

APPRAISAL POLICY

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This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
17 Dec 13	3.1		Executive Director for Nursing & Workforce	Ratified at	Partnership Forum
7 Jan 14	3.1		Executive Director for Nursing & Workforce	Ratified at	Policy Management Group
16 Jan 14	3.1		Executive Director for Nursing & Workforce	Ratified at	Mandatory Training Group
27 Jan 14	4	27 Jan 14	Executive Director for Nursing & Workforce	Approved at	Trust Executive Committee
Nov 2016	4.1		Executive Director of Finance and Human Resources	Policy reviewed	
06 Dec 2016	4.1		Executive Director of Finance and Human Resources	Ratified at	Partnership Forum
14 Mar 2017	5.0	14 Mar 17	Executive Director of Finance and Human Resources	Approved at	Corporate Governance & Risk Sub-Committee
March 2019	5.1		Executive Director of Human Resources and Organisational Development	Change of Logo, A4C pay progression information. Reporting system	
June 2019	5.1		Director of HR/OD	Consultation	HR/OD Sub committee
2 July 2019	5.1		Director of HR&OD	Endorsed at	Partnership Forum
9 July 19	6.0	9 th July 2019	Director of HR&OD	Approved subject to some minor amendments (completed)	Policy Management Sub-Committee
29 Jan 2021	6.0	9 th July 2019	Director of HR&OD	12 month blanket policy extension due to covid 19 applied with author review date six months prior to Valid to Date.	Quality and Performance Committee
27 April 2021	6.0	9 th July 2019	Director of People and Organisation Development	Extended policy uploaded and linked back	Corporate Governance
17 April 2022	6.0		Director of People and Organisation Development	Policy extended to allow review	Corporate Governance
December 2023	6.0		Director of People and Organisational Development	Policy renewed; no changes needed	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

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1 Executive Summary

This policy outlines the Isle of Wight NHS Trust annual appraisal process and describes how the appraisal review is conducted to align individual goals to those of the organisation. Individual performance is measured against set objectives. Objectives and personal development plans are reviewed from the previous year and for the forthcoming year. The importance and emphasis on the quality of appraisal is an organisational priority which will ensure that all staff feel supported, valued and are working in alignment with the Trust's vision, values and expected behaviours.

Following amendments to the NHS Terms and conditions of service 2018, this policy outlines how personal objectives will directly link to pay progression.

"My appraisal was a positive experience. Not rushed, I was listened to, plenty of preparation time"
(Anonymous staff member 2018)

2 Introduction

It is essential that the workforce is clear about its contribution to the performance of the organisation as a whole. To support this, the Trust has a procedure for annual staff appraisal (those staff employed under Agenda for Change NHS terms and conditions only).

The organisation is committed to;

- Ensuring that all staff have an opportunity for an open, honest and positive two-way discussion with their manager about their role on an annual basis.
- Establishing an ongoing cycle of performance review with an agreed set of priorities and objectives for their work, including the knowledge and skills needed to perform the role as well as values and behaviours.
- Supporting individuals so that they can contribute fully towards the organisation's vision, its objectives and local delivery plans.
- Recording appraisals in the Electronic Staff Record (ESR) system and monitoring compliance monthly through board reporting and performance review.
- Appraisal is an essential mechanism for supporting staff and ensuring that they are demonstrating and/or developing the level of competence required to fulfil the role in which they are employed. An appraisal is a two-way discussion between the line manager/supervisor and the individual staff member. The appraisal meeting should be conducted confidentially, fairly and objectively, following the procedure outlined in this policy and using the Trust's appraisal documentation.
- The NHS Management and Health Service Quality report, from Michael West et al (2011), found that good management of NHS staff leads to higher quality of care. It states that:

"The proportion of staff receiving well-structured appraisals is related to patient satisfaction, patient mortality, staff absenteeism and turnover, and better performance on the Annual Health Check... By giving staff clear direction, good support and treating them fairly and supportively, leaders create cultures of engagement, where dedicated NHS staff in turn can give of their best in caring for patients."

From April 2019, appraisal for new starters will be linked to pay progression. This means that for appraisal reviews held from April 2019 progression of pay for that year will be dependent on objectives being met. Changes for all other staff will commence from April 2021. The new pay progression system will ensure that all staff receive the help and support needed to gain the appropriate knowledge and skills they need to carry out their roles. Full details of the

nationally agreed arrangements can be found in the NHS Terms and Conditions of Service Handbook Annex 23 pay progression England (available online). Local guidance is available from the Human Resources department.

Staff will progress to their next pay-step point in their pay band where the following can be demonstrated:

- A completed individual appraisal process that is in line with the organisation's standards and no formal capability process is in place.
- No formal disciplinary action is live on the staff member's record.
- All statutory and mandatory training is at least 85% complete.
- Any local standards, as agreed through partnership working, have been met.
- For line managers only – all appraisals for their staff must be complete.

3 Definitions

- 3.1. ESR - Electronic Staff Record
- 3.2. A4C - Agenda for Change
- 3.3. PDP - Personal Development Plan

4 Scope

This policy applies to all permanent and temporary (including fixed term contract and Agency staff), employees of the Isle of Wight NHS Trust who are employed under Agenda for Change terms and conditions. The revalidation of Nursing and Midwifery Staff is covered in the appraisal paperwork. There is a separate Revalidation Policy (2016).

This policy does not apply to individuals engaged under a Bank Worker agreement or a contract for services. Medical staff are covered by a separate agreement and should refer to the Doctor's Appraisal Policy (supporting the revalidation of doctors). It does not apply to Dentists who have to evidence appraisal to the General Dental Council.

The Trust is not responsible for conducting appraisals for Junior Doctors as separate arrangements are in place via the Deanery (Health Education Wessex).

5 Purpose

The purpose of this policy is to ensure that all staff participates in an annual appraisal; it identifies the different stages of the appraisal review and clarifies the responsibilities of individuals and line managers within the process

6 Roles and Responsibilities

6.1. Trust Board

The Trust Board is responsible for ensuring that regular appraisals are part of the Trust's culture and monitoring compliance through monthly board reporting.

6.2. Clinical divisions and corporate directorate management teams

All senior management teams are responsible for ensuring that their staff receive an annual appraisal and carry out timely appraisals appropriately.

6.3. Line manager/Appraiser

All line managers have responsibility for;

- Carrying out an annual appraisal for all their staff, for ensuring that their staff are appropriately trained, and that appraisals are monitored and reported.

- Arranging a pre-appraisal review no later than 3 months prior to the next appraisal meeting to ensure objectives and personal development plans are on target. This may only need to be a short 10 minute discussion.
- Ensuring that the appraisee completes the agreed pre-appraisal document pages, agreed by both the appraiser and appraisee. The appraisal may not continue if the paperwork is not provided, and will be at the line manager's discretion.
- Evidencing examples in support of the discussion relating to the individuals achievement of objectives.
- Discussing personal development, taking into account short/medium and long term plans which may be used to inform succession planning.
- Ensuring that the appraisal paperwork is completed and signed (by the appraisee, appraiser and next in line manager) within one month of completion of the appraisal to ensure that the appraisee is able to progress with set objectives and personal development. If the appraisee does not agree with the content of the final appraisal document, this should be escalated to the next in line manager. If agreement still cannot be reached, the appraisee should refer to the Grievance Policy and Procedure.
- Ensuring that appraisals are planned a minimum of 6 weeks prior to the appraisee's next increment date to ensure an individual is able to demonstrate the requirements of the NHS progression framework (AFC 2018) and progresses to the new pay increment via ESR or change form. If this date falls outside of the preferred appraisal period of the 1st April – 30th June, ensure that an objective review meeting has taken place prior to the increment date to ensure objectives are on target to be met within the time scale documented.
- Ensuring that appraisals are recorded on ESR when completed by e-mailing the Appraisal inbox to record completion on day of appraisal.

6.4. Appraisee's are responsible for;

- Completing the objectives and personal development plan during the year, liaising with their line manager if there are any in-year changes or issues that may prevent successful outcomes.
- Ensuring they have a pre-appraisal review scheduled with their line manager/appraiser no later than 3 months before the next appraisal review is due this may only need to take the form of a 10 minute discussion.
- Ensuring that they complete in full the agreed pre-appraisal document pages prior to the appraisal discussion. Failure to do so will result in the appraisal discussion being postponed until this has been completed and pay progression may be affected.
- Participating in the appraisal process. Ensuring that they have prepared and given consideration to the evidence to demonstrate their achievement of objectives and their development needs for their personal development plan.

6.5 Human Resources and Education, Training & Development Departments

6.5.1 The Human Resources Team are responsible for providing advice and guidance on pay progression and appeals process

6.5.2 The Education, Training and Development Department are responsible for advice and guidance on conducting and recording of appraisals

6.5.3 The Leadership team are responsible for appraiser training, annual documentation review and appraisal policy review.

7 Policy detail/Course of Action

7.1 Appraisal Objective setting Cycle

- 7.1.1 The Trust expects that each individual, including those on fixed term contracts, will have an annual appraisal between the 1st April and the 30th June in a cascade approach from Executive level, to coincide with the corporate planning timetable. A new employee will commence the annual cycle by having an appraisal within the first 2 months of their employment, and another at the beginning of the next financial year (between April and June). The appraisal compliance reporting year will be from 1st April to the 31st March, therefore all departments will commence with 0% compliance on the 1st April 2019 and each year thereafter, with the aim to be a minimum of 95% compliant by the 1st July.
- 7.1.2 The annual appraisal supports good management practice of discussions about performance and development which should take place throughout the year, in for example 1 to 1 meetings. This is mandatory if an individual's performance is being monitored.
- 7.1.3 Objectives should be monitored regularly throughout the year to evidence progress, ensure that objectives are still appropriate and to support the individual's achievement.
- 7.1.4 A review meeting should be arranged no later than 3 months before the next appraisal date is due, this may only need to take the form of a 10 minute discussion.

7.2 Frequency

- 7.2.1 Permanent staff - An appraisal must be conducted annually.
- 7.2.2 Staff engaged on a Fixed Term contract-
 - For contracts that are less than one year, objectives should be set and monitored for the period of the contract, using standard Trust appraisal documentation.
 - For contracts that are for 1 year or more, the appraisal cycle should be followed in line with an annual appraisal to include objectives and personal development plans, using standard Trust appraisal documentation.

7.3 Preparation and Planning for Appraisal

- 7.3.1 Guidance notes and paperwork are available in the Learning Zone of the Intranet including the information leaflet 'Making the Appraisal Meeting Work – Avoiding the Tick Box Exercise' and the Corporate annual checklist by following the below link. <http://www.iow.nhs.uk/Working-With-Us/learning-zone/appraisal.htm>
- 7.3.2 The appraisal process requires the appraisee to complete the agreed pre-appraisal document pages and review of their previous year's objectives and PDP. The appraisal will only take place on submission of the reflective agreed pre-appraisal work pages being completed in full. If the pack is not completed the appraisal meeting should be rescheduled unless there is mitigation.
- 7.3.3 The following staff are required to submit a declaration of interest form on an annual basis as a minimum, initially on appointment, and then to coincide with their annual appraisal using the form available linked to the appraisal page on the Intranet. This must be countersigned by the relevant line manager to indicate that they have discussed this with the staff member in question and have taken the necessary steps to mitigate any associated risks. Once completed a form should be retained by the staff member, the manager and a copy forwarded to the Corporate Governance Department.
- 7.3.4 All Board Members including Non-Executive Directors.
- 7.3.5 All staff holding posts at band 8d or above or for those staff not subject to agenda for change terms and conditions who are paid an annual pro rata salary of £30,000 or above. This is in line with the Standards of Business Conduct Policy.
- 7.3.6 At manager's discretion for all other staff as deemed appropriate.

7.4 Personal Development Plans (PDP)

- 7.4.1 The personal development plan (PDP) is a critical element of the organisation's appraisal scheme. The PDP is a record of the development a member of staff is required to undertake. There must be commitment from both the manager and employee to making all reasonable efforts to meet the developmental goals for the year ahead.
- 7.4.2 Managers must check the individual's mandatory training compliance to ensure that all mandatory training is either completed or booked prior to any other education or training activities being arranged. All appraisees must demonstrate mandatory training compliance of above 85%.
- 7.4.3 Completion of 85-100% mandatory training will form the appraisee's first objective.

7.5 Newly Appointed or Promoted Staff

When staff take up a post, line managers should conduct a discussion which will include objective setting within the first two months. A full appraisal should then take place according to the appraisal cycle in the normal way. Refer to 7.2.2 above if staff are engaged on a fixed term contract.

7.6 Outcome and Documentation

The key outcomes from the appraisal should be:

- Completion of the agreed pre-appraisal document pages.
- Recognition of past successes and challenges
- Review of the previous year's objectives and personal development plan
- Review of the job description
- Discussion and assessment of values and behaviours.
- SMART (Specific, Measurable, Achievable, Realistic and Time bound) objectives set for the forthcoming year.
- Objectives should clearly link with the Trust's strategic goals and Improvement plans.
- The personal development plan is discussed and agreed for the forthcoming year.
- The documentation must be completed in full and signed by the appraiser and appraisee to agree the objectives and personal development plan. The next line of management must also sign the appraisal documentation which should be returned to the appraisee within one month of completion of the appraisal to ensure that the appraisee is able to progress with set objectives and personal development. If the appraisee does not agree with the content of the final appraisal document, this should be escalated to the next in line manager. If agreement still cannot be reached, the appraisee should refer to the Grievance Policy and Procedure.

7.7 Assessing the achievement of Objectives

"I feel my appraisal was constructive, the appraiser helped to guide objectives/PDP"
(Anonymous staff member 2018)

- 7.7.1 From April 2019, to qualify for incremental progression, all new starters will need to evidence that they have successfully achieved their previous year's objectives in their annual appraisal review. All other staff will commence the incremental progression process from 2021. It is expected that all staff will successfully achieve their objectives and will progress on their next increment anniversary. Where individuals do not successfully achieve their objectives, incremental progression may not take place.
- 7.7.2 The NHS terms and Conditions of Service handbook clearly states that, performance issues should be addressed prior to the appraisal review and where appropriate an action plan put into place to further support individuals to achieve their objectives.

- 7.7.3 Where performance issues are identified, the Capability Policy should be referred to. Incremental progression cannot be deferred if the individual has not been previously told of performance issues and had an opportunity to address them; the appraiser should review the objectives at this point with the individual and agree a timeframe for review, stating explicitly what improvements are required in order to achieve the objectives.
- 7.7.4 Pay progression through the last two incremental points in pay bands 8C, 8D and 9, are annually earned. Post holders must be able to evidence that they are meeting the requirements of the post to retain these increments. Where they are not meeting the requirements they will revert back to the previous pay point.
- 7.7.5 Should an increment be deferred, the line manager must inform the HR department.
- 7.7.6 This applies to all staff employed under Agenda for Change terms and conditions.

For further guidance see NHS terms and Conditions Handbook 2018 available online.

7.8 Mitigating circumstances and special arrangements

Appraisers should be aware of mitigating circumstances and discuss these at review.

Examples of mitigating circumstances include:

- Where activity outside the department has had an impact on the ability to deliver the objective
- Where individuals are unable to meet their objectives due to circumstances beyond their control, e.g. change in Trust priorities or policy, change in national policy.
- Temporary (short term or medium term) unforeseen, but significant, changes to the individual's job role.
- If the mitigating circumstances are disputed, appraisers should seek advice from their HR Officer in the first instance.

7.9 Absence

- 7.9.1 Where a long term absence is foreseeable, it is expected that the appraiser and the appraisee agree to conduct the appraisal review before the leave commences (if the absence will be during the appraisal cycle). Therefore, provided the objectives have been achieved or are on target to be achieved, the individual will progress incrementally.
- 7.9.2 If an individual is off for up to 12 months (e.g. maternity/adoption leave), the increment will be granted based on previous year's performance against objectives up to the point where the absence commenced.
- 7.9.3 Where there is an unplanned long term absence, the appraiser will assess the appraisee's performance and progress in achieving the objectives up to the point of absence commencing. If the appraiser is satisfied that at the point of absence commencing the individual was meeting the requirements, they will progress. If they have not been performing satisfactorily, incremental progression may be deferred, however this must have been clearly documented with evidence.

7.10 Appeals

- 7.10.1 Should assessment of the previous year's objective and PDP conclude that achievement was 'not met', pay progression will not take place and the appraisee will remain on their current A4C pay point.
- 7.10.2 If pay progression is deferred, the appraisee will be advised of their right to appeal the decision. In this circumstance this will be managed in line with the Trust's Grievance Policy and Procedure. The appraisee should submit the grievance form to the next level of management.
- 7.10.3 Should the pay increment be due during the period of the grievance being resolved, the increment will be withheld. If the grievance outcome results in the decision being overturned, any back pay due will be paid.

8 Consultation

Revised versions of the policy will be consulted with the HR & OD Committee, Mandatory Training Group, Partnership Forum and the Policy Management Group Sub-committee.

9 Training

This policy does not have a mandatory training requirement but it is highly recommended that Appraisers attend the 'Appraisal Skills' course which is scheduled by the Education, Training and Development department. Courses are held throughout the year and advertised on the Intranet, via e-bulletin and other communications. Attendance at these training sessions is recorded

10 Monitoring Compliance and Effectiveness

- 10.1. Completion of appraisals will be monitored through data collated on the Electronic Staff Record (ESR) which must be completed by the head of department.
- 10.2. The Education, Training and Development department will summarise this data through compliance reports alongside mandatory training compliance.

"It was a positive experience and I received encouraging feedback."
(Anonymous staff member 2018)

11 Links to other Organisational Documents

- NHS Employers (2018) Equality Impact Assessment – Pay Progression
- Job Evaluation Protocol
- Capability Policy
- Disciplinary and Dismissal Policy
- Grievance Policy and Procedure
- NHS terms and conditions of service handbook 2018
- NHS staff council Framework agreement on the reform of Agenda for Change 27th June 2018. NHS Employers (available on line)
- NHS Knowledge and Skills Framework
- Health Education Wessex Preceptorship Programme
- Nursing and Midwifery Revalidation Policy (2016)
- Doctor's Appraisal (and supporting revalidation) policy
- Standards of Business Conduct Policy (2019)
- Link to all appraisal documents;

<http://www.iow.nhs.uk/Working-With-Us/learning-zone/appraisal.htm>

12 References

West et al (2011). NHS staff management & health Service quality; Results from the NHS survey and related documents. Department of Health & Social Care.

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equality Impact Assessment (EIA) Screening Tool

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Appraisal Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	Already covered in present staffing resources and roles		
Training Staff	Training offered from ETD already covered in staffing resource. Attendance at training is included in ward and department staffing budgets		
Equipment & Provision of resources	Already covered in present staffing resources and roles		

Summary of Impact: None

Risk Management Issues: non-attendance at training for appraisers will constitute a risk

Benefits / Savings to the organisation: Improvement in staff understanding of the appraisal purpose, process and how individual objectives link to department and organisational objectives. Improved Culture in organisation as a quality appraisal process is linked to staff satisfaction and patient safety

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? No

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	0		
Totals:	0		

Staff Training Impact	Recurring £	Non-Recurring £
Training resource is covered in present roles		
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0

Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix B



Document Title:	Appraisal Policy
Purpose of document	To inform the annual staff appraisal process which will enable to staff to assist in the completion of Strategic organisational objectives and improvement of organisational culture as staff should feel more valued if they have a robust appraisal system.
Target Audience	<i>All Trust staff</i>
Person or Committee undertaken the Equality Impact Assessment	<i>L. Moody</i>

Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required

		Positive Impact	Negative Impact	Reasons
Gender	Men	yes		<i>Negative impact for all staff will be if their needs are not taken into account.</i>
	Women	yes		
Race	Asian or Asian British People	yes		
	Black or Black British People	yes		
	Chinese people	yes		
	People of Mixed Race	yes		

	White people (including Irish people)	yes		
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues. (Please note these or any other disability will need to be taken into account to enable the person to have a fair and equitable appraisal)	yes		
Sexual Orientation	Transgender	yes		
	Lesbian, Gay men and bisexual	yes		
Age	Children	no		
	Older People (60+)	yes		
	Younger People (17 to 25 yrs.)	yes		
Faith Group		<i>all</i>		
Pregnancy & Maternity		<i>If working</i>		
Equal Opportunities and/or improved relations		yes		

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi

people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)		n/a	n/a
Intended		n/a	n/a

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
n/a	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
n/a	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
n/a	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	L. Moody
Date Initial Screening completed	20/09/2018