East of England Ambulance Service **NHS**
NHS Trust

Personal Development Review Policy

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Version:	Version 5

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author**
Business Transformation Directorate, Learning and Development Unit		Sam Page, Learning and Development Manager
Version	**Date**	**Comments (i.e. viewed, or reviewed, amended approved by person or committee)**
3.1	5 March 2012	Tracey Leghorn, Associate Director of HR
3.2	8 March 2012	Reviewed by Sam Page
3.3	12 March 2012	Reviewed by HR Policy Group
3.4	1 June 2012	Sent to SPF for approval
3.5	August 2012	Sent to EMT for approval
4	November 2012	Approved
V5.0	December 2015	Approved extension to review date by SPF to June 2016

The Trust will not tolerate unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

Document Reference	Directorate: HR
Recommended at	Staff Partnership Forum

Date	
Approved at Date	Executive Management Team
Review date of approved document	June 2016
Equality Impact Assessment	12 March 2012
Linked procedural documents	Learning and Development Policy Equality, Diversity and Human Rights Policy Preceptorship Policy Secondment Policy
Dissemination requirements	All managers, staff and agency workers via staff bulletins and the intranet
Checklist completed	Yes / No? YES
Part of Trust's publication scheme	Yes / No? YES

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1.   Policy Statement

1.1   This document outlines the Personal Development Review Policy for The East of England Ambulance Service NHS Trust (the Trust). The Trust is committed to developing its employees. Investing in people enhances the skills of individual members of staff, thereby improving the quality of care provided.

1.2   The Trust recognises that every employee has a contribution to make towards its overall success. To develop this contribution, the Trust is committed to a process of reviewing individuals' progress, setting objectives and providing development opportunities. The Trust recognises that under Agenda for Change each employee, as part of their employment contract with the Trust, is entitled to receive a Personal Development Review (PDR) to enable them to develop their knowledge and skills and progress within their pay band.

1.3   A PDR is the process of reviewing, planning, developing and evaluating how the employee is applying their knowledge and skills to meet the demands of the post and what development opportunities have been undertaken and how these have helped the employee to become better at what they do.

1.4   The national agreement on PDRs introduced as part of Agenda for Change*, "The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process"* set out the framework that NHS organisations should now be operating to ensure staff are appraised against their KSF outline and are able to progress through their pay band via the "Gateways" system.

1.5   This policy should be read in conjunction with the PDR – guidance document.

2.   Scope

2.1   This policy applies to all permanent staff including those on a fixed term contract other than Medical Staff and Directors who are subject to separate arrangements.

3.   Access to the Procedure

3.1   All employees are entitled access to this policy, which is located in the HR Policies and Procedures Folders and/or on the Trust's Intranet. However, if they require this Policy in any other format they should seek guidance from the Human Resources Department, their line management or trade union representative.

3.2   Employees and Managers may also wish to consult related Trust policies such as Learning and Development, Equality, Diversity and Human Rights, Preceptorship, Secondment and locally agreed applications of the national NHS Terms and Conditions of Service Handbook, NHS Staff Council Guidance (Appraisal in KSF made simple- a practical guide).

4. Roles and Responsibilities

4.1 The Human Resources Department is responsible for keeping the provisions within this policy in line with employment legislation and best practice people management principles.

4.2 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees on the application of this policy and procedure.

4.3 Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this policy to the attention of the Trust.

4.4 Line Managers are responsible for the personal development of their teams and individuals.

4.5 Employees are responsible for participating in the personal development process.

5. Objectives of Personal Development Review

5.1 The objectives of the Trust's Personal Development Review are as follows:

- To ensure the employee is clear about their role and responsibilities, their Knowledge Skills Framework (KSF) outline and the key aims of their particular part of the service.

- To provide an opportunity to jointly review the employee's past experiences and achievements, by facilitating a constructive discussion between the employee and their manager.

- To jointly review progress made against KSF outline.

- To jointly agree future work related objectives, clearly linked to the services business plan and the Trust's corporate objectives.

- To jointly prepare a Personal Development Plan (PDP) to assist the employee to meet the agreed work objectives, to support future development within the knowledge and skills identified in their KSF outline.

6. Principles of Personal Development Review

6.1 Underpinning the PDR process there are some key principles which managers are required to adhere to:

- Openness: Every employee should understand and agree everything written about him or her in his or her PDR;

- Confidentiality: All PDR information, except PDP (Personal Development Plans) is private and confidential. However, there may be occasion where this information needs to be shared with other appropriate members of the Trust, this will only be done in consultation with the employee. PDP information will be

shared with the Learning Development Unit in order that the Trust can be informed of the larger organisational learning gaps;

- Ownership: PDR relies on joint commitment between the individual employee and the Trust. To be effective both partners must agree, commit to and own performance objectives and development plans;

- Objectivity: The focus of PDR is on the achievement of agreed objectives and development plans. It is not concerned with individuals' traits;

7. Timescales

7.1 Where operationally possible, the PDR process follows an annual cycle (April to March) complementing the annual planning cycle. The expectation is that PDRs will take place between May and October of each year (as set out in Appendix 1). The only exception to the PDR cycle will be any member of staff who is in a Foundation Gateway year.

7.2 Employees will be notified in writing the date of their PDR, this should be within working hours. In order to prepare a minimum of 14 day's notice must be provided. With mutual agreement this time period can be reduced. Managers should endeavour to protect this time in order to facilitate a meaningful and thorough PDR.

8. Focus on Development

8.1 A key role of the reviewing manager is to ensure that the individuals in their teams receive the support required to develop their skills to fully undertake their roles. This is informed by, and monitored through a personal development plan.

8.2 Reviewing managers should ensure that potential non mandatory learning and development opportunities are not at the detriment to mandatory training requirements. Reviewers also have responsibility for identifying and on occasions resourcing development activities and for reviewing and evaluating development plans in conjunction with the Learning and Development Unit

8.3 The Trust is keen to ensure that every employee has the opportunity to consider a wide range of learning opportunities (i.e. not solely course driven) and interactions throughout their employment. The focus should be on current and future organisational needs, although they can also include the employee's career aspirations where these are compatible with service/Trust objectives.

8.4 All staff (except those in Annex U or Paramedics in the foundation year) will have a KSF outline that comprises of the six core dimensions rather than core plus additional specific dimensions as was previously the case. For ease of reference the core dimensions are: Communication, Personal and People Development, Health Safety and Security, Service Development, Quality and Equality and Diversity. There will be no requirement to collect portfolio evidence for the KSF review, unless a specific area requiring improvement has been identified. The KSF regional group will agree generic KSF outlines, recommending set levels, for administrative bands 1-4, if appropriate these may be modified to ensure they are aligned to specific requirements of a role.

8.5 Any individual who has completed their KSF outline for role and would like to consider career progression can support that aim by either continuing to collect evidence for their own core and specific dimensions (albeit at a higher level) or to review the full

KSF outline for their potential future role and develop an portfolio of evidence at that level.

8.6   The KSF regional group will agree generic KSF outlines, recommending set levels, for administrative bands 1-4 – noting however that for some individual, some group and/or specialised roles, these may require modification of some aspects to ensure they are aligned to the specific requirements of the role.

8.7   The Trust will continue to support a full broad KSF outline with specific dimensions for staff in Annex U or Paramedics in their foundation year. Evidence will be required in line with current set levels.

8.8   The purpose of the foundation gateway is to check that individuals can meet the basic demands of their post on that pay band – the foundation gateway review is based on a subset of the full KSF outline for the post. Its focus is the knowledge and skills that need to be applied from the outset coupled with the provision of planned development in the foundation period of up to 12 months. There is only one exception to this, which is in relation to preceptorship. During the preceptorship year, new entrants will be reviewed against locally set standards at six months and the foundation subset KSF outline at twelve months.

8.9   Staff joining pay band 5 as new entrants will have accelerated progression through the first two points in six monthly steps (that is, they will move up one pay point after six months and a further point after 12 months) providing those responsible for the relevant standards in the organisation are satisfied with their standard of practice. This 12-month period will be referred to as "Preceptorship". (Refer to Preceptorship Policy for full details). Managers and budget holders are responsible for ensuring the necessary HR2 paperwork is completed in order to active this increase in salary.

8.10   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 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 KSF outline for that post. 8.11 For staff in their Foundation Gateway year there will be an initial Foundation Gateway meeting within one month of moving into their new post to introduce the employee to the KSF sub-set and full outline. In these cases the Foundation Gateway Review meeting will need to take place no later than three months prior to the individual's incremental date to allow time for pay progression to be actioned or performance management action (i.e. further support or development) to be taken where the member of staff is not achieving the required levels as set out in their KSF outline. See Appendix 2.

8.12   For staff in their second gateway year, the gateway review meeting will need to be scheduled at least three months prior to their incremental date and the purpose of this meeting is achievement of the full KSF Outline. This allows time for pay progression to be actioned or performance management action (i.e. further support or development) to be taken where the member of staff is not achieving the required levels as set out in their KSF outline. Please note this does not replace their normal personal development review in the Trust's PDR cycle.

8.13   Staff on secondment, (usually an employee who has temporarily moved to another role for more than 12 weeks), may be able to apply for an incremental pay point uplift on return to their substantive post, if they have evidence that knowledge and skills learnt in the secondment actively contribute to their substantive post. In order for this to be

evidenced and monitored, it will be necessary to undertake a PDR at the beginning of the secondment and a full review at the end. (Refer to Secondment Policy)

9.   Resolving Differences

9.1   In the event that an individual does not agree with the outcome of a gateway review, every effort must be made to ensure that the reviewer and the employee attempt to resolve differences of opinion during the gateway review meeting.

9.2   Where the post holder remains aggrieved, they may raise the matter via the Trust's Appeals Procedure (Appendix 3).

9.3   There is a requirement for the Trust to monitor decisions on pay progression. These requirements are set out in Section 6 of Agenda for Change NHS Terms & Conditions Handbook.

10.   Equal Opportunities

10.1   The Trust is committed to equality of opportunity. Personal development plans are an important tool to ensure that every employee has the opportunity to make the most of their potential.

11.   Personal Development Review Forms (PDR)

11.1   Appendix 4 is a copy of the forms to be used by the majority of staff. If you are Annex U or a paramedic in your foundation year, please go to the PDR folder on East 24 for a version with specific dimensions included

12.   Policy Review

12.1   This policy will be reviewed three yearly, or more frequently if significant changes to its effective operation are necessary.

**Appendix 1 PDR
Annual Cycle (April- March)**

Step 1 and 5 Mar/April

PDR Meeting

-Review previous year

-Set objectives for next year

-Review KSF outline against 6 core dimensions

- Agree PDP

-E-mail LDU with name of reviewee and date of the PDR meeting so the central training records can be updated

Step 2 July/Aug

Interim Review

- review progress against objectives, KSF and PDP

Step 3 Oct

– COM/Manager to collate all data on their team's PDPs and send summary to the Learning and Development Unit to inform organisational learning

Step 4 Nov/Dec

Interim review

– Review progress against objectives, KSF and PDP

Note-If in Second Gateway year, assess achievement against full KSF outline & if met agree progress through gateway. If not met agree performance management objectives.

Appendix 2 - Foundation Year

Step 1: Within 1st Month

Initial Foundation Gateway Meeting

- Introduce KSF full & subset outlines
- Agree objectives
- Agree PDP
- E-mail LDU with name of reviewee and date of the PDR meeting so the central training records can be updated

Note- New entrants in Band 5 require PDP within initial 4 weeks followed by 2 pay progression reviews at 6 & 12 months

Step 2: Within 6 Months

Interim Review

- review progress against objectives, KSF and PDP

Step 3: 3 Months Prior to Incremental Date

Foundation Gateway Review Meeting

- Assess achievement against KSF subset outline & if met agree progress through gateway. If not met agree performance management objectives.

Step 4:

PDR Meeting

- Review previous year
- Set objectives for next year
- Review KSF outline
- Agree PDP
- E-mail LDU with name of reviewee and date of the PDR meeting so the central training records can be updated

(join annual review cycle)

Appendix 3

Appeals Procedure

General Principles

1.   This procedure issued for dealing with any differences that arise over the local application of the new national agreement to staffs individual pay and terms and conditions of service, including:

- The application of the payments for working outside normal hours system;
- The use of local recruitment and retention premia;
- The regularity of development review;
- The provision of support for training;
- The progression of staff through pay band gateways.

Procedure

2.   Appeals must be lodged in writing to the Associate Director of HR at the Bedford locality office no more than six months after the employee was notified or could otherwise have reasonably been expected to be aware of the decision giving rise to the appeal.

3.   The appeal notification must include a statement from the appellant of the nature of the appeal.

4.   A Senior HR Manager will nominate a manager to discuss the issue with the employee as a first step in resolving the issue. During this informal stage, the employee may choose to be accompanied by a union representative, this should not unnecessarily delay the process.

5.   If during the informal stage it is agreed, after having considered the issue that the matter can be resolved at this stage, then this agreement will be confirmed in writing by the manager who will also send a copy of that confirmation to the Senior HR Manager. This agreement may include a recommendation that the case should be linked with any similar cases and dealt with by a local review rather than by individual appeal.

6.   The informal stage should establish in particular whether:

- The issue is not based on incorrect information;
- The issue of concern is not based solely on opposition to the clear terms of the agreement;

- The issues of concern has already been determined (or is already under consideration) either by the NHS Staff Council, or on local review or in a preceding appeal in similar circumstances;
- Reasonable attempts have been made to first resolve the issue without recourse to an appeal.

7.   If the matter is not resolved by the manager to the satisfaction of both parties then the manager will inform the Associate Director of HR in writing, who will convene an appeals panel.

8.   The appeals panel will consist of two members, one manager and one staff side, selected from a list of panellists approved by theStaff Partnership Forum.

9.   The panel members will be sent a copy of the appellant's statement and a copy of the manager's outcome of the informal stage meeting.

10.   If, in the opinion of the appeals panel, they think there would be a benefit in others giving evidence to the panel they will request their attendance at the hearing.

11.   At the hearing the panel will hear the appeal from the employee, who may be accompanied and assisted by a union representative, and from any other employee/s that the panel have called.

12.   The appeal panel will prepare and submit their recommendation to the (Staff Partnership ForumThe Staff Partnership Forum will consider the recommendations and communicate the result in writing to the appellant. If the result affects any other employees, they will be informed of the result.

13.   The decision of the local appeal is final and there will be no further levels of appeal. The local appeal panel may however consult the NHS Staff Council on the interpretation of the Terms and Conditions of Service Handbook before reaching a decision, and should do so where an issue of interpretation is material to the case and has not already been clarified by the council.

The decision of the appeals procedure does not establish any precedents beyond the East of England Ambulance Service NHS Trust**Year under Review (April – March)**	
Employee Name	

Job Title	
Assignment Number (found on top left of payslip)	
Directorate	
Is a pay progression gateway applicable at this review? If so which?	**Foundation Gateway** ☐ **Second Gateway** ☐ **Annual Increment only** ☐
Gateway Achieved	**Y/N**
Reviewer name and job title	
Signature of post holder – the information contained in this document is a fair and accurate record of our PDR meeting	
Signature of reviewer - the information contained in this document is a fair and accurate record of our PDR meeting	

Learning
&

Personal Development Review Policy

Work Objectives

Objective What do you need to do?	Task What do you need to do to achieve your objective?	Success Criteria How will you know you have achieved your objective?	Deadline for completion

KSF Review

KSF Dimensions	Level	Level Achieved	Areas for development and evidence required	Comments
1. Communication				
2. Personal and People Development				
3. Health, Safety and Security				
4. Service Development				
5. Quality				
6. Equality and Diversity				

Signature of post holder **To agree target KSF levels**	**Date**	**Signature of post holder** **To agree evidence decisions**	**Date**
Signature of reviewer **To agree target KSF levels**	**Date**	**Signature of reviewer** **To agree evidence decisions**	**Date**

Personal Development Plan

Learning and Development Need	Link to KSF/Work Objectives	Action **How will I meet this Development Need**	Target Completion Date
Mandatory Refresher Workbook	n/a		
Professional Update Day 1 (if applicable)	n/a		
Professional Update Day 2 (if applicable)	n/a		

Personal Development Review Year (April 20 – March 20)

To be completed by reviewee	To be completed by reviewer - in response to reviewee comments
How do you feel you have developed during the last year? **What has helped you to develop?**	

Please refer to the guidance notes "How to carry out an Equality Impact Assessment"	

Document Reference:	Document Title: PDR Policy
Assessment Date: 12th March 2012	Document Type: HR Agreement
Responsible Director: Lesley Bradley	Lead Manager: Tracey Leghorn

Step 1:	Identify main aims of policy

Describe the main aim, objectives and intended outcomes of the proposed project/policy

Aim: To outline the PDR process for employees of the Trust
Objectives: - Support and develop employees - Improve clinical care - Ensure mandatory training elements are completed
Intended Outcomes: To meet the requirements set out by Agenda for Change and develop existing employees to reach their full potential.

Step 2:	Collect and Analyse Information

Has any previous work or research been done on equality issues in the area of the proposed project/policy? If so, what were they?

No

You should ask relevant questions in relation to all the strands equality & diversity, but information gathered should be relevant to your needs that will inform your decisions around the topic you are reviewing. If you identify a need for information that is not available you should consider and plan with the relevant others how this information could be obtained.[1]

Gender including transgender	Do you have enough information?	Yes	No
	What else do you need to know?		
Race	Do you have enough information?	Yes	No
	What else do you need to know?		
Disability	Do you have enough information?	Yes	No
	What else do you need to know?		
Sexual Orientation	Do you have enough information?	Yes	No
	What else do you need to know?		
Age	Do you have enough information?	Yes	No
	What else do you need to know?		
Religion & Belief	Do you have enough information?	Yes	No
	What else do you need to know?		

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[1] Refer your need for information and proposal to the Equality & Diversity Steering Group using a copy of this page with your information before proceeding to ensure all similar requests can be coordinated

Step 3:	Identify the level of impact

To help you think about this, you should complete the High, Medium, Low table and give reasons/comments for where:

(a) The policy/strategy/project could have a positive impact on any of the equality target groups or contributes to promoting equality, equal opportunities and improving relations within equality target groups.

(b) The policy/project/procedure could have a negative impact on any of the equality target groups, i.e. disadvantage them in any way. **If the impact is high, a full Equality Impact Assessment should be completed**.

Equality target group	a. Positive impact			b. Negative impact			c. If NONE how did you evidence this?
	Low	None	High	Low	None	High	
Gender (including transgender)	Yes			Yes			Applicable to all
Race	Yes			Yes			Applicable to all
Disability	Yes			Yes			Applicable to all
Sexual orientation	Yes			Yes			Applicable to all
Age	Yes			Yes			Applicable to all
Belief and Religion	Yes			Yes			Applicable to all

Step 3ª:	Decide if policy is equality relevant

Does the proposed project/policy have an explicit focus on inequalities, human rights and diversity? If so, how?

No

Is there a risk that the proposed project/policy may unintentionally mask or cause a negative impact on equality and diversity?

No

Is there a risk of adverse impact? If yes, please list the specific risks. If no, please explain the basis of your judgement.

Risk of detrimental treatment in managing people with different beliefs, religion and culture.

Step 3^b:	**Record findings and produce action plan**

If there are any potential or actual risks, what action will be undertaken to mitigate the specified risks, or to minimise the adverse impact. Within what timescales will this be done, what are the implications on resources and who will be responsible?

Findings	Proposed action	Timescale	Implications on resources	Responsible lead

Please state how the policy, procedure or process will be monitored for inequalities that may arise after the implementation:

- Number of appeals monitored
- Outcomes of PDRs recorded and monitored

Summary:

On the basis of the information/evidence/consideration so far, do you believe that the proposed project/policy will have a positive or adverse impact on equality or diversity? (please circle one)

Positive Impact		Adverse Impact	
Yes	No	Yes	No

Basis for your judgement:

Has a significant adverse impact been identified that requires a Full Equality Impact Assessment?

YES	Some Impact Identified Local Actions set out to resolve the impact [2]	NO

Name of the project/policy lead completing this assessment:

Name: Laura Norton	Job Title: HRBP
Signature:	Date:12th March 2012

Please email this completed draft document to the Equality & Diversity Lead for quality assurance purposes and record monitoring.
This form must accompany all policies and procedures when sent to Trust Board Committee or Group for approval

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[2] Please ensure that the arrangements for monitoring the implementation and outcomes are stated in the executive summary

Executive Summary Page for Equality Impact Assessment:	
Document Reference:	Document Title: Policy
Assessment Date:	Document Type: HR Agreement
Responsible Director: Lesley Bradley	Lead Manager: Tracey Leghorn
Conclusion of Equality Impact Assessment:	
Recommendations for Action Plan:	
Risks Identified:	
Approved by a member of the executive team:	
YES	**NO**
Name: Lesley Bradley	Position: Director of Business Transformation
Signature:	Date:
This whole document should be stored with the master document and a final approved copy must be sent to the Equality & Diversity Lead at Bedford Office	