Relevant Individuals Capability and Support Policy

Field	Details
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Author	Director of Governance Quality and Student Success
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Responsible Committee	Executive Leadership Team
Approved by and date	Executive Leadership Team April 2026
External reference points	OfS Condition E9.8; Condition E9.9; Equality Act 2010
Linked policies	GA 3.3 Corporate Academic Governance Framework (CAGF); GA 3.2 Risk Management Framework; GA 3.4 Conflicts of Interest Policy; GA 3.6 Whistleblowing Policy; GA 3.1 Policy Preparation and Version Control; Appendix 4 Scheme of Delegation; Appendix 6 Fit and Proper Persons Instrument; PC 5.6 Staff Health and Wellbeing Policy; PC 5.2 Recruitment and Appointment Policy
Audience	Relevant Individuals as defined by OfS Condition E9

1. Purpose

This policy sets out the College's formal arrangements to ensure that all relevant individuals are able, by reason of their physical and mental health, to discharge the duties of their role effectively and in a manner consistent with regulatory expectations.

The policy has been developed to meet the requirements of OfS Condition E9.8, which requires providers not only to establish policies, but to implement clear and operational processes that determine whether an individual is able to perform their role, provide appropriate support where necessary, and ensure continuity of governance through structured delegation.

In this context, the policy is not intended as a standalone statement, but as part of a wider system of governance, risk management and regulatory compliance. It aligns with the Office for Students' expectation that arrangements must be comprehensive, effective in practice, and supported by appropriate oversight, resourcing and review.

2. Scope

This policy applies to all individuals classified as "relevant individuals" under Condition E9. This includes members of the governing body, the Accountable Officer, those with overarching responsibility for financial affairs, and any individual in the Executive Leadership Team (ELT) as they hold significant influence over the College's governance, compliance and strategic direction.

The policy applies equally to permanent, interim and acting appointments, and extends to any circumstances in which an individual is exercising delegated authority on behalf of the College.

3. Regulatory and Governance Context

The College recognises that the requirement under Condition E9.8 sits within a broader regulatory framework governing individual suitability, capability and oversight. Compliance requires not only that individuals are fit and proper at the point of appointment, but that they remain capable of fulfilling their duties throughout their tenure.

This policy therefore operates alongside:

- the requirement that individuals meet the fit and proper persons test (E9.4 to E9.7)
- the requirement that providers maintain effective fraud and public money arrangements (E8)
- the requirement that governance arrangements are coherent, implemented and subject to oversight

The College's approach is grounded in the principle that governance capability is dynamic. It must be actively monitored and supported, rather than assumed.

4. Principles

The implementation of this policy is guided by a number of core principles. The College will ensure that its arrangements are proportionate, evidence based, and consistent with legal obligations, particularly in relation to equality and confidentiality.

Any assessment of an individual's capability will be undertaken with appropriate sensitivity, recognising both the rights of the individual and the need to protect institutional integrity and regulatory compliance. The College will seek, wherever possible, to enable individuals to continue in their role through reasonable adjustments or support.

At the same time, the College will ensure that no critical governance or regulatory function is compromised. Where necessary, continuity will be maintained through clearly defined and pre authorised delegation arrangements.

5. Responsibilities

Responsibility for the implementation of this policy is distributed across the governance structure to ensure independence, appropriate challenge, and effective oversight.

The Board of Governors retains ultimate accountability for ensuring that the College has effective arrangements in place and receives assurance that those arrangements are operating as intended. The Board will also take decisions in cases of sustained or material incapacity affecting its own membership.

The Chair of the Board is responsible for leading the application of this policy in relation to governors and for determining appropriate interim actions where concerns arise at Board level.

The Chief Executive Officer holds equivalent responsibility for members of the executive leadership team, ensuring that operational continuity is maintained and that any risks are appropriately escalated.

The Director of Governance, Quality and Student Success is responsible for maintaining this policy, ensuring alignment with regulatory requirements, and providing advice on its application. This role also ensures that appropriate records are maintained and that the policy can be evidenced in the event of regulatory scrutiny.

All relevant individuals are expected to act in good faith in relation to this policy, including declaring any circumstances that may affect their ability to perform their role.

6. Identification of Incapacity

The College has established formal mechanisms to identify circumstances in which a relevant individual may be unable to perform their role effectively. These mechanisms are designed to ensure that concerns are identified early, assessed proportionately, and addressed in a structured manner.

Concerns may arise through a number of channels, including:

- self declaration by the individual
- observation by the Chair, Chief Executive Officer, or other senior leaders
- emerging risks identified through governance or performance processes
- credible information provided by third parties

All concerns will be documented and considered in line with the principles set out in this policy. The existence of a concern does not in itself determine incapacity, but triggers a structured assessment process.

7. Assessment Process

Where a concern is identified, the College will undertake a proportionate and structured assessment to determine whether the individual is able to perform their role.

The assessment process will typically include:

- an initial determination by the Chair (for Board members) or the Chief Executive Officer (for executive roles)
- a structured review of the individual's responsibilities and the extent to which these can be fulfilled
- engagement with the individual to understand the circumstances and identify potential support measures
- consideration of external advice, where appropriate and lawful

The outcome of the assessment will be formally recorded. Possible outcomes include:

- confirmation that no further action is required
- implementation of support or reasonable adjustments
- temporary incapacity requiring delegation of responsibilities
- sustained incapacity requiring escalation to the Board

8. Support and Reasonable Adjustments

In line with Condition E9.8 and the College's obligations under equality legislation, the College will take all reasonable steps to support individuals to remain in their role wherever possible.

Support measures will be tailored to the individual and the nature of their role. These may include adjustments to workload, temporary redistribution of responsibilities, or additional administrative or governance support.

Any support arrangements will be documented and subject to periodic review to ensure that they remain appropriate and effective.

9. Delegation of Authority

Where an individual is unable to discharge their responsibilities fully or partially, the College will implement formal delegation arrangements to ensure continuity of governance and compliance.

Delegation will be triggered where there is a material risk that responsibilities cannot be fulfilled, and will be enacted in accordance with the College's Scheme of Delegation.

The delegation process will ensure that:

- authority is formally assigned by the Chair or Chief Executive Officer, as appropriate
- the scope, duration and limits of delegated authority are clearly defined
- the individual assuming delegated responsibilities is suitably qualified and capable

Delegation may take different forms depending on the duration and nature of the incapacity, including short term, interim, or transitional arrangements.

10. Timeframes and Escalation

The College recognises that the duration of incapacity is a critical factor in determining appropriate action. In line with OfS expectations, the policy establishes clear escalation thresholds to ensure that governance risks are actively managed.

In practice:

- short term incapacity will be monitored and reviewed
- medium term incapacity will normally require formal delegation
- long term or indefinite incapacity will require escalation to the Board, including consideration of replacement

All decisions relating to escalation will be documented and subject to appropriate governance oversight.

11. Record Keeping and Evidence

The College will maintain a comprehensive audit trail of all matters arising under this policy. This is essential to demonstrate that arrangements are not only in place, but are operating effectively in practice.

Records will include:

- the nature of any concerns raised
- the outcome of assessments
- any support measures implemented
- details of delegation arrangements
- decisions relating to escalation

These records will be retained in accordance with the College's governance and data protection requirements and will be available for internal or external review where required.

12. Assurance and Monitoring

The Board of Governors will receive periodic assurance that this policy is being applied consistently and effectively. This will form part of the College's broader governance and risk assurance framework.

Monitoring will include consideration of whether:

- arrangements are functioning as intended
- risks relating to individual capability are being appropriately managed
- there are any gaps or inconsistencies in implementation

Where necessary, the Board may commission internal audit or independent review to provide additional assurance.