

## Election of Governing Body GP Members

Governing Body meeting

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4 April 2013

Author(s)/Presenter and title	Linda Tully, Head of Governance and Company Secretary
Sponsor	Dr Tim Moorhead, Chair
Key messages	
<ul style="list-style-type: none"> <li>• The current terms of office for all GP Governing Body members are due for review in October 2013.</li> <li>• The CCG aspires to a democratic electoral process that is inclusive and capable of scrutiny.</li> <li>• A consistent CCG wide process for nominating locality representatives is to be confirmed.</li> <li>• The long term recruitment plan should provide stability for the CCG, GPs and Practices.</li> </ul>	
Assurance Framework (AF)	
<ul style="list-style-type: none"> <li>• <b>Risk Reference (RR) Number:</b> 3.4, 4.1</li> <li>• <b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b> Provides mechanism to deliver strong leadership</li> <li>• <b>Is this an existing or additional control:</b> Existing 3.4.1B, 4.1.1A</li> </ul>	
Equality/Diversity Impact	
<b>Has an equality impact assessment been undertaken?</b> No	
Recommendations	
<p>The Governing Body is asked to approve:</p> <ol style="list-style-type: none"> <li>1) All GPs registered on the Medical Performers List for Sheffield, regardless of contract status, to be eligible as candidates for the city-wide election.</li> <li>2) A three year tenure for all GPs on the Governing Body (with locality and city-wide members staggered).</li> <li>3) A simple counting system of “first past the post”.</li> <li>4) The Electoral Reform Service to be commissioned to undertake the administration of the ballot and returning officer arrangements.</li> </ol>	

## Election of Governing Body GP Members

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#### 1. Executive Summary

This paper sets out a number of options to allow for a transparent electoral process for the appointment of the four city-wide elected GP members to the Governing Body. The process must provide assurance in terms of capability (i.e. through selection) but also secures the membership mandate (through election), thereby securing an explicit mechanism to hold the leadership to account. The chosen approach must be capable of attracting the widest range of talent. This paper is informed by and draws on the Seven Principles of Public Life (Nolan Principles), relevant guidance from the NHS Commissioning Board, and aspects of best practice from relevant professional bodies.

#### 2. Context

In accordance with the constitution the GP membership of the Governing Body comprises:

- 4 GPs (elected city-wide representatives)
- 4 GPs (nominated locality representatives)

During the shadow year, the city-wide election was overseen by the LMC on behalf of the CCG. Localities agreed their own process for nominating the four GP locality representatives.

The current terms of office for all GP Governing Body GP members are due for review in October 2013.

#### 3. Principles

The CCG aspires to a democratic electoral process that is inclusive and capable of scrutiny. As part of our statutory obligations, and to ensure robust governance provision, the CCG will have arrangements in place to ensure:

- Credibility across and beyond constituent practices (i.e. wider clinical community)
- Succession planning (mixed terms of office)
- Leaders who are credible and legitimate (i.e. transparent, strong and explicit mandates, with identified competencies and skills)

The procedure for nominating the four locality representatives should be no less robust than the process for electing the four city-wide representatives. It is proposed to invite the current locality representatives to continue their roles until October 2014. This will allow adequate time for discussion across the four localities to agree and confirm a consistent approach to recruiting locality representatives across the CCG.

#### **4. City-wide Candidates**

The city-wide election process will comply with the Equality Act 2010. Whilst considering diversity, appointments must clearly be made on merit; therefore all candidates will be formally assessed by an appointments panel, against a list of essential and desirable skills, competencies and attributes drawn from relevant national guidance prior to the election. Options for eligibility of candidacy are listed at Annex 1. (Option 1 being the recommended option)

#### **5. Tenure and Succession Planning**

It is important that the Governing Body maintains a level of continuity to minimise risk. The long term recruitment plan should provide stability and opportunity for peer support. Tenure of GP members should be planned around a cyclical programme ensuring no more than 50% of seats are offered at any one time. An option appraisal for tenure and succession planning is set out at Annex 2. (Option 2 being the recommended option)

#### **6. Counting**

Options for voting systems are considered at Annex 3. Whilst both options have advantages and neither are high risk, Option 1 is recommended in terms of simplicity.

#### **7. Administration of the Election**

The election is a critical element for CCG membership engagement. A significant election turnout provides a reliable measure of the democratic mandate to fulfil our commissioning responsibilities.

Options for the administration of the election, ballot and returning officer arrangements are set out at Annex 4. (Option 3 being the recommended option).

#### **8. Recommendation**

The Governing Body is asked to approve the following:

- 5) All GPs registered on the Medical Performers List for Sheffield, regardless of contract status, to be eligible as candidates for the city-wide election.
- 6) A three year tenure for all GPs on the Governing Body (with locality and city-wide members staggered).
- 7) A simple counting system of "first past the post".
- 8) The Electoral Reform Service to be commissioned to undertake the administration of the ballot and returning officer arrangements.

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

On behalf of Dr Tim Moorhead, CCG Chair

24 March 2013

<b>Annex 1 - ELIGIBILITY OF CANDIDATES</b>		
<b>OPTIONS</b>	<b>Advantage</b>	<b>Risk</b>
1 All GPs registered on the Medical Performers List for Sheffield, regardless of contract status	Inclusive and widens the field of potential candidates.	Low Risk: From April 2013, local Medical Performers Lists will be replaced by a national list. However, the Commissioning Board will be able filter a "local" list for Sheffield.
2 A GP principal or salaried doctor working in a Sheffield member practice		High Risk: May exclude locum GPs, some of whom may have long term relationships with practices, or alternatively have the broader perspective of a city wide patient base

<b>Annex 2 – TENURE and SUCCESSION PLANNING</b>		
<b>OPTIONS</b>	<b>Advantage</b>	<b>Risk</b>
1 All GPs: One year fixed term		High risk: not recommended provides no stability for either the organisation, the individual or practices as independent business units.
2 All GPs: Three year fixed term	Provides some structure for individuals and their practices to plan around If staggered with Locality nominations, ensures no more than 50% of seats offered at any one time	Low risk: recommended option

<b>Annex 3 - COUNTING</b>		
<b>OPTIONS</b>	<b>Advantage</b>	<b>Risk</b>
1 First past the Post; ie winner takes all	Simple to understand economical to administer Requires less time than other methods	Low Risk : May encourage tactical voting
2 Single Transferrable Vote (STV), rather than a majority vote, candidates are elected on a known 'quota', or share of the votes, Each voter gets one vote, which can transfer from their first-preference to their second-preference, ie if the preferred candidate has no chance of being elected or has enough votes already, your vote is transferred to your second preference.	Offers voters more choice than any other system.	Medium Risk: ballot papers are more complicated. counting the results takes longer

<b>Annex 4 - ADMINISTRATION of the ELECTION</b>			
		<b>Advantage</b>	<b>Risk</b>
1	Sheffield LMC	Experience of running GP elections. Partnership established from last CCG election. Potential for good response rate	Low Risk : Labour intensive for CCG No option for secure electronic vote
2	Voluntary Action Sheffield (VAS)	Opportunity to confirm values of 3 <sup>rd</sup> sector partnership	Medium Risk: Labour intensive for CCG No option for secure electronic vote No experience of GP elections
3	Electoral Reform Service	Experience of running CCG elections nationwide. Flexible postal and electronic systems. Tested secure electronic system. High response rates due to follow-up of non responders. Election microsite with comments and questions area (moderated by the CCG). Optional links to social media.	Low Risk: Recommended option due to high advantage rate
4	Sheffield City Council	Offers both postal and tested secure electronic system	Medium Risk: No experience of running GP elections