

## Membership Engagement and Communications Committee Strategy

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Summary	This document contains the strategy for the Membership Engagement and Communications Committee
Name and designation of Strategy author(s)	Skye Thomson – Corporate Governance Administrator Laura Jane Brown – Staff Governor & Chair of MECC
Approved by (committee, group, manager)	Council of Governors
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Links to other strategies, policies, procedures	The Trust Constitution
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This document supersedes	CCC Membership strategy 2012

# STRATEGY

## CONSULTATION

	Authorised by	Date authorised	Comments
Equality Impact Assessment	N/A	N/A	N/A
Fraud Department	N/A	N/A	N/A

## CIRCULATION/DISSEMINATION

Date added into Q-Pulse	24 <sup>th</sup> November 2022
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## VERSION HISTORY

Date	Version	Author name and designation	Summary of main changes
July 2022	1.0	<b>Skye Thomson, Corporate Governance Administrator and Laura Jane Brown, Staff Governor and Chair of membership Engagement and Communications Committee</b>	Complete rewrite of Jan 2012 strategy

## 1.0 INTRODUCTION

The Clatterbridge Cancer Centre NHS Foundation Trust is one of the UK's leading cancer centres providing highly-specialist cancer care to a population of 2.4m people across Cheshire, Merseyside and the surrounding areas including the Isle of Man.

The Clatterbridge Cancer Centre (CCC) is committed to being a proactive and successful membership organisation who engages and strengthens its links with the communities we serve.

To be successful as a Foundation Trust, the Trust must actively maintain a diverse membership that involves and reflects a wide representation of its communities. The Trust will need to commit resources, both in terms of time and effort, to support the development and enhancement of our membership. This strategy outlines the key objectives and required actions that the MECC and wider stakeholders will take to support this.

## 2.0 PURPOSE

The goal of the MECC strategy is to enhance organisational membership in terms of volume and quality. The MECC strategy has been developed in line with CCC's 5 Year strategic plan and its six strategic objectives and organisational values.

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## Strategic Objectives:



### BE OUTSTANDING

Deliver safe, high-quality care and outstanding operational and financial performance

Outstanding CQC rating  
Top decile NCPES survey



### BE COLLABORATIVE

Drive better outcomes for cancer patients, working with our partners across our unique network of care

Improved 5-year survival  
Increased early diagnosis



### BE RESEARCH LEADERS

Be leaders in cancer research to improve outcomes for patients now and in the future

Retain ECMC status  
Gain CRUK centre status



### BE DIGITAL

Deliver digitally-transformed services, empowering patients and staff

Develop a digital strategy  
Achieve HIMSS level 7



### BE A GREAT PLACE TO WORK

Attract, develop and retain a highly-skilled, motivated and inclusive workforce to deliver the best care

Top decile staff survey  
Teaching hospital status



### BE INNOVATIVE

Be enterprising and innovative, exploring opportunities that improve or support patient care

Develop and implement an innovation strategy

## Values:

Be Kind

Be Empowered

Be Responsible

Be Inclusive

This strategy outlines CCC's vision for membership and the tactics we intend to use to identify and build an effective, responsive, and representative membership. It also outlines our plans in terms of recruitment and engagement and how we will measure the success of our membership and the implementation of this strategy.

The strategy aims to:

- Ensure that membership is representative of the community it serves
- Enable varying levels of participation according to individual needs and wishes
- Ensure a continuous approach to developing membership based on active engagement.

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## 3.0 SCOPE

This Strategy applies to:

- Membership Engagement and Communications Committee
- Council of Governors
- Members of the Trust

This strategy does not apply to:

- Those who have opted out of Membership

## 4.0 DEFINITIONS

MECC – Membership Engagement and Communications Committee

FT – Foundation Trust

## 5.0 RESPONSIBILITIES

The role of the Membership Engagement and Communications Committee is to develop the strategy and monitor its progress against the implementation plan.

The Council of Governors has responsibility for monitoring progress in membership activity via the Membership Engagement and Communications Committee (MECC).

The Board of Directors is kept advised via the quarterly report from the Council of Governors and by the inclusion of membership data in the Trust's Annual Report.

## 6.0 LAWS & REGULATIONS

<https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

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## 7.0 MAIN BODY OF STRATEGY

### 7.1 Approval Process of the Strategy

The strategy will be developed and agreed by the MECC. It will then be recommended to the Council of Governors for approval, followed by presentation to the Trust Board. Once the strategy is ratified it will be made available in the public domain via the Trust's website.

### 7.2 Vision for Membership

The vision is for the Trust's membership to be active, engaged, involved and representative of local communities, staff, and the wider population that the Trust serves. This is to ensure and support the development and delivery of the highest quality of care and experience for our patients. Membership activity will be equal, diverse and inclusive ensuring that the NHS and CCC's core values are the backbone of membership, in line with the Trusts Equality, Diversity & Inclusion strategy.

The Trust's members are an essential part of Clatterbridge's future development with many of those living in our served communities. Members are and will be able to become involved with and or take an interest in the following areas:

- Receive information about CCC and its activities, including the various events run by the Clatterbridge Cancer Charity
- Attend membership events and other Trust events such as open days, information sessions, and governor led and delivered membership forums
- Take part in specific focus groups, consultations, or other specific work where the Trust would benefit from members views to support transformation and service development within CCC
- Be consulted in CCC's plans for future development and the services we provide
- Elect representatives to serve on the Council of Governors
- Choose to stand for election to the Council of Governors

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- Choose to put themselves forward for appointment as a Non-Executive Director.

It is the duty of public and staff members to elect representatives for the Council of Governors. Governors voice and advocate the views of the members and constituents that they represent; governors are also bound to hold the Non-Executive Directors to account for the performance of the Board of Directors' equally, governors are responsible for engaging with their members about the future strategy of the organisation. Therefore, FTs are accountable to the people and communities that they serve and also to their staff.

### 7.3 Membership Scheme

Membership is our way of developing a closer relationship with our communities to strive towards our strategic aim 'Be Collaborative'. Membership provides opportunity to engage and hear our members to understand and listen to what they consider important in relation to our services and development of such services. Membership also provides our communities with a way to express their support for CCC

As a MECC we recognise that if the membership scheme is to be successful and effective, we must ensure that our members' understand that their views are heard, what will ultimately provide potential members with a reason to want to take part and support the Trust.

Therefore, our members can:

- Help improve the quality of our services and/ or of the patient/visitor experience
- Give their views on the Trust's plans
- Give their views on how they feel the Trust is performing
- Be consulted on any changes to the Trust's constitution through the Council of Governors
- Vote and stand in elections for the Council of Governors
- Attend the Annual Members' Meeting
- Attend events

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- Suggest events/fora at which health or Trust information could be shared
- Receive information on the Trust and its services
- Qualify for discount schemes where applicable – HealthCare Discounts.

Membership is free of charge and there is no obligation for members to get involved. Upon registration all members will receive a membership welcome letter, alongside the Trust's C3 magazine and voting packs during Council of Governor' election period.

## 7.4 Becoming a Member

### 7.4.1 Eligibility

Membership is open to any person who is resident of England or Wales; a patient of the Trust and/or their carer; is aged 16 years and above; all CCC members of staff (see the Clatterbridge cancer Centre Constitution for exclusions).

Members will be eligible to join one of two membership constituencies:

- Public
- Staff – divided into six “classes”

An individual cannot be a member of more than one constituency and a person who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency (see The Clatterbridge Cancer Centre Constitution).

A person must complete a membership application form to become a member of the Trust and applications are available via various mechanisms, indicated below. Members are not required to provide any personal data beyond what is needed to confirm eligibility for membership:

Routes of application:

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- The trust's website- <https://www.clatterbridgecc.nhs.uk/support-us/foundation-trusts-and-membership/become-a-member>
- E-mail- [ccf-tr.corporategovernance@nhs.net](mailto:ccf-tr.corporategovernance@nhs.net)
- Telephoning the Corporate Governance Team-0151 318 8285.

Members are able to join more than one Foundation Trust at any one time.

## 7.4.2 Exclusions to Membership

Exclusions to membership are included in the Trust's constitution as outlined under item 10, which is available for public inspection via the Trust's website.

## 7.4.3 Defining our Membership Community

Members from each of the constituencies defined below can vote for, or stand as, a Governor from their constituency or class, to represent them on the Council of Governors.

## 7.4.4 Public

Public members are recruited on an opt-in basis.

## 7.4.5 Staff

The Staff Constituency is divided into six individual 'classes'. CCC staff are automatically given membership by default upon joining the Trust.

Staff have been divided into the following "classes":

- Doctor
- Non-Clinical
- Nurse
- Other Clinical
- Radiographer
- Volunteers, Service Providers, Contracted Staff

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## 7.4.6 Membership Register

The Trust Corporate Governance Team maintains a register of public members. All public members are made aware of the existence of the public register via the membership application form and have the right to refuse to have their details disclosed (Data Protection Act). Public members have a responsibility for informing the Trust if and when their circumstances change (ie. address). This is important because this may change their eligibility to belong to a class/constituency of membership.

Staff membership is recorded on the Electronic Staff Record (ESR), as are opt-out details. The ESR is maintained by the Trust's HR Department. There is no separate register of staff FT members.

The public register is regularly validated to ensure that it remains as accurate as possible, and that members continue to meet eligibility criteria, (where the Trust can determine this). The ESR is validated as appropriate in line with HR guidance.

## 7.5 Targeted Recruitment

### 7.5.1 Targeted Recruitment of Members

We wish to encourage and develop a strong sense of community involvement with the membership scheme. Therefore, we will actively recruit new members in all categories with a focus upon under-represented group. Whilst we encourage members to join at any time, we will continue to organise specific recruitment campaigns to attract new members as directed by the MECC. The implementation plan will contain details of the actions required to deliver this targeted recruitment and will be developed and monitored by the MECC.

### 7.5.2 Equality, Diversity and Inclusion

The Strategy will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

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Through delivery of the implementation plan we will aim to create a fair membership where everyone can contribute, recognising and valuing diversity within the communities we serve.

### 7.5.3 Recruitment Methods

The Trust will carry out a range of activities to involve local communities, local businesses, and staff. Example methods of recruitment activities include:

- Hosting and facilitating engagement events either at CCC itself, or by having representation at other events hosted by CCC
- Attending public meetings such as the Annual Members Meeting; Trust Board and or and specific membership events and registered CCC charity events
- Promoting membership through the press and social media
- Visibility of membership materials within various departments across the Trust and community settings
- Targeted recruitment for specific populations
- Alignment with CCC charity and targeted recruitment with donors

The strategic implementation plan will determine timescales for each activity, alongside a performance measure.

### 7.5.4 Recruitment Workstream

Recruitment targets will be agreed by the MECC with the specifics of the workstream and associated actions being detailed within the implementation plan. Progress of this will be monitored and managed by associated progress reports.

Delivery of workstreams will be subject to available resource and the level of involvement from Governors.

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## 7.5.5 Media

Free media (including social media) coverage will be sought to highlight membership opportunities. Media may require a Governor to act as a spokesperson/interviewee, and appropriate Governor support will be provided by the Communications Team.

The Trust's social media accounts will be used to promote membership, facilitated by the Trusts Communications Team.

## 7.6 Engagement

### 7.6.1 Engaging with Members

As well as quantitative recruitment of members the MECC will equally focus upon qualitative engagement of membership and ensure that members are engaged with and have a forum to listen and hear. Enhanced engagement with our members will enable us to have an effective and active membership where members want to support CCC because they feel recognised.

### 7.6.2 Governors

Governors will have plentiful opportunities to engage with members both digitally and in person at associated events. The details for such events will be clearly detailed in the implementation plan.

Governors will report on the outputs of membership engagement activities to the wider council at formal Council of Governors meetings.

The members of the Council of Governors will play a pivotal role in the engagement of members. Governors require to be accessible, with a high profile, to gather views of their constituents. This will be achieved through various activities/projects, as detailed within the implementation plan.

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The Trust will enhance Governor profiles through the promotion of the Council of Governors and its members on: the Trust's website (internal and external); Digital Display Boards within a number of areas in the Trust; other methods developed and decided by the MECC.

### 7.6.3 Staff Governors

Staff Governors are advised at elections of their responsibilities and the extent of their remit; details will also be available in the Governor Handbook.

### 7.7 Patient Experience

The MECC will work closely with the Patient Experience Team to improve members' engagement around patient-based forums and surveys. These are effective ways in which members can help co-create and influence the development of cancer services, whilst empowering its members.

### 7.8 Partners

We will work actively with Patient Support Groups, Cheshire and Merseyside Cancer Alliance, Macmillan, Healthwatch, other health charities, Third Sector Organisations, Community and Primary Care, and local authorities as a means to promote CCC and membership. Appointed Governors will be pivotal in growing and supporting these partnerships.

### 7.9 Success

#### 7.9.1 Monitoring Success

The MECC is responsible for the development of its strategy and for the monitoring of its progress on behalf of the Council of Governors. This will be performed through the strategic implementation plan that supports its delivery.

An annual review of the strategy and its implementation plan will be undertaken by the MECC to assess its position and whether the core objectives are being

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achieved or not. From this review a formal report will be developed and recommended to the Council of Governors for approval.

## 7.9.2 How will success be measured?

The success of implementation will be measured through quantitative data such as membership growth rates and through qualitative data such as engagement levels and member satisfaction.

Recruitment will be measured by the following criteria:

- Achievement of annual recruitment targets, detailed in the implementation plan
- Election turnout rate, what will be benchmarked against other FTs.

The success of member engagement will be measured by the following criteria:

- Feedback from members who are involved within engagement activity
- Attendances at membership events
- Interaction with online forums/platforms
- Election turnout rate, benchmarked against other FTs.

## 7.10 Risks

Risks will be identified and actively monitored for all activity supporting the strategy. These will be monitored as part of implementation.

## 7.11 Implementation of the Strategy

The Strategy will be implemented through an implementation plan which includes different workstreams with lead responsibility and milestones identified. Detailed action plans will sit beneath each of the workstreams.

Monitoring of delivery of the strategy will be taken forward by the MECC chair with the Council of Governors being advised quarterly via assurance reports at the formal Council of Governors meetings.

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All members of the Council of Governors will be encouraged to be involved in the implementation of the strategy.

## 8.0 TRAINING

Governors will complete an annual self-assessment and be offered Governor Development sessions to address any gaps in knowledge or areas for development.

## 9.0 AUDIT

An audit of progress against the strategy will be taken annually and presented to the public at the scheduled annual members meeting in September each year.

## 10.0 REFERENCES

Health & Social Care Act 2012

NHS Constitution 2021

Your Statutory Duties: A Reference Guide to NHS FT Governors – August 2013

## 11.0 APPENDICES

Not Applicable

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