The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

FOUNDATION TRUST MEMBERSHIP RECRUITMENT & COMMUNICATIONS AND ENGAGEMENT STRATEGY

2018-2020

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This strategy should be read in conjunction with:

- **The Constitution and Annexes**
- **The FT Membership Recruitment and Communications and Engagement Action Plan**

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1 INTRODUCTION – FT MEMBERSHIP RECRUITMENT & ENGAGEMENT & COMMUNICATIONS

The Trust gained foundation trust (FT) status in February 2011 and since that time the public membership has steadily increased to approximately 7,600. With the emphasis as much on engagement as members, it has been agreed to maintain and grow the membership by some 250 / 300 members net gain per year. Recruitment is mostly carried out by governors who are Membership & Communication committee members with assistance from the FT Office. All governors are encouraged to be involved in the process.

Engagement and Communications with the membership and the wider community, which is a statutory requirement for governors, is assisted by the Communications Team and the FT Office. Newsletters and healthcare events are the governors' regular engagement and communications vehicles.

The combined FT Membership Recruitment and Communications and Engagement Strategy, is used as the framework for this work.

2 WHAT IS FT MEMBERSHIP?

We want our members to:

- Support what we do as an NHS Foundation Trust by helping us to make the right decisions and to ensure that we stay true to our NHS values and purpose;
- Enhance the local reputation of the hospital amongst our service user base;
- Be a vehicle to aid communication in a regular and at times targeted way with our patients, public and our staff;
- Value their membership as a symbol of belonging to and having a stake in the hospital community and an interest in its future.

3 MEMBERSHIP CATEGORIES – PUBLIC AND STAFF

The Trust has two categories for membership - Public and Staff.

We have elected not to have a separate patient and carer category. The rationale for this is that we are situated in a largely rural area with 'neighbouring' acute hospitals between 30 and 50 miles away. Currently, we provide limited tertiary services likely to bring in large numbers of patients from outside the area. There is compelling evidence that our public constituency has a very large 'crossover' with a patient constituency and that a separate 'patient' category would not be viable.

We also have a large influx of people to the area during the holiday season, with many older people spending the entire summer in the coastal resorts of the Trust's natural catchment area. We do not therefore, wish to exclude people who have perhaps holidayed in the area and have either used our services or are interested in supporting what is effectively their local hospital for a sizeable period of the year and we have made arrangements for an additional route to membership through a 'Rest of England' category.

Staff

We currently employ approximately 3,000 staff. The Queen Elizabeth Hospital is one of the largest employers in the Borough of King's Lynn and West Norfolk, with a loyal and committed workforce.

The staff category of membership is divided into 2 classes, clinical and non-clinical.

All staff are given the automatic right to membership, to reflect the value the Trust attaches to their contribution.

The Staff Category is open to:

- All staff automatically, unless they choose to opt out
- 'All staff' includes those people registered on our bank, staff who are based at the Trust but work for our partnership organisations and those with honorary contracts

Volunteers and members of charity organisations such as the League of Friends are encouraged to apply for Public Membership.

Public

The Public Category is open to:

- All residents of our catchment area who are 16 years old and over
- Members from the 'Rest of England'. Following changes to the public constituency boundaries in October 2015, it was suggested that The 'Rest of England' category be grouped within an amalgamated constituency of North Norfolk, Breckland & the Rest of England). The Rest of England category enables our regular and 'long stay' visitors to the Trust's natural catchment area to become members of the Foundation Trust Members from the 'Rest of England'. Following changes to the constituency

4 DISQUALIFICATION FROM MEMBERSHIP

Individuals will be excluded from membership for the following reasons:

- They have perpetrated any act of violence at the Trust's hospital or facilities or against any member of staff, registered volunteers or other persons who exercise functions for the purpose of the Trust
- They are vexatious complainants
- A staff member may not also be a public member

5 DEFINING THE MEMBERSHIP COMMUNITY

Demographics

The Trust currently provides services to a population of more than 224,000. Our geographical position results in the Trust providing services to principally three different counties

Activity by Clinical Commissioning Group

- Norfolk 73%
- Cambridgeshire 17%
- Lincolnshire 7%
- Non-contracted / other 3%

The area served by the Trust is largely rural and travelling times to access health care can be a significant problem. Demand for our services has grown steadily over recent years and, with an increasingly elderly population and new housing in the area, these demands are likely to continue.

The graph at figure 1 shows population predictions by age range and figure 2 shows the age profile of the FT Public Membership.

Figure 1: King's Lynn and West Norfolk Predicted Population Increases by Age Range 2010 – 2030

Source: DAWN: Sub national population projections by age groups

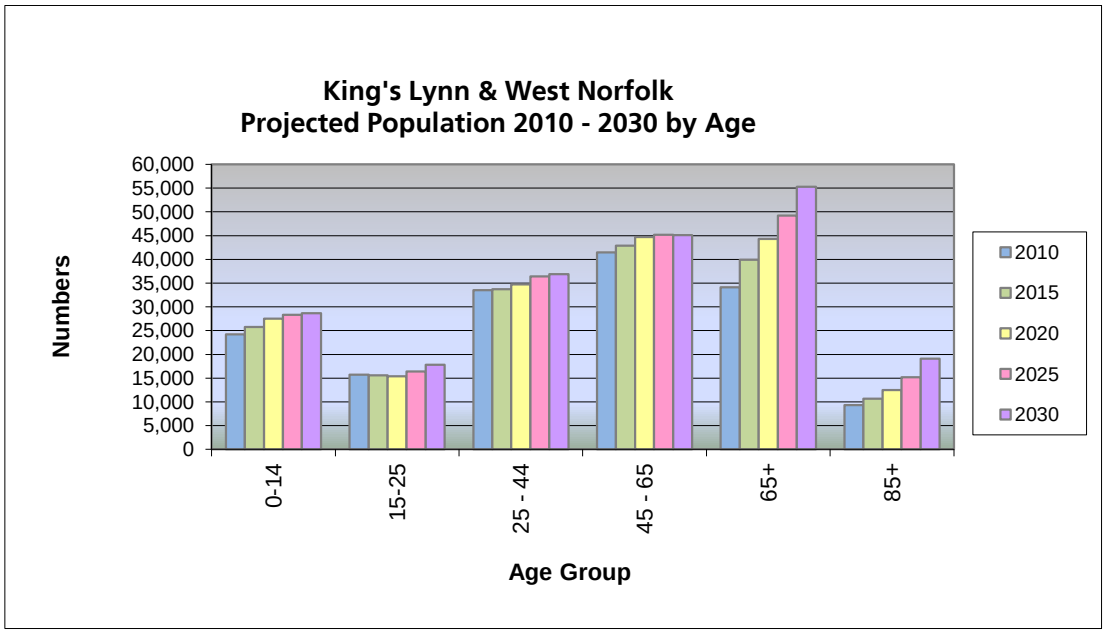
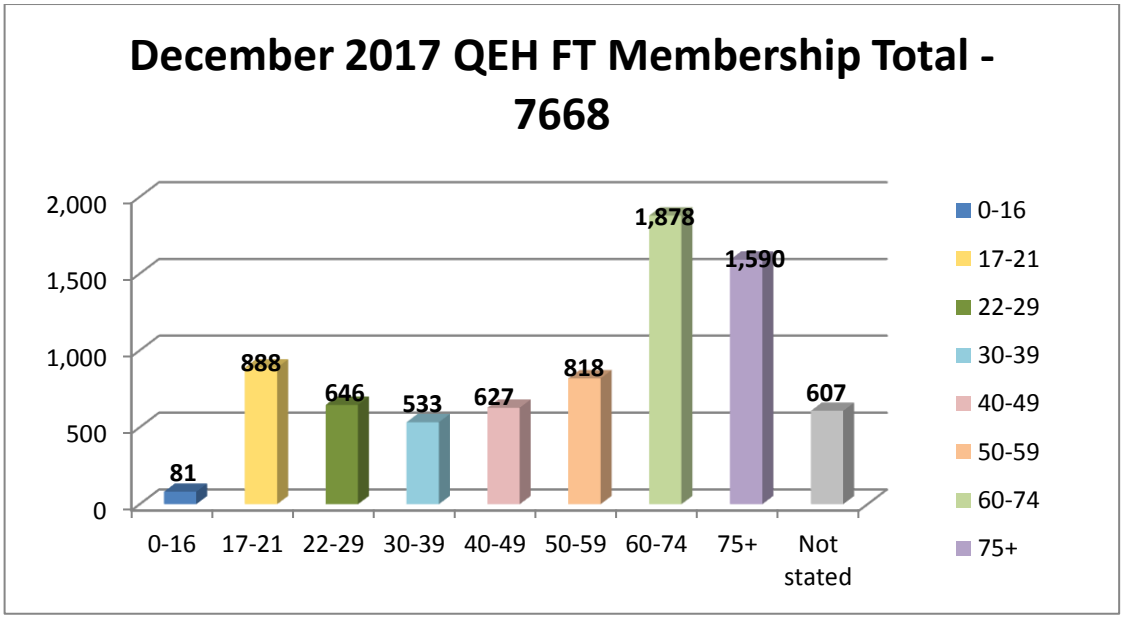


Figure 2: FT Membership by Age



It is noteworthy, that because of a high representation of members in both the 16-21 and 60-74 / 75+ categories, the middle categories of 22-29, 30-39, 40-49, and 50-59 are all underrepresented. Because of the loyalty of members and subsequent increasing age of them this is a trend that is unlikely to reverse.

Membership recruitment and engagement is proactive within the Trust, with many governors playing an active role.

CONSTITUENCY CHANGES

The public membership category (constituency) had previously been divided into 5 areas to reflect what was seen as the traditional 'catchment area' of the hospital:

- King's Lynn and West Norfolk
- North Norfolk
- Breckland
- Cambridgeshire (Fenland) and
- South East Lincolnshire, including 'Rest of England' class.

In 2015, the Constitution Working Group reviewed and comprehensively analysed a wide range of data:

- Census data (2011);
- National Statistics Online data concerning population by ward/constituency area;
- Trust data on patients by CCG (Clinical Commissioning Group);
- Trust data on engagement e.g. governor nominations;
- Membership Engagement Services data on Trust FT Membership by ward;
- The Health and Social Care Act 2012 statutory duty for governors to 'Represent the interest of the members as a whole and the interests of the public';
- The Public Constituency;
- Governor profile in respect of governors standing down or approaching the end of their term of office.

The following observations were made:

- All areas were either under or over represented on the Governors' Council;
- Clinical Commissioning Group (CCG) data relates to the entire CCG which may cross boundaries and which does not relate to specific wards. However, The Trust has no Patient Member Constituency and therefore some consideration should be given to the patient profile;
- The boundaries of the Public constituency include areas where there are no FT members e.g. Pinchbeck & Surfleet (SE Lincs) and The Priory (N Norfolk);
- There is poor engagement in N Norfolk. The Trust has difficulty in encouraging members to nominate themselves for election as governors;
- Despite membership campaigns and subsequent significant member numbers in the area, there is poor engagement in Breckland and experience of one election where no governor nominations were received;
- There is scope for amalgamating areas of the public constituency. However, it was agreed that King's Lynn and West Norfolk, Cambridgeshire and SE Lincs should, as the Trust's key service commissioning areas, have their own discrete governor representation.

Conclusions:

Following the review, the Governors' Council, agreed some basic principles:

- That interim recommendations would seek to take into account the population figures, patient numbers and FT membership for each constituency area
- That interim recommendations should not increase the size of the Governors' Council and should 'maintain' headroom in respect of the statutory requirement for the number of publicly elected governors on the Council to be greater than the sum of the staff and appointed governors
- That interim recommendations would not see any currently serving governor lose their seat on the Council
- King's Lynn and West Norfolk may be underrepresented. However, engagement is good in the area and the majority of the Trust's appointed governors are appointed from organisations based in the borough
- That Breckland, North Norfolk and the Rest of England categories be merged (see figure 4)

The membership was consulted on the changes and following positive support, the proposals were subsequently adopted and implemented in December 2015, as shown below in figures 3 and 4.

Figure 3: Original Constituency Profile (by constituency categories)

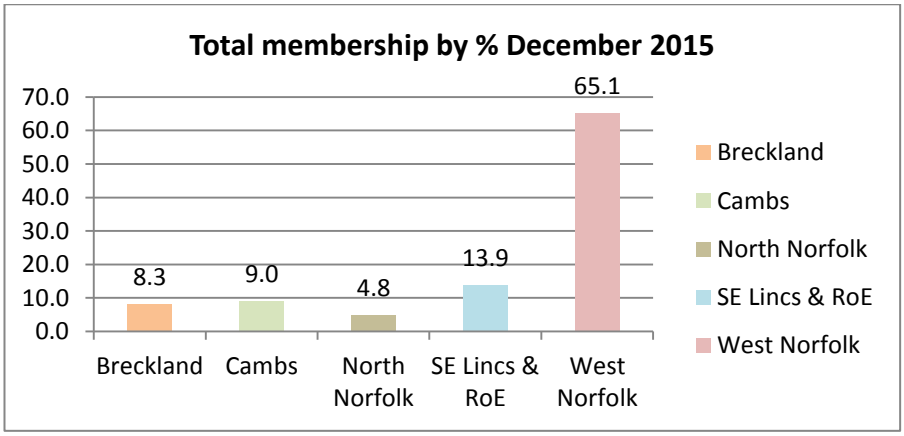
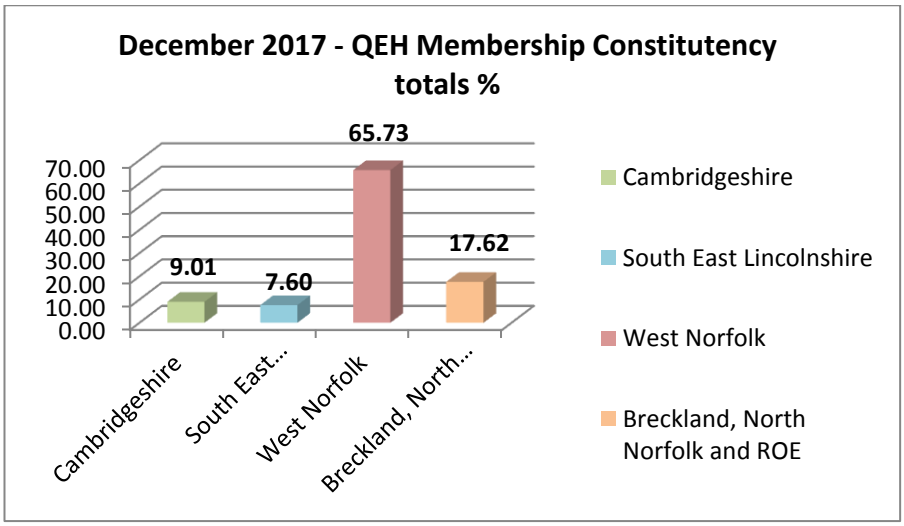


Figure 4: Constituency Profile following changes



The Foundation Trust Membership Office is responsible for informing the Board of Directors and Governors' Council about any membership trends and recommended actions in respect of membership profile analysis.

We will seek to maintain our FT Membership, which is representative of the Community served by the Trust and will work to increase membership where groups or geographical areas are underrepresented.

6 RESOURCING MEMBERSHIP GROWTH, DEVELOPMENT AND ENGAGEMENT

Capacity

Management of and support for the Foundation Trust membership comes within the remit of the Foundation Trust Membership Office, which works closely with the Communications function of the Trust.

The Foundation Trust Team comprises the Trust Secretary and the FT Membership Officer.

The office has established a membership database with Membership Engagement Services (MES). The database is maintained and populated by the Foundation Trust Team and provides a valuable member information and mailing facility in accordance with Information Governance protocols. The database can also be analysed to produce a wide range of reports, tables and graphs to describe membership profile detail and trends. We have worked with Membership Engagement Services to facilitate a modification to our membership profiling methodology to incorporate the Compliance Framework guidance from Monitor in respect of socio-economic grouping.

The comparison of membership profile data is compared to the profile of the wider community and is the basis for action planning to engage under-represented groups and explore alternative ways of increasing awareness of the Trust's Foundation Trust status and FT membership.

Resources

The Foundation Trust Office is resourced to cover the following:

- Pay costs - substantive posts for Foundation Trust office
- Communication / publicity
- Events
- Mailing
- Contracting with specialist external companies such as MES and Electoral Reform Service (Governor Elections)
- Subscriptions e.g. NHS Providers
- Professional services
- Member and Governor travel expenses

7 CONTINUING TO BUILD THE MEMBERSHIP BASE

Whilst the importance of a strong, engaged and representative membership is fully acknowledged, the Trust has balanced this with the cost of recruiting, maintaining and engaging a large membership.

Our recruitment plan for membership is based on what we understand about the community we serve and good practice, which has been shared by existing Foundation Trust colleagues and through various sector studies.

Initiatives to communicate with the public served by the Trust and to recruit members, have included and continue to include:

- The local newspaper and sister papers
- Governor-led recruitment campaigns
- Engagement with partner statutory and voluntary agencies
- Communicating with patients through inserts in patient mailings and through the PALS office
- Via Patient Participation Groups / surgeries
- Recruitment initiatives at FT member and public events

It has been the experience of the Trust that the most effective method of recruiting FT members is through face-to-face engagement; especially where Governors and staff recruit members as this results in members, who are more engaged than those recruited through other methods. The Trust's experience in this respect aligns with the experiences of other FTs, observed in a variety of sector studies. It has therefore been agreed that the membership recruitment strategy will be to maintain the membership and gradually build on the total by recruiting a minimum of a 250 to 300 members per year.

8 MANAGING ACTIVE MEMBERSHIP

There is evidence that Members may lose interest if they perceive little return for their commitment, interest and support. We provide all members with a welcome letter, membership card with a 'help line' number and unique identifying reference number. This helps us to track our contact with individual members and we are able to use this data to monitor involvement activity of members and to manage our database.

We will seek to ensure that our members feel valued, receive useful information and are given meaningful opportunities to become actively engaged with their hospital.

The role of the Governors in engaging with the FT Membership

The role and responsibilities of our Governors is in line with the legislation and guidance detailed in Monitor's Code of Governance. In addition to the requirements of the NHS Act 2006 and the main principles of the Code of Governance, the role of the Governor includes effective communication with members.

Public and staff governors are responsible for developing effective methods of communicating and engaging with their respective membership groups.

Staff governors, even where elected staff governors may also have union responsibilities; have a duty to represent the views of all their colleagues and in common with all governors, the public. The Trust's internal communication channels are available for their use, e.g.

- Briefing via the intranet and email
- Road shows and staff meetings
- In-house magazine

- Staff Consultation Forums
- Notice Boards
- CEO Briefings
- Newsletters

The Trust carried out a survey of its Governors, 1 year after authorisation, to establish governor experience of their first year in office. The feedback showed us that our governors feel that they need more support in engaging with FT Members (and the wider public). Staff Governors find this particularly challenging.

We will develop new ways of supporting our Governors to communicate and engage with the FT Members.

'Menu' of Involvement for FT Members

FT Members can be as involved as they wish to be. Members are able to:

- Receive information about the hospital
- Attend FT Member events
- Participate in FT Member focus groups
- Vote for governors to represent them on the Governors' Council
- Stand for election to the Governors' Council
- Seek appointment as Non-Executive Directors on the Board of Directors (public members only)

We will support members to be as involved with the Trust as they wish to be.

We will provide information to enable members to understand the role of Governors and encourage members to stand for election as Governors and vote in Governors' Council elections.

9 COMMUNICATING WITH MEMBERS

The Trust has a programme of member communications throughout the year, including newsletters, invitations to events, details of special interest focus groups, fundraising and volunteering opportunities, annual members' meetings etc.

In order to keep the membership informed and involved, we will ensure that all member communications are relevant and timely. We will, where possible, ensure that individuals with special needs have their communication requirements met.

We will use a range of suitable communication methods to encourage members to participate fully in the Trust, including letters, e-mail, telephone, members' website area, social media etc.

Electronic Communications

There will be a continued drive to communicate with as many members as possible, electronically. This is the most cost-effective and immediate method of communication currently available to us. Encouragement for members to provide their email addresses will

feature in communications issued. Electronic communications will be a combination of e-mails, newsletters and links to the members' area of the website. The Trust also communicates via social networking sites such as Twitter and Facebook and via shared 'cloud' storage facility for Trust information accessible to governors.

Website - Members' Area

It is anticipated that the website area will develop over time into what we hope will become a dynamic and responsive communication tool. The website will incorporate relevant hospital news and information, information about events, meeting agendas and minutes, special interest areas, online membership and information on how to become more involved.

Events

We have a well-developed programme of scheduled events and meetings for members.

Events have included:

- Information briefings for aspiring Governors or Non-Executive Directors
- Members' tours of the services provided by the hospital
- Health promotion activities
- Focused events, linked to areas of strategic planning and service development.

10 A COMMUNITY ROLE

The Trust takes its corporate social responsibilities seriously and has developed valuable collaborative arrangements with a range of statutory and voluntary organisations, West Norfolk Clinical Commissioning Group, Healthwatch and Community Action Norfolk. Developing FT membership and engagement through the networks of our Appointed Governors and strategic partners is helping us to engage with our community.

The Trust will continue to identify ways of contributing to good citizenship through:

- working with local schools and colleges
- working with careers advisory services
- working with diverse community groups

11 WORKING WITH OTHER ORGANISATIONS

The Foundation Trust Team is developing relationships with neighbouring Foundation Trusts and specialist networks.

The Trust is a member of NHS Providers and is maximising the networking and learning opportunities provided by this membership.

12 EVALUATING SUCCESS

We will make plans to review systematically, the success of our Membership Strategy.

These are likely to include:

- Analysing the level of member engagement i.e. what percentage of available membership is actively involved and in what types of activity;

- Checking that the membership remains representative of the community served by the Trust;
- Analysis as a result of governors' attendance at Patient Participation Groups, Healthcare Events, Mock CQC Inspections and Quality Assurance Visits etc.

13 PROGRESS SINCE FT AUTHORISATION

Since FT Authorisation, Membership Strategy progress has been made in the following areas:

- FT Membership of 7,600+;
- FT Member newsletters – Governor editorial panel;
- FT Member focus groups held – Inpatients, Outpatients and Car Park, Surveys;
- FT member events – Diabetes (twice), Specialty Nurses, Volunteering, Winter Planning, Physio/Occupational Therapy, Living with Dementia, Diagnostics and Children's event(s). More recent Events have covered Multiple Sclerosis, Stroke, Diabetes Awareness, Arthritis, Parkinson's, COPD (Chronic Obstructive Pulmonary Disorder) and Cardiology. In summer 2016 an Open Day was held to which FT members and the public were invited.
- Governors linked to GP Surgeries, Patient Participation Groups and West Norfolk Patient Participation;
- Governors involved in Mock Inspections (Care Quality Commission); Quality Assurance Visits and PLACE (Patient Led Assessment of Care Environment) Inspections;
- Governors are linked to 'matrons' / leads of various specialities and departments and attend various governor subcommittee meetings plus additional meetings across the Trust.

The overarching purpose of the FT Membership Communications and Engagement section of the Strategy is to oversee the delivery of the objectives in supporting governors to fulfil their statutory responsibility to communicate with the FT Members and making appropriate recommendations to the Governors' Council on issues related to communicating with the Trust's FT Membership.

KEY RESPONSIBILITIES:

- to contribute to the development of the Foundation Trust Membership Communications Plan and to present to the Governors' Council for approval;
- to support the production of the FT Members' newsletter 'Trust Matters', to ensure that Foundation Trust members are kept informed and updated on the Trust's developments, performance and the work of the Governors. Also, to nominate committee members (at least 1 publicly elected governor) to work with the FT Office and Communication teams regarding editorial input to the Members' newsletter;
- to be involved in discussions to identify ways in which members can become actively involved in the planning of services and the work of the Trust;
- to work in partnership with the Trust's FT Office and Communications Teams to develop methods of communication to enable members' views and opinions to be heard;
- to support membership engagement initiatives;

- to actively encourage all Governors to be involved in communications and engagement initiatives as appropriate;
- to contribute, as appropriate, to the development of the Foundation Trust Members' area on the Trust's website;
- to contribute to the development of the FT Member Events Programme and to present to the Governors' Council for approval; and
- To consider any other matter relating to the Trust's FT Membership Communications and Engagement Strategy that is referred to the Committee by the Governors' Council.

14 STRATEGY AND OBJECTIVES

The Strategy addresses:

- How the Trust intends to communicate with its FT members and members of the public.
- How the Trust intends to engage its FT members

15 THE COMMUNICATIONS AND ENGAGEMENT SECTION OF THE MEMBERSHIP STRATEGY

The Trust is fully committed to promoting an active Foundation Trust membership and sees its members as key stakeholders with both an interest in the Trust's strategic outcomes and a role in the development of the Trust's strategic objectives. The Trust values those people who show their interest in and support for the hospital by becoming Foundation Trust members and will continue to demonstrate this by:

- communicating regularly with the membership;
- providing members with information about the hospital and service developments;
- developing governance arrangements through which the hospital will be accountable to its membership and the wider community;
- developing a wide range of involvement opportunities so that members can choose the level of involvement they want to have with their hospital;
- developing systems and practices that should enable the membership to influence service development and strategic planning; and
- valuing diversity and developing strategies for ensuring that we make particular efforts to engage with underrepresented and difficult to reach groups and individuals.

This Membership Communications and Engagement section of the Strategy sets out how the Trust intends to deliver the communications and engagement elements of the Membership Strategy. A separate Engagement Strategy has been produced and forms part of the overall strategy.

15.1 Member Engagement Priorities

In 2018/19 the Trust will be working to:

- Maintain and develop effective engagement with older people, who represent the majority of patients at the hospital **(Stakeholder Group A)** and also demographically; West Norfolk having an aging population;
- Continue to engage younger people **(Stakeholder Group B);** and
- Engage with members from the merged Breckland, North Norfolk and Rest of England constituency areas **(Stakeholder Group E);**
- Develop ways of communicating with and engaging Staff FT members.

16 COMMUNICATIONS AND ENGAGEMENT OBJECTIVES

The primary Communication and Engagement Objective is to communicate with and engage the Trust's FT members and members of the wider public, by**:**

- Raising the profile of the Trust within its FT membership and the broader community;
- Providing information about the Trust and its services to existing members and governors;
- Developing opportunities for Members to engage with their elected Governors;

- Holding a programme of events to which members are invited over the year;
- Involving Members in ways that they find meaningful; and
- Establishing communication and engagement networks in the broader community.

17 COMMUNICATIONS RISKS AND THEIR MANAGEMENT

Risk	Management
Perception that FT Membership carries no real benefits	Careful preparation of message communicated. Use of case studies and stories to demonstrate that members have had influence.
Public not understanding the implications of FT status in respect of community accountability and involvement	Clear, simple outline of the benefits of FT to form part of the Communication Plan
Apathy from public	" "
Not enough regular contact with existing membership	Programme of communications and engagement activities. Development of feedback channels to ensure contact is appropriate and valued.
Misunderstanding of role of governors	As with understanding FT status, clear, simple and repeated communication messages.
Communications not being understood, especially given the broad nature of our target membership	Keep our message clear and understandable, avoiding jargon and verbosity. Careful consideration of communication channels and targeting of key audiences.
Failing to reach those least engaged which are members in the age group 30 – 50	Focus groups to establish the most effect ways to reach 'hard to reach' groups. Work with partner organisations (voluntary sector, housing, private sector to develop new relationships within the community.
Failing to demonstrate to Members that their views have influenced service development, leading to loss of interest and attrition	Develop clear 'you said, we did' methodologies to show members how their views have influenced service development.

18 STAKEHOLDER MAP

By ensuring that membership communications and engagement activities are effectively targeted, waste will be avoided and unnecessary' clutter' that could obscure key messages will be reduced. This will help to ensure the efficiency of the communications and engagement that takes place. A database will be created to track key contacts, developing themes, and changes in the stakeholder landscape. This information will be used to inform communications and engagement activity.

Stakeholder Group	Stakeholder Sub-group	Primary Stakeholder Contact/s	FT Relationship Lead (Governor)	Communications and Engagement Themes
Group A **Older people**		Age UK network Older People's Clubs and groups Advocacy Groups University of the 3rd Age (U3A) NHS Retirement Fellowship	Jonathan Dossetor / Esmé Corner (Lead governor)	Self-interest in success of local provider Improved patient experience
Group B **Younger People**	16-24	The College of West Anglia Head Teachers Local media outlets Sports centre leaders etc. School Careers Networking 6th form councils Youth Group leaders QE Apprentices	Ann Compton / Lead Governor	Participation CV development Personal development Career path development
	24+	Social Group leaders 'Mums & Toddlers' / Internal member recruitment & engagement		Self-interest in local provider. Interest in securing effective services for family (children & parents).

Stakeholder Group	Stakeholder Sub-group	Primary Stakeholder Contact/s	FT Relationship Lead (Governor)	Communications and Engagement Themes
Group C **Patients and carers**		Carers' organisations GP Surgeries / PPG groups Outpatient Clinics Domiciliary Care Groups West Norfolk Voluntary and Community Action	Jane Evans Jonathan Dossetor	Self-interest in local provider. Influence in Policy Improved patient experience. Sense of community / belonging / involvement.
Group D **BME Groups (black and minority ethnic)**	Broken down by particular groups e.g. Eastern European?	The Borough Council of King's Lynn & West Norfolk Community Elders QEH Overseas Nurses		Access to services. The Trust values the views of all the people and communities it serves.
Group E **Patients/public on QEH constituency boundaries**	Breckland, North Norfolk & The Rest of England	Breckland Appointed governor / Public Governors, Patient Participation Groups in that area	Ian Sherwood Clive Monk Patricia Tickner	Service provision choice.
Group F **People with Special Needs**	People with physical disabilities. People with learning disabilities. People with mental health issues.	Phobbies QEH Learning Disability Group. MIND (WNC)		Access to services. The Trust values the views of all the people and communities it serves.

19 COMMUNICATION MESSAGES

(i) High-level Messages

The following high-level messages have been developed for membership communications. It is proposed that these are tested and refined with the help of stakeholders, and that audience specific messages are developed to inform communications with the stakeholder groups identified in section five of this document.

- **Message 1** - A Foundation Trust must have a strong membership drawn from the local community
- **Message 2** – You can have more influence in the way your local hospital is run by becoming a member
- **Message 3** – Your local hospital needs you to be involved in making changes
- **Message 4** – You can help improve patient experience in your local hospital
- **Message 5** – 'You said – we did'
- **Message 6** – You are showing your support for your local hospital by becoming a FT Member
- **Message 7 –** There are benefits for FT Members that you may value

(ii) Audience Specific Messages

Stakeholder Group A – Older People
What if you needed the hospital? Wouldn't you want it to be the best it could be?

Stakeholder Group B – Younger People
You can help others by taking an interest in the hospital and making your views known when you feel strongly about an issue.

Employers, colleges and universities will be impressed if you have been involved as a member.

Stakeholder Group C – Patients and Carers
You have experience of the hospital and you can make a difference by sharing that and suggesting improvements, as a member.

Stakeholder Group D – BME Groups
You can make sure that your community voice is heard in the local hospital by being a member.

Stakeholder Group E – Peripheral boundary constituency members
Choice is of particular importance to patients / members in peripheral catchment areas which traditionally has seen these people attending other hospitals in the area.

Stakeholder Group F – People with special needs
We will make special efforts to enable you to have your say and be a fully engaged member.

20 TOOLS AND ACTIVITY

Stakeholder Group	Stakeholder Sub-group	Tools and Activity
Group A Older people	Older people	
		Talking to appropriate groups – Patient Participation Group involvement
		Holding events with a health theme to attract interest and with an educational benefit
Group B Younger People	16-24	Via College events – The College of West Anglia
		A presence at careers conventions – Opportunities West Norfolk (OWN)
		Engagement with schools / sixth form colleges / youth forum
		Facebook / Twitter
	24+	Recruitment within various outpatient departments / hospital cafeteria
Group C Patients and carers	Patients and carers	Approach Patient Participation Groups – Jonathan Dossetor lead
		Approach self-help organisations and carer groups – Jane Evans lead
		Approach those attending hospital Face-to-face - e.g. outpatients
		Holding events with a health theme to attract interest and with an education benefit Events held over recent years include: Stroke Awareness, Diabetes Awareness, Arthritis, Parkinson's, Cardiology and COPD.
Group D BME	BME	Attend local events working with partnership organisations
Group E Peripheral area / Choice	Breckland, North Norfolk and the Rest of England Choice	To be developed. The amalgamation of these constituencies will enable better engagement and allow for a wider representation. Choice is a particularly important factor regarding where these members would choose to receive patient care.
Group F Special Needs	All	Presentations to Self Help and Support Groups Encouraging advocacy
	People with learning disabilities	'Easy Read' communications material

21 COMMUNICATIONS AND ENGAGEMENT PLAN ROLLING YEARS

Stakeholder represented	Activity	Jan	Feb	Mar	Apl	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '17	Feb	Mar
Group A	West Norfolk Older Persons Forum ?															
Groups ALL	Open Day (last event 2016)															
Group ALL	Annual Members' Meeting							✓?	✓?							
Group ALL	Trust Matters newsletter		✓				✓				✓					
Group ALL	Outpatients' Membership recruiting	✓		✓		✓		✓		✓		✓		✓		✓
Groups A, B & C	Healthcare Events					✓					✓					
Group B	Freshers' Week									✓						
Group B	Springwood Volunteers Event									✓						

Two successful healthcare events were held in 2017, these being for Cardiology and COPD. Two healthcare events will be scheduled for 2018; a Cancer Event in May 2018 and Osteoporosis Event in October 2018. Governors also attend Patient Participation Group meetings and Community Healthcare Events organised by Surgeries, West Norfolk Patient Participation and West Norfolk Clinical Commissioning Group meetings.

22 MEASURING SUCCESS

- Membership recruitment numbers increasing incrementally year by year
- Membership Profile being representative of the community served by the Trust
- Case studies and stories which demonstrate the influence that members have had
- Governor reports on engagement activities
- Attendance at events

23 CAPACITY AND RESOURCES

Capacity

- FT Membership Team
- Governors
- FT Members (staff and public)
- Communications Team
- Other teams within the Trust
- MES services

Resources

- FT Budget – not currently devolved to committee but managed by Trust Secretary
- Free opportunities for communication e.g. local / parish magazines and newsletters
- Appointed governor networks
- 'Free to attend' events
- Social Media

24 CONCLUSION

The Trust is fully committed to promoting an active Foundation Trust membership and we see our members as key stakeholders with both an interest in our strategic outcomes and a role in the development and delivery of our strategic objectives. We will value those people who show their interest in and support for the hospital by becoming Foundation Trust members and we will demonstrate this by:

- Communicating effectively with the membership and the wider community:
- Providing members with information about the hospital and service developments;
- Developing governance arrangements through which the hospital will be accountable to its membership and the wider community;
- Developing a range of involvement opportunities, so that members can choose the level of involvement they want to have with their hospital;
- Developing systems and practices that enable the membership to influence service development and strategic planning;
- Valuing diversity and developing strategies for ensuring that the membership represents the community served by the Trust and that we make particular efforts to engage with underrepresented and difficult to reach groups and individuals.

Appendices

***APPENDIX 1. FT MEMBERSHIP RECRUITMENT & COMMUNICATIONS AND ENGAGEMENT STRATEGY ACTION PLAN* (to be reviewed following approval of the revised strategy)**