# Performance Management Conference Call Group

# Terms of Reference (TOR)

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| 1.0 | Nicki Clegg (HRBP) | 25/07/2022 |
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## Purpose

The Performance Management Conference Call Group (PMCCG) will be put in place where it is felt an individual’s performance presents a serious risk to patients and/or staff. In the first instance, the relevant manger must firstly call a PMCCG to clarify whether invoking the formal performance process (in lieu of the informal process) is the best route.

This is in order to assure patient and staff safety and uphold the centrality of providing high quality patient care across BrisDoc’s services, in accordance with the organisation’s core values.

The Group’s function is purely *advisory*. Any subsequent course of action will be determined by the Medical Director and others as appropriate.

The Group will advise on performance management in a way that recognises the individual’s welfare needs and best interests for the future, whilst assuring BrisDoc’s ability to provide safe and high-quality care to patients. Operational staff will be advised, and if requested, supported to seek pastoral support.

## Responsibilities

* To receive and review cases where operational performance is of concern i.e., serious risk to patients and/or staff
* To consider and advise on the standards of performance that cause concern for patient and/or staff safety, taking into account all metrics available for the Operational staff
* To collectively agree and advise on whether an informal or formal performance management process is appropriate, outlining the rationale for this outcome
* Consider Risk Assessment and whether appropriate to seek advice from legal helpline
* Recommend next steps / actions i.e., continue with informal process etc.
* Consider additional support for line manager taking staff member through process i.e., coaching / expectations based on past experiences.

## Membership

The PMCCG should comprise as a minimum:

* Line Manager
* Line Manager’s Manager i.e., Service Lead / Senior Service Representative
* People Team Representative
* Governance Team Representative
* Senior Clinical Team member (Director Level)

## Frequency

The Group will meet on an ‘as needed’ basis. A meeting may be requested by any manager with serious concerns about patient and/or staff safety related to performance management.

## Quoracy

**Roles and Responsibilities**

Individual members of the Group are *not* intended to hold any particular expertise in operational performance assessment. The individual members are expected to read each case carefully and weigh up, according to their own experience and usual practice, whether there are any causes for concern (in the action taken, the record-keeping, the prescribing or any other aspect of the medical/nursing care), and, if so, the degree of concern.

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| **Role** | **Responsibility held on the PAG** |
| Senior Medical Representative | To set and uphold the standards for clinical and performance across BrisDoc and provide advice to the PMCCG with respect to clinical practice and standards. |
| Governance Team Representative | Service the Group, support the Medical Director and provide/support the provision of performance data |
| People Team Representative | To advise on performance management processes and policy. |
| Line Manager | To share appropriate working practices for their profession and service, and provide advice on performance and improvement needs. |
| Service Lead / Senior Service Representative | To enable group members to understand the impact of performance that is of concern, and any recommendations on their service. |

**Quoracy for Decision Making**

A meeting will be considered to be quorate when four individuals of the membership are present and there is present at least the chair or their appointed deputy and a professional lead relevant to the staff member being reviewed.

**Agenda and Action Points**

The suggested pro-forma agenda should be tabled and, if time, relevant papers circulated beforehand. Action Points will be circulated within one week of any meetings.

**Anonymity**

Operational staff discussed will be made anonymous where possible and referred to by a number.

**Exceptional Business**

The Chair may convene a short notice meeting in the event of a serious operational incident or other serious concern.

## Accountability, Reporting and Relationships

The Group is accountable to the Quality Board. BrisDoc’s Medical Director and the Director of NAHPG will be responsible for keeping the Corporate Leadership Board and Executive Directors informed of high-risk issues and key outcomes/decisions arising from the work of the Group.

This Group will work closely with the LOBs with respect to an employed workforce that is competent, skilled and knowledgeable to deliver appropriate high quality, evidenced based care, treatment and advice.

## Review

The TOR will be reviewed annually.

### Version Control

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| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Changes Overview** |
| V1.0 |  | Nicki Clegg (HRBP) | New TOR Review |

## Agenda Template

|  |  |  |
| --- | --- | --- |
| **Number** | **Item** | **Presenter** |
| 1 | Describe performance management issue | Chair |
| 2 | Staff members initials, professional group | Chair |
| 3 | Who, how, when was the issue identified e.g., via   * Complaint? * Incident? * Whistleblowing? * Internal staff reporting? | Chair |
| 4 | Brief Overview of the potential PM, points to cover:   * Chronology * Impact against values including on patients / staff | Chair |
| 5 | Other staff / services / organisation involvement?   * Have they been informed of the issue | Chair |
| 6 | Any immediate risks identified? E.g.   * Process / service delivery gaps? * Media interest? * Patient safety? | Chair |
| 7 | Performance management process to be enacted i.e., Informal or Formal | Chair |
| 8 | Rationale for agreed approach | Chair |
| 9 | Legal liaison   * Does ML policy need notification? * Does advice need seeking from IQ? | Chair |
| 10 | Risk Assessment | Chair |
| 11 | Next Steps / Actions | Chair |