



## 2. Contextual factors and systemic influences

Have any contributing factors been identified, such as recent changes in workload, staff-patient ratio, team dynamics or equipment?

Have any personal circumstances, health-related factors, or learning needs been disclosed or are known that might be impacting performance?

*This is vital for ensuring an inclusive and adaptive approach.*

## 3. Initial actions and shared responsibility

Briefly outline any informal discussions, initial support provided or training offered prior to this referral.

**This demonstrates that performance management is a shared process, not a sudden punitive step.**

*e.g., "Initial conversation held on [Date] to discuss the incident and offer verbal feedback and support."*



**5. Person-centred goals**

**Goal 1: NMC Platform Link** [e.g., Improve safe and accurate medication administration to meet NMC Platform 6: 'Improving safety and quality of care']

**Shared Action Plan:** [e.g., 1) Co-create a resource for safe medication rounds; 2) Practice with low-fidelity simulation focusing on patient communication; 3) Engage in one-to-one coaching with the Clinical Educator, specifically discussing the psychological impact of errors.]

1.

2.

3.

**Resources needed:** [e.g., Protected time for coaching, access to simulation equipment.]

**Review Date:** [Date]

**Goal 2: NMC Platform Link** [e.g., Enhance time management strategies to meet NMC Platform 5: 'Leading and managing nursing care and working in teams'.]

**Shared Action Plan:** [e.g., 1) Jointly review workload and prioritization techniques; 2) Mentor shadowing a senior colleague; 3) Utilise restorative supervision to reflect on the pressures contributing to poor time management.]

1.

2.

3.

**Resources needed:** [e.g., Access to a PNA, protected time for shadowing.]

**Review Date:** [Date]

**6. Continuous learning and adaptive strategies**

**Learning modality preferences:** Identify the staff member's preferred learning style (e.g., auditory, visual, kinesthetic) and adjust educational interventions accordingly.

**Engagement with reflective practice:** How will the staff member engage with reflection to learn from incidents? (e.g., reflective journal, restorative supervision sessions).

**Inclusivity and accommodations:** Note any reasonable adjustments needed to support the staff member's learning (e.g., quieter learning environment, alternative communication tools, longer time for skills assessment).

## Part C: Progress Tracking & Documentary Evidence

This is the core tracking section, providing a living record of the progress, discussions, and evidence.

<b>7. Progress discussion log</b>
<b>Date:</b>
<b>Attendees:</b>
<b>Discussion Summary:</b> A brief summary of the key points of the meeting, focusing on progress toward goals, challenges encountered, and adaptations to the plan.
<b>Staff Member Reflection:</b> Staff member's verbal or written reflection on their progress and feelings about the process.
<b>Next Steps &amp; Actions:</b> Clearly defined next steps and who is responsible for each.

## 8. Referenced assessment documents

List and link to any assessment documents used to inform the goals and track progress. This provides a robust, evidence-based record.

**Document:**

**Version/Date:**

**Summary of findings:**

## Part D: Final Evaluation and Closure

This section closes the loop, focusing on sustainability, organisational learning, and the importance of professional growth over time.

### 9. Final review and outcome: Forward-looking growth

**Final Review Date:**

**Outcome:**

**Successful completion:** All goals met. The focus shifts to ongoing professional development and revalidation.

**Further Support Required:** Some goals met; additional support needed. The process is continued with a new, adapted CDP.

**Unsatisfactory Progress:** Goals not met. A formal review with HR is initiated, supported by the comprehensive documentation of the educational and restorative support provided.

**Learning summary:** What have we all learned from this process? What insights can be shared (anonymously) with the wider team to promote continuous learning and quality improvement at RHN?

## 10. Signatures and Accountability

This form is transparent and copies will be shared with all signatories. The act of signing is a commitment to the agreed collaborative process.

<b>Role</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Staff Member</b>			
<b>Clinical Educator/Clinical Supervisor</b>			
<b>Line Manager</b>			