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## Supervision and appraisal policy

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Type of document	Policy
Target audience	All non-medical CWP staff
Document purpose	This document aims to set the minimum standards which CWP requires its staff to implement in respect of appraisal and supervision of employees. Note: This policy refers to supervision, however this is irrespective of clinical, safeguarding or management supervision. Staff should also refer to the standard operating procedures for clinical, safeguarding and management supervision as appropriate.

Approving meeting	People and Organisational Development Sub-Committee	Date 21-Nov-19
Implementation date	20-Nov-19	

CWP documents to be read in conjunction with	
<a href="#">HR6</a>	Mandatory Employee Learning (MEL) policy
<a href="#">HR21</a>	Medical appraisal policy

<b>Document change history</b>	
What is different?	Review and update as scheduled. Changes to process and supervision cycle
Appendices / electronic forms	N/A
What is the impact of change?	This new policy aligns supervision and appraisal together as one continuous process. It is anticipated that this change will not only streamline the process but will make it more efficient and user friendly for our people.

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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<b>Document consultation</b>	
Clinical Services	Who within this service have you spoken to
Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

Financial resource implications	Yes– time for appraisal and supervision and training.
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<b>External references</b>	
1.	Appraisal workbook <a href="http://www.cwp.nhs.uk/TeamCentre/peopleservices/Pages/Appraisal.aspx">http://www.cwp.nhs.uk/TeamCentre/peopleservices/Pages/Appraisal.aspx</a>
2.	Frequently asked questions <a href="http://www.cwp.nhs.uk/TeamCentre/peopleservices/PublishedDocuments/Appraisal%20F">http://www.cwp.nhs.uk/TeamCentre/peopleservices/PublishedDocuments/Appraisal%20F</a>

- [requently%20Asked%20Questions\\_JULY%202018.pdf](#)
3. Preparing for your appraisal – guidance  
<http://www.cwp.nhs.uk/TeamCentre/peopleservices/PublishedDocuments/Preparingforyourappraisal.pdf>
  4. [Clinical Supervision Standard Operating Procedure](#)
  5. [Management Supervision Guidance and Template](#)

<b>Equality Impact Assessment (EIA) - Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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## 1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) is dedicated to supporting staff to be the best that they can be by enabling them to contribute to high quality, safe care. In order to provide this, it is important that every member of staff:

- Has a clear understanding of their role and how they contribute to both the team and the organisation as a whole
- Has mutually agreed objectives / work priorities and possesses the capability (capacity, competence and confidence) necessary to carry these out effectively
- Is supported by their manager to have regular supervision and an annual appraisal that focuses upon achievement of their objectives / work priorities
- Has access to clinical and safeguarding supervision appropriate to their clinical role (if applicable)
- Has an up to date Job Description and Person Specification
- Is supported to access necessary development to fulfil the parameters of their job description and to achieve their objectives / work priorities
- Is enabled to access wellbeing initiatives to support them in maintaining their own wellbeing whilst performing in their role

This policy refers to appraisal and supervision requirements that are applicable to all people employed by the Trust excluding medical staff and Executive Directors.

This policy identifies the minimum standards which are expected to carry out regular and meaningful supervisions and annual appraisals conversations. The Trust has provided recommended paperwork for both supervision and appraisals conversations; supervision and appraisal must be recorded. The key to a quality appraisal is the ability to have an open and honest conversation about an individual's contribution (performance), development and wellbeing. The Trust recognise that an individual's contribution goes beyond how they fulfil the parameters of the job description but is also how they engage with their team and organisation to shape plans and support quality improvement. The Trust is committed to provide people with access to development opportunities and wellbeing support to enable their contribution to be the best it can be within a person-centred approach. There is a wealth of evidence that an effective appraisal process with consistent supervision contributes directly to improved outcomes of the service (West and Borril, 2003).

The Trust recognise that the healthcare landscape creates fast paced and dynamic working environments; objectives and requirements for support do not occur annually and instead require more regular attention. It is important for staff to be supported through regular supervision sessions linked to an annual appraisal which together allow time and space for individuals to have a conversation with their line manager and/or clinical supervisor about their contribution, development and wellbeing. Therefore, all people employed by the Trust are required to have management supervision and an appraisal. Clinical Practitioners are also required to have clinical supervision, and those who carry a safeguarding children's caseload must access safeguarding supervision separate to their clinical supervision to review each safeguarding case.

Clinical supervision is valued as a method of reflective practice that will enhance quality care by enabling individuals to assess their own performance and make any necessary changes to improve practice, professionally develop, share good practice, support development of clinical expertise, and innovation in practice. There is a requirement that all clinical practitioners have clinical supervision.

The frequency of clinical supervision will be determined by their area of practice and individual professional and clinical needs: The minimum requirement is that every clinical practitioner has recordable clinical supervision once within every 12-week period.

- Every **clinical practitioner who carries a safeguarding children caseload** inclusive of practitioners working within CAMHS tier 3 and 4, Perinatal Mental Health, and 0-19 services are accountable for engaging in the safeguarding children's supervision process with a supervisor who has a recognisable safeguarding supervisor qualification. as a minimum every 12 weeks and record this on ESR.

Safeguarding Supervision will be accessible to all practitioners who have been involved with safeguarding cases for adults, young people and children this can be included within their clinical supervision or where necessary with safeguarding practitioners. Clinical practitioners who carry a safeguarding children's caseload must access safeguarding supervision separate to their clinical supervision to review each safeguarding case. Safeguarding supervision is a facilitative process that enables the supervisor and supervisee to reflect on, scrutinise, challenge and evaluate the care provision in relation to safeguarding matters. This includes assessing risk and protective factors for the child / adult with care needs in question as well as the strengths and areas for development of the practitioner. The requirement is that the supervisee receives appropriate emotional support.

Refer to the clinical and safeguarding supervision standard operating procedure found [here](#).

### 1.1 Who does this policy apply to?

This is inclusive all people expect for medical staff and those employed on very senior management contracts:

- Full or part time and permanent or fixed term contracts
- Bank work arrangements.

(Separate arrangements are in place for medical staff which can be found in the [Medical Appraisal Policy](#) and those employed on VSM contracts.)

### 1.2 Requirements of Supervision and Appraisal?

- All people employed by the Trust are required to undertake an annual appraisal to review their contribution (performance), development and wellbeing from the previous 12-month period. This is also an opportunity for staff and their manager to look forward and identify objectives/work priorities for the forthcoming year (and beyond) and to consider what development and / or wellbeing support would enable them to successfully achieve this.
- Within Agenda for Change, it states that: *"In assessing an individual's performance, an organisation may consider not just whether the objectives have been achieved (or not) but how they have been achieved"*. The behaviour requirements of the job role should also be reviewed within both appraisal and supervision conversations. The Trust regards behaviour as a fundamental factor in someone's ability to fulfil their role. The Trust regards competence as Knowledge + Skills + Behaviour = competence.

- Staff and managers should refer to the guidance documents and templates developed for [management supervision here](#), and [clinical and safeguarding supervision](#) can be found [here](#).
- All people employed by the Trust are required to undertake management supervision. Management supervision must take place as a minimum once every 12 weeks. Flowchart can be found [here](#).
- Management supervision must be undertaken between people employed by the Trust and their line manager to review their contribution and their progress on agreed work objectives. The supervision conversation should take into account any changes or new objectives / work priorities and any changes in expectations of role. Objectives / work priorities and subsequent personal investment plans are regarded as 'live documents' and should therefore be reviewed and updated throughout the year as required.
- Clinical supervision must take place between a clinical practitioner and a clinical supervisor who is considered to have the correct clinical knowledge and understanding of the topic to provide appropriate scrutiny and reflection to enhance patient care and safety.
- **Safeguarding supervisors** must have completed an agreed safeguarding supervisor's course and must have an advanced knowledge of safeguarding children and adults commensurate with the intercollegiate documents (2019). Safeguarding supervisors must be in date with level 3 safeguarding training competencies.

### 1.3 Minimum Standards of the Policy

- All people employed by the Trust (subject to this policy – see section 1.1) must have an Appraisal every 12 months during which there will be an opportunity to reflect on achievement of objectives / work priorities and identify developmental and wellbeing support.
- Appraisals should be taken within appropriate appraisal cycle window, unless circumstances such long-term sickness absence, maternity, paternity, adoption leave or secondment / career break apply. (Please refer to section 2.0 for more details)
- Managers must ensure appraisals are conducted within the correct appraisal period – ref Section 2 for further details and are recorded within ESR.
- All people employed by the Trust (subject to this policy – see section 1.1) must participate in management supervision once within every 12 weeks as a minimum (outlined in section 1.2 of this policy).
- Any people (subject to this policy – see section 1.1) joining the Trust / changing roles can expect to have an extended Management Supervision within 3 months of their start date if their Appraisal is not due within this time period. *Ref: guidance on New Starter Supervision / Appraisal found [click here](#)*. This is to review induction / orientation into job role and to identify objectives / work priorities.
- Managers are responsible for ensuring Appraisal and Management Supervision is recorded within ESR within three working days after each meeting.
- Clinical practitioners (any staff with clinical duties subject to this policy – see [section 1.1](#)) are required to participate in clinical supervision (outlined in [section 1.2](#) of this policy).
- Clinical practitioners are responsible for ensuring clinical supervision and safeguarding supervision if applicable dates are recorded within ESR within three working days after each supervision session. Managers are responsible for approving that the clinical supervision session took place.

- Managers and people employed are responsible for preparing for and agreeing dates for the annual appraisal and management supervision sessions in order to ensure a quality conversation takes place and clear actions / support are identified and recorded.
- Appraisal and Management supervision objectives/ work priorities, development and wellbeing support should be recorded and agreed (signed off) using the templates provided ensuring both parties' commitment to the plan.
- Wherever possible, there should be 'no surprises' however this is of particular relevance to an Appraisal conversation where concerns raised regarding people's performance or conduct should not be discussed for the first time.
- Management supervision sessions are the appropriate place to review concerns raised regarding people's performance / conduct; however, managers should discuss these concerns as they occur and not wait until a management supervision meeting to raise it.

NOTE: Managers should refer to the Capability or Performance Policies [Click Here](#) when dealing with matters of concern regarding a person's performance or adherence to a professional code of practice.

- The process of Appraisal and management supervision must not replace regular manager and employee exchanges.
- For members of staff who have multiple assignments within the Trust it is both managers' responsibility to ensure that the employee receives an appraisal. If the job roles are similar, it's recommended that the primary (determined by proportion of hours) manager conducts the appraisal. The secondary manager should provide input into the Appraisal conversation via primary manager. However, in some (rare) cases individuals perform two different roles for the Trust and are therefore required to have two separate appraisals. For further details please contact your local HR representative.
- Successful completion of Appraisal and meeting the minimum requirements of managerial and clinical supervision sessions once within every 12-week period contribute to an individual's eligibility for incremental pay progression. [For further details as to the full requirements](#) refer to Pay Progression Policy [Click Here](#).

## 2.0 Appraisal Scheduling & Reporting

Since April 2016 the Trust has implemented a cyclical process for the implementation of appraisals. The purpose of this is to align the cascade of objectives to business planning cycle of the organisation. Therefore, appraisals should be conducted during the following periods:

Bands	Time of Appraisals
Bands 7 – 9	April – June
Bands 5-6	July – September
Bands 1-4	October – December

Once the first appraisal has been undertaken within the correct cycle, the annual date will be set in ESR. ESR will then prompt both manager and individual prior to appraisal date annually thereafter. If the appraisal is undertaken outside the cycle, (see section 2.2 - exception when this might occur) it will need to be conducted within the correct appraisal cycle period for the following year.

New starters that miss their appraisal cycle period should undertake an extended supervision within 3 months of starting in role. Please refer to guidance and template for this on intranet.

## 2.1 Appraisal and Supervisions Compliance Reports

Appraisal, management, clinical and safeguarding supervision must be recorded within staff records within ESR as this informs both compliance reporting and will contribute to incremental pay increase. It is essential that one appraisal together with meeting the requirements of managerial and clinical supervision and safeguarding supervision if applicable (for clinical practitioners) are completed as stated within this policy.

Compliance reports are produced and circulated to managers each month and reported periodically via People and Organisational Development Sub-committee to Trust Board. Managers will be required to monitor and respond to compliance rates escalating concerns to the relevant Associate Director / Head of Operations.

### 2.1.1 Appraisal Reporting Exceptions

For appraisals, there are circumstances in which individuals can be given up to 3-months following return to the workplace to re-settle / adjust back into a working routine before being required to undertake an appraisals. However, individuals should expect to have protected time to meet with their line manager and clinical supervisor (if this is a different person) within the context of supervision to aid their transition back into the workplace.

The exceptions from compliance reports for appraisals as follows:

Appraisal Exception Criteria	Required to have appraisal
Long term sick (90+ days absent)	3 months after last day of absence
Maternity/Paternity/Adoption	3 months after last day of absence
<b>Other Assignment status including:</b> Out on External Secondment – Paid Out on External Secondment – Unpaid Career Break Suspend No Pay Suspend With Pay Inactive Not Worked	3 months after last day of absence

## 2.2 Recording of Appraisal and Supervision

Line Managers are responsible for recording the date of the appraisal and management supervision sessions within ESR.

Clinical Practitioners are responsible for recording clinical and safeguarding supervision within ESR. The line manager will then receive an email to approve the clinical practitioners' record of clinical supervision.

Recording supervision sessions is to be completed as soon after the meeting as possible but within no more than three working days to ensure that appraisal and supervision reporting accurately reflects activity and individuals can successfully pass through pay step gateways.

Guidance for recording supervisions can be found [Click Here](#)



Templates for appraisal, management and clinical supervision can be found on the Trust intranet site together with guidance. Documents are designed to facilitate a quality discussion and record key information.

Appraisal and Management supervision records should be retained by both manager and member of staff to support them to keeping track of what was discussed, actions agreed and to support preparation for following meetings.

Clinical supervision records should be retained by the clinical supervisee unless otherwise agreed; the manager does not need a copy of the clinical supervision. The manager will need confirmation of when the clinical supervision has taken place and who the clinical supervisor was. The manager will be required to approve the clinical supervisee has recorded such information within ESR.

Practitioners will retain relevant reflections of the safeguarding supervision as a personal record of their development. Records are kept in line with the standards of the individuals' profession to allow for reflection if required at a later date.

## **2.3 Quality Appraisal and Supervision**

The Organisational Development team will be responsible for the quality assurance of this policy. This will be completed by quality review surveys.

Feedback is used to improve the quality of process (templates, recording etc) and the quality of experience for staff. The data gathered is used to feedback to Care Group / Corporate leads via the Trust's People and Organisational Development Sub-committee. In addition, it is used to better target appraisal / supervision training.

## **3.0 Duties and Responsibilities**

### **3.1 The Board**

The Trust Board has a responsibility to oversee the implementation of this policy and ensure that appropriate process and actions are in place to support a proactive approach to staff development and improved performance through effective use of the appraisal and supervision process.

### **3.2 Director of People and Organisational Development**

The Director of People and Organisational Development is accountable for the introduction, operation and monitoring of this policy and subsequent processes.

### **3.3 Head of Operations and Head of (Clinical) Service**

Responsible for overseeing implementation of this policy across their portfolio including responsibility for monitoring performance and addressing under performance

### **3.4 Line Managers**

- Ensure they fulfil the requirements set out in this policy.

- All managers are responsible for supporting staff's contribution, development & wellbeing which includes enabling quality appraisal and supervisions sessions.
- Ensure that people not receiving agreed targets are supported and appropriate management strategies are effectively and appropriately in place.
- Provide an environment in which staff can be open and honest.
- Provide appraisals and management supervisions sessions within the required timeframe.
- Enable people to access clinical supervision within the required timeframe.
- Prepare for appraisal and supervision in advance of meetings; role model best practice.
- Enable people to prepare for appraisal and supervision sessions in advance of meetings.
- Ensure that all staff members' objectives are aligned with the service and Trust's objectives and priorities.
- Ensure appraisal and supervision sessions are recorded within staff's record on ESR in a within the timeframe set out in the policy.
- Support individuals in accessing agreed development and wellbeing support.
- Ensure appraisal workbook and management supervision templates are accurately completed following meetings and copies are retained by both parties. Clinical supervision documents should be retained by the clinical supervisee, unless otherwise agreed.
- Gain the confidence and competence to lead a quality conversation with people.

### **3.5 Staff**

- Understand the content of the policy and what is expected of them
- Prepare in advance for their appraisal and supervision
- Be familiar with the Trust and Care Group / service objectives and how own role and performance objectives contribute to achieving them
- Successfully achieve the objectives / work priorities identified within appraisal, escalating to line manager when objectives are at risk of not being achieved at the earliest opportunity
- Access development and wellbeing support available to support successful completion of objectives / work priorities and the full parameters of the job role
- Discuss progress and identify any issues or constraints with line manager during supervision sessions
- Record date of clinical supervision and who the clinical supervisor was within ESR
- Retain copy of clinical supervision as per Trust and Professional safe record keeping standards

### **3.6 Education CWP**

- Ensure appraisal and supervision training and awareness sessions are available to access for all CWP staff
- Ensure that appraisal and supervision are part of the Leadership and Management training that is available for CWP staff

### **3.7 People Information Team**

- Report appraisal compliance rates as per management reporting process on monthly basis
- Present reports to People and OD Sub-Committee, Operational Committee and Trust Board periodically to ensure CWP Leadership team remain updated on supervision progress and appraised of areas requiring improvement

### **3.8 Organisational Development Team**

- Oversee Trust-wide implementation of the annual process; making quality improvements to process as per user feedback
- Monitor Trust-wide appraisal compliance, promoting good practice and highlighting areas for improvement
- Implementation of the quality review process – working with management teams and Education CWP to target training and development if trends of poor quality conversations are identified
- Undertake annual review of Trust policy, process and support materials, using feedback to continuously improve experience for all staff
- Present reports to People and OD Sub-Committee, Operational Committee and Trust Board periodically to ensure CWP Leadership team remain updated on appraisal progress and appraised of areas requiring improvement