



# Performance Development Review (Appraisal) Policy

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Policy author/ lead	Jennie Wilson, Mandatory Training Lead
Feedback on implementation to	Jennie Wilson

Document type	Policy
Document status	Final Version
Date of initial draft	January 2017
Date of consultation	December 2016 – April 2017
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Date of ratification	13 <sup>th</sup> April 2017
Ratified by	Executive Directors' Group
Date of issue	24 <sup>th</sup> April 2017
Date for review	April 2020 (see below*)

Target audience	All Trust employees and the Trust Board (excluding Medical staff)
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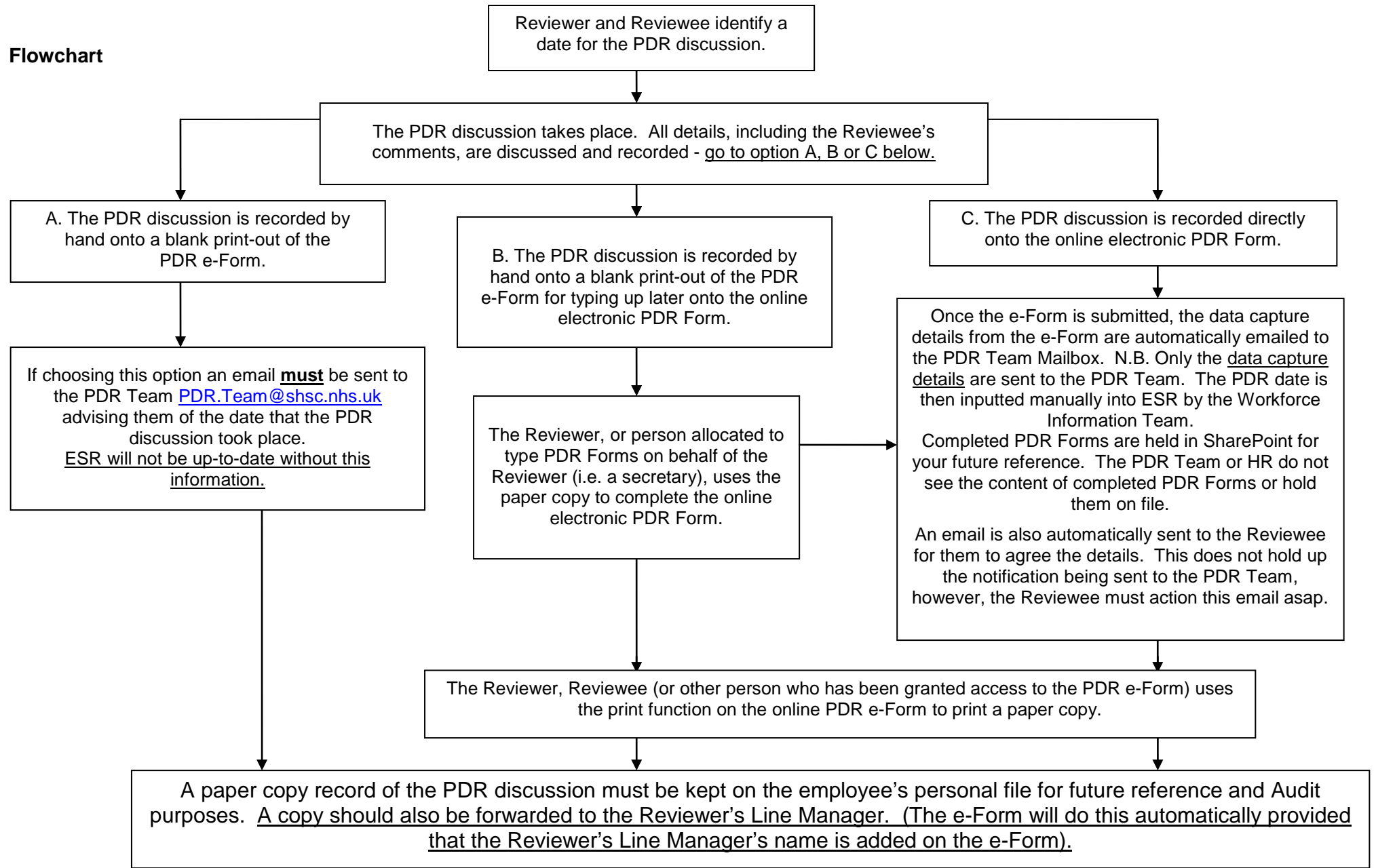
Keywords	PDR, Review, Focal Point Window, Reviewer, Reviewee
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<p><b>Policy Version and advice on document history, availability and storage</b></p> <p>Version 5</p> <p>This policy updates Version 4 of the Performance Development Review Policy which was last updated in 2014.</p> <p>This policy is stored and available through the SHSC intranet.</p> <p>Please see Appendices A and E regarding minor updates that were ratified in April 2017.</p> <p>* interim updates may be required on an annual basis.</p>
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**Flowchart**



N.B. OPTION A - This method of recording the PDR discussion is still available. However, OPTIONS B and C are preferred as these ensure automatic notification to the PDR Team. If you choose OPTION A then you **must** notify the PDR Team - [PDR.Team@shsc.nhs.uk](mailto:PDR.Team@shsc.nhs.uk).

## 1. Introduction

Effective 'Performance and Development Review' (PDR) means that an individual's performance is measured regularly, fairly and equally in relation to the demands of their job role and allows all employees to contribute effectively to the overall success of the Trust. All employees need appropriate support to help them to be successful in their job.

Employees have the right to expect:

- regular communication and feedback from their manager
- a clear idea of what performance is expected
- access to learning and development relevant to the Trust's business objectives and their roles and responsibilities

Although goals and objectives are cascaded from the top of the Trust/organisation, the Performance Management Process is a two way process, with feedback from employees shaping their future goals, objectives, learning and support.

Every member of staff is required to participate in an individual Performance and Development Review and have a personal development plan related to the Trust's business objectives. The Mandatory Training Policy describes the Trust's principles for education, training and development and should be read in conjunction with this policy. Decisions about access to learning opportunities must be in line with the Trust's Study and Study Leave Policy and will be recorded, be open to scrutiny, and be monitored for equality purposes.

## 2. Scope

This policy applies to all Trust staff except medical staff, who follow the review guidelines determined by the GMC revalidation process, and Executive Directors who have separate PDR arrangements. This policy may also apply to staff based at SHSC where SHSC has agreed to take on line management responsibilities.

## 3. Definitions

PDR	The Performance Development Review is an annual assessment of an employee's performance. The PDR is an opportunity to take an overall view of work content, loads and volumes, to look back on what has been achieved during the past year and agree objectives for the forthcoming year. PDRs should not be viewed in isolation, but as part of effective management of staff.
Reviewee	Employee whose performance is being reviewed.
Reviewer	Individual undertaking the review with the employee, usually the line manager.

Appraisal	The process of agreeing personal objectives and how their achievement can be measured, and then assessing how employees perform against them in the context of the Trust's goals and values.
Agenda for Change	Is the current National Health Service (NHS) grading and pay system for all NHS staff, with the exception of doctors, dentists and some senior managers.
Line Manager	Manager that the employee reports directly to. Person who usually provides supervision and Performance Development Reviews.

#### 4. Purpose

The purpose of the policy is to define the requirements of all employees and the organisation in terms of PDR both as employees, line managers and The Directorates.

#### 5. Duties

**All employees** will take part in an annual individual Performance and Development Review discussion. This review is a partnership process undertaken between an individual member of staff and 'a Reviewer'. The Reviewer will usually be the line manager, however in certain circumstances the role of Reviewer may be delegated to someone else. For example, a ward manager may delegate this to deputy managers, and staff nurses may review support workers.

In all cases PDR Reviewers in this role are required to attend training in the review process and will be recognised in this role by both staff and management.

If any issues have been identified in the individual's work performance or development during the year, these issues should have been addressed at the time they arise; they should not be left until the PDR review meeting. Any disciplinary issues must be dealt with through the normal channels as they arise. The guiding principle of the development review process is 'no surprises'.

The annual PDR review will have the following main purposes:

- Reviewing and updating an individual's Job Description and performance in the previous year; consolidating the previous year's supervision 1 to 1 sessions, previous objectives and ongoing work performance.
- The review period of all PDRs in the Trust will be the preceding year at the time when the PDR is completed.
- Setting Performance objectives for the coming year to support the team/department/ward and related organisational objectives.

- Identifying and agreeing learning needs both for the coming year ensuring firstly that the 'Reviewee' has a training plan for the next 12 months that meets their mandatory training requirements as set out in the Trust's Training Needs Analysis; and in the shorter or longer term a Learning Performance Development Plan related to the Trust's business objectives.

## **Focal Point Window**

- PDR's will take place in the 'Focal Point Window' which is the first 3 months of the financial year - April to June inclusive each year. This links very closely to the Trust business cycle, and should therefore make the identification of objectives easier as they link more closely to those of the Trust.
- All staff who commence with the Trust before the 31<sup>st</sup> December will have their PDR in the next Focal Point Window, and staff who commence between 1<sup>st</sup> January – 31<sup>st</sup> March inclusive will receive their PDR in the Focal Point Window the year after.
- Staff changing roles within the Trust will automatically have a PDR during each 'Focal Point Window'.
- An employee on a Bank Staffing Only contract who then obtains a substantive post will be treated as a member of staff changing roles.
- Interim objectives should be set at 3 months and reviewed at 6 and 9 months.
- Any line manager who believes they will not be able to complete the PDRs for their direct reports within this timescale (April to June) must raise the issue with HR at the earliest opportunity. As a guideline, anyone with more than ten PDRs to complete should contact HR for advice.
- Staff on Maternity Leave, Shared Parental Leave, Adoption Leave, Partner Leave or long term sickness during the whole Focal Point Window period should have their PDR as soon as possible upon their return

## **Incremental Progression**

From the 1<sup>st</sup> July 2015 new arrangements regarding Incremental Progression were introduced.

Undertaking a PDR during the Focal Point Window (April to June) is one of these arrangements. This criteria applies to both the Reviewee and the Reviewer.

- In line with national provisions staff at the top of the scale and on any scale points which are subject to national incremental freezes are not directly affected by these arrangements but these staff are still required to meet standards of conduct/performance and undertake PDRs. This process is based on the flexibilities introduced nationally in respect of employees fulfilling criteria for incremental progression.
- Staff on Maternity Leave, Shared Parental Leave, Adoption Leave, Partner Leave and or long term sickness during the whole of the Focal Point Window and who are

therefore unable to undertake their PDR during this window will not be subject to this criteria and will automatically receive any incremental pay progression due. However their PDR should be completed upon their return to work.

- Any line manager who believes they will not be able to complete the PDRs for their direct reports within this timescale (April to June) must raise the issue with HR at the earliest opportunity. As a guideline, anyone with more than ten PDRs to complete should contact HR for advice.
- A PDR completed in the focal window is only one of the criteria for Incremental Progression; staff also need to be compliant in Mandatory Training subjects required by all Trust staff and new starters requiring the care Certificate will need to complete this in a timely way before their first incremental progression in this role. Staff with a live disciplinary warning will also not be eligible for their Incremental progression.

### **Line Manager Responsibilities:**

**The Trust recognises that Performance Development of staff is a key indicator of management effectiveness and expects all Line Managers to:**

- Establish effective structures for supervision and review, including monthly 1 to 1s, ensuring that as a Reviewer they should not supervise/review more than 10 people.
- Set effective objectives for every person in line with the Trust's business objectives relating to Quality, People and Sustainability and the relevant team goals.
- Line Managers will themselves have an annual objective to undertake an annual PDR of all the individual staff they are assigned to review. This includes reviewing and updating the Job Description of each individual.
- Establish on-going learning as a feature of employment within the Trust by ensuring that every person has a Learning Performance Development Plan that takes a flexible approach to learning and development opportunities for staff, including the use of reflective objectives as a key part of supervision, shadowing others within the Trust to develop new performance skills, e-learning opportunities.

The Reviewer will usually be the line manager, however in certain circumstances the role of Reviewer may be delegated to someone else. For example, a ward manager may delegate this to deputy managers, and staff nurses may review support workers.

### **Individual responsibilities:**

**Everyone has a responsibility for maintaining their own Professional and Personal Performance Development and to measure their own performance against Job Description and objectives as a basis for action and development.**

### **The Trust requires everyone to:**

- Identify where they need further performance development and suggest those areas that seem to be the most important in relation to the Trust's business objectives

- Contribute effectively and actively to the overall success of the Trust by delivering results against their performance objectives.
- Complete the necessary learning opportunities for effective performance of their role;
- Make advanced timely arrangements for managing their workload to identify sufficient time to attend all required mandatory training and other identified key learning development opportunities;
- Draw up their own Performance Development Plan in conjunction with their manager, to progress and maintain knowledge and expertise, and to develop their abilities and skills in the interest of the Trust, the broader NHS values and our service users.
- Individuals should check a PDR has been arranged and ensure details are placed in the appropriate diary or off duty to ensure time is allocated appropriately for the Review

### **Directorate Responsibilities:**

**The Trust recognises that performance development of staff is a key indicator of management effectiveness and expects all Directorates to:**

- Support Line Managers to ensure dedicated time is planned and available for the PDRs to be undertaken within the annual time frame (taking into account the Focal Point Window of 1<sup>st</sup> April to 30<sup>th</sup> June inclusive).
- Ensure all Line Managers have an objective to complete PDR's.
- Ensure a suitable alternative 'Reviewer' is identified in a timely manner when the previous assigned Line Manager is unavailable.

### **Supervision and interim review**

Following the annual Performance Development Review the individual works towards their objectives, and makes progress on their Performance development goals. As they progress, both the individual (primary responsibility), and the manager gather appropriate evidence of both work performed and learning development opportunities completed.

There is a need for continuous monitoring and feedback. This keeps the employee on track, ensuring that they feel supported and that their contribution is valued. Continuous monitoring also allows individual objectives to be updated, in line with changes to the department and/or Trust goals.

During the year, line managers and individuals are required to review progress against objectives and PDRs quarterly, and undertake monthly 1 to 1s for support and supervision, with constructive feedback given on the individual's work and related development. Objectives set at the outset can be changed as necessary throughout the year to remain relevant and up to date



## **6. Process**

Reviewers should arrange the PDR's for the staff assigned to them during the focal window, ensuring details have been entered into the appropriate diaries and off duties and ensure an appropriate room as been allocated for the PDR. Staff who have increment dates at the start of the window should be prioritised, and Reviewers then should follow the flowchart for the recording of the PDR ensuring the information of it's completion is recorded centrally via the PDR team.

## **7. Dissemination, storage and archiving (Control)**

This policy will be posted on the Trust intranet and is applicable to all employees (excluding medical staff).

All employees will be informed of the revised policy. In addition Clinical, Service and Support Directors will be instructed to ensure that all teams and areas are made aware of this new policy and how to apply it as part of the implementation.

## **8. Training and other resource implications**

New Reviewers are required to attend training provided by the Human Resources Directorate, details of which can be found on the Training section of the intranet.

## 9. Audit, monitoring and review

*This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.*

*If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.*

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Monitor PDR completions		PDR implementation group reporting to HR SMT and Workforce and OD Committee	Monthly		PDR implementation group	PDR Implementation group

*Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is February 2020*

## 10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	

## 11. Links to other policies, standards and legislation (associated documents)

- Supervision Policy
- Mandatory Training Policy
- Study and Study Leave Policy
- Trust Training Needs Analysis
- Stress Management at Work Policy
- Equal Opportunities and Dignity at Work Policy
- Capability Policy
- Induction Policy
- Promoting Attendance and Managing Sickness Absence Policy

## 12. Contact details

<i><b>Title</b></i>	<i><b>Name</b></i>	<i><b>Phone</b></i>	<i><b>Email</b></i>
Mandatory Training Lead	Jennie Wilson	01142263110	<a href="mailto:Jennie.Wilson@shsc.nhs.uk">Jennie.Wilson@shsc.nhs.uk</a>
Director of HR	Dean Wilson	01142263990	<a href="mailto:Dean.Wilson@shsc.nhs.uk">Dean.Wilson@shsc.nhs.uk</a>

## 13. References

The NHS Constitution requires organisations to provide staff with clear roles and responsibilities, personal development and line management, to support them to succeed.

An organisation-wide PDR (appraisal process) that focuses on performance and personal development helps deliver this.

## Appendix A – Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
0.1	New draft policy created	July 2015	New policy commissioned by EDG on approval of a Case for Need.
1.0	Ratification and issue	Sept 2015	Amendments made during consultation, prior to ratification.
2.0	Review / ratification / issue	Sept 2016	Early review undertaken to update the policy to in order to comply with new regulatory requirements.
2.1	Review on expiry of policy	June 2019	Committee structure updated
3.0	Review / ratification / issue	August 2019	Full review completed as per schedule
5.0	Minor updates prior to the new focal point window.	April 2017	Verified by Staff Side. Ratified by EDG ahead of PGG.

## Appendix B – Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of “all SHSC staff” email</b>	<b>Any other promotion/ dissemination (include dates)</b>
1.0	July 2007	July 2007	
2.0	January 2009	January 2009	
3.2	April 2013	April 2013	Launch through Policy Governance Group - May 2013
4.0	Aug 2016	Aug 2016	Re-launch of Policy Governance Group
5.0	April 2017	April 2017	EDG 13-04-17 PGG 03-05-17

# Appendix C – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

PDR Policy

**Stage 3 – Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	Yes	Yes Training and resources for PDR process can be adapted to allow staff to fully participate in the process.	
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Jennie Wilson 01/02/2017

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

### 1. Is your policy based on and in line with the current law (including case law) or policy?

**Yes. No further action needed.**

**No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

### 2. On completion of flow diagram – is further action needed?

**No, no further action needed.**

**Yes, go to question 3**

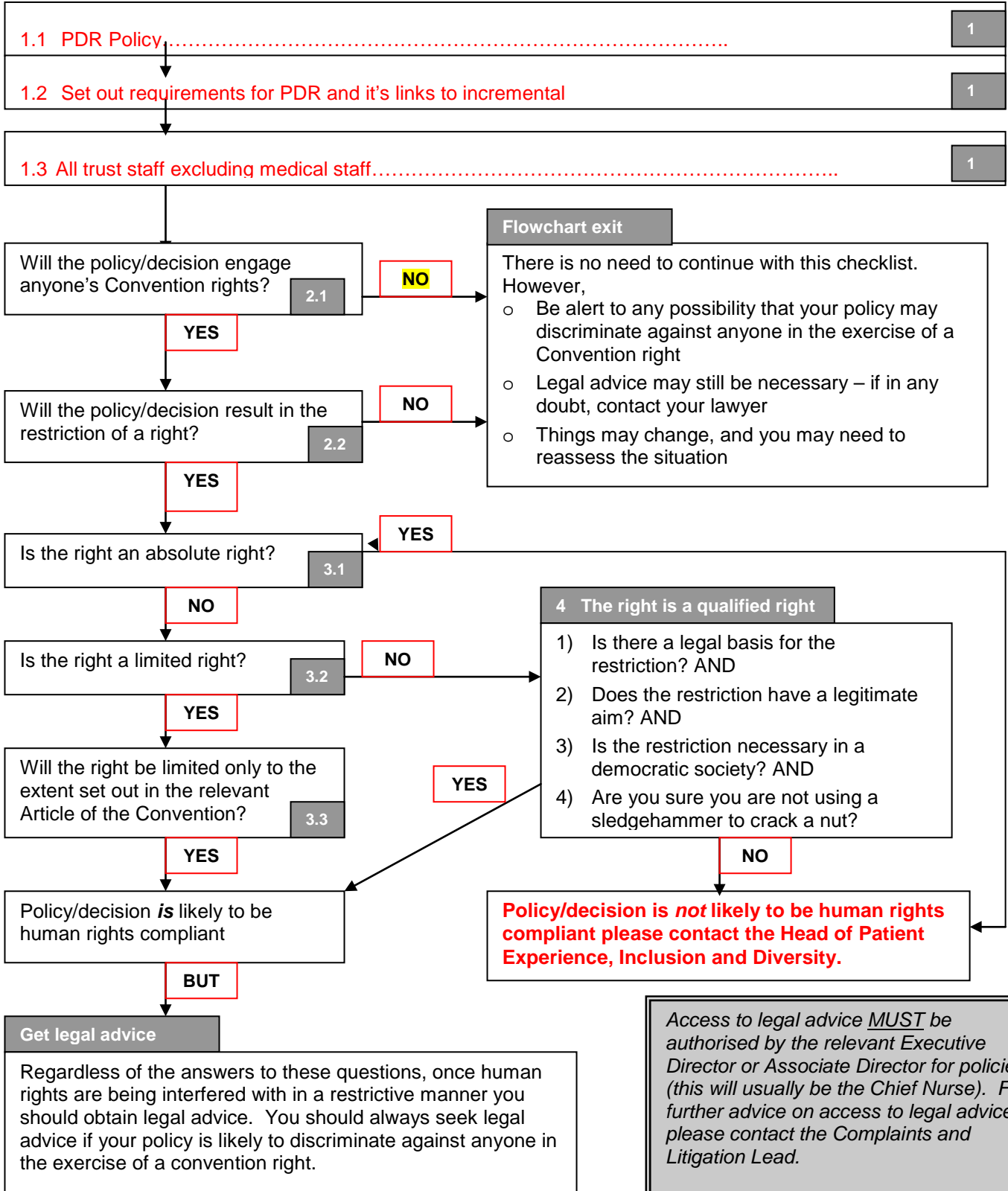
### 3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

**Human Rights Assessment Flow Chart**

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.





## **Appendix E – Development, Consultation and Verification**

This version (V5) was reviewed as per three yearly time frame and in order to transfer it to the appropriate format for policies and updated in order to amend some references in its contents.

*This policy was reviewed between December 2016 – 2017  
Initial draft created January 2017 and reviewed by members of the PDR Implementation Group.*

*This policy was verified by the Joint Policy Group on 22<sup>nd</sup> February 2017 and  
Joint Consultative Forum on 22<sup>nd</sup> March 2017.*

*Ratified by EDG 13-04-17 ahead of the Policy Governance Group due to the imminent Focal Point Window.*

*Received by the Policy Governance Group for information on 3<sup>rd</sup> May 2017.*

## Appendix F –Policies Checklist

***Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).***

### 1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

### 2. Contents page

### 3. Flowchart

### 4. Introduction

### 5. Scope

### 6. Definitions

### 7. Purpose

### 8. Duties

### 9. Process

### 10. Dissemination, storage and archiving (control)

### 11. Training and other resource implications

### 12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

**13. Implementation plan**

**14. Links to other policies (associated documents)**

**15. Contact details**

**16. References**

**17. Version control and amendment log (Appendix A)**

**18. Dissemination Record (Appendix B)**

**19. Equality Impact Assessment Form (Appendix C)**

**20. Human Rights Act Assessment Checklist (Appendix D)**

**21. Policy development and consultation process (Appendix E)**

**22. Policy Checklist (Appendix F)**