

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 APRIL 2016

Title:	MEMBERSHIP RECRUITMENT AND ENGAGEMENT REPORT
Responsible Director:	Fiona Alexander, Director of Communications
Contact:	Fiona Alexander, Director of Communications (x14325)

Purpose:	To update the Board of Directors on progress in the recruitment/engagement of quality members to UHB during 2015/16 and to outline the membership recruitment and engagement strategy update for 2016/17.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Affects all strategic aims
Key Issues Summary:	<ul style="list-style-type: none">• Number of quality members recruited to UHB during 2015/16• Cost of recruiting those members• Engagement initiatives 2015/16• Engagement and recruitment strategy for 2016/17• Cost of engagement and recruitment strategy in 2016/17
Recommendations:	The Board of Directors is requested: to NOTE progress made and to APPROVE the Membership and Engagement Strategy for 2016/17 and the costs of delivering it, and to APPROVE the costs for other Foundation Trust sector-related activities for 2016/17

Approved by: Fiona Alexander	Date: 18/04/2016
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 APRIL 2016

MEMBERSHIP RECRUITMENT AND ENGAGEMENT REPORT PRESENTED BY DIRECTOR OF COMMUNICATIONS

1. Purpose

- 1.1 To update the Board of Directors on progress made in the recruitment, retention and engagement of quality members to UHB during 2015/16 and to outline the membership recruitment, retention and engagement strategy for 2016/17 along with the costs associated with delivering it.

2. Objectives 2015/16

- 2.1 The Membership objectives for 2015/16, agreed by the Board of Directors in April 2015, were:

2.1.1 Recruitment

To replace the annual churn and maintain existing membership numbers to no less than 23,500.

With a membership of 23,500, UHB would be in the top 10 of foundation trusts with the highest number of members (2013/14 figures – most recent available).

1. Heart of England	119,881
2. Northumbria Healthcare	81,948
3. Bradford Teaching Hospitals	50,839
4. The Christie	29,782
5. Sherwood Forest Hospitals	27,291
6. Sheffield Teaching Hospitals	26,563
7. Central Manchester University Hospitals	26,201
8. Norfolk and Norwich University Hospitals	24,911
9. University Hospitals Birmingham	23,941
10. Royal Berkshire	23,356

It was agreed there would not be a major recruitment campaign. Such a campaign would cost between £12,000 and £15,000 to yield around 3,000 new members.

2.1.2 Retention/Engagement

It was agreed that, in order to maintain membership and develop engagement further over the next 12 months, the Trust would continue to use the tried and trusted methods listed below:

- Internal recruitment events
- Trust publications
- Internal leaflets
- Trust website
- Social media tools
- GP surgeries
- Existing members
- Community groups
- Governors
- Ambassadors
- Health talks
- Drop-in sessions
- Membership Week

It was agreed emphasis would be put on the retention of existing members and further engagement. This would be achieved through:

- The quarterly publication Trust in the Future
- Further development of the Ambassador Programme, ensuring that Ambassadors are involved in appropriate activities and contributing to the recruitment of new members
- Further developing membership content published via social media and the Trust website
- Community based activities such as drop-in sessions at GP surgeries, presentations to community groups and involvement in constituency events
- The inclusion of members on appropriate patient groups
- Raising the profile and role of Foundation Members, Ambassadors and Governors within the Trust
- Working with QEHB Charity to increase membership opportunities amongst fundraisers

In November 2015, UHB held its annual Membership Week campaign to attract new members. This year the campaign was supported by social media activity highlighting the work of members and raising awareness of their roles within the Trust.

It was also agreed, the Trust would specifically seek to increase membership involvement with regards to the haemodialysis satellite units over the coming year to ensure that patients receiving treatment off-site are well represented through the membership programme.

2.2 Cost of delivering the 2015/16 objectives

2.2.1 The proposed cost of recruitment, communications, engagement and database management of members for 2015/16 was £30,900. See full breakdown in Appendix 1.

3. Performance against objectives in 2015/16

3.1 Recruitment

The recruitment objectives have been achieved.

During 2015/16 the overall membership remained consistent with just a small increase from 24,211 to 24,249. The Staff constituency saw the largest increase in members - some 271 – due to recruitment of permanent staff to manage the increase in capacity. The public constituency also marginally increased however, the Public constituency lost 289 members. The main reason for this is a number of older patient members who died during the year.

Foundation Trust membership is largely representative of the populations it serves (see Appendix 2) and has members from a broad range of backgrounds and the Trust publicises their contributions both internally and externally, for example through 'Member of the Year'.

Although under-16s appear to be underrepresented this, is due to under-16s being ineligible for both membership and treatment at UHB.

Black and Asian patients are underrepresented by approximately 3.5% However, around one quarter of patient members have chosen not to provide ethnicity information therefore it is unclear as to whether those patients are of non-white backgrounds. This is replicated in the public constituency where Black and Asian public members are underrepresented by around 5% and 12% respectively. Again around 1 in 4 (22%) public members choose not to declare their ethnicity.

In order to increase BME membership, a plan to attract further members from BME communities which began in March 2016, will be executed through 2016/17.

3.2 Retention/engagement

The 2015/16 engagement objectives have been achieved.

Engagement activities are aligned to the four membership types; thought, time, energy and support and are communicated via the *Trust in the Future* magazine to all members.

Social media channels such as Facebook and Twitter play an increasingly important role in engaging members. Members may access information directly to their smartphone, or devices with internet connectivity, as it is released and monthly e-bulletins are sent to members who have signed up to receive them.

Staff governors hold drop-in sessions for staff, front internal awareness campaigns and take an active role in developing the Trust's health and wellbeing strategy by championing cycling and healthy eating.

Members continue to play an important role in developing and improving services. Via the membership magazine *Trust in the Future*, members have actively participated in the work of the Trust's Community Orchard and Gardens Project with members tending to the trees, vegetable patches and bee hives within the hospital's grounds.

The involvement of Trust members has contributed significantly to research used to deliver benefits to patients across the West Midlands. Members are involved through the National Institute of Health Research (NIHR)'s patient and public involvement group to help in the design of trauma research studies being carried out at the QE. Members are also engaged with, and invited to take part in, health research via the monthly health talks.

Members take part in many of the Trust's annual awareness days by volunteering to support clinicians in handing out literature on various topics and sharing their stories of coping with their conditions. In 2016 members held information stands on renal care to mark World Kidney Day and to raise awareness of the hospital's patient support group as well as taking part in a series of events during Tinnitus Awareness Week.

Evidence of the contribution members make towards improving the Trust's services can also be seen in the monthly 'You Said, We Did' articles which highlight areas of improvement made by listening to feedback. Examples of this in 2015/16 include members taking part in projects to install patient pagers to reduce waiting times on ward 621; improve the seating in Audiology and to introduce a hot drinks trolley in Outpatients.

The Trust's annual Best in Care Awards provides an opportunity for governors to recognise those members who have gone that extra mile to support the Trust. Staff, public and patient governors celebrate members' contribution and help to select the winners from the quarterly Customer Care awards nominations.

3.3 Cost of delivering the 2015/16 recruitment and engagement plan

The actual cost of delivering the plan was £35,605, some £5,000 more than was budgeted. The reason for the variation was the production of five editions of Trust in the Future in the financial year, rather than the normal four. However this still equates to £1.46 per member. See Appendix 1.

4. Patient and Public Involvement at UHB

4.1 The Membership programme is just one strand of public and patient involvement at UHB. See Appendix 3 for a summary of the PPI programme and its outputs in 2015/16.

4.2 Through the work of membership and PPI the Trust ensures that patients and the public are actively involved in improving the patient experience.

4.3 Evidencing the output of this involvement is becoming increasingly important in the context of the Health and Social Care Act, and the publication of key national reports.

5. Objectives for 2016/17

5.1 Recruitment

5.1.1 To replace the annual churn and maintain existing membership numbers to no less than 23,500.

5.1.2 To ensure the membership is representative of the communities we serve

5.2 Engagement/retention

5.2.1 In order to maintain membership and develop engagement further over the next 12 months, the Trust will continue to use the tried and trusted methods listed below:

- Internal recruitment events
- Trust publications
- Internal leaflets
- Trust website

- Social media tools
- GP surgeries
- Existing members
- Community groups
- Governors
- Ambassadors
- Health talks
- Drop-in sessions
- Membership Week
- Digital Screens

As outlined above, in order to increase BME membership, a plan to attract further members from BME communities will continue to be executed through 2016/17.

Activities will include;

- Targeted membership social media content
- Community-based recruitment via governors
- Further promotion of BME member contributions

5.3 Cost of delivering the 2016/17 objectives

5.3.1 The proposed cost of recruitment, communications, engagement and database management of members for 2016/17 is £29,000. See full breakdown in Appendix 1.

6. Recommendations

6.1 The Board of Directors is asked to **NOTE** progress made in 2015/16 and **APPROVE** the recruitment and engagement strategy and to **APPROVE** the cost of delivering the strategy and the costs for other Foundation Trust sector-related activities for 2016/17.

APPENDIX 1

FT-N-FTN NON PAY budget Forecast and Actuals 2015/16

Code	Full Year		Item	Details
MEMBERSHIP	FORECAST	ACTUALS		
3000-30	£19,500	£26,851	Trust in the Future	Quarterly membership publication, print and cost of postage to non-staff members. NOTE: Five editions fell into this financial year - usually four.
3001-30	£9,000	£8,394	Database Management/Services	Capita
5626-97	£2,400	£360	Membership Seminars/courses	
	£0		Recruitment	
MEMBERSHIP TOTAL	£30,900	£35,605		
OTHER				
5628-97	£16,500	£17,700	FT Network	Membership fee plus governor support (£750)
	£6,000	£5,735	NHS Confed Membership	
	£22,153	£23,597	Shelford Group	
		£100,000	Shelford Group	Contribution to Procurement opportunities May 2015.
	£0		FTGA Foundation Trust	
	£480	£0	Daily Internet Service	
	£150	£0	Translation Services	
3050-31	£120	£0	Royal Mail	
6501-XX	£7,200	£6,371	AGM - Postage recharge for letters	To be posted to the home of every member
	£3,600	£3,600	AGM - Printing of Annual Report	Legal Requirement
	£1,800	£2,750	AGM - Printing of Annual Review	More user-friendly version of the Annual Report
	£950	£710	Governors' Handbook updates	Reprint of Governors' Handbook
6025-XX	£500	£1,271	Catering and room Hire	AGM and monthly meetings
6538-xx	£100	£100	VPN recharges	VPN access for Governors
	£150	£27	Stationery	
	£350	£288	Governor Christmas ball tickets	
OTHER TOTAL	£60,053	£162,149		
FTNFTN TOTAL	£90,953	£197,754		

FT-N-FTN NON PAY budget Forecast 2016/17

Code	Full Year	Item	Details
MEMBERSHIP	FORECAST		
3000-30	£19,500	Trust in the Future	Quarterly membership publication, print and cost of postage to non-staff members
3001-30	£9,000	Database Management/Services	Capita
5626-97	£500	Courses	Based on previous financial year
	£0	Recruitment	
MEMBERSHIP TOTAL	£29,000		
OTHER			
5628-97	£17,700	FT Network	Membership fee plus governor support (£750)
	£6,000	NHS Confed Membership	
	£24,000	Shelford Group	
	£480	Daily Internet Service	
	£150	Translation Services	
6501-XX	£6,500	AGM - Postage recharge for letters	To be posted to the home of every member
	£3,600	AGM - Printing of Annual Report	Legal Requirement
	£2,000	AGM - Printing of Annual Review	More user-friendly version of the Annual Report
	£900	Governors' Handbook updates	Part re-print of updated sections only
6025-XX	£1,500	Catering and room Hire	AGM and monthly meetings
6538-xx	£100	VPN recharges	VPN access for Governors
	£50	Stationery	
	£350	Governor Christmas ball tickets	
OTHER TOTAL	£63,330		
FTNFTN TOTAL	£92,330		

APPENDIX 2

1. Membership Overview by Constituency

Constituency	Total at 31/03/16	%
Public	11,142	46
Patient	4,018	17
Staff	9,089	37
Total Membership	24,249	100

2. Patient Representation

Gender	Patient Members	Rest of England Population	Membership as a %	Population as a %
Female	2,029	26,450,961	50.22%	50.83%
Male	2,010	25,582,508	49.75%	49.17%
Unknown	1	0	0.02%	0.00%
Total	4,040	52,033,469		
Monitor Ethnicity	Patient Members	Rest of England Population	Membership as a %	Population as a %
White	2,849	44,694,551	70.52%	85.90%
Black	32	1,761,370	0.79%	3.39%
Asian	161	3,898,185	3.99%	7.49%
Mixed	11	1,149,450	0.27%	2.21%
Other	3	529,913	0.07%	1.02%
Unknown	984	0	24.36%	0.00%
Total	4,040	52,033,469		
Monitor Age Range (eligible population)	Patient Members	Rest of England Population	Membership as a %	Population as a %
Age 0 - 16	0	10,657,407	0.00%	20.39%
Age 17 - 21	4	3,402,381	0.10%	6.51%
Age 22+	3,467	38,202,337	85.82%	73.10%
Unknown	569	0	14.08%	0.00%
Total	4,040	52,262,125		

3. Public Representation

Gender	Public Members	Birmingham Population	Membership as a %	Population as a %
Female	6,142	492,347	54.93%	50.29%
Male	4,990	486,640	44.63%	49.71%
Unknown	50	0	0.45%	0.00%
Total	11,182	978,987		
Monitor Ethnicity	Public Members	Birmingham Population	Membership as a %	Population as a %
White	6,744	586,591	60.31%	59.92%
Black	383	85,244	3.43%	8.71%
Asian	1,342	245,218	12.00%	25.05%
Mixed	110	43,429	0.98%	4.44%
Other	33	18,505	0.30%	1.89%
Unknown	2,570	0	22.98%	0.00%
Total	11,182	978,987		

SUMMARY OF PATIENT AND PUBLIC INVOLVEMENT 2015/16

The involvement summarised below is over and above participation in local and national surveys and outputs resulting from the bedside patient satisfaction surveys.

1. Responding to patient feedback

The Trust continues to improve patient care through the work of the Care Quality Group chaired by the Executive Chief Nurse and including Trust Governors within its membership. A number of patient-focused initiatives were developed during the year in response to feedback from patients and carers. The Trust has continued to monitor feedback via a variety of different methods including patient advice and liaison contacts (PALS), complaints, compliments, friends and family test, local and national surveys.

Ward-based feedback is well established at the point of care via an electronic bedside survey. These surveys have assisted the Trust in benchmarking the success of its patient improvement measures against the results of the National Patient Survey. A ward-level dashboard is also in place allowing staff to see their own patient experience results for local surveys and the friends and family test and then act on any issues.

Staff who have completed the Trust's Patient Experience Champions programme training have developed innovative ways of collecting, displaying and acting on patient experience feedback in their areas. This has resulted in a number of improvements which have been shared and duplicated across other areas.

The patient experience team have supported staff in clinical areas and departments to ensure they are taking every opportunity to collect feedback from patients and carers, using it to inform changes to practice or service improvements. Focus has also been provided by the team to staff, to share and publicise actions taken as a result of feedback to staff, patients and the public.

The Trust has set up a local patient experience network, to bring together trusts from across the region to share good practice and work together on challenging topics.

Trust Governors are encouraged to contribute to gaining patient feedback by participating in inpatient and outpatient Governor 'drop ins' and by becoming members of the Patient and Carer Councils.

2. Patient and Carer Councils

The Trust has three Patient and Carer Councils: one for wards (inpatients), one for outpatients and a Young Persons' Council.

The purpose of the councils is for patients, foundation trust members and the public to work in partnership with staff to further improve the services provided to patients. All council members are also foundation trust members. All of the councils have been active in seeking patients' views to influence the improvements in care. There are currently 53 patient and public representatives on the councils.

The wards and outpatients councils have continued to use the 'Adopt-a-Ward or Department' scheme to facilitate partnership working with staff to provide a patient perspective to improving the experience of patients and their relatives. During 2015/16 there has been a review of the templates for the Adopt-a-Ward/Department scheme.

For these purposes all Patient and Carer Council members undergo the volunteer recruitment process and induction enabling them to safely undertake visits.

Councils have continued to be actively involved with ongoing work on nutrition and hydration of inpatients, privacy and dignity, and patient experience data collection.

Elections for Chair and Deputy Chair positions were undertaken for the Outpatient Council during the year.

2.1 Young Persons' Council

The Young Persons' Council looks at ways to further improve the experience for young people aged 16-24 years in our hospitals, and are involved in visits to wards and departments to ask patients and staff for their views.

Projects that the Young Persons' Council have been involved in during 2015/16 include:

- Extension of the 'buddying scheme' to provide companionship for young people who are inpatients
- An open evening for students from local universities to promote the work of the Young Persons' Council
- Team building exercise which reinforced the shared values of the Young Persons' Council
- Surveying patients between 16-24 years of age to find out their views on their patient experience within the hospital
- Young Persons' Council members continue to have an opportunity to contribute to research through patient and public involvement.

2.2 Mystery Patient Council

Following a consultation exercise with all Patient and Carer Council members, the Mystery Patient Council was disbanded. The mystery patient element within the hospital setting will continue and be incorporated into the work of the Patient and Carer Council for wards and outpatients.

2.3 Readership Panel

This group provides a forum for involving patients and the public in reviewing and influencing the way in which information is provided.

This ensures that information within the Trust is produced in a way that is useful to patients, carers and the public, has a consistent style, doesn't contain NHS jargon and is provided in the most appropriate format. This year the group has specifically been involved with:

- Information sheet: Patients having nail surgery procedures
- Information sheet: Advice following surgery for nail removal
- Information sheet: Short term loan wheelchair information (Therapy Services Department)
- Information sheet: To reduce the risk of falls after a block anaesthetic
- Leaflet: Microvascular Decompression (Microvascular decompression is a surgical procedure that relieves abnormal compression of a cranial nerve)
- Leaflet: Helping us to understand what it's like to be a patient in our hospital
- Information sheet: The Discharge Lounge
- Assessment Form: Subcutaneous Immunoglobulin home therapy training programme
- Symptom Diary: Immunology clinical appointment
- Information sheet: Wound care advice following your procedure
- Information sheet: Advice for patients following general anaesthetic
- Information sheet: Post-operative advice following an ear operation
- Information sheet: Transoesophageal Echocardiogram (TOE) with sedation (TOE is an ultrasound scan of the heart)
- Information sheet: Looking after your bone anchored hearing aid
- Information sheet: Nasal Surgery discharge advice
- Information sheet: Cardiac device implantation wound care advice

2.4 Equality Delivery System

Members of the Patient and Carer Councils and public representatives met to discuss the Trust's approach to equality at a meeting chaired by the Deputy Director of Partnerships. Members were asked for their feedback in regards to the 'RAG' (red/amber/green) rating in the EDS2 (equality delivery system) document and whether the Trust was

excelling, achieving, developing, or were undeveloped in the outcomes below:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

2.5 Healthwatch Birmingham

The Trust maintains links with Healthwatch Birmingham and members have been invited to take part in events such as patient-led assessments of the care environment (PLACE) during the year.

2.6 Patient and Carer Consultations

During the year Patient and Carer Council members were consulted on:

- Diarising the patient's day
- Trust Annual Plan
- Trust Quality Priorities
- Volunteer Strategy
- Your Care Connected
- Trust Fair Processing Notice

Patient and Carer Council members were also asked to consult on the non-emergency patient transport consultation established by Birmingham Cross City Clinical Commissioning Group.

2.7 Volunteers from the local community

The Trust currently has around 500 highly-valued active volunteers who continue to provide an enhanced and quality experience for our patients and terrific support to our staff. Recruitment was on hold for approximately nine months during 2015 and recommenced in January 2016. We continue to encourage volunteers that are representative of the local community that the Trust provides a service to. A particular effort has been made to recruit volunteers from the under-25 age group to support the younger patients within the hospital.

A Volunteer Committee, established in 2011 and chaired by a Trust Governor, continues to formally involve volunteers in the development of voluntary services within the Trust and participate in developing the Trust's volunteering strategy. The Committee continues to meet regularly to discuss volunteer recruitment, new volunteer roles, Volunteers' Week and to support volunteers in the hospital.

It has continued to be a busy year for reviewing and developing volunteering at the Trust and there are a number of new and ongoing projects in progress. The task and finish group set up to look at the feasibility of introducing an internal motability scooter service to complement the service currently offered by the external car park buggy is nearing its conclusion. Funding for the scooter is currently being sought following a successful on site trial of the scooter in December 2015 and further patient feedback. We continue to receive feedback from patients regarding the distance patients and visitors have to walk once they are inside the hospital building. Meetings have also taken place with the Sexual Health Team regarding the transfer of volunteers to support UHB in the delivery of Umbrella (the new sexual health service for Birmingham and Solihull since August 2015) and to process-map the recruitment for these services going forward. Following pilots of the Young Person's Buddy Scheme and Dining Companions, both of these projects will be re-launched in 2016.

Voluntary Services has undertaken a review of processes to continually improve how we recruit, develop and manage our volunteers. This year has also seen the introduction of a formalised process relating to volunteers who have become too frail, ill or lack capacity to continue to continue as a volunteer. Whilst an individual may not continue with active volunteer duties, they may still be invited to social events and can contribute in a non-physical way, for example readership panels.

Voluntary Services at UHB continue to participate at a national level including requests to provide speakers at various events, being cited as a case study for the National Council for Voluntary Organisations young person volunteer's toolkit for our young person's buddy scheme, and recommendations from the Department of Health as a Trust to contact for good practice. The National Conference held in Birmingham in September 2015 was organised by our Voluntary Services Manager. In February 2016 we also became part of the Shelford Group network for Voluntary Services.

As a thank you to our volunteers we run regular afternoon tea events, where volunteers can come together socially and listen to an interesting speaker. An annual long-service awards event also helps us to show our volunteers how much we value them.

In March 2016 a volunteer strategy event was held; attended by around 40 volunteers, views were sought around ways to further improve volunteering at the Trust, including supporting volunteers and any barriers experienced.