

Appraisals and KSF made simple – a practical guide

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1. Introduction

The importance of the appraisal process

The delivery of high-quality patient care within the NHS critically depends on every member of staff:

- having a clear understanding of their role and the part they play in their team and organisation
- having an agreed set of priorities and objectives for their work
- possessing and applying the knowledge and skills they need to perform that role effectively and to achieve their objectives.

Effective performance appraisal and staff development contributes directly to improved patient outcomes (see Appendix 6). That is why regulators such as the Care Quality Commission as well as the Department of Health regard it as so essential to ensure that appraisal and development reviews take place.

Performance appraisal and development also contributes to other key NHS commitments. The NHS Constitution pledges to provide all staff with “personal development, access to appropriate training for their jobs and line management support”. Also the legal requirement on the NHS to promote equality is promoted by the provision of development opportunities for all staff.

The Knowledge and Skills Framework (KSF) was developed as part of the Agenda for Change restructuring as a single comprehensive framework on which to base personal development plans and reviews. It is part of the national terms and conditions of employment for NHS staff. However, the provision and quality of performance appraisal and personal development using the KSF across the NHS has been at best mixed.

Following an independent review, the NHS Staff Council has resolved to simplify and to improve the application of the KSF and its integration within wider performance management practices in organisations. This simplified approach is explained in this guide. It incorporates simplified summary versions of the original six core dimensions and provides a set of tools and templates that organisations can use and adapt locally. This reflects the learning and practices in more than 20 trusts with high rates of appraisal and KSF coverage.

The aims of this guide

This guide is designed to improve the coverage and application of performance appraisal and development reviews (PADR), supported by the KSF, throughout the NHS. However, all the evidence suggests that no one process will suit such a huge and varied organisation as the NHS. So, this guide sets out a framework approach rather than detailed rules and procedures. The example formats and forms shown are not mandatory in any sense.

This guidance will provide you with:

- a clear, simple process for carrying out integrated performance appraisal and development reviews using the KSF in your organisation
- a simplified format for the KSF core dimensions to help managers and staff to use them effectively
- practical tips and ideas to improve the coverage and quality of appraisal and development reviews in your organisation.

The guide is designed to supplement rather than to replace existing guidance on these subjects, for example the existing KSF guidance (*The NHS KSF and the Development Review Process* Department of Health, 2004). This guidance is targeted at learning and development and HR professionals responsible for the design of these processes in their organisation.

If you have any queries about this guidance or want to discuss any of these issues in more detail, please contact your local KSF lead/HR/learning and development function.

2. The principles and purpose

The benefits of PADR

Effective patient care depends on having staff who know what they are doing and why, and are fully knowledgeable, skilled and developed to be able to carry out their work effectively. Appraisal and development planning and review processes should ensure that this occurs throughout the organisation on a regular basis. Effective appraisal and development contributes directly to patient outcomes.

All NHS staff, at least once a year should meet with their manager to have a performance appraisal and development review (PADR) and this should form part of an ongoing relationship between the member of staff and their manager.

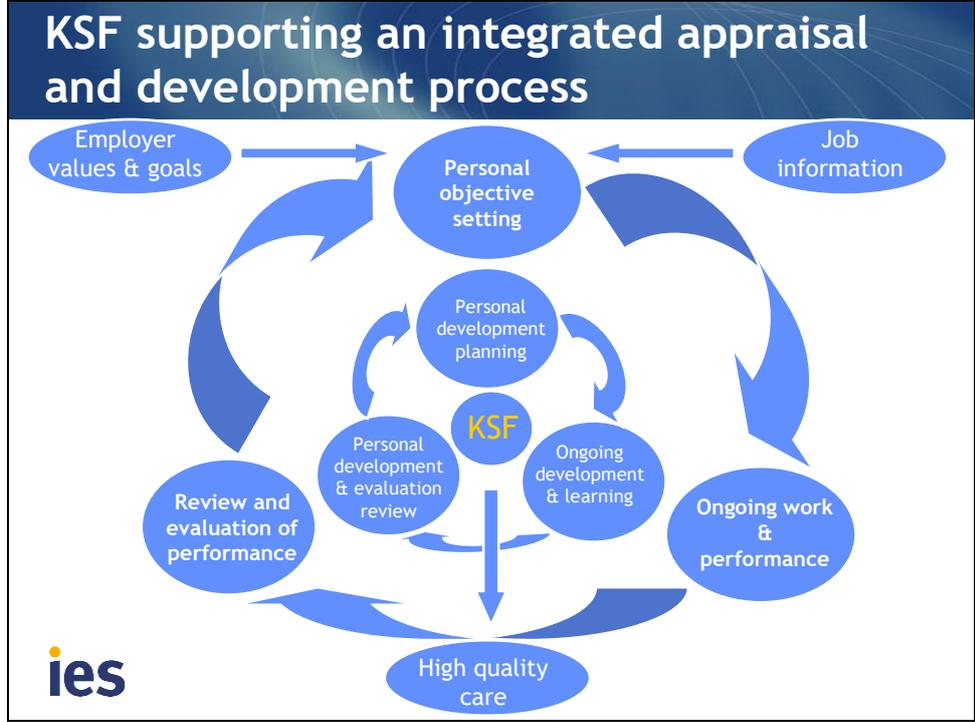
The principles of PADR

The PADR process has two core parts:

- **Performance appraisal** is the process of agreeing personal objectives and how their achievement can be measured, and then assessing how staff perform against them, in the context of the organisation's goals and values.
- **Personal development planning and review (PDP/R)** is the process of defining the types and levels of skills, knowledge and behaviour that staff require in carrying out their work, assessing their current skill levels against these requirements, and then putting development plans in place to close any gaps or shortfalls.

The NHS Knowledge and Skills Framework (KSF) is designed to provide a consistent and comprehensive framework of NHS-wide knowledge and skills on which to base the development planning and review of all staff. Not all of it needs to be used. It can be used alongside other relevant frameworks, such as specific organisational values and behaviours. Although primarily concerned with development, the KSF also currently links with pay progression at specified points in the pay bands, which is defined in more detail in other guidance (DH, 2004).

These parts should be fully integrated with each other, as illustrated overleaf.



Principles underpinning success

Flexibility and tailoring

The KSF is a broad, generic framework of skills and knowledge designed to be used NHS-wide. This does not mean that the KSF should not be tailored or adapted locally, nor that it should be used exclusively to specify the skills and knowledge needed for each job.

Many employers have successfully mapped the professional development requirements of occupations such as nursing onto the KSF and/or used national frameworks such as NVQs alongside, as relevant. Others have tailored the titles and language of the dimensions or skill areas to suit their own local circumstances and needs, for example linking to their defined values.

Local tailoring helps to achieve local understanding and ownership of the process. What matters most is that the process occurs and is done well and that these principles are delivered, rather than that detailed procedures and rules are followed. A flexible approach is to be encouraged but the expectation is that all staff should have a PADR.

Partnership

Effective performance appraisal and development processes should be developed and operated in partnership between managers, staff and their trade unions, nationally and locally, supported by extensive communications and dialogue.

The appraisal and development review process should be a partnership and joint responsibility between a member of staff and their manager, rather than being something that is 'done' to staff. Staff want to be clear about their role, know how they are doing and how they can best develop themselves in the future, and this process provides a structured means for this to occur on a regular basis.

Measurement

Successful employers measure and monitor their performance on PADR effectiveness. The national NHS staff survey provides data on the levels of coverage, as well as information on quality and many organisations have set themselves annual targets for improvement. The most advanced employers in terms of rates of coverage have their own surveys of the quality of appraisal and development processes and are linking the results of the process to patient outcomes. They monitor their coverage using the ESR, e-KSF or other relevant information systems. One trust, for example, found a clear link between the number of complaints it received and staff levels of skills and knowledge on the service improvement KSF core dimension.

Simplicity

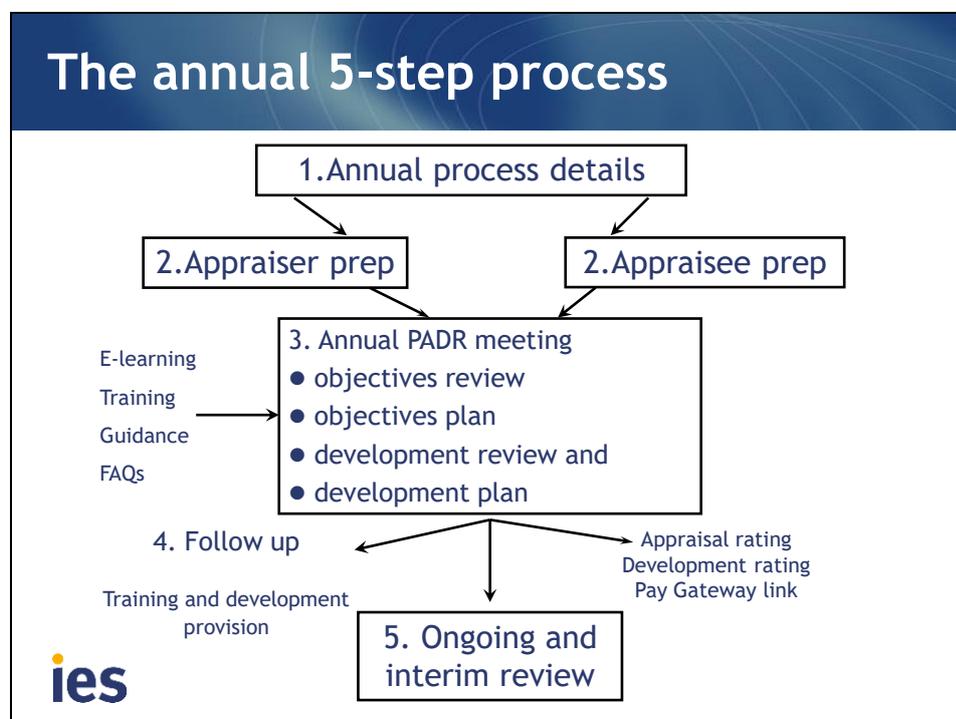
It is always easy to say that a process should be simple and straightforward to implement and operate, and this was one of the original principles of the KSF. In large complex organisations like the NHS, this is often much more difficult to deliver in practice. In the remainder of this guide, we set out a simplified process and components, as well as listing some of the most successful operating tips and advice that have emerged from the learning that other trusts have experienced.

3. The appraisal process and tools

Overview

How can we ensure that the principles for performance appraisal and development work in practice and that staff have a high quality annual appraisal and development review?

Typically there are five stages in an annual cycle as illustrated below.



Stage 1: Set out and communicate the annual process

At the start of the annual cycle and some weeks before the annual PADR meeting is due, all managers and staff would be reminded of the meeting coming up and a communication would be sent out to:

- set out the detailed timetable for annual meetings and the receipt of outputs from them, such as inputs into training plans and pay progression
- remind managers and staff to prepare properly for the annual meeting and give them guidance on this
- give more detail and guidance on what needs to be covered in the annual meeting and the process to be followed

- generally remind managers and staff of their respective roles in this process.

Guidance for managers and support for managers and staff would typically consist of:

- a guidance booklet for managers and staff, explaining and illustrating the whole process of appraisal and development review
- training support for managers and staff such as training in objective setting and positive feedback, writing post outlines and applying the core dimensions
- occasional HR/learning and development staff surgeries to help managers and staff with any difficult issues they experience in the process.

Using an information system to administer the process makes it more efficient and also makes monitoring of progress much easier. Successful employers use systems such as e-KSF, ESR and other information and HR systems.

Stage 2: Preparation

Once a date for the annual performance appraisal and development review meeting has been fixed, both appraising manager and member of staff need to prepare for the meeting. In order to gain maximum benefit from the meeting, staff should be given some protected work time to prepare properly for their meeting.

Two aspects of preparation are typically involved:

- Reviewing current information on job, person and skill and knowledge requirements for the relevant job of the staff member.
- Considering performance and development actions, experiences and achievements over the previous year.

It is important to keep a record of achievements and experiences throughout the year, in order to help avoid the undue influence of experiences close to the annual meeting, and to present a representative picture of performance achievements and development throughout the prior 12 months. Some employers supplement this information from other staff who have worked with the appraisee using 360 degree feedback tools.

Information on the job, person and skills comes from a variety of sources: the job description, which describes the major components of the job; the person specification, which outlines the requirements of the individual in the job, and the KSF post outline, which specifies the skills and knowledge required in the job.

These should all be reviewed and checked that they are accurate and up to date, and any changes discussed at the start of the meeting. We provide guidance on KSF post outlines at the end of this section.

Page 2 of the PADR meeting form in Appendix 1 provides a checklist of preparatory questions for managers and staff to think about before the meeting.

Stage 3: The annual PADR meeting

This meeting between manager and member of staff typically has five parts. Normally the whole process would be summarised and written up on one PADR meeting form. We illustrate a simple generic format to use and adapt locally in Appendix 1.

The meeting should be a joint responsibility and two-way discussion between appraising manager and member of staff, with the staff member talking for as much of the time as possible. They should comment and sign off the final version of the form, which is typically written up by the manager and/or staff member straight after the meeting.

In higher bands the staff member might also produce initial drafts of much of the paperwork, for example suggesting personal objectives for the next 12 months. For staff with less experience of the process the manager will take more of a lead, while still encouraging as much appraisee input as possible.

Meetings typically last between one and one and a half hours. If they are taking much longer, or far less time, this might indicate problems with the process.

The five parts to the meeting (see form in Appendix 1) are described below. They may not be covered in this exact sequence in every meeting, but they still provide a checklist of the areas that need to be covered.

A. Preparation and initial discussion. The front cover of the PADR form lists the pertinent details of the meeting and if the outcome of the discussion will affect progression at a pay gateway.

Following the preparation just described and summarised on page 2 of the PADR form, the meeting would typically open with a confirmation of the job content and skill and knowledge requirements, followed by a general overview discussion of how the last 12 months has gone from a performance and development perspective. This then would lead into more specific consideration of performance against objectives.

Many organisations are also using this process to communicate their objectives and values as illustrated in the lower box on Page 1 of the form. In some cases this reminds people of corporate objectives and tries to relate and link personal objectives to them. In other cases the values of the organisation are specified. Staff are then assessed against the behaviours required to be consistent with the values, as well as the KSF knowledge and skill requirements.

B. Review of past year's objectives. Taking the personal and work objectives agreed in the past year, but possibly modified and adjusted in the intervening period, the appraising manager should:

- encourage the appraisee to discuss their performance over the past 12 months, highlighting and describing key achievements

- move on to consider any concerns or issues they have faced which have held back their performance and prevented any objectives being fully achieved.

The level of achievement of each objective, and examples to illustrate, can be summarised on page 3 of the meeting form.

Giving and receiving effective feedback lies at the heart of effective performance management and managers should be trained and supported in doing so.

C. Objective setting for the next year. Taking account of relevant organisational and departmental goals and objectives and the appraisee's likely areas of work focus over the next 12 months, personal and work objectives can then be considered.

There is excellent guidance available in many trusts on how to effectively carry out this process and ensure that SMART objectives with clearly defined standards of achievement and timescales are defined. We illustrate some leading examples of this guidance in Appendix 3. Supporting actions for the appraisee to help them to achieve these goals, for example by the appraising managers and/or work colleagues, can also be considered and listed on page 4 of the PADR form.

D. Personal development review and planning (PDR/P). The second major part of the PADR meeting is development review and planning. The main components of this illustrated on page 5 of the PADR form are:

- specifying the type and level of knowledge and skill required to carry out the job successfully and achieve the agreed job objectives
- discussing and summarising the levels of skill and knowledge displayed during the previous year
- assessing if the required levels of skills and knowledge have been displayed by the appraisee
- planning development actions, such as training or work experience, to address identified shortfalls or gaps in the required skills and knowledge
- prioritising this development in terms of which is the most important: mandatory training; development required for the job; and training that the member of staff would value for their own personal development.

The KSF is the framework most commonly used to specify skills and knowledge requirements in the NHS. The core dimensions in particular support a consistency of approach right across the Service. The core dimensions are listed in Section 3 of our outline PADR form for ease of reference, and we comment on their use later, as well as illustrating a summarised format you can use.

Employers also use other relevant occupational and generic skills frameworks, as well as any relevant aspects of the KSF specific dimensions, and there is space on page 7 of the form to do this. Any additional mandatory training required for the job can also be specified and planned there.

E. Summary of performance and development. To conclude, typically the manager would summarise the discussion and actions and development plans agreed and then provide a written summary on the final page of the form. The staff member can then add any comments as well, as shown on the final section of the outline PADR meeting form in Appendix 1.

Many organisations use some form of rating in order to communicate and recognise the level of achievement of objectives. In some cases too, as we have illustrated, progress in the levels of skills and knowledge over the prior year is also assessed.

Typically the reviewing manager would ultimately allocate the rating. Here again however, the emphasis should be on two-way, regular discussion and agreement, providing solid grounds for allocating the relevant rating.

The manager and member of staff should retain and regularly refer to both the agreed list of objectives for the year, and the list of development actions planned to support the staff member in achieving them.

Stage 4: Follow-up

As well as the manager and staff member retaining copies of the paperwork, a review process may well be in place in the organisation to check the quality and consistency of the PADR process and particularly any individual ratings given.

Copies of the PADR meeting forms would normally be returned to the HR/learning and development functions and held on file. They are used for a variety of purposes:

- **Analysis of development needs** across the organisation, the planning of training provision and allocation of training budgets. As well as looking for common skills gaps which might be collectively addressed, for example in communications and patient care skills, some organisations support development planning by managers and staff members by listing the courses and resources available organised under the headings of the KSF core dimensions. Some employers use the information more broadly for workforce planning purposes.
- Organisations also use the outcomes from the PADR meetings for **talent management** and career development purposes, with some having added ratings of individual potential to their summary ratings and allowing for skills development for identified future roles as well as in-job development plans. This might include upward feedback to assess management potential. Some employers also analyse development needs and skill mixes for workforce planning purposes using the e-KSF or similar systems.
- **Pay progression.** The KSF is primarily a personal development tool. Under current arrangements it does influence pay progression at set points in each pay band, known as pay gateways. The normal expectation is that staff will progress through all of their incremental points as their skills and knowledge develop and are applied, including the gateways. The foundation gateway checks that individuals have met the basic demands of their post and the second gateway confirms that staff are applying their knowledge and skills so as to fully meet the performance requirements of the

post. Any concerns should have been raised well in advance of the annual PADR meeting and only in exceptional circumstances might progression at a gateway point be withheld.

Stage 5: Ongoing and interim review

Regular, ongoing discussion, coaching, feedback and review of performance and skills development is by far the most important aspect of the whole PADR process. HR/learning and development functions can provide considerable support and guidance to assist managers and staff members with this process.

Although practice varies, it is very common to specify that an interim review meeting of manager and appraisee should be held approximately six months into the annual cycle. Any paperwork involved is always kept deliberately short. In Appendix 1 we illustrate an outline form that can be used. This can play a useful role in checking that the ongoing process is in fact occurring.

Typical points covered in the interim review would include:

- discussion of progress against objectives and any areas where changes or unexpected developments mean that personal objectives should be adjusted
- review of progress in skills and knowledge required and of any planned development initiatives undertaken
- confirmation and/or adjustment of actions by manager and appraisee in the second half of the year.

Tools

The KSF post outline and summarised versions

The majority of jobs in most employers now have KSF post outlines, which specify the types and levels of knowledge and skills required using the KSF dimensions. The original Department of Health guidance explains how to construct a post outline (*The NHS KSF and the Development Review Process*, DH, 2004).

Some employers have found the process of constructing and updating these outlines to be lengthy and burdensome. Simply repeating large chunks of the generic KSF dimensions and levels in a post outline can even get in the way of the manager and staff member considering what skills need to be applied in specific and relevant ways.

Having some agreed specification of the knowledge and skills required in a post is an essential foundation for determining the levels actually displayed and development necessary. Organisations are addressing this by modifying and summarising their post outlines in one of three main ways, which you may want to consider adopting:

1. **By producing summary post outline formats** and emphasising that outlines should be brief, specific, realistic and to the point and discussed and agreed jointly. An example is shown in Appendix 2, for a ward clerk at a north west trust. Here the left hand side of the post outline summarises the skills and knowledge in terms of the KSF levels. The right hand column is blank and can be completed in the meeting as manager and staff member discuss how that level is manifest in the particular job under consideration. Trusts are also adopting rules and procedures to ensure that these outlines are completed, for example by refusing to recruit and promote staff unless an up-to-date KSF outline is in place.

2. **By producing summary band outlines** to provide a starting point for managers to use to construct actual post outlines. The figure below illustrates the summary, generic outlines against the KSF core dimensions used at a trust in the south east. The generic outlines are not meant to specify that every job in a band has to have the common outline, but that these are the commonest levels for jobs in each respective band. Managers can either use the outline itself to consider and discuss the skill and knowledge requirements with staff, or use it as a starting point to discuss and agree variations which reflect the specific knowledge and skills required for a particular job. And the approach can also help in checking the consistency of requirements between jobs in each band. Some trusts have a specific group that does this.

The band outlines below are an example only and organisations may find theirs looks different, depending on where managerial responsibilities sit etc.

Generic post outlines. A trust example

	COMMUN- ICATION	PERSONAL & PEOPLE DEVELOPMENT	HEALTH, SAFETY & SECURITY	SERVICE IMPROVE- MENT	QUALITY	EQUALITY & DIVERSITY
Band 1	1	1	1	1	1	1
Band 2	2	1	2	1	1	2
Band 3	2	2	2	1	2	2
Band 4	2	2	2	2	2	2
Band 5	3	3	2	2	2	2
Band 6	3	3	2	2	3	2
Band 7	3	3	3	3	3	3
Band 8a,b	4	4	3	4	4	3
Band 8c,d and Band 9	4	4	4	4	4	4



3. **By using alternative post outline formats** and specifying the skill, knowledge and behavioural requirements for each job through other means, for example through expanded job descriptions and person specifications, or integrated role profiles. This approach tends to be adopted by employers which have replaced the KSF dimensions with other definitions of skill and competency requirements.

The KSF dimensions

30 dimensions or areas of skills and knowledge were defined originally in the KSF, with each dimension specified at four levels, from low to high. Each level has indicators attached, describing how the knowledge and skill needs to be applied at that level.

In some employers and for some types of staff, particularly in the lower bands, selecting the appropriate dimensions and levels and gathering the evidence to assess them has proved to be difficult and time-consuming, limiting the take up of PDR/Ps.

Organisations appear to have been addressing these issues in the following ways, which are all approaches you might consider adopting:

1. Focusing on the core dimensions. Only six of the dimensions are core, that is, relevant to every NHS post in terms of providing a high quality service. Organisations which, at least initially, focused on understanding these and considering their application and actual display in each job have often succeeded in making the process workable and useful, without having to redraft any of the original designs.

2. Summarising the core dimensions. Useful additional guidance in applying the KSF dimensions has already been published (*The NHS KSF – A short guide to the KSF dimensions*, NHS Employers, (2006)). However, the lengthy original descriptions have clearly proved off-putting to some managers and staff. For this guidance we have therefore developed simplified, summary versions of the original six core dimensions contained in Appendix 4. Some employers have summarised even further and we have added a two level version of the equality and diversity dimension as an example.

These summaries are designed in particular to help apply the framework to jobs in bands 1 to 4 and where there is less experience of personal development planning and review. As well as the editing and summarising of the dimensions, the language expresses each level in terms of actions and things people need to do, rather than just specifying the required knowledge and skills.

Below the levels we also have drafted some even simpler indicators of what the dimension is and what it is not, to help managers and staff members to think about the level required and the ways in which this could be evident and displayed in a post.

Initial tests suggest that supplying managers with these summary dimensions can help to extend and improve application, particular in areas with low coverage.

We would emphasise that these are not a new or replacement set of KSF core dimensions, but merely an alternative and simpler way of expressing them. If the original descriptions of core dimensions work well in a particular employer or for particular groups then they of course should carry on working with the originals.

Tips on improving PDR/PDPs

3. Only using the KSF specific dimensions if and when required and where they add value.

4. Using other frameworks and skill and knowledge areas, where they are more relevant or useful. A number of the professions for example have mapped their own competency frameworks onto the KSF dimensions and so it is easy to reference against these in this process, (see for example *NHS KSF Outlines for Nursing Posts*, RCN, 2005). Some employers have incorporated their own values and the behaviours supporting them into these areas of knowledge and skill. It is important though to keep the numbers and definitions simple and focused, and not to attempt to incorporate too many aspects of skill and knowledge at any one time.

5. Focusing on development needs and priorities, not every dimension. There is no need for people to talk through every skill and knowledge area in every meeting, which can just become time-consuming and repetitive. Managers and staff members should focus in on priority areas, where mandatory training needs to be undertaken, where significant skills gaps are evident and where the achievement of job objectives is dependent on improving skills and knowledge. The PADR meeting form we provide in Appendix 1 has a column in which to agree an appropriate priority.

6. Avoiding the evidence paper-chase. Where managers and staff are regularly reviewing and discussing performance on an ongoing basis then there should be little need to refer to written evidence during the annual meeting, as both manager and appraisee should be able to refer to relevant actions and examples to agree and confirm the level of skill/knowledge achieved.

7. Being realistic in planning development. We all have development needs so managers and staff need to be realistic about the time and resources available for development, another reason to really focus in on the most important needs. Managers and staff should also be encouraged to think through a variety of means of best developing people, rather than just going on training courses. Structured work experience, work shadowing, projects, secondments and so on can be at least as effective a means of addressing the needs identified.

Specific situations: reviewing teams

Each member of staff is entitled to and should receive an annual PADR with their manager. In some employers managers can be responsible for very large numbers of staff, some of whom may work different shift patterns and come from different locations.

This situation should be looked at, as if a manager cannot carry out their PADR responsibilities effectively then there may be other aspects of their managerial role which they are not able to perform adequately. One response might be to delegate the role of reviewer further down the management structure, providing any necessary training as required.

However, in exceptional circumstances team PADR discussions might be the only viable alternative, at least temporarily. Team reviews might be appropriate if a group of staff:

- do the same jobs or complementary jobs
- work as a highly interdependent team to achieve a common objective
- work from the same location or mobile unit.

Typically, the team would not be larger than 10 to 12 staff and ideally less.

Team reviews should only be used in exceptional circumstances, approved in advance by the director responsible for the PADR process, and never seen to be an 'easy' alternative to carrying out individual reviews. All team members should have the opportunity to request an individual follow up. Absent team members should be reviewed separately at the earliest opportunity.

A team KSF discussion would normally follow the same format as an individual PADR meeting, being led by the team's line manager and considering:

- performance against current team objectives
- planned objectives and goals for the team for the next year
- the application of knowledge and skills within the workplace and the consequent development needs of staff.

The latter would focus on the development needs of the team and might include aspects such as improving interactions or coordination between team members. Personal development planning is very difficult though in this setting and similarly, individual assessment at a pay gateway cannot usually be made.

In some cases a split format is used, with the team meeting held first where the focus is on objective setting and performance, and then individual meetings held subsequently to cover individual development with each member of the team. However, although this makes the individual meetings shorter, the original constraints working against the normal individual PADR format may also render this approach impossible, and individual meetings should always be the primary approach used.

The team approach can have the added benefit that it may feel less intimidating for some groups of staff, for example those with no or very limited experience of any personal review process and it may be useful as an interim step until people feel more confident. It can also prove beneficial in terms of providing opportunities for peer support and a sharing of ideas and issues common across the team. Some trusts already hold department and team discussions prior to the individual PDR's to help achieve a line-of-sight between individual, team and organisational goals and performance and secure similar benefits.

In terms of paperwork, teams can use the normal PADR form and modify it slightly, or consider a shortened format. We also provide a model for this in Appendix 1.

Leadership and management roles

Particularly within the higher bands, there are posts with a significant component of leadership and management responsibility and the need to recognise this more explicitly in the knowledge and skills framework was raised in the research underpinning this guide. The existing dimensions do cover aspects of management but some employers have found that this is not sufficient to reflect the full requirements of some of their managerial roles. Some have already developed their own definitions of the requirements in this area, with others making reference to the NHS Clinical Leadership Qualities Framework and NHS Leadership Competency Framework.

In order to help to specify the required types and levels of skill and knowledge that need to be applied in these types of role, we have developed a new specific dimension of leadership and management, which is contained in Appendix 5. This can be taken and tailored to suit at local level and applied to those jobs where it is seen to be highly relevant, in the same way as any of the other KSF specific dimensions.

4. The practice: how to implement and operate performance and development reviews successfully

Introduction

Having clear principles and a great set of tools is an essential foundation but it is only half of what you need to create an environment in which people feel the PADR process is a worthwhile one and in which they embrace it and realise the full value from it. The rest is down to organisation-wide operational practice and support, which enables principles to be delivered in the busy reality of life in most NHS settings.

This operating context is one in which managers and staff:

- take the process seriously and prioritise it
- know and can articulate its purpose
- give time to it, even during severe operational pressure
- have the information, skills and confidence to fulfil their responsibilities in the process properly
- use the formal PADR process to support a regular dialogue around performance, development and improvement and link the outcomes to the organisation's objectives
- deliver on the commitments involved – to train, to develop and improve, to perform.

In this section we present some ideas and guidance to improve the practical operation of the PADR.

Like all aspects of the PADR in this guide, these are a starting point that can be adapted and used locally as appropriate. The important thing is that the spirit of the principles is adhered to and that organisations have their own procedures, guidance and support in place, which supports operational practice.

The audiences that are critical to the effective delivery of PADR in organisations are:

- **directors** who need to know why it is important, what they need to do to set the example and ensure the process is implemented as intended
- **reviewing managers** who need route maps through the process, support and training, reminders, do's and don'ts, useful tips
- **staff** – who need to be clear about their responsibilities and role, and how to use PADR to best personal advantage
- **staff side representatives** who should be regularly engaged in the promotion and support of PADR and the KSF, discuss and agree to any changes in the process and

be involved in the monitoring and evaluation of effective operation through the normal channels.

Directors

Research shows that what directors and senior managers do, as opposed to what they say, is one of the most powerful influences on how staff members behave. It is vital that directors and boards focus on why the PADR is important, what outcomes the organisation can anticipate from well-managed staff who know what is expected of them and have the knowledge and skills to deliver it, and then act to ensure the process operates as intended.

Information and buy in. Employers who have achieved good appraisal and KSF coverage have found it useful for their boards and management teams to know about and emphasise the link between good appraisal, skills development and patient mortality. This data is easily accessed, especially through the study *Reducing patient mortality in hospitals: the role of human resource management* by Carol Bottrill, Michael West et al, which showed appraisal systems, training and other good HR practices having an association with lower patient mortality.

Accountability. Employers need to have a board director responsible for the PADR process and the KSF, who is accountable for their delivery throughout the organisation. Directors need to set a personal example with their own staff. Actions such as temporarily abandoning reviews because of operational pressure, calls the whole PADR process into question, damaging its credibility. In some employers a key part of the appraisal of managers is the coverage of PADR and use of the KSF in their areas of responsibility. Employers must also ensure their reviewing managers are competent and confident in carrying out the process.

Measurement. Setting expectations on PADR and monitoring the delivery of the process is also critical from board level. In high coverage employers, clear deadlines for carrying out the annual meetings are set and progress is regularly monitored and action taken early to address shortfalls, using systems such as the e-KSF and ESR. Ideally as well, information on coverage can be linked to variables such as staff and patient satisfaction and other key performance outcomes, which can also be communicated to staff.

Information already exists to help link the KSF to outcomes. The NHS staff survey asks some excellent questions, the result of which can be easily related back to achievements of managers and staff on the KSF core dimensions. We have presented some of these questions in the sections on positive indications of the summarised core dimensions shown in Appendix 4. For example, positive indications of the core dimension service improvement drawn from questions in the NHS staff survey include:

- staff at all levels feel they are involved in deciding on service improvements that affect them
- staff feel they deliver a service to a standard that they are personally pleased with.

We would encourage employers to add their own monitoring information to see how well the PADR process is being implemented and how the achievement of the required levels of skills and knowledge is impacting on outcomes.

Reviewing managers

Reviewing managers are key to successfully implementing any PADR process. If managers can see that the time they invest in reviewing the performance and development of their staff makes their lives easier through having effective, developed people, then they will see the point in doing it.

Employers who have been effective in implementing appraisals and the KSF have found the following policies and approaches useful in supporting managers to operate best practice. Commonly, such organisations require the following of their reviewing managers:

- They should have a formal review with every staff member they are responsible for at least once a year, with regular meetings and catch-ups and a more structured interim review at least half yearly.
- They should be confident and competent in carrying out performance appraisals and development reviews, undergoing any necessary training and development before carrying out a review. If they have not, then managers must raise this as part of the identification of their own development needs.
- They must be familiar with the appraisal and development review process and with the KSF. Leading employers provide written and intranet material, and in some cases e-learning packages, to help managers fully understand the process.
- Managers should not be reviewing more than 10 to 12 people per annum. If a manager has a larger span of control, then as discussed in the previous section, managers should consider delegating some of the review responsibility, and/or temporarily considering a team approach.
- Managers should ensure that all of their staff have a job description, person specification and post outline, and roles cannot be recruited or staff promoted into without these or equivalents being in place.

Then, through a mixture of training, timely information provision and support, organisations work to ensure that their managers carry out their PADR responsibilities in the intended high quality manner. Typical advice and guidance provided to reviewing managers includes:

- **Prepare** . Read the forms completed by the appraisee, complete any parts you need to in advance and think about specific examples of the appraisee's work, behaviour and training needs over the course of the year.
- **Make sufficient time available** for preparation and the meeting itself. This may seem difficult amidst crammed diaries but the end result is better skilled, more motivated staff making your life easier, so think about the end result. Also ensure that the environment is appropriate for the meeting, avoiding distractions and interruptions.
- This is a **dialogue** not a form filling exercise, focus on the conversation and keep focused on the outcome of improving knowledge, skills and performance.

- Expect and **support** the staff member to do most of the talking prompted by you. Recognise some staff may be intimidated by the process, at least at first. Always ask open questions, encourage them to talk, emphasise the positive and always give praise and recognition where it is due.
- If you have kept up good, regular dialogue with the appraisee all year then there should be no surprises in the meeting, the discussion and rating of past performance should be straightforward and you can focus on planning for the future year. The review is not a substitute for good management.
- You should know the appraisee well enough that there should not be a requirement for every area you discuss to be evidenced directly when reviewing the display of skills/knowledge over the past year. Observation, regular meetings and review should ensure written evidence is only needed in areas such as certified skills or where there is a key gap or disagreement.
- **Don't neglect the development review** and planning aspect, as these lie at the heart of future performance and improvement.
- **Gather views** on the appraisee's performance from other managers and other members of staff who have worked with them to broaden, inform and validate your own experiences.
- You should be **flexible** and able to make changes, with the appraisee, to their objectives and development needs if there are changes in the appraisee's role or circumstances during the year.
- Allow appraisees the time they need during the working day, every year, to **prepare** for their appraisal.
- Try to emphasise **positive** things. Identifying skills gaps is vital but so is giving people encouragement and recognition.
- Keep **focused** on your employer and departmental goals when looking to the future. How does the appraisee contribute to those?
- The appraisee is asked to look at some or all of the six **core dimensions** of their KSF outline, so consider in advance how they are demonstrating application of these and support your views with examples and illustrations.
- There are many ways to address an identified development need and it is not always necessary to attend a training course. Consider exposure to other tasks, for example attending meetings, reading, learning from others, or shadowing.
- Ensure you ascertain your appraisee's **mandatory training** compliance status, as it's your responsibility to ensure compliance.

These 'top tips' must be underpinned by operational support, for example with clear written information, timely distribution of paperwork and so on. All managers, however effective, also can experience difficult situations, for example in respect of poor performance. In some employers the HR function lays on advice surgeries, where managers and sometimes staff members can discuss individual situations confidentially. They might also provide telephone helplines or coaching.

Training and development will also be needed to ensure managers have and maintain the skills and understanding required for regular reviews with their staff, are able to carry out constructive reviews and appreciate that people management is a vital part of their role.

Staff

For staff, the key to the PADR is to ensure that they get personal benefit from the review in terms of their own recognition and development; and also that what they do as individuals is aligned to the objectives and direction of travel of the organisation, so that they feel valued as an important part of what the organisation is trying to achieve for patients. It should be something they willingly engage in and contribute to as much as they can, rather than a process that is done by managers to them. For those with less experience of the process, they may also need to be reassured that the PADR is not a disciplinary or grievance process.

Employers contain a variety of staff from different backgrounds and with different levels of experience of appraisal and development. The PADR process has to provide a consistent overall framework, while allowing for flexibility to ensure all needs at all levels are met.

Information and involvement is key to this. Staff should be provided with full details of the PADR process and their part in it. In leading employers, staff as well as managers receive training and refresher updates in the process. Staff know who to go to for further advice and assistance and there are multiple sources of this. Managers and trade unions work together to inform, support and reassure staff of the benefits of the process and why it is worth investing time in it. Staff members should get the support they need while being encouraged to contribute as fully as possible, for example by completing their own forms, identifying their own development needs and leading the conversation.

Organisations that have been effective in implementing appraisals and the KSF have found the following advice for appraisees useful, which can be adapted locally:

- Be **aware** of the organisation's vision and values.
- Ensure you **understand** the PADR/KSF process and your job role in the context of the team, division/directorate and organisation.
- Try to keep a **record** of how you are getting on as the year progresses. Keep notes, emails and record comments or outcomes that demonstrate your performance and development level as well as your development needs.
- **Prepare**. Take the time given to prepare for your appraisal to begin considering your performance and development needs, including completing any parts of the form you are able to complete in advance.
- Take an **active** part in reviewing your own performance. You know more about it than anyone else, including your manager. The more you put into it, the more you will get from the process. Provide work examples to illustrate your performance and expect to do a lot of the talking.

- Be **honest** about your development needs. Only by identifying the areas you need to progress in can appropriate actions be agreed to develop you.
- Keep your line manager/appraiser updated on **progress** and of any problems or changes of circumstances identified throughout the year. Take the initiative and talk to him/her when you think it's appropriate. He/she will welcome your views.
- Ensure you **meet** with your manager and review your objectives and development needs if your role or personal circumstances change significantly during the year.
- Keep your **objectives and development** plan to hand, don't file them. They are meant to help you reflect on and focus your activities and ensure any agreed development actions are carried out. You may occasionally need to remind your managers about this.
- It is essential that you keep yourself **up-to-date** with the requirements for mandatory training, including any subsequent updates.

Summary

The PADR works best when employers adapt it for their local circumstances and where people just do it on a regular basis, because they know it's important and valuable. They don't get bogged down in detailed mechanics of the process. It is really about giving staff recognition for their achievements, making sure they work to the objectives of the organisation and have the training and development they need to perform. It is about ensuring the conversation between the manager and the staff member is regular and effective for all parties. PADR can also support a person's CPD, and in turn CPD outcomes should support the PADR process.

To achieve this, it is vital that the formal PADR is supported and facilitated from the top and that commitment to it is emphasised by monitoring and an expectation of completion, even when managers and staff are stretched.

Below is a checklist that you might use to assess your progress against the requirements for high quality and extensive coverage of the PADR process within your organisation.

Matrix to assess progress against key requirements for an effective PADR process

Requirement	Current rating (1 very poor, 10 very good) and comments
Directors set targets for PADR coverage and monitor their achievement	
There is a strong management/trade union partnership in working of PADR process	
Managers are held accountable for carrying out PADR meetings	
Effective and extensive information and support is provided to managers and staff	
Managers and staff are trained regularly in the PADR process	
Managers understand and value the PADR process	
Staff understand and value the PADR process	
There is effective paperwork to support the PADR process	
The PADR process is administered well	
PADR outcomes link into training plans and agreed development actually takes place	
The PADR links effectively to pay progression	
Managers and staff have a clear line of sight between their own objectives and performance and those of their department and team	
PADR meetings are the culmination of a genuinely two-way and regular process of discussing performance and development	
The development aspects of the PADR are taken as seriously as the performance aspects	

Appendix 1: Outline performance appraisal and development review (PADR) paperwork: annual meeting form, interim review form, team review form

These forms reflect good practice across the NHS and can be adapted and tailored locally.

All of the forms/templates are also available as individual word documents, for you to download and tailor, on NHS Employers website on the 'appraisal tools and tips' page at www.nhsemployers.org/SimplifiedKSF

Name of employer

Performance appraisal and development review form
(including the KSF)

Your name:

Your role:

Appraiser's name:

Date of review:

Date of next pay gateway:

Employer's mission, goals and values:

Preparation

Think about the past year and consider the questions below before the annual performance appraisal and development review meeting. You may find it helpful to make notes and take these to the meeting. Also review the job description, person specification and KSF post outline and check that they are complete and up to date.

Appraisee preparation	Appraiser preparation
<p>1. Have I achieved my objectives this year? What have I done particularly well? What examples of my work demonstrate this?</p>	<p>1. Has the appraisee achieved their annual objectives? What has the appraisee done particularly well? What examples of their work demonstrate this?</p>
<p>2. What have I done that has been less successful or enjoyable this year and why? What examples of my work demonstrate this?</p>	<p>2. What has the appraisee done that has been less successful this year and why? What examples of their work demonstrate this?</p>
<p>3. How am I performing against the most relevant KSF core dimensions and other key skill and knowledge requirements? What work examples show progress in my skills and development?</p>	<p>3. How is the appraisee performing against the most relevant KSF core dimensions and other key skill and knowledge requirements? What work examples show progress in their skills and development?</p>
<p>4. What are likely to be my main personal objectives over the next year?</p>	<p>4. What should be the main personal objectives for the appraisee over the next year?</p>
<p>5. What are the main skill and knowledge development needs that I have? How could I fill my development gaps/learning needs?</p>	<p>5. What significant development needs does the appraisee have? How could their development gaps/learning needs best be filled?</p>

Section 1 – Review of past year’s objectives

Before the meeting, please list the objectives agreed last year. During the meeting, discuss the outcomes and levels of achievement since then.

Objectives over the last year	Briefly describe how well the objective has been achieved, referring to actual examples and actions where possible. If the objective has not been achieved, why?

2 – Objectives for next year

This section should be discussed during the appraisal.
What should the person's objectives be for next year? Take account of the organisation, departmental and the relevant team objectives. Objectives should be **SMART** (specific, measurable, agreed, realistic and time-bound).

Objectives	Expected outcome/measure of achievement	Timescale (by when)	Any support/action by manager or others

Section 3 – Personal development review and plan

This section should be discussed during the appraisal. Focus on the key knowledge and skill requirements to achieve the objectives. You should not need to discuss each dimension every year but focus on the most important, where development is required. You may need to refer to other skill and knowledge requirements apart from the KSF. Keep a record of examples of application of required skills and knowledge throughout the year and refer to them during the review discussion. Regular discussion should mean that it is no need to provide written evidence against all the knowledge and skill requirements.

NHS KSF core dimensions required	Review of progress during the past year, including examples of achievement of required levels of skills and knowledge	Required level of skill/ knowledge achieved? Yes/No	Personal development plan /actions to address development needs over the next 12 months	Priority *
<p>1 Communication level required (please circle) 1 2 3 4</p> <p>Communication has many forms and is a two-way process. It involves identifying what others are communicating as well as communicating yourself and the development of effective relationships.</p>				
<p>2 Personal and people development level required (please circle) 1 2 3 4</p> <p>This dimension is about developing yourself and contributing to the development of others through both formal structured and informal ad hoc methods.</p>				
<p>3 Health, safety and security level required (please circle) 1 2 3 4</p> <p>This dimension focuses on maintaining the health, safety and security of everyone in the organisation and anyone who comes into contact with it. It includes tasks that are undertaken as a routine part of work, such as moving or handling.</p>				

NHS KSF core dimensions required	Review of progress during the past year, including examples of achievement of required levels of skills and knowledge	Required level of skill/knowledge achieved? Yes/No	Personal development plan /actions to address development needs over the next 12 months	Priority *
<p>4 Service improvement level required (circle) 1 2 3 4</p> <p>This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or be services that support the smooth running of the organisation (such as finance, estates). The services might be single or multi-agency and uni or multi-professional.</p>				
<p>5 Quality level required (circle) 1 2 3 4</p> <p>This dimension relates to maintaining high quality in all areas of work and practice, including the important aspects of effective team working. Quality can be supported using a range of different approaches including: codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems.</p>				
<p>6 Equality and diversity level required (circle) 1 2 3 4</p> <p>It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees, people in other organisations; the public in general.</p>				

NHS KSF specific dimensions and any other skills and knowledge required	Review of progress during the past year, including examples of achievement of required levels of skills and knowledge	Required level of skill/ knowledge achieved? Yes/No	Personal development plan /actions to address development needs over the next 12 months	Priority *
Specific dimensions – list and specify level required (please circle) Dimension: 1 2 3 4				
Any other key skills and knowledge requirements				

* **Mandatory** – means that you are required to have this skill/knowledge by law for the job you do. **Job requirement** means that it is a requirement of your role that you have this skill/knowledge. **Personal requirement** means that you would like to develop this skill/knowledge to aim for a future role or for your personal satisfaction.

Statutory/mandatory training	Required? Yes/No	Requirement met? Yes/No	Plan /actions to address any unmet requirement over next 12 months
List (to be added)			

Performance appraisal and development review

Interim review form

Progress against objectives. Discuss with your manager how you are getting on in the achievement of your objectives. Has anything changed, such as priorities or workload, that means your objectives need to be revised? If so, come prepared to discuss this.

Appraisee's comments:

Appraiser's comments:

If objectives changed, please note:

How are you developing? Discuss with your manager how you are getting on in meeting your development needs for your role. Is anything hindering or preventing your development needs, as outlined in your development review? If so, come prepared to discuss this.

Appraisee's comments:

Appraiser's comments:

If specific development action required, please note:

Team performance appraisal and development review form

Name of team:

Individuals within team:

Appraiser's name:

Date of review:

Review of past year's objectives:

Objectives for next year:

Development review and plan

How has the team developed over the past year?

Are there any areas where individually or collectively, gaps in skills and knowledge have impeded the performance of the team?

What individual or group development would help to achieve the performance objectives set for next year?

Overall summary of performance

Signed (appraiser)

Signed (team members)

Appendix 2: Example of post outline format

Example post outline format from a trust in the north west

KSF outline template for the role of ward clerk

The outline is described at a high level in the left hand column and completed in the right hand column by the job holder.

KSF Dimension	Description and how this can be mapped to show the individual is demonstrating the knowledge and skills required for their role
<p>Communication – Level 2 Range of people Range of matters / issues Clear / effective communication appropriate to the individual Reduce barriers Accurate records, meets relevant policies etc.</p>	<p>I work with and provide information to ward staff, doctors, physios, medical secretaries, patient records, patients and their carers. This can be passing on telephone messages, requesting notes via patient records, speaking to relatives who are concerned about the patient. I try to always keep calm and listen carefully to requests. When speaking to patients / carers I try not to use medical terms so they understand. You know what it's like on here, we've always got a deadline and I regularly have to change my work to fit around it e.g. chasing results, arranging appointments or dealing with patient queries.</p>
<p>Personal & People Development – Level 1 Take part in the Personal Development Review Reviews how they are doing on a day-to-day basis Contribute to personal development plan and identifies any learning Undertakes any learning and uses knowledge in day-to-day work</p>	<p>A few months ago I helped out the new ward clerk on Ward X as she didn't know about XX. Also when XXX started on here I showed her around and talked her through the admin procedures.</p>
<p>Health, Safety and Security – Level 1 Ensures dept is maintained as a safe environment Be aware of the range of health and safety policies and how to summon help when required</p>	<p>I've done my mandatory training workbook, know about the health and safety issues on here, have reported a few faults via the Works Dept. Also attended Lorenzo training.</p> <p>I'm happy doing my job and don't want to undertake any further</p>

<p>Reports any health, safety and security issues</p>	<p>training.</p>
<p>Service Improvement – Level 1 Contributes ideas regarding improvements Ask themselves ‘can we do this any differently to make it easier for staff and patients?’ Takes part in implementing any change/s</p>	<p>I’ve enjoyed being part of the Productive Ward Team and putting forward my ideas regarding some changes we have made.</p>
<p>Quality – Level 2 Develops and maintains our knowledge and skills Carry out tasks appropriate to the role Effective team member Manage their workload to ensure all tasks are carried out to meet the needs of the service and to set deadlines</p>	<p>I think I always show respect to anyone I come into contact with regardless of who they are. Sometimes when we are busy it can be hard but I know what it’s like not receiving good customer service so I always try hard.</p>
<p>Equality & Diversity – Level 1 Treats and communicates with everyone showing the same dignity and respect Understands behaviours which contribute to discrimination and knows the reporting procedure</p>	

Appendix 3: Examples of objective setting and appraisal resources

Examples from trusts across the country of resources used in their appraisal and development reviews.

From a trust in the north west

Appraisal documentation – objective setting

Corporate objectives 2010 / 2011	<ol style="list-style-type: none">1. Ensure all patients are safe in our care2. To give our patients the best possible experience3. To be the employer of choice4. To provide sustainable local health care services
Divisional objectives	<p>The divisional objectives should be set by the divisional general manager and their teams at the beginning of the financial year. These should be reviewed quarterly and communicated via a cascade system. Divisional objectives should define the plans and outcomes for the service using specific deliverables and targets, they should also indicate quality elements and standards that should be adhered to.</p>
Team objectives	<p>The team, ward or departmental objectives should flow from the divisional objectives with specific key performance indicators to be achieved at a local level. Objectives at this level should indicate what specifically that particular team needs to do to meet its divisional responsibilities, they can include, efficiency measures, performance improvements and targets.</p>
Individual objectives	<p>Individual objectives should flow from the team objectives and should be set at a level suitable for the role of the person. They should be SMART objectives that can be monitored and measured leading to clear outcomes. This is so that both parties can evidence the success, progress towards or failure to achieve them. When in doubt measurable objectives should include a numerical component eg</p> <ul style="list-style-type: none">• Patient observations should occur on three occasions, equally spaced throughout the day• All patient valuables should be bagged and tagged within one hour of them being sent to theatre• Patient records should be available on the ward / clinic one hour before the patient appointment.

From a trust in the south east

Top ten tips on the appraisal and development review for both employees and appraisers

Employee guide to the appraisal and development review (ADR) process. Top ten tips

1.	<p>Purpose of appraisal It is a two-way discussion with your manager/appraiser to enable a discussion about your role, progress towards your objectives and knowledge and skills framework (KSF) outline, accomplishments, future objectives and development needs.</p>
2.	<p>Frequency of appraisal All staff should have an annual appraisal. There is a joint responsibility to ensure the appraisal is booked within the correct time frame and that it takes place. Postponements should only occur in extreme circumstances (service needs/personal issues). Protected time must be made available for the manager and employee to undertake the meeting.</p>
3.	<p>Prior to the appraisal The date of your appraisal will be confirmed in advance, ideally two weeks before, although this can be less by mutual agreement. Your manager will ensure you have access to a blank ADR form, the KSF outline for your role and the trust behaviour standards. You should have your previous ADR form (if you have been in post for over 12 months), and your job description. Do speak to your manager if you have not retained a copy of these.</p>
4.	<p>Preparing for your appraisal Start to consider your responses to the prompts on the appraisal form (section 1). Write down your own thoughts about your progress. The more you prepare for your meeting the more you will get out of it. It's entirely your choice whether or not you share your draft form with your manager in advance of the meeting.</p>
5.	<p>Reviewing your job role, working arrangements, skills and career aspirations In section 2 consider your responses to the questions. Think about your career/development aspirations and whether you think you have skills that could be of further benefit to the trust. Write these down to discuss further if you wish.</p>
6.	<p>Your KSF record Your appraisal includes a review of how you are meeting the KSF outline for your role.</p>

	<p>There are six core competencies (outlined on the ADR form) and your outline may also include additional specific competencies if your department use these. The KSF is part of the national Agenda for Change (AfC) terms. It defines and describes the knowledge and skills that employees should apply to ensure the delivery of quality service. Additional to the KSF, the trust behaviour standards must also be met by all staff. Follow the instructions on the form to provide some examples of the type of tasks/projects/ accomplishments that you consider demonstrate you are achieving your KSF outline and behaviour standards. If you find this section difficult to complete without discussion with your manager/appraiser you can leave it blank to be discussed during your appraisal meeting.</p>
7.	<p>Incremental pay progression It is the normal expectation that employees will progress through the pay band's incremental points at gateways and annually from point to point, provided that the employee's performance is satisfactory. During the appraisal meeting, progression to the next point (unless you have already reached the maximum point) will be confirmed. Managers can defer incremental progression for an employee who is currently being supported through the formal stage of the trust's managing employee performance procedure, where 3 months notice is provided. Further information is contained in the Employees Guide to Managing Performance (See Connect /ask your Manager/HR Consult).</p>
8.	<p>During the appraisal Your manager/appraiser will encourage you to talk through what you have written on the form and will give you some feedback using the prompts from section 3 of the form. It is expected that you will have been provided with some general feedback during the year and therefore there should be 'no surprises' during the appraisal meeting. Your objectives for the coming year will be discussed and agreed using section 4 of the form, or your department may have a departmental objectives template that they use for this purpose.</p>
9.	<p>Personal development plan (PDP) This will be agreed with you to support you with your job role requirements/KSF outline/objectives. Development does not mean it's always necessary to attend training courses; there are many other ways to receive development (exposure to other tasks/attending meetings/reading/learning from others /shadowing etc. Your mandatory training will be confirmed and protected time agreed for you to complete this. This is added to section 4 of the form.</p>
10.	<p>After your appraisal The ADR form must be completed with your comments and those from your appraiser. You will both agree who will do this. It should then be agreed and signed by both of you, with a copy kept by you and one retained in your personal file. It is best practice for a six month review date to be arranged. Your appraiser/manager will inform Workforce Information that your appraisal has taken place, as this is a mandatory requirement.</p>

Appraiser summary guide to the appraisal and development review (ADR) policy Top ten tips

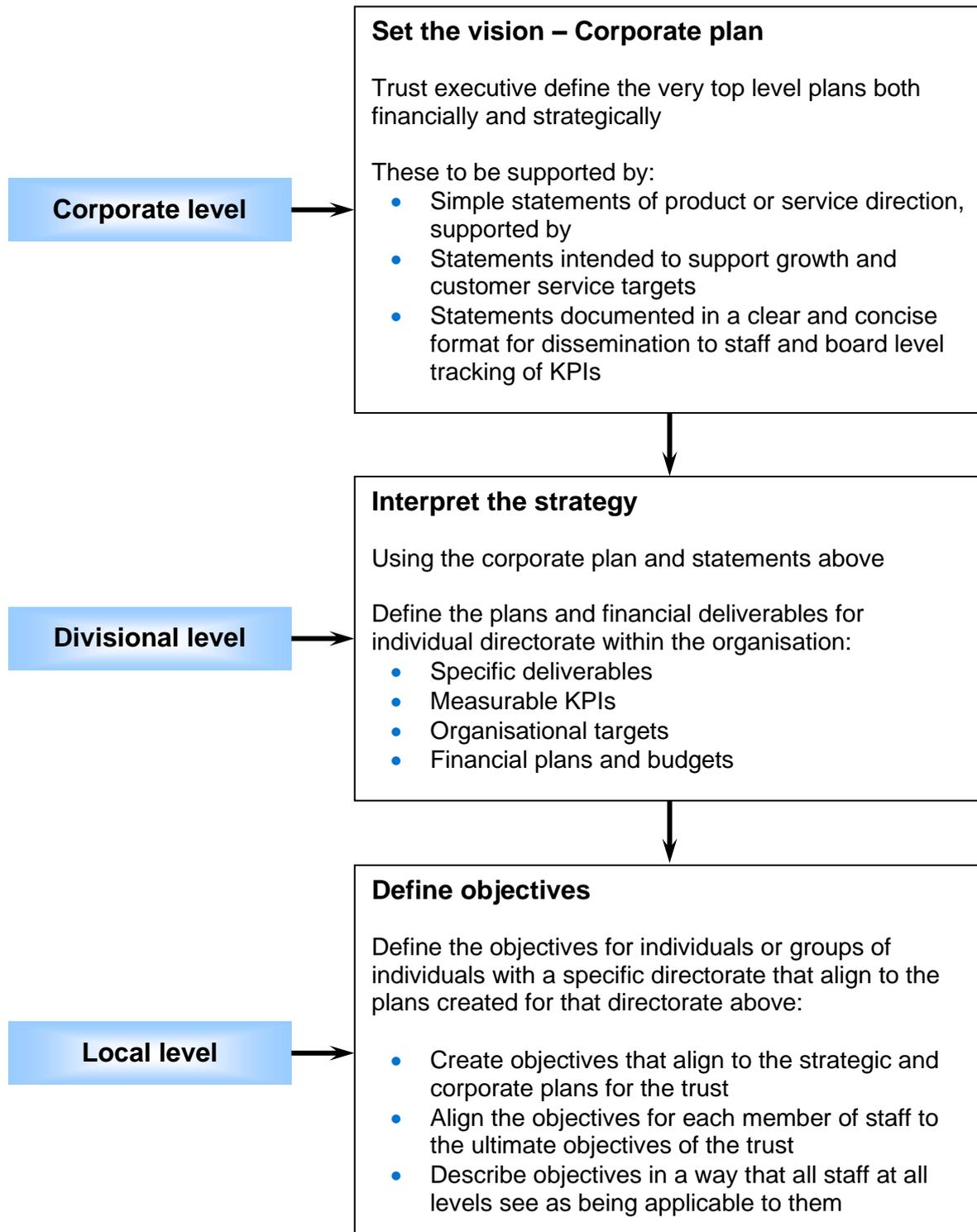
1	<p>Purpose of appraisal</p> <p>It is a two-way discussion between the employee and their manager/appraiser to enable a discussion about the employee's role, progress towards objectives and the knowledge and skills framework (KSF) outline, accomplishments, future objectives and development needs. Protected time will be given to both the manager and employee to undertake the appraisal meeting. It is the appraiser's responsibility to ensure the meeting is constructive and a coaching style is adopted to encourage discussion and to make the employee feel comfortable during the process. There is evidence that well constructed appraisals significantly increase motivation, performance level and personal commitment to the ward/department/trust.</p>
2	<p>Number of appraisals per manager</p> <p>The maximum in any one year is ideally ten. Speak to your manager or OD manager if you have more than this number, to look at ways of addressing this.</p>
3	<p>Frequency and timing of the appraisal meeting</p> <p>All staff must have an annual appraisal. Whilst the trust's policy states this is a joint responsibility, accountability rests with managers. Postponements should only occur in extreme circumstances (service needs/personal issues), and where this has occurred, the date is rebooked without delay.</p> <p>There are two options for the timing of appraisals:</p> <p>Option 1: The normal practice is for appraisal to take place no later than 3 months prior to the employee's incremental date. This is to encourage a link between performance and incremental pay progression. It also ensures that if you have an employee that is currently being supported through the managing employee performance procedure, you are able to give 3 months notice of a deferment of progression if necessary. Further information is available in the trust's ADR policy, and managing employee performance procedure.</p> <p>Option 2: If wards/departments choose to arrange their appraisals at other times of the year, such as linking into the corporate/divisional objective setting process, it is acceptable to do so. However, it remains important that employees are clear that there is a link between their performance and incremental pay progression. In this situation you are able to confirm that incremental progression is agreed on their incremental date, subject to continuing to meet the performance standards. Where you are not able to confirm this at the time of the appraisal, then you should set a further date to discuss this specifically, at no later than 3 months prior to the incremental date for the reasons outlined above. You can reflect this action on page 3 of the ADR form. However, it's important to ensure workforce information is informed of the date of the full appraisal date when it occurs (see paragraph regarding compliance reporting).</p> <p>There is further information regarding pay progression in paragraph below and further detail is also in the policies referred to above.</p>

4	<p>Prior to the appraisal</p> <p>Your employee should receive at least two weeks' notice of the appraisal. This can be less by mutual agreement. Ensure the employee has access to a blank ADR form, which has the employee's guide to appraisals and trust behaviour standards. The employee should also have a copy of their previous ADR form (as applicable), a copy of their job description and the KSF outline for the job role.</p>
5	<p>Preparing for the appraisal meeting</p> <p>Your employee is asked (via the form and guide) to use the blank ADR form to help them prepare for their appraisal. You should look at the prompts on the form to anticipate their responses and any concerns they may raise (sections 1 & 2). It's entirely the employee's choice whether or not they share their draft form with you in advance of the meeting. Begin to prepare your feedback using the prompts on section 3. When providing feedback relate this to examples and where possible the employee's own comments.</p>
6	<p>The KSF section of the ADR form and trust behaviour standards (section 2)</p> <p>Your employee is asked to look at the six core competencies of their KSF outline in addition to any specific dimensions you may have added and consider how they are demonstrating application of these. Additional to the KSF, the trust behaviour standards must also be met by all staff. It is very important that you discuss these during the appraisal meeting, acknowledge these are being met and, if there are any gaps, set out how these will be addressed.</p> <p>Some staff may find this section difficult to complete ahead of the meeting so they may leave it blank to discuss with you. Ensure the section is completed as part of the joint discussion.</p>
7	<p>During the appraisal</p> <p>Encourage your employee to do most of the talking, using a coaching style approach. As well as discussing the sections completed by the employee (sections 1 & 2) provide constructive feedback that you have prepared using the prompts from section 3 of the form. If the employee is being negative about their own performance try to help appreciation of positive outcomes where you can, and ensure future objectives and PDP addresses such issues.</p> <p>It's important that you remember that there should be 'no surprises' during the meeting. If you have had any concerns about an incident/performance during the year you had a responsibility to raise this at the time and not wait for the appraisal meeting to do so. The appraisal meeting should complement and support regular discussions with your employee during the course of the year.</p>
8	<p>Objective setting and personal development plan (section 4)</p> <p>Objective setting</p> <p>Agree objectives for the coming year, linking into corporate objectives/divisional objectives, ward/department priorities and issues identified during the appraisal. Use section 4 of the form to record these, or use your own form if your area has a specific template for this purpose.</p>

	<p>Personal development plan (PDP) Identify any training and development that will help support the employee to achieve their objectives, improve job performance and meet their KSF outline and behaviour standards. There are a range of ways to do this as there should not be an expectation that it's always necessary to attend a course (further information is provided in the Learning & Development policy). Other development opportunities can be provided, such as through exposure to other tasks/attending meetings/reading/learning from others /shadowing etc.</p> <p>Ensure you ascertain your employee's mandatory training compliance status. All staff must undertake the corporate refresher e-learning update (CRU) on a two-yearly basis. Additionally, some staff, especially clinical staff, have additional mandatory training requirements (such as mandatory annual refresher – clinical staff). It's your responsibility to ensure compliance.</p>
<p>9</p>	<p>Incremental pay progression It is the normal expectation that employees will progress through the pay band's incremental points at gateways and annually from point to point, provided that the employee's performance is satisfactory. During the appraisal meeting, progression to the next point (unless the employee has already reached the maximum point) will be confirmed and there is a section on page 3 of the form for you to do so.</p> <p>Managers can defer incremental progression for an employee who is currently being supported through the formal stage of the trust's managing employee performance procedure, where 3 months notice is provided. Further information is contained in the Employees Guide to Managing Performance (See Connect /ask your Manager/HR Consult).</p>
<p>10</p>	<p>After the appraisal The ADR form must be completed with your comments and those of your employee. Agree between you who will take responsibility for this and set a time frame for doing so. The completed form should be agreed and signed by both parties. Provide one copy to your employee and retain one in their personal file.</p> <p>You must ensure that you have informed Workforce Information that the appraisal meeting has been held. Do this as soon as the meeting has finished, you do not have to await the signed form. This is to ensure that you are compliant with your staff appraisals to meet the trust's compliance requirements. To do so email XXXX with the name of your employee and the date the appraisal took place.</p>

From a trust in the north west

Appraisal documentation – objective setting



From a trust in the west midlands

A good practice guideline for appraisals

There are no hard and fast rules for conducting an appraisal, however there are a number of key guidelines that will contribute to a successful outcome:

- **Prepare.** Both appraiser and appraisee should prepare for the meeting.
- **Pre-book.** The date, time and venue of the meeting should be pre-booked with enough time to ensure both parties can prepare for the meeting.
- **Venue.** The venue for the meeting should be suitable for the meeting. Key considerations should be made for privacy, confidentiality and freedom from interruptions (unless clinically unavoidable).
- **Dialogue.** An appraisal is not about the appraiser telling the appraisee how they have performed over the review period. Dialogue between the two parties has to take place with both having equal opportunity and freedom to input and express their views.
- **Paperwork.** The meeting itself is not the place to be completing appraisal paperwork, this should be done after the meeting. Any paperwork or documentation that will be required during the meeting, such as details of a course or training programme, KSF handbook, previous period's appraisal documents etc, should be taken into the meeting by either the appraiser or appraisee to ensure the meeting is not interrupted searching for them.
- **Recording.** When the meeting has taken place the outcomes should be transferred onto the relevant short or long form appraisal document, signed by both parties and recorded onto the ESR system within ten days of the meeting. A copy of the signed paperwork should be filed on the appraisee's personnel file, with a copy given to them for their own records.

Objective setting

Objective setting is a key element of a good appraisal. Objectives should be set for both performance objectives and for personal development. As a rule of thumb the lower banded the job the more closely linked to the job description the performance objectives will be. Performance objectives should be linked to personal development to ensure learning is embedded. If it is agreed that the appraisee will attend a particular course to develop a new skill six months into the review period, the use of that skill should feature in the performance objectives some time after that date. Performance objectives should be set using the **SMART** method:

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Time constrained**

An objective that states that the appraisee should “improve the productivity of the department” meets none of these criteria. However, an objective that states they will “reduce the average length of stay by 0.5 days in the first six months and by a further 0.25 days by the end of the 12 month period” does. Personal development objectives should be set to consolidate or broaden performance in current role or to prepare an appraisee deemed to have the ability to move to another role to do so. All objectives should be traceable to contributing to the trust’s strategic and operational objectives, either directly or indirectly.

From a trust in the north west

An explanation of how to set SMART objectives

Specific	The action, behaviour or outcome must be linked to a rate, number, percentage or frequency. 'Answer the telephone quickly' is not specific and allows for a subjective judgement to be made about whether the outcome has been achieved. In contrast, 'answer the telephone within 3 rings' is.
Measurable	You must be able to measure the extent to which an objective has been achieved. If you've successfully created a specific objective linked to a rate, number, percentage or frequency, this will be easier.
Achievable	Put simply, an objective is achievable if, with a reasonable amount of effort and application, it can be achieved. Deciding what constitutes a realistic amount of effort and application calls for a subjective judgement to be made, which is one reason why objectives should be mutually agreed, and not 'set'.
Relevant	This means that the outcome sought must be something the individual can actually impact upon. The key questions here are: Does the individual have the necessary knowledge, skill and authority to complete this objective?
Time-based	This means quite simply: Is there a timeframe within which the objective should be undertaken? If there is no timeframe, the objective is not SMART.

Appendix 4: Summary descriptions of KSF core dimensions

These descriptions summarise the KSF core dimensions, as part of the simplified KSF, which can be tailored locally.

<p>Communication – definition This dimension relates to effectively communicating the needs and requirements of patients, carers, staff and others to provide excellent care and service. Effective communication is a two way process. It involves identifying what others are communicating and the development of effective relationships as well as one’s own communication skills .</p>		<p>Why it is important: Communication underpins all else we do. Effective communication is a two way process which develops and cements relationships, keeps people informed and reduces the likelihood of errors and mistakes.</p>	
<p>level 1 Communicate with a limited range of people on day-to-day matters. For example:</p> <ul style="list-style-type: none"> ■ actively listens and asks questions to understand needs ■ shares and disseminates information ensuring confidentiality where required ■ checks information for accuracy ■ presents a positive image of self and the service ■ keeps relevant people informed of progress ■ keeps relevant and up to date records of communication 	<p>level 2 Communicate with a range of people on a range of matters</p> <ul style="list-style-type: none"> ■ uses a range of communication channels to build relationships ■ manages people’s expectations ■ manages barriers to effective communication ■ improves communication through communication skills 	<p>level 3 Develop and maintain communication with people about difficult matters and/or in difficult situations</p> <ul style="list-style-type: none"> ■ identifies the impact of contextual factors on communication ■ adapts communication to take account of others’ culture, background and preferred way of communicating ■ provides feedback to others on their communication where appropriate ■ shares and engages thinking with others ■ maintains the highest standards of integrity when communicating with patients and the wider public 	<p>level 4 Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations</p> <ul style="list-style-type: none"> ■ encourages effective communication between all involved ■ develops partnerships and actively maintains them ■ anticipates barriers to communication and takes action to improve communication ■ articulates a vision for trust focus which generates enthusiasm and commitment from both employees and patients/wider public ■ is proactive in seeking out different styles and methods of communication to assist longer terms needs and aims ■ is persuasive in putting forward own view and that of the organisation ■ communicates effectively and calmly in difficult situations and with difficult people
<p>Think about what behaviours and actions are positive indications the that the knowledge and skills of this dimension are present and those that warn that they are absent</p>			
<p>Positive indications:</p> <ul style="list-style-type: none"> ■ positive patient/public/partner and colleague relationships ■ positive patient/public/partner feedback ■ timely and accurate performance ■ accurate information given ■ appropriate information given ■ people feel communication in the trust is effective and different parts of the trust communicate with each other ■ people feel patient confidentiality is respected 		<p>Warning signs:</p> <ul style="list-style-type: none"> ■ patient/public/partner complaints about communication and unmet needs ■ others not treated nor considered with respect ■ over-reliance on email ■ information given inaccurate ■ information given inappropriate ■ recipient not understood information given ■ people do not feel patient confidentiality is respected 	

<p>Personal and People Development – definition This dimension is about developing oneself using a variety of means and contributing to the development of others during ongoing work activities. This might be through structured approaches (eg appraisal and development review, mentoring, professional/clinical supervision) and/or informal and ad hoc methods (such as enabling people to solve arising problems and appropriate delegation)</p>		<p>Why it is important Everyone needs to develop themselves in order for services to continue to meet the needs of patients, clients and the public.</p>	
<p>Level 1 Contribute to own personal development. For example:</p> <ul style="list-style-type: none"> ■ identifies whether own skills and knowledge are in place to do own job ■ prepares for and takes part in own appraisal ■ identifies (with support if necessary) what development gaps exist and how they may be filled ■ produces a personal development plan with appraiser ■ takes an active part in learning/development activities and keeps a record of them 	<p>Level 2 Develop own skills and knowledge and provide information to others to help their development</p> <ul style="list-style-type: none"> ■ seeks feedback from others about work to help identify own development needs ■ evaluates effectiveness of own learning/development opportunities and relates this to others ■ identifies development needs for own emerging work demands and future career aspiration ■ offers help and guidance to others to support their development or to help them complete their work requirements effectively ■ offers feedback promptly 	<p>Level 3 Develop oneself and contribute to the development of others</p> <ul style="list-style-type: none"> ■ assesses how well met last year’s objectives and helps set this year’s. Assesses self against KSF outline ■ takes responsibility for meeting own development needs ■ identifies development needs for others emerging work demands and future career aspiration ■ enables opportunities for others to apply their developing knowledge and skills ■ actively provides learning and development opportunities to others ■ actively contributes to the evaluation of the effectiveness of others’ learning/development opportunities and relates this to others ■ ensures all employees managed have annual appraisals and personal development plans in place and comply with mandatory training 	<p>Level 4 Develop oneself and others in areas of practice</p> <ul style="list-style-type: none"> ■ contributes to development in the workplace as a learning environment ■ actively creates opportunities to enable everyone to learn from each other and from external good practice ■ uses a coaching approach to encourage others to develop
<p>Think about what behaviours and actions are positive indications the that the knowledge and skills of this dimension are present and those that warn that they are absent</p>			
<p>Positive indications:</p> <ul style="list-style-type: none"> ■ identified development needs and feedback accepted positively ■ people feel they have the knowledge and skills to do their jobs ■ people feel there is strong support for learning and development in their area ■ time and provision are made for on the job and informal development ■ everyone has a PDP that they understand ■ people feel responsible for developing their own expertise ■ people feel they have opportunities to progress 		<p>Warning signs:</p> <ul style="list-style-type: none"> ■ staff defensive about development needs ■ staff do not feel they have the knowledge and skills to do their jobs ■ development frequently cancelled or senior staff too busy to offer informal development to others ■ people do not feel there is strong support for learning and development in their area ■ PDPs not completed or incomplete ■ people feel development is done to them and it is not their responsibility ■ development needs and training/development opportunities available do not match 	

<p>Health Safety and Security– definition</p> <p>This dimension focuses on maintaining and promoting the health, safety and security of everyone in the organisation or anyone who comes into contact with it either directly or through the actions of the organisation. It includes tasks that are undertaken as a routine part of one’s work such as moving and handling</p>		<p>Why it is important</p> <p>Everyone needs to promote the health, safety and security of patients and clients, the public, colleagues and themselves</p>	
<p>Level 1 Assist in maintaining own and others’ health, safety and security. For example:</p> <ul style="list-style-type: none"> ■ follows trust policies, procedures and risk assessments to keep self and others safe at work ■ helps keep a healthy, safe and secure workplace for everyone ■ work in a way that reduces risks to health, safety and security ■ knows what to do in an emergency at work, knows how to get help and acts immediately to get help ■ reports any issues at work that may put self or others at a health, safety or security risk 	<p>Level 2 Monitor and maintain health, safety and security of self and others</p> <ul style="list-style-type: none"> ■ looks for potential risks to self and others in work activities and processes ■ manages identified risk in the best way possible ■ works in a way that complies with legislation and trust policies and procedures on health, safety and risk management ■ takes action to manage an emergency, calling for help immediately when appropriate ■ reports actual or potential problems that may put health, safety or security at risk and suggests solutions ■ supports and challenges others in maintaining health, safety and security at work 	<p>Level 3 Promote, monitor and maintain best practice in health, safety and security</p> <ul style="list-style-type: none"> ■ identifies and manages risk at work and helps others to do the same ■ makes sure others work in a way that complies with legislation and trust policies and procedures on health, safety and risk management ■ carries out, or makes sure others carry out risk assessments in own area. Checks work area to make sure it is free from risks and conforms to legislation and trust policies and procedures on health, safety and risk management ■ takes the right action when risk is identified ■ finds ways of improving health, safety and security in own area 	<p>Level 4 Maintain and develop an environment and culture that improves health, safety and security</p> <ul style="list-style-type: none"> ■ evaluates the extent to which legislation and trust policies and procedures on health, safety and risk management have been implemented across the trust, in own sphere of activity ■ evaluates the impact of policies, procedures and legislation across the trust in own sphere of activity ■ identifies the processes and systems that will promote health, safety and security in the trust ■ regularly assesses risks and uses the results to make improvements and promote best practice ■ takes appropriate action when there are issues with health, safety and security ■ investigates any actual or potential health, safety or security incidents and takes the required action
<p>Think about what behaviours and actions are positive indications the that the knowledge and skills of this dimension are present and those that warn that they are absent</p>			
<p>Positive indications:</p> <ul style="list-style-type: none"> ■ Trust procedures are followed including for hand hygiene ■ confidential information is kept safe and secure ■ work areas are clean and tidy ■ health, safety or security risks or incidents are reported, at all levels ■ behaviour is monitored and action taken when necessary ■ incidents are handled appropriately and acted up immediately at all levels ■ health, safety and security incidents are declining 		<p>Warning signs:</p> <ul style="list-style-type: none"> ■ legislation, policies and processes around health, safety and security are not followed ■ confidentiality is breached ■ incidents are not reported or not reported by staff at all levels ■ there is not monitoring of compliance or monitoring exists but action is not taken when required ■ people do not know what to do if an incident occurs ■ health, safety and security incidents are increasing (which is not due to increased reporting) 	

<p>Service Improvement– definition This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or services that support the smooth running of the organisation (such as finance, estates).The services might be single or multi-agency and uni or multi-professional. Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service.</p>		<p>Why it is important Everybody has a role in implementing policies and strategies and improving services for users and the public</p>	
<p>Level 1 Make changes in own practice and offer suggestions for improving services. For example:</p> <ul style="list-style-type: none"> ■ discusses with line manager changes that might need making to own work practice and why ■ adapts own work and takes on new tasks as agreed and asks for help if needed ■ helps evaluate the service when asked to do so ■ passes on any good ideas to improve services to line manager or appropriate person ■ alerts manager if new ways of working, polices or strategies are having a negative impact on the service given to users or the public. 	<p>Level 2 Contribute to the improvement of services</p> <ul style="list-style-type: none"> ■ discusses with team the likely impact of changing policies, strategies and procedures on practice. Also about changes the team can make and how to make them effective ■ takes on new work and make changes to own work when agreed, requesting relevant help if needed ■ supports colleagues in understanding and making agreed changes to their work ■ evaluates own and others' work when needed ■ make suggestions to improve the service ■ constructively identifies where new ways of working, polices or strategies are having a negative impact on the service given to users or the public. 	<p>Level 3 Appraise, interpret and apply suggestions, recommendations and directives to improve services</p> <ul style="list-style-type: none"> ■ identifies and evaluates potential improvements to the service ■ discusses improvement ideas with appropriate people and agrees a prioritised plan of implementation to take forward agreed improvements ■ presents a positive role model in times of service improvement ■ supports and works with others to help them understand the need for change and to adapt to it ■ enables and encourages others to suggest change, challenge tradition and share good practice with other areas of the trust ■ evaluates the changes made and suggests further improvements where needed ■ evaluates draft policies and strategies and feeds back thoughts on impacts on users and the public. 	<p>Level 4 Work in partnership with others to develop, take forward and evaluate direction, policies and strategies</p> <ul style="list-style-type: none"> ■ involves and engages users of the service and others in discussions about service direction, improvements and the values on which they are based ■ works with others to make sure there is a clear direction for values, strategies and policies and leads the way when interests are in conflict ■ continually reviews the values, strategic plans and directions of the service to take account of changing circumstances ■ works with others to develop strategic plans and business objectives for the service. These need to be consistent with values, realistic, detailed and take account of constraints ■ communicates values, strategic plans and service direction to help all colleagues understand how they are affected. Also creates opportunities for people to contribute their views and ideas ■ works with people affected by service improvements to evaluate the impact of the changes on the service. Feeds this information into ongoing improvements.

Think about what behaviours and actions are positive indications the that the knowledge and skills of this dimension are present and those that warn that they are absent	
Positive indications: <ul style="list-style-type: none"> ■ staff at all levels question poor practice, process and behaviour ■ staff at all levels feel they are involved in deciding on service improvements that affect them ■ staff feel able to make suggestions that improve their work or their area ■ staff feel they deliver a service to a standard that they are personally pleased with ■ staff adapt to change ■ consistently improving care and service are provided 	Warning signs: <ul style="list-style-type: none"> ■ staff do things the way they've always been done, without question ■ staff feel that service improvement is “nothing to do with them” ■ staff feel that they are not involved in decision making ■ staff do not feel they deliver a service to a standard that they are personally pleased with ■ staff struggle to adapt to change or openly resist it ■ services are considered to be static or declining rather than improving

Quality– definition		Why it is important	
This dimension relates to maintaining high quality in all areas of work and practice, including the important aspect of effective team working. Quality can be supported using a range of different approaches including codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. This dimension supports the governance function in organisations – clinical, corporate, financial, information, staff etc.		Quality is a key aspect of all jobs as everybody is responsible for the quality of their own work. It underpins all the other dimensions in the NHS KSF.	
Level 1 Maintain the quality of own work. For example: <ul style="list-style-type: none"> ■ works as required by relevant trust and professional policies and procedures ■ works within the limits of own competence and area of responsibility and refers any issues that arise beyond these limits to the relevant people ■ works closely with own team and asks for help if necessary ■ uses trust resources efficiently and effectively thinking of cost and environmental issues ■ reports any problems, issues or errors made with work immediately to line manager and helps to solve or rectify the situation. 	Level 2 Maintain quality in own work and encourage others to do so <ul style="list-style-type: none"> ■ follows trust and professional policies and procedures and other quality approaches as required. Encourages others to do the same. Maintains professional registration if has one ■ works within the limits of own competence and area of responsibility and accountability. Gets help and advice where needed ■ works to support the team. Can be counted on when people ask for help or support ■ prioritises own workload and manages own time to ensure priorities are met and quality is not compromised ■ uses trust resources and effectively and encourages others to do the same ■ monitors the quality of work in own area and alerts others to quality issues, 	Level 3 Contribute to improving quality <ul style="list-style-type: none"> ■ promotes quality approaches making others aware of the impact of quality ■ understands own role, its scope and how this may change and develop over time in developing a high quality organisation ■ reviews effectiveness of own team and helps and enables others to work as a team ■ prioritises own workload and manages own time in a manner that maintains and promotes high quality ■ evaluates the quality of own and others' work in own area and raises quality issues and related risks with the appropriate people ■ supports changes in own area that improves the quality of systems and processes ■ takes appropriate action when there is a 	Level 4 Develop a culture that improves quality <ul style="list-style-type: none"> ■ initiates, implements, supports and monitors quality and governance systems and processes ■ alerts others to the need to improve quality. Ensures others maintain professional registration ■ is an effective member of the organisation. Works with others to develop and maintain high quality services ■ role models quality delivery ■ enables others to understand, identify and deal with risks to quality ■ actively promotes quality in all areas of work ■ responsible for continually monitoring quality and takes effective action to address quality issues.

	reporting any errors or issues to the appropriate person.	persistent problem with quality.	
Think about what behaviours and actions are positive indications the that the knowledge and skills of this dimension are present and those that warn that they are absent			
Positive indications: <ul style="list-style-type: none"> ■ people are confident in asking for support where necessary and feel well supported ■ people respond positively when colleagues ask for help and support ■ people feel encouraged to report errors and near misses ■ when errors and quality issues occur the focus is on resolving the issue and learning from it ■ there is a no-blame culture ■ resources are used effectively ■ people adapt to changing priorities and changing quality systems ■ high quality care and services are delivered and improving 		Warning signs: <ul style="list-style-type: none"> ■ people do not feel they can ask for help or support and do not feel well supported ■ people do not make time to help and support others when asked ■ when errors and quality issues occur the focus is on blaming someone else ■ resources are wasted ■ people struggle to cope with or moan about changing quality systems or processes ■ care and services are not considered to be high quality or are declining in quality. 	
Equality and diversity – definition It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees, people in other organisations; the public in general		Why it is important This is a key aspect of all jobs and of everything that everyone does. It underpins all dimensions in the NHS KSF. Successful organisations are the ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages, bodily appearances; classes; castes, creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with or without responsibilities for dependants. Where diversity and equality are not integral to the organisation, discrimination may occur.	
Level 1 Act in ways that support equality and value diversity. For example: <ul style="list-style-type: none"> ■ acts in accordance with legislation, policies, procedures and good practice ■ treats everyone with dignity and respect ■ allows others to express their views even when different from one’s own ■ does not discriminate or offer a poor service because of others’ differences or different viewpoints. 	Level 2 Support equality and value diversity <ul style="list-style-type: none"> ■ challenges bias, prejudice and intolerance if appropriate or brings it to the attention of a manager ■ uses plain language when carrying out duties ■ aware of the impact of own behaviour on others. 	Level 3 Promote equality and value diversity <ul style="list-style-type: none"> ■ interprets equality, diversity and rights in accordance with legislation, policies, procedures and good practice ■ actively acts as a role model in own behaviour and fosters a non-discriminatory culture ■ promotes equality and diversity in own area and ensures policies are adhered to ■ manages people and applies internal processes in a fair and equal way. 	Level 4 Develop a culture that promotes equality and values diversity <ul style="list-style-type: none"> ■ actively promotes equality and diversity ■ monitors and evaluates the extent to which legislation and policies are applied ■ monitors and act on complaints around equality and diversity ■ actively challenges unacceptable behaviour and discrimination ■ supports people who need assistance in exercising their rights.
Think about what behaviours and actions are positive indications the that the knowledge and skills of this dimension are present and those that warn that they are absent			
Positive indications: <ul style="list-style-type: none"> ■ patients/public/partners, colleagues and staff feel fairly treated ■ people feel confident in speaking up if they feel there is bias in a system or process of if they feel they have witnessed bias, prejudice or intolerance ■ staff understand what diversity is and why it is important. 		Warning signs: <ul style="list-style-type: none"> ■ high level of staff and patient or wider public complaints about unfair treatment, bias or discrimination ■ policies and procedures only exist in writing with little application in day to day activity ■ bias in the application of processes affecting equality of outcome. 	

Appendix 5: New management and leadership specific dimension

<p>Management and leadership – definition</p> <p>This dimension relates to the development and promotion of the values and goals of the trust through the effective leadership and management of the organisation its people and its processes. Please also refer to the Clinical Leadership Competency Framework used by the regulated clinical professions, and the NHS Leadership Competency Framework, formerly known as the Leadership Qualities Framework (LQF).</p>		<p>Why it is important</p> <p>The behaviours and actions of our leaders and managers define how we work in our trust. Through excellent leadership and management we know what is expected of us, we feel confident that we will be supported and we are reassured that the trust is doing all it can to deliver the best quality services to patients, carers and the wider public.</p>	
<p>Level 1 Focus on goals for self. For example:</p> <ul style="list-style-type: none"> ■ exhibits self-belief and believes in own ability to deliver ■ focuses on the achievement of goals for the organisation’s benefit as well as own benefit ■ makes effective decisions based on all available information ■ prepared to face a challenge and stand up for own professional viewpoint ■ driven by the needs of service users. 	<p>Level 2 Manage a small team and lead by example</p> <ul style="list-style-type: none"> ■ takes ownership and prepared to be held accountable ■ role models ethical behaviours ■ makes the most of current opportunities to make improvements ■ develops and communicates standards and expected levels of performance ■ delegates effectively and develops team members ■ supports the evaluation of KPIs in own delivery area. 	<p>Level 3 Lead across teams and contribute to the culture of leadership</p> <ul style="list-style-type: none"> ■ establishes a culture of team work and cooperation ■ able to influence and persuade with own team and senior people ■ able to work comfortably in a complex work environment ■ is able to spot and encourage potential ■ creates a climate of support but holds people to account ■ sets stretching and challenging goals in area of responsibility and drives the evaluation of KPIs. 	<p>Level 4 Set the direction and tone of the organisation</p> <ul style="list-style-type: none"> ■ interprets likely change for the organisation and sets direction for the future ■ sets stretching and challenging goals for the organisation and drives the evaluation of KPIs ■ makes partnerships both internally and externally and is influential within them ■ focuses own and others’ energy to where it will make a difference.
<p>Think about what behaviours and actions are positive indications that the knowledge and skills of this dimension are present and those that warn that they are absent</p>			
<p>Positive indications:</p> <ul style="list-style-type: none"> ■ goals and targets met at individual and trust levels ■ staff feel well led ■ staff feel they get clear feedback about how they are doing and how this fits in with the organisation ■ patient and service user focused ■ values and culture defined is upheld and demonstrated ■ the trust is prepared for the future and has impact in the community and health sectors. 		<p>Warning signs:</p> <ul style="list-style-type: none"> ■ staff not clear about what is expected of them or how they fit into the trust ■ staff do not feel they get clear feedback about how they are doing ■ values and culture demonstrated don’t reflect those written ■ staff don’t feel “heard” ■ lack of engagement and development ■ blame culture ■ organisation lacks influence and impact in the community and health sector. 	

Appendix 6: The background to this guide

The need for high quality performance appraisal and staff development

The delivery of high quality patient care within the NHS critically depends on every member of staff:

- having a clear understanding of their role and the part they play in their team and organisation
- having an agreed set of priorities and objectives for their work
- possessing and applying the knowledge and skills they need to perform that role effectively and to achieve their objectives.

Research studies show strong and positive relationships between lower patient mortality rates and the incidence and quality of performance appraisals and development reviews. See *Reducing patient mortality in hospitals: the role of human resource management* (Carol Borrill and Michael West, Aston Business School, 2003), and *Silence Kills: the Seven Crucial Conversations for Healthcare* (David Maxfield, Joseph Grenny, Ron McMillan, Kerry Patterson, Al Switzler, 2005).

But current practice across the NHS is mixed at best. A recent review (*Review of the NHS Knowledge and Skills Framework*, Institute for Employment Studies, NHS Employers 2010) found that annual performance appraisal and development reviews cover fewer than half of the staff in around a third of trusts and were only applied to three-quarters of staff in a similar proportion.

Just 36 per cent of HR and development staff surveyed felt that the NHS Knowledge and Skills Framework (KSF) was well integrated with their appraisal process and **a quarter rated the quality of their performance and development reviews as poor.**

The KSF was developed as part of the Agenda for Change restructuring as a single comprehensive framework on which to base personal development plans and reviews. It is part of the national terms and conditions of employment for NHS staff.

But, the Institute for Employment Studies (IES) review found its application to be patchy. While people overwhelmingly support the purpose and principles of developing all staff, **common criticisms included the excessive complexity and length of the KSF process and paperwork**, particularly in applying it to staff in Bands 1-4, where there has generally been less experience of performance appraisal and development planning and review.

The NHS Staff Council resolved to simplify and to improve the application of the KSF and its integration within wider performance management practices in trusts. Guidance on this simplified and integrated approach is contained in this guide.

