

Membership and Community Engagement Committee Terms of Reference

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1 AUTHORITY

- 1.1 The Membership and Community Engagement Committee (MCEC) is a Sub-Committee of the Royal Surrey County Hospital (RSCH) Council of Governors (CoG).
- 1.2 The Committee has no executive powers and exists to advise and assist the CoG in achieving its fiduciary duties. On behalf of the CoG, the Committee will discuss, plan, implement and review aspects of communicating and engaging with members.
- 1.3 The MCEC aims to work closely with staff in the RSCH Communications Team.
- 1.4 As far as possible, the Committee will reach decisions by consensus. In the event of a vote, a decision will be made by a simple majority of those Governors present with the Chairperson having the casting vote.

2 PURPOSE

- 2.1 All Foundation Trusts are Public Benefit Corporations and are based on a membership model. Each Trust has members drawn from its local population, its patients and its staff, as defined in its Constitution. Every Trust has a CoG, elected by the members of the Trust or appointed from key stakeholders.
- 2.2 Foundation Trusts can have three types of members, grouped by constituency type:
 - Public constituencies: Members of the public (above a specified age, currently 14 for RSCH) living in catchment areas defined by the Trust's Constitution.
 - Patient constituency: Anyone above a specified age who has been a patient, or a carer of a patient, in the past three years living outside the Trust's catchment areas.
 - Staff constituencies: Staff employed under a contract of employment that has no fixed term, or a fixed term of at least 12 months, or who have been continuously employed by the Trust for at least 12 months. Trust staff automatically become members unless they decide to 'opt-out'.
- 2.3 In the case of RSCH, the catchment areas are:

- Guildford.
- Waverley.
- Woking.
- Mole Valley.
- East Hampshire.
- Chichester.
- Elmbridge.
- Rest of England.

2.4 The staff constituencies are divided into five groups:

- Medical and Dental.
- Nursing and Midwifery.
- Scientific and Technical Allied Health Professionals.
- Ancillary, Administrative and Other staff.
- Other Eligible Staff who are not employed by RSCH but are academic staff, volunteers and employees of independent contractors.

2.5 In 2017, RSCH decided not to have a patient constituency, as the distinction between public and patient members was indistinct and possibly misleading. Previous patient members were added to the Rest of England public constituency

2.6 The MCEC is one forum which functions to discuss, plan, implement and review methods by which RSCH members can be contacted, informed, engaged and recruited.

3 MEMBERSHIP OF THE COMMITTEE

3.1 All Governors will be invited to attend each meeting, but they do not have to do so.

3.2 The Chair of the CoG (RSCH Trust Chair), the Assistant Director of Communications and at least one non-Executive Director (NED) will be asked to attend each meeting.

3.3 The Committee may appoint, as a member of the Committee or as an observer to the Committee, any other person whom it considers will help with its work. Furthermore, it may appoint, as member or observer, any person who, at the invitation of the Committee, is nominated as a representative of an organisation.

3.4 Subject to these Terms of Reference, the Committee may request that a member of RSCH staff or Board provide information and/or attend a meeting, to assist the work of the Committee. The Committee may request RSCH to provide information or copies of reports, either *ad hoc* or on a regular basis.

3.5 In carrying out its tasks, the Committee will ensure that the principles of diversity and inclusivity, as described in the RSCH's policies, will be applied.

3.6 The Chairperson will be elected by secret ballot of Governors. Each candidate will have a proposer and seconder. In the event of there being more than one candidate, the ballot will be by single transferable vote. The Chairperson's term of office will be one year. A Chairperson may be a candidate for further terms.

4 REPORTING RESPONSIBILITIES

4.1 The Committee reports to the Council of Governors.

4.2 The Committee Chairperson will report formally to the CoG on its proceedings at the next

meeting of the CoG, on all matters within its duties and responsibilities.

- 4.3 The Committee will make whatever recommendations to the CoG it deems appropriate on any area within its remit where action or improvement is needed.

5 QUORUM

- 5.1 The Committee will be deemed quorate if there are four Governors present.
- 5.2 A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the duties and discretions vested in or exercisable by the Committee.

6 FREQUENCY OF MEETINGS

- 6.1 The Committee will meet at times and places as required by the members of the Committee, with no less than three meetings per year, but more if members so decide.
- 6.2 Agendas and papers should be prepared and circulated at least one week in advance of the meeting.
- 6.3 The agenda will be developed by the Committee Chairperson, in consultation with Governors.

7 NOTICE OF MEETINGS

- 7.1 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, will be forwarded to all Governors, those persons invited to attend and any other person required to attend, no later than one week (at least five working days) before the date of the meeting.

8 MINUTES OF MEETINGS

- 8.1 The RSCH Governance and Membership Officer, or their nominee, will act as Secretary to the Committee.
- 8.2 The Secretary will minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance. The Secretary will also record all apologies for absence.
- 8.3 The Secretary will ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.
- 8.4 Minutes of the meeting will be produced as soon as practicable by the Secretary, or their nominee, and sent to all Governors and those attending the meeting.
- 8.5 Any other person with a legitimate reason for receiving the minutes may also request a copy.
- 8.6 Notes of a meeting (less any or all confidential information) will be made available to the public by inclusion in the papers for the next meeting of the CoG (Part 1: Meeting in Public).

9 DUTIES

- 9.1 The duties of the Committee can be summarised as follows:
- Review the membership strategy and associated action plans.
 - Regularly review the Trust membership data and ensure effective production of membership communications.
 - Oversee content/production of Member Matters' Newsletter.

- Devising, planning and helping to organise four “Health Events” per year, for members and prospective members, to inform them of a range of health and well-being matters and the services offered by RSCH.
- Working with the Patient Experience Committee, develop the strategy for the wider community/stakeholders and ensure that once agreed it is implemented and its effectiveness is reviewed regularly.
- Working closely with the Communications Team to maximise opportunities for positive public relations using the media and other forums to promote the Trust.

9.2 The Committee will seek to avoid dealing with matters that should or could be dealt with more appropriately by the CoG or another RSCH Committee, unless otherwise agreed by the relevant parties.

10 MONITORING EFFECTIVENESS

10.1 The Committee will review its Terms of Reference annually.

10.2 The Committee will establish an annual strategic plan and work programme which will be submitted to the CoG for approval.

10.3 The Committee will review progress to ensure it is operating effectively and will recommend any changes it considers necessary to the CoG for approval.