

Appraisal Policy

Reference Number:	110
Author & Title:	Angela Hayday Associate Director, Organisational & People Development
Responsible Director:	Director of Human Resources
Review Date:	03 March 2019
Ratified by:	Claire Buchanan Director of Human Resources
Date Ratified:	03 March 2016
Version:	7.0

Related Policies & Guidelines:

This policy should be read in conjunction with the Incremental Pay Progression Policy and the Appraisal Handbook available on the intranet.

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Amendment History

Issue	Status	Date	Reason for Change	Authorised
		June 2013 & Oct 2013	Review to respond to requirement to improve process for assuring quality of appraisals	TCNC Policy Sub Group
4.0		Jan 2014	Review to respond to requirement to improve process for assuring quality of appraisals	Strategic Workforce Committee
5.0		May 2015	Review to bring RNHRD and RUH policy together	Claire Buchanan, Director of HR
6.0		Jan 2016	To incorporate new Trust values launched on 26 th Jan 2016. New Trust Values & Behaviours replace RESPECT behaviours.	Claire Buchanan, Director of HR
7.0	Approved	March 2016	Update for CQC Inspection	Claire Buchanan, Director of HR

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1. Policy Summary

1.1 Purpose, Aim and Objectives

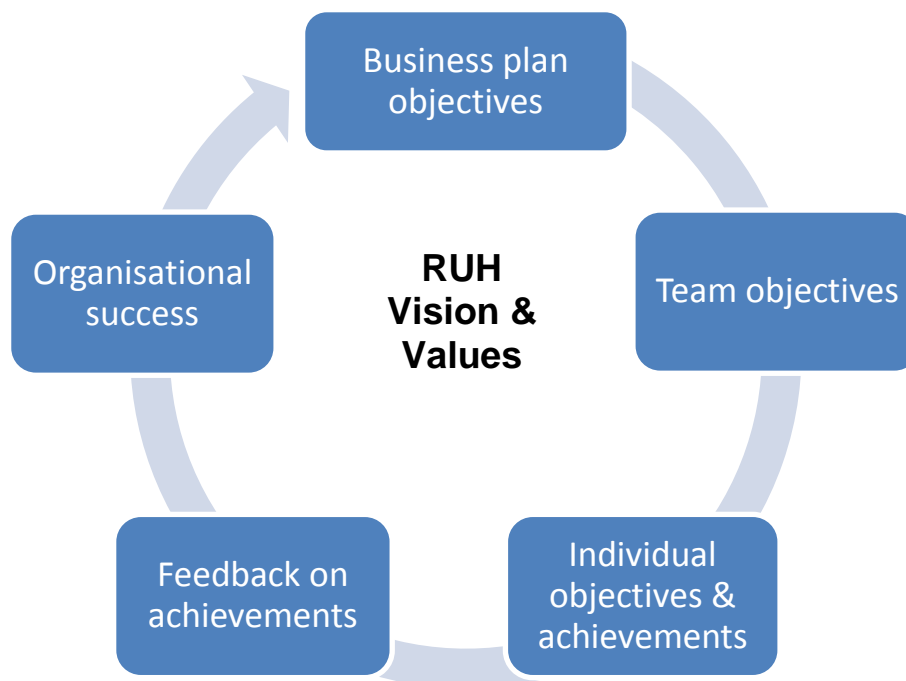
The appraisal process is an integral part of the Trust's performance management system. The **purpose** of this policy is to ensure that the Trust has a clear, consistent and fair approach to appraisal.

The **overall aim** of the appraisal process is to maximise the effectiveness and potential of each member of staff so that the trust successfully achieves its objective; one of which is to improve patient outcomes. 'Research indicates that effective performance appraisal and staff development contributes directly to improved patient outcomes'. (*West and Borrill, 2003*).

The **objectives** of the appraisal process are to:

- Maximise performance
- Reinforce the trust's values and behaviours
- Acknowledge good performance
- Set objectives for the year ahead
- Encourage staff development

Figure 1: Organisational Success cycle



Adapted from CIPD Policies & Procedures for People Managers

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1.2 Target Audience

This policy applies to all permanent Trust employees with the exception of some staff groups. Separate arrangements are in place for the following staff groups:

Permanent medical staff. Refer to the Medical Appraisal policy.

Deanery appointed doctors in training. Refer to Severn Deanery Annual Review of Competency Progression (ARCP).

Temporary staff. Managers should make suitable arrangements for the appraisal of temporary staff, where this is appropriate. Staff should not be excluded from the process due solely to the fact that they do not have a permanent contract.

Agency staff. Arrangements are in place for providing feedback on performance in respect of staff employed through agencies.

2. Policy Statements

1. Both appraiser (manager) and appraisee (staff member) must prepare adequately for the appraisal discussion.
2. All staff must have an appraisal discussion at least once every 12 months.
3. The Trust's formal appraisal documentation must be completed and a copy kept in the staff member's personal file.
4. Managers must inform HR, electronically, of the date on which each member of their staff was appraised.
5. Managers must meet regularly with their staff either individually and/or as a team in between the formal appraisal meeting to find out how they are progressing and to offer support where required.

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3. Duties and Responsibilities

3.1 Responsibilities of each member of staff (the appraisee)

- 3.1.1 To participate fully in the appraisal process. Refusal to participate in an appraisal will be considered to be a disciplinary matter and should be dealt with through the Trust Managing Conduct Policy & Procedure.
- 3.1.2 To keep informed about what is expected in relation to the appraisal process.

3.2 Responsibilities of Managers (the appraiser)

- 3.2.1 Ensure that each member of staff has an individual appraisal at least once every 12 months.
- 3.2.2 Ensure that each member of staff has an up to date job description / person specification.
- 3.2.3 Ensure you have the necessary training, skills and information to carry out an appraisal discussion and that your direct reports understand their responsibilities in relation to the appraisal process.
- 3.2.4 To inform HR of the date of when an appraisal discussion has taken place so that the staff member's electronic staff record (ESR) is accurate.
- 3.2.5 To ensure that an appraisal takes place before an employee's incremental date and in sufficient time that any payroll changes necessary can be put in place before the incremental date. Failure to do so will mean that the individual will not progress through the incremental pay scale.
- 3.2.6 To ensure the Trust's formal appraisal documentation, store a copy in the staff member's personal file held by the line manager and provide a copy to the staff member.
- 3.2.7 To meet regularly with direct reports either individually and/or as a team in between appraisal meetings.

3.3 Human Resources Department is responsible for:

- 3.3.1 Providing appraisal advice, support and training to managers.
- 3.3.2 Helping managers to identify and overcome the barriers which prevent appraisal taking place.

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3.4 The Workforce Information Team is responsible for:

- 3.4.1 Recording appraisal completed dates onto staff member's ESR (Electronic Staff Record) as reported by appraisers.
- 3.4.2 Providing appraisal compliance reports at a Trust- wide, divisional and departmental level.
- 3.4.3 Providing appraisal equality reports at a Trust- wide, divisional and departmental level.

3.5 The Trust Appraisal Lead is responsible for:

- 3.5.1 Writing and maintaining the Appraisal Policy.
- 3.5.2 Reviewing and updating the information held about appraisal on the Trust intranet.
- 3.5.3 Analysing appraisal equality reports to identify barriers to equality.
- 3.5.4 Reporting findings and agreeing actions to overcome inequity with the Equality & Diversity Committee.
- 3.5.5 Audit the quality of Appraisals and report findings and agreeing action to the Strategic Workforce Committee.

3.6 Trust Executives and Senior Managers

- 3.6.1 The Chief Executive is accountable to the Trust Board for ensuring that the Trust is compliant with Trust appraisal targets.
- 3.6.2 Executive Directors are accountable to the Chief Executive for ensuring that within their areas of responsibility, appraisals completion rates are performance managed to ensure compliance with the Trust appraisal target.
- 3.6.3 Within their agreed area of responsibility, Senior Managers are responsible for ensuring appraisals are completed in accordance with the Trust target compliance rates and for ensuring that appraisals deal fairly with any equality issues.

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4. The Appraisal Discussion

Prior to the appraisal discussion	<p>Agree time & date of appraisal.</p> <p>Ensure you both have the relevant documentation:</p> <ol style="list-style-type: none"> 1. Job description/person specification 2. Objectives for the previous 12 months 3. Personal Development Plan (PDP) for previous 12 months 4. Record of mandatory training (STAR record) 5. Trust approved Record of Appraisal <p>Reflect on performance of appraisee over the previous 12 months, objectives and PDP for the year ahead.</p> <p>Undertake 360° feedback, where appropriate.</p>
The appraisal discussion	<p>Discuss performance against objectives for the previous year.</p> <p>Discuss how the Trust values and behaviours have been met during the previous year.</p> <p>Agree objectives for the 12 months ahead. Ensure that appraisee understands their job and how their role contributes to the work of the team and the Trust.</p> <p>For Registered Professionals i.e. Nurses, Midwives and AHPs, to discuss requirements for maintaining professional registration e.g. Revalidation.</p> <p>Agree PDP which will support achievement of agreed objectives. You may wish to consider using the Simplified KSF to help with this.</p> <p>Complete Trust Record of Appraisal, refer to Appendix 1.</p> <p>Complete Appraisal Feedback Questionnaire, refer to Appendix 2.</p>
Following the appraisal discussion	<p>Appraiser to inform HR of date appraisal discussion took place.</p> <p>Appraiser to place signed copy of Trust Record of Appraisal (Appendix 1) and Appraisal Feedback Questionnaire (Appendix 2) on appraisee's personal file held by the line manager and give a copy of both to appraisee.</p> <p>Appraiser to inform payroll of any changes which may impact on pay.</p> <p>Meet with appraisee individually and/or at a team meeting to review progress against objectives and to offer support, as and when needed.</p>

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5. Monitoring Compliance

Appraisal compliance rates are reported monthly at a divisional level and Trust wide level.

Trust Management Board is responsible for monitoring compliance with the Trust's appraisal target.

The Trust Management Board holds each division / department accountable for improving appraisal compliance rates to meet the Trust's appraisal target.

Managers who consistently refuse to comply with the appraisal target in their area of responsibility without good reason will be dealt with in accordance with the Trust Managing Conduct Policy & Procedure.

The Trust Board is assured of appraisal compliance through the performance monitoring process. The Trust appraisal rate is a key performance indicator.

The Trust Board receives a monthly performance reports which include the Trust appraisal rate against the Trust appraisal rate target.

6. Review

This policy will be subject to a planned review every three years as part of the Trust's Policy Review Process. It is recognised however that there may be updates required in the interim arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust's revised policy and practise.

7. References

CIPD - Policies & Procedures for People Managers.

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Appendix 1: Appraisal Summary

Please note that if you wish to use alternative documentation it must be approved by the Trust Appraisal Lead and be published on the RUH intranet. Please ensure this appraisal summary record is legible and is stored securely with all relevant appraisal documentation.

Section 1

Individual's name:		Job title:	
Ward / Department:		Date of appraisal:	
Incremental date:		Valid professional registration	Yes No Not applicable
Manager's name:		Job title:	
Review period from:		Review period to:	
Flexible working review			

Section 2: Performance Rating (the 'what') delivery of objectives for previous 12 months

Please attach objectives agreed for previous 12 months.

Performance Rating	What does it look like?	Tick
Meeting expectations sometimes	Can evidence that they have met some of the objectives / tasks / on-going work responsibilities set for them but not all of them. This can be for a variety of reasons.	
Always meeting expectations	Clearly and unambiguously able to evidence how they are meeting their objectives / tasks / on-going work responsibilities set for them and the demands within their role.	
Exceeding expectations	Not only evidence how they have met the objectives / tasks / on-going work responsibilities that they have been set, they show how they take them all to the next level with their own individual flavour.	

Please document a summary of your discussion about the individual's performance and achievements against agreed objectives for the last review period.

Section 3: Values behaviours

Refer to RUH values & behaviours folded leaflet.

Choose 2 green 'we will' behaviours that you believe you already do really well and 1 'we will not' behaviour that you will work on as part of your personal development plan.

	I do this well...	I could work on...
Everyone Matters		
Working Together		
Making a Difference		

Section 4: Objectives for the next 12 months

Once agreed, objectives must be SMART: specific, measurable, achievable, relevant, and timed.

Example of a SMART objective; Within 1 month of attending a health and safety course I will produce a risk analysis and recommendations for the department, verified by the course trainer as likely to reduce days lost due to accidents by 20% by the end of the year.

1.

Section 5: Personal Development Plan (PDP)

When considering what to include in your PDP think about any possible barriers you anticipate in achieving your objectives for the coming year and any gaps in the skills and /or knowledge required for your job. Refer to your job description, your KSF profile and your Continuing Development (CPD) Portfolio, where appropriate.

Personal Development Plan (PDP)	
What are the areas I need to work on?	
What action will I take now?	
When will I review progress again?	

Section 6: Checklist

Appraisal has taken place within previous 12 months and the last appraisal date is recorded on centrally held Trust record system. Report appraisal completion by emailing ruh-tr.Appraisal@nhs.net	
Mandatory training for the job role is completed and in date and a copy of individual mandatory training report (STAR) is attached. <i>Where information held on STAR is not up to date or where the training listed on STAR is not appropriate for the role please arrange for STAR to be updated as per procedure described on the intranet.</i>	
The quality assurance form has been completed and all paperwork is legible and will be held securely.	
Are there any implications for the individual's pay? If so, please complete and return a change of conditions e-form.	

Both appraiser and appraisee should print, sign and date below:

Please print name:	Signature:	Date:

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Appendix 2: Appraisal Feedback Checklist

This questionnaire should be completed by the appraisee and appraiser together and is designed to help both parties maximise the benefits of the appraisal process.

Appraisal Feedback Questionnaire			
Name of appraisee:		Contact number for appraisee	
Name of appraiser:		Date of appraisal meeting:	
Department or Ward		Duration of appraisal meeting:	
A one to one meeting & / or a team meeting with your line manager has taken place over the last 12 months			Yes / No
If yes, please indicate frequency of contact with line manager , if other, please state frequency:			Daily Weekly Monthly Other
Objectives for previous 12 months reviewed			Yes / No
Performance rating against objectives agreed			Yes / No
Trust values and behaviours discussed			Yes / No
Behaviour rating agreed			Yes / No
Objectives for next 12 months agreed			Yes / No
Personal Development Plan agreed			Yes / No
Completed copy of Record of Appraisal form received			Yes / No
Please add any additional comments about the appraisal process below, e.g. what worked, what could be improved:			
<p>If either the appraisee & / or the appraiser would benefit from further support in completing the appraisal process please discuss with the appraiser's line manager.</p>			
Appraiser's signature & date:			
Appraisee's signature & date:			

Document Control Information

Ratification Assurance Statement

Dear Claire Buchanan

Please review the following information to support the ratification of the below named document.

Name of document: Appraisal Policy

Name of author: Angela Hayday

Job Title: Associate Director, Organisational & People Development

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: _____ **Date:** 03 March 2016

Name of Person Ratifying this policy: Claire Buchanan

Job Title: Director of Human Resources

Signature: _____ **Date:** 03 March 2016

To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and **post this page only** to: The Policy Coordinator, John Apley Building.

The **whole policy** must be sent electronically to: ruh-tr.policies@nhs.net

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Consultation Schedule

Name and Title of Individual	Date Consulted
TCNC Policy Sub-Group extraordinary meeting	13/06/2013
TCNC Policy Sub-Group email	27/06/2013
TCNC Policy Sub-Group email	09/08/2013
TCNC Policy Sub-group meeting	16/10/2013
TCNC via email to Maggie Bruniges	28/10/2013
Raechel Harper, HR Manager	28/10/2013
HR Business Partners email	09/12/2013
Divisional Managers email: Medicine - Fiona Bird Surgery - Sharon Bonson Facilities - Mike Newport Finance - Nikki Woodward	09/12/2013
Surgical Management team meeting	23/12/2013
Strategic Workforce Committee members	
Raechel Harper, Leadership & Management Development Programme Manager	30/04/2015
Lilly Webb, Learning and Development	05/05/2015
TCNC Policy Sub Group	29/05/2015

The following people have submitted responses to the consultation process:

Name and Title of Individual	Date Responded
TCNC Policy Sub-group (refer to minutes)	13/06/2013
TCNC Policy Sub-group (refer to minutes)	16/10/2013
Raechel Harper, HR Manager (via email)	30/10/2013
Anne Dye (via phone call)	09/12/2013
Claire Buchanan (via email)	23/12/2013
Raechel Harper	05/05/2015
Lilly Webb	05/05/2015
TCNC Policy Sub-group (refer to minutes)	29/05/2015?

Name of Committee/s (if applicable)	Date of Committee
Strategic Workforce Committee	09 January 2014
Strategic Workforce Committee	03 March 2016

Equality Impact: (A) Assessment Screening

To be completed when submitted to the appropriate Executive Director for consideration and approval.

Person responsible for the assessment:

Name: Angela Hayday

Job Title: Associate Director of Organisational & People Development

Does the document/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
Race	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Ethnic origins (including gypsies and travellers)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Nationality	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gender (including gender reassignment)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Culture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Religion or belief	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Age	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Disability (learning disabilities, physical disability, sensory impairment and mental health problems)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there any evidence that some groups are affected differently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the impact of the document/guidance likely to be negative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, can the impact be avoided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What alternative is there to achieving the document/guidance without the impact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we reduce the impact by taking different action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered **NO** to **all** the above questions, the assessment is now complete, and no further action is required.

If you answered **YES** to any of the above please complete the
Equality Impact: (B) Full Analysis

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