



## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# SUPPORTING PERFORMANCE IMPROVEMENT POLICY AND PROCEDURE

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2018 – Version 8

Striving for Perfect Care for the  
People We Serve

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## SUPPORTING PERFORMANCE IMPROVEMENT POLICY AND PROCEDURE

### Further information about this document:

Document name	<b>HR11 SUPPORTING PERFORMANCE IMPROVEMENT POLICY AND PROCEDURE</b>	
Document summary	<b>To provide a framework for the Trust to support colleagues with performance improvement concerns; encouraging colleagues to achieve effective work standards as described in their job description and the Trusts Staff Charter.</b>	
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To be read in conjunction with	<b>Personal Achievement and Contribution Evaluation (PACE) Documentation Staff Charter HR01 Disciplinary Procedure HR07 Supporting Attendance Policy HR27 Procedure for Supporting Colleagues with Mental or Physical Disabilities HR37 Supporting Colleagues</b>	
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>		
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**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## 1 PURPOSE AND RATIONALE

- 1.1 **Purpose** – The purpose of this policy and procedure is provide a framework for the Trust to support colleagues (excluding medical colleagues) with performance improvement (capability) concerns; encouraging colleagues to achieve effective work standards as described in their job description and the Trusts Staff Charter.
- 1.2 For medical and dental colleagues refer to HR12 “Handling Concerns about the Conduct, Supporting Performance and Health of medical staff”.
- 1.3 **Rationale** – this policy and procedure is necessary to:
- 1.3.1 Assist and encourage all colleagues to achieve and maintain effective standards of job performance
  - 1.3.2 Provide line managers with a framework and guidance to improve the performance of colleagues and encourage personal development
  - 1.3.3 Ensure consistent and fair treatment for all colleagues who experience difficulties in performing the duties of the post or behaving in line with the Staff Charter

## 2 SCOPE

- 2.1 This policy applies to all colleagues (excluding medical and dental colleagues) employed by Mersey Care NHS Foundation Trust, including those who act as Bank, Agency or volunteers and those who hold a honorary contract.

## 3 DEFINITIONS

- 3.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

**Table 1: Definitions**

Term	Definition
Performance Improvement (capability)	Refers to a colleague’s skills, aptitude, ability and knowledge in relation to the job they are employed to do. Performance Improvement is different to misconduct in that it refers to situations where a colleague is genuinely trying to perform to the required standard but is unable to do so.
Misconduct	Refers to a deliberate failure to perform, poor attitude, or failure to meet standards as a result of carelessness, negligence or idleness.

## 4 DUTIES

- 4.1 **Lead Executive Director** – the Lead Executive Director for this policy (Executive Director of Workforce) has strategic responsibility for ensuring that a robust system is in place to ensure compliance with the Supporting Performance Improvement Policy and Procedure. They will ensure that all Directors, Managers, Human Resources Business Partners, Human Resources Managers, Human Resources Advisors and colleagues are fully aware of the Supporting Performance Improvement Policy and Procedure and are aware of their responsibilities.
- 4.2 **Policy Lead** – the Policy Lead, HR Business Partner for South Sefton Community Services has operational responsibility for ensuring the policy is kept up to date and any changes are communicated.
- 4.3 **Line Managers** - The line manager has a duty to ensure that all colleagues are aware of the policy and ensure that all colleagues, who access the policy, follow the correct procedure with support from the Human Resources Department.

Line managers must also ensure:

- 4.3.1 That the colleague attends Trust induction and also has a local induction in their work area, including details of Staff Support, Occupational Health, mentoring, and supervision.
- 4.3.2 The job content is applicable to the job description and person specification.
- 4.3.3 Work is done in line with the job description, person specification and Personal Achievement and Contribution Evaluation (PACE) objectives.
- 4.3.4 Advice and supervision is available.
- 4.3.5 That the colleague attends statutory and mandatory training
- 4.4 Line Managers must consider that health could be an important factor in an individual's Supporting Performance and must ensure that colleagues are supported by the appropriate process. Where ill-health is the reason for unsatisfactory work Supporting Performance, the Trust Supporting Attendance Policy (HR07) should be followed in conjunction with the Supporting Performance Improvement Procedure and the Trust Policy and Procedure for Supporting Colleagues with Mental or Physical Disabilities (HR27).
- 4.5 **All colleagues** - All colleagues should be aware of this Policy and understand the importance of the content and adhere to the procedure.
- Individual colleagues have a responsibility to:
- 4.5.1 Raise concerns about Supporting Performance improvement
- 4.5.2 Attend induction training

4.5.3 Attend agreed statutory and mandatory training and other development opportunities appropriate to their role

4.5.4 Actively participate in the PACE process

4.5.5 Participate in managerial/clinical supervision as appropriate

4.6 **Human Resources** - The Human Resources Department will support Mersey Care colleagues at all levels in the application of this policy and procedure. This will include providing appropriate training where requested to managers to support them with their responsibilities under this policy. A member of the Human Resources Department will support the manager at all stages of the procedure from Stage 2 onwards. The Human Resources Department has the responsibility to monitor the implementation and application of this policy to ensure that procedures are managed fairly across the Trust. The Human Resources Department will ensure that this policy is updated in accordance with changes in employment legislation

4.7 **Trade Union Representatives** - Trade Union Representatives have an important role to play in providing advice and support to individual colleagues and to generally work in partnership with managers to ensure optimum levels of colleagues' conduct and behaviour. A colleague, invited to attend a meeting or hearing from Stage 2 onwards has the right to be accompanied by an accredited Trade Union representative or a colleague who is also employed by the Trust. Both colleagues and accredited Trade Union representatives can present evidence on behalf of the colleague from Stage 2 onwards.

## 5 INTRODUCTION

5.1 Mersey Care NHS Foundation Trust recognises the need for a procedure to help and encourage all colleagues to achieve and maintain effective work standards as described in the individuals job description and to consistently display behaviours in line with the Staff Charter which is based around the four core Trust values; Continuous Improvement, Accountability, Respect and Enthusiasm.

5.2 It is the Trust's policy to ensure that any performance improvement matter is dealt with fairly and that all colleagues are given the opportunity to respond before taking further action.

5.3 All colleagues must be clear about the standard of work expected during the course of their employment. A framework for this should be provided with an up to date job description and person specification, along with the Personal Achievement and Contribution Evaluation (PACE) process.

5.4 However, in some cases a colleague may not be able to carry out the responsibilities/duties of the job to an adequate standard. There may also be circumstances in which a colleague's behaviours and value base are not aligned to the standards set out by Mersey Care in the Trust's Staff Charter.

### 5.5 **Personal Achievement and Contribution Evaluation (PACE)**

5.5.1 The PACE process is a system for regularly reviewing and recording; the personal contribution, performance, value base, behaviours, potential and development needs of a colleague, together within the contribution the Trust has made to the individual.

5.5.2 The PACE will ensure that colleagues are clear about what is expected of them and how they will be supported. The process is two-way and provides an opportunity to



help identify and reveal problems which may be restricting progress and causing poor work performance.

5.5.3 It is a continuous process and not limited to a formal review once a year. It is essential that where concerns around a colleagues performance arise they are addressed at the time, rather than waiting for the annual review.

5.5.4 Prior to utilising the Supporting Performance Improvement Policy and Procedure it is expected that line managers will have used the PACE process, and ongoing supervision, to address any areas of concern with an individuals behaviours or performance .

## 5.6 **Differentiating Between Supporting Performance Improvement (capability) or Conduct**

5.6.1 On occasions it can be difficult to establish whether the matter relates to a colleague's conduct or their performance. In these circumstances, the colleague's manager will need to establish the answer through investigation of the facts. There should be no automatic assumption that the matter relates to a person's conduct.

5.6.2 In some circumstances, a colleague may have both performance and conduct issues. In these circumstances, the manager should keep these issues separate and deal with each issue under the appropriate policy.

5.6.3 However, it may be that during the use of this procedure it becomes apparent that the issues are that of conduct and not performance improvement. In such circumstances the colleague will be advised that the procedure will switch to that of conduct, and the Trust Disciplinary Policy and Procedure (HR01) will be invoked. The reverse will apply in investigations being undertaken via conduct procedures.

5.6.4 Colleagues are expected to fully participate with terms of this policy and procedure at all times. Failure to do so may result in a review of the appropriateness of this policy and the colleague may then be referred to the Disciplinary Procedure in extreme cases.

## 5.7 **Causes of Performance Concerns and Solutions**

5.7.1 In order to effectively manage performance improvement, managers should take into account the causes of the concern. Causes can include, but are not limited to:

5.7.1.1 Inadequate or insufficient training, systems, policies and procedures, tools/equipment, supervision/support. This is often identified by a new incoming manager.

5.7.1.2 A lack of clarity about the job role, objectives, management instructions

5.7.1.3 Excessively high workloads

5.7.1.4 Poor working relationships or bullying/harassment

5.7.1.5 Ill health or personal problems

5.7.1.6 Inability to adapt to a changing work environment

5.7.1.7 Oral or Written Communication problems e.g. Dyslexia

5.7.2 Possible solutions may include coaching the colleague, reviewing systems, policies, procedures, supervision and support, fixing faulty equipment, reviewing workloads, clarifying job roles, instructions, Occupational Health/Staff Support referral, additional training to the colleague or their supervisor on people management.

## **6 PROCESS / PROCEDURE**

6.1 The Supporting Performance Improvement procedure follows a series of stages which are cumulative and follow the sequence below:

6.1.1 Stage 1 and review period (6-12 weeks)

6.1.2 Stage 2 and review period (6-12 weeks)

6.1.3 Stage 3 and review period (6-12 weeks)

6.1.4 Final Review Hearing: possible dismissal/alternatives to dismissal.

6.2 This procedure is also depicted in a flow chart (see Appendix A).

6.3 If during any stage of this procedure the colleague's performance improves to a satisfactory level but this improvement is not sustained during a 12 month period, managers can revert back to the stage that the colleague was previously at. Manager's should make colleagues aware that the Staff Support Service is available should they wish to discuss issues in confidence. In addition colleagues can approach the Occupational Health Department directly to seek advice on work related or other health problems.

### **6.4 Stage 1**

6.4.1 Stage 1 of Supporting Performance Improvement is the first step in the procedure and should be followed when concerns regarding an individual's performance have not been resolved via discussions in supervision and the PACE process.

6.4.2 An informal meeting should be held between the line manager and the colleague to discuss the manager's concerns around performance. This discussion should cover the following:

6.4.2.1 Make the colleague aware of the issues and the effect on the organization

6.4.2.2 Attempt to establish the cause/s

6.4.2.3 Obtain the colleague's perspective on the matter

6.4.2.4 Clarify expected standards

6.4.2.5 Identify potential solutions

6.4.2.6 Identify realistic, measurable targets and the period over which these should be achieved and sustained (not exceeding 12 weeks) to achieve a satisfactory improvement in the colleague's performance.

6.4.2.7 Confirm what methods will be used to assess the colleague's performance.

6.4.2.8 Confirm when the performance standards will be reviewed and the fact that formal action could be taken if the required improvement is not satisfactorily achieved and sustained.

#### **6.4.3 Actions During Stage 1 Meeting:**

6.4.3.1 Notes outlining the content of the meeting and the solutions/other outcomes identified should be agreed and a copy should be made available to the colleague.

6.4.3.2 A development plan will be discussed and agreed covering the areas of concern. This development plan must be utilised throughout the whole process and any additional objectives /actions should be mutually agreed. A copy will be given to the colleague (see Appendix B for example development plan).

6.4.3.3 Agree a suitable review period (between 6 and 12 weeks).

6.4.3.4 Solutions should, where possible, be agreed between the colleague and the manager (see section 5.7 for possible solutions). Where it is not possible to reach agreement, the manager will need to carefully assess the situation and decide what solutions are appropriate in the circumstances, taking account of the colleague's perspective on the matter.

6.4.3.5 Discuss the consequences if improvement is not achieved or sustained, i.e. progress to Stage 2 (formal management of performance improvement).

#### **6.4.4 Actions After Stage 1 Meeting:**

6.4.4.1 The manager must hold regular informal interim review meetings with the colleague, both to provide feedback on progress and to encourage improved performance. Any additional training recommended should also be discussed.

6.4.4.2 At the end of the review period the manager will meet with the colleague and inform them that either:

- a) They have achieved the specified levels of performance and no further discussions are necessary, or
- b) There has been a marked improvement in performance yet further improvement is required. In these circumstances the current stage may be extended for up to an additional 6 weeks, or
- c) There has been little or no improvement and it will be necessary to move to Stage 2.

6.4.4.3 Managers should make colleagues aware that the Staff Support Service is available should they wish to discuss issues in confidence. In addition colleagues can approach the Occupational Health Department directly to seek advice on work related or other health problems.

## **6.5 Stage 2**

6.5.1 If, despite following Stage 1, the colleague is unable to reach and/or maintain the required standard of performance, the manager may convene a Stage 2 meeting.

6.5.2 The Manager shall invite the colleague to attend all formal meetings in writing giving at least at least 5 working days notice. The written notification should include:

6.5.2.1 The stage reached in the Supporting Performance Improvement procedure

6.5.2.2 Clear details of the concerns relating to performance

6.5.2.3 Any supporting documentation

6.5.2.4 Details of any discussion to this point

6.5.2.5 The colleague's right to representation

6.5.3 A HR Representative will be in attendance at this meeting providing advice to the Manager.

6.5.4 Colleagues have the right to be accompanied at formal review meetings by either a colleague or Staff Side representative.

### **6.5.5 Actions During Stage 2 Meeting:**

6.5.5.1 The development plan discussed at Stage 1 must be revised and updated in relation to the nature of the concern(s), the action required of both the colleague and the manager, improvements required. This development plan must be utilised throughout the whole process and any additional objectives /actions should be mutually agreed. A copy will be given to the colleague (see Appendix B for example development plan).

6.5.5.2 Agree a suitable review period (between 6 and 12 weeks).

6.5.5.3 Solutions should, where possible, be agreed between the colleague and the manager (see section 5.7 for possible solutions). Where it is not possible to reach agreement, the manager will need to carefully assess the situation and decide what solutions are appropriate in the circumstances, taking account of the colleague's perspective on the matter.

6.5.5.4 Discuss the consequences if improvements are not achieved or sustained, i.e. progress to Stage 3.

### **6.5.6 Actions After Stage 2 Meeting**

6.5.6.1 The decision to place the colleague on Stage 2 of the Supporting Performance Improvement procedure must be confirmed in writing, setting out the nature of the concern(s) an overview of the discussion within the meeting and enclose a copy of the agreed development plan (see Appendix B). If there is a significant relapse of performance during a period of 12 months following this

meeting then the manager can refer the colleague on to the next stage of the process.

6.5.6.2 The manager must hold regular interim review meetings with the colleague, both to provide feedback on progress and to encourage improved performance. These supervision meetings should be planned across the review period and set out in the development plan. Any additional training recommended should also be discussed.

6.5.6.3 At the end of the review period the manager will meet with the colleague and inform them that either:

- a) They have achieved the specified levels of performance and no further discussions are necessary, or
- b) There has been a marked improvement in performance yet further improvement is required. In these circumstances the current stage may be extended for up to an additional 6 weeks, or
- c) There has been little or no improvement and it will be necessary to move to Stage 3 of the process.

6.5.6.4 Managers should make colleagues aware that the Staff Support Service is available should they wish to discuss issues in confidence. In addition colleagues can approach the Occupational Health Department directly to seek advice on work related or other health problems.

## **6.6 Stage 3**

6.6.1 If, despite following Stages 1 and 2, the colleague is unable to reach and/or maintain the required standard of performance, the manager may convene a Stage 3 meeting.

6.6.2 The Manager shall invite the colleague to attend all formal meetings in writing giving at least at least 5 working days notice. The written notification should include:

6.6.2.1 The stage reached in the Supporting Performance Improvement procedure

6.6.2.2 Clear details of the concerns relating to performance

6.6.2.3 Any supporting documentation

6.6.2.4 Details of any discussion to this point

6.6.2.5 The colleague's right to representation

6.6.3 A HR Representative will be in attendance at this meeting providing advice to the Manager.

6.6.4 Colleagues have the right to be accompanied at formal review meetings by either a colleague or Staff Side representative.

### **6.6.5 Actions During Stage 3 Meeting**

6.6.5.1 The development plan discussed at Stage 2 must be revised and updated in relation to the nature of the problem, the action required of both the colleague and the manager and improvements required. This development plan must be utilised throughout the whole process and any additional objectives /actions should be mutually agreed. A copy will be given to the colleague (see Appendix B for example development plan).

6.6.5.2 Agree a suitable review period (between 6 and 12 weeks)

6.6.5.3 Solutions should, where possible, be agreed between the colleague and the manager (see section 5.7 for possible solutions). Where it is not possible to reach agreement, the manager will need to carefully assess the situation and decide what solutions are appropriate in the circumstances, taking account of the colleague's perspective on the matter.

6.6.5.4 Discuss the consequences if improvement is not achieved or sustained, i.e. Final Review Hearing; an outcome of which may be dismissal.

### **6.6.6 Actions After Stage 3 Meeting**

6.6.6.1 The decision to place the colleague on Stage 3 of the Supporting Performance Improvement procedure must be confirmed in writing, setting out the nature of the concern(s), an overview of the discussion within meeting and enclose a copy of the agreed development plan (see Appendix B). If there is a significant relapse of performance during a period of 12 months following this meeting then the manager can refer the colleague on to the next stage of the process.

6.6.6.2 The manager must hold regular interim review meetings with the colleague, both to provide feedback on progress and to encourage improved performance. These supervision meetings should be planned across the review period and set out in development plan. Any additional training recommended should also be discussed.

6.6.6.3 At the end of the review period the manager will meet with the colleague and inform them that either:

- a) They have achieved the specified levels of performance and no further discussions are necessary, or
- b) There has been a marked improvement yet further improvement is required. In these circumstances the current stage may be extended for up to an additional 6 weeks, or
- c) There has been little or no improvement and it will be necessary to move to the Final Review Hearing, the colleague must be invited to this meeting in writing and informed in writing that a potential outcome of the Final Review Hearing may be dismissal.

6.6.6.4 Managers should make colleagues aware that the Staff Support Service is available should they wish to discuss issues in confidence. In addition colleagues can approach the Occupational Health Department directly to seek advice on work related or other health problems.

## **6.7 Final Review Hearing**

- 6.7.1 If, despite Stage 3 and review period, and having been offered appropriate support, the colleague is unable to reach and/or maintain the required standard of performance, a Final Review Hearing will be convened.
- 6.7.2 The hearing should be chaired in accordance with the Trust Scheme of Delegation (see Appendix C).
- 6.7.3 The hearing should follow the procedure as set out in Appendix D.
- 6.7.4 If, having taken account of all the circumstances, the chair of the hearing considers it appropriate; the colleague may be dismissed on grounds of capability and will have the right to appeal against their dismissal. If a Final Review Hearing could lead to dismissal, the chair of the meeting must have authority to dismiss.
- 6.7.5 The Chair should consider alternatives to dismissal where appropriate; such alternatives are set out in section 6.7.7 below.
- 6.7.6 If there are no suitable options for redeployment or demotion/down banding the staff member may be dismissed with contractual notice or with pay in lieu of notice.

### **6.7.7 Alternatives to dismissal:**

The Chair should give consideration to the following alternatives to dismissal during a Final Review Hearing:

- 6.7.7.1 **Extension of Stage 3 monitoring period:** A further Final Review Hearing may take place at the end of this period.
- 6.7.7.2 **Redeployment:** Search for a suitable role/work base, with the agreement of the individual. In such circumstances the terms and conditions will be those of the new role and pay protection will not apply if the role is of a lower band or provides different allowances. If, following a 28 day period, agreement cannot be reached on a suitable alternative, the colleague may be required to move without agreement or alternative sanctions may apply such as dismissal. There is no requirement on the Trust to create a role suitable for redeployment if such a role is not available.
- 6.7.7.3 **Demotion/Down Banding:** Colleagues who are unable to perform at the required level, may be demoted without pay protection to a suitable alternative role/work base if, despite being afforded appropriate opportunities to enable them to perform at the higher level they cannot do so. In the future the colleague may apply for higher banded posts via a competitive process. There is no requirement on the Trust to create a role suitable for demotion/downbanding if such a role is not available.

**6.7.8 Actions after Final Review Hearing:** The decision should be confirmed in writing, or any other appropriate format, within 7 days of the decision being taken.

## **6.8 Appeals against Dismissal**

6.8.1 A colleague is entitled to appeal against dismissal. The appeal must be made in writing to the Executive Director of Workforce within 15 days of receipt of confirmation of the decision.

6.8.2 The appeal will be heard in accordance with the Trust's Disciplinary Appeal process.

## **7 SUPPORTING PROCEDURE**

### **7.1 Sickness during the Supporting Performance Improvement Procedure**

7.1.1 If a colleague has periods of short term sickness absence whilst working through the Supporting Performance Improvement process, then timescales agreed should be extended to take these absences in to account. If a colleague has a period of long term absence, then the Supporting Performance Improvement Procedure will be temporary halted and resumed on the colleagues return from absence.

7.1.2 Any sickness absence should be managed in line with the Trust's Supporting Attendance Policy.

7.1.3 The Trust's Procedure for Supporting Colleagues with Mental or Physical Disabilities should be used where appropriate

### **7.2 Grievances Raised During the Supporting Performance Improvement Procedure**

7.2.1 During the application of this procedure, if a grievance is raised that relates to the colleague's performance improvement issues, the Trust will consider how best to proceed. The Trust recognises the merit of resolving all issues as quickly as possible and will therefore normally attempt to deal with both matters concurrently. Consideration will also be given to temporarily halting the Supporting Performance Improvement Procedure whilst the grievance is dealt with under the Grievance Procedure, where applicable. HR advice should be sought.

### **7.3 Process Where a Colleague Improves to Satisfactory Standard**

7.3.1 Where a colleague's performance improves to a satisfactory standard at any stage of the Supporting Performance Improvement process, the colleague should be removed from Supporting Performance Improvement monitoring and informed of this in writing.

### **7.4 When Improvement is not Sustained**

7.4.1 In circumstances where this procedure is applied and the colleague makes satisfactory improvement, but this improvement is not sustained during a 12 month period; managers can revert back to the stage that the colleague was previously at.

## **8 CONSULTATION**

8.1 The following groups were consulted with in the development of this policy document:  
HR Policy Group and Staff Side Colleagues



## 9 TRAINING AND SUPPORT

9.1 Any training will be provided by the divisional HR teams on request from line managers.

## 10 MONITORING

10.1 Monitoring of the application of this policy will be undertaken on an ongoing basis by the HR directorate. Any formal Supporting Performance Improvement cases are recorded on the HR Employee Relations database and reported to divisional governance boards on a monthly basis.

## 11 SUPPORTING DOCUMENTS

### 11.1 List of Supporting Documents

Ref No	Name	Purpose
HR01	Disciplinary Procedure	Should be referred to in cases of misconduct.
HR07	Management of Attendance Policy	Should be referred to in cases of sickness absence.
HR37	Supporting Colleagues	Should be referred to in order to ensure guidance is provided to colleagues who require support as a result of being involved in a traumatic or stressful event.
HR27	Procedure for Supporting Colleagues with Mental or Physical Disabilities	Should be referred to in order to support colleagues with mental or physical disabilities

## FLOWCHART OF SUPPORTING PERFORMANCE IMPROVEMENT PROCEDURE

### STAGE 1

Line manager and colleague to meet to discuss the concerns around performance, in order to:

- Clarify expected standards and identify gaps
- Identify solutions
- Identify realistic, measurable targets and the period over which these should be achieved, setting out a written development plan (see Appendix B)
- Agree a review period (between 6 & 12 weeks)
- Discuss the consequences if improvement is not achieved or sustained, e.g. progress to Stage 2
- Regular informal review meetings throughout review period.

**Satisfactory improvement**

End of Supporting Performance Improvement Process

**Unsatisfactory improvement**

Progress to Stage 2

### STAGE 2

Line manager, HR, Staff Side and colleague to discuss the concerns around performance, in order to:

- Review performance against the agreed development plan and standards set at Stage 1
- Consider effectiveness of support given and what additional assistance can be offered
- Agree a review period (between 6 & 12 weeks)
- Discuss the consequences if improvement is not achieved or sustained, e.g. progress to Stage 3
- Regular interim review meetings throughout review period.

**Satisfactory improvement**

End of Supporting Performance Improvement Process

**Unsatisfactory improvement**

Progress to Stage 3

### STAGE 3

Line manager, HR, Staff Side and colleague to discuss the concerns around performance, in order to:

- Review performance against the agreed development plan and standards set at Stage 2
- Consider effectiveness of support given and what additional assistance can be offered
- Agree a review period (between 6 & 12 weeks)
- Discuss the consequences if improvement is not achieved or sustained, e.g. progress to Final Review Hearing.
- Regular interim review meetings throughout review period.

**Satisfactory improve**

End of Supporting Performance Improvement

**Unsatisfactory improvement**

Progress to Final Review Hearing

### FINAL REVIEW HEARING

- A Final Review Hearing must be held in line with the Trusts scheme of delegation (see appendix C).
- A potential outcome of this hearing is dismissal on the grounds of Capability, however alternatives to dismissal should be considered. Section 6.7 of this policy must be observed

## EXAMPLE OF DEVELOPMENT PLAN

Target Area	Expected Standard/level of Proficiency	Gap	Required Actions	Who Will Provide Support?	Timescale	Review Date	Date to Achieve Expected Standard/Level of Proficiency
Completion of care plan details on EPEX	Record detailed updates of all contact on EPEX within 24 hours, including assessment details and agree plans	50/80 records currently incomplete	Further training on EPEX	L&D Department	Within 1 month	1 month	Within 3 months
		20/80 records not updated	Protected time each day to complete records and familiarise self with the new system	Line Manager to arrange	Ongoing for one month	1 month	
		No consistent record for other practitioners to refer to regarding the outcomes of the reviews or the agreed development plans	Support from designated EPEX lead	Local EPEX Lead	Ongoing	3 months	
		Commence and complete ECDL training to improve IT literacy	L&D Department	Commence course within 3 months and complete within a year	3 months		

**This development plan has been discussed and will be implemented by:**

**Name of Manager:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

\_\_\_\_\_ **Dated:** \_\_\_\_\_

**Name of Colleague:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

\_\_\_\_\_ **Dated:** \_\_\_\_\_

## SCHEME OF DELEGATION

CATEGORY OF STAFF	DISMISSAL DOWNGRADING OR TRANSFER BY:
Chief Executive	Trust Chairperson
Executive Directors	Chief Executive
Other staff directly responsible to the Chief Executive	Chief Executive
Staff Directly responsible to Executive Directors	Executive Director
All other staff	The appropriate Executive Director/Divisional Director or Designated Deputy

**PROCEDURE AT FINAL REVIEW HEARING**

At a Final Supporting Performance Improvement Review Hearing the following procedures shall be observed:

- (a) The line manager shall state the case in the presence of the colleague and their representative.
- (b) The colleague and/or her/his representative shall have the opportunity to ask questions of the line manager.
- (c) The members of the Final Review Hearing panel shall have the opportunity to ask questions of the line manager.
- (d) The colleague and/or their representative shall put their case in the presence of the line manager.
- (e) The manager shall have the opportunity to ask questions of the colleague and their representative.
- (f) The members of the panel shall have the opportunity to ask questions of the colleague and their representative.
- (g) The line manager and the colleague or their representative shall have the opportunity to sum up their cases if they wish. The colleague and/or their representative shall have the right to speak last. In their summing up neither party may introduce any new matter.
- (h) Nothing in the foregoing procedure shall prevent the panel from questioning management and staff side as appropriate to clarify issues or seek supplementary information, manage the conduct of the case presenters or to amend proceedings to ensure fairness, clarity and the ability to hear the matters appropriately.
- (i) If at the outset, the colleague concerned admits the matter and does not contest the evidence presented by the line manager, the panel chair may decide, with the agreement of all parties, to amend the procedures and hear evidence solely relevant to the level of sanction, for example, on mitigating circumstances and the seriousness/consequences of the under performance, in order to determine the appropriate outcome.
- (j) The panel may, at its discretion, adjourn the meeting in order that further evidence may be produced by either party or for any other reason. If further evidence is produced then both parties will have the opportunity to test the evidence put before the panel.
- (k) The hearing will be adjourned whilst the panel deliberates in private, only recalling both parties to clear points of uncertainty on evidence already given.

- (l) The panel will then reconvene and the chair will present their decision and next steps to the colleague. Section 6.7 of this policy must be observed.

# Equality & Human Rights Analysis

**Title:** HR 11 Supporting Performance Improvement Policy

**Area covered:** Trust wide

**What are the intended outcomes of this work?** *Include outline of objectives and function aims*

TO PROVIDE GUIDANCE AND TO ENSURE A CONSISTENT APPROACH FOR THE IMPROVEMENT OF SUPPORTING PERFORMANCE IMPROVEMENT ISSUES WITHIN THE TRUST

**Who will be affected?** *e.g. colleagues, patients, service users etc*

Colleagues

## Evidence

**What evidence have you considered?**

Policy

### Disability

Assurances added within the policy re the links between the process of supporting colleagues with disability / managing attendance and supporting performance improvement.

Addition regarding a statement to clarify that documentation provided in writing to state will be available in appropriate format.

Addition of Supporting Disabled Employee Policy and Procedure

Increased references throughout policy HR27 Policy and Procedure for Supporting Disabled Employees.

### Sex

See Cross cutting

**Race** *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

See Cross cutting

Where statements regarding documentation will be provided in writing to state will be available in appropriate format.

**Age** *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

See Cross cutting
<b>Gender reassignment (including transgender)</b> Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.
See Cross cutting
<b>Sexual orientation</b> Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.
See Cross cutting
<b>Religion or belief</b> Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.
See Cross cutting
<b>Pregnancy and maternity</b> Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.
See Cross cutting
<b>Carers</b> Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.
See Cross cutting
<b>Other identified groups</b> Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.
<b>Cross cutting impacts</b> on more than one/all protected group.  Monitoring process in place via HR central database to ensure no indirect discrimination is happening across the Trust against any of the protected groups.

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	Promotes Human Rights Based Approach
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	Promotes Human Rights Based Approach
<b>Right to liberty (Article 5)</b>	Promotes Human Rights Based Approach



<b>Right to a fair trial (Article 6)</b>	Promotes Human Rights Based Approach
<b>Right to private and family life (Article 8)</b>	Assurances of confidentiality in particular to transition to electronic records.
<b>Right of freedom of religion or belief (Article 9)</b>	Promotes Human Rights Based Approach
<b>Right to freedom of expression</b> <b>Note: this does not include insulting language such as racism (Article 10)</b>	Promotes Human Rights Based Approach
<b>Right freedom from discrimination (Article 14)</b>	Promotes Human Rights Based Approach

<b>Engagement and involvement</b>
<p>Staff Side senior managers HR colleagues</p>

<b>Summary of Analysis</b>
<p><b>Eliminate discrimination, harassment and victimisation</b></p> <p>Inclusion of equality monitoring will enable identification of indirect discrimination</p>
<p><b>Advance equality of opportunity</b></p> <p>Fair and transparent process should enable support to be given to all colleagues</p>
<p><b>Promote good relations between groups</b></p>

Fair and transparent process should enable support to be given to all colleagues

### What is the overall impact?

No negative impact identified

### Addressing the impact on equalities

Clarity of definition  
Clarity of procedure  
Effective equality monitoring

### Development planning for improvement

Development plan completed

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

### For the record

**Name of persons who carried out this assessment:**  
Jenny Crighton, Strategic HR Business Partner

**Date assessment completed:** 05/07/18

**Name of responsible Director/**

Executive Director of Workforce

**Date assessment was signed:**

05/07/18