**[insert company name]:**

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| Document name: Managing PerformanceAuthor: Approved by:  |

**Managing Staff Performance**

1. **Definitions**

The following definitions will apply in this document:

* The Company will be known as “the Company”
* The Clinical Commissioning Group(s) commissioning community services will be known as ‘the commissioner’
1. **Introduction**

It is the Company’s responsibility to deliver the community service(s) to the public, as commissioned by the commissioner. This Standard Operating Procedure explains how the Company will ensure that the commissioner’s requirements will be fully met at all times.

The Company will be responsible for the monitoring of all its clinical governance and quality assurance arrangements including dealing with complaints and monitoring and managing the performance of Company staff. This includes:

* Implementation of the appropriate performance management measures.
* Addressing training needs and implementing any training.
* Designing communications to stakeholders as relevant, e.g. Company website

The contract between the Company and the commissioner will set out the Company’s responsibilities in managing the optometrists providing the service.

Any performance shortfalls and/or complaints identified will be resolved by the Company.

Any issues identified will be resolved promptly and efficiently to ensure minimal impact to service delivery. The Company’s Serious Incidents and Complaints policies may operate alongside this policy as necessary.

Performance monitoring enables the Company to make continuous improvements to its service delivery in driving patient outcomes. The Company also holds a separate Quality and Continuous Improvement Policy.

1. **Key Performance Indicators**

Key Performance Indicators (KPIs) as set by the commissioner will be recorded. The KPIs will be set specific to each contract but an example is given below for illustration purposes:

|  |  |
| --- | --- |
| Subcontractor [insert practice name] |  |
| Total number of new appointments attended |  |
| Total number of follow up appointments attended |  |
| Total number Of DNAs (from GP referrals) |  |
| Total number Of DNAs (from self referrals) |  |
| Total number of onward referrals to secondary care |  |
| Total number of referrals triaged within specified time (as per contract)  |  |
| Total number of patients seen within specified time - urgent(as per contract) |  |
| Total number of patients seen within specified time – non urgent(as per contract) |  |
| Total number of complaints |  |
| Patient survey results |  |

1. **Identifying Poor Performance**

Key Performance Indicators (KPIs) as set by the commissioner will be analysed on a monthly basis to identify outliers and poor performance. The KPIs will be set specific to each contract but an example is given below for illustration purposes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Performance Indicator*** | ***Actual*** | ***Percentage of total reports submitted*** | ***Target Percentage of total reports submitted*** | ***Average Percentage of total reports submitted*** |
| Number of onward referrals to secondary care |  |  |  |  |
| Number of patients triaged within specified time  |  |  |  |  |
| Number of patients seen within specified time - urgent |  |  |  |  |
| Number of patients seen within specified time – non urgent |  |  |  |  |
| Number of complaints |  |  |  |  |
| Number of patients satisfied with service |  |  |  |  |

1. **Managing Poor Performance**

When a specific performance concern has been identified within the service provided the company will investigate the concerns.

Examples of performance concerns that would require investigation are:

* An optometrist (at the Company) appearing to refer a very high number (or low number) of patients onto the hospital.
* The hospital has raised concerns about the quality of onward referrals from an optometrist.
* The Company has a high rate of follow up appointments.
* The Company is recommending unnecessary MECS appointments when a routine sight test would be appropriate.
* The Company is not seeing patients within the specified timescales.
* Poor levels of patient satisfaction reported in patient surveys.

Where significant outliers are identified from an audit, or as a result of other evidence e.g. secondary care complaint, a random selection of patient records will be reviewed by the Company to determine the appropriateness of its clinical decision making. This will also demonstrate whether clinical protocols are being adhered to and assess record keeping.

Where concerns about the quality of service provided by the Company are raised, patient survey results, complaints and other appropriate evidence will be analysed to establish where the concerns are justified.

The Company will manage under-performing staff using a five stage breach process to ensure that the commissioner’s requirements are fully met at all times.

The Company will incorporate into its procedures relevant findings resulting from the management of staff performance in order to maximise the quality of the service and achieve continuous improvement.

**Five Stage Breach Process for the Management of Subcontractor Performance**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Incident*** | ***Action by the Company***  | ***Commissioner notified*** |
| **Breach 1** | First performance incident | The Company will discuss the incident with its member of staff and highlight KPIs. The staff member will be directed to revisit the clinical and administrative protocols and guidelines as appropriate.Breach letter 1 issued. Company to confirm in writing that any remedial action required will be taken. | N |
| **Breach 2** | Second performance incident | The Company will arrange training or mentoring visit with the member of staff and a peer discussion session if appropriate.Breach letter 2 issued. Company to confirm in writing that any remedial action required will be taken within 4 weeks. | N |
| **Breach 3** | Third performance concern in 12 month period | The Company will arrange further training, and a peer discussion session if appropriate.Breach letter 3 issued. Subcontractor to confirm in writing that any remedial action required will be taken and provide evidence of such to the clinical governance and performance lead within 4 weeks. | N |
| **Breach 4** | Fourth performance concern in 12 month period | Suspension Letter issued.Staff member removed temporarily from list of optometrists provided to commissioner.Patients in progress directed to other optometrists.The Company will arrange further training, and a peer discussion session if appropriate.Demonstration of optometrist competence required before treating further patients on the service. If competence cannot be demonstrated a Contract Termination Letter will be issued. | Y |
| **Breach 5** | First performance concern in 6 month period following reinstatement of contract following a period of suspension | Employment Termination Letter issued.Optometrist removed permanently from list provided to commissioner.Patients in progress directed to other optometrists. | Y |

The Company’s Managing Staff Performance document will be reviewed annually with commencement date [insert date].