

Meeting / Committee:	Board of Directors	Meeting Date:	29 April 2014
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision X	Assurance	Information
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Title:	Appraisal Review
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Purpose:	To seek approval from the Board of Directors on proposed changes to the use of the NHS Knowledge and Skills Framework (KSF) and associated changes to the existing staff development review policy and paperwork. The paper also proposes an approach used to assess the quality of appraisals undertaken.
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Summary:	The paper provides a detailed understanding of the organisation's current position in relation to the appraisal process and compliance against the Trust target completion rate. In addition a number of proposals are outlined aimed at achieving an improvement in both the percentage uptake and quality of appraisals across the Trust.
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Prepared By:	Andrew Thacker Assistant Director of Human Resources	Presented By:	Chris Harrison Director of Human Resources
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Recommendation:	The Board of Directors are asked to approve the recommendations set out in Section 3 of this paper.
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical	Strategic	Risk & Assurance X
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BOARD OF DIRECTORS

APPRAISAL REVIEW

APRIL 2014

1. Purpose

The purpose of this paper is to provide the Board of Directors with an understanding of the existing appraisal processes in use across the Trust. The paper also seeks approval for the proposed changes to these processes with the aim of improving the appraisal uptake and the quality of appraisals across the organisation.

2. Background

2.1. Implementation of the KSF

Following the implementation of the Agenda for Change (AFC) Terms and Conditions in 2004, the NHS Knowledge and Skills Framework (KSF) was rolled out across the Trust. The intention, at the time of its launch, was to provide a system that delivered a process of reviewing an individual's performance and capability which in turn was linked to both career and pay progression.

As part of the implementation, approximately 600 KSF Outlines were designed and approved in partnership with staff-side colleagues. Each KSF Outline contains 6 Core Dimensions (which are applicable to every role) and up to 5 Specific Dimensions (which are specific to the job role), which define and describe the knowledge and skills which staff need to apply in their work in order to deliver quality services. Each (AFC) pay band includes two gateways (foundation and final) at which point pay progression could be halted if it was found that the member of staff did not possess the knowledge or skills required of their role. Following a 'foundation' review it was intended, through the development of an individual's personal development plan, that knowledge and skills would be developed whilst progressing through the pay band until a full review against the KSF profile would be completed at the 'final' gateway point.

2.2. Staff Development Review Policy

In order to formalise the use of the KSF, an associated policy was developed which described the use of the KSF Gateways and also included the paperwork which was to be used as part of an individual's Staff Development Review (SDR / Appraisal).

Following feedback from staff and managers that the KSF and review paperwork was cumbersome and time-consuming to use (between 2-3 hours per review), a detailed review of the policy and associated paperwork was conducted in late 2010. This review took into consideration feedback from staff and managers and made considerable changes to the paperwork used as part of the review process. It was recommended as part of this review that the KSF outlines continue to be used.

It is worthy of note that the use of the KSF Gateways has never been fully implemented since the launch of the KSF and to date no staff have ever had an increment refused or held through the SDR process.

2.3. Appraisal Rates

The method for collecting and reporting completed appraisals was originally a manual system which relied on Divisions and Directorates (as was) reporting the numbers of appraisals completed each month. This figure was used in conjunction with the staff in post numbers for the same to calculate the appraisal rate for each Division/Directorate. The appraisal rate for the first full year of reporting (2006/2007) was reported at 70.33%, although this was to reduce significantly by March 2008 to just 44.04%.

Whilst this method provided a useful indicator of the numbers of appraisals carried out, it did not safeguard against the possibility of double counting. The review of the policy (section 2.2) recommended that the Electronic Staff Record (ESR) system was used as the recording and reporting tool since the functionality existed to enable this. An exercise was undertaken to input all appraisal dates onto the ESR system and a series of reports were developed which showed compliance at an individual level for each ward/department across the Trust. These improved reports were introduced in October 2011 at which point the appraisal rate for the organisation was reported as 57.02%.

Since that point, the appraisal rate has improved, but has remained fairly static at between 70 and 72% year on year for the past 2 years (annual average) against a target of 85% in 2013/14.

2.4. Data Quality

Since the introduction of the revised reports in October 2011, a large amount of data cleansing has been carried out working with Divisions and Directorates to test the accuracy of data and the mechanisms which exist across the Trust for gathering and recording details of appraisal. Through this work, appraisal rates have improved across the organisation as have the recording and reporting mechanisms and overall data quality.

Feedback from the latest staff survey (Autumn 2013) suggests that greater numbers of staff are now receiving an appraisal (87% of staff in 2013 compared to 84% in 2012), however, the staff survey also highlighted that the percentage of staff reporting that they had a well-structured appraisal in the last 12 months was 35%.

2.5. Training

As part of the implementation of the KSF, training on preparing for and conducting SDRs was offered. Initially, the take-up for both training courses was good with both programmes proving popular and useful. Over time, demand for this training reduced as staff and managers became more familiar with the KSF and associated paperwork.

Currently, training sessions are provided on conducting an SDR whilst support to those wishing to learn more about preparing for their SDR is available in the form of an e-learning package.

2.6. Resources

During the implementation, the Trust employed two full-time staff, a KSF Co-Ordinator and a KSF Administrator. The KSF Co-Ordinator remained in post following the implementation until the retirement of the post holder in 2010. The Trust currently employs a Personal Development Co-ordinator (0.4 WTE) who provides support and

advice to staff and managers on the appraisal process and manages the production of appraisal reports to managers across the organisation.

3. Proposal

3.1. KSF Outlines

As detailed in section 2.1, there are approximately 600 KSF Outlines in existence covering the majority of roles employed in the organisation. Whilst the KSF Outlines are still used by staff and managers across the Trust, their use is neither comprehensive nor consistent across the organisation. This, in part, is due to the development of roles which are no longer covered by the existing KSF Outlines.

The proposal is to move to a more flexible and adaptable system which maintains the principles set out in the KSF (a part of the national Agenda for Change Terms and Conditions of Service), using generic KSF outlines which are aligned to the pay band of the role. Two outlines per band would be developed to reflect the differences associated with working in a 'clinical' versus a 'non-clinical' environment. This would reduce the number of KSF Outlines to approximately 38 from 600.

In addition to reducing the number of KSF Outlines, it is also recommended that the SDR focuses on measuring the knowledge and skills of staff against the 6 Core Dimensions only which are applicable to every staff member, these being:-

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity

As per the original implementation, it is suggested that the approval route for the KSF Outlines includes the Joint Partnership Committee (JPC). Timescale for creation, approval and distribution of generic KFS Outlines is estimated at 3 months.

3.2. Policy

In order to reflect the changes identified above (section 3.1) the policy and associated appraisal paperwork should be reviewed. As part of the review, the policy should reflect that the appraisal should be used as a means of monitoring an individual's performance in addition to measuring the level of skills and knowledge required to carry out the role. The policy will also be amended to take into account any pay progression requirements.

3.3. Training

To reflect changes to the policy, paperwork and KSF Outlines, all training packages will need to be reviewed. It is important that as part of any revision to training materials there is a focus on the need for a quality appraisal. It should be acknowledged that in the short-term, following the approval of the policy, the demand for training may increase.

3.4. Quality Audits

A method of measuring the quality of appraisals should be deployed in a staged approach across the Trust. This should be used to help identify areas of good practice as well as those who may be in need of support.

The proposal is to adopt a short questionnaire (no more than 10 questions) to capture data on staff's experiences at appraisal. A suggested sample of questions can be found in Appendix 1.

4. Risks

There is a risk that due to the significant changes proposed to the KSF Outlines, SDR (Appraisal) Policy and associated paperwork that the demand for support and/or training increases significantly. Given the limited dedicated resource / staffing currently allocated to this activity within the Trust, this may impact on the timescales outlined in this paper.

The risk remains that work pressure and time constraints in a number of the clinical areas of the organisation will continue to restrict both preparatory work and release of staff to complete the appraisal process, hence despite the implementation of the above, the overall compliance rate for the organisation may remain below target.

5. Summary

As well as providing a detailed understanding of the organisation's current position in relation to the appraisal process and compliance against the Trust target, a number of proposals or recommendations have been made in an attempt to increase both the uptake and quality of appraisals across the Trust.

The Board of Directors are asked to agree to the proposals set out in Section 3 of this report.

Andrew Thacker
Assistant Director of Human Resources
April 2014

Attachments	Title	
Appendix 1	Measuring Quality of Appraisal Questionnaire	 Appraisal Quality Questions.docx