

UHSM Membership Strategy 2011-2014 v3.2

17 February 2011

VERSION CONTROL SCHEDULE		
Version Number	Date Published	Comments
v1.0	June 2006	Membership Development Strategy included in Integrated Business Plan. UHSM authorised as a Foundation Trust 1 November 2006.
V2.0	16 April 2008	2008-2011 strategy approved by the Council 16 April 2008.
V3.0	23 December 2010	2011-2014 membership strategy approved as fit for purpose, subject to ratification by the Council, by the Board 23 December 2010. UHSM's membership community defined. Patient Constituency renamed, replacing it with a sixth sub-constituency of the Public Constituency for 'the rest of England and Wales'. Managing active membership included for the first time. Role of the Community Engagement Committee established. Membership Development Committee responsibilities reviewed. Plans for future membership recruitment included. Annual action plan generated following discussions at the membership workshop on 30 November 2010.
V3.1	4 February 2011	2011-2014 membership strategy recommended for ratification by the Council 17 February 2011. Minor amendments throughout.
V3.2	TBC	2011-2014 membership strategy ratified by the Council 17 February 2011.
Document Owner: Assistant Foundation Trust Secretary		

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1 Introduction

1.1 The University Hospital of South Manchester (UHSM) became a Foundation Trust on 1 November 2006. The governance structure of all NHS foundation trusts includes: the membership, the Council of Governors and the Board of Directors. The Board is responsible for ensuring the Trust operates in accordance with its terms of authorisation, as agreed with Monitor, the independent regulator of NHS foundation trusts.

1.2 The Council consists of 32 Governors elected from different membership areas (20 public and 7 staff) together with 5 Appointed Governors nominated by UHSM's key partner organisations (Manchester Primary Care Trust, Manchester City Council, Trafford Metropolitan Borough Council, the University of Manchester and the Professional Executive Committee of Manchester PCT). The number of Appointed Governors on the Council was reduced from 12 to 5 in 2010. One of the duties of Governors is to oversee the development of Trust membership. In September 2007 the Council established a formal Membership Development Committee. Its duties have been to review the implementation of the Trust's current membership strategy, develop a plan to engage with the existing membership of the Trust, and contribute a 2011-2014 strategy with a view to ensuring representative membership. Membership of the committee comprises five Public Governors and two Staff Governors.

1.3 The Trust's Membership Strategy 2008-2011 was approved by the Council of Governors in April 2008 and the 2011-2014 strategy was approved as for purpose by the Board of Directors in December 2010 and ratified by the Council of Governors in February 2011.

2 Membership of UHSM

2.1 As stated in Condition 17 of UHSM's Terms of Authorisation, "the Trust shall continue to take such reasonable steps as may be required by Monitor, by such date or within such period as may be specified by Monitor, to secure that (taken as a whole) the actual membership of any public constituency and (if there is one) the patients' constituency is representative of those eligible for such membership."

2.2 The Membership Development Committee has considered the benefits of membership. Whilst membership does not provide entitlement to priority treatment, engagement by members is intended to raise awareness of UHSM services and any new developments at the Trust, and have an opportunity to influence its future developments.

2.3 Membership also provides:

- (a) local communities with an opportunity to have a greater say in how their hospital develops services – this in turn enables UHSM to be more responsive to the needs of residents, patients and staff;
- (a) a dedicated helpline and email address for members to find out more about key developments, new services and technologies at UHSM and wider developments within the NHS;
- (b) the opportunity to act as a barometer for UHSM – to gauge how hospital services are perceived and feed back experiences through members' surveys;

- (c) an opportunity to attend monthly, informal talks on health-related topics *Health Matters*;
- (d) regular information for members at different times of the year, such as *UHSM News*, the Trust's Annual Report & Accounts, the Trust Open Day etc;
- (e) a vote in elections to choose representatives for the Council of Governors or to stand for election as a Governor;
- (f) a voice at the Trust's Annual Members' Meeting; and
- (g) NHS discounts for members.

2.4 The Membership Development Committee will continue to discuss other potential benefits as the 2011-2014 strategy is developed, and through the Foundation Trust office, will:

- (a) encourage membership through a simple application process;
- (b) consider initiatives to increase representation amongst under-represented groups;
- (c) maintain public constituencies reflective of the diversity of UHSM's population;
- (d) actively encourage participation by members;
- (e) encourage members to take responsibility for finding out the information they need;
- (f) celebrate success at UHSM with its membership;
- (g) use communications to stimulate active membership; and
- (h) further enhance representation of the less engaged.

3 UHSM's membership base

3.1 UHSM provides secondary and tertiary healthcare services and it is important that members of the public and patients (and their carers) from the local and a wider area, and staff of different disciplines, can all contribute to the delivery and success of UHSM's services. The membership constituencies facilitate the above objective and as far as possible, UHSM tries to ensure that its membership is reflective of the demographics of each constituency.

3.2 UHSM has two membership constituencies:

- (a) a *Public Constituency* divided into six defined voting areas (representing public, patients and carers living in defined areas); and
- (b) a *Staff Constituency* divided into six defined classes representing different areas of UHSM's workforce, including UHSM PFI partners and volunteers.

3.3 An individual cannot be a member of more than one constituency. An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any other constituency or class.

4 Defining UHSM's membership community

4.1 The **public constituencies** of the Trust consist of the Local Government electoral wards specified in Appendix 1. Approximately 75% of the Trust's patients come from these wards. The wards are grouped into six areas as shown below in Table 1. The Patient Constituency was renamed in 2010, replacing it with a sixth sub-constituency of the Public Constituency for 'the Rest of England & Wales'. Approximately 25% of UHSM's patient population fall into this constituency. They use UHSM's specialist services and are drawn from the wider North West region and beyond. Members (including patients) who live in each area elect Governors to be representative of them on the Council.

4.2 The minimum number of members for each area is also shown in Table 1 and is proportionate to the number of Governors representing each area. The number of public Governors is proportional to the number of patients attending the Trust for treatment from each public area. Details of current public membership are shown in Table 1 below.

Table 1 – the Public Constituency

Public Areas	Number of Governors	Minimum number of Members	Current Membership 31.01.11	Number of Members per Governor
Area 1: part of Trafford	3	15	1437	479
Area 2: part of South Manchester	5	25	1098	220
Area 3: part of Central Manchester	4	20	662	166
Area 4: part of Stockport	2	10	898	449
Area 5: part of Macclesfield	1	5	387	387
Area 6: rest of England & Wales	5	25	1097	219
Total	20	100	5579	279

4.3 Staff are entitled only to register under the **Staff Constituency** and cannot register for public membership. The following staff can be members of the Trust:

- (a) those on permanent contracts;
- (b) those on contracts of at least 12 months; and
- (c) those who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust. This covers individuals employed by associated universities, UHSM's PFI partners and their subcontractors under a Concession Agreement with the Trust, and others such as volunteers, who have been working in the Trust continuously for a period of 12 months.

4.4 Staff are automatically members of the Staff Constituency unless they 'opt-out' by informing the Trust if they prefer not to be a member. No staff members chose to formally opt out of membership during 2008/09 or 2009/10 and only 6 have chosen to opt out during 2010/11 to date. The Staff Constituency is divided into six classes representing different areas of UHSM's workforce as shown below. The minimum number of members allowable under UHSM's Constitution in each class is also specified in Table 2 below. When staff leave or retire from UHSM, they are transferred to the relevant public constituencies automatically, unless they opt not to do so.

Table 2 – the Staff Constituency

Staff description	Number of Governors	Minimum number of Members	Membership 31.03.10	Number of Members per Governor
Medical Practitioners & Dental staff including staff employed by the universities	1	20	414	414
Nursing and Midwifery staff including staff employed by the universities	2	40	1827	914
Other clinical staff including staff employed by the universities	1	20	1433	1433
Non-clinical staff including staff employed by the universities	1	20	1186	1186
PFI partners (employed by Sodexo and Atkins)	1	20	688	688
Volunteers working within the Trust	1	20	412	412
Total	7	140	5960	851

4.5 At a membership workshop held on 30 November 2010, the question was asked whether changes needed to be made to the Constitution to reflect TCS in respect of Membership Constituencies or Council Composition. It was agreed that the incoming cohort of TCS staff were not large enough to warrant changing or the arrangements for Governor representation of any staff group on the Council.

4.6 Anyone interested in becoming a member may contact the Trust's membership office on 0161 291 2357 and ask for a membership form to be sent to them or visit the Trust website <http://www.uhsm.nhs.uk/members/Pages/default.aspx> to find out more information and register online. UHSM encourages members to register online and provide an email address as the preferred communication method wherever possible.

4.7 Membership leaflets are available from the main reception or any outpatient area at Wythenshawe Hospital, or from the reception area at Withington Hospital, local GP surgeries, local health centres, libraries or the Foundation Trust office itself. Wider distribution across the district to local community groups will be developed by the Membership Development Committee. Membership forms are also sent to new patients with appointment letters.

5 Resourcing UHSM's membership development

5.1 The UHSM Foundation Trust office provides administrative and developmental support to all Governors and acts a central point of contact within UHSM to co-ordinate membership services and enquiries. The office also co-ordinates elections to the Council of Governors. The elections are conducted and scrutinised independently by Electoral Reform Services.

5.2 The dedicated budget for member services is held by the Foundation Trust Secretary. The implementation of the membership strategy is reviewed annually by the Council.

6 Managing active membership

6.1 Even more important than building the numerical size of the membership is membership engagement – ensuring that existing members feel sufficiently informed and engaged to be active as possible in their role in the governance of the Trust. The most active role is that of Governors. However, to strengthen their mandate to fulfil this role, it is important that members have the opportunity to engage with their Governors in a meaningful way to inform Governor's contributions about strategic developments.

6.2 To do this, members are supplied with information and appropriate mechanisms for communication with Governors. On 30 November 2010, a membership workshop was held to discuss potential actions that could be included in the 2011-2014 membership strategy. This data has been used to inform the proposed Membership Development Action Plan detailed in Appendix 2.

7 Communicating with members

7.1 There are a number of ways in which UHSM currently communicates with members and involves members as further developments are planned. If members have specific issues they may contact the Trust Chairman, the relevant Governor or the Foundation Trust office through a dedicated email address foundationtrustoffice@uhsm.nhs.uk, by phone (0161 291 2357), or in writing c/o the Assistant Trust Secretary, Foundation Trust office, 2nd Floor, Tower Block, Wythenshawe Hospital, Southmoor Road, Manchester, M23 9LT.

7.2 Current communications with members include:

- (a) a new member welcome pack containing an introduction to the Trust and details of the representative Governors;
- (b) biannual editions of *UHSM News*, the members' newsletter providing information about what is happening at UHSM;
- (c) covering letters from relevant Governors;
- (d) members' surveys, such as to support the annual planning process;
- (e) invitations to the Open Day & Annual Members' Meeting;
- (f) regular fresh content on UHSM News webpage.

7.3 UHSM will continue to seek views from its membership on the type of information they want and the way that it should be distributed. Whilst a strategy for managing and communicating with its membership is essential, UHSM recognises that a balance has to be struck between the needs and costs of managing a successful membership system and those of its main role of providing healthcare. In order to optimise costs, UHSM therefore actively consolidates mail shots (where there is more than one member per household), encourages the use of email and signposts members to the UHSM website.

7.4 Future communications with members will include a monthly e-newsletter providing up to date news from Wythenshawe & Withington Hospitals to those who have provided email addresses. This was implemented in February 2011 to over 1,700 members.

8 Role of the Community Engagement Committee

8.1 The Council has established a Community Engagement Committee which is responsible for the development of community engagement amongst the Council and the areas served by the Trust. It has met five times since it was established in January 2010 and will continue to meet quarterly to monitor how the Council of Governors is engaging with the external community. A copy of the Terms of Reference can be found in the Governance Manual available on the UHSM website www.uhsm.nhs.uk/AboutUs/Pages/Corporate.

9 Membership Development Committee

9.1 The Membership Development Committee has the responsibility for overseeing the delivery of the strategy and reporting progress to the Council. The committee will continue to meet every two months from spring 2011 to monitor progress. The Terms of Reference are available in the Governance Manual on the UHSM website www.uhsm.nhs.uk/AboutUs/Pages/Corporate.

9.2 Every Governor has a contribution to make but it is the committee which has a key role in monitoring effectiveness of the strategy and ensuring that it remains meaningful and relevant as the membership of UHSM continues to evolve.

9.3 The Council of Governors will evaluate the success of the strategy by reviewing the membership development action plan annually and progress will be reported to the Board of Directors.

10 Membership recruitment to date

10.1 The Trust's Membership Strategy 2008-11 aimed to steadily increase UHSM's public and patient membership numbers by 10% each year, or 33% over the period. As shown in Appendix 3, membership size and movements, the target has been achieved in 2008/09 and 2009/10 and UHSM is working hard to achieve the target for 2010/11. Information on the Trust's membership profile, provided in last year's Annual Plan and included within the strategy at Appendix 4, shows that the membership is largely representative of the population it serves.

10.2 Experience to date has shown that the most effective method of recruitment is via face to face contact with members of the public and Governors have taken many opportunities to attend events such as the Open Day to recruit members. The café in outpatients and the main entrance at Wythenshawe Hospital are other effective locations for Governors to engage and recruit patients and visitors.

11 Plans for future membership recruitment

11.1 The 2011-2014 strategy is based upon further achieving representative membership – to ensure UHSM's membership reflects, where possible, its socio-economic geography and the communities it serves. It aims to increase UHSM's public membership numbers by 2% each year over the period in accordance with directions from Monitor and the NHS Act 2006. Approx 9% new members are required each year in order to replace natural churn and improve representation. This is expected to be possible without the need to hire external membership recruitment consultants.

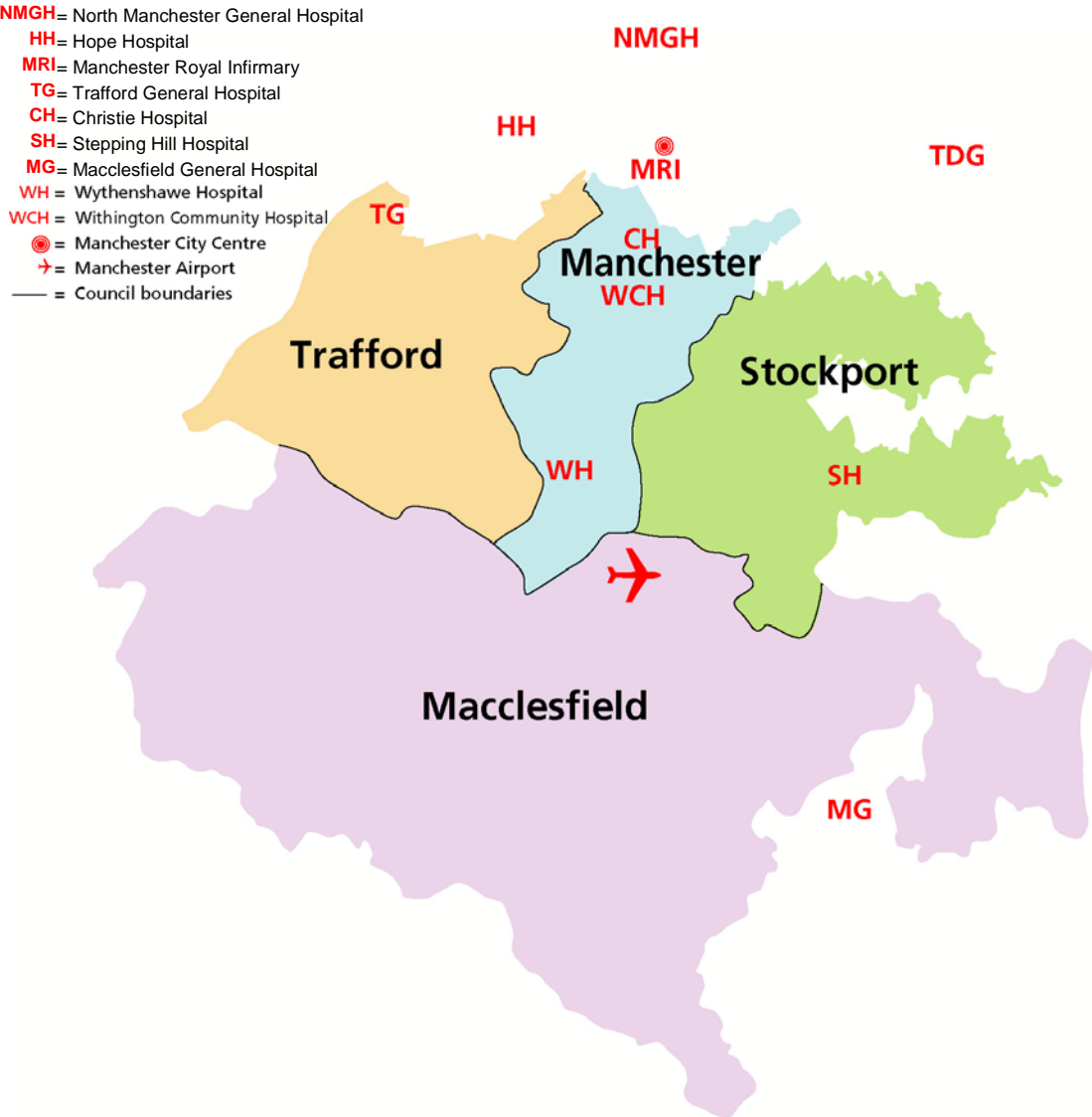
11.2 UHSM recognises that recruitment of members who live in the local South Manchester area, particularly from the Wythenshawe area, is a particular opportunity for UHSM. The Membership Development Committee will be concentrating on this aspect of the strategy, to boost engagement with the local community. The existing strong membership amongst Trafford residents is testament to the long term links between Trafford and UHSM.

11.3 The age of membership has been reduced from 16 years to 7 years. At the membership workshop held in November 2010 it was agreed that engagement with 'junior members' need not always require them joining the membership. Students aged 16 to 18 applying for work experience within the Trust will be expected to become members to be kept up to date with information at UHSM.

12 Summary

12.1 The 2011-14 membership strategy is a public document and will be available on the UHSM website for members to view. UHSM values public membership and members play a crucial role in improving UHSM's services and helping to plan future developments so that UHSM delivers what the local community wants.

Appendix 1 – The Public Constituency



Area 1 (Part of Trafford)	Area 2 (Part of South Manchester)	Area 3 (Part of Central Manchester)	Area 4 (Part of Stockport)	Area 5 (Part of Macclesfield)	Area 6 (Rest of UK)
Altrincham Ashton upon Mersey Bowdon Broadheath Brooklands Bucklow-St- Martins Clifford Davyhulme West Flixton Hale Barns Hale Central Longford Priory St Mary's Sale Moor Stretford Timperley Urmston Village	Baguley Brooklands Northenden Sharston Woodhouse Park	Burnage Chorlton Chorlton Park Didsbury East Didsbury West Fallowfield Gorton South Hulme Levenshulme Moss Side Old Moat Rusholme Whalley Range Withington	Bramhall North Bramhall South Bredbury and Woodley Brinnington and Central Cheadle and Gatley Cheadle Hulme North Cheadle Hulme South Davenport and Cale Green Edgeley and Cheadle Heath Hazel Grove Heald Green Heatons North Heatons South Marple South Reddish South	Alderley Edge Chelford Henbury High Legh Knutsford Bexton Knutsford Nether Knutsford Norbury Knutsford Over Mere Mobberley Plumley Prestbury Rainow Wilmslow Dean Row Wilmslow Fulshaw Wilmslow Handforth Wilmslow Hough Wilmslow Lacey Green Wilmslow Morley and Styal	
Minimum Membership					
15	25	20	10	5	25

Appendix 2 – Membership Development Action Plan 2011/12 (the Membership Development Committee will generate an annual action plan)

	Action	Timescale	Responsibility
1	Redesign membership leaflet	February 2011	FT office; Membership Development Committee
2	Continue Governor-led stands in hospital to recruit new members	From December 2010	Individual Governors; FT office
3	Improve electronic communications with members – through 'UHSM News', website etc	Editions in Spring, Summer and Autumn/Winter 2011	Communications team; FT office; individual Governors
4	Introduce monthly e-newsletter to members	From January 2011	Communications team; FT office
5	Include benefits of membership in any correspondence including the NHS discount scheme	Ongoing	Communications team; FT office; Membership Development Committee
6	Approach charitable donors to join the Trust when thanking them for their donation	January – March 2011	FT office; Fundraising office
7	Amend the process for students applying for work experience to become members	April – July 2011	FT office; Human Resources
8	Be involved or 'host' Health Matters events	May – December 2011	FT office; Communications team; individual Governors; members
9	Promote membership/advertise Trust services at Wythenshawe Forum & Hospital Heartbeat radio programme on Wythenshawe FM	Ongoing	FT office; Communications team; individual Governors
10	Develop wider distribution of membership leaflets across the district to local community groups	April 2011	Membership Development Committee
11	Invite unsuccessful candidates for Governor elections to a focus group to encourage active membership	April 2011	FT office; individual Governors
12	Commission an analysis of social groups using ACORN profiling of the current membership, which should be compared with the local population areas to begin to identify areas to improve representation	To be discussed with Membership Development Committee	
13	Develop 'junior engagement' and involvement with local schools	To be discussed with Membership Development Committee	
14	Encourage Appointed Governors to promote membership with those employed by local authorities and PCTs eligible for membership	To be discussed with Membership Development Committee	

Appendix 3 – Membership size and movements

The 2008-11 Strategy set out a target for 10% real growth in public and patient membership numbers. The 3326 Membership at the start of the period had been expected to increase by a total of 33% to 4426 by the end of year 3. This has been exceeded by 1100 as at 31 January 2011 with an overall increase in membership over the period of 35%.

Public constituency	2008/09	2009/10	2010/11
At year start (April 1)	3,326	4,051	5,508
New members	886	1,793	295
Members leaving	161	336	224
At year end (31 March)	4,051	5,508	5,579 AS AT 31.01.11

Patient constituency	2008/09	2009/10*	2010/11 (to date)
At year start (April 1)	799	827	0
New members	66	309	0
Members leaving	38	1,136	0
At year end (31 March)	827	0	0
Total number of members	4,878	5,508	5,579
% increase	18	13	1

* new Rest of England and Wales public constituency created 10 March 2010 – members transferred out of patient constituency into public constituency

Appendix 4 – Membership profile

Membership Report for University Hospital of South Manchester from 01/04/2009 to 31/03/2010

Public constituency	Last year (2009/2010)	Eligible	Index
As at start (April 1)	4,051		
New Members	1,793		
Members leaving	336		
At year end (March 31)	5,508	729660	
Staff constituency	Last year (2009/2010)		
As at start (April 1)	0		
New Members	0		
Members leaving	0		
At year end (March 31)	0		
Patient constituency	Last year (2009/2010)		
As at start (April 1)	827		
New Members	309		
Members leaving	1,136		
At year end (March 31)	0		
Public constituency	Number of members	Eligible	Index
Age(years):			
0 - 16	17	94869	2
17 - 21	75	52020	19
22+	4,925	582771	111
Ethnicity:			
White	4,669	655805	94
Mixed	52	14125	48
Asian	275	35571	102
Black	132	16525	105
Other	19	8226	30
Socio-economic groupings:			
ABC1	4,055	322250	166
C2	492	66284	98
D	33	87643	4
E	754	93507	106
Gender analysis:			
Male	2,544	353451	95
Female	2,888	376232	101
Patient constituency	Number of members		
Age(years):			
0 - 16	0		
17 - 21	0		
22+	0		