# PROBATIONARY PERIOD OBJECTIVE AGREEMENT FORM

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Please consult the Probationary Period policy for use of this document or book training if you are new to reviewing Probationers. The probationary period should be used to ensure that you, the applicant selected are qualified to perform the job, you are supported to integrate into your team and you are supported to become competent in the role. During the Probationary Period, your performance and general suitability for employment within Bedfordshire Hospitals NHS Foundation Trust will be considered. To support this, during your first month in post you should agree performance objectives with your manager and these should be recorded within this document. These will also include how you will be supported to demonstrate the Trust Values in your role.

The values are at the very core of who we are and what the Trust does. They are our beliefs, which manifest in the behaviours our employees display in the workplace. The Values bring the Trust closer to its vision; to be the best, providing the best care by the best people and ensure that our patients are at the centre of all we do.

**OBJECTIVES FOR THE FIRST THREE MONTHS IN POST**

Reviewer must communicate service plans and priorities, and Trust Core Values before the employee and their Manager agree how they will contribute to these in the forthcoming period, setting 4-6 **SMART** objectives below:

**Corporate, Team and Personal Objectives *(please refer to the job description/person specification and replace the examples given below if not relevant or applicable)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective**  **(What Needs Doing?)** |  | **Target date**  **(By When?)** |  | **Action plan Inc. milestones**  **(How?)** |  | **Success measures**  **(What will achievement look like?)** |  | **Review dates** |
|  |  |  |  |  |  |  |  |  |
| Employees with supervisory responsibilities for staff must lead and support their teams effectively |  | Throughout the coming 12 months |  | - undertake regular performance supervision of staff through team or 1-1 meetings throughout the year  - undertake all annual performance & development reviews for all staff within the required timescales. |  | Staff will report in their annual reviews that they feel supported.  Annual Performance Review compliance will be 90% or more.  Records will show 1-1’s/team supervision has taken place.  Audits will show quality reviews and meetings have taken place. |  | 3 Month review meeting |
|  |  |  |  |  |  |  |  |  |
| To deliver or support safe and up to date patient care and services |  | Throughout the coming 12 months |  | By undertaking compulsory training as delivered through Corporate Induction  By undertaking Local Induction |  | Evidenced by an up to date electronic staff record/WIRED learning history and completed Local Induction checklist |  | 3 Month review meeting |
|  |  |  |  |  |  |  |  |  |
| To deliver or support the Trust Objectives through demonstrating the Trust Values |  | By the next annual review (12 months) |  | By undertaking learning about the Trust Values  Demonstrating the values and behaviours in day to day working |  | Evidenced by learning event completion and successful demonstration of values agreed at 3 month review |  | 3 Month review meeting |
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**PERSONAL DEVELOPMENT PLAN (to support the Objectives)**

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| --- | --- | --- | --- | --- | --- | --- |
| **What do I need to learn?** |  | **How will I do this?** |  | **Target date** |  | **Priority\*** |
|  |  |  |  |  |  |  |
| The Trust Core Values and behaviours and how to practice them in my day to day working |  | Participation in Trust organised learning events and demonstration in practice |  | By my next annual review (12 months) |  | Essential to my role |
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***\*****Cannot do my job without, Essential to role, Desirable for organisation, Desirable for individual*

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| --- | --- | --- | --- | --- | --- | --- |
| **Date Objectives Agreed**: |  |  |  | **Employee No**: |  |  |
|  |  |  |  |  |  |  |
| **Individual’s Name:**  (please PRINT) |  |  |  | **Individual’s Post Title:** |  |  |
|  |  |  |  |  |  |  |
| **Individual’s Signature:** |  |  |  | **Date Signed:** |  |  |
|  |  |  |  |  |  |  |
| **Reviewer’s Name:**  (please PRINT) |  |  |  | **Reviewer’s Post Title:** |  |  |
|  |  |  |  |  |  |  |
| **Reviewer’s Signature:** |  |  |  | **Date Signed:** |  |  |

Once completed, please keep a copy of this form in the individual's staff file.

To complete the process, please copy and paste the following link into your web browser and enter the date of this meeting:  
<https://forms.office.com/e/TpYxbGCUs1>

The completed form will be sent to the training team for input into ESR.