

A lifetime of specialist care

Royal Brompton & Harefield **NHS**  
NHS Foundation Trust

# **Membership**

## **Strategy**

**2018-2020**

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## **1. Introduction**

The 2018 -2020 membership strategy has been agreed by the Membership Steering Committee which comprises of Edward Waite (Chair) Patient Governor, South of England, George Doughty, Public Governor, North West London, Dr Ejikeme Uzoalor, Patient Governor Elsewhere, Anne McDermott, Staff Governor, Anthony Lumley, Corporate Governance Manager, Hannah Murdoch, Communications Manager, Zeleah Ugoalor, Senior Information Analyst, Philippa Allibone, Membership Manager.

The role of the Membership Steering Committee is to oversee the strategy which is approved by the Council of Governors. As a group we are delighted to be involved in the 3rd version of the strategy. We always welcome feedback from members and any suggestions to help with engagement with members.

### **Edward Waite**

**Chair of the Membership Steering Committee and Patient Governor, South of England.**

## **2. Background**

Royal Brompton & Harefield NHS Trust was authorised as a Foundation Trust in June 2009, becoming Royal Brompton & Harefield NHS Foundation Trust (RBHFT). As part of the authorisation process a membership was recruited and elections were held to appoint the first Foundation Trust Governors.

A Membership Strategy was devised in 2013 in order to set out plans for future development of the membership to ensure that this is representative of the communities served by the Foundation Trust - as required under the terms of the Health and Social Care Act 2012 and enshrined in the Constitution of the Foundation Trust.

The Strategy for 2015-17 and has now been updated following review by the Membership Steering Group prior to presentation to the Council of Governors on 31<sup>st</sup> October 2017. The Membership Steering Committee will continue to oversee implementation of the strategy and will provide regular reports on progress to the Council of Governors.

## **3. The Royal Brompton and Harefield Hospital - Who we are and what we do**

Royal Brompton and Harefield NHS Foundation Trust is a national and international specialist heart and lung centre based in Chelsea, London and Harefield, Middlesex.

As a specialist Trust we only provide treatment for people with heart and lung disease. We carry out some of the most complicated surgery, and offer some of the most sophisticated treatments available anywhere in the world. Consequently, our patients come from all over the UK and internationally, and not just from our local areas.

We help patients of all ages who have heart and lung problems. Our care extends from the womb, through childhood, adolescence and into adulthood.

The Trust's mission is to be the UK's leading specialist centre for heart and lung disease.

#### **4. Strategic Objectives.**

The key strategic issues relate to the size of the membership, ensuring that the membership is representative of the communities served by the Trust and once these fundamentals are satisfied – having a strategy to ensure that the members are actively engaged in the Trust activities

##### **(i) Size**

The present membership target is 12 000. This is a 'stretch' target decided by the Membership Steering Committee based on the number of patients who receive treatment or care from the Trust. The membership comprises of:

<b>Number of Members</b>	<b>September 2017</b>
Patients	4,687
Public	2,819
Staff	3,542
Total	11,048

##### **(ii) Representative Membership**

The Royal Brompton and Harefield NHS Foundation Trust provides cardiac and respiratory services to patients from all over the UK. The Trust is mindful of its duties to ensure a representative membership, in both patient and public constituencies, which are enshrined in the Health and Social Care Act 2012. These came into effect on 1st April 2013. The Membership Manager, in conjunction with the Membership Steering Committee, has been trialling a number of methods to recruit members with a view to ensuring that the membership is representative of the communities served by the Trust. The database, hosted by Membership Engagement Services (MES), has functionality which allows comparisons to be made between the general population and the membership.

### **(iii) Engagement**

The Trust's aim is to ensure that members are involved by:-

- Being kept informed of any updates in the Trust by newsletters, annual general meetings, press releases, Trust intranet, and social media.
- Member's will be involved in the activities of the Trust. Activities include standing for a governor, surveys, patient focus groups and consultations, and members' events
- Member's views must be heard and taken into account.

## **5. What Membership Means to the Trust**

The Trust believes that its members have a real contribution to make to improve the health of patients and the quality of services provided. Due to the life-saving and life-changing treatments provided to patients, many of the Trust's patients, former patients, carers and family members feel a strong allegiance to the Trust.

Membership is voluntary and is drawn from all parts of the UK. The Trust has an active culture of involving patients and their families in the development and evaluation of its services. The Trust is dedicated to work in partnership with its members to help to continually improve the quality of services delivered. The Trust has consulted and will continue to engage with its members when there have been proposals for a major change in services and to work in partnership with the membership to help shape the future of the Trust and improve the quality of care. Under the terms of The NHS Foundation Trust Code of Governance the Trust was required to canvass the opinion of Trust members on the Trust's strategic plan, objectives and priorities and this will continue in the future.

The Trust is working with charities that have links with the treatment and research into diseases specialised by the Trust. These Charities have information about membership to the Trust on their web pages and forums for their members to read.

The Trust also enjoys a strong allegiance from the many patients, families and carers who are involved in fundraising activities. Links have been established between the membership manager with the Trust's three charities.

The Trust is committed to ensuring that the membership is substantial in size and representative of the population served by the organisation.

## **6. What Membership Means to our Members**

Membership of Royal Brompton and Harefield NHS Foundation Trust is an expression of public support for the Trust. Members have a number of opportunities available to them:-

- To vote in governor elections;
- To stand in elections as governor in their constituency;
- To influence the Trust's plans via their elected governors;
- Keep up-to-date with developments at the hospitals via the Trust's publications and website and social media;
- To attend the Annual General Meeting of the Council of Governors and the Members Annual Meeting;
- To form a central part of the Trust's "patient and public involvement" activity by attending engagement events;
- To be consulted on key issues by the Council of Governors;
- To be an invaluable source of feedback and opinion on Trust services and plans;
- To attend 'member's events'.

## **6. Defining the Membership Community**

There are three constituencies which members can join: public, patient/carer and staff. Our constitution sets out details of eligibility for each constituency, as well as restrictions and arrangements for termination of membership. Members must be at least 16 years of age. A map of our patient constituencies is shown in **APPENDIX 1** and a map of our public constituencies is set out in **APPENDIX 2**. The areas that fall within the constituencies are listed in **APPENDIX 3**.

### **Public constituency**

Four geographical areas have been identified within the public constituency: North West London, Bedfordshire and Hertfordshire, South of England and the Rest of England and Wales. The areas have been defined according to the volume of patients referred to both Royal Brompton and Harefield Hospitals from each area, see **APPENDIX 4**. The number of governors to be elected from each class reflects the number of patients referred, rather than the overall population. There are four public governors one for North West London, one for Bedfordshire and Hertfordshire, one for South of England and one for Rest of England and Wales.

### **Patients' and Carers' constituency**

Anyone who has been a patient (as an outpatient or inpatient) or carer of a patient of either hospital within the last 3 years is eligible to join the patient/carer constituency. Thereafter, they may join the public constituency.

As the Trust's patients' come from all over the country (and overseas), the Patients' and Carers' Constituency is sub-divided on similar geographical lines as the Public constituency, with the addition of a 5<sup>th</sup> class for carers:

1. North West London
2. Bedfordshire & Hertfordshire
3. South of England
4. Patient Elsewhere
5. Carers

### **Staff constituency**

The following are eligible for foundation Trust membership:

- Every member of staff with a permanent contract;
- Every member of staff with a temporary or fixed-term contract, or employed on a bank, agency or contractor basis, for at least 12 months.

Members of staff cannot join the public constituency. However, when staff members leave the Trust's employment, they are no longer eligible to be members of the staff constituency but are entitled to join the public constituency.

The Trust has encouraged all eligible members of staff to become Foundation Trust members. The consultation document "*Our Future as a Foundation Trust*" (February 2006) asked whether staff should be required to 'opt out' of membership. The overwhelming response (>90% of respondents) supported 'opt out' arrangements, and these were put in place in August 2006. The number of staff who opted out is very small.

With the procurement of the MES data base staff were asked if they objected to their personal identifiable data (PID) being held on the data base and staff were also given the opportunity to 'opt out' again the number of staff who chose to 'opt' out' was very small.

The Trust has four staff classes:

- Medical and Dental
- Nursing and Midwifery
- Support Staff
- Other Clinical

At present the Trust has 3542 Staff members.

## **7. Recruitment, Representation, and Engagement with Members**

### a) Recruitment of Members

The Trust has a simple, accessible and publicised process for becoming a member via its website and publicity materials displayed around the hospital. As a national and international referral centre, the Trust will aim to attract and maintain a large patient and public membership.

Various methods of recruitment have been trialled by the Trust, the most successful of which is 'face to face' recruitment. During the past year recruitment activities undertaken by the Trust included:

Recruitment method used	Description
'Face to Face' Recruitment	<ul style="list-style-type: none"> <li>• Recruitment campaigns have been held in out-patients both at Harefield Hospital and Royal Brompton Hospital by the Membership manager, volunteers and Governors.</li> <li>• Patients are visited during their in-patient stay by the Membership manager and volunteers and invited to join the membership</li> <li>• Patients and their relatives are approached at patient focus groups held at the Trust.</li> <li>• The Transplant out-patient clinic at Harefield gives patients membership forms.</li> </ul>
On-line	The Membership Engagements Services database provides a secure online form for applicants to use to become members. This online form is linked with the Trusts webpage.
By email and post	<ul style="list-style-type: none"> <li>• Patients who are discharged from hospital are written to and invited to become members</li> <li>• Transplant secretaries at Harefield Hospital send membership forms to patients with copies of their clinic letters.</li> </ul>
Ex-staff	Staff leavers are written to when they leave the Trust and invited to become public members.
Volunteers	Volunteers are given the opportunity to become public members.
Charities	The Trust has formed links with several charities who specialise in diseases that the Trust treats. These Trusts have advertised the membership on their websites.
Governors	Governors are encouraged to help with recruitment of members. Governors have been involved in the out-patient recruitment campaigns and by talking to patients at Patient Focus Groups.

The Trust uses Membership Engagement Services (MES) to provide a database. MES is a sister company to Electoral Reform Services (ERS) who run elections for the Council of Governors for the Trust. This data base had several advantages – target emails are possible, details of the membership events are stored and staff details including home addresses are now included on the data base. The data base is managed by the membership manager. Membership Engagement Services cleanse the data base monthly. This cleanse includes ensuring that the members addresses are correct and deceased members are verified. Verification of deceased members is also undertaken by the membership manager on a weekly basis – information of deceased Trust patients is provided by the patient administrative team.

#### b) Engagement with Members

The Trusts aim is to continually increase the participation and involvement of members. At present members are invited:

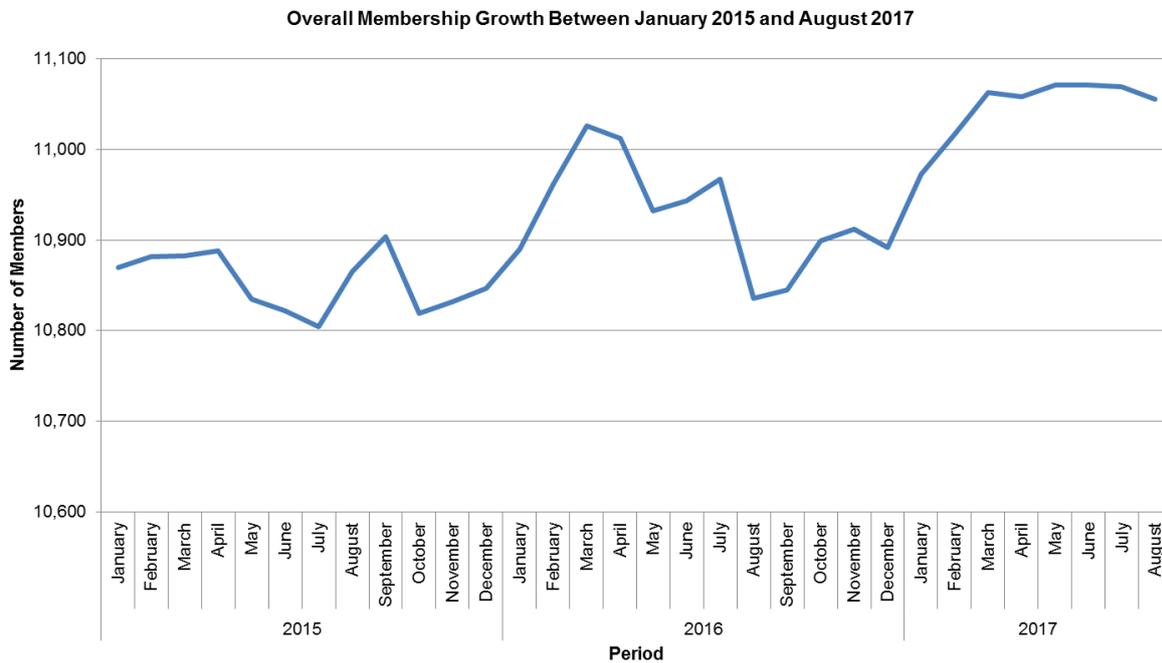
- To attend the Annual General Meeting of the Council of Governors and Members Annual Meeting.
- A member's newsletter '*Patient Focus*' is sent to members twice a year. In this newsletter the Trusts strategic plan, objectives and priorities are given to members and their comments are invited.
- To attend members events. These member's events are tours of the hospital and talks by medical staff on areas of their expertise. These events are to provide members with an 'insight' into the work that the Trust performs. To further spread the word about membership throughout the Trust, to provide members with an opportunity to engage with staff at the Trust and a 'bonus' for being a member.
- Comment on Trust's plans for the future.

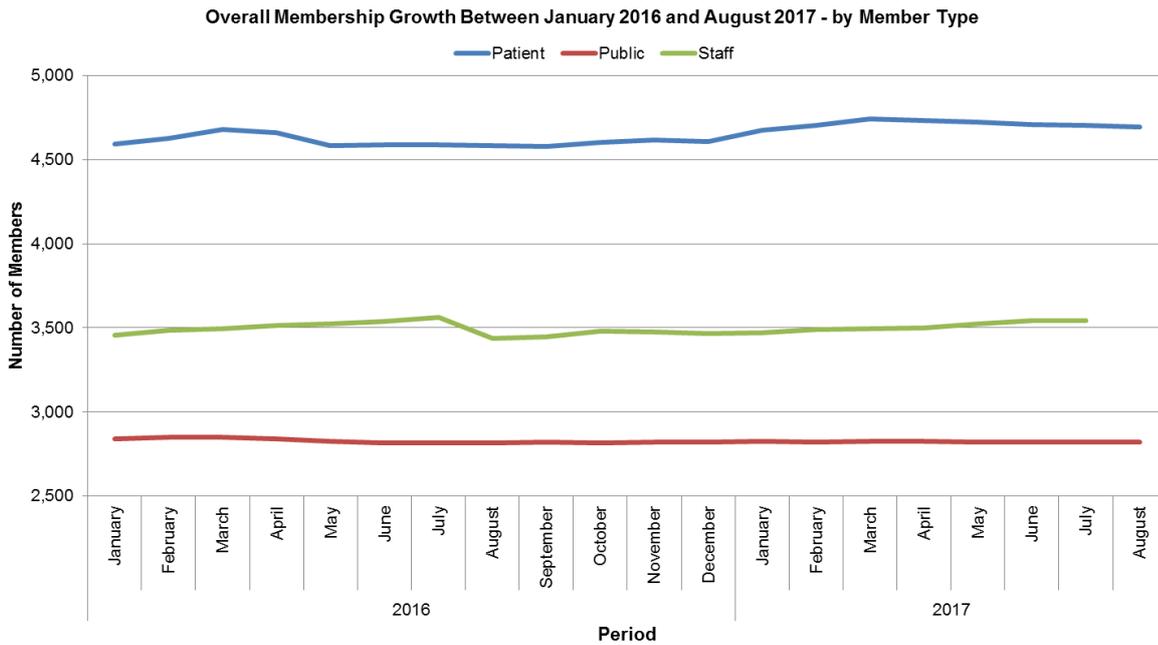
#### **8.1 Size**

The Trust currently has 11,048 members.

**Table 2 - Membership Numbers by Constituency September 2017**

Constituency	Patient/ Carer	Public	Staff	Total
Beds & Herts	808	243		1,051
NW London	1,029	984		2,013
South of England	1,668	1,193		2,861
Rest of England		399		399
Patient Elsewhere	1,054			1,054
Staff			3,542	3,542
Carer	128			128
<b>TOTAL</b>	<b>4,687</b>	<b>2,819</b>	<b>3,542</b>	<b>11,048</b>





It is important to recruit new members on a regular basis to replace members that leave.

Members will be recruited through: -

- Website and intranet portal and online registration facility;
- Membership forms available in public and patient areas;
- Using other patient and public involvement work, fundraising events and arts programme events to promote FT membership;
- Planned targeted membership ‘drives.’
- Working with patient support groups and associated charities to our Trust such as the The Brompton Fountain, the Cystic Fibrosis Trust and the Somerville Foundation to publicize and increase Trust membership.
- Developing links with the Trusts three Charities.

## 8.2 Representation

The MES database provides analysis of the Trusts membership to help work towards developing a membership that is representative of the community that we serve. However, it is important to remember that the Royal Brompton & Harefield NHS Trust serves the whole country and does not have a ‘local’ community.

Recruitment campaigns have been held in the South of England Area Constituency and North West London Area Constituency. The membership database was analysed and areas identified which required members who were aged between 16 to 49. In terms of ethnicity the groups that were seen to benefit from having further members were those of the ethnic minority groups. There are plans to develop the membership in the Constituency of Bedfordshire and Hertfordshire during 2017/2018.

Those members who would like to be engaged more fully in Trust activities will be able to do so. For example, they will be able to:

- Comment on the hospitals' services and plans for future development e.g. consultations, surveys, focus groups;
- Be available to comment on hospital literature e.g. patient information leaflets, Trust reports and the website;
- Becoming a hospital volunteer.
- Members can vote or stand for election to the Council of Governors
- Become involved in fundraising with the Hospitals three Charities – the Royal Brompton and Harefield Hospital Charity, The Brompton Fountain and the Friends of the Royal Brompton.

Members are asked on the membership form if their preferred method of receiving information is by mail or email. The Trust records this on the membership database and is exploring using email more widely. For financial reasons where possible the newsletter for members is now sent to those members who have indicated that they would like to receive information by email.

## **9. Communicating with Members**

Effective communication plays a key role in encouraging active membership and further member recruitment. The Trust will communicate with members by the following means:-

- On receipt of application, all members receive a welcome letter;
- A newsletter will be produced twice per year and distributed according to each member's stated preference (e-mail or post). It will also be available on the website and intranet pages (for staff);

- Invitation to the Annual General Meeting of the Council of Governors and Members Annual Meeting.
- New staff to the Trust during induction will receive a presentation on membership.
- Dedicated member's events web page on the Trusts website.
- Invitation to member's events via the website or by post or email.

Governors represent the views of the Trust membership. As a specialist hospital our members are dispersed throughout the UK. This presents a number of challenges for governors to communicate with its members. It is anticipated that digital media will be a useful tool to overcome some of these barriers such as the use of email and the internet.

## **10. Playing a Community Role**

Foundation Trusts have a duty of partnership. While the Trust is a regional, national and international centre rather than a 'local' hospital, it recognises that it has a role to play in the communities, in which both hospitals are situated, as an employer, neighbour and part of the social 'fabric'. The Trust is building links established through its patient and public involvement activity, and seeking to enhance its profile with local and community groups.

## **11. Working with Other Organisations**

The Trust is a member of NHS Providers, a national membership organisation for NHS public provider trusts, and through this is able to gain and share ideas and information about membership with other Foundation Trusts. Membership Engagement Services hold 'MES engage User Group' meetings and 'Challenge 2020 Conference' yearly. These meetings are attended by the membership manager which allows for networking opportunities with staff from other Foundation Trusts. Links between the Hospitals three Charities are being developed with the aim to share information and develop communication channels. The three Charities together with the Trust have challenged NHS England's decision to close the Congenital Heart Disease unit at the Royal Brompton Hospital.

## **12. Plans for the Future.**

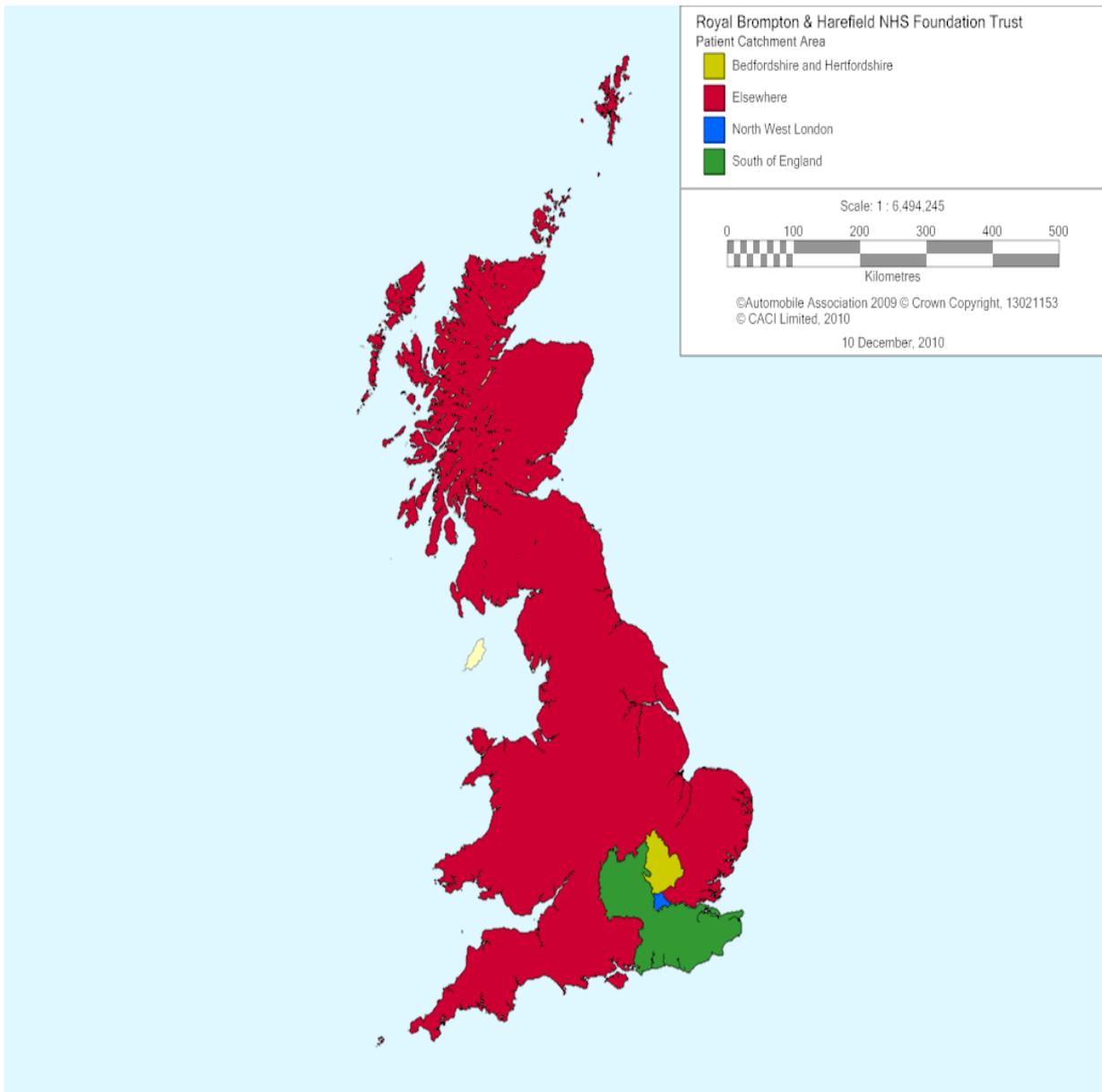
The Membership Steering Committee was established in June 2011. It is currently chaired by a patient governor and includes representation from both public and staff governors. Its

remit includes development and implementation of the membership strategy that details the Trust's plan for recruitment, engagement and communication with members. The Committee reports to the Council of Governors and meets three times a year. The Trust will continue to try to and reach its target membership of 12,000 ensuring that this membership is representative of the communities that it serves. The membership events programme will be continued for 2018-2020 and a membership survey is proposed as part of a wider consultation with members on engagement, Social media including What's app and twitter will be used to help raise awareness of membership.

The Trust will continue to work towards growing its membership to a target of 12,000. Primarily focusing on improving representation with both the patient and public population by recruiting in under represented areas.

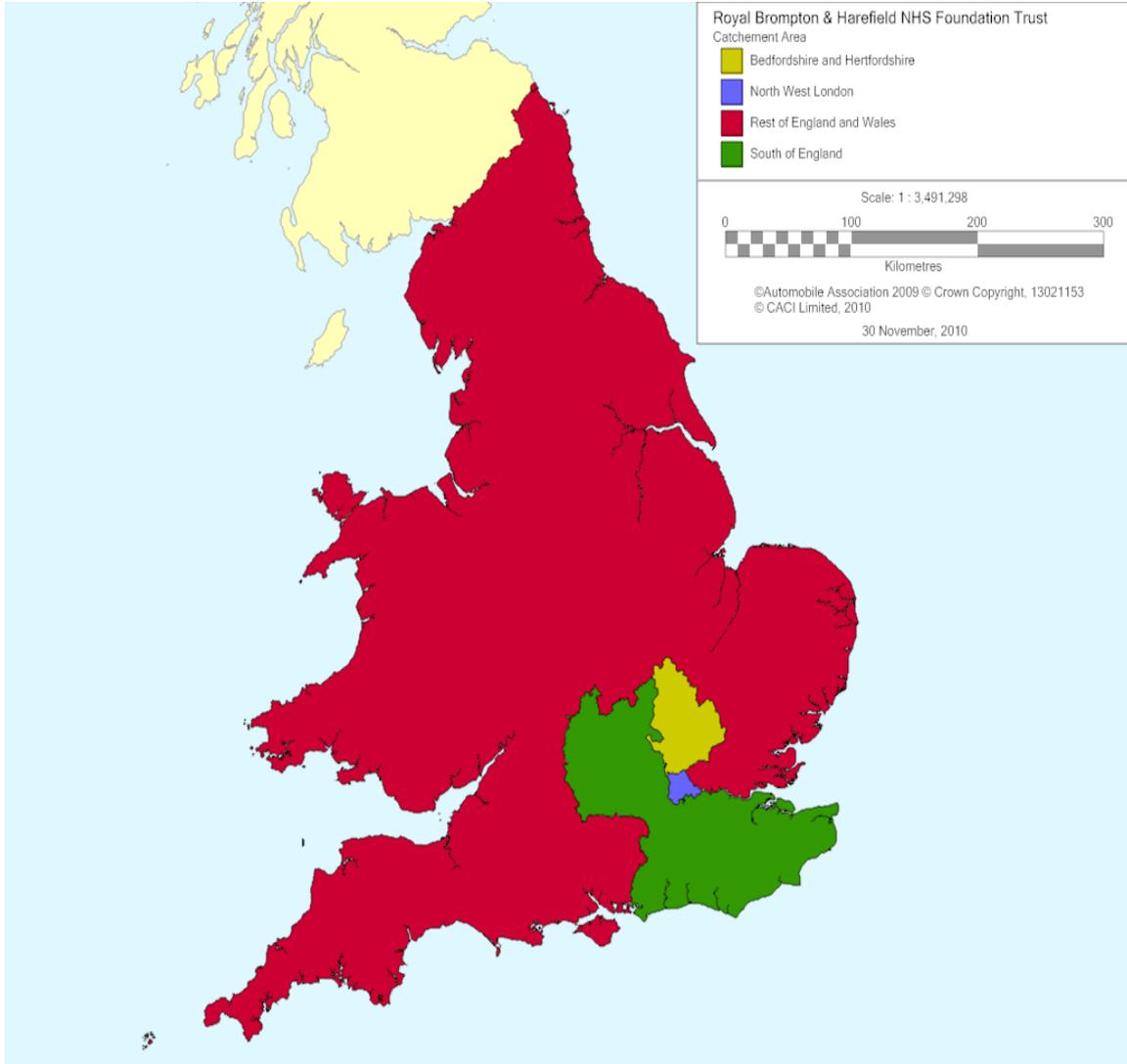
## APPENDIX 1

### Map of Patient Constituencies – UK



**APPENDIX 2**

**Map of Public Constituencies – Rest of England and Wales**



### **APPENDIX 3**

#### **Areas within Constituencies**

<b>Area</b>	<b>Number of Governors</b>	<b>Minimum Number of Members</b>	<b>Current Number of Members</b>
1. North West London Comprising the following electoral areas: Harrow; Hillingdon; Brent; Ealing; Hounslow; Westminster; Kensington & Chelsea and Hammersmith & Fulham.	1	75	2013
2. Bedfordshire and Hertfordshire Comprising the following electoral areas: Bedford Borough; Bedford County; Luton Borough; Mid Bedfordshire; South Bedfordshire; Brockbourne; Dacorum; East Herts; Hertsmere; North Herts; St Albans; Stevenage; Three Rivers; Watford and Welwyn Hatfield.	1	75	1051
3. South of England Comprising the following electoral areas: Southwark; Lambeth; Lewisham; Bromley; Greenwich; Bexley; Richmond Upon Thames; Wandsworth; Kingston upon Thames; Merton; Sutton; Croydon; Cherwell; Oxford City Council; Oxfordshire; South Oxfordshire; Vale of White Horse; West Oxfordshire; Aylesbury; Buckinghamshire; Chiltern; Milton Keynes; South Bucks; Wycombe; Bracknell Forest; Reading; Slough; West Berkshire; Windsor & Maidenhead; Wokingham; East Sussex; Brighton & Hove; Eastbourne; Hastings; Lewes; Rother; Wealden; West Sussex; Adur; Arun; Chichester; Crawley; Horsham; Mid Sussex; Worthing; Surrey; Elmbridge; Epsom & Ewell; Guildford; Mole Valley; Reigate & Banstead; Runnymede; Spelthorne; Surrey Heath; Tandridge; Waverley; Woking; Medway; Ashford; Canterbury City; Dartford, Dover; Gravesham; Maidstone; Sevenoaks; Shepway; Swale; Thanet; Tonbridge & Malling; Tunbridge Wells	1	75	2861
4. Rest of England & Wales (Public members) Comprising all other electoral wards and boroughs not included above in North West London, Bedfordshire & Hertfordshire and South of England.	1	75	394
5. Patient Elsewhere (Patient members) Comprising all other electoral wards and boroughs not included above in North West London, Bedfordshire & Hertfordshire and South of England	1	75	1054

#### **APPENDIX 4 - Constituencies and Referral Rates for 2016**

##### North West London (37% of referrals)

Residents of the following eight London Boroughs: Harrow, Hillingdon, Ealing, Hounslow, Westminster, Hammersmith & Fulham, Kensington & Chelsea.

##### Bedfordshire & Hertfordshire (17% of referrals)

Residents of the counties of Bedfordshire and Hertfordshire

##### South of England (31% of referrals)

Residents of the following twelve London Boroughs: Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth, Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark; and of the counties of Berkshire, Surrey, Sussex, Kent, Buckinghamshire and Oxfordshire. Hampshire and the Isle of Wight.

##### Rest of England & Wales and Patient Elsewhere (15% of referrals)