

**STAFF APPRAISAL
 AND MANAGEMENT SUPERVISION POLICY**

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This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

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1. INTRODUCTION

- 1.1 The most important influence on the quality of a community and mental health and learning disabilities service, is the interaction between the users of the services and staff. All staff, therefore, need to have the opportunity to discuss, reflect and review how they work and to be supported and developed so that they can meet the requirements of their role and progress toward achievement of their objectives. This is achieved through a sound system of staff development, review and management supervision.
- 1.2 Annual Appraisal and Management Supervision should be a positive and supportive two-way process that the Trust uses to ensure the delivery of high quality services and to ensure that all staff benefit from continuous learning and personal development.
- 1.3 Management supervision and appraisal processes should support staff to identify and track progress on their work objectives. Management supervision enables managers and staff to ensure that these objectives are aligned to the Trusts strategic aims.
- 1.4 For professional staff on a register these processes present an opportunity to consider, reflect and develop their roles against their professional codes of practice/conduct. For these groups this review is a mandatory requirement within annual appraisal.
- 1.5 All staff must meet the requirements of the Equality Act 2010; supervision and appraisal present significant opportunities to raise the cultural awareness and competency of the trust workforce and must be included in both these processes.

2. PURPOSE & SCOPE

- 2.1 The purpose of the document is to ensure that all staff understand the procedures and their responsibilities in ensuring that staff receive and take part in an annual appraisal and regular management supervision.
- 2.2 This document does not make reference to, nor include Clinical Supervision, which can be found in the Trust's Clinical Supervision Policy.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** has overall responsibility for ensuring there are systems and processes in place to ensure that all staff within the organisation are provided with effective appraisal and access to management supervision to ensure they are able to undertake their role in a safe, competent and efficient manner.
- 3.2 The **Director of Workforce and Organisation Development** is the **Executive Lead** with devolved responsibility for implementing this policy.
- 3.3 The **Head of Learning and Development** is the author of this policy who will ensure this document is reviewed at least every three years or sooner if national or local changes are required.

- 3.4 The **Learning and Development Team** will ensure training is available to equip staff to provide appraisal and management supervision to meet the requirements of the Trust. They will ensure courses are advertised in a timely manner, attendance is recorded using the training attendance sheet and subsequently attendance recorded on the Learning Management System.
- 3.5 **Heads of Service/Service Managers** will be responsible for addressing any issues with individual staff where concerns relating to their professional code of conduct have been raised.
- 3.6 **Line Managers** are responsible for ensuring that all staff receive an annual appraisal and that regular management supervision sessions are held with staff.
- 3.7 **All staff** are responsible for preparing for and attending management supervision meetings and their annual appraisal.
- 3.8 **All Appraisers** are responsible for ensuring that Appraisee's understand the process and benefits of appraisal

4. EXPLANATIONS OF TERMS USED

- 4.1 **Management Supervision/1-1 Review** – the process whereby managers and staff meet regularly to review subjects which may include, progress towards achievement of their objectives, health and wellbeing; work-life balance; work/case load; personal development/career plans; mandatory training outstanding; involvement in untoward events/incidents/assaults; performance issues;
- 4.2 **Annual Appraisal** – the annual review meeting where the member of staff has the opportunity to have their achievements acknowledged. Appraisal paperwork is completed, previously set objectives reviewed and new objectives set;
- 4.3 **Personal Development Plan (PDP)** – a document completed for each member of staff which identifies training, educational or development needs and how these will be achieved;
- 4.4 **Training Needs Record** – a document completed by Ward/Team Leaders which identifies the training needs for each team based on training needs recorded on individually PDPs.

5. MANAGEMENT SUPERVISION

5.1 **Link to Appraisal**

All staff should receive regular management supervision and an annual appraisal and agree a Personal Development Plan (PDP). Discussion about progress against agreed targets in the PDP should form part of the regular management supervision process, and discussion of the appraisal should form part of the agenda of management supervision meetings so that there are no surprises at the appraisal.

5.2 Frequency of Management Supervision

The standard frequency for management supervision is monthly. A management supervision session should last for approximately an hour. This frequency and length can be adjusted by agreement of supervisor and supervisee (e.g. for students or part time staff) but should not be less frequent than two monthly. The frequency should be agreed and recorded within the Management Supervision Contract.

5.3 Management Supervision Records

There should be a record of management supervision kept on each ward/team/department with the dates of the management supervision session held. Each management supervision session should be recorded outlining the broad themes of each supervisory session. Where patients are discussed and significant changes to care plans are agreed as a result of discussion at management supervision, these should be recorded at that point in the electronic patient records. This will ensure continuity and coherence of management supervision, as well as being a requirement for audit purposes. The notes of each session can be recorded by either the supervisor or supervisee, and countersigned by the other. The supervisor should keep the original. It is recommended that the supervisee keeps a copy in their personal portfolio.

There are two forms which are completed during Management Supervision:

Appendix A Management Supervision Contract (completed once with each management supervisor)

Appendix B Notes of Management Supervision

5.4 Confidentiality of Management Supervision Records

Management supervision notes will not be routinely accessible other than by the supervisor and supervisee. However, in exceptional circumstances such as review of a serious incident, competency proceedings, investigation/disciplinary or audit purposes these will be made available. The records should be kept in an agreed secure place within the team or ward base for the length of time the individual is employed by the Trust, and thereafter should be sent to Human Resources for filing and archiving.

The contract of management supervision seeks to agree how the supervisee and supervisor manage supervision. Where there is a change in the supervisor, the supervision file will be transferred to the new supervisor and a new contract will be drawn up.

5.5 Who should carry out Management Supervision?

Line managers are responsible for:

- Supervising those who report to them directly themselves;

OR

- Delegating this to another person in the team who is senior to the person being supervised. In this case it must be clear who the supervisor is, and the manager of the ward/team/department must be able to assure themselves that the supervision is taking place.

Routines for Management Supervision must be in place in addition to support that is given through team meetings.

The Trust would not generally expect one individual to supervise more than six staff; however on occasions this may be necessary in exceptional circumstances.

6. STAFF APPRAISAL

6.1 Link to Supervision

Appraisal will be carried out by the same person who is responsible for management supervision and serves as an annual reflection on the pattern of issues that have been discussed in management supervision throughout the previous year.

6.2 Frequency

Appraisals are held annually between April and June each year. It is also good practice to review the content of previous management supervision to inform and evidence discussion in the annual appraisal.

Appraisers and Appraisee's should prepare in advance so that both are prepared adequately for the Appraisal. A preparatory checklist is included as Appendix C.

6.3 Appraisal Records

The primary responsibility for record keeping rests with the manager (the appraiser), who must keep a full record of all of the process. The appraisee must also keep copies of their own records, and should be encouraged to keep these in their own portfolio.

There are 3 mandatory forms which are completed during the appraisal process:

- Appendix D Record of staff appraisal meeting
- Appendix E Personal Development Plan
- Appendix F Training Needs Record

6.4 **Confidentiality of Appraisal Records**

Appraisal notes will not be routinely accessible other than by the Appraiser and Appraisee. However, in exceptional circumstances such as review of a serious incident, competency proceedings, investigation/disciplinary or audit purposes these will be made available.

6.5 **Who should carry out Appraisal?**

Appraisal will be carried out by the same person who routinely carries out management supervision. However it is recognised that some appraisers may have significant numbers of staff to appraise although it is recommended that appraisers should have no more than ten staff to appraise. To support this, appraisers can be of the same grade as the appraisee if this has been agreed. Where staff have more than one role they may require two appraisals if there is no similarity between the roles they undertake. If the roles are considered similar then it is possible to agree a single appraisal.

7. **TRAINING REQUIREMENTS**

7.1 Staff Appraisal and Management Supervision Training is essential for all Line Managers/Supervisors carrying out annual appraisals. Line Managers/supervisors are only expected to attend this training once but may wish to update/refresh if they have a break in carrying out appraisal/management supervision.

8. **EQUALITY IMPACT ASSESSMENT**

8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

9. **MONITORING COMPLIANCE AND EFFECTIVENESS**

Overall monitoring will be by the Workforce Governance Group. The **Director of Workforce and Organisation Development** will oversee implementation and monitoring of this policy to ensure that it is applied throughout the Trust.

9.1 **Process for Monitoring Compliance**

Workforce will collate, record and analyse appraisal activity data for reporting purposes. Data will be captured during and directly after the appraisal season of April through to June of each year. Managers are required to inform workforce of any appraisal activity as it occurs so that reports can be collated in a timely manner.

10. COUNTER FRAUD

- 10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

- 11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

- 11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process (October 2004)

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 Cross reference to other procedural documents

Appraisal Policy for Medical Staff
Clinical Supervision Policy
Development & Management of Procedural Documents
Learning, Development and Mandatory Training Policy
Mandatory Training Matrix
Training Prospectus

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A Management Supervision Contract

Appendix B Notes of Management Supervision

Appendix C Staff Appraisal Preparation Form

Appendix D Record of staff appraisal meeting

Appendix E Personal Development Plan

Appendix F Training Needs Record

Somerset Partnership NHS Foundation Trust

MANAGEMENT SUPERVISION CONTRACT

Management Supervision (applies to all staff)

Name of Supervisee:	
Role:	
Location:	
Name of Supervisor:	
Role:	
Frequency	

It is jointly agreed to informally review appraisal and personal objectives and to abide by the Supervision and Appraisal Policy

Signatures

Supervisee:		Date:	
Supervisor:		Date:	

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NOTES OF MANAGEMENT SUPERVISION

Name: **Date:**

Prompts of areas to be covered within supervision	Session Agenda
<ul style="list-style-type: none"> • Health & Wellbeing / Work-life balance • Personal Objectives/Targets • Workload Management • Caseload / Recording / Prioritisation • Clinical risk and its management • Performance Issues • Professional Code of Conduct • Case discussion / outcome • Personal Development / Career plans • Safeguarding issues • Feedback on supervision process/ appraisal • Equality and Diversity Issues • Mandatory training outstanding • Involvement in untoward events, incidents, assaults. • Requirement for reasonable adjustment in the workplace • Lone Working arrangements 	<ul style="list-style-type: none"> • • • • • • • • • • • • • •

Details of Supervision

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Actions			
Action	By Whom	Target Date	Progress

Agreement to the content	
Supervisee Signature:	Supervisor Signature:

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STAFF APPRAISAL - PREPARATION QUESTIONNAIRE

Points to think about for the APPRAISEE	Points to think about for the APPRAISER
1. <u>Outline your main achievements in the year</u>	
What's gone well over the last year? What have you enjoyed in your work? What's contributed to improved care? What do you consider to be your major strengths? How have you complied with your professional code of conduct?	What successes, clinical and non-clinical are you aware of? What difficult situations have been overcome? What does the appraisee bring to the team/unit/service? What objectives from previous appraisals have been achieved? What attitudes and behaviours does this appraisee present with?
2. <u>What has proved difficult over the last year?</u>	
What have you not achieved that you planned to do? What has stopped you doing this? What do you worry about at work? Are there any issues at present affecting your work? How could they be resolved?	What has the appraisee struggled with – clients, colleagues, performance targets, policies? Do these difficulties compromise compliance with professional codes of conduct? How is the balance of home life and work? Have there been any significant performance or quality issues? How can the appraiser support? How might the organisation support?
3. <u>What would you like to achieve in the coming year?</u>	
What are your priorities for the coming year? What are your Team / Ward's priorities? What benefits would they lead to? How can they be achieved? How are you able to contribute to these priorities?	What are the priorities for the ward / team/ service? What is the appraisee's role in achieving these? What would you like the appraisee to do differently? How near to meeting their post outline is the appraisee?
4. <u>What training and other development would be required to do this?</u>	
How would you like to develop your current role? What training have you undertaken in the last year? What training do you need in order to perform better? Is all mandatory training up to date?	What development and training would allow the appraisee to perform better and contribute to the wards / teams / services priorities? How do the appraisee's aspirations fit with the teams? What is the quality of their supervision?

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RECORD OF THE STAFF APPRAISAL MEETING

Name:	Date:
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<u>Main achievements in the year</u>

<u>Difficulties over the last year</u>

<u>Meeting of Targets and Quality of Work</u>

Future achievements and objectives

--

Learning and Development

(where possible and applicable please link these to the relevant KSF dimensions and professional code of conduct)

--

Statutory Training - Completed Fire training

Yes No

Mandatory Training

Has the appraisee completed all mandatory training in line with the needs of the role?

(See Mandatory Training matrix for details)

Fully Partially

Action required to complete any training and timescales

Signature of individual		Signature of appraiser	
Name		Name	
Date		Position	
Date of next appraisal			

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PERSONAL DEVELOPMENT PLAN

	Training, educational or development need (What you need to learn and why)	Activities to be used (How will you develop yourself)	What evidence will you keep?	Planned completion
1				
2				
3				
4				
5				

Signature of Appraisee		Printed Name		Date
Signature of Appraiser		Printed Name		

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TRAINING NEEDS RECORD

Team:	
Manager:	

Please describe below the training needs identified for your team from appraisals within your service area.

Training Need	Staff Group	Number of Staff	Timescale
<i>e.g. Supervision training</i>	<i>Band 5 Nurses</i>	<i>2</i>	<i>Within 12 months</i>

Please send completed form to the Head of Learning and Development at Mallard Court Bridgwater no later than the 31st of July.

Signatures:

Ward / Team Manager:	
Service Manager / Head of Team:	
Date:	