

# 8.1 HSE Template Form 1 – Performance Achievement Form for all Staff Grades and Equivalents up to Grade VIII



\* Please complete electronically

## PERSONAL & WORK DETAILS:

Staff Members Name: Michael McCaul	Manager's Name: Maura Ward
Job Title: Person in Charge Director of Nursing	Job Title:
Work Location: St Mary's Hospital Drogheda	Work Location: St Mary's
Pay Roll No.	Pay Roll No.

Describe here **Objective 1** – what you intend to achieve and by when

Wishing to undertake further studies in gerontology

Clearly state here the steps you intend to take (methodology) to achieve your objective and how it links to our Health Service Values i.e., Care, Compassion, Trust and Learning

Key recommendation of the Expert Group in relation to residential care

Clearly state here what success looks like. Describe what you will have achieved at the end of the Performance Achievement annual cycle

Gain position on course and be able to shgare new knowledge with staff and to ensure that residents benefit from knowledge

Date: 01.05.2022	Manager's signature:	Staff member's signature: MmcAUL
Manager's observations arising from discussion (be positive and constructive) <hr/> Will support Seamus in pursuing this objective		
Staff Member's comment: <hr/> I am willing to work hard at achieving this course and make it benefical to the service		
Date:	Manager's signature:	Staff member's signature:
Manager's observations arising from discussion (be positive and constructive) <hr/>		
Staff Member's comment: <hr/>		
Date:	Manager's signature:	Staff member's signature:
Do you wish to have a further discussion with your second tier manager/moderator?		YES <input type="checkbox"/> / NO <input type="checkbox"/> (Tick as appropriate)

## CONFIDENTIAL

Name:

Describe here **Objective 2** – what you intend to achieve and by when

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Complete the complaints course for the HSE

Clearly state here the steps you intend to take (methodology) to achieve your objective and how it links to our Health Service Values i.e., Care, Compassion, Trust and Learning.

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As Director of Nursing I have responsibility to ensure that complaints are handled correctly

Clearly state here what success looks like. Describe what you will have achieved at the end of the Performance Achievement annual cycle.

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I will have completed the HSE complaints management process educational and training component.

Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
Do you wish to have a further discussion with your second tier manager/moderator?		YES <input type="checkbox"/> / NO <input type="checkbox"/> (Tick as appropriate)

## CONFIDENTIAL

Name:

Describe here **Objective 3** – what you intend to achieve and by when

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Clearly state here the steps you intend to take (methodology) to achieve your objective and how it links to our Health Service Values i.e., Care, Compassion, Trust and Learning.

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Clearly state here what success looks like. Describe what you will have achieved at the end of the Performance Achievement annual cycle.

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Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
Do you wish to have a further discussion with your second tier manager/moderator?		YES <input type="checkbox"/> / NO <input type="checkbox"/> (Tick as appropriate)

## CONFIDENTIAL

Name:

Describe here **Objective 4** – what you intend to achieve and by when

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Clearly state here the steps you intend to take (methodology) to achieve your objective and how it links to our Health Service Values i.e., Care, Compassion, Trust and Learning.

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Clearly state here what success looks like. Describe what you will have achieved at the end of the Performance Achievement annual cycle.

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Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
Do you wish to have a further discussion with your second tier manager/moderator?		YES <input type="checkbox"/> / NO <input type="checkbox"/> (Tick as appropriate)

## CONFIDENTIAL

Name:

Describe here **Objective 5** – what you intend to achieve and by when

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Clearly state here the steps you intend to take (methodology) to achieve your objective and how it links to our Health Service Values i.e., Care, Compassion, Trust and Learning.

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Clearly state here what success looks like. Describe what you will have achieved at the end of the Performance Achievement annual cycle.

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Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
<div>Manager's observations arising from discussion (be positive and constructive)</div> <div></div>		
<div>Staff Member's comment:</div> <div></div>		
Date:	Manager's signature:	Staff member's signature:
Do you wish to have a further discussion with your second tier manager/moderator?		YES <input type="checkbox"/> / NO <input type="checkbox"/> (Tick as appropriate)

**If Applicable: Review by 2nd Tier manager/moderator:**

**Reviewer Name:**

**Reviewer Comment:**

Sign Off		
	Internal Review	
Signed Jobholder:		
Date:		
Signed Reviewer:		
Date:		

**Data Protection**

*The data requested in this form will be used to process individual performance achievement, and will be retained as part of your personnel record for the appropriate period of time. The Executive will treat all information and personal data you give as confidential. Information on this form will only be disclosed (e.g. to the National HR Directorate) according to the law.*

It is your responsibility to ensure that all forms submitted are completed in full. Incomplete forms will be returned to Jobholders.