

Framework for managing performer concerns:

NHS (Performers Lists) (England)
Regulations 2013

Annex 2 – performance advisory
group (PAG) terms of reference v2



Annex 2: Performance Advisory Group (PAG) terms of reference

Constitution and authority

NHS England has established a sub-group within each area team to be known as the performance advisory group (PAG). It has authority to undertake any activity within these terms of reference.

Membership and quoracy

The PAG will be a repository of expertise provided by individuals with in-depth knowledge of performance procedures and professional standards and able to provide advice on handling individual cases. Quorate membership should comprise three individuals. These are:

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1. An appropriately experienced clinician nominated by the medical director with recent clinical practice;
2. A senior NHS manager with a performance role;
3.
 - i) A senior manager from the operations or nursing directorate who will bring expertise in patient safety and patient experience **or**
 - ii) A lay member who will act as the patient / public advocate **or**
 - iii) A discipline specific practitioner.

NOTE: A decision on the chairperson and the third quorate member will be taken following consultation and will be the same for each PAG.

Each member of PAG will be appointed against a role competency. Additional non-voting members and advisors may be invited by the chair from time to time.

Frequency

The PAG will meet as frequently as is required, as dictated by caseload.

Purpose

- a) To provide advice, support, and take action where performance concerns have been raised

- b) To ensure that all concerns of primary care performers or pharmacy contractors are managed in accordance with the NHS England framework for managing performer concerns.
- c) To ensure that performers in difficulty who do not present a threat to patient safety or public interest are sign posted to the relevant agencies for support or can access occupational health to help prevent their performance from falling below the standard expected of the profession.

Objectives

- a) To ensure that all concerns are considered, investigated where appropriate, and managed in the interest of patient safety and high standards of patient care
- b) To ensure that primary care practitioners whose performance, conduct or health has given cause for concern are supported to return to a satisfactory standard
- c) To ensure a fair, open, consistent and non-discriminatory approach to the management of concerns
- d) To facilitate the resolution of concerns through appropriate agreed local action and support for improvement.

Duties

- a) To receive all intelligence which highlights issues of concern related to a named primary care performer or pharmacy contractor
- b) To consider each individual case presented in detail and decide whether further action is required, further information is required, or that there is no case to answer
- c) To decide upon and agree, ideally through consensus but if not through the majority, a relevant course of action, the level of support required and the resources required
- d) To ensure that details of the primary care performer or pharmacy contractor where a concern has been discussed, details of the actions and outcome, and details of the whistleblower, if applicable, are managed in accordance with the NHS England policies.
- e) To monitor progress in relation to the investigation of concerns and where appropriate of compliance and progress with remediation for cases and action plans which have been agreed outside of the NHS (England) (Performers Lists) Regulations 2013, and decide when the case can be closed, or whether further action is required
- f) Where appropriate, to request a formal investigation
- g) Where appropriate, to refer to occupational health.
- h) Where appropriate, to refer to external agencies for advice, for example National Clinical Assessment Service (NCAS), national professional and

- representative bodies, local representative committees, local education and training boards, or other advisory bodies
- i) To request action by the PLDP if necessary
 - j) Where delegated by the PLDP to review progress of performers who have conditions imposed, provide a report and recommendations to the PLDP for the PLDP to make a decision in accordance with NHS (England) (Performers Lists) Regulations 2013.

Reporting

- The chair of the PAG will carry out referrals to the PLDP
- The chair of the PAG will report serious concerns related to a performer or contractor to the responsible officer/medical director