**Contract Performance & Quality Team**

**Provider Quarterly Meeting Agenda**

Date: Time: Venue:

Attendees:

Apologies:

Agenda: The agenda will be based on the Provider Submission, Officer Submission and Person Conversation to ensure that any issues identified are discussed/ Clarified and action/s agreed to mitigate. This will also include areas of good working practise.

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| Matters Arising |   | Discussion / Actions |
| Policies, Procedures & Processes | Organisational Flowchart Introduction / Welcome Information Pack Health & Safety Medication Dementia Quality Assurance Fire Risk Assessment First Aid Business Continuity End of Life Equal Opportunity Recruitment & Selection Death Nutrition & Hydration Supervision Human Resources  |   |
| Agencies Organisations Membership | Evidence of working with Agencies / Organisations to meet Customer Outcomes N' Provider Forum Attendance N' Provider Forum Feedback Form Provider Forum Involvement  |   |
| Customer Information | N' Active Customers N' Active Care Plans N' Reviewed Care Plans N' Case Study Analysis |   |
| Staff Information | N' Staff N' Staff Leaving / Joining N' of staff supervisions conducted N' Attendance at HCC Training N’ Attendance at Other Training  |   |
| CP&QT Concerns / Issues | N' of compliments / complaints from service users relating to the service N' of safeguarding alerts N' of concerns forms raised  |   |
| CQC | Current Overall Rating Rating by Domain |   |
| Provider Risks / Issues | Business changeMarket overview / behaviourPlans / Challenges / Support |  |