**CONTRACT PERFORMANCE AND QUALITY REVIEW REPORT**

**(Evidence and Feedback)**

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| Service Type: |  | | | | Address: | | | |  | | | | | | | |
| Organisation Name: |  | | | | Registered / Operational Manager: | | | |  | | | | | | | |
| HCC Contract Performance & Quality Officer: |  | | | | Contact Details: Tel and email | | | |  | | | | | | | |
| Supporting Officer and Profession:  (If Applicable) |  | | | | Announced or Unannounced Review | | | | Announced | | |  | Unannounced | | |  |
| Date and Time of Assessment: |  | | | | Self-Assessment (please list Desktop, Service Outcome Data Analysis) Monitored and Date): | | | |  | | | | | | | |
| Service Outcomes or Performance Issues Inspected: |  | |  | |  | | |  |  | |  | |  | |  | |
| Service Outcome or Performance issue | | | Evidence  (the measure which helps quantify the achievement of the  Service and Customer Outcomes) | | | | | | | | | | | | | |
| Area of service specification under review | | | (It is essential when implementing any action of change that the wellbeing of the Customer is central to the change process and that relevant Stakeholders are involved, engaged and consulted at a pace that suits them, so as not to expose Customers to further risk) | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| Recommendations | | | | Outcome  ✓= Met  🗶 = Not Met | | Mandatory Actions Required | | | | | | | | Outcome  ✓= Met  🗶 = Not Met | | |
|  | | | |  | |  | | | | | | | |  | | |
| Service Provider Comments on Factual Accuracy (Please Return to Hull City Council within 7 days): | | | | | | | | | | | | | | | | |
| Will a follow up visit be required Date of Follow up Visit: | | | | | | | | | | | | | | | | |
| Follow up visit report | | | | | | | | | | | | | | | | |
| Alert to Safeguarding  (Yes/No) | | Alert to Care Quality Commission  (Yes/No) | | | | | Alert to Manager / HoS  (Yes/No) | | | Alert to Others  (please specify) | | | | | | | |