**Department Name**



**Directorate**

**Address 1**

**Address 2**

**Address 3**

**Post Code**

# PRIVATE & CONFIDENTIAL

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| --- | --- |
| **NAME****ADDRESS1****ADDRESS2****ADDRESS3****POST CODE** | **Date: DATE****Ref No:** **Direct Line: Number****Email:****Contact: NAME** |
|  |  |

Dear **[name]**

**Formal Stage 1 Capability Mid/ Formal\* Review Meeting**

I write to invite you to attend a Formal Stage 1 Mid/ Final**\*** Capability Review meeting in accordance with NHS Greater Glasgow and Clyde’s Employee Capability Policy and Procedure.The meeting arrangements are as follows:

**Date: [date]**

**Time: [time]**

**Location: [location]**

This meeting will be conducted in line with NHS Greater Glasgow and Clyde’s Employee Capability Policy and Procedure,and will be chaired by [**myself/name and job title**]. [**I/name**] will be supported at this meeting by [**name], [HR Job Title]**.

As the Formal Stage 1 Mid/ Formal\* Capability Review Meeting is a formal meeting, you are entitled to be accompanied by a recognised accredited Trade Union / Staff Association representative, or a fellow colleague, if you would find that helpful. If you would like to be accompanied by someone who is not a Trade Union / Staff Association representative then please contact me to discuss this. It is your responsibility to arrange your representation, but if you require any advice about how to do this, please contact **[HR name, post title and contact details]**.

The purpose of the meeting is to review the capability issue(s) which we have been focussing on over the course of the **[timescale]** and review whether any adjustments are required. The main areas that I wish to review with you at the Formal Stage 1 Mid/ Formal**\*** Capability Meeting is as follows:

**[Clear details of continuing capability issues]**

I must advise that if the required improvements and performance targets are not achieved by the Final Review Meeting, in accordance with the Board’s Employee Capability Policy and Procedure, it may be necessary to progress to Formal Stage 2 of the Capability procedure.

Please contact **[meeting chair/ PA, job title and contact details]** by **[date]** to confirm that you will attend this meeting and to confirm whether you will be accompanied and if so, by whom. If for any reason either you or your representative/companion are unable to attend at the specified time you must ensure you give me adequate notice of this, so that the meeting may be rearranged to a mutually suitable time.

**[If applicable:** A management referral has been made to Occupational Health Service for you. **OR** You may also wish to access support from our Occupational Health Service while this process is underway. If so, the telephone number is **[phone number].**

In the meantime, if you have any queries please do not hesitate to contact me on **[phone number]**.

**(\*delete as appropriate)**

Yours sincerely

**[Managers Name]**

**[Job Title]**

**[Service]**