

## Trust Policy for approval by Trust Policy Committee

<b>Manage performance within BHSCT Capability Procedure - Guidance to support Nursing and Midwifery staff</b>	
<b>Summary</b>	<p>Managing performance is a day-to-day activity. In the past, this has presented immense challenges and has frequently been identified as the most difficult management task in terms of both experience and outcome. This guidance aims to:</p> <ul style="list-style-type: none"> <li>• Promote good practice in handling performance difficulties</li> <li>• Foster a fair and consistent approach</li> <li>• Standardise documentation</li> <li>• Provide a tool-kit to support managers undertaking performance activities in line with BHSCT Capability Procedure</li> <li>• Offer continued support to managers and employees.</li> </ul>
<b>Purpose</b>	To provide nursing and midwifery staff with step-by-step guidance and templates when the BHSCT Capability Procedure is invoked to deal with performance issues
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Policy Committee	Approval		
Executive Team	Authorise		
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Belfast Health and  
Social Care Trust

## **Guidance to Support Nursing and Midwifery Staff to Manage Performance within BHSCT Capability Procedure**

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## Section 1 Introduction

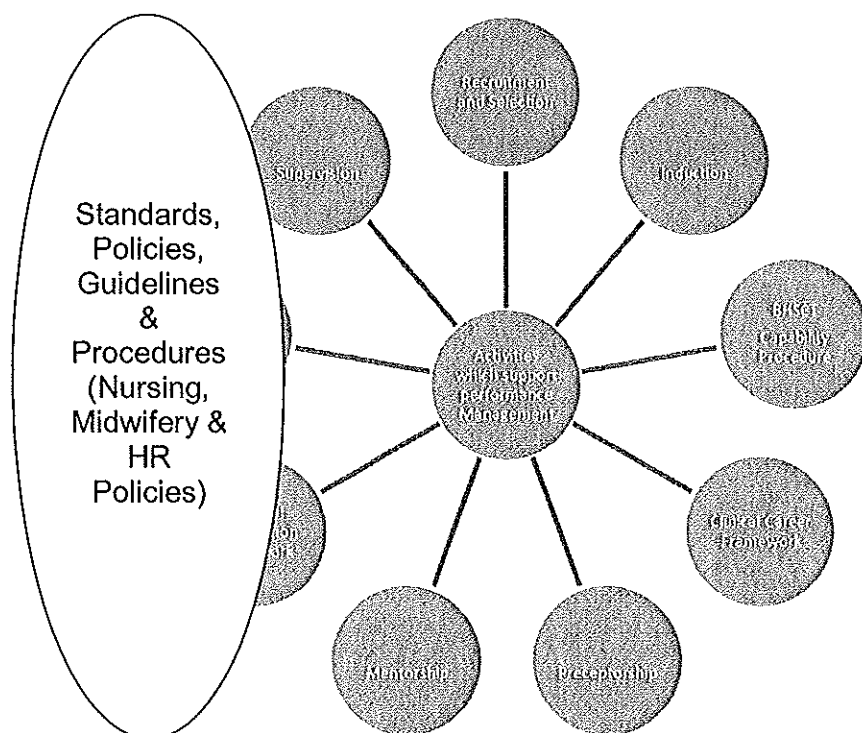
The Belfast Health and Social Care Trust (BHSCT) is committed to the delivery of safe, high quality health and social care services. The Trust is accountable for patient safety and for the protection of the public. This guidance has been developed to assist the nursing & midwifery family<sup>1</sup> and supports The Nursing and Midwifery Council (NMC) Code of Conduct to establish performance procedures which serve to maintain the quality and reputation of the Trust and to protect and support patients and staff.

## Section 2 Overview of Managing Performance

As managing performance is a day-to-day activity for nurses and midwives, it is important to establish a range of activities that will support staff to deliver safe and effective care. Every member of staff has a responsibility to recognise when performance meets the required standard and, to take steps to identify and deal with poor performance by offering the necessary support to those who may be experiencing difficulty. Accurate and detailed documentation of any problem or area of concern is essential to the management of performance issues. It also recognises that a crucial aspect of getting it right is providing continuing support for managers and practitioners

The following activities support staff and managers within the BHSCT to manage the performance and competence of individuals within the family of nursing & midwifery (diagram 1). The effective and timely application of these processes, polices, standards and guidelines will enable employees to grow in competence and improve their performance: This toolkit will need to be considered in conjunction with other BHSCT documents as outlined in diagram 1.

**Diagram 1: Activities to Support Performance Management**



<sup>1</sup> Nursing and midwifery family refers to registered and unregistered nursing and midwifery staff



## 2.1 Recruitment and Selection

The BHSCT recruitment and selection process aims to recruit and retain the highest calibre of staff. Equality of opportunity is considered to be integral to all good recruitment practices and procedures. When recruiting, care should be taken to ensure that the individual meets the essential criteria and has the necessary qualifications and skills to undertake the work that they are employed to do. The interview processes should follow the Trust guidelines as per the 'Recruitment and Selection Policy' and staff who form part of interviewing panels must have completed the Recruitment and Selection Training/Refresher Training as appropriate.

## 2.2 Induction

The purpose of induction is to ensure the effective integration of an individual into a new organisation to enable them to work efficiently, effectively and safely. All newly appointed staff will be provided with an induction programme relevant to their role. In addition to the 'Corporate Welcome', which is managed by Human Resources (HR), all staff who are new or changing roles will be offered an induction programme specific to nursing or midwifery. All nursing and midwifery staff appointed to the Trust are subject to a six month probationary period. During this period the line manager/team leader is responsible for ensuring that the staff member is:

- Provided with ongoing support and guidance to assist them settle into the post and ward/work area and meet the requirements of their post.
- Introduced to the knowledge and skills outline for their post and is making the required progress towards achieving the foundation gateway.
- Confirmed in post at the end of the six months. If there are any concerns regarding an individual's performance or competence then the Trust may extend this probationary period. However, if issues have been identified, these will be discussed with the individual and an action plan put in place to enable the individual to improve.

For information regarding nursing and midwifery induction programmes please contact the Nursing Development Lead for your Service Group.

## 2.3 Preceptorship

A preceptor is '*an experienced colleague who provides support & guidance to enable new registrants to make the transition from student to accountable practitioner*' (NMC 2006). This facilitates the new registrant to practise in accordance with the NMC Code (2008) and to develop confidence in their competence. The NMC recommends that new registrants undertake a period of preceptorship (NMC 2006). Within the first six months, which is a period of probation, new registrants will undertake the Trust's nursing and midwifery induction programme as well as completing their preceptorship portfolio.

## 2.4 Mentorship

Mentorship within the BHSCT is generally associated with someone who 'facilitates learning and supervises and assesses students in a practice setting' (NMC 2006) e.g. mentorship for pre-registration student.

In the context of this guidance the term mentor may refer to a more skilled and experienced person who can enable the recognition of skills and capabilities and maximise personal development. This person will work alongside the individual to facilitate learning and development. The mentor will be familiar with the guidance and the BHSCT Capability



Procedure. Additional support for the employee/mentor/ward manager/team leader can be sought from with Service Group structures e.g. Nursing Development Lead.

## **2.5 Supervision**

'Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety' (NIPEC, 2006).

Supervision enables staff to highlight areas of concern regarding their practice and to identify actions to address these. This is an integral process to enable individuals to reflect on their performance and identify areas for development.

The NMC highlighted the importance of supervision as a mechanism to support staff to undertake their complex role as health care providers. All nursing staff within the BHSCT will have access to two supervision sessions per year. Midwifery staff within the BHSCT will comply with NMC Statutory Supervision arrangements.

## **2.6 Personal Contribution Framework (PCF):**

The BHSCT recognises that the personal contributions of its staff are critical to the overall success of the Trust. The Trust has introduced the Personal Contribution Framework to support individuals in understanding what is expected of them in their roles, how they contribute to the overall success of the Trust and how they can further develop themselves. It is a structured process that allows individuals and reviewers to meet to discuss how they contribute to the success of the Trust and identify any areas for personal development through application of the Knowledge and Skills Framework (KSF). There are two parties involved in this process: the reviewer and the reviewee.

The PCF consists of two independent parts:

- The Personal Contribution Plan (PCP) sets out how the employee contributes to the success of the Trust by linking key outputs against the five Trust objectives.
- The Personal Development Review (PDR) reviews the employee against their KSF post outline and results in the production of a Personal Development Plan (PDP).

## **Knowledge and Skills Framework (KSF):**

The NHS Knowledge and Skills Framework (DOH 2004) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. The BHSCT has incorporated the KSF into the Personal Contribution Framework which will be used by all staff to assist their personal and professional development.

The NHS KSF and its associated development review process lie at the heart of the career and pay progression strand of Agenda for Change.

The purpose of the NHS KSF is to:

- Facilitate the development of services
- Support the effective learning and development of individuals and teams
- Support the development of individuals in the post in which they are employed
- Promote equality for and diversity of all staff.

The purpose of this process is to support employees in identifying how their role contributes to the overall success of the Trust as well as identifying specific learning and development needs, ultimately to support staff in making the best possible contribution to patient and client care. The ward manager/team leader is responsible for ensuring that a newly appointed/promoted staff member has an up-to-date KSF outline for their post and is working towards meeting the relevant level of knowledge and skills specified in their core and specific dimensions for their post.

### **Clinical Career Framework (CCF):**

The Clinical Career Framework is an integrated practice and professional development programme, which enables nurses' and midwives' to develop practice expertise, while simultaneously developing person-centred practice utilising an experiential learning model. This framework affords individuals the opportunity to seek accreditation for work-based learning through the development of a portfolio of evidence through the 'Developing Practice in Healthcare Pathway' which is accredited with the University of Ulster.

## **2.7 Capability**

In relation to this document, capability is defined by the Employment Rights Act (1966) as '*capability assessed by reference to skill, aptitude, health or any other physical or mental quality*'. This guidance sits within the context of the BHSCT Capability Procedure which has been adopted, in full by the BHSCT and managers will ensure their actions are in accordance with Trust policy and procedure. Managers have a responsibility to recognise and acknowledge good performance and to take steps to identify and deal with poor performance by offering the necessary support to those who may be experiencing difficulty.

This document provides guidance to managers and staff in addressing concerns about performance. The Department of Health document 'Handling Concerns about the Performance of Health Care Professionals: Principles of Good Practice (2006)' provides the following examples of poor performance which may have a capability issue as the cause or may in some instances be a matter of misconduct:

- Low standard of work, for example, frequent mistakes, not following a task through, inability to cope with instructions given
- An inability to handle a reasonable volume of work to a required standard
- Unacceptable attitudes to patients
- Unacceptable attitudes to work or colleagues, for example, un-cooperative behaviour, poor communication, inability to acknowledge the contribution of others, poor teamwork, lack of commitment and drive
- Poor punctuality and unexplained absences
- Lack of awareness of required standards
- Consistently failing to achieve agreed objectives
- Acting outside limits of competence
- Poor supervision of the work of others when this is a requirement of the post
- Lack of skills in tasks/methods of work required.

Where the concern relates to negligence, lack of proper care and attention or deliberate failure or a wilful act of misconduct, there may be a need to proceed directly to the Disciplinary Procedure. A record of the discussion (Appendix 2) will be made and retained in the employee's personal file. If ill health, disability or absence-related reasons are identified as possible causes of poor performance, the manager should follow the BHSCT Attendance Management Policy.

The manager will use his/her professional judgement to decide if the performance concern warrants the BHSCT Capability Procedure to be invoked.

### **Section 3 Guidance for Managing Poor Performance**

#### **3.1 Day to Day Performance Management**

The ward manager/team leader, as part of their day to day management responsibility, will be required to raise performance concerns with staff. This may be as a result of an incident or human error occurring. Additional factors which may contribute to poor performance will be considered e.g. inexperience, lack of training, other work factors or personal/health related issues.

Serious performance issues amongst nursing and midwifery staff are rare. This infrequency, together with the perceived lack of experience and the increasing requirement for robust evidence, heightens anxiety and concerns amongst those who may have to deal with such matters when they do occur. Early recognition and intervention, along with effective feedback and appropriate support for staff, are essential if the issues identified are to be managed effectively and successfully. Counselling and pastoral care should always be offered to support staff at this difficult time. If in doubt, seek advice from next level manager and HR.

#### **3.2 Aims of Guidance**

The aims of this section are to:

- Outline the steps that need to be taken, reflecting the BHSCT Capability Procedure, when poor performance is identified.
- Provide clear information for employees whether they have a concern about the performance of one of their colleagues or are themselves the subject of concern
- Provide guidance to promote good practice in handling performance difficulties
- Provide guidance to ensure the timely and effective handling of performance concerns
- Provide guidance to ensure a consistent and fair approach
- Provide clear information in relation to record keeping and to standardise documentation.

#### **3.3 Lack of Competence**

This section relates only to registrants and is based on the NMC 2004 publication 'Reporting lack of competence: A guide for employers and managers' which defines this as 'A lack of knowledge, skill or judgement of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practise'.

*'The responsibility for dealing with lack of competence is a shared one between employers, supervisors of midwives, and the NMC and individual registrants. Referral to the NMC for fitness to practice issues should only occur after an employer has taken all reasonable steps to assist the individual to address the weakness in their performance' (NMC 2004).*

Service Groups are supported by the Central Nursing & Midwifery Team when making a referral to the NMC on behalf of the Director of Nursing. Referrals may only be made when

a full investigation has been undertaken. For additional guidance on this process contact the Associate Director of Nursing in the Service Group.

#### **Section 4 Process for Management of Poor Performance**

Within the BHSCT Capability Procedure, the terms **Informal Process**, **Formal Process Step 1** and **Formal Process Step 2** are outlined:

- **Informal Process**

When normal management interventions do not resolve practice concerns, the ward manager/team leader will use their professional judgement to move to the **Informal Process** of the BHSCT Capability Procedure.

- **Formal Process Step 1**

In cases where performance issues have not been resolved through the Informal Process, the ward manager/team leader, following discussion with an HR representative, will proceed to the **Formal Process Step 1**.

- **Formal Process Step 2**

In cases where performance issues have not been resolved through the Formal Process Step 1, the ward manager/team leader will, following discussion with an HR representative, will escalate the process to next level manager(level 4 or above).

To assist managers in implementing this procedure detailed actions to be taken within each step are outlined in the following three flow charts:

**Informal Process**

**This process will not normally exceed three months except where further advice/guidance is provided by Human Resources or Occupational Health Department**

		✓ when completed
<b>Action 1:</b>  <b>Preparation for Advisory Meeting.</b>	<ul style="list-style-type: none"> <li>Determine if 'patients at risk'-take immediate action (If yes, contact ADN for advice).</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Establish the facts and prepare evidence and examples.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Arrange meeting with member of staff, giving seven days notice (Appendix 1).</li> </ul>	<input type="checkbox"/>
<b>Action 2:</b>  <b>Advisory Meeting:</b>	<ul style="list-style-type: none"> <li>Ensure action 1 interventions completed/ongoing.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Reiterate the expected standards of performance to the employee.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Outline how the individual's performance is unsatisfactory.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Invite employee to respond/discuss – clarify role and KSF job outline.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Consider any factors that may be contributing to poor performance (see section 2, 2.7).</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Agree on the performance improvement required and next steps.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Discuss purpose and outcomes and agree next steps.</li> </ul>	<input type="checkbox"/>
<b>Action 3:</b>  <b>Follow-up:</b>	<ul style="list-style-type: none"> <li>Seek advice from HR (Employment Law Section).</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Arrange meeting with mentor and employee to develop action plan with timeframes.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Notify outcome of advisory meeting to employee in writing (Appendix 4) and attach action plan (Appendix 3).</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Keep a record of this meeting (Appendix 2) and the action plan (Appendix 3) (1-3 month review period) in employee file and copy to employee.</li> </ul>	<input type="checkbox"/>
<b>Action 4:</b>  <b>Monitoring &amp; Review:</b>	<ul style="list-style-type: none"> <li>Ensure ongoing input/support by mentor and manager.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Ensure arrangements for feedback are adhered to.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If difficulties are identified, a change of mentor may be considered.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Consider any additional support required e.g. NDL.</li> </ul>	<input type="checkbox"/>
<b>Action 5:</b>  <b>Review Meeting /Follow-up</b>	<ul style="list-style-type: none"> <li>Where improvement is achieved the ward manager/team leader will confirm that the required standards are met and need be maintained (Appendix 6).</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>The ward manager/team leader will inform the employee that any lapse to the previous unacceptable levels of performance, within six months from the date of the first informal meeting, will result in progression to the Formal Process (Step 1) of the BHSCT Capability Procedure.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Inform next level manager.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Retain all documentation for at least one year.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Where there is evidence to support that the improvement is insufficient, the line manager will inform the employee that this will result in progression to the Formal Process (Step 1) of the BHSCT Capability Procedure (Appendix 7).</li> </ul>	<input type="checkbox"/>

**Formal Process Step 1**  
**This process will not normally exceed three months except where further advice/guidance is provided by Human Resources or Occupational Health Department**

		✓ when completed
<b>Action 1:</b>  <b>Preparation for Formal Meeting</b>	<ul style="list-style-type: none"> <li>• Seek professional advice from Associate Director of Nursing/Professional Lead (within Service Group) if necessary.</li> <li>• Discuss with HR (Employment Law Section).</li> <li>• Confirm in writing to the employee the arrangements for a formal meeting under Step One of the BHSCT Capability Procedure ensuring seven days notice (Appendix 6).</li> <li>• Advise employee of their right to be accompanied and/or represented by an employee representative.</li> <li>• Send copy of BHSCT Capability Procedure with letter.</li> </ul>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Action 2:</b>  <b>Formal meeting</b>	<ul style="list-style-type: none"> <li>• Inform employee that the concerns raised around their performance have not been resolved.</li> <li>• Invite the employee to discuss the performance issues and discuss contributory factors/reasons e.g. work related, personal, ill health etc.</li> <li>• Outline the consequences of poor performance for patients, staff and services.</li> <li>• Identify mentor (may be same as for Informal Process or may be changed to meet identified needs).</li> <li>• Arrange meeting with mentor and employee to revise and update action plan (Appendix 3).</li> <li>• Complete 'Record of Meeting' (Appendix 2).</li> </ul>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Action 3:</b>  <b>Follow-up:</b>	<ul style="list-style-type: none"> <li>• Notify outcome of meeting to employee in writing (Appendix 7) and attach Action Plan (Appendix 3).</li> <li>• Ensure any agreed actions, mentorship arrangements and support by manager are implemented.</li> <li>• Document clearly the reason for cancellation of any meetings arranged (Appendix 2).</li> <li>• Retain copy of completed documentation in staff file (i.e. Action Plan, Record of Meeting and letters) in keeping with Service Group arrangements.</li> </ul>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Action 4:</b>  <b>Monitoring Period:</b>	<ul style="list-style-type: none"> <li>• Ensure ongoing input/support by mentor and ward manager/team leader.</li> <li>• Ensure arrangements for feedback are adhered to.</li> <li>• If difficulties are identified, a change of mentor may be considered.</li> <li>• Consider any additional support required e.g. ND.L.</li> <li>• Agree a further review meeting, if required.</li> </ul>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Action 5:</b>  <b>Review meeting/ Follow-Up:</b>	<ul style="list-style-type: none"> <li>• Where there is sufficient improvement, notify the individual and confirm in writing that the required standards have been met and will be maintained (Appendix 8).</li> <li>• The ward manager/team leader will inform the employee that any lapse to the previous unacceptable levels of performance, within six months from the date of the first informal meeting, will result in progression to the Formal Process (Step 2) of the BHSCT Capability Procedure.</li> <li>• Where there is evidence of insufficient improvement, the employee will be advised in writing that the matter will be referred to Step 2 of the Formal Process (Appendix 9).</li> <li>• Escalate to next level manager to take forward Step 2.</li> <li>• Inform Associate Director of Nursing/Professional Lead</li> <li>• Retain all documentation for at least one year.</li> </ul>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Formal Process Step 2**  
**This process will not normally exceed three months except where further advice/guidance is provided by Human Resources or Occupational Health Department, and will be led by a Level 4 Manager or above**

		✓ when completed
<b>Action 1:</b> <b>Preparation for Formal Meeting</b>	<ul style="list-style-type: none"> <li>Notify the employee in writing of the formal meeting under Step 2 of the BHSCCT Capability Procedure giving seven days notice (Appendix 9).</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Outline the issues to be discussed, refer to previous documentation provided and advise of the possible outcomes of the meeting, e.g. redeployment/alternative employment or termination of employment.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Advise employee of their right to be accompanied and/or represented by an employee representative.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Advise employee that an HR representative may be present.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Ensure all relevant documentation is available for the meeting and has been shared with the employee.</li> </ul>	<input type="checkbox"/>
<b>Action 2:</b> <b>Formal meeting</b>	<ul style="list-style-type: none"> <li>Present the continuing concerns about performance, outline actions taken to address performance issues e.g. the implementation of agreed action plan and the reviews which show a continued failure to reach acceptable performance.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Listen and consider the employee's response to the capability concerns.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Determine what action to be taken.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>The employee will be advised of the decision in writing within seven days and their entitlement to seek an appeal.</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Appeal should be made in writing within seven days of receipt of the written decision, to the Director of Human Resources.</li> </ul>	<input type="checkbox"/>



Date:

Please type your address here

Address:

Tel No:  
Email Address:

Dear

**Re: Performance and Capability Issues**

As previously highlighted to you, concerns have been raised regarding your performance and capability.

The areas of ongoing concern are:

a)

To address the concerns raised, you are invited to attend an advisory meeting, which begins the 'Informal Process' in accordance with the steps outlined within the BHSCT Capability Procedure (copy enclosed).

**Date:**

**Time:**

**Venue:**

Please confirm your intention to attend this meeting.

Yours sincerely

Encs: BHSCT Capability Procedure





**Appendix 2  
Record of Meeting Form**

<b>Record of Meeting</b>	
<b>Date:</b>	
<b>Present</b>	<b>Designation</b>
Name:	
Name:	
Name:	
Purpose of meeting:	
Outcome of meeting:	
Actions agreed: (may require development of an action plan using appendix *)	
If meeting does not take place, state reason:	
<b>Signed:</b>	
<b>Staff member:</b>	<b>Line Manager:</b>
<b>Mentor (if applicable):</b>	<b>Others</b>



<b>Action Plan For</b> .....		<b>Start Date</b> .....	
Issue:	Actions	Outcome to be achieved	Timeframes
<i>E.g. State the area of concern/ issue/problem</i>	<i>State the interventions/ actions which will be taken to address the area of concern/ issue/problem and resources required</i>		<i>State the frequency of intervention/ actions</i>
1.			
2.			
3.			

Insert dates for review.	Date	Date	Date	Date	Date	Date	Date	Date	Date

<b>Signed &amp; Agreed:</b>	
Employee:	Line Manager:
Mentor:	Others



Date:

Please type your address here

Address:

Tel No:  
Email Address:

Dear

**Re: Performance and Capability Issues**

During the advisory meeting on (date/time/venue), concerns were raised regarding your performance and capability which are outlined in the attached action plan and have been agreed with you.

Please note the dates of the review meetings identified within the action plan which have been arranged to follow up and support you through the process.

Your progress through this action plan will be formally reviewed on:

**Date:**

**Time:**

**Venue:**

As highlighted at the meeting, I would remind you that failure to comply with agreed actions, may impact on the Trust's ability to continue to employ you.

I recognise that this may be a difficult time and would like to make you aware that the Trust can offer a confidential counselling service either through the Occupational Health Department (Tel No: [REDACTED]) or alternatively with the Staff Care Service (Tel No: [REDACTED]).

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan



Date

Please type your address here

Address:

Tel No:

Email Address:

Dear

**Re: Performance and Capability Issues**

As previously highlighted during the advisory meeting, on (date/time/venue), concerns had been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan attached.

As the issues raised have now been resolved, normal performance management arrangements will be re-established. This record will be retained for at least one year. Any lapse to previous unacceptable levels of performance within six months of the first informal meeting will result in further steps being taken in accordance with the BHSCT Capability Procedure.

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan



Date:

Please type your address here

Address:

Tel No:

Email Address:

Dear

**Re: Performance and Capability Issues**

As previously highlighted during the advisory meeting, on the (date/time/venue), concerns have been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan enclosed.

As the issues raised have not been resolved, progression to the Formal Process Step 1 of the BHSCT Capability Procedure is necessary.

To address the ongoing issues raised, you are invited to attend a meeting in accordance with the steps outlined within the BHSCT Capability Procedure (copy enclosed).

**Date:**

**Time:**

**Venue:**

Mr/s     and Mr/s                     will also be attending this meeting.

As this is the Formal Process Step 1, you have the right to be accompanied and/or represented by an employee representative.

As highlighted at the meeting, I would remind you that failure to achieve the outcomes as agreed in action plan, may impact on the Trust's ability to continue to employ you.

Please confirm your intention to attend this meeting either in writing or by contacting \*\*\*\*\*

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan



Please type your address here

Date

Address:

Tel No:  
Email Address:

Dear

**Re: Performance and Capability Issues**

As highlighted during the advisory meeting on the (date/time/venue), concerns were raised regarding your performance and capability. At the meeting the following areas of ongoing concern were raised:

- a)
- b)

During the meeting, to support you to address the concerns raised, an action plan was developed and agreed with you (copy enclosed). Please note the dates of the review meetings identified within the action plan which have been arranged to follow up and support you through the process.

Your progress through this action plan will be formally reviewed on:

**Date:**

**Time:**

**Venue:**

As highlighted at the meeting, I would remind you that failure to comply with agreed actions, may impact on the Trust's ability to continue to employ you.

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan



Date:

Please type your address here

Address:

Tel No:

Email Address:

Dear

**Re: Performance and Capability Issues**

As previously highlighted during the advisory meeting, on (date/time/venue), concerns had been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan enclosed.

As the issues raised have now been resolved, normal performance management arrangements will be re-established. This record will be retained for at least one year. Any lapse to previous unacceptable levels of performance within six months of the first Formal Step 1 meeting will result in further steps being taken in accordance with the BHSCT Capability Procedure.

Yours sincerely

Encl: Action Plan



Please type your address here

Date

Address:

Tel No:

Email Address:

Dear

**Re: Performance and Capability Issues**

As previously highlighted during the advisory meeting, on (date/time/venue), concerns have been raised regarding your performance and capability. At this meeting, the required actions and timeframes were outlined, as per the action plan attached.

As the issues raised have not been resolved, these will now be dealt with under the Formal Process Step 2.

You are invited to attend a meeting in accordance with the steps outlined within the BHSCT Capability Procedure (copy enclosed).

**Date:**

**Time:**

**Venue:**

Mr/s                      and Mr/s                      will also be attending this meeting.

This is the Formal Process, Step 2, you have the right to be accompanied and/or represented by an employee representative.

As highlighted at the meeting, I would remind you that failure to achieve outcomes as agreed in action plan, may impact on the Trust's ability to continue to employ you.

Please confirm your intention to attend this meeting either in writing or by contacting \*\*\*\*\*

Yours sincerely

Encs: BHSCT Capability Procedure and Action Plan



## Bibliography

- 1 Belfast Health & Social Care Trust (2008) ***Guidelines for Implementation of Supervision for Registered Nurses.***
- 2 Department of Health (2004) ***The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process***
- 3 Department of Health (2006) ***Handling Concerns about the Performance of Healthcare Professionals: Principles of Good Practice, 2006, Good Practice in Handling Concerns.*** London
- 4 Northern Ireland Practice & Education Council (NIPEC) (2008) ***Managing Professional Competence & Behaviour, Workshop Report***
- 5 Northern Ireland Practice & Education Council (NIPEC) (2007). ***The Review of Clinical Supervision for Nursing in the DHSSPS.*** Belfast,
- 6 Nursing and Midwifery Council (2004) ***Reporting Lack of Competence: A guide for employers and managers.*** Guidance 05 04. London:NMC
- 7 Nursing and Midwifery Council (2006) ***The NMC Code of Professional Conduct. Standards for conduct, performance & ethics.*** London:NMC
- 8 Belfast Health and Social Care Trust Human Resources related policies:
  - BHSCT Disciplinary Procedure
  - BHSCT Capability Procedure
  - BHSCT Recruitment & Selection Policy
  - BHSCT Induction Policy
  - BHSCT Attendance Management Policy
  - BHSCT Retention & Disposal Schedule

**Contributors to this Guidance include:**

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