

REPORT TO:	GOVERNING BODY	
MEETING DATE:	26 March 2018	
REPORT TITLE:	Succession Planning Update	
SUMMARY OF REPORT:	This report provides an update on proposed process for the appointment of the Clinical Chair.	
REPORT RECOMMENDATIONS:	Members are asked to approve the proposals within the report.	
FINANCIAL IMPLICATIONS:	None.	
REPORT CATEGORY:		Tick
	Formally Receipt	X
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Debra Atkinson Head of Corporate Governance	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Mark Youlton Chief Officer	
OTHER COMMITTEES/ GROUPS CONSULTED:	N/A	
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below: Not required
RISKS:	Have any risks been identified / assessed?	N
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	Y
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	N
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	X
2	Optimise appropriate use of resources and remove inefficiencies.	X
3	Improve access, quality and choice of service provision within Primary Care	X
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	X

EL CCG Governing Body Meeting

26 March 2018

Succession Planning Update

1. Introduction

- 1.1 Members are aware that Dr Phil Huxley will come to the end of his 3 year term of office as Clinical Chair end of August 2018, and there was agreement from the Governing Body at its informal meeting on 26 February to seek to appoint a substantive Clinical Chair in line with the CCG's constitution. It was also agreed that expressions of interest should be sought from Governing Body GP Members in the first instance.
- 1.2 This report provides an update on the proposed process and timeline to appoint the Clinical Chair.
- 1.3 Members are asked to note that *The National Health Service (Clinical Commissioning Groups) Regulations 2012* specify that the Chair cannot be the accountable officer or the Chief Finance Officer, the mandatory secondary care specialist or nurse, or the lay person with a lead role in overseeing key elements of governance. If the Chair is a GP, the Deputy Chair should be a lay member.
- 1.4 The proposal for the appointment and the current deputy chair role meets these regulations.
- 1.5 A Role Outline is attached at **Appendix A**.

2. Proposed Process and Timeline

- By end March 2018, Clinical GB members asked to submit their expression of interest in terms of a short written statement by the closing date of **Friday 13th April**
- Expressions of Interest will be shared with Governing Body members (excluding those who have expressed an interest)
- The candidates will be asked to give a short presentation to the GB at its informal meeting on **Monday 23rd April**.
- Governing Body members will each vote individually and privately for their preferred candidate.
- The Governing Bodies preferred candidate will be put forward to the Council of Members at its meeting on 14th May for ratification.

3. If a Candidate cannot be identified from within the Governing Body

- 3.1 Governing Body members are asked to consider, that should a candidate not be identified from the above process, prior to the process being opened up to the wider membership, that the next stage be to seek expressions of Interest from Clinical Leads within the organisation.

4. Recommendations

4.1 Members are asked to:

- Approve the proposed process and timeline to seek expressions from GB GP members
- Support the additional stage of seeking expressions from clinical leads should a candidate not be identified from the above process.

Mark Youlton
Chief Officer

Appendix A

Title:	Clinical Chair, East Lancashire Clinical Commissioning Group
Commitment:	Four Sessions per Week
Eligibility:	The Chair will be a clinician and will be a GP within a member practice of the CCG.

Role Summary

The Clinical Chair will be the Clinical Leader for the CCG. As well as sharing responsibility with the other Governing Body Members for all aspects of the CCG Governing Body business, the Chair of the Governing Body will have specific responsibility for:

- leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;
- building and developing the group's Governing Body and its individual members;
- ensuring that the group has proper constitutional and governance arrangements in place;
- ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- supporting the Chief Officer in discharging the responsibilities of the organisation;
- contributing to building a shared vision of the aims, values and culture of the organisation;
- leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities.

The Chair will also have a key role in overseeing governance and particularly ensuring that the governing body and wider CCG behaves with the utmost transparency and responsiveness at all times. The Chair will ensure that:

- public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;
- ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant Local Authority.

The focus of the Clinical Chair will be strategic and impartial, providing a view of the work of the CCG that is removed from the day-to-day running of the organisation. The Clinical Chair is the individual recognised by the CCG as the leading clinician who represents the clinical voice of its members.

Clinical and Professional Leadership

- To uphold the NHS principles and values, as set out in the NHS Constitution.

- To have a level of political astuteness, with highly developed skills in engaging, influencing and securing shared ownership, to enable commissioning intentions to be delivered.
- To oversee all governance matters to ensure they are conducted in accordance with best practice and ensure that there is a clear structure for, and effective running of, the CCG and, where relevant, its committees.
- To give an unbiased view on possible internal conflicts of interest.
- To provide leadership to the CCG, ensuring its effectiveness on all aspects of its corporate responsibility, and setting its agenda.
- To ensure matters are conducted in accordance with best practice, and to ensure effective running of the CCG and its committees.
- To have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control are in place for all aspects of governance, including financial and risk management.
- The ability to manage conflict and challenging situations and reach resolution where possible.

Core attributes and competencies – for all governing body members

Each individual needs to:

- demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny;
- demonstrate commitment to clinical commissioning, the CCG and to the wider interests of the health services; be committed to ensuring that the governing body remains —in tune with the member practices;
- bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution;
- demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role and the culture of the CCG;
- be committed to upholding the Standards for members of NHS Boards and Governing Bodies in England developed by the Council for Healthcare Regulatory Excellence;
- be committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business;
- consider social care principles and promote health and social care integration where this is in the patients' best interest; and
- bring to the governing body, the following leadership qualities:
 - **creating the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;
 - **working with others** - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
 - **being close to patients** - this is about truly engaging and involving patients and communities; intellectual capacity and application - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve;
 - **demonstrating personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service; and
 - **leadership essence** - can best be described as someone who demonstrates presence and engages people by the way they communicate, behave and interact with others.

Disqualification Criteria preventing Appointment to a Governing Body Role

Some individuals are not eligible to be appointed to CCG governing bodies. These include people who:

- Are not eligible to work in the UK
- Have received a prison sentence or suspended sentence of 3 months or more in the last 5 years;
- Are the subject of a bankruptcy restriction order or interim order;
- Have been dismissed (except by redundancy) by any NHS body;
- Are under a disqualification order under the Company Directors Disqualification Act 1986;
- Have been removed from trusteeship of a charity.