



Policy:

HR 055 - Performance Development Review (Appraisal) Policy

Executive Director Lead	Director of People
Policy Owner	Head of Leadership & Organisational Development (OD)
Policy Author	Mandatory Training Lead

Document Type	Policy
Document Version Number	7
Date of Approval by PGG	22/08/2022 – Interim Review
Date of Ratification	13/09/2022
Ratified By	People Committee
Date of Issue	September 2022
Date for Review	30/09/2023

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.
------------------------	---

Keywords	PDR – Performance Development Review also known as Appraisal.
-----------------	---

Storage & Version Control

This is Version 7 and is stored and available through the SHSC Extranet.
This version supersedes the previous Version 6 - 09/2020
Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

PDR Policy HR 049 August 2022 Version 7

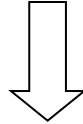
Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	07/2015	New policy commissioned by EDG on approval of a Case for Need.
1.0	Approval and issue	09/2015	Amendments made during consultation, prior to ratification.
2.0	Review / approve / issue	09/2016	Early review undertaken to update the policy to comply with new regulatory requirements.
2.1	Review on expiry of policy	06/2019	Committee structure updated.
3.0	Review / approval / issue	08/2019	Full review completed as per schedule.
5.0	Minor updates prior to the new focal point window	04/2017	Verified by Staff Side. Ratified by EDG ahead of PGG.
6.0	Review on expiry of policy	09/2020	New national process for incremental progressions has been received and the policy updated accordingly.

Contents

Section		Page
	Version Control and Amendment Log	
	Flow Chart	1
1	Introduction	2
2	Scope	2
3	Purpose	2
4	Definitions	3
5	Details of the Policy	4
6	Duties	6
7	Procedure	8
8	Development, consultation and approval	8
9	Audit, monitoring and review	9
10	Implementation plan	10
11	Dissemination, storage and archiving (Version Control)	11
12	Training and other resource implications	12
13	Links to other policies, standards, references, legislation and national guidance	12
14	Contact details	12
	APPENDICES	
	Appendix 1 – Equality Impact Assessment	13
	Appendix 2 – New/Reviewed Policy Checklist (new)	15

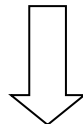
Flowchart

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.

The blank PDR form is hosted on Jarvis in the E-forms section of the Document Library



An email must be sent to the PDR team pdr.team@shsc.nhs.uk advising them of the date 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 directorates.

4. Definitions

PDR	The Performance Development Review is an annual assessment of an employee's performance. It is an opportunity to take an overall view of work content, workload, and volume. It is an important opportunity to pause and reflect on what has been achieved during the past year and to look forward and agree clear, measurable development objectives for the year ahead and identify any development needs required to enable staff to deliver on their performance objectives. 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 <u>National Health Service</u> (NHS) grading and pay system for all NHS staff, with the exception of <u>doctors</u> , <u>dentists</u> and some senior <u>managers</u> .
Line Manager	Manager that the employee reports directly to. Person who usually provides supervision and Performance Development Reviews.

5. Detail of the Policy

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 performance in the previous year; consolidating the previous year's supervision 1 to 1 sessions, previous objectives, and ongoing work performance. As part of this consider if the current job description needs to be amended as the post has evolved.
- 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 delivering the Trust's strategic objectives.

Focal Point Window

PDR's will take place in the 'Focal Point Window' which is typically the first 3 months of the financial year - April to June inclusive each year. This links very closely to the Trust business cycle. The aim is that PDR discussions on individual performance objectives are aligned with the current SHSC vision, mission and strategic priorities. All staff should have clear line of sight from their personal development objectives to those of their team, directorate/service and the wider trust. All staff should be confident in understanding how their role and their performance objectives contribute to how we deliver on our organisational strategic priorities and the delivery of high calibre care.

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 the People Directorate at the earliest opportunity. As a guideline, anyone with more than ten PDRs to complete should contact the People Directorate 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

Refer to the NHS Terms and Conditions of Service Handbook – Annex 23:

<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.

6 Duties

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 Trust's 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.
- Establish on-going learning as a feature of employment within the Trust by ensuring that every person has a Development Plan (found within the PDR form) 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 their 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.

Line Manager & Individual Responsibilities:

Both parties to ensure the completed PDR form is stored securely electronically and accessible to both parties for future 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).
- 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, undertake a midyear review 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.

7 Procedure

Reviewers should arrange the PDRs 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 (ESR).

8 Development, Consultation and Approval

Reviewed between April 2022 –May 2022

Reviewed by JPG August 2022

9 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	Review, audit	People Committee in conjunction with Workforce team	2 weekly through the focal point window, monthly rest of the year	IPQRs and People Committee	People Committee	Head of Leadership & Organisational Development (OD)

The policy review date is 30 September 2023 brought forward to July 2022 due to 360 internal audit findings

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto extranet and remove old version.	Communications Team via Policy Governance	August 2022	Following approval by Policy Governance Group
PDR Briefing sessions	Mandatory Training lead	Set up and published by February each year	In yearly work plan
All staff communications to be sent out before the next focal point window regarding the changes to the form.	Communications Team	Each year in March prior to window opening on 1st April	In yearly work plan
Overall accountability	Executive Lead – Director of People Directorate & Head of Leadership and OD		Reviewed as part of People Committee

11 Dissemination, Storage and Archiving (Control)

The issue of this policy will be communicated to all staff via the SHSC Extranet -Jarvis. Local managers are responsible for implementing this policy within their own teams.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.

Managers are responsible for ensuring that hard copies of any policy/procedure manuals or files stored locally are kept up to date. It is the readers' responsibility to ensure that they are reading the most up to date version of this policy, which will always be the on-line version available on the policy section of the Intranet.

This is Version 7 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 6 [09/2020].
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 People.

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

12 Training and Other Resource Implications

Development support for reviewers to support delivery of effective and high quality PDRs:

- Reviewers' briefings provided by the Training Department
- Coaching conversations provided by People Directorate teams e.g. HR Business Partnering Teams, Organisational Development Team
- Workforce reporting time to produce the PDR report throughout the year

Monitoring and recording:

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

13 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>

14 Contact Details

Job Title	Name	Phone	Email
Head of Leadership and OD	Charlotte Turnbull	0114 27 18937	charlotte.turnbull@shsc.nhs.uk
Mandatory Training Lead	Jennie Wilson	0114 22 63110	jennie.wilson@shsc.nhs.uk

Appendix 1

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.

NO – No further action is required – please sign and date the following statement.
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 29/07/2022

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	no		
Disability	no		
Gender Reassignment	no		
Pregnancy and Maternity	no		
Race	no		

Religion or Belief	no		
Sex	no		
Sexual Orientation	no		
Marriage or Civil Partnership	no		

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

Impact Assessment Completed by: Name /Date Jennie Wilson 29/07/2022
--

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
Template Compliance		
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
Policy Content		
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	
17.	Has the EIA Form been completed (Appendix 1)?	
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to <ul style="list-style-type: none"> • review • audit compliance with the document? 	
21.	Is the review date identified, and is it appropriate and justifiable?	