

PDR 2

4Ward – Our vision and signature behaviours

Our Vision: Working together with our partners in health and social care we will provide safe, effective, personalised and integrated care for local people, delivered consistently across all services by skilled and compassionate staff.

Can you give examples of how you have positively demonstrated these behaviours and worked together to achieve our shared goals?

Our signature behaviours:

-  Do what we say we will do
-  No delays, every day
-  We listen, we learn, we lead
-  Work together, celebrate together

Trust Strategic Objectives:

1. Deliver safe, high quality care
2. Design healthcare around patient needs
3. Realise staff potential to give compassionate care
4. Ensure financial viability
5. Develop and sustain our business

Please use the below form as a template to generate discussion, use more paper if required.

Name: <small>Print Name</small>	Job Title:	Department:
Date of Appraisal:	Date of last Appraisal:	Name and job role of Reviewer:

		Print Name
REVIEWEE'S REFLECTION ON LAST YEAR (e.g. What went well/ what didn't, any particular challenges or issues etc.)		
REVIEWER'S REFLECTION ON LAST YEAR (e.g. What went well/ what didn't, any particular challenges or issues etc.)		
OBJECTIVES FROM PREVIOUS YEAR: (What I have achieved in the last 12 months, has the objective been partially met, met or exceeded)		
LOOKING FORWARD: (What do I need to achieve in the next 12 months to meet Trust, Division & Team objectives)		
Personal Objective:	Timescale:	Resource/support required:

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PERSONAL DEVELOPMENT PLAN: (What do I want/ need to learn in order to fulfil the requirements of my role, and contribute to the objectives agreed and Trust signature behaviours)

Area for Development	Action – (How will this be met?) <i>Please note that options can include; shadowing, mentoring sessions and coaches</i>	What resources/ support will I need?	Time scales /completion date.

Have you completed all mandatory Training requirements? Yes/ No	Yes date completed: _____	No: Planned date of completion: _____
Pay Progression Deferred: Yes / No		

I confirm that this is an accurate and agreed record of our Personal Development Review:

Signed (Reviewee) _____ Date: _____

Signed (Reviewer) _____ Date: _____