

Performance Advisory Group Terms of Reference (TOR)

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Performance Advisory Group
Terms of Reference (TOR)

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Performance Advisory Group

Terms of Reference (TOR)

Purpose

The purpose of the Performance Advisory Group (PAG) is to provide leadership, oversight and co-ordination of all clinician performance issues within BrisDoc services. This is in order to assure patient safety and uphold the centrality of providing high quality patient care across BrisDoc's services, in accordance with the organisation's core values for patient and quality care.

The Group's function is purely *advisory*. Any subsequent course of action will be determined by the Medical Director and others as appropriate.

The Group will advise on performance management in a way that recognises the individual'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 be advised, and if requested, supported to seek pastoral support.

Responsibilities

- To receive and review cases 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 available for the clinician
- To collectively agree and advise on recommended remedial actions, learning, and experiences for individuals, professional groups or 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/protocols for BrisDoc that deliver best evidenced based practice, care and treatment, and improve patient safety
- To agree where clinicians need referring to their professional body (GMC, NMC, HPC)
- To agree 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

The following metrics will be used as needed:

- Clinical Guardian performance
- Peer review audit performance
- Complaints/incidents/compliments relating to individuals
- Patient experience reports on individuals.

Membership

The membership will comprise:

Core membership:

- Medical Director
- Deputy Medical Directors - Urgent and Practice Services
- Director of Nursing, AHPs and Governance

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- Head of IUC Nursing and AHPs
- Head of Workforce
- Head of Integrated Urgent Care
- External professional leads
 - LMC
 - Independent Nurse

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

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

The Group will be chaired by the Medical Director. A Deputy Medical Director or the Director of Nursing, AHPs and Governance may stand-in as Chair.

Frequency

The Group will meet on an 'as needed' basis. A meeting may be called by any member of the senior clinical leadership team.

Quoracy

Roles and Responsibilities

Individual members of the Group 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.

Role	Responsibility held on the PAG
Medical Director	To set the standards for clinical performance across BrisDoc 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	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	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
Head of Workforce	To advise on performance management processes and policy.

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External Professionals	To provide expert independent and impartial advice and guidance to BrisDoc group members.
Individual Clinicians	To share appropriate working practices for their profession and service, and provide advice on performance and improvement needs.
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 meeting will be considered to be quorate when four individuals of the membership are present and there is present at least the chair or her appointed deputy, a professional lead relevant to the clinicians being reviewed and an external representative.

Agenda and Action Points

The agenda 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.

Exceptional Business

The Chair 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

Version	Date	Author	Changes Overview
V1.0	23/06/2022	Kathy Ryan (Medical Director)	New TOR Review