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**Appraisal Policy**

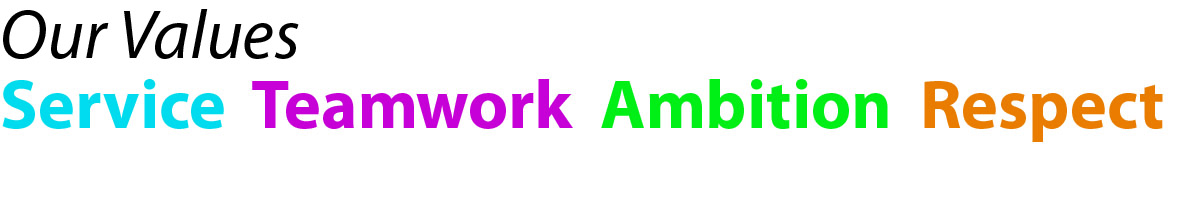
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| Date Implemented | *30/09/2015* | Next Review Date | *12/08/2018* |
| Status | | *Approved* | |
| Target Audience (who does the document apply to and who should be using it) | | All employees (excluding medical employees) | |
| Accountable Director | | Director of Workforce and Education | |
| Policy Author/Originator - **Any comments on this document should, in the first instance be addressed to the author.** | | Employee Relations Manager and Head of Learning and Development | |
| Implementation Lead | | Deputy Director of HR | |
| If developed in partnership with another agency, ratification details of the relevant agency | | Employee Partnership Forum | |

**Equality Impact**

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

**Special Cases**

This does not apply to Drs and Dentists.

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# Instant Information

It is the policy of Great Western Hospitals NHS Foundation Trust (the Trust) that employees participate in the annual employee appraisal process, and receive regular one to one management meetings.

Employee appraisal is a key component of good management practice and research evidence shows that regular appraisal has a direct and positive impact on both organisational performance and patient care. The appraisal process aims to strike a balance between reviewing competence and performance, agreeing objectives, and identifying any support, training and development needed to help the employee to perform to the best of their ability in undertaking their role and achieving their objectives.

## Appraisal Structure

### Appraisal Planning and Preparation (the Appraiser)

Arrange an appraisal at least two weeks in advance and provide relevant information. Ensure:

* Suitable time.
* Private / Confidential location.
* Print off documentation.
* Collate any relevant information / supporting documents.
* Prepare content of meeting.
* Think about the objectives you want to set.

### The Appraisal Meeting

Welcome the employee

* Purpose of meeting.

Ask for the employee’s views.

* Listen.

Supply feedback (Past & Present).

* Remain positive.
* Based on views / facts.
* Use evidence to back up what you are saying.
* There should not be any new information introduced during the review.

Plan for the future

Learning and development.

* Set objectives.
* Identify knowledge and skills gaps.

Steps to be taken.

* Summarise discussion.
* Agree next steps to help the individual develop in the key areas identified during the review.

**Remember:**

Confidentiality is crucial to the appraisal. The employee and the employee’s line manager must respect the confidentiality of the process.

# Document Details

## Introduction and Purpose of the Document

This policy outlines the process and expectations for participation of employees in annual employee appraisal.

## Glossary/Definitions

The following terms and acronyms are used within the document:

|  |  |
| --- | --- |
| **EPF** | Employee Partnership Forum |
| **NHS** | National Health Service |
| **PDP** | Personal Development Plan |

# Main Policy Content Details

## Principles of the Appraisal and Management Supervision Process

All employees will participate in the appraisals, one to one’s and Performance Development Plan (PDP), including an annual appraisal meeting. There is a separate appraisal process for Medical and Dental employees. All employees must have an annual appraisal (unless there are exceptional circumstances e.g. extended period of leave). All new employees should have a thorough induction, personal development plan, and regular management supervision to prepare them for an appraisal after 12 months in post.

It is important that the appraisal meeting should be a positive, constructive and motivational experience. Appraisals and regular one to one meetings will normally be carried by the employee’s direct line manager; alternatives to this should be agreed with the relevant manager. Appraisers will provide feedback to employees on their performance through regular line management supervision throughout the year, and therefore there should be ‘no surprises’ at the appraisal meeting.

It would be difficult for any appraiser to supervise more than 10 employees, given the amount of time required to monitor employee’s performance and support their development. Where this occurs, it is recommended that the appraiser liaises with their own line manager to consider whether restructure is required, or that some of the appraisals be delegated. Where appraisals are delegated, suitable guidance and training must be provided.

Prior to undertaking appraisals, all managers/appraisers will participate in appropriate training, and will take steps to maintain their competence each year via their individual PDP. Employee appraisal and management supervision is considered to be an important part of any line manager’s role, and failure to carry this out effectively will be managed accordingly in line with the Performance Management Policy (Ref 2).

Where problems have been identified with the employee’s work or development during the year, this should be addressed at the time they arise, and not left until the annual appraisal meeting. Where issues of poor performance are identified, these should be dealt with separately using the Performance Management Policy (Ref 2).

Employees should have confidence that the outcome of the appraisal meeting will be shared only with colleagues where it would be reasonable to do so. If in doubt, please contact the Human Resources team for advice.

## Who should be Involved in the Appraisal and Management Supervision Process?

Appraisals will normally be carried out on a one-to-one basis by the employee’s direct line manager. It is important that the appraisal process should feel supportive to the employee and not intimidating. In some cases, it may be appropriate for individuals other than the employee’s direct line manager to be involved in the process at some stage.

For example:

* The employee may have more than one line manager/appraiser due to having a split post or working across partner organisations.
* The employee may be in a rotational post or have spent all or part of the previous year undertaking a project or secondment in another area.
* The team may be too large for one senior individual to undertake all the appraisals personally, in which case other senior colleagues can act as appraisers by local agreement.
* The line manager may be from a different profession, in which case it is essential that colleagues such as professional leads are involved in order to assess the competencies from a professional or clinical intervention perspective.
* In such cases, an agreement should be reached well in advance of the appraisal date as to how the various parties will work together. If the appraisee is agreeable, then a joint appraisal meeting could be held with two appraisers. Alternatively, separate pre-meetings could be held, and the appraisal meeting could be used to summarise and pull the outcomes of the discussions together.

## Objectives of the Appraisal and One to One Meetings

**The appraisal meeting will have the following main objectives:**

1. To review and update the employee’s Job Description.
2. To agree a Personal Development Plan.
3. To review the employee’s performance against any agreed objectives, and to set objectives for the next 12 months in context of any relevant team/ Division/ Organisational objectives.
4. To discuss other related issues which might impact on job performance and well-being.

**The objectives of regular management supervision one to one meetings during the year are as follows**:

* To review individual workload, performance and professional development.
* To discuss any changes to the responsibilities listed in the job description, or other aspects of the job role.
* To discuss strengths and achievements as well as concerns, or perceived gaps in knowledge or skills.
* To agree, review and evaluate goals and action plans.
* To discuss any other concerns and ask questions.

**The potential benefits of these processes include:**

* Better communication between managers and employees.
* Better relationships arising from assertive feedback.
* Greater clarity of objectives and priorities.
* Improved performance and motivation.
* Early warning of any actual or potential problems.
* Clearer understanding for managers of enablers require to support performance.
* Support tailored to the individual’s needs.
* Better use of individual skills and experience.
* Better monitoring of individual workload and support mechanisms.

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# Duties and Responsibilities of Individuals and Groups

## Chief Executive

The Chief Executive is ultimately responsible for the implementation of this policy

## Divisional Directors

Divisional Directors are responsible for:

* Implementing and monitoring this policy within their Division to ensure all employees receive a well-structured appraisal, which enables them to be clear about their role and to provide understanding regarding employees’ contribution to performance.
* Determining which managers are responsible for carrying out appraisal and supervision for specific employees, and ensuring no individual has to appraise more than 10 employees.
* Ensuring that the job descriptions are clear and fit for purpose.
* Having review mechanisms in place to evaluate whether all employees have received a well-structured appraisal.

## Appraisers

Appraisers are responsible for:

* Ensuring that all employees within their service area participate in an annual appraisal and regular management supervision.
* Leading a well-structured appraisal.
* Ensuring, where appropriate, that colleagues such as professional leads are involved in the appraisal process
* Attending training to develop and maintain skills to carry out appraisals and supervision effectively.
* Delegating appraisals/supervision as appropriate within the team structure and supporting all appraisers to receive appropriate training.
* Ensuring employees receive appropriate support and guidance to allow them to fully participate in the appraisal process.
* Escalating to the relevant Director/Assistant Director/Senior Manager/Professional Lead if there are any issues preventing regular appraisal and supervision within the team.
* Identifying appropriate learning and development opportunities for employees and discuss learning needs with the Academy and Human Resources teams.
* Providing a supportive structure and environment as well as overall holistic approach to appraisal.
* Making appropriate adjustments to support any employees with disabilities under the Equality Act 2010 (Ref 1).

## Employees Receiving Appraisal

Employees receiving appraisal will be responsible for:

* Actively participating in the review of their own development and progress towards agreed objectives via appraisal and supervision.
* Preparing for their appraisal including attending any relevant appraisal training.
* Requesting an appraisal or supervision meeting if needed and alerting the line manager to any problems.
* Completing relevant documentation with their appraiser (please see separate document).
* Collecting evidence throughout the year to demonstrate competence against objectives.
* Undertaking agreed development and applying the learning in the workplace and providing evidence of this.

## The Academy

The Academy is responsible for:

* Supporting the implementation of the policy, to include the provision of appropriate training and awareness sessions for managers and employees receiving appraisal.
* Producing regular reports on compliance for managers and the Governance Committee.
* Ensuring that information regarding training needs feeds into the training strategy and annual plan.
* Reviewing and updating the appraisal policy.

## Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

## Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

* Ensuring any training required is attended and kept up to date.
* Ensuring any competencies required are maintained.
* Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

# Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

| **Measurable policy objectives** | **Monitoring / audit method** | **Monitoring responsibility** (individual / group /committee) | **Frequency of monitoring** | **Reporting arrangements** (committee / group to which monitoring results are presented) | **What action will be taken if gaps are identified?** |
| --- | --- | --- | --- | --- | --- |
| Target- Monthly reports | Report on performance review rates will go to Executive Committee, Employee Partnership Forum (EPF) and quarterly to Trust Board | HR/Academy | Monthly | EPF | Action plan in place to ensure compliance |
| Local compliance | Discussed at Divisional Performance Meetings Monthly Performance meeting | Divisional Directors | Monthly | Divisional Director | To discuss with ward managers/matrons and senior manager |
| Audit check | Appraisal Audit check | Academy | Quarterly | Results to be shared with the ward/department and senior management | Action plan |
| The Staff Survey results | Assessed by Divisional and professional group to determine good practice and also areas to focus on | Human Resource | Annually | Board and Divisional | Review policy |

# Review Date, Arrangements and Other Document Details

## Review Date

This document will be fully reviewed every three years in accordance with the Trust’s agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

## Regulatory Position

Equality Act 2010.

## References, Further Reading and Links to Other Policies*.*

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

| **Ref. No.** | **Document Title** | **Document Location** |
| --- | --- | --- |
| 1 | Equality Act 2010 | www.legislation.gov.uk |
| 2 | Performance Management Policy | Intranet |

## Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

| **Job Title / Department** | **Date Consultee Agreed Document Contents** |
| --- | --- |
| Divisional Manager Diagnostic and Outpatients | June 2015 |
| Divisional Manager Integrated Community Health | June 2015 |
| Head of Organisational Development | 6th July 2015 |
| Policy Sub Group | 7th July 2015 |

**Appendix A – Equality Impact Assessment**

**Equality Impact Assessment**

**Our Vision**

Great Western Hospitals NHS Foundation Trust wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

**Are we Treating Everyone Equally?**

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

# Appendix B – Quality Impact Assessment Tool

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose**  To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community. | | | |
| **Process**  The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.  Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained. | | | |
| **Monitoring the Level of Risk**  The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.  High Risks must be reported to the relevant Executive Lead. | | | |
| **Impact Assessment**  Please explain or describe as applicable. | | | |
| 1. | Consider the impact that your document will have on our ability to deliver high quality care. | Should improve quality of care by ensuring staff are working to Trust standards | |
| 2. | The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care). | Should be a positive improvement to the Trust. | |
| 3. | Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall. | To be applied equally across the Trust | |
| 4. | Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is. | Director of HR | |
| **Impact on Clinical Effectiveness & Patient Safety** | | | |
| 5. | Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm. | Ensure standards are upheld | |
| **Impact on Patient & Carer Experience** | | | |
| 6. | Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment. | Ensure standards are upheld | |
| **Impact on Inequalities** | | | |
| 7. | Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language). | | No impact |