



Public – To be published on the Trust external website



Following a change of appraisal recording system, this procedure is likely to subject to changes over the next 12 months as the system is developed

Appraisal Procedure

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1 Introduction

The Appraisal Procedure supports the national NHS People Promise to improve the experience of working for the NHS for everyone. Staff Engagement is vital in supporting the People Promise aspirations and those of Our Journey to Change which is why the Trust's Appraisal Process is reviewed on a regular basis to continually improve staff experience, taking on board feedback from forums such as the National NHS Staff Survey. The procedure is critical to the delivery of Our Journey to Change by encouraging a culture where we co-create high quality care, we are a great employer, and we are a trusted partner.

The procedure encourages continuous quality conversations about performance, behaviours, how it feels to work here and what employees want to achieve in the future. These conversations will help staff, their managers and involve others to effectively plan the development needed for employees to perform well in their current role and help them to prepare for future roles as well as checking in on staff health and wellbeing, setting objectives for the year ahead, ensuring staff are working in accordance with their job description and adhering to the Trust values and behaviours.

- Appraisal in TEWV is based on a “no surprise policy”, meaning that any performance issue discussions should be carried out throughout the year, and not saved for the annual appraisal meeting.
- All staff will receive one annual appraisal and a 6-month review, which will enable staff to have a conversation about objectives, wellbeing, career development and what support/training is needed. This provides dedicated time with their supervisor or line manager.
- Clinical staff, in addition to this will receive a minimum of eight clinical supervision sessions per year. Further information related to Clinical Supervision can be found in a separate procedure.
- All staff should receive Management Supervision. Any Management Supervision conversations lasting 15 minutes or more must be recorded on TEWVision. Compliance will be monitored, and managers of those staff who have not recorded accessing management supervision will be contacted with the offer of support to identify ways of implementing quality management supervision conversations with their staff.

2 Purpose

Following this procedure will help the Trust to: -

- Create a great place to work by encouraging staff to have meaningful quality conversations with their supervisor or manager in a psychologically safe environment.
- Ensure all staff have a good quality conversation as part of annual appraisals and six-monthly development reviews resulting in the development of an appropriate personal development plan (PDP).
- Ensure that key service, team, and individual objectives are developed linking them to one or more of the Trust's three strategic goals, monitoring them throughout the year during development reviews.
- Provide assurance that staff are adhering to the requirements of their job description and the trust values and behaviours.

3 Who this procedure applies to

All Trust staff. It is advised appraisal objectives should be set within the first three months of starting in post or in the Trust.

All staff should take personal responsibility for their appraisal, 6-monthly development review and career conversations.

3.1 Who this procedure does not apply to:

- Volunteers, agency staff, bank staff or medics.
 - Doctors follow a separate Appraisal Policy and Procedure for medical staff.

4 Related documents

This procedure refers to:-

- [T:\Intranet Published Documents\Working here\Human Resources\Organisational development\Appraisal](#)
- [Staff Development Policy](#)
- [Managing Concerns of Potential Poor Performance \(Capability\) Procedure](#)
- [Dealing with concerns affecting Medical Staff](#)
- [Disciplinary Procedure](#)
 - [Guidance on Disciplinary Procedure](#)
- [Appraisal Policy for Doctors](#)
- [Appraisal Procedure for Medical staff](#)

- [Professional Registration Policy and Procedure \(Policy and Procedure for the verification of Registration of Health Care Employees\)](#)
- [Clinical Supervision Policy](#)
- [Partnership Agreement](#)
- [Community Caseload Supervision Policy](#)
- [Allied Health Professionals Professional and Clinical Supervision Protocol](#)

5 Appraisal compliance reports

The appraisal compliance reports are available via the Integrated Information Centre (IIC). The compliance reports highlight those staff who are showing as not having an appraisal recorded on TEWVision over the previous 12 months.

IIC Training is available via an online course accessible via the Intranet - [IIC Training - Navigation & Functionality | Rise 360](#)

6 Guidance for the Appraisal

6.1 Who Should Facilitate Appraisals and 6-monthly Reviews?

Who should facilitate the appraisal and 6-monthly review will differ depending on the member of staff's discipline. Following consultation this guidance has been developed:

- **Allied health professionals, Psychological professions, Social Work, Peer Workers and Nursing staff**

For allied health professionals, psychological professions, social work, peer workers and nursing staff, annual appraisals, management supervision and development reviews, must be tripartite with the manager and the clinical/professional lead. However if the line manager is the professional lead, then a tripartite meeting is not necessary.

- **Corporate staff (inc. Finance, Information, People and Culture etc.)**

For corporate staff, annual appraisals, management supervision and development reviews must be undertaken by the individual's line manager or nominated supervisor. These meetings can be tripartite if this is agreed between the manager/supervisor and appraisee however this is not mandated.

- **Pharmacy**

For pharmacy staff, annual appraisals, management supervision and development reviews must be undertaken by the individual's line manager or nominated supervisor. These

meetings can be tripartite if this is agreed between the manager and appraisee however this is not mandated.

6.2 Appraisal Process for Appraisers

- It is recommended that the ratio for appraisals should not exceed 1:10, Appraiser to appraisees.
- Arrange jointly with the appraisee an agreed date, time & location for the appraisal.
- It is recommended where possible for the appraisal conversation to be face to face rather than a virtual conversation
- Allow up to 90 minutes for the appraisal and ensure a suitable location is arranged and booked to meet the needs of the staff member, taking into consideration any reasonable adjustments.
- If a Tripartite appraisal is required, ensure the professional supervisor or lead is invited and attends the appraisal conversation.
- Encourage and allow the staff member time to prepare for the appraisal giving at least two weeks' notice for preparation.
- Ensure appraisee has access to relevant documentation to prepare for their appraisal and are clear of how and what to prepare.
- Conversations around appraisal and development reviews should be continuous during all 1:1 discussions / supervision sessions with any records and reflections held to develop an ongoing portfolio which can be used to prepare for the appraisal
- To encourage a quality conversation, ensure the location for the appraisal allows no distractions i.e. visitors, telephone calls, emails.
- Allow preparation time ahead of the appraisal collating any feedback and reviewing previous development reviews, supervision, and previous appraisal documentation.
- Any concerns regarding performance or adherence with the Trust Values and Behaviours should be raised at the earliest convenience ensuring the appraisal is a positive experience for the staff member with no surprises.
- A career / Scope for Growth conversation should be offered and encouraged at the time of appraisal but can be held at a different time in line with the staff member's wishes. A Template to support this discussion can be found on TEWVision

7 Appraisal Process for the Appraisee

- All staff should take personal responsibility for their annual appraisal and 6-monthly reviews and be aware of the due dates, which can be found on TEWVision.
- Allocate protected time to prepare for the appraisal which should be agreed between the appraiser and appraisee, preparation time will support with good quality conversations.
- Use the appraisal guidance and appraisal documentation to help you prepare for your appraisal. Choose the documentation which is most relevant for you from the document library on TEWVision
- Reflect on how you have demonstrated the values and behaviours in your work providing examples or evidence where possible. It is advised to collate feedback or

examples throughout the year. The appraisee should discuss which of the values they find easiest to hold onto at times of stress, and which is the one they are finding harder to embody.

- Think of objectives you can set for the coming year which link in with the team or service objectives and one or more of the three Strategic Goals. The objectives are different to the tasks within the job description.
- Consider any training or development needs you have in order to fulfil your current role or in order to deliver your proposed objectives.

8 The appraisal

8.1 All Staff:

- When commencing in post, appraisal objectives should be set within the first three months.
- Appraisals should take place yearly
- Staff must have successfully completed their last appraisal to move to their next pay step point in line with NHS Terms and Conditions and Agenda for Change Guidance
- Priority must be given to the appraisal; only in exceptional circumstances should the appraisal be re-arranged.
- The appraisal should be a two way or three way/ tripartite quality conversation.
- The conversation should begin with a health and wellbeing check in with the staff member, prompts include health, wellbeing, reasonable adjustments, psychological safety, workload, working hours, work/life balance.
- A discussion around successes and challenges in the role in the last 12 months
- Discuss the Trust values and behaviours and reflections of how they have been demonstrated sharing any feedback. Discussion around which of the values the staff member finds easiest to hold onto in times of stress and which one they find the hardest to embody.
- Discuss individual objectives in line with the team and service objectives linking to one or more of the three Strategic Goals ensuring the objectives are Specific, Measurable, Achievable, Relevant and Timely (SMART).
- Discuss any learning or development opportunities or needs identified to fulfil the staff member's current role or linked to agreed objectives. Identified learning and development can be added to the staff member's ongoing Personal Development Plan.
- Complete documentation using appropriate template as agreed by appraiser and appraisee. The document templates can be found on TEWVvision and the staff Intranet. The appraiser and appraisee can choose which ever template will best support a quality conversation for them.
- It is best practice for completed appraisal documentation to be filed on the staff member's personal file
- Training is available for all staff to support quality conversations:

- My appraisal and Me for all staff.
- People Management Bitesize Appraisal and Career Conversations for supervisors and managers.

To book see the Training Centre page on the Intranet [Training | TEWV Intranet](#)

8.2 6-monthly Reviews

As well as the annual appraisal, all staff should have 6 monthly development reviews.

- Staff should take personal responsibility for their 6 monthly development review and use ongoing logs and reflections, previous appraisal documentation and management supervision to prepare for the conversation
- Templates can be selected from TEWVision or the Staff Intranet to guide and record a quality conversation
- Development reviews should be a two way or three way/ tripartite quality conversation
- The conversation should begin with a health and wellbeing check in with the staff member, prompts include health, wellbeing, reasonable adjustments, psychological safety, workload, working hours, work/life balance. The conversation should include a discussion around adherence to values and behaviours, progress with the objectives set in the appraisal and progress or impact of any training and development identified during the appraisal.
- Following the development review, it is best practice for the completed documentation to be filed on the staff member's personal file.
- TEWVision should be updated to reflect the date of the conversation.

8.3 Management Supervision

All staff should have regular management supervision as it helps to stay on track with our work on a more regular basis and focuses on how we are doing in our current role.

- Management supervision should follow a set format or template appropriate for the staff member and supervisor or line manager. Example templates can be found on TEWVision and on the Intranet and can be adapted to meet the needs of individuals or team or you can create your own management supervision template.
- Management Supervision should be a two-way quality conversation which includes discussion around health and wellbeing, workload, challenges and successes, any concerns or issues and any agreed actions.
- Management Supervision conversations lasting 15 minutes or more must be recorded on TEWVision.

- It is recommended where possible, to have management supervision at least once per month.
- Following management supervision, it is best practice for the completed documentation to be filed on the staff member's personal file

9 Exceptional or unusual circumstances

9.1 External Contracted Staff

(Agency, Locum or Subcontractors) – for all external contracted staff working within the Trust they are expected to have all management aspects supported and carried out by their own employer. These staff however will be expected to follow Trust guidelines and policies where applicable and be made aware of the Trust values and behaviours.

9.2 Bank Workers

These staff do not receive appraisal; however they undertake supervision.

9.3 Fixed Term Staff

Fixed term staff are included in this procedure and should follow the same guidelines receiving an appraisal within three months of starting in post.

9.4 Preceptorship

Those eligible for the Preceptorship programme should follow the Preceptorship Policy and Procedure for the duration of the Preceptorship, having an appraisal conversation at week 12, 24, 40 and 52. On successful completion of the Preceptorship Programme they will continue the appraisal cycle ensuring an annual appraisal every 12 months and a 6 monthly development review.

9.5 Team Appraisal

There may be specific situations where you may find it beneficial to undertake a team appraisal. Good practice when considering team appraisal:

- The team appraisal should be the exception to the rule
- It may be used for a temporary period of time only
- It should only be used with groups of staff with similar roles, objectives, qualifications etc.
- The offer of an individual meeting must be provided.

9.6 Staff side representatives employed by TEWV

Guidance for Staff Side representatives is included in the Partnership Agreement. Appraisals will be logged on TEWVision and carried out in partnership with their regional officer.

10 Post appraisal

- Appraiser should record on TEWVision that the appraisal has been completed, there is no requirement to add this to ESR, as this will be automatically completed through TEWVision.
- It is best practice to ensure completed documentation is stored on the employee's personal file.
- Regular ad-hoc audits across the Trust will be carried out by the Organisational Development Team to ensure policy compliance and reported to the Workforce Group.

11 Appeals Procedure

- The appraisal process relies on a two-way or three way / tripartite dialogue and aims for mutual agreement. If an individual considers that any aspect of the process has not been carried out effectively or fairly and is not able to resolve this with the appraiser/s, then there is an automatic right of referral to the appraiser's manager.
- The individual may raise the appeal in writing to the appraiser's manager. The manager must investigate the appeal within 21 days of receiving the notification.
- The individual may be accompanied by staff side.
- The manager hearing the appeal must also inform respective People Partners that they are investigating an appeal associated with the appraisal process.
- The Internal process ends at this stage. A request for a Grievance would only be considered if there was a breach in process.

12 Terms and definitions

Term	Definition
Tripartite Appraisal	<ul style="list-style-type: none">• Appraisal held with individual member of staff, plus their supervisor/manager and professional lead.

13 How this procedure will be implemented

- This procedure will be published on the Trust intranet.

13.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical Leads / Professional Leads / Supervisors / Managers/ appraisers	People Management Bitesize Appraisal and Career Conversations for supervisors and managers	2.5 hours	Once only, refresher available as necessary
All Staff	My Appraisal and Me	2.5 hours	Once only, refresher available as necessary

14 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	TEWVision monthly report template	Monthly	Executive Director for people and culture

15 References

NHS People plan 2020	We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf
Messenger Report	Leadership for a collaborative and inclusive future - GOV.UK
Agenda for Change	NHS Terms and Conditions of Service Handbook NHS Employers

16 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	16 September 2025
Next review date	16 September 2028
This document replaces	New document – replaces sub-section of Staff Development Policy HR-0012-v8
This document was approved by	People and Culture Policy Working Group
This document was approved	25 July 2025
This document was ratified by	Joint Consultative Committee
This document was ratified	16 September 2025
An equality analysis was completed on this policy on	04 July 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	16 Sept 2025	New document.	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	P&C
Title	Appraisal Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	<ul style="list-style-type: none">• Ensure all staff have a meaningful annual appraisal resulting in the development of an appropriate personal development plan (PDP)• Ensure that key team and individual objectives highlighting any development are developed and monitored throughout the year and incorporated into quarterly management supervision.• Ensure the key focus is to create the opportunity to deliver great quality meaningful conversations.• Doctors follow a separate Appraisal Policy and Procedure for medical staff.
Start date of Equality Analysis Screening	04 July 2025
End date of Equality Analysis Screening	04 July 2025

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff and patient

Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	none
Describe any positive impacts / Human Rights Implications	Quality one-to-one conversations with staff help identify the individual needs of each staff member, allowing them to receive necessary support or reasonable adjustments. The conversations enhance the wellbeing and professional development of staff, irrespective of their protected characteristics. It also increases supervisors' and managers' awareness of how a protected characteristic impacts staff members.

Section 3	Research and involvement
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What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	PWG, JCC, trust wide staff consultation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	Staff development policy
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	y	
	Are supporting documents referenced?	y	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	Reviewed by E&D on 04 July 2025
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
10.	Publication		
	Has the policy been reviewed for harm?	y	No harm
	Does the document identify whether it is private or public?	y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	