Foundation Trust Membership Strategy

Trust Board Approved, May 2014

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1. Introduction

1.1 Foundation Trust (FT) governance arrangements are designed to help organisations reflect the needs of their local communities, by developing and delivering plans and services with local people, rather than delivering what the Trust thinks is best for their local people.

1.2 A successful NHS Foundation Trust must create a Membership that is:

- As widely representative of the local population as possible;
- Large enough to be credible; and
- Fully engaged with the Trust.

1.3 This strategy outlines how the Yorkshire Ambulance Service NHS Trust (YAS) will achieve these aims and increase two-way engagement with the communities we serve.

2. What is Membership?

2.1 Membership will empower local people to become advocates for YAS. Through two-way communication it will give local people an opportunity to be engaged with the services that we provide; to share their views and work with us to improve and enhance our services for the future. As such, the decisions we make will be more responsive to the needs of our patients, staff, volunteers, partners and residents. It is important therefore that our Membership is representative of the communities we serve in terms of age, gender, ethnicity, disability, nationality, religious belief, social background and geographical spread.

2.2 We need to develop a Membership where as many Members as possible are actively engaged in the development of YAS and the services we provide. We also need to develop ways of harnessing the experience, knowledge and skills of our Members, to ensure that they effectively support our corporate objectives.

2.3 By becoming a Member, people will be demonstrating their interest in, and desire to be more closely involved with us. Members will:

- Have a say in how our services are run;
- Be invited to contribute to the development of new services and influence their direction;
- Be invited to contribute to the development of the Trust as an organisation;
- Receive regular information about our activities and performance;
- Be consulted on major plans for future developments and services;

- Be able to vote in elections for the Trust Council of Governors; and
- Be able to stand for election as a Governor on the Council of Governors.

2.4 Membership is free to any person who is eligible. Members will not receive any payment or preferential treatment and will have exactly the same access to health and social care services as non-Members.

2.5 Given the current national context, YAS is unlikely to gain FT status before 2015. We cannot (under the Health and Social Care Act) proceed to elections for a shadow Council of Governors (COG) until the Trust is recommended to pass through to the Monitor (the FT Regulator) phase of the FT application process. This will only take place following successful completion of a YAS' Board meeting with the Board of the NHS Trust Development Authority, the timescale for which is currently not known.

2.6 To ensure that we continue to engage with all our Members a 'YAS Forum' [the Forum] was formed in July 2014. The Forum mimics a COG until such time one can be formed, and is structured in a similar way, with elected Forum Members from our Public and Staff constituencies in addition to YAS' Board nominated Appointed Forum Members who represent our partners in the wider community.

2.7 When YAS is in a position (under the Act) to prepare for implementation of a shadow COG, a new election process will take place as elected Forum Members will have no grandparent rights. We are committed to building on the knowledge and experience gained from the Forum in developing our Membership Strategy in future, including how we engage and communicate with Members, and in the election process for the COG itself.

3. Defining the Membership Community

3.1 We have two Membership constituencies:

- Public Members; and
- Staff Members.

(NB. Acute and Mental Health Foundation Trusts also have a patient constituency, but legislation precludes ambulance trusts having this feature).

3.2 Public Membership Constituency

3.2.1 Our public, patients, service users, partners and volunteers come within the Public Membership constituency category. Anyone who is 16 years of age or older and lives within the area served by the Trust, which is

Yorkshire and, for the provision of the NHS 111 service, includes North Lincolnshire, North East Lincolnshire and Bassetlaw, can be a Public Member of YAS (see Appendix 1 for the area that YAS serves and the corresponding catchment area for our Public Membership. Appendices 2 - 4 highlight the ethnicity and age profiles within the catchment area).

3.2.2 We have four constituencies based on the four areas that we serve: North, South, East and West. Members of the public who want to become Members join the Public Constituency where they live and will be able to stand for election and represent that area (see Appendix 5 for the constituency breakdown).

3.2.3 All Public Members have to opt-in to become Members of YAS. Being a Member is a responsible position and therefore certain people are not allowed to be Members of YAS, including:

- Anyone who has threatened, harassed, harmed or abused staff, patients and/or visitors; or
- Anyone who has been a vexatious complainant.

3.2.4 We need to ensure that as our membership levels develop over time that they best reflect the diversity of our population. We regularly assess the Membership make-up and identify any under-represented groups and then develop recruitment strategies to improve recruitment and representation of such groups.

3.3 **Staff Membership Constituency**

3.3.1 All of our permanent members of staff and people on contracts of more than 12 months' duration, and who have been continuously employed for at least 12 months, are eligible to become Members of YAS. All eligible members of staff were opted-in as Members of YAS in September 2012, unless they choose not to do so, i.e. 'opt-out'.

3.3.2 When a member of staff leaves YAS they will cease to be a Staff Member. If they remain a resident of the area served by the Trust we encourage them to apply to be a Public Member instead. Conversely, if a Public Member becomes employed by us (subject to 3.3.1 above); they will change to being a Staff Member instead, after a period of 12 months' continuous service.

3.3.3 A Member cannot be a Member of both Staff and Public constituencies at the same time.

3.3.4 A member of staff may be asked to temporarily cease membership activities during a period of suspension under our Code of Conduct and associated staff policies and procedures.

3.3.5 Our staff constituency is split into two categories to reflect the make-up of our staff:

- Front-line staff; and
- Support staff.

3.3.6 **Front-line staff category**

The front-line staff category includes all members of staff who provide direct patient care, whether face to face or over the phone, including:

- Accident & Emergency (A&E) and Urgent care clinical staff;
- Patient Transport Service (PTS) staff, either on vehicles or at patient reception centres;
- Telephone-based service staff - including 999 and NHS 111 call takers.

3.3.7 **Support staff category**

The support staff category includes members of staff who work in for example, our fleet and estates departments, finance and IT departments, or who provide administrative support and other services, but do not provide direct patient care.

3.4 **Appointed Governors**

YAS' Board decides on the number and make-up of the Appointed Governors chosen to broadly represent our partners in the wider community including for example, local authorities, the police. Those selected organisations then nominate their own appointment to sit on YAS' COG for the identified term of office, normally of up to three years.

3.5 **Potential Conflict of Interest**

Representatives of Clinical Commissioning Groups (CCGs - which commission our services) and members of local Healthwatch (which have the potential to influence commissioning decisions) are precluded from membership of YAS COG under The Constitution.

3.6 An Appointed Governor may not also be a YAS' Public or Staff Governor.

4.   Governor Members

4.1   Each of the Public and Staff constituencies will be represented by elected Governors.

4.2   The Council of Governors is responsible for representing the interests of the public and the Membership as a whole.   Individual elected Governors are responsible for canvassing and feeding back the views of their local community in the management and stewardship of the NHS Foundation Trust and the services provided. They are also responsible for:

- Sharing information about key decisions with other Trust Members;
- Contributing to Members' and other local residents' understanding of the work of the Foundation Trust;
- Acting as ambassadors to raise the profile of the Foundation Trust;
- Promoting Membership of the Foundation Trust and helping to recruit Members;
- Attending Member events to engage with Members; and
- Feeding back the views of Members to the Council of Governors and Board of Directors.

5.   Elections

5.1   We aim to recruit a Council of Governors that is as representative as possible of the area we serve.

5.2   Any Public or Staff Member can nominate themself to stand as an elected Governor. The Council of Governors will be made up of both Elected and Appointed Governors:

- Elected Governors will be drawn from the Public and Staff constituencies;
- Appointed Governors will be appointed by partner organisations.

(see Appendix 6 for a summary of how the Council of Governor's is composed; and Appendix 7 for the nominated Appointed Governor representative organisations).

5.3   Our Governors will serve a term of office of up to three years, after that time they will be eligible for re-election (no Governor will be in office for more than six years in total even if those periods are not consecutive).

6.   Governor Engagement

6.1   A Membership and Engagement Strategy and action plan has been developed (and will be regularly updated) to provide support and empowerment to our Governors, and to enable them to effectively engage with Members and the general public in their local communities.

7.   Resourcing Development of the Membership

7.1   We have set up a Membership Office to provide a single point of contact for all Member enquiries. We have appointed a Membership Manager whose role includes the on-going planning, management and development of the Trust's Membership activities.

7.2   We have commissioned the services of a database management company (MES) to securely manage the details of our growing Public Membership population (including regular cleansing programmes of the membership data to ensure its validity). Staff Membership services are provided in-house (including regular cleansing of the membership data). These two Membership databases are regularly reconciled to ensure Members are included in either the Public or Staff Membership database, but not both.

7.3   MES provide us with access to online profiling tools to help identify both current and required Public Membership profiles, to ensure that our Membership population is as reflective of the actual population as possible. The profiling tools enable us to accurately identify the geographic location of under-represented groups to help maximise the effectiveness of our recruitment activities.

7.4   The dedicated budget allocated to Membership and Governor recruitment, development, retention, education and communication activities differs year on year as we move through the organisational development cycle.

8.   Building Our Membership Base

8.1   To maximise the benefits of our Membership population, we need to constantly increase the number of Members that are recruited and the quality of two-way engagement with them. At the start of the financial year 2014/15 the Trust's Public Membership was c 5,700, on which we intend to build at a rate of 10% per annum over this and the next two years (to March 2017). We believe this level of growth will allow us to optimise the benefits of real two-way engagement with our Membership whilst recognising that having too large a Membership profile is costly and will reduce the benefits to us.

8.2　The Staff Membership figure is a minimum of 75% opt-in rate of eligible staff. This figure is based on the experience of established Foundation Trusts and our desire for staff to be inclusive in YAS' future development and the governance framework in which we conduct the organisation's business.

8.3　The membership targets that we have set for the next three years are:

Member Constituency	Year 3 (2014/15)	Year 4 (2015/16)	Year 5 (2016/17)
Staff	**75% of eligible staff**	**75% of eligible staff**	**75% of eligible staff**
Public	**5,700 + 10% = 6,270**	**6,270 + 10% = 6,897**	**6,897 + 10% = 7,586**

8.4　Recognising the benefits of value rather than volume, we have opted to build a Membership that is both representative in terms of the population profile and active in terms of maximising involvement with us.

8.5　We have approached our volunteers to encourage them to become Public Members. Since then Membership has rapidly increased.

8.6　We have an annual engagement and recruitment plan alongside other public facing teams within YAS and in partnership with other FTs to ensure the joining-up of activities, maximisation of resources and cross promotion of Membership messages at every opportunity (particularly at community based events amongst the harder to reach sections of our communities). For example, during:

- First aid training courses (which are free to our Members);
- Joint working with Community Resilience and the Voluntary Car Driver Scheme;
- Cardio Pulmonary Resuscitation (CPR) training courses;
- Defibrillation placements and training courses;
- YAS' staff presentations and awards ceremonies, where family members are commonly invited;
- School visits;
- College and University Open Days;
- Health Melas*;
- Community training courses and visits; and
- Private events, for example where we provide ambulance cover at sporting events, entertainment venues, etc.

* Melas are popular cultural events for the South Asian and general UK population. They originated in South Asia where they marked key events in the local agricultural and religious calendars

8.7 We have developed a programme of less targeted promotional activities, including:

- Promotional literature distribution through YAS' vehicles and in YAS' buildings;
- Promotion on the YAS' website and Intranet;
- Promotional literature in community settings, for example GP surgeries, public libraries;
- Promotion through partner organisations, for example the Police, Fire Service, local authorities; encouraging Membership amongst their staff groups/Members;
- Cross promotion on partner FT's Membership mailings;
- Promotion into harder to reach sections of communities through existing staff community links,
- Promotion through patient interest groups, for example the Deaf Professionals Group;
- Promotion at community events, for example First Aid Training courses;
- Promotion through media coverage; and
- Trust Board and management engagement with partners and the public across the area served by the Trust.

8.8 We have utilised the visual promotional resources that we already possess when visiting community settings, including our two display ambulances, our educational ambulances and our 'Parated' mascot, to gain interest and encourage take-up of our Membership offer.

8.9 The Membership Office team work with other YAS' departments in an inclusive way, for example to promote our Voluntary Car Driver Scheme, Community Resilience and Membership by hosting a Volunteer Roadshow throughout North and East Yorkshire during National Volunteer Week (June 2014). This provided a great opportunity for YAS to thank our significant numbers of volunteers, raise public awareness of our services, recruit new Members and promote our free First Aid Awareness Courses.

9.   Managing an Active Membership

9.1 To ensure that our Membership population remains representative and engaged, the Trust Board has made an on-going commitment to effectively communicate and engage with them.

9.2 We want our Members to be actively involved in the development of all our services. Their experience as a Member, along with a greater understanding of YAS' services and their national, regional and local context, should lead to an enhanced perception of YAS, aligning them as our biggest advocates.

9.3   Members who feel more involved and listened to are also more likely to contribute and remain Members for longer. This in turn will save us time and resources in terms of on-going Member recruitment.

10.   Member Involvement

10.1   Members can have as much or as little involvement as they wish, including:

- Showing support for their local ambulance service;
- Sharing experiences after using our services;
- Receiving regular newsletters about our success, achievements and service developments;
- Being consulted on future service developments;
- Telling us about the needs and expectations of their local community;
- Voting in the election of Governors;
- Standing for election as a Governor;
- Access to a local Governor who represents the views of the local area;
- Attending the Annual General Meeting;
- Gaining a better understanding of how YAS works and sharing in our successes;
- Recruiting other Members; and
- Volunteering to help promote YAS.

10.2   Based on other FT's experience, we have developed three different levels of Membership involvement and engagement, to ensure that Members are engaged at the level that is most suitable for them. A Member may change their level of involvement at any time.

Level 1 - Thought
Receive regular newsletter and voting papers for elections
Level 2 - Time
Level 1, plus assist in consultation on development plans, participate in workshops, and surveys
Level 3 - Support
Levels 1 & 2, plus stand for election on the Council of Governors

(Staff are opted in as 'Support' Members)

10.4 We also recognise that as ambassadors of YAS, our Members should hopefully want to help us by giving something back to their local community, should they wish. This is something that we encourage and support, and where we believe that the real cost/benefit breakeven of Membership could truly be brought to life

11. Communicating with Our Members

11.1 We want our Members to be as informed and involved as possible. Therefore, all our communications are clear and easily understood, with consistent, positive, relevant, timely and accessible messaging (including being delivered in the Member's preferred format).

11.2 These Membership communications are closely aligned with the Trust's Stakeholder Communications and Engagement Strategy which includes regular highlighting to Members of our on-going successes and achievements, ensuring that Members are informed about the Trust's priorities and service delivery strategies.

11.3 We ensure that we provide effective two-way communication with our Members to enable them to interact with us, and vice versa, to enable them to share their thoughts and views with us. We regularly provide them with feedback that suggests how collectively they are positively contributing towards an improved YAS.

11.4 We have developed various channels of Member communication, including:

- Welcome packs;
- Regular newsletters;
- Members' section of the YAS website and Intranet;
- Events for Members;
- Member surveys;
- Focus groups;
- Annual General Meeting;
- Free First Aid Awareness Courses;
- Community events; and
- Social media platforms.

11.5 Members are asked on joining what their preferred method of communication is for example, via post or email. We explain the cost savings of choosing email communications, but will provide paper based communications to those who prefer that format. We also provide communications in a format that is suitable for people with sight or hearing impairments, for those with learning

disabilities, and also provide a linkage for language/format changes, if required.

12. Playing a Key Community Role

12.1 We recognise the benefits of developing key relationships within the communities we serve - to improve the services we provide, and to improve the health and wellbeing of the Public. We are continually developing our community and partner contacts and recognise the importance of our future Members in this role, especially in reaching out and engaging with the harder to reach parts of our communities.

12.2 We engage local school children and young people in ambulance awareness and education programmes. We also deliver public health awareness and basic life support training programmes. We provide free first aid awareness training to a wider audience, including scouting groups, religious groups, women's groups etc, to strengthen our community ties (as a trusted, accessible service) and develop training programmes for the more vulnerable sections of our communities.

12.3 We hope that, as advocates, our Members will help us identify future training opportunities, for example community CPR and basic life support courses and, even themselves, help to deliver the training alongside our members of staff.

12.5 We continue to engage with our local communities to heighten our profile as a service to be respected and trusted, which naturally increases the number of residents who will have an affinity to us and want to show their support by becoming a Member.

12.6 We link with community leaders to engage hard to reach groups.

13. Working with Other Membership Organisations

13.1 To reduce duplication and cost, and create a sense of shared purpose, we work with our local partner NHS Foundation Trusts to recruit some of our Members. By sharing best practice and creating a raised community profile, we increase the number of 'engaged' Members that we attract at joint recruitment events, including staff and existing Members of partner trusts.

13.2 We provide an educational presentation about YAS at partner Members' training events each year, to boost Membership take-up and also educational levels about our services.

14. Evaluating Success

14.1 This document will become the property of the Trust's Members and will be managed and regularly reviewed by the Council of Governors, which own the Strategy. The Governors will monitor:

- Membership numbers and Membership recruitment and resignation trends;
- Participation at events;
- Participation in activities, including voting rates at elections, survey completion rates etc.;
- Community engagement activity; and
- The questions asked by existing and potential Members to see if there are themes of particular interest or concern, to evaluate the effectiveness of the membership strategy and ensure that it remains as effective as possible.

14.2 They will also review the Membership Strategy annually.

15. Management Team and Council of Governor Support

17.1 Our management team and Council of Governors will play a crucial role in supporting the recruitment and retention of our Membership.

17.2 They will be actively involved at both strategic and operational levels in many ways, including:

- During the establishment of action plans and initial Membership drives – ensuring recruitment is targeted and effective;
- Ensuring that retention levels are sound by helping to promote the role and benefits of Members and Governors, highlighting the value added by Members and Governors to the Trust through various communications channels; and
- Helping with on-going recruitment drives by engaging with Members of the public, partner organisations etc to enhance the Trust's profile as a Membership organisation of choice.

Map of the Trust's Operational Area

The Trust's operational areas are classed as those we respond to for emergency and urgent calls. The area that the Trust covers for NHS 111 is larger in that it includes Bassetlaw, North Lincolnshire and North East Lincolnshire.

Ethnicity Breakdown for the Trust's Operational Area

	South Yorkshire	West Yorkshire	East Riding of Yorkshire	North Yorkshire
White British	1,174.9	1,815.9	313.5	728.2
White Irish	6.6	17.4	1.5	4.6
White Other	20.7	57.7	6.7	21.4
Mixed - White and Black Caribbean	6.7	13.6	0.7	2.1
Mixed - White and Black African	2.1	5.3	0.4	1.0
Mixed - White and Asian	5.7	14.0	1.0	2.8
Mixed Other	4.2	7.3	0.8	2.3
Asian or Asian British - Indian	18.4	58.5	2.9	9.0
Asian or Asian British - Pakistani	27.4	132.6	1.9	5.5
Asian or Asian British - Bangladeshi	4.8	21.5	0.5	1.3
Asian or Asian British - Other Asian	6.4	14.7	0.7	2.9
Black or Black British - Black Caribbean	8.1	17.6	0.6	2.1
Black or Black British - Black African	10.5	21.2	1.3	3.3
Black or Black British - Other Black	1.5	3.4	0.2	0.5
Chinese or Other Ethnic Group - Chinese	10.3	10.3	2.2	4.7
Chinese or Other Ethnic Group - Other	9.0	15.8	2.1	4.6

Estimated population by Ethnic Group for local authority districts and higher administrative areas in England and Wales for 2009. Published on 18 May 2011*.

* Based on the latest (and most up-to-date) Census for England and Wales, 2009

Female Population by Age for the Trust's Operational Area

	West Yorkshire	East Riding of Yorkshire	North Yorkshire	South Yorkshire
Total	1,142,200	171,500	304,500	671,900
Aged under 1 year	15,300	1,500	3,000	8,000
Aged 1 - 4 years	57,500	6,400	12,100	30,900
Aged 5 - 9 years	63,100	8,400	15,200	34,600
Aged 10 - 14 years	63,900	9,700	16,900	36,400
Aged 15 - 19 years	73,100	9,900	17,800	43,200
Aged 20 - 24 years	96,700	7,700	13,900	52,900
Aged 25 - 29 years	88,000	7,300	13,200	45,300
Aged 30 - 34 years	71,200	7,500	14,000	37,900
Aged 35 - 39 years	75,600	10,700	18,800	43,200
Aged 40 - 44 years	80,600	12,900	22,900	49,100
Aged 45 - 49 years	78,300	13,100	24,400	48,100
Aged 50 - 54 years	69,000	11,700	21,800	42,700
Aged 55 - 59 years	60,800	11,800	20,300	37,400
Aged 60 - 64 years	63,400	14,000	22,600	39,800
Aged 65 - 69 years	47,200	10,600	18,100	32,200
Aged 70 - 74 years	42,700	9,100	15,300	29,000
Aged 75 - 79 years	36,100	7,300	12,600	23,900
Aged 80 - 84 years	29,100	5,600	10,200	18,400
Aged 85 and over	30,600	6,200	11,400	18,900

mid-year population estimates 2010

* Based on the latest (and most up-to-date) Census for England and Wales, 2009

Male Population by Age for the Trust's Operational Area

	West Yorkshire	East Riding of Yorkshire	North Yorkshire	South Yorkshire
Total	1,107,300	167,200	295,200	656,400
Aged under 1 year	16,100	1,600	3,000	8,400
Aged 1 - 4 years	60,200	6,700	12,600	32,400
Aged 5 - 9 years	65,700	8,700	15,800	36,200
Aged 10 - 14 years	65,800	9,700	17,800	37,800
Aged 15 - 19 years	75,000	10,900	20,600	45,300
Aged 20 - 24 years	98,200	10,200	17,700	56,900
Aged 25 - 29 years	92,400	8,800	16,500	48,900
Aged 30 - 34 years	73,200	7,300	13,800	38,900
Aged 35 - 39 years	72,600	10,000	17,200	41,600
Aged 40 - 44 years	79,200	12,100	20,700	48,200
Aged 45 - 49 years	76,200	12,900	22,700	48,200
Aged 50 - 54 years	67,800	11,900	21,200	42,000
Aged 55 - 59 years	60,300	11,200	19,100	37,200
Aged 60 - 64 years	60,900	13,100	22,100	38,500
Aged 65 - 69 years	45,000	10,200	17,300	30,500
Aged 70 - 74 years	37,200	8,600	14,000	25,000
Aged 75 - 79 years	28,100	6,300	10,400	19,000
Aged 80 - 84 years	18,600	4,000	7,100	12,800
Aged 85 and over	14,600	2,900	5,500	8,700

mid-year population estimates 2010

* Based on the latest (and most up-to-date) Census for England and Wales, 2009

Constituency Breakdown
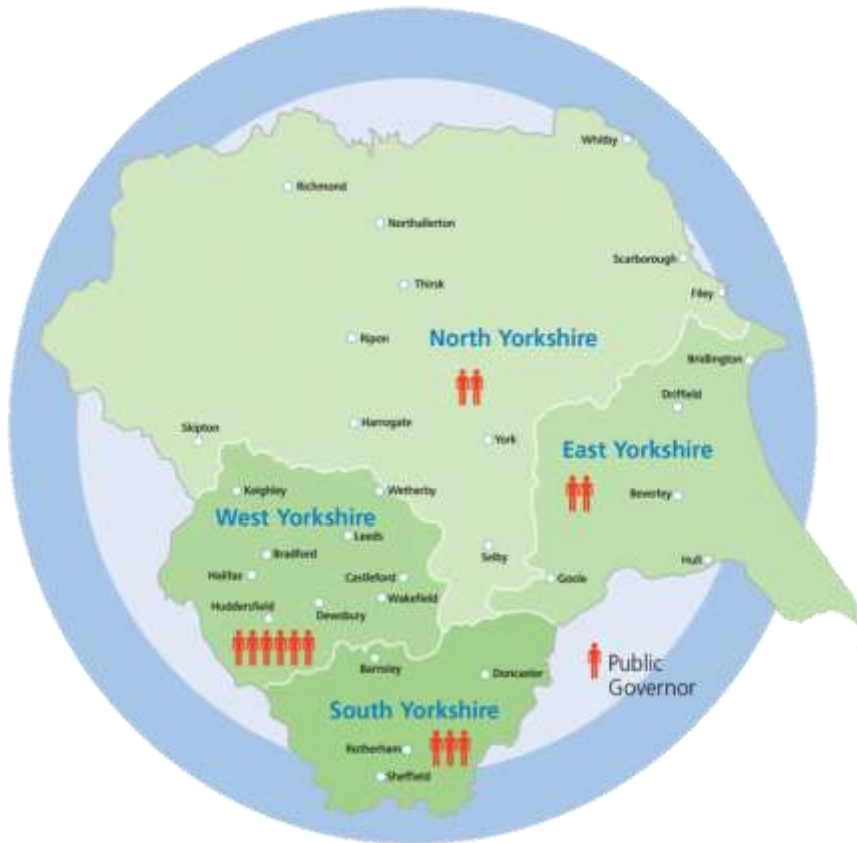
North Yorkshire	2 Govenors
East Yorkshire	2 Governors
South Yorkshire	3 Governors
West Yorkshire	6 Governors
Appointed	5 Governors
Total	**22 Governors**

Composition of the Council of Governors

Council of Governors

- Thirteen public governors
- Four staff governors - three front-line/one support staff
- Five appointed governors
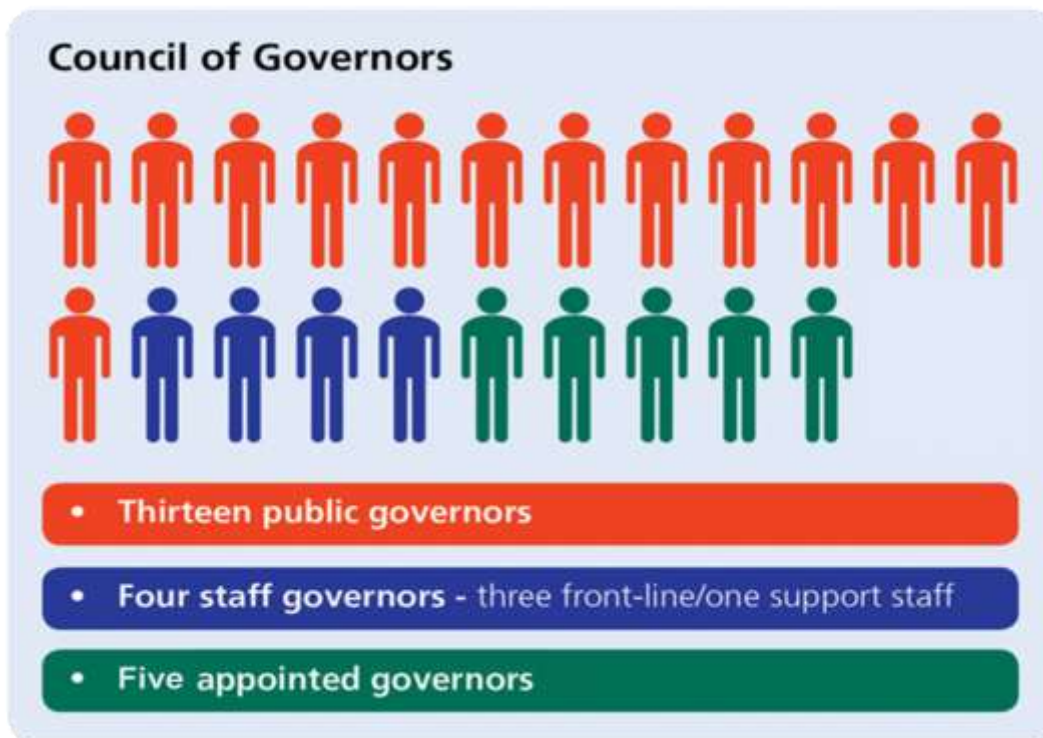
Appointed Governor Representatives

- East Riding of Yorkshire Council
- Sheffield City Council
- Barnsley Hospital NHS Foundation Trust
- Leeds Partnership NHS Foundation Trust
- West Yorkshire Police – regional representative for all police forces in YAS' area of operations.