**NHSScotland Workforce Capability Policy**

**Supported Improvement Plan (SIP)**

**Employees Name:**

**Job Title:**

**Band:**

**Managers Name:**

**Stage of Capability:**

**Date Commenced:**

**Guidance for Completion**

The contents of a Supported Improvement Plan should be agreed at the initial capability meeting for each stage of the process by both the employee and the responsible manager. A copy of the final agreed version of the Supported Improvement Plan should be sent to the employee, along with a copy of the outcome letter, within 7 calendar days of any meeting.

At any mid review meetings the areas detailed within the Supported Improvement Plan should be reviewed by the employee, and responsible manager to identify progress and whether any further support is required.

At any final reviews meeting the areas detailed within the Supported Improvement Plan should be reviewed by the employee, and responsible manager to identify progress and to confirm whether all areas requiring improvement have been achieved. This should be signed by the employee and responsible manager. A copy of the completed Supported Improvement Plan should be sent to the employee, along with a copy of the outcome letter, within 7 calendar days of the meeting.

**Supported Improvement Plan**

Where possible use targets that are **S**pecific, **M**easurable, **A**ch**i**evable, **R**ealistic, **T**imeous (**SMART**)

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| **Objective 1:** | | | | | |
| **Specific Areas**  **Requiring Improvement** | **Support**  **Required** | **Success**  **Criteria** | **Timescale** | **Achieved Yes/ No** | **Evidence** |
| a) |  |  |  |  |  |
| b) |  |  |  |  |  |
| c) |  |  |  |  |  |

|  |  |  |  |  |  |
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| **Objective 2:** | | | | | |
| **Specific Areas**  **Requiring Improvement** | **Support**  **Required** | **Success**  **Criteria** | **Timescale** | **Achieved Yes/ No** | **Evidence** |
| a) |  |  |  |  |  |
| b) |  |  |  |  |  |
| c) |  |  |  |  |  |

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| **Objective 3:** | | | | | |
| **Specific Areas**  **Requiring Improvement** | **Support**  **Required** | **Success**  **Criteria** | **Timescale** | **Achieved Yes/ No** | **Evidence** |
| a) |  |  |  |  |  |
| b) |  |  |  |  |  |
| c) |  |  |  |  |  |

**Employee**

Print name:

Signature:

Date:

**Manager**

Print name:

Signature:

Date: