

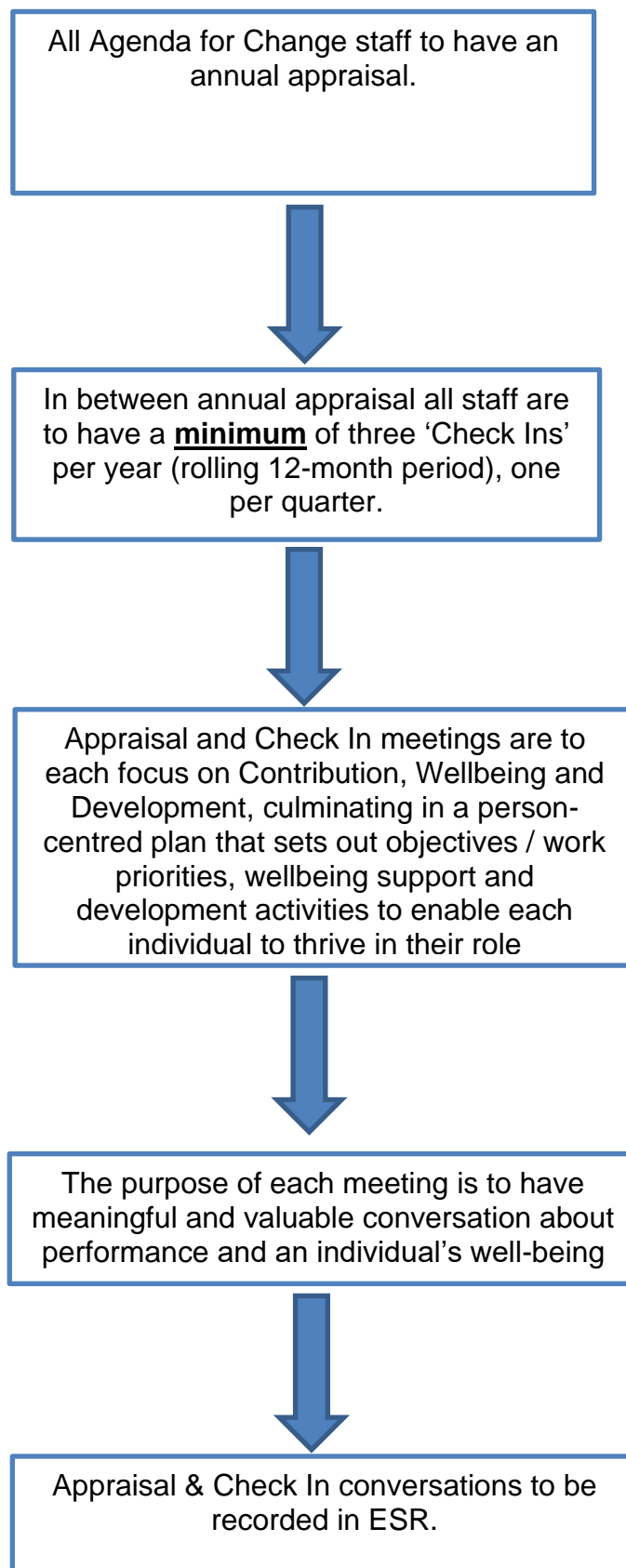
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Appraisal and Check In Policy

Version: 4

Author(s) Name:	Chris Lloyd	Author(s) Designation:	Leadership & Organisational Development Practitioner
Author(s) Dept	Organisational Development – HR/OD		
Co-Author(s) Name:	Hayley Rigby	Co-Author(s) Designation:	Associate Director of Organisational Development
Co-Author(s) Dept	Organisational Development – HR/OD		
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Quick View of Appraisal and Check In Process



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1 Introduction & Purpose

Wirral University Teaching Hospital NHS Foundation Trust (thereafter referred to as the Trust) is committed to providing the right workplace conditions and appropriate levels of support for every member of staff to perform at their best. This recognises the importance of providing clear direction, stretching and rewarding work, supporting people to remain well in work and having access to timely development.

A flexible and person-centred approach to people performance, wellbeing, and development in the context of supporting the organisation to achieve its goals, anticipates greater staff engagement and value being gained from a quality people performance processes.

Furthermore, the Appraisal and Management Supervision (referred to as Check Ins from this point forward) process recognises people's contribution and provides opportunity for people to further their professional potential if desired. The process also ensures development is still undertaken, irrespective of progression desires, so people remain competent in their current roles and equipped to deal with changes to service delivery.

The Trust Appraisal and Check In meetings are formal and scheduled moments in time, during which focussed and meaningful conversation about an individual's performance can take place.

1.1 Expectations

The Trust is dedicated to supporting staff to be the best that they can be by enabling them to contribute to high quality, safe care. To provide this, it is important that every member of staff:

- Has a clear understanding of their role, delivery expectations and how they contribute to both the team and the organisation objectives and priorities as a whole.
- Has mutually agreed objectives / work priorities and possesses the capability (capacity, competence and confidence) necessary to carry these out effectively.
- Is supported by their manager to have regular check ins and an annual appraisal that focuses upon achievement of their objectives / work priorities.
- Is supported to access necessary development to fulfil the parameters of their job description and to achieve their objectives / work priorities.
- Is enabled to access wellbeing support and initiatives to support them in maintaining their own wellbeing whilst performing in their role.
- Has access to clinical, restorative and safeguarding supervision appropriate to their clinical role (if applicable) and/ or access to other developmental conversations to support them to be the best they can be.
- Has an up-to-date Job Description and Person Specification.

This policy refers to appraisal and check in requirements that are applicable to all people employed via Agenda for Change Terms and Conditions.

This policy identifies the minimum standards which are expected to carry out regular and meaningful check in and annual appraisal conversations. The Trust has provided

recommended paperwork for both check ins and appraisals conversations; check ins and appraisal must be recorded within ESR. The key to a quality appraisal and/ or check is collaborative, open, honest and meaningful conversation about an individual's contribution (performance) wellbeing and development.

The Trust recognise that an individual's contribution goes beyond how they fulfil the parameters of the job description but is also how they engage with their team and organisation behaviourally, to shape plans and support quality improvement. The Trust is committed to providing people with access to development opportunities and wellbeing support to enable their contribution to be the best it can be within a person-centred approach. There is a wealth of evidence that an effective appraisal process with consistent supervision contributes directly to improved outcomes of the service (West and Borril, 2003).

The Trust recognises that the healthcare landscape creates fast paced and dynamic working environments; objectives and requirements for support do not occur annually and instead require more regular attention. It is important for staff to be supported through regular check in meetings linked to an annual appraisal which together allow time and space for individuals to have scheduled and high-quality conversations with their reviewer (usually their line manager/ supervisor) about their contribution, wellbeing and development.

Therefore, all people employed by the Trust are required to have check ins and an appraisal. Clinical Practitioners are also required to have clinical supervision as part of their ongoing professional registration. They should refer to the Clinical Supervision Policy for further details [here](#).

1.2 Scope

This policy applies to all employees of the Trust employed on Agenda for Change Terms and Conditions. This excludes medical and dental staff, bank staff and non-executive directors who work to a separate competency and appraisal process underpinned by their T&Cs and Trust policy. In the case of volunteers, guidance can be sought form Policy Reference: 089 - Voluntary Services Policy and Procedure.

2 Definitions

All staff	For the purposes of this policy all staff within the scope outlined in section 3 of this policy includes all individuals directly employed by and working within the Trust on a permanent, fixed term, rotational or temporary contract of greater than 8 weeks duration.
Appraisal	An appraisal is a performance meeting between the Reviewer and Reviewee Appraiser and Appraisee at least annually. Completion of/ progress towards objectives are discussed along with contribution, well-being and development. Agreement of objectives for the future 12 months will also occur.

Career-Development	Some staff, not all, may wish to develop into more senior roles. Conversations and pathways supporting this is referred to as career development.
Chek In	The term used by WUTH to describe a management supervision/ 1:1 meeting. This does not refer to, nor include clinical supervision meetings.
Contribution	Contribution is centred around a person's role, their impact upon patients, service users, colleagues across the Trust and wider system. Discussion is to reflect upon the difference a person makes, through their knowledge, skills and behaviour. This includes achievement of any specific work priorities or objective.
Development	This is about people's growth, being supported, remaining competent in role and behaviourally aligned with the Trust values. This is separate to career development.
Electronic Staff Record (ESR)	This is the Electronic Staff Record. All appraisal and check in meetings, once complete, are to be recorded on ESR.
Objectives	This is a target or standard agreed between appraiser and appraisee related to the individual's role. It is set out as an objective and should be written in a SMART format. Stretching, Specific, Measurable, Achievable, Relevant, Timed
Reviewee	The individual whose appraisal or check in meeting it is.
Reviewer	The person undertaking the Appraisal and / or Check In meeting (usually the reviewee's line manager or appropriate delegated person)
Well-Being	This is supporting people to stay well in work, identifying opportunities and barriers, as well as exploring reasonable adjustments.

3 Duties & Responsibilities

The Board	The Trust Board has a responsibility to oversee the implementation of this policy and ensure that appropriate process and actions are in place to support a proactive approach to staff development and improved performance through effective use of the appraisal and check in process.
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Chief People Officer	The Chief People Officer is accountable for the introduction, operation and monitoring of this policy and subsequent processes.
Divisional Triumvirates and Heads of Service	Responsible for overseeing implementation of this policy across their portfolio, including responsibility for monitoring performance and addressing under performance in terms of skills and/ or behavioural.
Workforce Steering Board	Responsible for the approval and performance management of this policy and for reviewing and ratifying changes to this policy based on recommendations submissions for improvement.
Line Managers	<ul style="list-style-type: none"> • Ensure they fulfil the requirements set out in this policy. • All managers are responsible for supporting staff's contribution, wellbeing & development which includes enabling quality appraisal and check in sessions. • Ensure that people not meeting agreed targets are supported and appropriate management strategies are effectively and appropriately in place. • Provide an environment in which staff can be open and honest. • Provide appraisals and check in sessions within the required timeframe. • Prepare for appraisal and check ins in advance of meetings, and role model best practice. • Enable people to prepare for appraisal and check in sessions in advance of meetings. • Ensure that all staff members' objectives are aligned with the service and Trust's objectives and priorities. • Ensure appraisal and check in sessions are recorded within staff's record on ESR within the timeframe set out in the policy. • Support individuals in accessing agreed wellbeing and development support. • Ensure appraisal and check in templates are accurately completed following meetings and copies are retained by both parties. • Gain the confidence and competence to lead a quality conversation with people, accessing development as required.

Staff	<ul style="list-style-type: none"> • Understand the content of the policy and what is expected of them • Prepare in advance for their appraisal and check in meetings with reflection against personal contribution, wellbeing and development. • Engage in performance related discussions as a collaborative partner with their reviewer • Successfully achieve the objectives / work priorities identified within appraisal, escalating to line manager when objectives are at risk of not being achieved at the earliest opportunity • Access development and wellbeing support available to support successful completion of objectives / work priorities and the full parameters of the job role • Discuss progress and identify any issues or constraints with line manager during check in sessions
Employment Service Team	<ul style="list-style-type: none"> • Ensure ESR parameters in relation to reporting appraisal and check in compliance are accurate. Liaising with the national ESR team to resolve any identified anomalies. • Report appraisal and check in compliance rates as per management reporting process on monthly basis • Present performance data to Workforce Steering Board, People Committee and Trust Board periodically in line with workforce reporting cycle.
Organisational Development Team	<ul style="list-style-type: none"> • Oversee Trust-wide implementation of the annual process; making quality improvements to process as per user feedback • Ensure appraisal and check in training and awareness sessions are available to access for all WUTH staff • Ensure that appraisal and check in training is integrated in the Leadership and Management training that is available for WUTH staff • Monitor Trust-wide appraisal and check in compliance, promoting good practice and highlighting areas for improvement • Implementation of the quality review process – working with management teams and to target training and development if trends of poor quality conversations are identified • Undertake annual review of Trust policy, process and support materials, using feedback to continuously improve experience for all staff

4 Appraisal and Check In

4.1 Requirements of Check Ins and Appraisal?

- All people employed by the Trust are required to undertake an annual appraisal to review their contribution (performance), wellbeing and development from the previous 12-month period. This is also an opportunity for staff and their Reviewer (usually their line manager) to look forward and agree objectives/ work priorities for the forthcoming year (and beyond) and to consider what development and / or wellbeing support would enable them to successfully achieve this.
- Within Agenda for Change, it states that: *“In assessing an individual’s performance, an organisation may consider not just whether the objectives have been achieved (or not) but how they have been achieved”*. The behaviour requirements of the job role should also be reviewed within both appraisal and check in conversations. The Trust regards behaviour as a fundamental factor in someone’s ability to fulfil their role. The Trust regards competence as Knowledge + Skills + Behaviour = competence.
- Staff and managers should refer to the guidance documents and templates developed for appraisal and check ins on the Trust intranet.
- All people with the scope of this policy are required to participate in check ins, as a minimum every 12 weeks.
- Check ins and appraisal must be undertaken between people employed by the Trust and their reviewer, to review their contribution and their progress on agreed work objectives. The supervision conversation should take into account any changes or new objectives / work priorities and any changes in expectations of role. Objectives / work priorities and subsequent personal investment plans are regarded as ‘live documents’ and should therefore be reviewed and updated throughout the year as required. In addition to contribution, wellbeing and development will be discussed.
- Conversation in both Appraisal and Check Ins will centre on:
 - **Contribution** – this relates to role, the impact a reviewee has on patients, service users, colleagues across the Trust and wider system. This explores the difference a person makes, through their knowledge, skills and behaviour. Specifically, this includes achievement/ progression of any agreed work priorities or objectives and behaviour when compared to the Trusts behavioural expectations as described within the Trust values.
 - **Wellbeing** – supporting people’s physical and mental health to help them remain well in work. This should include flexibility so that support is person centered and offers reasonable adjustments where required.
 - **Development** – offering timely support to remain competent in the role, safe and compliant in terms of mandatory and role specific training. Any discussion regarding progression and/ or career development is separate; although may also occur during an appraisal or check in.

4.2 Appraisal

Appraisal is an annual review of employee performance, supported by regular check ins over the last 12 month, creating an ongoing quality conversation process. It is also a formal step in agreeing objectives and areas for development for the future 12 months. All of this is achieved through meaningful discussion regarding an individuals Contribution, Wellbeing and Development.

4.3 Check In

A check in is the terminology used to replace formal management supervision. The check ins do not replace 1:1's or any regular engagement discussions a manager may have with their staff. Like an appraisal, a check considers an individual's performance through a conversation about their contribution, wellbeing and development. Check Ins should be a continuous process that occurs regularly throughout the reporting year in between scheduled appraisals. An already existing meeting may present itself as an opportunity for a check in, as long as contribution, wellbeing and development is discussed.

4.4 Frequency of Appraisals and Check In Meetings

All staff (within scope of this policy) will have:

- An annual appraisal. The date to be held will be influenced by the annual incremental date of the reviewee.
- A **minimum** of three check ins throughout the year. These should occur every quarter (3months / rolling 12-week period). The reviewee (individual) and reviewer (usually line manager) can agree to more frequent check ins if desired / required.

The process and expectations are largely the same for new staff and existing staff. Any specific differences between a new staff member and one in role for longer than 12 months are:

4.5 New Staff

Initial Check In – This should take place within the first 3 months of undertaking a new role, irrespective of whether or not they are new employee with the Trust. This is in support of local induction practice and is intended to offer an early formal intervention to determine how the individual is progressing, clarify the role and objectives along with competency required against the job description, Trust Core Values and expected behaviours to be demonstrated and plan for development.

Check In – A **minimum** of further two check in meetings are required during the reporting year for a new staff member.

Annual Appraisal – This should take place approximately 8 weeks before the end of the first year in post. The new member of staff is then into the annual appraisal cycle with annual appraisals scheduled in line with their annual incremental date.

4.6 Existing Staff

Check In – A minimum of three check in meetings are required per person in the reporting year for that individual.

Annual Appraisal Existing Staff - The appraisal meeting must be carried out annually. If the member of staff is approaching an incremental pay point, the appraisal should be undertaken approximately 8 weeks before this, so as to allow sufficient time for appropriate documentation to be completed.

If a member of staff is on sickness or maternity leave at the time of their appraisal or scheduled check in, then a revised date for the meeting should be agreed at their return-to-work interview. Please refer to Trust Policy 244 - Pay Progression for information regarding such circumstances.

There is no upper limit on the number of reviewee's a reviewer should hold appraisal and check in meetings with. However, consideration should be given to the impact on quality and workload a large number may have. It is reasonable therefore to devolve the responsibility to conduct reviews to other suitably trained people.

4.7 Minimum Standards of the Policy

All people employed by the Trust (subject to this policy – see section 1.1) must have an Appraisal every 12 months during which there will be an opportunity to reflect on achievement of objectives / work priorities and identify developmental and wellbeing support.

- Managers must ensure appraisals are conducted within the correct appraisal period – ref Section 2 for further details and are recorded within ESR within three working days of conversation taking place.
- All people employed by the Trust (subject to this policy – see section 2.0) must participate in check in quarterly as a minimum (outlined in section 4.4 of this policy). Check ins must be recorded within ESR within three working days of conversation taking place.
- Any people (subject to this policy – see section 2.0) joining the Trust / changing roles can expect to have an extended check in within 3-months of their start date if their Appraisal is not due within this time period. In this circumstance the check in would likely include agreement of objectives/ work priorities.
- Managers are responsible for ensuring Appraisal and Check Ins are recorded within ESR within three working days after each meeting.
- Managers and people employed are responsible for preparing for and agreeing dates for the annual appraisal and management supervision sessions in order to ensure a quality conversation takes place and clear actions / support are identified and recorded.
- Appraisal and Management supervision objectives / work priorities, development and wellbeing support should be recorded and agreed (signed off) using the templates provided ensuring both parties' commitment to the plan.
- Wherever possible, there should be 'no surprises' however this is of particular relevance to an Appraisal conversation where concerns raised regarding people's performance or conduct should not be discussed for the first time.
- Check in sessions are the appropriate place to review concerns raised regarding people's performance / conduct; however, managers should discuss these concerns as they occur and not wait until a management supervision meeting to raise it.

NOTE: Managers should refer to the Supporting Performance Policy Capability when dealing with matters of concern regarding a person's performance or adherence to a professional code of practice.

- The process of appraisal and check ins must not replace regular manager and employee exchanges.
- For members of staff who have multiple assignments within the Trust it is both managers' responsibility to ensure that the employee receives an appraisal. If the job roles are similar, it's recommended that the primary (determined by proportion of hours) manager conducts the appraisal. The secondary manager should provide input into the Appraisal conversation via primary manager. However, in some (rare) cases individuals perform two different roles for the Trust and are therefore required to have two separate appraisals. For further details please contact your local HR colleague

Successful completion of appraisal and meeting the minimum requirements in undertaking check ins contribute to an individual's eligibility for incremental pay progression. For further details as to the full requirements refer to Pay Progression Policy [Click Here](#).

4.8 Appraisal and Check In Compliance Reports

Appraisal and check ins must be recorded within staff records within ESR as this informs both compliance reporting and will contribute to incremental pay increase.

Compliance reports are produced and circulated to managers each month and reported periodically via Workforce Steering Board through to People Committee and Trust Board. Managers will be required to monitor and respond to compliance rates escalating concerns to the relevant service/ divisional leaders at Divisional Performance Review meetings.

4.9 Appraisal Reporting Exceptions

For appraisals, there are circumstances in which individuals can be given up to 3-months following return to the workplace to re-settle / adjust back into a working routine before being required to undertake an appraisal. However, individuals should expect to have protected time to meet with their line manager/ supervisor/ reviewer (if this is a different person) to check in and aid their transition back into the workplace.

The exceptions from compliance reports for appraisals as follows:

The exceptions from compliance reports for appraisals as follows: Appraisal Exception Criteria	Required to have appraisal
Long term sick (90+ days absent)	3 months after last day of absence
Maternity/Paternity/Adoption	3 months after last day of absence

Other Assignment status including: Out on External Secondment – Paid Out on External Secondment – Unpaid Career Break Suspend No Pay Suspend With Pay Inactive Not Worked	3 months after last day of absence
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4.10 Recording of Appraisal and Supervision

Line Managers are responsible for recording the date of the appraisal and check in sessions in ESR. Recording should take place within three working days of the conversation taking place.

Clinical Practitioners are responsible for recording clinical, restorative and safeguarding supervision in their professional portfolio in line with the Clinical Supervision policy.

Recording check in sessions are to be completed as soon after the meeting as possible, but within no more than three working days to ensure that appraisal and check in accurately reflects activity and individuals can successfully pass-through pay step gateways.

Templates for appraisal and check in conversations can be found on the Trust intranet site together with guidance. Documents are designed to facilitate a quality discussion and record key information.

Appraisal and check in records should be retained by both manager and member of staff to support them to keeping track of what was discussed, actions agreed and to support preparation for following meetings.

4.11 Quality Appraisal and Supervision

The Organisational Development team will be responsible for the quality assurance of this policy. Feedback will be sought and used to improve the quality of process (templates, recording etc) and to monitor the quality of experience for staff.

The data gathered will be used to feedback to Divisions and Workforce Steering Board along-side compliance data to provide assurance that staff are having quality conversations and the process is meaningful. In addition, it will be used to better target appraisal / check in training to ensure all staff have a quality experience.

5 References

CQC Standards Care Quality Commission Standards for Acute Trusts
Leadership Qualities Framework
NHS People Promise
NHS Employers NHS Terms and Conditions of Service Handbook
<https://www.nhsemployers.org/tchandbook>
2022 Staff Survey results for WUTH

Equality Analysis

The Equality Analysis (EA) form should be completed in the following circumstances:

- All new policies
- All policies subject to renewal
- Business cases submitted for approval to hospital management impacting on service users or staff
- Papers submitted to hospital management detailing service redesign/reviews impacting on service users or staff
- Papers submitted to Board of Directors for approval that have any impact on service users or staff

Title	Appraisal and Check In Policy			
Policy Reference				
Lead Assessor	Sharon Landrum, Workforce Engagement and Inclusion Lead			
Date Completed	05/12/2023			
What groups have you consulted with? Include details of involvement in the EA process	Staff in area concerned	<input type="checkbox"/>	Staff side colleagues	<input type="checkbox"/>
	Service users	<input type="checkbox"/>	HR	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Please Give Details Completed initially as part of the policy development and reviewed by Sharon Landrum. To be reviewed by staff side and HR colleagues and then the wider Trust as part of the policy consultation process.			
What is being assessed? Please provide a brief description and overview of the aims and objectives				
Review and refresh of the Trust appraisal policy, bringing in line, management supervision (check in) meetings.				
Who will be affected (Staff, patients, wider community?)				
All staff on Agenda for Change Terms and Conditions				

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations

Section 1 should be completed to analyse whether any aspect of your proposal/document has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed overleaf.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

For further support with this, please refer to the Library and Knowledge Service accessible via the Trust's intranet site or switchboard.

Section 1 – Initial analysis

What is the impact on the equality groups below?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> • Advance equality of opportunity • Foster good relations between different groups • Address explicit needs of equality target groups 	<ul style="list-style-type: none"> • Unlawful discrimination, harassment and victimisation • Failure to address explicit needs of equality target groups 	<ul style="list-style-type: none"> • It is quite acceptable for the assessment to come out as Neutral impact • Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Group	Any potential impact? Positive, negative or neutral	Comments / Evidence (For any positive or negative impact please provide a short commentary on how you have reached this conclusion)
Disability (inc physical and mental impairments)	Positive	<p>The policy seeks to highlight the process and support available for all staff irrespective of characteristic. This policy also links to the Supporting Performance policy where underperformance exists and therefore provides additional support and guidance</p> <p>The policy highlights the process to follow if someone may miss their appraisal date due to being off on long term sick leave. The policy also advises staff to discuss individual needs with line management so as to further support with the process. Health and Wellbeing conversations have been brought in line with this policy, therefore providing increased opportunity for conversations of this type.</p>
Age	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic. No negative impacting factors identified.
Race (all ethnic groups)	Neutral	<p>The policy seeks to highlight the process and support available for all staff irrespective of characteristic. No negative impacting factors identified.</p> <p>Consideration should also be given to potential circumstances where individuals may feel uncomfortable sharing personal circumstances or seeking support from individuals of a different gender / cultural</p>

		background / language etc Additional signposting routes may need to be considered including links to staff networks or community organisations. Details contained within supporting guidance documentation.
Religion or belief	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic. No negative impacting factors identified. Consideration should be given to the multifaith support that may be needed / wanted, with signposting to our Chaplaincy and spiritual care team and multicultural network if needed. Details contained within supporting guidance documentation.
Sexual Orientation	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic. Consideration should be given to safe spaces for disclosure of wellbeing support needed / wanted, with signposting to our diversity and inclusion webpages / Rainbow alliance network and community organisations if needed. Details contained within supporting guidance documentation.
Pregnancy & Maternity	Positive	The policy seeks to highlight the process and support available for all staff irrespective of characteristic. The policy highlights the process to follow if someone may miss their appraisal date due to pregnancy or maternity.
Gender	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic. Consideration should also be given to potential circumstances where individuals may feel uncomfortable sharing personal circumstances or

		seeking support from individuals of a different gender / cultural background / language etc Additional signposting routes may need to be considered including links to staff networks or community organisations. Details contained within supporting guidance documentation.
Gender Re-assignment	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic. Consideration should be given to safe spaces for disclosure of wellbeing support needed / wanted, with signposting to our diversity and inclusion webpages / Rainbow alliance network and community organisations if needed. Details contained within supporting guidance documentation.
Human Rights	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic.
Other e.g. Carers	Neutral	The policy seeks to highlight the process and support available for all staff irrespective of characteristic.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/policy document detailing what the negative impact is and what changes have been made.

If you have identified any **negative** impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

In all cases - you should submit this document with your paper and / or policy in accordance with the governance structure with copies to wih-tr.EqualityWUTH@nhs.net for monitoring purposes.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

Who and how have you engaged to gather evidence to complete your full analysis? (List)	
Name & Job Title	Name & Job Title
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the risk register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper and or policy in accordance with the governance structure.

You should also send a copy of this document to wih.tr.equalityWUTH@nhs.net for monitoring purposes.

Consultation, Communication and Implementation

Consultation Required	Authorised By	Date Authorised	Comments
Equality Analysis	Sharon Landrum	5/12/2013	This document is embedded within the Policy template
Policy Author Checklist	Chris Lloyd	25/01/2024	
Other Stakeholders / Groups Consulted as Part of Current Version Development	HR/ Partnership Steering Group/ Workforce Steering Board		
Trust Staff Consultation via Intranet	To be completed by the Governance Support Unit (GSU)		

Date notice posted in the News Bulletin.	N/A	Date notice posted on the intranet	To be completed by the GSU
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Describe the Implementation Plan for the Policy / Procedure (Considerations include; launch event, awareness sessions, communication / training via DMTs and other management structures, etc)	By Whom will this be Delivered?
Communication Plan will include, Intranet, Management Meetings, All new starters will be made aware of this policy at Corporate Induction. The policy will be made available on the intranet	HR&OD to lead the communication Plan. Divisional and Line managers responsible for ensuring that all existing staff are made aware of revised Policy.

Version History

Date	Ver	Author Name and Designation	Summary of Main Changes
April 2010	1	Catherine McKeown, Principal OD Manager, Development Lucia Clarke, Pay and Benefits Manager	Merged Appraisal and Payband Gateway Management Policies from 2005. Review Documentation removed. Updates in line with key performance indicators linked to mandatory training and corporate and local induction policies and requirements for compliance monitoring.
May 2013	1.1	Sharon Landrum, Senior Learning and Development Officer	Minor amendments to reflect changes to the Trust's Governance Structure
September 2013	1	Sharon Landrum, Senior Learning and Development Officer	A number of changes made to the policy. Change of name from Individual review to "Appraisal" for all staff. Due to changes in the national A4C agreement, the policy has been split and a separate Pay Progression Policy created with references made to this where appropriate. Removal of KSF outlines and Dimensions and references to reviews against these, which also affects pay gateway information. Removal of Preceptorship programme (section 7.2) due to A for C update March 2013 whereby 6 monthly incremental pay increase has been removed. Introduction of Section 8 – the Knowledge and Talent Management Strategy (inc colour changes to the matrix) and Updates to changes in the review documentation i.e. Section 6.5 and notification processes. Section 11 added – Quality Assurance of the Appraisal Process. Appendices updated with inclusion of succession planning tool and some removed with policy content referring to up to date

			documents on the intranet. Other minor changes made. Inclusion of assessment against Trust Core Values, standards and behaviours.
February 2016	1.1	Paul Smyth, Senior Learning and Development Officer	Inserted guidance and tracking chart for NMC Revalidation
July 2016	2	Stephanie Thomas – Leadership and OD Manager	Full review of policy undertaken. No major changes required to the policy. Minor changes made include removing references to Gateway Pay Policy and replacing with Pay Progression Policy. Removal of 11.1.7 – this relates to KSF which is no longer required. Amendments made to mandatory training compliance reporting to reflect current processes. NMC revalidation linked updated. KPI data updated. Reference to Very Senior Manager Pay Progression Policy added
August 2019	2.1	Policy Coordinator	Review date extended to 16 December 2019
December 2019	2.2	Policy Coordinator	Review date extended to 16 March 2020
2019	3	Catherine McKeown, Deputy Director OD	Change of Policy Title to: Appraisal Policy (Contribution Framework) and author. This policy reflects the changes introduced in 2019. Updated to reflect NHS Long Term Plan and National and Local People Plans Added reference to Voluntary Services Policy 089 Reference to appraisal as “Contribution Framework – Your Appraisal Updated committee roles due to changes in Governance Structure. Updated guidance and information. Updated process section to reflect new appraisal documentation, including talent matrix and new core values and behaviours. Referred to managers recording direct in ESR rather than notifying HROD of completed appraisals for recording in ESR. Updated definitions and references.
April 2023	3.1	Policy Coordinator	Extension to 31 st August 2023 agreed by Policy Review Group April 2023
Nov 2023	4	Chris Lloyd Leadership and OD Practitioner	Policy largely re written, rather than change elements of V3. This was due to the significant shift in ethos and the inclusion of formalising management supervision. Change of Title – Appraisal and Check In Policy Formalising management supervision (Check Ins) Ethos – to have meaningful conversation about performance. Performance scoring and talent matrix recording removed.

Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead
No greater than 12% non-compliance with policy requirement	88% excluding those on maternity leave, career breaks and external secondments and those on long term sick leave in excess of 2 months	Divisional Performance Reviews Monitoring of Trust workforce reports Education Governance Group (Monitoring)	Workforce Steering Board (WSB) via Workforce Dashboard Reports	Bi Monthly	Associate Director of Organisational Development

Performance Management of the Policy

Who is Responsible for Producing Action Plans if KPIs are Not Met?	Which Committee Will Monitor These Action Plans?	Frequency of Review (To be agreed by Committee)
Workforce Steering Group (WSG) via Workforce Dashboard Reports Chief People Officer and Associate Director of Organisational Development for Corporate actions and compliance Data Clinical Head of Division/Divisional General Managers or equivalent for Divisional actions	Workforce Steering Board (WSB) via Workforce Dashboard Reports Divisional Performance Reviews	Bi Monthly

Safety of Patients and Public To be completed by the author

Confirm the content of this policy does not risk the safety of patients or the public if it is uploaded to the public facing website	<input checked="" type="checkbox"/> To be completed by the author ✓ or x
<i>If the content does affect the safety of patients or the public if it is uploaded to the public facing website please contact the Policy Coordinator or Risk Management Team for advice</i>	