

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues
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KEY TERMS	Practice Issues, Nursing Practice
SUMMARY	This framework outlines the process for managing nursing and midwifery staff with identified practice issues across SESLHD in a consistent manner to ensure patient safety and high quality care to our patients.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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1. POLICY STATEMENT

Performance development is a process that occurs between all staff and their manager and is an ongoing cycle of planning and reviewing performance. [SESLHDPR/415 Managing for Performance](#) is the resource used to support this process. At any stage during the performance development cycle a practice issue may be identified.

SESLHD is committed to providing performance management, guidance and support to all nursing and midwifery staff experiencing practice issues. This Framework has been developed to provide a clear and structured approach to manage nursing and midwifery staff who are identified as performing below the expected standard.

This framework does not apply to matters relating to breaches of the Code of Conduct, serious ongoing performance problems or disciplinary matters as defined within [NSW Ministry of Health Policy - PD2018_031 Managing Misconduct](#).

Deviations from the framework can only occur following consultation between relevant facility staff and NMPWU staff or their delegate.

A flowchart of this framework is included in [Appendix 1](#).

2. Definitions

AHPRA	Australian Health Practitioner Regulation Agency
Assessor	An RN or RM who fulfils the criteria as set out in SESLHDBR/038 Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues
CN/ME	Clinical Nurse / Midwifery Educator
Direct Supervision	“Is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.” <i>NMBA 2016</i>
DON&M	Director of Nursing and Midwifery
EAP	Employee Assistance Program
EN	Enrolled Nurse
Impaired nurse	A nurse, midwife or student is described as impaired if he or she has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect their capacity to practise his or her profession. <i>NSW Nursing and Midwifery Council</i>
Indirect Supervision	“Is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.” <i>NMBA 2016</i>
LHD DNM	Local Health District Director of Nursing and Midwifery

Line Manager	The staff member’s immediate Nursing / Midwifery Unit Manager or Nursing / Midwifery Manager
N/ME	Nurse / Midwifery Educator
N/MM	Nurse / Midwifery Manager
National Standards for Practice	The National Standards for Practice / guide the assessment of competence against the Nursing and Midwifery Board of Australia standards for practice for registered nurses, enrolled nurses, nurse practitioners and midwives to assess performance to obtain and retain registration as a nurse or midwife in Australia
NMPWU	Nursing and Midwifery Practice and Workforce Unit
NSWNMA	NSW Nurses and Midwives Association
NUM/MUM	Nursing Unit Manager / Midwifery Unit Manager
RN/M	Registered Nurse / Midwife
Staff	Nurse or midwife with identified practice issue
Support person	A support person may be a fellow employee or a union representative. Their role is as described in NSW Ministry of Health Policy - PD2018_031 Managing Misconduct

3. STEPS FOR MANAGING STAFF WITH IDENTIFIED PRACTICE ISSUES

The steps in the following framework may vary according to the identified practice issue and the progress of the staff member. It is critical the staff member is provided with constant feedback and support as part of this process. The Line Manager should also be provided with support and feedback in relation to their management of the process.

The SESLHD Nursing and Midwifery Practice and Workforce Unit (NMPWU) must be consulted when staff are commenced on the framework to provide support, advice and governance. The Performance Practice Unit and Managers of Education may also provide advice, guidance and support to managers, education staff or Directors of Nursing involved in the framework.

In extenuating circumstances timeframes may require variation within this framework. Consultation must occur prior to adjustment of timeframes between relevant facility staff and NMPWU or their delegate.

Step 1 - Identify issue / problem with practice

The Line Manager must make a clinical judgement about the staff member’s practice based on all the evidence available. The position description and relevant [Nursing and Midwifery Board of Australia Standards for Practice for the Registered Nurse, Registered Midwife or Enrolled Nurse](#) must be used as the benchmark / standard for practice.

To determine the direction of action to be taken the Line Manager must:

- Investigate and assess the key evidence
- Complete the SESLHD risk assessment tool

- Confidentially discuss the findings with their Line Manager if unsure of action to be taken.

What is Evidence?

The evidence may include but is not limited to:

- Poor standard of clinical care
- Reported incident/s
- Reported near miss/es
- Patient complaint/s
- Complaint/s from carer / family
- Staff report/s of poor performance
- Staff member unable to meet ward / unit competencies within an accepted timeframe
- Observed unsafe practice
- Poor communication.

Note:

- The facility DONM must be notified of any staff member who requires formal assessment based on the National Standards for Practice
- If a staff member with an identified practice issue resigns at any stage during the management process, or their practice is found to be unsafe, the facility DONM is to be notified. Depending on the significance of the practice issue/s the facility DONM may notify the Local Health District Director Nursing and Midwifery (LHD DNM), General Manager and Australian Health Practitioner Regulation Agency (AHPRA)
- If the evidence indicates the staff member may be impaired, the facility DONM is to be notified. The facility DONM will then notify the General Manager, LHD DNM, and the [Nursing and Midwifery Council of NSW](#)
- If a notification to AHPRA is required at any time, the facility DONM is responsible for preparing all relevant documentation (evidence and brief) for submission to the LHD DNM. The LHD DNM will then forward all documentation to the Chief Executive
- The staff member must be advised if any of the above processes are enacted.

Step 2 - Initial review meeting

An initial meeting is to be held between the Line Manager, staff member, and other relevant personnel which may include the N/ME, CN/ME or RN/RM. This meeting provides an opportunity to discuss the documented evidence with the staff member. The staff member must be given the option of having an appropriate support person present.

The objectives of this meeting are to:

- Inform the staff member of the concerns regarding their practice
- Give the staff member an opportunity to comment on the evidence
- Discuss the need for an education and development plan that addresses the practice issue/s identified

- Collaboratively develop and agree on an education and development plan.

The Line Manager's responsibilities and actions:

- To advise the staff member in writing about the initial meeting, the education and development plan and the follow up meeting ([Template Letter 1](#))
- To provide the staff member with the [SESLHD self - assessment tool](#) based on the National Standards for Practice
- To complete the [SESLHD Risk Assessment Tool](#) to support the decision making process and determine the level of supervision (direct or indirect), the staff member requires during this period
- To discuss strategies to support the staff member which may include supportive rostering and/or allocation of a designated mentor / preceptor
- To ensure the education and development plan includes agreed timeframes, actions and people responsible
- To ensure the education and development plan supports the practice area/s identified as contravening the required / expected standard/s of the relevant National Standards for Practice
- To ensure the staff member has access to the relevant position description, National Standards for Practice and this framework
- To notify the relevant nursing / midwifery manager/s and keep them updated of the staff member's progress
- To ensure the staff member receives structured regular feedback, support and coaching
- To offer Employee Assistance Program (EAP) counselling to all SESLHD staff involved in the process
- To advise staff member that support and advice may be available from professional bodies such as NSWNMA
- To ensure notes from each meeting are documented, validated by all present signing and copies made available to those present
- To maintain confidentiality throughout the entire process.

Step 3 - Implement education and development plan for up to three weeks

Objectives of the three weeks:

The staff member's responsibilities and actions:

- To work within the agreed supportive strategies e.g. supportive rostering
- To complete the self-assessment within one week to ensure strategies to address identified learning needs are included in the education and development plan
- To work within the agreed education and development plan
- To accept ongoing constructive feedback and participate in structured support and coaching.

The Line Manager’s responsibilities and actions:

- All facts and evidence of the staff member’s progress including all incidents, education and support provided must be objectively and chronologically documented on the [SESLHD documentation tool or education and development plan](#)
- To ensure all documentation is collated by designated supervising staff who been made aware it may be used as evidence
- To ensure the staff member receives structured regular feedback, support and coaching
- If at any stage the staff members practice is considered to be high risk, they are to be managed in accordance with [NSW Ministry of Health Policy - PD2018_031 Managing Misconduct](#).

Step 4 - Progress review meeting – follow up

The Line Manager must make a clinical judgement based on all the evidence from the previous three weeks about the staff member’s practice which will inform the action to be taken. A follow up meeting must be held between the Line Manager, staff member, and other relevant personnel within a maximum of four weeks after the initial meeting. The staff member must be given the opportunity to have an appropriate support person present.

The objective of this meeting is:

- To discuss the outcomes and progress of the staff member’s education and development plan
- To determine future actions to be taken
- To provide an opportunity for the staff member to discuss any issues / actions about their progress.

The Line Manager’s responsibilities and actions will be in line with one of the following three outcomes:

OUTCOME 1 – Practice improved

The staff members practice has improved and their development plan is progressing well:

- The staff member will maintain their education and development plan with continued review as per the continuous performance development process cycle
- The staff member will continue to receive support and coaching as part of the cycle.

OUTCOME 2 – Practice remains below expected standard

The staff member’s practice remains below expected standard and their development plan is not progressing:

- The staff member will require a formal assessment based on the National Standards for Practice using the [SESLHD Nursing and Midwifery assessment tool](#) for RNs / RMs or ENs
- The Line Manager must review the [Risk Assessment Tool](#) to support the decision making process and determine the level of supervision (direct or indirect) the staff member requires during this period. The risk assessment must be reviewed every 30 days as a minimum
- The staff member must work under direct or indirect supervision as determined by the Line Manager, until the formal assessment is complete and recommendations enacted
- The Line Manager must discuss the staff member's progress with the relevant N/MM and facility DONM prior to the follow up meeting
- To increase the rigour of the process, decisions must be based on all sources of evidence as described in the [NMBA Framework for Assessing Standards for Practice](#)
- The Line Manager must organise the formal assessment to occur within two weeks from the progress review meeting
- The formal assessment must occur on a rostered day shift
- The staff member must be notified in writing of the assessment process, including the proposed date of the assessment and the follow up meeting ([Template Letter 2](#)).
- The staff member must reply in writing, accepting the proposed date for the assessment within 48 hours
- If not previously completed, the staff member should complete the SESLHD Self-Assessment Tool based on the National Standards for Practice
- The education and development plan may need to be revised collaboratively with relevant staff in accordance with identified needs
- Notes from each meeting must be documented, validated by all present by signing, and copies made available
- Ensure the staff member receives structured regular feedback, support and coaching
- Offer EAP counselling to all SESLHD staff involved in the process
- Advise that support and advice may be available from professional bodies such as NSWNMA
- All actions and evidence related to the staff member's progress including incidents, education and support provided must be objectively and chronologically documented on the [SESLHD documentation tool or education and development plan](#)
- If a staff member resigns and the recommendation was for a formal assessment, the facility DONM must be notified. Depending on the significance of the practice issue/s the facility DONM may notify the LHD DNM, General Manager and AHPRA
- If a notification to AHPRA is required, the facility DONM is responsible for preparing all relevant documentation (evidence and brief) for submission to the LHD DNM. The LHD DNM will then forward all documentation to the Chief Executive
- The staff member must be advised if any of the above processes are enacted.

OUTCOME 3 – Practice is considered high risk

If the staff member is considered negligent, careless, inefficient or incompetent in the discharge of their duties, and their practice is found to be unsafe, the staff member will be managed in accordance with [NSW Ministry of Health Policy - PD2018 031 Managing Misconduct](#). The line manager should complete a risk assessment. The facility DONM will notify the General Manager and LHD DNM who will then notify the Chief Executive. A notification will also be made to AHPRA. In NSW, AHPRA will refer the notification to the appropriate organisation - [AHPRA Notification Form](#).

Step 5 - Formal assessment 1

The assessment is to be attended by a trained assessor as outlined in [SESLHDBR/038 Framework for managing staff with identified practice issues - Assessor Criteria](#).

To support the reliability and validity of the assessment process, the assessor should not be from the same ward / unit or have knowledge that could inhibit an objective assessment. The assessment process embraces the notion that as an assessor, the experienced RN/M may make judgments about the standards expected of a RN/M or EN. The experienced assessor uses tacit knowledge to make global judgements about an individual's performance during an assessment. The assessor determines whether the overall performance of the RN/M or EN is safe and at a standard acceptable to maintain registration. Years of experience of the staff member being assessed should not be considered.

The assessment process:

- The staff member is to be assessed against the relevant NMBA RN, RM or EN National Standards for Practice
- The assessor must use the relevant SESLHD Nursing and Midwifery Assessment Tool
- The assessor must discuss the assessment process with the staff member prior to the assessment
- The assessment must occur in the ward / unit in which the staff member has been working and is fully familiar
- The assessor must ensure the environment is suitable and staff member is prepared for the assessment
- The assessment may need to be postponed in the event of unforeseen circumstances related to the assessor, staff member or environmental issues that may arise
- It is desirable for the assessor to have a level of knowledge of the specialty the staff member works in
- The assessor is to make recommendations based on evidence from the formal assessment ONLY
- The assessor must confidentially discuss the findings and recommendations from the formal assessment with an independent representative from SESLHD NMPWU or their delegate

- The assessor will forward the completed SESLHD Nursing and Midwifery assessment tool (journal, evidence and summary) to the facility DONM and be available to provide further information as required
- Recommendations following the formal assessment must be decided by the facility DONM, Line Manager plus other delegated staff. Previous performance development documents which include the education and development plan and documentation tool must be considered.

Step 6 - Progress review meeting - post assessment 1

- A follow up meeting will be held between the Line Manager, staff member and facility DONM or N/MM within one week of the formal assessment
- The Line Manager must review the risk assessment to support the decision making process and determine the level of supervision required for the staff member
- If recommended, planning should commence to review the education and development plan and organise a second formal assessment
- The staff member must be given the opportunity to have an appropriate support person present
- The staff member must be given open and honest feedback and the opportunity to discuss the assessment outcome.

The Line Manager's responsibilities and actions are in line with the following outcomes:

OUTCOME 1 – Practice improved

- If the formal assessment outcome demonstrates the staff member is practicing at the expected standard, the staff member may return to the continuous performance development process cycle with support and coaching
- The staff member will maintain their education and development plan with continued review in accordance with the continuous performance development process cycle.

OUTCOME 2 – Practice remains below expected standard or outcome is inconclusive

- There may be situations where the evidence from the formal assessment is inconclusive and clear recommendations cannot be made. If the outcome is inconclusive and does not demonstrate clearly that the staff member is practicing above or at the standard required for an RN/M or EN, the staff member will require a second formal assessment within four weeks. The staff member must work under either indirect or direct supervision as determined by the Line Manager until the second assessment is complete and recommendations enacted
- If the formal assessment outcome demonstrates the staff member is practicing below the expected standard required for an RN/M or EN, the staff member will require a second formal assessment within four weeks. The staff member must work under

direct supervision until the second assessment is complete and recommendations enacted

- The Line Manager must discuss the staff member’s progress with the relevant N/MM and facility DONM prior to the follow up meeting
- To increase the rigour of the process, decisions must be based on all sources of evidence as described in the [NMBA Framework for Assessing Standards for Practice](#)
- The Line Manager must organise the second formal assessment
- The education and development plan must be revised collaboratively with relevant staff in accordance with identified needs
- The staff member is to be notified in writing of the proposed date of the second formal assessment and follow up meeting ([Template Letter 3](#))
- The staff member is to reply in writing, accepting the proposed date for the assessment within 48 hours
- Notes from each meeting must be documented, validated by all present by signing, and copies made available
- Ensure the staff member receives structured regular feedback, support and coaching
- Offer EAP counselling to all SESLHD staff involved in the process
- Advise staff member that support and advice may be available from professional bodies such as NSWNMA
- All actions and evidence related to the staff member’s progress including incidents, education and support provided must be objectively and chronologically documented on the [SESLHD documentation tool or education and development plan](#)
- If the staff member resigns following their first formal assessment and the recommendation was a second assessment, the facility DONM is to be notified. Depending on the significance of the practice issue/s the facility DONM may notify the LHD DNM, General Manager and AHPRA
- If a notification to AHPRA is required, the facility DONM is responsible for preparing all relevant documentation (evidence and brief) for submission to the LHD DNM. The LHD DNM will then forward all documentation to the Chief Executive
- The staff member must be advised if any of the above processes are enacted.

OUTCOME 3 – Practice is considered high risk

If the formal assessment outcome demonstrates the staff member is negligent, careless, inefficient or incompetent in the discharge of their duties, and their practice is found to be unsafe, the staff member is to be managed in accordance with [NSW Ministry of Health Policy - PD2018 031 Managing Misconduct](#). The Line Manager should complete a risk assessment. The DONM will notify the General Manager and LHD DNM who will then notify the Chief Executive. A notification will also be made to AHPRA. In NSW, AHPRA will refer the notification to the appropriate organisation - [AHPRA Notification Form](#).

Step 7- Formal assessment 2

The assessment is to be attended by a trained assessor as outlined in [SESLHDBR/038 Framework for managing staff with identified practice issues - Assessor Criteria](#). To support the reliability and validity of the assessment process, the assessor must be external to the ward / unit or facility. The first and second assessment must be attended by different assessors. The assessor should not have any knowledge that could inhibit an objective assessment. The assessment process embraces the notion that as an assessor, the experienced RN/M may make judgments about the standards expected of a RN/M or EN. The experienced assessor uses tacit knowledge to make global judgements about an individual's performance during an assessment. The assessor determines whether the overall performance of the RN/M or EN is safe and at a standard acceptable to maintain registration. Years of experience of the staff member being assessed should not be considered.

The assessment process:

- The staff member is to be assessed against the relevant RM, RN or EN NMBA National Standards for Practice
- The assessor must use the relevant SESLHD Nursing and Midwifery Assessment Tool
- The assessor must discuss the assessment process with the staff member prior to the assessment
- The assessment must occur in the ward / unit in which the staff member has been working and is fully familiar
- The assessor ensures the environment is suitable and staff member is prepared for the assessment
- The assessment may need to be postponed in the event of unforeseen circumstances related to the assessor, staff member or environmental issues that may arise
- It is desirable the assessor to have a level of knowledge of the specialty the staff member works in
- The assessor is to make recommendations based on evidence from the formal assessment ONLY
- The assessor must confidentially discuss the findings and recommendations from the formal assessment with an independent representative from SESLHD NMPWU or their delegate
- The assessor will forward the completed SESLHD Nursing and Midwifery assessment tool (journal, evidence and summary) to the facility DONM and be available to provide further information as required
- Recommendations following the formal assessment must be decided by the facility DONM, Line Manager plus other delegated staff. Previous performance development documents which include education and development plan and documentation tool must be considered.

Step 8 - Progress review meeting – post assessment 2

- A follow up meeting will be held between the Line Manager, staff member and DONM or N/MM within one week of the second formal assessment
- The Line Manager must review the risk assessment to support the decision making process and to determine the level of supervision required for the staff member
- If required, planning should commence to review the education and development plan and organise a third formal assessment
- The staff member must be given the opportunity to have an appropriate support person present
- The staff member must be given open and honest feedback and the opportunity to discuss the assessment outcome.

The Line Manager’s responsibilities and actions are in line with the following outcomes:

OUTCOME 1 – Practice improved

- If the second formal assessment outcome demonstrates the staff member is practicing at the expected standard, the staff member may return to the continuous performance development process cycle with support and coaching
- The staff member will maintain their education and development plan with continued review in accordance with the continuous performance development process cycle.

OUTCOME 2 – Practice remains below expected standard or outcome is inconclusive

- There may be situations where the evidence from the formal assessment is inconclusive and clear recommendations cannot be made. If the outcome is inconclusive and does not demonstrate clearly that the staff member is practicing above or at the benchmark of an RN/M or EN, the staff member will require a third formal competency assessment within two weeks
- If the formal Standard for Practice assessment outcome demonstrates the staff member is practicing below the expected standard required for an RN/M EN, the staff member will require a third formal assessment within two weeks
- If the staff member requires a third assessment, they must work under direct supervision until the assessment is complete and recommendations enacted
- The Line Manager must discuss the staff member’s progress with the relevant N/MM and facility DONM prior to the follow up meeting
- To increase the rigour of the process, decisions must be based on all sources of evidence as described in the [NMBA Framework for Assessing Standards for Practice](#)
- The Line Manager must organise the third formal assessment to occur within two weeks from the progress review meeting
- The education and development plan must be revised collaboratively with relevant staff in accordance with identified needs

- The staff member is to be notified in writing of the proposed date of the third formal assessment and follow up meeting ([Template Letter 4](#))
- The staff member is to reply in writing, accepting the proposed date for the assessment within 48 hours
- Ensure the staff member receives structured regular feedback, support and coaching
- Notes from each meeting must be documented, validated by all present by signing, and copies made available
- Offer EAP counselling to all SESLHD staff involved in the process
- Advise staff member that support and advice may be available from professional bodies such as NSWNMA
- All actions and evidence related to the staff member’s progress including incidents, education and support provided must be objectively and chronologically documented on the [SESLHD documentation tool or education and development plan](#)
- If the staff member resigns following their second formal assessment and the recommendation was a third assessment, the facility DONM is to be notified. Depending on the significance of the practice issue/s the facility DONM may notify the LHD DNM, General Manager and AHPRA
- If a notification to AHPRA is required, the facility DONM is responsible for preparing all relevant documentation (evidence and brief) for submission to the LHD DNM. The LHD DNM will then forward all documentation to the Chief Executive.

OUTCOME 3 – Practice is considered high risk

If the formal assessment outcome demonstrates the staff member is negligent, careless, inefficient or incompetent in the discharge of their duties, and their practice is found to be unsafe, the staff member will be managed in accordance with [NSW Ministry of Health Policy - PD2018_031 Managing Misconduct](#). The Line Manager should complete a risk assessment. The DONM will notify the General Manager and LHD DNM who will then notify the Chief Executive and a notification will be made to AHPRA. In NSW AHPRA will refer the notification to the appropriate organisation - [AHPRA Notification Form](#).

Step 9 - Formal Assessment 3

The assessment is to be attended by a trained assessor as outlined in [SESLHDBR/038 Framework for managing staff with identified practice issues - Assessor Criteria](#). To support the reliability and validity of the assessment process, the assessor must be external to the facility. The first, second and third assessment must be undertaken by different assessors. The assessor should not have any knowledge that could inhibit an objective assessment. The assessment process embraces the notion that as an assessor, the experienced RN/M may make judgments about the standards expected of a RN/M or EN. The experienced assessor uses tacit knowledge to make global judgements about an individual’s performance during an assessment. The assessor determines whether the overall performance of the RN/M or EN is safe and at a standard acceptable

to maintain registration. Years of experience of the staff member being assessed should not be considered.

The assessment process:

- The staff member is to be assessed against the relevant NMBA RM, RN or EN National Standards for Practice
- The assessor is to use the relevant SESLHD Nursing and Midwifery Standards for Practice Assessment Tool
- The assessor must discuss the assessment process with the staff member prior to the assessment
- The assessment must occur in the ward / unit in which the staff member has been working and is fully familiar
- The assessor ensures the environment is suitable and staff member is prepared for the assessment
- The assessment may need to be postponed in the event of unforeseen circumstances related to the assessor, staff member or environmental issues that may arise
- It is desirable for the assessor to have a level of knowledge of the specialty the staff member works in
- The assessor is to make recommendations based on the evidence from the third assessment ONLY
- The assessor must confidentially discuss the findings and recommendations from the formal assessment with an independent representative from SESLHD NMPWU, or their delegate
- The assessor will forward the completed SESLHD Nursing and Midwifery assessment tool (journal, evidence and summary) to the facility DONM and be available to provide further information as required
- The formal Standards for Practice assessment outcome and subsequent recommendations should be discussed by the facility DONM, Line Manager plus other delegated staff. Previous performance development documents which include education and development plan, and documentation tool must be considered.

Step 10 - Progress review meeting - post assessment 3

- A follow up meeting will be held between the Line Manager, staff member and facility DONM or N/MM within one week of the third formal assessment
- The staff member is to continue to work under direct supervision until the progress review meeting
- The staff member is to be given the opportunity to have an appropriate support person present
- The staff member is to be given open and honest feedback and the opportunity to discuss the assessment outcome.

The Line Manager's responsibilities and actions are in line with the following outcomes:

OUTCOME 1 – Practice improved

- If the third formal assessment outcome demonstrates the staff member is practicing at the expected standard, the staff member may return to the continuous performance development process cycle with support and coaching
- The staff member is to maintain their education and development plan with continued review in accordance with the continuous performance development process cycle.

OUTCOME 2 – Practice remains below expected standard

- The Line Manager must discuss the staff member's progress with the relevant N/MM and facility DONM prior to the follow up meeting
- To increase the rigour of the process, decisions must be based on all sources of evidence as described in the [NMBA Framework for Assessing Standards for Practice](#)
- If the third formal assessment outcome demonstrates the staff member is practicing below the expected standard benchmark of an RN/M EN, the staff member will be advised that AHPRA will be notified by the facility DONM
- The staff member must be advised as a risk management strategy they will be suspended from duty pending the decision of the Chief Executive regarding ongoing employment
- The facility DONM must notify the General Manager, and prepare all required documentation for submission to the LHD DNM. The LHD DNM will then forward the documentation to the Chief Executive. AHPRA will then be notified
- Notes from each meeting must be documented, validated by all present by signing, and copies made available
- Ensure the staff member receives structured regular support and coaching
- Offer EAP counselling to all SESLHD staff involved in the process
- Advise that support and advice may be available from professional bodies such as NSWNMA
- If the staff member resigns following their third formal assessment and their practice was below the expected standard, the facility DONM is to be notified. The facility DONM must notify the General Manager, and prepare all required documentation for submission to the LHD DNM. The LHD DNM will then forward the documentation to the Chief Executive. AHPRA will then be notified
- The staff member must be advised if any of the above processes are enacted.

OUTCOME 3 – Practice is considered high risk

If the formal assessment outcome demonstrates the staff member is negligent, careless, inefficient or incompetent in the discharge of their duties, and their practice is found to be unsafe, the staff member is to be managed in accordance with [NSW Ministry of Health](#)

[Policy - PD2018_031 Managing Misconduct](#). The Line Manager should complete a risk assessment. The facility DONM will notify the General Manager and LHD DNM who will then notify the Chief Executive and AHPRA. In NSW, AHPRA will refer the notification to the appropriate organisation - [AHPRA Notification Form](#).

6. DOCUMENTATION

- [AHPRA Notification Form](#)
- [SESLHD Clinical Assessment Tool for Enrolled Nurses](#)
- [SESLHD Clinical Assessment Tool for Registered Midwives](#)
- [SESLHD Clinical Assessment Tool for Registered Nurses](#)
- [SESLHD Documentation Tool](#)
- [SESLHD Education and Development Plan Enrolled Nurses](#)
- [SESLHD Education and Development Plan Registered Midwives](#)
- [SESLHD Education and Development Plan Registered Nurses](#)
- [SESLHD Risk Assessment Tool](#)
- [SESLHD Self-Assessment Tool Enrolled Nurses](#)
- [SESLHD Self-Assessment Tool Registered Midwives](#)
- [SESLHD Self-Assessment Tool Registered Nurses](#)
- [Template Letter 1](#)
- [Template Letter 2](#)
- [Template Letter 3](#)
- [Template Letter 4](#)

7. REFERENCES

- [HETI Clinical Supervision Superguide for Nurses and Midwives](#)
- [NSW Ministry of Health Policy - PD2018_031 Managing Misconduct](#)
- [NSW Ministry of Health Policy - PD2018_032 Managing Complaints and Concerns about Clinicians](#)
- [Nursing and Midwifery Board of Australia - Framework for assessing Standards for Practice for Registered Nurses, Enrolled Nurses and Midwives](#)
- [Nursing and Midwifery Board of Australia - Standards / Standards for Practice Registered Midwife, Registered Nurse and Enrolled Nurse](#)
- [Nursing and Midwifery Council of NSW](#)
- [SESLHDBR/038 Framework for managing staff with identified practice issues - Assessor Criteria](#)
- [SESLHDPR/415 Managing for Performance](#)
- [SESLHDPR/212 Work Health and Safety - Risk Management Procedure](#)

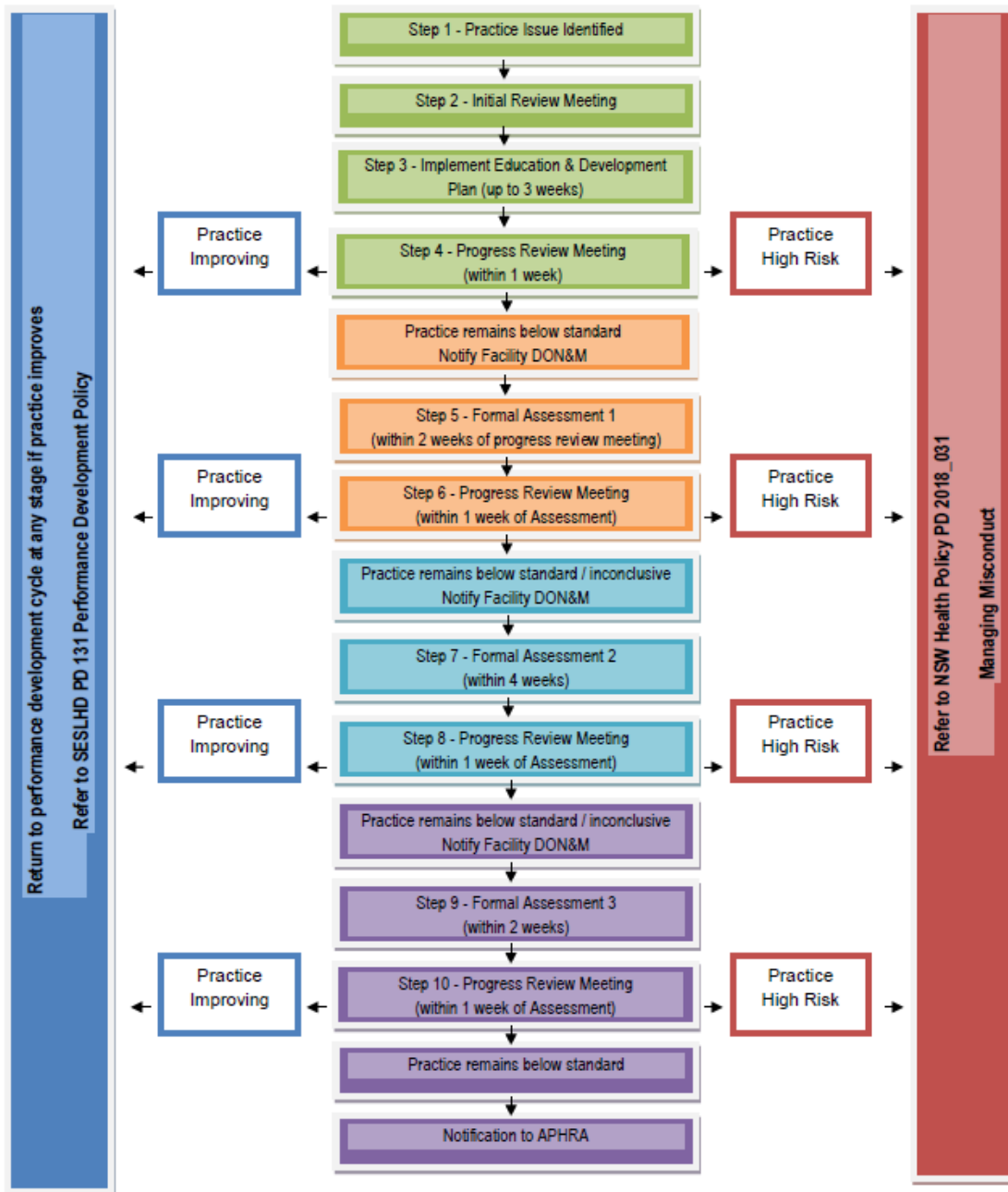
8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Nov 13	1	Approved by DET in November 2013
Feb 2014	1	Developed by Nursing and Midwifery Practice and Workforce Unit and Director of Nursing and Midwifery
December 2015	1	As requested by Karen Tuqiri, the footer on the policy has been updated to include current wording style. Footer on Forms linked to policy also updated. No other updates, policy and forms republished.
March 2016	2	Revisions in response to feedback from facilities, Industrial Relations Commission and NSW Nursing and Midwifery Council, publication of NMBA standards for practice for Enrolled nurses, adjustments to governance and commencement of SESLHD assessor training.
May 2018	3	Policy review and updates by SESLHD Nursing & Midwifery Practice and Workforce Unit and Nurse Managers Education SESLHD.
September 2018	3	MoH Policy links updated following NSW Health policy updates. Additional external reference added: Managing Complaints and Concerns about Clinicians, PD2018_032.
November 2018	3	Minor review processed by Executive Services prior to publishing.

Appendix 1

South Eastern Sydney Local Health District
Flowchart for Managing Nursing & Midwifery Staff with Identified Practice Issues

This flow chart must be used in conjunction with the framework for management of staff with identified practice issues.



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