

## Succession/Talent Management Plan for Rotherham CCG

### Purpose

The Rotherham Clinical Commissioning Group (RCCG) recognises the importance of succession planning for clinical commissioners and officers for the CCG. The purpose of this Succession Plan is to provide a framework for ensuring current resilience and that the future capability and capacity needs of the CCG for Rotherham can be met by engaging and developing its Members and Staff in the organisation's commissioning activities.

### How will we approach succession planning within member practices?

***What we aspire to achieve – All member practices to have a commissioning lead who could develop into future GP Members Committee (GPMC) members or Strategic Clinical Executive (SCE) members, and all GPs to have access to learning and development opportunities such as;***

- Protected learning time events which would include commissioning issues
- Twice yearly commissioning events
- Monthly GP newsletter sharing the latest commissioning developments
- Opportunities to be involved in project groups e.g. Clinical Referral's Management
- GP Appraisers identifying GP's within RCCG Member Practices who express an interest in commissioning and advising them on their development options and how to access support.
- Clinician-led commissioning included in the curriculum of the *GP Specialist Training Scheme (GPSTS)* for Rotherham

If a practice 'lead' stands down, the CCG will work with the member practice to identify a new commissioning lead.

### How will we approach succession planning with the GP Members Committee (GPMC)?

***What we aspire to achieve – All GP Members Committee members will develop skills to be future Chairman/Vice Chairman of GPMC or to be an SCE member and will have access to;***

- Bespoke training for GP commissioners e.g. finance training
- Opportunities to get involved in QIPP work streams e.g. Unscheduled Care
- Participation in individual projects e.g. phlebotomy, NHS111 implementation
- Opportunities to work directly with CCG Governing Body members (Chair/Vice Chair/Chief Officer/Chief Finance Officer/Deputy Chief Officer)
- Opportunity to work closely with all SCE members
- Access to individual 'Coaching' and 'Mentoring'
- Informal 'buddying' of GP's with SCE members
- Each of the Clinical Commissioning Leads and GP Representatives on the SCE and RCCG Governing Body has a role profile that identifies the key competencies and behaviours for their respective roles.
- The ongoing development of members is supported and/or co-ordinated by the RCCG Head of Organisational Development, who maintains a record of their development as a commissioning lead

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- Access to a range of licensed development and assessment tools for individuals and teams by GPMC Members (inc. *Transformational Leadership 360 Questionnaire*; *Aston Team Development Inventory*; *Myer-Briggs Type Inventory*; *Belbin Team Roles Profile*, etc.)

If a member stood down from the GPMC, the RCCG would work with the locality to identify a new locality lead from member practices' commissioning leads.

The Chief Officer will discuss opportunities with interested GPs at commissioning events.

### How will we approach succession planning to the Strategic Commissioning Executive (SCE)?

***What we aspire to achieve – All SCE members will be able to develop skills to be future CCG Governing Body members as Chairman/Vice Chairman of the SCE and will have access to;***

- All the opportunities available to GPMC members
- Experience of leading strategic projects
- Experience of cross organisational working
- Experience of working on partnership committees e.g. Health and Well Being Board
- Each of the Clinical Commissioning Leads and GP Representatives on the SCE & RCCG Governing Body will have a regular 1:1 review with the RCCG Chief Officer or Deputy Chief Officer at which their individual development needs are identified and agreed, summarised and reflected in an '*Individual Development Plan*' (IDP)
- Any new member of SCE would agree a development plan with the Chief Officer or Deputy Chief Officer.
- Access to a range of licensed development and assessment tools for individuals and teams by RCCG Governing Body, SCE & GPMC Members (inc. *Transformational Leadership 360 Questionnaire*; *Aston Team Development Inventory*; *Myer-Briggs Type Inventory*; *Belbin Team Roles Profile*, etc.)
- Access to individual 'Coaching' and 'Mentoring'
- Access to a range of national, regional and local development programmes and events by RCCG Governing Body, SCE, GPMC and RCCG GP Members, opportunities of which are summarised in a '*Summary of Learning & Development Opportunities*'
- Periodic team development events for RCCG Governing Body and SCE Members, also available to the GPMC
- Each of the Clinical Commissioning Leads and GP Representatives on the SCE and RCCG Governing Body will have a role profile that identifies the key competencies and behaviours for their respective roles
- The ongoing development of SCE & RCCG Governing Body members is supported and/or co-ordinated by the RCCG Head of Organisational Development, who maintains a record of their development as a commissioning lead
- Each of the Clinical Commissioning Leads and GP representatives on the SCE is supported by and works in partnership with a Lead Officer within the RCCG Commissioning Workforce

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- Members of SCE are encouraged to attend national and regional leadership development programmes and events and to share their learning with colleagues.

Succession arrangements would involve a selection process based on competence (7.2.2a in the RCCG constitution). GP members will be re-elected every 4 years.

The Chief Officer will have discussions with each SCE member to determine how long they plan to be a member of the SCE. The Chief Officer will use these intentions to inform succession planning.

### **How will we approach succession planning to the RCCG Governing Body (RCCGB)?**

The Governing Body comprises 2 Lay members, 3 Executive Officers, the GP Chair and Vice-Chair of both the SCE and GPMC along with the Chief Nurse and Hospital Doctor. All members are recruited via a formal selection process, except the GP members.

### **How will we approach succession planning for Officers on the CCG Board?**

The executive officers comprise of 3 members. All are recruited via a formal selection process. Each member has responsibility for both corporate duties and specific areas of clinical commissioning and to work collaboratively within RCCG's governance structures, including joint operational decision-making via the Operational Executive (OE), which meets weekly:

- Engagement in commissioning is assured by each member having a wide working knowledge of the range of commissioning activities undertaken by RCCG via OE and other organisational meetings and activities. This allows each member to provide cover for each other in their absence. Members directly support Lead Clinicians in their commissioning activities and ongoing development and are directly supported and advised by RCCG Commissioning Managers and Officers, along with direct support and advice from Specialists and Officers within the West & South Yorkshire & Bassetlaw Commissioning Support Unit (W&SY&B CSU)
- Development is achieved via access to the same aforementioned opportunities for development afforded to RCCG's Clinical Leads and Teams. Each member has an IDP that identifies their individual learning needs and opportunities for development
- The Accountable Officer of RCCG has been appointed following a national recruitment and assessment process and has undertaken an ongoing development programme to address any identified learning and/or development needs

Succession to the Executive Officer roles would be met via an open recruitment & selection process.

### **How will we approach succession planning within the RCCG directly employed workforce?**

RCCG's workforce comprises Commissioning Managers and Officers, all providing support and guidance to RCCG's Executive Officers and Clinical Commissioning Leads. As a small to medium sized workforce, robustness is ensured by:

- Engagement is assured via individual work priorities for each member of RCCG Staff, derived from common priorities for each commissioning work-stream, in turn derived from RCCG's corporate strategic and operational objectives. They have clear

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leadership within a matrix-working environment and specified line-management to support effective performance and development

- Engagement is assured by frequent, open communications across all levels of RCCG, including regular 'all staff' meetings and e-communications
- Development is assured by providing opportunities for education, training, learning and development, identified during annual '*Personal Development Reviews*' (PDR) and reflected within '*Personal Development Plans*' (PDP's). Such opportunities provided via an annual 'Corporate Learning & Development Programme', including Statutory/Mandatory Training; Service-development; Continuing Personal & Professional Development (CPD, including Career Management & Development)

Succession is achieved via actively developing our workforce. It is expected that whilst this approach will develop senior Managers towards executive roles, it is likely that formal recruitment will be the appropriate route to succession for these roles.

### How will we approach succession planning for Patient Representatives?

- The CCG has formed a super-user patient group. Members of this group will attend regular sessions to be informed about commissioning proposals. New members will be offered support from CCG officers and GPs.
- New members will be recruited from the 36 practice groups, and each group will be invited to nominate a member.

### Support Succession – Planning & Developing Future Resilience within Clinically Led Commissioning & the RCCG Workforce:

In addition to the aforementioned current arrangements, other innovative ways of further fostering the engagement and development of clinicians within RCCG's member practices are currently under investigation.