

Appraisal and Personal Development Policy

Issue Date	Review Date	Version
January 2017	January 2022	2

Purpose

The purpose of this policy is to support the implementation of performance appraisal and personal development review for all non-medical staff in Plymouth Hospitals Trust. When done well, a supportive and individually focused performance appraisal can have a significant impact on personal motivation and commitment to deliver compassionate care and quality improvement that creates a positive influence on performance. It enables staff to receive the appropriate support and development to achieve their true potential.

Plymouth Hospitals NHS Trust is committed to supporting training and development that is identified through a two-way appraisal process which agrees outcomes and expectations for the next 12 months, creates a development plan that addresses immediate skills/competency gaps and also reflects longer term goals for career advancement and personal growth. More importantly this should not just be an annual event but rather an ongoing process with frequent and regular discussion. It is important that we support people to deliver high quality care to our patients and an excellent service to our colleagues and customers.

The Trust's Appraisal process supports the opportunity for staff to reflect on and celebrate their key achievements and receive recognition of their hard work. It also provides opportunity to evaluate how they have demonstrated the Trust Values through their work and interactions with patients, service users and colleagues that supports a healthy and engaged workforce focused on delivering a compassionate and quality improvement culture. Our Trust Values are:

- Putting Patients First
- Respecting others
- Taking Ownership
- Being Positive
- Listening, Learning and Improving.

The role of the Appraiser is to facilitate a meaningful and supportive appraisal conversation, guided by the above values and the principles of the Plymouth Way.

Who should read this document?

It applies to staff employed on AFC terms and conditions. Different appraisal processes and documentation exist for medical staff.

Key Messages

Implementation of this policy will:

- Enhance positive outcomes for people who use our services.
- Increase employee perception of organisational support and improve commitment to our Vision and Values.
- Ensure competence is maintained and encourages continuous professional, personal and career development.
- Safeguards standards of practice.
- Ensure that health and well-being at work issues are addressed.

Core accountabilities		
Owner	Learning and Organisational Development	
Review	Human Resources / Occupational Development (HR/OD) Committee/Policy Sub Group	
Ratification	Assistant Director of Learning and Organisational Development	
Dissemination		
Compliance	Director of People	
Links to other policies and procedures		
Induction Policy Supervision Guidance Performance and Conduct Policy Health and Wellbeing Policy Mandatory Training Policy		
Version History		
1	November 2016	Initial Document Publication
2	January 2017	Final version

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

Section	Description	Page
1	Introduction	4
2	Purpose, including legal or regulatory background	4
3	Definitions	4
4	Duties	5
5	Main Body of Policy	6
6	Overall Responsibility for the Document	8
7	Consultation and Ratification	9
8	Dissemination and Implementation	9
9	Monitoring Compliance and Effectiveness	9
10	References and Associated Documentation	10
Appendix 1	Plymouth Hospitals Trust Appraisal Paperwork	11
Appendix 2	Dissemination Plan and Review Checklist	13
Appendix 3	Equality Impact Assessment	15

1 Introduction

Plymouth Hospitals NHS Trust (PHT) is responsible through the Clinical Governance Framework for continuing to improve the quality of our services and upholding high standards of care. Therefore it is important to make sure that all Plymouth Hospitals Trust staff receives an annual appraisal which supports and recognises employee performance and identifies and facilitates access to personal development and career advancement opportunities. This enables the individual to achieve their true potential and provides assurance of competence and continuous improvement to the organisation.

Appraisal is a key performance management tool and an important mechanism for building engagement and helping to improve individual and team performance to support organisational objectives.

2 Purpose

The purpose of this policy is to outline the principles and approach for performance appraisal and development planning within Plymouth Hospitals NHS Trust. It covers the timing, documentation and monitoring of appraisals for staff on Agenda for Change pay bands.

It provides line managers and staff with a clear understanding of their responsibility for appraising and being appraised.

It ensures that all staff within the Trust have the appropriate information and guidance to appraise staff in accordance with Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This requires that persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The framework ensures the Trust's Performance Appraisal and Personal Development Review policy meets the requirements of the National Health Service (NHS) Litigation Authority and supports our statutory duties as set out in the in NHS Constitution. It gives a consistent approach across the whole organisation and ensures best practice.

3 Definitions

3.1 Performance Appraisal and Personal Development Review.

Performance appraisal (or performance review) is a process for individual employees and those concerned with their performance, typically line managers, to engage in a meaningful conversation about their performance/competence, development and the support they need in their role. It is used to both assess recent performance and focus on future objectives, opportunities and resources needed.

4.1 Role of the Executive Team

The Executive Team is responsible for;

- Monitoring and seeking assurance of appraisal and personal development activity across the organisation.

4.2 Heads of Department

Heads of Department are responsible for:

- Ensuring that within their areas of responsibility, appraisal completion rates are performance managed to ensure compliance with the Trust appraisal target
- Ensuring that the Performance Appraisal and Personal Development Review Policy are implemented effectively within their area of control and agreeing the strategy and future direction of the policy.

4.3 Role of HR and OD

OD is responsible for:

- Writing and maintaining the Appraisal and Personal Development Policy.
- Ensuring that staff are aware of this policy and adhere to its requirements.
- Providing advice, guidance and training to managers.
- Audit and evaluation of Appraisal activity across the Trust.

Workforce Development is responsible for:

- Recording appraisal activity as reported by appraisers.
- Providing appraisal compliance reports to a Trust-wide, Care Groups and Departmental level.

4.4 Role of Line Manager

The Line Manager:

- Ensure that each eligible member of staff receives their annual performance appraisal and development review every 12 months as a minimum.
- Ensure that new employees receive their first appraisal within 3 months of appointment.
- Ensure that each member of staff has an up to date job description/person specification.
- Ensure that they have the necessary training, skills and information to carry out an appraisal discussion and that their direct reports understand their responsibilities in relation to the appraisal process.
- To inform the Workforce Development Team of the date when the appraisal discussion has taken place and that a copy of the completed form is held centrally as a permanent record.

- To complete the Trust's formal appraisal to ensure both Appraiser and Employee have access to a definitive record of the Appraisal outcome.
- To meet regularly with direct reports either individually and/or as a team in between appraisal meetings and to provide appropriate supervision be it clinical for clinical professionals or managerial supervision (See Supervision Guidance for more information).
- To enable their appraisee to take action to deliver their objectives and personal development plan through ongoing coaching, mentoring and signposting of additional support.

4.5 Responsibility of each member of staff (the appraisee)

- To participate fully by preparing and engaging in the appraisal process and taking ownership of objectives and personal development.
- Preparation should include considering their own performance and how they have maintained competence over the past 12 months/the review period; identify the areas where they feel they have performed well and those areas they need to develop in.
- Review their performance against their performance objectives, any relevant competency frameworks e.g. the NHS Knowledge and Skills Framework and the Trust values. Be prepared to discuss examples of what has been achieved and provide evidence of performance and Continuous Professional Development (CPD) or Nursing and Midwifery Revalidation where appropriate.
- Be prepared to give their views regarding the objectives, goals or tasks that are to be set for the forthcoming 12 months with a view to agreeing an action plan for future performance objectives for the year ahead.

5 Main Body of Policy

5.1 Principles for the Performance appraisal and development review.

The Performance Appraisal and Development Review process is the integral part of the way the Trust manages employee performance and development.

It is a mandatory requirement that all staff will have a formal annual Performance Appraisal and Development Review against the agreed performance expectations (work objectives, tasks or goals), and is a collaborative process between appraiser and appraisee to review performance, provide feedback and recognition of key achievements and identify skills and competence gaps to be addressed to meet future requirements.

It provides an opportunity for all staff to:

- Receive feedback on their performance/competence against performance expectations (performance objectives, goals and or tasks, post specific competencies and the Trust Values).
- Review and receive feedback on performance against core competencies such as the Knowledge and Skills Framework.

- Reflect on their work performance/competence and give feedback on experiences working in the Trust and work area.
- Confirm the requirements of their job and agree work objectives for the coming year.
- Discuss and agree development needs and how these might be met
- Discuss career and personal development aspirations to maximise potential.

The Performance Appraisal and Development Review provides a context for the individual role by referring to the Department and Trust objectives, values and Plymouth Way behaviours.

The Performance Appraisal and Development Review will be recorded on the appropriate Trust documentation and will include an agreed record of achievements, brief descriptions of how performance meets the Trust values and behaviour requirements, future work objectives, ongoing work responsibilities (e.g. mandatory training) and agreed development.

The Performance Appraisal and Development Review will contribute to the production of a personal development plan (PDP) identifying any learning and development requirements and how they will be met

The Performance Appraisal and Development Review will also discuss the future potential and career ambitions of the employee and will discuss options for development and experience to achieve career /personal development goals.

The Performance Appraisal and Development Review will take place between staff and their manager or, where appropriate, another appropriately trained senior team member.

5.2 Objectives/Goals/Outcomes and Tasks

It is important that employees understand how they contribute to the Trust objectives. Managers should ensure that staff are aware of the Trust objectives and align team and individual objectives, goals or tasks accordingly.

Appraisal objectives should be relevant, meaningful and measurable and provide a clear description of the desired outcome.

Appraisal objectives, task or goals should be reviewed regularly throughout the year and be updated/modified to reflect the organisational/departmental priorities of the moment. Additional objectives may also be created throughout the year in response to changing demands.

Work based objectives may be a mix of project work (stretch/challenging objectives and everyday work (maintenance objectives). Team objectives can be agreed for some staff groups.

5.3 Lack of Consensus between Appraiser and Appraisee

Very rarely, appraiser and appraisee may disagree fundamentally on the content of the appraisal. In these circumstances the Appraisers Line Manager should be involved in a discussion to try to resolve the differences. Where consensus cannot be achieved a note should be added to the comments section to record the essence of the disagreement.

5.4 Equality and Diversity

Consideration must be given to equality and diversity when appraisal occurs, in order to ensure that such factors are not having a detrimental impact on the employee's ability to achieve their full potential.

It is important that where long term health conditions are potentially limiting the employee's ability to achieve the full scope of their job role, that reasonable adjustments are investigated and implemented where it is feasible to support the employee.

5.5 Monitoring

The number of Performance Appraisals and Personal Development Reviews undertaken will be reported on a monthly basis through the performance dashboards to all Care Group Managers.

A quarterly review will be undertaken of the Employee feedback results in order to monitor the quality of the appraisal experience.

5.6 Documentation

The Annual Performance Appraisal and Personal Development Review will be recorded using the Trust's Appraisal Documentation; a copy of which is submitted to the Workforce Team via e mail plh-tr.HR-appraisal@nhs.net. Hard copies should be held within the "working personal file" of the employee as well as being held by the appraisee.

5.7 Training.

The Organisational Development Team will provide training to support appraisers to conduct effective appraisal and development review meetings.

6 Overall Responsibility for the Document

6.1 Document Development Process

As the author, the Organisational Development Facilitator is responsible for developing the policy and for ensuring stakeholders are consulted with. Advice was taken from the Equality and Diversity Lead and the Lead for Governance.

Draft copies will be circulated for comment before approval is sought from the relevant committees.

6.2 Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. An Equality Impact Assessment Screening has been undertaken and there are no adverse impacts (See Appendix 3).

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Policy Group and ratified by the Director of HR and OD. Non-significant amendments to this document may be made, under delegated authority from the Director of HR and OD, by the nominated author. These must be ratified by the Director of HR and OD and should be reported, retrospectively, to the approving HR and OD Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of HR and OD

9 Monitoring Compliance and Effectiveness

9.1 Standards/Key Performance Indicators.

This policy is specifically related to Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; This requires that persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

9.2 Process for Monitoring Compliance and Effectiveness

The Learning and Organisational Development Team will undertake an annual audit of the processes specified in this policy.

Additionally, the NHS National Staff Survey, will be reviewed on an annual basis, and the local FFT surveys will be analysed on a quarterly basis by the HR and OD Department to identify trends that relate to this policy. Key trends will be communicated to the Care Group and Corporate Leads and recommendations will be adopted as part of the ongoing staff survey action plan.

- Care Quality Commission (2014). Essential Standards of Quality and Safety. London: CQC.
- CIPD - Policies & Procedures for People Managers.
- NHS Staff Council, (2010). Appraisals and KSF made simple – a practical guide. London: HMSO.

Plymouth Hospitals Trust Appraisal Form	
Name of Appraisee:	Job Title:
Name of Appraiser:	Department /Service Line:
Date of (this) appraisal:	Date of last appraisal:

The questions listed are designed to support the appraisal conversation but are only suggestions and do not need to be answered directly. Please refer to the [Guidance Note](#) for each section of the form should you have any questions.

The past 12 months – How things have gone....

How has this year been? This has happened through... What has stood out for me is... What has really helped is... What I have learnt is... It would have been even better if... My thoughts on last year's objectives/ goals...	<p style="font-size: 2em; color: #ccc; opacity: 0.5;">Put Patients First</p> <p style="font-size: 2em; color: #ccc; opacity: 0.5;">Take Ownership</p> <p style="font-size: 2em; color: #ccc; opacity: 0.5;">Respect Others</p> <p style="font-size: 2em; color: #ccc; opacity: 0.5;">Be Positive</p> <p style="font-size: 2em; color: #ccc; opacity: 0.5;">Listen, Learn & Improve</p>
---	--

The Next 12 Months- What we would like to achieve this year/ Our agreed objectives... (not training related, this will be covered in the PDP.)

If you are stuck for ideas when setting these please refer to the Guidance Notes for some examples

Objectives/Goals/Outcome/ Key Tasks	Date to be completed by

Personal Development Plan - what development would help me in the coming year

Development I need is...	And I will do this through/ by... (activity)	Support I need to do this...

Health & Wellbeing – What helps my personal health & wellbeing

I look forward to coming to work most when... I feel most under pressure when... What would help me is...	
---	--

Looking to the Future – My thoughts beyond the next 12 months

What I would like for the future... The support I need to achieve this is... The next step for me is... I will be ready for this when...	
---	--

Closing Comments

Appraisee Signature		Date	
Appraiser Signature		Date	

Please email plh-tr.HR-appraisal@nhs.net to confirm the appraisal has taken place and whether the appraisal covers more than one assignment. Please also submit a scanned copy of this document to the same email address.

Dissemination Plan			
Document Title	Performance Appraisal and Personal Development Review Policy		
Date Finalised			
Previous Documents			
Action to retrieve old copies	None		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All staff	December 2016	Email	Document Control
All staff	December 2016	Vital Signs	HR and OD
JSNC	December 2016	Verbal Briefing and presentation of paper.	HR and OD

Review Checklist		
Title	Is the title clear and unambiguous?	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	
	Does the style & format comply?	
Rationale	Are reasons for development of the document stated?	
Development Process	Is the method described in brief?	
	Are people involved in the development identified?	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	
	Is there evidence of consultation with stakeholders and users?	
Content	Is the objective of the document clear?	
	Is the target population clear and unambiguous?	
	Are the intended outcomes described?	
	Are the statements clear and unambiguous?	
Evidence Base	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
Approval	Does the document identify which committee/group will review it?	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	
	Does the plan include the necessary training/support to ensure compliance?	
Document Control	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
Monitoring Compliance &	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	

Effectiveness	Is there a plan to review or audit compliance with the document?	
Review Date	Is the review date identified?	
	Is the frequency of review identified? If so is it acceptable?	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

Core Information	
Date	November 2016
Title	Performance Appraisal and Personal Development Review
What are the aims, objectives & projected outcomes?	<p>The Trust is responsible through the Clinical Governance framework for continuing to improve the quality of our services and upholding high standards of care. Alongside training and other staff support, supervision is an important way of achieving this.</p> <p>The document aims to provide a framework of core principles and minimum standards for supervision. These apply to all employees of the organisation, including administration staff, managers and temporary staff (bank and volunteer staff), working in the Trust.</p> <p>This policy provides line managers, staff and clinicians with a clear understanding of their responsibility for giving and receiving a Performance Appraisal and Personal Development Review</p> <p>The framework ensures that Trust’s Performance Appraisal and Personal Development Review policy meets the requirements of the NHS Litigation Authority and supports our statutory duties as set out in the NHS Constitution. It gives a consistent approach across the whole organisation and ensures best practice.</p> <p>The policy applies to all Agenda for Change Trust staff. Implementation of this policy will:</p> <ul style="list-style-type: none"> • Enhance positive outcomes for people who use our services. • Increase employee perception of organisational support and improve commitment to our Vision and Values. • Encourage continuous professional and career development. • Safeguard standards of practice. • Ensure that health and well-being at work issues are addressed.
Scope of the assessment	
<p>All protected characteristics have been considered when developing the policy. Beneficiaries/stakeholders of this policy include all of the workforce. The policy and EIA has been developed by: Organisational Development</p> <p>Workforce monitoring and analysis will be undertaken to ensure compliance with legislative requirements and to meet CQC requirements.</p>	
Collecting data	
Race	<p>There is no evidence to suggest there is a disproportionate impact on race. Workforce data is currently monitored and analysed so that areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.</p>
Religion	<p>There is no evidence to suggest that there is a disproportionate impact on religion. Workforce data is currently monitored and analysed so that areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.</p>

Disability	There is no evidence to suggest that there is a disproportionate impact on disability. Workforce data is currently monitored and analysed so that areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Sex	There is no evidence to suggest that there is a disproportionate impact on sex. Workforce data is currently monitored and analysed so that areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Gender Identity	There is currently no data collected for this area. However, this will be monitored via feedback collected from staff.
Sexual Orientation	There is no evidence to suggest that there is a disproportionate impact on sexual orientation. Workforce data is currently monitored and analysed so that areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Age	There is no evidence to suggest that there is a disproportionate impact on age. Workforce data is currently monitored and analysed so that areas of concern will be addressed through appropriate action plans. Data from workforce surveys, complaints and service user surveys will be monitored and analysed as required.
Socio-Economic	There is currently no data collected for this area. However, this will be monitored via feedback collected from staff.
Human Rights	There is no evidence to suggest there is a disproportionate impact on Human Rights.
What are the overall trends/patterns in the above data?	There are currently no trends or patterns in the data that is produced. Workforce and service data is currently monitored, analysed and published on the Trust website, although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans. Data from complaints and service user surveys will be monitored and analysed as required.

Involving and consulting stakeholders	
Specific issues and data gaps that may need to be addressed through consultation or further research	Analysis of workforce and service user data needs to be undertaken on a quarterly basis or more often as required

Internal involvement and consultation	Internal consultation and involvement was undertaken via email and various forums Committees HR & OD Committee Workforce Side Consultation Group Policy Sub Group JSNC Management Consultation Group Associate Director of Workforce & Organisational Development Organisational Development Facilitators HR Business Partners HR Manager, Occupational Health & Wellbeing Managers Information Governance Team			
External involvement and consultation	None required			
Impact Assessment				
Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update