**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 theService 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) |