**Terms of Reference - Primary Care School Board East of England**

## Purpose

The Primary Care School Board will work towards ensuring that its strategic and operational functions are fulfilled in line with the organisations objectives including objectives set out in the Long Term Workforce Plan (LTWFP) and Primary Care Access Recovery Plan (PCARP). The Board will also ensure that Equality, Diversity, and Inclusivity are at the heart of everything we do, empowering the Primary Care Workforce to reach their full potential. Delivery will be supported by the Primary Care School (PCS) Administrative and Clinical Leadership Teams and, will work closely with other relevant functional groups that support the aims of the Primary Care School.

## Objectives

* Provide strategic and operational oversight and leadership support, guidance and direction to the Primary Care School and its external stakeholders, ensuring innovation and improvement remain key focusses
* Align our work at a local level with national priorities
* Provide educational governance for assuring the quality of placements and supervision of learners within Primary Care
* Promote excellence and sharing of best practice within Primary Care, with a focus on EDI principles throughout
* Provide high level oversight of the management of nationally coordinated programmes of work
* Ensure robust financial management of programmes and workstreams
* Communicate effectively with learners, faculty, HEIs, Training Hubs, ICBs and ICSs, Schools, the EoE Regional Office and all other key stakeholders

## Principle Functions of the Board

* To maintain oversight of primary / community care workforce and NHS England work streams through the receipt of reports from ICS level Training Hubs including data on agreed national and local KPIs.
* To receive and comment on reports, evaluations and recommendations from Project leads for specific workstreams
* To provide oversight and information to Training Hubs
* To oversee and ensure robust financial governance of NHS England Primary Care programmes, ensuring projects are delivered within agreed financial parameters.
* To ratify, and when appropriate provide expert advice on, the approval of Multi Professional educator faculty and the clinical learning environment in line with NHS England’s Quality and Regulatory Frameworks.
* To receive, comment on and guide action planning with respect to Learner surveys/feedback.
* Ensure appropriate risk reporting in relation to finance and programme delivery to Postgraduate Dean, Regional Director and Directors of Finance.
* To maintain a risk register utilising agreed NHS England methodology to quantify risk and to escalate as appropriate through the appropriate NHS England Local / Regional office assurance processes / structures.

## Frequency

Meetings will occur a minimum of three times per year however, there may be an expectation to meet more frequently in order to ensure the completion of business.

Membership and Quorum

In addition to the objectives outlined above, the board meeting is intended to provide a forum for inclusive discussion and joint working. All members are of equal importance and contributions are welcomed and valued by all.

Membership will comprise representation from all internal and external stakeholders including primary care learners and reflects the need to work across the spectrum of primary and community care, and where relevant, social care, so that the provision of education reflects changing service models in order to ensure delivery of the organisational mandate and appropriate aspects of the Long-Term Workforce Plan.

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| **Representative Group** | **Post** |
| **Primary Care School including Clinical Leadership** | Primary Care Dean |
| Head of School for General Practice |
| Head of School for Primary Care Operations |
| Senior Primary Care Manager |
| Primary Care Officers  |
| **Patients and the Public** | Lay Representative |
| **Advanced Practice**  | Training Programme Director for Primary Care Advanced Practice  |
| Regional Faculty Lead |
| Programme Lead |
| Learner representation |
| **Wider Workforce**  | Multi-Professional Postgraduate Dean |
| Multi-Professional Senior Manager |
| Allied Health Professional (AHP) Programme Senior Manager |
| Primary Care Ambassadors |
| Learner representation |
| Pharmacy representation |
| **Post Graduate Doctors in Training** | PG DiT Forum representative |
| GP PG DiTs |
| ST4 Fellows |
| **Medical** | Postgraduate Dean |
| Patch Associate Postgraduate Deans  |
| Workforce Associate Postgraduate Deans |
| Functional Associate Postgraduate Deans  |
| Programme Training Programme Directors |
| Area Training Programme Directors |
| Central Training Programme Directors |
| Post CCT Fellows |
| Public Health representation |
| Foundation representation  |
| **Training Hubs** | Training Hub lead |
| Training Hub project teams  |
| **Quality and Commissioning** | Education Quality Senior Manager |
| Commissioning Senior Manager |
| **Nursing and Midwifery** | Nursing and Midwifery Senior Programmes Clinical Manager |
| Nursing and Midwifery Senior Programmes Manager |
| Learner Representation |
| **Other** | HEIs |

The Board shall have the power to co-opt additional members to fulfil specific time-limited functions that support in meeting the above objectives.

Subcommittees or Working Groups may be set up by the Board; membership will be agreed by the Board, with an individual member identified to lead and report back to the main Board.

In order for the meeting to be deemed quorate, there must be at least 30% of membership present including all members of the Primary Care Clinical Leadership team, representation from all ICS Areas across both Training Hubs and GP Training Programmes and at least 5 additional members external to the Primary Care School.

Role Profiles

## Chair

The Chair shall be responsible for the operation of the Board, ensuring that it makes an effective contribution to the governance of the School and its pursuit of quality and excellence. The Chair will work closely with those supporting the administration of the Board to ensure that key and appropriate issues are discussed by the Board in a timely manner and that relevant information and advice is made available to the Board to inform debate.

## Members

Members will contribute to the formation of strategy by bringing a range of different perspectives and experiences. Members have responsibility for supporting the School’s purpose, not simply the interests of their organisation or profession.

## Governance and Reporting

* The group will report to, and be held accountable by, the Clinical Senior Leadership Team (SLT) and the EoE Regional Director
* The meeting is not generally a decision making forum however, previously made decisions will be brought to the meeting for scrutiny and the chair will have authority to make decisions with the help of the membership regarding necessary action to address priority areas.
* Items included on the risk register will also be included on the sub-directorate risk register and escalated to the regional risk register if appropriate.

## Administration of the Board

Administration includes:

* Providing guidance on roles and responsibilities
* Maintenance of the distribution list
* Agenda setting and distribution
* Recording and distribution of decisions and actions
* Collation of Declarations of Interest as outlined below.

**Recording of interests:**

Board members will be required, on appointment, to declare any interests of relevance to the School Board including financial, professional, personal and indirect interests. Conflicts of interest may include:

* Actual - there is a material conflict between one or more interests
* Potential – there is the possibility of a material conflict between one or more interests in the future
* Directorships of private companies seeking to do business with the Primary Care School

**Types of Declaration on Interest**

* **Financial interests:**

Where an individual may get direct financial benefit\* from the consequences of a decision they are involved in making.

* **Non-financial professional interests:**

Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.

* **Non-financial personal interests:**

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

* **Indirect interests:**

Where an individual has a close association† with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

If members have any doubt about the relevance of an interest, this should be discussed with the Board Chair who will bring it to the attention of the Primary Care School Board and senior management team if deemed required.

If a conflict of interest is identified during a Board meeting, the Board member concerned should declare such an interest and withdraw from the meeting and play no part in the relevant discussion or decision.

Declarations should be made:

* On appointment to the Primary Care School Board
* When applicable personnel move to a new role or their responsibilities change significantly
* At the beginning of a new project/piece of work
* As soon as circumstances change and new interests arise (for instance, in a meeting when interests applicable personnel hold are relevant to the matters in discussion)

**\****Guidance developed in alignment with RCGP and NHS England Declaration of Interest Policy*

## Review of Terms of Reference

* The Group will review its Terms of Reference after four months to ensure the right membership and purpose
* Once finalised, Terms of Reference will be reviewed on an annual basis thereafter

## Confidentiality

Board members shall not reveal or disclose any information identified as confidential including papers marked ‘In Confidence’ or minutes headed ‘Items taken in Closed Session’, without the permission of the Chair. This applies to the content of any discussion as well as papers and records.