

**PRACTICE REVIEW POLICY AND TOOLKIT**

**Action Plan Assurance Report**

This quality assurance form is to assist in ensuring that all recommendations have been addressed and the learning has been embedded in practice. It should be used by the SSCP Practice Review Subgroup members to independently verify and sign off action plans.

1. **Details of Action Plan and Scrutineer**

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| --- | --- | --- | --- | --- |
| **Case No.** |  |  | **Scrutineer reviewing action plan:** |  |
| **Action Plan of:** |  |  | **Contact Details:** |  |
| **Lead Person:** |  |  | **Date of scrutiny and verification:** |  |

1. **Summary of Outcome**

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| 1. 🞏 SSCP agreed the action plan is complete **OR** 2. 🞏 Some of the actions don’t meet the requirements. Please see detail below and provide a further update/supporting evidence by (insert date two weeks prior to the next practice review) to [SSCP@salford.gov.uk](mailto:SSCP@salford.gov.uk) |
| **Overall Feedback:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendation** | **Due / Completion Date stated on Action Plan** | **Satisfied compliant (Y/N)** Actions completed and good supporting evidence provided | **Impact of recommendation** | **Comments**  Comment on the reason for your decision and advise on what additional evidence is needed |
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