

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:	
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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 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 ([Click here](#) for Instructions on StaffNet).* Yes No

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>

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
(if appropriate)

Essential training identified for role

Relevant Medical Devices Training completed
and recorded *(if appropriate)*

Has regular safeguarding supervision
(if appropriate)

Attends relevant CPD events
(if appropriate)

Has regular Caseload Management
(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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you feel that stress at work, has been a concern during the period since your last yearly checklist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you feel that stress at home or other personal factors have been a concern during the period since your last yearly checklist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had any concerns regarding physical violence or verbal abuse since your last yearly checklist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you involved in manual handling? If yes do you have any concerns?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you required to undertake night duties? If yes do you have any concerns?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you use latex gloves or other equipment containing latex?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you use Display Screen Equipment (DSE) as an essential part of your job?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you working in line with, current Trust policies and procedures for the prevention and control of infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

[Other useful 'My Appraisal' documents available on StaffNet – click here](#)

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