# Practice Services Leadership Oversight Board (PSLOB)

# Terms of Reference (TOR)

|  |  |  |
| --- | --- | --- |
| **Version:** | **Owner:** | **Created:** |
| 2.1 | Caroline Stovell (Deputy Medical Director – Practice Services) | 25th July 2022 |
| **Published:** | **Approving Director:** | **Next Review** |
| 25/06/2025 | Rhys Hancock (Director of Nursing, AHPs and Governance) | 25/09/2025 |

# Contents

[Purpose 3](#_Toc109744974)

[Responsibilities 3](#_Toc109744975)

[Co-owners Council Engagement 4](#_Toc109744976)

[Membership 4](#_Toc109744977)

[Frequency 5](#_Toc109744978)

[Quoracy 5](#_Toc109744979)

[Reporting and Accountability 5](#_Toc109744980)

[Review 5](#_Toc109744981)

[Agenda Template 5](#_Toc109744982)

## Purpose

The Practice Services Leadership Oversight Board (PSLOB) will hold responsibility for the safe and effective delivery of the Practice Services namely Broadmead Medical Centre, Charlotte Keel Medical Centre, and Homeless Health.

The format of this meeting will be in the form of a by exception approach. Ensuring time is adequately afforded to addressing risks, issues and celebrating successes.

## Responsibilities

The PSLOB will hold responsibility and perform seven key functions:

### 1. Leadership

* Provide leadership within a framework of prudent and effective controls which enable risk to be assessed and managed
* Provide clear communication on the outcomes of PSLOB to senior management and all staff
* Ensure and monitor compliance with business plans, service objectives, policies and procedures

### 2. Culture

* Ensure the culture and values are widely communicated and that the behaviour of the Board is entirely consistent with those values

### 3. Strategy

* Contribute to the development of BrisDoc’s strategic aims
* Contribute to the development of the annual business plan and ensure its delivery within the individual services
* Contribute to organisational change via liaison with the Growth and Futures group
* Deliver the key service objectives to meet strategic objectives. Ensure these are translated and documented and clearly communicated
* Manage performance to ensure objectives are met
* Ensure that national policies and legislative requirements are effectively addressed and implemented

### 4. Governance

* Ensure that the highest standards of corporate governance (including Clinical, Financial, Workforce, Risk Management, Statutory) and personal integrity are maintained in the conduct of delivery of the Services
* Ensure compliance with the relevant statutory requirements, including Companies Act and Financial Regulations and contractual obligations
* Ensure that the Service functions effectively, efficiently and economically.

### 5. Quality

* Ensure the quality and safety of the service in collaboration with the Quality Board
* Meet and apply the standards and principles of clinical governance set out by the Department of Health, NHS England, the Care Quality Commission (CQC) and other relevant bodies
* Ensure services achieve all the standards required by CQC covering five key themes; Safe; Effective; Caring; Responsive; and Well-led
* Develop and monitor a dashboard to provide visibility of compliance and performance (e.g., CQC KLOEs, evidence -based clinical care, KPIs, cost, resource/cost, run rate, workforce performance)
* To embrace and deliver a continuous improvement approach, e.g., as a result of need, incident or innovation.

### 6. Risk Management

* Ensure an effective system of integrated governance, risk management and internal control across the Service
* Ensure an effective and safe clinical and operational risk management process
* Identify and record all risks and ensure Board oversight and systematic review of highest graded risks and ensure all risks are effectively recorded and managed

### 7. Communication

* Ensure an effective communication channel exists between the Service Leadership, staff, patients and the local health economy

## Co-owners Council Engagement

The PLT will maintain a clear channel of communication with the co-owners’ council, so that both parties are able to share information and consult one another as appropriate. This will ensure that the co-owners’ council remains part of this group’s consciousness when making key decisions.

## Membership

The membership of the Board will be comprised of;

* Practice Services Deputy Medical Director (Chair)
* Non-executive Director focused on Practice Services
* Programme and Service Director
* Director of Nursing, Allied Health Professionals and Governance
* Governance Manager
* Head of People
* Practice Managers
* GP Leads
* Lead Nurse/Allied Healthcare Professional for each practice
* Lead Pharmacist

In addition, members will be co-opted into the group if particular issues or projects arise that require expertise from individuals other than substantive members.

## Frequency

The Practice Services Leadership Oversight Board will meet on a monthly basis. Additional exceptional meetings can be called by the chair as required.

## Quoracy

A minimum of four members, with at least two Directors to be present for a decision to be made.

## Reporting and Accountability

The PSLOB is accountable to the Corporate Leadership Board. The Chair will report to the Corporate Leadership Board on the activity and outputs of the PSLOB, providing assurance on service performance and safety.

## Review

The TOR for the PSLOB will be reviewed annually.

### Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Changes Overview** |
| V1 | 20/11/2018 | Deb Lowndes (Programme and Service Director) | Initial TOR |
| V2 | 25/07/2022 | Rhys Hancock (Director of Nursing, AHPs and Governance) | Review and Update to support meeting structure update. |
| V2.1 | 25/06/2025 | Rhys Hancock (Director of Nursing, AHPs and Governance) | Extended review date for 3 months, wider organisational changes underway, including corporate governance and PCN restructuring. |

## Agenda Template

|  |  |  |
| --- | --- | --- |
| **Number** | **Item** | **Presenter** |
| 1 | Introductions, Apologies & Conflicts of Interest | Chair |
| 2 | Previous Minutes and Action log | Chair |
| 3 | Activity & Performance (QOFs/KPIs) | Practice Managers |
| 4 | Items for Approval | Chair |
| 5 | Items for Discussion | Chair |
| 6 | PCN | Chair |
| 7 | Vacancies | Practice Managers |
| 8 | Staff Well-Being | Chair |
| 9 | PDR/Mandatory training | Head of People |
| 10 | Risks | Director of Governance |
| 11 | Issues | Director of Governance |
| 12 | AOB | All |
| 13 | Comms from the meeting | Chair |