

Practice Services Leadership Oversight Board (PSLOB) Terms of Reference (TOR)

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Purpose

The Practice Services Leadership Oversight Board (PSLOB) is established to provide robust oversight and assurance regarding the safe, effective, and sustainable delivery of Practice Services (including Broadmead Medical Centre, Charlotte Keel Medical Centre, Homeless Health, and BrisDoc PCN).

The PSLOB will:

- provide assurance to the Strategic Leadership Team and Board on service performance, quality, workforce, finance, and risk.
- ensure delivery of agreed business plans, service objectives, and quality improvement programmes.
- maintain operational grip on performance, workforce capacity, access, and financial sustainability.
- identify emerging risks and opportunities and ensure appropriate escalation.
- support a culture of continuous improvement, safety, and learning across Practice Services.

The PSLOB operates using a by-exception approach, focusing time on areas of risk, unwarranted variation~~nee~~, and strategic importance while recognising and sharing good practice.

The PSLOB does not replace the independent clinical assurance role of the Clinical Quality and Performance Committee (CQPC) but works in partnership to ensure strong triangulated governance.

Responsibilities

The PSLOB will hold responsibility and perform seven key functions:

Leadership and Delivery

- provide visible leadership for Practice Services.
- ensure services operate within a framework of prudent and effective controls.
- monitor delivery against business plans and service objectives.
- ensure national policy, contractual and legislative requirements are implemented.
- ensure clear communication of PSLOB outcomes to senior management and staff.

Culture

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

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Strategy and Planning

- contribute to development and delivery of BrisDoc strategic aims as they relate to Practice Services.
- oversee delivery of the annual business plan and Quality Improvement Programmes.
- monitor PCN delivery and performance.
- support organisational change through liaison with the Strategic Leadership Team.
- ensure service objectives are clearly translated into operational plans.

Quality and Patient Safety

Working in partnership with the Clinical Quality and Performance Committee, the PSLOB will:

- monitor service quality and safety metrics.
- oversee delivery of improvement actions arising from incidents, complaints and audits.
- ensure CQC fundamental standards are embedded across services (Safe, Effective, Caring, Responsive, well-led).
- review patient experience themes and ensure improvement actions are implemented.
- maintain oversight of safeguarding performance and learning within Practice Services.

The PSLOB provides first-line operational oversight of quality; CQPC provides independent clinical assurance and challenge.

Performance and Access

- review and challenge performance against key metrics (including QOF, IIF, access, continuity and patient experience).
- oversee delivery of PCN and practice performance requirements.
- ensure corrective action plans are in place where performance is off track.
- monitor demand, capacity and access balance across services.
- ensure performance intelligence is triangulated with workforce and quality indicators.

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.

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Risk Management and Assurance

- maintain oversight of the risk register for items related to practice services.
- ensure risks are appropriately identified, scored and mitigated.
- review high-scoring risks and themes.
- ensure alignment with the corporate risk framework and Board Assurance Framework (BAF).
- escalate material risks to the Strategic Leadership Team and/or CQPC as appropriate.

Communication and Engagement

- ensure effective communication channels exist between service leadership, staff, patients and system partners.
- oversee communication planning for significant service change.
- ensure learning and key messages from PSLOB are disseminated appropriately.
- consider reputational and stakeholder risks relating to Practice Services.
- Ensure an effective communication channel exists between the Service Leadership, staff, patients and the local health economy.

Co-owners Council Engagement

The PSLOB 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

Core Members

- Head of Practice Services (Chair)
- Practice Services Deputy Medical Director
- Non-Executive Director (Practice Services focus)
- Director of Finance and Commercial
- Director of Nursing, AHPs and Governance
- Governance Manager
- Management Accountant – Practice Services
- People Partner – Practice Services
- Practice Managers
- GP Leads
- Lead Nurse/AHP for each practice
- Lead Pharmacist

Standing Attendees

- Head of Communications (or nominee) – where service change, patient communications or reputational risk is being discussed

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Co-opted Members

Additional members may be co-opted for specific agenda items at the discretion of the Chair. In addition, members will be co-opted into the group if issues or projects arise that require expertise from individuals other than substantive members.

Frequency

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

Quoracy

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

Reporting and Accountability

The PSLOB is accountable to the Strategic Leadership Team.

The Chair will:

- provide regular assurance reports to the SLT and CEO.
- escalate material risks and concerns in a timely manner.
- ensure actions are tracked to completion.

Agendas and minutes will be shared with relevant corporate committees to support triangulated governance.

Delegated Authority

The PSLOB is authorised by the Strategic Leadership Team to:

- approve operational improvement plans within Practice Services.
- approve service-level policies and procedures (excluding those reserved to Board or CQPC).
- oversee delivery of agreed budgets and workforce plans.
- commission deep dives into areas of performance concern.

The PSLOB will escalate to the Strategic Leadership Team and/or CQPC where:

- risks exceed agreed tolerance.
- there are significant clinical safety concerns.
- regulatory compliance is at risk.
- financial variance exceeds agreed thresholds.

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Committee Interfaces

To support effective corporate governance and avoid duplication:

- The PSLOB provides operational assurance on Practice Services performance, quality, workforce, and risk.
- The Clinical Quality and Performance Committee (CQPC) provides independent clinical assurance and challenge.
- The PSLOB will escalate material clinical quality concerns to CQPC.
- CQPC may request deep dives from PSLOB where assurance is insufficient.

Review of Effectiveness

The PSLOB will review its effectiveness and these Terms of Reference **annually**, recommending any changes to the Strategic Leadership Team for approval.

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.
V3	11/03/2026	Diane Douglas (Head of Practice Services)	Review and update to support organisational structure change.

Agenda Template

Number	Item	Presenter
1	Introductions, Apologies & Conflicts of Interest	Chair
2	Previous Minutes and Action log	Chair
3	Performance and access dashboard (by exception)	HoPS – (Practice Managers by exception)
4	Quality and patient safety	Deputy Medical Director
5	Workforce and wellbeing	People Partner – Practice Services
6	Finance and productivity	Management Accountant – Practice Services
7	PCN and strategic programmes	HoPs (or nominated Programme/PCN Lead)
8	Risk and Issues	Governance Manager
9	Items for Approval	Chair
10	Items for discussion	Chair

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11	Communications from the Meeting	Chair
12	AOB	All

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