


TRUST POLICY FOR MANAGING PERFORMANCE & SUPPORTING STAFF (CAPABILITY)

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TRUST POLICY AND PROCEDURES FOR MANAGING PERFORMANCE AND SUPPORTING STAFF POLICY

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TRUST POLICY AND PROCEDURES FOR MANAGING PERFORMANCE AND SUPPORTING STAFF POLICY

1. Introduction

1.1. University Hospitals of Derby and Burton NHS Foundation Trust aims to provide the highest quality standards of health care within available resources. The contribution and performance of each employee is crucial to achieving this aim. The Trust will therefore encourage and ensure attainment of the highest possible standards of performance by all employees and address appropriate areas of unsatisfactory performance.

1.2 The purpose of the Capability Policy is to provide a framework for managing under performance in a fair, consistent, and supportive approach. The Policy differs from the Disciplinary, Health, Wellbeing and Attendance and other policies as its primary focus is that of improving performance to the standard required.

The Trust has established a process for individual supportive reviews, incorporating individual Supportive Improvement Plans for all employees. It is intended that this process should provide the basis for identifying and meeting employee development needs to ensure that all employees develop the competencies to fully and effectively perform their role within the Trust.

1.3 The aim of this procedure is to resolve situations which relate specifically to the recurring lack of capability of an employee to perform the role at the level for which they were employed in a fair, reasonable, equitable and consistent method.

It is expected that an employee shall have received all the basic training and education required to be able to perform the duties of their post before implementation of this procedure.

Where there are concerns about professional matters, it may be necessary for these concerns to be raised with the Responsible Officers Forum (ROF).

1.4 This procedure addresses issues of performance, which arise in relation to an inability to perform at the required standard for a post because of a lack in competency, skill, knowledge or understanding. Concerns about performance may relate to:

- Low standard of work e.g. frequent mistakes, not following a task through, inability to cope with instructions given.
- An inability to handle a reasonable amount of work to a required standard.
- Unacceptable communication to patients.
- Unacceptable communication to work or employees, for example uncooperative behaviour, poor communication, inability to acknowledge the contribution of others, poor teamwork, lack of commitment and drive.
- 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.
- A health problem.

The framework required to ascertain levels required would be by reference to a range of information, which could include competencies (where these exist), job descriptions, Developing Our People Policy etc.

- 1.5 There may be circumstances where it is unclear what the causes of the performance issue are, or whether it is a conduct matter. Further fact finding may be required into the causes and on conclusion, management may need to consider the Trust Health, Wellbeing and Attendance Policy or the Trust Disciplinary Policy.

If the matter relates to health, or may be deemed to be linked to health then the Trust Policy for Health, Wellbeing and Attendance should be followed.

Cases involving the performance of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy.

It is recognised that managers will need to consider carefully at the outset whether it is appropriate that this Policy or the Disciplinary Policy shall most appropriately be used. The commencement of the use of this Policy shall not prevent an issue being transferred to be considered under the Disciplinary Policy if it is evident that this is appropriate at a later stage, or vice versa.

2. Policy

- 2.1 There may be issues of capability which straddle the boundary between competence and health. Where ill health disability is an over-riding factor in causing poor performance, this should be dealt with under the Trust's Policy and Procedure for Health, Wellbeing and Attendance. Performance may also be impaired but without obvious signs of health problems which frustrate the ability to undertake the role, as for example in relation to alcohol or drug abuse. In these circumstances the issues should be addressed through the Guidance for Managing Alcohol, Drug and Substance misuse by staff or the Health, Wellbeing and Attendance Policy, as appropriate. In cases of doubt advice from the People Services Advisory Team and Occupational Health Department should be sought.
- 2.2 Performance issues arising in relation to personal competence may result from shortfalls in skill or knowledge which could be addressed through further training and development; or may relate to a fundamental inability to perform the scope and range of duties in a post.
- 2.3 The Trust is committed to ensuring appropriate training and development is made available to ensure individuals can competently perform within their role. Please see Appendix 1 for procedural responsibilities.

- 2.4 Following the discussion with the employee, where the manager must make a decision on which route to follow e.g. Informal, Formal or Health. Please see the guidance for Managing Performance and Supporting Staff for informal stages, support plans and reviews (Appendix 2).

3. Bypassing the Informal Stage

- 3.1 Circumstances whereby it is justifiable to bypass the informal stage of the process and enter at the formal stages; are not limited to but mainly in the following situations. The Trust will seek to act consistently in its approach and make use of People Services Advice and guidance:

- Clinical Risk (where serious errors have / could occur)
- Previous informal intervention (recorded meetings and actions, concerns explained and time given to improve)
- Position of Authority (where the poor performance could, given the seniority of the individual, have potentially severe effects on the team / Trust)

- 3.2 Advice must be sought from the People Services Advisory Team prior to the manager bypassing the informal stage, with the manager being able to justify this measure.

4. Procedure

When the performance of an employee becomes unacceptable due to lack of capability, the primary objective is to help them to achieve the standard of performance required using the following procedural framework.

5. Process

The policy sets out the formal process for managing poor performance. It is expected at this stage of the process that all informal resolutions would have been explored to improve the gap in performance, skill, knowledge or training, please see Appendix 2. Evidence of all informal discussions and support plans should be held within the personnel file. If there has been no improvement in performance at the informal stage, management may wish to consider proceeding to the formal stage.

6. Formal Stages

6.1 First Formal Review Meeting

The manager will arrange to meet the employee to discuss their concerns. A member of the People Services Advisory Team will also be present in an advisory capacity. A letter should be sent to the employee asking them to attend a first review meeting, which is in accordance with the Managing Performance and Supporting Staff Policy. The letter should be sent to the individual at least 7 calendar days before the meeting.

The employee should be informed that they have the right to be accompanied by a companion who may be a fellow employee or represented by a Trade Union official. Should the employee be unable to attend they must propose an alternative date to the manager within 7 calendar days of the original date. The meeting should cover:

- A clear statement by the manager of the areas of performance considered unacceptable and the standards expected.
- An opportunity for both the manager and employee to identify any underlying reason for poor performance. This may arise from either work or personal concerns and it is important that the manager offers appropriate help and advice.
- The identification of how these factors may be overcome, e.g. additional training and development, a change in working arrangements, role clarification, closer supervision.
- The setting of agreed, realistic and achievable targets for improvement and timescales in which these are to be monitored and achieved.
- Whilst it is acknowledged that timescales set will vary, dependent on the individual case and the support required, it is expected that the average timescale will be between one and three months, thus allowing the employee time to demonstrate improvements.
- The manager and employee will meet on an informal and regular basis to discuss their progress. The manager will keep a comprehensive record of the discussion with the employee and a copy of which should be sent to the employee.

6.2 Second Formal Review Meeting

If improvement has been achieved, this should be communicated to the employee and no further action is necessary.

If targets for improvement are not met or there is a failure to make reasonable progress towards them, the manager should arrange to communicate this to the employee.

The employee should be written to asking them to attend the meeting in accordance with the Managing Performance and Supporting Staff Policy, again giving at least 7 calendar days' notice and the right to be represented. A member of the People Services Advisory Team should be present at this meeting in an advisory capacity.

The issues addressed at the previous meeting should be reviewed, any factors continuing to hinder acceptable performance identified and action determined to overcome them. Further timescales for these targets to be achieved should be agreed. It is expected that the average timescale will be between one and three months, thus allowing the employee time to demonstrate improvements.

The manager should make the employee aware that a continued failure to meet the required standards as outlined at the original review meeting may result in the termination of their contract of employment. The details and agreed actions, of the

meeting should be summarised in a formal letter from the manager to the employee within 14 calendar days of the meeting. A further meeting should be set at this stage to follow up progress and inform the employee if the matter is to be referred for a final review (in cases where the objectives have not been met), or if the process has been concluded at this stage (in cases where all the objectives have been met).

6.3 Final Review - a Chair with the authority to dismiss and no prior involvement.

If insufficient improvement has been made a final review should be undertaken. The appropriate Senior Manager (see Appendix 3) will call a joint meeting with both parties and a member of the People Services Advisory Team. A letter should be sent giving at least 7 calendar days' notice and the right to representation and should state that an outcome of the meeting could include termination of the employee's contract on the grounds of capability.

The meeting will review the action taken to date and explain any outstanding concerns. The employee will be given the opportunity to speak and give any mitigating circumstances. See Appendix 3 for the procedure. The manager will make a decision as to whether to continue with a further review period, consider alternative options or to terminate the employee's contract of employment on the grounds of capability. The main points of the discussion and agreed action to be taken will be confirmed in writing to the employee within 14 calendar days of the meeting. Where it is decided to terminate an employee's contract on the grounds of capability, the individual will be given appropriate notice or payment in lieu of notice, plus any outstanding holiday entitlement.

7. Appeal

Where an employee is provided with sanctions or dismissed on the grounds of capability, they have a right of appeal. The appeal must be made in writing to the nominated manager within 14 calendar days of receipt of the termination letter, clearly stating the grounds of appeal.

If in the event of the Director of Human Resources or the Chief Executive lodging an appeal, an independent third party would be identified to hear the appeal letter. As far as is reasonably practical, an appeal will be heard within 4 weeks from the date of receipt of the appeal letter. Appendix 4 provides details of the procedure to be followed during a Managing Performance appeal hearing.

8. Monitoring Compliance and Effectiveness

Trust Policy for Managing Performance and Supporting Staff will be monitored in a composite report presented through our Monitoring Report Template:

Monitoring Requirement :	Information on the number of capability cases, investigations, reasons for invoking this policy and the outcomes.
Monitoring Method:	Statistical reports
Report Prepared by:	Deputy Director of Workforce Management
Monitoring Report presented to:	The recognised formal committees and forums in place at the time
Frequency of Report:	Annually

Wherever possible the fact that an employee is subject to action under this Policy and its Procedures, any information released during the course of this procedure will remain confidential to those involved. This does not restrict the Trust's reporting and governance obligations.

The Trust Policy for Managing Performance and Supporting Staff will be monitored as follows:-

This policy will be reviewed yearly by the recognised formal committees and forums in place at the time. Reports will provide statistical information on the number of capability cases, investigations, reasons for invoking this policy and the outcomes.

9. References

Nursing and Midwifery Standards for Conduct, Performance and Ethics and all associated documents

Health Professions Council Standards of Conduct, Performance and Ethics and all associated documents

British Psychological Society Code of Professional Standards

General Social Care Council Code of Practice for Social Care Workers

Appendix 1 - Procedural Responsibilities

Manager's Responsibilities

Having effective procedures in place to support and manage employees when performance falls below the desired level by encouraging regular discussion between employees and managers, both informally and formally through the development review process.

Ensuring that any issues around performance are identified and addressed as quickly as possible, these discussions must take place prior to the annual Development Review. Ensure that any such discussions are documented and discussed with the employee.

Ensuring all employees perform to the required standard for the role.

Ensuring that adequate instruction, training and supervision is provided for new employees, for employees moving into another job and for roles which have been developed and extended.

Responsible for ensuring that the employee is informed in writing of the process being followed and the stage at which their performance is being managed.

The line manager is responsible for reviewing the Supporting Improvement Plan (SIP); this will include identifying additional support required, amending time scales and recording achieved objectives.

See the manager's guidance at appendix 2.

Employee responsibilities

This refers to the employee whose performance is being reviewed. The employee is expected to take an active part in the process. The employee will collect evidence/reflect on experiences, and the level of skill identified in the SIP.

To co-operate with the line manager during an open discussion of the concern(s) raised whether at an informal or formal stage of this policy.

The employee must be open and honest during discussions and comply with reasonable instruction(s) from the assessors.

People Services

A member of the People Services Advisory Team will not normally be present

at the informal stage of the process.

The People Services Advisory Team are available to provide advice and support at the informal stage to both parties to ensure that the policy is applied fairly and consistently.

A member of the People Services Advisory Team will support/coach the manager throughout the formal stage of the process and will be present at meetings during the formal process.

Companion

The companion may be either, an accredited trade union/professional organisation representative, or a fellow employee and will if required support the employee through the formal stage of the process.

A companion will not normally be present during the informal stage; however, the employee may request advice during the informal stage.

Legal representation is not permitted in the Trust's internal procedures.

Fellow employees do not have to accept a request to accompany an individual, and they should not be pressurised to do so. A fellow employee who has agreed to accompany a colleague will be entitled to a reasonable amount of paid time off to fulfil that responsibility.

If the employee is an accredited Trade Union representative a full time official must be contacted in the first instance prior to the procedure commencing.

Executive Director of Workforce Management

The Executive Director of Workforce Management has responsibility for ensuring implementation and monitoring of the People Services Policies and Procedures. This work is maintained by Joint Partnership Forum.

Occupational Health

Occupational Health provide a medical opinion and advice on an employees fitness for work, and if they are able to meet the required standards/performance for undertaking their current role or alternative roles.

The line manager will consider whether a referral to Occupational Health is appropriate e.g. if they suspect a health issue. In which case they will consider the advice provided by the Occupational Health Department, GP and other medical opinions such as Consultant reports as necessary.

Other Support Agencies

It may be necessary to involve external support agencies through any part of the process as required or deemed appropriate by the individual, Line Manager or following People Services advice i.e. Access to Work. If a healthrelated issue is identified then the Health, Wellbeing and Attendance Policy must be adhered to.

Midwives are covered by Statutory Legislation and the function of the Local Supervisory Authority LSA. The function of the LSA is to ensure that statutory supervision of midwives is of a satisfactory standard and thus ensures safe and secure midwifery care within its boundaries. Statutory supervision supports protection of the public by promoting best practice, preventing poor practice and intervening in unacceptable practice. It is a mechanism that is independent of employment and employers. It ensures that all midwives registered and working in the UK are entitled to practice as a midwife and are competent to remain on the midwives part of the NMC Register, i.e. fit for practice. Cases involving the capability of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy. The investigating manager will decide if the case is progressed under this precedent, instead of the Trust Capability process.

The Workforce Policy Review & Approval Process

The recognised formal committees and forums in place at the time are responsible for the approval, review and monitoring of this policy.

Appendix 2 – Guidance for Managing Performance and Supporting Staff

Managing Performance and Supporting Staff Guidance

1 Principles

- 1.1 The primary objective is to help an employee achieve the standard of performance required using the following procedural framework.
- 1.2 Managers need to promote an open and supportive culture in which they are accessible and understand individual roles within their department.

It is the responsibility of every manager to ensure that employees are recruited in accordance with the Trust's Policy for Recruitment. New starters must have a job description, person specification and appraisal documentation along with clear achievable objectives to enable their performance to be reviewed at 3 and 6 month intervals during the first year of employment.

- 1.3 All employees recruited into the Trust will undergo a comprehensive induction programme with special and timely arrangements for staff on temporary or short term contracts. This will comprise of a Trust induction and a department specific induction, which identifies employee's development needs against the standards of the department and requirements of the post. Any development needs identified during the course of the employee's induction will need to be addressed by the appropriate manager. It is expected that an employee shall have received all the basic training and education required to be able to perform the duties of their post before use is made of this procedure.
- 1.4 Identification of training and development needs is a continuous process and managers should ensure mechanisms are in place to ensure this occurs.
- 1.5 It is the employee's manager's responsibility to ensure that staff are made aware and understand this policy and its application.
- 1.6 Appraisal Reviews should be undertaken on at least an annual basis to identify development needs to enable an employee to perform their role to the best of their ability. The process is two-way to allow for both employee and managers to identify objectives, standards etc. This should be conducted with sensitivity and objectivity. Clear timescales for reviewing performance should be agreed between the manager and employee. Managers should ensure all staff including those new to the department understand their role, objectives and the standards required of them by their manager.
- 1.7 The manager/supervisor should speak confidentially with the employee in order to seek to identify any underlying reason for poor performance as soon

as concerns arise. It is important that the meetings are handled in a sensitive way, to enable any underlying cause to be identified; ensuring appropriate help and advice are offered. It is good practice for a personnel file note to be made of these discussions and signed by both parties.

- 1.8 During all stages of this Procedure the employee will have the right to be accompanied by a companion who may be a fellow employee or represented by a Trade Union official. It is important that where an employee wishes to be supported and represented by their staff side organisation that this is sought at the earliest possible stage. During these meetings the employee and not their representative should normally answer questions raised.
- 1.9 Confidentiality will be maintained at all stages of the policy.
- 1.10 If new performance issues arise that are not associated with the current performance issue then these should be dealt with separately. If issues arise that are linked then these will need to be made clear to the employee and why it is deemed that they are linked.
- 1.11 It is essential that clear, concise written records are kept at all stages of employment relating to an employee's training and development. This should include records of induction, supportive meetings, and personal development plans. A record of all meetings held under this procedure should be recorded and should be jointly agreed as appropriate.
- 1.12 Support and advice from Human Resources can be obtained at any time.

2 Identifying Poor Performance

- 2.1 It is the responsibility of managers and supervisors as part of their day to day duties to identify instances of poor performance. Problems should be raised appropriately by the manager as near to the time of occurrence as is reasonably practical to enable the employee to respond. Issues of poor performance should not be 'saved up' for the annual performance (appraisal) meeting.
- 2.2 Unsatisfactory work performance may become apparent in a number of ways which may include:
 - a) Through the formal objective setting support plan and review process;
 - b) Through supportive discussions with the employee;
 - c) Poor recurring standards of work, e.g. recurring mistakes, not completing tasks, unable to cope with reasonable instructions given;
 - d) Attitude to work, e.g. poor interpersonal skills;
 - e) Complaints through patients, relatives, other members of staff or other external bodies;
 - f) Team, peer group concerns;
 - g) High turnover, high non-attendance.

This procedure is not intended to replace individual guidance and supervision on a day to day basis, but to be applied where there are recurring instances of poor performance.

The following can act as a quick checklist for the manager to ensure that a Supportive Improvement Plan (SIP) is the most appropriate process to use. Items from the annual performance development review should also be considered:

2.2.2 Health

There may be an underlying medical reason or disability for the poor performance of which the manager may or may not be aware. Occupational Health can provide the manager with confidential advice should there be any concerns.

2.2.3 Behaviour

Some employees are perfectly competent and able to perform the role to the required standards, but for reasons of inappropriate behaviour do not do so. In these situation a supportive process aimed at improving skills (such as an SIP aimed at improving performance) may not be appropriate when there is a more fundamental conduct issue to be addressed. Whilst some skills are closely related (e.g. the ability to build and maintain relationships, the ability to communicate effectively), inappropriate behaviour is a disciplinary issue and should be managed accordingly.

2.2.4 Work Environment

Exceptionally there are occasions when workplace factors affect an employee's performance e.g. lack of equipment, office distractions etc. The manager may or may not be able to address these. If there is an issue of safety advice may be sought from the Risk department.

2.2.5 External Factors

If an employee is experiencing difficulties in their home life (e.g. divorce, bereavement) this can sometimes impact on performance issues such as concentration and attention to detail. This kind of situation requires a sensitive approach from the manager. Both the People Services Advisory Team and Occupational Health may be able to offer the employee and the manager advice and support in these situations.

2.2.6 Lack of Role Clarity

The manager should ensure expectations are communicated, this is clarified with up to date job descriptions and person specifications before an SIP is progressed.

2.2.7 Structure / Relationships

Occasionally the structure of the job, team, reporting lines etc may adversely affect an employee's performance. Alternatively an important working relationship may have broken down. In such situations, to try and get to a successful outcome, a range of options may be looked at. These may include mediation, Employee Assistance Programme support, a coach or mentor etc. In such cases managers should seek advice from People Services Advisory Team.

2.3 Use Examples

Concerns are best demonstrated through the use of examples. The manager need not have numerous examples but should be able to explain the performance issues that the examples highlight. A manager can explain what would have been expected of the employee in those particular instances and highlight how this can be achieved. During preparation managers should ensure a written record of the examples referenced.

From a review of the examples a pattern may emerge showing concerns in such key skills as judgement, communication, accuracy, productivity, attention to detail or ability to understand and follow process and procedure. The SIP will subsequently focus on these key skills, so this is an important early consideration.

2.4 Focus on Improvement

Having identified that the issue is one of performance and that an SIP would be of value, the manager must be clear as to what the issues are, specifically the difference between the required standards and the standards being demonstrated by the employee.

An SIP would then aim to eliminate this performance 'gap' by using a structured approach to increase the employee's skills in the required areas. The manager's ability to understand and communicate this gap will be vital to the effective implementation of the SIP.

The objectives, method of measurement, training, support and time-scales will all follow from the key skill and will depend on it.

Clinical practice or use of specific procedures / equipment would naturally fall into the 'specifics' of any key skills. Objectives would also be cited in this column and these should be both realistic and achievable.

3 Informal Stage

- 3.1 Where an employee shows an inability to perform their duties to the required standard the matter should be addressed as soon as possible.

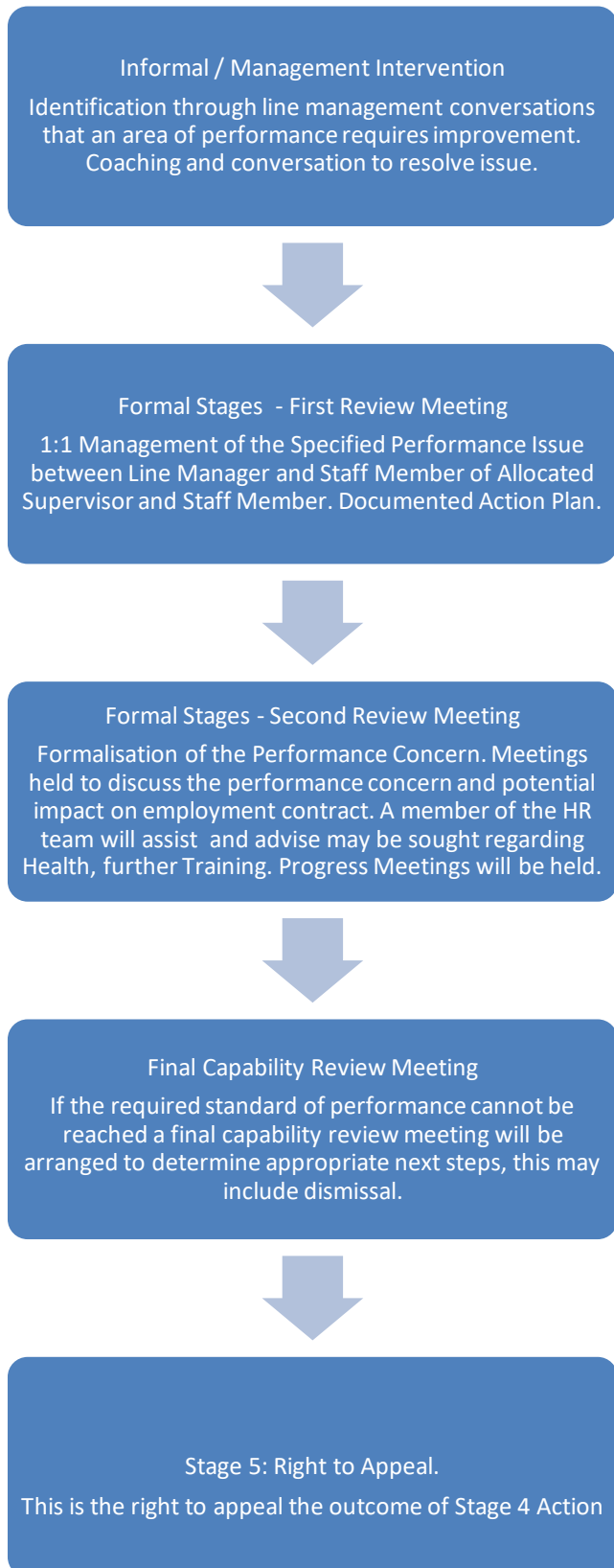
- 3.2 Cases involving the capability of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy. See page xxx for further information.

The informal meeting should be in a face-to-face meeting, where the manager will be able to add more detail to the concern(s) raised and must reconfirm the employee that they are in the informal stage.

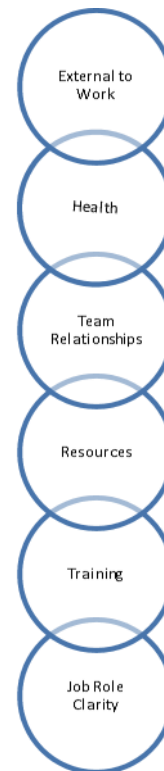
- 3.3 The more common scenario is that the employee is performing the full range of duties but is not performing to the standards required of the role. This may require a specific development plan (see Appendix xxx).
- 3.4 Managers must reference the competencies within the job description and person specification and manage the performance of the employee using a structured Supportive Improvement Plan (see Appendix xxx) to increase skills in the areas required.
- 3.5 The Supportive Improvement Plan must have clear achievable objectives and be completed in a realistic timescale.
- 3.6 The manager can be flexible in some areas of the SIP. Upon discussion with the employee, the manager may choose to amend some aspects of the support, time-scales or methods of measurement.
- 3.7 It is vital that the manager holds regular progress review meetings to monitor the employee's progress throughout the agreed period and gives the employee ongoing support and guidance on their progress.

4 Outcome of informal stage

- 4.1 Following the supportive discussion if the employee has made the required improvement in all areas and all objectives are met, the process will end at this stage. If the employee has made progress towards the agreed objectives, a further review period will be agreed. A supportive discussion to discuss the outcome will be arranged once the review period has ceased.
- 4.2 Where there is a consistent reoccurrence of the same performance issues, the process may recommence. In this situation, the manager must obtain advice from People Services to discuss the depth of the problem/issue and this may lead to the formal stage being instigated. Where different performance issues arise then the informal stage will apply and these issues will be addressed in a new SIP.
- 4.3 The employee must be made aware that failure to significantly improve against the agreed objectives; may result in progression to the formal process.



Consider Factors That Can Influence Performance.



Supportive Improvement Plans

SIPs should incorporate the following:

- Key abilities
- Specifics / Objectives
- Measurement (how will the improvement be measured)
- Support (what support will be in place)
- Time-scales (either for specific objectives or matched to ongoing/final review)

The plan must identify and include:

- The required standard of performance in each area
- The current level of performance, and therefore the gap in performance
- Objectives to improve performance to the required standard within an agreed realistic timescale
- The method by which the improvement will be facilitated i.e. Training, mentorship/shadowing, changes in working practice, role clarification etc.
- How successful improvement will be demonstrated
- The manager will supply the employee with a mutual agreeable SIP with the notes of the informal meeting. They will also confirm in writing the review meeting arrangements and their outcomes. If this SIP is not mutually agreed, then concerns should be raised using the Trust Grievance and Disputes Resolution Policy.

Sources of Support

The manager can access support from a number of different sources, including the following (in no particular order):

- Managerial colleagues
- Supervisors (peer-to-peer assessment must be avoided)
- Clinical Facilitators / Professional Development Unit
- Learning and Development
- People Services Advisory Team
- Occupational Health
- Employee Assistance Programme

When assessing potential sources of support, the manager must be realistic and clear as to their expectations from that employee. For example, a Clinical Facilitator can assess clinical performance and draft specific SIPs but any decision made on the employees' competency will be a managerial decision.

**EXAMPLE ONLY – DO NOT JUST COPY AND PASTE
ONLY APPROPRIATE SECTIONS SHOULD BE USED**

Formal Supportive Improvement Plan						
Date of Implementation:			Date of Review:			
Date of completion:						
Supervising Manager:			Signature:			
Employee:			Signature:			
What are the current gaps	What are the objectives to address the gap	How will I achieve these objectives	What support will be provided	How will this be evaluated	Time scales to achieve by	Date objectives achieved
Demonstrating Personal Qualities- Developing Self-Awareness						
Reflecting and improving on your communication with others and maintaining professionalism; to develop self-awareness	<p>Ensure communication, manner and attitude are always professional, courteous</p> <p>Ensure communication, manner and attitude are appropriate for purpose and context</p> <p>Ensure you are displaying compassion, care and empathy towards patients, colleagues.</p>	<p>Feedback and observations that you are being polite and courteous to both colleagues and visitors</p> <p>Significant reduction in complaints from colleagues, patients and visitors relating to : inappropriate comments or behaviours in the workplace</p> <p>Significant</p>	<p>- Sister / Ward Sister to raise and discuss any issues as they arise</p> <p>- Line manager to raise and discuss any issues as they arise</p> <p>- Colleagues</p> <p>Occupational Health recommendations to be followed</p> <p>- Courses to support communication?</p>	<p>- Sister / Ward Sister Observation day to day basis</p> <p>Feedback from - Sister / Ward Sister – discussion and reflection on incidences</p> <p>No complaints from - Sister / Ward Sister / colleagues</p>	<p>Ongoing weekly review</p> <p>Monthly review of overall progress</p>	

<p>Can manage own emotions and adjust according to the clinical situation</p> <p>Raises awareness of self and creates coping mechanisms and puts these into action</p>	<p>Be mindful of communication style, verbal content when communicating with staff, and visitors</p> <p>Maintaining professional boundaries when communicating with colleagues</p> <p>Can manage emotions and adjust according to the clinical situation</p>	<p>reduction with inappropriate comments/conversations and actions</p> <p>No complaints from colleagues, patients and visitors relating to inappropriate language, behaviours</p>	<p>Ongoing weekly review</p> <p>Monthly review of overall progress</p>	<p>about approach</p> <p>- Sister / Ward Sister / observation day to day</p> <p>Feedback from colleagues.</p> <p>- Sister / Ward Sister discussion and reflection on situations</p>		
<p>What are the current gaps</p>	<p>What are the objectives to address the gap</p>	<p>How will I achieve these objectives</p>	<p>What support will be provided</p>	<p>How will this be evaluated</p>	<p>Time scales to achieve by</p>	<p>Date objectives achieved</p>

Working with Others- Working within teams

<p>Acknowledges and appreciates the decisions of others and follows through with their requests</p>	<p>Accepts the requests and decisions of those in authority and takes action accordingly</p>	<p>To complete core tasks to the required standard, following protocol and ensuring that focus is on your core responsibilities only.</p> <p>Allocated tasks / work is completed fully and to the required standard</p>	<p>Line Manager Team Leader</p> <p>Clear and documented task list</p>	<p>Line Manager / Team Leader observation day to day</p> <p>Feedback from Team Leader discussion and reflection on incidences</p>	<p>Ongoing weekly review</p> <p>Monthly review of overall progress</p>	
<p>Building and maintaining relationships</p>	<p>Communicates clearly with others, listens to and take into account the needs and feelings of others</p>	<p>When tasks completed to raise with Team Leader and accept additional tasks / support colleagues</p> <p>Acts on the instructions of team leader / manager</p> <p>Communicates clearly and with respect</p>	<p>Line manager to raise and discuss any issues as they arise</p>	<p>No complaints from team leader, colleagues or visitors about approach</p> <p>Observations in practice by team leader</p> <p>Discussion in</p>		

		<p>Not to use personal phone during work time unless an emergency</p> <p>Accepts feedback from others</p>		supervision		
Medicines Management						
Ensures all Medicines Management policies and professional standards are adhered to	<p>Always ensures that Controlled drugs are is managed according to the Trust policy</p> <p>Understands professional accountability relating to CD medications</p> <p>Escalates concerns around mismanagement of CD drugs</p> <p>Understands the just cause guide process</p>	<p>Able to articulate the responsibility of the registered practitioner in the management and administration of CD medications through discussion and reflective accounts.</p> <p>Ensures that the medicines management process is followed.</p> <p>Leads by example and escalates</p>	<p>Line manager</p> <p>Matron</p> <p>Nurse in charge</p> <p>Trust Coach</p> <p>Mentor</p>	<p>Fortnightly reviews with line manager</p> <p>Review with Matron at 6 and 12 weeks</p> <p>No incidences reported</p> <p>Completion of eLearning</p> <p>File note to confirm receipt of CD policy and medicine handbook- SSU</p>		

	<p>for medication incidents.</p> <p>Ensures medications are always taken by patient before being signed for.</p>	<p>concerns.</p> <p>Update medicine management e-learning via intranet</p> <p>CD management update e-learning via intranet.</p> <p>1:1 session provided by professional development regarding professional accountability to all RNs</p>		<p>to complete.</p> <p>Mentor/colleague feedback - observation in practice to cover each item in the specifics column.</p> <p>Able to explain the just cause guide for medication incidents.</p> <p>Professional development feedback – discussion and reflection on incidences (minimum of 2 reflections demonstrating analysis and learning).</p> <p>Feedback from coach regarding the level of engagement</p>	
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				and learning achieved.		
Documentation						
Ensures all nursing/medical documentation is completed, accurate and timely	<p>Completes all necessary nursing assessments on paper/electronically in a timely manner</p> <p>Completes care record and evaluation/reassessments/implemented care where clinically indicated</p> <p>Understands the professional and legal implications of inaccurate documentation and how this may be viewed as falsifying documentation.</p> <p>Only uses own login</p>	<p>Completes nursing assessments during admission to demonstrate that patients care /treatment needs are identified</p> <p>Completes the actions/evaluation of nursing interventions for patients in their care in a timely manner, identifying progress or deterioration in a timely and effective manner</p> <p>Documented assessment /entries are an accurate reflection</p>	<p>Line manager</p> <p>Mentor</p> <p>Ward staff</p> <p>Trust Coach</p>	<p>Mentor/colleague feedback - observation in practice to cover each item in the specifics column.</p> <p>Professional development feedback – discussion and reflection on incidences (minimum of 2 reflections demonstrating analysis and learning).</p> <p>Review of assessments/electronic record identifies accuracy as</p>		

	<p>to clinical databases to record clinical information.</p> <p>Never uses the recall button in the V6 Meditech system.</p>	<p>of the care that has occurred and where necessary escalates or seeks support for colleague.</p> <p>Able to explain the legal implications of using other staff login's to access clinical databases.</p>		<p>checked by supervising staff.</p> <p>Absence of reported inaccuracies.</p> <p>Feedback from coach regarding the level of engagement and learning achieved</p>		
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I confirm that I have read the supportive improvement plan and agree with the objectives.

Signed.....

Print Name.....

Date

**EXAMPLE ONLY – DO NOT JUST COPY AND PASTE
ONLY APPROPRIATE SECTIONS SHOULD BE USED**

Formal Supportive Improvement Plan			
Date of Implementation:		Date of Review	weekly
Date of Completion:			
Supervising Manager:		Signature:	
Employee:		Signature:	

What are the current gaps	What are the objectives to address the gap	How will I achieve these objectives	What support will be provided	How will this be evaluated	Time scales to achieve by	Date objectives achieved
Demonstrating Personal Qualities- Developing Self-Awareness						
Reflecting and improving on your communication with others and maintaining professionalism; to develop self-awareness	Ensure communication, manner and attitude are always professional, courteous	Feedback and observations that you are being polite and courteous to both colleagues and visitors	Line Manager / Team Leader Observation day to day basis	- Team Leader to raise and discuss any issues as they arise	Ongoing weekly review	
	Ensure communication, manner and attitude are appropriate for purpose and context	Significant reduction in complaints from colleagues and visitors relating to :	Feedback from Team Leader – discussion and reflection on incidences	- Line manager to raise and discuss any issues as they arise	Monthly review of overall progress	
	Ensure you are displaying compassion, care and empathy towards patients, colleagues.	Making inappropriate comments or statements intended to cause irritation or upset		- Colleagues		
	Be mindful of communication style,	Interrupting meetings / conversations or to attempt to include	No complaints from Team Leader /	Occupational Health recommendations to be		

	<p>verbal content when communicating with staff, and visitors</p> <p>Maintaining professional boundaries when communicating with colleagues</p> <p>Can manage own emotions and adjust according to the clinical situation</p> <p>Raises awareness of self and creates coping mechanisms and puts these into action</p>	<p>oneself into conversations that are not within your remit.</p> <p>Significant reduction with inappropriate comments/conversations and actions</p>	<p>colleagues about approach</p>	<p>followed</p> <p>- Courses to support communication</p>		
Time Management	<p>To ensure that allocated break times are adhered to</p> <p>Ensure your team leader is aware when you leave / return to the department</p>	<p>Reduced impact on colleagues covering your work</p>	<p>No complaints that you are away from the department for no good reason</p>	<p>Team Leader</p>	<p>Ongoing weekly review</p> <p>Monthly review of overall progress</p>	

What are the current gaps	What are the objectives to address the gap	How will I achieve these objectives	What support will be provided	How will this be evaluated	Time scales to achieve by	Date objectives achieved
Working with Others- Working within teams						
<p>Acknowledges and appreciates the decisions of others and follows through with their requests</p> <p>Building and maintaining relationships</p>	<p>Accepts the requests and decisions of those in authority and takes action accordingly</p> <p>Communicates clearly with others, listens to and take into account the needs and feelings of others</p>	<p>To complete core tasks to the required standard, following protocol and ensuring that focus is on your core responsibilities only.</p> <p>Allocated tasks / work is completed fully and to the required standard</p> <p>When tasks completed to raise with Team Leader and accept additional tasks / support colleagues</p> <p>Acts on the instructions of team leader / manager</p> <p>Communicates clearly and with respect</p>	<p>Line Manager / Team Leader observation day to day</p> <p>Feedback from Team Leader discussion and reflection on incidences</p> <p>No complaints from team leader, colleagues or visitors about approach</p> <p>Observations in practice by team</p>	<p>Line Manager Team Leader</p> <p>Clear and documented task list</p> <p>Line manager to raise and discuss any issues as they arise</p>	<p>Ongoing weekly review</p> <p>Monthly review of overall progress</p>	

		Not to use personal phone during work time unless an emergency Accepts feedback from others	leader Discussion in supervision			
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I confirm that I have read the supportive improvement plan and agree with the objectives.

Signed.....

Print Name.....

Date

Appendix 3 – Managing Performance and Supporting Staff

CONDUCT OF FINAL REVIEW MEETING

1 Final Review

- 1.1 Where no improvement has been made nor an alternative post secured, a final review meeting should be undertaken.
- 1.2 The date of the meeting should be set, giving due regards to the need for timeliness, but allowing sufficient time for the employee to arrange representation and prepare for the meeting. A minimum of 7 calendar days' notice of the date of the review meeting should be given, unless it is agreed otherwise.

Arrangements should be confirmed in writing to the employee at least 7 calendar days prior to the review meeting, giving details of:

- The date, time and venue
- The purpose of the meeting
- The right to representation
- Who will be present on behalf of the management
- If termination of employment is considered a possible option, this should be clearly stated. If authority to dismissal has been delegated, this should also be included

- 1.3 A member of the People Services Advisory Team must be in attendance at any meetings where an employee's employment may be terminated.
- 1.4 An independent senior manager should chair the meeting and a member of the People Services Advisory Team will be present, in order to give advice on procedure issues.
- 1.5 The manager who has undertaken the reviews to date should be present, and the employee should have the right to be accompanied by a companion who may either be a fellow employee or Trade Union representative.
- 1.6 The procedure should be as follows:
- 1.6.1 The Chairperson of the Panel will introduce all present and ensure that all parties are aware of the procedure to be followed.
- 1.6.2 The employee's manager who undertook the Managing Performance review meetings will state all actions taken to date and the reasons for consideration of termination of employment.
- 1.6.3 The employee shall have the opportunity to question any of the actions taken.
- 1.6.4 The Review Panel will have the opportunity to ask questions of the manager.

- 1.6.5 The employee shall put his/her case, explaining any mitigating factors.
- 1.6.6 The manager will have the opportunity to ask questions of the employee
- 1.6.7 The Review Panel will have the opportunity to ask questions of the employee
- 1.6.8 The Review Panel may, at its discretion, adjourn the hearing in order that either party may produce further evidence.
- 1.6.9 The employee and employee representative will withdraw.
- 1.6.10 The employee and employee representative will be recalled to be notified of the decision. In exceptional circumstances a decision may be deferred but every effort must be made to reach an outcome at the earliest opportunity and all parties informed.
- 1.6.11 The decision must be confirmed in writing within 7 calendar days of the decision.

2 Termination of Employment

- 2.1 If, after careful consideration, the decision has been made to terminate employment, dismissal shall be on the grounds of capability.
- 2.2 Notice of termination shall be given in accordance with the Contract of Employment. This notice will be paid in lieu, if it is felt to be in the Department's and/or individual's best interests.
- 2.3 The main points of the decision and the reasons for the decision to terminate employment should be confirmed in writing to the employee. This should be done within 7 calendar days of the meeting, together with their right of appeal against the decision to the Chief Executive, within 7 calendar days of receipt of the letter

Appendix 4 – Management Performance and Supporting Staff

CONDUCT OF APPEAL HEARINGS

At the hearing, the following procedure shall be observed:

1. The Chairperson of the Panel will introduce all present and ensure that all parties are aware of the procedure to be followed. In the case of an appeal a member of People Services will provide support on procedural issues and, where relevant, this will be an advisor who has not previously been involved in the case.
2. The management representative shall state the management case in the presence of the employee and the employee's representative.
3. The employee shall have the opportunity to ask questions of the management representative and witnesses.
4. The members of the panel shall have the opportunity to ask questions of the management representative .
5. The employee shall put his/ her case forward in the presence of the management representative
6. The management representative shall have the opportunity to ask questions of the employee.
7. The members of the panel shall have the opportunity to ask questions of the employee.
8. The management representative and the employee shall have the opportunity to sum up their cases if they so wish. The employee shall have the right to speak last. In their summing up neither party may introduce any new matter.
9. Nothing in the foregoing procedure shall prevent the members of the panel from inviting either side to elucidate or amplify any statement they may have made; or from asking them such questions as may be necessary to ascertain whether or not they propose to call any evidence in respect of any part of their statement.
10. The panel may at its discretion adjourn the hearing in order that further evidence may be produced by either party.
11. The management representative, the employee, and the employee's representative shall withdraw.
12. The panel shall deliberate in private only recalling both parties to clear points of uncertainty on evidence already provided. If recall is necessary both parties shall return notwithstanding only one is concerned with the point giving rise to doubt.
13. Once the panel has reached a decision, all parties should be recalled for the Chairperson to notify them of that decision. This should normally take place on the same day of the hearing, where reasonably practicable. Notification of the outcome should normally be sent in writing within 14 calendar days of the date of the hearing