



# Current practice in NHS foundation trust member recruitment and engagement

---

### First published 2011 by

Monitor, Electoral Reform Research,  
Electoral Reform Services and  
Membership Engagement Services

### Contact

Monitor

Tel: 020 7340 2400

Email: [enquiries@monitor-nhsft.gov.uk](mailto:enquiries@monitor-nhsft.gov.uk)

Electoral Reform Services and  
Electoral Reform Research

Tel: 020 8365 8909

Email: [enquiries@electoralreform.co.uk](mailto:enquiries@electoralreform.co.uk)

Membership Engagement Services

Tel: 020 8829 2330

Email: [enquiries@membra.co.uk](mailto:enquiries@membra.co.uk)

All rights reserved, including the right of  
reproduction in whole or in part in any form

Design by Pascal Barry

[www.holapascal.com](http://www.holapascal.com)

---

## Monitor

Monitor is the independent regulator of NHS foundation trusts. It was established in 2004 to authorise and regulate NHS foundation trusts. It is independent of central government and directly accountable to Parliament. There are three main strands to Monitor's work:

- determining whether NHS trusts are ready to become foundation trusts;
- ensuring that foundation trusts comply with the conditions they signed up to – that they are well-led and financially robust; and
- supporting foundation trust development.

[www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)

## Electoral Reform Services Research (Electoral Reform Research)

Electoral Reform Research specialises in stakeholder and social policy research, including:

- stakeholder research among members, staff, customers and opinion formers;
- research into governance matters including elections;
- policy research; and
- scrutiny and evaluation of research submitted by third parties.

Electoral Reform Research is a member of the MRS Company Partner Scheme and is registered to ISO 20252 – the international standard for market research.

Electoral Reform Services provided the report's underlying election data.

[www.electoralreform.co.uk](http://www.electoralreform.co.uk)

## Membership Engagement Services

Membership Engagement Services (MES) specialises in helping organisations, including foundation trusts, understand, inform and manage their members, customers, staff and electorates.

MES has supported and worked with the foundation trust sector since 2006. It is a wholly-owned subsidiary of Electoral Reform Services.

[www.membra.co.uk](http://www.membra.co.uk)

## Acknowledgements

We would like to thank all foundation trusts who took part in this research for their time and effort.

We would also like to thank the Foundation Trust Network for its help in the research involved in this report.

# Contents

<b>Executive summary</b>	<b>1</b>
<b>Introduction</b>	<b>4</b>
<b>Chapter 1 Membership, voting and governor elections</b>	<b>7</b>
<b>Chapter 2 Recruiting members</b>	<b>18</b>
Case study Membership numbers: Quality versus quantity	20
Case study Recruiting and engaging “hard to reach” groups	23
<b>Chapter 3 Engaging with members</b>	<b>30</b>
Case study Effectively engaging staff members	34
Case study Developing a wide range of engagement opportunities	38
Case study Membership programme engages local community	45
<b>Chapter 4 The impact members have on their local healthcare services</b>	<b>47</b>
Case study A specialist trust’s approach to membership	48
Case study Members’ Bids Scheme to improve local community	53

# Executive summary

## Background

This joint report from Monitor, Electoral Reform Research and Membership Engagement Services provides information on the current state of play in NHS foundation trust member recruitment and engagement and examples of what trusts have found to work well, and less well. As such, it is aimed at chairs, board secretaries, membership and communications teams and governors of both existing and aspirant foundation trusts.

The report summarises the findings of a survey of NHS foundation trusts and case study research conducted between November 2010 and January 2011. The 131 foundation trusts authorised as at 1 October 2010 were included in the survey and 115 trusts responded (a response rate of 88%). The report also investigates trends in election activity in the foundation trust sector from 2004 onwards.

Overall the research shows that there is significant effort being put into member recruitment and engagement by foundation trusts. Traditional measures of engagement, such as election turnout rates, numbers of candidates standing per governor seat and levels of uncontested elections, suggest that membership trends are normalising after an initial wave of enthusiasm for a new model. However, there is some concern that it may be becoming more difficult to find candidates to stand for governor elections.

The perception of trusts is that overall engagement with members is improving, in particular with a small proportion of "active" members. There is evidence that approaches to recruitment and engagement are becoming increasingly targeted and sophisticated as the model matures. It is clear from numerous examples that membership can have an impact on provision of current and future services, and in particular help trusts to improve patient experience.

## Membership, voting and governor elections

By 31 March 2011 the combined membership of foundation trusts was approximately 1.90 million, up from 1.76 million at 31 March 2010. The estimated total membership number for 2011/12 is 2.03 million.

While the total number of members has risen steadily since 2004, average numbers of members per trust have declined slightly from 16,874 in March 2005 to 13,962 in March 2011. This partly reflects the increased number of new foundation trusts during that time, but also that two foundation trusts authorised as at 31 March 2005 had particularly large numbers of members, thus distorting the average figure at that time.

Governor election turnout rates have reduced from 48% on average across all constituency types in 2004, to 25% in 2010. Figures are nonetheless now in line with turnout rates of membership organisations in other industries.

---

Early turnout rates may also have reflected smaller membership numbers and initial enthusiasm for a new membership model and type of trust.

Average numbers of candidates per governor seat have reduced slightly since 2004 (from 3.63 candidates on average per seat to 2.76), with trusts reporting to find it most difficult to secure candidates for staff seats. Forty-seven per cent of seats are now elected uncontested, a 24 percentage point rise from 2004, although again the rise may partly reflect initial enthusiasm in 2004. Uncontested elections are more frequent in staff governor elections (53% of elections held) than patient governor elections (36%) and public governor elections (35%).

Advertising elections and promoting the role of governors throughout the year, rather than just in the run up to an election, is thought to be essential in improving turnout and numbers of candidates standing.

## Recruiting members

Foundation trusts are employing a wide variety of methods to recruit members, and are focusing on finding cost-effective ways to supplement traditional methods in an increasingly competitive market.

Historically, face-to-face recruitment has been the most prevalent and effective means of recruiting new members and this continues to be the case with 93% of trusts rating it very/fairly effective; it allows for personal contact, the ability to answer direct questions and enables messages to be targeted to the individual. In particular, governors are almost always used by trusts for this activity (97%) and most trusts also use staff in this role (86%).

Fifty-five per cent of foundation trusts have employed the services of external agencies in order to help them target and execute membership recruitment and while this can often be a cost- and time-effective solution, trusts need to ensure that agencies understand the foundation trust sector and are able to speak knowledgeably about the trust to recruit engaged members. This is a key point, particularly in regard to telephone recruitment as responses show that it can sometimes lead to less engaged members who may cancel their membership relatively soon after joining.

Most trusts are also adopting an online approach to recruitment with 97% using their own websites to sign up members. In spite of this high percentage, only 42% reported the web to be an effective way of reaching new members. The fact that it is a lower cost option perhaps explains why so many trusts are persevering with online methods and attempting to find more innovative ways of using the web. Direct mail is still used by 77% of trusts, although only 45% report this to be an effective recruitment tool.

Whatever the method of communication, the message is all important. Successful recruitment has been found to rely on establishing a connection and a relationship between the trust and the potential member, and this connection is rooted in communicating the trust's objectives clearly.

## Engaging with members

Member engagement is of paramount importance to trusts, enabling them to fulfil their role as locally accountable organisations, and it is clear that in general

trusts are making a significant effort to do this. There is some debate around what engagement means, however. While some trusts view engagement as one-way communication with members (newsletters, updates, etc), others view it far more as two-way communication, undertaking activities to ensure that members have opportunities to become actively involved with the trust. Others go further and regularly involve members in making decisions about the trust's current and future services.

Effort is being made to make communications relevant to members with 43% of trusts reporting to use targeted marketing, and others reporting activities such as tailored open days, tours and workshops which also imply targeting of specific member preferences. Thirty-three per cent of trusts are also offering different levels of engagement such as "gold, silver and bronze", so members can choose how much they wish to be involved.

Events such as open days, tours and workshops around specific issues are proving popular among public members, patients, carers and service users. Asking what members are interested in on sign-up is especially helpful to trusts and allows for more cost-effective engagement going forward. Partnerships with local institutions and groups can also provide cost-effective benefits for both parties.

Eighty-four per cent of trusts report they measure member engagement and around 10% of staff members, 14% of public members and 16% of patient members are reported as being "active" members.

Mental health trusts may face a greater challenge engaging members due to stigma surrounding mental illness. Those highlighted in this research demonstrate just some of the examples from across the sector of innovative thinking to help overcome this and create genuine value-added member engagement opportunities.

## **The impact members have on their local healthcare services**

More than 50% of trusts think their members have influenced: how the trust communicates with the public and patients; business planning; changing an existing service; local public consultations; and developing new services. Eighty-three per cent of trusts say that members have influenced how the trust communicates with the public and patients.

Eighty per cent of trusts surveyed say that governors are very/fairly effective at representing the views of their local community and 69% say that governors are very/fairly effective at representing the views of members who elected them.

Trusts have some strong examples of initiatives that members have helped to develop, often from the concept stage right through to delivery. Many trusts seek the views of members on resource prioritisation, consultation processes and strategic planning to ensure that the public's and service users' needs are being reflected. This level of engagement has a positive impact on all concerned and helps members to feel valued.

These figures are useful to demonstrate both to trusts and to potential and current members the benefits of membership and the influence and impact that members can have. There are also numerous individual examples of where members and governors have made a difference to the patient experience in particular.

# Introduction

## Objectives

This report summarises the findings of a survey and research which aimed to capture what the foundation trust sector has achieved in terms of member recruitment and engagement since the foundation trust model was established in 2004.

The research was designed to establish:

- current membership levels and trends;
- turnout rates for governor elections and the number of candidates standing for elections, as example measures of member engagement;
- what resources are currently devoted to member engagement;
- how trusts currently recruit and engage their members, whilst seeking to establish the methods which are reported to be the most effective; and
- the impact of members on foundation trusts.

All foundation trusts have a duty to engage with their members but what is meant by member engagement, as opposed to member recruitment, is sometimes difficult to define clearly. Respondents described a broad range of activities that they undertake within their member engagement function and these are described in Chapter 3. Therefore, rather than giving a single definition, this study aims to highlight the many ways that foundation trusts are engaging their members.

## Background and methodology

This report summarises the findings of an online survey of foundation trusts, and case study research with six foundation trusts, conducted between November 2010 and January 2011. It also includes extensive election data covering the period from 2004 (the first 'wave 1' elections) to October 2010, and examples of current practice from foundation trusts.

The report sets out:

- an analysis of membership data and governor election data since 2004;
- examples of current foundation trust member recruitment and engagement activity;
- examples of impact that trusts say the membership model is having; and
- a set of foundation trust membership case studies demonstrating some current approaches to recruitment and/or engagement.

The survey and election data analysis were carried out by Electoral Reform Research, and the case study research by Membership Engagement Services and Monitor. The Foundation Trust Network also provided significant help with the research involved in this report.

---

All 131 foundation trusts authorised as at 1 October 2010 were included in the survey and 115 trusts, representing 1.49 million members (as at 1 October 2010), responded (a response rate of 88%). Further information on how the survey, research and case studies were carried out can be found on Monitor's website.

## About foundation trusts

NHS foundation trusts are part of the NHS and were first established in 2004. They have greater freedom than NHS trusts to run their own affairs and are not subject to central government control. They can use their freedoms to decide how best to deliver the kind of services that their patients and service users want.

With these freedoms come important responsibilities; NHS foundation trusts are accountable for their own success or failure to:

- their local communities, through their members and governors;
- their commissioners, through legally binding contracts, to provide agreed levels of care which reflect the needs of their local communities;
- Parliament, through the legal requirement to lay their annual accounts before Parliament;
- the Care Quality Commission, through the legal requirement to register and meet the associated standards for the quality of care provided; and
- Monitor, as the independent regulator of foundation trusts.

## The membership and governor model

The concept of membership focuses specifically on delivering local accountability and was originally influenced to a large degree by the mutual sector – co-operative groups and building societies in particular.

All foundation trusts have a duty to engage with their local communities and encourage local people to become members of their organisations. Foundation trusts have to take steps to ensure that their membership is representative of the communities they serve.

Anyone who lives in the area, works for the trust, or has been a patient or service user there, can become a member of an NHS foundation trust.

Members, who belong to various constituencies as defined in each foundation trust's constitution, can:

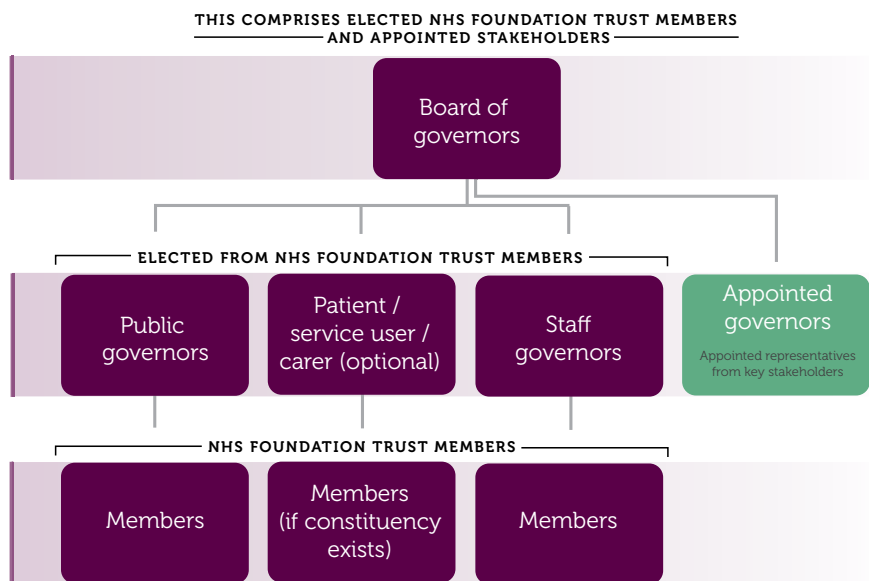
- receive information about the foundation trust and be consulted on plans for future development of the trust and its services;
- elect representatives to serve on the board of governors; and
- stand for election to the board of governors.

The board, or council, of governors works with the board of directors, which is responsible for the day-to-day running of the foundation trust, to ensure that the foundation trust delivers NHS care and acts in a way that is consistent with the terms of its authorisation. In this way, governors play a role in helping to set the overall direction of the organisation. The chair of the board of directors is also the chair of the board of governors.



**Figure 1 A typical foundation trust member and governor structure**

Source: *Your statutory duties – a reference guide for NHS foundation trust governors* (Monitor)



# 1

## Membership, voting and governor elections

This chapter provides an insight into the membership and governor elections since 2004 and includes: membership numbers; election turnout rates; numbers of candidates per governor seat; and numbers of uncontested seats.

### Chapter summary

Average membership per trust has declined slightly since 2005 and is now around 13,962 members per trust.

Average governor election turnout rates have decreased from 48% in 2004 to fall in line (25%) with turnout rates in other member organisations.

Average numbers of candidates standing per governor seat have reduced slightly since 2004 (from 3.63 to 2.76).

Trusts report to find staff seats the most difficult to secure candidates for.

The occurrence of uncontested elections has risen to 47% in 2010, from 24% in 2004.

Uncontested elections are more frequent in staff seats than in patient or public governor seats.

Regular advertising of governor elections and roles throughout the year and personalised contact are considered by trusts to be helpful in improving turnout.

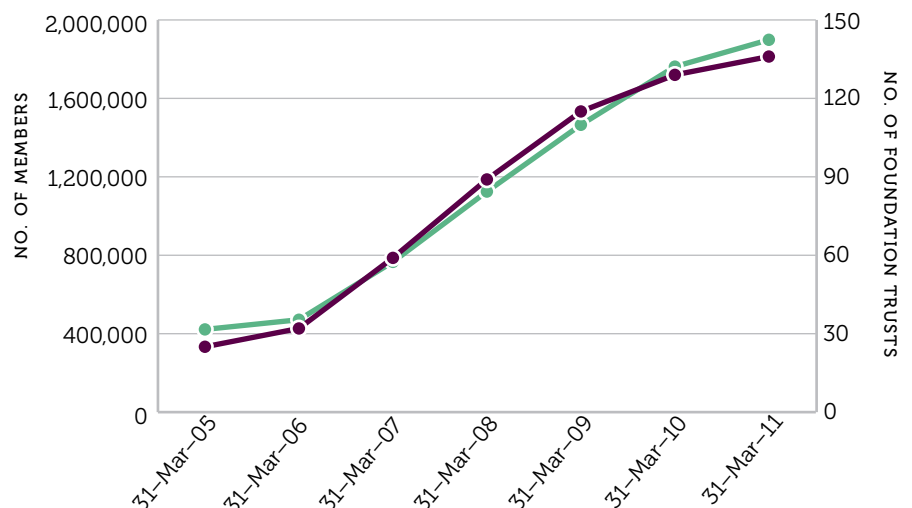
### Member numbers

As at March 2011, there were approximately 1.90 million members across the whole of the foundation trust sector.

**Figure 2 Increase in foundation trust members in relation to the growing number of foundation trusts**

Base: All authorised foundation trusts (136)  
Source: Figures supplied by foundation trusts as part of Monitor's Annual Plan Review process

● Foundation trusts  
● Members

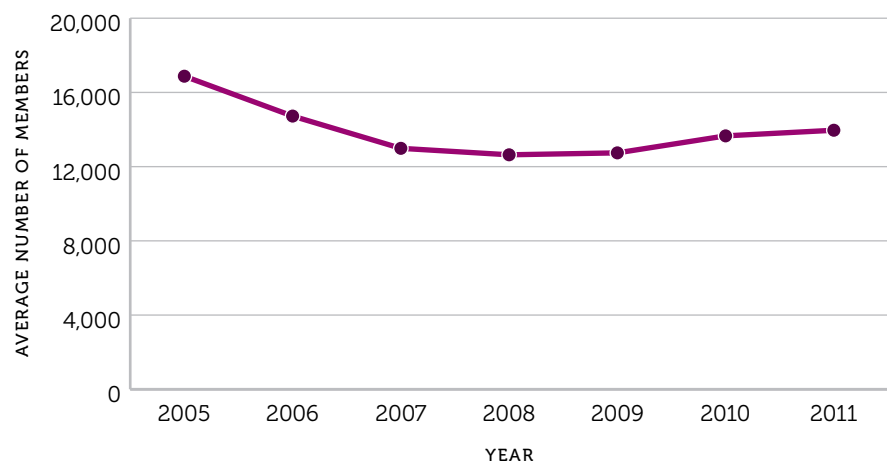


There has been an expected growth in total membership numbers as the foundation trust sector has expanded, although the average number of members per trust has declined slightly from 16,840 in March 2005 to 13,962 in March 2011. This partly reflects the increased number of new foundation trusts during that time, but also that two foundation trusts (Heart of England NHS Foundation Trust and University Hospitals Birmingham NHS Foundation Trust) authorised as at 31 March 2005 had particularly large numbers of members, thus distorting the average figure at that time. The average number of members per trust as at 31 March 2005 would have been 11,092 if these two trusts had not been included.

The size, location and specialism of a trust are also likely to affect the total number of members.

**Figure 3 Average number of members per foundation trust**

**Base: All authorised foundation trusts (136)**  
**Source: Figures supplied by foundation trusts as part of Monitor's Annual Plan Review process**



### Membership categories

Members belong to various categories, or 'constituencies' (as they are referred to electorally) as defined in each foundation trust's constitution and can vote to elect governors or stand for election themselves within their constituency.

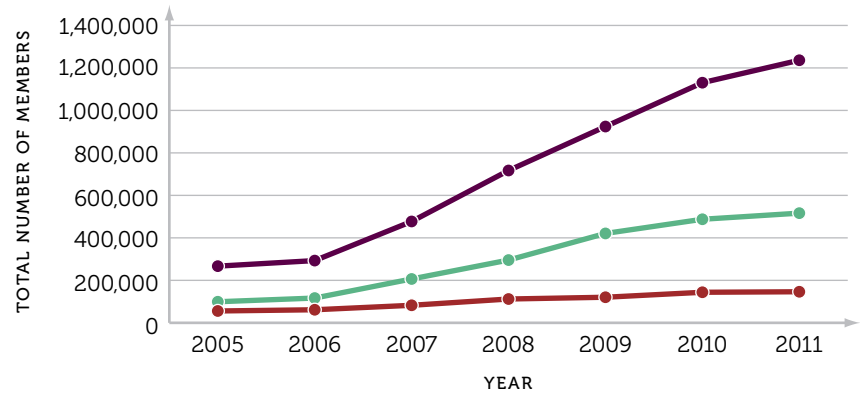
It is mandatory for foundation trusts to have staff and public members (at least 51% of the board of governors must be public governors and there must be a minimum of three staff governors). Forty-four per cent of surveyed trusts say they have one or more separate patient, carer or service user member constituencies, which are optional. A proportion of every board of governors also includes appointed governors.

In terms of membership numbers, the growth has come primarily from the public member constituencies. As expected, staff membership levels have stayed approximately the same, in line with staffing levels nationally - the vast majority of foundation trusts (96% of those responding) automatically 'opt in' all their staff as members. Patient members (incorporating patient, service user and carer members) have risen at a smaller rate overall and have slightly decreased on average per trust.

**Figure 4 Total foundation trust membership figures by constituency type, 2005 – 2011**

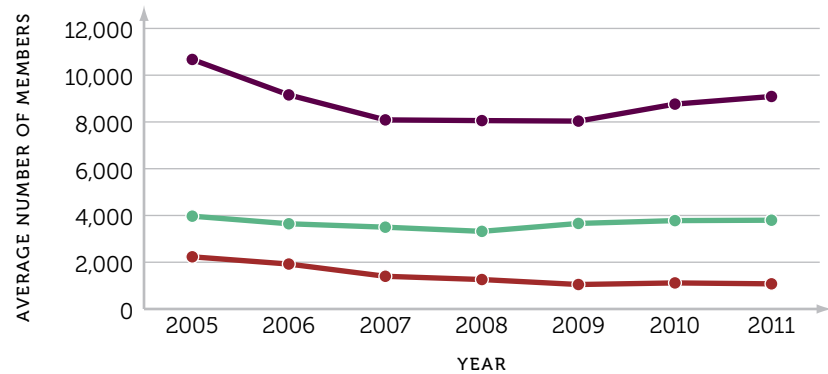
Base: All authorised foundation trusts (136)  
Source: Figures supplied by foundation trusts as part of Monitor's Annual Plan Review process

Public  
Staff  
Patient



**Figure 5 Average membership figures per trust by constituency type, 2005 – 2011**

Public  
Staff  
Patient



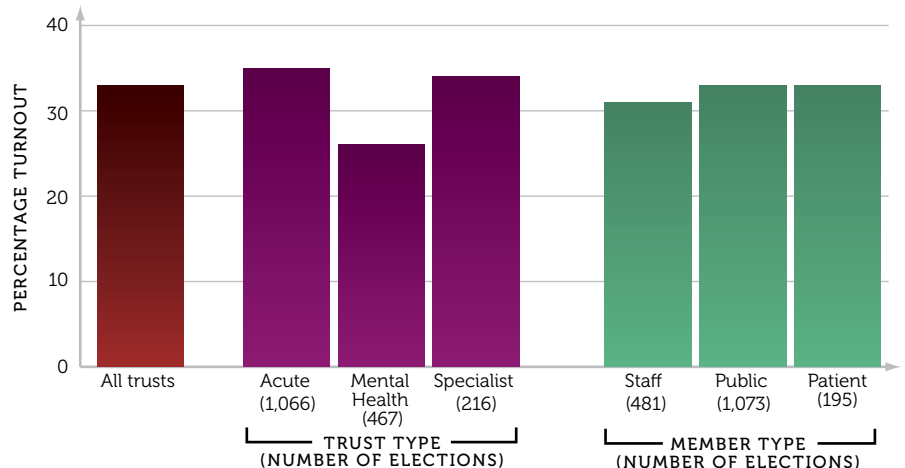
### Election turnout

In data on 1,749 contested elections (between 2004 and 2010) supplied by Electoral Reform Services, the average turnout has been 33%. Average turnout has been slightly lower in staff elections than in other member constituencies and there is a slightly larger variation between different types of trust.

As this report highlights in later chapters, quantifiably assessing how engaged members are is a difficult task. Members' participation in elections is however one indicator which can be used by trusts in assessing how engaged members are with the trust to which they belong.

**Figure 6 Average turnout by member and trust type**

Base: All contested elections amongst authorised trusts (1,749)  
Source: ERS Foundation Trust Database

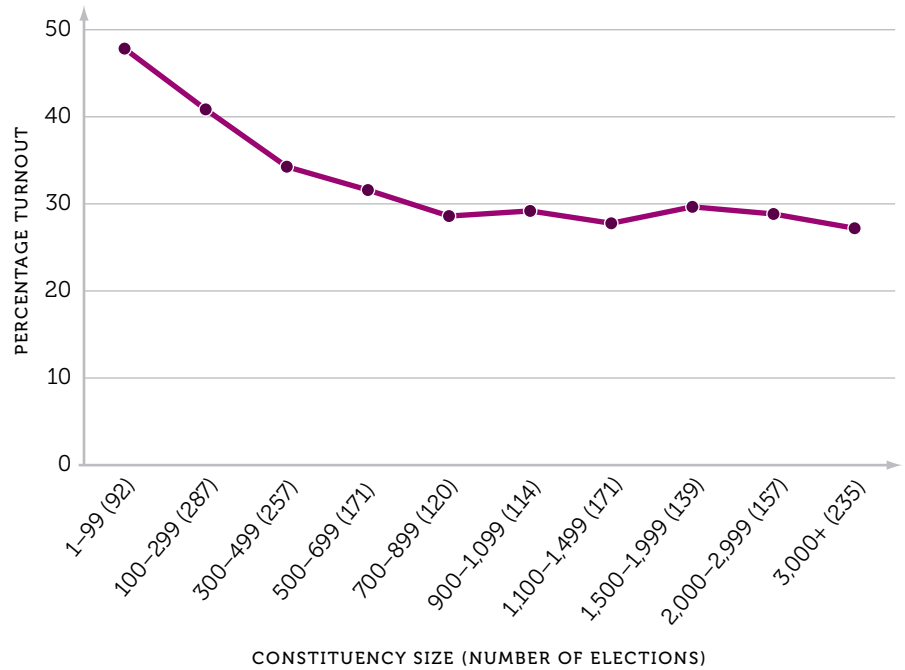


## Impact of the size of constituencies on election turnout rates

As shown in Figure 7, the number of members in each constituency has a noticeable bearing on the electoral turnout in that constituency. The election data shows that the larger the constituency, typically the lower the turnout.

Figure 7 Average turnout by constituency size

Base: All contested elections amongst authorised trusts (1,749)  
Source: ERS Foundation Trust Database

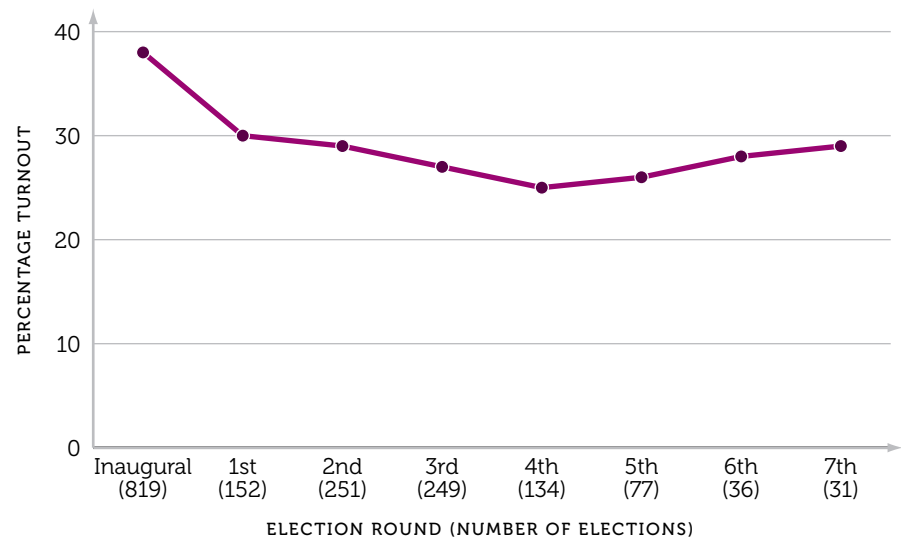


## Inaugural elections

Turnout in inaugural elections typically outperforms that in subsequent elections by approximately ten percentage points. This may be because inaugural elections are run on the back of a sustained recruitment drive in the twelve months leading up to them. They are also being run at a time when there is a lot of focus on the trust generally and when the statutory public consultation will have recently taken place.

Figure 8 Average turnout following authorisation

Base: All contested elections amongst authorised trusts (1,749)  
Source: ERS Foundation Trust Database



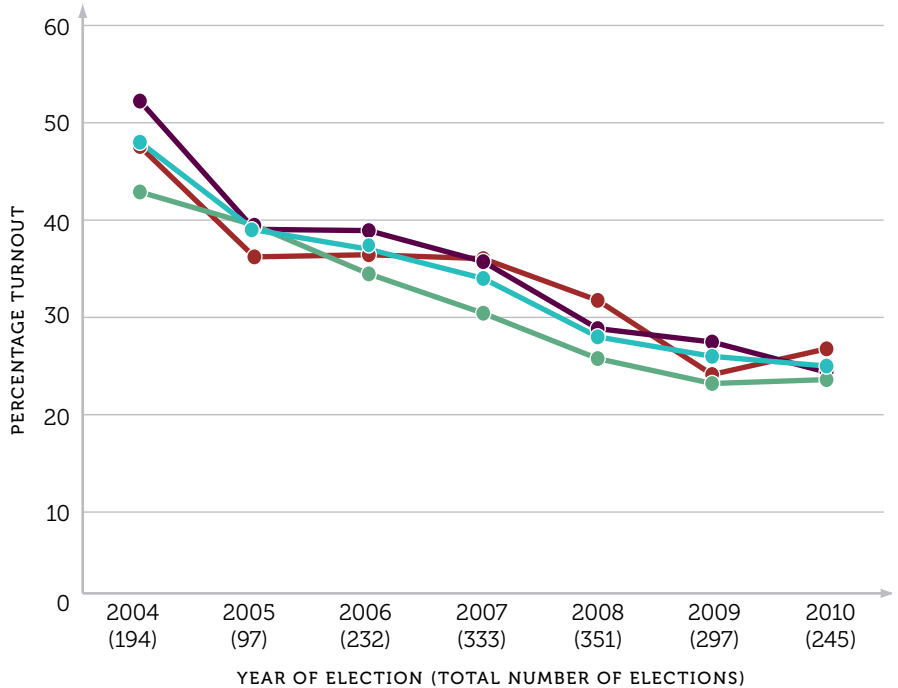
## Drop in election turnout rates year-on-year

In 2004 foundation trusts undertook 194 governor elections and the average turnout rate was 48%. By 2010 the average turnout rate in 245 elections had almost halved to 25%. This downward trend is evident across all types of constituencies as can be seen in the graph below.

Figure 9 Turnout since 2004

Base: All contested elections amongst authorised trusts (1,749)  
Source: ERS Foundation Trust Database

- Public
- Staff
- Patient
- Average



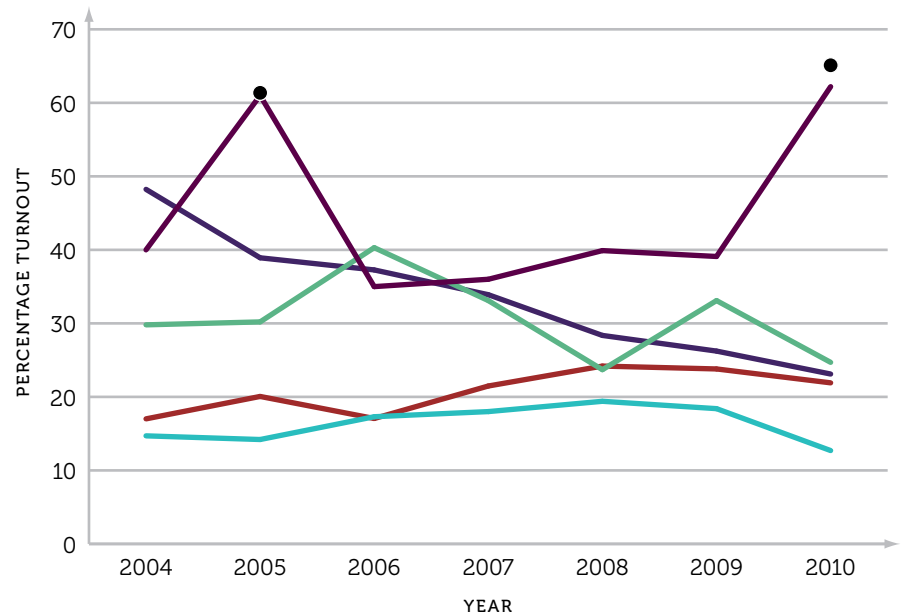
## Comparison to turnout rates in other types of election

As might be expected, turnout rates at UK general and local elections are significantly higher than those of foundation trusts. However, foundation trust turnout rates are now quite similar to those of other industries, as shown below.

Figure 10 Election turnout across sectors

Source: Various

- UK general elections
- UK local elections
- NHS foundation trust elections
- Company pension trustee elections
- Trade union NEC and council elections
- Building society AGMs/director elections



## Trusts' satisfaction with turnout rates

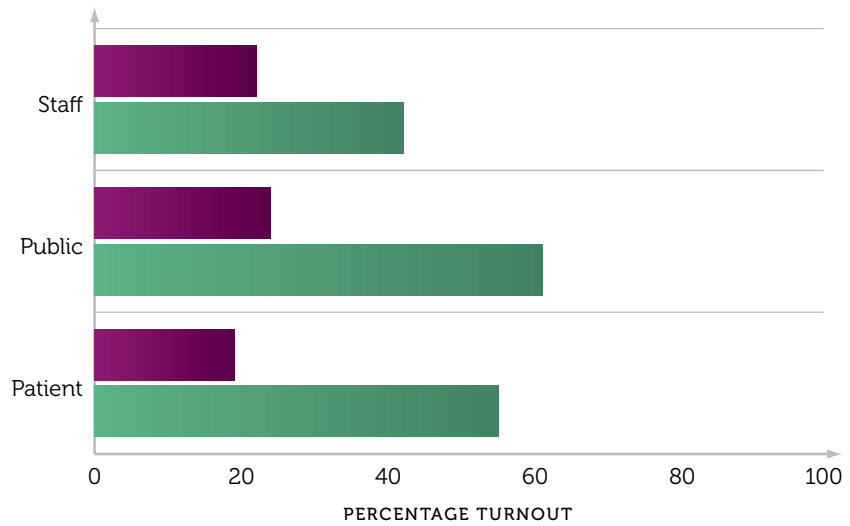
Average turnout in the most recent elections (as at 1 October 2010) held by the 115 trusts who responded to the survey is included in the chart below. Trusts were more satisfied (very/fairly satisfied) with their public (61%) and patient (55%) turnout rates than those for staff members (42%).

Figure 11 Average turnout by member type

Q30. In your last election what was the average turnout for... / Q31: How satisfied is your trust with these levels of turnout?

Base: Those giving turnout figures  
Source: ERS survey of foundation trusts

**Average turnout**  
**Proportion very/fairly satisfied with levels of turnout**



## How trusts seek to increase turnout\*



*"Personal invitations from the Chair to each member to consider standing as a governor."*

*"We use our Communications team to advertise the elections and get media coverage where possible."*

*"We organise a prospective new governors meeting during the application period of the election process which is well attended. The Chief Executive, Chair, Deputy Chair and a recently appointed governor give short presentations regarding a governor's role, extended role, time commitment, etc."*

*"A specific 'Don't forget to vote' reminder postcard was sent, and messages were communicated through the trust magazine."*

*"Start campaigning earlier for aspirant governors to get involved in aspirant governor events, promoting the difference governors can make."*



\*Comments from trusts with average turnouts of more than 40%

## Attracting voters

From previous surveys it has conducted, Electoral Reform Research has observed that non-voting foundation trust members often cite 'not knowing the people' as the reason for their lack of involvement in the election process. This would suggest improved communication around elections might help to address a decline in turnout.

Some foundation trusts are being proactive in establishing who is not engaged in the electoral process. By using voter profiling techniques, foundation trusts are able to see which sections of their membership are electorally active, and which do not engage with the process. This enables them to target their election messaging to groups where participation is low.

In the current economic climate, some trusts are highlighting the costs involved in running elections to encourage members not to waste the opportunity they have. For best effect this message is usually within a personal request from the chair or chief executive of the trust. These more personal communications reinforce to members the role they play in the bigger picture, and the consequence of their actions (or inaction).

Foundation trusts are increasingly making pre-election communications available electronically. The internet offers a way to invigorate election communication in the run up to voting. Engaging emails and text reminders have helped trusts boost voting numbers. Recording podcasts of candidate statements and YouTube videos of "hustings" events also allow messages to be conveyed in accessible formats and give members the chance to get to know their candidates.

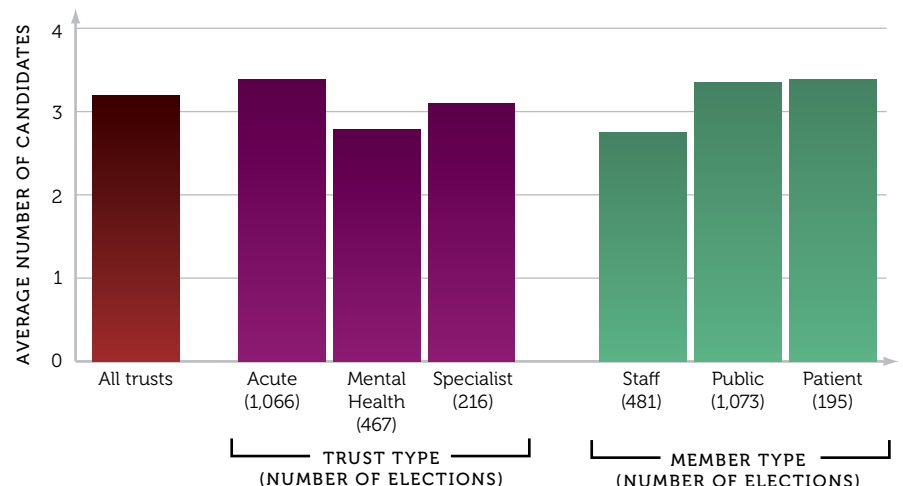
## Candidate numbers and vacancies

### Number of candidates per seat

The number of candidates competing for a seat and the number of current governor vacancies might also be used as an indication of how well engaged members are.

The average number of candidates per seat in contested elections across all constituency types is 3.19. Staff elections have generally had fewer candidates with an average of 2.75 candidates per vacant seat.

**Figure 12** Average number of candidates per seat by member and trust type



**Base:** All contested elections amongst authorised trusts (1,749)  
**Source:** ERS Foundation Trust Database

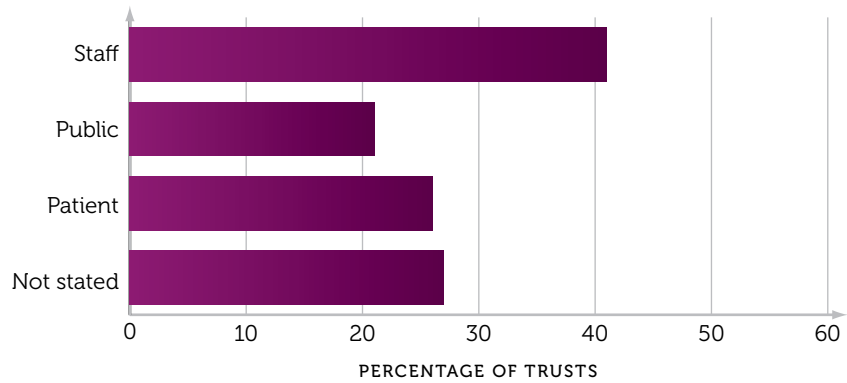


The point about staff elections is supported by the survey where 41% of trusts say they have had difficulties in attracting staff candidates to stand for elections, more than any other member type.

**Figure 13 Difficulties in attracting candidates across membership categories**

**Q37. In which, if any, of these categories have you had problems in getting candidates to stand as governors?**

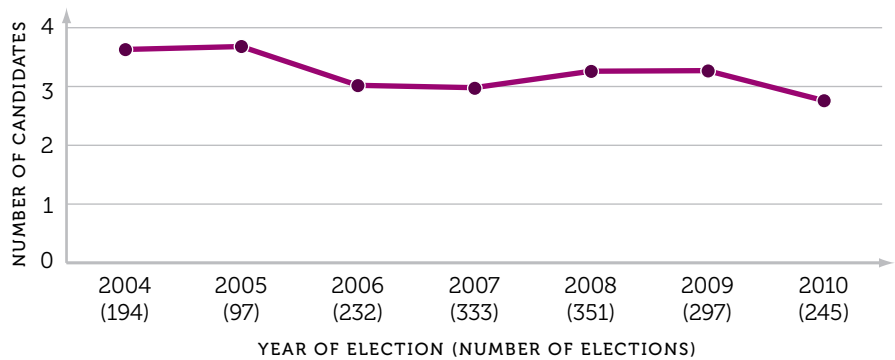
**Base: All (115) / those with patient users (50)  
Source: ERS survey of foundation trusts**



As with turnout we can see that the number of candidates has been in decline since 2004 from an average of 3.63 candidates per seat to 2.76 in 2010. Unlike turnout however, the decline has been less consistent, as can be seen in Figure 14.

**Figure 14 Average number of candidates per seat since 2004**

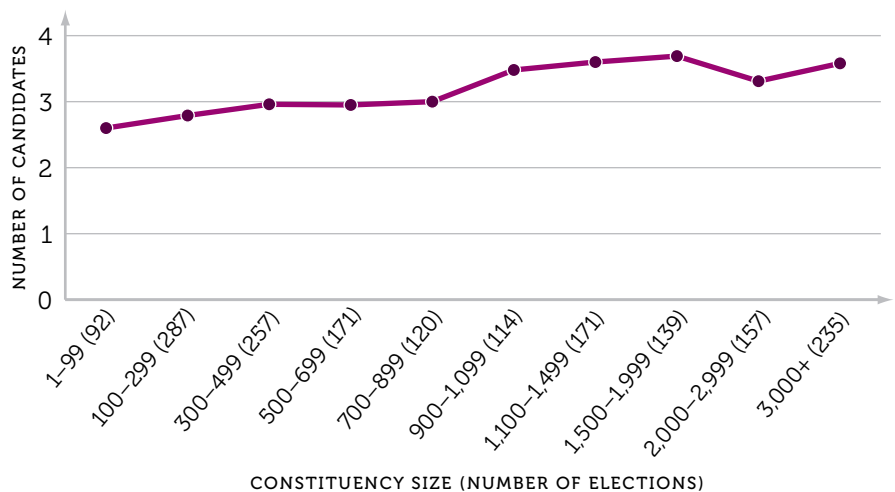
**Base: All contested elections amongst authorised trusts (1,749)  
Source: ERS Foundation Trust Database**



It is also apparent that the size of electorate in each constituency does not greatly impact on the number of candidates per seat.

**Figure 15 Number of candidates per seat for different sized constituencies**

**Base: All contested elections amongst authorised trusts (1,749)  
Source: ERS Foundation Trust Database**



### Uncontested elections

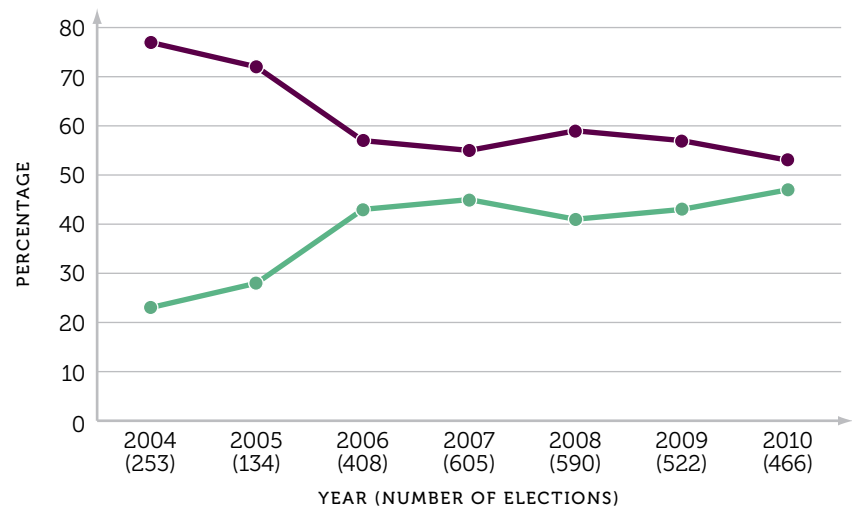
Another possible way to assess engagement is by looking at the proportion of uncontested/unopposed elections, that is to say elections where there are no candidates (and so no election takes place) or where there are fewer candidates than open seats (and so again no election takes place and the candidate is automatically appointed).

Of all electoral contests to have taken place since 2004, 41% have been uncontested or unopposed. The number of uncontested/unopposed elections has increased from 23% in 2004 to 47% in 2010.

**Figure 16** The number of uncontested/unopposed elections since 2004

Base: All elections amongst authorised trusts (2,978)  
Source: ERS Foundation Trust Database

● Contested  
● Uncontested/unopposed

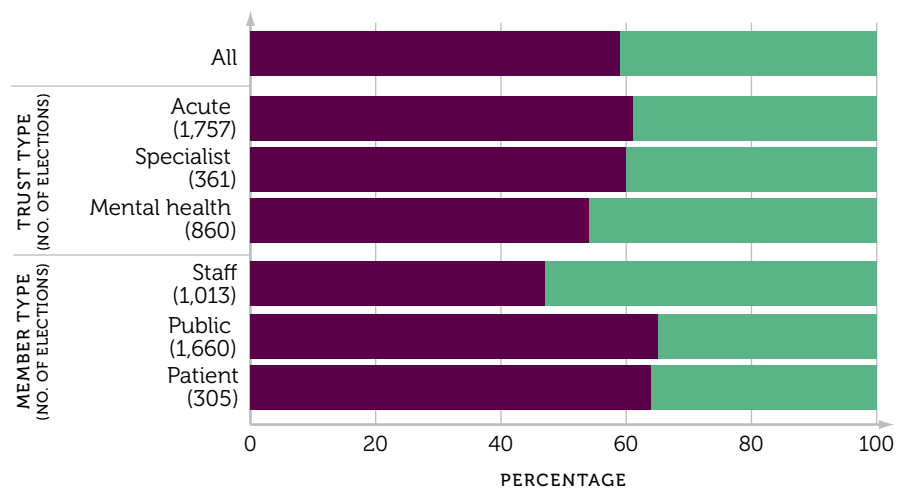


A slightly higher proportion of uncontested/unopposed elections has been found in mental health trusts (46%) and elections in staff constituencies (53%).

**Figure 17** Proportion of elections contested and uncontested/unopposed

Base: All elections amongst authorised trusts (2,978)  
Source: ERS Foundation Trust Database

■ Contested  
■ Uncontested/unopposed



### Vacant seats

There may be vacant seats on a board of governors at any one time for a number of reasons. In the ERS survey of foundation trusts, lowest vacant seats were reported by trusts as being in staff constituencies (10%) and the highest in patient constituencies (19%). This is out of a total population of approximately 4,200 governors at that time.

This appears to contradict the findings that there are fewer staff candidates and more uncontested/unopposed elections. However, in ERS' experience trusts do find it more difficult to get members of staff to stand as governors but they tend to find it easier to fill staff vacancies, even if it means the candidate is not opposed or there are fewer candidates per seat.

### Increasing the number of candidates standing

Foundation trusts typically cited raising awareness of the governor role (over and above the minimum statutory functions) and encouraging members to stand using member newsletters, direct mail and briefings, as ways of increasing the number of candidates standing for election. They say this has encouraged candidates to come forward who really understand the role and commitment required. Other ideas for encouraging people to stand from those trusts who attract higher than average candidates include:



*"Direct contact - i.e. approaching staff directly. The trust website worked well. We also had an article in the local news which was very successful."*

*"Personal letter from the Chairman sent to all members."*

*"Refreshed the information provided to prospective governors ... Endeavour to maintain regular contact with prospective candidates so that they go on to stand for nomination. Hold briefing sessions for candidates."*

*"Individual letter to all members with a governor pamphlet and an invitation to attend a briefing session about the role."*

*"We have held election information events in each of the constituency areas supported by existing governors who could talk to prospective candidates about their role."*



### Attracting candidates

Making potential candidates more aware of the role of governors, and early electoral advertising in general, are important elements in working to increase candidate numbers. Using every opportunity – from a welcome email, to a quarterly newsletter or a bi-monthly meeting – the most successful trusts in this area are making sure standing for election as a governor is a prominent topic. Taking governor information out of the election cycle and integrating it with year-round communications helps to ensure the idea is not a new one at election time.

Members may make their interest in standing for election known in a variety of ways and trusts are starting to use targeted appeals to generate candidates. For financial reasons, trusts generally prefer not to mail nomination packs to all their members, so identification of potential governors is crucial. Good examples are those trusts that identify people who have an active interest in the trust, perhaps using their membership databases to identify people who have attended a number of events, or who have been in contact with the trust regularly.

Governor awareness and information sessions are now widely held. Encouraging existing governors to speak about their experiences in the role and trust staff to talk about expectations helps those who do come forward to be prepared for what is expected and therefore less likely to drop out after being elected. Trusts experienced in running these information sessions credit them with lowering the rate of dropouts and not having to hold subsequent by-elections as often. Governor information packs to accompany these sessions are also recommended. Making information widely available and accessible is crucial.

Some trusts have also found enlisting staff to promote the role of governors to patients and service users helps publicise the idea of running for election. Similarly, promoting the role of governors at local voluntary groups has helped increase numbers of candidates, along with taking a proactive approach to advertising by using the local press.

# Recruiting members

Successful recruitment is vital in order to develop a membership base and retain it. It is clear that different methods can deliver different results for each trust. This chapter examines what methods trusts use to recruit members and how effective they consider they have been to date.

## Chapter summary

Foundation trusts are employing a wide variety of recruitment methods, particularly seeking cost-effective ones.

Face-to-face recruitment is reported as the most effective (93% of trusts).

Governors are almost always used to recruit members (97%), as are staff (86%).

Use of telephone agencies can be cost-effective but may lead to less engaged members.

Online recruitment via websites is almost always used (97%) although only 42% find this to be effective.

Direct mail is widely used (77%) although only 45% find this to be effective. Results improve when mail is targeted.

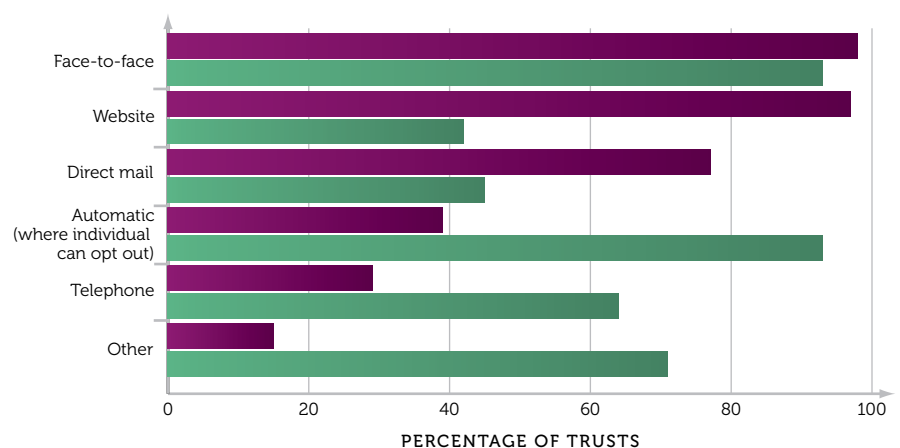
Whatever the method, the message is all important and relies on establishing a connection between the trust and the potential member.

56% of trusts say their main focus is now on engagement with existing members rather than recruitment.

## Recruitment techniques

The results of the survey show that trusts use a variety of techniques to recruit members. Recruiting face-to-face and via the website are used by almost all trusts. However, face-to-face recruitment was seen as the most effective method overall, with 93% of trusts rating this as very/fairly effective.

Figure 18 Recruitment techniques



**Q9. Which of these techniques have you used for recruiting public and patient/carer/service user members and, if used, how effective did you find them?**

Base: All (115) and all users (various)  
Source: ERS survey of foundation trusts

■ Proportion of trusts using technique  
■ Proportion of users rating technique as very/fairly effective

## Face-to-face recruitment

Face-to-face recruitment is considered to be the prime way of recruiting engaged members, for a number of reported reasons:

- personal contact – you can project enthusiasm for the trust and an excitement about membership that may be more difficult to do through other channels;
- making a connection – you have a chance to pinpoint what types of issues are likely to connect with the person you are speaking to, making membership more personal and meaningful;
- “myth-busting” and discussing issues – talking directly to people allows you to answer their questions. Trusts can explain unpopular decisions and invite more dialogue, sometimes resulting in more active members;
- brand awareness – face-to-face recruitment allows you to promote the trust and demonstrate public engagement;
- filling in the gaps – campaigns can focus on particular demographic or geographic groups, helping trusts stay representative of their communities; and
- hard-to-reach groups – face-to-face allows you to present the message in an appropriate way, often through an individual who has the trust of the group you are trying to recruit and engage.

# CASE STUDY

## Membership numbers Quality versus quantity

**Name:** University Hospitals Birmingham NHS Foundation Trust

**Authorised:** 2004

**Number in catchment area:** 977,364

**Number of members:** 24,070

**Breakdown of member numbers:** 11,815 public, 7,463 staff, 4,792 patient

**Number of governors:** 27

**Breakdown of governors:** 12 public, 5 staff, 4 patient / carer, 6 stakeholder



### Overview

University Hospitals Birmingham (UHB) was among the first foundation trusts authorised in 2004. For the first few years after authorisation it adopted a distinctive approach to recruitment. The 'opt-in' approach so commonly used for staff members of foundation trusts was extended to patients and service users with the result that for the first few years UHB was managing an enormous membership of 100,000 people.

### Strategy

In 2007 the trust re-assessed its strategy. The size of the membership was cumbersome and costly; members existed without necessarily believing or feeling that they were indeed members. The trust identified that 'good engagement' was the real goal, so members were asked to proactively confirm their membership, which left 18,000 members. The trust then needed a strategy to deliver more to, and ask for more back from, these members.

A 'donor scheme' was conceived – deliberately phrased to resonate with organ donation and to capture attention from prospective members. Not universally embraced across all groups, it did nevertheless create a positive impact overall, giving the membership a unique and powerful identity on which to base membership activities.



The donor idea immediately said that you had something to give and that was what we wanted to get to.



UHB Communications  
Department

**Members were invited to sign up as a particular donor: Thought Donor; Time Donor; Support Donor; or Energy Donor, all of which had a clear description of what would be involved.**

- **Thought Donors are generally people with not a great deal of time to spare but who are happy to give us their thoughts and ideas;**
- **Time Donors help out by attending seminars and getting involved in hospital life generally;**
- **Support Donors play as broad and active a role as possible and include all staff members; and**
- **Energy Donors are brimming with good ideas and often raise funds through sponsorship events, etc.**

The strategy has structured the trust's membership in a way that it wasn't structured before, helping to give the membership:

- a strong, visible identity;
- unique yet cohesive messages with which different types of members can connect;
- a more tailored offer for members so they know exactly what they are signing up for; and
- a means by which to communicate to and engage with members in a relevant and cost effective way.

The trust's internal structure is different too. It does not have a membership department. Membership sits in-between Corporate Affairs (for the membership administration) and Communications (for all engagement activities). This keeps internal costs lower, freeing up budget for engagement activities.

The trust's membership function undoubtedly has a distinct marketing/PR emphasis. Communications are professional and presentations are strong with striking branding and visual identity. For UHB, this has had a positive impact on recruitment and engagement. The trust has even raised the question as to whether the foundation trust sector as a whole would benefit from nationwide branding and a more cohesive national drive, or whether this would be at the cost of the local links and emphasis on community that is currently driving many of the foundation trust initiatives on the ground.

It is not just about marketing though. There is further depth to the activities in the form of monthly health talks and drop-in sessions, quarterly evening health sessions, an ambassador programme for the governors and 'you said, we did' commitments to demonstrate the impact of membership.



What we wanted to do was ensure that we recruited quality rather than numbers.



UHB Communications  
Department

## Result

**At the start of 2011, UHB has a membership of 24,000. 65% of the membership categorise themselves as Thought Donors – those interested in participating in surveys, sharing experiences, contributing writing or photographs for publication and promoting the hospital. 30% (over 7,000 members) are Support Donors. The rarer commodities, Time and Energy, inevitably have fewer donors.**

**The trust has also transformed a predominantly older active membership into a more mixed one, where approximately 35% of volunteers are now aged under 25, for example.**

**Overall the trust has undergone a huge programme of re-evaluating what membership means and how to structure that membership effectively, in the process moving from a monolithic and disconnected membership body, towards a more focused and driven team of engaged partners, and indeed trust donors.**

**Establishing what a member is, and what the trust wanted to ask him/her to do has helped to recruit engaged members who now make a significant contribution to the trust.**



## Recruitment locations

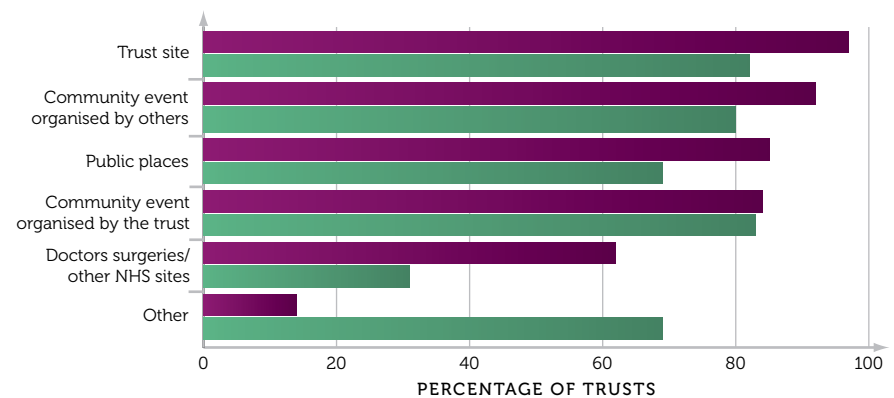
Trusts use a variety of locations to recruit members, with nearly all trusts (97%) using the trust site and 82% finding this very/fairly effective. In contrast, although 62% of trusts have used other NHS sites, such locations are seen to be less effective with only 31% finding them to be very/fairly effective. Community events organised by the trust and community events organised by others were all rated as similarly effective (80 – 83% of trusts rated these as very/fairly effective). Those surveyed also cited a range of other recruitment locations including: constituency events; outpatient clinics; local businesses; universities and colleges; football stadiums; and shopping centres.

Figure 19 Recruitment locations

**Q10. Which of these locations have you used for recruiting public and patient/carer/service user members and, if used, how effective did you find them?**

**Base: All (115) and all users (various)**  
**Source: ERS survey of foundation trusts**

**■ Proportion of trusts using location**  
**■ Proportion of users rating location as very/fairly effective**



## Member recruiters

Trusts employ a variety of techniques to increase their membership numbers. Most popular is the use of in-house resources, with 97% of trusts using governors, 86% using staff and 70% using existing members. External agencies have been used by 55% of trusts and volunteers have been used by 46%. Except for a small number of idiosyncratic “other” recruiters, trusts rated governors as the most effective recruiters, followed by external agencies.

In terms of ‘other’ responses, some of those surveyed said they had:

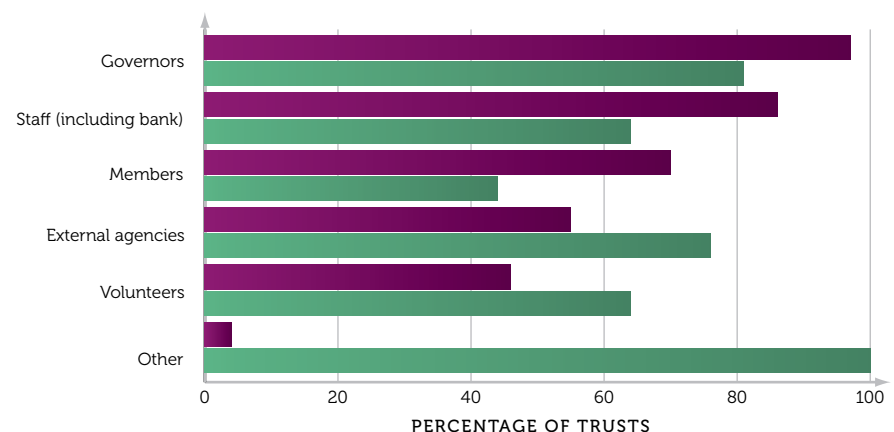
- worked with other NHS trusts on joint recruitment;
- used a temporary assistant with experience in recruiting, in patient areas of the hospital; and
- used students from a local college.

Figure 20 Groups/individuals used for recruitment

**Q11. Which of the following groups/individuals have you used to recruit members and, if used, how effective do you find them?**

**Base: All (115) and all users (various)**  
**Source: ERS survey of foundation trusts**

**■ Proportion of trusts using group/individual**  
**■ Proportion of users rating group/individual as very/fairly effective**



# CASE STUDY

## Recruiting and engaging “hard to reach” groups

**Name:** Frimley Park Hospital NHS Foundation Trust

**Authorised:** 1 April 2005

**Number in catchment area:** 400,000

**Number of members:** 15,180

**Breakdown of member numbers:** 10,165 public and service user, 5,015 staff

**Number of governors:** 37

**Breakdown of governors:** 21 public, 5 staff, 11 stakeholders

### Overview

When newly authorised, Frimley Park faced the challenge of signing up members in a broad geographical base with many different “hard to reach” communities. These included a large army-based population, a newly arriving Nepalese community, and, in many areas, a large younger population.

### Strategy

Frimley Park therefore put together a strategy to reach these more difficult groups and to recruit and engage them successfully. Six years on from authorisation the trust now has a good understanding of what works and what doesn't. It has approached recruiting members as a linear process.

The strategy has been first to get membership numbers, next to ensure they are geographically spread, then to make sure that they have gender balance and finally to look at age groups and socio-economics to ensure members are fully representative of these.

The trust approaches its recruitment strategically in order to achieve this. If the trust needs younger people it will visit colleges in the area, if it needs older males it will target golf clubs, leisure centres and DIY shops and for people with a military background it will target military events and so on. Strategic partnerships are also set up to generate sponsorship opportunities and again, links and connections with relevant local groups have been critical in effecting this.

For example, in April 2007 the trust was under-represented in the 16-18 age group. The first year target for this group was a membership of 1,000, so the trust went to every local college and spoke in school assemblies about the trust and the work it does. There was an overwhelming response from 16-18 year olds who wanted to be involved with the hospital and become members, particularly with people wanting to become volunteers and do work experience. The result of this first wave was the signing up of 700 young members.

As a further example, the trust had always been under-represented in males aged 20-55, so this became the next target group. Members of the trust started visiting golf clubs, leisure centres and DIY stores, seeking to target the group specifically.

In a similar vein, and in order to reach military personnel and their families, members of the trust have attended military events where again they have been successful in recruiting on a one-to-one basis. They have also attended Gurkha events to target the local Nepalese community, including producing a video in Nepalese on how to make best use of NHS services in England.



How many people in this room were born in Frimley Park Hospital [or] have a family member or friend who has needed Frimley Park services? The moment somebody actually thinks about that question, it isn't just this big building that they have nothing to do with, there's a real connection.



### Membership Manager

CASE  
STUDY

Having been authorised as a foundation trust for six years, the trust has now honed its activities efficiently and effectively and it:

- provides regular and meaningful communications, and sets out the calendar of events at the start of the year, keeping people informed throughout the year;
- targets specific groups with topics that are thought to be of interest to them, such as work placements, volunteering in the hospital and talks from senior medical staff to students;
- creates links and partnerships with local organisations, recruiting from these using a one-to-one/face-to-face approach where possible. The trust has found these to be the most successful methods for meaningful recruitment and engagement;
- offers monthly health talks, which are advertised in advance and on average attended by over 100 people. The trust has found these appeal to interested people with a connection with the trust; and
- surveys its members via hand-held devices on wards or governor walkabouts, to find out what members think and demonstrate that the trust is willing to act on the results.



We are passionate about getting members who want to be members; we're not after numbers – we want people who genuinely want to engage with the hospital.



Head of Planning and  
Corporate Services

## Result

**The trust is now at a point where it is satisfied with the number of members it has, and is now looking to maintain, rather than increase, this. The trust is happy with the geographical spread of members as it now has approximately a 2.5% membership proportion from all its constituencies, including hard-to-reach groups such as young people. Their final challenge is to achieve a fully representative gender and socio-economic balance.**

**The trust has also found that its strategy of genuine engagement with its members is paying off in terms of members providing good ideas for change at the hospital. Examples of ideas that members have come up with during member consultations include:**

- **visiting hours - there are now evening only visiting times available and ward sisters have 'exception cards' that they can give out to people if, for example, the only time they can visit is in the afternoon; and**
- **outpatient appointments - a former governor had the idea of changing the outpatient systems so that a named carer could make changes to the appointments of the patient they were caring for.**

**A further example of how local engagement can help is in fundraising. As a result of targeting local supermarkets and garages for new members, the trust is now supported by donations from some of these organisations.**

**Frimley Park is an example of a trust which has adopted a very targeted and personal approach to recruiting and engaging with members, and this is now paying dividends through having a representative and loyal membership base. These members are now providing the trust with ideas on how the patient experience can be improved as well as with local opportunities such as sponsorship of trust events.**

## Using external agencies

Face-to-face recruitment can be very time intensive if trusts take this on in-house. However, there are mixed findings about using external agencies to do this:



*“The most effective campaign we have run was using an external agency. The staff involved have a specific skill set, which seemed to be very effective.”*

*“The most effective method of recruiting a large amount of members has been using an external organisation to undertake targeted recruitment.”*

*“I would query how engaged these members will be.”*



Agencies may be effective in generating membership numbers quickly, but there is potential for those recruited to either drop out or be less engaged with the trust. To help ensure this does not happen, agencies should be familiar with the foundation trust model as a whole and briefed comprehensively on a trust’s individual circumstances.

## Online recruitment

Online recruitment is a tool that almost all trusts are adopting, and is a cheaper alternative to some of the more traditional methods. Ninety-seven per cent of trusts use their own website to sign up new members, although only 42% find this to be an effective way of doing so. This may be because, for many trusts, online recruitment may consist of a small membership section on the trust’s main website which may not be particularly innovative. Those trusts which have shown greater innovation have reportedly found improved results. For example, one trust recruited via their website by advertising a free donated pass to the local leisure centre during Men’s Health week. This boosted membership numbers and also helped the trust to improve its male representation.

The reported advantages of online recruitment can be summarised as:

- although not cost-free, the costs are significantly lower than traditional, direct mail methods;
- greater potential for innovation; and
- wide-reaching, as it is easier to pass on a message online.

Trusts may wish to look beyond the foundation trust sector for ideas on how to use channels such as Twitter. For example, in October 2010, Greater Manchester Police tweeted every call received in 24 hours to show the public the volume of work and types of call it faces. It now has over 19,000 followers as a result of this initiative.

## Direct mail

Writing to the public and/or patients or service users is typically one of the primary initial methods adopted by trusts to recruit members. Seventy-seven per cent of trusts have used this, although only 45% rate it as effective/very effective.

A direct mail campaign typically consists of a letter and membership form being sent to members of the public or past patients or service users. The choice of recipient also appears to be an important factor in the success of the mailing; recent patients or service users are often found to be more receptive to membership. More trusts are also choosing to insert membership information into existing letters already being sent to patients or service users, such as appointment reminders or follow-up letters – this can increase success rates and help reduce costs.



*Our quarterly mailshot to recently discharged patients works well with around a 10% return rate.*



The targeting of recipients plays an important role in getting a mailing right. Direct mail can reportedly be effective at delivering the large numbers needed to build the membership initially, but supplementary campaigns are often needed to ensure a trust's membership mirrors the make-up of its community. Direct mail can be effective if trusts:

- know their audience: mailings to recent patients, service users or targeted groups are more cost-effective and generate better numbers than those to the wider public;
- make it stand out: making materials stand out (without looking like junk mail) is key to a good response; and
- make it easy: including a return envelope or freepost address can remove barriers to response.

## Automatic opt-in

A lesser used method of recruitment (other than for new staff members) is to automatically opt a group of people in to the trust's membership. To do this the people opted-in must have given their information for a related reason, so this group is most commonly a selection of recent patients or service users. Numbers are guaranteed and members will represent the users of services (if not the wider community). Where problems may lie is in the ongoing cost of maintaining that membership, and around how engaged the membership really is with the trust.

The University Hospitals Birmingham NHS Foundation Trust case study (see pp20–21) provides a detailed example of where a trust has changed from an opt-in strategy with high numbers of members, to one targeting a smaller, more engaged membership.

## Telephone

Twenty-nine per cent of foundation trusts taking part in the survey have used telephone recruitment to boost membership numbers and almost exclusively this has been done using external companies. Much like automatic opt-in, telephone recruitment does yield high numbers. Sixty-four per cent of the trusts that had used this technique said it was an effective tool.

Although telephone agencies can work quickly and are reasonably cost-effective, some trusts reported that they have seen a high rate of withdrawals from the members signed up. Typically using a cost per member basis and with sometimes few quality assurance procedures, there is a risk that the agencies offering this service may end up recruiting members who are not very engaged and who may not want to remain as members.



*“Telephone recruitment worked well but there is a large percentage fallout after a relatively short period of time.”*

*“Telephone recruitment is the least effective. Members request to be removed from the register after a short amount of time.”*



## Innovative solutions to member recruitment

Below are examples of more innovative approaches that foundation trusts have used and which have been found to result in more engaged members:

### Linking up with schools and colleges

- Creating relationships with local sixth form and further education colleges has enabled some trusts to recruit good numbers of young people. Foundation trust membership can be an attractive proposition to young people, perhaps offering access to work experience (both clinical and non-clinical), volunteering opportunities and providing evidence towards citizenship exams or university applications.

### Getting business involved

- Some trusts are building good relationships with local businesses which are generating considerable levels of interest and members. For businesses this can support their Corporate Social Responsibility strategies. The following opportunities have been reported to stem from such relationships: trusts talking to employees in private sessions; sponsorship for future trust activities; and promotional space in the workplace.

### Joint recruitment

- Linking up with other trusts can provide savings in time and money. Where there is little understanding of the NHS structure among the public, joint recruitment can help avoid having to explain how one particular trust fits into the local NHS family. Working in tandem with other providers may also allow messages to be simplified, providing that more trust-specific messages are not lost.

### Recruiting ex-staff members

- Inviting staff to become public members when leaving employment is a cheap and easy way of recruiting people with an existing interest in the organisation. It can become a natural element of any exit interview/procedure.

### Linking up with national issues and campaigns

- A number of trusts take advantage of days such as World Mental Health Day or International Women's Day, and national health awareness campaigns, to boost their profile or that of a service. Using interest around a common issue can help trusts establish a connection with potential members.

### Getting the message right

- What's in it for members? What is special about this trust? What impact have members had and what would we like them to help us with? Answering these questions fully and in a considered manner has helped some trusts to clarify what membership means. In particular it can help them engage with staff, even if automatically opting staff in.

## Engaging with mental health trust members

Mental health trusts may come up against barriers to engagement more regularly than acute trusts.

Tackling stigma around mental health is a more difficult but often necessary part of recruiting public members to join.

To tackle these barriers, some trusts hold events to celebrate positive improvements that members have made, or even family fun days. Some use celebrity endorsements to help reduce prejudice and increase understanding around mental health issues. For example, South London and Maudsley Hospital NHS Foundation Trust managed to secure two free shows for members to see Ruby Wax's show, "Losing it". The show, based on Ruby Wax's own experience of mental health, offered the opportunity to entertain members while educating them, and provided a tangible benefit of getting involved and becoming a member.

## From recruitment to sustained engagement

Fifty-six per cent of trusts said their current focus is on better engagement with existing members, while 35% said they are focusing equally on increasing membership numbers and improving engagement with existing members. Eight per cent will continue to focus predominantly on increasing membership numbers.



*"As this is our first year as a foundation trust, our focus has been around numbers but the emphasis will change."*

*"Our Membership Committee took the decision to reach an agreed target then to focus on engagement due to resources."*



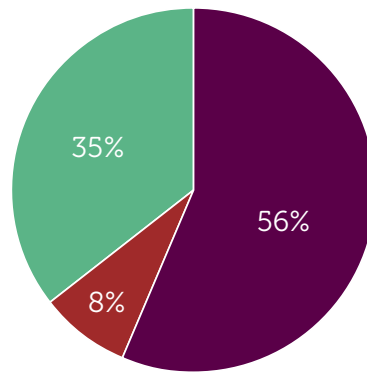
Figure 21 Focus of trusts

**Q12. Some trusts focus on increasing membership numbers, others focus on engaging better with existing members. Which of these best describes your approach?**

Base: All (115)

Source: ERS survey of foundation trusts

- Better engagement
- Both equally
- Increasing numbers





# 3

## Engaging with members

This chapter looks at member engagement in more detail: how trusts resource it and how they seek to build an active and participative membership. It focuses on how members are targeted, engaged, how active they are and how trusts measure effectiveness.

### Chapter summary

Evidence suggests trusts are making significant effort to engage meaningfully with members.

Some trusts view engagement as predominantly one-way communication, others as two-way communication, whilst others regularly involve members in making decisions about the trust's strategy or services.

43% of trusts report to use targeted marketing whilst others also report tailored activities.

33% of trusts offer potential members different levels of engagement to choose from.

Asking what members are interested in on sign-up allows for more cost-effective engagement.

Engagement around elections is crucial to improving turnout and candidate numbers.

84% of trusts measure member engagement.

10% of staff members, 14% of public members and 16% of patient members are reported by trusts as being "active" members.

Mental health trusts face a greater challenge at engaging members but often demonstrate innovative thinking to help overcome stigma.

### Defining member engagement

This report does not attempt to define what member engagement is; there are many examples of the different ways foundation trusts are engaging their members and this chapter seeks to highlight these.

There is, however, some agreement from respondents on what member engagement involves, as evidenced in the answers to the opening question of the survey *What activities do you classify as member engagement?* The majority answered this question by describing a range of activities which they consider to demonstrate engagement with members, such as events, workshops, newsletters, etc.

Some answers suggest that a number of trusts may also think of engagement in terms of mainly one-way communication from themselves to members, for

example, citing public board meetings, newsletters two to four times per year, the AGM and website.



*The membership engagement programme has grown over the years. In summary we now offer as standard:*

- *“Focus on Medicine” programme (seminar/visits programme for members);*
- *annual open event (our major showcase event);*
- *governor information sessions;*
- *four communications per year (magazine and update letters);*
- *student open event;*
- *special workshop sessions for young people;*
- *development of young people’s distinct web-based communications; and*
- *membership consultations (corporate strategy / membership interests / patient and public involvement / quality accounts).*



However, others, such as those trusts highlighted in the case studies in this report, demonstrate how engagement can extend well beyond one-way communication to incorporating members’ views into new or amended services, and even providing public health tools to members and the wider public.

## Who is responsible for member engagement?

Forty-four per cent of trusts say the trust secretary has lead responsibility for membership engagement and 34% say this responsibility falls to either the head of communications (17%) or to a membership manager (17%).

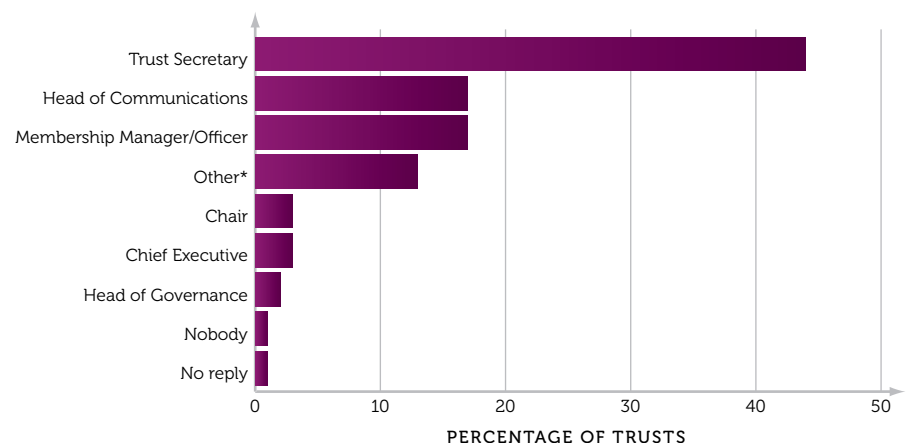
Figure 22 Responsibility for membership engagement

**Q4. Who has lead responsibility for member engagement within your trust?**

**Base: All (115)**

**Source: ERS survey of foundation trusts**

**\* Other includes: Director of Workforce and Development, Director of Planning and Performance, Director of Nursing, Director of Corporate Affairs, Corporate Business Manager, Head of Patient Experience, Head of Partnerships**

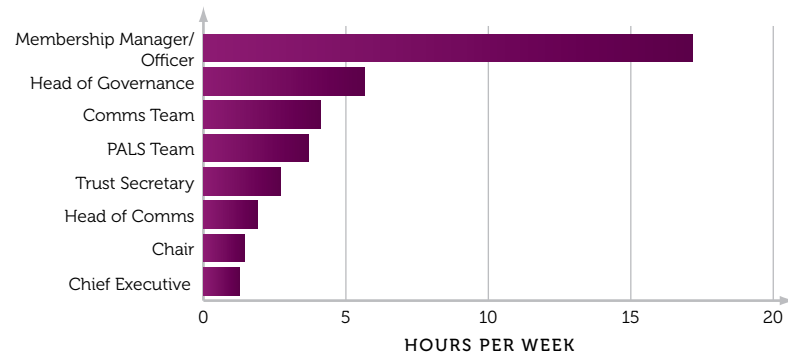


## How much time is spent on member engagement?

The amount of time trusts spend on member engagement differs greatly across the foundation trust sector. If average times per contributing members of staff are totalled, it would appear that trusts are spending almost 38 hours a week on it (excluding activities aimed at recruiting members). There was a wide range in

responses but on average, where the foundation trust has the role, more than 17 hours (17.17) of the time quoted is undertaken by membership managers. Almost three hours are spent (2.7) by trust secretaries, and chief executives and chairs say they devote between them almost three hours (2.7) a week on average.

**Figure 23 Hours per week spent on member engagement**



**Q3. How much time do each of these people spend on member (not governor) engagement per week?**

Base: All (115)  
Source: ERS survey of foundation trusts

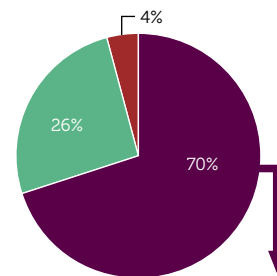
### How much money is spent on member engagement?

Sixty-two per cent of responders answered this question and, of these, 70% say they have a membership engagement budget. Staff salaries account for 28% of the budget, while marketing and recruitment account for 47%. Some trusts do not have a full-time member of staff working on member recruitment and engagement and it may instead be part of an existing role, for example in the communications team, thus bringing down the average staff cost.

**Figure 24 Membership budgets**

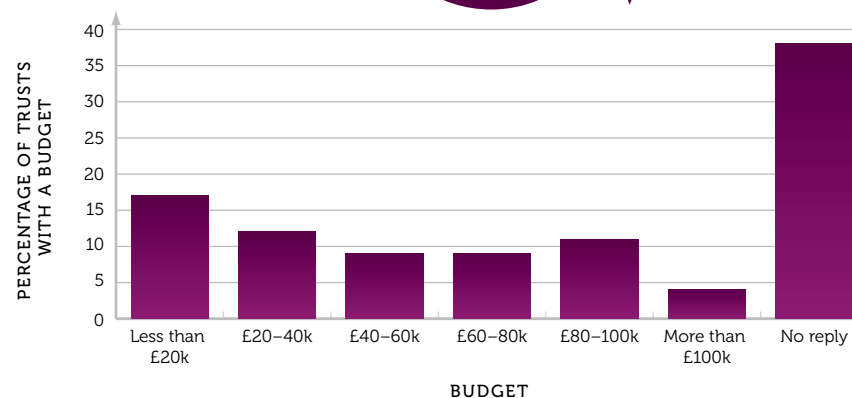
**Q3. Do you have a budget allocation for membership engagement including recruitment?**

Yes  
No  
Not stated



**Q6a. Approximately how much is it for the financial year 2010/2011?**

Base: All (115)  
Source: ERS survey of foundation trusts



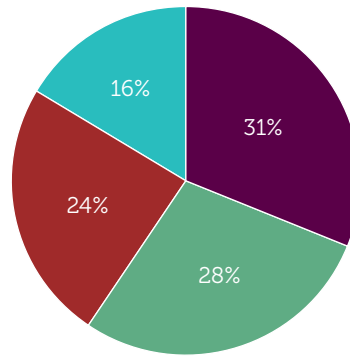
In terms of marketing costs, there is little consistency across foundation trusts as to what this budget pays for. The following examples of what money is spent on were cited by trusts in the 'other' category, among a range of activities: a membership database, elections, events, governor expenses, annual members' meetings and direct membership engagement.

Figure 25 Budget allocation

Q6b. Approximately how much of the budget is assigned to the following categories?

Base: All who have a membership engagement budget and specified the breakdown (50)  
Source: ERS survey of foundation trusts

- Marketing
- Staff
- Other
- Recruitment

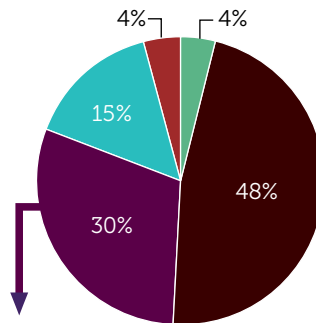


Those trusts which do have a budget say they will continue to invest in member engagement. Four per cent of trusts say their budget will be more in 2011/12 and 48% say it will be about the same. Thirty per cent believe their budgets will decrease in 2011/12 on average by 13%. Nineteen per cent either cannot or did not state what their budget would be. The survey was undertaken before budgets for 2011/12 were finalised so the figures quoted would have been estimates.

Figure 26 Anticipated budget changes in the year ahead

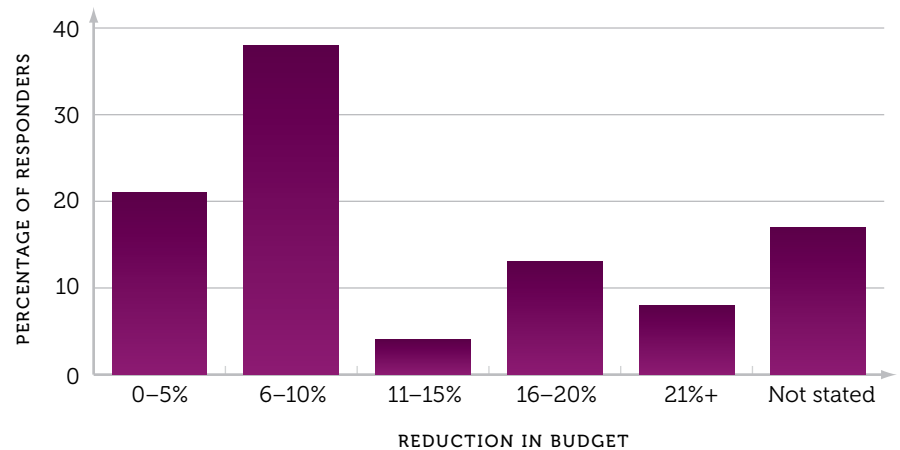
Q7. Do you think the membership engagement budget will be more, less or about the same in the next financial year?

- More
- About the same
- Less
- Can't say
- Not stated



Q8. Can you estimate by how much?

Base: All who have a membership engagement budget (81)  
Source: ERS survey of foundation trusts



# CASE STUDY

## Effectively engaging staff members

Name: 2gether NHS Foundation Trust

Authorised: 1 July 2007

Number in catchment area: 731,205

Number of members: 6,800

Breakdown of member numbers: c.4,600 public, c.2,200 staff

Number of governors: 28

Breakdown of governors: 15 public, 8 staff, 5 stakeholder



It was important for inclusion to be there right from the start and this started with staff members ... we wanted an inside-out journey. We wanted to start with engagement internally, really thinking about staff engagement and what membership means to the staff in the organisation.

Shaun Clee, CEO



### Overview

2gether NHS Foundation Trust has just over 2,200 staff members, who account for just under a third of their overall membership.

The trust is committed to the ideals associated with membership and believes that membership is not a tokenistic concept. "We are keen on not having numbers for numbers sake but on having meaningful membership" said Shaun Clee, 2gether's CEO. The trust has found that focusing primarily on the engagement activities and the 'usefulness' of a membership programme improves retention rates *and* attracts members, so the twin aims of size and quality of engagement are served.

### Strategy

Prior to the trust's 'Making Life Better' programme in 2010, the trust's CEO decided that in order to launch it on a solid footing, it was vital that 2gether "got its house in order" before attempting a concerted effort to recruit and engage with the public.

Here is an overview of the kinds of events the trust runs for staff members:

- Fair Horizons is a large 'change project' seeking to help the trust deliver a new model of non-discriminatory care based on an individual's need, irrespective of age, diagnosis and geographical location. The Fair Horizons strategy has been totally staff-driven and championed by staff to the public;
- 'Pulse' quantitative staff feedback survey is used to measure staff morale on an ongoing basis and is part of a specific staff intranet site initiated to share news, information and a portal for staff to ask questions and get answers;
- the trust is "Investors in People" accredited which helps to maintain staff morale;
- monthly staff 'team talks' sessions with the trust's Executive Team and regular strategy and business planning workshops;
- an 'Ask the Exec' intranet function for any staff questions;
- a new staff intranet site that gives colleagues the opportunity to choose what is on their personal home page that gives easy access to trust-wide, professional and locality resources and news specific to them; and
- 50% - 60% of staff attend bi-annual Executive road shows.



Events are all designed to share or listen or both so that we can be in touch with what staff members are thinking.

It struck me that if we were going to have consistent engagement externally that was going to fracture if we didn't have consistent engagement internally, so our emphasis has been and continues to be on internal engagement.



**Shaun Clee, CEO**

---

## Result

**The focus on and approach to staff members anchors the trust's activities externally and staff surveys show an improvement in staff morale, which also correlates directly to service user feedback.**

**2gether has shown that it is beneficial for a trust to engage meaningfully with staff members, both in terms of morale and staff support for trust ventures.**

## Ways of engaging members

The survey demonstrates that foundation trusts engage their membership in a variety of ways, offering them a range of opportunities to get involved.

The majority of foundation trusts rated their methods of engagement as very/fairly effective. Although regular paper-based communications, such as newsletters, were seen to be effective by nearly all trusts (97%), many other methods such as open days and behind-the-scenes tours of hospitals are also used to engage members (86% of those who do these rated them as fairly/very effective).

As expected, being a core part of their role, nearly all trusts (98%) use their governors to engage with members, and 67% rated this as effective.

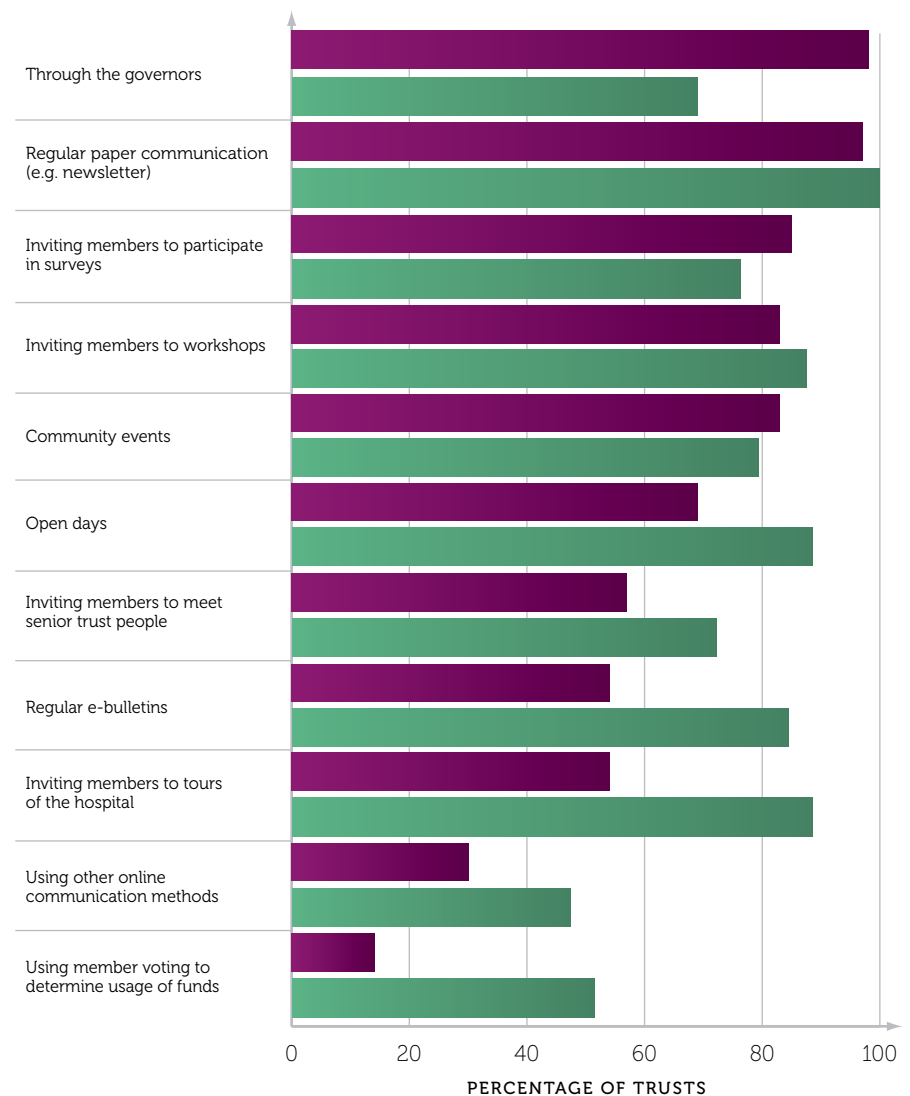
**Figure 27 Member engagement activities and effectiveness**

**Q20. Listed below are the ways trusts can engage with their members – which do you have experience of? How effective do you think each is?**

**Base: All (115)**

**Source: ERS survey of foundation trusts**

**■ Activities**  
**■ Effectiveness**



## Medicine for Members

*Medicine for Members* events involve bringing in experts to talk about a topic in detail and allowing the audience to question the expert following a presentation or demonstration. From 'dealing with depression' to 'emergency trauma treatment', these events can enthuse and attract a good crowd. For example, Frimley Park Hospital NHS Foundation Trust regularly gets over 100 members at its locality meetings, with many oversubscribed. The meetings are well advertised (an annual calendar of events is printed on the back page of every newsletter) and topics are chosen based on feedback from members. The trust says, "however, all this cannot be organised and run without assistance, and the constituency governors come to greet and talk with their members. We couldn't run them without the governors' and volunteers' support."



# CASE STUDY

## Developing a wide range of engagement opportunities

**Name:** South Staffordshire and Shropshire Healthcare NHS Foundation Trust

**Authorised:** 1 May 2006

**Number in catchment area:** 1,085,922

**Number of members:** 15,089

**Breakdown of member numbers:** 11,679 public/service user/carer and 3,410 staff

**Number of governors:** 40

**Breakdown of governors:** 21 public, 6 staff, 13 partner

### Overview

The trust's current focus is on engagement rather than mass recruitment now that it has a relatively large membership base. It is still seeking to grow its younger membership, however.

As a mental health trust, it also has the issue that it is sometimes more difficult to engage people successfully.

### Strategy

The trust uses an array of different methods and approaches to try to ensure that engagement is real and not just ideological. It also uses the governors as a resource as fully as possible. Here are some examples of the type of engagement activities the trust undertakes:

#### For younger members and potential members

- Equality and diversity events, disability awareness and also a general presence within colleges. College link-ups have worked very well to recruit and engage with younger members; and
- A Facebook page has been set up, specifically to reach out to younger members.

#### Engagement activities

- A Service User and Carer Celebration Day, celebrating service user achievements, which 150 people attended;
- Capturing good, relevant information when new members sign up so the trust can provide members with what they want out of their membership, and find out how they first heard about the trust;
- Specific website page for members, separate from the main trust website;
- Social events such as a 'Tea and talk' carol concert;
- Partnerships with the 'Time to Change' campaign and other relevant organisations such as MIND, and attending their events;
- Strong promotion of the trust in local community organisations, particularly via well connected governors;
- Anti-discrimination talk delivered to members, governors and members of the public by a service user/carer;
- Regular postal communications such as the trust magazine POD; and
- Regular electronic communications to members, e.g.; consultations, election updates, trust updates and electronic questionnaires.



The biggest barrier is that we are a mental health trust and generally unless somebody has a personal experience of mental health it can be difficult. It's not like promoting an acute trust as 99% of people will use their (acute) services at some point.



**Membership Manager**

## Governor and member activities

- “Listening events” for governors and members to get together; and
- Governor engagement groups – held monthly, they include strategic direction, Combating Stigma, performance and assurance, Chair and NED informal meetings and psychological therapies. The groups are all open so members can attend and challenge plans before they are set in stone.



## Result

**The trust has now undertaken numerous activities that have resulted in strong engagement with members:**

- **A members’ survey is underway and a further one scheduled for 12 months’ time to measure progress. The survey resulted in over 200 responses from members.**
- **A member suggested a psychological therapies conference, and the trust made it happen. Members have therefore had an impact and they can see that their views are listened to. Over 80 delegates attended the day and the feedback from the conference and workshops has been incorporated into the Psychological Services Strategy.**
- **Constituency meetings are planned to cover the trust’s broader geographical region. Two pilot meetings have been held to date with good attendance and positive constructive feedback received.**
- **An Ambassador scheme is planned, where a governor is assigned to a directorate and can attend its meetings. The Ambassadors then feed back to members on what is happening.**
- **An “Arts for Health” annual competition for service users, where the winning arts entry was used as a front cover for the membership form in the following year.**

**In summary, the trust has adopted a wide range of different engagement activities to target a broad range of members. It also makes strong use of its members and governors for feeding back on trust strategy and giving input into possible events and ideas.**

## Targeting members

Forty-three per cent of trusts say they currently use targeted marketing to reach different groups of their members. However, there were many other engagement methods cited which focused on reaching specific groups of members. This implies 'targeted marketing' techniques are being used, in order to reach all parts of a community in the most cost-effective way, without trusts perhaps classifying them as such.



*"Young People's Engagement Programme - key messages around jobs and careers, training and education, health and well-being and volunteering. Developed distinct micro-site attached to trust main website. Developing e-communications as main method of communication."*

*"The development of a Young Person's Advisory Group has been very successful with a number of sub-groups focusing on different issues, such as involvement in staff interviews, designing patient surveys to appeal to children and adolescents and campaigning."*

*"Member events have worked best particularly if personalised invitations are targeted at the right groups of members (generic invitations in newsletters have proved less effective, and produced low turnouts)."*

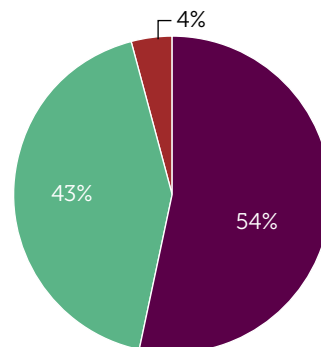
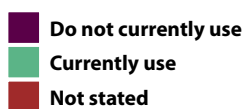


Figure 28 Use of targeted marketing

Q21. Do you currently use targeted marketing for different groups of members?

Base: All (115)

Source: ERS survey of foundation trusts



## Types of membership engagement

Thirty-three per cent of trusts have a 'shopping basket' of engagement activities for their members. For example, there might be a basic level of membership where members simply receive a newsletter, a next level where members have shown an interest in, and are invited to, trust events and to participate in consultations, and a further level where members may want to become involved in trust strategy or become a governor.

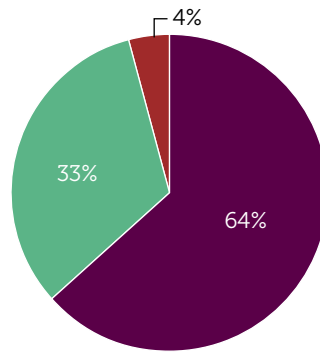
Figure 29 Different levels of engagement among members

Q17a. Do you allow your members to have different levels of engagement?

Base: All (115)

Source: ERS survey of foundation trusts

■ No  
■ Yes  
■ Not stated



*Level One - Keep in Touch: you can keep up-to-date with the latest developments and the chance to give us your feedback on the hospital's services.*

*Level Two - Get Involved: you can attend lectures and the annual members' days, raise funds and promote the trust to friends, family and your local communities, supporting the work we do.*

*Level Three - Work With Us: we value your opinions and invite you to share your ideas about how we can improve and continue to deliver the highest quality of care to our patients or you could also become a volunteer.*



*We wrote to all our members asking them about their preferred level of engagement. Most were quite happy just to receive a regular newsletter and updates from the trust. For those wanting greater involvement we established the Stockport Foundation 500 - a group of members who have indicated a wish to become involved with the trust at a local level through:*

- being used as "mystery shoppers";*
- taking part in ward audits and surveys;*
- reading and reviewing patient information leaflets;*
- reviewing patient information for patients taking part in clinical trials;*
- receiving appropriate divisional and departmental newsletters;*
- participating in seminars and training events;*
- participating in patient and carer groups;*
- undertaking visits to areas of the hospital;*
- being kept informed and used as a sounding board for local, regional and national consultation exercises; and*
- providing their views through the trust on a number of specific topics of interest as diverse as car parking and hand hygiene.*



## Members meetings

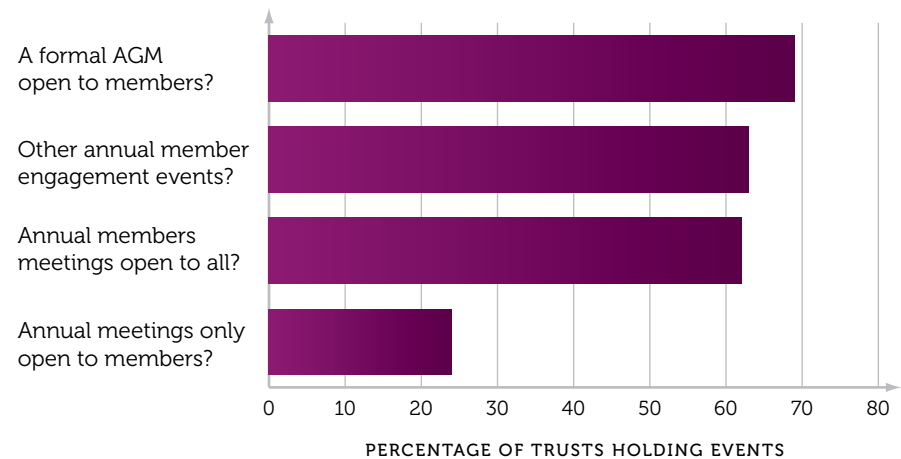
All trusts must host an annual meeting for members, whether as a formal AGM or a less formal event. Most are open to members and non-members.

Figure 30 Meetings for members

Q18. Does your trust have...

Base: All (115)

Source: ERS survey of foundation trusts



## Attendance

Sixty-five per cent of trusts have more than 60 people attending their annual meetings, with 39% having over 100 people. The average attendance across trusts is 118 people.

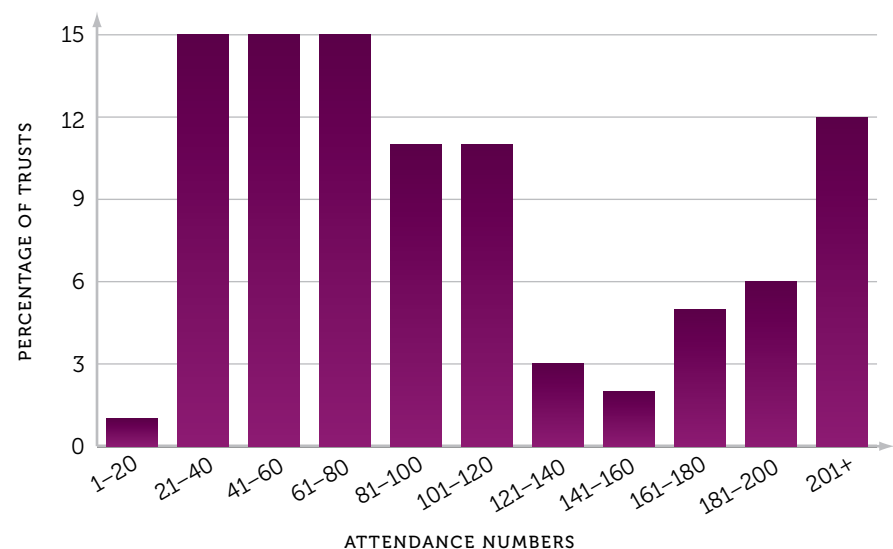
Seventy-one per cent of trusts keep records of who attends meetings. For those which record this, 30% of attendees were staff members, 52% public and 19% patient.

Figure 31 Attendance at meetings

Q19a. Approximately how many people attended your last annual members meeting?

Base: All who have an annual members meeting (89)

Source: ERS survey of foundation trusts



## Active members

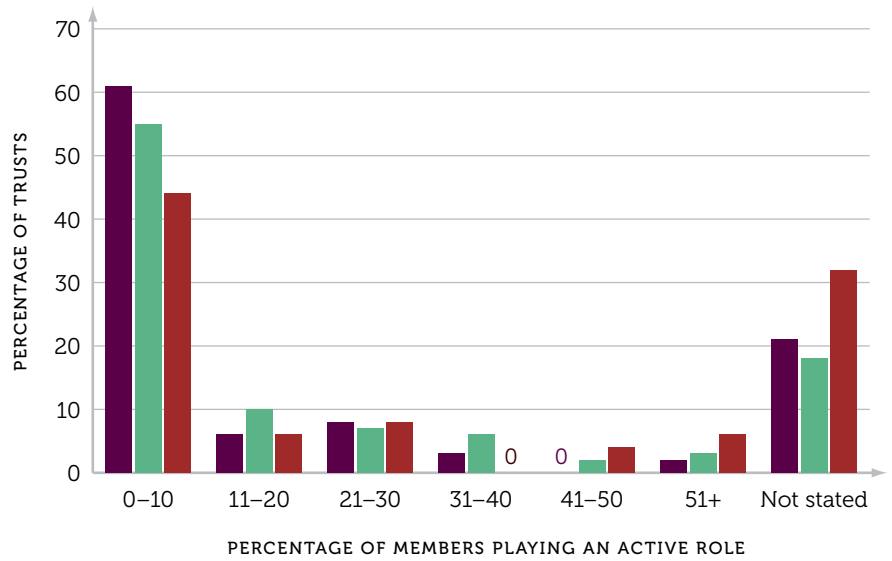
The survey results show that on average 10% of staff, 14% of public and 16% of patient members are described by trusts as 'active', representing approximately 1,800 members on average being regarded as being actively involved in each trust.

Figure 32 Levels of active members

Q24. What proportion of members would you say play an active role as members?

Base: All (115)/ those with service users (50)  
Source: ERS survey of foundation trusts

- Staff
- Public
- Patient



### Measuring member engagement

Trusts that formally measure member engagement use the following, among other, indicators:

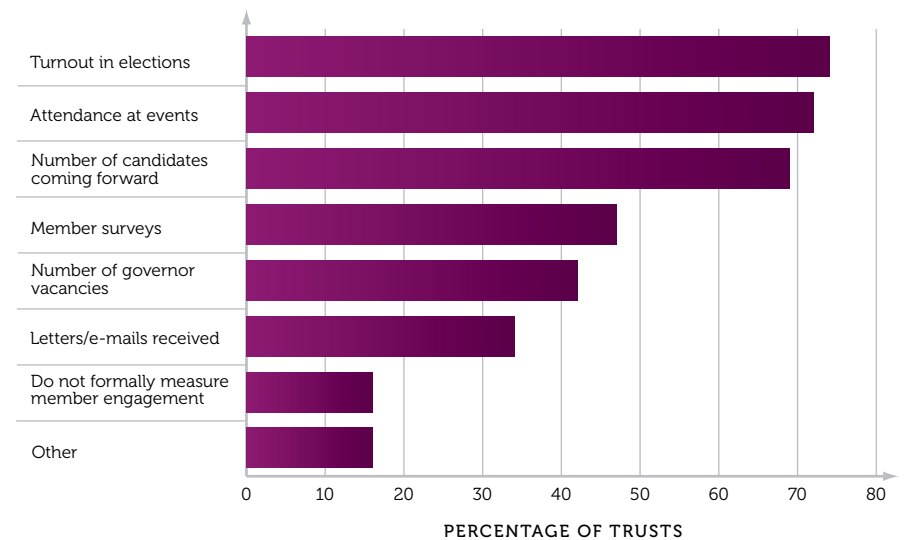
- election turnout (74% of trusts);
- attendance at events (72% of trusts); and
- the number of candidates standing in governor elections (69% of trusts).

16% of trusts do not formally measure member engagement.

Figure 33 Techniques for measuring member engagement

Q25. Which of these techniques do you use to formally measure member engagement?

Base: All (115)  
Source: ERS survey of foundation trusts



## Effective engagement techniques

### Make things relevant

It is now common practice to ask members, usually on sign up, which areas of a foundation trust's services they are interested in. For those trusts that did not capture this information initially there is a growing trend to go back to members to 'fill in the gaps'.

Capturing this type of information has three key benefits:

1. it allows trusts to communicate with members about issues relevant to them;
2. knowing what services/issues members are interested in allows trusts to create programmes of activities relevant to them; and
3. sending targeted communications reduces the costs of such activities for trusts compared to 'catch-all' communications to all members.

### Membership micro-sites

Some trusts are building member-only websites that may help to engage members by making information available in one place. Calendars, videos, forums, blogs and polls are all available for members in one place to find out about what is happening.

### Engaging with young people

Engaging with young people can present trusts with challenges, but also the opportunity to be creative.

Central Manchester University Hospitals NHS Foundation Trust has a real need to engage with young people, as the Royal Manchester Children's Hospital is one of the five hospitals for which the trust is responsible. The trust creates a Young People's newsletter for its younger members in addition to the standard edition. It also runs a Youth Forum which meets every two months at the Children's Hospital. The forum has been involved in decision making around consent and confidentiality for young people, an age policy for transition to adult services and helping to create a trust website for young people. The trust now has two sites specifically for under 16s – 'Your Zone' for under 12s and the 'Young People Zone' for over 12s. Both of these are designed with the needs of the end user in mind.

Schemes to allow young members to access work experience or volunteering placements, along with talks specifically targeted at "careers in the NHS" are also good ways to engage with young people. Foundation trust membership may allow young people to strengthen their CVs and university applications by demonstrating public involvement. Some trusts have even set up design partnerships with local colleges and schools, for example, so students can create youth orientated materials as part of their coursework and the trust gets a range of well focused materials that can be distributed to other young members.

While all foundation trusts are required to have a minimum age of 16 for governors, some trusts are opting to involve younger people by having a non-voting youth representative attending meetings of their board of governors, or even collaborating with local youth parliaments to ensure young people have a say on issues relating to them.

# CASE STUDY

## Membership programme engages local community

Name: 2gether NHS Foundation Trust

Authorised: 1 July 2007

Number in catchment area: 731,205

Number of members: 6,800

Breakdown of member numbers: c.4,600 public and c.2,200 staff

Number of governors: 28

Breakdown of governors: 15 public, 8 staff, 5 stakeholder



Less formality and more direct engagement.



**Gavin Davies,**  
Assistant Director of  
Communications

### Overview

In its 2009/2010 annual report a commitment was made by the trust to develop meaningful membership and seek to engage local communities in a refreshed membership programme. The name of the programme was taken from the trust's defined purpose, *Making Life Better*.

The campaign had four key aims:

1. to engage communities;
2. to tackle the stigma of mental health;
3. to encourage and facilitate influence in local service provision; and
4. to raise awareness of mental health services in the area.

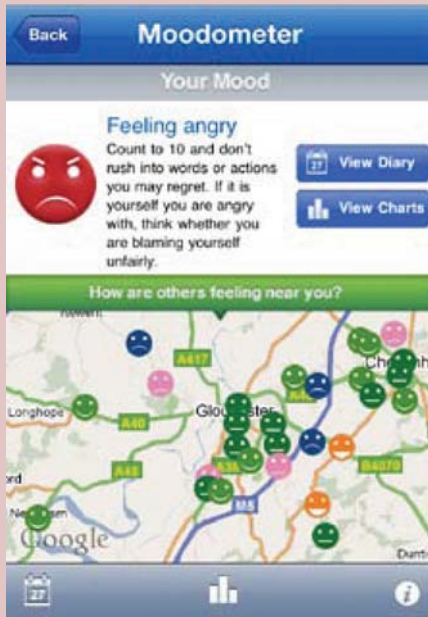
### Strategy

Interaction with local people was key to the exercise and a 'campaign sofa', along with a red double decker bus, travelled around the community to 17 events providing a visual focus and a real talking point. People were invited to sit and chat with members of the 2gether team on the sofa and to discuss their views on mental health and NHS services. People were also invited to represent their current mood on a giant Moodometer board – the aim was to normalise mental health. Moods were captured and recorded by the team for each location.

Members of the trust and local community were engaged both on the streets and online through an electronic Moodometer. This helped to ensure that people who couldn't get to an event could still participate.







## The Moodometer

The Moodometer is an online application which was developed as part of the *Making Life Better* membership campaign. It was designed to allow people to register their mood online to give a visual representation of how the county was feeling. The aim was to help limit feelings of isolation and help people to know themselves better. It also provided wellbeing tips and links to the trust's Improving Access to Psychological Therapy (IAPT) website.

Due to the popularity of the Moodometer, it has now been developed as an iPhone App and is endorsed by Time to Change, which includes Mind, Rethink, and The Samaritans. With 3,500 downloads in the first two months of the launch and an extra 2,500 users five months on, the initiative is gathering pace.

The iPhone App is a mobile mood diary that helps people know themselves better and take control of their emotional wellbeing by monitoring their own moods. For people who register a prolonged low mood, the app offers 24/7 direct links into the trust's IAPT service or other appropriate support channels and national services.

The app takes the online Moodometer's functionality a stage further by using GPS technology to see the moods and feelings of other people in their area, whilst retaining strict confidentiality. Users can:

- rate their mood;
- monitor what influences their mood;
- record comments in a confidential mood diary;
- receive tips and guidance based on the selected mood;
- access help when they need it the most;
- track their mood using a 90 day mood graph; and
- view the mood for their area and see how others around them are feeling.

Other health providers are starting to take notice of the application and how it can help users in their own area access local NHS services. <sup>2</sup>gether may even be able to turn what initially started purely as a positive local engagement strategy into an income stream for the trust, helping people across the UK to access localised information and enabling it to fund further new services for users and members.

## Result

**1,500 moods were captured during the campaign. Pledges were made on how to make life better and 19 community films were made with over 100 participants sharing their feelings and experiences. Local rugby stars and England internationals lent their support, and videos showing public discussions at each location were uploaded to the campaign website.**

**The *Making Life Better* membership programme has attracted significant numbers of new members for the trust who have remained members long-term. It has also developed an innovative way for these members to feel connected to the trust, whilst helping to overcome the boundaries between mental health stigma and the interests of the local community.**

# 4

## The impact members have on their local healthcare services

Foundation trust membership has created a body of people nationwide that has the opportunity to get involved and help improve their local health services. This body is easily accessible and will often have ideas on ways to enhance the delivery of healthcare. This chapter looks at what impact members are having on their foundation trust.

### Chapter summary

More than 50% of trusts say that members have influenced a range of areas, including the development of new services.

83% of trusts say members have influenced trust communication with the public and patients.

80% of trusts say governors are effective at representing the views of their community, and 69% the views of members.

Trusts have provided numerous examples of initiatives that members have helped to develop, including those which illustrate how members and governors have contributed to improving patient experience.

Governors have particularly contributed to communicating with the public and patients (95%) and forward business planning (90%).

### Where members are having an influence

Eighty-three per cent of trusts said members have shown most influence in communications with the public and patients/service users. Members have reportedly shown less influence in the development of new services, but this was still cited by 50% of trusts.

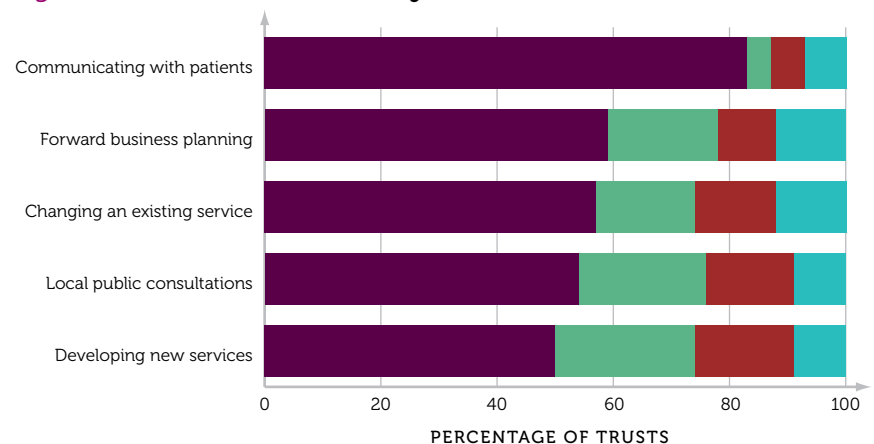
Q27. Has input from your members influenced any of the following?

Base: All (115)

Source: ERS survey of foundation trusts

- Yes
- No
- Never received input
- Not stated

Figure 34 Areas influenced by members



# CASE STUDY

## A specialist trust's approach to membership

**Name:** The Royal Orthopaedic Hospital NHS Foundation Trust

**Authorised:** February 2007

**Number in catchment area:** whole of England and Wales as has national services

**Number of members:** 6,890

**Breakdown of member numbers:** 6,040 public, 850 staff

**Number of governors:** 24

**Breakdown of governors:** 13 public, 5 staff, 6 stakeholder

### Overview

The Royal Orthopaedic Hospital (ROH) has fewer members than many other trusts, reflecting its specialist nature. The trust has also historically had difficulties in ensuring that its membership is fully representative of its local population in terms of age and ethnic groups. The trust focuses heavily on developing effective partnerships with its members rather than seeking pure volume, using its membership to make tangible differences to the hospital.

### Strategy

Nothing demonstrates the value the trust board places on membership and community more clearly than its decision to locate the membership office within the hospital's main reception area. Patients and visitors to the hospital are immediately aware of the culture of the trust and role of membership within it, with membership matters woven into discussions about appointments or visits. The trust says "this is very much the 'community hub', where you can learn more about the trust, find out how to get involved and even find cake sales or chocolate fountains to take advantage of!"

With rising unemployment and more young people keen to go into further education, ROH has particularly focused on this demographic. Young volunteers are targeted to get involved in the hospital in a number of different ways; ward help; administration; shadowing hospital staff; simulated patient surveys; and other programmes designed to give them skills and experience to support their career choices. It also connects them to the hospital and a small number of these volunteers have even gone on to train in orthopaedics. And of course all these volunteers are also asked if they would like to become members of the trust.

The trust also seeks to obtain its members' views on how to improve the hospital. In a recent member survey looking at how the trust can save money, ROH developed a consultation toolkit and received over 700 responses from 4,200 member households over six weeks. It resulted in several interesting ideas for the trust, which are now being seriously considered by the board of directors.

Regular surveys go out (online to save paper and postage costs) with hundreds of ideas generated to date, from car parking initiatives and texting reminders to moving to a more standardised culture of e-communication with patients.

BB

We wanted the office to be open and visible – if it is not open it is bad customer service; it's a community engagement model .... It's all about being a front facing engaging service.

BB

### Membership Manager





ROH – frontline engagement

There have been other initiatives too. Staff are involved in membership activities. Fundraising activities in particular are frequently organised and these serve to make staff feel a real part of the trust. "We feel our staff also get involved in the trust's membership in a way that goes way beyond the traditional role of an NHS trust employee. Many of the staff now bake cakes for craft fairs, assist at member events and support schemes for disabled members to become voluntary workers within clinical and non-clinical areas of the hospital."

## Result

**An important part of this approach is being able to show patients, visitors, members (and importantly potential members) tangible examples of how this membership model visibly influences the hospital.**

**The new outpatients clinic is a good example. It was suggested in the first place by a governor member and volunteer as the location of the previous clinic involved a walk of a third of a mile, quite difficult for patients with joint problems. Further discussions and consultation exercises, workshops, committees, and board meetings were held involving the trust's members. The end result was a new £7.5 million building, which was patient and user-led in concept, design and delivery with over 40 volunteer members involved.**

**The young members volunteer programme has also been successful in helping to achieve good BME representation in the age group, and around six of these young members have subsequently gone on to medical school, having not got in at their first attempts.**

**In summary, ROH strongly adopts the philosophy of using a customer service approach. It seeks to put patients at the centre of the hospital and actively involve members and governors in trying to improve the patient experience.**

## Impact of governors

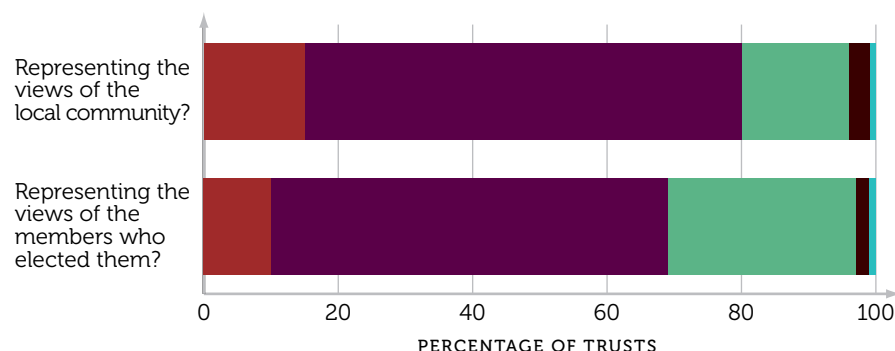
In this survey, 80% of trusts say that governors are very/fairly effective at representing the views of their local community and 69% say that governors are very/fairly effective at representing the views of members who elected them.

**Q39. How effective would you say your Board of Governors is at:**

Base: All (115)  
Source: ERS survey of foundation trusts

- Very effective
- Fairly effective
- Not very effective
- Not at all effective
- Not stated

**Figure 35 Effectiveness of Board of Governors as representatives**



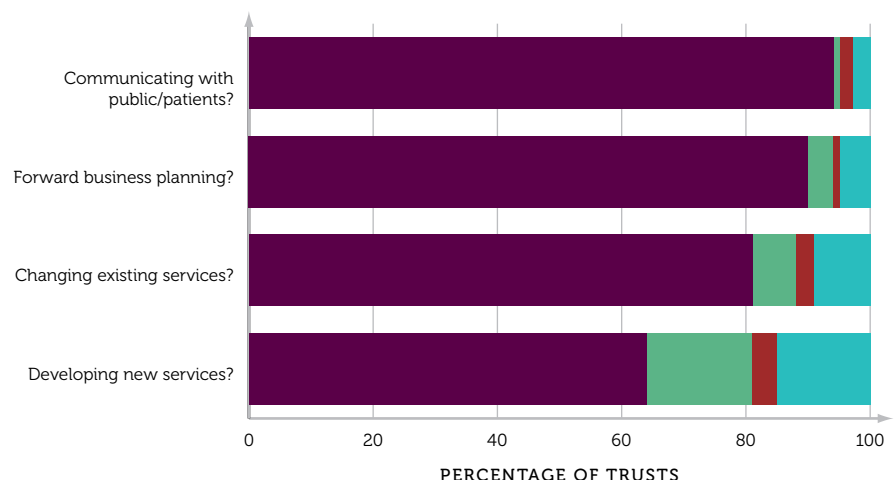
The results show governors are reported to be having an impact in terms of communications with the public and patients or services users, forward business planning, changing existing services and, to a lesser extent, developing new services.

**Figure 36 Impact of governors**

**Q40. Has your trust acted on any input from your governors in terms of:**

Base: All (115)  
Source: ERS survey of foundation trusts

- Yes
- No
- Never received input
- Not stated



Here are some examples cited of differences that have been made as a result of foundation trust members and governors.

### Patient experience

At one foundation trust, a member and governor raised the idea of a “Carers crisis card” for people to have in their wallets so that, if anything should happen to them, people would know that someone relies on them.

One trust has acted on feedback from members asking for the introduction of hand held buzzers so that the hard of hearing know when they are being called for an appointment.

### Design of facilities and buildings

A further area in which members are providing ideas and feedback in many trusts is in the design of facilities and buildings. It is now common for

working groups of members to work with trusts on large capital investment projects for new buildings and units. Influence may range from feedback on signage and provision of amenities to innovative ideas for car parking arrangements and visiting hours for family and friends.



*We recently opened a new eating disorders unit - from the outset members were involved in helping with the design of the building from the colour of the couches down to the design of the taps. Conversely, due to service change, we have had to close two wards at a larger hospital and move them. Service users have been involved in the consultation process and are now involved in the actual plans around the move, such as transport and communicating the news.*



### Annual planning

Foundation trusts have a duty to involve their governors in annual planning. Some trusts are taking this further by regularly gathering members' views via working groups, questionnaires and online suggestion boxes.

In one trust, it is the priorities expressed by members that form the basis of the trust's annual patient experience priorities, for example. Another trust's members were involved in revising the trust's core values.

A challenge many trusts will face in the coming years is where to prioritise resources, and members in some trusts are helping to shape discussions around this and letting the trust know what is important to its service users.

One trust used member views to help strengthen its negotiation with commissioners about which services need to be kept and expanded. This helped shape original plans that ran contrary to the wishes of the local population, for example.



*Our membership was influential regarding the development of a new outpatient facility in our catchment area which was opposed by the local MP.*



### Recruitment

Some trusts are including members in decisions about recruitment. For example, in one trust young members played a major role in the appointment of a new clinical lead for adolescents, something that had never happened previously.

At another trust, patient stories from members are now included as part of student and staff training to help improve understanding and enhance the way care is delivered at the trust.

### Improved communication

One foundation trust has members who have helped the trust refine its consultation process – adding structure to the content of such consultations as well as the delivery. This is helping improve the trust's

communications not just with members but with the wider community and stakeholders.

Cumbria Partnership NHS Foundation Trust has developed its *Life is a Rollercoaster* website to give tips to teenagers on issues such as bullying, low self esteem and dealing with stress. Designed by a group of young members for young members, the site is intended as a resource to the community, providing support and direction for teenagers during a difficult time in their lives.

### **Members in action**

In Kettering what started as a small call for help has grown into a vibrant social community. Trying to cut costs, Kettering General Hospital NHS Foundation Trust appealed to its members to help distribute the bi-monthly newsletter KGH Together. Soon a small group of volunteers was up and running distributing the newsletter to members throughout the local area. The trust now has a waiting list of members ready to join in if any vacancies in this 'volunteer army' should arise.

### **Infection control**

The consequences of member involvement stretch further than improving experiences. In some cases they can actually save lives. One trust started engaging with members around its hand hygiene campaign in an attempt to improve the success of a campaign that had been struggling to catch on. Thanks to some innovative ideas and an array of feedback from members the campaign was re-launched and revitalised, underpinning a significant drop in infection rates throughout the hospital.

# CASE STUDY

## Members' Bids Scheme to improve local community

**Name:** South London and Maudsley NHS Foundation Trust

**Authorised:** 1 November 2006

**Number in catchment area:** 1.1 million

**Number of members:** 10,700

**Breakdown of member numbers:** 4,500 public, 5,100 staff, 850 service user, 250 carer

**Number of governors:** 38

**Breakdown of governors:** 7 public, 6 staff, 12 service user/carers and 13 stakeholder



Sailing group established by service users

### Overview

The challenge for mental health trusts is potentially greater than that for acute trusts since they also need to overcome any stigma that potential members may have regarding mental health.

South London and Maudsley NHS Foundation Trust has a relatively small public membership (4,500 people) for a large catchment area (1.1 million), but seeks to engage meaningfully with this membership for the benefit of both the trust and members.

### Strategy

In 2008, as a means of demonstrating the link between membership and impact, the trust first developed its Bids Scheme. All trust members are now entitled to bid for up to £750 for schemes that offer improvements in service user experience, mental health wellbeing and/or social inclusion in their local community.

The programme is advertised widely to members through newsletters, emails, posters and personal letters (with an application form enclosed).

Awards under the scheme are funded from trust revenue accounts. For 2011 a total of 110 awards were made from 170 bids, with the overall amount awarded being just under £76,000.

The onus is on members to make and present their cases, although the trust is very supportive in helping them to structure their bids where needed. Once bids are submitted it is for the Members' Council to identify themes, such as "Sports and leisure" or "Memory related" and organise the applications accordingly; this therefore involves and engages members and governors alike.

Applications to date have been wide ranging in content, including a sailing course for service users, new shirts for a local football club organised by a service user, sponsored coffee mornings, an early support 'memory service' for people with dementia and their carers, theatre groups, gardening initiatives and many more.



## CASE STUDY



**A member who secured funds to support his community gardening project**

The trust is very flexible as long as the bids meet at least one of the criteria: i.e. that it concerns:

- the service user experience;
- mental health wellbeing; or
- social inclusion.

### Result

**The scheme has helped to bring people together, including public and staff members, governors and stakeholders. It has also made the trust a focal point for community involvement, support and facilitation.**

**The scheme has helped to publicise the benefits of membership which are very tangible. If you are a member and have a project that you need support with, there is the possibility to get financial support for this. The scheme is driving new membership and community engagement in a positive way, as well as giving publicity to the benefits that membership of the trust can bring.**

**So in summary, South London and Maudsley has found an innovative way to engage meaningfully with its members, whilst also generating significant interest in the trust both in the local community and in the local media.**