/14	2014/15	2015/16
Oxfordshire	0-19	156.7	156.2	156.1	156.2	156.4
	20-64	388.2	388.5	389.1	389.8	390.3
	65+	103.3	107.1	110.7	113.6	116.5
Sub total		648.2	651.8	655.9	659.6	663.2
Buckinghamshire	0-19	125.5	125.6	125.7	125.9	126.3
	20-64	289.9	289.4	289.5	290.0	290.8
	65+	84.3	87.6	90.4	92.7	94.7
Sub total		499.7	502.6	505.6	508.6	511.8
BaNES	0-19	41.2	41.1	41.1	41.0	41.2
	20-64	108.9	109.4	109.7	110.2	110.5
	65+	32.1	32.9	33.7	34.3	34.7
Sub total		182.2	183.4	184.5	185.5	186.4
Swindon	0-19	49.0	49.5	50.1	50.4	51.0
	20-64	126.0	127.0	128.4	129.7	131.2
	65+	29.2	30.5	31.6	32.3	33.2
Sub total		204.2	207.0	210.1	212.4	215.4
Wiltshire	0-19	111.9	111.4	110.9	110.5	110.1
	20-64	262.5	262.2	262.0	262.3	263.1
	65+	87.7	91.6	95.0	98.0	100.6
Sub total		462.1	465.2	467.9	470.8	473.8
Grand total		1,996.4	2,010.0	2,024.0	2,036.9	2,050.6

* Figures in the above table are based on (000's). For example, the Buckinghamshire 0-19 age group in 2011/12 projected population is 125.5 or 125,500.

Ethnicity Composition

The Trust intends to develop a representative Membership, which will include Members from the main ethnic groups living within the main areas that the Trust provides services to.

The ethnic composition of the population of Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset (BaNES) is set out in Table 5 of appendix A.⁶

⁵ Office for National Statistics, 2008. *2008-based Subnational Population Projections*. [Online] Available at: < http://www.statistics.gov.uk/downloads/theme_population/snpp-2008/InteractivePDF_2008-basedSNPP.pdf > [Accessed 29 October 2010]

⁶ Office for National Statistics, 2001. *2001 census – standard tables: S101 Sex and age by ethnic group*. [Online] Available at: < https://www.nomisweb.co.uk/query/construct/components/kwcellComponent.asp?menuopt=43&subcomp=&Session_GUID={352ED9EE-DA00-4FC1-BB84-918BB19E1CFA}> > [Accessed 29 October 2010]

Employment statistics

The Trust is committed to ensure that hard to reach communities are engaged in becoming Members and enabling them to have a say in their local health services. Therefore it is important to understand employment and wealth within the Trust's catchment area, to focus to effectively target underprivileged areas.

On average, Oxfordshire and Buckinghamshire tend to have higher levels of employment and are comparatively wealthy, compared to that of other population areas served by OBMH. Out of the 354 Local Authorities ranked, with 1 being the most deprived and 354 the least deprived, the Trust's population areas rank as follows for the average deprivation measures in each District Council area:⁷

Table 4 – Employment statistics

County	Local Authority	Rank
Buckinghamshire	Aylesbury Vale	206
	Chiltern	316
	South Bucks	349
	Wycombe	189
BaNES	Bath and North East Somerset	149
Oxfordshire	Cherwell	227
	Oxford	152
	South Oxfordshire	289
	Vale of White Horse	301
Wiltshire	West Oxfordshire	318
	Kennet	319
	North Wiltshire	245
	Salisbury	262
	Swindon	102
	West Wiltshire	213

6. Resourcing the Membership Development

In order to fulfil the Trust's Membership Strategy objectives, the following resources are currently available:

- **Membership Officer** – To facilitate Membership activities, including recruitment, and provide support to the Members' Council;
- **Members' Council** – To participate in various Membership activities and represent Members' views about the integrated organisation's services;
- **Membership Working Group** (which consists of Staff and Governors, and was established in 2008) - To provide support to the Membership Officer with the planning and delivery of the Membership Strategy;
- **Trust Secretary** –To provide managerial support to the Membership Officer and maintain overall responsibility for ensuring compliance with all FT governance requirements, including provision of support to Members and Governors; and
- **Communications and Involvement Team** – To provide communications and involvement support to all patients, staff and the public, including Membership.

⁷ Office for National Statistics, 2007. *Indices of Deprivation 2007: Local Authority Summaries*. [Online] Available at: <http://www.neighbourhood.statistics.gov.uk/dissemination/Info.do?page=news/newsitems/7-december-2007-indices-of-deprivation-2007.htm> [Accessed 29 October 2010]

7. Delivering the Strategy's Objectives

The below summarises the main actions that the Trust will take to successfully deliver the objectives of this Membership Strategy.

Objective 1 - Develop a representative Membership

Action	Lead	When
<p>Increase Service User / Patient / Carer Members</p> <p>Establish a Membership advocate scheme to engage front-line staff across all four service divisions within mental health and community health services to promote the benefits of Membership and to recruit patient Members by:</p> <ul style="list-style-type: none"> ▪ Sharing information about FT Membership at staff meetings and events; ▪ Explaining how to promote the benefits of FT Membership to patients; ▪ Working with staff to identify appropriate and effective ways to inform, engage and recruit patients; ▪ Working with staff to identify Member involvement with the Trust, i.e. Patients / Service Users / Carer interested in standing as Governor; and ▪ Working with staff to identify ways to improve the Membership advocate scheme. 	Membership Officer	31/01/2011
<p>Further develop existing Service User / Patient Governor involvement links with mental health community / inpatient staff to:</p> <ul style="list-style-type: none"> ▪ Enable Governors access to wards / inpatient groups to share information and promote the benefits of FT Membership to patients and encourage them to become Members; ▪ Identify ways in which Governors can share information and promote the benefits of FT Membership to patients out in the community encourage them to become Members; and ▪ Identify a similar scheme to link community health services staff with Oxfordshire Public, Patient / Service User Governors. 	Membership Officer / SU Govs	On going
<p>Further develop links with the Patient and Liaison Services (PALS) to engage with and recruit potential Members by:</p> <ul style="list-style-type: none"> ▪ Establishing appropriate systems to recruit patients and carers who have already expressed views about the Trust's services. 	Membership Officer / PALS Lead	30/04/2011
<p>Identify and establish links with existing community based patient and carer involvement / support groups as listed below to increase the number of patient Members:-</p> <ul style="list-style-type: none"> ▪ League of Friends; ▪ Long term conditions support groups, that support diabetes, Parkinson's disease, asthma, cardiac, ME, cardiac conditions; ▪ Physical health voluntary groups; ▪ Ridgeway Carers Support Group; ▪ Mental Health Service User and Carer Forum; and ▪ Voluntary led Carer, Service User / Patient groups. 	Membership Officer / Members' Council / Communications team	30/04/2011

Action	Lead	When
<p>Continue to use Patient / Service User / Carer surveys as a means to promote the benefits of FT Membership and recruit more patient Members by:</p> <ul style="list-style-type: none"> ▪ Liaising with the Lead for Registration and Quality Manager to identify future surveys to link FT Membership with; 	Membership Officer / Lead for Registration and Quality Manager.	On going
<p>Recruit people using community health services and from Rest of England constituency</p> <p>Establish a sub group of the Membership Working Group to focus on recruiting people using community health services in Oxfordshire or people interested in the Trust's services who fall under the Rest of England Constituency. In particular, the sub group will:</p> <ul style="list-style-type: none"> ▪ Develop a Membership recruitment plan to share information and promote the benefits of FT Membership to recruit people using community health services or have an interest in our services; ▪ Establish links with community health services staff to provide them with the skills to promote the benefits of FT Membership to people using community health services and encourage them to become Members; ▪ Identify community health services projects to link Membership with, i.e. use surveys as a means to recruit more Members; ▪ Identify people interested in becoming Governors to represent community health services in Oxfordshire and the Rest of England Constituency, and support them to stand for election; ▪ Identify public events associated with community health services in Oxfordshire or the Rest of England Constituency, in which to promote FT Membership, its benefits and to recruit public Members associated with these areas and constituencies; and ▪ On an ongoing basis, develop and implement targeted campaigns to recruit people interested in community health services. 	Membership Officer	31/01/2011

Objective 2 - Develop a more informed and engaged Membership

Action	Lead	When
Membership Working Group to established a comprehensive Member engagement framework (for both mental health and community services) which will create opportunities for Members to work with senior managers of the Trust and be involved in service design and planning.	Membership Officer	30/06/2011
Membership Working Group to review existing Membership materials, information and data collection (electronic and in paper format) prior to the integration and make recommendations for updated materials.	Membership Officer	31/01/2011
<p>Ensure the Membership Database is updated to meet the requirements of the Trust. In particular,</p> <ul style="list-style-type: none"> ▪ Update the Membership database fields to capture the 	Membership Officer	28/02/2011

Action	Lead	When
updated Membership structure, i.e. new Membership constituency and classes.		
Improve Member engagement by segmenting and building a profile of existing Members, in which to target specific information according to the type of activity or involvement each group or individual is interested in, i.e. Trust events, elections, volunteering and sharing personal experiences of general health or long term conditions, to educate others.	Membership Officer / HR / Communications team	28/02/2011
Encourage and support Service User Governors, already linked with health services, to engage with service users/patients/carers and use this opportunity to understand some of the key issues these Members may have regarding the Trust's services.	Membership Officer	On going
Membership information to be merged into the new Trust's newsletter from April 2011, to enable non-Members to learn more about Membership, to increase involvement, as well as articulating the benefits of Membership each month.	Communications team	01/04/2011
Membership Working Group to look at whether the Trust could celebrate milestones, i.e. anniversary of becoming an FT; youngest Member, oldest Member, Member from furthest away; to generate awareness and fuel recruitment.	Membership Officer / Communications team	30/04/2011
Membership Working Group to identify whether establishing a Member of the year award for outstanding contribution and involvement with the Trust; could be another means to generate awareness and fuel recruitment	Membership Officer / Communications team	30/04/2011
Membership Working Group to identify ways in which to use the Trust's Annual General Meetings (AGM) as a means to engage and recruit Members.	Membership Officer / Communications team	30/06/2011
Membership Working Group to develop a simple exit Membership questionnaire to understand the reasons why Members have resigned from the Trust's Membership, and develops ways to retain Members or improve the Membership experience for Members.	Membership Officer	31/01/2011

Objective 3 - Develop a more influential Members' Council which is closely informed by the Trust's Membership

Action	Lead	When
Membership Officer to continue to provide support to new and existing Governors and identify any training needs.	Membership Officer	On going
Membership Officer to support Governors in actively engaging with their constituents.	Membership Officer	On going
Membership Officer to continue to use the Members Update (Members newsletter) to enable Members and Governors to communicate with each other and share information about the Trust, and develop ways to have an input toward the development of the Trust's services.	Membership Officer	On going
Continue to provide all Governors with a Trust Governor Email account and associated training to enable them to communicate quickly and effectively with Members.	Membership Officer	On going
Review existing Governor induction programme in light of proposed new Governors (particularly those associated with	Trust Secretary	01/02/11

Action	Lead	When
community health services) and analysis of past programmes, and develop and implement an updated.		

Objective 4 - Ensuring Membership information is widely and easily accessible

Action	Lead	When
Continue to make sure that Membership information is widely available in all major Trust sites, i.e. reception areas, wards, community health services and within the Trust's operational areas, i.e. libraries, universities and colleges, and within stakeholder communications and sites.	Membership Officer / Communications team	01/04/2011
Continue to hold or attend public events in which to share information about the Trust's services, engage with members of the public face-to-face and recruit new Members.	Membership Officer / Communications team	On going
Continue to make Membership information available electronically via the Trust's website, intranet, and social media platforms (Facebook, Twitter and YouTube).	Membership Officer / Communications team	On going
Ensure that Membership information promotes and explains the benefits of Membership involvement and provides a number of different involvement opportunities within the Trust.	Membership Officer / Communications team / HR	30/04/2011

Objective 5 - Empower Members to act as ambassadors for the Trust, to share information about the Trust's services and promote the benefits of Membership.

Action	Lead	When
Membership Officer to provide updates to the Communications team to be shared via social media platforms (Facebook and Twitter) to empower Members to share information about the Trust's services, communicate with Governors and engage other people to be involved with the Trust.	Communications team	On going
Membership Officer to continue providing Members with an opportunity to submit articles for the Members Update to share positive experiences of the Trust's services to empower more Members to be involved with the Trust.	Membership Officer / Membership Working Group	On going
Identify Members with a keen interest in supporting the work of the Trust to act as Member Ambassadors. <ul style="list-style-type: none"> ▪ Membership Officer to record more specific Member involvement interests on the Membership database in order to identify potential Member Ambassadors. ▪ Membership Officer to consider other sources to identify potential Member Ambassadors, i.e. Members already involved in Trust service design and planning groups. ▪ Membership Working Group to create a governance framework to support the training and development of Member Ambassadors, and set out the principles of their role. 	Membership Officer	30/06/2011

8. Managing an Active Membership

The table below sets out the main actions the Trust will take to develop and maintain a representative and active membership base on an ongoing basis.

Action	Lead by	When
Work with existing staff ,service user and carer groups to encourage them to promote the benefits of Membership on an ongoing basis	Membership Officer	Ongoing
Ensure all new staff, service users and carers are routinely informed about the benefits of Membership	Membership Officer	Ongoing
Review Membership each year, compare to demographic profile of local population and profile of service users and carers, and develop targeted campaigns focused on under-represented areas	Membership Officer	Annually
Governors take an active role in seeking views of Members and feeding back to the Trust.	Membership Officer / Members' Council	On going
Membership Working Group to identify ways in which to promote FT Membership across the Trust aimed at sharing information and engaging staff in Membership recruitment and empowering them to involve Members in relevant activities associated with the Trust's services (particularly local service development).	Membership Officer	01/04/2011

9. Communicating with Members

The Trust will take the following actions to further develop and enhance the level of communication to its Members.

Action	Lead by	When
Membership Working Group to review all existing communication methods to Members, and make recommendations regarding ways in which to further enhance the level of communication and engagement.	Membership Officer	31/01/2011
Membership Working Group to work closely with the Members' Council, to further develop communications between Governors and their constituents.	Membership Officer	30/04/2011
Membership Working Group to identify ways in which to capture more Members' email addresses, to save money in print and postage costs, and provide Members easier access to additional information about the Trust and its services, by the use of hyperlinks embedded in emails.	Membership Officer	31/01/2011

In addition to the above, the Trust will also continue to use existing communication methods, i.e. digital, (email, internet, social media), print, face to face communication, to inform and engage Members regarding elections, events and other means to enable Members to have an input toward the development of the Trust.

10. Playing a Key Community Role

The Trust will take the following actions to establish itself as a trusted and accessible participant in the life of its local communities.

Action	Lead	When
Continue to participate in local service user/patient and carer networks to promote the benefits of Membership, and identify ways for Members of these networks to feedback their views about the Trust's services to influence local decision making.	Membership Officer / Members' Council	Ongoing
Actively promote the benefits of the Trust's Membership to Members of interested local voluntary organisations, partner organisations, local employers, universities and schools	Membership Officer / Communications Team	Ongoing
Encourage and support development of other Membership activities amongst the Trust's Members.	Membership Officer	Ongoing

11. Working with other membership Trusts

The Trust has previously sought to engage the membership of local organisations such as MIND, Rethink, LINKs in Oxfordshire and Buckinghamshire, and Age Concern (now Age UK). There is still an ongoing challenge to identify how Members of those organisations can be encouraged to become Members of the Trust.

The Trust will take the following actions to encourage other organisations' Members to become Members of the Trust.

Action	Lead	When
Membership Officer to encourage the Trust's appointed Governors to encourage and support their members to become Members of the Trust.	Membership Officer	30/04/2011
Membership Officer to continue to work with local Membership organisations such as, MIND, Rethink, Age UK, LINKs, and County Councils to utilise their information sharing devices, as a means to promote the Trust's Membership, and encourage their Members to become Members of the Trust.	Membership Officer	Ongoing
Membership Officer to continue to attend networking events to liaise with other Membership Officers from other NHS Foundation Trusts to develop new ideas in which to engage and recruit Members.	Membership Officer	Ongoing
Membership Officer to create a database of local community health service organisations and networks, and ensure they receive information about the Trust's FT Membership and involvement.	Membership Officer	30/01/11

12. Evaluating Success

Under the auspices of the Members' Council, the Trust will establish a Membership Committee which will evaluate the success of the Membership Strategy. The Membership Committee will decide how progress toward objectives will be monitored and measured, and will set contingency plans for dealing with unexpected results.

12.1. Members of the Membership Committee

The Membership Committee should be made up of the following: 1x Non-Executive Director, 1x Executive Director, members of the Membership Working Group (including

at least two Governors interested in participating in this group), Trust Secretary, Membership Officer and the Head of Involvement.

12.2. Membership Committee Terms of Reference

Please refer to Appendix B.

13. Membership Recruitment to Date

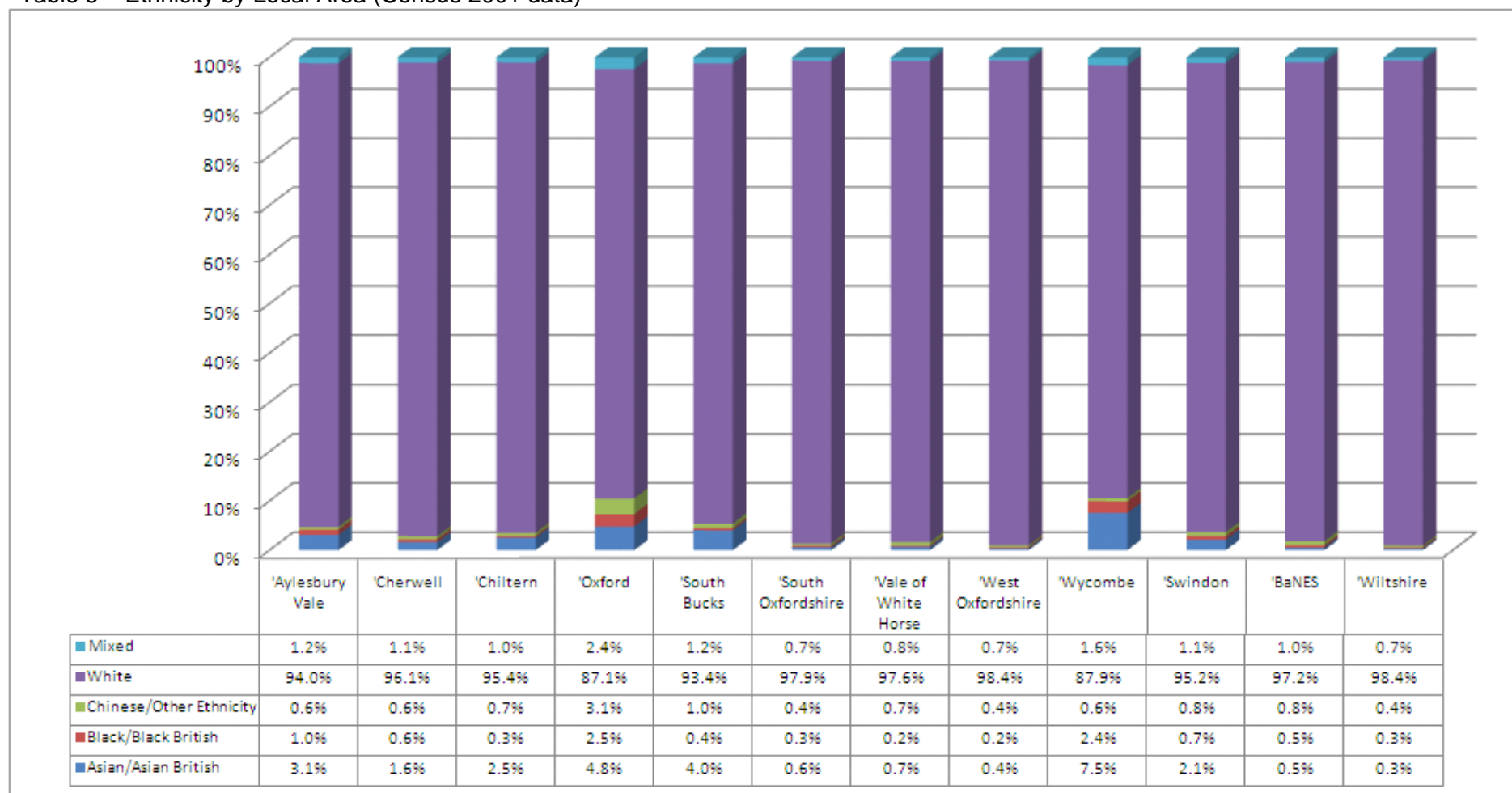
The Trust has undergone various Membership activities to recruit Members from each constituency since becoming an FT.

The below indicates the type of membership activity to recruit Members which has taken place to date.

Membership activity
Ward visits to recruit inpatients
Public events to recruit Members
Member-get-member campaign to recruit Members
Carer questionnaire / patient survey campaigns to recruit Members
Governor link to mental health services to recruit inpatients
Carers Conferences to recruit Members
Carer / service user group meetings to recruit Members
Published adverts / articles in local community / mental health group newsletters
Creation of Trust Membership newsletter which is distributed widely

Appendix A

Table 5 – Ethnicity by Local Area (Census 2001 data)



Appendix B

14. Membership Committee Terms of Reference

14.1. Aim

The aim of the Membership Committee will be to evaluate, measure and report to the Members' Council on progress in achieving the Membership Strategy its Objectives.

14.2. Accountability

The Membership Committee will report and be accountable to the Members' Council.

14.3. Authority

The Members' Council will assign responsibility to the Membership Committee.

14.4. Quorum (state number)

The Quorum will be one third of the total Membership Committee, of which at least one must be a Governor.

14.5. Administrative support

The Membership Officer will provide administrative support to the Membership Committee.

14.6. Terms of reference approval and review date

The Members' Council will review the Membership Committee's Terms of Reference on an annual basis.

14.7. Frequency of meetings

Meetings will be held on a quarterly basis, in line with the Trust's fiscal year, 1 April ending 31 March.