

Property of Primary Care 24: Uncontrolled copy when printed Not to be used without the permission of the Board of Primary Care 24

Appraisal Policy

Version	v5
Supersedes:	v4
Date Ratified by Board:	
Reference Number:	PC24POL16
Title & Department of originator:	Human Resources
Title of responsible	Quality & Workforce Committee
committee/department:	
Effective Date:	May 2021
Next Review date:	May 2024
Target audience:	All Non-Medical Staff
Impact Assessment Date:	12.01.2017
Summary	This policy is designed to explain the Appraisal process for all PC24 staff and managers, as well as the reasons for having regular appraisals.

Version	Date	Control Reason	Title of Accountable Person for this Version
v3	21.02.2018	Update policy, provide user guides and simplify form	ADofHR
v4	24.10.2020	Change title UC24 to PC24, Policy put into new template, sections 5 & 6 removed from policy as they are contained in guidance documents, updated section 10 relevant legislation and appendices 2, 3 & 4 removed from policy and available as guidance document	HR Manager
v5	22.2.2021	Updated to include equality objective setting	HR Manager
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies



	PC24 Intranet	Policy File
		Wavertree
		Headquarters
Consultation:	Date	
Committees / Groups / Indi		
Quality & Workforce Comm	May 2021	

• Contents

1.0	PURPOSE	4
2.0	SCOPE OF THE POLICY	4
3.0	RESPONSIBILITIES	5
4.0	POLICY PROCEDURES	7
5.0	GETTING HELP	8
6.0	RELATED POLICIES	9
7.0	MONITORING COMPLIANCE	9
8.0	INFORMATION, INSTRUCTION AND TRAINING	9
9.0	EQUALITY AND HEALTH INEQUALITIES	10
10.0	MAIN REFERENCES	10



1.0 PURPOSE

The purpose of this policy is to set out the expectations and requirements of Primary Care 24 (PC24) for the staff covered in the scope of the policy. The importance of every staff member receiving a quality annual appraisal is based on the following:

- 1.1 The delivery of high-quality patient care critically depends on every team member:
- Having a clear understanding of their role and the part they play in their team and Organisation;
- Having an agreed set of priorities and objectives linked to Organisational strategic objectives and equality objectives, values and behaviours;
- Possessing and applying the knowledge skills and attitudes they need to perform that role effectively and to achieve their objectives.
- 1.2 Effective performance management and staff development contributes directly to improved patient outcomes; regulators such as the Care Quality Commission regard it as essential to ensure that Performance and Development reviews take place annually for all staff.
- 1.3 There is a legal requirement to promote equality by the provision of development opportunities for all staff.
- 1.4 An effective policy is essential to ensure staff and managers are given clear guidance on how to carry out quality appraisals.

2.0 SCOPE OF THE POLICY

This policy applies to all non-medical permanent staff. Medical staff complete appraisal as part of their revalidation. For Temporary workers, please refer to the Temporary Workers' Policy.

3.0 RESPONSIBILITIES

- 3.1 Responsibilities of each member of staff (the appraisee)
 - To ensure their appraisal is completed annually.
 - To participate fully in the appraisal process.
 - To take responsibility for their own appraisal through preparation, contribution and objective setting.
 - To proactively achieve their objectives and personal development plan.
- 3.2 Responsibilities of Managers (the appraiser)
 - Ensure that each member of staff has an individual appraisal at least once every 12 months.
 - Ensure that each member of staff has an up to date job description / person specification.
 - Ensure 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 update the workforce system of the date of when an appraisal discussion has taken place so that the staff member's electronic staff record is accurate.
 - To ensure that PC24's formal appraisal documentation is completed, copy is stored in the staff member's personal file and a copy is provided to the staff member.
 - To meet regularly with direct reports either individually and/or as a team in between appraisal meetings.
 - To collate personal development requirements for their team and providing them to HR for commissioning relevant training.
 - Managers must ensure that all colleagues have an objective related to equality, diversity and inclusion.



- All line managers must have an objective related to Health and Wellbeing in relation for their staff team in their appraisal. Further information can be found in the associated guidance document.
- All line managers must have an objective related to promoting equality, diversity and inclusion in relation to their team and service in their appraisal. Further information can be found in the associated guidance document.

3.3 Human Resources Department is responsible for:

- Providing appraisal advice, support and training to managers.
- Helping managers to identify and overcome the barriers which prevent appraisal taking place.
- Providing appraisal compliance reports at an organisation and SDU wide level.
- Collating team development requirements for the organisation and commissioning relevant training to support plans.
- Writing and maintaining the Appraisal Policy.
- Equality monitoring the completion of PDR's and the provision of development opportunities.

3.4 Executives and Senior Managers

- The Chief Executive is accountable to the Board for ensuring that PC24 is compliant with PC24 appraisal targets.
- 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 PC24 appraisal target.
- Within their agreed area of responsibility, Senior Managers are responsible for ensuring objectives are aligned to the strategic goals and equality objectives and appraisals are completed in accordance with the



target compliance rates and for ensuring that appraisals deal fairly with any equality issues.

4.0 POLICY PROCEDURES

- 4.1 Appraisals for employees will take place on an annual basis, within 3 months of commencing in the organisation and will form part of the interim probationary period. Line managers will however speak to staff during that time and throughout the year about their role and performance both formally and informally as appropriate. The end of year discussion will effectively be a summary of these discussions based on a final view of the whole year and looking forward to the next.
- 4.2 The staff member's Line Manager will carry out individual appraisals. In exceptional circumstances another manager may conduct the appraisal meeting – for example if a need arises through staff movement or sickness.
- 4.3 Where an employee holds more than one job in PC24 the managers will agree who will hold the appraisal meeting. The manager holding the meeting is responsible for gathering feedback from the other line manager(s) in good time for the appraisal meeting.
- 4.4 At least two weeks before the appraisal the appraiser should inform the employee that the appraisal is due. Employees are to be given the appraisal form (see appendix 1) and guidance document for them to refer to in order that they will be well prepared for the discussion. Employees may make notes on this form if they wish but must be sufficiently prepared to be able to talk through the questions on the day. Only send the relevant pages to the appraisee. Corporate staff do not need to complete pages on revalidation etc.
- 4.5 All appraisal meetings should take place in private with no interruptions.



- 4.6 The final agreed version of the appraisal form will be signed off within two weeks of the appraisal taking place.
- 4.7 Two signed copies of the final appraisal form should be made one copy should be given to the staff member with one copy stored in the employee's personal file.
- 4.8 The completed appraisal form and development plan should be viewed as working documents and should be continually referred to and reviewed throughout the year.
- 4.9 If the member of staff is unhappy with any aspect of the appraisal process they should discuss their concerns with their Line Manager. If after the discussion the member of staff remains unhappy with the appraisal then concerns may be raised with the appraiser's own Line Manager. A note recording the concerns of the member of staff, together with any comments from the appraiser and the reviewing Line Manager will be attached to the appraisal form at the request of the member of staff. The reviewing Line Manager will decide whether any change is needed.
- 4.10 The Manager will collate individual development plans into a team development plan and submit to HR Services. HR Services will collate the team plans and commission relevant training from the Learning and Development budget.

5.0 GETTING HELP

If you need assistance with the process or how to complete a quality appraisal, contact a member of the HR team who will provide information or direct you to training.

A separate guidance document on how to prepare for an appraisal and setting SMART objectives is available on the PC24 Intranet



6.0 RELATED POLICIES

Temporary Workers' Policy
Recruitment and Selection Policy
Capability Policy
Equality and Inclusion Policy

7.0 MONITORING COMPLIANCE

- Appraisal compliance rates are reported monthly at a SDU level and PC24 wide level.
- The Leadership Team is responsible for monitoring compliance with the organisations appraisal target
- Equality monitoring of the completion of appraisals and the provision of development opportunities will be included in the annual workforce equality monitoring report.
- The relevant Executive is accountable for improving appraisal compliance rates to meet the organisations 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 Disciplinary Policy.
- The Board via the Quality & Workforce Committee is assured of appraisal compliance through the performance monitoring process. The appraisal rate is a key performance indicator.
- The Quality & Workforce Committee receives a monthly performance reports which include the organisation's appraisal rate against the target appraisal rate.

8.0 INFORMATION, INSTRUCTION AND TRAINING

There is no specific training required for this policy. All staff may find attendance at Appraisal Training helpful.



9.0 EQUALITY AND HEALTH INEQUALITIES

PC24 is committed to an environment that promotes equality and embraces diversity, equallity and inclusion in its performance as an employer and service provider. It will adhere to legal and performance requirements and will maintain equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

10.0 MAIN REFERENCES

Below is a list of the relevant statutory provisions which influence Primary Care 24's operation in relation to the policy/procedure:

Equality Act 2010.

Health & Social Care Act 2012.

Data Protection Act 2018.



Staff Appraisal Record

Name		signed		Date	
Manager's Name		Signed		Date	
Performance Rating Please circle appropriate Box	Objectives Met and exceeded	Objectives Met and Satisfactory	Objectives Not Met	If not met, date made for recovery plan discussion	
Mandatory Training completed	Y/N	If no, action plan agreed for recovery	Working Time Directive Opt Out Form Signed? Yes No Not Applicable		
PDP Agreed	Y/N	If no, date agreed for review	Date of six month review		
For Clinical Staff Revalidation and registration up to date	Y/N	Renewal Date	Date of next appraisal		

To be completed and electronic copy sent to the Training team for updating records



Conversation Summary

Summarise the discussion of the previous year including:

Achievements/ Reasons to be proud

Barriers to achievements/ what could be better

Feedback – appraiser and appraisee

Reasons for performance rating

Any other information



Objectives

Between 3-5 SMART objectives

Objectives (Specific)	What will have changed (measurable)	What support is required/input from others (achievable)	How will the service benefit (Relevant)	Completion Date (Timebound). Some objectives will run over more than one appraisal period	Any additional comments
HWB*					

^{*}All staff should have a mental or physical HWB objective. Managers may have one for their team



Personal Development Plan

No additional training will be agreed unless mandatory training is up to date
Priority

High – mandatory (corporate or requirement for role)

Medium – important to service development

Low – beneficial for individual development, useful for service development

Please indicate if study leave/ funding has been agreed. See Study leave policy

Please consider non-funded training and development opportunities (see additional information in guidance notes)

Insert rows under Development Need as required

Development Need	Expected date of completion	Priority	Study Leave	Funding
Mandatory Training				

All 3 documents to be completed, scanned for filing in personal file and copy given to appraisee

Appendix 1



Notes:

Please use this space to record any notes you would like to make in preparation for your appraisal. They are for your reference and do not form part of the appraisal documents