

# **ACHIEVEMENT REVIEW POLICY (H6)**

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Equality and Diversity Policy (ED1)			

### Amendment History

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1.1	Approved	December 2015	Amended Health, Safety and Wellbeing questionnaire (appendix 2).	-
1.2	Approved	January 2016	Addition of annual declaration form	JCNC
1.3	Approved	March 2016	Amendment to annual declaration form	Assistant Director of Workforce
1.4	Approved	July 2016	Change to email address within appendix 1	Assistant Director of Workforce
1.5	Approved	Oct 2016	Amendment to AR forms	Assistant Director of Workforce
1.6	Approved	Nov 2017	Achievement Review replacing PDR	Director of Workforce & OD
1.7	Approved	March 2019	General review and audit	HR Advisor
1.8	Approved	August 2019	Amendment to Declarations of Interest process	HR Advisor

## CONTENTS

<b>1. PURPOSE</b>	<b>4</b>
<b>2. SCOPE</b>	<b>4</b>
<b>3. EQUALITY AND DIVERSITY STATEMENT</b>	<b>4</b>
<b>4. INTRODUCTION</b>	<b>4</b>
<b>5. ROLES AND RESPONSIBILITIES</b>	<b>5</b>
<b>6. WHEN ACHIEVEMENT REVIEWS ARE UNDERTAKEN</b>	<b>5</b>
<b>7. PREPARATION</b>	<b>5</b>
<b>8. PERSONAL DEVELOPMENT PLAN (PDP)</b>	<b>6</b>
<b>9. ACHIEVEMENT REVIEWS AND COMPETENCY FRAMEWORKS</b>	<b>6</b>
<b>10. ACHIEVEMENT REVIEWS AND VALUES &amp; BEHAVIOURS</b>	<b>6</b>
<b>11. ACHIEVEMENT REVIEWS AND SUPPORTING PROCESSES</b>	<b>6</b>
<b>12. ANNUAL EMPLOYMENT DECLARATION</b>	<b>7</b>
<b>13. ACHIEVEMENT REVIEWS AND INCREMENTAL PROGRESSION</b>	<b>7</b>
<b>14. TRAINING AND AWARENESS</b>	<b>10</b>
<b>15. REFERENCES</b>	<b>10</b>
<b>16. CONTACT DETAILS</b>	<b>10</b>
<b>17. MONITORING, AUDIT AND REVIEW PROCEDURES</b>	<b>10</b>
<b>18. APPENDIX 1 - GUIDANCE NOTES FOR 'REVIEWER' AND 'REVIEWEE'</b>	<b>11</b>
<b>19. APPENDIX 2 – ACHIEVEMENT REVIEW FORM (EXTENDED VERSION)</b>	<b>13</b>
<b>20. APPENDIX 3 - YOUR ACHIEVEMENT REVIEW FORM (CONDENSED VERSION)</b>	<b>19</b>
<b>21. APPENDIX 4 - REVIEWEE HEALTH, SAFETY &amp; WELLBEING QUESTIONNAIRE AND ACTIONS</b>	<b>23</b>
<b>22. APPENDIX 5 - ANNUAL EMPLOYMENT DECLARATION</b>	<b>26</b>
<b>23. APPENDIX 6 - BEHAVIOURS</b>	<b>28</b>
<b>24. APPENDIX 7 - APPLICATION TO DEFER PAY INCREMENT</b>	<b>29</b>
<b>25. APPENDIX 8 - DEFERRAL OF INCREMENT (APPLICATION FOR REVIEW)</b>	<b>30</b>
<b>26. APPENDIX 9 - APPLICATION TO RE-INSTATE DEFERRED PAY INCREMENT</b>	<b>31</b>

## 1. Purpose

- 1.1 The aim of this policy is to ensure an on-going cycle of performance review, planning, development and evaluation, linked to organisational, service and individual development needs and the achievement of key work objectives.

## 2. Scope

- 2.1 The policy applies to all substantive employees of Torbay and South Devon NHS Foundation Trust (hereafter referred to as the Trust) with the exception of medical and dental staff for which separate provisions apply.

## 3. Equality and Diversity Statement

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trusts will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 3.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality Analysis Procedure.

## 4. Introduction

- 4.1 The Achievement Review process is an ongoing cycle of review, planning, development and evaluation, linked to organisational, service and individual development needs and the achievement of key work objectives. The term 'Achievement Review' is interchangeable with 'Appraisal'. Hereafter, Achievement Review (AR) will be used to describe such structured meetings.
- 4.2 The main purpose of the Achievement Review is to:
- Review the performance of a member of staff against agreed SMART objectives
  - Set objectives to help the member of staff work to their full potential
  - Set objectives as required in respect of any relevant competency framework
  - Review the behaviour of a member of staff against the organisations values and behaviours
  - Agree a development plan to meet individual and organisational development needs
  - Determine, where applicable, whether the criteria for incremental progression has been met

## **5. Roles and Responsibilities**

### **5.1 Reviewee**

- 5.1.1 It is the responsibility of the individual member of staff (the reviewee) to engage fully with the Achievement Review process and to attend their AR meeting at the time and date agreed with their manager or supervisor (the reviewer).
- 5.1.2 It is the reviewee's responsibility to attend any training, learning and development (hereafter referred to as development) events, including mandatory training, as agreed in their Personal Development Plan or induction review and to reflect on any development to ensure that they apply the knowledge and skills they have gained.

### **5.2 Reviewer**

- 5.2.1 The reviewer will normally be the reviewee's line manager. Exceptionally, this role can be delegated to a substitute manager or an appropriate alternative such as the reviewee's supervisor or a professional adviser.
- 5.2.2 It is the reviewer's responsibility to schedule the AR meeting with the reviewee providing sufficient notice for preparation and to ensure that all relevant forms are completed, signed-off and followed-up as appropriate.
- 5.2.3. The reviewer must be appropriately trained/or experienced in leading development review meetings and have sufficient authority to be able to approve development opportunities for the individual. Attendance at an in-house AR training course is recommended.

## **6. When Achievement Reviews are undertaken**

### **6.1 Induction Review**

- 6.1.1 The AR process begins during the induction period for new employees. The aim of this discussion is to assist a new member of staff to make a success of their new job. A personal development plan (PDP) should be developed during the first two months of employment to set some initial work objectives and identify any early development activities and as a check to ensure that all mandatory training has been completed.

### **6.2 Annual Achievement Review**

- 6.2.1 The annual AR is when all the discussions that have taken place throughout the year are brought together and jointly reflected on and documented in a structured way (appendices 2 or 3). Any issues identified in the reviewee's work or development during the year should have been addressed at the time they arose, they should not be left until the annual AR meeting. The guiding principle of the AR process is 'no surprises'.

## **7. Preparation**

- 7.1 Preparation is essential to a positive outcome of an AR. Both the reviewer and the reviewee should adequately prepare prior to the meeting by reading the guidance in the AR form (appendix 1) and familiarising themselves with the paperwork and undertaking the pre-requisite actions and thinking.

## **8. Personal Development Plan (PDP)**

- 8.1 During the AR meeting, a PDP for the forthcoming year will be developed and agreed by the reviewee and their reviewer.
- 8.2 Development is not just about attending training courses. Development may also consist of on-the-job training, opportunities to participate in particular projects or work areas, distance learning, private study, short secondments, work shadowing, peer review and other continuous professional development activities.
- 8.3 A PDP identifies and prioritises learning and development needs and how these will be addressed to assist:
- i) Achieving agreed work objectives/ key result areas.
  - ii) Meeting levels of behaviour in accordance with organisational values and behaviours.
  - iii) Meeting the required level of competency.
  - iv) Progressing any personal career / role / work aspirations.
- 8.4 The reviewee is responsible for monitoring their PDP throughout the year and for bringing any issues to the attention of their reviewer/line manager. They may choose, where appropriate, to commit personal time and resources, especially in those areas relating to longer term career development.

## **9. Achievement Reviews and Competency Frameworks**

- 9.1 Where a competency framework, e.g. the KSF or a professional competency framework, is actively being applied in respect of the reviewee's post, it should be used to lead discussions on how the reviewee is applying their knowledge and skills to meet the demands of their post and to identify future development needs informed by the achievement of objectives/ key result areas.
- 9.2 Where there is no competency framework being applied discussions may focus of the job description and job specification to provide the context to the role. This will involve focussing on a review of performance over the review period against any previously agreed objectives/ or key result areas.

## **10. Achievement Reviews and Values & Behaviours**

- 10.1 All staff subject to this policy can be assessed against a set of behaviours which are in turn linked directly to the six organisational values as described in the NHS Constitution.

## **11. Achievement Reviews and Supporting Processes**

- 11.1 The AR process may be supported and complemented by the use of 360 degree appraisals, Health, Safety & Wellbeing questionnaire (appendix 4) or assessments of team performance, e.g. looking at the quality of the service provided by the team or the effectiveness of team communications. However, these will only be used to support and feed in to the individual AR process and never to replace an individual AR.

## 12. Annual Employment Declaration

- 12.1 The Trust must comply with NHS employment checks standards and Trust policies to monitor any changes to an individual's circumstances that may impact on their employment or be a safeguarding issue. To satisfy this requirement each employee should complete annually with their line manager the annual employment declaration form (appendix 5) at the same time as they have their Achievement Review Meeting (AR).
- 12.2 Once completed the line manager should email Workforce Information in the usual way confirming the name of the individual and that you have completed the AR and the Annual Employment Declaration and the date you completed them.

## 13. Achievement reviews and incremental progression

### 13.1 Background

- 13.1.1 These provisions reflect Annexe 23 of the Agenda for Change Terms and Conditions Handbook and have been subject to consultation with the Trust staff representatives. They apply to all staff with the exception of Medical and Dental staff that have separate arrangements.
- 13.1.2 With effect from 1<sup>st</sup> April 2013 incremental pay progression for all pay points became conditional upon individuals demonstrating that they had the required level of knowledge and skills/competencies for their role and that they have demonstrated an acceptable level of performance and delivery. As part of these new provisions the Trust has been required to seek agreement to the principles and objectives that will apply to any assessment of staff performance linked to incremental pay progression and as a consequence the local implementation date for these new provisions is 1<sup>st</sup> October 2014. Incremental points gained prior to this date are not therefore subject to these provisions.

### 13.2 Principles

- 13.2.1 The assessment for incremental pay progression is part of the AR policy and processes. Therefore, in order to gain incremental credit an employee **must** have an annual AR.
- 13.2.2 To ensure fair and consistent application of the AR policy with specific regard to incremental progression, assessment will be based on broad organisation objectives that will be applied to all staff covered by the policy. This will not preclude managers from setting other local objectives but failure to attain local objectives may not be used as a basis for any decision to defer incremental progression.
- 13.2.3 All staff demonstrating the required knowledge and skills, and applying acceptable levels of performance and delivery consistently during the period covered by the annual AR will benefit from incremental pay progression.
- 13.2.4 Individual performance should be monitored throughout the year so that under performance is identified and addressed appropriately at that point. Managers should be mindful of factors outside the individuals control when assessing overall performance.

- 13.2.5 Progression into the annually earned pay points, the last two pay points in pay bands 8c, 8d and 9, will be available to all members of staff in these bands subject to the same criteria set out in these provisions. Pay protection shall not apply should assessment result in the removal of a pay point.
- 13.2.6 Individual staff will have the right to seek a review of any decision where the required level of performance is deemed not to be met.
- 13.2.7 For ease of administration Payroll Department will continue to allow staff to progress to the next increment automatically unless they are advised that a deferral is required. Therefore managers are responsible for undertaking AR's and submitting the appropriate form to Payroll should they wish to defer an increment.

### 13.3 Criteria and Organisation Objectives

13.3.1 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, enabling it to deliver the best possible healthcare services to its service users. The organisation is also committed to ensuring that every employee is able to achieve their full potential, through the implementation and operation of a fair, open and objective AR process. To this end all employees must have an annual AR through which they can demonstrate they have achieved the standards required by the Trust.

- **Performance** - consistently demonstrate they have the knowledge and skills for the position;
- **Behaviour** – demonstrate acceptable levels of conduct;
- **Attendance** – have what is considered to be a good attendance record;
- **Training** – have completed essential learning;
- **Organisation values and culture** – are compliant with the organisations objectives.

### 13.4 Grounds for deferral of incremental pay progression

13.4.1 Incremental pay progression may only be deferred where significant issues of performance and/or conduct have been identified, discussed and documented with the individual concerned and, despite opportunities for appropriate support, training development have not been resolved. Consequently operational managers may only apply the following criteria to defer an increment;

- **AR** – the employee has not completed their annual AR.  
**\*\* If an employee has not completed AR due to management failure to make the necessary arrangements this may not be used as a ground for deferral.**
- **Performance** – the employee has not demonstrated an acceptable level of performance.
- **Behaviour** – the employee has not demonstrated an acceptable standard of behaviour (conduct) (see appendix 6).
- **Attendance** – the employee has not demonstrated an acceptable level of attendance. In applying this criterion managers must have regard to the requirement to make reasonable adjustments for staff that would be



considered disabled under the Equality Act 2010. Operational managers may also choose not to apply this criterion to staff that are on long term sickness absence as a consequence of a serious physiological or psychological condition requiring for example surgical intervention and/or long term treatment. The criterion **may not** be applied in circumstances of work related injury or illness or to staff on statutory maternity/adoption leave.

- **Training** – the employee must have completed essential mandatory training. Where management fail to ensure a member of staff is able to attend for mandatory training this criterion may not be used as grounds for deferral.
- **Organisations values and culture** – the employee has clearly failed to comply with the organisations values and culture.

13.4.2 In determining whether the increments should be deferred for reasons associated with poor performance, conduct or attendance, this can only be demonstrated by the fact that management have had to take **formal** action under Trust performance, attendance and/or disciplinary procedures during the review period to address the problem and formal (written) warnings issued during this period remain on file. If management have taken no action there are no grounds for deferral. In addition, the fact that an employee has a written warning on file may not be used as automatic grounds for deferring an increment. Managers are obliged to consider each case on individual merit.

13.4.3 In order to action a pay deferral the manager must complete the “Application to Defer Pay Increment” form (appendix 7) and send to Payroll. Failure to do so will lead to the increment automatically being awarded.

For information on dealing with performance, conduct or attendance issues please see existing local policies and procedures.

## 13.5 Review

13.5.1 An employee who is subject to deferral of incremental pay progression by their line manager and disagrees with that decision may seek a review by the next in line senior manager. The employee may request that the case is reviewed by a senior manager from an alternative Directorate / Zone if they prefer by completing the Deferral of Increment (Application for Review) form (appendix 8).

13.5.2 If the individual’s case is upheld, payroll will be informed and pay will be backdated to the point at which incremental pay progression should have occurred. The manager must complete the “Application to Re-instate Deferred Pay Increment” form (appendix 9).

13.5.3 The decision of the senior manager reviewing the matter is final and no further opportunities for review may be requested

## 13.6 Review Procedures

13.6.1 All managers and members of staff are responsible for ensuring that the organisation’s Equality and Diversity Policy (ED1) is adhered to and accordingly that this policy is applied fairly to all staff.

- 13.6.2 Employers and staff representatives, acting in partnership, will monitor decisions on incremental pay progression to ensure that there is no discrimination or bias in relation to the above.
- 12.3.3 To ensure this is fully complied with a monitoring panel, consisting of a Human Resource representative and Trade Union representative, will meet annually to review all decisions regarding pay deferrals.
- 13.6.4 The organisation will monitor that development reviews are being undertaken annually and pay progression is operated in a non-discriminatory manner.

#### **14. Training and Awareness**

- 14.1 Advice and support will be provided by the HR team to support staff and managers in adhering to this policy and their understanding of dealing with AR's.
- 14.2 The HR team will raise awareness of this policy through the publication of information on iCare and Contact and to advise staff to changes to the policy through the staff bulletin and ratification process.

#### **15. References**

- 15.1 Agenda for Change Terms and Conditions of Service – Annex 23
- 15.2 NHS Constitution

#### **16. Contact Details**

- 16.1 Any queries regarding this policy should be directed to the HR team and the Directorate of Workforce and Organisational Development

- HR Helpline – 01803 655754 (ext. 55754)
- HR department – 01803 654506 (ext. 54506)
- Equality and Diversity/Wellbeing – 01803 656705 (ext. 56705)

#### **17. Monitoring, Audit and Review Procedures**

- 17.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

## 18. Appendix 1 - Guidance notes for 'reviewer' and 'reviewee'

These notes provide a basic reminder of the purpose of an Achievement Review meeting and some key pointers for both reviewers and reviewees.

### Purpose

The AR meeting is a 'protected' opportunity to:

- review the performance of a member of staff against agreed SMART\* objectives
- set objectives to help the member of staff work to their full potential
- set objectives as required in respect of a relevant competency framework
- review the behaviour of a member of staff against the organisations values and behaviours
- agree a development plan to meet individual and organisational development needs

*\*What are SMART objectives?*

*To be effective, an objective should be:*

- *Specific: it is clear exactly what needs to be achieved*
- *Measurable: you can tell when it has been achieved because there is a way to measure completion*
- *Achievable: it's within the capabilities of the individual*
- *Realistic: the resources required are available for the objective to be a realistic target in the time allotted*
- *Time scaled: there is a time deadline to help the individual focus on the objective*

### Key points to remember for both parties:

- Don't put too many objectives in – a maximum of 6 as a rule of thumb
- Both parties must show respect for the process by being prepared
- Keep the discussions relevant and focused
- Both parties be aware of your responsibilities under the relevant employment legislation concerning Equality and Diversity
- Be mindful of Standards of Business Conduct, Standing Orders, Standing Financial Instructions and Professional Codes of Conduct – including the Code of Conduct for NHS Managers (2002) for anyone in a management or leadership role.
- Ensure that Core (Mandatory) and Essential training is up to date

**Sections 1A and 1B**, the AR matrix, is to be used both to review performance against last year's objectives and to record objectives agreed for the coming year. When agreeing objectives prefix with one of the following as appropriate (it is **not** a requirement to have an objective from each category):

O = Organisational objective – as derived from the business objectives of the organisation

B = Behavioural objective – as derived from the behavioural framework

C = Competency objective – as derived from your professional competency framework, KSF etc. if applicable

D = Personal development objective – as derived from your personal career aspirations

**Section 2A and 2B** is to be used for training/support identified to help meet the objectives determined in Section 1 and is both for old and new development needs

**Section 3** is to be used for any free text comments that either the reviewer or reviewee wishes to make in respect of the AR.

**Sections 4A** is required to be completed and signed off by both parties to indicate that the AR has been completed and that, where there is scope for further incremental progression, the criteria that relates to incremental progression has been met.

**Section 4B** is required to be completed and signed off by both parties where further consideration of incremental progression needs to be given.

19. Appendix 2 – Achievement Review Form (Extended Version)

# Your Achievement Review

**(Replaces the Performance Development Review/Appraisal)**

Name:

Job Title:

Department:

Reviewer:

Next level manager:

Date of this achievement review meeting:    /    /

Date next achievement review meeting is due:    /    /

Professional registration (revalidation date):    /    /

**PART 1a - REVIEW OF THE PAST 12 MONTHS (REVIEWEE TO COMPLETE PRIOR TO MEETING)**

<b>PERFORMANCE :</b>		
<b>How have you performed against your objectives over the previous 12 months? List your objectives below.</b>	<b>Was the Objective achieved:</b>	
1.	<b>YES : <input type="checkbox"/> NO: <input type="checkbox"/> PARTIAL: <input type="checkbox"/></b>	
2.	<b>YES : <input type="checkbox"/> NO: <input type="checkbox"/> PARTIAL: <input type="checkbox"/></b>	
3.	<b>YES : <input type="checkbox"/> NO: <input type="checkbox"/> PARTIAL: <input type="checkbox"/></b>	
4.	<b>YES : <input type="checkbox"/> NO: <input type="checkbox"/> PARTIAL: <input type="checkbox"/></b>	
<b>Comments:</b> <i>(Reflecting on how your objectives were met and what you would do differently)</i>		
<b>What were you most proud of, that was not included in your objectives?</b>		
<b>TRAINING AND DEVELOPMENT:</b>		
<b>What learning, training and development have you undertake in the past 12 months?</b>	<b>Date completed</b>	<b>Comments</b> <i>(i.e. was this relevant, how did it benefit you and patients, would you recommend)</i>

<b>REVIEW OF YOUR OWN PERFORMANCE AGAINST VALUES</b>	
<b>Our Values</b>	<b>Demonstration of your behaviours</b> Provide examples how you demonstrate the Trust Values.
<ul style="list-style-type: none"> <li>• Working together for people</li> <li>• Everyone counts</li> <li>• Commitment to quality of care</li> <li>• Actively Improving Lives</li> <li>• Respect and Dignity</li> <li>• Empathy (Compassion)</li> </ul>	

**PART 1b – LOOKING FORWARD (REVIEWEE TO COMPLETE PRIOR TO MEETING)**

<b>SETTING YOUR PERFORMANCE OBJECTIVES FOR THE COMING 12 MONTHS</b>			
What are the objectives required for you to be successful in your role? Some of the best objectives are <u>'SMARTER'</u> : specific, measurable, achievable, realistic, time bound extending and rewarding ( <i>please add or delete rows to accommodate objectives</i> )			
<i>These objectives are to be reviewed and agreed at meeting</i>			
<b>Objectives</b>	<b>Target date</b>	<b>Support or actions required to achieve</b>	<b>Agreed by Reviewer</b>
1.			
2.			
3.			
4.			
5.			

**PERSONAL DEVELOPMENT PLAN (PDP) FOR FORTHCOMING YEAR**

In this section you should set out the development required to achieve the objectives, skills, knowledge and competencies required for you role. Also, detail what support you would be required for revalidation for professional registration (if required).

*Please ensure mandatory training is prioritised and completed within the compliance timescale.*

<b>What development is required to achieve your objectives or support you evolving in your role?</b>	<b>Target Date</b>	<b>How will you access this development?</b> Detail what actions you will take to achieve your required level of skill/knowledge and support required e. g. observation, projects, job rotation, 360 feedback, training course etc.	<b>Agreed by Reviewer</b>

**WHAT ARE YOUR WORK ASPIRATIONS**

What are your work aspirations and what areas of work/projects would you like experience in?

**HEALTH AND WELL-BEING (Please refer to Health, Safety and Wellbeing questionnaire if required)**

Please record any issues discussed and actions regarding work: life balance; working patterns; reasonable adjustments for disabilities etc.

**FEEDBACK FOR MANAGER (IT IS IMPORTANT THAT YOU DISCUSS)**

Is there anything your line manager could do more of?  
Is there anything your line manager could do less of?  
What could they do to help you be more successful?



**PART 2 – RECORD OF MEETING (REVIEWEERTO COMPLETE DURING MEETING)**

To be completed by reviewer following discussion on the above information.

<b>FINAL COMMENTS AND SIGN OFF</b>		
<b>REVIEWER’S COMMENTS</b> <i>(covering key points of meeting):</i>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>REVIEWEE’S COMMENTS:</b>		
I confirm that I have agreed my objectives/performance standards and learning and development needs for next year.		
I confirm I have completed a confidential Health, Safety and Wellbeing Questionnaire (if required) and Annual Employment Declaration		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>

**INCREMENTAL PROGRESSION:**

Please tick the boxes below as appropriate:

An achievement review has been completed

Mandatory training is up to date

There are no live warnings in place under any of the following policies; sickness absence, capability and disciplinary

If all the above boxes are ticked and where the top of the incremental scale has not yet been reached, the reviewee can proceed to the next incremental point on the normal date for the individual. Where any of the above criteria have not been met and where the top of the incremental scale has not yet been reached, the manager must determine whether the increment will be deferred or allowed based on the principles found in the achievement review policy. If a deferral is deemed appropriate the manager must state the reasons in the box below and then complete an incremental deferral for use by payroll.

Proceed to next incremental point

Defer progression to next incremental point

Rationale for deferring increment:

**Reviewee's Signature:**

**Reviewer's Signature:**

**Date:**

A copy of all these forms should be kept on the employee's personal file, and a copy given to the employee for their portfolio.

**Please report that the Achievement Review has taken place by completing the electronic form on:**  
<https://icon.torbayandsouthdevon.nhs.uk/areas/workforce-information/Pages/annual-achievement-review.aspx>

**20. Appendix 3 - Your Achievement Review Form (Condensed Version)**

Name:	Job Title:
Department:	Reviewer:
Date of this achievement review meeting:	Date next achievement review is due:

**Review of past 12 months**

How has work been over the past 12 months? What went well or less well? What pieces of work have you been proud of?

What training and development have you undertaken in the past 12 months?

**Looking forward**

What would you like to achieve over the next 12 months and what are your priorities?

What support or development do you need to help you to be successful?

What are your work aspirations and what areas of work/projects would you like experience in?

**Review of performance against values**

Provide examples of how you demonstrate the Trust Values; Working together for people, everyone counts, commitment to quality of care, actively improving lives, respect & dignity & empathy (compassion).

**Health and wellbeing**

Please record any issues discussed and actions regarding work: life balance; working patterns; reasonable adjustments for disabilities etc. (Please refer to Health, Safety and Wellbeing questionnaire if required)

<b>Incremental Progression</b>	
Please tick the boxes below as appropriate:	
An achievement review has been completed	<input type="checkbox"/>
Mandatory training is up to date	<input type="checkbox"/>
There are no live warnings in place under any of the following policies; sickness absence, capability and disciplinary	<input type="checkbox"/>
<p>If all the above boxes are ticked and where the top of the incremental scale has not yet been reached, the reviewee can proceed to the next incremental point on the normal date for the individual. Where any of the above criteria have not been met and where the top of the incremental scale has not yet been reached, the manager must determine whether the increment will be deferred or allowed based on the principles found in the achievement review policy. If a deferral is deemed appropriate the manager must state the reasons in the box below and then complete an incremental deferral for use by payroll.</p>	
Proceed to next incremental point	<input type="checkbox"/>
Defer progression to next incremental point	<input type="checkbox"/>
Rationale for deferring increment:	
<b>Feedback for manager</b>	
Is there anything your line manager could do more of? Is there anything your line manager could do less of? What could they do to help you be more successful?	
<b>Final Comments and Sign Off</b>	
Reviewers Comments	
Reviewee Comments	

*Reviewee Signature:*

*Reviewer Signature:*

*Date email sent to workforce information*

**HEALTH AND WELL-BEING**  
**(Please refer to Health, Safety and Wellbeing questionnaire if required)**

Please record any issues discussed and actions regarding work: life balance; working patterns; reasonable adjustments for disabilities etc.

**FEEDBACK FOR MANAGER (IT IS IMPORTANT THAT YOU DISCUSS)**

Is there anything your line manager could do more of?

Is there anything your line manager could do less of?

What could they do to help you be more successful?

**FINAL COMMENTS AND SIGN OFF**

**REVIEWER'S COMMENTS:**

**Name:**

**Signature:**

**Date:**

**REVIEWEE'S COMMENTS:**

I confirm that I have agreed my objectives/performance standards and learning and development needs for next year.

I confirm I have completed a confidential Health, Safety and Wellbeing Questionnaire (if required) and Annual Employment Declaration

**Name:****Signature:****Date:****INCREMENTAL PROGRESSION:**

Please tick the boxes below as appropriate:

An achievement review has been completed

Mandatory training is up to date

There are no live warnings in place under any of the following policies; sickness absence, capability and disciplinary

If all the above boxes are ticked and where the top of the incremental scale has not yet been reached, the reviewee can proceed to the next incremental point on the normal date for the individual. Where any of the above criteria have not been met and where the top of the incremental scale has not yet been reached, the manager must determine whether the increment will be deferred or allowed based on the principles found in the achievement review policy. If a deferral is deemed appropriate the manager must state the reasons in the box below and then complete an incremental deferral for use by payroll.

Proceed to next incremental point

Defer progression to next incremental point

Rationale for deferring increment:

**Reviewee's Signature:****Reviewer's Signature:****Date:**

A copy of all these forms should be kept on the employee personal file, and a copy given to the employee for their portfolio.

**Please report that the Achievement Review has taken place by completing the electronic form on:**  
<https://icon.torbayandsouthdevon.nhs.uk/areas/workforce-information/Pages/annual-achievement-review.aspx>

**21. Appendix 4 - Reviewee Health, Safety & Wellbeing Questionnaire and Actions**

<b>Reviewee Name:</b>		<b>Date:</b>	
<b>Reviewer Name:</b>		<b>Date:</b>	

This form covers factors which may be relevant to Health, Health & Safety and Wellbeing@work. In addition to addressing specific requirements under Health & Safety legislation, it also gives reviewers and individuals the opportunity to explore some of the wider factors of work. We recognise that some questions may be very personal and as this is a guidance questionnaire you may decline to answer such questions.

***Reviewers and individuals should discuss the points outlined below and add any issued identified to the achievement action plan accordingly.***

<b>BACK CARE, POSTURE &amp; MANUAL HANDLING</b>	<b>YES</b>	<b>NO</b>
Do you have any concerns regarding manual handling, posture or back care?		
If yes please provide information:		
Do you have any disability or impairment that requires support in the workplace?		
If yes please provide information:		
<b>ACCIDENTS, INCIDENTS, POSSIBLE WORK RELATED ILLNESS, HEALTH &amp; SAFETY CONCERNS</b>	<b>YES</b>	<b>NO</b>
Have you been shown how to report incidents on the Trust incident reporting system (DATIX)		
Have you had any accidents/incidents in the last 12 months?		
Did you report the incident on the reporting system?		
If not please state the reason:		
Have you got any H & S concerns?		
If yes please provide information:		
<b>DISPLAY SCREEN EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
Do you use display screen equipment (DSE)?		
If yes have you completed the required DSE assessment?		
Date Assessment of DSE user workstation conducted/next due?		
<i>Note: Should be conducted yearly with your manager or when equipment or furniture is updated/renewed.</i>		

<b>SKIN PROBLEMS, DERMATITIS</b>	<b>YES</b>	<b>NO</b>
Are you involved in any activity which requires you to repeatedly wash your hands, use hand gel or wear gloves?		
If Yes please answer the following questions		
Have you ever had any skin problems i.e. itching, redness, dryness of the skin?		
If the answer is yes your line manager should refer you to Occupational Health		
<b>MICROBIOLOGICAL HAZARDS</b>	<b>YES</b>	<b>NO</b>
Have you had the recommend immunisation against infectious agents?		
<i>Guidance can be found in the Trusts 'Staff Screening and Immunisations Protocol' Ref No 1778 on ICON</i>		
If the answer is NO your manager should refer you to Occupational Health		
<b>SUBSTANCES HAZARDOUS TO HEALTH</b>	<b>YES</b>	<b>NO</b>
Do you work with substances hazardous to health?		
Have you been informed of the risks and controls required when using these products?		
If the answer is NO your manager must advise you accordingly.		
<b>SHARPS, CONTAMINATION INJURIES</b>	<b>YES</b>	<b>NO</b>
If you were to sustain a Needle stick or Contamination Injury would you know the procedure to follow?		
If the answer is NO your manager must advise you accordingly.		
<b>STRESS</b>	<b>YES</b>	<b>NO</b>
Generally do you feel stressed – either at work, home or are there any other personal factors?		
If yes please give details that can be shared and discussed with your manager.		
Consider seeking help from EAP, Human Resources, Chaplaincy or Occupational Health.		
Are you able to take adequate breaks that you are entitled to?		
Are you concerned about any of your colleagues who you think may be showing signs of Stress?		
If yes, please give details or contact Wellbeing team at <a href="mailto:tsdft.wellbeing@nhs.net">tsdft.wellbeing@nhs.net</a> or ext. 56705 or HR ext. 55754 for advice:		
Are you in a relationship with or know someone who threatens or hurts your mind or body, or [ <i>if an injury is evident did someone cause these injuries to you?</i> ]		
<i>More information and signposting can be found in the Trust Promoting Mental Health &amp; Wellbeing Policy</i>		

<b>UNACCEPTABLE BEHAVIOUR</b>	<b>YES</b>	<b>NO</b>
Have you been the victim of, or had any concerns regarding unacceptable behaviour in the last 12 months?		
If yes please give details and include if the situation has been resolved:		
<b>LONE WORKING</b>	<b>YES</b>	<b>NO</b>
If you work alone do you have any concerns?		
If yes please give more details:		



<b>NIGHT WORKER</b>	<b>YES</b>	<b>NO</b>
Are you a Night worker?		
If yes and you have any concerns about this then please give more details as to why.		
<b>WORK ENVIRONMENT</b>	<b>YES</b>	<b>NO</b>
Do you have any concerns with your working environment?		
If yes please give more details:		
<b>WELLBEING@WORK</b>	<b>YES</b>	<b>NO</b>
Are you aware of your responsibilities around your Wellbeing@work and your role in delivering it?		
If No, please contact Wellbeing team at <a href="mailto:tsdft.wellbeing@nhs.net">tsdft.wellbeing@nhs.net</a> or ext. 56705 for more details:		
<i>The Policy and Strategy can be found on ICON under Wellbeing@work]</i>		
<b>MEDICAL DEVICES</b>	<b>YES</b>	<b>NO</b>
Do you use medical devices?		
If yes have you had user-training?		
If yes Is this training recorded?		
If in doubt then YOU, and your line manager should consult the Trust's Medical Devices (Equipment) Education and Training POLICY ref: 0564 for compliance guidance.		
<b>OTHER HEALTH CONCERNS</b>	<b>YES</b>	<b>NO</b>
Do you have any health issues that affect your ability to do your work?		
If yes you can obtain confidential support from either Occupational Health advice line ext. 53489 or Equality & Inclusion ext. 56705 or Health & Safety ext. 56802/56815 or you can contact a Freedom to Speak up Guardian (see the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy (H30) on ICON)		
<b>OTHER WELLBEING FACTORS</b>		
Identify one thing that improved your working life in the last year		
Identify one thing that you will do to improve your working life in the year ahead		

## 22. Appendix 5 - Annual Employment Declaration

The Trust must comply with NHS Employment Checks Standards and Trust Policies to monitor any changes to an individual's circumstances that may impact on their employment or be a safeguarding issue. It is essential that each employee meets with their line manager annually to discuss the following issues and that this declaration is completed and actioned as outlined. This should be done annually as part of the employees Annual Achievement Review (AR).

Where information needs updating some can be done by the manager and/or employee using ESR self-service. If you don't know how to access ESR self-service please email Workforce Information for instructions and log in details by emailing [wit.tsdf@nhs.net](mailto:wit.tsdf@nhs.net)

Employee Details		
	Assignment Number	
	Surname	
	First Name	
	<b>Work</b> e-mail address	
	Directorate/Business Unit/Department	

Please circle No or Yes and undertake the actions as requested in response to the questions below

Issue	Question	Action
Change of Name, Address or Phone Number/s	1. Have you changed your legal name (as shown on your payslip)? <b>No</b>	If <b>Yes</b> , manager to complete a change of circumstance (please also attach a certified copy of proof of change)
	2. Have you changed address? <b>No</b>	If <b>Yes</b> , either: <ul style="list-style-type: none"> <li>• Manager or employee update ESR via self-service or</li> <li>• Manager to complete a change of circumstance, or</li> <li>• Manager or employee to email Workforce Information with updated details by emailing <a href="mailto:wit.tsdf@nhs.net">wit.tsdf@nhs.net</a></li> </ul>
	3. Have you changed your home, work or mobile numbers? <b>No</b>	
	4. Have your emergency contact details changed, e.g. you may have moved address, changed your contact number or you may wish to nominate someone else? <b>No</b>	
Disclosure and Barring Service Check	Have you received any cautions, convictions, reprimands or warnings since your last Disclosure and Barring Service Check (previously Criminal Records Bureau) and/or Self Declaration Form when you were recruited? <b>No</b>	If <b>Yes</b> , manager to contact Recruitment promptly so this can be reviewed and considered in line with Trust Policy.
Conflict of interest	Have you had any conflicts of interest in the last 12 months? See below for list of potential conflicts of interest) <b>No</b>	If <b>Yes</b> , go to the <a href="#">Declarations of Interest</a> pages on ICON for guidance and to submit a declaration.

**Employee:** I confirm that the information given above is true and accurate and have provided copy documentation as appropriate.

	Employee's signature	
	Print full name	
	Date	

**Manager:**

I confirm that I have discussed the above issues with the employee and copies of documentation provided, and the outcomes of any declarations made, have been retained on their personal file.

I have emailed Workforce Information to confirm that the Annual Employment Declaration has been completed so that they can update the competency on ESR. **Yes / No**

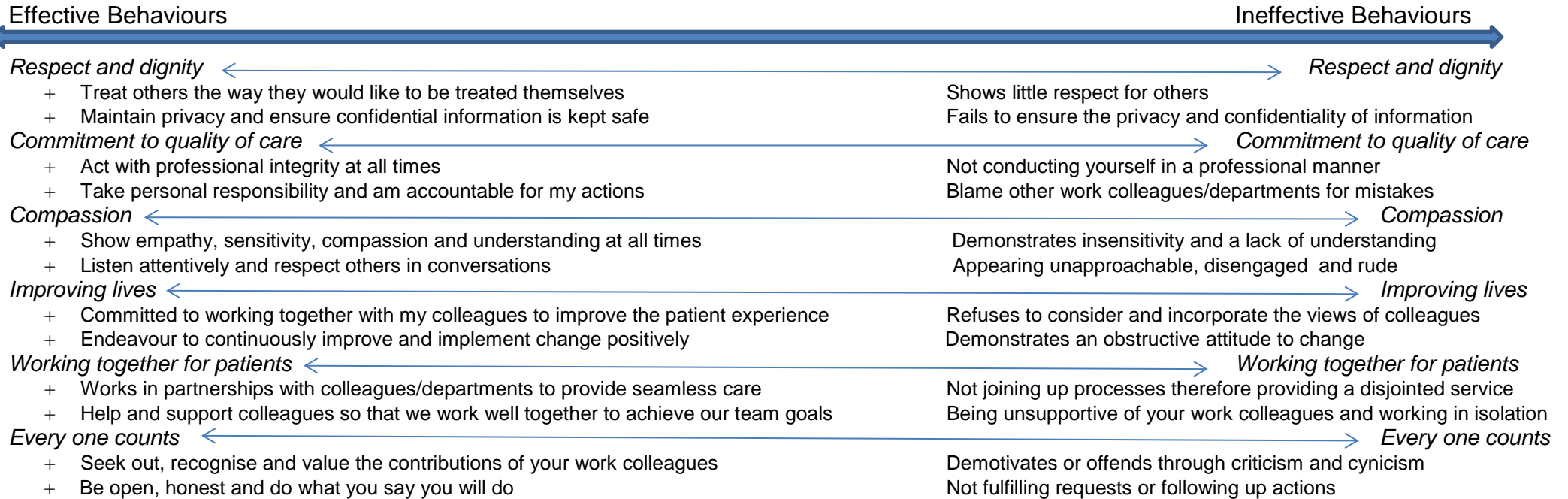
	Manager's signature	
	Print full name	
	Date	

**Potential Conflicts of interest**



**Manager – next steps:** Please save the original signed declaration on the employee's personal file and confirm to Workforce Information that you have completed an appraisal and annual employment declaration for the employee by emailing [wit.tsdf@nhs.net](mailto:wit.tsdf@nhs.net)

**23. Appendix 6 - Behaviours**



Examples for discussion	Examples for discussion
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**24. Appendix 7 - Application to defer pay increment**

**To be completed by the line manager/reviewer**

Name of Employee \_\_\_\_\_

Assignment Number \_\_\_\_\_

Position Held \_\_\_\_\_

Department \_\_\_\_\_

Managers Telephone Number \_\_\_\_\_

Date of Appraisal \_\_\_\_\_

Date of Increment to be Deferred \_\_\_\_\_

Reason for Deferral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please can you ensure the next increment for this employee is deferred. Following annual appraisal I am satisfied they have failed to meet one of the required organisation objectives. I understand this increment will be awarded following next year's annual appraisal unless I apply for further deferral.

Signature \_\_\_\_\_

Name \_\_\_\_\_  
(Blocked capitals, please)

Position \_\_\_\_\_

Date \_\_\_\_\_

**Action by the manager**

Send copy of form to Payroll at [payroll.sdhct@nhs.net](mailto:payroll.sdhct@nhs.net) before the 5<sup>th</sup> of the month and original to go on personal file.

**25. Appendix 8 - Deferral of increment (application for review)**

**To be completed by the applicant**

Name \_\_\_\_\_

Assignment Number \_\_\_\_\_

Position Held \_\_\_\_\_

Department \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Appraisal \_\_\_\_\_

Date of Increment Deferred \_\_\_\_\_

Reason Increment Deferred \_\_\_\_\_

Reasons for Requesting Review \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish to apply for a review of the decision to defer my increment by my line manager/appraiser. I am making this application within 14 days of my appraisal. I understand this review will be conducted by the senior manager who will seek HR advice and that this is the only opportunity for review open to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**26. Appendix 9 - Application to re-instate deferred pay increment**

**To be completed by the line manager/appraiser**

Name of Employee \_\_\_\_\_

Assignment Number \_\_\_\_\_

Position Held \_\_\_\_\_

Department \_\_\_\_\_

Managers Telephone Number \_\_\_\_\_

Date Increment Deferred \_\_\_\_\_

Date of Review/Reinstatement \_\_\_\_\_

Reason for Reinstatement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please can you ensure the deferred increment for this employee is re-instated. Following review I am satisfied they have met the required organisation objectives. I understand reinstatement will be from the date of deferral.

Signature \_\_\_\_\_

Name \_\_\_\_\_  
(Blocked capitals, please)

Position \_\_\_\_\_

Date \_\_\_\_\_

**Action by the senior manager**

Send copy of form to Payroll at [payroll.sdhct@nhs.net](mailto:payroll.sdhct@nhs.net) before the 5<sup>th</sup> of the month and original to go on personal file.