

APPRAISAL POLICY

This procedural document supersedes: CORP/EMP 32 v.4 – Appraisal Policy



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| Executive Sponsor | Zoe Lintin, Chief People Officer |
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| Date written/revised: | January 2025 |
| Approved by: | Policy Formulation Group |
| Date of approval: | January 2025 |
| Date issued: | March 2025 |
| Next review date: | January 2028 |
| Target audience: | Trust-wide |

Amendment Form

| Version | Date Issued | Brief Summary of Changes | Author |
|-----------|-------------------|---|--------------|
| Version 5 | March 2025 | <ul style="list-style-type: none"> • Hyperlinks updated • Added reference to the Trust’s vision statement to section 1. • Addition of section 4.3 Cascade of objectives • Addition of section 4.4 Regular Conversations • Addition of section 4.5 Health and Wellbeing Conversations • Addition of section 4.6 Eligibility • Addition of section 4.7 Recording an Appraisal • Addition of section 4.8 Pay Progression • Addition of section 4.9 Refusal to Participate • Added definition of pay progression to section 8 • Added reference to appraisals being part of a year round conversation to section 2. • Replaced references to ‘Fair Treatment For All policy’ with ‘Civility Respect and Resolution Policy’. | Rebecca Reed |
| Version 4 | 23 September 2019 | <ul style="list-style-type: none"> • Reviewed for Factual Accuracy. • Amendment of DBH to DBTH and Care Group to Division to reflect new structure. • Hyperlinks updated. • Logo Changed to Reflect new trust brand. • Removal of sections entitled KSF & Pay Band gateways. • Added reference to appraisal season and mid-year review. • Added quote from Kings Fund document in Section 2 Purpose. • Added to objectives of appraisal in Section 2 Purpose. • Complete new equality impact assessment. | Joanne Dixon |
| Version 3 | 30 September 2015 | Change of title and update to reflect interim arrangements introduced in March 2015 and incorporating CORP/EMP 23 – Knowledge and Skills Framework (KSF) Gateway Policy/ Procedure. | John Scott |
| Version 2 | May 2011 | <p>Title changed from “Personal Development” To “Performance Development”, pages 1 - 4</p> <ul style="list-style-type: none"> • Definition moved to item 3 • Item 3.3: Changes around the use of KSF outline • Item 4 Equality Impact Assessment • Item 5.2: Title changed from Executive, Corporate, Divisional Directors/Managers to Executive, Corporate, Clinical | Angie Smith |

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|-----------|-----------|---|-------------|
| | | <p>Directors/Managers and Clinical Service Unit Managers</p> <ul style="list-style-type: none"> • Item 5.3.1: Changes to Qualification updates, deletion of Training Needs Analysis form and Qualification Update form • Item 5.3.3: Appraisal training • Item 5.3.4: Changes to use of KSF outlines • Item 5.3.4: TNA form removed • Item 5.3.6: Evidence requirements • Item 5.4.1: Evidence requirements • Item 5.4.2: Preparation by Individual • Item 5.5.1: Gateway progression reminder to managers • Item 6.1.2: Group Appraisals • Item 7.1: Changes to Monitoring • Item 8 Additional references • Appendix 1: Changes to PDA/KSF review document • Appendix 2: Changes to Manager's Guide • Appendix 3: Additional Dimension on KSF outline • Appendix 4: Changes to Employee's Guide | |
| Version 1 | July 2009 | This is a new policy, please read in full. | Angie Smith |

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1. INTRODUCTION

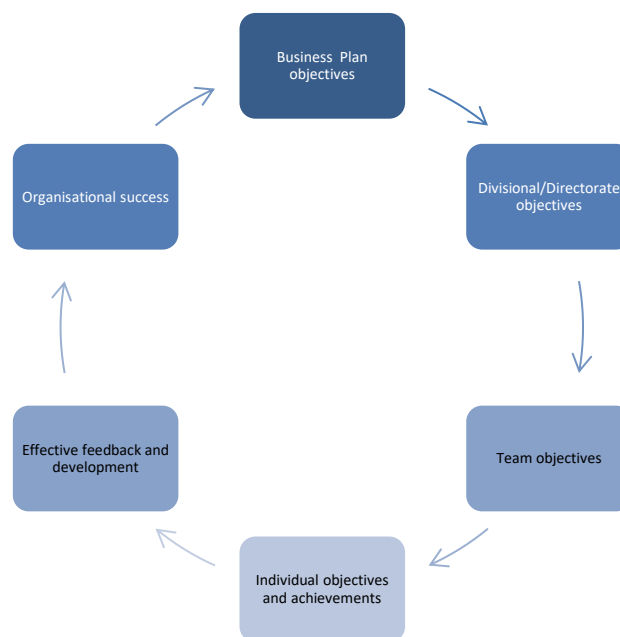
Our colleagues are key to the continuing and future success of DBTH. Our aim is to become an employer of choice and achieve our vision of being *'Healthier together – delivering exceptional care for all'*. Our approach to people management is clearly summarised in the phrase Develop. Belong. Thrive. Here.

The appraisal process at DBTH plays an important part of achieving the Trust's vision and helps all colleagues understand the importance of their role and the contribution they make.

The Trust is dedicated to ensuring every colleague has the opportunity to develop the skills, knowledge and behaviours to do their job well and be part of a process that ensures personal development needs are identified and supported.

The delivery of exceptional, person-centred care is dependent on every colleague having a quality, well-structured appraisal. Research by The Kings Fund identified that a well-structured appraisal was linked to improved staff engagement, motivation and better health and wellbeing (*Leadership and engagement for improvement in the NHS, The Kings Fund, 2012*).

The organisation's success is illustrated by the following well established model (Adapted from CIPD Policies & Procedures for People Managers)



2. PURPOSE

The purpose of this policy is to ensure that we have a clear, consistent and fair approach to appraisals across DBTH. Our aim is to maximise the effectiveness and potential of all colleagues so that we can achieve the Trust's vision of delivering exceptional care for all.

An annual appraisal is one way that we ensure all colleagues understand the importance of their role, whilst ensuring everyone is aligned on working towards achieving the vision of the Trust. An appraisals purpose is to review the work completed over the last 12 months, set new objectives for the following year whilst also having a focus on the health, wellbeing and development needs of our colleagues.

An appraisal should be one part of a year round conversation discussing a colleague's performance, development and wellbeing. An appraisal is an opportunity to summarise the conversations that have taken place throughout the year.

In summary, the **objectives** of the appraisal process are to:

- check in on our colleagues' health, wellbeing and morale,
- reinforce our Trust values and behaviours
- recognise and celebrate good performance and successes
- review objectives and agree objectives for the year ahead
- encourage staff development and discuss learning and development opportunities; and
- ensure the colleague is aware of their contribution and value at work.

Management guidelines on the implementation of this policy are provided separately through links to the [process map](#). Additional resources relating to appraisal are available on the [Hive](#).

3. DUTIES AND RESPONSIBILITIES

For the policy and procedure to be effective, everyone involved in any aspect of appraisal needs to be aware of this policy and follow it. Ultimately, it is the responsibility of the senior management of the Trust (including the Chief Executive, Executive Team and Divisional Directors); in conjunction with People & OD to ensure that this is the case. A table of responsibilities is included [here](#).

4. PROCEDURE

This policy, and the related procedures, covers all activities that form part of the appraisal process. It applies to:

- All staff on Agenda for Change NHS terms and Conditions (eligibility can be found in section 4.5).
- People undertaking work for, but not directly employed by, DBTH (e.g. honorary contract and volunteers).
- Some staff seconded to DBTH.

In addition, some staff groups have additional or separate arrangements in place:

- **Permanent medical staff** are required to have medical appraisals as part of their revalidation. Please see [CORP/EMP 38 Appraisal Policy for Medical Staff of DBHFT as Designated Body](#).
- **Deanery appointed doctors in training / Doctors in Training**
 - **Doctors in training working at DBTH.** Arrangements are in place for appraisal data to be provided by the Deanery.
 - **Lead Unit doctors/recharge doctors.** Appraisals are undertaken external to DBTH, hence are excluded from monitoring arrangements.
- **Nursing staff** that are also required to have an enhanced appraisal as part of their revalidation.

- **Temporary staff.** Managers should make suitable arrangements for the appraisal of temporary staff, where this is appropriate. Staff should not be excluded from the process due solely to the fact that they do not have a permanent contract.
- **Agency staff.** Arrangements are in place for providing feedback on performance in respect of staff employed through agencies, including NHS Professionals.
- **Nursing and midwifery staff subject to preceptorship arrangements** that are required to complete an initial 6 month training programme. Managers should make suitable arrangements to appraise newly qualified nurses 12 months from their start date with DBTH.

4.1 Core Principles

All appraisal activity in DBTH will be consistent with the [Civility, Respect & Resolution Policy](#) and reflect the following core principles:

- The Trust appraisal season will run from 1 April to 31 July each year, unless stated otherwise.
- All staff must have an appraisal discussion at least once every 12 months which should be held during appraisal season where possible. A mid-year review 6 months after the appraisal to review progress against objectives is recommended.
- Line managers should have completed their own appraisal before carrying out the appraisals of their team members where possible. This will ensure objectives which are set link through to their line manager's objectives and objectives of the wider Trust.
- Line managers should carry out the appraisals wherever possible. However, particularly for managers with larger teams this is not always possible. Managers are able to delegate to other colleagues with supervisor or team leader responsibilities.
- Both the line manager (appraiser) and the individual (appraisee) must prepare adequately in advance of the appraisal discussion. For the appraisee, this will involve completing the relevant sections of the appraisal paperwork in advance of the meeting. Notice of the appraisal meeting should be provided to the colleague to enable them to carry out the necessary preparation.
- The line manager must record the discussion using DBTH's agreed appraisal documentation and a copy kept in the personal file.
- Line managers must ensure that the date of the appraisal is recorded on DBTH's electronic system, ESR, as soon as possible after the appraisal conversation.
- Line managers must also meet regularly with their staff (either individually and/or as a team) in between the formal appraisal meeting to review progress and offer support where required. This is to include listening to staff feedback on their experience of appraisals and as a result taking action to continuously improve the quality of appraisals.
- We will provide appropriate guidance, development and support to people involved in appraisal in order to meet these core principles.

- Anyone involved in the appraisal process should be competent to comply with the requirements of this policy and procedure. Senior management must ensure that all line managers understand their role and responsibilities and are competent to conduct a good quality appraisal in line with the values and behaviours of the trust and that they have attended Trust appraisal training as appropriate.
- We will continuously monitor best practice in appraisal and review our arrangements to reflect new and innovative approaches.
- Our appraisal processes will be designed to align with the requirements of revalidation for both doctors and nurses.
- The Trust appraisal process will be adjusted in line with the National NHS guidance as required.

4.2 The Appraisal Process: At a Glance: 3 Steps



4.3 CASCADE OF OBJECTIVES

The appraisal season will commence with the Executive Team having their annual appraisal which includes the setting of objectives. These objectives should link into the overall objectives and vision of the Trust. It is expected that these objectives are cascaded throughout the organisation by all other colleagues having their appraisals throughout the appraisal season.

Individual objectives should link back to the wider team objectives, their managers objectives, divisional objectives and, ultimately, the organisation's objectives.

Managers should ensure that any objectives set for colleagues are **SMART**. This means that they are specific, measurable, achievable, realistic and time bound.

4.4 REGULAR CONVERSATIONS

Appraisals make up only one part of the performance conversation. Managers should be meeting regularly with colleagues throughout the year to discuss their work performance, progress with objectives, development needs, their wellbeing and to address any concerns which have arisen. This could be undertaken as part of team meetings, 1:1 meetings, supervision sessions or informal discussions.

We recommend that a mid-year appraisal review is scheduled to take place 6 months after the original appraisal.

4.5 HEALTH & WELLBEING CONVERSATIONS

The NHS People Plan sets out an ambition that all colleagues have a health and wellbeing conversation each year to discuss an individual's health and wellbeing, any flexible working requirements as well as equality, diversity and inclusion. The aim of these is to create a culture where people feel heard and valued and where diversity is respected which, in turn, will encourage all colleagues to pass care and compassion onto each other, patients and families.

Wellbeing conversations can be held as part of an appraisal meeting or separate one to one discussion between the line manager and the colleague. These conversations should be reviewed regularly throughout the year, at least once every six months.

4.6 ELIGIBILITY

This policy applies to all Agenda for Change colleagues at DBTH as outlined at section 4, however, there may be situations where it is not possible or necessary to carry out a full appraisal during appraisal season.

New starters

Any colleagues joining the Trust prior to the beginning of appraisal season (1 April) should have an appraisal with their manager during appraisal season.

Any colleagues commencing in post during the appraisal season do not need a full appraisal, however, it is expected that their manager will have a 'checking in conversation' within the first three months of their employment. Where this takes place during the appraisal season, this should be recorded as an appraisal on ESR.

A checking in conversation is an opportunity to set objectives, discuss training/development requirements, have a wellbeing conversation as well as discussing the DBTH values.

Leavers

Where colleagues are due to leave the Trust during the appraisal season, where possible, an appraisal conversation should still occur prior to their leave date and be recorded in the normal way.

Multiple assignments

Some colleagues have multiple roles at the Trust. Where these roles are the same or similar (e.g., 3 assignments, all as a Physiotherapist) it is possible for one appraisal to take place with

input gained from all managers. The appraisal will need to be recorded separately for each assignment on ESR.

If a colleague has multiple assignments but the roles are different (e.g., one as a Healthcare Assistant and the other as a Secretary) separate appraisals should take place. The appraisals would need to be recorded separately for each assignment on ESR.

Secondment

For colleagues on a secondment, the seconded manager is responsible for completing the appraisal and recording this on ESR.

Maternity/Parental/Adoption Leave

Any colleagues who are on parenting leave as of 1 April will not need a full appraisal. Should they return to work during the appraisal season, a checking in conversation should take place and this should be recorded on ESR.

If a colleague returns outside of the appraisal season, a checking in conversation should take place and a full appraisal should take place during the next appraisal season.

Long term sickness

This refers to colleagues who have been absent for 28 days prior to the 1 April (i.e. since 4 March). If a colleague returns to work during appraisal season and they have been absent for less than 6 months, an appraisal should be conducted as normal and recorded on ESR.

If a colleague returns to work during appraisal season and they have been absent for longer than 6 months, the manager can make a decision around the suitability to conduct the appraisal. As a minimum, a checking in conversation should occur and be recorded on ESR as appraisal complete.

4.7 RECORDING AN APPRAISAL

Managers should ensure that appraisals are recorded on ESR in a timely manner, as soon as possible after the appraisal has been completed.

Appraisals should be recorded under the “Appraisals and Reviews” section as a “Performance Appraisal”.

Further guidance on how to record an appraisal can be found on the [Hive](#).

4.8 PAY PROGRESSION

Pay progression is the movement of an employee’s salary through the Agenda for Change pay scale. It is expected that managers are aware of colleagues within their team who are due a pay progression. A colleague will be unable to move to the next pay step if an appraisal has not taken place within the preceding 12 months.

Should a colleague’s pay progression date fall within the appraisal season, it is acceptable to hold one meeting to discuss both the appraisal and pay progression. The relevant paperwork should be completed for each process. Should a colleague’s pay progression date fall outside of the appraisal season, a separate meeting should be held.

Further details can be found within the [Pay Progression Policy \(CORP/EMP 56\)](#).

4.9 REFUSAL TO PARTICIPATE

It is an expectation that all Agenda for Change colleagues at DBTH participate in a yearly appraisal meeting. Managers should engage with colleagues who refuse to participate to determine any barriers and offer appropriate support.

Failure to engage with a yearly appraisal may be considered a disciplinary matter and the steps outlined within the [Disciplinary Procedure \(CORP/EMP 2\)](#) will be followed.

5. TRAINING/ SUPPORT

A range of [training and development tools](#) are available to support managers. The P&OD Team and/or your [People Business Partnering Team](#) can advise on how best to meet your needs. The People Business Partnering Team provides regular appraisal training sessions for both line managers and employees. Information regarding training will be communicated in advance of each appraisal season.

6. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored | Who will carry out the Monitoring | How often | How Reviewed/ Where Reported to |
|--|-----------------------------------|-------------------|--|
| Non-compliance of policy by Divisions and Directorates | People & OD | On-going | Issues to be reported to respective Divisional and Directorate management teams. |
| Review of Policy | People & OD | On Going | Amendments to reflect guidance from NHS Employers, or changes in best practice. |
| Appraisal compliance rates at Trust level. | Board of Directors | Bi-annual report* | Chief Executive & Director of P&OD report |

| | | | |
|--|--|-----------------------|---|
| Appraisal compliance rates at Divisional/Directorate level | People & OD | Quarterly* | People Business Partners discuss with Divisional and Directorate management teams at Accountability Meetings |
| Compliance of Policy | Internal Audit | Annual Audit Practice | As per annual audit practice |
| Compliance with Policy | Senior Responsible Manager in P&OD (Deputy Director) | Quarterly | <ul style="list-style-type: none"> • Sample check of processes undertaken and results recorded. • Action plans developed to resolve process failures / mitigate risks. • Issues reported to respective Divisional and Directorate management teams |
| Appraisal Training | People & OD | Annually | <ul style="list-style-type: none"> • Review of management attendance at Appraisal training via OLM report. • Review with respective divisional/directorate management teams to address any concerns over access and attendance. |

*The Board also receives fortnightly performance reports which include the Trust appraisal rate against the Trust appraisal rate target.

8. DEFINITIONS

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| Appraisal | Appraisal is the opportunity for individual members of staff and their line managers, to have a discussion about their performance and development and the support they need in their role. It should both assess recent performance and focus on future objectives, opportunities and resources needed. |
| Checking in conversation | Where a full appraisal is not necessary, this is an opportunity to set objectives, discuss training/development requirements, have a wellbeing conversation as well as discussing the DBTH values. |
| Doctors in Training | Doctors in training are the responsibility of Health Education Yorkshire & Humberside and do not receive appraisals from DBTH, (other than supervisory comments to their e-file.) |
| Lead Unit – Doctors in Training | DBTH are lead unit for ENT and General Surgery doctors in training. Where the trainee is working in an alternative hospital, the costs are recharged accordingly. |
| Pay Progression | Pay progression is the movement of an employee's salary through the Agenda for Change pay scale. |

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| Preceptorship | A preceptorship is a structured period of transition for the newly qualified nurse, midwife or allied health professional when they start employment. |
| Revalidation - Doctors | A process for doctors to confirm to the General Medical Council they are fit to practice. Guidance can be found here . |
| Revalidation – Nurses and Midwives | A process for all nurses and midwives to follow to maintain their registration with the Nursing and Midwifery Council. Guidance can be found here . |
| SMART objectives | SMART is the acronym which describes the different elements needed to write an effective objective. SMART stands for S pecific, M easurable, A chievable, R elevant, and T ime-framed. |
| Succession Planning | A process for identifying and developing potential future leaders or senior managers, as well as individuals to fill other business-critical positions. May be linked to access to training and development activities, and typically includes practical, tailored work experience relevant for future senior or key roles. |
| Talent Management | The systematic attraction, identification, development, engagement, retention and deployment of those individuals who are of particular value to an organisation, either in view of their ‘high potential’ for the future or because they are fulfilling business/operation-critical roles. |

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the [Equality Analysis Policy \(CORP/EMP 27\)](#) and the [Civility, Respect and Resolution Policy \(CORP/EMP 4\)](#).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1).

10. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- [Equality Analysis Policy](#) (CORP/EMP 27)
- [Civility, Respect & Resolution Policy](#) (CORP/EMP 58)
- [Statutory and Essential Training \(SET\) Policy](#) (CORP/EMP 29)
- [Appraisal Policy for Medical Staff of DBHFT as Designated Body](#) (CORP/EMP 38)
- [Pay Progression Policy](#) (CORP/EMP 56)

11. REFERENCES

GMC Revalidation <http://www.gmc-uk.org/doctors/revalidation.asp>

NMC Revalidation <http://www.nmc.org.uk/standards/revalidation/>

SET Training <https://extranet.dbth.nhs.uk/training-education/training-education/dbth-training-framework-and-how-to-access-training/statutory-and-essential-training-set/>

Performance Appraisals: <https://extranet.dbth.nhs.uk/people-organisational-development-pod/human-resources-hr/appraisals/>

| APPRAISAL RESPONSIBILITIES | |
|--|--|
| DBTH Executive Team and Senior Management Teams | <ul style="list-style-type: none"> The Chief Executive is accountable to the Trust Board for ensuring that the Trust is compliant with Trust 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 the Trust appraisal target. Within their agreed area of responsibility, Senior Managers are responsible for ensuring appraisals are completed in accordance with the Trust target compliance rates and for ensuring that appraisals deal fairly with any equality issues. |
| Director of People & OD | <ul style="list-style-type: none"> To develop and maintain the appraisal policy and all relevant documents and guidance. To review and update the information held about appraisal on the HIVE. To analyse appraisal equality reports to identify barriers to equality. To report findings and agreeing actions to overcome inequity with the Executive Team. To audit the quality of appraisals and report findings and agree action with the Management Board, Board of Directors and Board of Governors. |
| People Business Partners | <ul style="list-style-type: none"> To provide appraisal advice, support and training to managers. To help managers to identify and overcome the barriers which prevent appraisal taking place. To promote the effective use of appraisals and encouraging managers to use them effectively. To help managers in using the appraisal process to inform talent management and succession planning. |
| P&OD Management Information Team | <ul style="list-style-type: none"> To interrogate the ESR system to ensure that managers are recording appraisal dates onto their staff's records. To provide appraisal compliance reports at a Trust-wide, Division/Directorate and departmental level. To provide appraisal equality reports at a Trust-wide, Division/Directorate and departmental level. |
| Line managers (the appraiser) | <ul style="list-style-type: none"> To ensure that each member of staff has an individual appraisal at least once every 12 months within appraisal season. To meet regularly with your direct reports either individually and/or as a team in between appraisal meetings to discuss and track progress. To hold an appraisal review meeting after 6 months. To ensure that each member of staff has an up to date job description / person specification. To complete DBTH's agreed appraisal documentation, store a copy in the staff member's personal file and provide a copy to the staff member. To make sure that you have the necessary training, skills and information to carry out an appraisal discussion and that your staff understand their responsibilities in relation to the appraisal process. To make sure that the date of the appraisal is recorded on the staff electronic staff record system (ESR). To encourage all staff to complete the appraisal evaluation form and to take action to improve quality of appraisals as a result of feedback. |
| Every member of staff (the appraisee) | <ul style="list-style-type: none"> To participate fully in the appraisal process. Refusal to participate in an appraisal will be considered to be a disciplinary matter. |

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| | <ul style="list-style-type: none">• To keep informed about what is expected of you in relation to the appraisal process.• Gather information and evidence of performance throughout the year.• Come to appraisal meetings ready to discuss your work, your performance and your development, having completed the relevant sections of the appraisal paperwork in advance.• Come to appraisal having completed and reviewed progress of your own Statutory and Essential Training (SET) compliance.• Complete the evaluation of appraisal document to actively contribute to improving the quality of appraisals experienced at DBTH. |
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APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

| Policy | Division/Directorate and Department | Assessor (s) | New or Existing Service or Policy? | Date of Assessment |
|--|---------------------------------------|---------------|---|--------------------|
| CORP/EMP 32 Appraisal Policy | People and Organisational Development | Rebecca Reed | Existing Policy | 07/01/2025 |
| 1. Who is responsible for this policy? P&OD (HR Services). | | | | |
| 2. Describe the purpose of the policy? Process/guidance on delivering good quality appraisals to staff. | | | | |
| 3. Are there any associated objectives? Provide consistent approach to processes across the Trust. | | | | |
| 4. What factors contribute or detract from achieving intended outcomes? Staff may be unaware of their roles & responsibilities. | | | | |
| 5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No | | | | |
| <ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact N/A | | | | |
| 6. Is there any scope for new measures which would promote equality? No | | | | |
| 7. Are any of the following groups adversely affected by the policy? | | | | |
| a. Protected Characteristics | Affected? | Impact | | |
| b. Age | No | | | |
| c. Disability | No | | | |
| d. Gender | No | | | |
| e. Gender Reassignment | No | | | |
| f. Marriage/Civil Partnership | No | | | |
| g. Maternity/Pregnancy | No | | | |
| h. Race | No | | | |
| i. Religion/Belief | No | | | |
| j. Sexual Orientation | No | | | |
| 8. Provide the Equality Rating of the service/ function/policy /project / strategy | | | | |
| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 | |
| 9. Date for next review: January 2028 | | | | |
| Checked by: Adam Evans | | | Date: 4 th January 2025 | |