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| **CARDIFF & VALE OF GLAMORGAN PROCEDURES -**  **QUALITY SERVICES: DELIVERING WHAT MATTERS****QUALITY MONITORING SERVICE PROVIDER ACTION PLAN**  |
| **Type of Action Plan - please tick as appropriate**  | **Date Action Plan commenced:** |  |
| **Developmental only (DAP)** |  | **Corrective only (CAP)** |  | **Corrective & Developmental (C&DAP)**  |  | **Overall Target completion date:** |  |

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| **Service Provider Name:** |  |
| **Name(s) & Address(s) of setting(s) subject to this Action Plan:** |  |
| **Name, designation & contact details of the provider representative with overall responsibility for delivering this Action Plan[[1]](#footnote-1)**  |  |
| **Lead Commissioner / Local Authority:** |  |
| **Name, email & phone details of the lead LA / C&VUHB person with lead / overall responsibility for contract management**  |  |
| **Date of latest contract monitoring service review:** |  |

**Guidance for Service Providers in completing the Action Plan:**

Please detail what action(s) will be undertaken to address the development / corrective actions and the desired outcome detailed.

Please complete columns for each action required (please do not amend or add information into columns that are greyed out - these will be prepopulated).

Service Providers should aim to submit completed / revised CAP / DAP to [INSERT CONTACT DETAILS HERE – Should be the Lead Commissioning Authority] by [INSERT DATE HERE]

This suggested format details the minimum information required. Service Providers are welcome to include additional detail to evidence progress being made to address identified risks or concerns

Please note, that any / all proposed Service Provider actions must be agreed. All agreements must be recorded and the plan will then be formally noted and confirmed.

**Date / version of action plan:**

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| **Category of issue / concern****Regulatory (R)****Contractual (C) Safeguarding (S)** | **Priority outcome area (from monitoring activity)** | **Corrective (C) or Development (D)****Action**  | **Benefit / impact anticipated from mitigating action****(desired outcome)** | **Delegated (Provider) Officer Responsible for completing actions** | **Action to be taken** | **Target date**  |
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| **Please detail any additional comments / circumstances relating to this Action Plan here:** |

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| **Action Plan agreed by:** | **Service Provider:** | **LA / C&VUHB** | **LA / C&VUHB** |
| **Designation** |  |  |  |
| **Date** |  |  |  |

**Action Plan review and sign off sheet**

Date of Action Plan Review: Action Plan version / date being reviewed:

Names and designation of people in attendance at review discussion:

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| Priority Area  | Summary of evidence of progress against agreed actions and/or mitigation of risk if action not completed | Date reviewed  | Date signed off as achieved | Service Provider signature | Commissioner / s signature / s |
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| Action Plan signed off as completed by: | Service Provider: | LA / C&VUHB | LA/ C&VUHB |
| Designation |  |  |  |
| Date |  |  |  |

1. Responsible Individual (if regulated service) or their nominated and authorised representative [↑](#footnote-ref-1)