

AGENDA ITEM NO:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 APRIL 2017

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 2016/17 and to outline the membership recruitment and engagement strategy update for 2017/18.
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 2016/17• Cost of recruiting those members• Engagement initiatives 2016/17• Engagement and recruitment strategy for 2017/18• Cost of engagement and recruitment strategy in 2017/18
Recommendations:	The Board of Directors is requested to NOTE progress made and to APPROVE the Membership and Engagement Strategy for 2017/18 and the costs of delivering it, and to APPROVE the costs for other Foundation Trust sector-related activities for 2017/18

Signed: Fiona Alexander	Date: 18/04/2017
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**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS**

THURSDAY 27 APRIL 2017

**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 2016/17 and to outline the membership recruitment, retention and engagement strategy for 2017/18 along with the costs associated with delivering it.

2. Objectives 2016/17

- 2.1 The Membership objectives for 2016/17, agreed by the Board of Directors in April 2016, were:

2.1.1 Recruitment

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

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
- Digital Screens

In order to increase the Black and Ethnic Minority membership, a plan was agreed to attract further members from BME communities.

2.2 Cost of delivering the 2016/17 objectives

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

3. Performance against objectives in 2016/17

3.1 Recruitment

The recruitment objectives have been achieved.

During 2016/17 the overall membership remained consistent with just a small increase from 23,847 to 24,317. During 2016/17 the overall membership remained consistent with just a small increase from 23,847 to 24,317. The main increase was seen in the public constituency with a gain of 466 new members, however there was also a loss of 272 of them. 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 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'. See Appendix 2.

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 patient members are underrepresented by approximately 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 3% and 12% respectively. Again around 1 in 4 (25%) 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 has been executed throughout 2016/17. Activities included:

- Targeted membership social media content
- Community-based recruitment via governors

- Further promotion of BME member contributions

3.2 Retention/engagement

The 2016/17 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. They have roles on a number of Patient and Carer Councils that look at improving patient experience in ward areas, in the outpatients' department and for young people being treated at the Trust.

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 volunteering and fundraising initiatives to improve the physical environment and patient care.

One key way Trust members provide vital insight on the quality of Trust services is through taking part in surveys. In 2016/17 members took part in the annual Rheumatology Survey and the diabetes service user questionnaire.

Members are also engaged with, and invited to take part in, health research programmes, such as the 100,000 Genomes Project via the monthly health talks. Studies into the effects of fasting during Ramadan, frailty in haemodialysis patients, and lung disease are just some of the areas where members are tangibly making a difference.

Evidence of the contribution members make towards enhancing the Trust's patient experience 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 2016/17 included introducing fold-up beds for wards to enable relatives to stay overnight; introducing a 'quiet space' for those who have received bad news and increasing the number of disabled parking spaces.

Members also 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

2016/17 members took part in the 'say yes to breast screening' campaign and the nationwide Infection Prevention and Control Torch Tour.

The Trust's annual Best in Care Awards provide 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 through a number of categories including 'Volunteer of the Year'.

3.3 Cost of delivering the 2016/17 recruitment and engagement plan

The actual cost of delivering the plan was £35,158, some £6,500 more than forecast. The reason for the variation was a necessary database cleanse and the production of some membership promotional items. However this still equates to £1.44 per member per year. 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 2016/17.

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.

5. Objectives for 2017/18

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 2017/18.

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 2017/18 objectives

5.3.1 The proposed cost of recruitment, communications, engagement and database management of members for 2017/18 is £33,300. See full breakdown in Appendix 1.

6. Recommendations

6.1 The Board of Directors is asked to **NOTE** progress made in 2016/17 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 2017/18.