

## APPRAISAL POLICY FOR STAFF – AGENDA FOR CHANGE

|   |   | POLICY  |
|---|---|---|
| Reference   | HR/002  |   |
| Approving Body  | Joint Staff Partnership Forum   |   |
| Date Approved   | 24 <sup>th</sup> February 2026  |   |
| For publication to external SFH website                         | Positive confirmation received from the approving body that the content does not risk the safety of patients or the public: |   |
|   | <b>YES</b>  | <b>NO</b>   |
|   | x   |   |
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| Legal and/or Accreditation Implications                         | NA  |   |
| Target Audience   | All staff on Agenda for Change Terms and Conditions of Employment   |   |
| Review Date   | 31 <sup>st</sup> March 2027   |   |
| Sponsor (Position)  | Gemma Gelsthorpe, Head of People Development  |   |
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| Lead Division/ Directorate                                      | People Directorate  |   |
| Lead Specialty/ Service/ Department                             | People Development  |   |
| Position of Person able to provide Further Guidance/Information | Gemma Gelsthorpe, Head of People Development  |   |
| Associated Documents/ Information                               |   | Date Associated Documents/ Information was reviewed |
| 1. Equality Impact Assessment                                   |   | 16 <sup>th</sup> January 2026                       |
| Template control  |   | April 2024  |

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## 1.0 INTRODUCTION

Sherwood Forest Hospital's appraisal process is an integral part of the performance management system. In line with the NHS Long Term Workforce Plan, the Trust recognises that it is important for all staff to have clear roles and responsibilities to provide them with fulfilling jobs, to maximise the quality of care provided, and to meet the Trust's objectives.

Appraisals should provide each staff within the organisation an equal opportunity to develop knowledge, skills, values, and behaviours to do their job effectively. The objectives of the appraisal process are:

- Discuss and maximise performance
- To provide feedback, celebrate and reflect on the previous year
- Set objectives and develop a personal development plan for the year ahead
- Encourage development through a career discussion

## 2.0 POLICY STATEMENT

The policy outlines the requirements for all colleagues employed at Sherwood Forest Hospitals under Agenda for Change terms and conditions.

This policy is designed to provide a framework for appraising colleague performance. The appraisal is linked with incremental pay progression, in line with Agenda for Change terms and conditions. Incremental pay progression is dependent upon individuals demonstrating satisfactory performance within their role. Further information is outlined in the [Incremental Pay Progression Policy](#).

The Trust is committed to promoting equal opportunities and eliminating discrimination in everything it does in line with the requirements of equality statutory duties. Please refer to the [Equality and Diversity Policy](#) or Single Equality Scheme for further information.

Consultation on this policy has been conducted via the Joint Staff Partnership Forum and its Policy Subgroup.

Employees will be held accountable when this policy's procedures are not implemented effectively.

## 3.0 DEFINITIONS/ ABBREVIATIONS

**Appraisal Meeting** is a discussion to look back on the previous years' objectives and demonstration of values and behaviours. It will also look forward and set new objectives and personal development plans with employees, taking into consideration their career aspirations and the development required to achieve these.

**Appraisee** – An employee participating in the appraisal process whose performance and development are being reviewed and assessed.

**Appraiser** – An employee participating in the appraisal process that is assessing performance and facilitating development. This may or may not be the appraisee’s line manager.

**Objectives** – A specific result that a person or team aims to achieve within a time frame and with available resources. They are most effective when they focus on specific outcomes and are stretching. This is often defined as ‘SMART’ - Specific, Measurable, Achievable, Relevant and Time-Bound.

**Talent Conversation** – A conversation held with employees to support engagement and development. Regardless of career stage or aspirations, it helps identify and develop needs and opportunities.

**Talent Management** – an approach to ensure an organisation has the right people with the right skills in the right roles, with the right capabilities, commitment, behaviours and values needed for current and future organisational success. The goal is to attract, develop, nurture, identify and retain skilled and valuable employees.

**Successors/Succession Planning** – Identification of critical posts within the organisation and developing identified members of the workplace to fill these posts in future through a systematic evaluation and training process.

**Personal Development Plan (PDP)** – An action plan based on reflection and goal setting for personal development and aspirations that support the achievement of objectives.

**One-to-Ones (1-2-1’s)** – Conversations in the year between the employee and line manager/appraiser that give feedback, celebrate successes, ensure people feel supported and track progress.

**Performance Appraisal Annual Cycle** – The ongoing steps throughout the year that contribute to an effective appraisal.

**Competencies** – A set of defined behaviours, skills, abilities, and attributes a person is required to have to be successful in their job, which can be used to measure performance.

#### 4.0 ROLES AND RESPONSIBILITIES

All colleagues employed under Agenda for Change terms and conditions are responsible for ensuring that this policy is implemented across the Trust.

##### Employee/Appraisee

The role of the employee/appraisee is to:

- Take an active part in the Performance Appraisal Annual Cycle

- Commit to delivering on the objectives outlined in the appraisal process
- Commit to undertake personal development activities identified within the appraisal process
- Commit to demonstrating living and delivering on the Trust's values
- Develop and maintain evidence of the standard of their work
- Ensure that they are familiar with the job description, personal development plan and previously agreed objectives.

It should be noted that employees who fail to prepare for or fail to attend an appraisal meeting may be managed under the [Trust's Disciplinary Policy](#) and Procedure. Employees also have a duty to report any problems in arranging their appraisal to their senior manager.

### Manager/Appraiser

The role of the manager/appraiser is to:

- Arrange an annual Appraisal and 6 Month review for each member of their team in line with this policy
- Commit to undertaking appraisals and one-to-ones that are in line with the Trust's values
- Undertake quality appraisal conversations to enhance performance by planning and preparing for the discussion and ensuring that previous appraisal paperwork and objectives are available for review
- Two weeks before the appraisal, send the appraisal paperwork to the employee and give an outline of what they should prepare
- Complete appraisal documentation as an outcome of the appraisal, provide a copy to the employee and place it in their personnel file and/or digital file if applicable
- Have a talent and career conversation with the employee
- Provide ongoing clarity to individuals regarding expectations of performance
- Ensure that all employees have a personal development plan and provide the necessary resources for activities identified
- Apply the appraisal annual review cycle and policy fairly and equally to all employees
- Ensure that appraisals are recorded on ESR or via People Information on time, to guarantee that employees receive/do not receive incremental pay progression where necessary

### The Trust

The role of the Trust is to:

- Set out a clear framework for completion of Agenda for Change employees' appraisals
- Set appraisal compliance target and monitor compliance against it

- Provide guidance, support and training where required to managers and employees, that enables the successful undertaking of appraisals that will improve performance and achieve the highest standards of care
- Set corporate objectives to inform divisional, team and individual objectives
- Provide clear leadership for embedding throughout the appraisal process
- Provide managers with information on compliance and non-compliant appraisals

## 5.0 APPROVAL

The document was approved at the Trust's Joint Staff Side Partnership Forum

## 6.0 DOCUMENT REQUIREMENTS

All employees should receive a formal appraisal once a year, in line with, and before the employee's incremental date. This ensures that a decision on pay progression being approved or withheld has been made appropriately.

The Appraisal paperwork should be used to provide evidence that the appraisal has been undertaken. One copy should be provided to the employee, and one should be placed in their personal and/or electronic file. The appraisal should discuss:

- Whether the previous year's objectives have been achieved and performance in the last 12 months, what has gone well/ where improvements could have been made
- What contribution the individual think they can make to the department/Trust in the next 12 months, how they see their role developing
- How the individual has demonstrated their alignment to the Trust's vision and values
- Objective setting for the next 12 months in line with the Trust's and departmental objectives
- Have a talent and career conversation with the employee within the year
- Hold a review of any personal development that has taken place within the previous 12 months and produce a realistic personal development plan for the next 12 months

Where satisfactory performance has been identified, incremental pay progression should be approved.

Where there are concerns that the individual needs to meet the standard required, the line manager should discuss the issues promptly and not defer them to the next appraisal meeting. The line manager should refer to the [Capability Policy](#) for further guidance.

If an employee is being dealt with in line with the Capability Policy at the point of undertaking the appraisal, the line manager should follow the guidance set out at 4.3 and be clear that

incremental pay progression will not be approved until the process has been completed. Refer to the Incremental [Pay Progression Policy](#) for more information.

Line managers should report the completed date of appraisals on the monthly return on ESR (Electronic Staff Record) or to the People Development Directorate, indicating whether the pay progression should be approved or withheld.

Where an employee does not feel that their appraisal has been conducted in line with this policy, they should refer to the [Trust's Grievance Policy](#).

For incremental pay requirements relating to those employees who have been with the Trust for less than one year, but have existing previous NHS service, please refer to the [Incremental Pay Progression Policy](#) for more information.

## **EMPLOYEES WITH LESS THAN 1 YEAR'S SERVICE**

For employees new to the trust, transferred internally or returning to work after 12 months of absence, the following guidelines should be applied.

A local departmental induction should be undertaken by the line manager within the first 4 weeks of the new employee commencing in post, placed within their personal file and sent to the relevant department for recording. Please refer to the [Trust's AFC Induction Policy](#) for further information.

To support the local induction, engagement and retention of new employees, the manager must meet with them at 30, 60 and 90 days from the commencement date; documenting and summarising any actions agreed, and place it within the employees personnel and/or digital file.

At the 60-Day Appraisal stage, agreed objectives should be set. This should be an opportunity for managers to outline their expectations of the employee; ensuring the employee is clear about what is required of them to complete their job role.

A review of the objectives should also be done in preparation for the 6 monthly review and full appraisal meeting.

The appraisal for employees with less than 1 years' service, should be undertaken before their 1-year anniversary to ensure compliance with the appraisal cycle and incremental pay progression process.

For example, for an incremental date of 16th December, the employee would require an appraisal within the timeframe of September to November.

## **Annual Declaration of Convictions**

It is a requirement for all employees to make an annual declaration in regard to any information relating to unspent (current) and spent (old) criminal convictions, police cautions, final warnings or reprimands which are not protected (or filtered out) by the Rehabilitation of Offenders Act 1974 including the 1974 (Exceptions) Order, 1975 (Amendment) and the (England and Wales)

Order 2013.

The annual declaration is part of the appraisal process (introduced in December 2018) and is therefore required that every employee completes this declaration before the annual appraisal discussion.

A '[Model a Declaration Form](#)' is expected to be completed as part of the appraisees, pre-appraisal preparation and submitted to the line manager/appraiser at the appraisal meeting.

All completed annual disclosure forms must be stored and retained for a minimum of 12 months.

Advice and support with regard to the completion of the '[Model a Declaration Form](#)' can be obtained from the [People Services Team](#) in the People Directorate.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

| <b>Minimum Requirement to be Monitored</b><br><br>(WHAT – element of compliance or effectiveness within the document will be monitored) | <b>Responsible Individual</b><br><br>(WHO – is going to monitor this element)   | <b>Process for Monitoring e.g. Audit</b><br><br>(HOW – will this element be monitored (method used))  | <b>Frequency of Monitoring</b><br><br>(WHEN – will this element be monitored (frequency/ how often)) | <b>Responsible Individual or Committee/ Group for Review of Results</b><br><br>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who) |
|---|---|---|--|--|
| Appraisal completion rates  | This is carried out and completed by the teams carrying out the appraisals in conjunction with their People Development Partners. | General Management by Division reporting that the appraisal completion performance is tracked against agreed Trust targets  | Monthly  | These figures are collated monthly and reported at the Monthly Divisional Performance Meetings   |
| Quality Audit Programme   | This is carried out and completed by the People Development department with support from the People Information team              | Every six months, a list will be obtained for those who have completed an appraisal within the past six months. Targeted communications will be sent via email through an anonymous feedback form. Drop-in sessions and the option to share feedback on a one-to-one basis will also be available. Themes and insights will be collated, supporting continuous improvements to the Trust’s appraisal processes. | Six Monthly  | Findings reported into AFC Appraisal Working Group, People Resourcing and Development Sub-Cabinet  |
|   |   |   |  |  |



## 8.0 TRAINING AND IMPLEMENTATION

The People Directorate will monitor appraisal compliance rates quarterly, alongside targeted quality audits.

The areas identified below will be exempt from the auditing process:

- Less than 1 years' service
- Maternity leave
- Staff who are on 'suspend no pay' - this normally applies to staff who have been employed on fixed term contracts
- Bank staff
- Students and Volunteers.
- Retention of Employment employees
- External secondments / career breaks
- Secondary assignments where that secondary assignment sits within the same department

Line managers are required to undertake appraisal training to ensure compliance with this policy.

The People Development Team are required to provide the appropriate training provision for undertaking appraisals.

## 9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1.

This document is not subject to an Environmental Impact Assessment.

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- The Agenda for Change Terms and Conditions

### Related SFHFT Documents:

- The Appraisal Guidance Document

## 11.0 KEYWORDS

- Pay Progression
- Induction
- Capability

## 12.0 APPENDICES

**APPENDIX 1- EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

|  |   |  |  |
|--|---|--|--|
| <b>Name of service/policy/procedure being reviewed: Appraisal Policy Agenda for Change</b>   |   |  |  |
| <b>New or existing service/policy/procedure: Existing</b>  |   |  |  |
| <b>Date of Assessment: 16 January 2026</b>   |   |  |  |
| <b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b> |   |  |  |
| <b>Protected Characteristic</b>  | <b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b> | <b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b> | <b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b> |
| <b>The area of policy or its implementation being assessed:</b>  |   |  |  |
| <b>Race and Ethnicity</b>  | No none   | Aspects are monitored and captured within the Policy Document  | None Identified  |
| <b>Gender</b>  | No none   | Aspects are monitored and captured within the Policy Document  | None Identified  |
| <b>Age</b>   | No none   | Aspects are monitored and captured within the Policy Document  | None Identified  |
| <b>Religion / Belief</b>   | No none   | Aspects are monitored and captured within the Policy Document  | None Identified  |
| <b>Disability</b>  | No none   | Aspects are monitored and captured within the Policy Document  | None Identified  |
| <b>Sexuality</b>   | No none   | Aspects are monitored and  | None Identified  |

|   |         |   |                 |
|---|---------|---|-----------------|
|   |         | captured within the Policy Document                           |                 |
| <b>Pregnancy and Maternity</b>  | No none | Aspects are monitored and captured within the Policy Document | None Identified |
| <b>Gender Reassignment</b>  | No none | Aspects are monitored and captured within the Policy Document | None Identified |
| <b>Marriage and Civil Partnership</b>   | No none | Aspects are monitored and captured within the Policy Document | None Identified |
| <b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>  | No none | Aspects are monitored and captured within the Policy Document | None Identified |
| <p><b>What consultation with protected characteristic groups including patient groups have you carried out?</b><br/>Discussions held through the Trusts Joint Staff Partnership Forum, the Appraisal Working Group and Staff Networks. In addition to this as part of the policy review a number of engagement groups were held to review content and application.</p>  |         |   |                 |
| <p><b>What data or information did you use in support of this EqIA?</b></p> <ul style="list-style-type: none"> <li>Information held on the Trust Staff Record (ESR)</li> </ul>  |         |   |                 |
| <p><b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>   |         |   |                 |
| <p><b>Level of impact</b></p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (<a href="#">click here</a>), please indicate the perceived level of impact:</p> <p>High Level of Impact/Medium Level of Impact/Low Level of Impact (<i>Delete as appropriate</i>)</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p> |         |   |                 |
| <p><b>Name of Responsible Person undertaking this assessment:</b> Conall-Eve Silvester-Horvath</p>  |         |   |                 |

|  |
|--|
|  |
| <b>Signature:</b> Conall-Eve Silvester-Horvath |
| <b>Date:</b> 16 January 2026                   |