

TRUST CORPORATE POLICY PERFORMANCE AND REWARD SYSTEM

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EFFECTIVE FROM	Approval date		
DISTRIBUTION	All Managers in CAGs, Corporate Services and Non-Clinical Services via Trust Bulletin, all employees via Trust Intranet		
RELATED DOCUMENTS	Agenda for Change Terms and Conditions of Service Handbook, Consultants Contract, Associate Specialists Contract, Specialty Doctors Contract, Salaried and Primary Care Dental Contract, Sickness Absence Policy, Capability Policy, Disciplinary Policy, Probation Policy, Medical Revalidation and Appraisals Policy, Guide to Consultant Job Planning		
OWNER	Director of HR		
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CONSULTATION	<i>Barts Health</i>	Performance and Reward working group, Policy Working Group, Staff Partnership Forum
SCOPE OF APPLICATION AND EXEMPTIONS	<p>Included in policy: <i>For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i></p> <p>This policy applies to all Trust staff. This policy does not apply to workers provided by independent contractors providing a contract for service to the Trust or any other workers. Those working for CHL and its Service Providers are not expected to comply with this policy.</p>	

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1 INTRODUCTION AND AIMS OF POLICY

1.1 Barts Health has developed an appraisal system that explicitly links the achievement of annual incremental progression to performance and the meeting of objectives. This will apply to all staff except Doctors and Dentists in training (but see sections 4.42 to 4.52 for senior medical and dental staff). This policy is designed to support managers and staff undertaking appraisals at Barts Health NHS Trust and explains the new system and the processes and procedures required to implement it.

1.2 Key Features of the New System

- The ability to reward performance;
- Performance ratings of Blue, Green, Amber or Red, with incremental progression dependent on a Blue or Green rating;
- Managers can say 'thank you' to well performing staff, by awarding the increment where performance has met the appropriate objectives, and by using any funds withheld from 'red rated' performers to reward those who have: reached the top of their pay band; are Blue rated; and would not otherwise be able to earn such reward;
- SMARTR objectives linked to service, CAG and Trust objectives;
- A single performance cycle (April to March) and a single appraisal cycle (April to July);
- Calibration and validation of outcomes at CAG/service level (including equality analysis);
- Calibration, validation and sign off for Trust outcomes at Executive level;
- Appeal process for staff;
- Between 1 April 2015 and 31 March 2016, this process will continue to run in shadow form i.e. there will be no corporate action to stop incremental progression. However, the facility remains, as has always been the case, to **not** award an increment if the criteria in Agenda for Change are met and from 1st April 2015, incremental progression will be reviewed and may be held or reversed for staff awarded a Red BRAG rating;
- From April 2016 no automatic payment of increments – increments held until appraisal confirms satisfactory performance, back-dated to personal incremental date ie will be dependent on staff achieving a Blue or Green BRAG rating (but see paragraph 4.21);
- Nothing in this policy will override national pay agreements;
- This scheme does not replace the existing schemes for Consultants and Specialty and Associate Specialist (SAS) Grades that cover Clinical Excellence Awards/Discretionary points/optional points.

1.3 From 1st April 2015, all appraisals across the Trust will be completed between the period 01 April and 31 July each year (see figure 1 below). The appraisal documentation will be available online. Therefore from April 2015, no appraisal should be undertaken using the old paper based system. In areas where IT problems make the e-PTR system inaccessible, an alternative version of the new system will be provided and Managers must ensure that there is a record of the appraisal and BRAG rating for calibration and record keeping purposes using the system provided by the Trust. For Agenda for Change staff, it is a requirement of this system that there should be a 6 monthly review of objectives and performance.

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- 1.4 For Medical and Dental staff, please see sections 4.42 to 4.52 for the process of setting and reviewing objectives, the timing of job planning and appraisals and appeal arrangements.
- 1.5 To achieve a BRAG rating, objectives will need to be well-structured to ensure that they are 'SMARTER' – Specific, Measurable, Achievable, Realistic, Time bound and Reviewable – and they must reflect the service and Trust objectives (see annex one for a template). Standard objectives can be used for staff who undertake the same or similar role (e.g. staff nurse in critical care). See annex two for examples. It is expected that managers will strive for consistency and fairness in objective setting.
- 1.6 Managers will be required to complete the appraisal for all members of their teams during the reporting period of April to July, together with applying a BRAG rating. If a member of staff has not had an appraisal, normally no increment will be awarded until an appraisal has been undertaken and a blue or green rating confirmed (but see paragraph 4.21).
- 1.7 Staff rated Blue or Green will have their performance recognised. Staff who receive an amber rating will not automatically receive an increment. Staff who receive a red rating will not earn incremental progression.
- 1.8 In order to ensure consistency with the methodology applied, managers will be asked to use a set of performance indicators for their service groups, areas or wards.
- 1.9 Proposed ratings will be calibrated at service/CAG/corporate department level and signed off by the Trust Executive during the performance review process.
- 1.10 There is a simple appeal process available for staff dis-satisfied with their rating – see the separate document 'Appeal Process'.

2 VISIONS, VALUES AND BEHAVIOURS

- 2.1 In order to establish a sense of organisational community during the development of Barts Health, the 'Creating our Future together Campaign' was established. The Campaign engaged patients, carers, staff and partners to identify a set of values and behaviours we can all share to make Barts Health a great organisation. Our vision is to change lives.
- 2.2 Our values define what is important in the way we deliver this vision. Our core behaviours set out how all of us will work regardless of the role we hold in the organisation. These behaviours consistently carried out will help embed the values in our everyday working lives and ultimately consistently 'doing the right thing' will affect our organisation's culture. Every time individually we do the right thing it makes it easier for others to follow our example.
- 2.3 At Barts Health we champion dignity, compassion and respect, putting the individual at the heart of all decisions, striving to get it right for every person, every time.
- 2.4 Barts Health staff must ensure that we implement the principals held by the values & behaviours so we can support the achievement of our vision to 'Change Lives'.

Our Values:

- Caring and compassionate with patients, each other and our partners

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- Actively listening, understanding and responding to patients, staff and our partners
- Relentlessly improving and innovating for patient safety
- Achieving ambitious results by working together
- Valuing every member of staff and their contribution to the care of our patients.

2.5 All of us, managers and staff are responsible for ensuring the values and behaviours are integral to how we implement this policy. Through this implementation together we can affect the organisational culture and change lives.

3 DEFINITIONS

3.1 This section Ddefines any specialist terms used in the policy whose meanings may be open to ambiguity or not obvious to those using the policy.

BRAG Rating	A rating that is applied to performance in post – Blue Green Amber Red where Blue is the highest rating and Red is the lowest rating.
e-PTR	This is the Trust’s title for any on-line system(s) it provides for recording appraisals.
6-Month Review	There should be a 6 month review (i.e. 6 months after the appraisal took place and new objectives were set) that includes an assessment of progress against objectives, and a focus on talent management.
Pay Band	The Agenda for Change salary range to which an individual is appointed, commensurate with their qualifications and experience. A pay band contains a series of escalating pay points, which the individual can move through to reach the maximum (ultimate) point of the pay band. For staff in band 8C and above, the penultimate and ultimate points on the pay band have to be re-earned on an annual basis.
Increment	The term used to describe the pay points in a pay band.
Incremental progression	The process of moving through the pay points in a pay band to reach the maximum (ultimate) point
Threshold	The pay points within the Consultant’s and other senior Doctors’ pay scales are known as ‘thresholds’. Progression is on an annual, three or five year basis, depending on where on the pay scale the individual is sitting.
Calibration	The process by which the service, CAG (or corporate team) and Executive teams validate the outcomes of appraisal and associated BRAG ratings to ensure consistency and fairness across services, CAGs and the organisation.

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4 PROCESS

- 4.1 The objectives of the new system are to:
- align a view of performance and what good looks like from the Board, right the way through to each individual;
 - differentiate between great and poor performance at individual level;
 - enable a systematic 'thank you', in recognition of great performance, especially where staff have reached the ceiling of their pay scale/band.
- 4.2 This policy is designed to support managers and staff undertaking appraisals at Barts Health NHS Trust.
- 4.3 This system supports the drive for a high performance culture and helps us move towards an environment where 14,000 members of staff can achieve the best healthcare standards. It underpins our workforce strategy aims, which include:
- growing the right culture to engage our workforce in delivering improved care over the long term;

The principles of this system allow us to assess and reward contributions to patient care and delivery of Trust services across the organisation.

- 4.4 Our core behaviours set out how we will work, regardless of the role we hold in the organisation. These behaviours, consistently carried out, will embed the Barts Health values in our everyday working lives, and support delivery of our vision to change lives.

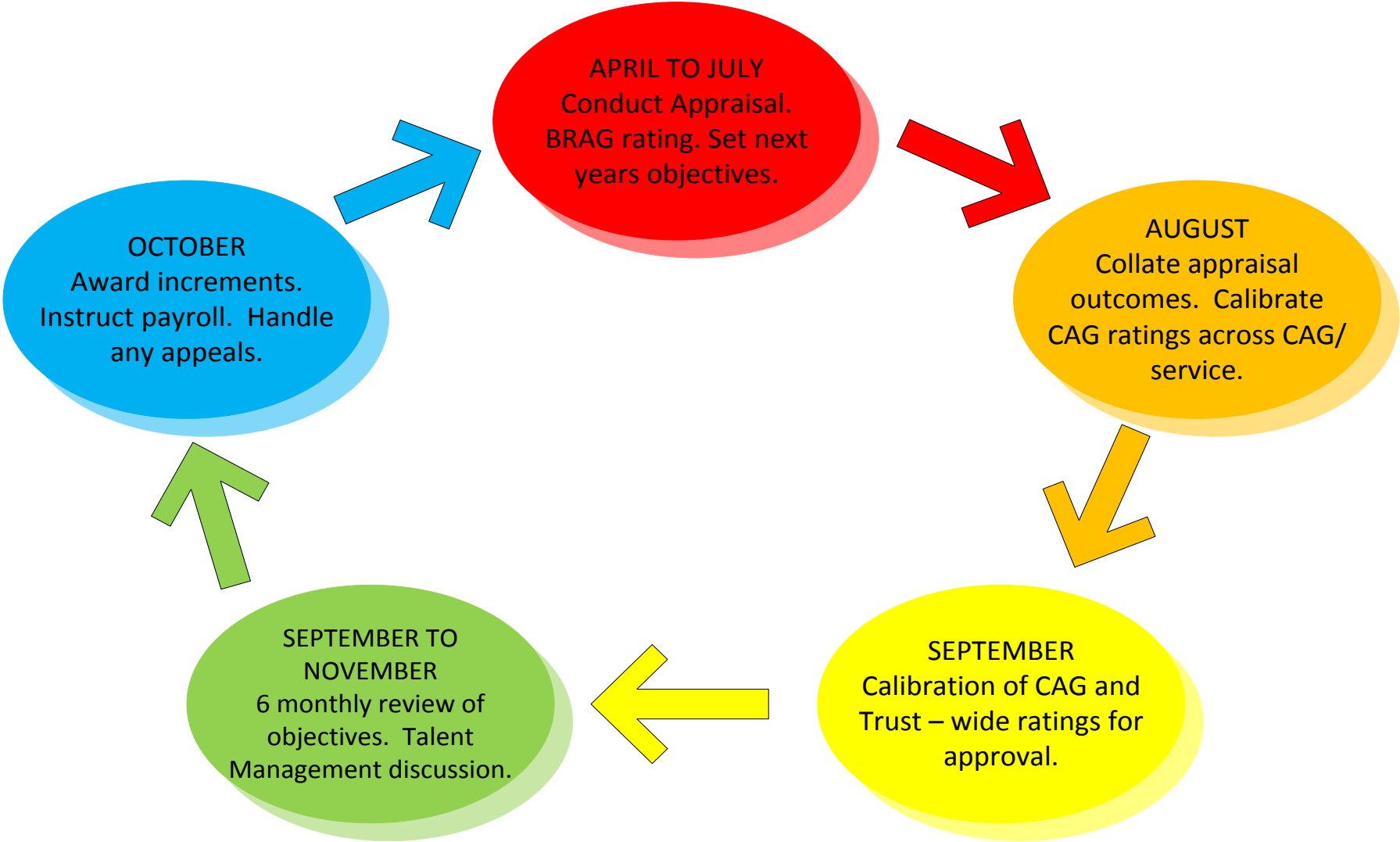
Key Features of the New System

- 4.5 A key feature of the system is the ability to reward performance. Managers can say 'thank you' to well performing staff, by awarding an increment where performance has met the appropriate objectives, and by using any funds withheld from 'red rated' performers to reward those who have reached the top of their pay band and would not otherwise be able to earn such reward. These rewards¹ would be in the gift of the CAG/service based on the funding released and could be used to purchase 'thank you vouchers', e.g. from retail outlets (subject to the usual tax and NI considerations, on which the Finance Department can advise), or used for development funding. They must not be taken as a cost improvement/saving. As a minimum, in circumstances where little or no funding is released, Managers should write formally to thank these staff for their hard work.
- 4.6 Other features of the system:
- SMARTR objectives linked to service, CAG and Trust objectives;
 - A single performance cycle (April to March) and a single appraisal cycle (April to July);
 - Performance ratings of Blue, Green, Amber or Red, with incremental progression dependent on a Blue or Green rating;
 - Calibration and validation of outcomes at CAG/service level (including equality analysis);
 - Calibration, validation and sign off for Trust outcomes at Executive level;

¹ Please note, the rewards will **not** be in the form of enhancements to the salary (pay point or pay band).

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- Appeal process for staff.
 - Between 1 April 2015 and 31 March 2016, this process will continue to run in shadow form i.e. there will be no corporate action to stop incremental progression. However, the facility remains, as has always been the case, to **not** award an increment if the criteria in Agenda for Change are met and from 1st April 2015, incremental progression will be reviewed and may be held or reversed for staff awarded a Red BRAG rating;
 - From April 2016 no automatic payment of increments – increments held until appraisal confirms satisfactory performance, back-dated to personal incremental date ie will be dependent on staff achieving a Blue or Green BRAG rating (but see paragraph 4.21);
 - Nothing in this policy will override national pay agreements;
- 4.7 Commencing on 1st April 2014, the new system required all appraisals across the Trust to be completed between the period 01 April and 31 July each year (see figure 1 below). Harmonising the appraisal cycle will ensure consistency with regard to the reporting period for which each individual is being appraised. In addition, managers will also be able to review the full year performance (of the previous financial year) of their service group, area or ward based on a set of indicators (see section 4.23)
- 4.8 The appraisal documentation will be online. Therefore from April 2014, the Trust's aim was that no appraisal should be undertaken using the old paper based system. In areas where IT problems make the e-PTR system inaccessible, an alternative version of the new system will be provided and Managers must ensure that there is a record of the appraisal and BRAG rating for calibration and record keeping purposes using the system provided by the Trust.
- 4.9 It is a requirement of this system that there should be a 6 monthly review of objectives and performance for non-medical staff. The reason for this is that it **must** be clear to the employee what trajectory they are on in terms of the BRAG rating, and they must be given every opportunity to improve (including any support needed) if they are potentially heading for a red or amber rating. The 6 monthly review is also an opportunity to spend more time focussing on the talent management element of the appraisal.
- 4.10 Barts Health is a large organisation. It makes sense for service areas within CAGs to be clear about who is responsible for appraising who. It is recommended that each team maps this out so that at the Tier 1 CAG level, there is visibility about the reporting and appraisal lines within the CAGs. It is also important to ensure that numbers of staff being appraised are manageable and that the appraiser has had the required training.



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Incremental Dates

- 4.11 Staff will retain their existing incremental dates (e.g. based on the anniversary of joining the Trust/taking up their current post/date of transfer to current contract terms) but incremental progression will not be automatic. Increments will be on hold until the appraisal cycle has been completed and BRAG rating confirmed (see section 5, below). At the beginning of October, when the calibration process has been completed and each CAG/corporate area has confirmed who is eligible for incremental progression, notification will go to payroll to action that year's increment. For any staff whose incremental date has already passed, progression will be back dated and any arrears due will be paid. NB. Since incremental progression is not automatic, there is no individual right to have an increment paid **on or in the month of** the incremental date. Payment will always be dependent on performance and therefore the process to assess this will cause an inevitable, albeit potentially unwelcome, delay.
- 4.12 Amber rated staff will have their increment held until they have achieved the necessary improvements in the short term. They should have an agreed action plan (see example at annex 5) to reach a green rating and, as long as this is within the allowed timescale (a maximum 3 months from the date of appraisal), the increment will be actioned once the manager is satisfied that the rating can legitimately be upgraded from amber to green AND the calibration process has confirmed the rating. If the rating cannot turn from amber to green within the agreed 3 month period, there will be no incremental progression. If a member of staff does not feel that the decision has been handled fairly (e.g. if they feel their manager has failed to provide adequate support) they may use the appeal process to challenge the decision. If there is a problem with absence due to sickness, please refer to 'Frequently Asked Questions' (FAQs) 5.2 on page 19 and 6.4 on page 22.
- 4.13 Those staff who are undergoing informal or formal performance management, including the implementation of a performance improvement action plan (please refer to the 'Employee Performance (Capability)' Policy) AND are deemed to have a Red BRAG rating, will not receive incremental progression (see FAQ 6.6 on page 22). Red rated staff should have a performance improvement plan in place – there should be no surprises for the individual regarding the assessment of their performance. Formal or informal performance management should already be in place unless the Red rating relates to a disciplinary or conduct issue (see FAQs 5.9 on page 21; 6.3 on page 22 and 6.5 on page 23). If a line manager has any red or amber rated staff in their remit, the next senior manager should assure themselves that the line manager is taking the appropriate action to support these staff and bring them up to the required standard. If this does not appear to be taking place, the next senior manager should ensure this is reflected in the BRAG rating of the line manager.

The New Rating System

- 4.14 As part of the appraisal, managers will be asked to record a rating based on a 'BRAG' system. The BRAG system looks to identify staff who are either high performing or performing well, and those who are poor performing. For staff who are rated as 'red' (poor performing), it is anticipated that these individuals are already being performance managed in accordance with the Trust's employee capability (performance) policy and therefore the application of a red rating should not be a surprise to them (see 4.12 and 4.13 above). In addition, the system described in this document requires a 6 monthly review to take place in order to ensure that staff are aware of their progress.
- 4.15 The BRAG rating definitions are as follows:

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Blue Delivered against their objectives, accountabilities and personal development plan and made a significant additional contribution

Green Delivered against their objectives, accountabilities and personal development plan

Amber Improvement needed as some objectives, accountabilities, or aspects of their personal development plan have not been delivered, with no extenuating reasons outside of their control

Red Repeatedly not delivered against their objectives, accountabilities and personal development plan, with no extenuating reasons outside their control

4.16 To achieve a BRAG rating, objectives will need to be well-structured to ensure that they are 'SMARTER' – Specific, Measurable, Achievable, Realistic, Time bound and Reviewable – and they must reflect the service and Trust objectives (see annex two for a template). Standard objectives can be used for staff who undertake the same or similar role (e.g. staff nurse in critical care). See annex three for examples. The principles under-pinning SMARTER objectives are that they must be within the individual's control – achievable, realistic, measurable – and the individual must not be penalised if extenuating circumstances outside of their control affect the achievement of the objective. All line managers should have a mandatory objective to complete appraisals on all their staff within the expected timescale (i.e. April to July each year) and they should be held to account for this by their own line manager. Any service or department that is not expecting to meet this requirement should record it on their risk register and discuss it at the monthly performance review meetings.

4.17 Any disciplinary warnings that are in place or formal capability reviews that are under way should be considered by the appraiser in the context of whether or not they are an indicator of unsatisfactory performance. Where it is deemed that they are an indicator of unsatisfactory performance, any member of staff who has either a live disciplinary sanction/warning in place, or who is subject to a formal capability process, will not be eligible for a green rating and should have their increment withheld² until the following occurs:

- Relevant disciplinary sanction/warning expires;
- Formal process is concluded and performance has been rated as satisfactory.

For advice regarding sickness absence, please see FAQ 5.2 on page 19 and 6.4 on page 22.

e-PTR - the Online System

4.18 An online appraisal system, e-PTR, was put in place across the Trust on 1st April 2014. All staff were sent log in details and the link to the system can be found on the Trust's intranet.

² As per National Staff Council Frequently Asked Questions – "a disciplinary warning could be used as a basis for an individual not earning an increment in a given year as a disciplinary warning could be an indicator of an individual's unsatisfactory performance. An active capability review should not in itself trigger withholding a pay increment, but may contribute to a decision not to award an increment following an appraisal."

- 4.19 Managers will be required to complete an appraisal on the new e-system for all members of their teams during the reporting period, together with applying a BRAG rating. This information will then be used as part of the calibration process (see annex four).
- 4.20 There should be no member of staff without a BRAG rating and there is a reliance on managers using their judgement (with evidence) about performance against the SMARTR Objectives that have been set. Additionally, an individual can only have one rating applied; for example, an individual cannot be '*green/amber*' – they are either one or the other. In cases where this happens, CAG tier 1 teams will be expected to confirm the applicable rating with the manager.
- 4.21 If a member of staff has not had an appraisal, normally an increment will not be awarded until an appraisal has been undertaken and a blue or green rating confirmed. If an increment is then awarded, it will be back-dated to the incremental date. Managers who fail to conduct appraisals should be performance managed by their own line manager and should not be eligible for incremental progression themselves (i.e. a green or blue rating) until their staff have completed appraisals (subject to any exceptions such as long term sick leave or career breaks). If, during the calibration process, it is clear that a line manager has failed to conduct the expected appraisals through no fault of the appraisee, the Tier 1 CAG team (or equivalent corporate team) must ensure that the individual is not penalised by their manager's failure. However, there must be no built in incentive for individuals to avoid having an appraisal, and the Tier 1 teams must ensure that staff whose performance is at a red or amber level do not receive increments by default. For information about staff who leave Barts Health, please see FAQ 5.14 on page 21. Leavers should be BRAG rated so that the CAG can review any link between performance and turnover.
- 4.22 Staff rated Blue or Green will have their performance recognised. Those who have not reached the top of the pay band can be awarded incremental progression. Those at the top of the pay band who are Blue rated will be eligible for a 'thank you' award, dependent on funding available, which could involve support through continuous professional development opportunities or retail vouchers (subject to the usual tax and NI considerations). The minimum expected, when there is little or no funding released, is that managers write formally to these staff to thank them. The completion of appraisal and personal development plans is important for all staff, so that both the Trust and the staff member can be assured that staff development needs are met.

The Performance Indicators for teams and individuals

- 4.23 In order to ensure consistency with the methodology applied, managers will be asked to use a set of performance indicators for their service groups, areas or wards and objectives for staff should be linked to these. These are detailed below, together with a broad definition of what is expected within each indicator: This should be measured in reference to the performance information provided by the Trust for the Integrated Performance Framework.



Indicators

- Service Group Governance Compliance**
This might include regulatory compliance, warning notices, and effectiveness of governance structures in overseeing the business of the CAG. For corporate areas, this may include regulatory compliance or audit outcomes. Culture and Values will be included in this set.
- Quality (including patient experience, safety and outcomes)**
Quality indicators may include the number of complaints received and reasons, as well as the acknowledgement of/response to complaints (both quality and timeliness), serious incidents, infection prevention and control or other reported incidents, evidence of learning, sharing learning and change in practice from investigations, reviews and complaints, outcomes of ward accreditation, clinical outcomes and outlier alerts. For corporate areas, quality may include complaints or results from satisfaction surveys (staff and customers).

For both corporate and clinical areas, this may include staff and student satisfaction with the care, services and clinical education provided by their area. Compliance rates with statutory and mandatory training. Team meetings, supervision, line management and appraisals – consideration of occurrence, rate and quality is essential. Another example may be involvement in innovation, adoption and spread and in measurable service improvements.

Non patient facing areas (e.g. corporate support services) might include customer complaints, error rates and compliance duties (e.g. Criminal record checks in recruitment).

- Financial Management**
This should include a thorough review of the various budgets held within each service or department to assess whether spend is within budget and the appropriate financial

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controls have been observed. Cost pressures should be explained and a judgement made about the reasons and accountability for any overspends.

- **Operational Performance**

Operational performance will include compliance with a range of key performance indicators, including compliance with national targets such as 18 week RTT (referral to treatment).

Non patient facing areas (e.g. corporate support services) might include key performance indicators relevant to their service, e.g. turnaround times for recruitment, payment of invoices, help desk response times etc.

The Director of Operations/Corporate leads will confirm the outcome of the calibration at stage 1, pending the outcome of the final stage Executive sign off.

The service group lead (or corporate lead where relevant) will be invited to attend the calibration to discuss broadly their rationale for the breakdown of the BRAG ratings.

It should be noted that where performance against these factors is not achieved for reasons outside of an individual's control should not be counted against them.

All service teams and CAG/Corporate leadership teams should have early discussion regarding what indicators will be used and what standards will be applied, so that a consistent and transparent approach is agreed as early as possible in the cycle.

Process of Applying and Ratifying the Rating

4.24 Managers are required to undertake and complete all appraisals between April and July each year. Before the end of July each year, managers must upload the appraisal outcomes for each individual within their teams, together with the BRAG rating.

4.25 It should be noted at this stage that all managers will be performance managed themselves on completion of all appraisals within their sphere of responsibility and/or accountability.

4.26 At the end of each appraisal, the manager undertaking the appraisal should inform the individual of the provisional BRAG rating; this remains provisional until the CAG (or corporate) tier 1 team have completed the calibration process (in August of each year), and when the executive team have given final ratification. It is envisaged that this stage will be completed by the end of September each year. Calibration should include a step where the service or departmental leads calibrate their own results before presenting them to their Tier 1 team.

4.27 Staff in band 8C and above have a specific contractual clause that the increments have to be annually earned at the last two points on their respective pay bands. Therefore, the annual appraisal and BRAG rating process should include consideration of whether, for this group of staff, they need to action:

- a) removal of the increment they earned the previous year if performance is not BRAG rated at green or blue (if on penultimate or final point);
- b) re-awarding the increment they earned last year (if on penultimate or final point) if green or blue rated or
- c) move to the final increment in the pay band (if on penultimate point for two years and green or blue rated – see 4.28).

- 4.28 Staff who have earned the penultimate point for two years in a row should now be moved to the final point if a blue or green rating has been achieved. They would then have to re-earn the ultimate point on an annual basis.

Calibration Process (please refer to the 'Calibration Process' in annex four)

- 4.29 Calibration should be used to ensure that results across the CAG/corporate teams are fair and consistent. Managers have a responsibility to ensure that there is no bias in the way BRAG ratings have been applied and that the results are free from discrimination. Associate Directors of HR for each area will assist in a review process that examines distribution of results against banding, age, gender, race, disability and other protected characteristics to ensure that there is no disproportionate adverse impact for people with protected characteristics. The outcomes against the protected characteristics should be reviewed across a large enough group of staff so that trends are statistically significant and can then be investigated further if needed. Specialist support for this can be accessed from the workforce information team in the HR department.
- 4.30 Calibration is also about ensuring that BRAG ratings are evidenced. Using the set of performance indicators, CAG (or corporate) tier 1 teams are required to undertake an assessment of the 'performance distribution curve' (see annex four) within their CAG, which is provided from the data uploaded onto the e-PTR system and gives CAGs an overview of how managers have rated individuals based on the BRAG rating. For example, if each of the indicators are rated as red and 25% of individuals within that service area are BRAG rated as blue, it is the role of the CAG tier 1 team to assure themselves that the BRAG ratings are an accurate representation of CAG/Service group performance, and individual achievement of objectives/performance. The CAG (or corporate) tier 1 teams have the opportunity at this stage to request a review or amendment to the BRAG ratings applied, or request further rationale from the service group lead to justify the 'performance distribution curve' for their area. As highlighted at the end of section 4.14, staff should not be adversely rated against factors which are outside of their control. There are also no 'quotas' – ratings just have to be reasonable compared to the evidence of performance. There is more information on calibration in annex four.
- 4.31 At the outset of the calibration exercise, CAGs will need to ensure that there is enough information from each service to assess the impact of withheld increments – i.e. pay band, pay point and incremental date of each staff member. They will also need information by protected characteristic so that an equality analysis of the proposed ratings can be undertaken. This information is available on ESR, to which the new e-appraisal system will be linked. Managers and service/departmental leads should ensure that their calibration includes narrative to explain or justify the data being presented. It should be noted that the merging of results for teams that undertake very different work can make it difficult to see the emerging performance patterns.
- 4.32 Once the calibration process has been completed, the outcome is confirmed onto the e-PTR system in readiness for the Trust Executive ratification. The Trust Executive will take an overview, based on the same indicators of performance for each CAG, whilst reviewing the 'performance distribution curve'. The Trust Executive team should have the opportunity to review the information and recommend that the CAG/corporate area revisits its distribution if deemed necessary.

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4.33 A BRAG rating is only confirmed as final upon the completion of the Trust Executive ratification stage.

4.34 CAG tier 1 teams are supported at this stage by their HR Manager or Business Partner.

Calibration of Executive Team

The Remuneration Committee will undertake the calibration of the Executive team appraisal ratings, following a team calibration by the Chief Executive. The Chairman will appraise and BRAG rate the Chief Executive's performance.

Appeal (please also see 'Appeals Process' document)

4.35 Please note that there is a separate appeal process for medical and dental staff, as outlined in section 4.50 below.

4.36 An employee who wishes to appeal must first attempt to resolve the issues of concern informally before recourse to this appeal procedure. Therefore as a first step, the issue should be discussed between the employee and either their appraiser or the countersigning officer of their appraisal and, if wanted by the employee, a workplace colleague or union representative.

4.37 Individuals have the right to appeal against the BRAG rating that has been applied within 14 days of receiving final confirmation. The appeal process is a one stage process only, with appeals heard by the manager of the 'Counter-signing Officer' (i.e. the manager of the manager that counter-signed the appraisal - two levels up from the manager that conducted the appraisal. This is because the Counter-signing Officer is party to the decision on the BRAG rating).

4.38 Whilst individuals have the right to appeal, it should be made clear that supporting documentation is required, together with a clear rationale as to why the individual is appealing. Appeals will be rejected if they are out of time, or if they do not include the full grounds for appeal as detailed above.

4.39 In addition, individuals cannot invoke the Trust's grievance procedure in relation to appeals connected to the Performance & Reward Framework.

4.40 The Manager hearing the appeal will be supported at this stage by their Associate Director of HR.

4.41 Appeals will be submitted and considered in writing.

Medical and Dental Staff

4.42 Although Doctors and Dentists (except those in training) are covered by this policy, there are different terms and conditions in place and therefore this section covers any different requirements for this group of staff.

4.43 Doctors and Dentists have an equivalent requirement to Agenda for Change, in that the earning of incremental progression (known as 'threshold payments') is linked to delivery of job plans, objectives and other factors (see list 1 below). The wording of schedule 15 of the Consultant Contract is reproduced below, however the same wording can be found in the other terms and conditions (e.g. Associate Specialists,

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Specialty Doctors, Community Dentists etc.). See Annex 6 for relevant contract extracts.

1. *Following the annual Job Plan review, the clinical manager who has conducted the Job Plan review will report the outcome, via the Medical Director, to the Chief Executive and copied to the consultant and the Chief Executive of any other NHS organisation with which the consultant holds a contract of employment, setting out for the purposes of decisions on pay thresholds whether the consultant has:*
 - *made every reasonable effort to meet the time and service commitments in the Job Plan;*
 - *participated satisfactorily in the appraisal process;*
 - *participated satisfactorily in reviewing the Job Plan and setting personal objectives;*
 - *met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so;*
 - *worked towards any changes identified in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;*
 - *taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions;*
 - *met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9. "*
2. *The Chief Executive, informed by the Medical Director's recommendation, will subsequently decide each year whether the consultant has met the criteria.*
3. *Where one or more of the criteria are not achieved in any year, the Chief Executive will have the discretion to decide where appropriate, for instance because of personal illness, that the consultant should nonetheless be regarded as having met the criteria for that year.*
4. *Consultants should not be penalised if objectives have not been met for reasons beyond their control. Employers and consultants will be expected to identify problems (affecting the likelihood of meeting objectives) as they emerge, rather than wait until the job plan review.*
5. *It will be the norm for consultants to achieve pay progression. Pay progression may only be deferred where the consultant has not met the specified criteria at paragraph 1 of this Schedule. Employing organisations cannot introduce any new criteria. For instance, pay progression cannot be withheld or delayed on the grounds of the employing organisation's financial position. Nor would it be acceptable for NHS organisations to use any system of quotas for pay progression. "*

Disciplinary warnings that are in place or formal capability reviews that are under way should be **considered** by the appraiser in the context of whether or not they are an indicator of unsatisfactory performance in relation to the criteria listed at 1, above, for the achievement of a threshold payment.

- 4.44 Because pay thresholds are linked to meeting the job plan and personal objectives, objectives should be reviewed during the job planning process. The BMA/NHS Employers Guide to Consultant Job Planning (2011) states the following: (paragraphs 1.3 and 1.4):

*“A job plan can be described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the consultant and the support and resources provided by the employer for the coming year. However, in order to drive measurable and sustainable improvements in quality, an effective job plan needs to be more than a high level timetable which sets out in general terms the range of a consultant’s activity. It is vital that it articulates the relationship between the organisation and the consultant and the desired impact on patient care. **The key to this is the use of SMART objectives.**”*

The job planning process should align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education Institution) and individuals in order to allow, consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care. At the same time the job plan should provide opportunities to develop both personally and professionally to help drive quality improvement in line with the present and future needs of patients.” This guidance is in line with the performance and reward system where SMART objectives are reviewed before a decision on incremental progression is made.

- 4.45 Arrangements for medical and dental staff separate out job planning and objective setting for the year ahead (April to June) from appraisal and review of performance and how well last years’ objectives were met (individual appraisal date). In line with the BMA/NHS Employers Guide to job planning, objectives should be set at the job planning stage and the objectives linked to the previous year’s job plan should be reviewed during the job planning process (which takes place from April to June). A BRAG rating should be applied which will confirm whether or not the Doctor or Dentist has met the requirements of the job plan and personal objectives. This will allow medical and dental staff to be included in the calibration process that takes place in August and September. Appraisals will continue to take place on the individual’s appraisal date so that the personal development plan can be set and the requirements for revalidation met.
- 4.46 It is important that there are no surprises for the individual regarding how well they are performing and therefore a mid-year review is best practice. The PREP system will be amended so that mid-year reviews can be recorded.
- 4.47 It is important that the calibration process for medical and dental staff is in line with the terms outlined in paragraph 4.29 to 4.34. The CAG will need to ensure that the Medical Director is involved in calibration prior to the Chief Executive’s sign off (at the Executive calibration stage). Point 1 above refers to the Clinical Manager conducting the job plan review, the Medical Director and the Chief Executive, and each of these must be represented in the calibration process.
- 4.48 The GMC has confirmed that Appraisals do not necessarily need to be aligned to a Doctor’s revalidation date. Appraisals happen annually but a revalidation recommendation would normally only be made once every five years. As long as a Doctor is participating in appraisal, has brought the relevant supporting information to appraisal, and there are no unaddressed concerns about their fitness to practise, then a recommendation can be made.
- 4.49 Staff on honorary contracts only with Barts Health are not covered by this policy. They should refer to the appraisal process of their employing organisation. E.g. any

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Doctors or Dentists who are substantively employed by Queen Mary University London (QMUL) would follow the QMUL appraisal process and policy.

Right of Appeal

4.50 Doctors and Dentists are subject to a different appeal process, as this is laid out in their terms and conditions. The process is laid out in full in Schedule 4 of the Consultant Contract, and the same arrangements can be found in the other medical and dental terms and conditions.

4.51 Where a consultant disputes a decision that he or she has not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available. In the first instance, the matter may be referred to the Medical Director, or to a designated other person if the Medical Director is one of the parties to the initial decision. If this process of mediation does not resolve the issue, there is a formal right of appeal. The appeal should be lodged in writing to the Chief Executive within two weeks of the outcome of the mediation process. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks. The membership of the panel will be:

- a chair nominated by the appellants employing organisation;
- a second panel member nominated by the appellant consultant;
- a third member chosen from a list of individuals approved by the Strategic Health Authority³ and the BMA and BDA. The Strategic Health Authority will monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon. If there is an objection raised by either the consultant or the employing organisation to the first representative from the list, one alternative representative will be allocated. The list of individuals will be regularly reviewed³.

No member of the panel should have previously been involved in the dispute. For full details of the mediation and appeals process, please refer to the medical and dental terms and conditions.

Disputes

4.52 If there is a dispute in relation to the application of this policy, nationally agreed terms and conditions will take precedence. For clarity, these are:

Pay Progression

Consultants Contract – Schedule 15

Specialty Doctors Contract – Schedule 15

Associate Specialists Contract – Schedule 15

Salaried Primary Dental Care Services Contract – Schedule 10

Mediation and Appeals

Consultants Contract – Schedule 4

Specialty Doctors Contract – Schedule 5

Associate Specialists Contract – Schedule 5

Salaried Primary Dental Care Services Contract – Schedule 6

³ Although this is what is set out in the terms and conditions, since the abolition of the SHAs this arrangement has not been replaced by the TDA and it is for Trusts themselves to secure an external panel member

5 Frequently Asked Questions

5.1. How do we include staff on maternity leave?

- A. The appraisal and BRAG rating should be completed prior to the employee going on maternity leave, even if there is already a current appraisal in place. Any objectives already set should be reviewed so that an assessment can be made regarding how much it is reasonable to expect the staff member to complete prior to the commencement of maternity leave. The BRAG rating from this appraisal will then be considered in the next calibration process should the employee still be off on maternity leave.

When the staff member returns from maternity leave, objectives should be set for the remaining period between the return date and the next appraisal due (i.e. the next April to July period) so that an appraisal and BRAG rating can be undertaken.

Staff members on maternity leave must not be penalised by their absence and the manager must make every effort to ensure that their performance for the periods at work before and after the leave is assessed fairly

5.2. How do we deal with those on either short term, intermittent or long term sickness absence?

- A. If the employee is or has been absent from work due to sickness, the absence should be managed in accordance with the Trust's sickness absence management policy. The appraisal should be completed at the earliest opportunity with a BRAG rating applied to reflect the performance of the individual for the period/s that they were at work. The appraisal should include consideration of whether the absence has prevented the employee from delivering the required performance. Whilst sickness absence won't automatically preclude an employee from achieving a green rating or higher, there is an expectation that the manager will realistically assess the impact of the absence on the performance of the staff member and whether or not they have achieved their objectives.

The manager will need to consider whether it is possible to apply a BRAG rating for an employee if they have been absent for much or all of the appraisal review period, or if repeated short term absence has affected delivery of objectives. In such circumstances, it will be unlikely that the staff member will have met the requirements for an incremental award.

In cases of absence due to a disability, advice should be sought from the CAG (or corporate) HR team. It is rare that sickness absence directly caused by a disability could be counted in a decision not to award an increment, but the manager should seek advice from HR and consider the performance of the individual as a whole.

5.3. How do we deal with those on secondment (external/internal)?

- A. Those on an internal secondment should receive a rating to represent their seconded role.

For those on external secondment, the 'receiving organisation' (the organisation where the individual is seconded to) should undertake an appraisal, and apply a BRAG rating using the Barts Health system or an equivalent appraisal system.

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5.4 What happens to new starters who join in the middle of an appraisal cycle?

A New starters will need to have objectives set that are proportionate to the time available between their start date and the next appraisal cycle. (i.e. April to July following their appointment). They will only be eligible for an increment 12 months from their start date, but the manager must ensure that there is enough information available about their performance to make an assessment and award a BRAG rating.

5.5 What if changes happen during the year – a move, a promotion or a rotation?

A The current line manager should undertake the appraisal and should consult with the previous line manager to ensure that an accurate picture of performance for the whole period is received. The final BRAG rating should take into account performance in the previous job when making the final recommendation. Rotation is planned and therefore appraisal arrangements should also be planned. The line manager at the point the appraisal is due should conduct the appraisal and, as above, take into account the views of the previous managers in the rotation period.

5.6 How does the system work for staff with two jobs in the Trust?

A There should be two separate appraisals for the two posts, including separate BRAG ratings, in the same way that there would be if the posts were occupied by two different people. If the BRAG ratings are different, any incremental award would have to be only for the job it was earned in.

If the post holder has two different posts in different organisations, and is directly employed by two different organisations, each employing body should apply their own appraisal process.

Where a member of staff is doing the same job but in two different places, the two appraising managers should work together to ensure a consistent assessment is made about the performance of the individual. If the employers are different, there will still be a requirement for each employer to apply their own process, but it is important that the same performance is not assessed inconsistently by the two employers.

If the member of staff only has one employer (i.e. Barts Health) but works some of their job in a different organisation (e.g. a Consultant who delivers some clinics or Theatre sessions for another Trust) then the Barts Health appraisal process will apply and the appraising manager will need to consult the manager in the other organisation.

As per the 'Medical Revalidation and Appraisal' policy, every Doctor is responsible for ensuring that they are appraised annually on their whole practice, so will need to make arrangements to share information from each of their employers, including private practice, on an annual basis.

5.7 What about staff on pay protection. How will they be affected?

A Pay protection calculations will work as they do now – an increment awarded will contribute to reduction of the pay protected amount.

5.8 Can temporary or agency workers conduct an appraisal and give BRAG ratings?

A Ideally, all staff would be appraised by a permanent line manager. However, we know that the NHS sometimes has to use interims. If an agency or temporary manager is

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the only person who knows enough about a staff member and their job to conduct the appraisal, then it will be necessary for them to do so.

5.9 How do I assess someone who is going through a disciplinary process?

A If someone is suspended from work, since suspension is a neutral act, they should be assessed as if they were still at work, and information available about their performance should be used to make the BRAG assessment.

Whilst the investigation process is ongoing and there is currently no finding against the staff member (even if they are suspended) natural justice means that it should not be taken into account until the point where there is a finding against the employee and a sanction applied.

If the process is completed and a sanction has been applied, the appraising manager should consider if the disciplinary issue contributes to the decision regarding whether or not the employee has delivered to a standard that would warrant a green rating or above. An active disciplinary warning should not in itself trigger withholding a pay increment, but may contribute to a decision not to award an increment following an appraisal. Culture and values are an important part of our appraisal system.

5.10 What if one of my staff is already being performance managed?

A If you are already formally performance managing a member of staff, then it is anticipated that they are not meeting their objectives. An active capability review should not in itself trigger withholding a pay increment, but may contribute to a decision not to award an increment following an appraisal.

It is anticipated that staff who are Red rated should already be subject to performance management arrangements.

5.11 Does this system cover bank staff?

A We will aim to include bank staff at a later stage, once the system has been embedded for permanent staff.

5.12 If I am a 'Blue' rated performer at the top of my pay band, will I get a salary increase from this system?

A No, this is not one of the options. The salary pay bands are set nationally and as we are still part of the national negotiations, we won't be able to award local pay increases. Also, we do not believe enough funds would be released to support this. It is anticipated that 'thank yous' will be in the form of, e.g. retail vouchers or learning & development opportunities.

5.13 What do I do if I have already recently appraised my staff?

A Please plan for an appraisal between April and July, at which you should review progress to date and revise objectives to fit the new appraisal cycle. Please then record the appraisal on the new electronic performance and talent review system (e-PTR).

5.14 What happens if someone leaves the Trust before the calibration process is completed and incremental progression confirmed?

Managers should ensure that all staff in their remit are BRAG rated for the appraisal cycle being assessed, even if they are going to leave the organisation. If the incremental date falls after the person has left Barts Health, no increment will be due. If the incremental date falls before the person leaves Barts Health but the calibration process is not completed, the member of staff should formally apply to their line manager to have any arrears due paid to them, once the calibration process has

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been completed and a green or blue rating confirmed. Managers should use this as an opportunity to assess whether there is any link between the BRAG rating of performance and staff leaving – e.g. are staff leaving to avoid performance management? (red and amber); or are staff leaving because their outstanding performance is not being recognised or rewarded? (Blue)

6 Staff Council Frequently Asked Questions

These FAQs from the Staff Council supplement information contained in Annex A2(a) (England) of the NHS Terms and Conditions Handbook.

6.1. Does the agreement allow employers to develop their own local pay progression arrangements?

Yes, the national agreement says that local arrangements for determining pay progression should be developed in partnership, based on the guidance in Annex W.

6.2. Is it necessary to continue to make the Knowledge and Skills Framework (KSF) the basis of appraisal systems or can new systems be developed locally?

The NHS KSF may be used or other skills/competency frameworks, which are in line with the KSF principles (Section (6a) (England) 6.1). This allows the development of local appraisal / performance review systems which meet local needs and support all staff to have a quality appraisal / performance review. Local appraisal systems should be fair, transparent, measure performance objectively and be clear on the expectations of the appraiser and appraisee.

Local schemes should be as straightforward as possible and focused on organisational values and objectives linked to patient care.

6.3. Can behaviours of staff be taken into account as part of the performance assessment?

Yes, overall performance requirements should be seen more widely than just technical competence and knowledge and skills. Employers may want to link performance to the values and behaviours of their organisation so that staff are working to deliver high levels of patient care.

Annex W states that 'in assessing performance an organisation may consider not just whether the objectives have been achieved (or not) but also how they have been achieved'. This would allow staff behaviour, for example, the level of compassionate care given, courtesy towards patients, relatives and colleagues, etc. to be included in the assessment of overall performance.

Annex W, paragraph 1 states that expectations around standards and performance, and how these will be measured, should be made clear.

6.4. Is sickness absence a reason to withhold incremental pay progression?

It would be for local employers to determine the criteria by which employees will be assessed. Absence from work may be a factor in assessing an individual's overall performance at appraisal but should not automatically trigger withholding an increment.

Recovery and return to work following a period of sickness absence should be supported through the appropriate organisational policy. We encourage employers to actively manage sickness related attendance issues so that they are able to provide

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an appropriate and effective level of support in helping employees to return to work as soon and as practicable as possible.

6.5. Can disciplinary warnings be used to withhold incremental pay progression?

It would be for local employers to determine the criteria by which employees will be assessed. Live disciplinary warnings should not automatically trigger withholding a pay increment. However, a disciplinary warning could be used as a basis for an individual not earning an increment in a given year as a disciplinary warning could be an indicator of an individual's unsatisfactory performance.

6.6. Can capability reviews be used to withhold incremental pay progression?

It would be for local employers to determine the criteria by which employees will be assessed. An active capability review should not in itself trigger withholding a pay increment, but may contribute to a decision not to award an increment following an appraisal.

6.7. Is it necessary to have an appraisal system in place before incremental progression can be deferred?

Yes, paragraph 2(iii) in Annex W makes it clear that decisions about performance and pay progression will depend on an individual having a regular appraisal/performance review against which informed decisions can be made.

6.8. Will employees have rights to appeal appraisal decisions?

The national agreement says that staff can seek a review if their increment is withheld. Guidance on local appeal procedures are set out in Annex S(a) (England).

6.9. What does the agreement have to say about training?

There are a number of training needs that will need to be considered. The agreement makes clear that 'every line manager should have access to appropriate training and development in relation to understanding appraisal and their equality responsibilities' (Annex W, 2xi). It is also important that staff receive training on any new appraisal system so they understand how it operates and what is expected of them. It is for employers locally to decide the appropriate level of training that is provided. It is clearly important that all staff understand any new local arrangements along with the level of performance and behaviours which will be expected of them in order to earn an increment. The agreement also says that local appraisal and performance schemes will need to provide appropriate training and support for staff who fail to meet performance requirements.

6.10. Can pay progression be linked to the performance of the organisation, including its financial performance?

The Agenda for Change agreement focuses on individual performance being assessed while recognising that some personal objectives can be linked to the organisational values and objectives linked to patient. Organisational objectives over which an individual has no control would not meet the requirements of the agreement.

6.11. Is pay progression still automatic?

No, Agenda for Change pay progression has never been automatic. In the past individuals earned their increment by demonstrating that they had met 'satisfactory'

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levels of performance and by demonstrating agreed knowledge and skills appropriate to their role. The new system makes clear that incremental pay progression is conditional upon meeting locally determined performance standards. It allows local partnerships to define the level of performance that is required for an increment to be awarded. However, incremental pay cannot be withheld where an organisation does not have an appraisal system in place.

6.12. Can local partnerships design their own appraisal documentation?

Yes, it is important to remember that the key to good appraisal / performance review is the development of a working relationship between the line manager and the person being appraised. The paperwork is to remind the parties of what was said and to provide a checklist of agreed action points; it should not detract from the review conversation and become an end in itself.

6.13. Is it necessary to conduct equality assessments of new local pay progression policies?

Yes, this is a requirement on employers under their public sector equality duty. Guidance on the conduct of local assessments is on the NHS Employers website. The national assessment of the new Agenda for Change proposals established a national baseline of data which described the equality status of Agenda for Change prior to implementation of the proposals. Local organisations will need to undertake their own baseline analysis and then review this in partnership with trade unions after there has been sufficient time for enough data to have been created against which to make a comparison. The Equal Pay Audit toolkit and guidance can help facilitate this local monitoring.

Section 6 was taken from the national Staff Council 'Frequently Asked Questions', provided by NHS Employers. You can find them at:

www.nhsemployers.org

enquiries@nhsemployers.org

5. Duties and Responsibilities

All staff working in the Trust	To engage with the Trust's appraisal process and ensure that a current (i.e. no older than 12 months) appraisal is in place for all staff members. To follow the process and procedures outlined in this policy document.
Managers	Managers are responsible for ensuring that appraisals take place for all staff in their area of responsibility and for all staff to whom they have counter-signature responsibilities. Managers are also responsible for ensuring that this policy is followed and that staff are treated fairly and consistently. They will be involved in the calibration process
Heads of Service	In addition to the above, Heads of service must be able to rationalise and evidence their appraisal BRAG rating decisions
CAG Leadership teams	In addition to the above, CAG leadership teams are responsible for calibrating the result across their service areas and CAG, ensuring consistency and fairness for Trust staff.
Executive team	In addition to the above, the Executive team is responsible for taking an overview of the results across the organisation, ensuring consistency and fairness for Trust staff.

6. MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by
Outcomes of BRAG ratings	Review of data in relation to BRAG ratings and associated incremental progression	Head of Workforce Information and Associate Director for Inclusion	Annually	Associate Directors of HR will review findings and lead action if monitoring shows any problem

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Annex 1 – Impact assessments

Equalities impact checklist - must be completed for all new policies



Equality Analysis
Performance and Tal

Organisational impact checklist - must be completed for all new policies



organisational impact
template.doc

Annex Two – template for SMARTR objectives – Specific, Measurable, Achievable, Realistic, Time bound and Reviewable.

Objective Setting 2013/2				
	Objective 1	Objective 2	Objective 3	Objective 4
S				
M				
A				
R				
T				
R				

Annex Three

Examples of standardised objectives

Critical Care – Band 5

A set of generic Standard Appraisal Objectives have been developed.

Separate HR documentation “Writing Effective Objectives” outlines how these objectives should be SMARTR - **Specific, Measurable, Achievable, Relevant, Timely, Reviewable.**

It is difficult to write standard appraisal objectives for everybody, but most follow the same developmental pathways. For those who fall outside of this such as those who do not progress to the critical care course or fail it, more specific individualised objectives are needed.

The Trust Values and beliefs are stated here because demonstration of these is the first and universal appraisal objective.

Our values

At Barts Health, our values define what is important in the way we deliver our vision.

Our core behaviours set out how all of us will work, regardless of the role we hold in the organisation. These behaviours, consistently carried out, will embed the Barts Health values in our everyday working lives, and support delivery of our vision to change lives.

Value: Caring and compassionate with patients, each other and our partners.

At Barts Health, we champion dignity, compassion and respect, putting the individual at the heart of all decisions, striving to get it right for every person, every time.

Our behaviours:

- Welcoming and courteous
- Dignity and respect
- Humanity and kindness
- Meet basic needs

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Value: Actively listening, understanding and responding to patients, staff and our partners.

Engagement and involvement is essential in making improvements. We engage our staff and patients to achieve; better patient and staff experiences, fewer mistakes and better clinical outcomes

Our behaviours:

- Listen and involve
- Understand and respond
- Engage with others
- Open and honest

Value: Relentlessly improving and innovating for patient safety.

We support and challenge ourselves and others to do better. Being average isn't good enough, we strive for excellence. We believe we can always do better.

Our behaviours:

- Get things right
- Try new ideas
- Improve through learning
- Strive for excellence

Value: Achieving ambitious results by working together.

We all need to understand the big health issues facing our population and use every opportunity to promote good health. Working as a cohesive team across Barts Health, we recognise the importance of partnership in achieving success, be that with staff, patients, communities, or any other partners to achieve life changing results.

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Our behaviours:

- Personal responsibility
- Team working
- Promote good health
- Courage to speak up

Value: Valuing every member of staff and their contribution to the care of our patients.

Whether a staff member has a clinical or non-clinical role, is involved in direct patient care or is undertaking a supporting function (e.g. finance, information technology, estates, human resources) everyone at Barts Health is making an important contribution to patients' experiences. Ensuring staff are appropriately trained, feel valued and empowered to make decisions in the best interest of patients is vital.

Our behaviours:

- Appreciate colleagues
- Develop others
- Build trust
- Fairness and equality

Generic Band 5 Objectives – Critical Care

Whatever their stage of development, all Band 5 nurses must fulfil the following two objectives:-

1. To understand and strive for the Trust values and demonstrate behaviours which reflect this.
2. To be clear about and fulfil personal statutory and mandatory training requirements.

At the time of appraisal

Less than 6 months in any critical care environment

1. To complete the probationary period competences in the initial 6 month time frame as outlined in the probationary Step 1 competency book, and completion of the post probationary Step 1 competences in the first 12 months in critical care.
2. To undertake and pass critical care IV theory and practical assessments, Respiratory 1, Respiratory 2 and Cardiovascular workbooks in the first 6 months in critical care.
3. To plan and deliver safe and effective care of the stable ventilated patient as evidenced through:-
 - a. Patient centred care
 - b. Maintenance of a safe environment
 - c. Good organisation of workload
 - d. Recognition of limitations
 - e. Good communication and appropriate escalation
4. To progress towards access to a university critical care course meeting the requirements in the Step 1 development programme:-
 - a. Undertaking a teaching session
 - b. Completion of required competences
 - c. Satisfactory completion of a short essay

6-18 months in a critical care environment

1. To complete all the post probationary Step 1 competences in the first 12 months in critical care.
2. To undertake and pass Renal, GI and Neuro workbooks in the first 12 months in critical care.
3. To plan and deliver safe and effective care of the stable ventilated patient as evidenced through:-
 - a. Patient centred care
 - b. Maintenance of a safe environment
 - c. Good organisation of workload
 - d. Recognition of limitations
 - e. Good communication and appropriate escalation
4. To progress towards access to a university critical care course meeting the requirements in the Step 1 development programme:-
 - a. Undertaking a teaching session

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- b. Completion of required competences
- c. Satisfactory completion of a short essay
5. To provide safe supervision of a pre-registration student nurse on a clinical shift.

0-9 months post critical care course

1. To complete 50% of Step 2 competences (when available – use existing experienced band 5 competences until then).
2. To successfully act as “Mentor” or “co-mentor” to a pre-registration student nurse.
3. To successfully act as “Mentor” to a new member of qualified staff or nurse on a rotation programme and facilitate their orientation and development.
4. To undertake the teaching others utilising more than one educational approach.
5. To provide safe and effective care of the complex ventilated patient as evidenced through:-
 - a. Patient centred care
 - b. Maintenance of a safe environment
 - c. Good organisation of workload
 - d. Recognition of limitations
 - e. Good communication and appropriate escalation
6. To actively contribute towards a Trust / departmental initiative or change – *name*.

9 months – 2 years post critical care course

1. To complete all Step 2 competences (when available – use existing experienced band 5 competences until then).
2. To provide safe micro-management of a small group of patients or area of the unit.
3. To provide safe and effective care of the complex ventilated patient as evidenced through:-
 - a. Patient centred care
 - b. Maintenance of a safe environment
 - c. Good organisation of workload
 - d. Recognition of limitations
 - e. Good communication and appropriate escalation
4. To act as “Mentor” to a new member of qualified staff or nurse on rotation programme and facilitate their orientation and development.
5. To develop skills of leadership through:-
 - a. Recognition of critical situations and decision making
 - b. Acting as a role model
 - c. Providing direction to others
 - d. Facilitating team work

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6. To actively contribute towards a Trust/departmental initiative or change – *name*.

Greater than 2 years post critical care course

1. To provide safe micro-management of a small group of patients or area of the unit.
2. To provide safe and effective care of a full range of types of patients as evidenced through:-
 - a. Patient centred care
 - b. Maintenance of a safe environment
 - c. Good organisation of workload
 - d. Recognition of limitations
 - e. Good communication and appropriate escalation
3. To undertake and satisfactorily complete formal management practice under supervision.
4. With support take a lead role in a Trust / departmental initiative or change – *name*.
5. To act as “Mentor” to a post-registration student on the critical care course.
6. To develop skills of leadership through:-
 - a. Recognition of critical situations and decision making
 - b. Acting as a role model
 - c. Providing direction
 - d. Facilitating team work

Annex Four

Performance & Reward – Calibration Process

Calibration Process

1. Introduction

The purpose of the calibration process is to ensure that the BRAG rating assigned by the appraising manager:

- accurately reflects the performance of the individual against their specified objectives;
- is in line with the service/performance outcomes for which the individual is responsible;
- is fair and equitable based on performance;
- is free from bias and has no disproportionate impact in terms of equality and diversity.

BRAG ratings of individual staff members should not be affected by extenuating circumstances outside of their control that lead to objectives not being met in part or in full. Some examples may include:

- Volume of patient activity is outside of the staff members control but has an impact;
- Computer system or other Trust system failure prevents the individual from completing an objective/objectives;
- Vacancies, high levels of colleague absence or other staffing problems outside of the staff members control mean that objectives are not met;
- Circumstances change and therefore planned objective is 'over-taken by events' (and change could not be foreseen or planned for).

2. The Process

2.1. Calibration

2.1.1 The first stage calibration process will remain within each Clinical Academic Group (or corporate area) to ensure a greater element of validity and understanding of the complex operational issues in either agreeing or disagreeing with the proposals of line managers with regard to BRAG rating.

2.1.2 From the outset, appraising managers will need to make sure that they have enough information about their staff members – e.g. pay band, pay point, incremental date – to make available for the calibration process. For the purpose of the equality impact analysis, they will also need to be able to report on their recommended ratings and key protected characteristics – e.g. gender, ethnicity, sexual orientation, age – so that the calibration can include an assessment of whether there is any bias and provide assurance that the distribution of results reflects fair and equitable ratings. The e-PTR system should allow this data to be readily available. The outcomes against the protected characteristics should be reviewed across a large enough group of staff so that trends are statistically significant and can then be investigated further if needed. Specialist support for this can be accessed from the workforce information team in the HR department.

2.1.3 It is proposed that once the ratings have been completed each year (by the end of July), the CAG HR teams will help collate these by service group, individual and rating. An example of this can be seen at appendix 1. It should be noted that

the service group lead (or corporate lead) is accountable for the completion and recording of appraisals and BRAG ratings. Managers and service/departmental leads should ensure that their calibration includes narrative to explain or justify the data being presented. It should be noted that the merging of results for teams that undertake very different work can make it difficult to see the emerging performance patterns.

2.1.4 Prior to attending a Tier 1 calibration meeting, Service/Departmental managers should calibrate their own results before presenting them to the meeting. The CAG HR team will facilitate the calibration meeting in August of each year, with this being chaired by the Director of Operations (or corporate director), supported by the CAG HR Manager (or Business Partner). Each service group lead should attend the calibration meeting and present a report demonstrating that appraisals have taken place, that a BRAG rating has been applied and that there is a clear rationale for the recommendations. The service group lead must ensure that they present enough information for the Director of Operations so that they can understand patterns of decision making and be assured that recommendations are fair and free from bias.

2.1.5 The BRAG ratings should be rooted in consideration of the following four indicators, which are described in detail in section 4.23 of the main body of this document:

- Service Group Governance Compliance
- Quality (including patient experience, safety and outcomes)
- Financial Management
- Operational Performance

Each service must identify and make clear which indicators are being used for performance assessment. For medical and dental staff, it must be clear how this relates to the following, as per the contract terms:

Following the annual Job Plan review, the clinical manager who has conducted the Job Plan review will report the outcome, via the Medical Director, to the Chief Executive and copied to the consultant and the Chief Executive of any other NHS organisation with which the consultant holds a contract of employment, setting out for the purposes of decisions on pay thresholds whether the consultant has:

- *made every reasonable effort to meet the time and service commitments in the Job Plan;*
- *participated satisfactorily in the appraisal process;*
- *participated satisfactorily in reviewing the Job Plan and setting personal objectives;*
- *met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so;*
- *worked towards any changes identified in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;*
- *taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions;*

- *met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.*

2.1.6 Using the set of performance indicators, CAG (or corporate) tier 1 teams are required to undertake an assessment of the 'performance distribution curve' (see appendix 1) within their CAG, which is provided from the data uploaded onto the e-PTR system and gives CAGs an overview of how managers have rated individuals based on the BRAG rating. For example, if each of the indicators are rated as red and 25% of individuals within that service area are BRAG rated as blue, it is the role of the CAG tier 1 team to assure themselves that the BRAG ratings are an accurate representation of CAG/Service group performance, and individual achievement of objectives/performance. The CAG (or corporate) tier 1 teams have the opportunity at this stage to request a review or amendment to the BRAG ratings applied, or request further rationale from the service group manager to justify the 'performance distribution curve' for their area. As highlighted at the end of section 4.14, staff should not be adversely rated against factors which are outside of their control. There are also no 'quotas' – ratings just have to be reasonable compared to the evidence of performance.

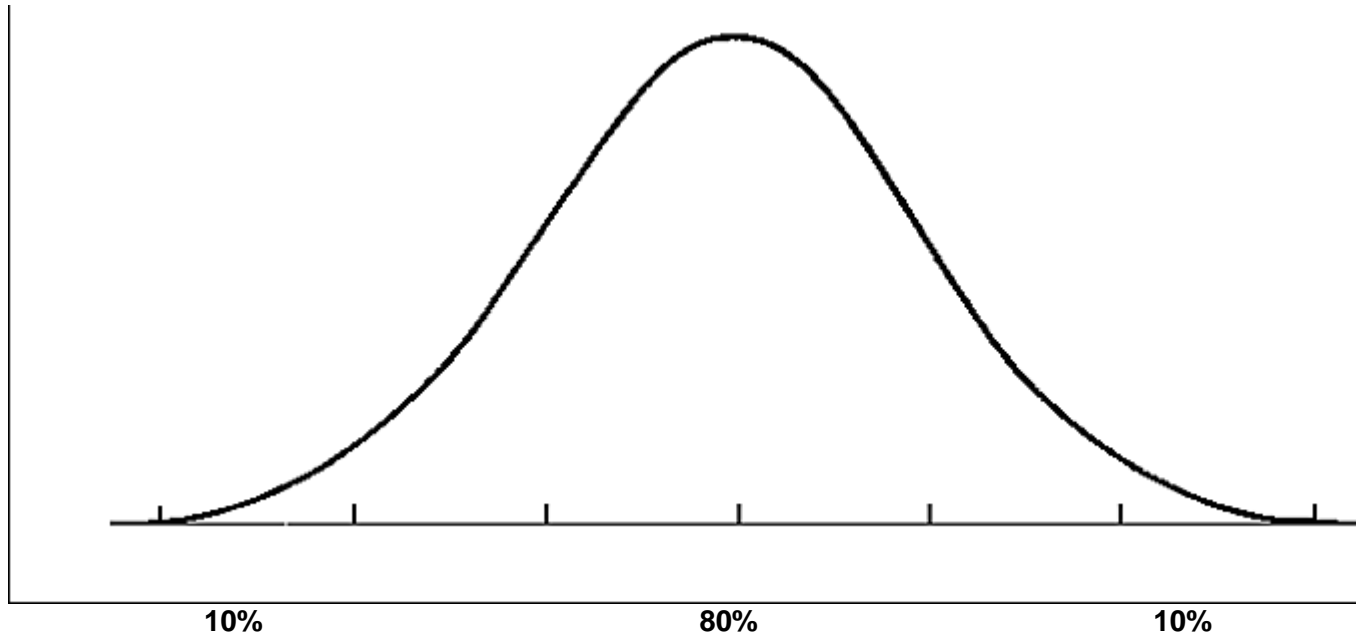
2.2. Final Stage Calibration

2.2.1 Once the CAG/corporate area has completed the first stage calibration, the outcomes (as seen in appendix 1) will be reviewed by the Trust Executive team as the final stage sign off. The Trust Executive will take an overview, based on the same indicators of performance for each CAG, whilst reviewing the 'performance distribution curve'. This will normally be in September each year. The Trust Executive team should have the opportunity to review the information and recommend that the CAG/corporate area revisits its distribution if deemed necessary.

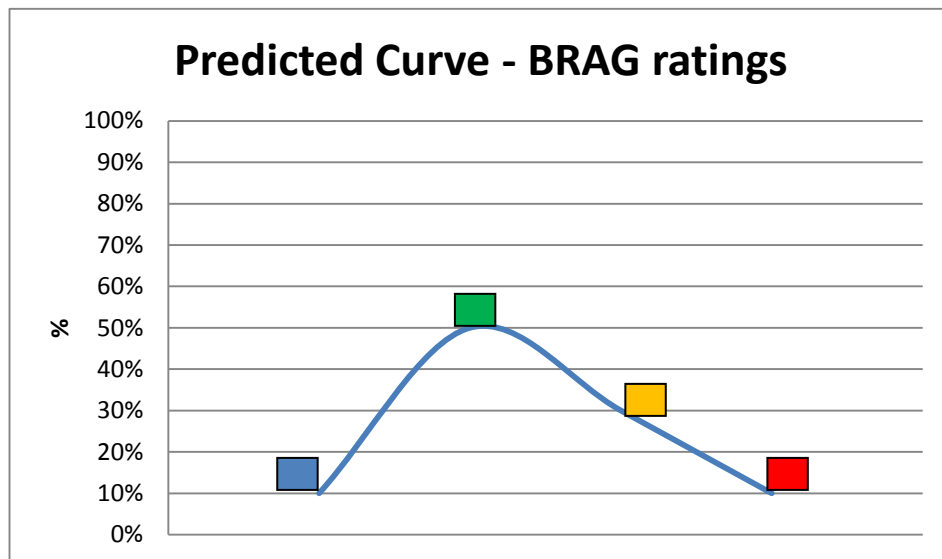
2.2.2 The Director of Operations will confirm the outcome to staff members after the final stage Executive sign off. The CAG/Corporate HR team will then be responsible for processing any incremental awards that have been agreed, effective from staff members' usual incremental date. This will include payment of arrears where necessary. (For leavers, please see paragraph 4.21 and FAQ 5.14 in the main body of the policy).

Appendix 1

Standard bell curve distribution



Baseline Performance and Reward predicted curve⁴



Example data tables

⁴ As this is a new system and there is therefore no historical data to use, this has been estimated

	Blue			
	Team 1	Team 2	Team 3	Team 4
Gender - Male	11%	24%	21.40%	0%
Gender - Female	89%	76%	78.60%	0%
Band, 1-4	15.0%	11%	28.60%	0%
Band, 5-7	66.0%	62%	35.70%	0%
Band, 8+	19.0%	27%	35.70%	0%
Age, 16-29	16.0%	19%	7.10%	0%
Age, 30-49	71.0%	68%	64.30%	0%
Age, 50-64	13.0%	13%	28.60%	0%
Age, 65+	0.0%	0%	0%	0%
Ethnicity - White	51%	54%	57.10%	0%
Ethnicity - Mixed	10%	0%	7.10%	0%
Ethnicity - Asian	11%	18%	7.10%	0%
Ethnicity - Black	22%	16%	21.40%	0%
Ethnicity - Filipino	2%	0%	0%	0%
Ethnicity - Other	4%	12%	7.10%	0%
Ethnicity - Not stated	0%	0%	0%	0%

	Green			
	Team 1	Team 2	Team 3	Team 4
Gender - Male	25%	29%	27.40%	28.40%
Gender - Female	75%	71%	72.60%	71.60%
Band, 1-4	19.0%	10%	32.90%	0%
Band, 5-7	71.0%	78%	56.50%	0%
Band, 8+	10.0%	12%	10.60%	0%
Age, 16-29	15.0%	25%	21.40%	7.10%
Age, 30-49	77.0%	66%	63.10%	71.50%
Age, 50-64	7.0%	8%	14.30%	21.40%
Age, 65+	10.0%	1%	1.20%	0%
Ethnicity - White	41%	51%	38.10%	7.10%
Ethnicity - Mixed	5%	8%	1.20%	0%
Ethnicity - Asian	16%	23%	19%	35.80%
Ethnicity - Black	36%	11%	31%	35.80%

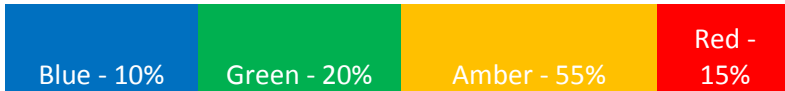
Ethnicity - Filipino	0%	0%	1.20%	14.20%
Ethnicity - Other	2%	7%	3.60%	0%
Ethnicity - Not stated	0%	0%	6%	7.10%

Amber				
	Team 1	Team 2	Team 3	Team 4
Gender - Male	29%	32%	30%	0%
Gender - Female	71%	68%	70%	0%
Band, 1-4	11.0%	29%	58.30%	0%
Band, 5-7	77.0%	68%	25.00%	0%
Band, 8+	12.0%	3%	16.70%	0%
Age, 16-29	21.0%	36%	27.30%	0%
Age, 30-49	54.0%	54%	45.50%	0%
Age, 50-64	25.0%	8%	27.30%	0%
Age, 65+	0.0%	2%	0%	0%
Ethnicity - White	55%	34%	54.50%	0%
Ethnicity - Mixed	2%	0%	0%	0%
Ethnicity - Asian	12%	34%	27.30%	0%
Ethnicity - Black	24%	24%	18.20%	0%
Ethnicity - Filipino	0%	0%	0%	0%
Ethnicity - Other	7%	0%	0%	0%
Ethnicity - Not stated	0%	8%	0%	0%

	Red			
	Team 1	Team 2	Team 3	Team 4
Gender - Male	0%	6%	0%	0%
Gender - Female	100%	94%	100%	0%
Band, 1-4	29.0%	45%	50%	0%
Band, 5-7	71.0%	55%	50%	0%
Band, 8+	0.0%	0%	0%	0%
Age, 16-29	10.0%	32%	0%	0%
Age, 30-49	82.0%	62%	100%	0%
Age, 50-64	8.0%	6%	0%	0%
Age, 65+	0.0%	0%	0%	0%
Ethnicity - White	48%	29%	33.30%	0%
Ethnicity - Mixed	0%	0%	0%	0%
Ethnicity - Asian	20%	31%	0%	0%
Ethnicity - Black	24%	40%	66.70%	0%
Ethnicity - Filipino	0%	0%	0%	0%
Ethnicity - Other	8%	0%	0%	0%
Ethnicity - Not stated	0%	0%	0%	0%

Narrative should cover, for example, why team 4 only has green ratings; why there are so few Blue ratings in the lower bands of team 2;

Rating Presentation Example

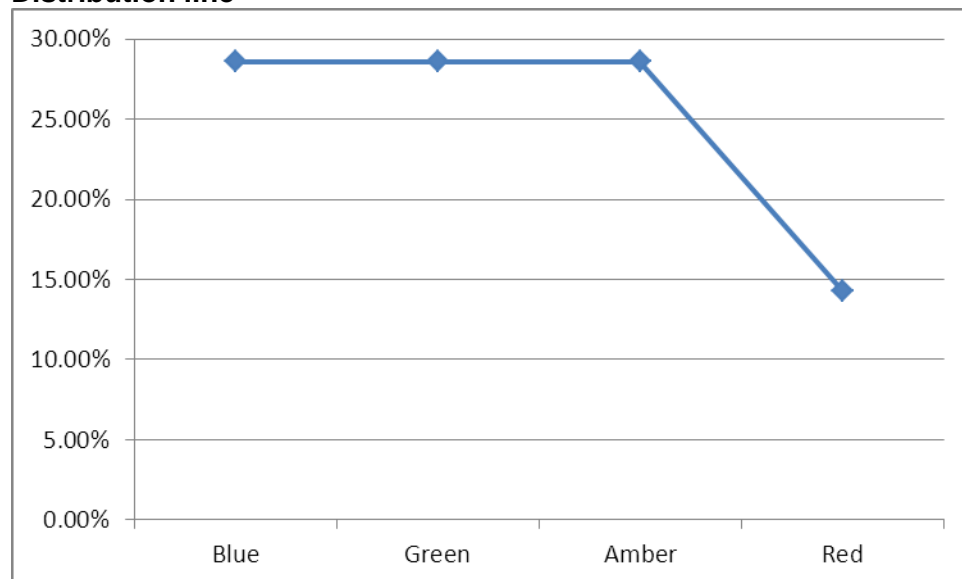


Job Title	Band	Area of work	Appraisal Date	Appraiser	BRAG rating
Head of Filing	7	Service A	01/05/2014	Harry Cooper	A
Filing Clerk	3	Service A	08/05/2014	Harry Cooper	G
Filing Supervisor	5	Service A	08/05/2014	Harry Cooper	A
Pharmacist	7	Service B	22/06/2014	Frank Bruno	B
Technician	4	Service B	20/04/2014	Frank Bruno	R
Secretary	4	Service C	15/07/2014	Josephine Bugnor	B
Project Manager	7	Service C	09/04/2014	Josephine Bugnor	G

Actual distribution for 'ABC' team

Blue – 28.57%
Green – 28.57%
Amber – 28.57%
Red – 14.28%

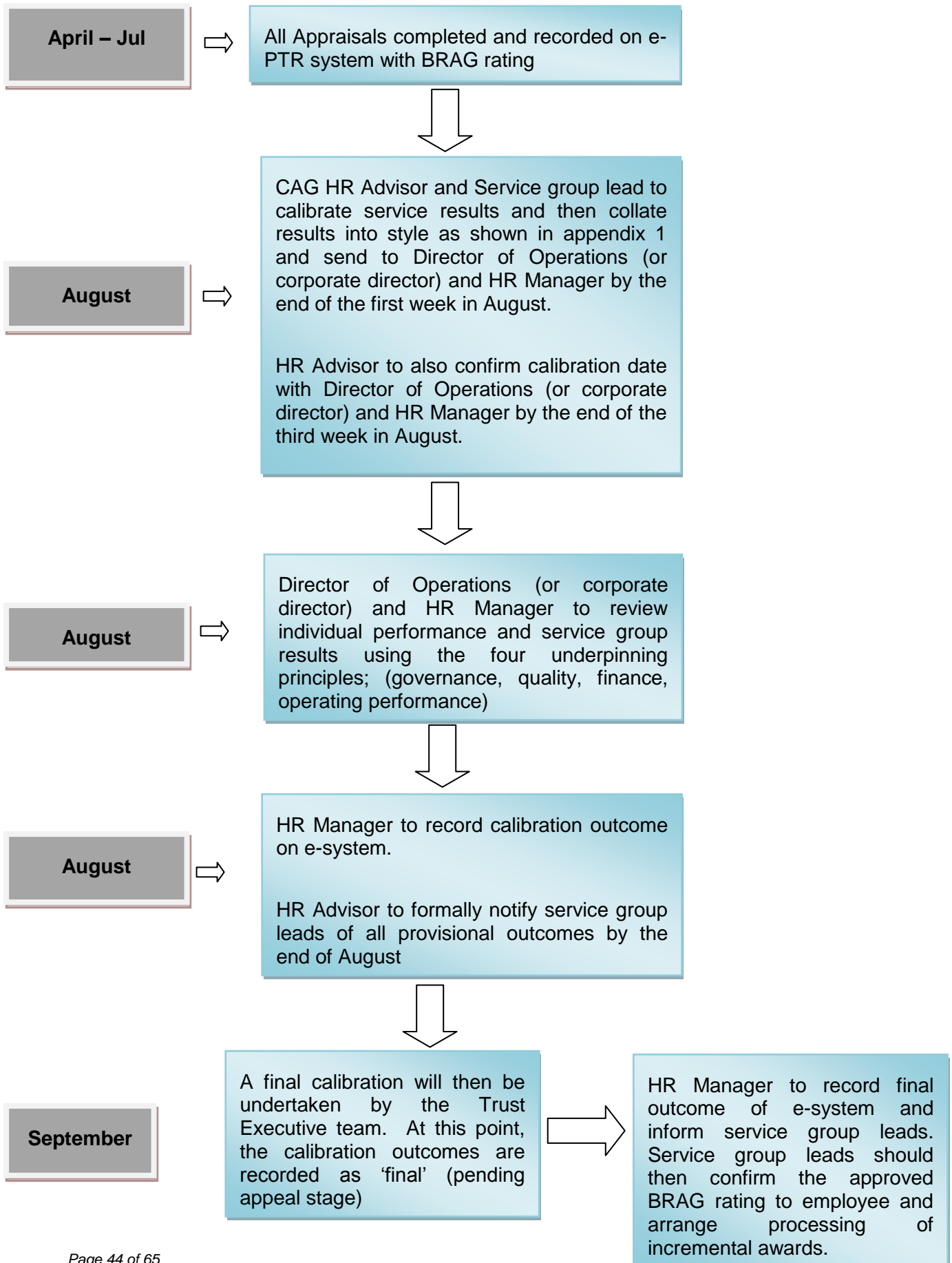
Distribution line



Service/Team Performance Indicators Used

Service Group Governance <ul style="list-style-type: none">•	Safety and Quality <ul style="list-style-type: none">•
Operational Performance <ul style="list-style-type: none">•	Financial Management <ul style="list-style-type: none">•

Appendix 2 – Calibration Flow Chart – Non- Medical Staff



Annex 5***Partially met or unmet objectives – Personal Action Plan*****1. Front sheet**

<i>Name of staff member</i>	
<i>Job Title</i>	
<i>Service Line</i>	
<i>CAG</i>	

Purpose - The purpose of this plan is for the staff member named above to address the performance against objectives identified, within a specified time frame, so that their BRAG rating could move above 'Amber'.

Responsibility for management of this plan:

<i>Name of Line Manager</i>	
<i>Job title</i>	

Progress review

The plan is expected to last for a maximum of 3 months. Progress will be formally reviewed by the line manager and by the staff member every 4 weeks and at the end of the plan. The staff member should be able to demonstrate satisfactory progress throughout the period to show that outstanding objectives will be met. The line manager and staff member must discuss any annual leave intentions when formulating the action plan to ensure that this is taken into account.

2. Objectives (as many as required)

<i>Area to be addressed:</i>	
<i>Specific objective(s)</i>	
<i>How</i>	
<i>Where</i>	
<i>Resources required</i> <i>[Including funding and provider of funding]</i>	
<i>Timescale</i>	
<i>Milestones</i>	
<i>Supportive evidence</i>	
<i>Individual responsible for monitoring/sign off (if not line manager)</i>	

<i>Area to be addressed:</i>	
<i>Specific objective(s)</i>	
<i>How</i>	
<i>Where</i>	
<i>Resources required</i> <i>[Including funding and provider of funding]</i>	
<i>Timescale</i>	
<i>Milestones</i>	
<i>Supportive evidence</i>	
<i>Individual responsible for monitoring/sign off (if not line manager)</i>	

3. REVIEW (to be produced each time a review takes place)

Objective	
<i>Review date</i>	
<i>Line Manager Comments and signature</i>	
<i>Other (if objective signed off by someone else) comments and signature</i>	
<i>Staff member comments and signature</i>	

Objective	
<i>Review date</i>	
<i>Line Manager Comments and signature</i>	
<i>Other (if objective signed off by someone else) comments and signature</i>	
<i>Staff member comments and signature</i>	

Note – Summary to record progress i.e. - no progress, partial progress, or objective fully achieved.

4. SUMMARY OF OBJECTIVES

Objective	
<i>Mechanism to achieve objective</i>	
<i>Where the education/training will take place</i>	
<i>Resource requirement</i>	
<i>Named person/organisation to help achieve the objective</i>	
<i>Evidence demonstrating that the objective has been met</i>	
<i>Timescale to achieve objective</i>	

Objective	
<i>Mechanism to achieve objective</i>	
<i>Where the education/training will take place</i>	
<i>Resource requirement</i>	
<i>Named person/organisation to help achieve the objective</i>	
<i>Evidence demonstrating that the objective has been met</i>	
<i>Timescale to achieve objective</i>	

Annex 6 Extracts from medical and dental terms and conditions

Consultants Contract

Schedule 15 - Pay Thresholds

Criteria for pay thresholds

1. Following the annual Job Plan review, the clinical manager who has conducted the Job Plan review will report the outcome, via the Medical Director, to the Chief Executive and copied to the consultant and the Chief Executive of any other NHS organisation with which the consultant holds a contract of employment, setting out for the purposes of decisions on pay thresholds whether the consultant has:

- made every reasonable effort to meet the time and service commitments in the Job Plan;
- participated satisfactorily in the appraisal process;
- participated satisfactorily in reviewing the Job Plan and setting personal objectives;
- met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so;
- worked towards any changes identified in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;
- taken up any offer to undertake additional Programmed Activities that the employing organisation has made to the consultant in accordance with Schedule 6 of these Terms and Conditions;
- met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9.

2. The Chief Executive, informed by the Medical Director's recommendation, will subsequently decide each year whether the consultant has met the criteria.

3. Where one or more of the criteria are not achieved in any year, the Chief Executive will have the discretion to decide where appropriate, for instance because of personal illness, that the consultant should nonetheless be regarded as having met the criteria for that year.

4. Consultants should not be penalised if objectives have not been met for reasons beyond their control. Employers and consultants will be expected to identify problems (affecting the likelihood of meeting objectives) as they emerge, rather than wait until the job plan review.

5. It will be the norm for consultants to achieve pay progression. Pay progression may only be deferred where the consultant has not met the specified criteria at paragraph 1 of this Schedule. Employing organisations cannot introduce any new criteria. For instance, pay progression cannot be withheld or delayed on the grounds of the employing organisation's financial position. Nor would it be acceptable for NHS organisations to use any system of quotas for pay progression.

6. A consultant has the right of appeal against a decision by the Chief Executive that he or she has not met the criteria in respect of any given year. In the event of an appeal, it

will be the responsibility of the employing organisation to show why this decision was taken. The appeal process is at Schedule 4 of the Terms and Conditions.

Process for award of pay thresholds

7. When a consultant becomes eligible for a pay threshold by virtue of fulfilling the required number of years' service in Schedule 13 or Schedule 14 of the Terms and Conditions, he or she will receive that pay threshold provided that the Chief Executive agrees that they have met the criteria above in each year since the award of the previous threshold or, in the case of a consultant's first pay threshold, since the commencement of a contract subject to these terms and conditions.

8. Where the Chief Executive has decided in any one year that a consultant has not met the necessary criteria, the employing organisation will defer the award of the appropriate pay threshold for one year beyond the date on which they would otherwise have received the threshold. Provided the Chief Executive decides that a consultant has met the criteria in the intervening year, he or she will receive that pay threshold from the start of the following year.

Schedule 4 - Mediation and appeals

(Please note, where reference is made to external panel members and the SHA, we understand that responsibility is delegated to local level. This is subject to confirmation.)

1. Where it has not been possible to agree a Job Plan, or a consultant disputes a decision that he or she has not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

Mediation

2. The consultant, or (in the case of a disputed Job Plan) the clinical manager, may refer the matter to the Medical Director, or to a designated other person if the Medical Director is one of the parties to the initial decision. Where a consultant is employed by more than one NHS organisation, a designated employer will take the lead (in the case of a disputed Job Plan, a lead employer should have already been identified). The purposes of the referral will be to reach agreement if at all possible. The process will be that:

- the consultant or clinical manager makes the referral in writing within two weeks of the disagreement arising;
- the party making the referral will set out the nature of the disagreement and his or her position or view on the matter;
- where the referral is made by the consultant, the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay thresholds have been met, will set out the employing organisation's position or view on the matter;
- where the referral is made by the clinical manager, the consultant will be invited to set out his or her position on the view or matter;
- the Medical Director or appropriate other person will convene a meeting, normally within four weeks of receipt of the referral, with the consultant and the responsible clinical manager to discuss the disagreement and to hear their views;
- if agreement is not reached at this meeting, then the Medical Director will decide the matter (in the case of a decision on the Job Plan) or make a recommendation to the

Chief Executive (in the case of a decision on whether the criteria for a pay threshold have been met) and inform the consultant and the responsible clinical manager of that decision or recommendation in writing;

- in the case of a decision on whether the criteria for a pay threshold have been met, the Chief Executive will inform the consultant, the Medical Director and the responsible clinical manager of his or her decision in writing;
- if the consultant is not satisfied with the outcome, he or she may lodge a formal appeal.

Formal appeal

3. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.

4. An appeal shall be lodged in writing to the Chief Executive as soon as possible, and in any event within two weeks, after the outcome of the mediation process. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks.

5. The membership of the panel will be:

- a chair nominated by the appellants employing organisation;
- a second panel member nominated by the appellant consultant;
- a third member chosen from a list of individuals approved by the Strategic Health Authority and the BMA and BDA. The Strategic Health Authority will monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon. If there is an objection raised by either the consultant or the employing organisation to the first representative from the list, one alternative representative will be allocated. The list of individuals will be regularly reviewed.⁵

No member of the panel should have previously been involved in the dispute.

6. The parties to the dispute will submit their written statements of case to the appeal panel and to the other party one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Management will present its case first explaining the position on the Job Plan, or the reasons for deciding that the criteria for a pay threshold have not been met.

7. The consultant may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.

8. Where the consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.

9. It is expected that the appeal hearing will last no more than one day.

10. The appeal panel will make a recommendation on the matter in dispute in writing to the Board of the employing organisation, normally within two weeks of the appeal having been heard and this will normally be accepted. The consultant should see a copy of the recommendation when it is sent to the Board. The Board will make the final decision and inform the parties in writing.

11. No disputed element of the Job Plan will be implemented until confirmed by the outcome of the appeals process. Any decision that affects the salary or pay of the

consultant will have effect from the date on which the consultant referred the matter to mediation or from the time he or she would otherwise have received a change in salary, if earlier.

12. In the case of a job planning appeal from a Medical Director or Director of Public Health, mediation would take place via a suitable individual, for example, a Non-Executive Director.

Specialty Doctors

Schedule 15 - Pay Progression through Incremental Points and Thresholds

1. The grade is made up of 11 pay points. There will be annual progression up to point 4 of the salary scale. In order to progress from point 4 to point 5 doctors will be required to pass through Threshold 1. Progression between point 5 and point 7 will be at 2 yearly intervals. To progress from point 7 to point 8 of the salary scale, doctors will need to pass through Threshold 2. Progression between point 8 and point 10 will be at 3 yearly intervals.

2. Therefore there are three forms of pay progression within the grade:

- incremental pay progression,
 - for which the doctor will have satisfied the criteria set out in paragraph 4 below;
- progression through threshold one,
 - for which the doctor will have satisfied the criteria set out in paragraph 6 below; and,
- progression through threshold two,
 - for which the doctor will have satisfied the criteria set out in paragraph 7 below.

3. The principles for progression/movement through the grade are that:

- The process should be fair and clear, as straightforward as possible to implement and neither the process nor the gathering and demonstrating of evidence should be onerous;
- The evidence required must be as objective as possible; and,
- There should be 'no surprises' at any review. Good employment practice is to provide employees with feedback on a continuing basis.

Incremental Pay Progression

4. Incremental pay progression will depend upon a doctor having:

- participated in job planning:
 - made every reasonable effort to meet the time and service commitments in their Job Plan and participated in the annual Job Plan review;
- met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the doctors control, made every reasonable effort to do so; and
- worked towards any changes identified in the last Job Plan review as being necessary to support achievement of joint objectives;
- participated satisfactorily in the appraisal process in accordance with the GMC's requirements set out in 'Good Medical Practice'; and
- for those doctors undertaking private practice, taken up any offer to undertake additional Programmed Activities in accordance with Schedule 7 of the Terms and Conditions of Service and met the standards governing the relationship between private

practice and NHS commitments set out in Schedule 10 of the Terms and Conditions of Service.

Pay Progression through the Increments

5. The clinical director/medical director will have the responsibility of ensuring processes are in place to sign off the incremental progression assessment. Where one or more of the criteria are not achieved in any year, the clinical director/medical director, or designated person, will have the discretion to decide where appropriate, for instance, because of personal illness, that the doctor should nonetheless be regarded as having met the criteria for that year.

Progression through Threshold One

6. All doctors will pass through this threshold unless they have demonstrably failed to comply with any of the following criteria:

- participated in job planning: • made every reasonable effort to meet the time and service commitments in their Job Plan and participated in the annual Job Plan review;
- met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the doctors control, made every reasonable effort to do so; and
- worked towards any changes identified in the last Job Plan review as being necessary to support achievement of joint objectives.
- participated satisfactorily in the appraisal process in accordance with the GMC's requirements set out in 'Good Medical Practice';
- undertaken 360 degree appraisal/feedback (in the year preceding threshold one); and
- for those doctors undertaking private practice, taken up any offer to undertake Additional Programmed Activities in accordance with Schedule 7 of the Terms and Conditions of Service and met the standards governing the relationship between private practice and NHS commitments set out in Schedule 10 of the Terms and Conditions of Service.

Progression through Threshold Two

7. The criteria for passing through threshold two recognises the higher level of skills, experience and responsibility of those doctors working at that level. Doctors will pass through threshold two if they have met the criteria at a), b) and c) as set out below:

- a) The threshold one criteria set out in paragraph 6 above;
 - b) Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision; and
 - c) Doctors should also provide evidence to demonstrate their contributions to a wider role, for example, meaningful participation in or contribution to relevant:
 - Management or leadership
 - Service development and modernisation
 - Teaching and training (of others)
 - Committee work
 - Representative work
 - Innovation
- Audit

8. This list referred to in paragraph 7 c) is not exhaustive but is intended to give an indication of the types of evidence of contributing to a wider role that a doctor could provide.

9. In making a judgement about whether a doctor has met the requirements for threshold two, there will not be an expectation that the doctor will be able to provide evidence in all wider areas of contribution listed in addition to those required for threshold one. An overall picture will be considered.

Threshold One and Two – Process

10. When a doctor has successfully demonstrated that they have complied with the criteria to pass through a threshold, this should be signed off by a clinical manager. The clinical director/medical director will have the responsibility of ensuring processes are in place to sign off the threshold assessment. It is expected that payments will be made automatically unless payroll are informed otherwise.

Progression between Threshold One and Threshold Two

11. The aim should be that doctors who have passed through threshold one will acquire the skills and experience to allow them to meet the criteria for passing through threshold two, with appropriate support and development through Job Plan review, appraisal, and Supporting Professional Activities.

12. Doctors will continue to undertake annual appraisal and Job Plan review between threshold one and threshold two, and continue to develop a portfolio of evidence in order to meet the criteria for threshold two. The normal requirements for incremental progression set out in paragraph 4 will need to be satisfied annually between threshold one and threshold two.

13. As a doctor becomes more experienced and takes on a broader role the employer will need to keep all elements of the Job Plan under review. Employers should ensure that doctors have the support needed to enable them to meet the requirements of the second threshold and can progress in their career. Threshold two requires evidence of demonstrating a contribution to a wider role which may require reassessment of the balance between Supporting Professional Activities and Direct Clinical Care duties and allocations.

Progression through Increments and Thresholds

14. Doctors should not be penalised if any element of the relevant incremental or threshold criteria have not been met for reasons beyond their control. Therefore, if the doctor has been prevented by any action or inaction on the part of the employer from satisfying any element of the incremental or threshold criteria they will not be prevented from moving through the relevant increment or threshold. Employers and doctors will be expected to identify problems affecting the likelihood of meeting objectives as they emerge, rather than wait until the Job Plan review. For doctors moving to a new employer before an annual increment or progression through a threshold is due the provisions of paragraph 15 will apply.

Moving to a New Employer

15. If a doctor moves to a new employer shortly before an annual increment or progression through a threshold is due, the new employer will be expected to carry out the review required, within three months of the date that the doctor begins work for the new employer (“the date of employment”). If the annual increment or progression through a threshold is granted, pay shall be backdated to the date of employment. If such a review is not undertaken by the new employer within 3 months following the date of employment the provisions of paragraph 14 shall apply.

Mediation and Appeals

16. Where a doctor disputes a decision that he or she has not met the required criteria to progress either incrementally or through a threshold, the mediation procedure and the appeal procedure should be followed. The mediation and appeal procedure is at Schedule 5 of the Terms and Conditions of Service.

Mediation and Appeals - Schedule 5

(Please note, where reference is made to external panel members and the SHA, we understand that responsibility is delegated to local level. This is subject to confirmation.)

1. Where it has not been possible to agree a Job Plan (including Job Plan reviews and interim reviews) or a doctor disputes a decision that he or she has not met the required criteria for a pay increment or threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

2. Where a doctor is employed by more than one NHS organisation, mediation and appeals will be undertaken by the organisation where the issue arises.

Mediation

3. The doctor may refer the matter to the Medical Director, or to a designated other person (subject to local arrangements). The purpose of the referral will be to reach agreement if at all possible. The process will be that:

- the doctor makes the referral in writing within 10 working days of the disagreement arising;
- the doctor will set out the nature of the disagreement and his or her position or view on the matter; This should be provided in writing and normally within 15 working days of the referral being submitted;
- the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay increments or thresholds have been met, will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received;
- the Medical Director or designated other person will convene a meeting, normally within 20 working days of receipt of the referral, with the doctor and the responsible clinical manager to discuss the disagreement and to hear their views;
- if agreement is not reached at this meeting, then within 10 working days the Medical Director or designated other person will decide the matter and shall notify the doctor and the responsible clinical manager of that decision or recommendation in writing;
- if the doctor is not satisfied with the outcome, he or she may lodge a formal appeal in accordance with paragraph 5 below.

Formal Appeal

4. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.

5. An appeal shall be lodged by the doctor in writing to the Chief Executive as soon as possible and in any event within 10 working days of receipt by the doctor of the decision.

6. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within 20 working days.

7. The membership of the panel will be:

- a chair, being a Non-executive Director of the appellants employing organisation;
- a second panel member nominated by the appellant doctor, preferably from within the same grade; and
- an Executive Director from the appellant's employing organisation.

No member of the panel should have previously been involved in the dispute.

8. The parties to the dispute will submit their written statements of case to the appeal panel and to the other party no less than 5 working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements neither party shall introduce new (previously undisclosed) written information to the panel. A representative from the employing organisation will present its case first.

9. The doctor may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.

10. Where the doctor, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a specialty or to the subject of the appeal.

11. It is expected that the appeal hearing will last no more than one day.

12. The decision of the panel will be binding on both the doctor and the employing organisation. The decision shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing.

13. The decision of the panel will be implemented in full as soon as is practicable and normally within 20 working days.

14. No disputed element of the Job Plan will be implemented unless and until it is confirmed by the outcome of the appeals process and where appropriate a revised Job Plan is issued.

15. A decision which increases the salary or pay which the appellant doctor will receive will have effect from the date on which the doctor referred the matter to mediation. A decision which reduces salary or pay will have effect from a date after that which the revised job plan was offered (giving a locally agreed period of notice) following the decision of the panel.

Associate Specialist Grades

Schedule 15 Pay Progression through Incremental Points and Thresholds

1. The grade is made up of 11 pay points. There will be annual progression up to point 4 of the salary scale. In order to progress from point 4 to point 5 doctors will be required to pass through Threshold 1. Progression between point 5 and point 7 will be at 2 yearly intervals. To progress from point 7 to point 8 of the salary scale, doctors will need to pass through Threshold 2. Progression between point 8 and point 10 will be at 3 yearly intervals.

2. Therefore there are three forms of pay progression within the grade:

- incremental pay progression,
- for which the doctor will have satisfied the criteria set out in paragraph 4 below;
- progression through threshold one,
- for which the doctor will have satisfied the criteria set out in paragraph 6 below; and,
- progression through threshold two,
- for which the doctor will have satisfied the criteria set out in paragraph 7 below.

3. The principles for progression/movement through the grade are that:

- The process should be fair and clear, as straightforward as possible to implement and neither the process nor the gathering and demonstrating of evidence should be onerous;
- The evidence required must be as objective as possible; and,
- There should be 'no surprises' at any review. Good employment practice is to provide employees with feedback on a continuing basis.

Incremental Pay Progression

4. Incremental pay progression will depend upon a doctor having:

- participated in job planning: • made every reasonable effort to meet the time and service commitments in their Job Plan and participated in the annual Job Plan review;
- met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the doctors control, made every reasonable effort to do so; and
- worked towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives;
- participated satisfactorily in the appraisal process in accordance with the GMC's requirements set out in 'Good Medical Practice'; and
- for those doctors undertaking private practice, taken up any offer to undertake additional Programmed Activities in accordance with Schedule 7 of the Terms and Conditions of Service and met the standards governing the relationship between private practice and NHS commitments set out in Schedule 10 of the Terms and Conditions of Service.

Pay Progression through the Increments

5. The clinical director/medical director will have the responsibility of ensuring processes are in place to sign off the incremental progression assessment. Where one or more of the criteria are not achieved in any year, the clinical director/medical director, or designated person, will have the discretion to decided where appropriate, for instance, because of personal illness, that the doctor should nonetheless be regarded as having met the criteria for that year.

Progression through Threshold One

6. All doctors will pass through this threshold unless they have demonstrably failed to comply with any of the following criteria:

- participated in job planning: • made every reasonable effort to meet the time and service commitments in their Job Plan and participated in the annual Job Plan review;
- met the personal objectives in the Job Plan, or where this is not achieved for reasons beyond the doctors control, made every reasonable effort to do so; and
- worked towards any changes identified in the last Job Plan review as being necessary to support achievement of joint objectives.
- participated satisfactorily in the appraisal process in accordance with the GMC's requirements set out in 'Good Medical Practice';
- undertaken 360 degree appraisal/feedback (in the year preceding threshold one); and

- for those doctors undertaking private practice, taken up any offer to undertake Additional Programmed Activities in accordance with Schedule 7 of the Terms and Conditions of Service and met the standards governing the relationship between private practice and NHS commitments set out in Schedule 10 of the Terms and Conditions of Service.

Progression through Threshold Two

7. The criteria for passing through threshold two recognises the higher level of skills, experience and responsibility of those doctors working at that level. Doctors will pass through threshold two if they have met the criteria at a), b) and c) as set out below:

a) The threshold one criteria set out in paragraph 6 above; b) Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision; and c) Doctors should also provide evidence to demonstrate their contributions to a wider role, for example, meaningful participation in or contribution to relevant:

- A proven ability to lead a team;
- Regular completion of audits to demonstrate high quality work;
- An ability to innovate within their area of specialisation;
- Evidence of involvement in the wider management role;
- Leading involvement in research; or,
- A leading role in teaching.

8. This list referred to in paragraph 7 c) is not exhaustive but is intended to give an indication of the types of evidence of contributing to a wider role that a doctor could provide.

9. In making a judgement about whether a doctor has met the requirements for threshold two, there will not be an expectation that the doctor will be able to provide evidence in all wider areas of contribution listed in addition to those required for threshold one. An overall picture will be considered.

Threshold One and Two – Process

10. When a doctor has successfully demonstrated that they have complied with the criteria to pass through a threshold, this should be signed off by a clinical manager. The clinical director/medical director will have the responsibility of ensuring processes are in place to sign off the threshold assessment. It is expected that payments will be made automatically unless payroll are informed otherwise.

Progression between Threshold One and Threshold Two

11. The aim should be that doctors who have passed through threshold one will acquire the skills and experience to allow them to meet the criteria for passing through threshold two, with appropriate support and development through Job Plan review, appraisal, and Supporting Professional Activities.

12. Doctors will continue to undertake annual appraisal and Job Plan review between threshold one and threshold two, and continue to develop a portfolio of evidence in order to meet the criteria for threshold two. The normal requirements for incremental progression set out in paragraph 4 will need to be satisfied annually between threshold one and threshold two.

13. As a doctor becomes more experienced and takes on a broader role the employer will need to keep all elements of the Job Plan under review. Employers should ensure that doctors have the support needed to enable them to meet the requirements of the second threshold and can progress in their career. Threshold two requires evidence of

demonstrating a contribution to a wider role which may require reassessment of the balance between Supporting Professional Activities and Direct Clinical Care duties and allocations.

Progression through Increments and Thresholds

14. Doctors should not be penalised if any element of the relevant incremental or threshold criteria have not been met for reasons beyond their control. Therefore, if the doctor has been prevented by any action or inaction on the part of the employer from satisfying any element of the incremental or threshold criteria they will not be prevented from moving through the relevant increment or threshold. Employers and doctors will be expected to identify problems affecting the likelihood of meeting objectives as they emerge, rather than wait until the Job Plan review. For doctors moving to a new employer before an annual increment or progression through a threshold is due the provisions of paragraph 15 will apply.

Mediation and Appeals

15. Where a doctor disputes a decision that he or she has not met the required criteria to progress either incrementally or through a threshold, the mediation procedure and the appeal procedure should be followed. The mediation and appeal procedure is at Schedule 5 of the Terms and Conditions of Service.

Schedule 5 - Mediation and Appeals

(Please note, where reference is made to external panel members and the SHA, we understand that responsibility is delegated to local level. This is subject to confirmation.)

1. Where it has not been possible to agree a Job Plan (including Job Plan reviews and interim reviews) or a doctor disputes a decision that he or she has not met the required criteria for a pay increment or threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

2. Where a doctor is employed by more than one NHS organisation, mediation and appeals will be undertaken by the organisation where the issue arises.

Mediation

3. The doctor may refer the matter to the Medical Director, or to a designated other person (subject to local arrangements). The purpose of the referral will be to reach agreement if at all possible. The process will be that:

- the doctor makes the referral in writing within 10 working days of the disagreement arising;
- the doctor will set out the nature of the disagreement and his or her position or view on the matter; This should be provided in writing and normally within 15 working days of the referral being submitted;
- the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay increment or thresholds have been met, will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received;
- the Medical Director or designated other person will convene a meeting, normally within 20 working days of receipt of the referral, with the doctor and the responsible clinical manager to discuss the disagreement and to hear their views;

- if agreement is not reached at this meeting, then within 10 working days the Medical Director or designated other person will decide the matter and shall notify the doctor and the responsible clinical manager of that decision or recommendation in writing;
- if the doctor is not satisfied with the outcome, he or she may lodge a formal appeal in accordance with paragraph 5 below.

Formal Appeal

4. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.

5. An appeal shall be lodged by the doctor in writing to the Chief Executive as soon as possible and in any event within 10 working days of receipt by the doctor of the decision.

6. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within 20 working days.

7. The membership of the panel will be:

- a chair, being a Non-executive Director of the appellants employing organisation;
- a second panel member nominated by the appellant doctor, preferably from within the same grade; and
- an Executive Director from the appellant's employing organisation.

No member of the panel should have previously been involved in the dispute.

8. The parties to the dispute will submit their written statements of case to the appeal panel and to the other party no less than 5 working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements neither party shall introduce new (previously undisclosed) written information to the panel. A representative from the employing organisation will present its case first.

9. The doctor may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.

10. Where the doctor, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a specialty or to the subject of the appeal. 11. It is expected that the appeal hearing will last no more than one day.

12. The decision of the panel will be binding on both the doctor and the employing organisation. The decision shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing.

13. The decision of the panel will be implemented in full as soon as is practicable and normally within 20 working days.

14. No disputed element of the Job Plan will be implemented unless and until it is confirmed by the outcome of the appeals process and where appropriate a revised Job Plan is issued.

15. A decision which increases the salary or pay which the appellant doctor will receive will have effect from the date on which the doctor referred the matter to mediation. A decision which reduces salary or pay will have effect from a date after that which the revised job plan was offered (giving a locally agreed period of notice) following the decision of the panel.

Salaried Primary Dental Care Services

Schedule 10 – Pay progression

10.1 Pay progression will be determined by the individual dentist's development and maintenance of the relevant competencies set out at appendix C.

10.2 The principles for progression through a grade are that:

- the process should be fair and clear, as straight forward as possible to implement, and neither the process or the gathering of evidence should be onerous
- the evidence required should be as objective as possible; and
- there should be 'no surprises' at any review; good employment practice is to provide employees with feedback on a continuing basis.

10.3 The appraisal cycle will be the process through which the employer and employee determine whether the dentist has:

- made every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review
- participated satisfactorily in the annual appraisal process
- met the personal objectives in the job plan, or where this is not achieved for reasons beyond the dentists control, made every reasonable effort to do so
- worked towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives; and
- demonstrated progress towards or maintenance of band-specific competencies, using agreed evidence.

10.4 The managerial dentist/medical director are responsible for ensuring that processes are in place to sign off the pay point progression assessment.

Where one or more of the criteria are not achieved in any year, the managerial dentist/medical director, or designated person, will have the discretion to decide where appropriate, for instance because of personal illness, that the dentist should nonetheless be regarded as having met the criteria for that year.

Progression through gateways

10.5 Gateways occur at point 3 of band A and point 9 of band B.

10.6 Progression through these gateways will depend upon a dentist having:

- demonstrated achievement of the band-specific competencies using agreed evidence
- made every reasonable effort to meet the time and service commitments of their job plan and participated in the annual job plan review
- participated satisfactorily in the annual appraisal process
- met the personal objectives in their job plan, or where this has not been achieved for reasons beyond the dentist's control, made every reasonable effort to do so
- worked towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives.

When a dentist has successfully demonstrated that they have complied with the criteria to pass through a gateway, this should be signed off by a clinical manager. The managerial dentist/medical director will have the responsibility for ensuring processes are in place to sign off a gateway assessment and for ensuring accurate payment.

Progression

10.8 Dentists will continue to undertake annual appraisal and job plan review.

The normal requirements for pay point progression set out in paragraph 10.6 above will need to be satisfied annually between the gateway and the top of the band.

10.9 Dentists should not be penalised if any element of the competency framework has not been met for reasons beyond their control. Therefore, if the dentist has been prevented by any action or inaction on the part of the employer from satisfying any element of the competency framework, they will not be prevented from moving to the next pay point on the salary scale.

10.10 Employers and dentists will be expected to identify problems affecting the likelihood of meeting objectives as they emerge, rather than wait until the appraisal and job plan review.

10.11 Employers are responsible for providing assistance or support for setting reasonable targets for achievement. Performance must be reviewed should competence levels lapse or where the rate of progress fails to meet reasonable targets.

10.12 If, at appraisal, both the employer and the dentist agree that the criteria required for pay progression have not been achieved but may be reached within the subsequent three months, an interim target date may be set. This date should be set for a further three months.

10.13 If at this point the required competencies and criteria have been achieved, then pay progression should be awarded from that date. The annual appraisal cycle and pay review point should be reset from this date.

10.14 If the required criteria and competencies are not achieved, then the dentist will be required to demonstrate these by the next annual appraisal. This will be 12 months from the extended appraisal cycle. Salary progression will not be authorised until the successful completion of the appraisal and job planning process.

10.15 This process is in addition to any structures for the management of poor performance which can be employed at any time. In these circumstances the employer's performance and disciplinary procedure and support arrangements should be followed. These should be supported by the principles of current national agreements on professional standards in dentistry.

Sections 10.16 to 10.21 cover 'extended competency points' which reward higher levels of skill.

Mediation and appeals

10.22 Where a dentist disputes a decision that he or she has not met the required criteria for pay progression, the mediation and appeal procedure set out in schedule 6 of these terms and conditions of service should be followed.

Schedule 6 – Mediation and Appeals

(Please note, where reference is made to external panel members and the SHA, we understand that responsibility is delegated to local level. This is subject to confirmation.)

6.1 Where it has not been possible to agree a job plan or a dentist disputes a decision that he or she has not met, the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

6.2 It is recognised that disputes may arise in relation to other aspects of a dentist's employment. In these circumstances, locally agreed policies and procedures will apply.

Local mediation

6.3 The dentist may refer the matter to the medical director, or to a locally agreed designated other person (subject to local arrangements). Where a dentist is employed by more than one NHS organisation, a designated employer will take the lead. The purpose of the referral will be to reach agreement if at all possible. The process will be that:

- The dentist makes the referral within ten working days of the disagreement arising.
- The dentist will set out the nature of the disagreement and his or her position or view on the matter. This should be provided in writing and normally within 15 days of the referral being submitted.
- The responsible NHS organisation will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received.
- The medical director or appropriate other person will convene a meeting, normally within 20 working days of receipt of the referral, with the dentist and the responsible clinical manager to discuss the disagreement and to hear their views.
- If agreement is not reached at this meeting, then the medical director or appropriate other person will decide the matter (in the case of a decision on the job plan) or make a recommendation to the chief executive (in the case of a decision on whether the criteria for pay progression have been met) and inform the dentist and the responsible clinical manager of that decision or recommendation in writing within five working days.

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- In the case of a dispute on whether the criteria for pay progression have been met, the chief executive will inform the dentist, the medical director and the responsible clinical manager of his or her decision in writing.
- If the dentist is not satisfied with the outcome, he or she may lodge a formal appeal.

Formal appeal

6.4 A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process.

6.5 An appeal shall be lodged with the chief executive within ten working days after the outcome of the mediation process is known. The appeal will set out the points in dispute and the reasons for the appeal. The chief executive will, on receipt of a written appeal, convene an appeal panel to meet within 20 working days.

6.6 The membership of the panel will be:

- a chair, being a non-executive director of the employing organisation
- a second panel member nominated by the appellant dentist, preferably from within the grade either from the same trust or another trust
- an executive director from within the employing organisation.
- no member of the panel should have previously been involved in the dispute.

6.7 The parties to the dispute will submit their written statements of the case to the appeal panel and to the other party no less than five working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements, neither party shall introduce new (previously undisclosed) written information to the panel. A representative from the employing organisation will present its case first.

6.8 The dentist may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted. Where the dentist, the employer or the panel requires it, the appeal panel may hear expert advice on matters specific to a speciality. It is expected that the appeal hearing will last no more than one day.

6.9 As this is an internal process the panel will make a recommendation to the board of the employing organisation. The recommendation of the panel shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing. The Salaried Primary Dental Care Services (England) Terms and Conditions of Service 16 recommendation of the panel shall be implemented in full as soon as reasonably practicable following board approval. The decision of the appeal board is final.

6.10 No disputed element of the job plan will be implemented unless and until it is confirmed by the outcome of the appeals process and where appropriate a revised job plan is issued. Any decision that affects the salary or pay of the dentist will have effect from the date on which the dentist referred the matter to mediation or from the time he or she would otherwise have received a change in salary, if earlier.