

POLICY:

HR 049 - Performance Development Review (Appraisal) Policy

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Policy Owner	Director of People
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Summary of policy

Performance Development Review (Appraisal) policy
All Trust employees and the Trust Board (excluding Medical staff)

Target audience	All Trust staff who have a PDR and all PDR reviewers.
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Keywords	PDR – Performance Development Review also known as Appraisal
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Storage

This is Version 6 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 5 - April 2017.
Any copies of the previous policy held separately should be destroyed and replaced with this version.

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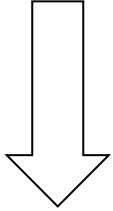
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Version Control and Amendment Log

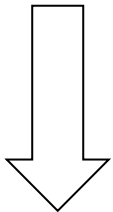
Version Number	Type of Change	Date	Description of Change(s)
0.1	New draft policy created	July 2015	New policy commissioned by EDG on approval of a Case for Need.
1.0	Ratification and issue	Sept 2015	Amendments made during consultation, prior to ratification.
2.0	Review/ratification/issue	Sept 2016	Early 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.
6.0	Review on expiry of policy	Sept 2020	New national process for incremental progressions has been received and the policy updated accordingly.

Flowchart

Reviewer and Reviewee identify a date for the PDR discussion during the focal point window



The PDR discussion takes place. All details, including the Reviewee's comments, are discussed and recorded -Blank PDR form is hosted on the intranet in E-Forms section



email **must** be sent to the PDR Team PDR.Team@shsc.nhs.uk advising them of the date that the PDR discussion took place.
ESR will not be up-to-date without this information.

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. 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.

4. 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.

5. Details and 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 typically 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 31st December will have their PDR in the next Focal Point Window, and staff who commence between 1st January – 31st March inclusive will receive their PDR in the Focal Point Window the year after, if the focal point window is moved then all staff who commenced in post up to 3 months before the window opened will receive their PDR in the focal point window.
- 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 the window 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 Progress

<https://www.nhsemployers.org/tchandbook/annex-21-to-25/annex-23-pay-progression-england>

1. The 2018 framework agreement on the reform of Agenda for Change introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points. This annex describes the agreed pay progression framework which underpins the pay structure and requires a manager/staff submission process to be followed for pay step points to be achieved.

2. This pay progression framework will be underpinned by local appraisal policies that deliver the mandatory annual appraisal process. It is intended to ensure that within each pay band staff have the appropriate knowledge and skills they need to carry out their roles and so make the greatest possible contribution to patient care. Local appraisal policies will be agreed in partnership with trade unions and may cover issues such as development opportunities and organisational values and behaviours (see also paragraph 54).

3. The expectation is that all staff will meet the required standards (see paragraph 19) and therefore be able to progress on their pay step date. Appraisal processes should involve regular conversations between staff and their line managers to ensure that required standards are understood, and additional support identified in good time.

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 regular 1 to 1s in line with the Trusts Supervision Policy 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 :

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

Senior 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).
- 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. Procedure

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 should ensure they email PDR.Team@shsc.nhs.uk to ensure the PDR is recorded on the Electronic Staff Record..

7. Development, Consultation and Approval

Reviewed between April 2020 – August 2020

Reviewed by JPG August 2020

8. Audit, Monitoring and Review

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
Regular reporting to check completion rate	e.g. Review, audit	People Committee in conjunction with Workforce team	Weekly through the focal point window, monthly rest of the year	e.g. Quality Assurance Committee	People Committee	Director of People

The policy review date is 30 September 2023.

9. Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Comms via Policy Governance	Sept 2020	
All staff communications to be sent out before the next focal point window regarding the changes to the form.	Comms via Policy Governance	Sept 2020	
Training available from October 2020	Recovery Education Team	Oct 2020	
Overall accountability	Executive Lead – Director of HR / Deputy	-----	-----

10. Dissemination, Storage and Archiving (Version Control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
1	Sept 2012	Sept 2012	N/A
2	Sept 2016	Sept 2016	N/A
3	Aug 2019	Aug 2019	Managers Briefing as appropriate Next meeting Sept 2019
5	Minor updates prior to the new focal point window.	April 2017	Verified by Staff Side Ratified by EDG ahead of PGG

This is Version 6 and is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous Version 5 [month/date].

Any copies of the previous policy held separately should be destroyed and replaced with this version.

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of Human Resources.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of Human Resources.

11. Training and Other Resource Implications

Training for Reviewers provided by the Recovery Education Team and Coaching conversations provided by the Organisational Development team to support effective and quality PDR's.

Resources required within the Workforce team to ensure the accurate recording and reporting of the completion of PDR's

12. Links to Other Policies, Standards, References, Legislation (Associated Documents) and National Guidance

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
- Agenda for Change terms and conditions in relation to Incremental Progression
- <https://www.nhsemployers.org/tchandbook/annex-21-to-25/annex-23-pay-progression-england>

13. Contact Details

Job Title	Name	Phone	Email
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Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. *will this policy potentially impact on staff, patients or the public?* This should be considered as part of the Case of Need for new policies.

I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
Name/Date: Jennie Wilson – September 2020

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - 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 and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy 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			
Disability			
Gender Reassignment			
Pregnancy and Maternity			
Race			

Religion or Belief			
Sex			
Sexual Orientation			
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Name /Date
