**University Hospitals Plymouth NHS Trust Yearly Checklist**

Employee to answer the below questions before the ‘Anniversary Appraisal’ and pass to your line manager/appraiser at the start of the appraisal meeting. If completing electronically, email the form to your line manager/appraiser in advance. If there are any follow up actions required, your line manager will arrange a separate meeting outside of the appraisal meeting.

|  |  |
| --- | --- |
| **Date of completion of Yearly Checklist:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s name:** |  | **Line managers name:** |  |
| **Employee’s Job title:** |  | **Department/ Service Line:** |  |

*Please tick/select as appropriate (if completing electronically, click the box to select your answer)*

**1. Review of job description**

**Are any amendments needed?** Yes  No

*If amendments are significant, it may be appropriate to agree the job*

*description prior to appraisal.*

*Where 75% or more of the job description has changed the post will have to*

*complete the job matching process in accordance with Agenda for Change.*

**2. Employer’s duty to make adjustments – Equality Act 2010**

**Does the employee wish the manager to consider any adjustments**

**to their job or work premises?** Yes  No

*If yes, please notify your People Advisor* [plh-tr.peopleadvisoryteam@nhs.net](mailto:plh-tr.peopleadvisoryteam@nhs.net) *or Occupational Health.*

**3. Personal circumstances**

**Are there any changes to health and personal circumstances since**

**the last yearly review which the employee wishes to discuss with**

**their line manager?**  Yes  No

**Do you have a conflict of interest declaration to declare**

**for this year?** *If yes, please access your ESR account and update*   Yes  No

*(*[*Click here*](http://staffnet.plymouth.nhs.uk/Staff/Conflictofinterestdeclaration.aspx) *for Instructions on StaffNet).*

**Have you completed a secondary employment declaration form?** Yes  No

*(If applicable)*

***\*\*\*\*\*Please note this includes NHSP/Agency work\*\*\*\*\****

Form available from the Document Library or click below:

[G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Secondary Employment Policy](file:///G:/DocumentLibrary/UHPT%20Trust%20Documents/Human%20Resources)

**4. Professional registration**

*(If applicable)*

**Is your professional registration up to date?**  Yes  No

**(For nursing staff) Is this your year of revalidation?** Yes  No

**5. Review of competency for the role**

*Please tick/select as appropriate (if completing electronically, click the box to select your answer)*

Up to date mandatory training Aware of Key Policies for area

Job description available & current Annual Driving licence update check

*(if appropriate)*

Attends & contributes to team meetings Has regular Line Management

supervision

Competency pack completed and filed Essential training identified for role

*(If appropriate)*

Relevant Medical Devices Training completed Has regular safeguarding supervision

and recorded *(if appropriate)* *(if appropriate)*

Attends relevant CPD events  Has regular Caseload Management

*(if appropriate)* (if appropriate)

Has regular Practice Supervision

(if appropriate)

All clinical staff have successfully completed

yearly ANTT competency assessment

*(if appropriate)*

***Additional information***

## **Health, Safety and Wellbeing at Work**

*Please tick/select as appropriate (if completing electronically, click the box to select your answer)*

|  |  |  |
| --- | --- | --- |
| **Question to individual** |  | **Action Plan** |
| Are there any issues you would like to discuss around your working relationships with your manager colleagues or others? | YesNo |  |
| Do you feel that stress at work, has been a concern during the period since your last yearly checklist? | YesNo |  |
| Do you feel that stress at home or other personal factors have been a concern during the period since your last yearly checklist? | YesNo |  |
| Have you had any concerns regarding physical violence or verbal abuse since your last yearly checklist? | YesNo |  |
| Are you involved in manual handling? If yes do you have any concerns? | YesNo |  |
| Are you required to undertake night duties? If yes do you have any concerns? | YesNo |  |
| Do you use latex gloves or other equipment containing latex? | YesNo |  |
| Have you completed a staff accident or incident form since your last yearly checklist? e.g. for a needle stick injury. If yes, was appropriate action taken in response? | YesNo |  |
| Do you use Display Screen Equipment (DSE) as an essential part of your job? | YesNo |  |
| Have you had any other concerns relating to your health or health & safety since your last yearly checklist or are there any other factors relevant to your wellbeing you would like to discuss? | YesNo |  |
| Are you working in line with, current Trust policies and procedures for the prevention and control of infection? | YesNo |  |

[Other useful ‘My Appraisal’ documents available on StaffNet – click here](http://staffnet.plymouth.nhs.uk/LearningDevelopment/AppraisalDocumentation.aspx)

Line Manager: Keep a copy of the checklist locally/electronically on the employees’ file.