# Performance Advisory Group

# Terms of Reference (TOR)

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## Purpose

The purpose of the Performance Advisory Group (PAG) is to provide a forum to discuss clinician performance issues which are of significant concern, but where the way forward is not otherwise clear. PAG should also provide leadership, oversight and co-ordination of clinician performance issues within BrisDoc services. This is ultimately in order to ensure patient safety.

The Group’s function is advisory to the Medical Director, who is the Chair. Any subsequent course of action will be determined by the Medical Director, the Director of Governance, Nursing and AHPs, and others as appropriate.

PAG will advise on performance management in a way that recognises the individual clinician’s welfare needs and best interests for the future, whilst assuring BrisDoc’s ability to provide safe and high-quality care to patients. Clinicians will normally be informed that they are to be discussed at PAG, although exceptions can be made. They will be advised, and, if requested, supported to seek pastoral support.

It is recognized that in the deliberations of PAG, there may be considerations pertaining to different BrisDoc values, eg. patient care, quality care, resource care, which are conflicting. These will be managed carefully and constructively, with, where appropriate, patient safety as the central focus.

## Criteria

Broadly, clinicians will be referred to PAG for the following reasons:

1. Performance concerns are such that external agency involvement, such as NHS England, the GMC, the NMC etc, may be required, but the position is not clearcut
2. The clinician is already known to an external agency relating to a current issue, but that body has elected not to suspend the person from clinical practice, or its deliberations are not yet completed
3. Other miscellaneous circumstances of sufficient concern, including, for a co-owner, disciplinary processes which raise PAG-type concerns

## Informal-PAG

When the concerns do not meet the threshold for “full” PAG, then the situation can be discussed at an Informal PAG. This is a forum for a “stock-take” of the clinician’s situation, the concerns which have arisen, any historical information, and anything else of relevance.

Informal PAG will initially be a regular meeting (quarterly), but could be convened on an “as needed” basis, whereas full PAG will normally be ad hoc.

External presence is not required at Informal PAG and the clinician will usually not be informed.

Informal PAG will normally be chaired by the Deputy Medical Director for Urgent Care, but may be chaired by another senior clinical leader if appropriate. A clinician can be proposed for referral to Informal PAG by any lead clinician, but must be signed off by a senior clinical leader (DMD or Director).

Otherwise, the responsibilities of PAG and Informal PAG are similar. Informal PAG is a new development and its utility and processes will be subject to active review.

## Paperwork

A standard proforma will be completed as part of the Informal PAG meeting. If an Informal PAG is not needed, then the proforma will be completed in advance of PAG, by the senior clinician leading the investigation, with input from other relevant colleagues (eg. governance) as needed.

## Responsibilities (of PAG and Informal PAG)

* To receive and carefully review clinicians where clinical performance is of concern
* To consider and advise on the standards of performance that cause concern for patient safety, taking into account all metrics, tangible and intangible
* To collectively agree and advise on recommended remedial actions, learning, and experiences for the clinician concerned, and/or for professional groups and/or for a BrisDoc service that would improve patient safety
* To source and/or provide specialist advice where required to:
  + understand a performance issue
  + provide advice on appropriate standards/best practice
  + make recommendations for change at individual/profession/service level
* To define and agree new clinical standards for BrisDoc that deliver best evidenced based practice, care and treatment, and improve patient safety
* To agree and advise where clinicians need referring to their professional body (GMC, NMC, HCPC)
* To agree and advise where GPs need referring to NHS England
* To receive the confidential findings of investigations where recommendations from the Group are required to agree next investigatory steps, or identify and implement remedial actions that would improve patient safety
* In certain circumstances, to determine if a clinician can continue to work for BrisDoc and advise accordingly
* To determine (for Informal PAG) and advise if a “full” PAG is warranted

The following metrics and information will be used as needed:

* Clinical Guardian performance
* Peer review audit performance
* Complaints/learning events/compliments
* Patient experience or other patient feedback (eg. PSQ)
* Colleague feedback, clinical and operational, internal and external, formal and informal
* General “noise”
* Other appropriate information

## Membership

**PAG** membership will comprise:

Core membership:

* Medical Director (Chair)
* Deputy Medical Directors - Urgent Care and Practice Services
* Director of Nursing, AHPs and Governance
* Head of IUC Nursing and AHPs
* Director of People and OD or nominated deputy
* Head of IUC
* Governance Manager
* External professional leads
  + LMC
  + Independent Nurse

Sub-groups of the Group may be formed to undertake discrete projects.

PAG will consult with external experts, if necessary, in the process of developing, reviewing and auditing standards of clinical practice and performance.

PAG will be chaired by the Medical Director. A Deputy Medical Director or the Director of Nursing, AHPs and Governance may deputise as Chair.

Informal PAG membership will comprise:

Core membership:

* Deputy Medical Directors - Urgent Care (Chair) and Practice Services
* Director of Nursing, AHPs and Governance
* Head of IUC Nursing and AHPs
* People Team representative (as needed)
* Head of IUC
* Governance Manager

## Frequency

PAG will meet on an ‘as needed’ basis. A meeting may be called by any member of the senior clinical leadership team. Informal PAG will initially meet quarterly, but can be convened as needed in exceptional circumstances.

## Quoracy

**Roles and Responsibilities**

Individual members of PAG and Informal PAG are *not* intended to hold any particular expertise in clinical performance assessment. The individual members are expected to read each case carefully and weigh up, according to their own experience and usual practice, whether there are any causes for concern (in the action taken, the record-keeping, the prescribing or any other aspect of the medical/nursing care), and, if so, the degree of concern.

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| **Role** | **Responsibility held on the PAG** |
| Medical Director | To set the standards for clinical performance across BrisDoc, ensure patient safety, and, on behalf of the BrisDoc Board, hold employed clinicians to account for their clinical practice and performance. |
| Deputy Medical Directors or Director of NAHPG | To deputise for the Medical Director. Set and uphold the standards of clinical practice and performance for clinicians employed in their service. Provide advice to the Group with respect to clinical practice and standards. |
| Head of IUC Nursing & AHPs | To set and uphold the standards of clinical practice and performance for nurses and ECPs employed in their service. Provide advice to the Group with respect to nursing, ECP and Pharmacist practice and standards. |
| Governance Team Manager | Service the Group, support the Medical Director and provide/support the provision of performance data |
| Director of People/OD or deputy | To advise on performance management processes and policy. |
| External Professionals | To provide expert independent and impartial advice and guidance to BrisDoc group members. |
| Heads of Service  /Practice Managers | To enable group members to understand the impact of performance that is of concern, and any recommendations on their service. |

## Quoracy for Decision Making

A PAG meeting will be considered to be quorate when four core members are present, and they comprise at least the Chair or an appointed deputy, a professional lead relevant to the clinician(s) being reviewed and an external representative, plus one other relevant party.

An Informal PAG meeting will be considered quorate when at least three core members are present, and they comprise at least the Chair, a professional lead relevant to the clinician(s) being reviewed, plus one other relevant party.

## Agenda and Action Points

Both PAG and Informal PAG agendas will be circulated, along with relevant papers, in the standard format five working days before each meeting, unless the meeting is urgent, in which case the agenda and papers will be tabled. Action Points will be circulated within two working weeks of each meeting.

## Anonymity

Clinicians discussed will be made anonymous where possible and referred to by a number. It will be the norm that the clinician will be made aware that their performance is being discussed at a PAG unless by exception, at the Medical Director’s discretion. It will be the norm that the clinician will not be made aware they are being discussed at Informal PAG, given its nature, although it is expected that appropriate feedback and support will be in train. This will be reviewed as IPAG develops.

## Exceptional Business

The Chair of PAG may convene a short notice meeting in the event of a serious clinical incident or other serious concern.

## Accountability, Reporting and Relationships

The Group is accountable to the Quality Board. BrisDoc’s Medical Director and the Director of NAHPG will be responsible for keeping the Corporate Leadership Board and Executive Directors informed of high-risk issues and key outcomes/decisions arising from the work of the Group.

This Group will work closely with the LOBs with respect to an employed workforce that is clinically competent, skilled and knowledgeable to deliver appropriate high quality, evidenced based care, treatment and advice.

## Review

The TOR for the Co-owners Council will be reviewed annually.

### Version Control

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| **Version** | **Date** | **Author** | **Changes Overview** |
| V1.0 | 23/06/2022 | Kathy Ryan (Medical Director) | New TOR Review |
| V2.0 | 07/11/2023 | Kathy Ryan (Medical Director) | Informal PAG added |