



Action Plan

Supervised Individual:					SFO case reference:	
	Good practice (outcome focused objective)	Who it will be shared with	Action to share good practice	How sharing of practice will be monitored and reviewed (where applicable)	Owner	Date for completion
1		Choose an item.				
2		Choose an item.				
3		Choose an item.				
4		Choose an item.				
	Area for improvement (outcome focused objective)	Who the action is for	Action required to improve practice (organisational and individual)	How improvements in practice will be measured	Owner	Date for completion
1		Choose an item.				
2		Choose an item.				
3		Choose an item.				
4		Choose an item.				
<p><i>The action plan must be signed off by the countersigning manager (CM) before the completed review is forwarded to HMPPS SFO Team. The CM must be independent of the line management of the case. If the review has identified exceptionally poor practice, the CM must indicate whether consideration has been given to initiating capability or disciplinary procedures (delete guidance prior to wider sharing).</i></p>						
Full Name:		Role:		Date:		
Comments:						



Action Plan Update

Supervised Individual:				SFO case reference:	
	Good practice	What action has taken place	Date completed	Impact of action on practice (where applicable)	
1					
2					
3					
4					
	Area for improvement	What action has taken place	Date completed	Impact of action on practice	
1					
2					
3					
4					
<p><i>The action plan update must be signed off by the countersigning manager (CM) before being forwarded to HMPPS SFO Team within 6 months of the original plan. The CM must be independent of the line management of the case.</i></p>					
Full Name:			Role:		Date:
Comments:					