

<b>GOVERNING BODY</b>									
<b>Report Title: Chair Transition Arrangements</b>	<b>Report author and Title: Alice McGee, Director of HR and OD</b>								
<b>Date of Governing Body: 5<sup>th</sup> June 2019</b>	<b>Contact Details:</b>								
<b>Agenda No: 9.3</b> <b>Enclosure no: 13</b>									
<p><b>Sign off from Chief Officers:</b> <i>(Before the report is presented to the Governing Body any implications relating to Finance, Quality, Commissioning and Transformation must be agreed and signed by the Chief Officer. Without this information the report will not be taken to the Governing Body)</i></p> <p>Chief Finance Officer:</p> <p>Chief Officer for Quality:</p> <p>Chief Officer for Strategic Commissioning:</p> <p>Chief Officer for Transformation:</p> <p>n/a Content supported by Andy Williams, Accountable Officer and Nick Harding, Chair</p>									
<p><b>Supporting Documents/further Reading:</b> <i>(Highlight any documents or further reading for members which supports this report)</i></p>									
<p><b>Previous Decision</b> <i>(Inform the Governing Body/Committee if the paper has been reviewed or monitored by another committee and their recommendation or decision)</i></p>									
<p><b>Summary of purpose and scope of the report:</b> <i>(Highlight key points you wish to bring to the attention of members)</i></p> <p>This report seeks to provide the Governing Body with options available to select a Chair following the resignation of the current Chair and his proposed departure on 3<sup>rd</sup> August 2019.</p>									
<p><b>Recommendations:</b> Through consideration of the risks and opportunities The Governing Body are asked to consider Option C, appointment of Dr Ian Sykes into the role of CCG Chair as the preferred option.</p>									
<p><b>The Governing Body are requested to:</b> <i>(Mark the appropriate box that you are asking the Governing Body)</i></p> <table border="1" style="width: 100%;"> <tr> <td>Action</td> <td></td> </tr> <tr> <td>Approve</td> <td></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Decision</td> <td style="text-align: center;"><b>x</b></td> </tr> </table>		Action		Approve		Assurance		Decision	<b>x</b>
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<p><b>Conflicts of Interests:</b> <b>The recommended action by the author of the report is:</b> <i>(mark the appropriate box to highlight any conflicts of interest)</i></p> <table border="1" style="width: 100%;"> <tr> <td>No conflict identified</td> <td></td> </tr> <tr> <td>Conflict noted, conflicted party can participate in clinical discussion but not decision</td> <td></td> </tr> </table>		No conflict identified		Conflict noted, conflicted party can participate in clinical discussion but not decision					
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Conflict noted, conflicted party can remain in committee but not participate in discussion	X
Conflicted party is excluded from discussion ( <i>this would be rare circumstances only</i> )	
<b>Please state rationale for above decision:</b> The options available may benefit one of the current GP Directors, however as a membership organisation it is important that views from the current GP Directors are considered in the context of the discussion.	
<b>Strategic Priorities related to the report:</b> ( <i>Identify what priorities the report is linked to</i> )	
Quality & Safety	
Finance & Performance	
Strategic Commissioning and Redesign	
Organisational Development	X
Primary Care Co-Commissioning	
Collaborative Commissioning	
<b>Implications:</b> ( <i>Mark the box to identify any implications to the associated area</i> )	
Financial	
Assurance Framework	
Risks and Legal Obligations	
Equality and Diversity	
Statutory and External Influences	The CCG is required to have a clinical Chair where the Accountable Officer is not clinical.  The constitution requires the clinical Chair to be a member of the CCG.  The risks for each of the options are described within the content of the report
Further implications not stated	
<b>Consultation:</b> ( <i>Mark the box to identify who has been consulted</i> )	
Patients	
Staff	
Committees	
Public	
Partners	
Sponsored By: (Chief Officer)	Andy Williams, Accountable Officer and Nick Harding, Chair
Date Report received for Governing Body	21 <sup>st</sup> May 2019

## Chair Transitional Arrangements

## 1. Introduction

In May 2019 the Governing Body were informed of the intention of the current Chair, Prof Nick Harding, to resign from his position. Whilst the contractual arrangements for the Chair, and other Governing Body members, requires a 6 month notice period the Chair will no longer be a member of the CCG by 4<sup>th</sup> August 2019 and therefore will no longer be eligible to be the Chair of the CCG. The CCG has accepted Prof Harding's resignation and with effect from 4<sup>th</sup> August 2019 will require a new CCG Chair.

CCG's are required to have a number of statutory positions, one of which is a CCG Chair. The Chair must be clinical if the Accountable Officer is not and normally the Chair would be elected from the membership.

The Chair of the CCG requires a time commitment of 6 sessions a week and would be an Office Holder. The term of office for a Chair is normally 3 years however this term of office will need to be considered in the context of the changing landscape.

## 2. Context

During 2019 and 2020 the CCG will undergo a significant amount of change, the first of which is the outcome of the boundary consultation and the membership vote. Whilst the CCG will be aware of the consultation outcome at the point of the Chair's departure the implementation of the outcome will not have been completed.

Irrespective of the outcome of the boundary consultation the CCG has a number of other transformation pieces of work that will impact significantly on the CCG, its Governing Body and its staff. These include the development of the place based care alliances and the future strategic commissioning arrangements with the Black Country CCG's, which may result in a formal merger of organisations.

The context of the uncertainty and transformation is important to consider when debating the options available in the selection of a CCG Chair, recognising that this could be for an interim period during transition, until a single Accountable Officer is appointed and potentially a single Chair for a new commissioner. The timescale for this change could be as soon as April 2020, or as late as April 2021.

## 3. Options for selection

There are three options available for the Governing Body to consider:

- a) Selection through a full membership nomination and vote process
- b) Selection through a Governing Body membership nomination and vote process i.e. all 5 current GP Directors are able to self-nominate themselves followed by a vote from Governing Body members
- c) The GP Director, Dr Ian Sykes, who has already been through the Chair assessment process is asked to 'act up' for the period of transition.

There are considerations, risks and benefits to each of these options which are explored

in the below table.

Option	Benefits/Opportunities	Risks/Challenges
<p>Selection through full membership and vote process</p>	<p>This is how the CCG has previously selected its Chair, however in 2018 the Governing Body made the decision to defer the 2018 vote and extend the current Chair to due stability through transition</p> <p>The process is clear and transparent with all members</p> <p>The Chair is elected by members and therefore could be argued as having the confidence of the members, although recognise that this process may not see a majority vote</p> <p>All members feel that they have influenced the leader selection of a membership organisation</p>	<p>The lead in time for the vote process is approximately 3 months, longer where a candidate needs to release clinical time therefore requiring an acting up arrangement from the current GP membership before they formally come into post causing the leadership to change twice in a short period.</p> <p>The CCG will be conducting a vote on 18<sup>th</sup> June 2019 on the CCG boundary and therefore it may need to consider whether it can determine who would be eligible to vote and take Office which cannot take place until after the outcome of the boundary vote</p> <p>The candidate may not have been through the Chair assessment process</p> <p>The candidate may be new to the Governing Body and therefore will need an embedding period to understand the complexity of the working environment and transition plans for the next 12-18 months</p> <p>The candidate may need time to build relationships with stakeholders and build confidence from other stakeholders as a leader for our CCG</p> <p>The candidate may need significant development to become a high performing CCG Chair</p>

<p>Selection from current GP Governing Body membership</p>	<p>The current GP Directors are well versed in the transition arrangements of the CCG and the complexity of the landscape</p> <p>The GP Directors are known to staff and therefore the transition arrangements will potentially be more palatable for staff to have a leader that they know.</p> <p>This could be considered as an opportunity for development for any of the GP Directors</p> <p>The Governing Body are able to select using a voting process should there be more than one candidate therefore having influence on the decision of the Chair through transition</p> <p>The selection from the current Governing Body membership will provide stability through a period of transition</p> <p>Current GP Directors could potentially release additional capacity to take on the role within the required timeframe (moving from 4 sessions per week to 6 sessions per week)</p>	<p>Wider GP members may feel that they haven't been given the opportunity to apply for the position or influence the leadership appointment</p> <p>Not all GP members have been through the Chair assessment process, although noted that currently there is not a national steer on whether this remains a compulsory criteria for any CCG Chair.</p> <p>Some of the GP Directors have been Directors for less than 12 months and are therefore still developing their leadership skills in the context of leading a commissioning organisation.</p> <p>Not all GP Directors are well known outside of the CCG and will therefore need some time to understand the politics, influence and partners. Including building their own credibility.</p> <p>Risk that not all GP Directors can quickly release an additional 2 sessions per week</p> <p>The work plan for the successful GP Director will need to be reviewed, with work either redistributed or consideration of a selection process for their backfill.</p>
<p>Selection of GP who has undertaken Chair Assessment process</p>	<p>The CCG has proactively worked on succession planning and Dr Ian Sykes successfully completed the national assessment centre for CCG Chairs in 2017.</p> <p>Dr Sykes has been part of the Governing Body since its</p>	<p>Wider GP members may feel that they haven't been given the opportunity to apply for the position or influence the leadership appointment</p> <p>Other GP Directors may feel that they have unfairly missed out on a leadership opportunity</p>

	<p>inception in 2013 and therefore understands the context and history of the CCG</p> <p>Dr Sykes is well known to staff and external partners therefore shortening any embedding period to take on the new role</p> <p>Dr Sykes can quickly release capacity to take on the role for 6 sessions per week</p>	<p>The work plan for Dr Sykes would be reviewed as he could not Chair the SCR committee and be Chair of the CCG, this includes the sub-committees related to SCR. However, there is one GP Director who doesn't have a designated formal committee and therefore the role of SCR chair can be more easily distributed, recognising that this will still add additional pressure to the current GP Directors.</p>
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The table above notes that there are a number of risks and opportunities for each of the options and it is important that the Governing Body debate each of these on their merits before making a decision.

Once a decision is made it will be important to consider the communication strategy of this decision, including the rationale to both staff, members and stakeholders.

**RECOMMENDATIONS**

Through consideration of the risks and opportunities the Governing Body are asked to consider Option C, appointment of Dr Ian Sykes into the role of CCG Chair as the preferred option.

**Alice McGee**  
**Director of HR and OD**