**WXYZ Primary Care Network Board**

**Internal Governance Template**

1. **Structure**

The Board will consist of N members: N General Practitioner members, one from each of the constituent practices and N non-clinical/managerial members, again one from each constituent practice.

1. **Board Member Tenure**

Each Board member shall sit for a term of 3 years initially. The number of terms a Board member can sit is unlimited. At the end of a term the position is open to the incumbent or any member of the constituent practice fulfilling the criteria of the General Practitioner or non-clinical /managerial roles. It is for each individual practice to decide on their policy for filling these positions.

1. **Frequency of meetings**

The Board will meet regularly once every calendar month. Extra-ordinary meetings will be scheduled if the Board is unanimous that this is appropriate. Each meeting will meet quoracy if there is at least one Board Member (GP or non-clinical) present from each constituent practice.

1. **Chairing meetings**

The chair of the meetings will rotate on an equitable basis through the constituent practices. Each practice will host the position for 3 consecutive months. This will be reviewed from time to time by the Board and amended if necessary by a unanimous decision of the Board.

1. **Voting rights**

Each constituent practice will have one vote. For decisions requiring unanimity or majority please see the document entitled WXYZ Primary Care Network Agreement.

In the event of deadlock the item will be taken back to constituent practices by the Board Members and discussed at the next Board Meeting.

1. **Responsibility to the constituent practices**

The Board will ensure that contemporaneous minutes of each will be kept and is the responsibility of every Board Member to ensure these are distributed to all staff in their constituent practices. The Board may decide that some information is only relevant to clinical staff or doctors and information will be distributed accordingly.

Members of every constituent practice will have the opportunity to submit questions or suggestions to the Board through their clinical or management Board Member.

1. **Dispute resolution**

This is as set out in the document entitled Hillsborough Primary Care Network Agreement.

1. **Conflicts of interest**

The Board will hold a register of conflicts of interest of all Board members and the Clinical Director. Declarations of new conflicts of interest will be taken at every meeting. The definition of conflict of interest will be as outlined by the British Medical Association. <https://www.bma.org.uk/advice/employment/ethics/conflicts-of-interest>

1. **Engaging legal advice**

The Board will agree to seek legal advice on their functions, aspirations and development by unanimous agreement using:

(BMA Law or another service?)

1. **Engaging financial advice**

The Board will agree to seek financial advice on their functions, aspirations and development by unanimous agreement using:

(Which accountant?)

1. **Clinical Director Role**

The Board will appoint a Clinical Director at all times. The appointment will be open to all doctors working in a partnership or salaried role within any of the N constituent practices.

Applications will be by submission of a curriculum vitae and covering letter to the Board. Selection will be by interview.

The appointment will be for N months initially with an extension by mutual agreement for a further N years.

The Clinical Director will be responsible to the Board for the supervision of staff employed solely by The Network and the development of future Network strategies.

The Clinical Director will engage with other health and social care providers at a local level to develop services and collaborate for the benefit of patients in the constituent practices. They will also access The Network Dashboard (from April 2020) regularly to inform Network development.

The Clinical Director may, at the request of the Board, engage with other organisations at a wider system level to inform policy that would require commissioning of services to benefit the patients of the constituent practices.

Any conflicts of interest will be managed by a Clinical Director from a different constituent practice.

1. **Network staff employment**

The Network will utilise a “Flat” practice network. This means that any workforce employed directly by the Network eg. Clinical Pharmacist or Social Prescriber will have a shared employment contract across the four constituent practices.



This will require authorisation from constituent practices by means of a side letter (See BMA template side letter).

As constituent practices are of similar sizes each constituent practice will be awarded one quarter of the time allocation of each staff member employed by the Network.

1. **Extended Hours Provision**

Although extended hours guidance has not altered this now becomes a requirement of the Network to ensure provision meets these regulations. Funding for this is split partly to constituent practices directly (£0.45 per head) into the core contract and partly (£1.45) to the Network. The Network has agreed in the first instance that the constituent practices will provide extended hours services to their own patients and ensure they meet the requirements of provision. The £1.45 Network allocation will then be passed on to practices on a per-capita basis (non-weighted) . This process will be reviewed by the Board as the Network develops.

1. **Care Quality Commission regulation**

As practices will continue to provide services and employment in their own right there will be no need for the Network to register directly with CQC.

1. **Accounting**

The Network will use the Accountancy firm ?????? to prepare and audit their accounts. Any year-end surplus will be divided between the constituent practices in capitation-based ratio (non-weighted).

Accounts for the Network will be made available to all staff of the constituent practices once created by the Accountants and approved by the Board.

?????? practice will be the lead practice for the Network on Finance and Accounting. They will be responsible for ensuring all funds and salaries accessible to the Network are claimed on time, in accordance with the PCN DES regulations.

This role will include ensuring that services are provided in a VAT-free manner.

1. **Data Sharing**

Data sharing will be essential for the Network to progress and work in a more collaborative fashion between practices and other health and social care providers.

The Network will use the BMA approved Data Sharing Agreement (weblink)

?????? practice will be responsible for developing and monitoring the data sharing agreements and General Data Protection Regulations.

1. **Staff support and supervision**

The Clinical Director will report to ?????? Board Member, who will be responsible for developing the CD role and for Network policy on enhancing service provision of health and social care for the benefit of the patients covered by the Network.

?????? will be responsible, through the CD for the supervision of staff employed directly by the Network.

This role will also include annual appraisal of Network-based roles.

1. **Human Resources**

The employment of staff directly by the Network will, inevitably, require the development of job descriptions and advertising for posts. These will need to be considered in light of regularly updated PCN DES regulations.

The terms of employment and agreed salaries for these new posts will need to be agreed.

There will need to be management of holiday entitlement, parental leave and sick leave.

The responsibility for Network Human Resources will be led by ??????