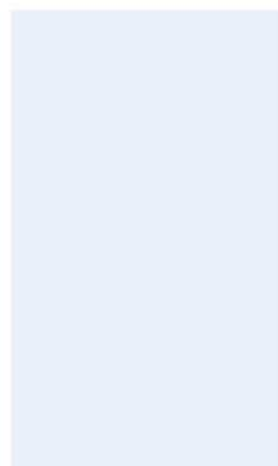




**East Sussex Learning Together Community Education Provider
Network
(ESLT CEPN)**

Governance Documents

November 2018



Version History		
No	Date	Changes Made
1	26.10.2016	Version approved by Delivery Board on 20.10.16
2	October 2017	Version approved by Delivery Board autumn 2017
3.1	June 2018	Annual review
3.2	November 2018	Terms of Reference changes following decision by Delivery Board to replace Operational group with Task and Finish Groups

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East Sussex Learning Together Community Education Provider Network (ESLT CEPN)

1. Introduction

- 1.1 This governance pack was first produced in October 2016 in response to Health Education England Kent, Surrey and Sussex (HEE KSS) governance requirements for newly established CEPN across the region.
- 1.2 As the ESBT CEPN approaches completion of its second year of operation, it is important to ensure that the relevant policies and network Terms of Reference are reviewed and reflect the emerging role of the CEPN.

2. Purpose of the CEPN

- 2.1 The CEPN is a network consisting of representatives of local health and social care organisations together with education providers who come together as a group to collaborate on creating a workforce developed to its full potential which can achieve the best possible health and well-being outcomes for the local population
- 2.2 The CEPN will support the delivery of the ESBT Alliance aspirations, namely to create a sustainable health and social care economy across the ESBT Alliance footprint – that is Hastings & Rother CCG and Eastbourne, Hailsham & Seaford CCG.
- 2.3 Following the conclusion of the ESBT 150 week programme the ESBT Alliance was convened in April 2017. It consists of four partner organisations – East Sussex County Council, East Sussex Healthcare Trust, Hastings & Rother CCG and Eastbourne, Hailsham & Seaford CCG. Sussex Partnership Foundation Trust is an associate member of the Alliance.
- 2.4 The ESBT Alliance arrangement is working to transform health and social care bringing together prevention work, primary and community care, social care, mental health, acute and specialist care.
- 2.5 It is anticipated that the CEPN will continue to mature and become a sustainable network that is able to respond to the workforce needs of the ESBT Alliance footprint.
- 2.6 Given ESBT is a recognised 'place' within the Sussex and East Surrey Sustainability Transformation Partnership (SES STP), the CEPN is directly involved in supporting delivery of the STP's aims and objectives by having representation on the SES Local Workforce Action Board (LWAB) through the appropriate development of the East Sussex workforce.

3. Function of the CEPN

- 3.1 The function of the CEPN is to support the development and delivery of fully integrated health and social care services through the ongoing development of the primary care, community and when sufficiently mature, wider system workforce. This is to be achieved by:

- developing and utilising workforce data to inform educational strategy, priorities and activities;
- increasing capacity for future workforce training in the community;
- leading on or supporting specific recruitment and retention initiatives to address the skills gap in primary care
- responding to and delivering national and STP workforce development strategies; and
- development of the current workforce through commissioning/provision of educational activities.

4. Overarching priorities of the CEPN

The three overarching priorities of the network as set by HEE KSS are:

- 4.1 Workforce planning and development to respond to local needs that enable the redesign of services within primary care and the community to better support general practice.
- 4.2 Improved education capability and capacity in primary and community settings through the development of more educators, including multi-professional educators and through the creation of additional learner placements.
- 4.3 Improving education quality and governance (including where appropriate monitoring through quality control processes that regulatory / other frameworks provide) and by acting as a local coordinator of education and training for primary and community care to support general practice.

5. Key objectives to deliver the three overarching priorities

- 5.1 The key priority objectives are detailed in the CEPN Operating Plan which is reviewed each year with delivery subject to funding secured from available sources such as HEE KSS, SES STP, ESBT GP Forward View (GPFV) monies.
- 5.2 The operational plan for 2018/19 is available at the ESBT CEPN web page on the East Sussex Better Together website or you can contact our CEPN Coordinator and request a copy by emailing esbt-cepn@nhs.net

East Sussex Learning Together Community Education Provider Network

Delivery Board Terms of Reference

1. Purpose

- 1.1 The Delivery Board is the strategic and decision making group for the CEPN.
- 1.2 The CEPN, through its system wide membership will support delivery of the ESBT Alliance aspirations, namely to create an integrated and sustainable health and social care economy across the ESBT footprint through an Alliance arrangement that is committed to becoming an Integrated Care system.

2. Function of the CEPN

- 2.1 The function of the CEPN is to support the development and delivery of fully integrated health and social care services through the ongoing development of the primary care, community and when sufficiently mature, wider system workforce.. This is to be achieved by:
 - developing and utilising workforce data to inform educational strategy, priorities and activities;
 - increasing capacity for future workforce training in the community;
 - leading on or supporting specific recruitment and retention initiatives to address the skills gap in primary care
 - responding to and delivering national and Sussex and East Surrey Sustainability Transformation Partnership (SES STP) workforce development strategies such as apprenticeships for registered roles, new roles and the use of technology; and
 - development of the current workforce through commissioning/provision of educational activities.

3. Roles and responsibilities of the Delivery Board

3.1. Membership

The CEPN is to be led by a Multi-Professional Delivery Board comprising of representatives of the following:

- ESBT Workforce Lead
- ESBT Head of Workforce Planning
- Primary Care Workforce Tutors
- GP Tutors
- GP Programme Directors
- Associate GP Deans
- Practice Managers
- GP Federations
- CCG Medicines Management lead
- Public Health professionals
- CCG Clinical Chairs or board members

- University representatives
- East Sussex County Council, Adult Social Care
- East Sussex Healthcare NHS Trust
- Sussex Partnership Foundation NHS Trust
- Lived Experience Adviser
- Local Medical Committee (LMC)
- Out of hours provider
- Practice Nurses(aspirational)
- Physicians Associate (aspirational)
- South East Coast Ambulance Service (SECAMB) (aspirational)
- Students, trainees, learners (aspirational)

3.2 **The responsibilities of the Board are:**

- To oversee the implementation of governance (See Governance Pack)
- Ensure CEPN funds are managed, allocated and monitored accordingly
- Drive the development of a multi-professional education network to support workforce development
- Set objectives for the network
- Review and monitor progress
- Promote on-going development of the network;
- Review the quality and the range of educational and training activities provided
- Share best practice
- Actively market and promote the CEPN
- Explore additional funding stream and initiatives to bring sustainability to the network

The Delivery Board would then work with stakeholders in the wider health and social care economy such as the Third Sector, Emergency Care providers, and Hospices to create an effective network

3.3 **Members can expect:**

- initial discussion of what the group will do; and how meetings can be made effective for everyone;
- to be kept updated on how their views and suggestions are influencing the work;
- accessible information and meetings;
- support with communication if required;
- reward and recognition where applicable; and
- an opportunity to review and feedback on how the meetings are working.

4. **Chair of the group**

- 4.1 The position of Chair of the CEPN Delivery Board will be reviewed every four years.
- 4.2 The current Chair of the CEPN Delivery Board is Dr Lindsay Hadley, ESBT Workforce (Clinical) Lead and has been since June 2016.

5. Accountability/Governance arrangements

5.1 The CEPN, although hosted by Hastings and Rother CCG (on behalf of the sovereign organisations that make up the ESBT Alliance), will have its own governance arrangements that meet the governance requirements of HEE which are demonstrated through the following documents:

- Operating Plan
- Communication and engagement strategy
- Education and Quality Assurance Policy
- Financial Policy
- Risk Register
- Conflicts of Interest Policy
- Board Decision Making and Governance Framework

5.2 The CEPN will be accountable to the ESBT Alliance, reporting on progress against agreed objectives through the ESBT Strategic Workforce Group. The CEPN will also be accountable to Health Education England Kent Surrey and Sussex (HEE KSS) through the HEE Primary Care Programme Board for activity against monies provided by HEE. Similar arrangements may also apply in respect of alternative sources of funding to the CEPN.

5.3 The role and function of the Sussex and East Surrey Local Workforce Action Board (SES LWAB) is still evolving, including the development of a Workforce Strategy for the SES STP. The appointment of a Director of Workforce for the SES STP in November 2018 will help clarify the STP workforce priorities and the role of CEPNs going forward. At the time of reviewing these Terms of Reference it is unclear as to the membership of the revised LWAB and how the CEPN is to be represented. Recent discussions with HEE KSS suggest that a separate CEPN board will have a representative on the LWAB.

5.4 GP practices will be able to influence the priorities for the CEPN through representation on the Delivery Board, either directly or through their Federation representative. GP Tutors and GP Programme Directors also have a major role on the network, particularly in relation to CEPN plans to support the recruitment and development of GPs. The CEPN also invites and welcomes representation from the Local Medical Committee – LMC

5.5 GPs are also given the opportunity to be involved in CEPN priorities going forward through CEPN updates on new developments at CCG locality meeting discussions. The outcomes of these discussions are fed into the CEPN agenda and the CEPN Operational plans.

5.6 It is recognised that developing the capacity and skill mix in the community is key to delivering the ESBT Alliance work streams. Primary care workforce and GP educational leads will therefore, work together with colleagues in the ESBT Overarching Strategic Workforce group to ensure CEPN deliverables underpin the sustainability of primary care and also meet the workforce needs arising from ESBT

Alliance work streams. The CEPN will also develop and maintain links with the GP Forward View group, support implementation of the General Practice Nursing 10 point action plan and influence the allocation of the Better Care Fund.

- 5.7 These governance arrangements are summarised in the chart given at Appendix 1 to these Terms of Reference and shown within the context of the ESBT Strategic Workforce structure.
- 5.8 The Terms of Reference for the network will be reviewed annually to ensure the network's purpose and governance arrangements remain relevant in terms of commissioning services and the release of education and training funding streams.

6. Quorate

- 6.1 For the meeting to be quorate, at least 60% of the board membership needs to be present. In exceptional circumstances and/or where the timing of a decision is crucial, the Chair has the authority to take chair's action.

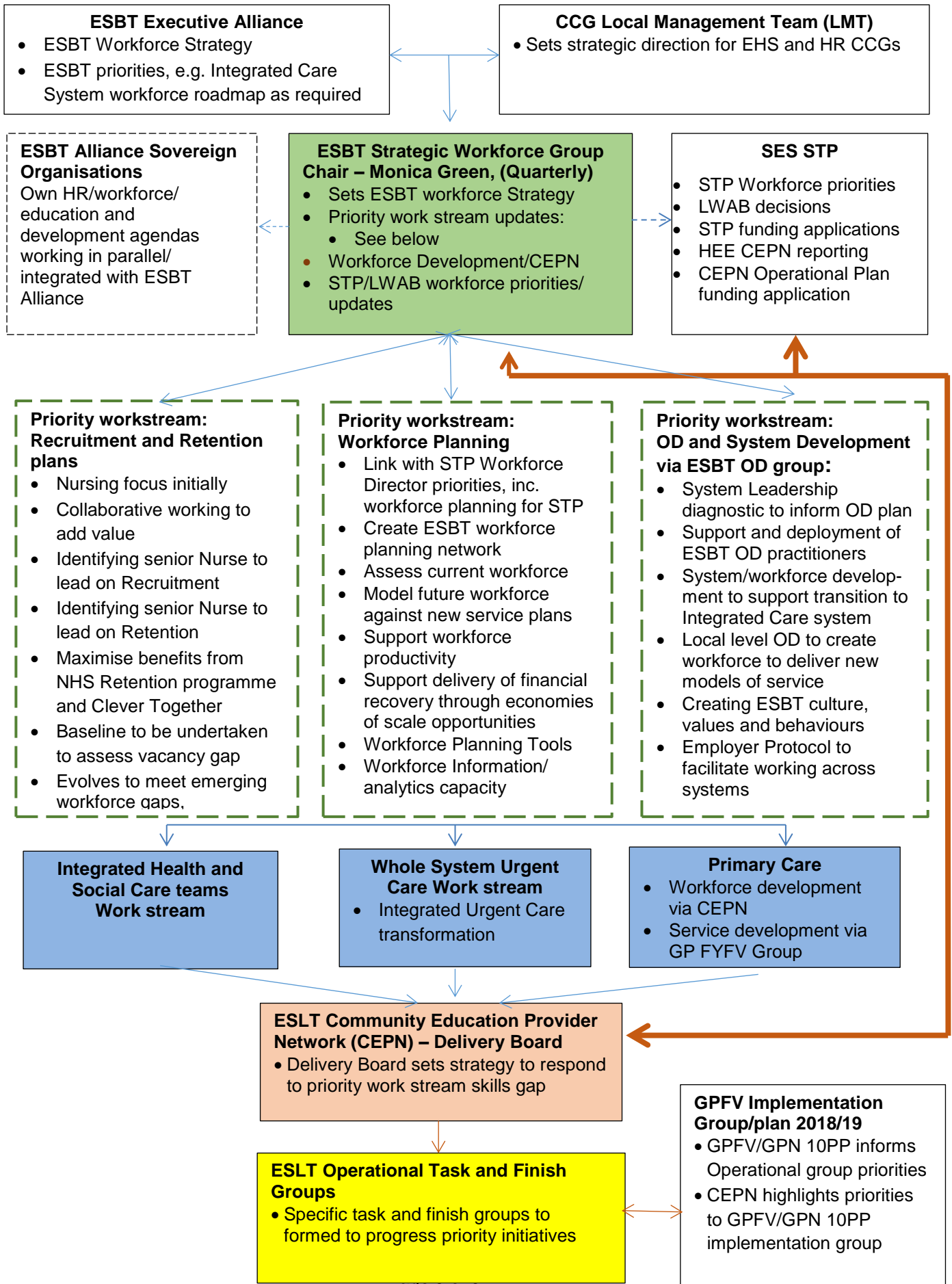
7. Frequency of Meetings

- 7.1 The delivery board will meet at least 3 times a year.

8. Review of Terms of Reference

- 8.1 The Terms of Reference for the group are to be reviewed annually.

Appendix 1: ESBT Workforce and CEPN Governance Structure October 2018



East Sussex Learning Together Community Education Provider Network Operational Task and Finish Groups Terms of Reference

1. Purpose

- 1.1 The main purpose of CEPN Operational Task and Finish groups is to action the strategic decisions of the CEPN Delivery Board through the delivery of the CEPN Operational plan. Task and Finish groups will be led by relevant named leads supported by allocated CEPN resources.
- 1.2 Task and Finish Groups will be organised to work either virtually or through a formal meeting structure as the need arises and determined by the specific group lead.

2. Function of the CEPN

- 2.1 The function of the CEPN is to support the development and delivery of fully integrated health and social care services through the ongoing development of the primary care, community and when sufficiently mature, wider system workforce. This is to be achieved by:
 - developing and utilising workforce data to inform educational strategy, priorities and activities;
 - increasing capacity for future workforce training in Primary Care and the community;
 - leading on or supporting specific recruitment and retention initiatives to address the skills gap in primary care
 - responding to and delivering national and Sussex and East Surrey Sustainability Transformation Partnership (SES STP) workforce development strategies such as apprenticeships for support and registered roles, new roles and the use of technology; and
 - development of the current workforce through commissioning/provision of educational activities.

3. Roles and responsibilities of CEPN Task and Finish Groups

3.1. Membership

Task and Finish group membership will be relevant to the required knowledge, skills and experience required to deliver a specific project. Ideally, this approach will create a multi-professional representation on CEPN Task and Finish groups:

3.2 The responsibilities of the Task and Finish groups are to:

- action objectives for the network set by the delivery board through specifically set up task and finish groups;
- share best practice;

- alert the CEPN Operational lead to issues or concerns relating to the successful delivery of assigned project with a view to resolving without having to refer to the CEPN Delivery Board where appropriate;
- explore additional funding streams and initiatives to bring sustainability to the network; and
- actively market and promote East Sussex Learning Together CEPN

Task and Finish group leads would also work with stakeholders in the wider health and social care economy such as Third Sector, Out of Hours Care providers, and Hospices to deliver agreed objectives as part of an effective network.

3.3 Members can expect:

- initial discussions as to what the network aims and objectives are
- clarity as to the purpose of the Task and Finish group, project aims and timescales
- resources to be made available to support the Task and Finish group in delivering their assigned project
- the opportunity to influence the education, learning and development priorities for the CEPN
- to be kept updated on how their views and suggestions are influencing the work;
- accessible information and meetings;
- support with communication if required;
- reward and recognition where applicable; and
- an opportunity to review and feedback on how the Task and Finish groups are working.

4. Chair of the Task and Finish groups

- 4.1 The accountable lead for the CEPN Task and Finish groups is to be the CCG accountable officer for the CEPN (ESBT Head of Workforce Planning).
- 4.2 Chairing of specific Task and Finish groups will be the delegated responsibility of the relevant project lead.

5. Accountability/Governance arrangements

- 5.1 CEPN Task and Finish groups will provide quarterly reports to the CEPN Delivery Board through the CEPN operational lead or the relevant project lead – whichever is appropriate and/or available.
- 5.2 The CEPN, although hosted by Hastings and Rother CCG (on behalf of the sovereign organisations that make up the ESBT Alliance), will have its own governance arrangements that meet the governance requirements of HEE which are demonstrated through the following documents:
 - Operating Plan
 - Communication and engagement strategy
 - Education and Quality Assurance Policy

- Financial Policy
 - Risk Register
 - Conflicts of Interest Policy
 - Board Decision Making and Governance Framework
- 5.3 The CEPN will be accountable to the ESBT Alliance, reporting on progress against agreed objectives through the ESBT Strategic Workforce Group. The CEPN will also be accountable to HEE through the HEE CEPN SES STP Board for activity against monies provided by HEE. Similar arrangements may also apply in respect of alternative sources of funding to the CEPN.
- 5.4 The role and function of the Sussex and East Surrey Local Workforce Action Board (LWAB) is still evolving, including the development of a Workforce Strategy for the STP. The appointment of a Director of Workforce for the SES STP in November 2018 will help clarify the STP workforce priorities and the role of CEPNs going forward. At the time of drafting these terms of reference it is unclear as to the membership of the revised LWAB and how the CEPN is to be represented. Recent discussions with HEE KSS suggest that a separate CEPN board will have a representative on the LWAB.
- 5.5 GP practices will be able to influence the priorities for the CEPN through representation on the Delivery Board, either directly or through their Federation representative or through involvement in relevant Task and Finish Groups. GP Tutors and GP Programme Directors also have a major role on the network, particularly in relation to CEPN plans to support the recruitment and development of GPs. The CEPN also invites and welcomes representation from the Local Medical Committee – LMC.
- 5.6 GPs are also given the opportunity to be involved in CEPN priorities going forward through CEPN updates on new developments at CCG locality meeting discussions. The outcomes of these discussions are fed into the CEPN's agenda and the CEPN Operational Plan.
- 5.7 It is recognised that developing the capacity and skill mix in the community is key to delivering the ESBT Alliance work streams. Primary care workforce and GP educational leads will therefore, work together with colleagues in the ESBT Overarching Strategic Workforce group to ensure CEPN deliverables underpin the sustainability of primary care and also meet the workforce needs arising from ESBT Alliance work streams. The CEPN will also develop and maintain links with the GP Forward View group, support implementation of the General Practice Nursing 10 point action plan and influence the allocation of the Better Care Fund.
- 5.8 These governance arrangements are summarised in the chart given at Appendix 1 to these Terms of Reference and shown within the context of the ESBT Strategic Workforce structure.
- 5.9 The Terms of Reference for CEPN Task and Finish Groups will be reviewed annually to ensure their purpose and governance arrangements remain relevant in terms of delivering CEPN aims and objectives and the release of education and training funding streams:

6. Quorate

- 6.1 The aim of working through Task and Finish groups is to create flexibility and pace when fulfilling the CEPN aims and objectives. There may be occasions however when a Task and Finish group needs to take decisions that do not allow time to refer back to the Delivery Board. In these circumstances the CEPN operational lead will seek the views of the network, and as long as agreement is secured with 60% of ESBT partner organisation representatives, plus one primary care representative, a decision can be taken without the need to revert back formally to the Delivery Board.
- 6.2 In exceptional circumstances and/or where the timing of a decision is crucial, the Chair has the authority to take chair's action.

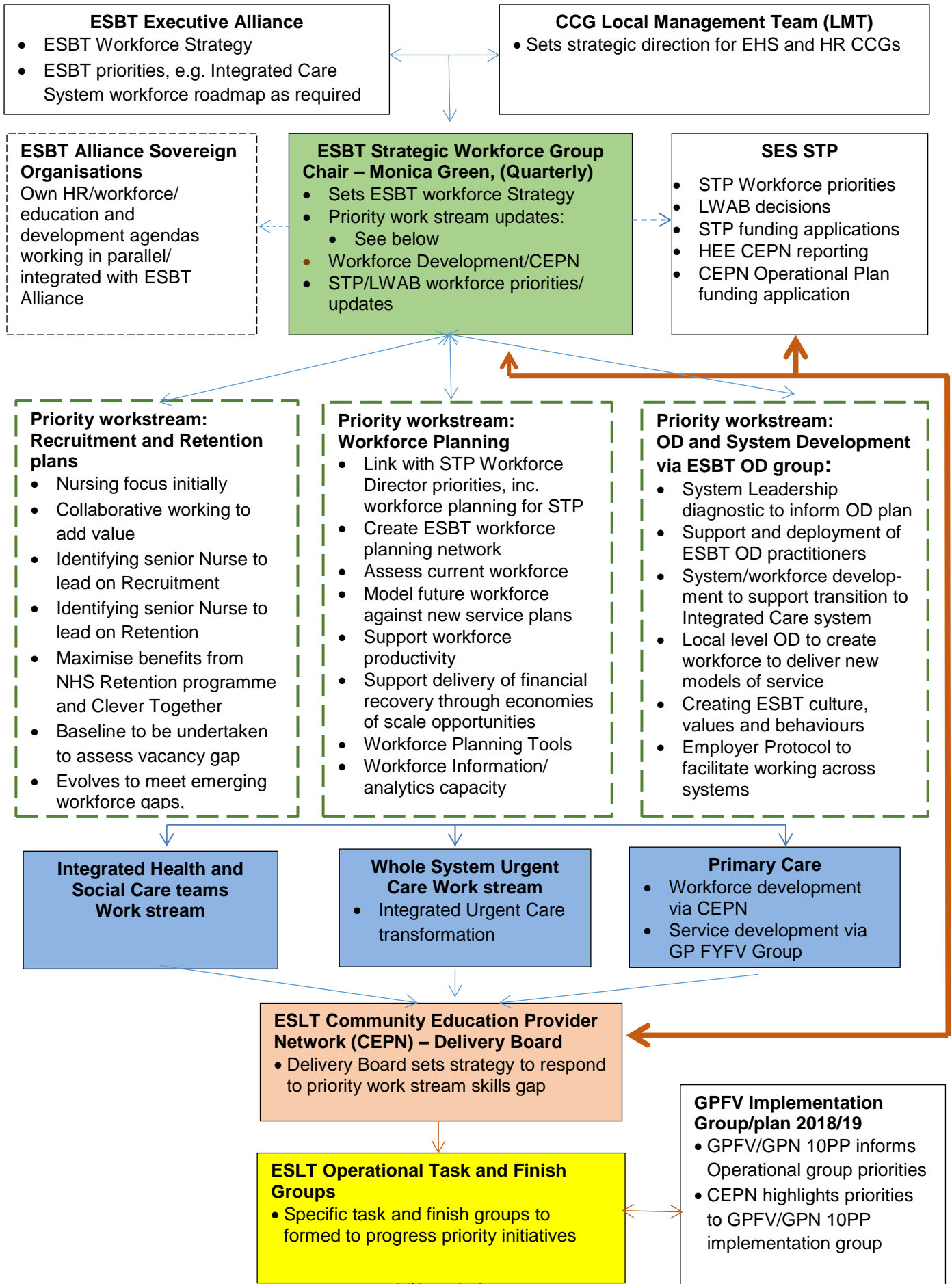
7. Frequency of Meetings

- 7.1 Task and Finish groups will meet as required, either virtually or face to face, and preferably to fit with reporting to the CEPN Delivery Board cycle which meets quarterly.

8. Review of Terms of Reference

- 8.1 These Terms of Reference are to be reviewed, annually.

Appendix 1: ESBT Workforce and CEPN Governance Structure October 2018



East Sussex Learning Together Community Education Provider Network

Quality Management Policy

This document outlines the educational and quality policy for the East Sussex Learning Together Community Education Provider Network ((ESLT CEPN) and should be read in conjunction with the 2017 CEPN suite of governance documents.

1. Background

- 1.1 The first phase of 'East Sussex Better Together' was a 150-week large-scale change programme through which commissioners of health and social care services worked together with local people, providers and stakeholders to transform local services to improve quality, provide services people want and need, and to make those services more sustainable in the long term.
- 1.2 The second phase of ESBT is to accelerate the development of fully integrated health and social care services through a formal Alliance arrangement made up of five organisations (East Sussex County Council, Hastings & Rother CCG, Eastbourne Hailsham and Seaford CCG, East Sussex Healthcare NHS Trust and Sussex Partnership Foundation NHS Trust).
- 1.3 At the direction of HEE KSS and to support delivery of the ESBT Primary Care Workforce Plan a CEPN was set up in July 2016. The aims of the ESBT CEPN were to address challenges around recruitment, retention and workload in primary care and to support the enhancement of education, training and placements and to improve health and patient outcomes).
- 1.4 This policy does not intend to duplicate the responsibilities of Higher Education Institutes (HEIs) for content and delivery of curricula (for pre-registration nurses, physician associates, practice nursing etc.) or the content and delivery of clinical placements and GP placements that is coordinated with the support of the HEE Primary Care Department.
- 1.5 The aim of the document is to present the responsibilities required by the CEPN to ensure the educational provision overseen by the CEPN has a consistent approach to quality that is aligned to HEE KSS's expectations.

2. ESBT CEPN Education and Quality Objectives:

- 2.1 To develop a multi-professional and integrated approach to education that focuses on the patient pathway and improves the patient experience;
- 2.2 To ensure professional and statutory body requirements to support learners are met;
- 2.3 To ensure education and training investments are allocated for their intended purposes;
- 2.4 To provide a high quality educational and placement experience;
- 2.5 To deliver sufficient placements commissioned by HEE in order that HEE may deliver its mandate, business plan and national workforce targets and Higher Education Institute (HEI) commissions;
- 2.6 To adopt a whole-systems approach to education, training and research.

3. Responsibilities

The ESBT CEPN Delivery Board has the following education and quality responsibilities which are to be carried out through the range of mechanisms listed under each respective heading given below:

3.1 Educational Governance and Leadership

- 3.1.1 A proactive and strategic approach to secure education supervision, capacity and capability to maximise the use of placements.
- 3.1.2 The management of effective systems and internal controls for education and placements.
- 3.1.3 The management systems make sure that education and training is fair and is based on principles of equality and diversity.
- 3.1.4 Production of reports required by ESBT Alliance and HEE.
- 3.1.5 An understanding of the regulatory requirements for each professional group engaged in education and placements, and to know where to access advice.
- 3.1.6 Ensuring educational and placement opportunities are allocated inclusively and fairly across the network.
- 3.1.7 A transparent process for procuring education.
- 3.1.8 A multi-professional approach to education and placements.
- 3.1.9 Continuous improvement in the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability and responding when standards are not being met.
- 3.1.10 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training
- 3.1.11 The educational and clinical governance processes are responsive to the quality management processes and framework of HEE.

3.2 Organisational Culture

- 3.2.1 Education and placement activity is inclusive, and members of the network are respectful of each other.
- 3.2.2 All network members within a placement environment are supported to teach and inspire learners and are role models for NHS values.
- 3.2.3 There is commitment to continuously improving the clinical learning environment.
- 3.2.4 The learning environment is safe for patients and supportive of learners and educators.

3.2.5 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected by their profession/regulator and to achieve the learning outcomes required by their curriculum.

3.3 Patient Safety

3.3.1 There are clear links made between education and patient safety.

3.3.2 There is evidence of how educational resources are used to enhance standards and meet regulatory requirements (such as Care Quality Commission and NHS Improvement).

3.4 Communication

3.4.1 A process for communicating the network's educational and placement activity.

3.4.2 A clear process for managing issues and concerns.

3.4.3 A communication strategy inclusive to all members on how they can get involved in education and placement initiatives.

3.5 Partnership working

3.5.1 There is joint working between medical and other NHS professional education staff and members within the network that reflects the principles outlined in the ESBT Workforce Strategy.

3.6 Supporting Educators - through the role of HEE for doctors in training and with the support other professional leads for non-medical learners:

3.6.1 A process of faculty development has been initiated to support CEPN board members and network educators.

3.6.2 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

3.6.3 Educators receive the support, resources and time to meet their education and training responsibilities.

3.6.4 Curricula and assessments are developed and implemented so that learners are able to achieve the learning outcomes required for their programme.

3.6.5 Curricula and assessments are implemented so that learners are able to demonstrate what is expected by their profession and to achieve the learning outcomes required by their curriculum.

3.7 Supporting Learners - through the role of HEE for doctors in training and with the support other professional leads for non-medical learners.:

3.7.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in terms of their professional standards and to achieve the learning outcomes required by their curriculum.

- 3.7.2 There is an effective process in place for learners with special needs, learners for whom reasonable adjustments need to be made and learners in difficulty.
- 3.7.3 Placement agreements are multi-professional (not uni-professional).
- 3.7.4 There is a process in place to risk assess the removal of all learners if the learning environment is unsafe/poor quality or where learners may be unable to access the environment as planned.
- 3.7.5 There is a process for monitoring standards of education in practice.
- 3.7.6 Learners are actively involved in the monitoring and management of their education while on placement.
- 3.7.7 There is multi-professional teaching where this is of benefit to patients which supports practitioners to work collaboratively as members of multi-disciplinary teams.
- 3.7.8 There is structured support for newly qualified staff that results in increased confidence and competence, for example the Practice Workforce Tutor can provide advice and required preceptorship tools, although this is not a mandated activity.
- 3.7.9 Learners receive feedback from a range of staff.

3.8 Feedback and Evaluation

- 3.8.1 Impact evaluation methods which are geared towards long term change will be utilised to capture intended and unintended consequences.
- 3.8.2 All learners and practices have the opportunity to evaluate their educational/ placement experience that is reviewed to ensure an integrated approach to monitoring the quality of the learning environment.
- 3.8.3 Feedback is acknowledged/acted on.
- 3.8.4 The voices of all education leads have equal weight and value.
- 3.8.5 Feedback from learners is integrated with other sources of intelligence to identify risks to patient safety and quality of care.

3.9 Quality Improvement

- 3.9.1 Building on the principle of impact evaluation the ESBT CEPN supports an action research model based on narrative experience.
- 3.9.2 It also plans to explore the use of a matrix of quality indicators using a dashboard approach once resources are in place that are required to provide this level of reporting.
- 3.9.3 The plan is to share intelligence regularly to support other networks and organisations locally, nationally and internationally, whilst also meeting ESBT Alliance and HEE quality reporting requirements.

East Sussex Learning Together Community Education Provider Network

Risk Management and Assurance Policy

1. Risk Management

1.1 The purpose of this document is to provide a framework for risk management which will enable the East Sussex Learning Together [Community Education Provider Network](#) (ESBT CEPN) Delivery Board to continually manage risks, systematically enable proactive identification, assessment and control of risks that might affect the delivery of the CEPN objectives, be cost effective and support decision making.

1.2 The Network Leads (Chair of the Delivery Board and Chair of the Operational Task and Finish Groups) shall ensure that the CEPN policy of risk management is in accordance with the [Risk Management Policy](#) developed by the Eastbourne, Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups.

1.3 The CEPN Delivery Board will have full oversight of:

1.3.1 **Corporate Risk** which is associated with income, expenditure, fulfilment of contracts and the correct application of the CEPN suite of governance policies to reduce the risks threatening the fulfilment of the CEPN objectives. Corporate risk also includes threats to each Governing Body's authorisation, reputation, governance and finance;

1.3.2 **Organisational Risk** which is associated with the environment (e.g. use of buildings and facilities by staff, patients, learners, contractors and visitors; health and safety; availability, quality and use of information);

1.3.3 **Placement Risk** which is associated with ensuring all community-based placements; hold the appropriate insurance and indemnity and provide a safe environment for learners and patients;

1.3.4 To achieve this, all CEPN Trainers/Tutors/Facilitators will have the skills, knowledge and will be supported to facilitate community-based placements in partnership with local Higher Education Institutes (HEIs).

2. Risk Identification

2.1 Identification of risk is the first part of an effective risk management strategy. It is everyone's responsibility to identify and report risks. A strong organisational commitment to risk management will ensure that risks identified at all levels in the organisation are properly managed.

2.2 Higher level risks which may impact the delivery of the ESBT objectives and score 12 or more will be escalated through the ESBT Governance structures as part of the ESBT Workforce Risk Register reporting (see Section 5 below).

2.3 All CEPN Board members and associate staff are required to identify risks specific to their own activities and circumstances. Risks may be identified from a number of sources, both internal and external. No valid risk should be excluded from the register due to its identification source. All staff are encouraged to be risk aware.

3. Insurance Arrangements

- 3.1 The CEPN Board will ensure that, where appropriate, adequate insurance arrangements exist through its hosting arrangements with the CCGs (Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG)
- 3.2 Through this arrangement, the CEPN Board will be ensuring that when entering into any insurance agreements, the cover is appropriate and is incorporated into the overall risk management procedures.
- 3.3 The CEPN Board will manage and review insurance agreements on an annual basis to ensure that they are cost-effective and appropriate as part of the annual review of this policy.

4. Indemnity

- 4.1 [Table 1](#) overleaf details the insurance / indemnity requirements and considerations for the CEPN.

5. Risk Register and Issues Log

- 5.1 ESBT CEPN risks and issues are to be recorded within the ESBT Strategic Workforce risk register as this will ensure good governance through the workforce governance and reporting structure.
- 5.2 The ESBT Strategic Workforce risk register and issue log will follow the same templates as the CCG Risk Management Policy.
- 5.3 The [Risk Management Guidance](#) provides a step-by-step guide to creating and scoring risks. This also includes the National Patient Safety Agency guide for the scoring of risk. The [Risk template](#) provides the template for staff to complete when creating a risk
- 5.4 The CEPN Operational Group chair has lead responsibility for ensuring CEPN risks and issues are incorporated into the ESBT Strategic Workforce Risk register and Issue log and remain updated.
- 5.5 The CEPN risk and issues are to be reviewed and updated monthly as part of the updating of the ESBT Strategic Workforce Risk register and Issue log prepared for the ESBT Strategic Workforce group meetings and is available via the CEPN Coordinator.
- 5.6 Risks that are considered to score 12 or above against the CEPN objectives are to be escalated in accordance with workforce and ESBT Alliance risk reporting procedure.
- 5.7 The ESBT strategic workforce risk register and issue log will also form part of the ESBT Alliance reporting as and when required via the CCG CEPN Accountable Officer (ESBT Head of Workforce Planning).

- 5.8 Given the need to update the risk register and issue log on a monthly basis, these documents are saved separately with the latest version available via the CCG CEPN Accountable Officer (ESBT Head of Workforce Planning) or the CEPN Coordinator.

Table 1: Insurance/indemnity requirements and considerations for the CEPN

Professional Group	Type	What the insurance covers in relations the placement and training activity	Evidence of indemnity to be checked by	Regulator	Contact for queries, issues or concerns
GPs/ GP Trainee	Professional Indemnity	Indemnity Organisations through HEE KSS	Practice placement	GMC	HEE KSS
Nurses	Professional Indemnity	Indemnity Organisations	Practice placement	RCN	Local Primary Care Workforce Tutor
Nursing Students	Professional Indemnity	Indemnity Organisations	Practice placement	RCN	Host University
CEPN	Employers liability	Covers the work of volunteers and direct employees for health and safety, injuries, and illnesses which occur on and off site	CEPN		Network Leads
CEPN	Public liability	Compensates people if they experience injury or damage resulting from lack of reasonable care by an insured business or organisation	CEPN		Network Leads
Physician Associates / students	Professional Indemnity	Indemnity Organisations	Host University	TBC	Host University
Student Pharmacists	Professional Indemnity	Indemnity Organisations	Host University Or practice placement	General Pharmaceutical Council	Host University
Paramedic Practitioner Students	Professional Indemnity	Indemnity Organisations	Practice placement	Health and Care Professions Council	SEC Ambulance NHS FT

East Sussex Learning Together Community Education Provider Network

Financial Management Policy

1. Introduction

- 1.1 This document outlines the procedure for financial authorisation and management for East Sussex Better Together CEPN and should be read in conjunction with the current Operating Plan.
- 1.2 This document is also supported by the Conflicts of Interest Policy of CEPN host, Hastings & Rother CCG.

2. Financial Objectives

- 2.1 The following financial objectives must be adhered to and are the responsibility of the whole East Sussex Learning Together CEPN board:
 - 2.1.1 The network operates as a not for profit entity.
 - 2.1.2 Establish and oversee proper financial management and accounting procedures.
 - 2.1.3 Maintain a sound system of financial governance and internal controls, including safeguards against fraud, error and poor practice
 - 2.1.4 All funds, including those received via Service Level Agreements are to be used for the purposes intended (for example annual non-medical development funding issued by Health Education England (HEE)).
 - 2.1.5 All decisions are made for the benefit of the network and not as individual members.
 - 2.1.6 The networks accounts are a true and fair reflection of the business's finances.

3. Accountability

- 3.1 The CEPN Chair, with support from the CCG accountable officer, has the overarching responsibility for assuring the Board on matters of financial performance and probity and compliance.
- 3.2 The CEPN Board in its entirety will hold the accountability and responsibility for the sound management of budgets and the safe custody of assets. This will include the oversight of:
 - 3.2.1 The management of the networks financial position at a strategic and operational level.
 - 3.2.2 The management of effective systems and internal controls.
 - 3.2.3 The management of any other financial issues.
 - 3.2.4 Production of Accounts required by HEE.

- 3.2.5 Financial advice to be sought where appropriate.
- 3.2.6 Any delegated operational arrangement in connection with the above.
- 3.2.7 The assigned CCG Finance Officer will provide support and assurance to the CEPN Chair.
- 3.2.8 The CEPN Chair may delegate financial management to other members of the network; however, accountability resides with the CEPN Chair.

4. Financial Planning

- 4.1 CEPN budgets are to be spent in the best educational interests of the local health and social care economy.
- 4.2 The CEPN must comply with the following requirements:
 - 4.2.1 Must have regard to the need to support the broad and balanced education, training and placement agendas for the benefit of all network members, supporting both the clinical and non-clinical workforce
 - 4.2.2 Must appropriately manage any variations between actual and expected income and expenditure
- 4.3 For the process of devising the spending plan, the following should be considered:
 - 4.3.1 Ensure Board members are aware of assumptions, constraints and contractual agreements.
 - 4.3.2 Monitor income and expenditure to identify potential surplus or shortfalls in funding required to meet financial and operational objectives.

5. Management and Reporting

- 5.1 Once the annual spending plan has been agreed by the CEPN Delivery Board, the day to day management of the funds and its account will be the responsibility of the assigned CEPN budget holder in this respect:
 - 5.1.1 The Board will be provided with a financial statement at least once a quarter. This statement will include an up to date reconciled account of expenditure and commitments. It will also contain narrative to explain any variations.
 - 5.1.2 The spending of all money will be accounted for through the CEPN financial spreadsheet.
 - 5.1.3 Funds shown include all monies which are made available to the CEPN from any and all sources.
 - 5.1.4 The management of unspent funds must be formally agreed with the contract commissioner that provided the funding.

5.1.5 Quarterly reporting is to be made to the ESBT Alliance on expenditure against plan with the support of the assigned CCG Finance Officer.

6. Ordering, Receipt of Goods and Certification of Invoices

6.1 The CEPN budget holder is authorised to raise orders and to certify invoices for payment for the network, ensuring the following is complied with:

6.1.1 No purchase can be made on behalf of the CEPN without the above authorisation.

6.1.2 To demonstrate value for money, where appropriate, quotes will be obtained in respect of any single purchase or contract being placed in accordance with the CCG's Scheme of Delegation.

6.1.3 All purchases and expenditure will be recorded on the CEPN financial management spreadsheet.

6.1.4 Invoices should be addressed to NHS Hastings & Rother 09P payables L745, Topcliffe Lane, Tingley, Wakefield, WF3 1WE with Paula Gorvett's name on the invoice as Director for Localities and Primary Care.

6.2 When a person certifies an invoice, they are assuring that they have checked:

6.2.1 Price details, amounts and totals are correct

6.2.2 The invoice has not been previously passed for payment

6.2.3 Goods and services have been satisfactorily received

6.2.4 Expenditure has been allocated with the correct account code

6.3 Under no circumstances will any private transactions be made.

7. Income

7.1 **All** income will be received electronically as a result of a formally agreed contract, Service Level Agreement (SLA) or Memorandum of Understanding (MOU) with for example:

- HEE;
- A Clinical Commissioning Group;
- A Local Authority;
- Third sector organisations;
- Universities;
- A Community Trust; or
- Other grant giving organisations

7.2 All formally agreed contracts will be subject to an annual review.

8. Dealing with a suspected Financial Irregularity

- 8.1 Any financial irregularity including discrepancies should be reported immediately to the CEPN Finance Officer
- 8.2 The Finance Officer shall immediately inform the CEPN Chair and Delivery Board and will advise on the financial and systems implications.
- 8.3 Details of all such reported irregularities will be subject to full investigation and reported as necessary to the Board, commissioners and external agencies as appropriate

9. Day to Day Financial Management and CCG Hosting Arrangement

- 9.1 The day to day finance contact for the CEPN budget will be the assigned Finance Officer.
- 9.2 The CCG lead for authorising invoices will be the ESBT Programme Director. In the matter of HEE Service Level Agreements for non-medical staff, the CCG Chief Nurse can also act as an authorised signatory.
- 9.3 All funds allocated to the CEPN will be held in a designated separate management code
- 9.4 All funds allocated to the CEPN will be ring-fenced for CEPN activity only
- 9.5 All financial requests made by the CEPN will be processed in line with the SBS timetable and payable within 30 days in accordance with the Better Payment Code.
- 9.6 Requests to release funds can only be actioned by the CEPN budget holders named at 9.2 above.
- 9.7 CEPN accounts will be reconciled monthly by the CCG assigned Finance Officer.
- 9.8 An annual financial review meeting will be scheduled to discuss funds and financial management, in preparation for the next financial year

10. Risk Management

- 10.1 The following measures will be in place to minimise the network's financial risk;
- 10.2 On the advice of the CCG Finance department, one signatory is sufficient to approve any expenditure although must be one of the following approved signatories.

Approved Signatories:

- Chair of the CEPN Delivery Board
- CCG Accountable lead (ESBT Head of Workforce Planning)
- Director for Localities and Primary Care
- CCG Chief Nurse
- Head of Primary Care Commissioning

- 10.3 The network's financial performance will be a standing agenda item at every CEPN Delivery Board meeting and will be delivered by the CCG assigned Finance Officer who will be accountable to the CEPN Board.
- 10.4 The CEPN Board will endeavour to include lived experience advisors.
- 10.5 CEPN financial transactions will be audited annually as part of the CCG statutory audit.

East Sussex Learning Together Community Education Provider Network

Conflicts of Interest Policy

1. This policy formally sets out how ESBT CEPN will manage conflicts and potential conflicts of interest, ensuring that all members are aware of the process of declaring conflicts of interest.
2. This policy applies to all ESBT CEPN Delivery Board and Operational Task and Finish group members.
 - the directly employed workforce of ESBT Alliance organisations*
 - staff on interim contracts and other contractors working on behalf of the organisation; and
 - all other GP and practice staff working on behalf of the Group in any capacity

**Those members who complete Declaration of Interest forms for Eastbourne, Hailsham & Seaford CCG or Hastings & Rother CCG are not required to complete a further form for the CEPN.*

3. Anyone engaging with the ESBT CEPN in relation to the actual or potential provision of services or facilities to it will be required to comply with this policy as regards the declaration of any relevant or potential conflict of interest.
4. This policy is aligned to the latest Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG Managing Conflicts of Interest Policy updated in September 2016 which requires under legislation to hold and publish the information that you provide on the form in order to appropriately manage any **perceived, potential or actual** conflicts of interest.
5. Declaration forms should be completed to recognise your own interests and those of a partner/spouse family member, close friend or other acquaintance, with **all** relevant and material declarations made.
6. CEPN Delivery Board and Operational Task and Finish Group members must complete, submit and then keep up to date their declaration of interest (DOI) form. The form must be completed on **joining** the CEPN and also if a Board member **changes their** role / responsibilities, has a **new interest** to declare, if a **declared interest ends** or if re-**commissioning** starts. The form must be completed even if it is a **nil return**. This form must be updated every **six months**, even if there is no change to your situation. The form will be circulated to members prior to the expiry of the six month period by the CEPN Coordinator. If a member's circumstances change during the intervening period they must request a DOI from the CEPN coordinator so any changes in circumstances can be assessed and mitigated.
7. CEPN Delivery Board and Operational Task and Finish Group members are additionally required to declare any conflict/ potential conflicts of interest in relation to a decision to be made by the CEPN at the time it arises – for example at the start of a meeting, in order for this to be recorded.
8. The full policy and declaration forms can be accessed [here](#).

East Sussex Learning Together Community Education Provider Network

Communications and Engagement Guidance

1. Community Education Provider Network Overview

- 1.1 The CEPN is a network consisting of representatives of local health and social organisations together with education providers who come together as a group to collaborate on creating a workforce developed to its full potential which can achieve the best possible health and well-being outcomes for the local population
- 1.2 The CEPN will support the delivery of the ESBT Alliance aspirations, namely to create a sustainable health and social care economy across the ESBT Alliance footprint – that is Hastings & Rother CCG and Eastbourne, Hailsham & Seaford CCG.
- 1.3 Following the conclusion of the ESBT programme in June 2017, the ESBT Alliance was convened. The ESBT Alliance consists of four partner organisations – East Sussex County Council, East Sussex Healthcare Trust, Hastings & Rother CCG and Eastbourne, Hailsham & Seaford CCG. Sussex Partnership Foundation Trust is an associate member of the Alliance. The ESBT Alliance work together to create mixed teams of health and social care professionals.
- 1.4 The Governing Bodies of the partner organisations have now approved a strengthened Alliance arrangement to develop an Integrated Care system with a single leadership model.
- 1.5 It is anticipated that the CEPN will continue to mature and become a sustainable network that is able to respond to the workforce needs of the ESBT Alliance footprint as an integrated care system evolves.
- 1.6 Given ESBT is a recognised 'place' within the Sussex and East Surrey Sustainability Transformation Partnership (SES STP), the CEPN is directly involved in supporting delivery of the STP's aims and objectives through the appropriate development of the primary care and ESBT Alliance workforce.

2. Overarching priorities of the CEPN

The three overarching priorities of the network are:

- 2.1. Workforce planning and development to respond to local needs that enable the redesign of services within primary care and the community to better support general practice.
- 2.2 Improved education capability and capacity in primary and community settings through the development of multi-professional educators and through the creation of additional learner placements.
- 2..3 Improving education quality and governance (including where appropriate monitoring through quality control processes that regulatory / other frameworks provide) and by acting as a local coordinator of education and training for primary and community care to support general practice.

3. Key objectives to deliver the three overarching priorities

- 3.1 The key priority objectives are detailed in the CEPN Operating Plan for 2018-19. The plan is available at the ESBT CEPN web page on the East Sussex Better Together website or you can contact our CEPN and request a copy by emailing esbt-cepn@nhs.net

4. Communication and Engagement Objectives

- 4.1 To support practices and community organisations to sign up as members and participate in CEPN initiatives.
- 4.2 To enable the development of educational workforce initiatives in collaboration with the local primary care sector, HEE and NHS England.
- 4.3 To act as the catalyst to understand the workforce needs and population profiles to enable fit for purpose initiatives.
- 4.4 To raise the profile of education and community-based placements.

5. Methods of Communication

- 5.1 The CEPN is committed to communicating with a range of stakeholders across the ESBT and SES STP footprint and therefore will be applying the communication plan given at Table 1 overleaf:

Table 1: Methods of Communication with CEPN stakeholders

Organisation Stakeholder	Lead Contacts	Channel	Why	When / Frequency	CEPN Lead
East Sussex Better Together	Paula Gorvett, Vicky Howells	Attendance at ESBT Alliance meetings	To ensure alignment	On-going	Colleen Hart
University of Brighton	Helen Stanley, Principal lecturer Maria Birch Marian Willmer Dr Juliet Wright) Delivery board) members)	Lead contact regarding placements and CPD courses	On-going	Dee Kellett Dr Lindsay Hadley
GPs	Paula Gorvett	Attendance at GP Locality meetings Via GP newsletter Website	To communicate the role and remit of the CEPN As the first point of contact for contact/information	On-going	Colleen Hart Stuart Large Dr Lindsay Hadley
Practice managers and Administrative staff	CCG Communication team	Attend locality meetings Website	To introduce the network and to support workforce needs assessment As the first point of contact for contact/information	Attendance at locality meetings in partnership with the primary care team	Colleen Hart
Nurses / HCAs	Maz Finn, Lead for advancing practice	Group email Quarterly nurse newsletters GP newsletters MELEs Practice visits	To communicate the role and remit of the CEPN and to support workforce needs and assessment As the first point of contact for Information, advice and queries	Ongoing	Dee Kellett
STP board	Paula Gorvett	STP Network meetings and communications	To ensure alignment and collaborate where beneficial	Ongoing	Colleen Hart

Organisation / Stakeholder	Lead Contacts	Channel	Why	When / Frequency	CEPN Lead
Neighbouring STP footprint areas	Primary care workforce tutors (leading on CEPNs): Lizzie Izzard (Coastal & W Sussex), Penny McMichael (High Weald & Lewes), Helen Rignall (Brighton & Hove), Kerrie Myall (Crawley, Horsham & Mid-Sussex)	Primary care workforce tutors meeting	To keep up to date with progress and collaborate where beneficial	Ongoing	Colleen Hart Dee Kellett
LMC	Karthiga Gengatharan Jerry Luke Darren Tymens	Delivery board members	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Lindsay Hadley
GP Federations	Camilla Pashley Keith Newman (Rural Rother) Stephen French (Bexhill) Kirsten Adams (Hastings) Laura Bayford (Eastbourne)	Delivery Board Member	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Lindsay Hadley
Public Health	Joanne Bernhaut	Delivery board member	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart
East Sussex Healthcare Trust	Dawn Urquhart Assistant Director workforce Development Barbara Gosden, Clinical education manager	Delivery board member Operational T&F groups	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart Dee Kellett
Sussex Partnership Foundation Trust	Claire Marr, Education and Training Manager Susie Crawley, OD consultant	Delivery board/ Operational T&F group member	To communicate the role and remit of the CEPN To collaborate where beneficial	Monthly	Colleen Hart Dee Kellett

Organisation /	Lead Contacts	Channel	Why	When /	CEPN
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Stakeholder				Frequency	Lead
Community pharmacy	Eileen Callaghan Hinal Patel Service Development Senior Officer	Delivery board member Operational T&F Group Member	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart
Care homes	Kay Holden, AD adult social care	Delivery Board member?	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart
Social care	Kay Holden, AD adult social care		To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart
Voluntary services	Community services for each locality	Email	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart
Ambulance trust	TBC Education Manager	Email	To communicate the role and remit of the CEPN To collaborate where beneficial	Ongoing	Colleen Hart
Kingston St Georges	Kam Shingadia	Email	To communicate the role and remit of the CEPN To collaborate where beneficial	On going	Dee Kellett
Allied Health Professionals	Nicola Low, East Sussex County Council	Operational T&F Group member	To communicate the role and remit of the CEPN To collaborate where beneficial	On going	Colleen Hart
Skills East Sussex	Megan Hector East Sussex County Council	Operational T&F Group Member	To collaborate where beneficial		Stuart Large