



**Birmingham and Solihull
Mental Health**
NHS Foundation Trust

Membership and Governor Engagement Strategy

2018-2021



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Deputy Company Secretary

Version 3

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1. Introduction

As a Foundation Trust, Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) is required to take due account of the views of our key stakeholder groups to ensure that we provide services that are responsive and tailored to local needs. One of the ways we do this is through our membership scheme: service users, carers, public and staff are able to become members of the Trust and be regularly informed and consulted about our plans and performance. Members also elect the majority of representatives on the Trust's 'Council of Governors', whose job it 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 BSMHFT's Board of Directors.

Ensuring an effective membership is therefore a key governance issue which requires a clear and coherent strategy. This document aims to set out BSMHFT's strategy in relation to Trust membership. It has been developed in line with the Trust's constitution and in close consultation with BSMHFT's Governors and members. The strategy explains what the Trust aims to achieve through its investment in its membership scheme, articulates four key areas of focus for the strategy, and describes the core resources that will be required to support this work.

2. BSMHFT's core aims for BSMHFT's membership

- To support the Trust's strategic objectives by facilitating the involvement service users, local residents and staff in the development and improvement of Trust services;
- To enable service users, carers, local residents and staff to help shape the Trust's future by facilitating their regular input into the Trust's forward plans and key strategic initiatives (e.g. clinical strategies, service redevelopment etc.);
- To enable the Trust Board to have a clearer line of sight to issues or risks that need to be resolved, by facilitating communication between the Board and those who directly experience or deliver Trust services;
- To support the Trust's values, particularly in relation to working with our service users as part of the wider team in their journey to recovery;
- To support the Trust's emphasis on early intervention by serving as a vehicle to raise awareness and reduce stigmas around mental health and substance misuse within the communities served by the Trust;
- To provide the Trust with a pool of potential Governors, volunteers, service user representatives and research participants;
- To serve as a vehicle to promote other community-oriented initiatives such as peer support, the Recovery College, recruiting staff from within the local community, etc.;
- To provide a membership 'service' that itself makes a valuable contribution to recovery, e.g. by:
 - Helping service users to become more informed about their illness and the treatments and support that is available to them;
 - Creating a space for expression, shared learning, relationship building and networking;
 - Empowering service users to take on leadership roles within the Trust (e.g. by becoming a Governor, volunteer, service user representative, or Recovery College students); and

- Enabling service users to have a bigger voice and greater choice in relation to the services offered by the Trust.

3. How we will achieve these aims

To realise the aforementioned aims, the Trust the Trust will focus on four key areas / 'domains', which are out in the following section.



3.1 We will grow a sizeable and representative membership

3.1.1 Rationale

1. BSMHFT has grown its membership significantly since becoming a Foundation Trust and has worked hard to ensure that this has remained both demographically and geographically representative of the people we serve. The rationale for this focus is as relevant today as it was when we became a Foundation Trust and BSMHFT will continue its focus on representative growth for the foreseeable future. The main reasons for this focus are as follows:
2. As the size and diversity of our membership increases, the more reliable it becomes as a 'representative sample' which can be used by the Trust to gauge local views and priorities to help shape our policies and plans;
3. A larger and more diverse membership implies greater potential benefits for the Trust (see the above section on 'core aims for BSMHFT's membership'). For example, the Trust's ability to raise the profile and awareness around mental ill health is enhanced by creating more links into the community; and

4. A larger and more diverse membership means more potential candidates and voters in Council of Governor elections, which can improve the quality and increase the democratic mandate of elected Governors.

3.1.2 Approach

The Trust will employ a wide range of recruitment methods to help build the membership, for example:

- Face-to-face and postal recruitment campaigns;
- Encouraging members and volunteers to recruit members;
- Encouraging Governors, Directors and Trust staff to recruit members;
- Ensuring availability of membership forms within waiting area's (where appropriate) and at site receptions;
- Including membership forms within regular correspondence (e.g. appointment letters);
- Recruitment via community, housing, charity and educational organisations;
- Recruiting at Trust events;
- Recruitment through an online membership form on the Trust website; and
- Inviting eligible staff members who leave the Trust to become public members

3.1.3 Monitoring and evaluation

The Trust will report on progress in the Trust's annual report.

In-year progress will be monitored on a quarterly basis by the Council of Governors.

Regular reports to the Council of Governors will include:

- Membership totals within all constituencies;
- Membership churn, i.e. the number of 'joiners' and 'leavers' within the public and service user membership constituencies per month; and
- Diversity reports, i.e. comparisons of the Trust's public membership demographics to those within the local population.

3.2 We will develop and maintain an active and engaged membership

3.2.1 Rationale

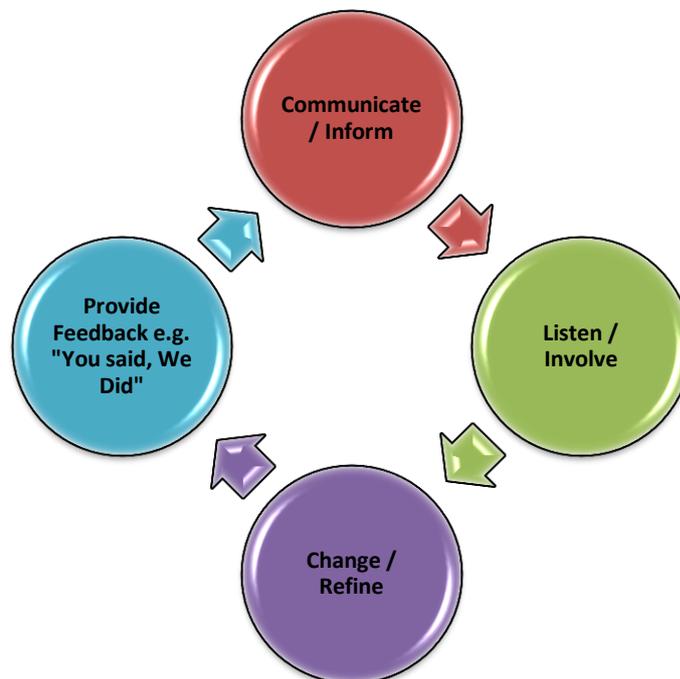
Regardless of how large and representative the Trust's membership becomes, the success of the scheme in achieving the aims outlined in section 2 ultimately rests on there being an effective and ongoing exchange of information between the Trust and its members. This, in turn, depends partly on applying the right communication and engagement 'tools'; but more fundamentally it is about strengthening confidence in membership as a way to affect change and normalising a collaborative culture between the Trust and its stakeholders through membership communication and engagement initiatives.

A key risk to the success of the Trust's membership programme is a breakdown in this exchange due to engagement with members being neglected, membership not focusing on areas of interest or importance to members, or a failure to demonstrably translate member feedback into action. It is

difficult to restore the Trust's relationship with members once this happens and so it is vital to ensure that the Trust has a coherent ongoing communications and engagement programme in place and that it invests sufficient time and resources to its ongoing development.

3.2.2 Approach

To ensure that the Trust's engagement programme remains relevant and of interest and value to members, the Trust will develop annual implementation plans which set out a bespoke programme of communications and involvement opportunities for each financial year. These plans will be informed by developments at the Trust, the input of Governors and feedback from members (through an annual survey) on how we can improve our performance.



In general, the principle of an 'engagement loop' will be utilised wherever appropriate to ensure that members see the benefits of their involvement:

- Members will be informed about key Trust developments and plans at an early stage so that they can have a meaningful input;
- We will listen to and involve members in different ways to ensure that we get as much useful feedback as possible;
- We will factor the response we get from members into our plans before they are finalised and document how these have changed as a result of responses;
- We will communicate the findings of our communication with, and involvement of, members back to the membership and provide feedback on how these findings have changed our plans.

Membership tiers:

The Trust recognises that there are different levels of engagement and also that members will have differing levels of interest and time available for involvement. As such, we aim to provide different kinds of engagement opportunities and to enable members to choose the degree to which they

would like to be involved at the point at which they sign up as a member, by choosing between three membership 'tiers', i.e.:



Be informed:

Receive regular newsletters, information and updates and be notified about important involvement opportunities.

Be involved:

Informed (as above) plus regularly consulted on the Trust's plans and invited to participate in events, surveys, focus groups etc.

Take a lead:

Informed and involved (as above) plus personal invitations to stand for election as a governor, participate in formal service user representative forums, volunteer or join special feedback groups.

All members will retain their statutory rights, e.g. to vote or stand as a governor in Council of Governor elections and to vote on any changes to the constitution involving governor powers.

Tools for informing members

The Trust will ensure that members have access to regular and timely information about the Trust's plans, services, involvement activities and accomplishments. Examples of ways in which we will communicate with members include:

- A welcome letter / email with key information sent to all new members;
- Membership information and opt-out forms provided to staff at inductions;
- A regular Trust Talk Magazine;
- 6 Monthly membership e-bulletin for members with email addresses;
- Membership pages on the Trust's website and intranet;
- Additional key information (such as public board papers and the Trust's annual report) published on the website and intranet;
- A governors' annual report, summarising the work undertaken by the Council of Governors on behalf of members and the public;
- Communications through Social Media;
- A formal briefing on BSMHFT's performance through an Annual Membership Meeting;
- 'Medicine for Members' / 'Expert Talks' information sessions on Trust services;
- Email communications with members around key developments at the Trust; and
- Election material sent to all members.

Tools for involving members

The Trust will primarily involve members as follows:

- Statutory involvement: e.g. Council of Governor elections, voting on changes to the Trust's constitution relating to governor powers, Annual Members Meeting;
- Membership 'forums', focus groups and workshops (e.g. concerning the Trust's forward plans, redevelopment work, clinical strategy implementation);
- Family Open Days;
- Opportunities to become involved in inspections / patient experience programmes;
- An annual member survey (hard copy and online) to gauge feedback on membership, elections and governor performance;
- Add hoc online/postal/SMS surveys and polls;
- Opportunities to meet Governors;
- Opportunities to become involved in Trust research;
- Access to a membership office between 9am and 5pm, Monday to Friday;
- A 'contact the membership team' facility on the website; and
- A 'Governor' area on the website and intranet;

Opportunities for developing leaders within the membership

The Trust will provide leadership opportunities for members who wish to play a more prominent role. These opportunities will primarily be through:

- Opportunities to volunteer;
- Regular opportunities for members to stand for election as a Governor (see appendix 2 for more information on Governors);
- Invitations to join a service user forum;
- Invitations to become involved in the 'Recovery College'; and
- Invitations to join 'special feedback' groups which will have more substantial involvement in particular trust initiatives e.g. implementation of our Clinical Strategy, new technologies, and redevelopment.

3.2.3 Monitoring and evaluation

Membership activity and engagement will be monitored by the Membership Engagement Working Group which, in addition to helping to shape annual implementation plans, will be provided with regular updates on:

- Attendance at events;
- Member feedback and resulting changes;
- Demographic information of individuals who leave the membership (to help identify any recurrent trends);
- Analysis of reasons given for leaving Trust membership;

- Details of Council of Governor Electoral performance including:
- Percentage of elections contested;
- Average number of candidates per seat;
- Voter turnout relative to other Trusts; and
- Demographic profile of voters compared to overall membership;
- Feedback from members provided through an annual members survey.

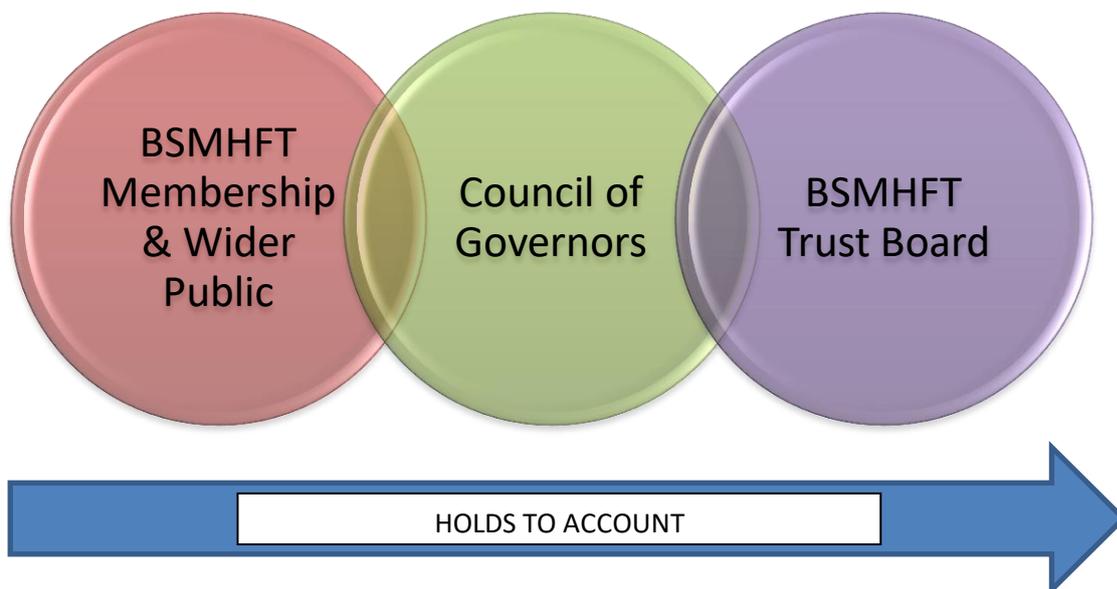
3.3 We will strengthen our accountability to the membership

3.3.1 Rationale

The Health and Social Care Act (2012) states that the fundamental duty of a Foundation Trust board is to promote the success of the organisation so as to maximise its benefits to members of the Trust and the wider public. To ensure that we are doing this as a Trust, it is vital that we focus on strengthening the lines of communication between the Board and members so that the Board has a continuous 'line of sight' to the views and priorities of members and the public, and so that members and the public are assured that the Board is performing as an effective steward of public assets.

While some communication between the Board and the membership and public will be direct, much of the accountability of the Board to its members and the wider public is assured by a largely-elected Council of Governors, which has two fundamental statutory roles:

- To 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 Board;



3.3.2 Approach

Because much of the Board's accountability to members and public is indirect, it is vital to ensure that the links between members and Governors, and Governors and the Board are robust so that a

gap does not emerge between member and public interests and Board decisions. Focusing on strengthening these key links in the Foundation Trust Governance model is therefore a priority area within this strategy.

Tools for strengthening the links between members and Governors

Year-round facilitation

The Trust will promote Governors' ability to represent the interests of the membership and the wider public by:

Investing in the training of Governors with a particular focus on membership engagement and accountability;

Facilitating communication between Governors and members through:

- Keeping members informed about who their Governors are and how to contact them e.g. via the website, Trust Magazine and membership welcome letters;
- Providing access to a feedback form on the Trust website so that members can ask queries of Governors;
- Bringing Governors together with members at public meetings and inviting members to attend Council of Governor meetings;
- Encouraging governors to participate in Governor site visits and to speak to service users about their experiences;
- Involving Governors in membership recruitment;
- Publishing Council of Governor meeting papers and minutes on BSMHFT's website;
- Sponsoring and facilitating a Governor Annual Report, summarising Governor's achievements and priorities for members;
- Keeping members informed about Governor Working Groups and enabling them to submit questions for exploration by these groups;
- Enabling members to evaluate the effectiveness of Governors in representing their interests through an annual members' survey; and
- Enabling members to make informed choices during elections by publishing individualised information on governor performance e.g. meeting attendance.

Council of Governor Elections

Elections are a vital means through which Governors are held to account by the membership and provide an opportunity for Governors to be judged on their performance and to explain to the membership why they should be elected and how they will represent member and public interests if elected. As such, the Trust will invest in high quality elections, run by a leading electoral services provider.

The Trust will aim to continuously improve the quality of its elections through a focus on maximising the number of candidates per contested seat, boosting electoral turnout, and working to ensure diversity among those who vote and stand for election. The Trust will work closely with the Electoral Services provider to:

- Ensure that election material is accessible, easy to understand and visually appealing;
- Ensure that election material contains additional objective, balanced and fair information about the candidates (e.g. meeting attendance for those up for re-election) to enable voters to make an informed choice;
- Ensure that members have different options (hard copy, electronic) for accessing election information, nominating themselves and/or casting their votes;
- Ensure that voting materials are available in various formats (e.g. Easy Read, Braille) and languages; and
- Build awareness, understanding and interest in the Council of Governors, particularly in the run up to elections.

Tools for strengthening the links between Governors and the Board

The Trust will promote the ability of Governors to hold NEDs to account for the performance of the Board through:

- Investing in the training of Governors with a particular focus on accountability and ensuring understanding of the relative roles of the Council and the Board; and
- Facilitating communication between Governors and the NEDs whom they hold to account through:
 - Facilitated discussion between Governors and NEDs at full Council meetings;
 - Regular access to the Trust Chair.
 - Keeping the above methods under constant review to ensure they are effective.

3.3.3 Monitoring and Evaluation

The Trust will primarily evaluate the quality of governor-member engagement through:

Feedback from the membership through an annual member survey concerning the degree to which members feel that Governors represent their interests and how this can be improved; and

Evaluation of the quality of Trust elections through:

- Election reports, which evaluate the number of candidates per seat, percentage of seats contested, voter turnout and the diversity of voters and candidates; and
- Feedback from an annual membership survey, which will include questions around the quality of the elections and any reasons for not voting.

The Trust will primarily evaluate to Governor-NED engagement through

- Feedback from governors through an annual governor survey; and
- Feedback from Governors through the annual NED and Chair's appraisal process.

3.4 We will continue to learn and improve

To ensure that both members and the Trust get the best out of membership, we will build mechanisms for learning and improvement into all membership initiatives. Members will be able to provide feedback at any stage (daniel.conway@nhs.net / 0121 301 1096). The Trust will also actively seek to learn lessons through:

- An annual membership survey;
- Feedback from Governors through the annual NED's and Chair's appraisal process;
- Findings from Election reports;
- Feedback and input from the Council of Governors ;
- Feedback forms at events; and
- Membership database reports (e.g. meeting attendance, membership growth, membership demographics, etcetera).

4. Using Online Resources

The Trust's website will often be the first port of call for anyone interested in finding out more information about a trust, its services and membership. The Trust will need make sure that the membership section on the website is not buried and accessible. The existing website features information on member events and how to get involved, however we propose to further develop a dedicated area of the website through which we can directly communicate with our membership and deliver targeted information. For example a refresh of the 'membership zone' could feature events, the latest version of the e-newsletter, summaries of past Your Health Matters events and whichever other materials we feel would be of interest to members. The plan is to undertake further development work of the website during 2019.

The Trust will look at using social media outlets to communicate with members. It is important to have a reason for communicating through social media - social media is a vehicle for communication, not the message itself. In addition to posting messages about membership, we will with the communications team to see if they have any messages to communicate on health or other trust campaigns.

Social media channels are increasingly used by anti-stigma programmes to share their work and influence public attitudes. By utilising social media it could allow the Trust to respond to topics the members are discussing and help drive the themes of the membership events.

We will proactively continue to seek permission from the historic members to move their preferred method of contact from postal to email. This would allow the Trust to increase the level of members who are more immediately contactable. By having an electronic communications pathway with the membership it would cut the cost of Governor elections as the nomination and voting material can be shared electronically, as well as the cost of general postal communications such as Trust Talk.

5. Resourcing membership and governor development

The Trust will commit sufficient resources to enable the achievement of its membership objectives. The most significant recurrent costs will include third party administration of the Trust's elections, an annual service fee for the Trust's membership database, Governor training and expenses, and hosting and catering for the Annual Membership Meeting.

In addition the Trust will need to fund regular communications and activities aimed at recruiting, supporting and engaging members, which may require externally commissioned specialist services, e.g. design and print, mailing services, large-scale recruitment drives, etc. The Trust will assess the resource requirements for recruitment and engagement on an annual basis.

The Trust will also actively work with partner organisations to identify opportunities for working in partnership to help improve effectiveness and reduce costs, for example through shared

membership recruitment and engagement initiatives, as well as through co-commissioning Governor training and development.

6. Give feedback on this strategy

To provide feedback on this strategy or to request further information, please contact the Trust's membership office at daniel.conway@nhs.net / 0121 301 1096.

Appendix 1: Who are our members?

The Trust's membership community is comprised of four constituencies: service users, carers, staff and public members.

Service Users' and Carers' Constituencies

- An individual who has, attended any of the trust's hospitals as either a patient or as the carer of a patient may become or continue as a member of the trust.
- Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the Service Users' and Carers' Constituency.
- The Service Users' and Carers' Constituency shall be divided into four descriptions of individuals who are eligible for membership of the Service Users' and Carers' Constituency, being referred to as a class within the Service Users' and Carers' Constituency.
- An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Service Users' and Carers' Constituency.

Class of Service Users' and Carers' Constituency	Minimum number of members
Birmingham Service Users	10
Solihull Service User	10
Rest of England and Wales Service User	10
Carer	10

Staff Constituency

- An individual who is employed by the trust under a contract of employment with the trust may become or continue as a member of the trust provided:
- They are employed by the trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- They have been continuously employed by the trust under a contract of employment for at least 12 months.
- Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.
- Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- The Staff Constituency shall be divided into three descriptions of individuals who are eligible for membership of the Staff Constituency.

Class of Staff Constituency	Minimum number of members
Medical Staff	10
Non-Medical Clinical Staff	10
Non-Clinical Staff	10

Public Constituency

- An individual who lives in an area specified in table below as an area for a public constituency may become or continue as a member of the trust.
- Those individuals who live in an area specified as an area for any public constituency are referred to collectively as the Public Constituency.

Class of Public Constituency	Minimum number of members
Birmingham	10
Solihull	10
Rest of England and Wales	10

Appendix 2: Governor’s Roles, responsibilities and powers

The key roles of the Council of Governors, both individually and collectively are:

- To 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 Board;

In performing these two core functions, the Council has a number of responsibilities and duties as laid out in the National Health Service Act 2006 and the Health and Social Care Act 2012:

Statutory roles and responsibilities of the council of governors		Additional powers
2006 Act	Appoint and, if appropriate, remove the chair;	In preparing the NHS Foundation Trust forward plan, the board of directors must have regard to the views of the council of governors.
	Appoint and, if appropriate, remove the other Non-Executive Directors;	
	Decide the remuneration and allowances and other terms and conditions of office of the chair and	

	<p>the other Non-Executive Directors;</p> <p>Approve (or not) any new appointment of a chief executive;</p> <p>Appoint and, if appropriate, remove the NHS Foundation Trust's auditor; and</p> <p>Receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors.</p>	
Amendments to the 2006 Act made by the 2012 Act	<p>Hold the Non-Executive Directors, individually and collectively, to account for the performance of the board of directors;</p> <p>Represent the interests of the members of the Trust as a whole and the interests of the public;</p> <p>Approve "significant transactions";</p> <p>Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;</p> <p>Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions; and</p> <p>Approve amendments to the Trust's constitution.</p>	<p>The council of governors may require one or more of the directors to attend a governors' meeting to obtain information about performance of the Trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the Trust's or directors' performance.</p>