

PERFORMANCE AND DEVELOPMENT REVIEW POLICY AND PROCEDURE

1 INTRODUCTION

This policy is discretionary in nature. Whilst the University expects its employees and staff to comply with this policy, it does not confer contractual rights or form part of any contract of employment and may be amended by the University or replaced at any time following appropriate consultation and negotiation with recognised trade unions.

Breach of this policy may be addressed via the University's disciplinary and code of conduct policies.

This policy will be reviewed by the Human Resources Department on a 3-year basis or amended in response to changes in future legislation and/or case law.

2 OWNERSHIP

The Human Resources Department owns and manages this policy on behalf of The University of Northampton.

3 ORGANISATIONAL SCOPE

This policy applies to all substantive and fixed term employees of the University of Northampton upon completion of their probationary period. All other staff are able to participate in the process if they so wish, for example, hourly paid staff. This policy does not apply to temporary agency workers.

This Performance Development Review policy is a corporate policy and applies to all employees (and workers, as applicable) of The University of Northampton subject to any qualifying conditions.

4 POLICY STATEMENT

- 4.1 Performance and Development Review (sometimes referred to as Appraisal or PDR) is a management process which aims to align and review individual performance and development objectives with the objectives outlined in

Faculty/Department plans, and those objectives detailed in the wider University of Northampton's strategic plan.

- 4.2 Performance and Development Review demonstrates the commitment of The University of Northampton to the professional development of staff; recognises the contribution of staff throughout the year; and is a platform for career development.
- 4.3 The PDR process for the University will be reviewed on a regular basis by the Head of Staff Development in its entirety with Quantitative and Qualitative audits informing any formal reviews of the process;
- 4.4 Regular audits of compliance with the PDR process, inclusive of Interim Reviews, will be reported to the University Management Team. Quantitative audit reports will be produced in line with the annual Human Resources report and provided to the Board of Governors to note. Qualitative audit will be undertaken following completion of the PDR cycle, periodically.

5 DEFINITIONS

- 5.1 'Reviewer' refers to the member of staff whose responsibility it is to conduct the reviews of other members of staff;
- 5.2 'Reviewee' refers to the individual member of staff whose performance and development is to be reviewed within the Performance and Development Review process.
- 5.3 'SMART' refers to an objective setting methodology in which each objective must be Specific, Measureable, Achievable, Relevant and Timebound.
- 5.4 'Key Behaviours' refers to a set of specific qualities and actions identified by staff as being relevant to effective working and to the Strategic Plan of The University of Northampton.
- 5.5 'ABW' refers to the HR self-service function of the Agresso Business World software package.

6 KEY PRINCIPLES

- 6.1 PDR should be a fair, transparent and equitable process for reviewing performance and agreeing performance objectives and development needs;
- 6.2 The PDR process will require the individual to align personal objectives to those of the faculty or department and the University of Northampton's overall strategic objectives;

- 6.3 The PDR process is a positive and empowering process, supporting the employee to gain recognition of his/her personal achievements and individual contribution to the success and development of their Faculty or Service and the University overall;
- 6.4 Managers are responsible for facilitating , supporting and overseeing the performance of staff to deliver the required results for the team and for supporting individuals to achieve expected and agreed performance standards;
- 6.5 A formal documented PDR with one documented Interim Review, six months following the original PDR, is required once a year. It is good practice to integrate informal regular reviews of objectives, milestones, development needs and feedback on performance into day to day management practice throughout the year;
- 6.6 The PDR process will review an individual's performance on objectives for the retrospective period 1 July to 30 June. In addition, between two and six SMART objectives should be agreed for the same period in the upcoming year. Reviewers are required to have submitted initial PDRs in ABW by July 31- the Vice Chancellor, Chief Operating Officer, Deans, Deputy Deans, and Directors of professional services are required to have completed their own initial PDR forms in ABW by the end of the second week in June;
- 6.7 Objectives should serve to build capability and good working practice. All academic staff must agree at least one objective linked to the output of scholarly activity. Outputs from research related objectives must be uploaded onto NECTAR where possible;
- 6.8 One interim review is required. This will normally take place 6 months following the initial PDR;
- 6.9 One final review is required. The final review will include the opportunity for the reviewer and reviewee to agree the degree to which each objective has been achieved and to provide reflective statements in the PDR form. The final review notes and each objective's assessment should be submitted in ABW no later than the second week in June- it should be noted that there is significant flexibility with regards to time to complete PDR ahead of the deadline, but that HR will start generating compliance monitoring data in the first two weeks after each deadline.
- 6.10 The PDR process will continue for new employees immediately following the probationary period and may include work associated with probationary objectives. The line manager will provide the employee with a date for the first review and an interim review date;

- 6.11 Completed PDRs will normally be confidential between the Reviewee and the Reviewer. The Dean/Director relevant to the Reviewee, the Head of Staff Development, the Vice Chancellor and the Chief Operating Office may have access to the completed PDR to support planning processes;

7 PROCEDURE

- 7.1 The PDR procedure is comprised of three phases:
- Preparation, consisting of the Reviewer and Reviewee examining proposed objectives to ensure they are SMART and identify opportunities to develop Key Behaviours and skills
 - Discussion/Agreement, consisting of a meeting in which the Reviewer and Reviewee agree a final version of the objectives and submit a completed PDR form to ABW
 - Monitoring, consisting of regular review of milestones and the interim and final reviews
- 7.2 Each phase of the procedure is supported by:
- The PDR form on ABW, inclusive of Guidance notes for completing the form.
 - Training sessions for Reviewers and Reviewees delivered at regular intervals.
 - Management Guidance materials on Conducting PDRs and Guidance for Reviewees in creating SMART objectives. The content of these materials will support the training sessions and are available on the Staff Development portal.
 - Supporting tools and related guidance materials.
- 7.3 Deans and Directors should clarify with Reviewers the priorities of Faculties and Services and the likelihood of available resources to support the potential outcomes arising from PDRs.
- 7.4 In line with a submission date of 31 July, the Reviewer will agree PDR and interim review meeting dates with the Reviewee, informing them in advance of the PDR meeting;
- 7.5 The Reviewee will generate the PDR form in ABW and send it to the Reviewer to begin the process. Both the Reviewer and Reviewee are expected to create at least one SMART objective each preparing information to complete the following portions of the PDR form on ABW:
- Objective
 - Deadline
 - What Resource/Development/Training is required to achieve this objective?

- How will success be measured?
 - What Specific actions will be taken to meet this objective?
 - Critical Success Factors, Values, and the Key Behaviour that will require the most development to successfully reach the objective;
- 7.6 Both the Reviewer and the Reviewee are expected to review respective submissions prior to the meeting;
- 7.7 While the preparation may be completed informally it is strongly recommended that support tools are used, where possible. Final submission of the completed PDR form must take place using ABW; however, it is the conversation and preparation concerning performance, objectives, and development that is valuable. The form is important only insofar as it records and reports the results of the preparation activities;
- 7.8 The information contained within these sections of the form as well as outputs from supporting tools will form the basis for discussion at the PDR meeting;
- 7.9 The PDR meeting should include a discussion and formal confirmation in ABW that the Reviewee's Job Description is up to date. Should amendments significantly change the recorded duties of the Reviewee, the manager should alert Human Resources following the procedure outlined in the Role Grading Procedure.
- 7.10 The successful completion of the PDR is finalised when both the Reviewer and Reviewee confirm submission through ABW. In addition, by submitting the form, both parties confirm and agree this is an accurate record of the outcomes of the meeting and satisfaction with the PDR process;
- 7.11 The Reviewer and Reviewee will have a discussion concerning whether the Reviewee should consider applying for Accelerated Incremental Progression (AIP) or a Contribution Point (CP), whichever is appropriate. This may or may not be supported by the Reviewer and/or Dean/Director. The Reviewee may chose to apply independently however any submission requires to be seen by the Dean/Director. In reviewing the employee's performance against the year's agreed objectives it is advisable that application for AIP or a CP will be based on the view that the Reviewee's performance has been above the high level already expected in the role, that their performance has been outstanding; the achievement(s) align to Faculty/Service objectives and the strategic objectives of the University and is likely to be sustained for at least six months and continue on for the foreseeable future;
- 7.12 Applications for AIP or a CP will be made using the guidance outlined in Annex C of the 'Progression Within and Between Grades' paper.

- 7.13 The Head of Staff Development, the Vice Chancellor and the Chief Operating Officer retain the right to review all submissions to ensure these needs are considered when compiling the core identified development needs, taking account of available resources, within a University-wide Annual Staff Development Plan;
- 7.14 Amendments to objectives may be required where there are personal factors influencing the Reviewee's performance or where external factors are preventing the Reviewee from achieving the agreed objectives. Where either of these factors exists it is for the person affected to alert the other and if possible, good practice would be for this to happen as soon as the situation arises rather than waiting for the Interim Review meeting to raise it;
- 7.15 The Reviewer and Reviewee will use ABW to confirm the interim review meeting has taken place. The interim review is considered to be confirmed when the 'Interim Review' portion of the ABW form is completed and confirmed by both the Reviewer and the Reviewee;
- 7.16 All PDR Documentation is available on the HR Staff Development internet portal (Guidance and Manual Forms) for existing staff;
- 7.17 New staff will be informed of the PDR process at local Orientation. Reviewers and Reviewees will have access to supporting tools which provide guidance on the PDR process and best practice for setting SMART objectives, setting milestones, and identifying behavioural development needs;
- 7.18 If an employee has multiple posts in more than one Faculty/Service managers of each role should confer and arrive at a single PDR;
- 7.19 The PDR process is part of normal day to day performance management and therefore it is not appropriate for Reviewees to be accompanied by a colleague or trade union representative at any PDR meeting;
- 7.20 The choice of reviewer is the responsibility of the Dean of Faculty or Director of Service and may not be the line manager. In exceptional circumstances, should an individual request an alternative reviewer, the individual should clarify the reasons for this request. Such a request will automatically initiate further investigation by the Dean of Faculty/Director of Service (if not the Reviewer involved) who will seek advice from his/her HR Business Partner.
- 7.21 Monitoring of the PDR process is the responsibility of Deans/Directors within Faculties/Services. Managers must ensure all required staff participate in the PDR process and that opportunities are provided for other staff to participate

in the process if they so wish e.g. associate staff.

8 ASSOCIATED DOCUMENTS

8.1 This procedure should be read with reference to the Guidance notes for completing PDR paperwork and the Management Guidance materials aligned to Conducting PDRs;

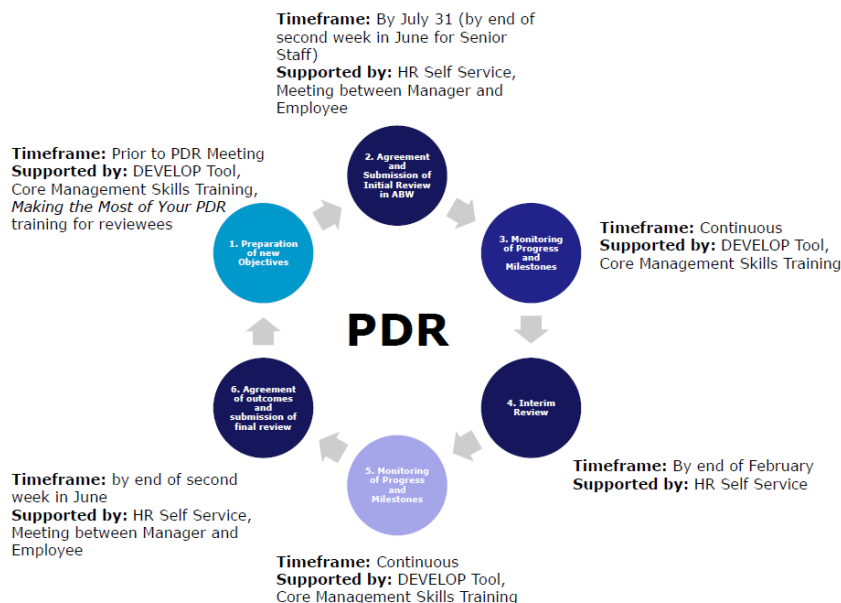
8.2 Other references include:

- Probation Policy
- Staff Development Handbook
- Capability (Poor Performance) Policy and Procedure*
- Role Grading Procedure
- Pay Framework Agreement:
 - Progression Within and Between Grades paper
 - Guidance notes for Accelerated Incremental Progression and
 - Contribution-Related Pay

9 APPROVAL PROCESS

To be confirmed

10 FLOWCHART OF PROCESS





Equality Impact Assessments Initial Screening Form

What is the policy/practice being screened? (Name/description of the policy or practice)

Performance and Development Review Policy and Procedure

Full Impact Assessment recommended: No
Other Action recommended: None
Report written by: Frank Jordan
Date: 24/05/2016 (reviewed no changes 11/2021)

1. What is the aim, objective or purpose of the policy/practice?

The aim of the procedure is to provide a clear process and guidance for all staff members to participate in the PDR process. The procedure will also lay out the steps needed from any manager appointed to review performance in the context of PDR.

2. Who wrote and/or has responsibility for reviewing the policy/practice and/or who has responsibility for implementing it?

Frank Jordan, Head of Staff Development wrote the policy and procedure and it is the responsibility of HR to review accordingly.

**3. Is the policy/practice applied uniformly throughout the University?
Yes/No**

Yes, the procedure and guidance must be consistently applied to all staff members across the University.

4. Who are the main internal and external stakeholders in relation to this policy (for example: staff and students, trade unions, etc)?

All staff members within the University.

5. What data is available to facilitate the screening of this policy?

Quantitative and Qualitative review of submitted PDRs, evaluation scores from those members of staff participating in PDR training.

6. Is there any evidence of higher or lower participation or uptake by the following characteristics?

| | Yes | No | Not known |
|----------------------------|-----|----|-----------|
| Age | | X | |
| Disability | | X | |
| Gender | | X | |
| Marital Status | | X | |
| Racial/ethnic groups | | X | |
| Religious or other beliefs | | X | |
| Sexual orientation | | X | |

Note: A broad interpretation should be taken of the word 'evidence'. It should include anecdotal evidence and evidence derived from qualitative or quantitative analysis where available

Please comment:

Data analysis shows that PDR takeup reflects the diversity characteristics of the staff body

7. Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to this policy?

| | Yes | No | Not known |
|----------------------------|-----|----|-----------|
| Age | | X | |
| Disability | X | | |
| Gender | | X | |
| Marital Status | | X | |
| Racial/ethnic groups | | X | |
| Religious or other beliefs | | X | |
| Sexual orientation | | X | |

Note: A broad interpretation should be taken of the word 'evidence'. It should

include anecdotal evidence and evidence derived from qualitative or quantitative analysis where available

Please comment:

There is evidence that our current version of ABW does not support screen reading software. In those cases we have accepted text based word documents and entered the data into the system on the employees' behalf as a reasonable adjustment. There is evidence that accessibility will improve with the next version of ABW; however at the time of this assessment the extent to which ABW can be supported by assistive technologies is unclear.

8. Have previous consultations with relevant groups, organisations or individuals indicated that policies of this type create problems specific to them?

| | Yes | No | Not known |
|----------------------------|-----|----|-----------|
| Age | | X | |
| Disability | | X | |
| Gender | | X | |
| Marital Status | | X | |
| Racial/ethnic groups | | X | |
| Religious or other beliefs | | X | |
| Sexual orientation | | X | |

Please comment:

**9. Is there an opportunity to *promote equality of opportunity or good relations or positive attitudes* more effectively by altering the policy/practice, or by working with others internally or externally?
Please elaborate:**

The belief at the time of preparing to launch the policy and procedure is that it itself will help promote equality and good relations amongst our staff members.

- 10. Are there any relevant groups (internal or external to the university), committees, communities of interest, etc., which you believe should be consulted?** No

Please specify:

- 11. What data is required in the future to ensure effective monitoring?**

Summary data to be gathered from supporting tools and ABW – including qualitative audit and trend analysis of scoring concerning PDR, to be recorded within the HR department.

- 12. Is a full impact assessment recommended?** No

Please elaborate:

This policy applies equally to all staff and no further impact assessment is required

- 13. Any other comments on the policy/practice and/or screening exercise or ideas around future consultation?**

No