

*These templates should be used as a guide only. Advice should be sought from the HR Advisory Service.*

*P4 For use when confirming the outcome of the formal capability stage 1 review meeting as:*

- *performance level is attained and the procedure is to cease or;*
- *insufficient progress has been made and a written record is placed on the personal file for 12 months and an extension to the improvement period is given as part of stage;;*
- *and / or redeployment is being considered*

**Private and Confidential**

(Name)

(Address)

(Date)

Dear (Name)

**Capability Procedure Formal Stage 1 Review Meeting Outcome**

Following the Stage 1 formal capability review meeting held on [date], I am writing to confirm the outcome of our discussions and the actions agreed. I chaired the meeting and also in attendance was <name> HR Advisor and <name> as your representative. *or You chose not to be represented although you were reminded of this right.*

We discussed the actions taken to date in relation to the areas of concern regarding your level of performance and reviewed your progress during the stage 1 improvement period and I have outlined below a summary of the main points from our discussion:

*<Detail the pertinent points which may include some or all of the following, though this is not an exhaustive list,*

- *expected standard for performance and areas requiring improvement*
- *exploring reasons for shortfall*
- *set improvement period and monitoring/review arrangements*
- *assessment of progress in relation to each area of concern, identifying achievements and shortfalls and impact on service provision*
- *support, reasonable adjustments, coaching, development activities and their impact*
- *any relevant special circumstances, personal or work related issues*
- *any relevant medical, occupational health information>*

*Option 1 – Performance levels attained and cease procedure*

We discussed your improvement in performance fully at the meeting and as you have made sufficient progress to achieve the required standard of performance the formal capability procedure will cease at this first formal stage.

You are expected to continue to maintain the required level of performance and monitoring of your performance will be through the normal supervision and performance review processes for all staff

such as 1 to 1 discussions and annual appraisal. Should concerns over your performance arise in the future further action under the Council's Capability Procedure may be taken.

May I congratulate you on the effort you have put in to achieving the required standard of performance.

*Option 2 – extend improvement period*

I acknowledged the improvements that you have made regarding the standards required as well as where your performance continues to fall short of what can reasonably be expected in your role. A copy of this letter, together with enclosures, will be held on your personal file for 12 months from <date 1– [from the end of the first stage improvement period] and will normally be disregarded for formal capability purposes after <date 2> subject to continued satisfactory performance.

In addition a further <x> weeks period of improvement was agreed, under formal stage 2 of the Council's capability procedure, which it is anticipated will allow you a further period of time for your progress to continue sufficiently for you to achieve the required standard of performance within this timeframe. The extended period of improvement will commence on >date> and end on <date> during which time your performance will continue to be monitored <insert dates/appropriate details of 1:1 conversations or the meetings that you have agreed>.

Please find enclosed a copy of the agreed Performance Improvement Plan which sets out the standards of performance expected, the improvement/s required, support and timescale/s for attainment.

At the end of the extended improvement period, or earlier if sufficient progress is not maintained, your performance will again be assessed at a formal stage 2 review meeting chaired by <senior manager on date, time>. If, as a result of the formal stage 2 review meeting your performance is considered to be satisfactory in that you have met the required standard this will be confirmed to you in writing.

You have the right to be accompanied at the formal stage 2 review meeting by a trade union representative or fellow worker. I would ask that you confirm to me your attendance and who will be accompanying you by (date). If your companion is not available to attend, an alternative date can be provided as long as the alternative time proposed is both reasonable and not more than 5 working days after the date originally scheduled. Please can you also confirm if you or your representative require any specific arrangements or accommodation requirements to enable the hearing to take place. I would also ask that you forward any documentation you wish to submit to the hearing by this date.

I hope that, as a result of these measures, your performance will improve to the standard required and no further formal action will be necessary. However, whilst it is the intention that all reasonable support will be provided to enable you to reach the required standard of performance you should be aware that where the standard is not reached one potential outcome upon completion of the stage 2 review meeting is that you be dismissed for reasons of incapability.

I do of course hope this situation will not arise and I will continue to support you in order to improve your performance. In the meantime, should you identify any further support that you believe will

assist you in achieving the expected standards of performance, please let me know as soon as possible.

*Optional:*

*The Council offer free and confidential access to information, advice and support as part of an Employee Assistance Programme delivered by an external independent provider, WorkplaceWellness. The service is free of charge to use and to access the service call the dedicated telephone number (0800 111 6387). (Text phone users dial 18001 followed by 0800 111 6385). WorkplaceWellness is available 24/7, 7 days per week, 365 days per year and a leaflet giving more details is enclosed.*

If you have any queries regarding the content of this letter please do not hesitate to contact me.

Yours sincerely

**[Name]**

**[Job Title]**

Enc. WCC Capability Procedure  
Performance Improvement Plan  
Notes from meetings etc.  
WorkplaceWellness Leaflet