

# Membership Strategy



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## 1. Introduction

### 1.1. Our mission and values

We exist to help people reach their potential and live well in their community. To do this we have a strong set of values that mean:

- We must put [people first and in the centre](#) and recognise that [families and carers matter](#)
- We will be [respectful](#) and [honest, open and transparent](#) in our dealings, to build trust and act with integrity
- We will constantly [improve and aim to be outstanding](#) so we can be [relevant today, and ready for tomorrow](#).

Our strategic objectives are to:

- Improve people's health and wellbeing
- Improve the quality and experience of all that we do
- Improve our use of resources.

This Membership Strategy will support the achievement of the organisation's mission and objectives. Every aspect of the strategy will be delivered in line with our values.

As a foundation trust we are accountable to our members – local people who have joined our organisation because they take an interest in what we do, our staff are also members. This strategy, together with our communication, engagement and involvement strategy, will enable local people and our staff to have a sense of ownership of the Trust, have a greater say in how services are provided in the areas the Trust serves, ensuring the Trust is accountable to these communities, the people who work for us, and that services take account of local need.

### 1.2. Purpose and scope

As a Foundation Trust, this strategy takes into account its membership and the huge potential to empower people in local communities, to influence service development through effective involvement and working together, recognising communities have a lot to offer and can add value to the local delivery of health care. The Trust is committed to taking full advantage of this opportunity to enhance its already strong reputation for stakeholder involvement, through a continuous approach to developing membership based on active engagement.

## 2. Context

### 2.1. Fit with our OD strategy and other related strategies

Our [organisational development \(OD\) strategy](#) presented to the Trust Board for approval October 2016 is based upon the McKinsey 7s framework (structure, strategy, systems, shared values, skills, staff and style). The underpinning principles within this Membership Strategy of communication, engagement and involvement are essential enablers to a successful organisation and have a role to play across each of the seven areas. This strategy therefore supports our OD efforts, particularly in relation to the achievement of our mission in line with our values.

Our [equality first strategy](#) is about treating everyone with fairness and understanding, not necessarily treating everyone the same. This strategy will support our equality agenda by ensuring equal opportunities for communication, engagement and involvement. We will tailor our activity for different people, rather than adopt a 'one size fits all' approach.

Internally, the strategy links closely with HR strategies in relation to staff communication, engagement and involvement.

Our [digital strategy](#), (which at the time of writing this strategy is in development) is also a key related strategy. Digital runs through all of this strategy's objectives and is an essential enabler to effective communication, engagement and involvement.

This strategy replaces the following predecessor strategies:

- Involving People Strategy which contained the Membership Strategy

## **2.2. Local context**

Membership of the Trust means local people and our staff have a greater say in how services are provided in the areas the Trust serves, supporting the governance arrangements of the Trust by ensuring the Trust is accountable to these communities and that services take account of local need. The Trust wants to encourage people to take a special interest in our services, using membership as an opportunity to shape the future of health care in the areas we serve. Membership is free, with few specific requirements (subject to the legal exemptions on eligibility and the Constitution of the Trust), a lower age limit of 11 and no upper age limit, service users and carers are included in the public constituency. Our public constituencies reflect the geography of the areas we serve in proportion to the population of each area. Full details of the composition of the Members Council re public, staff and nominated members and their duties are set out in the Trust's Constitution, accessible through the Trusts website. The details of the current seat holders are also set out on the members section of the website.

A key element is maintaining a positive relationship with the communities we serve and through this, tackling the social exclusion that is too often associated with mental, physical ill health and learning disabilities. Developing an effective membership which is reflective of the populations we serve is central to this. The Trust has adopted an inclusive approach to membership. All Members are equal, but the Trust recognises that some members may wish to be more actively involved in the life of our Trust than others.

All our staff are included in the membership, (unless they decide to opt out) recognising that all our staff are stakeholders in the future of the organisation. This includes staff from social services that work in our integrated teams.

### **The Members' Council**

The Members' Council is made up of elected representatives (elections run by the Electoral Reform Services) of the members, staff and also nominated members from key local partner organisations. The council's role is to make sure that the board of directors, which retains responsibility for the day to day running of the Trust, is accountable to their local communities. The members' council also helps us shape future strategy and plays an important role in issues such as communications, quality, equality and involvement.

A membership development strategy working group was established comprising a small number of governors to consider how:

- Two way communications, engagement and involvement with members can be improved.
- The benefits of Trust membership can be communicated to the public and patients more widely including the role of governors and the Members Council.
- To increase the number of active, engaged and involved members who are representative of the communities we serve.
- The Members Council can contribute to developing and implementation of this strategy.

### 2.3. National context

The [NHS Five Year Forward View](#) (FYFV), published in October 2014, sets out a shared vision for the future of the NHS based around new models of care. Service user groups, clinicians and independent experts provided advice to create the collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, the quality of care and the funding of services.

To support the implementation of the FYFV via Sustainability and Transformation Plans (STPs), NHS England published a [guide on engaging local people](#) in September 2016. It sets out engagement best practice, in particular service user and public participation and the legal duties involved. While aimed at STPs, it is a useful reminder for all organisations involved.

In addition, [NHS Employers](#) provide support and guidance around communicating, engaging and involving the workforce.

### 2.4. Legal and regulatory requirements

This strategy supports us in living our values and maintaining positive practices. It will also help us deliver against our statutory duties:

- [Foundation Trust governor and membership arrangements](#) – ensuring local people have a greater say in how services are provided, supporting our governance arrangements and ensuring we are accountable to local communities.
- [Accessible Information Standard](#) – ensuring that people who have a disability, impairment or sensory loss are given information in a way that they can access and understand, and any communication support that they need is identified and provided.
- [NHS Constitution](#) – supporting people's right to be involved in the planning of healthcare services and providing information and support in order to do this.
- [Health and Social Care Act](#) – strengthening the collective voice of service users, ensuring systematic involvement so that shared decision making is the norm.
- [NHS identity guidelines](#) – ensuring that the NHS identity, one of the most recognised brands in the world, is consistently and clearly applied. It acts as a signpost, helping people to identify NHS organisations and services. It represents high quality care, free at the point of delivery, and evokes high levels of trust and reassurance.
- [NHS standard contract](#) – including service condition on communicating with and involving service users, public and staff. It further strengthens the requirements on providers to communicate properly with service users about their care. It adds new obligations to put in place efficient arrangements for handling service user queries promptly and publicising these arrangements to service users, on websites and in appointment and admission letters.

### 3. Membership strategy objectives

#### 3.1 We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.

Where are we now?	What do we need to do?	What would success look like?
<ul style="list-style-type: none"> <li>• Membership database in place to meet regulatory requirements.</li> <li>• Measuring against previous Monitor target of 1% of population being a member.</li> <li>• Encouraging membership recruitment across our constituencies.</li> <li>• Trying to ensure our membership represents the diversity of the populations we serve.</li> <li>• Members Council objectives include:               <ul style="list-style-type: none"> <li>○ Contribute to the induction of new members.</li> <li>○ Use connections to promote the Trust and its services.</li> <li>○ Provide support to improve the engagement and involvement of members</li> <li>○ Promote the role of the Members' Council to staff and ensure the view / feelings of staff are communicated.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Undertake data cleanse to ensure accurate data base.</li> <li>• Establish a base line of members distinguishing between those who want to be informed and those who want to be actively engaged.</li> <li>• Enable varying levels of participation according to individual's needs and wishes.</li> <li>• Establish annual targets to increase the numbers of actively engaged members.</li> <li>• Develop a compelling narrative around the benefits of being a public member and a staff member.</li> <li>• Identify and target the under representative areas of membership, working with local agencies and other partners i.e. GP's.</li> <li>• Develop strategies to encourage youth members to join our membership.</li> <li>• Identify community groups to engage with re recruitment and more engaged members.</li> <li>• Identify opportunities for Governors to help with membership recruitment.</li> <li>• Promoting staff governor role and links with staff membership.</li> <li>• Encourage membership across all of the protected characteristics and address under-representation in membership numbers across the area.</li> <li>• Use and develop existing links with Schools and Universities in our constituencies and beyond to encourage an engaged membership.</li> <li>• Encourage people using our services and their carers to become members by including details on correspondence sent.</li> <li>• Ask staff who leave the Trust if they would like to continue their membership as a public member.</li> <li>• Promote purpose of membership to staff and encourage active involvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate membership data base that facilitates membership development and meets regulatory requirements.</li> <li>• A membership that is representative of the populations we serve.</li> <li>• Year on year increase in active and engaged members, evidenced through increased attendance at events and Annual Members Meeting.</li> <li>• On-line easy to use membership application form.</li> <li>• Increased number of membership e-mail addresses increasing the effectiveness and efficiency of communications with our membership.</li> </ul>

**3.2 We will communicate effectively and engage with our public members and our staff members, maintaining a two-way dialogue and encouraging more active involvement.**

Where are we now?	What do we need to do?	What would success look like?
<ul style="list-style-type: none"> <li>• Communication with majority of members one way.</li> <li>• Communication generally limited to fulfilling constitutional requirements around Annual Members Meeting and Governor Elections.</li> <li>• Some focused membership events linked to educational insight events.</li> <li>• Corporate Development administration team has dedicated membership phone number and e-mail address.</li> </ul>	<ul style="list-style-type: none"> <li>• Review recruitment material to ensure relevancy of content and distribution.</li> <li>• Review and rebrand membership marketing material.</li> <li>• Provide a membership pack to new members, relevant information about the Trust, role of members, engagement opportunities.</li> <li>• Review use of existing channels such as appointment letters to recruit new members.</li> <li>• Identify front of house staff as membership champions to recruit members at key locations.</li> <li>• Identify initiatives linked to local and national “events” to raise the profile of membership in communities.</li> <li>• Promote the work of the Members Council through website and other digital media.</li> <li>• Find new ways to increase active involvement and engagement.</li> <li>• Engage more members through information sharing and education events to increase understanding of our services, for example our Insight programme and medicines management sessions, in addition to our Annual Members’ Meeting.</li> <li>• Survey members to ask their views on communication, engagement and involvement.</li> <li>• Share information via our website and electronic bulletin, and display service information in our public spaces.</li> <li>• Encourage Volunteers to be active members and promote membership.</li> </ul>	<ul style="list-style-type: none"> <li>• 2 way engagement with public and staff membership.</li> <li>• Best practice engagement methods developed and implemented.</li> <li>• Well-equipped Governors with the skills and knowledge to support membership recruitment.</li> <li>• Governors web page encouraging members to contact Governors with their views and suggestions.</li> <li>• Co-produced “welcome pack” for members:               <ul style="list-style-type: none"> <li>○ Children and young people</li> <li>○ Public Members 18+</li> <li>○ Staff members.</li> <li>○ Easy read alternatives.</li> </ul> </li> <li>• An effective engagement, communication and involvement plan with measurable KPI’s.</li> <li>• Members Forward Plan/Events page, tell us your views web page.</li> <li>• Regular membership news alerts.</li> <li>• Interactive Annual Members Meeting, Trust services showcased.</li> </ul>

**3.3 Develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services, and plans for the future.**

Where are we now?	What do we need to do?	What would success look like?
<ul style="list-style-type: none"> <li>• Small cohort of members actively involved in service development.</li> <li>• Not all governor seats contested at elections.</li> <li>• Not all governors actively using their networks to engage with the public and members.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the services of the Trust.</li> <li>• Increase opportunities for members to be involved with the Trust i.e. volunteering, Patient Environment Action Teams (PEAT), 15 Steps, membership champions, recruitment panels, staff induction.</li> <li>• Review the opportunities for members to give their views on our services and plans for the future ensuring services better reflect people’s needs.</li> <li>• Identify initiatives where members can be used as a source of feedback on quality issues.</li> <li>• Involve members in service change proposals and planning, as well as projects such as our carers’ charter.</li> <li>• Feedback how things have changed as a result of participation.</li> <li>• Encourage a high number of members to stand for election as governors.</li> <li>• Develop a “membership governor champion” role to champion membership engagement.</li> <li>• Increase the visibility of staff Members’ Council representatives and support them in discharging their role, e.g. as freedom to speak up guardians.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing numbers of active members in line with annual trajectories.</li> <li>• Positive response to membership on line survey re opportunities to be engaged and involved.</li> <li>• Increasing number of members attending events and Annual Members Meeting.</li> <li>• All empty governor seats contested at elections, bringing in new candidates and perspectives.</li> </ul>

**4. Delivery and outcome measures**

To clearly define our success in delivering this strategy we need to develop baselines and systems for capturing measurement. We will then be able to measure success via improvements against a range of indicators such as:

- Number of members that want to be actively involved
- Election turnout rates
- Feedback from members involved in engagement activity
- Number of active volunteers for SWYPFT

These will be developed by the Members Council. An overview of the Membership Strategy and achievement against objectives will be presented by representatives of the Membership Council at the Annual Members Meeting.

## **5. Risks**

Key risks identified in the delivery of this strategy include:

- Time constraints on Members' Council, to support implementation of the strategy.
- Membership data base requires cleansing to ensure existing members would like to continue to be a member and that the Trust holds up to date contact information, which may involve losing significant numbers of existing members.
- Limited numbers of e-mail contacts for existing members reducing communication flexibilities. Data cleansing and refresh of the data base will enable us to update contact information to include email where possible. Note: an individual can still be a member without an email address, however this may limit the number of communications received due to cost implications relating to postage.
- Reducing management and administrative capacity to support the implementation and delivery of the strategy.
- The benefits of the huge potential to empower local communities to influence service development and the added value our members bring not recognised or valued in the Trust.

Key risks will be mitigated in line with our Risk Management Strategy and Risk Appetite Statement. This will be done through detailed action planning through the Members Council to underpin the implementation.

## **6. Resourcing, staffing and technology related issues**

The Trust recognises that the process of building a meaningful membership and securing active engagement with its communities will require a commitment of time and resources. Membership communication, engagement and involvement needs to be an integral part of our work right across the organisation. Support service teams will work with Business Delivery Units (BDUs) in delivering this strategy collaboratively to make this a reality.

We will make use of our existing technology and platforms to communicate and engage with our members, such as our intranet, website, social media channels and i-hub. We will also adapt and evolve as new technology and platforms become available, such as staff smartphone devices. We will work closely with our IM&T colleagues to make sure we are using technology as effectively as possible to implement this strategy's objectives.

## **7. Members Council involvement**

Public and staff members elect representatives to the Members Council which voices the views of the members they represent and holds the Non-Executive Directors to account for the performance of the Trust Board. Governors are also responsible for engaging with their members about the future strategy of the organisation ensuring the Trust is accountable to the people it serves and its staff.

We are committed to ensuring our Members Council play a full part in owning and governing our Foundation Trust. The Members Council have been involved in the development of this strategy and will facilitate the implementation. As set out in the Trusts Constitution the approval of this strategy is reserved to the Members Council. The Trust's Constitution also sets out the eligibility criteria for membership and the exclusions.

## **8. Stakeholder considerations**

We will be inclusive with all stakeholders, tailoring our approach as required. Key stakeholder groups which require specific consideration are captured in the following table, and an action plan will be developed to help achieve our ambition.

Audience	Ambition	Outcome
Public / communities	To work alongside our membership and local communities to increase understanding of and confidence in our services.	An active core membership with a variety/ choice of ways to connect to our services and demonstrable influence over Trust development.
Staff	To be an exemplar in the NHS and wider public sector for the way we work in partnership.	Staff feel valued and report effective communication, engagement and involvement across the organisation.

## 9. Next steps and governance arrangements

This strategy will be reviewed by the Executive Management Team and approved by our Members Council. The director of corporate development is accountable for delivery.

Annual action planning will set the detail of how objectives will be met, along with clear, measurable targets for each year of the strategy.

## 10. Evaluation and review

This strategy will be evaluated in 2018 and updated in 2019. Progress will be monitored on a regular basis via the development and delivery of annual action plans.

## 11. Quality and equality impact assessment

From a quality perspective, our executive management team has confirmed that the strategy:

- Will help improve service user experience
- Will help reduce harm
- Will help us to be more effective
- Is aligned to our mission and values
- Is aligned to our system intentions
- Is ambitious.

An equality impact assessment has been undertaken, and can be found in Appendix 12.3.

## 12. Appendices

### Appendix 1 – Equality impact assessment **Date of assessment: 03/01/2017**

	Equality Impact Assessment Questions:		Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing		Membership Strategy
2	Describe the overall aim of your document and context?  Who will benefit from this policy/procedure/strategy?		Our <a href="#">strategic aim for our Membership Strategy</a> as a Foundation Trust, is to ensure we take account of the views of our membership and the huge potential to empower people in local communities, to influence service development through effective involvement and working together, recognising communities have a lot to offer and can add value to the local delivery of health care.  We will specifically work with people with protected characteristics and associated organisations to ensure identified benefits are delivered.
3	Who is the overall lead for this assessment?		<ul style="list-style-type: none"> <li>Director of corporate development</li> </ul>
4	Who else was involved in conducting this assessment?		<ul style="list-style-type: none"> <li>Integrated Governance Manager</li> <li>Partnership Team</li> <li>Sub-group of Members Council</li> </ul>
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy?  What did you find out and how have you used this information?		<ul style="list-style-type: none"> <li>Staff - involved through staff governors</li> <li>Staff side - consulted as part of strategy development</li> <li>Members Council involved through strategy sub-group</li> <li>Service user / carer / member views - gathered through service change engagement and through equality processes</li> </ul>
6	What equality data have you used to inform this equality impact assessment?		Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JSNAs and public health profiles for our localities. The makeup of our Trust membership and volunteers through individual self-declaration.
7	What does this data say?		Our local communities are diverse in many ways, supporting the need to make sure we understand our audiences and tailor our membership communication, engagement and involvement activities appropriately.
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	<b>No</b>	<b>Evidence based answers &amp; actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact.</b> The purpose of the strategy is to improve membership communication, engagement and involvement. Targeted action planning will address the needs of specific audiences and we will work with communities, including people with protected characteristics, to share information and work in

8.1	Race	No	<p>ways that meet their needs and preferences. Rationale as set out above.</p> <p><b>Race equality</b></p> <table border="1" data-bbox="778 344 1406 680"> <thead> <tr> <th></th> <th>White</th> <th>Asian</th> <th>Black</th> <th>Mixed</th> <th>Chinese &amp; Other</th> </tr> </thead> <tbody> <tr> <td>England % av.</td> <td>85.5</td> <td>5.1</td> <td>3.4</td> <td>2.2</td> <td>1.7</td> </tr> <tr> <td><b>Kirklees</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>79.1</td> <td>15.7</td> <td>1.9</td> <td>2.3</td> <td>0.7</td> </tr> <tr> <td><b>Barnsley</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>97.9</td> <td>0.7</td> <td>0.5</td> <td>0.7</td> <td>0.2</td> </tr> <tr> <td><b>Calderdale</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>89.6</td> <td>7</td> <td>0.9</td> <td>1.3</td> <td>0.6</td> </tr> <tr> <td><b>Wakefield</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>95.4</td> <td>2.6</td> <td>0.77</td> <td>0.9</td> <td>0.29</td> </tr> </tbody> </table> <p style="text-align: right;"><i>Taken from Census 2011 for each area</i></p> <p><b>Membership figures</b></p> <table border="1" data-bbox="778 792 1406 1025"> <thead> <tr> <th></th> <th>White</th> <th>Asian</th> <th>Black</th> <th>Mixed</th> <th>Chinese &amp; Other</th> </tr> </thead> <tbody> <tr> <td><b>Kirklees</b></td> <td>3271</td> <td>717</td> <td>78</td> <td>71</td> <td>134</td> </tr> <tr> <td><b>Barnsley</b></td> <td>1626</td> <td>20</td> <td>14</td> <td>11</td> <td>17</td> </tr> <tr> <td><b>Calderdale</b></td> <td>1564</td> <td>112</td> <td>9</td> <td>19</td> <td>56</td> </tr> <tr> <td><b>Wakefield</b></td> <td>2623</td> <td>138</td> <td>21</td> <td>9</td> <td>71</td> </tr> <tr> <td><b>Rest of S&amp;W Yorks</b></td> <td>564</td> <td>50</td> <td>26</td> <td>10</td> <td>36</td> </tr> </tbody> </table> <p style="text-align: right;"><i>Taken from Membership database January 2017</i></p>		White	Asian	Black	Mixed	Chinese & Other	England % av.	85.5	5.1	3.4	2.2	1.7	<b>Kirklees</b>						% average	79.1	15.7	1.9	2.3	0.7	<b>Barnsley</b>						% average	97.9	0.7	0.5	0.7	0.2	<b>Calderdale</b>						% average	89.6	7	0.9	1.3	0.6	<b>Wakefield</b>						% average	95.4	2.6	0.77	0.9	0.29		White	Asian	Black	Mixed	Chinese & Other	<b>Kirklees</b>	3271	717	78	71	134	<b>Barnsley</b>	1626	20	14	11	17	<b>Calderdale</b>	1564	112	9	19	56	<b>Wakefield</b>	2623	138	21	9	71	<b>Rest of S&amp;W Yorks</b>	564	50	26	10	36
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% average	60. 6	0.3	0.3	0.1	0.2	7.8	0.4	30. 2																																																																																																																															
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% average	66. 4	0.1 6	0.2 5	0.0 4	0.1 2	2.0	0.3	24. 4																																																																																																																															
	Christian	Buddhist	Hindu	Muslim	Agnostic	Other / not stated																																																																																																																																	
<b>Kirklees</b>	14	0	0	1	2	4254																																																																																																																																	
<b>Barnsley</b>	18	0	0	0	1	1669																																																																																																																																	
<b>Calderdale</b>	11	1	0	1	0	1747																																																																																																																																	
<b>Wakefield</b>	32	3	2	1	0	2824																																																																																																																																	
<b>Rest of S&amp;W Yorks</b>	6	0	0	1	0	679																																																																																																																																	
<b>8.7</b>	<b>Transgender</b>	<b>No</b>	<p>Rationale as set out above.</p> <p><b>One member registered as ‘other than assigned at birth’ – identified in 8.3</b></p>																																																																																																																																				
<b>8.8</b>	<b>Maternity &amp; Pregnancy</b>	<b>No</b>	<p>Rationale as set out above.</p> <p><b>Information for those pregnant of who have had a baby within the last 12 months recorded at registration.</b></p>																																																																																																																																				
<b>8.9</b>	<b>Marriage &amp; civil</b>	<b>No</b>	<p>Rationale as set out above.</p>																																																																																																																																				

	partnerships		<table border="1"> <thead> <tr> <th></th> <th>Married</th> <th>Single</th> <th>In a [registered] civil</th> <th>Divorced</th> <th>Widowed</th> <th>Separated</th> </tr> </thead> <tbody> <tr> <td>England % av.</td> <td>46.6</td> <td>34.6</td> <td>0.2</td> <td>9.0</td> <td>6.9</td> <td>2.7</td> </tr> <tr> <td><b>Kirklees</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>48.4</td> <td>32.4</td> <td>0.2</td> <td>9.3</td> <td>6.8</td> <td>2.8</td> </tr> <tr> <td><b>Barnsley</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>46.6</td> <td>34.6</td> <td>0.2</td> <td>9</td> <td>6.9</td> <td>2.7</td> </tr> <tr> <td><b>Calderdale</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>46.7</td> <td>32.1</td> <td>0.3</td> <td>10.5</td> <td>7.3</td> <td>3.0</td> </tr> <tr> <td><b>Wakefield</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>48.2</td> <td>30.9</td> <td>0.18</td> <td>10.5</td> <td>7.5</td> <td>2.6</td> </tr> </tbody> </table> <p>No info re. where data above is from.</p> <p><b>Membership figures</b></p> <table border="1"> <thead> <tr> <th></th> <th>Married</th> <th>Single</th> <th>Separated / divorced</th> <th>widowed</th> <th>Co-habiting</th> <th>Civic partnership</th> <th>Other / not specified</th> </tr> </thead> <tbody> <tr> <td><b>Kirklees</b></td> <td>8</td> <td>9</td> <td>3</td> <td>1</td> <td>2</td> <td>0</td> <td>4248</td> </tr> <tr> <td><b>Barnsley</b></td> <td>4</td> <td>10</td> <td>5</td> <td>2</td> <td>3</td> <td>0</td> <td>1664</td> </tr> <tr> <td><b>Calderdale</b></td> <td>4</td> <td>11</td> <td>5</td> <td>0</td> <td>2</td> <td>0</td> <td>1738</td> </tr> <tr> <td><b>Wakefield</b></td> <td>25</td> <td>23</td> <td>11</td> <td>2</td> <td>6</td> <td>1</td> <td>2794</td> </tr> <tr> <td><b>Rest of S&amp;W Yorks</b></td> <td>5</td> <td>3</td> <td>1</td> <td>0</td> <td>2</td> <td>0</td> <td>675</td> </tr> </tbody> </table> <p><i>Taken from Membership database January 2017</i></p>		Married	Single	In a [registered] civil	Divorced	Widowed	Separated	England % av.	46.6	34.6	0.2	9.0	6.9	2.7	<b>Kirklees</b>							% average	48.4	32.4	0.2	9.3	6.8	2.8	<b>Barnsley</b>							% average	46.6	34.6	0.2	9	6.9	2.7	<b>Calderdale</b>							% average	46.7	32.1	0.3	10.5	7.3	3.0	<b>Wakefield</b>							% average	48.2	30.9	0.18	10.5	7.5	2.6		Married	Single	Separated / divorced	widowed	Co-habiting	Civic partnership	Other / not specified	<b>Kirklees</b>	8	9	3	1	2	0	4248	<b>Barnsley</b>	4	10	5	2	3	0	1664	<b>Calderdale</b>	4	11	5	0	2	0	1738	<b>Wakefield</b>	25	23	11	2	6	1	2794	<b>Rest of S&amp;W Yorks</b>	5	3	1	0	2	0	675
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9	What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-		Current governance processes including oversight by Members Council and monitoring of complaint themes.																																																																																																																						
9a	Promotes equality of opportunity for people who share the above protected characteristics;		Action planning will be undertaken to monitor impact and effectiveness																																																																																																																						
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;		Staff wellbeing survey, WRES monitoring information, review of complaint themes, and BAME staff equality network.																																																																																																																						
9c	Promotes good relations between different equality groups;		WRES monitoring information.																																																																																																																						
9d	Public Sector Equality Duty – “Due Regard”		EDS2 workshop involving service users and staff																																																																																																																						
10	Have you developed an Action Plan arising from this assessment?		This strategy will be monitored through the delivery of an action plan, tailored to the needs of identified audiences																																																																																																																						
11	Assessment/Action Plan approved by (Director Lead)		<b>Signed: D Stephenson</b> <b>Date: 03/01/2017</b> <b>Title: Director of corporate development</b>																																																																																																																						

12	<p><b>Once approved, you <u>must</u> forward a copy of this Assessment/Action Plan to <a href="mailto:partnerships@swyt.nhs.uk">partnerships@swyt.nhs.uk</a></b></p> <p><b>Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.</b></p>	
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