SUPERVISION & APPRAISAL PROCEDURE

PROCEDURE REFERENCE NUMBER: HRPG48A
VERSION NUMBER: 2

KEY CHANGES FROM PREVIOUS VERSION:
The policy now has a talent management tool and process
There is competency based framework

AUTHOR:
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CONSULTATION GROUPS:
Policy Sub-Group
Workforce Transformation Group
Joint Partnership committee

IMPLEMENTATION DATE: April 2017
AMENDMENT DATE(S): April 2019; January 2020
LAST REVIEW DATE: February 2020
NEXT REVIEW DATE: January 2023
RATIFIED BY FINANCE & PERFORMANCE COMMITTEE: 28 February 2020

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PROCEDURE SUMMARY
This procedure sets out the processes required for managing supervision and appraisal with guidance on the application of supervision and appraisal. This includes preparation, completing and the output from supervision and appraisal meetings. It details a differentiated approach for some groups of staff depending on their grade or professional requirements.

The Trust monitors the implementation of and compliance with this procedure in the following ways:
This is detailed in section 5 of the policy. The trust collects performance information on both appraisal and supervision and this is reported monthly to SMT, EOSC and the Finance and Performance Committee

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<tr>
<th>Services</th>
<th>Applicable</th>
<th>Comments</th>
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<td>Trustwide</td>
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The Director responsible for monitoring and reviewing this procedure is Executive Director of People and Culture
1.0 INTRODUCTION

2.0 SUPERVISION

3.0 APPRAISAL

4.0 TALENT MANAGEMENT

4.0 8C AND ABOVE

6.0 PAY PROGRESSION

APPENDICES

APPENDIX 1 – Organisation Values & behaviours

APPENDIX 2 – Supervision Checklist

APPENDIX 3 – Supervision Record Template

APPENDIX 3a – Clinical Supervision Template

APPENDIX 4 – Appraisal Documents Bands 2-3

APPENDIX 5 – Appraisal Documents Bands 4-7

APPENDIX 6 – Appraisal Documents Bands 8-8b

APPENDIX 7 – Appraisal Documents Bands 8c & above

APPENDIX 8 – Appraisal Coaching Questions

APPENDIX 9 – Appraisal Learning Development Pathway

APPENDIX 10 – Colleague Feedback Form
1.0 INTRODUCTION

1.1 The purpose of supervision (1-2-1) and appraisal is to improve performance and practice. This will be achieved through:

1.1.1 Discussion of individual performance and practice, identifying strengths and areas for development (see Appendix 8). For clinical staff this will include clinical outcomes and clinical case discussion.

1.1.2 Clarification of the responsibilities and standards expected of the individual (e.g. clinical practice, professional standards, clinical safety, professional codes of conduct and the NHS Code of Conduct for Managers, health and safety responsibilities, Duty of Candour, and in line with Regulation 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that all employees are fit and proper (namely of good character, have the requisite qualifications, be able by reason of their health (after reasonable adjustments) to carry out tasks intrinsic to their work).

1.1.3 Agreement of a continued personal development plan (CPD), in line with organisation, team, and individual needs.

2.0 SUPERVISION

2.1 Supervision for all clinical staff must take within an eight week period; however the staff and manager can agree to meet sooner. However, newly-employed staff, will have supervision according to negotiated need but no less than two-weekly contact during the probationary period. It is recognised that there are occasions when a supervision meeting needs to be re-scheduled due to unforeseen circumstances (e.g. illness). If this happens, the re-scheduled meeting should take place no more than two weeks after the cancelled meeting (or return to work after a period of absence). In the case of newly-employed staff who are still in their probationary period, there should be a gap of no more than four weeks between the cancelled and re-scheduled meetings.

Both parties have a responsibility to prepare for supervision meetings and should use the supervision preparation sheet Appendix 2 when preparing for the supervision meeting.

2.1.1 Secure Services Staff require supervision, as a minimum, every four weeks, as per the Standards for Medium Secure Units, Quality Network for MSU, Royal College of Psychiatrists (2007).
2.1.2 All qualified Social Care staff are required to receive Professional Social Care Supervision. This individual supervision must be provided by a qualified Social Care Practitioner and should take place every 4 weeks (see Procedural Guidelines for Supervision for Social Care Staff). Newly Qualified Social Workers will require supervision in accordance with the requirements of the relevant Local Authority's Assessed and Supported Year in Employment (AYSE) programme. This can be arranged via professional supervision arrangements.

2.1.3 Managers have a responsibility to have monthly contact with clinical staff who work limited hours. Face-to-face individual supervision should take place every three months as a minimum standard. However where there are concerns with the individual's performance, face-to-face supervision should be held monthly.

2.1.4 Supervision for non-clinical staff (staff not providing clinical care nor responsible for services providing clinical care) can take place within a 12 week period.

2.1.5 Supervision for non-clinical staff may be undertaken on a group basis, it's recommended that 12 individuals as a maximum. Individuals have the right to request individual supervision. Under no circumstances should group supervision be used to address individual issues. Where individual performance issues persist, supervision should be carried out on a more formal basis.

2.1.6 Supervision may take place more frequently than as specified above if the need for more frequent supervision is indicated for example, where additional support is required and/or significant performance issues have been identified.

2.2 The supervisor will agree dates with the supervisee for the supervision meetings, one of which will be designated as the annual appraisal meeting.

2.3 Supervision is focused mainly on the current time and immediate future including progress against objectives; any wellbeing or other issues that might be impacting on performance.

2.3.1 Supervisee - The supervisee should prepare a list of issues that they want to discuss; current mandatory training compliance status; the current position and an update on progress against their objectives, and send to the supervisor prior to the supervision meeting and examples of where they have displayed the Trust's values (Open – Compassionate – Empowering).

2.3.2 Supervisor – The supervisor may ask for relevant others to contribute. (e.g. when the supervisee is working closely with other staff or services and/or the supervisor and supervisee have minimal contact). The supervisee should be copied into the request and response so that both parties are prepared to discuss the feedback. The supervisor should make a list of any issues that s/he wishes to discuss and bring any relevant documentation to the meeting.
2.3.3 This does not prevent concerns being raised outside of the supervision process.

The supervisor should ask the individual to declare any secondary employment and record the response in the supervision record (Appendix 3).

2.4 The issues discussed in supervision meetings and the actions agreed, including the individual responsible and timescales, must be recorded in the supervision record. Appendix 3 signed off by both parties, who should retain a signed electronic or hard copy of the documentation. This may alternatively be agreed through email communication.

2.5 Where performance and/or practice is identified as not meeting the required standard, this should be identified and a plan agreed to address recorded in Appendix 3; the plan will address the concerns.

2.5.1 The plan will be discussed and reviewed in supervision. If improvement is made, this will be noted in the supervision record. Reasonable steps will be taken (and demonstrated) to support the individual.

2.5.2 If the agreed plan does not achieve the required improvement in performance and/or conduct over an agreed period, the supervisor should contact Human resources for advice and inform the supervisee that they will be seeking the advice from human resources. The disciplinary or capability policy may apply.

2.5.3 If the performance issue persists, the supervisor should clearly state that the issue is now a formal issue and implement the relevant policy and procedure. The supervisor should record this in the supervision notes.

2.6 Where an individual experiences difficulties in the supervisor/supervisee relationship, they may access appropriate advice e.g., from managers line manager, Human Resources.

2.7 The supervisor/appraiser should schedule supervision meetings, for the year for all of their staff and confirm on the Appraisal and Supervision Tracker that the meeting took place.

2.8 The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

2.9 Clinical supervision provides an opportunity for staff to: Reflect on and review their practice, to discuss individual cases in depth and change or modify their practice and identify training and continuing development needs.

2.10 Clinical supervision should take place regularly. The frequency and duration of clinical supervision should be adequate to ensure safe and competent care for people who use services.
3.0 **APPRAISAL**

3.1 Appraisals will take place annually on the anniversary of the employee’s date of commencement with the Trust or within 12 months of their last appraisal in the Trust.

3.2 Appraisal includes two components: a reflection on the previous year and planning for the year ahead.

3.3 Section 3 of the appraisal form appendix will depend on banding of appraisee is in relation to the Trust’s competency framework. This framework is aligned to our values in order to reflect employee responsibilities; support development throughout the Trust; and to promote cultural change.

A competency is the combined observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced employee performance and organisation success. For example, ‘I know, I understand, I am able to do and I will do it in this way’. It is important to identify behaviours and attitudes as well as skill, knowledge & ability.

The competency framework applies to all current and potential employees within or being recruited by the organisation. The competency framework includes all employees at all levels not just management and leadership teams, for example, all employees are required to demonstrate leadership competencies, regardless of job role or level.

The framework provides:

- A clear & consistent description of expectations & standards of behaviours for all employees.
- A supported approach to the Continued Personal Development Review process.
- A structured approach to Talent Management looking at skills gap analysis, succession planning & potential.
- A development tool for learning & development programmes.

This framework describes the aspects or competencies of a job which the employee needs to be successful in the role. It is a collection of competencies that EPUT value & requires each employee to demonstrate in order to promote individual, team and organisational success.

The six competencies for all staff are:

**Leadership and Management**

Focuses on people’s ability to lead and manage their own workload or the work of others depending on their role or level. Promotes the values and overall objectives of the organisation by effectively leading & managing the organisation, its people and its processes. Responsible for establishing clear direction and priorities for the trust and ensuring that those within supporting functions are committed and focused on delivering a first class service.
Service Improvement and Quality

Service improvement is all about learning from what has worked as well as what has not. Focusing on individual’s abilities to improve services (public, e.g. patients, clients & carers or organisational e.g. finance, property management) in the interests of the users of the services and the public as a whole. Maintaining high quality in all areas of work and practice, including the important aspect of team working, reflecting the values of quality and working together.

Service User Focus

Applies to individual’s ability to understand how their role helps to support the needs of the Trusts services users. Focusing on an individual’s ability to maintain resilience under pressure and be open to feedback, while displaying integrity and actively demonstrating the organisations values. Individuals understand the impact of their own area of expertise on the organisation as a whole.

Solutions Focus

Looks at an individual’s ability to use thinking skills to break down problems and develop solutions. People are able to make decisions based on sound judgement with lasting positive impact. It focuses on the recognition of problems, gathering information, asking questions to check assumptions and weighing up alternative options to make reasoned judgment.

Communication

Focuses on an individual’s ability to communicate effectively in formal and informal settings, being sensitive to others communication needs and is able to alter style to suit the needs of the recipient. Looks at individual treating others with compassion and empathy as appropriate, making a positive impression on others acting as an ambassador for the organisation.

Teamwork

Demonstrates the ability to work effectively with others towards achieving common goals. Works collaboratively, sharing information appropriately with patients/clients/families and others, and building supporting, trusting & professional relationships across the organisation.

3.4 Professionally accredited staff will need to provide evidence that she/he has met the Continuing Profession Development (CPD) requirements for maintaining professional registration/accreditation; this may require evidence of CPD.
3.5 Both parties have a responsibility to prepare for the appraisal meeting.

3.5.1 APPRAISEE – Should review the preparation checklist which is in the appropriate appraisal banding pack

The appraisee is to provide evidence of how s/he has demonstrated the Trust’s values and behavioural competencies by reviewing the applicable appendix for their level using the table below:

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<tr>
<th>Bands</th>
<th>Level</th>
<th>Appendix Number</th>
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<tbody>
<tr>
<td>2-3</td>
<td>Foundation</td>
<td>4</td>
</tr>
<tr>
<td>4-7</td>
<td>Intermediate</td>
<td>5</td>
</tr>
<tr>
<td>8 and above (including medical and dental)</td>
<td>Advanced</td>
<td>6&amp;7</td>
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3.5.2 The appraisee should provide evidence of how they have achieved their objectives for the previous year.

3.5.3 The appraisee should consider learning and development opportunities for the coming year for discussion (see Appendix 9 for Trust learning opportunities).

3.5.4 The appraisee should also identify any other issues they wish to discuss, including his/her aspirations.

3.5.5 APPRAISER – Should request feedback from others (peers, direct reports and colleagues in other departments who the appraisee regularly interacts with work using Appendix 8. This is applicable to staff who are not undertaking the 360 degree feedback. This feedback should be used to support the completion of the behavioural competency section of the appraisal and detailed in the reflections.

3.5.5a The appraiser will send the Feedback Appraisal Questionnaire (Appendix 10) prior four weeks before appraisal takes place and will reasonably attempt to regain Appendix 10 before the appraisal takes place.

The appraiser should discuss the objectives set from the previous year and confirmed if achieved or not.

The appraiser should set new objectives for the coming in conjunction with the appraisee.

The appraiser should consider learning and development opportunities for the coming year in conjunction with the appraisee (see Appendix 9 for Trust learning opportunities)

If the appraisee is also receiving supplementary clinical supervision, the appraiser must obtain feedback from the supervisor providing the supplementary clinical supervision.
The appraiser should review the outputs from supervision meetings that have taken place since the previous appraisal and prepare a summary for the appraisal meeting so that s/he forms his/her opinion based on performance and behavioural competence over the previous year and not just on any recent events.

3.6 The issues discussed in the appraisal meeting and the actions agreed, including the individual responsible and timescales must be recorded in the appraisal record, this applies to both individual and group appraisal.

3.7 Following the appraisal meeting, both parties should retain a jointly signed copy of the record. All individuals must have continuous personal development plans discussed and recorded, an individual personal development plan meeting should take place following the group appraisal. The appraiser should report the completion date of the appraisal on the Trust’s recording mechanism.

3.8 Actions agreed at appraisal should be followed up in subsequent supervision sessions.

3.9 The appraisee can seek recourse to their appraiser’s manager in the event of any dispute over the content of their appraisal. All efforts should be made to resolve any issues arising, before any grievance is made. All disputes will be handled in line with the Trust’s Grievance Procedure.

4.0 TALENT MANAGEMENT

4.1 Talent management is about our approach to attract, develop and retain skilled and valuable employees. It links with our strategic approaches to recruitment and retention and leadership and management development. This document, however, focuses on a talent discussion to encourage career conversations

4.2 Our goal is to have staff with the capabilities, commitment and behaviours needed for our current and future success as a Trust, delivering our strategic goals of:

1. To continuously improve service user experience and outcomes through the delivery of high quality, safe, and innovative services.
2. To be a high performing health and care organisation and in the top 25% of community and mental health Foundation Trusts.
3. To be a valued system leader focused on integrated solutions that are shaped by the communities we serve.

This means ensuring we have:

- The right people, in the right roles, with values aligned to our Trust values.
- Who have access to the right opportunities, exposure, stretch and development to reach their potential
Whether this is in their current role or for a future role.

### 5.0 8C AND ABOVE

5.1 The 9-Box Model talent management and succession planning tool. The approach is a two dimensional grid where individuals are placed into one of 9 boxes based on the amount of potential and performance they demonstrate. The 9 box model allows managers to match employees to the descriptors at any point in time, but at least once a year at appraisal. The 9-Box matrix to be used can be located under Appendix 9 along with the detailed descriptors.

5.2 Upon completion managers are asked to email the completed matrix to [epunft.od@nhs.net](mailto:epunft.od@nhs.net) in order for the results to be populated Trust wide to aid succession planning.

5.3 Those highlighted as future talent will be placed on the succession plan. As vacancies become available they will be matched against those on the succession plan. Where potential matches are identified the vacancy will be advertised internal only first and an alert will be sent to those on the talent list to advise them that the vacancy is being advertised.

5.4 The results from the 9 box model will be shared with the Trust’s Executive Team.

5.5 Those identified on the succession plan will also be identified for opportunities arising from regional and national talent pools. Individuals and their managers will be alerted to these opportunities where they exist.

5.6 The 360 degree feedback tool has been developed in line with the Trust values and competencies. This approach is designed to be a fair and objective way in managing this assessment process for staff with management and supervisory responsibility. This is completed using an online tool.

The process enables feedback from colleagues and stakeholders, in addition to the line manager. There will be experts in 360 degree to assist with the feedback process. The 360 degree appraisal will be conducted annually; the process will enable managers to discuss learning needs and future development of the individual, refer to Appendix 9

### 6.0 PAY PROGRESSION

6.1 Incremental pay progression for staff on Agenda for Change (AfC) pay bands is not an automatic right but is awarded based on the achievement of objectives and the required standards of performance including demonstration of the Trust’s Value, please see incremental pay procedure guidance - HRPG48B
Medical Staff

6.2 As part of the annual job planning process medical staff will be required to complete Appendix 9 – 9 box model. Also the completion of the competency Framework Appendix 6.

END