**TEAM MANAGER - MONTHLY PERFORMANCE REPORT**

|  |  |
| --- | --- |
| **TEAM** |  |
| **PERFORMANCE MONTH** |  |
| **AUTHOR** |  |

1. **PERFORMANCE**

|  |
| --- |
| **What is performing well in your team?**  (This should refer to your team’s performance using the monthly dashboard and daily reports) |
|  |
| **What areas of performance in your team are you worried about and why?**  (This should refer to the monthly dashboard and daily reports and your team’s performance compares with the rest of your service area and the previous monthly and annual performance) |
|  |
| **What are the plans and timescales you have developed with your team to improve the performance you’re worried about?**  (Plans should be SMART; reference should be made to progress made against actions previously set) |
|  |
| **Are there any barriers or complicating factors to improving performance in your team?**  (What actions are being taken to remove blockages; is there any specific assistance or resource necessary to resolve the blockage?) |
|  |

1. **PRACTICE QUALITY**

|  |
| --- |
| **What areas of practice in your team are stable, consistent and of high quality?**  (This refers to the quality and timeliness of intervention with the child and family; the impact your team’s intervention is having; the outcomes being achieved. Use Mosaic IDs to summarise the evidence of high quality interventions and examples that showcase excellent practice) |
|  |
| **What areas of practice in your team are you worried about?**  (This refers to the quality and timeliness of intervention with the child and family; summarise the evidence which makes you worried about the quality) |
|  |
| **What are the plans and timescales for your team to improve the practice you’re worried about?**  (Plans should be SMART; reference should be made to progress made against actions previously set) |
|  |
| **Are there any barriers or complicating factors to improving the quality of practice?**  (What actions are being taken to remove blockages; is there any specific assistance or resource necessary to resolve the blockage?) |
|  |

1. **WORKFORCE & WELLBEING**

|  |
| --- |
| **Workloads and Transfers In and From Your Team**  (Refer to highest, lowest and average per worker in your team; team caseload, throughput; are transfers smooth and timely?) |
|  |
| **Supervision and Appraisal in Your Team**  (Number and % of workers and children in your team with supervision in the month; number and % of your workers with supervision in the month; number of staff eligible for appraisal / number completed and reviewed) |
|  |
| **Vacancies and Recruitment in Your Team**  (Number of vacancies for established posts in your team; number covered by agency staff; posts out to advert; posts recruited to pending HR processes) |
|  |
| **Absence, Capability and Disciplinary**  (Sickness absence within the month – number of staff and days; staff subject to management actions – progress and timescales) |
|  |

1. **LEARNING & DEVELOPMENT**

|  |
| --- |
| **Learning from complaints**  (Number of complaints in the month and key learning points) |
|  |
| **Learning from audits**  (Number of audits in the month and key learning points) |
|  |
| **Team Development**  (Learning & Development Activities undertaken; development needs identified, plan and timescale for delivery) |
|  |