



**LOOKING AFTER LONDONERS**

**NHS FOUNDATION TRUST  
MEMBERSHIP STRATEGY**

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## **1. The London Ambulance Service as an NHS Foundation Trust**

Becoming a Foundation Trust will enable patients, members of the public and staff to have an opportunity for increased involvement in the development and delivery of emergency services by the London Ambulance Service (LAS). For our patients and the population of London this involvement will build on our existing patient and public involvement and public education strategies and established relationships with community groups.

This document describes our strategy to attract, engage, retain and develop a significant representative and diverse membership for London Ambulance Service NHS Foundation Trust. As a public benefit organisation we believe that membership will enable us to deliver health care services more effectively for our patients and the community of London.

### **1.1 Who We Are**

We provide an emergency healthcare service for over seven and a half million people living in London, as well as visitors and commuters to the city. Our service extends over an area of approximately 620 square miles, from Heathrow in the west to Uxbridge in the east, and from Enfield in the north to Purley in the South.

We are the only London-wide NHS trust, have more than 4,000 staff and an annual turnover of around £260 million. As an integral part of the NHS in London, we work very closely with hospitals and other healthcare providers, as well as other emergency services.

We understand that the process of building a meaningful membership needs time and resources. We are committed to achieving the objectives set out in this document and recognise that this is a long term commitment and investment. It is a learning process for all of us in these early stages, for the public, our staff, our future governors, our partners and our members themselves.

The LAS faces unique membership challenges in developing its membership that are different as an ambulance service from the acute hospital sector. As London's mobile health service these include engagement with a large transient population (800,000) including commuters who visit and leave the capital daily. The LAS has set out its initial response to these challenges in the foundation framework provided by this strategy. It is recognised that a flexibly evolving and multi-faceted approach will need to be part of the vision for our member engagement. The Trust has sought to address these challenges throughout the strategy.

## **2. Objectives for membership and framework**

The membership has a major role in supporting the achievement of the Trust's objectives with a focus on growing an inclusive culture of public engagement within the organisation.

The Trust will set realistic targets, reflecting the need to develop and implement best practices in order to become an exemplar Foundation Trust membership organisation.

Becoming a member of a Foundation Trust offers an individual the opportunity to act as a guardian overseeing the Trust's strategic vision. The needs and health concerns of London's communities will inform the Trust's stated vision.

The membership as guardian will determine how we can develop patient-centred services that improve directly our patient's experience.

## **2.1 Our membership objectives are:**

- To achieve a membership consisting of the range of diverse communities of London's population and workforce.
- To focus on the development of our membership base and member-relations activities in order to achieve a representative membership for our maiden year as an FT i.e.2011/12.
- A Governing Council reflecting a quality membership.
- As an FT we will maintain our compliance with our constitution. This will be achieved by a range of initiatives which will include inputs from our Communications and Governance teams.
- To build our Patient and Public Involvement Strategy and our Public Engagement Strategy so that our members feel involved, engaged and real partners in our future as a public benefit corporation.
- To maintain a membership services function that achieves full compliance with regulatory requirements, including a well-managed membership database and progressive mechanisms to support membership development.
- To ensure the opportunity to become a member of the LAS is accessible to all of the eligible community.
- To ensure we take every opportunity to promote membership.

Members will be informed of activities and plans, listened to and their views taken into account as the Trust develops plans and delivers its services now and in the future.

However, people will wish for different levels of involvement and engagement and we will recognise, respect and respond to this. For those who wish to be more actively involved there is the opportunity to become a Governor.

Membership does not provide any special access to our services or treatment provided for healthcare purposes. Membership is free and members will not receive any payment.

Our membership will be built on a framework that will consist of the following:

- Membership will be open to anyone aged 16 or above.
- Seven public constituencies based on London's healthcare commissioning sectors.
- A staff constituency comprising two classes: front line and support.
- A Council of Governors consisting of governors elected by our members or appointed by local and partner organisations, such as local authorities and primary care trusts, and the staff council of the London Ambulance Service.
- An accurate and informative members register, managed by an external supplier which will be held on a secure and confidential database, which will be managed in accordance with the Data Protection Act 1998.

Members will be able to:

- Become actively involved in our work and help shape our future plans.
- Get a better understanding about what we do, and help promote our work.
- Be consulted on any major changes that we are proposing to our services.
- Receive regular information about what we are doing.

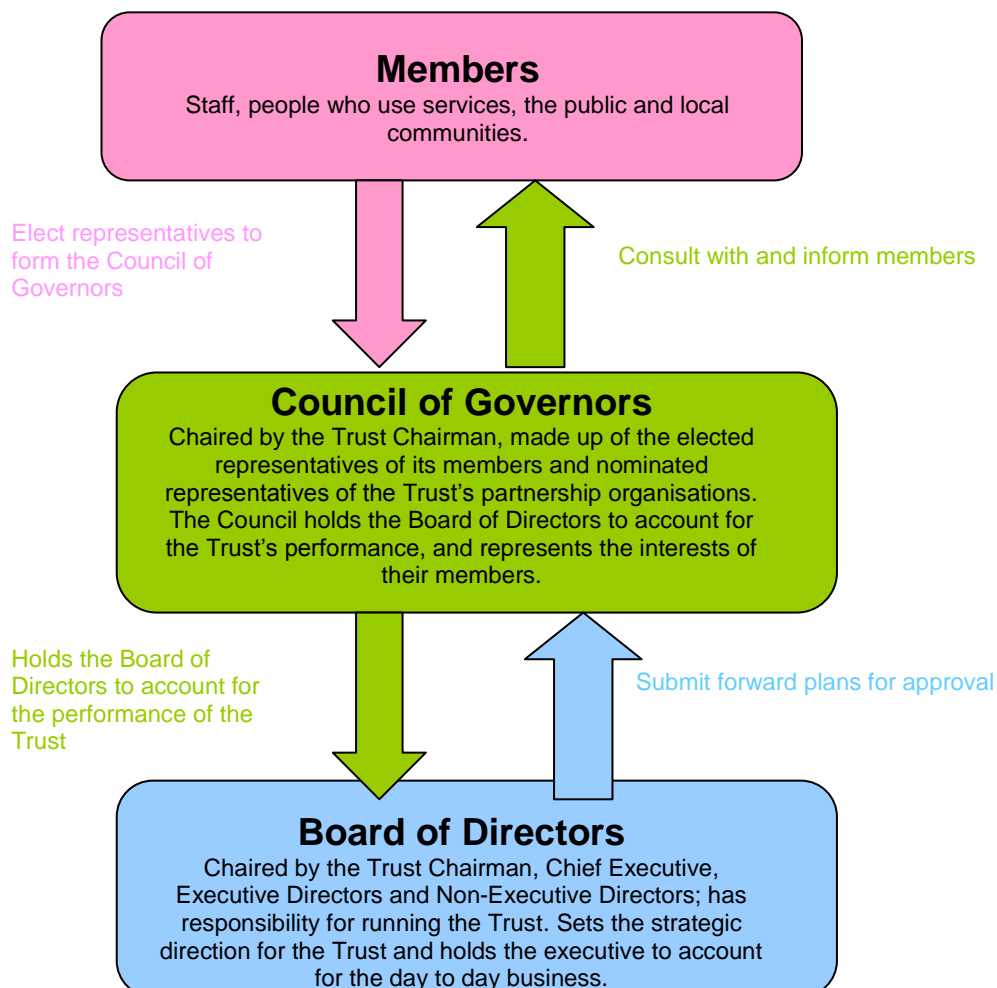
- Attend open days, seminars and events.
- Take part in focus groups and surveys.
- Elect governors to represent their views on our Council of Governors.
- Stand for election as a governor.

## 2.2 Council of Governors

The Council of Governors will have a key role in supporting, leading and developing our membership. The effectiveness of the Council of Governors will be measured against how it can execute its role and responsibilities which are:

- Advisory: advising the Board or Directors on the strategic approach of the LAS.
- Guardianship: to act as guardian of the LAS on behalf of the local communities that constitutes the population of London.

To enable the Council of Governors to be effective in their role the Trust will provide induction, training and development.



## 3. Defining the membership community

We need to ensure that our membership numbers are manageable, can be resourced appropriately, and most importantly, reflect the diverse communities we serve. We aim to have a public membership of approximately 6,000 by the time we become a Foundation Trust in 2011/12.

By the end of our first year as an NHS Foundation Trust we aim to have increased our public membership to 8,000. We have 7 public constituencies each represented by two elected Governors (one for the outside London area).

There will be eight membership constituencies – 7 public and 1 staff (divided into two classes).

### 3.1 The public constituencies

Public membership is available for any individual member of the public aged 16 and over and resident in a London borough or county in the surrounding SHA boundaries ie East of England: Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk; South East Coast: Surrey, Sussex and Kent; South Central: Oxfordshire, Buckinghamshire, Berkshire, Hampshire and the Isle of Wight.. Members will be invited to join by completing a registration form; this will ensure that we have a group of members who have made a positive choice.

We will have 7 public constituencies, 6 are based on the health sectors of London and one is for members 'Outside London'. See appendix 1 (page 24)

The following tables and graphs (Figure 1 – 4) show the population profile by size, ethnicity, social grade, age and gender.

The table in **Figure 1 (Source: 2001 Census)** below shows area breakdown, Governor representation, population size and percentage.

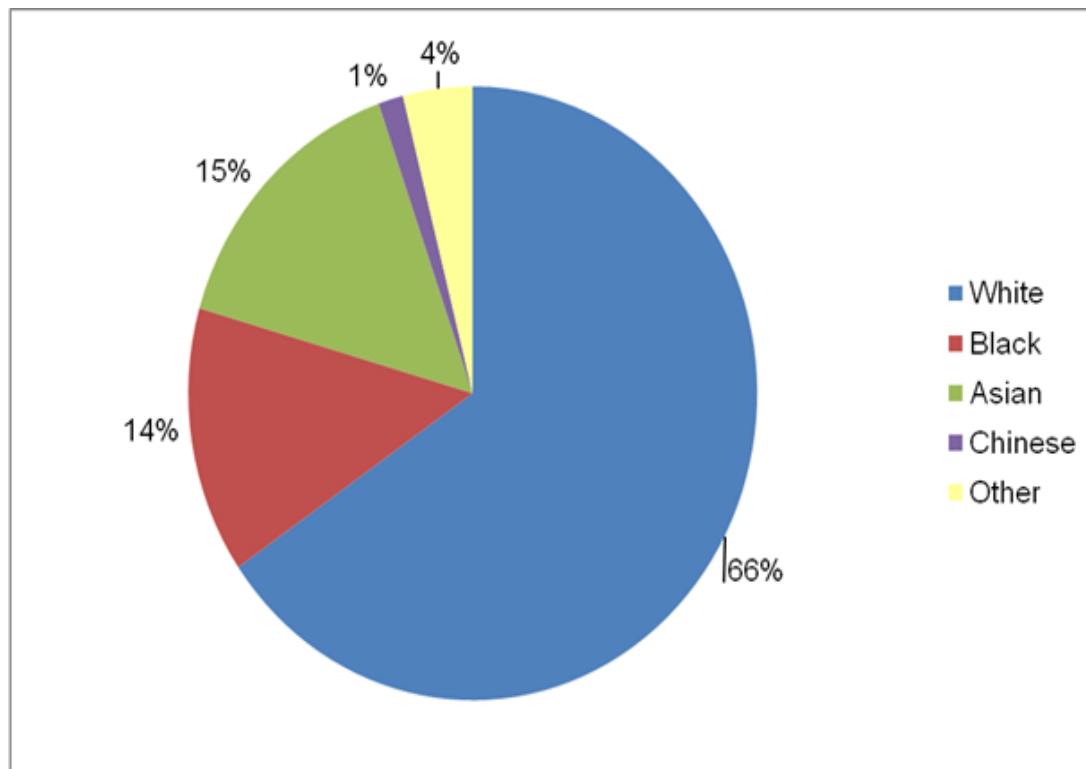
| Constituency Area   | No. of Governors | No of boroughs | Pop. size | % Pop. |
|---|------------------|----------------|-----------|--------|
| <b>North West London (NWL)</b><br>Including Ealing, Harrow, Brent. Hillingdon, Hounslow, Hammersmith & Fulham, Westminster and Kensington & Chelsea | 2                | 8              | 1,732,020 | 24.15  |
| <b>North Central London (NCL)</b><br>Including Barnet, Enfield, Camden, Islington, Haringey   | 2                | 5              | 1,178,447 | 16.43  |
| <b>Outer North East London (ONEL)</b><br>Including Waltham Forest, Redbridge, Barking & Dagenham and Havering                                       | 2                | 4              | 845,168   | 11.78  |
| <b>Inner North East London (INEL)</b> including City & Hackney, Tower Hamlets and Newham  | 2                | 3 plus City    | 650,006   | 9.06   |
| <b>South East London (SEL) including</b><br>Lambeth, Southwark, Lewisham, Greenwich, Bromley and Bexley   | 2                | 6              | 1,488,199 | 20.75  |
| <b>South West London (SWL) including</b><br>Richmond, Kingston, Wandsworth, Sutton, Merton  | 2                | 6              | 1,278,251 | 17.83  |

|                       |           |                     |                   |            |
|-----------------------|-----------|---------------------|-------------------|------------|
| and Croydon           |           |                     |                   |            |
| <b>Total London</b>   | <b>12</b> | <b>32 plus City</b> | <b>7,172,091</b>  | <b>100</b> |
|                       |           |                     |                   |            |
| <b>Outside London</b> | <b>1</b>  | <b>126</b>          | <b>13,383,317</b> | <b>100</b> |
|                       |           |                     |                   |            |
| <b>GRAND TOTAL</b>    | <b>13</b> | <b>158</b>          | <b>20,555,408</b> |            |

London is a diverse city with 300 languages spoken and 90 different ethnic communities<sup>[1]</sup>. Sixteen of the 20 most ethnically-diverse local authorities in England are in London<sup>[2]</sup>. As shown in Figure 2, London's population is predominantly White, with an increasing Black, Asian and Minority Ethnic (BAME) population. Since the 2001 Census, the BAME population proportion is estimated to have increased from 29 per cent to 35 per cent in 2010<sup>[3]</sup>.

There are also similarities in diversity across each commissioning sector, with obvious peaks in ethnicity in certain areas. For example, Inner North East London has a higher footprint of Bangladeshi than other sectors while there is a higher presence of White ethnicity in all other sectors. As a general trend, east London as a whole has a higher percentage BAME population than west London.

**Figure 2: Ethnicity profile of London-wide population, 2010<sup>[4]</sup>**



**Figure 3 Distribution of minority ethnic population (Source 2001 Census)**

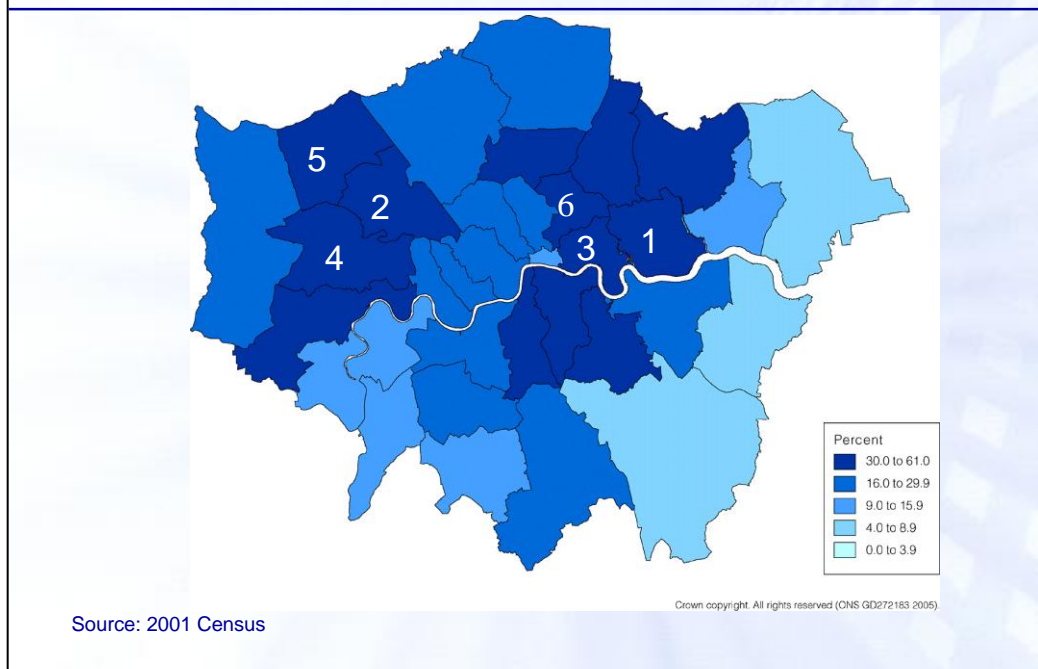
[1] Source: NHS London (2007) *Healthcare for London: A Framework for Action*.

[2] Ibid.

[3] Source: Greater London Authority (2010) 2009 Round Ethnic Group Projections – SHLAA (revised).

[4] Source: Greater London Authority (2010) 2009 Round Ethnic Group Projections – SHLAA (revised).

## Distribution of minority ethnic population: London



Map of London showing the London boroughs with the highest and lowest proportion of people from a minority ethnic group.

Top 6 indicated:

- 1 Newham (60% from a minority ethnic group)
- 2 Brent (55%)
- 3 Tower Hamlets (49%)
- 4 Ealing (41%)
- 5 Harrow (41%)
- 6 Hackney (41%)

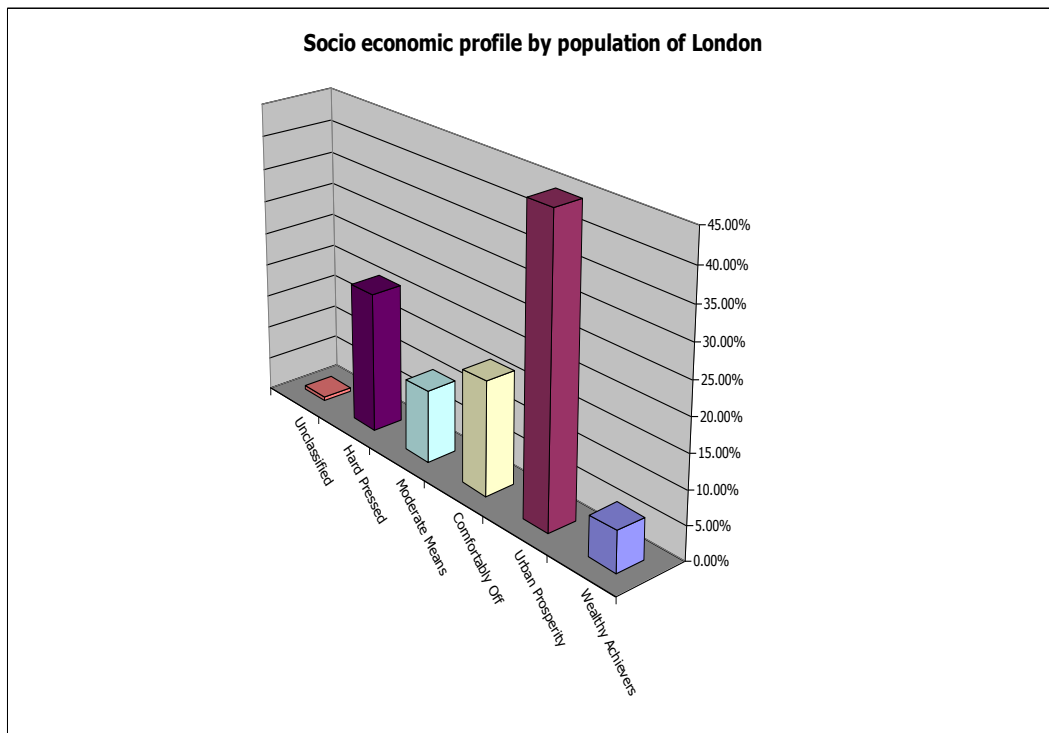
None of the London boroughs have minority ethnic populations in the lowest category shown on the map of United Kingdom (0% to 4%).

Lowest proportions in London are in boroughs of Havering, Bromley, and Bexley (between 4 and 9%).

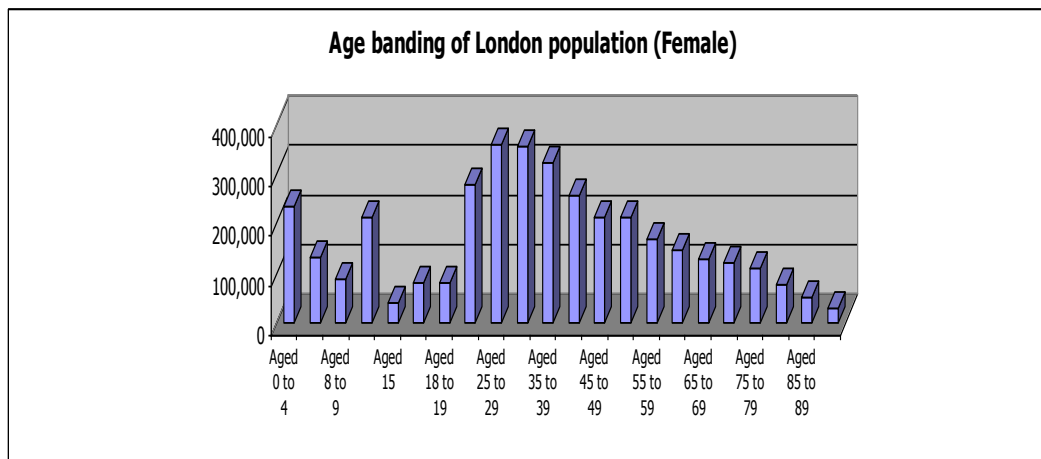
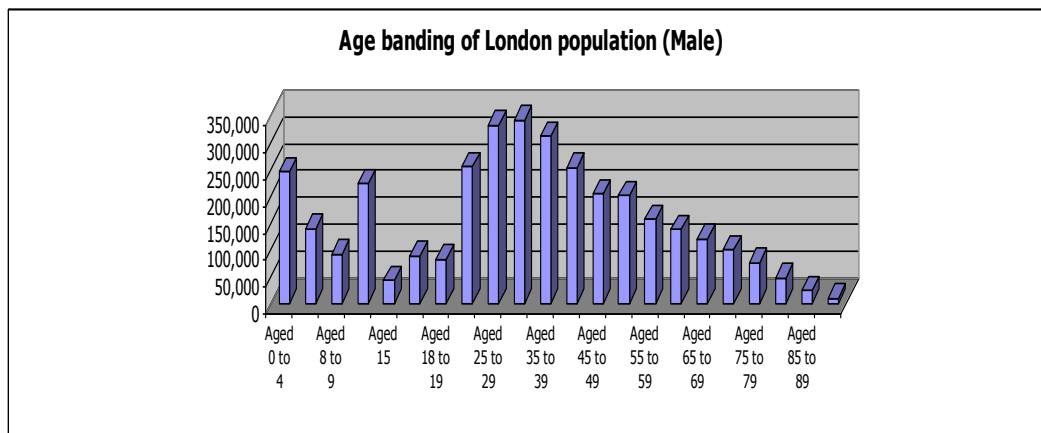
**Figure 4 Socio economic profile by population of London**



(Source 2001 Census)



**Figure 5 Age banding of London population (Source: 2001 Census)**



### 3.2 The staff constituency

The staff constituency is divided into two classes: front line and support staff, to reflect the make-up of the workforce. Staff will be allocated to the class that best fits the description of their role within the LAS.

The Trust plans an inclusive approach to staff membership using the opt-out method, whereby all existing and new staff appointments automatically become a member. If an individual employee does not want to become a member they can opt out but they will not be eligible to join another constituency while continuing to work for the Trust. Staff can opt back into membership at any time.

When a member of staff leaves LAS employment their membership of the staff constituency will be terminated. If they remain a resident within the catchment area served by the Trust they will be invited to become public members.

If a member of the public constituency becomes employed by the LAS their membership will revert to staff membership.

Longer-term temporary staff and contractors can join the staff category as long as they have worked for us for at least 12 months. Volunteers and staff with a contract of employment of less than 12 months cannot be staff members, but can join us as public members if they meet the residential criteria.

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.

The staff constituency will have approximately 4,500 members and will be represented by three Governors on the Council, two for front line staff and one for support staff.

#### **4. Resourcing the membership development**

We recognise that the membership strategy can only be effective over the long term if it is properly resourced.

##### **4.1 Director of Corporate Services**

The Director of Corporate Services/Trust Secretary has the director level responsibility for membership. The membership services function is established within the Corporate Services Directorate and is supported by a dedicated Membership Manager. The Director of Corporate Services will provide guidance and support to the Council of Governors and the Chair of the Trust especially in managing the relationship between the Council of Governors and the Board of Directors.

Financial support for membership and Governor activity is a priority for the Trust and resources are already committed towards the staffing of the membership function, provision of externally commissioned specialist services, and information and activities to support and engage members. Non-pay costs associated with membership governance such as elections, support for Council of Governor meetings, Governor's "surgeries", cover for staff governors, reimbursement for travel of Governors, Members' meetings and events will also be budgeted for and funded.

Currently, the Trust has an internal membership office, as part of the Foundation Trust Application Programme.

## **4.2 Membership Manager**

The management and development of the membership is the responsibility of the Membership Manager.

The Membership Manager links proactively with Trust staff and other agencies involved in community engagement and patient and public involvement activities in order to maximise all potential partnerships with local communities and groups, and takes up all opportunities to recruit members and raise awareness of the benefits of membership.

Membership responsibilities will include:

- Setting up systems and processes for the day-to-day management of the membership.
- Responding to members' information requirements and any problems or queries they may have about our services.
- Ensuring the Trust engages members effectively and actively involving them in Trust business.
- Ongoing recruitment of members.  
Targeting under-represented groups.
- Ensuring effective communication with all members exploiting electronic communication to save costs where appropriate.
- Conducting Governors' induction and training.
- Running elections using an external provider.
- Maintaining ongoing communications with Governors.
- Arranging Governor meetings.
- Ensuring effective information flows and communication between Governors, members and Trust management.
- Assisting Governors to produce a membership development strategy which will be evaluated and analysed in their annual report.

The **Head of Communications** manages the Trust's external and internal media relationships and will provide support in handling public relations issues and production of the members' newsletter.

The Trust contracted an external provider in February 2009 to maintain its membership database for an initial period of two years. The contract will be reviewed prior to this period and we will evaluate the costs and benefits of maintaining the database internally.

The Trust will review continually the adequacy of its membership support function to ensure that it continues to meet the demands of a growing and increasingly engaged membership, future elections, and the needs of Governors when they are elected.

## **5. Building the membership base**

Staff governors will be encouraged to promote membership and its benefits to new comers through induction days. Staff members they will receive a letter welcoming them as members and informing them of the opportunity to opt out if they so wish. This approach will be supported by a programme of staff communications and engagement to highlight the opportunities of NHS Foundation Trust status.

This programme will include reference to the benefits of becoming an FT. On leaving the Trust staff will be invited to join our public constituency.

With regard to the public constituency, we will build on existing links with all our stakeholders and take every new opportunity to promote membership.

This will include:

- Local Involvement Networks (LINKs)
- Public events
- Patient Experience contacts
- Schools and Events Team contacts and groups
- Community Resuscitation Training Team contacts
- Community Responders
- Patient Transport Services
- Patient & Public Involvement Team contacts and events
- Community Involvement Officers
- LAS Patient's Forum

| <b>Member Constituency</b> | <b>2009/10</b> | <b>2010/11</b> | <b>2011/12</b> |
|----------------------------|----------------|----------------|----------------|
| <b>Public</b>              | 4,000          | 6,000          | 8,000          |
| <b>Staff</b>               | 4,350          | 4,400          | 4,500          |

Whilst the Trust wishes to recruit members in sufficient numbers to adequately represent the local population, the priority is to recruit and support a membership that is engaged and interested in the Trust's activities and in developing its plans.

**The management team will:**

- Recognise members as a valuable resource in the planning and delivery of services.
- Take advantage of trust events as a means to recruit members.
- Encourage staff to be active members.
- Encourage and support managers to promote the FT message and recruit members through their local area networks as part of their outreach remit.

**The Council of Governors, within the first 12 months, will:**

- Develop an action plan for maintaining and building up the growing membership.
- Identify initiatives for raising the profile of membership with staff, service users and communities.
- Seek to achieve a membership that is representative of the diverse communities we serve.
- Keep staff, service users, and local communities and the wider public informed about our work in order to promote understanding, partnership working and the recruitment of new members.
- Work with partner organisations across local, health and social care communities to promote a co-ordinated approach when communicating with patients and the public.

## **The Council of Governors, within the first 18 months will:**

- Review the profile of the membership against demographic information on the communities we serve, and utilise the results to inform future membership recruitment.
- Review support arrangements for membership.

## **6. Managing active membership**

The effective engagement of members is crucial to our success as a Foundation Trust. We will want to develop activities to make the most of our members and keep them involved, as much as they want to be, with the Trust.

### **6.1 Member activities will include:**

- Participating in patient focus groups and other feedback activity.
- Standing as a Governor.
- Taking part in Governor elections.
- Attending Council of Governor meetings.
- Attending annual members meeting.
- Involvement in special interest/focus groups about service improvement.
- Health promotion and education events for their community.
- Responding to surveys about service development proposals.
- Constituency meetings with Governors.
- Members' newsletter contributions.

Our member registration forms include a menu of involvement options, enabling us to identify the level of engagement that members are seeking. This allows us to ensure that we can contact the right people quickly when a new initiative is underway regarding any of the above activities. The Council of Governors will receive an annual report on the membership including numbers joining, leaving, demographic analysis and targets for greater involvement.

Governors will play a key role in the success of members' engagement as they are the link between the trust and the members.

### **The management team will:**

- Keep members up-to-date with service development plans through regular newsletters.
- Keep the Foundation Trust website updated and active.
- Consult members on strategic plans and development plans (eg policy development).
- Invite members to attend events on health issues.
- Support members through the election process.
- Provide Council of Governors the opportunity to review the annual accounts, auditor's reports and annual report at a general meeting.
- Provide Council of Governors the opportunity to express a view about the Trust's forward plans for the NHS FT.

**The Council of Governors, within the first 12 months following authorisation by Monitor, will:**

- Develop an action plan for determining members' interests and involving them in the work of the trust.
- Encourage the contribution of members in the planning and delivery of services.
- Promote constructive working relationships and dialogue between public members and our staff.

**The Council of Governors, with the first 18 months, will:**

- Map the level of involvement and influence of members in the planning and delivery of services, and utilise the result to inform the membership development strategy in the future.
- Review the action plan for members' involvement.

## **7. Communication with members**

The Trust is keen to assist all members, Governors, managers and staff as effectively as possible in the development of the organisation and its services. It is essential to establish appropriate and meaningful two-way dialogue.

Communications will be in 'Plain English', avoiding the use of jargon, and will provide information in appropriate and accessible formats to meet the needs of members that are relevant and timely, as well as delivered in their preferred format.

The membership office will lead the development of all communication with members in liaison with the Director of Corporate Services and the communication team. Our communication and contact with all of London is important to us and we will continue to develop facilities that enable effective engagement.

There will be a planned series of communications throughout the year, hard copy newsletters, event invitations, details of special interest groups etc.

We will use as many feedback mechanisms as possible to encourage members to participate fully in the Trust – hard copy response, e-mail, contact centre, members' website pages etc in accessible formats.

### **Membership register**

A register of public and staff members will be maintained by the Trust. This information about members will be held on a secure and confidential database, which will be managed in accordance with the Data Protection Act 1998. The register will be managed by an external supplier on behalf of the Trust through an agreed and closely monitored contract agreement.

### **Newsletters**

Based on guidance and experience from our consultation event programme delivered at venues in every London borough, we will offer members the means to find out about our services now and our plans for the future. The Trust plans to produce quarterly newsletters, which can be used to spread our public awareness message and educate the public on the range of our services.

### Annual General Meeting

This is an opportunity for members to meet their representatives and senior staff and to ask questions. It provides a good opportunity for the Foundation Trust to promote itself. A member who understands the work of the Trust and feels involved and valued is more likely to recruit other members.

### Task and Finish Groups

From time to time there may be a need to develop task and finish groups on particular issues and patient and public views can be obtained through the membership.

### Working groups/committees

There may be opportunities in the future to invite members, with the appropriate skills, to join a committee or working groups.

### eComms

The Trust will encourage the use of electronic media (email, website etc) to communicate with members and encourage them to respond by email. However, hard copy will be available to members, as other Foundation Trusts have found this to be the most popular medium.

### **The management team will:**

- Provide communication channels for members to include:
  - Newsletters (x4) throughout the year
  - Email updates
  - Membership section on website.
- Encourage members to vote in elections.
- Consult with members and future strategies and plans.
- Provide appropriate mechanisms for members and consult with members about future strategies and governors' arrangements.
- Organise membership events and meetings presenting items of interest.

### **The Council of Governors, in the first 12 months, will:**

- Identify ways and means to inform members about the Trust.
- Evaluate the success of their communication approaches with members.
- Maintain and develop the programme of events and seminars.
- Participate in a well attended annual meeting of the Council.

### **The Council of Governors, in the first 18 months, will:**

- Evaluate the success of our communication with our members so that the Membership Manager can use any constructive feedback to develop our membership communication plans and update our Membership Recruitment Action Plan.

## **8. Playing a key community role**

The Trust is fully committed to being a good corporate citizen; we will endeavour to ensure that we contribute to all the communities in London that we serve. Our aim is to encourage interest and understanding of the London Ambulance Service and promote good relationships.

The Service has strong existing links into the community through a range of initiatives and workstreams including Community First Responders, the Events and Schools team and the Community Resuscitation Training team. The Trust's Public Education Strategy sets out how these links will be developed through increased coordination, recording, evaluation and support. As a foundation trust we will seek to recruit and engage members through all these activities.

The London Ambulance Service has a Patient & Public Involvement Action Plan for 2008-2012, which sets out the current and future priorities for PPI activity. Our approach is to prioritise groups which will benefit most from our involvement in their communities.

The Patient & Public Involvement Manager is responsible for development and implementation of these strategies and ensuring that patients and the public are made aware of and are involved with the work of the Trust.

Some examples of our PPI activity are provided in the sections below.

#### *The Prince's Trust*

As part of our commitment to working in the community, the Trust is supporting The Prince's Trust on a programme which helps young people aged between 16 and 25 return to education, gain employment or access to training.

London Ambulance Service staff were seconded for 12-14 weeks to work with young people involved in the programme, which aims to boost the confidence, motivation and develop the skills of vulnerable young people so they can move on with their lives.

#### *Tower Hamlets Project*

Trust staff are involved in a number of projects in the Tower Hamlets area specifically aimed at reducing health inequalities affecting the Bangladeshi community. One such project is teaching emergency life support to young Bengali families. These classes were set up because there is a higher infant mortality rate in this community than any other. The LAS already offers emergency life support in other parts of London through the community resuscitation team.

The Trust also worked with Tower Hamlets Primary Care Trust to produce a health information pack, "Get the Right Treatment." This provided information about which services should be accessed in a variety of situations, and won a London Health & Social Care award.

Through the project in Tower Hamlets, we also aim to engage with children and young people through a range of activities, including skills training and drama.

#### *Children and Young People*

The Trust works closely with other emergency services and organisations to deliver public education activities for young people, including knife and gun crime awareness events and the Safe Drive Stay Alive Campaign, a powerful theatre education project involving all the emergency services, exploring the circumstances and consequences of a road traffic collision.

Working in association with Junior Citizens Schemes, the LAS participates in events across London which are aimed at seven to 10-year-olds, educating them about first aid and gives them advice on how to make a 999 call.



### *Community Involvement Officers*

As part of the Trust's organisational development programme (New Ways of Working) a new role of Community Involvement Officer (CIO) has been introduced. The CIO role is to support local management teams to develop valuable local relationships including patients, residents, voluntary organisations and other health and social care partners. There are two CIO posts at present, but this number will increase until we have 26 posts, one for each group of local ambulance stations.

### *Olympic Planning*

The Olympic Games Planning Office (OGPO) plans to work closely with patients, the public and partners to ensure that key messages are delivered and that feedback from these stakeholder groups is contributing to planning work going forward. The Trust is also working closely with the Olympic Delivery Authority (ODA), London Organising Committee for the Olympic Games (LOCOG) and the Olympic Security Directorate (OSD) on issues for delivering the Olympics in 2012 without compromising the care delivered to Londoners, such as transport plans, occupational health and first responder schemes and a medical model of care.

The Trust intends that its engagement with LINKs will provide an opportunity for increased networking possibilities, with greater engagement with community and social care organisations. Having relationships with 33 LINKs in London will also form a strong basis for recruiting members as well as enabling our members to become more actively involved in their local areas. It is envisaged that these relationships will be made at a strategic level as well as at a local level through each station complex.

### **The management team will:**

- Provide opportunities for local communities to become actively engaged with the Trust.
- Maximise opportunities for joint partnership working.
- Consult with partners and communities regarding strategies and plans.

### **The Council of Governors, in the first 12 months, will:**

- Develop appropriate mechanisms London wide for engaging with their local communities.
- Maximise opportunities for promoting membership and relationships with communities and local people.
- Participate in local events to promote Trust membership.

### **The Council of Governors, in the first 18 months, will:**

- Review effectiveness of local mechanism for engaging and involving communities groups.

## **9. Working with other membership organisations and partners**

The Trust is will appoint Governors from voluntary sector partner and stakeholder organisations and is currently considering which stakeholders these might be. We will also invite nominated representatives from a PCT and a local authority.<sup>1</sup>

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<sup>1</sup> From April 2012 responsibility for commissioning health services transfers to GP consortia and we will be inviting representation from the lead consortia commissioning for our services.

Strong partnerships have been made and developed with aspirant ambulance trusts through membership and project management networks, where colleagues regularly share best practice and learning.

The Trust has also developed links with other local foundation trusts and worked together to maximise opportunities for recruiting local people.

We will continue to work in partnership with Primary Care Trusts across London communicating our messages, promoting health campaigns and recruiting new members. We will develop relationship with the new bodies that will have responsibility for engaging local communities in healthcare about how we reach and involve groups who do not have equal access to services. When GP Consortia take responsibility from April 2012 we will ensure that they are represented on the Council of Governors and we will engage with them throughout 2011/12 to facilitate this.

**The management team will:**

- Establish and continue working relationships with other foundation trusts around membership issues, for example setting up a membership managers network.
- Involve other membership organisations, such as LINKs, in membership and promote Governor elections to these groups.
- Consult with partners and communities regarding strategies and plans.

**The Council of Governors, in the first 12 / 18 months, will:**

- Agree joint approaches, where relevant, on matters such as recruitment and events.

## **10. Evaluating success**

Although the Membership Strategy is initially put forward by the Trust, the Council of Governors is the most appropriate body to take on the role of developing, monitoring and evaluating it. The Council will need to hold under continuous review the Membership Strategy so that it remains meaningful, accessible and relevant to all of our diverse membership community.

The Council of Governors will evaluate the strategy annually and report on it at an annual meeting with the Board of Directors.

The Council of Governors might wish to evaluate progress in implementing this strategy by:

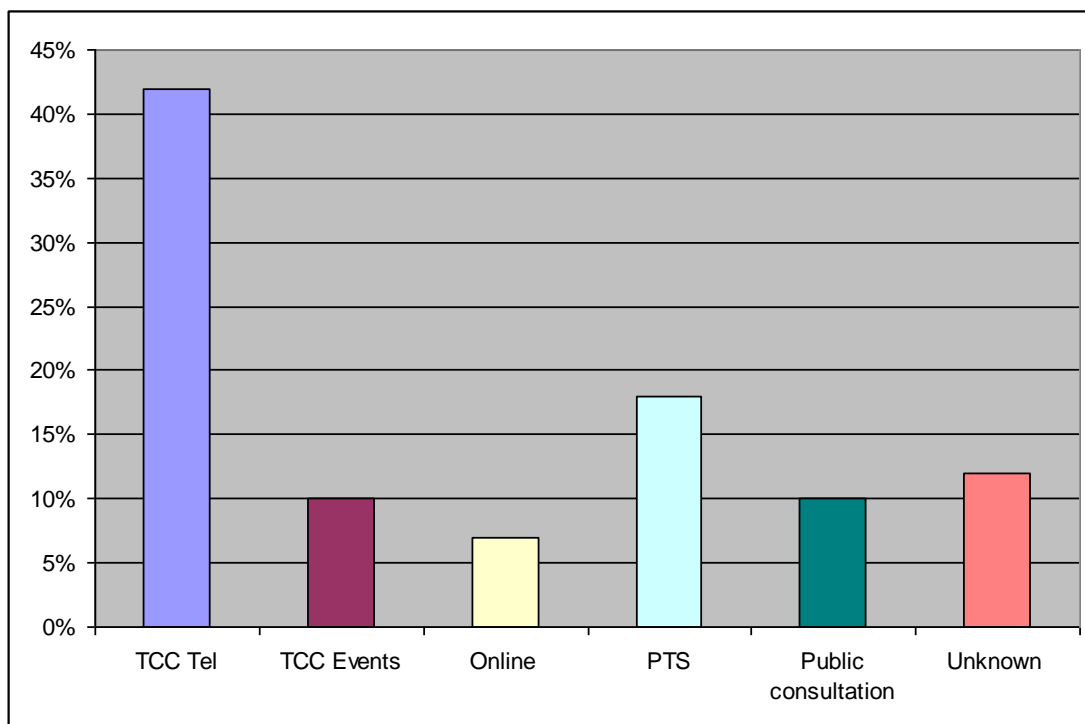
- Confirming appropriate cross-sectional community representation.
- Reviewing the composition of the membership (and focusing recruitment on areas where there is under representation).
- Reviewing the strategy annually ensuring it meets its aims.
- Seeking feedback directly from members and governors (and specifically whether members feel they have a real say in the way the organisation is run).
- Monitoring the number of members who have participated in elections.
- Setting up a membership engagement sub-committee enhancing the role and function of the Trust's Patient and Public Involvement Committee.

- The principal objective of the Membership Engagement subcommittee will be to monitor the implementation of this strategy and action plans defined to measure annual progress with our membership approach and targets.
- Assess Council's performance in developing a meaningful membership strategy.

## 11. Membership recruitment to date

To date we have recruited 4,690 public members through a range of activities. Recruitment started in February 2009 in conjunction with our 14 week consultation process.

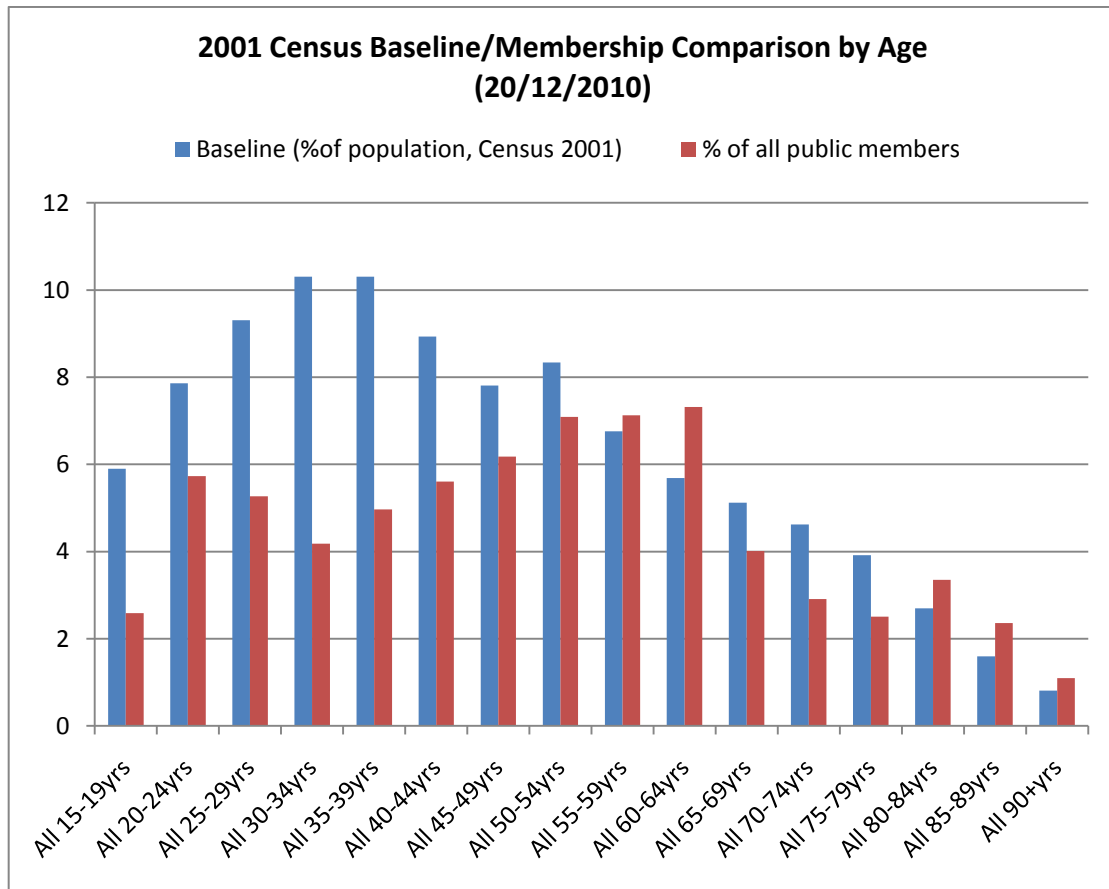
The following graph show how members have been recruited.



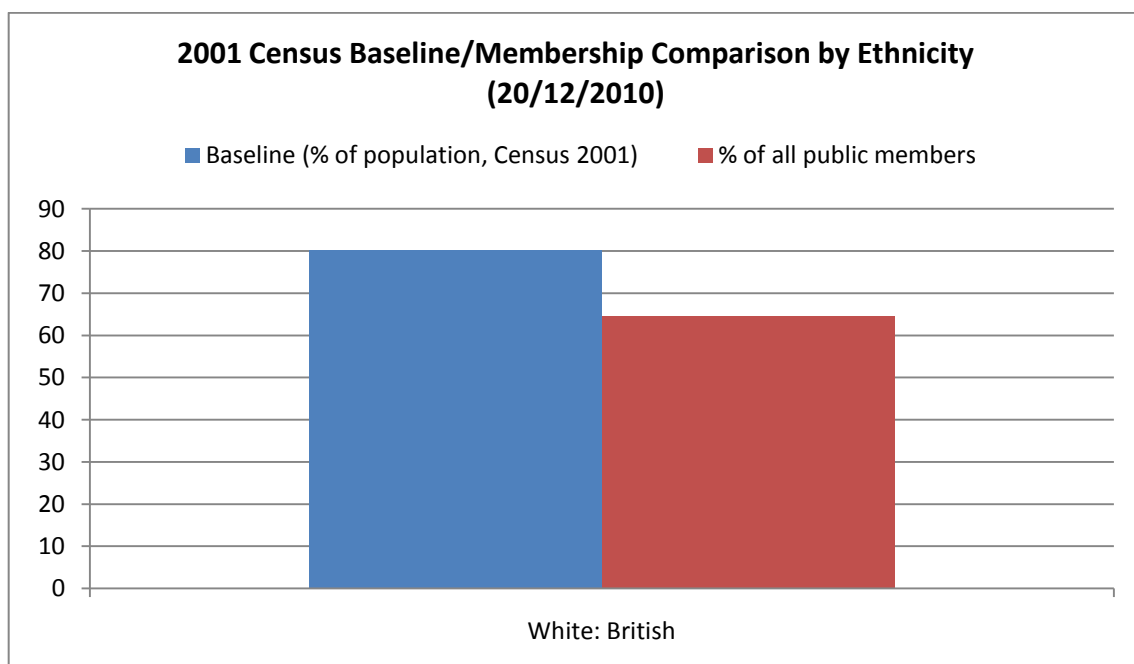
TCC Tel – Telephone recruitment campaign; TCC Events- Face-to-face recruitment campaign; PTS – Mailings to Patient Transport Services patients.

The following figures show the public membership profiles in relation to age, ethnicity, social grade, gender and constituency.

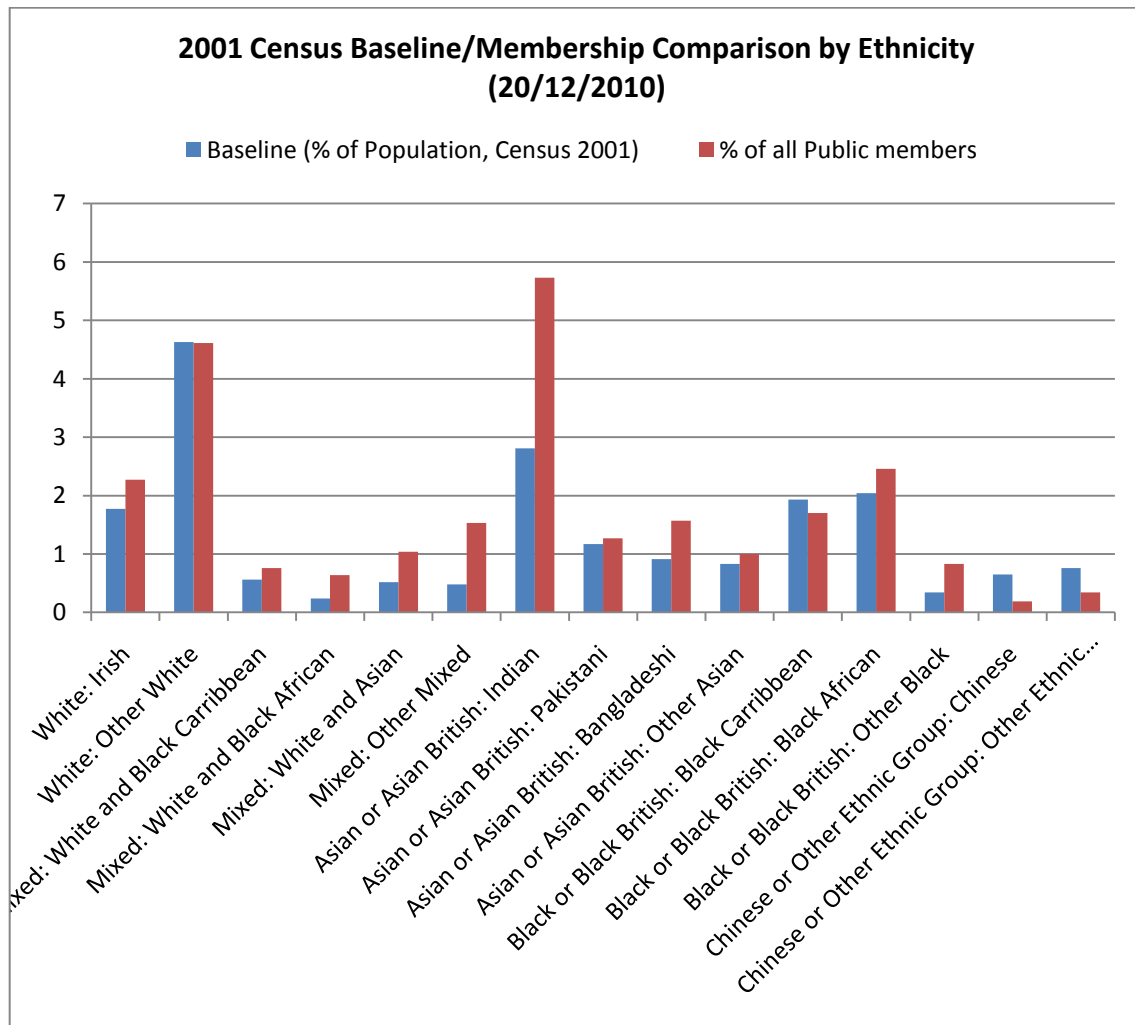
### 1. Public membership age profile



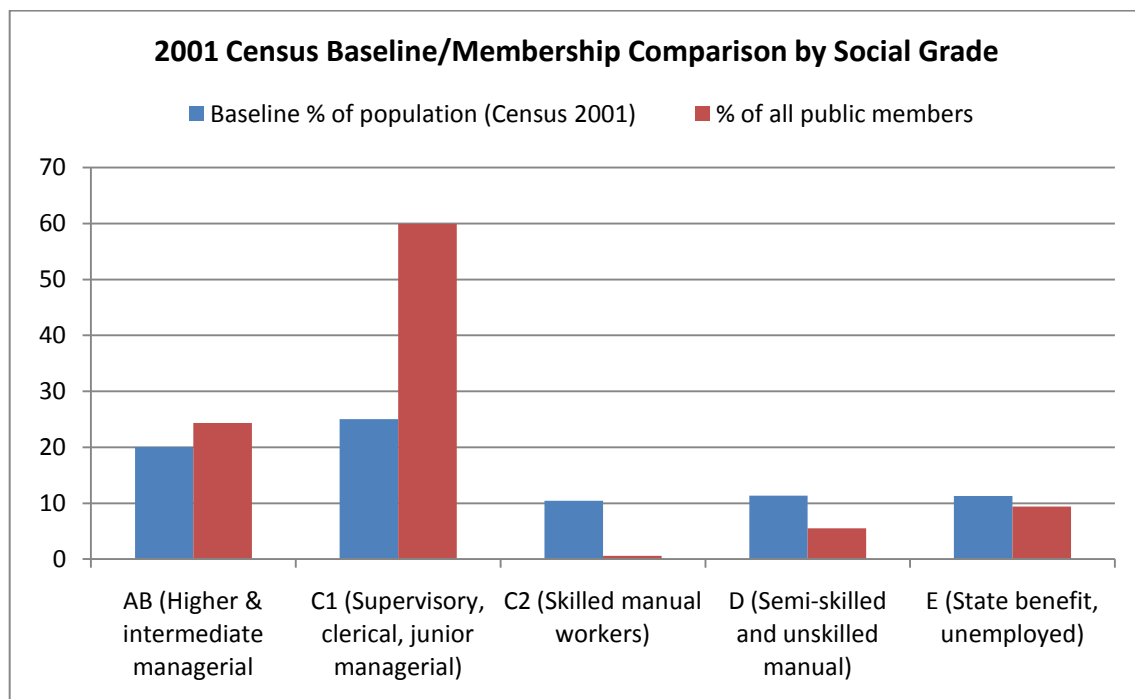
### 2. Public membership ethnicity profile



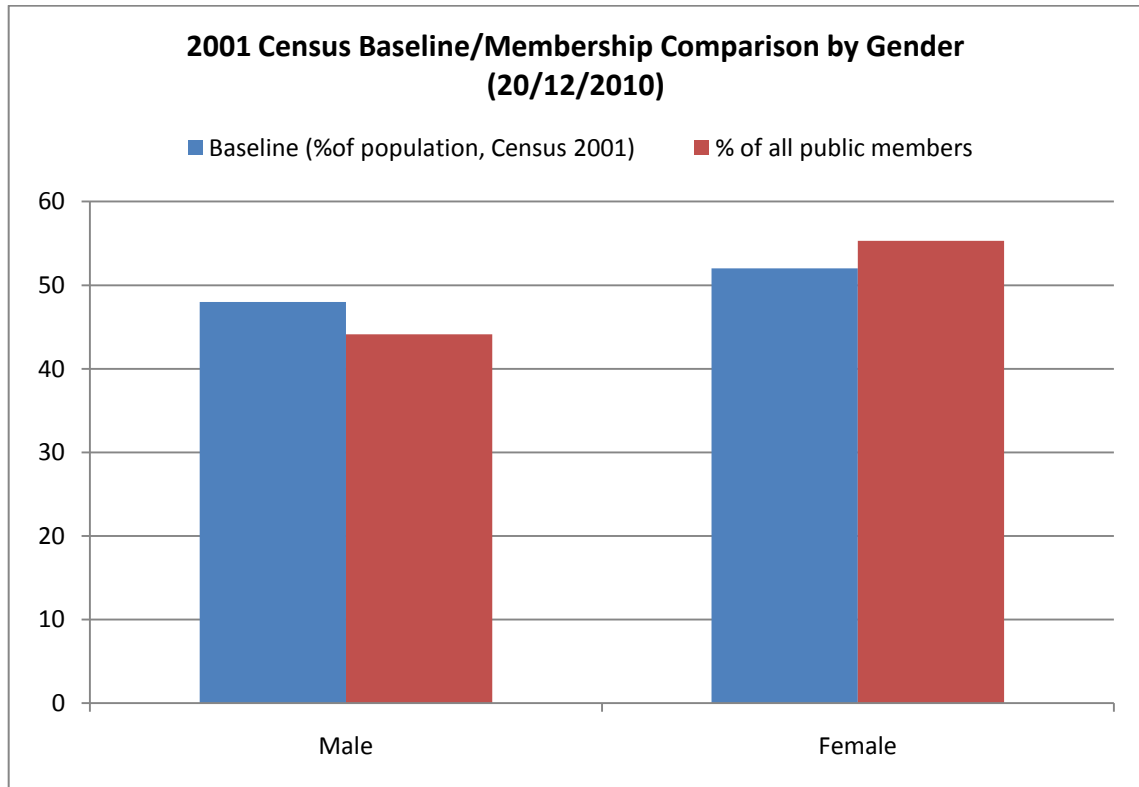
## 2. Public membership ethnicity profile (cont'd)



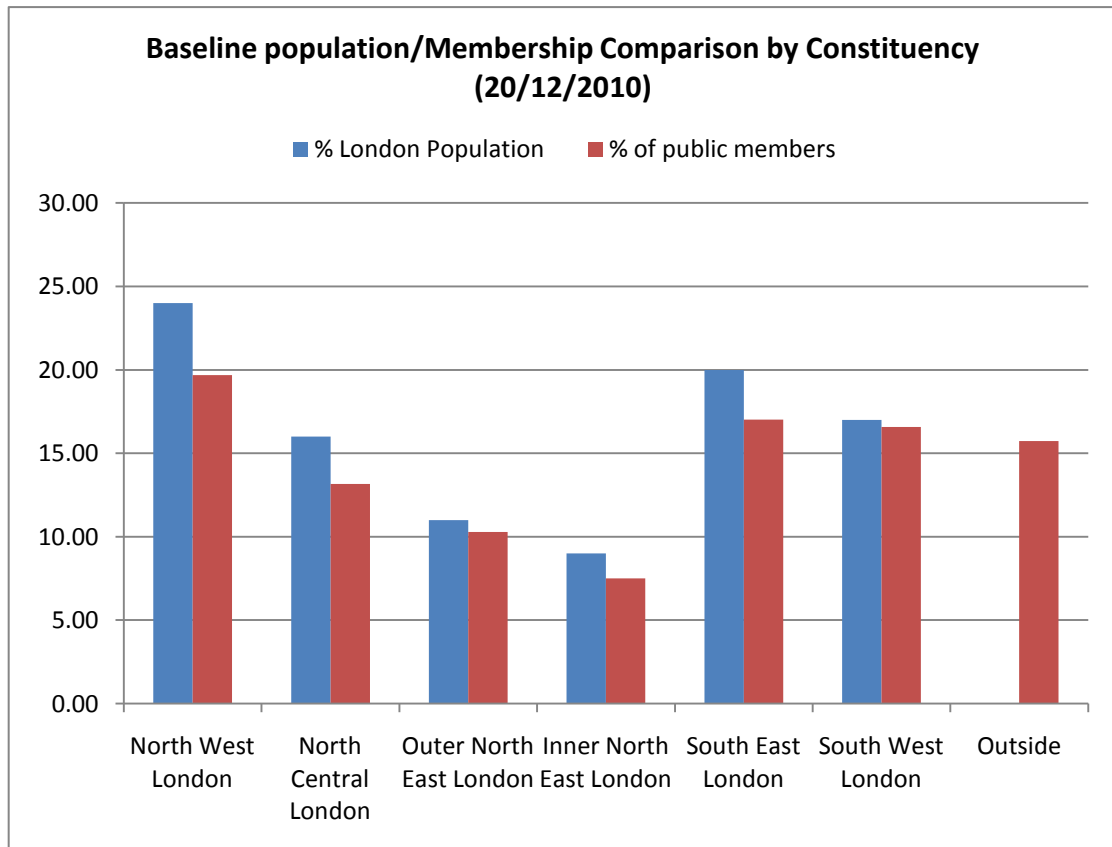
## 3. Public membership social grade profile



#### 4. Public membership gender profile



#### 5. Public membership constituency profile



From these graphs we can see that we are slightly underrepresented in the following categories. The 2010/11 recruitment plan will address this underrepresentation through targeted activity in increase membership from these groups.

- White British (15%),
- C2 (skilled manual) social grade people (under by approx 12%)
- Black or Black British (under by approx 6%), and
- Male persons (under by approx 6%).

We recognise that the standard 16-code format for gathering ethnicity data is limiting. In respect of this, our membership form includes a field for people to state their preferred description of their ethnic group. The ethnicity data, along with age, gender and social grade is collected for reporting purposes for the Trust and the regulator Monitor as a means of demonstrating how the membership represents the local population.

## **12. Plans for future membership recruitment**

A membership recruitment plan is produced annually and is designed to deliver the target figures for member recruitment and address any underrepresentation of groups as shown above

These will include:

- recruitment targeted at specific groups or areas.
- continued use of our existing contact with London's population.
- engaging staff and volunteers in recruiting public members.
- engaging local community groups, including youth organisations, and large local businesses.
- engaging health and social care community partner organisations.
- engaging with local education providers, including the universities.
- using local media to promote the campaign.
- face-to-face promotional visits.
- exploiting electronic media to maximise membership recruitment at minimum cost. (eg using e-vite to sign up new members online, website quizzes to attract people from the home-page).

After authorisation we will support the Council of Governors to develop means to recruit and retain our members.

We will analyse our register of members to identify gaps in representation of London's communities based on the most recent demographic information available to us and take appropriate action to address any gaps.

## Appendix 1

| Governors & Public constituencies |   |
|-----------------------------------|---|
| ②                                 | <p><b>North West London</b><br/>Ealing, Harrow, Brent, Westminster, Kensington &amp; Chelsea, Hammersmith &amp; Fulham, Hounslow and Hillingdon</p>   |
| ②                                 | <p><b>North Central London</b><br/>Barnet, Enfield, Haringey, Islington and Camden</p>  |
| ②                                 | <p><b>Outer North East London</b><br/>Barking &amp; Dagenham, Havering, Redbridge and Waltham Forest</p>  |
| ②                                 | <p><b>Inner North East London</b><br/>City of London, Hackney, Newham and Tower Hamlets</p>   |
| ②                                 | <p><b>South East London</b><br/>Bexley, Bromley, Greenwich, Lewisham, Southwark and Lambeth</p>   |
| ②                                 | <p><b>South West London</b><br/>Richmond &amp; Twickenham, Wandsworth, Kingston, Sutton, Merton and Croydon</p>   |
| ①                                 | <p><b>Outside London</b><br/>East of England: Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk<br/>South East Coast: Surrey, Sussex and Kent<br/>South Central: Oxfordshire, Buckinghamshire, Berkshire, Hampshire and Isle of Wight</p> |

