

Performance and Development Review Policy

Version 1.0

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Please note: This policy will be approved subject to an initial Equality Impact Assessment

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1 Introduction

- 1.1 Hull PCT is committed to developing its workforce with a clear and consistent approach to supporting, discussing and identifying an individual's objectives, performance and development requirements in relation to their role and future career aspirations. This policy and the related guidance and forms provide a framework to guide and facilitate this process.
- 1.2 The priorities in terms of objectives and development must reflect national priorities and guidance along with local priorities identified through the PCT's Commissioning Strategy and Operational Plan which support World Class Commissioning.
- 1.3 The PCT is committed to ensuring that all staff have timely access to development opportunities. Wherever possible it will attempt to support staff and provide a balance between those development needs which are essential to the organisation and the individual's role, and opportunities which fall outside the essential criteria and are deemed to be desirable or personal development.
- 1.4 To support commissioning cycles, annual reviews will normally take place during March, April and May, with all required information being returned to the Learning and Development Team by the end of May for processing in June.

2 Purpose

- 2.1 The purpose of this document is to provide guidance to all staff (reviewers and reviewees) on the processes to be followed and the requirements and responsibilities placed on them to engage with and carry out performance and development reviews.

3 The Law

- 3.1 This policy supports the Employee Study and Training (Eligibility, Complaints and Remedies) Regulations 2010 which came into force on 6 April 2010.

4 Scope

- 4.1 This policy applies to all staff directly employed by the PCT.

5 Responsibilities

5.1 The Learning and Development Team

- 5.1.1 The Learning and Development Team is responsible for:

- Holding a central record of, monitoring and reporting on individual reviews undertaken
- Implementing and maintaining systems and processes for the return
- Collation and analysis of development and training needs data
- Acting on training needs data and commissioning training centrally where appropriate,
- Providing information and guidance to directors, managers and staff
- Liaising as appropriate regarding funding issues in relation to individual development needs.

5.2 Managers / Reviewers

- 5.2.1 All managers are responsible for ensuring their staff undergo a PDR in accordance with this policy.
- 5.2.2 It is the responsibility of the manager/reviewer to ensure timely review meetings are arranged with all their staff and that the staff member is aware of the pre-review preparation required of them and the process and format of the review meeting.
- 5.2.3 Managers/reviewers should ensure they comply with the general provisions for managers/reviewers as outlined in section 8 of this policy, and note the requirements of staff to provide feedback in respect of knowledge gained that would benefit others as detailed in section 5.3.4.

5.3 All Staff / Reviewees

- 5.3.1 It is the responsibility of the reviewee to ensure that they are fully aware of and engaged with the processes in place for performance and development review. Reviewees have a responsibility to prepare adequately for the review, identify any areas for development, and take an active part in the discussion and agreements reached.
- 5.3.2 All staff are responsible for ensuring they remain compliant with their statutory and mandatory training requirements. Other training and development activities may not be agreed if compliance is not maintained.
- 5.3.3 All staff are responsible for taking ownership of, and actively undertaking their agreed objectives and development, sourcing appropriate training courses/programmes and keeping their manager up-to-date on progress and reporting any unforeseen issues.
- 5.3.4 All staff should reflect on development activity undertaken and the knowledge gained, ensuring new knowledge and skills are put into practice within their role. Feedback should be provided to their manager, team or the wider organisation where development activity has been undertaken and knowledge gained which would be of benefit to others in the organisation, or where recommendations, changes, new ways of working, etc, should be raised or implemented.

6 Equality and Diversity

- 6.1 The PCT is committed to:
- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
 - Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.
- 6.2 To ensure the above, this Policy has been Equality Impact Assessed.

6.3 Details of the assessment are available on the PCT's website or by calling the PCT on (01482) 344700.

7 NHS Constitution

7.1 The PCT is committed to:

- the achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and
- ensuring they are taken account of in the production of its Policies, Procedures and Guidelines.

7.2 This Policy supports the NHS Constitution in the NHS's pledge to 'provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed' and the responsibility for staff to aim to 'take up training and development opportunities provided over and above those legally required of their post'.

8 General Provisions – Managers / Reviewers

8.1 Prior to review, managers/reviewers must ensure that all their staff have an understanding of the objectives of the department and how these link to World Class Commissioning and the Trust's Commissioning Strategy, Operational Plan and objectives. During the review a clear link should be made between the objectives of the individual and World Class Commissioning, the organisation's Commissioning Strategy and Operational Plan and/or the objectives of the directorate/department/team.

8.2 Managers/Reviewers should provide constructive and positive feedback, support and guidance during the review, listen to and take on board the views and aspirations of the reviewee setting smart objectives and identifying areas for development.

8.3 The review in itself is developmental but where issues of performance are of concern these need to be addressed as they arise using the Trust's personnel performance policies and procedures, thus keeping them separate from the review process. A fundamental principle of the review is that there should be no surprises at the formal review meeting.

8.4 Managers/reviewers should maintain a balance within the directorate/team between release for development and the needs of the department in terms of capacity to ensure continued quality and performance, whilst making sure the opportunity for development activities is equitable across all staff.

8.5 Where a reviewee is not compliant with their statutory and mandatory training, timescales for compliance to be achieved should be set prior to application for other training and development activities being signed off.

- 8.6 The Learning and Development Team should be provided with timely information as to when reviews have been completed and the development needs identified for individuals through the agreed processes. Where individuals are identified who managers feel have a strong ambition, talent, drive and capability to progress within the organisation they should refer them to the Identifying Talent and Leadership Potential Guidance and where appropriate an Identifying Talent Form should be completed and returned to the Learning and Development Team following review. This form can be found on the U: Drive under Corporate Templates and Forms and on the intranet.
- 8.7 The reviewer should provide the reviewee with ongoing regular supervision and feedback on progress against agreed objectives and development requirements, reviewing and updating objectives and development needs as required.

9 New Starters

- 9.1 New staff to the organisation should undertake a performance and development review within the first month of starting in post as part of their workplace induction. This will enable:
- discussion and understanding of their objectives and how these link to national priorities and guidance along with local priorities identified through the Trust's Commissioning Strategy and Operational Plan
 - Identification of any development needs in relation to their objectives and the skills and knowledge required for their post.
- 9.2 As soon as the review has taken place the Learning and Development Team must be informed of the review date and any development/training needs identified.
- 9.3 Progress against objectives and any agreed training and development should then be monitored, discussed and reviewed on a regular basis through regular supervision.

10 Knowledge and Skills Framework Gateway Reviews

- 10.1 Individuals are formally assessed against all the competencies in their KSF outline at two key stages - The **Foundation Gateway** review (after 12 months in post) and the **Second Gateway** review (towards the top of pay band increments). The assessment links to pay progression so if an individual is not demonstrating that they are performing at the level required within their KSF outline the line manager should contact their HR Business Partner to discuss this.

11 Agreeing Funding for Identified Development Needs

- 11.1 Development needs identified during review may only be agreed by reviewers / managers if funding is to come from directorate/team budgets and they know the funding is available. Where funding is required from the Learning and Development Team, this will not be agreed until the information received via the Development and Training Needs Analysis (DTNA) returns from each directorate have been processed and development needs have been mapped against available budgets. Completed DTNA returns must be with the Learning and Development Team by the end of May for processing in June.

11.2 For new starters or individuals who cannot have their annual review during April and May, the same processes must be followed (do not add development and training needs onto the directorate DTNA return, instead complete an individual DTNA form). These will be dealt with as and when they are received.

11.3 When high cost courses have been identified (where the total cost of the course is over £3,000) an application for funding and study leave form and an individual statement in support of an application for funding of a high cost course form must be completed and returned to the Learning and Development Team immediately following review. All returned applications will be reviewed in June by the Director of Commissioning, Director of Human Resources and the Training and Development Manager, following which individuals will be informed as to whether or not funding has been agreed.

12 Monitoring Compliance with and Effectiveness of this Policy

12.1 Compliance with and effectiveness of this policy will be monitored by the Learning and Development Team via the returns received from directorates and teams of activity undertaken and through the Care Quality Commission annual assessment.

13 References

Employee Study and Training (Eligibility, Complaints and Remedies) Regulations 2010. Available at: www.opsi.gov.uk

Care Quality Commission Standards for Better Health. Available at www.cqc.org.uk/

14 Associated Documentation

- Training and Development Policy
- Statutory and Mandatory Training Policy
- Induction Policy

The following documentation is available on the intranet or the U: Drive under Corporate Templates and Forms / Learning and Development / Performance and Development Review Guidance and Forms:

- Performance and Development Review Guidance and Forms
- Reviewees Guide To Preparing For And Carrying Out The Review Meeting
- Reviewers Guide To Preparing For And Carrying Out The Review Meeting
- Identifying Talent and Leadership Potential Guidance and Form

15 Review

14.1 This Policy will be reviewed two years from the date of implementation.