# Charlotte Keel Medical Practice (CKMP) Practice Lead Team Meeting (PLT) Terms of Reference (TOR)

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| 1.0 | Hayley Fisher (CKMP Practice Manager) | 22/11/24 |
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| 29/01/2025 | Rhys Hancock (Director of Nursing, AHPs and Governance. | 29/01/2026 |

# Contents

[Purpose 3](#_Toc189050087)

[Responsibilities 3](#_Toc189050088)

[Membership 5](#_Toc189050089)

[Frequency 5](#_Toc189050090)

[Quoracy 5](#_Toc189050091)

[Reporting and Accountability 6](#_Toc189050092)

[General Guidelines 6](#_Toc189050093)

[Agenda Template 7](#_Toc189050094)

## Purpose

The Practice Lead Team will hold responsibility for the safe and effective delivery of services run from Charlotte Keel Medical Practice.

The format of this meeting will be in the form of a weekly meeting with representatives from each team, ensuring time is adequately afforded to addressing risks, issues and celebrating successes.

The third Friday of the month will be a wider Practice Lead Meeting and will include our second Lead GP, a representative from the people team, Director of Nursing, AHP’s and Governance and the Deputy Medical Director - Practice Services.

## Responsibilities

The core PLT will hold accountability and responsibility and perform 7 key functions. The wider PLT is not accountable for decision making.

**Leadership**

Provide leadership by discussing issues of concern and formulating clear action plans to bring about improvement.

Provide clear communication on the outcomes of PLT to senior management and all staff as appropriate and necessary.

Issues of concern to discussed at the Practice Services Leadership Operational Board (PSLOB) for support and guidance, when and if necessary.

Ensure and monitor compliance with business plans, service objectives, KPIs (Key Performance Indicators), policies and procedures

**Culture**

Ensure the Board agenda, outcomes and leadership is consistent with the values of Brisdoc.

**Strategy**

Act as a decision-making body for Practice level agenda items where there is no impact on the wider Brisdoc team (including Broadmead and Homeless Health), including members of the wider PLT for decision making where appropriate. Stimulate and consider new ideas and suggestions and ensure they are taken forward where appropriate.

Discuss and make decisions about any current clinical / operational issues and any policy improvement and changes that may be necessary. Prepare action plans to facilitate change.

Review service level performance against key targets (QOF, CQC (Care Quality Commission), ES (Enhanced Services), PCN (Primary Care Network), other…) and initiate appropriate actions for improvements.

Discuss service risks in relation to service delivery and finance and formulate action plans for improvement in liaison with senior leadership delegate.

PLT to collaborate and communicate with PSLOB on items that may affect the wider Brisdoc team for discussion, decision and support.

PSLOB will take any items to the relevant Brisdoc board for decision where a decision is not appropriate or possible at PSLOB.

PLT Decision making will be by consensus. Where there is disagreement, the item will be added to PSLOB for wider discussion.

Ensure all actions and changes are documented and clearly communicated to wider practice team.

Monitor and discuss staff wellbeing and consider ways to improve staff morale.

**Governance**

Ensure compliance with the relevant statutory requirements, i.e. CQC, PCN and contractual obligations

Ensure that the Service functions effectively, efficiently, and economically.

Feed back concerns to PSLOB and Senior management delegate when they become apparent.

**Quality**

To embrace and deliver a continuous improvement approach, e.g., in response to need, incident or innovation.

To ensure issues and service improvements are shared with the Senior Leadership associated with the service.

To report any shared learning opportunities with the PSLOB

To review the risk register & quality dashboard prior to the PSLOB

**Risk Management**

To discuss any risks identified by staff or leadership team, discuss, and formulate an action plan and feed into the corporate risk register.

**Communication**

Ensure effective communication occurs between PLT, PSLOB, staff, patients, other Brisdoc boards and wider PCN as necessary and appropriate.

Feed up to PSLOB for discussion at wider meeting any issues, concerns, service improvements, celebrations as necessary and appropriate.

Update from PLT to wider CK team at monthly Practice wide meetings and in staff newsletters

**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 Lead Team Meeting will be comprised of:

Practice Manager (Hayley Fisher)

Operations Manager (Kerry Hall and Claudia Filipe)

Lead GP (Dr Andrea Priestley)

Lead Nurse (Jodie Godfrey and Danielle Townsend)

Project Manager (Sharron Norman – For duration of Bid mobilisation)

Deputy Medical Director - Practice Services (Dr Caroline Stovell – Wider PLT)

Director of Nursing, AHP’s and Governance (Rhys Hancock – Wider PLT)

Lead GP (Dr Shaba Nabi – Wider PLT)

Representative from People Team

In addition, other members of staff can be brought in to attend for specific topics, processes or projects.

## Frequency

The PLT will meet on a weekly basis in person. The wider PLT will be on Teams. Additional exceptional meetings can be called by any of the team, as required.

## Quoracy

A minimum of one member from each of the following teams to be present for the meeting to go ahead.

* Management Team - Clinical Team

For items that need a decision, proposals should be sent to all leads in advance, to enable them to share their decision in the event of them not being able to attend. A decision cannot be made for a particular team, if the team lead is not present or hasn’t shared their decision in advance

## Reporting and Accountability

The PLT is accountable to the PSLOB. Chair will report to the PSLOB on the activity and outputs of the PLT, providing assurances on service performance and safety.

## General Guidelines

* Agenda to be sent no later than Wednesday at 10am to give adequate time for review of embedded documents.
* Chair to coordinate updates ready for the meeting rather than ask for updates at the meeting.
* Agenda items to be numerated for ease for the minute taker.
* Chair to be clear on what needs to be recorded to save excessive notes and enable minute taker to be part of the conversation.
* Items on PLT should be complete and ready for decision making. Emails between the appropriate parties should be utilised to get to decision making level.

### Review

The TOR for the PLT will be reviewed annually.

### Version Control

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| **Version** | **Date** | **Author** | **Changes Overview** |
| V1.0 | 22/11/24 | Hayley Fisher | TOR created |

## Agenda Template

Week 1 – (To Include Shaba Nabi) 1.5hrs

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Item** | **Notes** | **Lead** |
| 1 | Welcome and wellbeing check in & Team Morale |  | HJF |
| 2 | Action Log Review | [Action Log](file:///\\Bristol.XSWHealth.nhs.uk\GP\Charlotte%20Keel%20Medical%20Practice\PracticeArea\!SECURE\PLT\PLT%20Minutes\PLT%20minutes%202023-24\MASTER%20Action%20and%20Decision%20Log.xlsx2.xlsx) | HJF |
| **PSLOB – Updates, Innovation & Project Review** | | | |
| 3 | Bid Update- Forward Planning |  | CXS/SXN |
| 4 | Updates on significant ongoing and new initiatives |  | HJF |
| 5 | PCN Updates for decision |  | HJF/AXP |
| **Quality Board Items** | | | |
| 6 | New Research or QI Projects |  | HJF |
| 7 | CQC – Update and any new actions/Regulations |  | AXP |
| 8 | Medicines & Prescribing Update |  | STN |
| 9 | Complaint Themes |  | STN/HJF |
| 10 | Learning even themes/Examples of good sharing |  | DKT/AXP/JAG |
| **Staff & Wellbeing** | | | |
| 11 | Team Updates  Successes?  Challenges? |  | All Leads |
| 12 | Initiatives to support staff morale & Health |  | HJF |
| **13** | **AOB** |  |  |

Week 2 – 1 hour

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Item** | **Notes** | **Lead** |
| 1 | Welcome and wellbeing check in & team morale |  | HJF |
| 2 | Action Log Review | [Action Log](file:///\\Bristol.XSWHealth.nhs.uk\GP\Charlotte%20Keel%20Medical%20Practice\PracticeArea\!SECURE\PLT\PLT%20Minutes\PLT%20minutes%202023-24\MASTER%20Action%20and%20Decision%20Log.xlsx2.xlsx) | HJF |
| **PSLOB – Updates, Innovation & Project Review** | | | |
| 3 | PCN Updates prior to PCN meeting |  | AXP/HJF |
| 4 | Current Innovations at Practice Level |  | HJF |
| 5 | Review ongoing projects |  | HJF |
| 6 | New Project Proposals |  | HJF |
| **Quality Board** | | | |
| 7 | Health, Safety & Security Updates |  | KLH |
| 8 | IPC audits & Updates |  | JAG/DKT |
| 9 | Risks & Issues   * New risks to be escalated to QB |  | HJF |
| **Staff & Wellbeing** | | | |
| 10 | Team Updates  Successes?  Challenges? |  | All Leads |
| 11 | AOB |  |  |

Week 3 – 1 Hour

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Item** | **Notes** | **Lead** |
| 1 | Welcome and wellbeing check in & Team Morale |  | HJF |
| 2 | Action Log Review | [Action Log](file:///\\Bristol.XSWHealth.nhs.uk\GP\Charlotte%20Keel%20Medical%20Practice\PracticeArea\!SECURE\PLT\PLT%20Minutes\PLT%20minutes%202023-24\MASTER%20Action%20and%20Decision%20Log.xlsx2.xlsx) | HJF |
| **PSLOB – Compliance and Governance** | | | |
| 3 | PCN Updates – After PCN Meeting |  | AXP/HJF |
| 4 | Review New Policies for Approval |  | HJF |
| 5 | Safeguarding Updates |  | AXP/JAG |
| **Quality Board** | | | |
| 8 | Outstanding DSA’s |  | HJF |
| 9 | New DSA |  | HJF |
| 10 | IT Updates |  | HJF/CIF |
| **Staff & Wellbeing** | | | |
| 10 | Team Updates  Successes?  Challenges? |  | All Leads |
| 11 | AOB |  |  |

Week 4

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Item** | **Notes** | **Lead** |
| 1 | Welcome and wellbeing check in & Team Morale |  | HJF |
| 2 | Action Log Review | [Action Log](file:///\\Bristol.XSWHealth.nhs.uk\GP\Charlotte%20Keel%20Medical%20Practice\PracticeArea\!SECURE\PLT\PLT%20Minutes\PLT%20minutes%202023-24\MASTER%20Action%20and%20Decision%20Log.xlsx2.xlsx) | HJF |
| **Assess Key Performance Metrics** | | | |
| 3 | QOF |  | JAG |
| 4 | Health Nav KPIs |  | KLH |
| 5 | Admin KPIs |  | CIF |
| 6 | Access KPIs |  | CIF/AXP/KLH |
| **Access & Finance** | | | |
| 7 | Locum requirement for month ahead |  | KLH |
| 8 | Any access challenges |  | CIF/KLH |
| **Staff & Wellbeing** | | | |
| 10 | Team Updates  Successes?  Challenges? |  | All Leads |
| 11 | AOB |  |  |