

Engagement and Involvement Framework

2021 to 2023



Governor Involvement Plan



1 Introduction

- 1.1 This Governor involvement plan outlines the vision and methods for building an effective, responsive and representative Council of Governors (CoG).
- 1.2 The Governors hold the Non-Executive Directors (NEDs) to account for the performance of the Trust Board. The Trust Board is responsible for the strategy, operational management and decision-making of the Trust and must take into account the Governors' views when setting the strategy for organisation.
- 1.3 Governors provide an important link between the Trust and the community it serves – its members, patients, clients, carers, families, volunteers, members of the public and staff – ensuring patients and public have a voice within the organisation. This helps strengthen accountability.
- 1.4 They also represent the views of their constituency and provide an objective oversight of how the Board is meeting its strategic objectives and requirements of the regulator.
- 1.5 The Council of Governors contributes to the strategic direction of the Trust.
- 1.6 In order for Governors to fulfil their role, the Trust must support them in their involvement, identifying appropriate opportunities for Governors to become engaged.
- 1.7 Staff Governors need to be supported by their managers to carry out their role, including allowing time during working hours where needed.
- 1.8 How the Governors carry out their role is not defined in legislation and is therefore open to interpretation at a local level. At Medway it is considered to be about:
 - Acting as ambassadors for the Trust
 - Being a link between the Trust and the community it serves
 - For staff Governors, being a link with staff
 - Feeding back to the Trust on the views of Members and staff. This can be through formal channels such as raising questions at Board meetings through the Governor Board representative, or through the Patient Experience Group, or more informally with the support of the Community Engagement Officer.
 - Sharing information on performance and service improvements and/or changes with Members and staff.
 - Receiving information on the Trust's performance, changes and plans, and gaining assurance on how the Non-Executive Directors are carrying out their roles.

The role description for governors is appended to this document.

2 Objectives

- 2.1 This plan outlines what the Trust needs to do to ensure effective involvement of Governors, make best use of their skills, knowledge and expertise, and to support them to engage effectively.
- 2.2 The aim of the plan is to:

- Support the Council of Governors in its engagement and involvement
- Ensure Governors' skills, knowledge, expertise and interests are taken into account.

3 Providing Governors with assurance

- 3.1 At the heart of the NHS foundation trust model is local accountability in relation to which governors play a pivotal role. Governors are elected individuals who represent members and service users, and appointed individuals who represent other stakeholder organisations. Together they form a Council of Governors.
- 3.2 Although Governors do not have an operational role, it is important that they are able to see services in action and to meet staff, so that they can perform their role with a level of insight.
- 3.3 They do not have a right to inspect services or hospital areas, or to conduct quality reviews. However, the Trust will ensure programmes of activity are in place to:
- Support Governors in gaining assurance about the role and performance of Non-Executive Directors.
 - Help Governors understand the context within which the Trust operates so they are equipped to contribute to the Trust's strategic direction.
 - Ensure Governors are able to support communication with members.

4 Links with other strategies and documents

- 4.1 The Governor involvement plan links with and takes account of the following documents:
- Governor Code of Conduct
 - Membership Engagement Strategy
 - Community Engagement Strategy
 - Communications Plans
 - Better, Best, Brilliant transformation plans
 - Patient Experience Strategy
 - Quality Strategy
 - Volunteering
 - Trust's charitable fundraising.

5 The involvement cycle

- 5.1 The diagram below illustrates the Governor involvement cycle. This demonstrates how Governors gather feedback from patients, staff or from their own observations, which they then feed into the Trust. They, in turn, are provided with information and assurance which they then communicate to patients and members.



5.2 The following are examples of how the Governors can develop their own knowledge and become involved within the Trust:

- Receipt of Trust activity reports, trends and performance metrics
- Support the development of the operational/strategic plan
- Attendance as designated members or observers at Trust committees/groups
- Observing Board meetings held in public
- Discussion of the strategic plan
- Discussion of the Quality Account Priorities
- Engagement in the quality agenda, including Patient-Led Assessments of the Care Environment (PLACE) and preparations for Care Quality Commission (CQC) inspection
- Supporting the Friends and Family Test process, by encouraging service users and carers to provide their feedback
- Understanding the service user experience
- Regular organised interface with Trust staff in clinical areas, where possible.

The Trust will also:

- Involve Governors in planning communications and engagement with members
- Provide updates through reports, briefings, newsletters and presentations
- Facilitate information sharing with the community through briefings, events, magazines, website and social media

- Support Governors to build knowledge and gain assurance through observation of meetings, participation in walkabouts and shadowing, and participation in involvement programmes.
- Facilitate training and development
- Highlight external engagement and networking opportunities.
- Monitor the generic Governors email: medwayft.governors@nhs.net

6 Evaluation

- 6.1 In order to determine whether the methodologies outlined in the plan are working, progress against the framework will be discussed and reviewed annually by the Council of Governors.

Governor Role Description

Title: Governor for Medway NHS Foundation Trust

Accountable to: Members of Medway NHS Foundation Trust

Remuneration: Governors are not paid a salary, but are entitled to claim reasonable travel expenses

Key Working Relationships: Members of the Trust, Chair of the Trust, the Board of Directors, the Senior Independent Director, the Chief Executive and the Company Secretary.

Key Duties and Responsibilities:

Statutory: As part of the Council of Governors for Medway NHS Foundation Trust you will have a number of statutory duties which include:

1. Representing the interests and views of Members of Medway NHS Foundation Trust, local communities and staff
2. To appoint and if appropriate remove the Chair and Non-Executive Directors
3. To decide the remuneration, allowances and conditions of employment for the Chairman and Non-Executive Directors
4. To approve (or not) the appointment of the Chief Executive
5. To appoint and if appropriate remove Medway NHS Foundation Trust's external auditors
6. To receive the Trust's annual report and accounts and auditor's report
7. To hold the Non-Executive Directors to account for the performance of the Board
8. To approve significant transactions
9. To approve any application by Medway NHS Foundation Trust to enter into a merger, acquisition, separation to dissolution
10. To approve amendments to the Trust's Constitution
11. To encourage members of the local communities to become members of Medway NHS Foundation Trust
12. To oversee the Medway NHS Foundation Trust's Membership Strategy.

Additional Duties: As part of the Council of Governors for Medway NHS Foundation Trust you would also have a number of individual duties and responsibilities to fulfil, which include:

1. To abide by the Governors' Code of Conduct
2. To abide by the Trust's Constitution
3. To uphold the values of the Trust
4. To comply with the Trust's policies and procedures
5. To attend the Council of Governors meetings and training/development days
6. To actively engage with Medway NHS Foundation Trust members and local communities.

As part of the role of Public Governors for Medway NHS Foundation Trust, the

following time commitments apply:

1. Attending the quarterly Council of Governors meetings, and any extraordinary Council of Governors meetings that are called
2. To attend any Board Committees or Interest Groups to which you are a designated attendee
3. To attend any training or development days.

There are also some limitations to the role of Public Governor for Medway NHS Foundation Trust, which include:

1. The Council of Governors cannot veto or over-rule a decision made by the Board of Directors
2. The Council of Governors will not be involved in the day to day running of the Trust, setting budgets, staff pay or other operational matters
3. The Council of Governors has no role in considering the appointment or dismissal, appraisal, pay levels or conditions of services of Executive Directors
4. Governors do not raise complaints or act as advocates on behalf of individuals.

APPENDIX – METHODOLOGIES

Governor involvement – methodologies	Ambassadorial role	Receiving information on performance/changes and gaining assurance on the performance of the NEDs	Sharing information on performance and changes with members	Feedback to the Trust on members' views
Having an input into Trust objectives and strategy				
Input into the development of the operational/strategic plan through the Council of Governors		X		
Attendance as designated attendees or observers at Trust committees/groups		X		
Input into the Quality Account Priorities		X		
Involvement in the community engagement agenda	X		X	X
Input into the Governor Involvement Strategy		X	X	
Involvement in the Membership Engagement Strategy	X			
Engagement in the quality agenda, including Patient-Led Assessments of the Care Environment (PLACE) and preparations for Care Quality Commission (CQC) inspection		X		
Supporting the Friends and Family Test process, by encouraging service users and carers to provide their feedback	X			X
Understanding the service user experience	X			X
Receiving regular information				
Receipt of Trust activity reports, trends and performance metrics		X		
Reading performance Board reports		X		
External reports such as from the CQC and associated action plans		X		
Chief Executive's weekly email		X		

News updates from the Chair and Lead Governor		X		
Board feedback via the Governor Board representative		X		
News@Medway		X		
Training and development		X		
Engagement and sharing information				
Annual Members' Meeting			X	
Member events	X		X	
Meet the Governor and member recruitment sessions	X		X	
Regular organised interface with Trust staff in clinical areas.				X
Involvement in the planning of patient events such as open days and charity fairs	X		X	
Taking part in engagement events organised by other health and care organisations across Medway and Swale	X		X	X
Connecting with the community through Governors' own networks	X		X	X
Forging links with Governors in other Trusts to adopt best practice	X		X	
Forming relationships with Healthwatch	X		X	X
Presenting to local voluntary and community groups to share information about the Trust and gain feedback	X		X	X
Taking part in service redesign groups			X	X
Governors developing building their own knowledge, gaining assurance and providing feedback				
Preparing for Council of Governor meetings by reading background reports		X		
Observing Board meetings held in public		X		
Attending Board sub-committees as members and observers		X		
Participating in Trust events	X		X	
Buddying with Executive Directors to participate in walkabouts		X		
Taking part in CQC mock inspections		X		
Taking part in PLACE assessments		X		
Building links with volunteers	X		X	X

Community Engagement Strategy



1 Introduction

Evidence and evaluation shows that good public engagement benefits both the community and the organisation. The organisation develops better services and the community benefits from better health outcomes. We believe it is only right that the people who use our services should have a say in how we develop and improve them.

We have a legal duty to involve (Section 242 of the NHS Act 2006) patients and public when developing or changing services. Additionally, there is a duty to promote equality under the Equality Act 2010 and seek to reduce health inequalities under the NHS Act 2006.

Patient participation, insight and the views of the public should be at the heart of the service from the start. This is reflected in many papers and also referred to in the NHS Constitution and Five Year Forward View.

The Trust has processes in place to carry out meaningful engagement and to actively involve and seek feedback from patients, carers, public, members, stakeholders and the wider community, about our services. This is in line with the Trust's aims on service delivery, development and transformation. And feedback will be used to help shape and influence decision making, planning and driving improvements in the quality, safety and efficiency of our services.

2 Why engagement is a priority

a) It aligns to our **vision and values**.

Our vision is to deliver the best of care. We can only do that by listening to people who use and care about our services, understanding their diverse health needs better, responding to what matters to them, and by harnessing their information, intelligence and expertise to plan, design and deliver services.

Two of our values are "Together" and "Every person counts." As part of "Together," we commit to being inclusive. We cannot be inclusive if we do not listen to, and engage with, our community.

- ### b) Evidence and evaluation shows **that good public engagement benefits both the community and the organisation** – the organisation develops better services, and the community benefits from better health outcomes.¹ The Francis inquiry into Mid Staffs shows that things went wrong when the Trust stopped listening to the needs of the local population.
- ### c) The **NHS Constitution** enshrines the right of the public to be involved in the provision of healthcare. It says: "You [the public] have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in services."

¹ See for example NHS England's Patient and Public Participation Policy, 2015

Where are we now – a SWOT analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • We have developed effective channels for communicating with a range of audiences. • Commitment to community engagement from the chair, chief executive, NEDs and governors • Large membership base – more than 15,000 members • Wide community support for the care the Trust provides • We have good relationships with local politicians and stakeholders • We have built relationships with community groups 	<ul style="list-style-type: none"> • Engaging / consulting with, and communicating to, the public about service developments, is not embedded in the organisation's psyche – colleagues don't always recognise it's something we should do • There are various tactical pieces of service engagement across the Trust but no co-ordinated plan underpinning it to improve patient experience • Although we have more than 15,000 members most of them are not actively involved • We have had to postpone our usual members' events due to the pandemic and now carry these out virtually only, until it is safe to return to face to face events and meetings
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Virtual events and meetings are now offered • Our Improvement Plan offers opportunities to engage on plans to develop and improve services • Governors are enthusiastic and want to engage with the community – plus the forthcoming elections should bring some further new energy • Local Healthwatch want to support us • Engaging members through the Medway and Swale Integrated Care Partnership 	<ul style="list-style-type: none"> • There could be latent hostility towards us that will spill out when we engage because: <ul style="list-style-type: none"> ○ Certain people / groups have had bad experiences at the hospital ○ There will be those that cannot or do not want to engage • Engagement around strategy / integration can be challenging. • Dealing with the pandemic has become a priority. • Community feeling anxious about the pandemic and may feel less inclined to engage

3 Our aims

The aims of our community engagement strategy are:

- To **ensure that our services are developed in the best possible way**, taking into account the needs, desires and ideas from the community – and through this, improve patient experience.
- To **promote good health and wellbeing** among the population, educate on how to prevent illness and how to tackle illnesses when they occur. This will benefit the community, but in turn the Trust, because the result should be fewer people needing to come to hospital and to the Emergency Department in particular.
- To gain **community input** into, and support for, the **integration** of services through the Medway and Swale Integrated Care Partnership.
- To **improve the reputation** of the Trust in the community, to foster trust and to enhance the view that we are “their hospital”
- To **aid our recruitment efforts**, because:
 - We will be tapping into places where future employees will come from
 - We will be enhancing the Trust’s reputation in the community.
- To provide **engagement opportunities for our staff** for example by enabling them to talk to schools, community groups and others about health prevention and health education colleagues.

4 Translating aims into action: principles underpinning our approach

We commit that we will:

- Inform, engage or consult the public before we make any significant changes that affect services.
- Forge links with all sections of the diverse community we serve – so we truly represent people of different genders, races, sexual orientations, abilities / disabilities, ages, nationalities and cultures.
- Target hard to reach groups of people who are likely to need our services regularly.

- Be proactive in our engagement rather than reactive, and two-way – we won't just inform, but will listen to suggestions on how to improve what we do, and act upon what we hear, and involve those with suggestions in our work.
- Ensure that our engagement in Medway is matched by similar engagement in Swale.

5 Translating aims into action:

- Individual engagement plans for Trust / wider health economy initiatives.
- Strengthening our membership and community networks by providing updates, support and encouragement to get involved and provide feedback.
- Refreshing pages on the Trust website with community engagement updates.
- Ensure promotion of news, services and opportunities to get involved.
- Introduce a yearly poll on what members would like from the Trust with regard to events and engagement opportunities.
- Participation in existing community forum events and meetings.
- A speaker programme where we will give talks to community groups.
- Holding our own community engagement to discuss and gain input into our strategy and plans.

Further details of how this might be implemented are set out in section 11 below.

6 Audiences

We already have strong relationships in place with our local MPs, health leads on both Medway and Swale councils and our local Healthwatch, with frequent meetings taking place with the Chairman and Chief Executive and regular dialogue with the communications team.

We have strong relationships with our health partners and Executive Directors work hard to widen and deepen these.

We also have a 15,000 strong membership with whom we correspond regularly.

Beyond these groups, as part of our community engagement, we will continue to engage with professional and business organisations, schools, further education colleges, and universities.

We will also work with the following groups (and others) to reach seldom heard audiences:

- Medway Pensioners' Forum

- Swale Seniors Forum
- Age UK Medway / Faversham and Sittingbourne / Sheppey
- MIND Rochester
- Mencap Kent
- Medway Citizens Advice / Citizens Advice Swale
- Medway Ethnic Minority Forum (if this still exists)
- Kent Association for the Blind
- Hi Kent (for people with hearing loss)
- Medway Credit Union
- Medway Foodbank
- Family Food Bank (operates in Sittingbourne and Sheppey)

Other residents' organisations

- Religious leaders
- Patient participation groups
- Residents' associations
- Community groups – Rotary Club, Round Table, Lions etc.

7 Types of engagement

The “Ladder of Engagement and Participation” is a widely recognised model for implementing different forms and degrees of patient and public involvement.

There are five steps of the ladder.

DEVOLVING	Placing decision-making in the hands of the community and individuals
COLLABORATING	Working in partnership with communities and patients in each aspect of the decision
INVOLVING	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered
CONSULTING	Obtaining community and individual feedback eg surveys, door-knocking, citizens' panels
INFORMING	Providing communities and individuals with objective information

Methods of engagement:

- Face to face or virtually: roadshows, focus groups, events and meetings (when it is safe to do so)
- News@Medway
- Member update from the Chair
- Email updates on news and opportunities to get involved to members
- Website
- Social media
- Local media
- Community contact channels
- Surveys or polls
- Members' events
- Council of Governors public meetings
- Annual Members' Meeting
- Board Meetings

8 Roles and responsibilities

The Board: responsible for owning the community engagement strategy

The Executive: responsible for regular review of the strategy and engagement plans

Director of Communications and Engagement: responsible for setting the strategy, co-ordinating the engagement activities undertaken by staff and governors and devising engagement plans for individual projects.

All staff: will have a duty to consider whether community engagement is desirable or necessary when devising a new initiative.

Governors: have a statutory duty to represent the views of members of the public, seeking the public's views, reporting these to Trust directors and feeding back to the public on what is happening within the Trust. We encourage governors to be active in doing this, ensure that we (the Trust and governors) engage with all the organisations with whom individual governors have contacts; however, we want to ensure that their activity is more closely co-ordinated by the Trust than at present and integrated with all other community engagement activities. In addition, they will continue their programme of engagement with Foundation Trust members, again ensuring this is aligned to the overall strategy and plan.

9 Measurement, evaluation and monitoring

We measure how successful we are in meeting our objectives of the strategy in a number of ways:

- An increase in the number of people signing up as Trust members, or of Trust members becoming active participants (this is an objective for the Trust and the Council of Governors).
- Compliments and complaints
- PALS enquiries
- Improved family and friends test scores
- Positive comments from local groups in the media
- Feedback at formal meetings (such as Board meetings)
- Comments on Patient websites, for example NHS Choices, and on social media sites.

Membership Strategy



Approved by Council of Governors – 17 April 2019
Approved by Trust Board – 2 May 2019
Review date: April 2021
Next review date: April 2023

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MEDWAY NHS FOUNDATION TRUST

Membership Strategy 2021 to 2023

1. About the strategy

The purpose of our Membership Strategy is to outline how Medway NHS Foundation Trust will build on membership recruitment and engagement activities, and how we will support, sustain and communicate with our membership. This strategy builds on the success of membership recruitment and engagement to date and outlines the Trust's membership plans over the period 2021 to 2023.

The strategy outlines the Trust's three areas of focus for the strategy:

Recruiting and
retaining
members

Communicating
with members

Engaging
members

2. Membership

Why do we have members?

All foundation trusts have a duty to engage with their local communities and encourage local people to become members of the organisation (ensuring that membership is representative of the communities that they serve). Annex A details the demographic information of our community and membership.

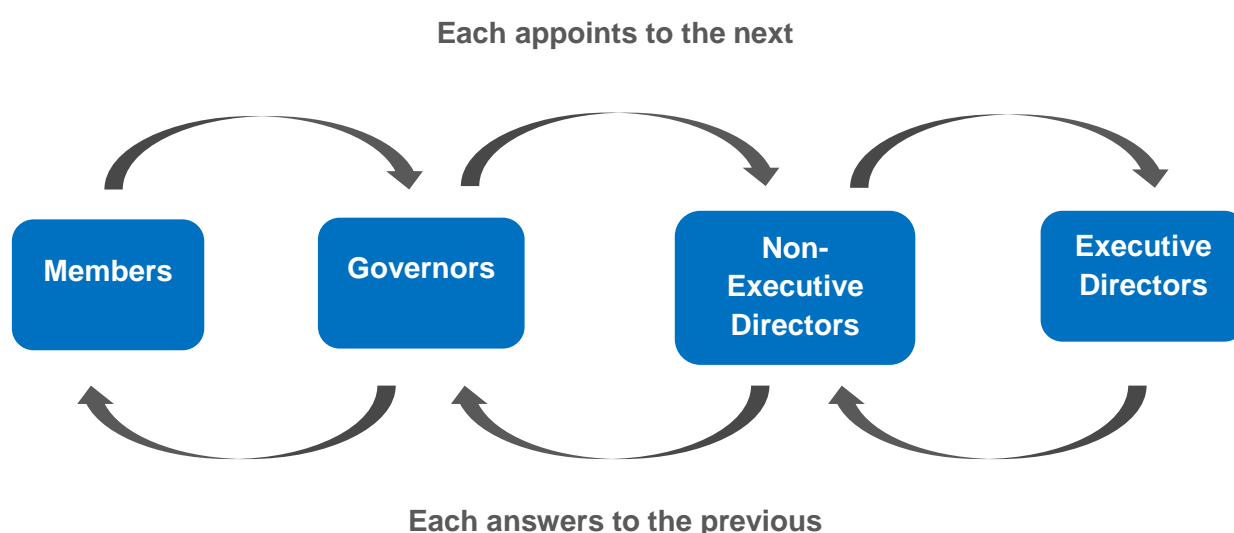
Becoming a member provides the opportunity to get involved, by sharing views and opinions which contributes to and supports improving services at the Trust. The Trust values its members and keeps them involved through regular updates, and by inviting members to take part in various groups, surveys, consultations and events. Members are also invited to vote for representatives on the Council of Governors.

Medway NHS Foundation Trust enjoys a high level of membership. Under our constitution we are required to have a minimum of 400 members. Our membership stands at more than 10,000 and includes public and staff members, therefore representing a healthy position.

More important than the number of members, is the level of engagement. We have greatly increased the engagement with our members through regular email updates and outreach activity. The excellent attendance at our Annual Members' Meetings is testament to the improvement level of engagement and this strategy sets out how we plan to continue to improve member engagement in future.

Governor elections

Members elect the majority of representatives on the Trust's 'Council of Governors', which in turn appoints the Chair and other non-Executive Directors to the Board of Directors. The Council of Governors job is to formally represent the interests of the membership and the wider public and to hold the Trust's Non-Executive Directors to account for the performance of the Trust's Board of Directors.



A representative and engaged membership will help our Trust to continue to maximise its potential as a foundation trust and is an important objective for the Council of Governors

Public governors have a responsibility to represent the interests of the trust members who elected them as well as other members of the public. Public Governors provide an important link between the hospital and the local community, enabling us to gather views from local people and to feedback what is happening within the Trust. They reflect members' interests and work on their behalf to improve health services for the future. By passing on ideas and suggestions members also can help Governors carry out their role effectively.

Staff governors have the same role as public governors in that they are responsible for holding the non-executive directors, individually and collectively, to account for the performance of the board of directors, and for representing the members of the staff constituency and the members of the trust as a whole. As employees of the trust, staff governors bring a unique understanding of the issues faced by an NHS foundation trust.

Partner governors are appointed by the bodies they represent – these include charities, local councils and local universities.

What membership means to us

Membership enables people to gain access to information, allows people to acquire knowledge and understanding about new and future developments and offers a way to influence services by providing feedback.

Membership provides a way for the Trust to connect with patients, carers and the public and gives us the opportunity to communicate with those who are interested in our work. It means we can keep people up to date with the latest events and developments.

We recognise people want different things from membership, depending on their needs and reason they became members. Many want to be informed, others more involved, and some want to take a lead.

We categorise the different levels of membership as follows and collect information on what members are looking for, when they join.



3. Recruiting and retaining our members

Becoming a member

Recruitment of members is currently achieved through membership recruitment stands, online activity and individual recruitment by Governors.

An analysis of recruitment shows an overall growth in membership. We will continue to organise recruitment stands within the hospital and external venues and continue our efforts to maintain the current level of membership when it is safe to do so. Our recruitment activities will be published on the membership section of the website (<https://www.medway.nhs.uk/membership/>) and promoted through social media.

Next steps:

- We will continue to explore opportunities for online engagement as part of our overall approach to member engagement
- When it is safe to do so (when COVID-19 restrictions are eased), we will look to identify opportunities in new locations where potential membership may be attracted (for example healthy lifestyle related clubs)

- We will pilot using a laptop/tablet on the recruitment stands to sign members up
- At the current time it is not possible to accurately track the origins of all membership recruitment. We will look to address this moving forward to inform future planning.

Retaining our membership

We will aim to retain existing members by continuing to communicate and engage through the activities described in the following sections and, importantly, communicating how member engagement has had an impact.

- A comparison of 2019 and 2020 membership figures shows an overall increase in membership with public and staff membership totalling 15,131. This reflects a slight increase in staff membership and a slight decline in the public membership with 10,551 public members as of 10 December 2020 compared to 10,648 in April 2019.
- Since the previous Membership Strategy 103 public members have joined and there have been 200 leavers (which includes a variety of reasons such as deceased members, moves out of the area and requests membership is stopped).
- The postponement of face to face recruitment activity has impacted on public recruitment – for example in April to June 2020 six members were recruited compared to 26 in the same period in 2019.
- The potential current reach by email to public members stands at 24 per cent. The absence of email addresses of many members relates to historic recruitment. In the recent Governor elections we included a request in the ballot paper for members to provide an email address if they had not previously provided this.

Through this strategy:

- We will look to streamline the routes of engagement between members, staff and the Trust, members and Governors and Governors and the Trust to avoid duplication and to ensure issues are addressed in a timely manner;
- We will review current systems to ensure a consistent service in responding to communication from members through whatever route they raise issues, ensuring the most appropriate team responds to the enquiry;
- We will find ways to highlight where issues raised by members have been addressed and the impact this has had;
- We will explore options to offer continued membership of Medway NHS Foundation Trust once staff leave, transferring to become public members;
- We will increase opportunities for Staff Governor engagement and communication with staff members.

Eligibility for membership

Public membership is available for any individual member of the public aged 16 and over who lives in Medway, Swale or the rest of England and Wales. Members are invited to “opt

in” by completing a written or electronic application form. Members are required to abide by the Trust’s code of conduct and public service values, and members may be disqualified if they do not comply ¹.

We are keen to involve our current and past patients and their carers and other members of our local community. We are also keen to involve those who live outside our community and who wish to become involved because they live within easy travelling distance, have some current or past connection with the Trust or may use health care services provided by the Trust.

Staff Membership – Staff are eligible to become staff members if they have a permanent contract, a 12 month or longer fixed term contract, have an honorary contract or are employed by the Trust although they work with other NHS organisations locally. Staff will automatically become members unless they opt out.

4. Communicating with members

News@Medway

The Trust distributes a quarterly magazine, News@Medway, which is available for people and members to pick up at from newsstands at various locations within the Trust as well as at Medway Council hubs. The magazine is also available electronically on the Trust’s website and members who have registered to receive e-communications from the Trust receive notification of each News@Medway edition.

Message from the Chair

Members also receive a regular e-bulletin from the Trust Chair.

Member newsletters

Regular updates are sent to members who have provided email addresses. We know from our tracking that these are opened by a reasonable rate of members and we will continue with this form of direct communication.

News updates and invitations

The Trust will share any news updates and also send invitations to take part in engagement opportunities and events.

Website

We have developed a members’ section on the main website www.medway.nhs.uk and members are able to raise questions and make comments through the membership office..

Social media

¹ Public Members may be disqualified if

- They have perpetrated a serious incident or violence in the past five years, towards any hospital or healthcare facilities or against any of the Trust’s , Non-Executive Directors, Council of Governors, in accordance with the relevant Trust’s policy for withholding treatment from violent/aggressive behaviour
- They have been confirmed as a “persistent complainant” in accordance with the relevant Trust’s policy
- Breached the Trust’s code of conduct

Staff members may be disqualified on the same basis as public members. In addition a staff member may be asked to temporarily cease membership activities during any period of suspension under the Trust’s code of conduct and associated staff policies and professional codes.

We will continue to use all our social media channels to promote members' activities and opportunities to engage.

5. Engaging with members

Member engagement is currently undertaken through the Annual Members' Meeting and a series of governor and membership events throughout the year.

The Annual Members' Meeting provides an opportunity for members to meet governors (their representatives) and senior staff of the Trust. It provides a good opportunity for the Trust to promote itself to increase membership.

Members' Meetings take place at least six times a year, the purpose of which is to inform, consult and engage with members.

In addition, from time to time the Trust offers engagement opportunities to get involved.

New for this strategy

- We have amalgamated the membership recruitment stand events with virtual coffee mornings and increased the frequency of these throughout the year. We are taking these out to the community in a variety of settings throughout the year when it is safe to do so;
- We will plan and communicate more widely, and further in advance, the series of member events;
- We will actively communicate through other organisations, highlighting these events with a view to increasing attendance.

6. Community Engagement

Aligned with our vision and values and our aim to deliver the best of care, our community engagement strategy is focused on listening to the people who use and care about our services. We want to better understand their diverse health needs, respond to what matters to them, and by harnessing their information, intelligence and expertise, plan, design and deliver improved services for a better patient experience.

Our Community Engagement Officer and Governors will continue to proactively engage with our local community. Through this work we continue to build strong trusting relationships and establish a presence within charitable and voluntary sector organisations, youth and carer groups, schools, as well with Black, Asian and Minority Ethnic (BAME) communities.

7. Evaluating and reviewing our work with members

A report on recruitment levels will be regularly submitted to the Private Council of Governors meetings, mapping new members to origins of recruitment where available, alongside a

summary of engagement with membership activities in the previous quarter so that Governors can review and plan the next tranche of activities informed by accurate information.

8. Membership support

The Trust has a responsibility to communicate with members. To this end the Trust and its Council of Governors will champion and promote membership as widely as possible.

We need to adequately resource our membership function and to ensure that it is appropriately integrated within the organisation. This requires a commitment to providing membership services over the long term, developing them as required and supporting skills development.

The Trust has a Membership Office, staffed by a part-time Governor and Membership Officer, with support from the Communications and Engagement team.

Annex A

Who our members are – local demographics

Public membership is available for any individual member of the public aged 16 and over who lives in Medway, Swale or the rest of England and Wales. We are eager to involve our current and past patients and their carers and other members of our local community. We would also like to involve those who live outside our community and who wish to become involved because they live within easy travelling distance, have some current or past connection with the Trust or may use health care services provided by the Trust.

Map of constituencies



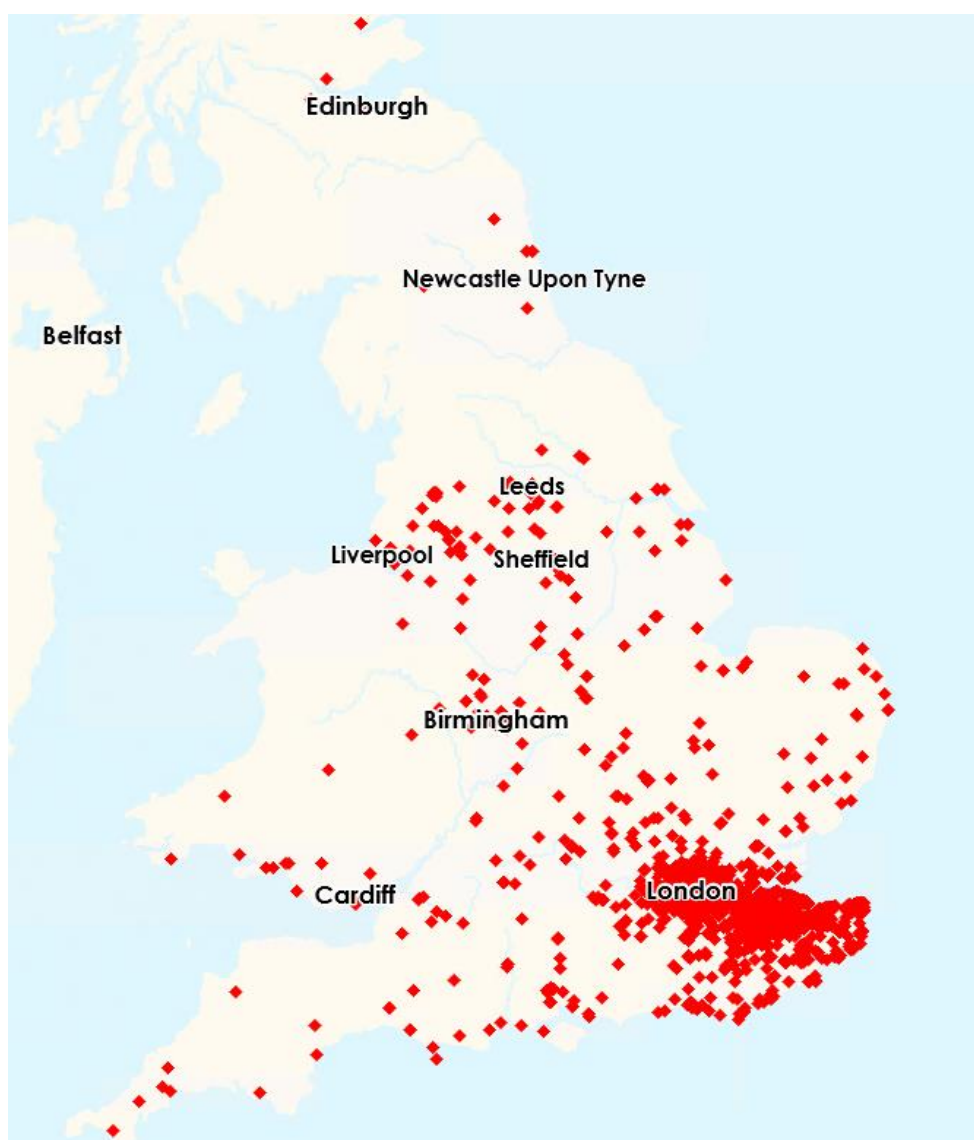
How our membership relates to current population

	Total population	Population split	Membership split (excluding rest of England and Wales)	Membership split (excluding rest of England and Wales)
Total	433,972	-	8,302	-
Medway	282,331	65.06 %	6,577	79.22%
Swale	151,641	34.94 %	1,725	20.78%

Distribution of current membership

	Membership as at 4 April 2019	Membership as at 11 December 2020
Medway	6639	6583
Swale	1757	1724
Rest of England and Wales	2251	2244
Public	10,647	10,551
Staff	4289	4580
Total	14,936	15,131

Outside the Medway NHS Foundation Trust constituencies there is a sizable cluster of members in Maidstone, a number in Gravesend, and a fair number scattered throughout London. Only part of Walderslade lies in the Medway constituency so a number of members who live here will show under Rest of England and Wales figures.



Profile of current membership

	Membership - as at 11 December 2020	
Age	10,551	
16-21	29	0.3%
22-29	996	9.4%
30-39	1,179	11.2%
40-49	1,151	10.9%
50-59	1,193	11.3%
60-74	1,721	16.3%
75+	1,383	13.1%
Not stated	2,899	27.5%
Gender	10,551	
Not stated	407	3.9%
Male	3,138	29.7%
Female	7,006	66.4%
Ethnicity	10,551	
White	7,034	66.7%
Mixed	128	1.2%
Asian or Asian British	526	5%
Black or Black British	400	3.8%
Other Ethnic Groups	32	0.3%
Not stated	2,431	23%

The Trust will review the membership data periodically to ensure that our activities target underrepresented groups to help ensure the public membership is representative of the population it serves.