



THE STATE HOSPITALS BOARD FOR SCOTLAND

PERSONAL DEVELOPMENT PLANNING AND REVIEW POLICY

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| Next Review Date | 24 October 2026 | |
| Accountable Executive Director | Director of Workforce | |

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

September 2023 Review

- Policy statement section updated to highlight links between the Personal Development Planning and Review (PDP) process and the Staff Governance Standards.
- Details relating to scope of the policy amended to make explicit that separate arrangements are in place for Executive/Senior Manager Appraisal and Medical Staff Appraisal.
- Bullet point added within the 'core principles' section to reinforce that, for new employees, the PDP process should commence as part of the local induction process and an initial 'set-up' meeting to clarify performance requirements and agree a Personal Development Plan should take place within the first 3 months in post.
- Bullet point added within the 'core principles' section to highlight the requirement to record details of PDP meetings on the Turas Appraisal platform.
- Bullet point added within the 'reviewer responsibilities' section to encourage use of interim/informal review meetings throughout the year to track and review progress and to update/amend objectives or development needs where required.
- Bullet points added within both the reviewer and reviewee 'responsibilities' sections to highlight their responsibilities in relation to recording details of PDP meetings and associated progress updates and achievements on Turas Appraisal
- Wording of the 'disagreements/disputes' section amended to clarify arrangements for recording and managing disagreements/disputes.

CONTENTS

| | |
|---|---|
| 1. POLICY STATEMENT | 4 |
| 2. SCOPE..... | 4 |
| 3. DEFINITION..... | 4 |
| 4. AIMS OF THE POLICY..... | 4 |
| 5. CORE PRINCIPLES | 5 |
| 6. RESPONSIBILITIES..... | 6 |
| 7. DISAGREEMENTS / DISPUTES | 7 |
| 8. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY | 7 |
| 9. EQUALITY AND DIVERSITY | 8 |
| 10. STAKEHOLDER ENGAGEMENT | 8 |

1. POLICY STATEMENT

The State Hospital is committed to supporting all staff to meet the requirements of their role and to providing access to development support that will enable employees to fulfil their full potential.

Providing an environment that is conducive to employees working to a high standard and delivering high quality services and care is central to this process. The Personal Development Planning and Review (PDPR) process provides a framework within which regular review of staff performance and development needs can be carried out. It incorporates a continual process of planning, monitoring, assessment and support to help staff develop their capabilities to meet the requirements of their job role and purpose and to support achievement of future career development goals and aspirations.

This policy reflects best practice standards identified in the 'Personal Development Planning and Review' Partnership Information Network (PIN) Policy 2011. It also supports the Staff Governance Standards and the rights of staff to be: (1) appropriately trained; and (2) treated fairly and consistently, by ensuring that there is equity of access to appropriate learning and development opportunities based on individual and service needs

2. SCOPE

This policy provides the basis for good practice in Personal Development Planning and Review. It applies to all staff employed within the State Hospital under Agenda for Change (AfC) terms and conditions. This includes temporary staff, and staff seconded from external agencies/ organisations to posts within the State Hospital.

Staff engaged to work within the hospital through service level agreements with external organisation (e.g. social work, pharmacy, advocacy, etc) are not included within the scope of this policy. Separate appraisal arrangements are also in place for medical staff and for staff in Executive and Senior Manager roles.

3. DEFINITION

Personal Development Planning and Review is a performance appraisal framework that helps to enhance individual, team and organisational performance through ongoing, constructive dialogue between line managers and staff to ensure that all staff:

- 1) Understand their role and know what is expected of them
- 2) Receive ongoing feedback on performance
- 3) Are supported to identify and address personal development needs
- 4) Are given help and encouragement to achieve their full potential and supported with their career development

4. AIMS OF THE POLICY

This policy aims to ensure that:

- a) A clear framework is in place for Personal Development Planning and Review and the process is applied fairly and consistently across the organisation.
- b) All managers and staff are aware of their roles and responsibilities in relation to the Personal

Development Planning and Review process.

- c) A formal review of individual performance is carried out a minimum of once per year with all employees.
- d) All employees have a realistic and achievable Personal Development Plan (PDP) that is reviewed and updated at least annually.
- e) Learning and development opportunities are appropriately targeted to equip staff with the knowledge and skills required for their current job role, and to meet future service needs and support career aspirations and future progression.

Further guidance on how to prepare for and conduct PDPR meetings, including how to record details on Turas Appraisal, are available on the hospital intranet.

The Personal Development Planning and Review policy is separate from formal processes for managing individual conduct or capability. These separate activities are covered by specific NHS Scotland policies relating to employee conduct and capability.

5. CORE PRINCIPLES

The principles detailed below should underpin the Personal Development Planning and Review process within the State Hospital.

- All staff must be made aware of the performance standards and behaviours required within their role (as detailed in the KSF outline for the post), and should receive regular feedback on their performance.
- For new employees, the Personal Development Planning and Review process should commence as part of the local induction process, with an initial 'set-up' meeting to clarify performance requirements and agree a Personal Development Plan taking place within the first 3 months in post.
- Personal Development Planning and Review should be a planned and ongoing process and a formal review meeting must take place at least once per year with individual staff.
- The Personal Development Planning and Review process should support alignment of individual team and organisational objectives
- During Personal Development Planning and Review discussions, emphasis should be placed on the employee's self-assessment, supported, guided and facilitated by the reviewer.
- Individual development needs must be jointly agreed and should take into account mandatory and job-specific training needs, plus Healthcare Support Worker standards and CPD requirements associated with revalidation and professional registration where appropriate.
- Personal Development Planning and Review discussions should be based on objective evidence supported by regular, open and honest communication between the individual and their reviewer. There should be 'no surprises' during formal reviews and PDPR discussions should be kept distinct and separate from formal conduct or capability processes.
- Reviewers must be appropriately trained and sufficiently knowledgeable, skilled and competent to undertake the reviewer role.
- Reviewers must ensure that employees receive an appropriate level of support to understand and fully participate in the Personal Development Planning and Review process.

- To ensure that reviewers can fulfil their obligations effectively, the number of staff whose Personal Development Planning and Review they support must be kept manageable. This should fit with organisational structures and should be agreed at a local level. Where possible, this should be limited to a maximum of 12 reviewees per reviewer.
- Details of Personal Development Planning and Review meetings must be recorded on the Turas Appraisal platform.

6. RESPONSIBILITIES

Organisational Development and Learning Department is responsible for ensuring that:

- Personal Development Planning and Review arrangements are in place for all employees throughout the organisation.
- All managers involved in conducting reviews receive appropriate training to undertake the reviewer role.
- Organisational resources are in place to support staff learning and development, and resources are fairly distributed across staff groups based on prioritised needs identified through the Personal Development Planning and Review process.
- Compliance with the Personal Development Planning and Review process is monitored and regularly reviewed, and actions are taken to address any areas identified as in need of improvement.

Managers/Reviewers are responsible for ensuring that:

- The Personal Development Planning and Review process is fully implemented and applied in a fair, consistent and objective manner for all employees within their service area.
- All employees are made aware of the standards of performance required of them to fulfil their role and receive regular, ongoing feedback on their performance.
- Annual Personal Development Planning and Review meetings take place with individual staff in a planned and timely manner. (Interim/informal review meetings should also take place throughout the year to track and review progress and to update/amend objectives or development needs where required.)
- Reviewees understand the Personal Development Planning and Review process, and what is expected of them within this process, and are notified in advance of forthcoming reviews. (Employees should be given a minimum of two weeks' notice of the planned review.)
- Adequate time is given, to both the reviewer and reviewee, to prepare for, conduct and document the annual Personal Development Planning and Review discussion.
- Personal Development Planning and Review meetings take place in an appropriate venue that is free from interruption.
- Staff receive honest and constructive feedback on their work performance within the Personal Development Planning and Review process, and on an ongoing basis throughout the year.
- Good performance, and special effort by individuals and teams, is acknowledged, encouraged and reinforced within the Personal Development Planning and Review process.

- Appropriate development support is provided to enable employees to achieve the standards of performance required within their role and to help address underperformance if required.
- Personal Development Plans are realistic and achievable and support career development and a commitment to lifelong learning.
- Adequate resources and support are provided, included protected learning time, to enable employees to fulfil the agreed learning and development objectives within their Personal Development Plans.
- Details of Personal Development Planning and Review meetings, including agreed objectives and Personal Development Plans for the forthcoming year, are recorded on Turas Appraisal

Employees/Reviewees are responsible for:

- Ensuring they are aware of the standards of performance expected of them to fulfil their role, and seek further guidance from their line manager if unclear.
- Preparing for and participating fully in the Personal Development Planning and Review process. This includes recording details of their progress and achievements on Turas Appraisal.
- Taking an active interest in their own learning and development, and taking joint responsibility for achieving agreed objectives and completing the learning and development activities agreed within their Personal Development Plan.

Trade Union/Professional Organisation are responsible for:

- In partnership with the organisation, raising awareness of the benefits of and the approach to Personal Development Planning and Review.
- Participating in partnership monitoring, evaluation and review of this policy.

7. DISAGREEMENTS / DISPUTES

In the event of disagreements or disputes between the reviewer and reviewee regarding any aspect of the Personal Development Plan and Review process, details of the specific area(s) of disagreement should be recorded by the reviewer and/or reviewee in the 'Discussion Summary' section of the PDPR documentation within Turas Appraisal.

Employees also have the right to raise a formal grievance if they feel that the Personal Development Planning and Review process has not been applied in a fair and consistent manner. Managers and staff are encouraged to make every effort to resolve issues informally through mediation before resorting to the formal grievance procedure, however, where this has not proved possible the employee should follow the procedures detailed within the NHS Scotland Grievance Policy.

8. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin.

Implementation of this policy will be subject to ongoing monitoring and review by the Partnership Forum to ensure that the PDPR process is being implemented fairly, consistently and effectively in line with the policy's stated principles and aims.

Monitoring and review will involve both quantitative and qualitative data. Policy application will also be reported to the Staff Governance Committee on a quarterly basis.

The policy will be reviewed in partnership every three years to ensure the arrangements in place remain appropriate and compliant with NHS Scotland policies and Staff Governance Standards.

9. EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

10. STAKEHOLDER ENGAGEMENT

| Key Stakeholders | Consulted (Y/N) |
|------------------|-----------------|
| Patients | N |
| Staff | Y |
| The Board | N |
| Carers | N |
| Volunteers | N |