



Sheffield Teaching Hospitals
NHS Foundation Trust

Membership Engagement Plan

2024-2026

**PROUD
TO MAKE A
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Introduction

This plan outlines the Trust's vision for membership over the period 2024-2026. It aims to develop a membership community that is well-informed and engaged with the activities of the Trust and one that reflects the diversity of the people we serve. This vision defines the three aims of our membership engagement plan.



INFORM



ENGAGE



INCLUDE

Having an active, engaged and representative membership helps the Trust to understand the views and needs of the local population and the public at large. Good community links encourage strong governor candidates who reflect their constituents and help develop a service that meets the needs and expectations of the community.

Why are we doing this?

As an NHS Foundation Trust, we are accountable to our patients, local people and our staff. We see our members and governors as an invaluable link to our local communities, the patients we care for and those who work for Sheffield Teaching Hospitals.

We have an established membership of over 11,000 patient and public members and 18,600 staff members. This membership engagement plan outlines how the Trust will continue to inform, engage and include its members, including initial actions we will take to meet these objectives. It also describes how the Trust will support governors to deliver this plan and evaluate its success.

Who are our members?

Our members are our patients, members of the public and our staff. Membership is free and is open to anyone who has an interest in the Trust. Members can choose to get involved in the activities of the Trust or simply opt to be kept up to date with what we do and our plans for the future.

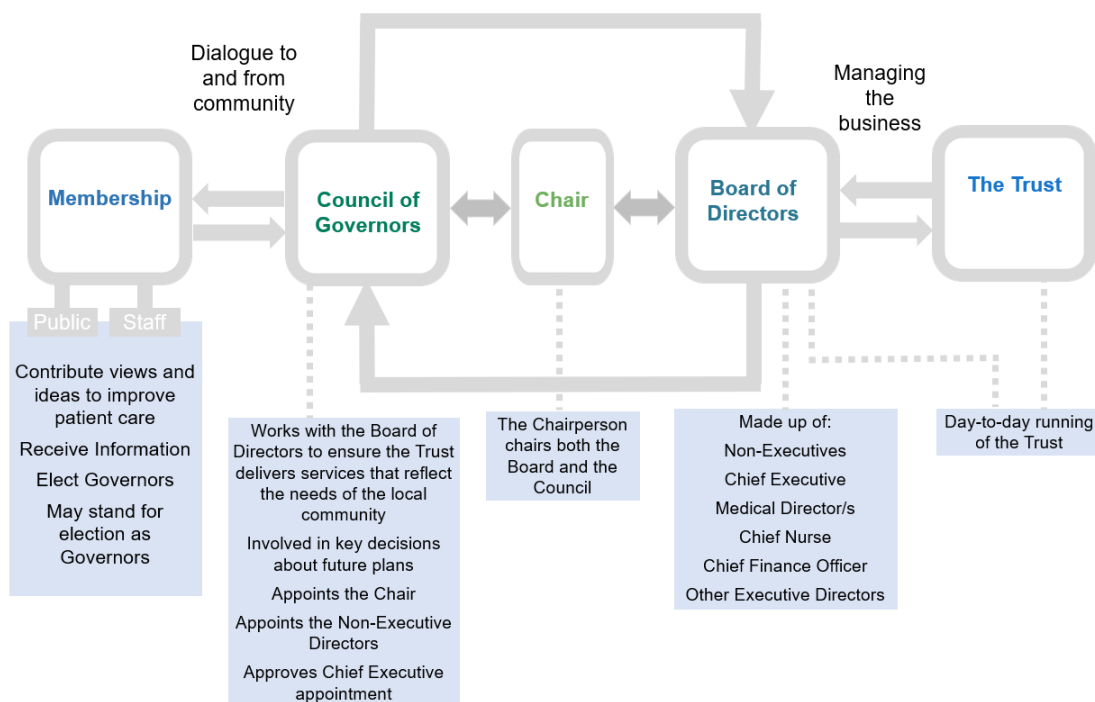
The Trust is committed to improving the diversity of its membership to ensure that every group is represented. A detailed breakdown of the Trust's current membership demographic can be found in [appendix one](#). Working alongside our partners, the Trust endeavours to promote membership to individuals and groups that have not previously considered becoming a member or engaging with the Trust. A list of identified stakeholders can be found in [appendix two](#).

Members will be invited to provide feedback on our current services and planned changes via surveys and focus group sessions. This feedback is vital in the planning and improvement of future services. Members will also be invited to attend health and research lectures and our Annual Member's Meeting.

Who are governors?

Governors are Trust members who have nominated themselves for election by the membership body to represent the interests of members and the public. Members are represented by a Council of Governors comprising elected public, patient, and staff members, together with representatives nominated by partner organisations of the Trust. Governors have a responsibility to:

- Appoint Non-Executive Directors, including the Trust Chair, via the Council of Governors' Nomination and Remuneration Committee.
- Determine the remuneration of the Chair and Non-Executive Directors via the Council of Governors' Nomination and Remuneration Committee.
- Hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors.
- Approve the appointment or removal of the Trust's auditor.
- Represent the interests of members and the public and work on their behalf to improve health services for the future.
- Provide a link between the Trust and our local communities, enabling the Trust to gather views from local people and to feed back to communities, patients and staff what is happening within the Trust.



Details of the composition of the Council of Governors can be found in [appendix three](#).

What does the Trust do to support members / governors to enable them to fulfil their role?

It is important that our members are well informed of the Trust's key developments and future plans. The Trust supports a range of membership activities including:

- Receipt of the Good Health Magazine
- Opportunity to observe at Council of Governor meetings
- Access to Council of Governors' papers
- Observation of Board of Directors' meetings in public
- Access to Board of Directors' papers
- Annual Members' Meeting

The Trust supports governors in a number of ways including:

- Governor and Non-Executive Director engagement sessions
- Representation at a range of Trust meetings
- Governor Board Briefings
- Access to training and development

The Trust's membership magazine ([Good Health](#)) is mailed to all patient and public members of the Trust and is also posted on the Trust website. The magazine provides news and information about the latest developments across the Trust plus health advice from our experts and offers readers the opportunity to find out how they can have a say in the future of the Trust.

Members are invited to observe Council of Governors' and Board of Directors' meetings. The agendas and meeting papers for both meetings are posted online before each meeting and can be accessed on the Trust's [internet page](#). The Trust also facilitates regular governor and Non-Executive Director engagement sessions. These sessions provide governors with the chance to interact with the Non-Executive Directors in an informal setting.

Members are invited to attend the Annual Members' Meeting to engage with governors and other members and hear about recent developments and future plans involving the Trust. There is an opportunity for the Board of Directors to answer questions that are submitted in advance of the meeting.

Individual governors are involved in Trust meetings and working groups and also input into specific projects where their particular expertise or perspective is valuable. Within their work governors are mindful of other bodies and organisations who represent public interest, e.g. Healthwatch and seek to work collaboratively.

Following each Board meeting the Chair and Chief Executive host a Governors' Board Briefing that enables governors to ask any specific questions about the meeting.

The Trust provides governors with access to training and development to support them in discharging their role. The work of the governors aligns with the Trust's strategic priorities set out in our corporate strategy ['Making a Difference – The next chapter'](#).

Communication Methods

The Trust utilises a variety of methods to communicate with its members including:

- Good Health Magazine
- Trust Website
- Social Media channels
- Bulletins
- Events and meetings

The Trust uses the Good Health magazine, social media and other campaigns to increase the profile of governors and their engagement activities.

For governors this approach will be supported by collaboration and engagement which will be facilitated in collaboration with the South Yorkshire Integrated Care Board and partners. This will include briefings and events delivered by the South Yorkshire Acute Federation and partners.

Monitoring

The Council of Governors will monitor delivery of this plan through oversight of an iterative action plan which can be found in [appendix four](#). In monitoring the effectiveness of the engagement plan, the Council of Governors will ensure that it remains meaningful and relevant. A progress report will be submitted to the Council of Governors six months after publication of this plan and will continue to be presented annually.

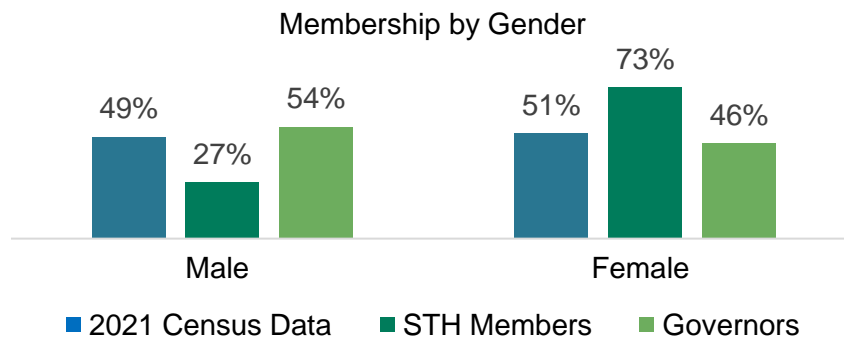
Appendix 1: Sheffield Teaching Hospitals NHS Foundation Trust Membership Analysis

On 31 March 2023, The Trust had almost 30,000 members made up of patient, public and staff members. In order for the Trust to target communications and promote membership to underrepresented groups a demographical analysis has been undertaken. The Trust has focussed on three key areas:

- Gender
- Age
- Ethnicity

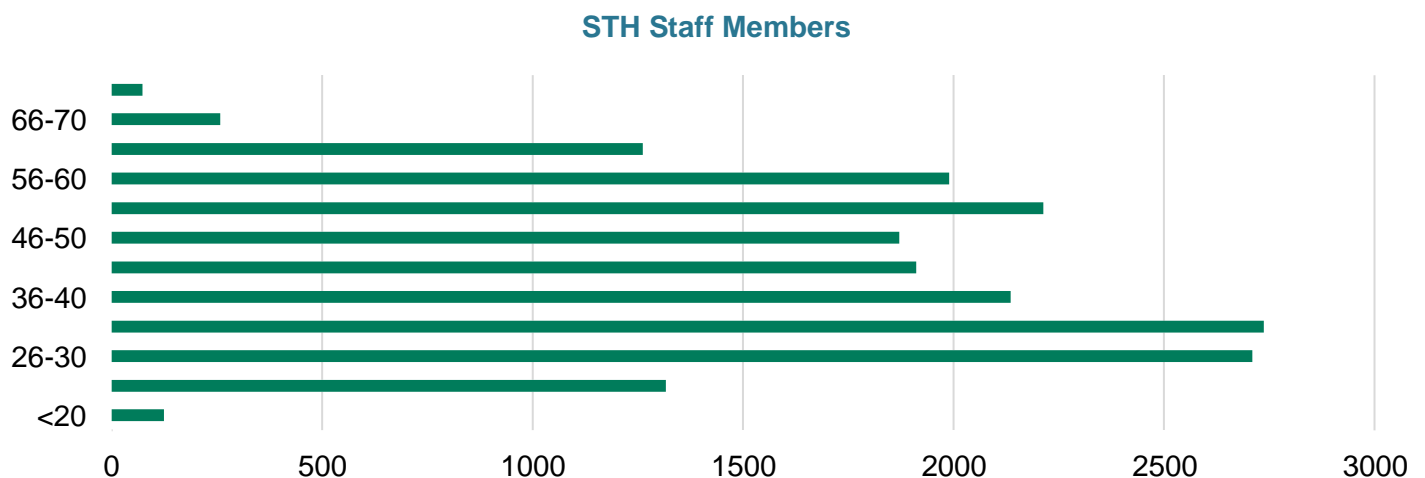
Membership by Gender

Of the Trust's total membership only 27% of its members identified themselves as male with the majority of members identifying as female. However, the gender split for governor representation is more in line with the national picture demonstrated in the 2021 Census.

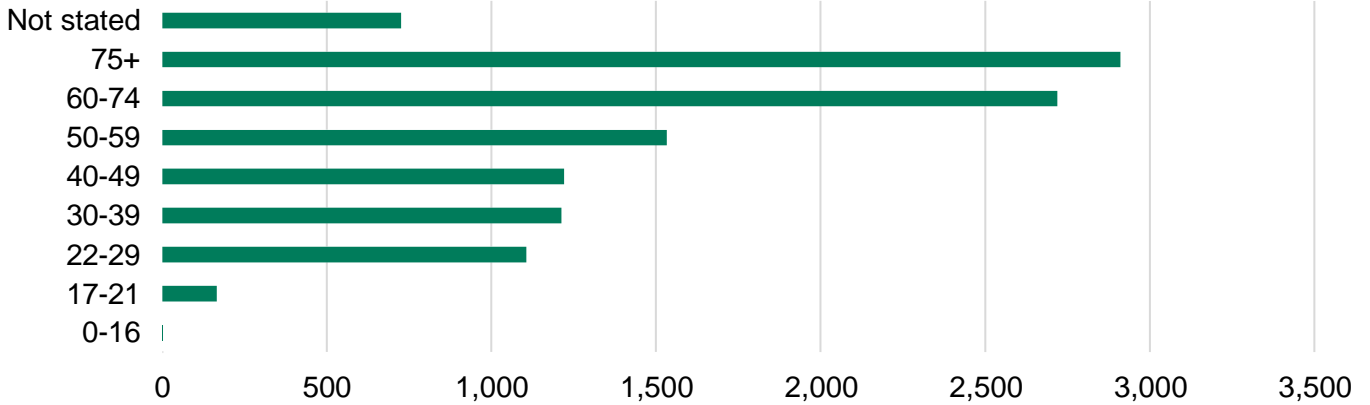


Membership by Age

The Trust has good and varied representation from all age groups. 49% of the staff constituency represent those aged under 40 and 72% of the patient and public members representing those aged 40 and over. Although there is some representation for those aged below 20 the Trust has identified this as an area for targeted recruitment.



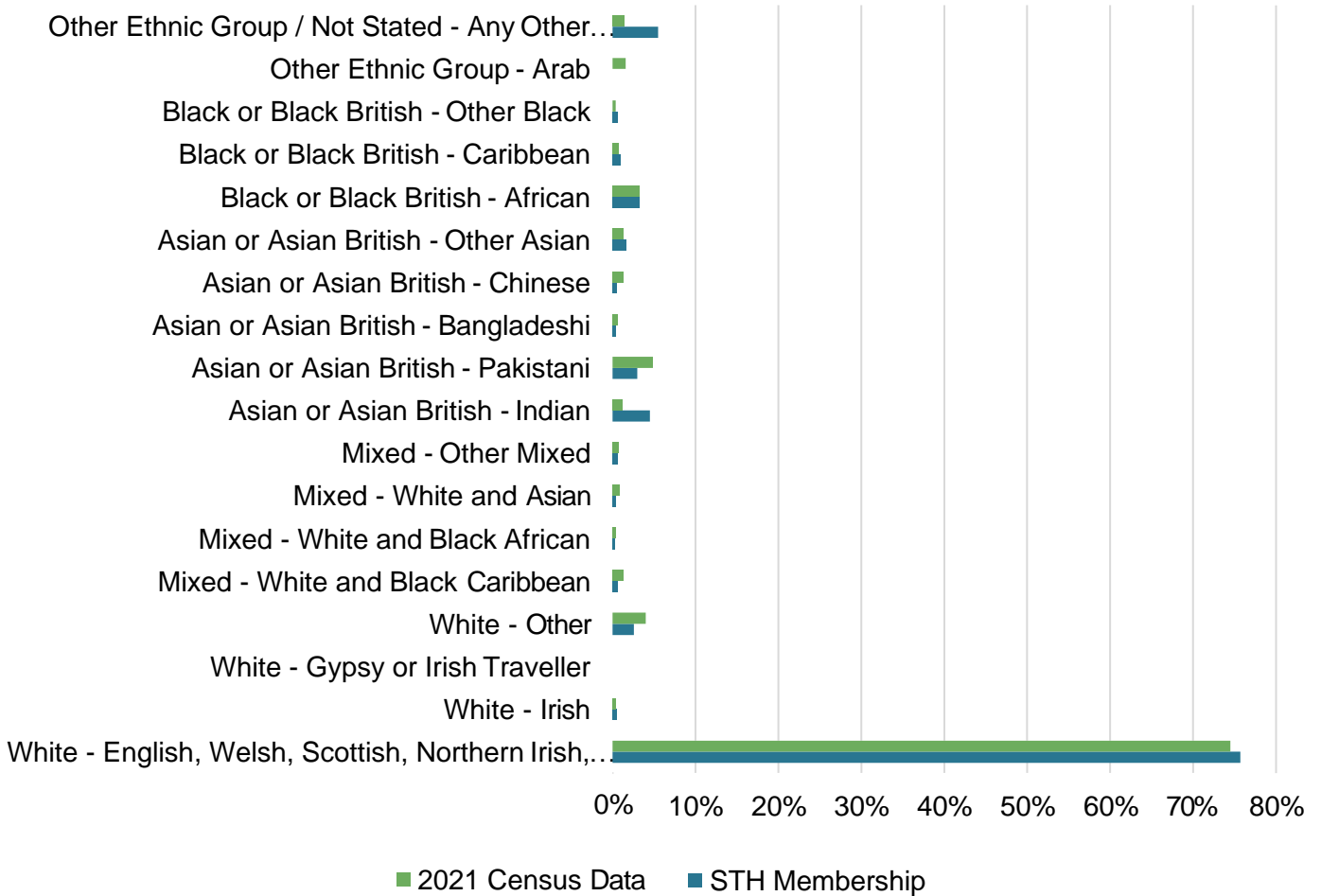
STH Patient and Public Members



Membership by Ethnicity

The Trust has successfully recruited members from varying ethnic groups. For the majority, the Trust is aligned with the national data recorded in the 2021 census. The Trust will work with communities across Sheffield to develop targeted communications to maintain and increase a diverse membership.

Membership by Ethnicity



Appendix 2: Stakeholder Mapping

This list is not exhaustive and should be considered in collaboration with the Trust's strategic approach to Partnerships with Purpose.

Staff

Upon recruitment, staff of Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) automatically become members. Staff members can be valuable in communicating the vision and strategic direction of the Trust. The Trust conducts an annual Staff Survey which allows staff members to provide anonymous feedback on how they feel about the environment they work in and the care provided by the Trust.

Patients, Carers and Public

Feedback from patients and their carers is a key contributor to improving the service the Trust provides and identifying areas for improvement. The Trust currently utilises the Friends and Family Test to gain valuable feedback from service users.

Staff Network Groups

Accessing opinion via the staff networks gives invaluable insight on the Trust's vision and strategy from a diverse community.

We currently have a number of networks that staff can choose to join including:

- Women's Network
- LGBTQ+ PROUDER
- Disability and Wellbeing Network (DAWN)
- Race, Equality and Inclusion Network (REIN)
- Trust Engagement Network

Partners and Providers

The Trust also works with a variety of partners and providers including:

- Voluntary and Independent sector organisations
- Acute Trusts
- Community Providers
- Mental Health and Learning Disability Providers
- Primary Care
- Universities and Colleges
- Local authorities

Regulators and Statutory Bodies

- Healthwatch Sheffield
- NHS England
- Care Quality Commission

Appendix 3: Composition of the Council of Governors by constituency

The Council of Governors is a body made up of and elected by Foundation Trust members and nominated partners.

The Council of Governors holds the Board of Directors to account and seeks to ensure the continued success of the Foundation Trust through effective management, partnership working and maintaining NHS values and principles.

There are 33 Governors; 13 represent the public, seven represent patients who have used Trust services, six represent Trust staff and there are seven appointed governors representing key organisations we work with.

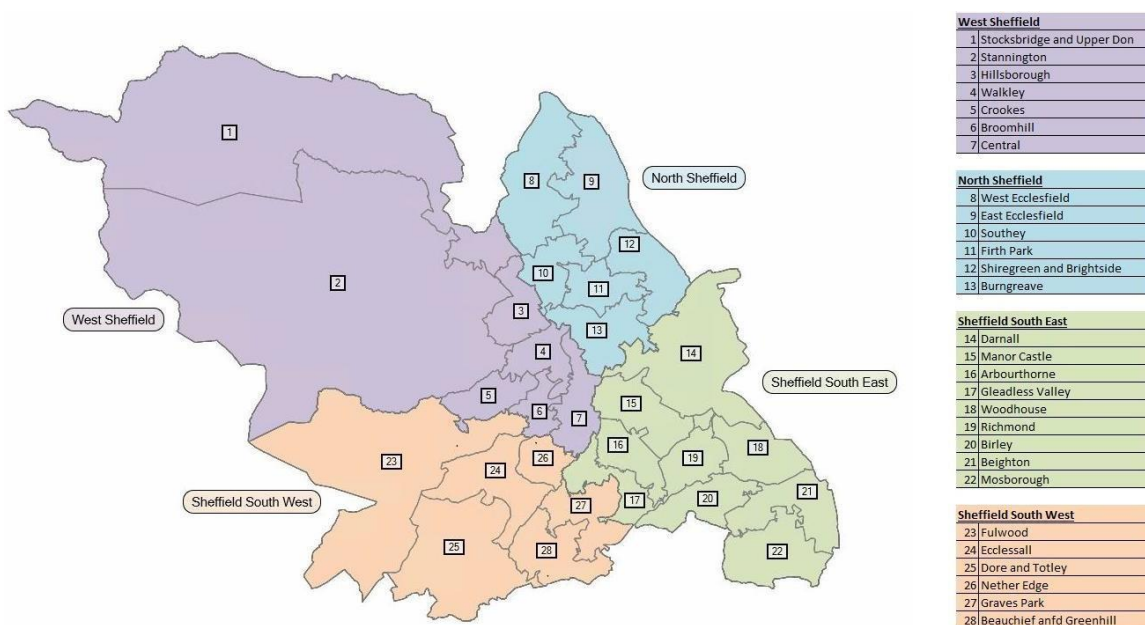
Public Constituency

The public constituency of the Trust is sub-divided into five constituencies:

- Sheffield North
- Sheffield South East
- Sheffield South West
- Sheffield West
- Outside Sheffield

Areas are determined by local government electoral ward boundaries. A map showing the area of each constituency can be seen in figure 1.

Figure 1: Map of Sheffield Constituencies



Patient Constituency

An individual who has received care from the Trust or has been the carer of a patient of the Trust, in the five years preceding the date of an application for membership, may become a member of the patient constituency.

Staff Constituency

The staff constituency is sub-divided into six constituencies as follows:

1. Administration, Management and Clerical
2. Allied Health Professionals, Scientists and Technicians
3. Ancillary, Works and Maintenance
4. Medical and Dental
5. Nursing and Midwifery
6. Primary and Community Services

An individual who is employed by the Trust under a contract of employment within the Trust automatically becomes a staff member in the relevant constituency of the Trust.



Figure 2 provides a breakdown of the number of members within each constituency.

Figure 2: Membership Data by Constituency

Constituency	Sub-constituency	Number of members
Patient membership		3,189
Public membership	Sheffield North	1,926
	Sheffield South East	2,117
	Sheffield South West	1,820
	Sheffield West	1,966
	Outside Sheffield	517
	Sub-total	8,346
Staff membership	(sub divided into sub-constituencies listed):	18,601
	Medical and Dental	2,205
	Nursing and Midwifery	6,538
	Allied Health Professionals, Scientists and Technicians	2,057
	Administration, Management and Clerical	3,433
	Ancillary, Works and Maintenance Staff	1,947
	Primary and Community Services Staff	2,421
	Total membership	30,136

Appendix 4: Membership Engagement Action Plan

The following action plan sets out how the vision and objectives in the Trust's Membership Engagement Plan will be achieved.

Aim	Objective	Steps to take	Timeframe	Measures	Outcome
 INFORM	Undertake a review of the Trust's existing engagement materials with a view to making them more impactful and engaging.	Use a diversity of images to encourage engagement from underrepresented communities and to seek to address health inequalities. Update the Trust website making it more engaging and informative for governors and members. Promote the governor@ email address. Provide guidance for appropriate topics/issues, include signposting to PALS for complaints etc.	June 2024 August 2024	Using the membership database monitor changes in membership demographic. Monitor and report activity levels on the Trust's internet site.	Deliver effective and sustainable communications that encourage engagement and a more diverse membership demographic. Annual progress reports will be submitted to the Council of Governors for review.
	Develop electronic materials to contribute to the Trust's wider paper lite sustainability plan.	Create an accessible electronic recruitment and welcome pack. Encourage members to receive an electronic copy of Good Health Magazine. Review supplementary communication methods, e.g. governors newsletter emailed and on-line between editions of Good Health Magazine.	October 2024 March 2024	Ask for member feedback on the quality, content and impact of new materials. Monitor and report the number of members utilising the offer of electronic communications.	
	Design and promote a range of methods to encourage members to feel more engaged with the Trust	Create opportunities for members to meet Governors and be involved in the activities of the Trust. Explore joint events with local Trusts. Develop an 'events tool kit' e.g. banner, promotional material, script etc. Provide training for governors attending engagement events to interact with members/public with confidence.	June 2024	Monitor member attendance at planned activities and gather member feedback using various methods. Monitor survey responses taking action when required.	Targeted communications based on member interests will encourage a more engaged membership.
 ENGAGE	Promote the idea of a membership community and highlight the importance of member feedback and the impact this has on service improvement.	Invite members to engage in patient experience programmes in the Trust. Undertake survey of members interests. Create a Membership Committee that reports to the Trust Executive Group via an annual report.	June 2024 January 2024 March 2024	The Membership Committee will be minuted and action plans implemented to give direction to the Committee.	An engaged membership will utilise the Membership Committee to discuss and implement ideas for work in the community.



Promote the work of the Governors and elections via the Communications Department.	September 2024	Monitor post engagement on social media channels.	An increased number of members will vote in Governor elections and engage with the work of the Governors.
Develop a programme of health talks, work in partnership with established contacts including universities, colleges and Sheffield City Council.	March 2025	Monitor voting numbers for Governor elections.	
Develop a programme of engagement events ensuring a range of constituency events in diverse areas across Sheffield. Explore what's already happening internally and externally e.g. Integrated Care Board, Sheffield City Council, health promotion and career events.	March 2025		
To work with Governors to share the Good Health Magazine within their constituencies with those that don't have regular access to the website.	February 2024		

Use the membership database to identify underrepresented groups and those that experience health inequalities and develop engagement materials accordingly.	Undertake a rapid equalities impact assessment for each activity / publication.	December 2024	Monitor the number of members from previously unrepresented groups.	Changes in the membership demographic will evidence a drive and commitment to recruit members from previously underrepresented groups.
	Use the Stakeholder Mapping document to explore further opportunities for promotion outside of usual routes. Compile a directory of community and specific interest groups.	December 2024		
	Ensure accessibility of materials and events.	Ongoing		
	Monitor and proactively promote diversity of membership.	Annually		
Work more innovatively with our partners to promote membership and encourage those who have not previously considered becoming a member to do so.	Liaise with other STH Departments to engage with diverse communities across Sheffield.	Ongoing		
	Create material that is available/shared in a variety of languages.	December 2024		

RAPID EQUALITY IMPACT ASSESSMENT (REIA)

Business area:	Trust Executive Group
Team/Department:	Chief Executive's Office
Date completed:	27 June 2023
Name(s) of author(s):	Sandi Carman, Assistant Chief Executive and Lucy Middleton, Business Manager

Name of service, strategy, policy, project or proposal
Membership Engagement Plan 2024-2026

What are the aims, objectives and projected outcomes?
<p>This plan outlines the Trust's vision for membership over the period 2024-2026. It aims to develop a membership community that is well-informed and engaged with the activities of the Trust and one that reflects the diversity of the people we serve.</p> <p>Having an active, engaged and representative membership helps the Trust to understand the views and needs of the local population and the public at large. Good community links encourage strong governor candidates who reflect their constituents and help develop a service that meets the needs and expectations of the community.</p>

Section 1: EQUALITY INFORMATION

	Positive or Neutral Impact This will actively promote or improve equality of opportunity or address unfairness or tackle discrimination or have no impact	Negative Impact This will have a negative or adverse impact which will or could cause disadvantage or exclusion	Does it advance equality of opportunity ? (Y/N)	Does it eliminate unlawful discrimination? (Y/N)	Does it foster good relations between people? (Y/N)
Race or Ethnicity (including nationality)	✓				
Religion/belief and non-belief	✓				
Disability	✓				
Sex	✓				
Gender Reassignment	✓				
Sexual Orientation	✓				
Age [why is this a negative impact]		✓			
Pregnancy and Maternity	✓				

Marriage and Civil Partnership	✓				
Human Rights (FREDA principles)	✓				
Carers	✓				
Other groups e.g. Gypsy, Roma, Travellers, vulnerable adults or children (e.g. homeless, care leavers, asylum seekers or refugees)	✓				

1.2 List any specific equality issues and information gaps that may need to be addressed through engagement and/or further research

Of the Trust's total membership only 27% of its members identified themselves as male with the majority of members identifying as female. However, the gender split for governor representation is more in line with the national picture demonstrated in the 2021 Census.

	2021 Census Data	STH Members	Governors
Male	49%	27%	54%
Female	51%	73%	46%

The Trust has good representation from all age groups. 49% of the staff constituency represent those aged under 40 and 72% of the patient and public members representing those aged 40 and over.

Although there is some representation for those aged below 20 the Trust has identified this as an area for targeted recruitment.

	Public members	Patient members
Age		
NHSI	8,405	3,191
0-16	2	0
17-21	161	4
22-29	1,061	45
30-39	1,013	200
40-49	977	244
50-59	1,139	394
60-74	1,818	901
75+	1,748	1,163
Not stated	486	240
30,195	8,405	3,189

The Trust has successfully recruited members from various ethnic groups. For the majority, the Trust is aligned with the national data recorded in the 2021 census. The Trust will work with communities across Sheffield to develop targeted communications to maintain and increase a diverse membership.

	Public members	Patient members	Staff members	STH membership
Ethnicity	8,405	3,191	18,602	30,198
White - English, Welsh, Scottish, Northern Irish, British	6,338	2,872	13,662	22,872
White – Irish	48	16	104	168
White - Gypsy or Irish Traveller	1	0	0	1
White – Other	176	28	586	790
Mixed - White and Black Caribbean	31	6	164	201
Mixed - White and Black African	29	4	75	108
Mixed - White and Asian	16	5	110	131
Mixed - Other Mixed	105	15	97	217
Asian or Asian British – Indian	94	13	1253	1,360
Asian or Asian British – Pakistani	407	33	495	935
Asian or Asian British – Bangladeshi	53	3	70	126
Asian or Asian British – Chinese	30	6	128	164
Asian or Asian British - Other Asian	264	23	241	528
Black or Black British – African	198	8	817	1,023
Black or Black British – Caribbean	122	12	172	306
Black or Black British - Other Black	142	11	60	213
Other Ethnic Group – Arab	2	3	0	5
Other Ethnic Group / Not Stated - Any Other Ethnic Group	349	133	568	1,661

Section 2: ANALYSING THE EQUALITY INFORMATION

In this section record your assessment and analysis of the evidence. This is a key element of the EIA process as it explains how you reached your conclusions, decided on priorities, identified actions and any necessary mitigation.

2.1 Analysis of the effects and outcomes

Advice from the EDI Team sought and recommendations included in action planning. Analysis of membership data has informed action planning highlighting the need for targeted communications to those in underrepresented groups. A full review of the Trust's website and recruitment materials is planned to include more diverse imagery. The Trust is committed to working with partners to host engagement events across Sheffield to recruit members from diverse areas.

Section 3: OUTCOME(S) OF EQUALITY IMPACT ASSESSMENT

No major change needed <input checked="" type="checkbox"/>	Adjust the service, strategy, policy, project or proposal <input type="checkbox"/>	Negative impact but continue as is justified <input type="checkbox"/>	Stop and remove the service, strategy, policy, project or proposal <input type="checkbox"/>
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Section 4: ACTION PLAN

Give details of any actions required to remedy any negative impact(s) identified above:

Action to address negative impact	By whom	By when	Resource implication
To work with governors to share the Good Health magazine within their constituencies with those that don't have regular access to the website.	STH / Governors	01.02.2024	
The Engagement Plan will be taken to a specially convened governors' time out for discussion and shared in advance to enable comprehensive debate and consultation	Governors' Time Out	11-10-23	
A version of the Engagement Plan incorporating proposals for implementation from the governors' time out will be put to the Council of Governors'	Council of Governors	12-12-23	
Extend the parameters of the membership registration form to collect data on protected characteristics and use this to identify underrepresented groups.	STH	2025	
Work with the Patient Engagement Team and Community Groups to encourage engagement	STH	Ongoing	

NOTE: It is important that the actions from a completed REIA are actively taken account of and that the policy, strategy, project or service is amended or adapted prior to seeking authorisation or approval from TEG or any other governance group.

Section 5: MONITORING, REVIEW AND PUBLICATION

<p>How will the service, strategy, policy, project or proposal be monitored?</p>	<p>Monitoring arrangements:</p> <p>The Council of Governors will monitor delivery of this plan through oversight of an iterative action plan. In monitoring the effectiveness of the engagement plan, the Council of Governors will ensure that it remains meaningful and relevant. A progress report will be submitted to the Council of Governors six months after publication of this plan and will continue to be presented annually.</p>
<p>Manager signing off EIA (Name and Job Title):</p> <p>Rachel Salmon, Equality Diversity and Inclusion Manager</p>	<p>Date of next review:</p> <p>September 2026</p>
<p>Approved by (Name of Committee): Trust Executive Group</p> <p>Signed:</p> <p>Date: 19.07.2023</p>	<p>Date sent to EDI Team (sth.equalityanddiversity@nhs.net):</p> <p>Date published (if applicable):</p> <p>13.07.2023</p>

Section 6: QUALITY CONTROL (For completion by the EDI Team)

The EIA has been graded as:	tick	The assessor has found that;	What this means
Red		Little or no thought has been given to the impact that the policy may have, there is no evidence of consultation or research and no actions to improve the policy are in place.	The REIA has not been approved, actions have been identified that must be completed before it is approved
Amber		You have demonstrated that alternative views have been considered. You have reviewed the policy for its impact, and you have identified areas where you have researched.	Minor changes have been identified, but the policy can continue until its next review date.
Green	✓	You have consulted others, you have effectively researched for any impact, you have identified actions to mitigate against any adverse impact and the policy has a clear review date	No further action required, the REIA has satisfied the criteria and has been approved

Actions required to improve the EIA:

To do a wider consultation on membership and how to reach these groups.

Graded by: **(Name and Job Title): Rachael Salmon**

Signed: R. Salmon

Date: 13.07.2023

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