

PERFORMANCE APPRAISAL AND PERSONAL DEVELOPMENT PLAN POLICY

Policy Number:	045	Supersedes:		Classification	Employment
Version No	Date of EqlA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Group	17.5.2018	18.5.2018 14.1.2020	18/05/2020
		PPPAC extended whilst full review undertaken due to work pressures/COVID	29.10.2020	10.11.2020	31.7.2021
		PODCC	19/08/2021	23/08/2021	31/03/2022

Brief Summary of Document:	To ensure staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles
Scope:	This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place but the principles of this policy also apply to medical and dental staff.
To be read in conjunction with:	133 - Equality and Diversity Policy 203 – All Wales Capability Policy 142 – All Wales Grievance Policy Learning and Development Strategy 314 - Medical Staff Appraisal Policy – in draft currently 113 - Learning and Development Policy 443 - All Wales Pay Progression Policy 225 – Data Protection Act Policy

	173 – Freedom of Information Act Policy
--	---

Owning Group	W&OD Policy Group		
Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	08/03/2010
2	Revised	04/04/2013
3	Minor changes to reflect new process	18/5/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – section 14	17.5.2018
5	Correct PADR forms added as appendix 1	14.1.2020

Glossary of terms

Term	Definition
PADR	Performance Appraisal & Development Review
KSF	Knowledge and Skills Framework
CPD	Continuous personal and professional development
HIW	Health Inspectorate for Wales
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency

Keywords	PADR, PDP, Performance Appraisal, Personal Development Plan
----------	---

CONTENT

1. INTRODUCTION	4
2. POLICY STATEMENT	4
3. DEFINITIONS	4
4. SCOPE 5	
5. AIM & OBJECTIVES	5
6. PRINCIPLES OF PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW 5	
7. PROCESS OF PADR COMPLETION	6
8. HEALTH BOARD GUIDANCE	6
9. APPEALS PROCEDURE	6
10. DOCUMENTATION	6
11. ROLES AND RESPONSIBILITIES	7
11.1. Chief Executive	7
11.2. Director of Workforce and Organisational Development	7
11.3. Executive Directors	7
11.4. Senior Managers, Heads of Services	7
11.5. Heads of Department and Ward Managers	8
11.6. Reviewer	8
11.7. Reviewee	8
11.8. Learning and Development Department	9
12. PERFORMANCE INDICATORS	9
13. EQUALITY	9
14. DATA PROTECTION ACT 1998 / GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT 9	
15. FREEDOM OF INFORMATION ACT 2000	10
16. RECORDS MANAGEMENT	10
17. REVIEW	10
18. MONITORING	10
19. DISCIPLINE	10
20. APPENDIX 1 - PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW (PADR) ERROR! BOOKMARK NOT DEFINED.	

1. INTRODUCTION

- 1.1 It is the policy of Hywel Dda University Health Board that all staff, with the exception of staff employed on short- term contracts or locums, have an annual Performance Appraisal & Development Review (PADR) or appraisal, at which an associated agreed Personal Development Plan should be developed.
- 1.2 The majority of staff fall under the terms and conditions of the Agenda for Change National Agreement, which includes the Development Review, and forms part of the Agenda for Change national agreement.
- 1.3 Consultant medical staff are subject to annual appraisal as set out in Advance Letter (MD)W5/2001. Other grades of medical staff within the organisation will receive an annual appraisal; this will be carried out using the pro forma and process described in the above Advance Letter.
- 1.4 Hywel Dda University Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human right, gender reassignment, marriage and civil partnership and pregnancy and maternity. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from these groups. Managers must check with individual staff what their needs are.

2. POLICY STATEMENT

This policy applies to all staff (as in 1.1 above) regardless of the type of review / appraisal they are required to undertake. It is imperative that the Organisation's Performance Appraisal & Development Review (PADR) process is operated effectively, so that staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles and to align with the requirements of the All Wales Pay Progression Policy.

This policy has been written in line with the requirements of the NHS Knowledge and Skills Framework (KSF) however it is to be noted that this policy does not exclude other appraisal systems in place within the organisation for specific staff groups e.g. Medical Appraisal

3. DEFINITIONS

For the purposes of this policy the term PADR refers to the process, documentation and one to one meeting required by the Health Board between every member of staff and their line manager or identified supervisor on an annual basis, or as often as is required, to ensure a competent workforce who are developed and supported to realise their full potential.

4. SCOPE

This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place.

5. AIM & OBJECTIVES

The aim of the policy is to define the systems, processes, documentation and associated training which support the delivery of an effective PADR system within the Health Board and the roles and responsibilities of all staff.

6. PRINCIPLES OF PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW

This policy is underpinned by a number of principles which reflect the organisational approach in relation to learning, development and education. These principles are cited below:

- **Commitment:** Hywel Dda University Health Board as a learning organisation, supports lifelong learning through, continuous personal and professional development (CPD). Hywel Dda University Health Board highly values the concept of learning as part of daily work. The role and contribution of managers at all levels is crucial to the development of staff and occurs as an integral part of working life. The commitment of staff to continually develop within their roles within available resources is paramount.
- **Responsive to organisational need:** The provision of learning, training, development and education opportunities must be fully responsive to organisational need and reflect the learning priorities of the organisation. In view of the rigours of Quality and Governance, Health Care Standards for Wales, Health Inspectorate for Wales (HIW) the National Institute for Clinical Excellence (NICE), National Patient Safety Agency (NPSA), Professional revalidation requirements, the KSF and individual professional accountability, it is essential that Hywel Dda University Health Board adheres to a formal and systematic scheme.
- **Development needs are identified and agreed in partnership:** The PADR is a partnership process, undertaken between the individual member of staff (reviewee) and the reviewer. Both parties take specific responsibility for agreed parts of the PADR process. All staff will have an active, agreed Personal Development Plan.
- **Equity of opportunity and access:** Hywel Dda University Health Board will ensure equity of access to appropriate learning and development interventions, and will adhere to the organisation's Strategic Equality Plan and objectives..
- **Consistent approach to funding:** Hywel Dda University Health Board will adopt a consistent approach to the allocation of resources throughout all parts of the organisation. Appropriate resources should be made available to enable a member of staff to develop and apply their knowledge and skills to meet the demands of their current post and to progress in their career should they so wish.

7. PROCESS OF PADR COMPLETION

All staff must have at least one annual performance appraisal development review, at which a personal development plan should also be developed. For staff under the agenda for change agreement, this should be based on their job description individual KSFO outline and work objectives, and comply with the terms and conditions of the agenda for change KSF and associated development review process. Further guidance can be found in 'the NHS knowledge and skills framework (NHS KSF) and the development review process' October 2004. This is available within departments or to download from

<http://www.dh.gov.uk/assetroot/04/09/08/61/04090861.pdf>

The Performance Appraisal & Development Review process is based on an ongoing cycle of learning. It consists of four stages

- Reviewing how individuals are applying their knowledge and skills to meet the demands of the current post and personal objectives and identifying whether they have any development needs.
- Agreeing a Personal Development Plan (PDP), detailing the learning and development to take place within an agreed timeframe, and the date of the next review.
- Undertaking the learning and development identified.
- Evaluating the learning and development and reflecting on how it has been applied to work.

PADRs/PDPs will need to be planned and completed throughout the year. Department managers should collate agreed development needs into one Departmental Training Plan. This plan needs to be submitted to the Learning and Development Department via the Training Needs Analysis. The Learning & Development Department will collate the information into an Organisational Training Plan. By undertaking this process on a yearly cycle, the learning and development budgets can be managed equitably and in a robust, cost effective way.

8. HEALTH BOARD GUIDANCE

The Hywel Dda University Health Board has developed a guidance booklet for managers and staff explaining the process and providing a clear explanation of the process and associated documentation (see Appendix 1).

Staff who fall outside of the Agenda for Change Agreement (i.e. Directors, Medical and Dental staff) should still follow the principles of the guidance in this document, excluding the references to All Wales Pay Progression Policy.

9. APPEALS PROCEDURE

All staff will have the right to appeal against any decision where the manager has proposed to halt pay progression.

10. DOCUMENTATION

Copies of the Guidance For Managers and Staff including the PADR documentation are available on the Hywel Dda Intranet, and from the Learning

& Development Department. (A4C Staff)(Appendix 1).

Identified and agreed development needs arising from individual personal development plans must be collated into a department training plan, and forwarded to the Learning & Development Department, as part of the Training Needs Analysis Process

11. ROLES AND RESPONSIBILITIES

11.1. Chief Executive

The Chief Executive holds overall responsibility for the effective management of Organisational Policy.

11.2. Director of Workforce and Organisational Development

It is the Director of Workforce and Organisational Development's responsibility to ensure that;

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- PADR compliance is monitored and reported as a Tier 1 target to the Board.

11.3. Executive Directors

Executive Directors have responsibility to ensure that

- All staff within their responsibility are aware of and comply with the Policy.

11.4. Senior Managers, Heads of Services

It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments
- All levels of staff within their department or professional group adhere to this policy in all respects
- The Tier 1 target is attained within their services through compliance with this policy by ensuring all staff have an annual PADR and PDP/
- The quality of the PADR is audited to ensure that the policy is applied and underpinned by the organisational values.
- This information will also be recorded within ESR to inform accurate corporate and service level information (Identification of the number of staff who have had a PADR within the previous 12 months is required in Standard 22 of the Healthcare Standards for Wales).
- Where Development Plans have associated costs identified to support learning and development authorisation processes are clear within the team
- The required Health Board process is followed within the Health Board Guidance Documentation (Appendix 1) at reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected.
- Payroll is notified in a timely manner using the defined Health Board Process and documentation if a member of staff should not progress through Pay Progression.

- All identified reviewers have the requisite skills and knowledge to undertake a reviewer role. (A reviewer may not necessarily be the reviewee's line manager, but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through Personal Development Plans into a Local service Training Plan as part of the Training Needs Analysis process.

11.5. Heads of Department and Ward Managers

Ward Managers and Heads of Department are responsible for:

- The ratio of reviewers to reviewees is sufficient for the department (ideal ratio = 1:7, maximum ratio of 1:10).
- The reporting of the number of PADRs undertaken and Personal Development Plans (PDPs) is recorded in the Electronic Staff Record (ESR) to enable accurate corporate reporting monthly to the Board
- Ensuring all staff have an annual PADR and PDP
- Monitoring compliance of PADRs and PDPs locally with their team recording
- Following required Health Board process within the Health Board Guidance Documentation (Appendix 1) at reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected, and notifying line manager and HR team throughout the process
- All identified reviewers have the requisite skills and knowledge to undertake a reviewer role. (A reviewer may not necessarily be the reviewee's line manager, but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through Personal Development Plans into a Departmental Training Plan, which should be submitted to the Service manager for information/authorization and then Learning and Development Department as part of the Training Needs Analysis process.

11.6. Reviewer

Nominated reviewers must be identified by the Head of Services to undertake this role and must undertake the required training prior to undertaking a review.

The Reviewer will act in a line management or supervisory capacity and undertake certain elements of the review (review of objectives, objective setting, KSF post outline review and PDP formulation) however, the signing off of some elements of the Personal Development Plans may be subject to the subsequent agreement of the Head of Department where there are associated cost implications or limited access to programmes.

All decisions to defer pay progression must always involve the Head of Department.

11.7. Reviewee

All staff are responsible for taking ownership of their own PADR in terms of assuming responsibility for:

- Preparing for the Performance Appraisal & Development Review meeting.
- Maintaining a personal development /CPD portfolio.

- Meeting work/performance objectives, and speaking with their line manager if they are having difficulties in a timely manner so that they can be supported to deliver them/discuss the situation/provide support.
- Seeking opportunities to learn and develop in the post to meet the KSF.
- Outline/objectives and take ownership of career development aspirations.
- Reviewing progress in their role, proactively discussing development needs with their reviewer and taking action to meet development goals.
- Ensuring development is also in accordance with their professional and regulatory bodies.

11.8. Learning and Development Department

The Learning and Development team department are responsible for ensuring that:

- The policy is published, reviewed, updated and held on the Health Board intranet site.
- Training for reviewers will be available for all staff within Management Passport Programme and additional monthly sessions for all staff who are required to undertake a Performance Appraisal and Development Review. It is essential that only staff who have received the training should undertake reviews.
- Records of attendance at training will be held on the Health Board ESR record.

12. PERFORMANCE INDICATORS

- 85% of staff have undertaken a Performance Appraisal & Development Review with their nominated reviewer in a 12 month period.
- 85% of staff have a Personal Development Plan in place.
- TNA completed annually from all areas.
- Number of staff passing through pay progression.
- Number of Consultant and non-consultant career grade Appraisals undertaken.

13. EQUALITY

The Health Board recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Health Board recognises that equality impacts on all aspects of its day to day operations. All policies and procedures will be assessed using the Health Board integrated impact assessment tool.

14. DATA PROTECTION ACT 1998 / GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the Health Board's 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

15. FREEDOM OF INFORMATION ACT 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

16. RECORDS MANAGEMENT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

17. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

18. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the Health Board Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

19. DISCIPLINE

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Health Board's disciplinary procedure.

20. APPENDIX 1A – CORE PADR



Core_PADR v3.docx



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



21. APPENDIX 1B – LEADERSHIP/MANAGEMENT PADR

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

LEADERSHIP/MANAGEMENT PADR

My Details / My Manager's Details			
My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐	Passed through Gateway (if applicable): Yes ☐ No ☐	
	Review ☐		
Review Period Start Date:	Final Gateway ☐	Review Period End Date:	
Manager Name::		Manager Job Title	
Date:		My Pay Number:	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Personal Objectives Review – to be completed during the discussion

a) What have been the successes for me this year?

b) What have been the challenges for me this year?

How have my personal behaviours aligned to the Health Board's Values & Behaviours Framework during the last 12 months? (click here [Hywel Dda University Health Board | Hywel Dda Values - It's In Our DNA](#) for further guidance)



Objective Setting

What are my **SERVICE** objectives for the next year?

What are my **TEAM** objectives for the next year?

What are my PERSONAL objectives for the next year (Max 8 objectives)? Use SMART Guidance ([Appendix 3](#)). How do they relate to the Organisational Values?
(click here [Hywel Dda University Health Board | Values - Introduction](#) for further guidance)



**Working together
to be the best we
can be**



**Striving to Develop
& deliver excellent
services**



**Putting People at the
heart of everything
we do**

Objectives	Expected outcome/measure of achievement	Target date	Support/action by Manager/others	Progress Review date
1.Ensure Welsh Government's Tier 1 leadership standard objectives are completed throughout the year (see guidance notes)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Personal Development Plan

Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives

Mandatory Training (click here [Mandatory Training Matrix](#) for further guidance)

Development to meet objectives (click here for [Hywel Dda University Health Board | Course Catalogue Home Page \(wales.nhs.uk\)](#) Refer to Appendix 5

Nursing Midwifery Council (NMC) Revalidation

Are you completing this PADR as part of the re-validation process? Yes ☐ No ☐

If 'yes' please refer to [Appendix 1](#)

Mentorship (Nursing Staff only)

Are you a mentor of a pre-registered nurse? Yes ☐ No ☐

If 'yes' please refer to [Appendix 2](#)

General Comments

General comments regarding this review period

What are my career aspirations for the next 12 months?

Summary (To be completed by Appraiser)

Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

--

I am committing to this by signing :	Date:
My manager agrees by signing :	Date:
Date of Next Review:	