

**Overarching Performance & Competence (Capability)
Policy for University Hospitals of Derby and Burton NHS
Foundation Trust**

Policy name: Performance & Competence (Capability)

Approved by:	Workforce Performance Forum
On:	August 2014
Review Date:-	November 2017 Extension agreed due to COVID, April 2022
Corporate / Divisional :-	Corporate
Clinical / Non Clinical :- Non Clinical	Non-Clinical
Department Responsible for Review:	Workforce
Distribution: <ul style="list-style-type: none">• Essential Reading for:	All Trust staff, except Medical and Dental Practitioners.
Training and Dissemination	Policy is launched and available through Trust Intranet (FLO).
To be read in conjunction with:	Development Review Policy, Disciplinary Policy & Procedure, Grievance & Dispute Resolution Policy, Health and Attendance Policy, Equality, Diversity & Human Rights Policy.
Policy Number:	POL-HR/1599/06
Version Number:	4.1

Signature: Date : Executive Director of WorkforceJuly 2018.....
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REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
1 – 2	Original policy	October 2006	Original Policy and Amendments
3	Amendments	October 2009	Major Changes
3.1	Amendments	November 2009	Minor Changes
4	Amendments	November 2014	Amendments to original policy
4.1	No change. Unified	July 2018	Derby Policy unified for UHDB

TRUST POLICY AND PROCEDURES FOR CAPABILITY

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TRUST POLICY AND PROCEDURES FOR CAPABILITY

1. Introduction

This Policy replaces all previous Trust Performance and Competence Policies and covers all employees of the Trust excluding Doctors and Dentists, whether employed on National or Trust terms and conditions of employment.

The Trust Capability Policy is intended to assist employees to achieve and maintain the required standards of performance within the role for which they are employed. Employees must have clear, meaningful job descriptions and person specifications in order to understand the requirements of their role and also have an annual performance development review.

It is important to seek to understand what is causing any underperformance. There is no blame attached to capability cases and this should be made clear to the employee from the outset and demonstrated by the manager in the manner in which they deal with the issue. With capability concerns, warnings and sanctions are not issued as part of the process as the emphasis is on support, not punishment. However, the fact that there is 'no blame attached' does not mean the case should not be actively managed.

2 Purpose and Outcomes

The Trust aims to provide the highest standards of patient care and every employee has a significant role to play in delivering these.

The policy and its supporting procedures will help employees including temporary, fixed term and flexible staffing and their managers to achieve and maintain the standards required.

The policy and procedures provide a clear framework to apply when:

- Employees are showing areas of concern relating to performance
- Employees are not maintaining their performance and action is required, which may lead to alternative employment or termination of employment

The Trust is committed to ensuring that it treats its employees (including temporary, fixed term as well as flexible staffing) fairly and with respect and that it does not discriminate against individuals or groups for example on the basis of their protected characteristics;

- age
- disability
- gender
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity

- race
- religion or belief
- sexual orientation.

Please see the flowchart of the policy at Appendix 3.

3. POLICY IN PRACTICE

3.1 Managing Capability / Poor Performance

Each area of poor performance should be managed according to its own merits, potentially requiring different levels of support.

The time-scales a manager sets will depend on the circumstances. Consideration must be given to:

- Individual (e.g. employees' working hours, external factors)
- Circumstances (e.g. employees who have recently changed roles or teams)
- Gap (e.g. the amount of improvement required determines the amount of time needed to demonstrate this improvement)
- Risk (e.g. there may not be the luxury of time if a clinical risk is posed)

Any manager dealing with performance issues will need to:

- Clearly identify performance issue(s)
- Gather evidence of the facts
- Challenge poor performance
- Identify which route to take e.g. Informal, Formal or Health
- Work with the employee to improve their performance
- Arrange review meetings

3.2 Process

3.2.1 Identify Performance Issues

Performance concerns involve standards, behaviours, expectations and quality all of which need to be measurable.

Managers are alerted to issues when complaints are received or errors occur. Managers should therefore ensure they have systems in-place for the early identification of such concerns.

Performance concerns usually fall into one of two areas:

- Not undertaking the full duties of the role
- Not undertaking the duties of the role to the required standards

Managers should ensure they seek advice from their Divisional HR Team for support with this process.

3.2.2 Challenging Performance Issues

Usually there will have been either informal discussions or incidents in which concerns have already been expressed.

It is important for the manager to structure the meeting and to be clear about the desired outcomes.

- The manager must establish that there is a problem, that it needs rectifying and that the employee needs to engage with both the manager and the process in order for it to be successful.
- The manager's expectations, if fair and reasonable, represent the standards of the role the employee must attain.

Managers should inform staff of any concerns or complaints in one to one discussions as a precursor to the capability process. During this discussion, the manager should, in a constructive and clear manner, make the individual aware of acceptable behaviour and set the standards.

If issues are raised more than once or are more serious the manager may need to consider dealing with it within the capability process.

If concerns relate to professional training requirements, managers should consider involving the Professional Development Unit and Clinical Educators.

Manager must make this clear distinction and not discuss the issues at this time but follow capability process. Where this is the case this be referred to as initial discussion.

Where a manager feels the issue(s) can be dealt with by the following:-

- the discussion or
- professional development support package or
- competency / scope package or
- specific task observation

this needs to be documented, and shared with the employee.

Cases involving the capability of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy. See page 13 for further information.

Where these issue(s) cannot be resolved by any of the above then proceed to capability process

Where the above process(es) has not shown improvement, proceed to capability

3.2.3 Identify Appropriate Route

Following the discussion with the employee, where the manager must make a decision on which route to follow e.g. Informal, Formal or Health.

If the matter relates to health, the Manager may require some reflection time, where this is the case then the employee must be informed. If the matter is deemed to be linked to health the Trust Policy for Health and Attendance should be followed.

At conclusion of the discussion or within 7 days of the discussion, the individual will be informed in writing:

- Of the process being followed and the stage at which their performance is being managed
- The rationale for the course of action being taken
- Of arrangements to meet with their manager to discuss process
- That they may seek advice from their Trade Union.

The Capability Policy and relevant paperwork should be enclosed with the letter.

The manager should ensure the employee has a copy of the job description, personal specification, plus other standards being used.

3.2.4 Work with the employee to improve their skills

An essential element of managing performance issues is a clear Performance Improvement Plan (PIP), supported by additional explanation (from the manager in face-to-face meetings).

- PIPs must be prepared that are structured, detailed, realistic and achievable. An PIP should ensure transparency and clarity from an early stage.

See Appendix 5 for contents of a Performance Improvement Plan.

3.3 Informal Stage

- 3.3.1 Where an employee shows an inability to perform their duties to the required standard the matter should be addressed as soon as possible.
- 3.3.2 Cases involving the capability of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy. See page 13 for further information.
- 3.3.3 The informal meeting should be in a face-to-face meeting, where the manager will be able to add more detail to the concern(s) raised and must reconfirm the employee that they are in the informal stage of the Trust's Capability Policy and Procedure.
- 3.3.4 The more common scenario is that the employee is performing the full range of duties but is not demonstrating the necessary skills to do so effectively / efficiently.
- 3.3.5 Managers must reference the competencies within the job description and person specification and manage the performance of the individual using a structured Performance Improvement Plan (see Appendix 5 & 6) to increase skills in the areas required.
- 3.3.6 The Performance Improvement Plan must have clear achievable objectives and be completed in a realistic timescale.
- 3.3.7 The manager can be flexible in some areas of the PIP. Upon discussion with the employee, the manager may choose to amend some aspects of the support, time-scales or methods of measurement.
- 3.3.8 It is vital that the manager holds regular progress review meetings to monitor the employee's progress throughout the agreed period and gives the employee ongoing support and guidance on their progress.

3.4 Outcome of informal stage

- 3.4.1 Following the review meeting if the employee has made the required improvement in all areas and all objectives are met, the process will end at this stage. If the employee has made progress towards the agreed objectives, a further review period will be agreed. A review meeting to

discuss the outcome will be arranged once the review period has ceased.

3.4.2 Where there is a consistent reoccurrence of the same performance issues within a 6 month period, the process will recommence. In this situation, the manager must obtain HR advice to discuss the depth of the problem/issue and this may lead to the formal stage being instigated. Where different performance issues arise within 6 months then the informal stage will apply and these issues will be addressed in a new PIP.

3.4.3 The individual must be made aware that failure to significantly improve against the agreed objectives; may result in progression to the formal process.

3.5 Bypassing the Informal Stage

3.5.1 Circumstances whereby it is justifiable to bypass the informal stage of the process and enter at the formal stage; are listed below. The Trust will seek to act consistently in its approach and make use of HR advice and guidance:

- Clinical Risk (where serious errors have / could occur)
- Previous informal intervention (recorded meetings and actions, concerns explained and time given to improve)
- Position of Authority (where the poor performance could, given the seniority of the individual, have potentially severe effects on the team / Trust)

3.5.2 Advice must be sought from the Divisional HR Team prior to the manager bypassing the informal stage, with the manager being able to justify this measure.

3.6 Formal Stage

3.6.1 If at the informal stage issues/concerns have not improved, managers must seek further advice from their Divisional HR Team whether or not to progress to the formal stage.

3.6.2 Cases involving the capability of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy. See page 13 for further information.

Where there may be serious concerns relating to a professionally registered individual's competence, the manager may consider reporting that individual member to their professional regulatory statutory body.

The line manager is responsible for collating the information and completing the referral. Further information is contained within the Professional Registration Policy.

If the practitioner being referred is a midwife, immediate contact must be made with the Head of Midwifery to ensure that the Local Supervising Authority and the individual's Supervisor of Midwives are informed.

3.6.3 A meeting will be arranged to inform the employee that they are now proceeding to the formal stage of the process, confirmation of which should be sent in writing to the employee. A member of the Divisional HR Team must be present at all meetings and the employee may have their companion present.

3.6.4 The specific areas for improvement should be identified or if following informal process will be re-visited, along with a review of the PIP and new timescales should be set. A written copy of this revised plan will be made available to all parties. It is recommended that the PIP is no longer than three months long, apart from in exceptional circumstances.

The individual must be made aware that under the formal stage of this policy, the annual increment will be deferred. An increment will only subsequently be awarded (without back-dating) once the recommended period of deferral has ended. Should the required improvement not be made and sustained the Trust may take further action such as the individual being transferred to an alternative role, transferred to a post on a lower salary or ultimately having their contract of employment terminated on the grounds of capability.

3.6.5 Review meetings

The purpose of a review meeting(s) is to support and assist the individual to meet the agreed PIP and will follow the same broad format as described in the policy under the informal stage. An example timeline for review meeting frequency is every 6-12 weeks but cases may differ. Performance Improvement Plans may need to be amended once the objective(s) has been met.

- At the review meeting (s) each area will be considered in detail and the level of progress identified.
- Physical or observational evidence will be used to support improvement.
- Where there is evidence to show that the individual is not showing progress in all areas identified in the time scales agreed in the PIP, it needs to be part of the review discussion to decide whether to remain in the current process or to proceed to the next stage of the process.
- Evidence needs to show the required improvement for each specific objective as identified in the PIP.

- Where there are a number of objectives there may be a requirement to hold a number of additional meetings at specific milestones during the review period.
- Obtain the employee's view at every review meeting.
- Before the close of the meeting discuss timeline for next review meeting (to take place after the review period) and seek to agree a date for this.

At each stage there should be a written outcome letter to cover the key points. The letter must explain the potential outcomes if the improvement made is not sustained.

3.7 Outcome of the formal stage

If the employee has made the required improvement in all areas and all objectives are met within the PIP, the process will end at this stage.

The process will progress through the formal stages(s) if the employee's performance does not improve to the required standard, see the process flowchart at appendix 3 of the policy. The potential outcomes are:

- Termination of contract of employment on the grounds of capability
- Down banding
- Extension of the PIP for fixed period of time

Where a sanction is given an outcome letter will be sent to the employee, this will also cover the deferment of incremental pay progression and the right of appeal as per the policy.

Depending on the seriousness of the capability issue the Trust may also, at its discretion, report the matter to the relevant professional body.

3.8 Appeal

All employees have the right of appeal against the sanctions of the formal stage of the capability policy, as stated above. The appeal should be made to the manager detailed in the outcome letter, in writing, within 14 calendar days of receipt of the decision letter, clearly stating the grounds of appeal.

4. Monitoring Compliance and Effectiveness

Trust Policy and Procedures for Capability will be monitored in a composite report presented through our Monitoring Report Template:

Monitoring Requirement :	Information on the number of capability cases, investigations, reasons for invoking this policy and the outcomes.
Monitoring Method:	Statistical reports
Report Prepared by:	Deputy Director of Workforce Management
Monitoring Report presented to:	The recognised formal committees and forums in place at the time
Frequency of Report:	Annually

Wherever possible the fact that an employee is subject to action under this Policy and its Procedures, any information released during the course of this procedure will remain confidential to those involved. This does not restrict the Trust's reporting and governance obligations.

The Trust Policy and Procedure for Capability will be monitored as follows:-

This policy will be reviewed yearly by the recognised formal committees and forums in place at the time. Reports will provide statistical information on the number of capability cases, investigations, reasons for invoking this policy and the outcomes.

5. References

Nursing and Midwifery Standards for Conduct, Performance and Ethics and all associated documents

Health Professions Council Standards of Conduct, Performance and Ethics and all associated documents

British Psychological Society Code of Professional Standards

General Social Care Council Code of Practice for Social Care Workers

Appendix 1 - Procedural Responsibilities

Manager's Responsibilities

Having effective procedures in place to support and manage staff when performance falls below the desired level by encouraging regular discussion between employees and managers, both informally and formally through the development review process.

Ensuring that any issues around performance are identified and addressed as quickly as possible, these discussions must take place prior to the annual Development Review. Ensure that any such discussions are documented and discussed with staff.

Ensuring all staff perform to the required standard for the role.

Ensuring that adequate instruction, training and supervision is provided for new employees, for employees moving into another job and for roles which have been developed and extended.

Responsible for ensuring that the individual is informed in writing of the process being followed and the stage at which their performance is being managed

The line manager is responsible for reviewing the PIP; this will include identifying additional support required, amending time scales and recording achieved objectives.

See the manager's guidance at appendix 4.

Employee responsibilities

This refers to the employee whose performance is being reviewed. The employee is expected to take an active part in the process. The employee will collect evidence/reflect on experiences, and the level of skill identified in the PIP.

To co-operate with the line manager during an open discussion of the concern(s) raised whether at an informal or formal stage of this policy.

The employee must be open and honest during discussions and comply with reasonable instruction(s) from the assessors.

Human Resources

A member of the Divisional HR Team will not normally be present at the informal stage of the process.

The Divisional HR Team are available to provide advice and support at the informal stage to both parties to ensure that the policy is applied fairly and consistently.

A member of the Divisional HR Team will support/coach the manager throughout the formal stage of the process and will be present at meetings during the formal process.

Companion

The companion may be either, an accredited trade union/professional organisation representative, or a fellow employee and will if required support the employee through the formal stage of the process.

A companion will not normally be present during the informal stage; however, the employee may request advice during the informal stage.

Legal representation is not permitted in the Trust's internal procedures.

Fellow employees do not have to accept a request to accompany an individual, and they should not be pressurised to do so. A fellow employee who has agreed to accompany a colleague will be entitled to a reasonable amount of paid time off to fulfil that responsibility.

If the employee is an accredited Trade Union representative a full time official must be contacted in the first instance prior to the procedure commencing.

Executive Director of Workforce Management

The Executive Director of Workforce Management has responsibility for ensuring implementation and monitoring of the HR Policies and Procedures. This work is maintained by Partnership Forum and reported to the Workforce Performance Forum and the Trust Joint Council.

Occupational Health

Occupational Health provide a medical opinion and advice on an individuals fitness for work, and if they are able to meet the required standards/performance for undertaking their current role or alternative roles.

The line manager will consider whether a referral to Occupational Health is appropriate e.g. if they suspect a health issue. In which case they will consider the advice provided by the Occupational Health Department, GP and other medical opinions such as Consultant reports as necessary.

Other Support Agencies

It may be necessary to involve external support agencies through any part of the process as required or deemed appropriate by the individual, Line Manager or following HR advice i.e. Access to Work. If a health related issue is identified then the Health and Attendance Policy must be adhered to.

Midwives are covered by Statutory Legislation and the function of the Local Supervisory Authority LSA. The function of the LSA is to ensure that statutory supervision of midwives is of a satisfactory standard and thus ensures safe and secure midwifery care within its boundaries. Statutory supervision supports protection of the public by promoting best practice, preventing poor practice and intervening in unacceptable practice. It is a mechanism that is independent of employment and employers. It ensures that all midwives registered and working in the UK are entitled to practice as a midwife and are competent to remain on the midwives part of the NMC Register, i.e. fit for practice. Cases involving the capability of midwives will always be investigated and action taken under the direction of Supervision, which is separate but can work alongside or as an alternative to this policy. The investigating manager will decide if the case is progressed under this precedent, instead of the Trust Capability process.

The Workforce Policy Review & Approval Process

The recognised formal committees and forums in place at the time are responsible for the approval, review and monitoring of this policy.

Appendix 2 - Policy Definitions

1. Capability

Capability issues arising in relation to personal competence may result from shortfalls in skill or knowledge which are correctable by further training and personal development; or may relate to a fundamental inability to perform the scope and range of duties in a post.

2. Informal

Where a member of staff shows an inability to perform their duties to the acceptable standard the matter should, wherever possible, be dealt with in the normal course of managing a member of staff through 1:1 meetings and/or supervision. The line manager should meet with the individual to discuss the area(s) of concern.

3. Formal

The manager will discuss the concern(s) with a member of the Divisional HR Team before invoking the formal process. The formal process will be initiated, where either the informal process has not proved to be effective or where there are serious concerns about an individual's performance.

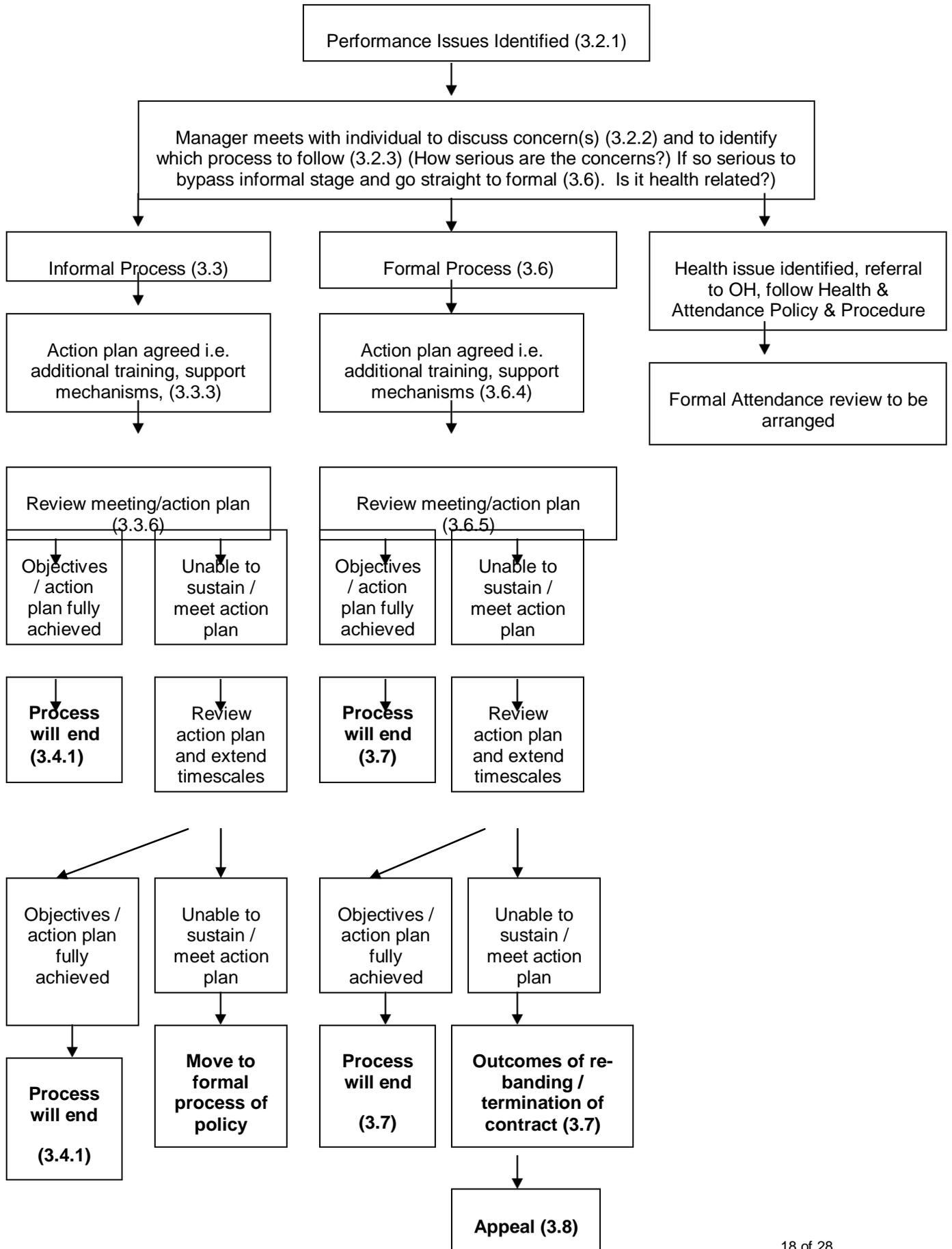
4. Companion

An individual may be accompanied by a companion. This companion may be either, an accredited trade union within the organisation, or a fellow employee.

5. Assessor/Mentor

Individuals identified to assess and support the employee through the capability process i.e. Line Manager, Clinical Facilitator.

Appendix 3 - Capability Process



Appendix 4 - Managing Performance Issues - Managers' Guidance

The Capability Policy and Procedure is designed to provide positive support for staff when they are identified as performing to less than the required standard. These notes provide advice and interpretation to managers, as well as introducing an optional framework from which to proceed.

Check it is Performance

The following can act as a quick checklist for the manager to ensure that an PIP is the most appropriate process to use. Items from the annual performance development review should also be considered:

Health

There may be an underlying medical reason for the poor performance of which the manager may or may not be aware. Occupational Health can provide the manager with confidential advice should there be any concerns.

Behaviour

Some employees are perfectly competent and able to perform the role to the required standards, but for reasons of inappropriate behaviour do not do so. In these situations a supportive process aimed at improving skills (such as an PIP aimed at improving capability) may not be appropriate when there is a more fundamental conduct issue to be addressed. Whilst some skills are closely related (e.g. the ability to build and maintain relationships, the ability to communicate effectively), inappropriate behaviour is a disciplinary issue and should be managed accordingly.

Work Environment

Exceptionally there are occasions when workplace factors affect an employee's performance e.g. lack of equipment, office distractions etc. The manager may or may not be able to address these. If there is an issue of safety advice may be sought from the Risk department.

External Factors

If an employee is experiencing difficulties in their home life (e.g. divorce, bereavement) this can sometimes impact on performance issues such as concentration and attention to detail. This kind of situation requires a sensitive approach from the manager. Both the HR department and Occupational Health may be able to offer the employee and the manager advice and support in these situations.

Lack of Role Clarity

The manager should ensure expectations are communicated, this is clarified with up to date job descriptions and person specifications before an PIP is progressed.

Structure / Relationships

Occasionally the structure of the job, team, reporting lines etc may adversely affect an employee's performance. Alternatively an important working relationship may have broken down. In such situations, to try and get to a successful outcome, a range of options may be looked at. These may include mediation, Employee Assistance Programme support, a coach or mentor etc. In such cases managers should seek advice from HR.

Managing Performance

Use Examples

Concerns are best demonstrated through the use of examples. The manager need not have numerous examples but should be able to explain the performance issues that the examples highlight. A manager can explain what would have been expected of the employee in those particular instances and highlight how this can be achieved. During preparation managers should ensure a written record of the examples referenced.

From a review of the examples a pattern may emerge showing concerns in such key skills as judgement, communication, accuracy, productivity, attention to detail or ability to understand and follow process and procedure. The PIP will subsequently focus on these key skills, so this is an important early consideration.

Focus on Improvement

Having identified that the issue is one of performance and that an PIP would be of value, the manager must be clear as to what the issues are, specifically the difference between the required standards and the standards being demonstrated by the employee.

An PIP would then aim to eliminate this performance 'gap' by using a structured approach to increase the employee's skills in the required areas. The manager's ability to understand and communicate this gap will be vital to the effective implementation of the PIP.

The objectives, method of measurement, training, support and time-scales will all follow from the key skill and will depend on it.

Clinical practice or use of specific procedures / equipment would naturally fall into the 'specifics' of any key skills. Objectives would also be cited in this column and these should be both realistic and achievable.

Appendix 5 – Performance Improvement Plans

PIPs may incorporate the following:

- Key Skills
- Specifics / Objectives
- Measurement (how will the improvement be measured)
- Support (what support will be in place)
- Time-scales (either for specific objectives or matched to ongoing/final review)

The plan must identify and include:

- The required standard of performance in each area
- The current level of performance, and therefore the gap in performance
- Objectives to improve performance to the required standard within an agreed realistic timescale
- If an individual is at or has passed the foundation gateway or second gateway, then the job description/person specification will be used to inform the setting of objectives
- New starters must have a job description, person specification and appraisal documentation along with clear achievable objectives to enable their performance to be reviewed at 3 and 6 month intervals during the first year of employment.
- The method by which the improvement will be facilitated i.e. Training, mentorship/shadowing, changes in working practice, role clarification etc.
- How successful improvement will be demonstrated
- The manager will supply the individual a written copy of the agreed plan along with the notes of the informal meeting. They will also confirm in writing the review meeting arrangements and their outcomes.

Sources of Support

The manager can access support from a number of different sources, including the following (in no particular order):

- Managerial colleagues
- Supervisors (peer-to-peer assessment must be avoided)
- Clinical Facilitators / Professional Development Unit
- Learning and Development
- Divisional HR Team
- Occupational Health
- Employee Assistance Programme

When assessing potential sources of support, the manager must be realistic and clear as to their expectations from that individual. For example, a Clinical Facilitator can assess clinical performance and draft specific PIPs but any decision made on the employees' competency will be a managerial decision.

Appendix 6 – Example of Performance Improvement Plan

Example of (INFORMAL / FORMAL) PERFORMANCE IMPROVEMENT PLAN

Date: Line Manager:

Review Date: Staff Member:

Table content is for example only.

KEY SKILLS	SPECIFICS OBJECTIVES	AND	HOW MEASURED	SUPPORT	TIME
1) Communication	<ul style="list-style-type: none"> - Listening - Giving constructive feedback - Liaising with all stakeholders - Timely updates - Structured handovers - Documentation 		<ul style="list-style-type: none"> - Absence of complaints - Manager's observations - Supervisors' feedback 	<ul style="list-style-type: none"> - Assertiveness course (04/08) - Coaching in fortnightly review meetings from manager 	- Ongoing review
2) Quality	<ul style="list-style-type: none"> - X system / data accurate - Messages recorded correctly - Y data corresponding with Z 		<ul style="list-style-type: none"> - Random data samples analysed - Absence of complaints 		12 weeks

	data			
3) Personal & People Development	<ul style="list-style-type: none"> - X system understanding - Y system understanding - Z system understanding - Ability to ... as a result 	<ul style="list-style-type: none"> - Queries dealt with at source, not passed on 		
4) Service Improvement	<ul style="list-style-type: none"> - X rate required - Queries dealt with speedily - Output to match team average 	<ul style="list-style-type: none"> - Able to demonstrate that X rate has been achieved - Workload and work output reviewed at fortnightly meetings 		
5) Health, Safety & Security	<ul style="list-style-type: none"> - Act in a ways that are consistent with legislation, policies and procedures for ensuring own and others health and safely. - Assist in maintaining a healthy, safe and secure environment for people who are in contact with the organisation. - Work in a way that minimises risk to health, safety and security. 	<ul style="list-style-type: none"> - Understand fire alarm procedure etc - Report hazards - Apply good practice on building security, e.g. locking doors and windows. 		
6) Equality & Diversity	<ul style="list-style-type: none"> - Recognise the importance of people's rights and act in accordance with legislation, policy and procedures -Act in a way that: 	<ul style="list-style-type: none"> • Ensure adequate reason for refusal of employee friendly arrangement • Consider the provisions 		

	<ul style="list-style-type: none"> • Acknowledges and recognises people's expressed beliefs, preferences and choices • Respects diversity • Values people as individuals • <p>-Take in account our own behaviour and it's impact on other people</p> <p>- Identify and take action when own or others behaviour undermines equality and diversity</p>	<p>of the Equality Act</p> <ul style="list-style-type: none"> • Promote best practice in line with equality policy • Take in account personal beliefs and choices of co-workers and other staff members • Monitoring our behaviour in meetings and case reviews • Shadow senior members for guidance • Follow legislation and policies and advise others on how to do so 		
7) CARE standards of behaviour				

Use SMART objectives where possible. Link to business objectives and role requirements.

Appendix 7 Policy Review and Approval Process

Reference Number POL-HR/1599/06	Version: V4		Status Final	Authors: Sue Hawkins Job Title: Deputy Director of Human Resources
Version / Amendment History	Version	Date	Author	Reason
	V1 - 2	October 2006	Director of Human Resources	Original version and amendments
	V3	October 2009	Deputy Director of Human Resources	Major changes
	V3.1	November 2009	Deputy Director of Human Resources	Minor changes
	V4	November 2014	Deputy Director of Workforce Management	Amendments to Original Policy
Intended Recipients: All employees				
Training and Dissemination:				
To be read in conjunction with: Development Review Policy/, Disciplinary Policy & Procedure, Health & Attendance Policy & Procedure, Grievance Policy & Procedure, Mediation Policy and the Equality, Diversity and Human Rights Policy.				
To be used in conjunction with:				
In consultation with and Date: Partnership Forum (October 2014), Trust Joint Council (November 2014), Workforce Performance Forum (October 2014), Management Executive (November 2014)				
EIRA stage One Completed		Yes		
Stage Two Completed		No		

Procedural Documentation Review Group Assurance and Date	August 2014
Approving Body and Date Approved	Workforce Performance Forum
Date of Issue	
Review Date and Frequency	November 2017, then every 3 years Extension agreed to December 2020
Contact for Review	Deputy Director of Workforce Management
Executive Lead Signature	Executive Director of Workforce Management
Approving Executive Signature	Executive Director of Workforce Management

Appendix 8 - HR Policy & Guidance Implementation Plan

NB: The Snr HR Lead is responsible for completing the implementation plan and co-ordinating the launch of the new policy/guidelines into the organisation.

Policy/Guidelines Title:	Policy and Procedure for Capability
HR Snr Lead (responsible for the policy)	Estelle Carmichael
Policy/Guidelines effective date:	November 2014

Version Control (please outline any previous versions of policies/guidelines that this replaces)			
Name of policy/guidelines (inc version) that are replaced and need to be removed/archived	Where are they held (e.g. intranet, HRshared drive)	Date to be archived/removed	Who is responsible for removing it
Policy and Procedure for Capability version 3.1	Intranet, Workforce shared drive	November 2014	Employment Services

How will it be disseminated? <i>Please describe below how the policy will be launched within the organisation and who is responsible for the different elements</i>				
Method		Date	Responsibility	
			Name	Job Title
Communication plan via Intranet / FLO		November 2014		
Divisional HR Teams		November 2014		