**CONTRACT PERFORMANCE & QUALITY**

**SERVICE IMPROVEMENT ACTION PLAN (SIP)**

This document relatesto and is agreed where a failure to meet one or more of the Quality Standards that impact the delivery of service or safety to People by the Provider. It is also agreed should there be a similar failure that has been identified during the monitoring or review of the provider.

The SIP is based on SMART Principles, populated by the Contract Performance & Quality Officers (Officers) who will provide guidance and support to assist the Provider in meeting the Quality Standards and contractual requirements within the timescale indicated.

Dependant on the complexity and timescale indicated the Officers will meet regularly with the Provider to ensure clarification and communication is maintained and that required actions are met or not met.

Each week the Provider will update their actions which will be validated by the Officers who in turn will update the SIP for the following week until completion of the timescale.

A final report at the indicated timescale will be produced by the Officers who will indicate whether the requirements/s have been met or not met.

Where the requirements have been met the report will confirm the end of the SIP.

Where the requirements have not been met but it is evidenced that there is significant improvement then to identify further actions and timescales at the discretion of the Officers. The SIP continues until the indicated timescale and then be reviewed. If at the review there are still requirements to be met that have a significant impact to People then the Officer will request the issue of a Remedial Action Plan (RAP) to the Contract Performance & Quality Manager (Manager).

If the requirements are not met and there is no evidence of significant improvement then the Manager will request suspension of the service in line with the agreed contractual process.

The key requirements will be the safety, welfare and wellbeing of people receiving the services of the Provider.

**CONTRACT PERFORMANCE & QUALITY**

**SERVICE IMPROVEMENT ACTION PLAN (SIP)**

**Provider:**

**Provider/Site/Location:**

**Date Issued:**

**Timescale:**

**Date to be Reviewed:**

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| **Action Plan** | | | | | | | | | **Update Report** | |
| (Performance Action) | | | | | | | | | (Provider Action) | |
| **Ref N'** | **Service Outcome / Performance Criteria** | **Outcomes/Performance Issue:** | **Specific:** | **Measurable:** | **Attainable:** | **Realistic:** | **Timely:** | **Risk:** |  | **Risk:** |
|  | Confirmation of the service outcome / performance expected. | Confirmation of the service outcomes / performance issues. | Goals must be well defined. They must be clear and unambiguous. | Define specific criteria for measuring progress toward the accomplishment of each goal. | Goals must be achievable given the capabilities of people to meet the requirements. | Goals must be realistic and be consistent with other goals. | Goals must have a clearly defined time frame including a starting date and a target date. | Risk Rating. | The response must meet the same criteria as indicated within the Action Plan. | Reviewed Risk Rating. |
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**Failure to meet the required standards may lead to the issue of a Remedial Action Plan, Suspension or Termination of services.**

The service Provider is expected to improve the service by the dates agreed.

**PROVIDER AGREEMENT**

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| **The Service Providers Manager (Person in Charge). Name and Signature;**  Name……..………………………………………………………………………………………..  Signature …………………………………………… Date…………………………………………….  (I agree the outcomes of the SIP and will implement within the agreed time. I understand the information pertaining to any risk identified towards our Customer/s, staff and/ or public may result in the service/s being issued with a RAP and/or suspended by HCC, until the risk or issues have been reduced appropriately, managed and/or removed).  (I understand that the change process or timescales cannot put Customer/s at risk; time frames are reviewed and issues highlighted to ensure the pace of change does not impact on the quality or safety of Customers).  (I understand that there needs to be consultation with Customers and stakeholders about any changes in service or standards of those service delivered).  (I accept the timeline in order to improve the service and will update the Contract Performance & Quality Team on a regular basis).  (I understand that the contract of service may be at risk of continued suspension or termination, if the service fails to improve against outcomes of the review/review or issues raised by external or internal regulatory reviewers as outlined in previous communications). |
| **Contract Performance & Quality Team Officer. Name and Signature;**  Name……………………………………………..  Signature………………………………………… Date……………………………………………………… |