

Performance Improvement Policy (HR-041)

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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
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Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION.....	3
2. SCOPE	3
3. DUTIES & RESPONSIBILITIES	3
4. PROCEDURES.....	5
4.1. Managing Poor Performance	5
4.2. Informal Stage.....	6
4.3. Formal Stage	7
4.4. Performance Improvement Panel Hearing	9
4.5. Right To Appeal	9
4.6. Serious Concerns	10
4.7. Referral to External Bodies	10
4.8. Accredited Representatives of Trade Unions	10
5. STAFF SUPPORT DURING A PERFORMANCE MANAGEMENT PROGRESS.....	10
6. RIGHT TO BE ACCOMPANIED.....	11
7. EQUALITY IMPACT ASSESSMENT.....	11
8. MONITORING & AUDIT.....	11
9. IMPLEMENTATION	11
10. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES.....	11
Appendix A - SMART Performance Improvement Action Plan.....	12
Appendix B - Document Control Sheet.....	14
Appendix C - Equality Impact Assessment (EIA)	16

1. INTRODUCTION

Humber Teaching NHS Foundation Trust is committed to providing high quality care through the effective management and development of all its members of staff.

This policy outlines how to support colleagues at work with performance improvement in a fair and supportive way. It aims to encourage colleagues to achieve effective work standards, as described in their job description and to ensure that any performance concerns are addressed clearly and with appropriate supervision, training and support to assist employees in reaching the acceptable standard. This document provides a clear procedure for formal management intervention in cases where the employee is not reaching the acceptable standard of performance, which may ultimately result in termination of employment.

The Trust recognises the importance of promoting a culture of fairness, openness, and learning, and commits to reviewing performance concerns, including patient safety incidents, in line with the principles of NHS England's Just Culture Guide. In applying the Just Culture principles, the policy requires full consideration of the context and any mitigating factors before applying the formal stages of performance management to an individual employee.

2. SCOPE

This procedure applies to all employees directly employed by the Trust, except for employees during their probationary period, where the Probationary policy should be applied.

The management of performance of medical and dental staff will be undertaken in accordance with the national framework set out in Maintaining High Professional Standards in the Modern NHS (MHPS Framework 2005) and tied in with the work of the Practitioner Performance Advisory service (PPA). In the case of Medical Trainees, concerns will be dealt with by the lead employer in partnership with the Dean, and in accordance with Managing Trainees in Difficulty Guidance (Health Education England, 2018).

3. DUTIES & RESPONSIBILITIES

Chief Executive

The Chief Executive is ultimately responsible for the content of all policies and their implementation.

- To assure the Board that this procedure is acted on through delegation to directors and the appropriate committees.

Trust Board

- To ensure that this procedure is acted on through delegation of responsibility for the development and implementation of the procedure to directors and appropriate Committees.
- To ensure this procedure complies with UK law requirements.
- To ensure this procedure is monitored and reviewed formally through the appropriate committees. e.g., TCNC.
- To ensure that this procedure is acted on through a process of procedure dissemination and implementation in collaboration with Trust senior managers.

Executive Directors

To ensure that this policy is acted on through policy dissemination and implementation in collaboration with senior managers.

Workforce and Organisation Development Team (Workforce and OD)

W&OD are the point of contact for employees and managers if they have concern over the delivery and implementation of this policy.

- The Workforce & OD Team will support Humber Teaching NHS Foundation Trust staff at all levels in the application of this procedure. This will include providing appropriate training to managers, where requested, to support them further in their responsibilities under this procedure.
- A member of the Workforce & OD Team will attend formal review meetings and the final stage together with the manager.
- The Workforce & OD Team has the responsibility to monitor the implementation and application of this procedure to ensure that procedures are managed fairly across the Trust.
- The Workforce & OD Team will ensure that this procedure is updated in accordance with employment legislation.

Senior Managers and Managers

Ensure all staff within their area of responsibility are informed about the contents of this and other associated policies and procedures and apply this policy and procedure in a fair and equitable manner.

It is the responsibility of all managers to ensure this procedure is fairly and consistently applied by and to all staff they manage. All managers should ensure that:

- Performance issues are recognised and addressed promptly in accordance with this procedure.
- The required standards and expectations of each individual's job are clearly outlined in a current job description and through the individual's objectives, and that these expectations and objectives are explained.
- Review each individual's performance on an annual basis during the appraisal and regularly during supervision.
- Issues of poor performance are addressed in a timely, fair and non-biased way.
- Organisational change is acknowledged as an important factor affecting required standards of performance. In such circumstances, the manager must consult with the individual on the effects of organisational change and provide appropriate training for the new role if applicable.
- That they create an inclusive work environment which values workforce diversity and which recognises that different individuals may have different needs and preferences in order to enable effective performance.
- They avoid any negative prejudgements about performance which might be linked to a protected characteristic.
- They share any performance improvement plans (Appendix A – SMART Performance Improvement Action Plan) with new managers should the individual move roles internally within the organisation.

Individual Responsibility

All staff should be aware of this procedure and understand the importance of the content and adhere to the procedure. Employees themselves have a responsibility for their individual performance and to recognise the impact of their role in the overall performance of their team and the wider organisation. Employees must demonstrate that they are committed to achieving and maintaining the required performance standards.

Individuals will ensure that:

- They raise concerns about any issues with meeting objectives or deadlines.
- They participate in good faith in any action plan initiated by their manager in accordance with

this procedure.

- Attend induction training.
- Complete agreed statutory and mandatory training and other development opportunities appropriate to their role.
- Participate in managerial/clinical supervision as appropriate.

Employees should take all reasonable steps to attend meetings scheduled under this policy. Once a date has been arranged for a meeting under the formal stages of this policy, the employee may request postponement due to unavailability of their representation. The employee must offer an alternative date and time so long as it is reasonable and convenient for the manager and falls within five working days from the original date of meeting. The Trust recognises the ACAS Code of Practice and the Trust will try to adhere to this where possible when rearranging the meeting. (ACAS Code of Practice on Disciplinary and Grievance Procedures, March 2015.)

4. PROCEDURES

4.1. Managing Poor Performance

It is the responsibility of the manager to continuously monitor performance. Performance should be reviewed through formal supervision and the appraisal process. Managers have the right to conduct one-to-one discussions with members of staff regarding areas of concern and this would not normally involve other parties. If clinical supervision/appraisal is provided by a third party, then communication with the line manager is essential, in order to make them aware of any performance issues to be able to support employees.

When managing performance under this procedure, the informal and formal stages will normally be followed sequentially. However, there may be circumstances in which it is necessary to commence from the formal stage, according to the severity of the underperformance, mistakes or errors identified (see Serious Concerns paragraph 5.5).

This procedure should only be applied once circumstances or factors directly within the control of managers have been eliminated as contributing factors to a level that might be expected. As a minimum, managers must review the principles of the Just Culture Guide in determining whether individual performance management is the most appropriate next step. A copy of the guide can be found [here](#).

Further examples of factors to consider include:

- Recent introduction of new systems or technology.
- Recent significant amendments to job description/role.
- Recent organisational change.
- Personal and domestic problems.
- Work overload, unrealistic targets/deadlines.
- Health (physical or mental).
- Deliberate intention to under-perform / behavioural concerns.
- Lack of supervision and/or level of supervision needed.
- Level of appropriate equipment / resources / facilities and its availability.
- Inadequate or insufficient training/development.
- Appraisal discussion / progress against competencies and objectives.
- Lack of understanding of job duties / responsibilities.
- Challenging working relationships or working environment which may be impacting on performance.

This list is not exhaustive.

Appropriate consideration should be given to reasonable adjustments, which may be required, where an individual is deemed to have a disability in line with the Equality Act 2010. Advice should be sought on this matter from Workforce & OD or Occupational Health prior to the application of this procedure. (See also Managing Attendance Policy.)

Where performance concerns are considered to be an unwillingness to carry out duties properly, rather than an inability to do so, the Disciplinary Policy should be applied. When the circumstances of a situation suggest a combination of factors, such as conduct and capability, the principal reason for action should be selected and the appropriate procedure applied. Implementation of the Performance Improvement policy does not prevent the appropriate use of another procedure.

4.2. Informal Stage

The Meeting

- Before any formal stage is adopted, the manager should attempt to resolve any issues relating to poor performance informally through 1:1's and supervision.
- Where the performance of an individual is deemed to be inadequate, the manager should meet with the employee and set out in a clear and understandable way, where and how the performance falls short of the required standard and what the expected standard is, captured in an action plan (Appendix A - SMART Performance Improvement Action Plan should be used).
- The meeting should be held in a positive and supportive environment.
- The individual should be given every opportunity to ask for clarification of the standards expected and to bring to the manager's attention any contributing factors that may have affected their performance. This may assist the manager in determining additional support e.g., whether advice is required from Occupational Health.
- The manager should ascertain from the individual's comments whether there is an acceptance of a problem and assess the importance of any mitigating circumstances.

Creating an Action Plan - Appendix A

- Robust and detailed objectives will be agreed with employees. Objectives set should be SMART objectives. SMART objectives are: Specific, Measurable, Attainable, Realistic, Timely.
- A realistic timescale for improvement must be agreed. This would normally be between 4 and 6 weeks.
- Where support is required before an assessment of improvement can be measured e.g., training, then the timescale must take this into account.
- Details of any agreed support and/or training to be provided to assist in meeting these objectives.
- Provision made for regular monitoring meetings.
- Details of how the performance will be measured.
- The manager should indicate to the employee that a failure to meet the required standards within the agreed timeframe may result in formal action being taken.
- The areas discussed at the meeting and the objectives agreed in the action plan should be shared with the employee within five working days of the meeting.

Meeting Required Standards

- Should the individual meet the required standards within the agreed period, the manager should meet with the individual to confirm this in writing, subsequently removing the individual

from informal monitoring.

- Once removed, should the individual's performance fall below a satisfactory level within 12 months of being removed from the informal stage of the procedure, the performance management process will be commenced at the first formal stage of the capability procedure.

Failure to meet Required Standards

- The review period agreed during the informal stage may be reduced if serious problems arise during it.
- Should the individual's performance fail to meet the required standards during the informal stages, the manager may proceed through the formal stages of the procedure after seeking advice from Workforce and OD.
- Where objectives are partially met or there are significant mitigating factors, the manager has discretion to extend the informal stage.

Record of the Meeting

- The record of the meeting under the informal procedure should be retained on the employee's file for twelve months after their performance achieved the required standard.

4.3. Formal Stage

If the informal stage proves unsuccessful in assisting the employee to meet the targets set, or achieve the required standard; or there are serious performance concerns e.g., a serious mistake or incident occurs, the manager should progress to the formal stage after seeking advice from Workforce and OD.

Invitation to First Formal Meeting

- The manager will arrange a formal meeting with the individual. This should be confirmed in writing giving at least seven calendar days' notice of the meeting.
- The notification of the meeting will provide a clear explanation of the issues requiring discussion and will include copies of any documents to be referred to at the meeting and will remind the individual of their right to be accompanied.
- A representative from the Workforce and OD team will accompany a manager at formal meetings to provide support and advice in the application of the policy and employment legislation.

At The Meeting

- The manager will clearly explain the issues/problems and consequences of poor performance. This should include clear example of where performance has not met the required standards against the action plan (Appendix A).
- The individual will be given the opportunity to comment on their performance assessment and to provide an explanation. The individual will also be able to indicate what assistance they may require, if any, to improve their performance.
- Potential outcomes of the meeting include:
 - Further monitoring at the informal stage
 - Issue Improvement Required Warning Letter with right of appeal
 - Redeployment, in line with Redeployment Policy
- Alternative options and requirements may be identified in addition to the outcomes above e.g., formal training.
- The outcome should be delivered verbally where possible and confirmed in writing within 7 days (Outcome Improvement Required Letter). This letter should explain the employee has the right to appeal to any formal warning in accordance with Section 4.5 Right to Appeal.
- A record of the meeting and the action plan (Appendix A) will be sent to the individual and a

copy retained by the manager. The letter will confirm the actions agreed at the meeting, and the review arrangements. A copy of the action plan will be provided and the letter will also detail the potential consequences of failure to reach satisfactory improvement level/standards, which could ultimately lead to dismissal for capability.

- The manager will arrange any necessary support, including any reasonable adjustments which the individual has identified are required to improve performance.
- The manager will review the original action plan and amend it where necessary, ensuring objectives remain SMART (Appendix A).
- A new timescale for achievement should be agreed which allows sufficient time to meet the standards but is not unduly prolonged. As a guideline this stage is likely to be approximately 8 weeks; however, this may vary by circumstance and must take into account the timescale of any planned support / intervention e.g., formal training.
- The manager will agree the timeframe for regular meetings during the review period to discuss the individual's progress. This will be detailed in the action plan.
- Pay progression may be suspended at this point if the individual is not at the top of their band, until the formal process has been successfully concluded, in accordance with Agenda for Change.
- Throughout the formal stage of monitoring, the manager and employee should discuss and explore opportunities for redeployment due to performance, particularly where monitoring meetings indicate unsatisfactory progression.

Invitation to Formal Stage Review Meeting

- As above, the manager will arrange a formal review meeting with the individual towards the end of the agreed monitoring period. The details of this meeting will be confirmed in writing at least seven calendar days prior and the employee will have the right to be accompanied by a trade union representative or workplace colleague.

At The Meeting

- The manager will discuss the individual's performance in accordance with the action plan.
- **If the performance has reached a satisfactory standard**, then the manager will inform the individual that there will be no further action.
- The individual will be expected to maintain this level of performance. Details of the improved performance will be confirmed in writing to the individual, with a copy to their representative as applicable. A copy of this will remain on the individual's personal file for 12 months. In the interest of patient safety, it may be necessary to extend this time limit; this will be communicated to the employee at the time of the outcome.
- Should the individual's performance fall below the expected standards within 12 months, this will be addressed in line with the formal stage of this procedure.
- **Where objectives are partially met or there are significant mitigating factors**, the manager has discretion to extend monitoring at the formal stage, usually up to a maximum of three months.
- However, **if unsatisfactory progress has been made towards the agreed performance level** and there is no indication of adequate improvement within a reasonable timeframe and having exhausted all other avenues as detailed in the procedure, the line manager may refer the employee to a formal Performance Improvement Panel Hearing where their performance issues and progress will be assessed by an independent panel.
- All documentation should be kept on the employee's supervision file and a copy forwarded to Workforce & OD for recording on the employee's personal file.

Alternative Employment

- If it is agreed that the employee's substantive post is no longer compatible with their performance, the employee may be supported to find alternative employment that would be

within their capability, managed in accordance with the Redeployment Policy.

- Where there is redeployment to a post on a lower band there will be no salary protection.

4.4. Performance Improvement Panel Hearing

Preparing for a Performance Improvement Panel Hearing

- The Panel Hearing Chair will be a senior manager with authority to dismiss (Agenda for Change Band 8B or above / equivalent) and not previously involved in the case, to ensure fairness and consistency. The Panel Hearing Chair will be accompanied by a Workforce & OD representative.
- Where the employee is a registered professional, the Panel Hearing Chair must either be a registered professional themselves, or supported by one as part of the decision-making process to ensure that professional codes are considered as part of the outcome.
- The individual will be given at least 10 calendar days' notice of the Performance Improvement Panel Hearing and will be informed in writing that a possible outcome is dismissal on the grounds of capability.
- The individual will be given the opportunity to submit their statement of case to be considered at the Hearing. This should be submitted at least 5 days before the meeting.
- The management case will also be sent to the individual.
- The individual will be entitled to be accompanied by a colleague not acting in a legal capacity or a Trade union representative.

At the Meeting

- The purpose of the meeting will be to consider objectively the facts of the case and to hear comments from both the manager and the individual before a final decision is made on the individual's employment.
- The panel will have opportunity to ask questions to obtain clarification on any issues that are discussed, or new relevant information disclosed. The individual will be given every opportunity to bring to the panel's attention any issues which have affected their performance, including work or personal matters. The individual may also wish to discuss training needs.
- The meeting may be adjourned for the decision to be made and upon reconvening the meeting the individual will be advised of the outcome and associated arrangements.
- The outcome will be confirmed in writing to the individual.
- Potential outcomes of the meeting include:
 - Further monitoring at formal stage
 - Dismissal with contractual notice on grounds of capability
 - Redeployment during notice period, in line with Redeployment Policy
- Alternative options and requirements may be identified in addition to the outcomes above e.g., formal training. In the event of dismissal with notice, the employee must be informed in writing of their right of appeal and the arrangements for the employee during the notice period. The option of payment in lieu of notice is a possible outcome.

4.5. Right To Appeal

- The individual has a right of appeal against any dismissal or warning issued under the formal stages of this procedure.
- Appeals should be made in writing, addressed to the Director of Workforce & OD, outlining the reasons for the appeal, which may include but are not limited to (1) new evidence coming to light, (2) errors or omissions in the procedure followed, (3) the severity of the outcome. The appeal must be sent within **ten working days** from the date of the letter detailing the warning or decision to dismiss.
- Where possible an appeal hearing will be arranged to consider the matter within 28 calendar days of receipt of an appeal letter.

- An appeal against dismissal will be heard by a panel of two members of the Trust Board at least one of which must be a Non-Executive Director. In all cases the manager hearing the appeal must not have been directly involved in taking the action, which is being appealed against.
- The decision of the appeal panel will be final.

4.6. Serious Concerns

On occasion, it may be appropriate to address a performance concern at the Formal Stage of this policy, or even directly to a Performance Improvement Panel Hearing, if the concern raised is of sufficient seriousness to be considered a significant risk. This may be appropriate if an employee's actions have had, or are liable to have, a serious harmful effect on the Trust, patients and/or colleagues. Advice must be sought from Workforce and OD and the manager must ensure that the principles of the Just Culture guide have been reviewed as part of such decision making.

In situations where there are concerns that an employee's performance represents a significant risk to themselves, colleagues, service users or the wider Trust (including financial/physical resources), temporary redeployment (where available) or suspension from work on full pay may be considered. The reason for temporary redeployment or suspension must be confirmed in writing to the employee and reviewed regularly. A temporary redeployment or suspension is precautionary, does not constitute a sanction and will not prejudice the outcome of any potential meeting or Hearing held in line with this policy.

4.7. Referral to External Bodies

There may be times when the Trust is required to inform external bodies of either the instigation of a formal investigation or the outcome of any capability action. These include but are not limited to:

- Professional bodies (e.g. NMC, HCPC)
- Disclosure and Barring Service (DBS)
- The Independent Safeguarding Authority (ISA) and/ or the Local Area Designated Officer (LADO)
- The Local Intelligence Network via the Trust's Accountable Officer for Drugs
- Other Healthcare providers with whom the employee has a secondary contract
- The Local Counter Fraud Specialist

4.8. Accredited Representatives of Trade Unions

In cases where formal action is being considered against an accredited representative of a recognised trade union, the manager will seek to discuss the details in advance with a full time official of the organisation concerned.

5. STAFF SUPPORT DURING A PERFORMANCE MANAGEMENT PROCESS

Being subject to a performance management process can be an upsetting and stressful time for the employee and line manager. Concern for the health and wellbeing of individuals involved in the process should be paramount and continually assessed.

A series of options have been put into place to enable staff to be supported.

Occupational health service

Any member of staff who is involved in a performance management process may find it helpful to talk to the occupational health service. Line managers should arrange a referral for this.

Counselling services are confidential and can be accessed through the Occupational Health Service. All employees can access the counselling service.

Employees can access an employee assistance programme (EAP) a free independence service to available 24/7 365 days a year, employees can call the confidential helpline on 0330 380 0658 / [click here](#), or find more information on the intranet, or access through the Workforce & OD Team.

Trade unions

The Trust recognises the important role of trade unions and staff organisations and will work in conjunction with them throughout investigation and disciplinary procedures.

6. RIGHT TO BE ACCOMPANIED

At the formal stages of the procedure, including an appeal, the individual has the right to be accompanied by a trade union representative or a work colleague employed by Humber Teaching NHS Foundation Trust. Requests by the individual for additional support at any formal meetings of the procedure will be considered: e.g., where disability is involved and familiarity with the impairment, or specialist input would be beneficial.

It is the responsibility of the individual to arrange such a companion / representative.

There is no duty on a fellow worker or a trade union (of which the employee is not a member) to accept a request to accompany an employee and no pressure should be brought to bear on an employee if they do not wish to act as a companion or representative.

7. EQUALITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA (Appendix C). This policy is regarded as equitable to all and as a result of its implementation no individual will suffer any form of discrimination, inequality, victimisation, harassment or bullying.

8. MONITORING & AUDIT

This policy will be reviewed every three years, however there may be some review and revision as and when needed to accommodate changes to tribunal decisions and legislation. These reviews and revisions will be in consultation with the Trust's recognised trade unions.

9. IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy. The implementation of this policy requires no additional financial resource. The provision of reasonable adjustments that may be implemented as a result of this procedure will be supported by the Trust.

10. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Performance Improvement Management Guide
Managing Attendance Policy
Disciplinary Policy
Redeployment Procedure

Appendix A - SMART Performance Improvement Action Plan

Area for Improvement	Expected Standard / Level of Proficiency	Gap	Agreed Actions	Who Will Provide Support	Timescale (each action)	Review date	How Will Improvement Be Measured	Date to Achieve Expected Standard/Level of Proficiency
<p>EXAMPLE:</p> <p>Accurately complete all work related documentation and in a timely fashion</p>	<p>The post-holder is required to complete work-related documentation (care plans, patient notes etc) without error and without complaints from others, in accordance with local policy timescales.</p>	<p>A review of NAME's work related documentation for PERIOD revealed 24 errors, including....</p> <p>And 5 data entries were completed X days outside of policy timescales.</p>	<p>For NAME to ensure all work- related documentation is completed by the end of each shift, including blocking time where necessary to complete</p> <p>For NAME to ensure that he/she has all details and seeks advice where necessary</p>	<p>Line Manager to provide a quiet location for work related documentation on to be completed at the end of each shift</p> <p>Line Manager to provide weekly supervision where work related documentation will be discussed.</p>	<p>Immediately</p> <p>Weekly</p>	<p>Informally review weekly</p> <p>Formal review date to take place on (Specific Date) in line with policy.</p>	<p>Review of accuracy and timeliness of documentation to be conducted – using notes from each weekly supervision meeting to assess progress.</p>	<p>(Specific Date) in line with policy.</p>

This action plan has been agreed by:

Name of Manager: _____ **Signed:** _____ **Dated:** __ / __ / __

Name of Employee: _____ **Signed:** _____ **Dated:** __ / __ / __

Area for Improvement: This should define the area in which an improvement in performance is required.

Expected Standard/Level of Proficiency: This should give detail of the standard of performance that is required. Where possible, this can make reference to the job description of the post. It is important to be specific about the standard or level of proficiency, so the post-holder is clear about the expectations.

Gap: This should cite clear and specific examples of where the required standard has not been met, as it is important for the post-holder to understand where their performance has fallen short.

Agreed Actions: This should detail any specific actions that will be undertaken in order to achieve the desired improvement in performance. This can include any informal or formal training that will be undertaken, any additional supervision or any specific activities the individual should undertake. In order to complete this section, the manager and employee should also discuss what potential barriers there are to an improvement in performance and detail actions to overcome these.

Who Will Provide Support: In all cases the line manager or supervisor should provide support to the individual. This section should also detail who will support for each agreed action, where appropriate.

Timescale: This should detail a realistic timeframe in which each agreed action should take place. For example, a training course may be dependent on when this course is run, shadowing a colleague may depend on their availability etc.

Review Date: A date should be set in which progress with the action plan can be assessed. This should be in-line with the policy.

How Will Improvement Be Measured: A measurable way of assessing performance in the area for improvement should be agreed between manager and staff member. In this way the manager can determine whether satisfactory improvement has been made or not.

Date to Achieve Expected Standard / Level of Proficiency: This should give the date by which all actions in the improvement plan should have taken place and a reasonable time taken to allow the improvement in performance to be made and measured. This should be in-line with the policy.

Appendix B - Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	<p>Support the Trust's commitment to providing high quality care through the effective management and development of all its members of staff.</p> <p>Ensure colleagues are supported at work in a fair and supportive way, encouraging colleagues to achieve effective work standards, as described in their job description, with appropriate supervision, training and support to assist employees.</p> <p>Provide a clear procedure for formal management intervention in cases where the employee is not reaching acceptable standards.</p> <p>The Trust recognises the importance of promoting a culture of fairness, openness, and learning, and commits to reviewing performance concerns, in line with the principles of NHS England's Just Culture Guide.</p>		
Consultation/Peer Review	Date:	Group/Individual	
<i>List in right hand columns consultation groups and dates - ></i>	02.06.23	Workforce and OD Management Team	
	14.08.23 and 12.10.23	TCNC	
	14.08.23	EDI Networks	
	28.11.23	ODG	
Approving Committee:	EMT	Date of Approval:	13.11.23
Ratified at:	Trust Board	Date of Ratification:	N/A (minor amend)
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact:	None
Equality Impact Assessment Undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input type="checkbox"/>]
Master Version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	Describe implementation plans below – to be delivered by author:		
	<ul style="list-style-type: none"> ▪ Managers newsletter ▪ Launch plan for managers. ▪ Managers guide / toolkit. To follow. ▪ Update to Leadership and Management Training content. 		
Monitoring and Compliance:			

Document Change History:

Version Number/Name of procedural document this supersedes	Type of Change i.e. Review/Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
4.0	Full review	April 2018	Full review.
4.1	Reviewed – minor amends	Nov 2023	Full review. Change of Policy title to Performance Improvement Policy. Change to the procedure, notably changes to the formal stages. A Just Culture Guide embedded. Approved at EMT (13 November 2023).
4.2	Minor amends	May 2024	Section 4.3. (i) Corrected the policy. The appeal section of the policy explicitly provides for a formal warning and a right to appeal. against any formal warning. This section should have explained a warning letter will be issued at formal stage with right of appeal. Previously not included. Now added.

			<p><i>(ii) Policy wording previously suggested WOD representation at a formal meeting is typical not mandatory. Changed to ensure a WOD rep is present at any formal meeting.</i></p> <p><i>(iii) Added possible outcomes to the formal performance improvement meeting to reflect there can be no predetermined outcome.</i></p> <p><i>Approved by director sign-off (Karen Philips, Associate Director of People and OD – 20 May 2024).</i></p> <p><i>19/09/24 – Review date extended by 1 year (to November 2027) by director sign-off - Karen Philips.</i></p>
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Appendix C - Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name **XXX**
2. EIA Reviewer (name, job title, base and contact details) **XXX**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **XXX**

Main Aims of the Document, Process or Service
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
<ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people, Young people, Children, Early years</p>	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Disability	<p>Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities:</p> <p>Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)</p>	Medium	<p>There is some evidence that this protected characteristic is negatively affected by the implementation of this policy.</p> <p>A disability in the workplace can affect a person's competence and ability to perform at a required standard. This is mitigated by the policy. Where an individual is deemed to have a disability, advice is sought on this matter from Workforce & OD or Occupational Health prior to the application of this procedure. Appropriate consideration being given to reasonable adjustments, which may be required, that would accommodate the disability and allow the person to fulfil their role to a satisfactory standard. The policy further mitigates impact by embedding the Just Culture Guide as a minimum prior to any formal action, to ensure full consideration of the context and any mitigating factors before applying any formal stages of performance management to an individual employee. This minimum standard recommends following occupational health guidance where there are indications of mental or physical health contributed to less than satisfactory performance.</p>
Sex	Men/Male, Women/Female	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.

Marriage / Civil Partnership		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Pregnancy / Maternity		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Race	Colour, Nationality, Ethnic/national origins	Low	Some anecdotal feedback and experiences was feedback by TCNC staff side regarding staff recruited from overseas. This group of staff maybe sometimes feel the informal stage, has being formal and punitive which hinders relationships and the effectiveness of the process. It is proposed to ensure in the toolkit accompanying the policy and advice from WOD in these circumstances is to allow for a companion / chaperone in these circumstances to overcome cultural and/or language barriers. There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.

Summary	
Please describe the main points/actions arising from your assessment that supports your decision above	
EIA Reviewer: J Marjoram	
Date Completed: 14.08.23	Signature: J Marjoram