**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 change  Market overview / behaviour  Plans / Challenges / Support |  |