

**Performance Management Report**

|  |  |
| --- | --- |
| Name of Employee: | <Insert name and job title> |
| Name of Supporting Manager: | <Insert name and job title> |
| Performance management start date: | <Date investigating officer appointed> |
| Performance management end date: | <Date report submitted to case manager> |

**Employee Record**

|  |  |
| --- | --- |
| **Name of Employee**  |  |
| **Job Title** |  |
| **Start Date** |  |
| **Working Hours / Pattern**  |  |
| **Background of performance issues:** |
|  |
| **Expectations:**  |
|  |
| **Monitoring and Assessment:**  |
| * (Define review period within the 3 month window before final review to formal stages it agreed)
 |

**Informal Action Plan**

| **Extract from job description - requirement** | **Performance concern** | **Improvement required/target** | **Staff members comments** | **Support Identified** | **Timescales for improvement** | **Action Owner** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Advice and guidance sought from Occupational Health or other support identified and implemented:** |
|  |

|  |
| --- |
| **Manager Declaration** |
| I confirm that the above action plan is a true record of the performance issues identified at the review meeting.  |
| Manager Signature: |  | Date: |  |

|  |
| --- |
| **Employee Declaration** |
| I confirm that the above action plan is a true record of the performance issues identified at the review meeting.  |
| Employee Signature: |  | Date: |  |

|  |
| --- |
| 1. **Informal discussion review session:**
 |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

|  |
| --- |
| **2. Informal discussion review session:**  |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

|  |
| --- |
| **3. Informal discussion review session:** |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

*(Please copy and paste additional boxes if needed)*

**First Formal Review**

| **Improvement & required target** | **Review** | **Improvement required/target achieve** | **Staff members comments** | **Support Identified** | **Timescales for improvement** | **Action Owner** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Advice and guidance sought from Occupational Health or other support identified and implemented:** |
|  |

|  |
| --- |
| **Manager Declaration** |
| I confirm that the above action plan is a true record of the performance issues identified at the review meeting.  |
| Manager Signature: |  | Date: |  |

|  |
| --- |
| **Employee Declaration** |
| I confirm that the above action plan is a true record of the performance issues identified at the review meeting.  |
| Employee Signature: |  | Date: |  |

|  |
| --- |
| 1. **Informal discussion review session:**
 |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

|  |
| --- |
| **2. Informal discussion review session:**  |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

|  |
| --- |
| **3. Informal discussion review session:** |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

*(Please copy and paste additional boxes if needed)*

**Second Formal Review**

| **Improvement & required target** | **Review**  | **Improvement required/target achieve** | **Staff members comments** | **Support Identified** | **Timescales for improvement** | **Action Owner** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Advice and guidance sought from Occupational Health or other support identified and implemented:** |
|  |

|  |
| --- |
| **Manager Declaration** |
| I confirm that the above action plan is a true record of the performance issues identified at the review meeting.  |
| Manager Signature: |  | Date: |  |

|  |
| --- |
| **Employee Declaration** |
| I confirm that the above action plan is a true record of the performance issues identified at the review meeting.  |
| Employee Signature: |  | Date: |  |

|  |
| --- |
| 1. **Informal discussion review session:**
 |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

|  |
| --- |
| **2. Informal discussion review session:**  |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

|  |
| --- |
| **3. Informal discussion review session:** |
| *Summarise catch up review discussion between yourself and the staff member, regarding performance, detail any adjustment or support discussed, or advice considered by Occupational Health, summarise any mitigation the staff member may have that has impacted their ability to improve performance:* |

*(Please copy and paste additional boxes if needed)*

**Final Review Formal Review**

| **Improvement & required target** | **Review**  | **Improvement required/target achieve** | **Staff members comments** | **Support Identified** | **Timescales for improvement** | **Action Owner** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Advice and guidance sought from Occupational Health or other support identified and implemented:** |
|  |

**Management Guidance**

* Advice and guidance should be sought from HR regarding capability management.
* Prior to the end of the three month action plan, Managers should seek advice and guidance from Business HR regarding the appropriate next steps.
* The trust Capability management policy can be found here:> <http://liverpool-hr.nhs.sitekit.net/working-with-us/Policies/Capability%20Policy%20with%20JCP.docx>

**Appendices:**

**1.Informal Review**

1.1 – Supporting documentation (If applicable)

1.2 – Occupational Advice (If applicable)

**2.First Formal Review**

2.1 – First Formal Review Invite Letter

2.2 - Supporting documentation (If applicable)

2.3 – Occupational Advice (If applicable)

2.4 – First Formal Outcome Letter

**3.Second Formal Review**

3.1 – Second Formal Review Invite Letter

3.2 - Supporting documentation (If applicable)

3.3 – Occupational Advice (If applicable)

3.4 – Second Formal Outcome Letter

**4. Final Review**

4.1 – Final Review Formal Review Invite Letter

4.2 - Supporting documentation (If applicable)

4.3 – Occupational Advice (If applicable)

4.4 – Second Formal Outcome Letter (Added following outcome of final review)