Developing the Membership Office

Governing Body meeting

4 April 2013

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Key messages
- Engagement enabling effective two-way relationship is key for transformational change   - The Membership Office will support members to engage in their constitutional rights   - The office will comprise a small number of CCG and CSU staff   - At the onset the functions will be provided within existing resources, but this will be kept under review as the organisation develops.

Assurance Framework (AF)
Risk Reference (RR) Number: 3.4 , 4.1   ***How does this paper provide assurance to the Governing Body that the risk is being addressed?*** Provides mechanism for engagement and strong leadership   ***Is this an existing or additional control:*** Existing 3.4.1B, 4.1.1A

Equality/Diversity Impact
Has an equality impact assessment been undertaken? NO

Recommendations
The Governing Body is asked to consider and approve the implementation and development of the Membership Office.

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1. Executive Summary

1.1 Recent evidence suggests that strong engagement and inspirational leadership produce world class levels of innovation, productivity and performance. Engagement enabling effective two-way relationship is key for transformational change; whether it be increased production, more satisfied customers or improved patient care. This is well documented by organisations such as John Lewis Partnership, Toyota and the London Ambulance Service. This paper introduces a framework to enhance the development of the CCG as a member organisation through strong engagement supported by a Membership Office.

2. Context

2.1 The NHS Constitution establishes the principles and values of the NHS. It sets out rights and responsibilities which the public, patients and staff should engage in together to ensure the NHS operates fairly and effectively.

2.2 It is also a legal requirement for NHS Sheffield CCG to have its own Constitution setting out how we will operate as a member organisation. Ultimately the members, through their representatives, can determine most of the activities of the CCG. It is therefore critical that the members are adequately supported to engage and undertake their constitutional rights.

3. Principles for Engagement

3.1 Defining Engagement:
Engagement is not a task, but is about values, behaviours and building organisational integrity. Engagement happens when the members and staff value the organisation and the organisation values its members and staff. In their report to Government, "Engaging for Success: enhancing performance through employee engagement", David Macleod and Nita Clarke wrote; *"Engagement is about establishing mutual respect in the workplace for what people can do and be".* They go on to describe how, given the right context, effective engagement has equally huge benefits for individuals (i.e. members and staff), organisations, and consumers of public services. Four principles for an effective membership engagement strategy are set out at annex 1

3.2 Constitutional Rights:
Members have the constitutional rights of:
- Knowledge; through involvement of all aspects of the business from sharing budgets, strategies and plans

- High levels of Engagement; resulting in the delivery of higher quality care.
- Power; to innovate and improve services safely with effective governance

4. The Membership Office

4.1 The concept of a membership office is not a structural solution, but is seen as a virtual center of resources to support engagement and empower members and staff to have a voice in the conduct of CCG business, both individually and collectively.

4.2 The Membership Office will support a number of functions to deliver the three main constitutional rights. The list at table 1 is not definitive, but provides an indication of the scope of work to be undertaken:

Table 1		
Engagement	**Knowledge Management**	**Governance**
• Member Practice Engagement • Wider clinical engagement • Localities • Portfolios • Large scale improvement and change • Organisational development	• Communication • Briefings • Publications • Research & Evidence • System Development • Spread of good practice • Strategy	• Authorisation Compliance • support innovation • Succession planning • Committee development • Policy • Risk and Assurance

4.3 Many of the functions, particularly in terms of governance and some knowledge management, will be in place with immediate effect from 1 April 2013 and can be provided within existing resources. Other functions require further development before full implementation by 1 May and will require periodic review of the resource base.

5. Recommendation

The Governing Body is asked to consider and approve the implementation and development of the Membership Office.

Paper prepared by Linda Tully, Head of Governance and Company Secretary

On behalf of Ian Atkinson, Accountable Officer

20 March 2013

Annex 1

PRINCIPLES FOR A MEMBERSHIP ENGAGEMENT STRATEGY

1. **Discover the Common Purpose:**
   - Focus on improving patient outcomes
   - Reduce bureaucracy and waste
   - Understanding the organisations culture
   - Understanding the legal opportunities and barriers

2. **Reframe Values and Beliefs:**
   - Reframe our values and beliefs to understand the culture eg:
     - Physicians as partners not customers
     - Promote both the system and personal responsibility for quality
   - Shared vision, shared expectations
     - Identify the root cause of problems, find and overcome the challenges
     - Understanding everyone's expectations of the now and the future.

3. **Use "engaging" improvement methods:**
   - Generating light, not heat, with data – (eg apply patient stories to performance reports –use data for improvement not judgement)
   - Polarity model of engagement: consolidate strengths and mitigate weaknesses
   - Avoid reactive solutions, reduce waste
   - Make the right thing easy to try and easy to do

4. **Adopt an engaging style:**
   - Communicate candidly and often