

APPRAISAL & PERSONAL DEVELOPMENT REVIEW (PDR) POLICY – SUPPORTING PAY & CAREER PROGRESSION

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Author	Kay Perry Peers/Lorraine Wellard
Author's job title	Assistant Director of Organisation Development/Workforce Development Facilitator
Department	Human Resources
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Owner	Jacqui Bate
Owner's job title	Director of Human Resources, OD & Communications

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1. KEY DRIVERS AND CONTEXT FOR THIS POLICY

- 1.1 In June 2008 Lord Darzi published his final report of the NHS Next Stage Review, *High Quality Care For All* (DH: 2008). High quality care was described from the patient's perspective and seen as care that is: safe, effective and provides patients with the most positive experience possible. The Trust has recognised achieving high quality care as one of the three core values that support our strategic objectives and our vision for being the 'Preferred hospital for local people'.
- 1.2 In response to that drive for quality the Trust has in place a Quality Strategy which identifies 10 key principles:- recognition of the importance of an integrated approach; partnership working; service improvement; having measures of progress; effective risk management; having an open learning culture; accreditation and regulation; governance and performance management; workforce planning and management; education training and development. Each of these principles are underpinned and strengthened by having a robust appraisal process in place.
- 1.3 We deliver our services through people and therefore the biggest impact on quality will be through the competence, behaviour and skills of our staff. The Trust recognises that continuing improvements in quality can only be delivered if staff are provided with opportunities for education, training and development, supported by the agreement of individual personal development plans. This appraisal policy ensures that all staff will participate in appraisal and establishes appraisal as the primary vehicle to agree personal objectives, a personal development plan tailored to the needs of the service and support the evaluation of development undertaken to apply knowledge and skills back into the workplace.
- 1.4 The Trust's commitment to quality, training of its staff and the connection to robust appraisal is backed up by the research of West et al¹ (2002). This demonstrated the link between the effective management of employees and reduced patient mortality in acute hospitals. The findings of the research revealed strong associations between Human Resources practices and patient mortality generally. The extent and sophistication of appraisal was particularly strongly related, but there were links too with the sophistication of training for staff.
- 1.5 This is again reinforced by D7 of *'Standards for Better Health'* which requires Healthcare organisations to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction.
- 1.6 Good human resource management and development form the basis of the NHS Knowledge and Skills Framework (KSF) – it is about treating all individuals fairly and equitably. In return individual members of staff are expected to make a commitment to develop and apply their knowledge and skills to meet the demands of their post and to work flexibly in the interests of the public.
- 1.7 Effective clinical and corporate governance arrangements are at the heart of the scrutiny routinely applied to NHS bodies by the Care Quality commission. Whilst appraisal is a component of a number of the standards it is critical to successful compliance with:-
- C8b - Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff
 - C11 - Health organisations ensure that staff concerned with all aspects of the provision of health care
 - a) Are appropriately recruited, trained and qualified for the work they undertake
 - b) Participate in mandatory training programmes; and
 - c) Participate in further professional and occupational development commensurate with their work throughout their working lives

1.8 The 2006 Employment Equality (Age) Regulations means that incremental pay increases (which are based on time spent in post) are discriminatory unless competence is checked as part of the arrangement. The NHS KSF, which includes gateway checks as part of the pay progression arrangements, provides this competence check for NHS organisations.²

1.9 The Corporate Manslaughter and Corporate Homicide Act 2007, which came into force on 6 April 2008, means that an organisation will be guilty of the offence of corporate manslaughter or homicide if the way in which its activities are managed or organised causes a death and amounts to a gross breach of a relevant duty of care. A substantial part of the breach must have been in the way its activities were managed by senior management and will have occurred "where there were attitudes, policies, systems or accepted practices that were likely to have encouraged, or tolerated such failings." An organisation properly applying effective appraisal will have robust systems in place to identify and address development needs which will mean that potential weaknesses will be highlighted and dealt with.²

2. POLICY STATEMENT

The Queen Elizabeth Hospital King's Lynn NHS Trust is committed to creating a high performance culture where there are clear expectations of performance, consistent achievement against those expectations and appropriate support to enable staff to fulfil what is expected of them.

In light of research and the need to comply with good employment practice the Trust recognises the importance for all staff to have annual appraisal and personal development reviews (PDR).

By providing clarity to staff on their roles and responsibilities, and systematically identifying their development needs, the effective use of the NHS KSF and appraisal process provides The Queen Elizabeth Hospital King's Lynn NHS Trust with the means by which it can audit its progress and demonstrate that it is taking its governance responsibilities seriously. The effectiveness of the Trust's appraisal process, the need for a formal mechanism to identify training needs in partnership and the agreement of methods to meet those needs are crucial for the effective and efficient operation of the Trust and for the health, safety and welfare of patients and employees alike.

It is the intention of the Trust Board that once 100% appraisal is achieved for all staff the Trust will begin to explore the potential of introducing 360° appraisal where appropriate, and the infrastructure to support its effective use, as a further tool to support performance management and development and the creation of a high performance culture.

3. SCOPE OF THIS POLICY

3.1 The general principles of this policy apply to all staff groups but the specific detail relates to those Trust staff falling within the remit of Agenda for Change (AfC), thus excluding Doctors, Dentists and Directors who are governed by their own arrangements.

3.2 This policy includes Bank staff within its remit. Each area will need to consider the practicalities of applying the appraisal & PDR process, based on NHS KSF outlines, to those staff employed solely on a bank contract. Please refer to the Bank Staff Protocol for the pay progression arrangements.

3.3 This policy also applies to those staff on a Trust contract who have chosen not to transfer across to AfC Terms and Conditions, although for those staff increases in pay will relate to any cost of living awards. A KSF outline for the post will still be used for staff who remained on Trust contracts to support performance development and management.

3.4 This document sets out the process of pay and career progression in relation to appraisal and Personal Development Review (PDR) for all staff who are employed under AfC terms and

conditions. (Agenda for Change: Terms & Conditions Handbook Section 6). It covers the local interpretation and implementation of 'The Knowledge and Skills Framework (NHS KSF) and the Development Review Process October 2004', and 'Agenda for Change: NHS Terms and Conditions of Service Handbook January 2005' in relation to the NHS KSF.

3.5 This policy aims to ensure that we have robust mechanisms and processes in place to operate the NHS KSF gateway system by ensuring the Trust has in place reasonable arrangements to ensure all staff have access to development reviews, personal development plans and appropriate support for learning and development to meet the applied knowledge and skills required at the gateway concerned. It needs to be read in conjunction with:

- The organisation's development policy – Developing Our Staff: Our Policy and Approach, and the Trust's Learning & Development Strategy
- The organisation's Capability policy
- The Study Leave policy available from November 2010

This policy is supported by the document 'Appraisal: Guide to Good Practice' for appraisers, the 'Getting the most out of your Appraisal' booklet, an introduction to KSF and appraisal for appraisees, and the appraisal paperwork which is available on the Trust intranet site:-

- Appraisal preparation form – to support both appraisers and appraisee in preparing fully for the appraisal discussion
- Record of joint appraisal review – to record the appraisal discussion outcomes
- Gateway action plan form

4. BACKGROUND

4.1 How the appraisal process needs to support us in working differently

4.1.1 The national Agenda for Change (AfC) agreement was negotiated to support pay modernisation – introducing a different pay structure to support working differently. The NHS Knowledge and Skills Framework is the Agenda for Change strand that aims to support pay progression, individual and career development, with the overall purpose to improve the quality of services to patients across the NHS. The development review process is integral to this whole process.

4.1.2 The NHS KSF has been developed through a partnership approach between management and staff side and is designed to provide a fair and objective framework on which to base review and development for all staff. Effective development is characterised by a partnership between employers, or managers acting on their behalf, and individual members of staff. Both need to take responsibility for fulfilling their agreed roles.

4.1.3 This approach to appraisal/development review may flag up issues for how we work now, resources we need (including time) and infrastructures we need in place, but the development review process is enshrined in an individual's terms and conditions – it makes mandatory what we need to be doing anyway.

4.2 Definitions & Purpose

4.2.1 The NHS KSF development review process is based on good appraisal practice. It has been designed so that the organisation can combine the development review within its organisational appraisal process so that the two work seamlessly together.

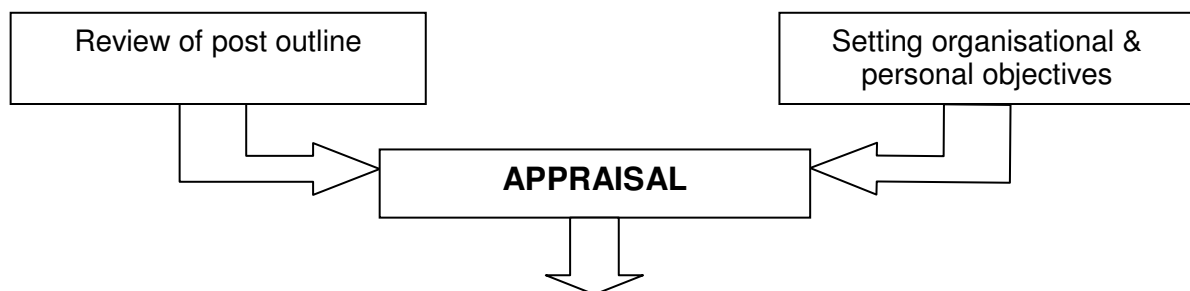
4.2.2 The main purpose of the appraisal/PDR is to look at the way a member of staff is developing with reference to

- How the duties & responsibilities of the job have been/will be undertaken based on agreed

objectives

- The application of knowledge and skills in the workplace
- The consequent development needs of the individual member of staff

Appraisal	Personal Development Review (PDR)
<ul style="list-style-type: none"> • Appraisal is an organisation process for assessing the performance of staff and their requirements for training and development • For the NHS It is operated on an annual cycle (as a minimum) • The focus is on performance management i.e. reviewing the individual's work performance against the organisation's objectives and aims and is intended to provide <ul style="list-style-type: none"> •Milestones to deliver work/tasks •Feedback on work performance •Guidance on improving work performance •Monitoring individual's performance • It is not intended to be a disciplinary process 	<ul style="list-style-type: none"> • The Personal Development Review (PDR) is an annual meeting between the individual & line manager as part of the appraisal process • The focus is on the individual's skills, knowledge and experience & future training and development needs. It is intended to <ul style="list-style-type: none"> •Identify current skills, knowledge & experience •Match these to the requirements of the position using the NHS KSF and the agreed personal objectives for next 12 months •Identify any 'gaps' and agree how these will be filled •Agree a personal development programme for the following year



The outcomes from the appraisal process are:-

- Agreed future objectives for the next 12 months
- A record of the appraisal against the relevant KSF post outline
- An individual personal development plan, which links to the needs of the employee in the post

Definitions and diagram adapted from Modernisation Agency slides provided in the NHSU Personal Development Review Toolkit 2004

5. USING THE NHS KSF WITHIN APPRAISAL

5.1 All posts to have KSF outlines (Section 6.2 Career and Pay Progression from the AfC terms and conditions)

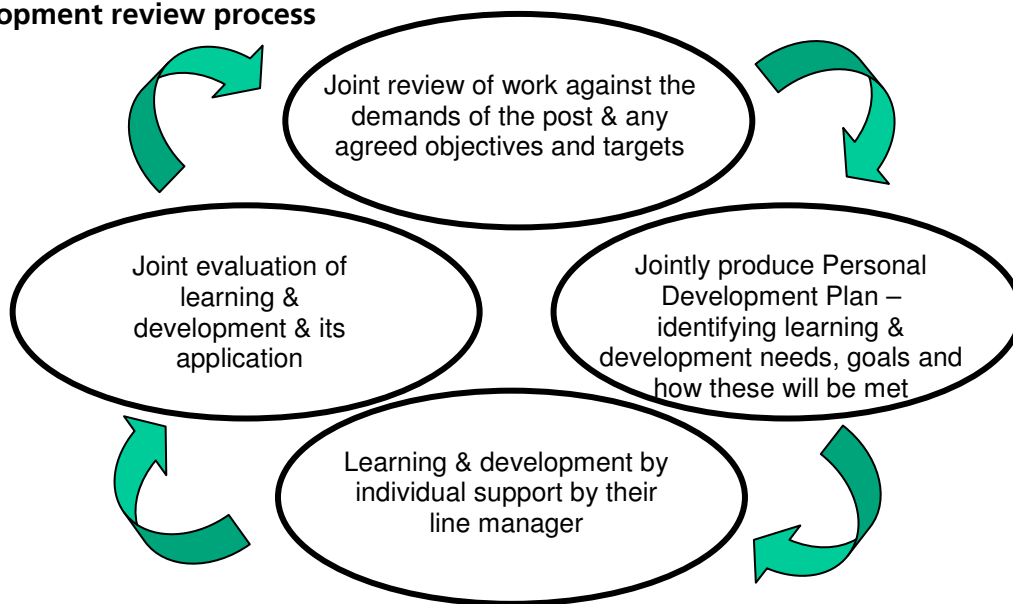
5.1.1. The Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills that NHS staff need to apply in their work in order to deliver quality services. Each post is required to have a KSF outline describing the knowledge and skills needed in that post, using the KSF framework. Each post is also required to have an outline subset to show the minimum required of someone in that post during the first 12 months.

5.1.2 It is the responsibility of managers to ensure that every post in their service area has an accurate KSF outline and that this is developed in partnership with the post holder(s). No post should be advertised without a KSF outline in place for that post in order to support tailored development for the successful applicant in the first year.

5.1.3 Staff and appraisers will use the agreed objectives for the coming 12 months and the KSF outline for the post as the basis for the annual appraisal/ performance development review. This is an ongoing cycle of review, planning, development and evaluation for all staff in the

NHS which links organisational and individual development needs – a commitment to the development of everyone who works in the NHS

Development review process



Taken from 'The NHS Knowledge & Skills Framework (NHS KSF) & the Development Review Process' October 2004, page 28

5.1.4 The development review is a partnership process undertaken between an individual member of staff and a 'reviewer' and forms part of the overall appraisal discussion.

5.2 Keeping the outline up to date

5.2.1 The Terms and Conditions Handbook Section G: Career & Pay Progression also recognises that the KSF outline is 'not fixed and will be reviewed in partnership when posts become vacant or changes need to take place for service development and other reasons'.

5.2.2. It is possible that the appraisal discussion may highlight the need to change the outline as it no longer accurately reflects the requirements of the post. When agreeing changes to a post outline it is important to remember that this will need to be done in partnership with the post holders affected by the changes.

5.3 Who should act as an appraiser?

5.3.1 No one should undertake the role of the appraiser without having undertaken training in how to tie in the NHS KSF to the appraisal process, the current paperwork and the appraisal process operating within this Trust.

5.3.2 Normally the appraiser would be the individual's line manager. This allows him or her the time and space to develop and understand the member of staff's specific needs. It also allows the manager to exhibit leadership and share direction.

5.3.3 Where the member of staff to be appraised also has a dotted line responsibility to another manager views may be sought by the appraiser from that other manager in order that the appraisal can cover the full remit of the role

5.3.4 If the role of appraiser is delegated then it is the responsibility of the manager to ensure that the person taking on the role of appraiser is competent to act in that role. When appraisal is delegated the conclusions, objectives and personal development plans (PDP) for individuals must be shared with the manager so that they can offer the correct type and level of support. This also ensures that any new ideas for the service are captured and fed back. In gateway review years it is essential that the manager is kept informed of the progression of staff and that any potential problems are highlighted in advance

5.3.5 Please be aware that if delegating the responsibility to carry out appraisal the appraiser will need the authority to sign off a personal development plan and will be in the position of potentially committing organisational resources to meet the learning needs identified within the plan. Therefore it is important that the appraiser and the overall line manager/manager of the service and budget meet before hand to review the appraiser's completed preparation form.

5.3.6 Directors are responsible for ensuring that management structures do not overburden individual managers. Therefore it is recommended that no manager is responsible for personally undertaking more than 12 appraisals. In situations where managers have line responsibility for more than 12 people then a cascade system should be introduced.

5.4 What happens in the appraisal?

5.4.1 It is recommended that the appraisal meeting is scheduled well in advance, (e.g. 3 – 4 weeks) so that both parties have sufficient time to prepare. The appraisal preparation forms, available on the intranet, cover the areas to consider prior to the appraisal and ensure that the NHS KSF outline for the post (foundation subset or full) are integral to the discussion.

5.4.2 Given participation in the appraisal process is required as part of an employee's terms and conditions of employment and the process is expected to be conducted in partnership it would be reasonable for some preparation time to be set aside for the employee. This needs to be agreed in discussion with the appraiser to ensure that service delivery is not compromised.

5.4.3 Once completed the preparation forms provide the structure for discussion at the appraisal interview itself.

5.4.4 Agreeing objectives/priorities for the coming 12 months is an important component of the appraisal discussion. Each employee needs to be able to explain the objectives of their team and the organisation at a level that is appropriate to their role and describe how they are expected to contribute to developing and achieving them. This is then captured in personal objectives for that individual following discussion at the appraisal.

5.4.5 Therefore prior to the appraisal appraisees need to have been able to access the Trust's corporate objectives and/or have available to them the objectives agreed for the team for the coming year so that they can identify how they individually can contribute to those objectives.

5.5 Using evidence in the appraisal

5.5.1 The PDR part of the process will involve consideration of information relevant to the NHS KSF post outline on the individual's work – this can be called 'evidence for the development review'.

5.5.2 Initially it is necessary to agree evidence for **each** of the KSF indicators relating to a dimension, and evidence is needed to demonstrate achievement of **each** dimension. However the KSF relates to the post holder's job so the evidence should be easily available from his or her daily/weekly/monthly activities. The aim is for quality rather than quantity. Evidence can sometimes be valid for subsequent appraisals if it is still '**current**' (no more than 2 years old). If evidence is not easily available – e.g. the appraisee cannot demonstrate s/he has dealt with an emergency in the last 12 months the appraiser can question the

appraisee to establish what s/he would do in the circumstances and so provide evidence that way.

5.5.3 The purpose of discussing evidence is to demonstrate that a member of staff is meeting what is required of them in relation to the KSF outline for their post. Reviewing the evidence at appraisal also enables us to identify where there are areas for development to work towards the second gateway. The PDP is then agreed in partnership between the appraiser and appraisee to ascertain how to meet those areas of development.

5.5.4 The appraisal should confirm and summarise the ongoing feedback and discussions and is not the place to first raise performance concerns (although you can revisit earlier discussions as part of the summary/review). At appraisal the Personal Development Plan needs to link to the KSF outline/dimensions so you will still need to review the outline to be able to identify appropriate development. However, the Trust appraisal process allows some flexibility in terms of how detailed the KSF review needs to be depending on the current agreed performance levels of the individual. The appraisal preparation form requires both the appraisee and appraiser to identify if the appraisee is:-

1. Exceeding expectations
2. Meeting Expectations/Meeting outline requirements
3. Generally meeting expectations/a few gaps
4. Not meeting expectations/requires action plan

Having already carried out a full KSF outline review previously, if it is agreed **that the postholder is meeting or exceeding expectations** (1 or 2 above) you only need identify one updated piece of evidence for each KSF dimension as part of the current KSF review, to demonstrate that skills and knowledge are being kept up to date.

If it was agreed the post holder was generally meeting or not meeting expectations (3 or 4 above) you will need to carry out the full KSF review together at the current appraisal, covering all dimensions and indicators, in order to agree the gaps and appropriate development.

5.5.4 There are some simple principles to remember in relation to evidence:

- The 2007 White Paper 'Trust, Assurance and Safety – the regulation of health professionals in the 21st Century identified that information gathering under the NHS KSF should be used as far as possible as the basis of evidence for revalidation for non medical healthcare staff
- There needs to be enough evidence for confirmation of the individual's work against the NHS KSF post outline – known as sufficiency of evidence
- The information must be current and relevant to the NHS KSF post outline
- One piece or source of evidence may often be applicable to different dimensions within the NHS KSF post outline
- Individuals should not be asked to demonstrate evidence that is above the demands made within the NHS KSF post outline
- It is **not** necessary for the post holder to take hard evidence to the appraisal; this can be referred to and produced as required. In the paperwork, reference can be made to documentary evidence that exists e.g. case studies, reports, rather than bringing that hard evidence to the appraisal interview
- It should not be a "paper chase" – all of the evidence should be available naturally in the workplace as the appraisal is about what an individual does at work and how he or she applies knowledge and skills. If it can be observed or described that is normally going to be enough as the record of those observations or descriptions will be captured as part of the Development Decisions review form signed off by the appraiser and appraisee.

5.5.5 For further guidance on using evidence in the appraisal process please refer to 'Appraisal: Guide to Good Practice' and/or the 'Getting the most out of your Appraisal' an Introduction to KSF and appraisal.

5.6 What must appraisers & individual members of staff do in the appraisal?

5.6.1 They must both:

- Set aside protected time and space for the review and planning stages
- Make sure that they are fully prepared for the process including having the right resources available at the time (A copy of: the current job description; the KSF outline for the post; the last appraisal record and last agreed objectives; the team's objectives if these are available, and information related to the Trust's aims and future objectives; the Trust's preparation form)
- Agree the time, location and venue of the review
- Participate fully in the process
- Jointly review the information that is available on the individual's work and come to a decision about how it meets the NHS KSF post outline and where there are areas for development
- Record the outcomes of the review meeting and each keep a copy.

5.6.2 Individual members of staff should:

- Ensure that they understand the NHS KSF outline for their post. Reference to the 'Getting the most out of your appraisal' will help for staff new to the NHS KSF
- Reflect on their work against their personal objectives and the NHS KSF post outline using feedback from others as well as their own thoughts and views
- Identify the different ways they can show where and how they have met the NHS KSF post outline
- Identify where they need further development and suggest those areas that seem to be the most important.
- If the member of staff has any concerns about the appraisal process they need to raise those concerns with their appraiser prior to the meeting

5.6.3 Appraisers must:

- Meet with the appraisee prior to the appraisal to talk through the process, and discuss any concerns the appraisee may have about the process
- Ensure that they understand the NHS KSF outline for the post they are reviewing
- Identify if an individual has particular needs for support to ensure that the process is fair for that individual
- Review the individual's work against their personal objectives and the NHS KSF outline for their post
- Identify the different ways the individual has shown s/he has met the NHS KSF outline for the post in which they are employed
- Facilitate a joint discussion between themselves and the individual about the individual's work using their personal objectives and NHS KSF post outline as the basis, and this facilitation may mean managing different points of view
- Work jointly with the individual to identify where the individual needs further development and the areas that are most important

5.6.4 Good appraisal practice

- 5.6.4.1 The appraisal fits into the overall responsibilities of being a manager. The expectation is that managers will be meeting with staff frequently throughout the year, regularly giving feedback on performance, engaging staff in decision making and discussing ideas for service development. Therefore the appraisal meeting builds on good management practice throughout the year.

- 5.6.4.2 Appraisal must happen annually, and good practice would suggest a 6 month review, in addition to the regular meetings taking place.
- 5.6.4.3. For those staff newly appointed to band 5 where 12 months of preceptorship applies a six month review in the first year is essential to ensure they meet the required standard of practice under preceptorship arrangements to inform their pay progression.
- 5.6.4.4 All staff will need to participate in at least 2 reviews in their first year in post, one of which needs to be no later than 6 months into the post to ensure that the individual is on track to meet the foundation gateway for the post. (See Section 6)

5.6.5 Role/function of the appraiser

- Review whether any changes are required to the job description or KSF outline
- Coach the appraisee to draw out their ideas and suggestions on how services/the individual's own performance can be developed
- Link the contribution and effort of the individual to national, trust, service, team objectives and the requirement of the post outline for that post
- Review the individual's performance and development together
- Lead the process, chair the meeting, clarify issues and encourage discussion and then draw conclusions. It is the task of the appraiser to make it a positive and forward looking experience which focuses on:-
 - How the individual can meet the objectives
 - How they can learn and develop further, relating this to an open and honest examination of how the individual is currently doing
- Make an assessment on whether the individual has met the foundation gateway and is on track to meet the requirements of the second gateway

6. CAREER AND PAY PROGRESSION IN PRACTICE

6.1 Using Foundation and Second gateways in the appraisal process

- 6.1.1 In most years pay progression will take the form of an annual increase in pay from one pay point within a band to the next, until the individual reaches the top of the payband, as there is a normal expectation of progression. At defined points in a pay band – known as 'gateways' – decisions are made about pay progression as well as development
- 6.1.2. The 2 gateways that apply in each of the nine paybands are the Foundation gateway and the Second gateway.
- 6.1.3 It must be clear which dimension, levels and indicators, identified in the NHS KSF, should be demonstrated at both the Foundation and Second gateway

6.2 The Foundation Gateway

- 6.2.1 The Foundation gateway takes place no later than 12 months after an individual is appointed to a payband regardless of the pay point to which the individual is appointed.
- 6.2.2 New staff will have at least two reviews in first year
- 6.2.3 The purpose of the foundation gateway is to check that individuals can meet the basic demands of their post on that payband – the foundation gateway review is based on a subset of the full NHS KSF outline for a post. Its focus is the knowledge and skills that need to be applied from the outset in a post coupled with the provision of planned development in the foundation period up to 12 months.

6.2.4 Following the Foundation gateway the annual appraisal will inform development towards the Second gateway

6.3 The Second Gateway

6.3.1 This is set at a fixed point towards the top of a payband as set out in the national agreement

Pay band	Position of second gateway
Pay band 1	Before final point
Pay bands 2-4	Before the first of last 2 points
Pay bands 5-7	Before the first of last 3 points
Pay band 8, ranges A - D	Before final point
Pay band 9	Before final point

6.3.2 The Second gateway review is based on the full outline for post

6.3.3 The purpose of the second gateway is to confirm that individuals are applying their knowledge and skills to consistently meet the full demands of their post – as set out in the full NHS KSF outline for that post. Having gone through the second gateway, individuals will progress to the top of the pay band provided they continue to apply the knowledge and skills required to meet the NHS KSF outline for that post.

6.3.4 It is the responsibility of the manager to know when a gateway is due for an individual and plan to ensure that the gateway review takes place in time for staff to progress on their normal increment date.

6.4 Preceptorship

6.4.1 Preceptorship is " A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey" – taken from "Preceptorship Framework for newly registered nurses, midwives and allied health professionals" DOH guidance March 2010

6.4.2 Newly qualified health professionals join the Preceptorship Programme on Pay Band 5 and have accelerated pay progression through the first two points within that band. The first of these increments will be applied on evidence of progress inline with the preceptorship programme and the NHS KSF Foundation Outline and PDP at the six month review. Where it is agreed that progress is inline with expectations the line manager will inform payroll to apply the first increment. The second increment will be applied following a further review of progress inline with the Preceptorship Programme and the Foundation Gateway review as per 6.2.3

6.5 Local arrangements for delayed gateway review

6.5.1 Maternity leave

6.5.1.1 Staff intending to go on maternity leave should have their appraisal prior to going on maternity leave.

6.5.1.2 If a gateway falls within the maternity leave period:-If possible the Gateway appraisal should take place before the employee commences maternity leave. The employee then goes through the gateway on her usual increment date.

6.5.1.3 If it is not possible for the Gateway appraisal to take place prior to the employee commencing maternity leave, and no concerns have been raised regarding the employee's ability to meet the KSF outline, then she will go through the gateway without a gateway appraisal. On returning from maternity leave and after agreeing a suitable time frame the employee will then have a KSF review against the KSF outline for her post.

6.5.1.4 If an employee is due to go on maternity leave and the date of their Gateway falls when she will be on maternity leave, but concerns have been raised about her ability to meet the KSF outline requirements the following actions are expected:

- If concerns about the employee's ability to meet the KSF outline requirements have been raised formally, and an agreed Gateway action plan and time frame put in place to assist the employee, then if practicable, the employee must have an additional KSF review prior to maternity leave
- If at that review the employee can demonstrate she has resolved the concerns raised, she will pass through the gateway whilst on maternity leave and the new rate will be reflected in the maternity pay paid from that incremental due date
- If concerns remain then a decision how to manage this needs to be taken at a local level. Please contact your HR Business Partner in this situation

6.5.2 Sickness absence

6.5.2.1 In following good appraisal practice the manager will be undertaking regular discussions with staff. Therefore unless these discussions have highlighted performance or development issues any member of staff on long term sickness absence (4 weeks or more) when a gateway occurs will pass through the gateway and the gateway review will be undertaken upon their return.

6.5.2.2 If there have been concerns during regular meetings and a gateway action plan has been completed then pay progression can be deferred until the member of staff returns and the gateway review is completed. If upon his or her return that review demonstrates that the member of staff has met the outline requirements then any pay arrears will be back dated to their original gateway increment date.

6.5.2.3 In both cases if staff returning from long term sickness absence are found not to have met the gateway requirements it should be dealt with according to the Capability policy.

6.5.3 If the manager is not able to carry out the gateway review

To ensure that a manager's own absence does not prevent a member of staff being able to participate in a gateway review all managers should nominate an appointed deputy who would be able to fulfil this role. In order to facilitate this, good practice would suggest that managers keep notes of their informal meetings and reviews with the member of staff throughout the year so that these could be referred to if necessary.

6.6 Career development

6.6.1 Development will primarily focus on helping members of staff to carry out their current job to the standard specified in the KSF outline for the post, although personal interests and opportunities for career progression will also be taken into account.

6.6.2 Staff members will contribute to undertaking the agreed personal development plan through their personal effort. They may individually choose, where appropriate, to

commit personal time and resources, especially in those areas relating to longer term career development.

- 6.6.3 The KSF post outlines within the Trust will ultimately be available to all staff members via E-KSF to inform future career steps.

7. THE ORGANISATION'S RESPONSIBILITIES AND COMMITMENT TO ITS STAFF

7.1 Access to Resources and Support

- 7.1.1 It is the Trust's responsibility to support individuals and their personal efforts appropriately. Where development needs essential to the post are agreed with the appraiser acting on behalf of the Trust there will not normally be any requirement for the member of staff to use his or her unpaid personal time or annual leave.
- 7.1.2 Managers and staff will work together to fulfil agreed development plans. Managers, acting on behalf of the Trust will encourage staff members to progress and develop, where training/development needs have been identified and agreed, and will ensure sufficient financial support is provided where required to meet the needs. Where appropriate, managers acting on behalf of the Trust should ensure that staff have appropriate time to fulfil training/development needs related to their current job and appropriate financial and other support.
- 7.1.3 If the Trust fails to do this, pay progression cannot be deferred.
- 7.1.4 Wherever possible managers will also provide similar encouragement and support for elements of the personal development plan which reflect personal interests or help staff prepare for a more senior role or transfer to a different area of work within the NHS.
- 7.1.5 The review process must be designed to ensure that part-time staff and those working outside normal hours have equal access to the development review process and support to meet their development needs.

7.2 Safeguards that apply regarding progression:

- 7.2.1 There will be a normal expectation of progression and no national or local quotas will apply
- 7.2.2 All staff must have an equal opportunity to demonstrate the required standard of knowledge and skills to progress through the gateways and pay points
- 7.2.3 The applied knowledge and skills required at the foundation and second gateways should be clearly stated during recruitment
- 7.2.4 Outlines may be changed by local agreement. Please see section 5.2
- 7.2.5 The Trust must ensure that there is a robust jointly agreed process for checking managers' decisions and reviewing disagreements within an agreed timescale for re-review
- 7.2.6 Pay Progression cannot be deferred unless there has been prior discussion between the individual and the person undertaking their review, which should be recorded, about the knowledge and skills that the individual needs to develop and apply and the member of staff has been given the opportunity to achieve the necessary development. The gateway action plan is to be used to record the discussion and agreed actions.
- 7.2.7 Managers and staff representatives, acting in partnership will monitor decisions on pay progression to ensure there is no discrimination or bias.

7.3 The appeals process

The decision to defer a member of staff's increment increase following a gateway review can be subject to appeal by the member of staff. Please refer to Appendix 2 of the Capability Policy for details of the appeals process.

8. CAPABILITY ISSUES

The Trust's Capability Policy covers the local implementation of the 'Agenda for Change: NHS Terms and Conditions of Service Handbook January 2005' in relation to gateway management, the handling of significant performance weaknesses, and the management of general capability issues.

The Appraisal and PDR policy and the Capability Policy should be read in conjunction with the relevant code of conduct governing NHS staff registered with a recognised NHS body, with particular reference to 'fitness to practise' conditions and required competencies.

9. EQUALITY IMPACT ASSESSMENT

This policy has been subject to an Equality Impact Assessment and is not considered to have a discriminatory impact on any individual or groups. Please see Appendix 1 for completed Equality Impact Assessment.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

The Trust's corporate objectives require that all staff participate in appraisal and the agreement of a personal development plan. This is monitored via the monthly Trust Board performance report. The total percentage of staff participating in an appraisal process is monitored at the end of each financial year and reported as part of the Care Quality Commission self assessment, particularly in relation to standards C8b, and C11.

The appraisal and PDR policy is subject to periodic view via Internal Audit.

¹The link between the management of employees and patient mortality in acute hospitals', Michael A. West; Carol Borrill; Jeremy Dawson; Judy Scully; Matthew Carter; Stephen Anelay; Malcolm Patterson; Justin Waring, The International Journal of Human Resource Management, Volume 13, Issue 8 December 2002 , pages 1299 – 1310

²Parts of the National Context written with reference to 'Embedding the NHS – Strategic Direction 2008/9', January 2008, Gary Theobald, Strategic HR Consultant, East of England

STAGE 1 - SCREENING

Name & Job Title of Assessor: Kay Perry Peers	Date of Screening: September 2010
Policy or Function to be assessed: Appraisal and Personal Development Review(PDR) Policy – Supporting Pay and Career Progression	

		Yes/No	Comments
1.	Does the policy, function, service or project affect one group more or less favourably than another on the basis of:		This policy equally applies to all staff employed on Agenda for Change terms and conditions and those staff who remained on a Trust contract.
	• Race & Ethnic background	No	
	• Gender including transgender	No	
	• Disability	No	
	• Religion or belief	No	
	• Sexual orientation	No	The policy actively covers all the groups referred to in this EIA Tool.
	Age	No	The above are general comments and do not refer specifically to the factor aligned
2.	Does the public have a perception/concern regarding the potential for discrimination?	No	There is no known reason for the public to have any concerns re this policy

If the answer to any of the questions above is yes, please complete a full Stage 2 Equality Impact Assessment.

Signature of Assessor: Kay Perry Peers

Date: September 2010

Signature of Line Manager: Ian Vince

Date: September 2010

Chair: Kate Gordon Chief Executive: Nerissa Vaughan
Patron: Her Majesty The Queen

The Preferred Hospital for Local People



APPRAISAL AND PERSONAL DEVELOPMENT REVIEW (PDR) POLICY – SUPPORTING PAY AND CAREER PROGRESSION – KEY CHANGES

The key changes were made in order to formalize the outcomes of the review of the Trust's KSF appraisal process undertaken between November 2009 and April 2010, with particular reference to the new flexibility around the appraisal paperwork and process introduced.

Index updated to reflect changes made in body of policy

Section 1 'National context' was updated and renamed 'Key drivers and context for this policy'.

Updates included reference to the Darzi report, high care for all and the development of a Trust Quality Strategy which underpin the need for a robust appraisal process

Section 2 – update of the 'policy statement' to strengthen the reference to creating a high performance culture

Small change to 5.3.5 to remove reference to the 'Evaluation of learning' form in order to reflect the changes made to the appraisal paperwork as a result of the review and streamlining of the Trust's appraisal process

5.4.3 – removal of 'No other appraisal paperwork is to be used as the Trust wants to ensure consistency of approach, important for equal and fair treatment of all staff' given the alternative preparation forms introduced as part of the Trust's KSF appraisal review

Complete update of section 5.5 'Using Evidence in the appraisal' in order to reflect the changes in the Trust's appraisal process for AfC staff. The key changes are captured in section 5.5.4 which reflects the additional flexibilities

The appraisal preparation form requires both the appraisee and appraiser to identify if the appraisee is:-

Exceeding expectations

Meeting Expectations/Meeting outline requirements

Generally meeting expectations/a few gaps

Not meeting expectations/requires action plan

Having already carried out a full KSF outline review previously, if it is agreed that the postholder is meeting or exceeding expectations (1 or 2 above) you only need identify one updated piece of evidence for each KSF dimension as part of the current KSF review, to demonstrate that skills and knowledge are being kept up to date.

If it was agreed the post holder was generally meeting or not meeting expectations (3 or 4 above) you will need to carry out the full KSF review together at the current appraisal, covering all dimensions and indicators, in order to agree the gaps and appropriate development.

A new section 6.4 has been added to cover the arrangements around preceptorship

The previous section 6.4 is now section 6.5

Equality Impact Assessment has been updated