MEMBERSHIP AND ENGAGEMENT STRATEGY

2018/19 to 2019/20 (Version 7)

Striving for Perfect Care and a Just Culture
# Membership and Engagement Strategy

## 2018/19 to 2019/20

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1. BACKGROUND

Mersey Care was created in April 2001 and became Mersey Care NHS Foundation Trust on 1st May 2016. Following the acquisition of Calderstones Partnership NHS Foundation Trust (June 2016), South Sefton community physical health services (June 2017) and Liverpool Community Health NHS Trust (April 2018) it now provides:

- specialist and community mental health, substance misuse and learning disability services for adults in the Liverpool, Sefton, and the Kirkby area of Knowsley
- specialist and community physical health services for the people of Liverpool
- low and medium adult mental health secure services at Rathbone Hospital in Liverpool and Scott Clinic in St Helens
- enhanced support services together with low and medium learning disability secure services at Whalley in Lancashire
- community forensic learning disability services across Greater Manchester and Lancashire
- high secure services at Ashworth Hospital in Maghull to people from the West Midlands, the North West of England and Wales.

The trust enables service users and their carers to make the most of their health; their life experience and their citizenship. It does this by:

- championing the rights, needs and aspirations of people with mental illness and learning disabilities, tackling discrimination and stigma
- providing a comprehensive range of services designed to meet the needs of service users and their carers.

The trust’s vision is:

“Striving for perfect care and a just culture”

It will achieve this by providing the best possible care for the people and communities we serve through:

- **our services** – by providing high quality services in safe environments
- **our people** – by supporting colleagues to strive for perfect care by making care more effective, timely, safe and fair and by improving quality
- **our resources** – by using our resources more effectively and investing in our estate and IM&T infrastructure
- **our future** – by working in partnership with others across primary care, hospital care, social care, community physical / mental health services and the voluntary sector to ensure the future sustainability of our services.

The trust has a strong track record of involving its service users and carers in its work and takes its role as a corporate citizen seriously. It is proud of its reputation for leading the way in which service users and carers are engaged. Some of the trust’s many engagement activities with its service users and carers include participating in all staff recruitment interviews, attending board and board committee meetings, objective setting meetings for staff and engaging service users and carers in service and estate planning.
Foundation trust status allows opportunities for service users, carers, staff, members of the public and other stakeholders to shape the trust’s plans for its services and to strengthen accountability to that community for delivery of those plans. It also provides the mechanism, through the council of governors, for holding the trust’s board of directors to account for delivery.

2. INTRODUCTION

NHS foundation trusts are ‘not for profit’ public benefit corporations and remain part of the NHS. They are founded on the core NHS principle to provide free health services to the public, based on need and not ability to pay.

NHS foundation trusts are not directed by the Government and so are free from central control. They are accountable to their local communities through their members and governors.

In becoming a NHS foundation trust, Mersey Care was subject to a rigorous assessment in 2015/16 so as to assure regulators that the foundation trust is legally constituted, financially sustainable, well governed and locally representative.

The basic governance structure of all foundation trusts is:

- its membership
- its council of governors
- its board of directors.

Those living in communities served by Mersey Care can become members of the trust, with different constituencies for:

- general public
- service users and carers
- staff

which are defined in Mersey Care’s foundation trust constitution. Members in the various constituencies vote to elect governors and can stand for election as governor themselves.

Elected governors, along with appointed individuals, represent members and other stakeholder organisations through a council of governors. The council of governors has statutory powers. They include holding the non-executive directors to account for the performance of the board of directors and representing the interests of the members of the trust as a whole and the interests of the public.

These statutory powers mean that Mersey Care, as are all foundation trusts, are locally accountable to their membership through their council of governors.

The purpose of this membership and engagement strategy is to outline how Mersey Care NHS Foundation Trust recruits, engages, supports and develops its membership community. It may be amended from time to time with the involvement of the trust’s membership and council of governors.

3. MEMBERSHIP OF A FOUNDATION TRUST

Being a member of Mersey Care provides the general public, services users/carers and staff with the opportunity to participate and get involved with their local trust.

There are minimum requirements for membership which are defined in legislation. All foundation trusts must have at least one public constituency, made up of people who live in the public constituency areas and a staff constituency, made up of employees of the trust. They may also have a patient or
Mersey Care’s constitution specifies the minimum number of members to be recruited in each constituency. Each constituency must be representative of the individuals that make up that constituency. If a constituency is sub-divided, the constitution also specifies a minimum number for each sub-division within the constituency. The minimum number of members specified in the constitution should be realistic in order to allow the trust to hold meaningful elections for its governors. Members of each constituency have the right to elect members from their constituency to the trust’s council of governors.

4. DEFINING THE TRUST’S MEMBERSHIP

As is described in Section 1, Mersey Care provides a range of mental health, learning disability, additions and physical health service.

The trust’s membership is made up of:

- service users and carers (from across England and Wales)
- public members aged 16 years and over (who reside in one of the several geographical areas defined in the constitution)
- staff employed by the trust in one of four categories:
  - medical - which includes foundation doctors, specialty registrars, consultants
  - nursing – registered nurses only
  - other clinical, scientific, and therapeutic staff - including occupational therapy, rehabilitation staff, dieticians, psychologists, psychotherapists, chaplins, pharmacy and instructors
  - non clinical staff - including executives, senior managers, administrators, IT, procurement, security, estates and facilities, finance and library staff.

5. LEVELS OF MEMBERSHIP

The trust recognises that some members may wish to be more actively involved in the work of the trust than others. Members in each of the trust’s constituencies are therefore able to determine the level of engagement that they wish to have in the work of the trust, with one option being to participate in the election of the trust’s council of governors during the governors’ election process.

The trust asks its members to indicate the level of involvement that they wish to have, in order that it can manage its contacts and communications appropriately.

To help members decide their level of involvement, the trust has established three levels of membership:

**Level 1 – Informed**

Level 1 members are kept abreast of new developments and information regarding the trust; they are able to participate in the elections of members to the council of governors and are able to attend and participate in the annual members’ meeting.
**Level 2 – Involved**

In addition to the benefits of Level 1 membership, Level 2 members participate in a range of activities such as surveys, focus groups and special interest events.

**Level 3 – Active**

In addition to Level 1 and 2 benefits this level includes those members who have a more active role in the trust, either as an elected governor on the council of governors and / or who actively participate in the work of the trust in another way (including helping in service development meetings, compliance audits, staff interviews, attending board committee meetings and increasing their knowledge and skills in specific areas of interest).

Members may change their membership level at any time by contacting the trust’s membership office.

**6. THE MEMBERSHIP COMMUNITY**

The trust’s membership reflects three main constituencies:

- a service user and carer constituency
- a public constituency
- a staff constituency.

**Service User and Carer Constituency**

The service user and carer constituency includes those individuals (aged 14 and over) who at the time of applying to be a member are currently accessing, or have accessed any of the clinical / care services provided by the trust in the last three years (and who consider themselves a service user) as well as those individuals who are caring for a current service user, or have cared for an individual who has accessed Mersey Care services in the last three years (and who consider themselves a carer).

An individual applying to be a member of the service user and carer constituency will remain within that constituency unless they apply (in writing) to the trust’s membership manager to change their membership to the public constituency. Membership data is reviewed on an annual basis and it is the responsibility of the individual member to ensure they meet the criteria of the constituency they are, or wish to be, a member of.

An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation does not come within the category of those who qualify for membership of the service user and carer constituency, they would of course, be welcome to apply for membership to the public constituency.

Further details about the geographical areas for service users and carers can be found in appendix A

**Public Constituency**

The public constituency includes any individual, aged 14 or over who resides in an area specified as an area for public constituency, namely:

- Liverpool, Sefton and Knowsley
- Ribble Valley
- the rest of England and Wales

This includes those individuals who currently use or have previously used the services of the trust, but who, for whatever reason, do not wish to be a member of the
service user and carer constituency or who do not consider themselves a service user, as well as those who care for or have cared for, or supported, a service user and who for whatever reason do not wish to be a member of the service user and carer constituency or who do not consider themselves a carer within this context.

The trust ensures that its public constituency of members is reflective of the population it serves (see appendix D – membership demographic analysis) and invests in a programme of membership recruitment from diverse communities and hard to reach groups.

Members of staff from other NHS organisations who have used the staff services of Mersey Care will be encouraged to join as public members of the trust.

Further details about the geographical areas for members of the public can be found in appendix A

Staff Constituency

The staff constituency includes those individuals who are employed by the trust under a contract of employment provided:

- their employment contract has no fixed term or has a fixed term of at least 12 months, or
- they have been continuously employed by the trust under a contract of employment for at least 12 months.

It also includes individuals who exercise functions for the purposes of the trust, otherwise than under a contract of employment with the trust, provided such individuals have exercised these functions continuously for a period of at least 12 months.

Staff automatically become members of the trust, unless they inform the trust that they do not wish to do so. Staff are vital to the success of the organisation and their views and participation are important. Through the council of governors, staff will have a powerful voice in the development of the trust.

An individual who satisfies the criteria for membership of the staff constituency may not become or continue as a member of any constituency other than the staff constituency.

Staff that leave the trust will automatically become members of the public constituency, subject to them meeting the criteria for that constituency, unless they elect not to by informing the membership office.

7. COUNCIL OF GOVERNORS

The trust’s council of governors is made up of 30 elected and appointed governors consisting of:

- the chairman of the trust’s board of directors (non-voting)
- 8 elected service user and carer members
- 8 elected public members
- 8 elected staff members
- 5 appointed governors.

The 5 appointed governors are:

- 2 local authority representatives
- 1 recognised union or other staff representative body representative
- 1 university representative
- 1 voluntary sector representative.
Elected governors are voted onto the council by members of their respective constituencies. The trust’s constitution confirms the key stakeholders that are entitled to appoint a representative to its council of governors. There is no difference in the responsibilities of an elected or appointed governor.

8. THE ROLE OF GOVERNORS

Governors at all times link the community and the trust by ensuring that the trust is rooted in its community; that it responds to its community’s needs and that it remains accountable to its community.

The statutory responsibilities of the council of governors and its governors are to:

- represent the interests of the trusts’ members as a whole; the public and partner organisations in the governance of the trust
- regularly feedback information about the trust to the constituencies and stakeholder organisations that either elected or nominated them
- act in the best interests of the trust and adhere to its values and code of conduct
- hold the non-executive directors individually and collectively to account for the performance of the board of directors, including so that the trust does not breach the terms of its authorisation
- approve significant transactions
- approve any application for the trust to enter into a merger, acquisition, separation or dissolution
- decide whether the trust’s private patient work would significantly interfere with the trust’s principal purpose
- approve any proposed increases in private patient work of 5% or more in any financial year
- agree amendments to the trust’s constitution
- consider the trust’s annual plan
- appoint and if appropriate remove the chairman of the trust
- appoint and if appropriate remove the non-executive directors of the trust
- decide the remuneration and allowances and other terms and conditions of office of the chairman and other non-executive directors
- approve the appointment of the chief executive
- appoint and if appropriate remove the trust’s auditors
- receive the trust’s annual accounts, any audit report on them and the annual report.

Governors also contribute to the continual review of the trust’s membership and engagement strategy.

9. COUNCIL OF GOVERNORS AND ITS GOVERNORS – COMMUNICATION WITH MEMBERS

In discharging their responsibilities governors either individually or collectively as a council will:

- communicate with members and understand member’s views and regularly feedback information about the trust to the constituencies and stakeholder meetings that either elected or nominated them
- participate in activities to gain understanding of service user and carer experiences
- engage with other representative bodies
- engage with the trust’s volunteers
- give talks to interested stakeholders.
To assist with these responsibilities the council of governors has established a membership and engagement subcommittee. Governors communicate with members by:

- MC Magazine, the trust’s quarterly membership magazine which includes a dedicated section of the council of governors – informed by the requirements of governors
- use of existing community communication mechanisms.

10. COUNCIL OF GOVERNORS – THE FIRST TWO YEARS

In its first two years the council of governors has:

- considered and approved the joint application for the acquisition of Calderstones Partnership NHS Foundation Trust
- appointed the trust’s chairman and non-executive directors upon FT establishment
- extended the appointments of the trust’s chairman and the majority of the non-executive directors
- led the process to appoint two new non-executive directors (replacing non-executives who have left the trust)
- reviewed and agreed the remuneration and terms of service for the chairman and non-executive directors
- approved the governors’ handbook, which includes the terms of reference for the council and its sub-committee
- approved arrangements for managing council business, including the annual calendar of council business and a new format for how the council’s meetings work
- agreed a development plan for the council of governors and participate in its implementation
- established a membership and engagement committee to inform how the trust should work with governors and engage with the membership
- worked with the trust to agree the key performance measures it wishes to be informed about, e.g., the retraction process at Whalley
- approved and updated the arrangements for appraising the chairman and non-executive directors of the board of directors
- set up a sub-committee which considered and recommended the appointment of the trust’s external auditor approved by the whole council
- published an annual report on its activities
- received the three sets of the trust’s annual accounts and annual report for 2016/17 (following the acquisition of Calderstones)
- considered the joint application for the acquisition of Liverpool Community Health NHS Trust.
11. MAXIMISING GOVERNOR CONTRIBUTION

To maximise governor contribution, the trust supports individuals who want to be considered for election as a governor by preparing a role description and person specification to inform candidate suitability (attached at appendix C) and holding governor awareness sessions for those interested in becoming a governor.

All candidates wishing to be considered for election as a governor must

- demonstrate that they have undertaken the training made available by the trust, or
- can demonstrate relevant experience, or
- that they have recently undertaken relevant training that prepares them for the role of governor.

Following their election or appointment, the trust will support governors by:

- establishing an induction programme (the development of which has been informed by the views of existing governors) that is informed by the needs of individual governors, and
- a programme to support the ongoing training and development of its governors.

The trust also requires stakeholder organisations to provide a ‘competency and capacity’ declaration for their appointed governors (see appendix B) and governors are provided with additional support when necessary e.g. information in alternative languages or formats to enable them to undertake their role.

In order for the council of governors to be able to effectively discharge its responsibilities, as set out in its terms of reference, the trust:

- requires all governors to adhere to its values and to operate in accordance with its constitution and code of conduct
- provides a range of training as part of their induction, including on their statutory duties as a governor
- provides all governors with a copy of the constitution and a governors’ handbook setting out the terms of reference for the council of governors and other information on their role.

The corporate governance team (including the trust secretary, the deputy trust secretary and the membership manager) provides advice to the council of governors. The team supports the management of its meeting and prepares and maintains an annual cycle of business for approval by the council.

12. BUILDING THE MEMBERSHIP BASE

As at 25 January 2018, the trust’s membership stands at 11,921 members, comprising:

- 2,265 service user and carer members
- 4,856 public members
- 4,800 staff members (which may rise to circa 7,000 members with the acquisition of Liverpool Community Health NHS Trust).

The trust employs different approaches to membership recruitment. It has an opt-in approach for the public, service users and carers based on the view that the organisation is more likely to attract an authentic, active and engaged membership if people have made an informed decision to join. An opt-out
approach has been adopted for staff to help maximise the participation of individuals with a pre-existing relationship. This has been endorsed by staff side organisations.

The trust’s membership manager is responsible for developing and managing the membership database and all aspects of communication with the membership, although recent efforts have been focussed on ensuring the quality of membership information held by the trust and discussion with the council of governors about how to use the existing skills and interests of the membership to better effect. It is for this reason the council of governors, through the membership and engagement committee, have requested a survey of the trust’s membership is planned in 2018/19

In addition to its statutory responsibilities, the council of governors undertakes the following activities, supported by the trust’s membership manager, in relation to membership:

- identifying initiatives for raising the profile of members and membership
- reviewing membership information on the communities served by the trust and agree future action for membership recruitment and engagement
- reviewing support arrangements for membership
- reviewing and recommending changes to the trust’s membership strategy
- keeping the members informed and updated about the work of the trust and the council of governors through MC Magazine and other mechanisms
- reviewing the membership information to ensure it is fully representative; that membership targets are being achieved and advise on future action for membership recruitment and engagement
- advising on the trust’s support arrangements for governors.

The board of directors also have a key role in building the membership base. They:

- provide a simple and accessible way of becoming a member to all who are eligible
- encourage staff to be active members and recruit others
- analyse the membership base to see if any segments of the population are under-represented and ensure that plans are developed to attract members from these areas
- utilise trust events as a means of recruitment, ensuring future open events have appropriate forums in place (governors will often be represented at such events as well)
- support the council of governors to carry out their statutory role.

13. MEMBERSHIP RETENTION AND EXPANSION

The trust expects its membership to grow in line with the targets outlined in appendix A. To achieve this growth, the trust will keep under review changes to its membership profile, as members leave and new members are recruited, as well as the demographics of the population for the areas that it serves. Any gaps in its membership profile shall be considered and targeted recruitment activities undertaken to address such gaps.
The trust’s plans for membership recruitment include:

- adding staff from LCH (should LCH be acquired) - staff are enrolled automatically unless they choose to opt out
- advertising Mersey Care’s membership scheme at ‘LCH’ premises
- support from the council of governors in actively seeking new members
- participation in community projects to promote the trust as a membership organisation
- encouraging members and governors to attend trust events and meetings
- direct targeting of key groups, especially those under-represented, and events:
  - community and support groups
  - voluntary sector
  - charities
  - service users, carers and young people
  - key organisations represented by individuals on the council of governors (key partnership organisations)
  - trust celebrations involving the public
  - opening of new facilities
  - awareness weeks
  - participating in large events within the areas serviced by the trust.
- promoting membership during consultations and campaigns and at events involving the public
- encouraging service users (and carers) to take up membership, at a time deemed appropriate by the relevant clinician
- providing appropriately focused information via the trust’s website
- promoting membership in trust’ premises
- supporting staff members in promoting and growing the membership.

14. ELECTIONS

The trust has adopted the model election rules provided advised by regulators to elect governors. To ensure the election process maximises the opportunity to identify the best candidates for the role, support mechanisms shall be put in place that enable all potential candidates to fully understand the required levels of commitment; their role as a governor and to develop meaningful election statements.

15. COMMUNICATION AND ENGAGEMENT

Communications with members will be achieved through a combination of trust and governor managed communications, which will be appropriate and relevant to recipients. For the public, service users / carers and staff this is mainly through the trust’s membership publication – MC Magazine – which is either sent to members electronically or by post (based on the members’ preference). In addition, staff are updated on issues via the weekly newsletter – YourNews – which is emailed to all staff. The trust’s stakeholders are also emailed a monthly newsletter providing a monthly roundup of all the news involving Mersey Care.

Communication keeps members up to date with Mersey Care’s activities and also informs them on how to become more actively involved. Our objective is to ensure all members feel a part of the Mersey Care membership community through the provision of regular information and opportunities for involvement for those who wish.
The trust’s membership database holds detailed personal information relating to: age, sex, address, whether the member has a disability etc.

Staff information is maintained on the ESR (Electronic Staff Record) system which is maintained by the workforce department.

Marketing of any event should be targeted and the information that we hold on our member database allows this by special interest to allow tailored involvement at events such as member panels, open days, workshops, surveys, focus groups etc.

For engagement to work well, it must be informative, interesting and interactive. Engagement is an on-going relationship, so showing evidence and feeding back on the impact of the engagement process to the membership is essential to keeping people involved long-term.

To inform our engagement activities with our membership, the council of governors are developing plans to undertake a membership service early in 2018/19.

Other events that will be utilised for engagement include:

- road shows
- ‘piggy backing’ other organisation’s events, e.g. housing associations etc.
- sponsored events – can be useful for funding themselves and even generating income
- ‘behind the scenes’ tours at the trust
- Involvement of members and governors in the trust’s quality review visits programme
- engagement through local employers
- social media activities
- ‘buddy’ schemes.

Membership recruitment and ‘meet a governor’ opportunities are also provided at a range of communication and engagement events / meetings held by the trust.

Certain technologies aren’t appropriate for engaging certain segments of the community; digital literacy can be a problem; this applies as much to those using the technology to engage as those the trust is attempting to engage. There is often a need to educate users before a technology can be used effectively. Other issues include:

- costs - trusts have financial constraints
- time / resources - restraints similar to costs
- board / management buy in - due to costs and other resources
- information governance policy - needs to provide assurance to the trust
- monitoring of social media - due to resources required.

These barriers can be overcome by:

- educating members and governors
- training staff and governors to be able to use technologies
- clear communication of the benefits to the board, management, staff and members
- providing computer areas for members, staff and governors (e.g. at the Life Rooms)
- embedding social media into business planning.
16. RESOURCES

The trust is committed to creating and sustaining a vibrant membership base and to ensuring that its council of governors receives the necessary support to enable it to function to maximum effect. This strategy outlines a range of approaches that the trust will take to achieve this. The corporate governance team will therefore work closely with the communications team, the people participation team and the events manager to ensure the trust maximises its opportunities to engage with governors and members. The budget for the board of directors also includes monies to support the membership engagement activities of the trust.

17. MAKING MEMBERSHIP OF MERSEY CARE DISTINCTIVE – PLAYING A KEY COMMUNITY ROLE

As a membership organisation the trust will continue to work with its community partners. It will positively contribute to making social inclusion real and to the economic regeneration of the local area. The trust will learn from other membership movements including the co-operative movement, which has community development and participation at its heart. Through its engagement with its community partners, it will seek out and support co-operative solutions to the challenges facing communities across the areas served by the trust. Members will be encouraged to contribute to this activity.

The council of governors are engaged on this work through its membership and engagement committee, advising the trust on groups it should ensure it engages with.

18. EVALUATION

The council of governors shall produce an annual membership report (which meets the defined membership reporting requirements of foundation trusts). The report shall include plans for the future and expected growth in membership; the qualitative impact of the membership strategy and quantitative elements of membership growth and development.

The council of governors shall develop and define meaningful metrics against which the membership and this strategy can be effectively evaluated. This will be informed by the membership survey planned by the council of governors for the early part of 2018/19.

19. CONCLUSIONS

This strategy confirms the trust’s commitment to building a membership and council of governors that supports the trust in being an outwardly facing and valued organisation, accountable to its community.

The strategy will be reviewed every two years and revised to include best practice, lessons learnt from across the NHS and to reflect the learning of our own members and council of governors.
Appendix A  
Membership Targets / Trajectories and Overview of Membership Categories

Membership Targets and Trajectories

<table>
<thead>
<tr>
<th></th>
<th>28 February 2018 (actual)</th>
<th>End 2018/19 (target)</th>
<th>End 2019/20 (target)</th>
<th>% of constituency per class</th>
<th>Comment</th>
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<tbody>
<tr>
<td><strong>Public Constituency</strong></td>
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<tr>
<td>Liverpool, Sefton, Knowsley</td>
<td>3,558</td>
<td>3,912</td>
<td>3,951</td>
<td>87%</td>
<td>The target for 2018/19 reflects a 10% increase by the end of 18/19 to account for the acquisition of services provided by Liverpool Community Health NHS Trust.</td>
</tr>
<tr>
<td>Ribble valley</td>
<td>43</td>
<td>47</td>
<td>48</td>
<td>1%</td>
<td>The target for 2018/19 reflects a 1% increase by the end of 18/19.</td>
</tr>
<tr>
<td>The Rest of England &amp; Wales</td>
<td>1,207</td>
<td>1,220</td>
<td>1,232</td>
<td>12%</td>
<td>The target for 2018/19 reflects a 1% increase by the end of 18/19.</td>
</tr>
<tr>
<td>Sub-Total (Public)</td>
<td>4,808</td>
<td>4,856</td>
<td>4,905</td>
<td>100%</td>
<td></td>
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<tr>
<td><strong>Service User and Carer Constituency</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Sub-Total (Service Users / Carers)</td>
<td>2,265</td>
<td>2,288</td>
<td>2,308</td>
<td>100%</td>
<td>The target for 2018/19 reflects a 1% increase by the end of 18/19.</td>
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<tr>
<td><strong>Staff Constituency</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sub-Total (Staff)</td>
<td>4,830</td>
<td>6,930</td>
<td>6,930</td>
<td>99%</td>
<td>Target is based on 99% of staff employed by Mersey Care as of January 2018. The target for 2018/19 reflects a 45% increase in staff numbers in light of the acquisition of services provided by Liverpool Community Health NHS Trust and associated transfer of staff.</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>11,903</td>
<td>14,144</td>
<td>14,213</td>
<td>-</td>
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</table>
Overview of Membership Categories by Geographical Area

Both the public and the service user / carer constituency described in section 6 are defined based upon geographical areas. For the purposes of the trust's membership, these are based upon electoral wards which make up the geographical areas described in the table below:

Description of Public Constituencies

<table>
<thead>
<tr>
<th>Name of Public Constituency</th>
<th>Comprises of Electoral Wards within:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool, Sefton and Knowsley</td>
<td>* City of Liverpool,</td>
</tr>
<tr>
<td></td>
<td>* Sefton Metropolitan Borough Council</td>
</tr>
<tr>
<td></td>
<td>* Knowlsey Metropolitan Borough Council</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>* Ribble Valley District Council</td>
</tr>
<tr>
<td>The Rest of England and Wales</td>
<td>* All local authorities in England (with the exclusion of those referred to above) and the country of Wales</td>
</tr>
</tbody>
</table>

Description of Service User and Carer Constituency

<table>
<thead>
<tr>
<th>Name of Service User Constituency</th>
<th>Comprises of the following Public Constituencies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service User and Carer</td>
<td>* Liverpool, Sefton, Knowsley</td>
</tr>
<tr>
<td></td>
<td>* Ribble Valley</td>
</tr>
<tr>
<td></td>
<td>* The rest of England and Wales</td>
</tr>
</tbody>
</table>
**Appointed Governors Sponsorship Form**

(Competency and Capacity Declaration)

Mersey Care NHS Foundation Trust Council of Governors

I hereby declare that:

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td></td>
</tr>
<tr>
<td>Organisation</td>
<td></td>
</tr>
</tbody>
</table>

1. has the competency to fulfil the role of governor as outlined in the role description attached (see appendix C)
2. will be permitted sufficient time by the organisation to effectively fulfil the requirements of an appointed member to the council of governors
3. is of sufficient seniority within the organisation to be able to inform and make decisions on behalf of the organisation within the remit of the council of governors of Mersey Care NHS Foundation Trust.

I agree to sponsor the above named person as a governor of Mersey Care NHS [Foundation] Trust for a period of up to 3 years.

I understand that the above named person will remain a governor of the council of governors for up to 3 years from the date of signing of this declaration unless:

- I choose to remove this sponsorship.*
- They leave their position with this organisation.
- The council of governors determines that the appointed member has seriously breached the code of conduct for governors and has been removed from the council (in accordance with council of governors standing orders).
- The appointed person meets any council of governor exclusion criteria.

**Signed**

<table>
<thead>
<tr>
<th>Name (Block Capitals)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

* The Trust Secretary, Mersey Care NHS Trust must be informed of any removal of sponsorship by an eligible partner organisation including a rationale for the removal of sponsorship where possible.
Role Description – Council of Governors
Elected and Appointed Governors

Area of Work: Council of governors

Hours: (Minimum) 3 x 3 hour meetings annually
Learning and development: 2-3 hours monthly
Constituency communication: 2 hours monthly

Reports to: Electing constituency (elected members)
Appointing organisation (appointed members)
Board of directors (as a collective council)

Liaises with: Other governors; electing constituencies; sponsoring organisations (appointed members); chairman; board of directors; trust secretary, membership manager.

Job Summary:

- To contribute as a governor to the work of the council of governors, which is a statutory body that forms part of the basic governance structure of Mersey Care NHS Foundation Trust.
- To hold the non-executive directors to account for the performance of the board of directors.
- To represent the interests of the members of the trust as a whole and the interests of the public.
- In discharging their responsibilities governors will be expected to operate in accordance with the trust’s constitution and its code of conduct, incorporating the Seven Principles of Public Life (the Nolan Principles) set out by the Committee on Standards in Public Life.

Key Responsibilities:

Strategy and management

- hold the board of directors to account for the effective management and delivery of the organisation’s strategic aims and objectives
- monitor the long term sustainability of the foundation trust
- to be consulted by directors on future plans, including any significant changes to the delivery of the trust’s business plan, and offer comment on those plans
- contribute to constructive debate regarding the strategic development of the trust and any other material and significant issues facing the organisation
- build and maintain close relations between the foundation trust’s constituencies and stakeholder groups to promote the effective operation of the trust’s activities
- receive the trust’s annual accounts.

Compliance

- ensuring mechanisms are in place so that the trust complies with its terms of authorisation, the constitution and any other applicable legislation and regulations
- to inform the independent regulator of NHS foundation trusts (Monitor), via the lead governor, when these terms are not complied with and the directors have failed to address shortcomings in compliance.
Board and other appointments
- appoint, dismiss and determine the remuneration of the chairman and non-executive directors
- agree the appraisal arrangements for the chairman and non-executive directors and undertake
- appoint the trust’s external auditors
- approve the appointment of the chief executive.

Membership engagement
- engage with members, and other stakeholders, so that information is both given and received by way of comments, concerns, news and views, including forward plans and service reconfigurations
- promote membership, and governorship, of the trust
- report on the work of the council to members
- seek the views of members in order to inform the work of the council of governors and the trust
- represent the interests of the local community, staff, patients and the partner organisations which work with the trust.

Other
- participate in the annual evaluation of the effectiveness of the council of governors
- prepare for meetings by reading all papers
- undertake any necessary training to fulfil the requirements of the role.

<table>
<thead>
<tr>
<th>Person Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
# Person Specification

<table>
<thead>
<tr>
<th>Staff Constituency:</th>
<th>The staff constituency includes those individuals who are employed by the trust under a contract of employment provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• He/she is employed by the trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or</td>
</tr>
<tr>
<td></td>
<td>• He/she has been continuously employed by the trust under a contract of employment for at least 12 months</td>
</tr>
<tr>
<td></td>
<td>As well as those individuals who exercise functions for the purposes of the trust, otherwise than under a contract of employment with the trust, provided such individuals have exercised these functions continuously for a period of at least 12 months.</td>
</tr>
</tbody>
</table>

Appointed council governors must be employed by an eligible partner organisation under a contract of employment. The appointed member must have been:

- employed by their respective organisation under a contract of employment which has no fixed term or has a fixed term of at least 3 years; and
- have been continuously employed by their respective organisation under a contract of employment for at least 12 months.

Appointed members must be sponsored by their eligible organisation and maintain the requirements of their competency and capacity declaration.

<table>
<thead>
<tr>
<th>Experience and Knowledge</th>
<th>The council of governors recognises the value of any life and/ or professional experience and knowledge which can be used to meaningfully improve the quality of Mersey Care services and the experiences of its service users and carers.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A high level of understanding and interest in health care issues.</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of mental health and or learning disability services may be advantageous, but is not a necessity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills and Expertise</th>
<th>Strong business and financial acumen.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Committee or board level experience.</td>
</tr>
<tr>
<td></td>
<td>Able to communicate effectively.</td>
</tr>
<tr>
<td></td>
<td>Able to actively listen.</td>
</tr>
<tr>
<td></td>
<td>Able to receive and understand a wide variety of information.</td>
</tr>
<tr>
<td></td>
<td>Knowledge of corporate governance.</td>
</tr>
<tr>
<td></td>
<td>Understanding of the difference between the role of the non-executive director and governor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Qualities</th>
<th>A passion for making a difference.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A commitment to NHS values and the principles of NHS foundation trusts.</td>
</tr>
<tr>
<td></td>
<td>Well developed interpersonal and communication skills.</td>
</tr>
<tr>
<td></td>
<td>Sound independent judgement, common sense and diplomacy.</td>
</tr>
<tr>
<td></td>
<td>Able to work as a team.</td>
</tr>
<tr>
<td></td>
<td>Keen to develop.</td>
</tr>
</tbody>
</table>
### Person Specification

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Values Fairness, Respect, Equality, Dignity and Autonomy.</strong></td>
<td>E</td>
</tr>
<tr>
<td><strong>A desire to combat prejudice and discrimination - Expects respect.</strong></td>
<td>E</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>Sufficient time and commitment to fulfil the role.</strong></td>
</tr>
</tbody>
</table>
### Membership Demographic Analysis and Quality Indicators

**Appendix D**

**A4.1 – Membership Engagement Services Local Population Profiling (as at April 2014)**

<table>
<thead>
<tr>
<th></th>
<th>Liverpool, Sefton, Knowsley</th>
<th>Ribble Valley</th>
<th>Rest of England &amp; Wales</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of People</strong></td>
<td>884,150</td>
<td>57,132</td>
<td>55,134,639</td>
<td>56,075,912</td>
</tr>
<tr>
<td><strong>By Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>430,725</td>
<td>27,973</td>
<td>27,114,450</td>
<td>27,573,148</td>
</tr>
<tr>
<td>Females</td>
<td>453,425</td>
<td>29,159</td>
<td>28,019,952</td>
<td>28,502,536</td>
</tr>
<tr>
<td><strong>By Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 0 to 16</td>
<td>166,245</td>
<td>10,580</td>
<td>10,402,307</td>
<td>10,579,132</td>
</tr>
<tr>
<td>Aged 17 to 21</td>
<td>64,495</td>
<td>2,767</td>
<td>2,784,129</td>
<td>2,851,391</td>
</tr>
<tr>
<td>Aged 22 and over</td>
<td>653,408</td>
<td>43,785</td>
<td>41,948,196</td>
<td>42,645,389</td>
</tr>
<tr>
<td><strong>By Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White - British</td>
<td>795,249</td>
<td>54,757</td>
<td>44,284,680</td>
<td>45,134,686</td>
</tr>
<tr>
<td>White - Irish</td>
<td>9,788</td>
<td>332</td>
<td>520,967</td>
<td>531,087</td>
</tr>
<tr>
<td>White - Other</td>
<td>18,233</td>
<td>815</td>
<td>2,524,574</td>
<td>2,543,622</td>
</tr>
<tr>
<td>Mixed – White &amp; Black Caribbean</td>
<td>4,986</td>
<td>93</td>
<td>421,636</td>
<td>426,715</td>
</tr>
<tr>
<td>Mixed – White &amp; Black African</td>
<td>4,169</td>
<td>33</td>
<td>161,772</td>
<td>165,974</td>
</tr>
<tr>
<td>Mixed – White &amp; Asian</td>
<td>3,418</td>
<td>163</td>
<td>338,146</td>
<td>341,727</td>
</tr>
<tr>
<td>Mixed - Other</td>
<td>3,916</td>
<td>71</td>
<td>285,997</td>
<td>289,984</td>
</tr>
<tr>
<td>Asian or Asian British - Indian</td>
<td>6,048</td>
<td>204</td>
<td>1,406,706</td>
<td>1,412,958</td>
</tr>
<tr>
<td>Asian or Asian British - Pakistani</td>
<td>2,207</td>
<td>295</td>
<td>1,122,009</td>
<td>1,124,511</td>
</tr>
<tr>
<td>Asian or Asian British - Bangladeshi</td>
<td>1,393</td>
<td>32</td>
<td>445,776</td>
<td>447,201</td>
</tr>
<tr>
<td>Asian or Asian British - Chinese</td>
<td>9,389</td>
<td>109</td>
<td>383,643</td>
<td>393,141</td>
</tr>
<tr>
<td>Asian or Asian British - Asian Other</td>
<td>4,488</td>
<td>89</td>
<td>379,066</td>
<td>383,643</td>
</tr>
<tr>
<td>Black or Black British - African</td>
<td>9,251</td>
<td>65</td>
<td>980,312</td>
<td>989,628</td>
</tr>
<tr>
<td>Black or Black British - Caribbean</td>
<td>1,817</td>
<td>12</td>
<td>592,996</td>
<td>594,825</td>
</tr>
<tr>
<td>Black or Black British - Other Black</td>
<td>2,541</td>
<td>15</td>
<td>277,881</td>
<td>280,837</td>
</tr>
<tr>
<td>Other Ethnic Group - Arabic</td>
<td>6,054</td>
<td>9</td>
<td>224,537</td>
<td>230,600</td>
</tr>
<tr>
<td>Other Ethnicity – Any Other Group</td>
<td>3,151</td>
<td>38</td>
<td>329,907</td>
<td>333,096</td>
</tr>
</tbody>
</table>
A.4.2 - Public Constituency - (Representative) Quality Indicators

An analysis of the population profiles of the 3 local constituency sub-divisions based on the information above demonstrates that the membership should be defined as follows:

Public Constituency – Liverpool, Sefton and Knowsley Class (Representative Quality Indicators)

- The percentage of male to female members should be 49% to 51%
- Individuals of white British ethnic origin should make up 90% of the Liverpool public membership and ethnic minorities should account for the remaining 10% of the population
- The number of members aged 17 to 21 should account for 9% of the constitution and those aged 22 and over should account for 91%.

Public Constituency – Ribble Valley Class (Representative Quality Indicators)

- The percentage of male to female members should be 49% to 51%
- Individuals of white British ethnic origin should make up 96% of the Sefton public membership and ethnic minorities should account for the remaining 4% of the population
- The number of members aged 17 to 21 should account for 6% of the constitution and those aged 22 and over should account for 94%.

Public Constituency - Rest of England & Wales Class (Representative Quality Indicators)

- The percentage of male to female members should be 49% to 51% in the Rest of England and Wales.
- Individuals of white British ethnic origin should make up 80% of this class. Ethnic minorities should account for the remaining 20% of the populations of these three areas.
- The number of members aged 17 to 21 should account for 6% of the membership from the Rest of England and Wales. Individuals aged 22 and over should account for 94% of members from the rest of England and Wales.

The trust must take into account the dynamic demographics of the population and the membership profile as members leave and new ones are recruited. To ensure the population profile of the classes are continuously reflected in the trusts’ membership, there will be an ongoing review to ensure membership is representative in terms of locality, age, gender and ethnicity and will be reported to the board annually. Trajectories will be reviewed and amended annually.

Staff Constituency - Overall Targets

- Whilst the staff constituency must be representative of the population of staff employed by the trust, it is proposed that the simple of breakdown of staff numbers per professional group is the most appropriate quality indicator of this due to the potential for changes to skill mix and the workforce in the future.
- However, it may be useful to take into consideration other aspects of the staff demography such as age profiles etc. Where evidence arises that demands further analysis this will be undertaken on an annual basis and will be informed and driven by the council of governors and board of directors.