# Text  Description automatically generated

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| --- | --- |
| **Document name:** | Managing Performance Policy |
| **Document type:** | People Policy |
| **Staff group to whom it applies:** | All Staff Within The Trust |
| **Distribution:** | The Whole of The Trust |
| **How to access:** | Intranet And Internet |
| **Issue date:** | Version 1.4December 2022 |
| **Next review:** | December 2025 |
| **Approved by:** | Executive Management Team on 15 December 2022 |
| **Developed by:** | HR / Policy Sub Group (consisting of staff and management representatives) |
| **Director leads:** | Chief People Officer |
| **Contact for advice:** | People Operations |
| **Associated Policies** | Appraisal Policy, Induction Policy, Sickness Policy & Procedure, Disciplinary Policy |

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# Managing Performance policy

# Introduction

# The Trust values the contribution of our employees and, working together, we invest in the development of skills and knowledge to provide a quality service to the communities we serve. The Trust will support our employees to achieve and maintain high standards of work. The primary objective of the procedure is to provide a framework to support improved performance where standards are not being met as expected. This document replaces any previous policy – see version control.

# Performance below expectations can have a detrimental impact on colleagues by having a demotivating effect on them, and on a service and the Trust as a whole, reducing standards of patient care and service delivery.

# Managers and staff members have a shared responsibility for resolving performance issues. Managers should promptly and fairly address performance issues, whilst employees must co-operate with their manager to acquire knowledge, skills and the ability to successfully perform in their role to expected standards. Managers should also consider the environment in which the individual works and whether this may have a detrimental effect on their performance, including how they respond to being managed.

# Purpose

# This procedure is designed to support staff and managers in dealing with concerns regarding performance. It aims to: -

# Ensure that where it has been identified that improvements in performance are required, this is managed in a fair, transparent and timely manner through a clear and supportive procedure to assist with those improvements.

# Encourage sensitive, imaginative, realistic and constructive approaches from all concerned when dealing with performance issues.

# Ensure supervision, training and support resources are deployed appropriately to help the employee to achieve expected standards.

# Clarify that managerial responsibility for addressing and supporting the resolution of performance issues rests with line managers who are advised and supported by the People Function.

# Provide robust evidence that an employee has been provided with all reasonable support to reach the required standards of performance before concluding that they are unable to fulfill the duties of their role satisfactorily.

# Scope of the Policy

# This procedure applies to all employees of the Trust with the exception of medical staff who will be managed in accordance with Maintaining High Professional Standards.

# This procedure should be followed where an employee does not have the necessary skills, aptitude or competency to carry out tasks to the required standard to perform in the role effectively.

# This procedure does not replace the Trust’s Performance Appraisal Review which is an ongoing process taking place throughout the year, however, the two processes are interlinked in that they both relate to supporting and managing performance effectively.

# When using this procedure, it may become evident that there are underlying reasons for performance concerns for which it may be more appropriate to refer to alternative Trust policies / procedures / guidance. In these cases, it is essential for managers to seek advice and guidance from the People Directorate.

# For example:-

# Where attendance levels are the route of performance concerns – refer to the Trust’s sickness absence procedure.

# Where ongoing ill health is impacting on ability to perform to expected standards – refer to the Trust’s sickness absence procedure, considering reasonable adjustments to support improved performance.

# Staff with a disability whose performance is affected by their disability – refer to sickness absence procedure, and Disability and Reasonable Adjustment policy incorporating requirements of the Equality Act to consider reasonable adjustments to support improved performance to required standards.

# Deliberately / willfully ignoring instruction or procedure or willful negligence – the disciplinary procedure should be followed.

# Instances of substance misuse – to be managed in accordance with the Trust’s Intoxicating Substance Misuse policy.

# Identifying Requirements for Performance Improvement

# For the purpose of this policy and procedure improvement in performance is required where:

# A member of staff is not able, in a significant or persistent way to carry out their responsibilities or duties to the standards expected by the Trust either due to their level of skills, knowledge or attitude (Appendix 3 in the procedural management guidance defines the differences between capability and conduct).

# Roles and Responsibilities

# 5.1 Responsibility of the Executive Management Team

#

# To approve the procedure and ensure it has been developed in accordance to agreed Trust procedure.

# To support managers and the Chief People Office in implementing the procedure.

# The lead Director is the Chief People Officer.

# 5.2 Responsibility of Managers

#

# To carefully select and induct new members of staff, ensuring that they are aware of the standards and roles expected of them in terms of performance.

# Ensure employees have a reasonable workload.

# Ensure staff have an annual appraisal, identifying and agreeing objectives, and regular reviews throughout the year.

# Developing a culture where employees are supported and assisted in achieving the required standards of performance.

# Ensure that matters related to performance are managed sensitively, consistently, maintaining confidentiality, dignity and equality of opportunity.

# Ensure staff members are offered adequate training to undertake their duties, ensuring mandatory training has been completed.

# Provide supportive feedback to every member of staff for whom they are responsible.

# Identify where the performance level of an employee is not at an acceptable standard through regular supervision, one to ones or appraisals.

# Be open and honest about performance concerns at the earliest opportunity in order to facilitate support and assistance for improvement and prevent any detrimental impact upon service users, colleagues, the service and the Trust.

# Apply the procedure fairly and consistently, seeking advice from the People directorate (Operations) as appropriate.

# Ensuring any meetings with the employee under the policy are documented including any targets and support set.

# 5.3 Responsibility of the Employee

# To ensure they fully understand their role, objectives and performance expectations and to ask for clarity if they are unsure.

# Understand Trust values and the goals and objectives of the team and organisation as a whole.

# To achieve and maintain the standards of performance that have been outlined to them.

# Be aware of the codes of conduct and Trust policies that are to be adhered to in their job role, eg. NMC Code of Conduct, Trust policy on standards of record keeping.

# To inform their manager of any issues that could be affecting their work performance. This may include personal issues.

# Understand that if their work performance falls below expected standards, managers will address this supportively.

# Co-operate with their manager in identifying development needs and acting upon them.

# Engage in any reasonable requirements for training and development / development plans that will support them in achieving the expected level of performance.

# Engage with the process when concerns regarding performance have been raised.

# Staff members who persistently refuse to co-operate with the policy and procedure may be referred to a policy pertaining to their conduct, ie. resolution process or disciplinary procedure.

# 5.4 Responsibility of the People Directorate

#

# Ensure fairness and consistency in the application of the policy and procedure.

# Providing professional and expert advice and guidance on all aspects of the policy both prior to implementation of the informal procedure and throughout the informal and formal stages.

# Participating in formal meetings held under the procedure, ie. Stage 2, Stage 3 and Appeal Hearings.

# 5.5 Responsibility of Trade Union Representatives

#

# Provide advice and support to individual employees who are members at all stages of the procedure.

# Work in partnership with managers and the People Directorate to ensure the correct support is achieved for staff to meet expected standards of performance.

# Provide representation to support members to present their case at formal performance meetings.

# Performance Feedback

# The manager needs to ensure that individual employees understand their role and what is expected of them.

# Performance issues can arise at any point in an individual’s career. It may be due to work related, health or personal reasons, and managers, as part of their everyday role, should seek to understand the origins of performance issues and address minor concerns as they occur.

# Managers should provide individuals with feedback in a timely manner and as close as possible to any incident or issue being identified. This should be routine when any performance concerns arise and be an accepted part of a manager’s role and not be seen as an unreasonable action on the manager’s part.

# Managers must consider if individual performance concerns could be linked to a disability and, if so, they should consider whether there are reasonable adjustments to support an improvement in performance.

# When performance issues arise, the employee should be encouraged to consider any aspects of their role where they believe they require support with improving performance and what actions they consider could be taken to facilitate this improvement. This may include offering for example:

# An action plan

# Specific on the job in-house training

# Shadowing

# Mentoring

# Coaching

# Support should be implemented informally with a view to resolving the performance issues at a very early stage.

# Procedure for Managing Performance Concerns

# The stages of the managing performance procedure are outlined as follows: -

# Informal Stage (Stage 1)

# Formal Stage (Stage 2)

# Formal Hearing (Stage 3)

# Appeal (at all formal stages of the procedure)

# Should the performance issue be of a serious nature such as patient safety, health and safety or a repetition of a previous performance issue that has been dealt with informally, the manager may progress to the formal meeting (Stage 2) of this process.

# When members of staff are required to attend a formal meeting as part of the procedure, they have a right to be accompanied by a Trade Union representative or a work colleague (who is not a relative / not working in a professional / legal capacity).

# The individual has the right to seek appropriate representation, this sometimes means meetings have to be postponed. The Trust will look to provide a maximum of two alternative dates / times in the event of the individual or representative being unable to attend the first date arranged. It may be necessary, taking into consideration the circumstances, to hold a rearranged meeting in the absence of the staff member.

# The flow chart at appendix 1 provides a summary of the process and the management guidance provides full details on how to manage the process.

# Sickness absence during Performance procedure

# Sickness absence that occurs during the performance procedure will be managed in accordance with the Trust’s Sickness Absence procedure. If a staff member has a number of short-term occurrences of sickness during the period of the action plan or monitoring the review period should be extended to reflect this. A long-term period of absence (over 28 days) will result in the procedure being temporarily paused and resumed on their return to work. If performance concerns are related to ill health issues, they should be managed under sickness absence procedure.

# Grievance raised during Performance procedure

# If the staff member raises a grievance during the procedure, the Trust will consider how best to proceed in the circumstances. The Trust will usually deal with the matters concurrently in the interests of all concerned to resolve matters promptly. In some circumstances, consideration will be given to pausing the performance procedure until a decision is reached through the grievance procedure. Advice should be sought from the People Directorate (Operations).

# Bullying & Harassment concerns raised during Performance procedure

# If, during the Performance procedure, a staff member raises concerns that they feel bullied or harassed then reference will be made to the Trust’s Harassment and Bullying policy to explore and address these concerns.

# Performance issues concerning Trade Union Representatives

# Where consideration is being given to provide support with performance issues to a Trade Union Official or Representative at formal stages of the procedure, this must first be discussed with a Senior Trade Union representative or full time official to avoid the implementation of the procedure being misconstrued as an attack on the union itself or on its representation or negotiating role. This is in accordance with the ACAS Code of Practice.

# Version control

# The version control sheet is attached at Appendix D.

# Dissemination and implementation arrangements (including training)

# The policy will be publicized on the weekly trust communications following approval and will be stored on the trust intranet. People directorate representatives will provide advice and guidance on the implementation of the policy as and when required.

**Appendix A**

**Procedure Flow Chart**

Identify performance concern when it first becomes apparent

The Line Manager deals with this on a day to day basis i.e. discussing the issues with the individual and seeking clarification to understand the route of the concerns rule out health issues etc.

Appropriate support given e.g. closer supervision, buddying, training etc.

Give formal development plan with timescales.

FORMAL PERFORMANCE MONITORING COMMENCES

*SEE SECTION 3.3*

Performance not to standard

Refer to Stage 2 Formal Meeting

*SEE SECTION 3.3*

Stage 1

Review Meeting

*SEE SECTION 3.2*

Develop action plan with timescales

*SEE SECTION 3.1*

Refer to Stage 1 Informal Process

*SEE SECTION 3.1*

Performance concern continues

Doesn’t accept post

Offer suitable vacant post initially

 for trial period

Performance not to standard

Refer to Stage 3 Formal Meeting

*SEE SECTION 3.5*

Stage 2

Formal Review

*SEE SECTION 3.4*

**DISMISSED**

Almost completed the action plan to standard or organisation unable to accommodate training - extend development plan for a reasonable period or until training can occur

*SEE SECTION 8.2*

Almost completed the action plan to standard or organisation unable to accommodate training extend development plan for a reasonable period or until training can occur

*SEE SECTION 3.4*

Accept post paid

at band for post

Performance improves to standard expected.

No further action

Performance improved to standards required.

No further action

Performance improved to standards required.

No further action

Extend development plan – reasonable period

Stage 3 panel reconvened

Met performance

Not met performance

**Appendix B**

**Checklist for the Review and Approval of Procedural Document**

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title of document being reviewed:** | **Yes/No/Unsure** | **Comments** |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? | Y |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | Y |  |
|  | Is it clear in the introduction whether this document replaces or supersedes a previous document? | Y |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? | Y |  |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? | Y | Detailed in EIA |
|  | Are people involved in the development identified? | Y | Detailed in EIA |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Y |  |
|  | Is there evidence of consultation with stakeholders and users? | Y |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? | Y |  |
|  | Is the target population clear and unambiguous? | Y |  |
|  | Are the intended outcomes described?  | Y |  |
|  | Are the statements clear and unambiguous? | Y |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? | Y |  |
|  | Are key references cited? | Y |  |
|  | Are the references cited in full? | Y |  |
|  | Are supporting documents referenced? | Y |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it?  | Y |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Y |  |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? | Y |  |
|  | Does the plan include the necessary training/support to ensure compliance? | Y |  |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? | Y |  |
|  | Have archiving arrangements for superseded documents been addressed? | Y |  |
| **9.** | **Process to Monitor Compliance and Effectiveness** |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | n/a | Managed on a case by case basis |
|  | Is there a plan to review or audit compliance with the document? | Y | As an employment policy is subject to periodical review |
| **10.** | **Review Date** |  |  |
|  | Is the review date identified? | Y |  |
|  | Is the frequency of review identified? If so is it acceptable? | Y |  |
| **11.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible implementation and review of the document? | Y |  |

**Appendix C**

**Equality Impact Assessment template**

**to be completed for all policies, procedures and strategies**

**Date of EIA: 7.10.2022 Review Date: October 2023**

**Completed By: HR Operational Lead**

|  |  |  |
| --- | --- | --- |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **1** | **What is being assessed?**Prompt: what is the function of this document (new or revised) | Managing Performance Policy (review of existing policy). |
| **2** | **Description of the document**Prompt: What is the aim of this document | The aim of the policy is to ensure that where a member of staff’s performance does not meet the required standard there is a fair and reasonable procedure to support improvements in performance to expected levels in a timely manner. |
| **3** | **Lead contact person for the Equality Impact Assessment** | Jane Murgatroyd, HR Operational Lead |
| **4** | **Who else is involved in undertaking this Equality Impact Assessment** | People Directorate colleagues, staff side, employment policy group |
| **5** | **Sources of information used to identify barriers etc**Prompts: service delivery equality data – refer to equality dashboards ([BI Reporting - Home (sharepoint.com)](https://swyt.sharepoint.com/sites/BIReporting) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight**What does your research tell you about the impact your proposal will have on the following equality groups?** | Data is taken from the Equality Workforce Monitoring Annual Report 2022. The data is Trust wide and includes medical staff unless otherwise advised.Formal performance management processes are captured and recorded on ESR and within the HR Operations team on case work trackers. Some informal performance management processes are captured but this isn’t widespread as most performance issues are addressed informally within the service, therefore, the numbers captured do not necessarily represent the full picture. Additionally, the numbers of formal cases are so small it is not possible to make a reasonable judgement. |
| **5a** | **Disability Groups:**Prompt: Learning Disabilities orDifficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard | Staff in Post8.4%Individuals with a mental or physical disability may need adjustments or adaptations to enable them to perform their duties. Advice will be provided by the People Directorate Team and Occupational Health where applicable to identify adjustments to enable a disabled member of staff to perform to the required standards within their role. The policy also directs staff and managers to the staff disability and reasonable adjustments policy which provides a framework for effective conversations regarding the management of disability and reasonable adjustments. Peer support and signposting may be obtained from the disabled staff network. This policy has been devised to allow a fair and open process to the management of performance. |
| **5b** | **Gender:**Prompt: Female & Male issues should be considered | Staff in postFemale – 79.1%Male – 20.9%**I**t is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. |
| **5c** | **Age:**Prompt: Older people & Young People issues should be considered | Staff in post19 and under – 0.20%20 – 29 – 13.4%30 – 39 – 23.4%40 – 49 – 24.1%50 – 59 – 28.6%60 – 69 – 9.8%70+ - 0.5%Some older people may experience a decline in mental and / or physical health that could affect their ability to undertake their duties to expected standards. Any member of staff will be offered support to improve their performance to required standards and where adjustments are identified, these will be considered.This policy has been devised to allow a fair and open process for the management of performance. |
| **5d** | **Sexual Orientation:**Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category | Staff in PostGay or Lesbian– 2.4%Heterosexual – 82.8%Bisexual – 1.2%Unknown – 13.6%It is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. |
| **5e** | **Religion & Belief:**Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered | Staff in PostAtheism – 19.6%Christianity – 46.9%Islam – 3.7%Unknown – 18.0%Other – 11.9%It is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. |
| **5f** | **Marriage and Civil Partnership**Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category | Staff in postCivil partnership – 1.2%Divorced & legally separated – 9.6%Married – 50.1%Single – 37.4%Widowed – 0.9% Unknown – 0.8%It is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. |
| **5g** | **Pregnancy and Maternity**Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered | no data availableIt is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. |
| **5h** | **Gender Re-assignment**Prompt: Transgender issues should be considered | There is no information available in the trusts workforce monitoring data to specifically identify trans staff.Stonewall report: *There isn’t an accurate figure for how big the trans community is. There were no questions about trans identity in the census until this year, and we’re awaiting those results. There also isn’t any existing research that covers enough people to be statistically significant.**The best estimate at the moment is that around 1% of the population might identify as trans, including people who identify as non-binary. That would mean about 600,000 trans and non-binary people in Britain, out of a population of over 60 million.*It is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. |
| **5I** | **Carers**Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered | No workforce data availableIt is not anticipated there will be any adverse impact as a result of the implementation of the policy. This policy has been devised to allow a fair and open process for the management of performance. Staff have access to the carers’ passport which provides a framework for discussions in relation to their caring responsibilities and the potential impact on work; also exploring flexible working options where applicable and appropriate. Peer support and signposting may also be obtained from the staff carers’ network. |
| **5j** | **Race**Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.) | Staff in post**Non-medical**Asian – 3.5%Black – 3.4%Chinese/other – 0.9%Mixed – 1.4%White – 90.7%Not stated – 0.2%**Medical**Asian – 47.0%Black – 5.4%Chinese/other – 10.1%Mixed – 3%White – 34.5%Not stated – NILWhere there are cultural issues or where English is not the first language, this may lead to communication issues which could impact on performance and additional support may be required and actioned on a case by case basis. This policy has been devised to allow a fair and open process for the management of performance. |

**Action Plan**

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

* + **Under-developed** – red – **No data**. **No strands** of equality
	+ **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
	+ **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
	+ **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

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| **Who will benefit from this action?**  | **Tick all that apply** | **Action 1:** **This is what we are going to do** | **Action 2:** **This is what we are going to do** | **Action 3:** **This is what we are going to do** | **Lead/s** | **By When** | **Update/review outcome** | **RAG** |
| Age | / | To identify a method of capturing equality data for informal performance processes where the People Directorate are involved. | Undertake an in depth review of the policy within the next 36 months to identify additional areas of improvement and develop any new approaches. |  | People directorate nominated lead | 1. October 2023
2. October 2025
 |  |  |
| Disability | / | As above | As above |  |  |  |  |  |
| Gender reassignment | / | As above | As above |  |  |  |  |  |
| Marriage and civil partnership | / | As above | As above |  |  |  |  |  |
| Race | / | As above | As above |  |  |  |  |  |
| Religion or belief | / | As above | As above |  |  |  |  |  |
| Sex | / | As above | As above |  |  |  |  |  |
| Sexual orientation | / | As above | As above |  |  |  |  |  |
| Pregnancy and maternity | / | As above | As above |  |  |  |  |  |
| Carers | / | As above | As above |  |  |  |  |  |

**6. Involvement & Consultation: New or Previous (please include any evidence of activity undertaken in the box below)**

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| As it is a staff specific policy, service users were not involved. Staff Side Organisations and managers in the EPG represent the interests of staff. Further involvement and consultation to take place as part of an in depth review of this policy to be completed in the next 36 months. |

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| 1. **Methods of Monitoring progress on Actions**

Through planning and development of revised policy. Development of recording informal performance processes where People Directorate are involved. |

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| 1. **Publishing the Equality Impact Assessment**

The EIA will be published as an appendix to the Policy which will be available on the Trust Intranet |

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| 1. **Signing off Equality Impact Assessment:**

Lindsay Jensen, Deputy Chief People Officer 24 November 2022 |

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***Once approved, you must forward a copy of this***

***Assessment/Action Plan by email to:***

**InvolvingPeople@swyt.nhs.uk**

**Please note that the EIA is a public document and will be published on the web.**

**Failing to complete an EIA could expose the Trust to future legal challenge.**

**Appendix D**

**Version Control Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** |  **Status** | **Comment / changes** |
| 1.0 | July 2012 | Diane Shelley, Senior Human Resources Manager | New | This single procedure now replaces all the previous capability procedures for the forerunner organisations: Including SWYPFT, Barnsley,þÿ |
| 1.1 | April 2015 | James Corson, Human Resources Business Manager | Revised | Reviewed by EMT 23.04.15 and review date extended to April 2017 |
| 1.2 | Jan 2016 | Janet Hirst, Assistant Director of HROperations | Previous | Policy reviewed by EMT on 23 April 2015 and considered Fit for Purpose. Review date extended to April 2017. |
| 1.3 | March 2018 | Carl Wilson, Human resources Advisor | Previous | Policy and procedure reviewed and separated into two documents for ease of use. Templates and management guidance updated. |
| 1.4 | December 2022 | Jane Murgatroyd, HR Operational Lead | Current | Policy reviewed – language and terminology amended to focus on the supportive nature of the policy reflecting Trust values. |