

WOLVERHAMPTON CCG

GOVERNING BODY
10 SEPTEMBER 2019

Agenda item 7

TITLE OF REPORT:	Governing Body Vacancy
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	A vacancy has arisen due to Dr Parkes resignation from the Governing Body and the Governing Body is responsible for determining whether to fill it via a by-election.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:3	<ul style="list-style-type: none"> • Dr Julian Parkes has resigned from his position on the Governing Body following his retirement as a GP. • This creates a vacancy in the elected GP positions on the Governing Body, for Vertically Integrated Practices • The Governing Body is responsible for determining whether to fill the vacancy.
RECOMMENDATION:	That the vacant position on the Governing Body is filled by a by-election for a GP from the Vertically integrated practices.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
3. System effectiveness delivered within our financial envelope	<u>Continuing to meet our statutory duties and Responsibilities</u> The CCG is required to have a Governing Body constituted in line with statutory requirements and the CCG's constitution

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The membership of the CCG's Governing Body includes six positions for GPs from member practices, drawn from the clinical groups operating across the CCG. The places were allocated based on the size of the groups at the time of the last election.
- 1.2. Dr Julian Parkes, who was elected by the vertical integration group, resigned from the Governing Body in July following his retirement as a GP. The Governing Body is responsible for deciding whether to fill the vacancy via a by-election.

2. BY-ELECTION

- 2.1. The structure of the elected membership of the Governing Body is intended to ensure that the different working arrangements in Primary Care are reflected in the clinical membership. In line with the CCG's constitution, any vacancy that arises and subsequently filled by a by-election is filled until the end of the usual term of office, which would be until October 2020.
- 2.2. Whilst the context of primary care groupings has changed since the structure was developed it is not considered viable to review the overall allocation of places to individual groups. This means that if a by-election is held, it should be to elect a new GP member from a vertically integrated practice to ensure continuity of inclusion. Failing to fill the vacancy would also mean the overall number of GPs on the Governing Body was reduced, impacting on both clinical input and quoracy requirements. On this basis, the Governing Body are recommended to hold a by-election.
- 2.3. Any by-election to fill the vacancy would be open to all GPs working within the Vertically integrated practices to stand and vote in. If the Governing Body agrees to proceed with the by-election this will be undertaken by the Corporate Operations Manager and overseen by the Local Medical Committee in line with the CCGs constitution.
- 2.4. The outline timetable for the election would be as follows:-
 - **Declaration of Election** – 11 September
 - **Nominations Close** – 18 September
 - **Polls open (if required)** – 23 September
 - **Polls Close** – 4 October
- 2.5. It is suggested that, given there are already difficulties managing the conflicts of interest associated with GPs from vertically integrated practices being employees of Royal Wolverhampton Trust, any GPs with leadership roles within the Vertically

Integrated Primary Care Network should be excluded from standing on the grounds that this additional conflict will be too significant to manage effectively.

3. CLINICAL VIEW

- 3.1. The Local Medical Committee have been approached to support the by-election process.

4. PATIENT AND PUBLIC VIEW

- 4.1. Not applicable.

5. KEY RISKS AND MITIGATIONS

- 5.1. If the Governing Body is not fully constituted there is a risk that there will not be sufficient clinical input. There is also an increased risk that meetings will not be quorate. Holding a by-election mitigates these risks.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. There are no financial implications associated with this report. The by-election will be conducted within existing resources and the Governing Body place is funded.

Quality and Safety Implications

- 6.2. There are no quality and safety implications associated with this report.

Equality Implications

- 6.3. There are no equality implications associated with this report.

Legal and Policy Implications

- 6.4. The by-election will be conducted in line with the provisions of the CCG's Constitution.

Other Implications

- 6.5. There are no other implications arising from this report.

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: August 2019

RELEVANT BACKGROUND PAPERS

CCG Constitution

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Mehta – LMC Chair	14/08/19
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Peter McKenzie	



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	<p>a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions</p>
2. Reducing health inequalities in Wolverhampton	<p>a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p>b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings</p>
3. System effectiveness delivered within our financial envelope	<p>a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p>b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p>c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p>d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>

