Community Services

Service Agreement Review

[The purpose of this Service Agreement Review template is to provide a guide as to the considerations that should be taken into account when undertaking a service review. It may be used as is or tailored to suit each State agency’s internal processes.

The [Delivering Community Services in Partnership (DCSP) Policy](https://www.wa.gov.au/government/multi-step-guides/buying-community-services/getting-started-community-services-procurement/introducing-the-delivering-community-services-partnership-policy) requires that service reviews are undertaken at appropriate intervals during the service agreement term. A service review may also be undertaken at the request of a service provider to assess service design and delivery, volume of services, sustainable pricing, performance and the achievement of outcomes.

As part of contract management activities, it is important for State agencies to undertake a service review prior to the extension or expiry of a service agreement. A service review involves the assessment of whether a current service provider has delivered the service specifications and requirements, whether the community has benefitted from the service provided, and to identify if there is a continuing need for the service.

If a Preferred Service Provider process is being considered, use the Service Review Report and Preferred Service Provider Recommendation template instead of this template.

*State agencies must not extend the scope or duration of Service Agreements with debarred or suspended Service Providers as identified under the* [*Western Australian Debarment Regime*](https://www.wa.gov.au/government/publications/debarment-regime-guide-western-australian-government-agencies)*. Refer to the* [*Excluded Suppliers*](https://www.tenders.wa.gov.au/watenders/news/browse.do?CSRFNONCE=BC47BF6C8B895C8C0C0CB75B4FF0C4AF&&ss=1) *page on Tenders WA for more information. If a Service Provide is debarred or suspended, refer to the* [*Debarment Regime: Guide for Western Australian Government agencies*](https://www.wa.gov.au/government/publications/debarment-regime-guide-western-australian-government-agencies) *–* [*Contracts with excluded suppliers and subcontractors*](https://www.wa.gov.au/government/publications/debarment-regime-guide-western-australian-government-agencies#contracts-with-excluded-suppliers-and-subcontractors) *section for further information.*

Please note: the text in red font represents drafting instructions and should be removed after reading. Blue text is optional and should be used or removed as required. Any areas that are highlighted in yellow require a choice to be made or information to be inputted.]

# Service Review

This service review is being conducted to assess whether the Service Agreement is to be [extended/finalised].

or

This service review is being conducted at the request of [Service Provider].

|  |  |
| --- | --- |
| Current Service Agreement Information | |
| Service Agreement |  |
| File Number |  |
| Service Provider |  |
| Service Agreement Term  (incl. all extension options) |  |
| Commencement Date |  |
| Expiry Date  (incl. all extension options) |  |
| Service Agreement Value (Estimated incl. GST over the entire Service Agreement Term) | $ |
| Service Agreement Value (Spend to date) | $ |

|  |  |
| --- | --- |
| Date of Review |  |
| Reviewer(s) |  |
| Service provider involved in the review | Yes  No |

# Service Agreement Performance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reporting | Yes | No | Document Reference # | Further Information / Justification |
| KPIs met? |  |  |  |  |
| KPIs appropriate? |  |  |  |  |
| Reporting requirements met? |  |  |  |  |
| Did the reporting represent a suitable performance measurement tool? |  |  |  |  |
| Performance Issues | Yes | No | Document Reference # | Further Information / Justification |
| Have there been any Events of Default throughout the life of the Service Agreement? |  |  |  |  |
| Have there been any notifiable/serious incidents during the life of the Service Agreement? |  |  |  |  |
| Occurrences of non-performance? |  |  |  |  |
| Occurrences of poor performance? |  |  |  |  |
| Risk | Yes | No | Document Reference # | Further Information / Justification |
| Has risk been managed throughout the life of the Service Agreement? |  |  |  |  |
| Were any unanticipated risks identified? |  |  |  |  |
| Were unanticipated risks managed appropriately? |  |  |  |  |
| Contract Management | Yes | No | Document Reference # | Further Information / Justification |
| Have any issues been identified through the ongoing management of the Service Agreement? |  |  |  |  |

# Service (Delivery / Operational) Performance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Delivery | Yes | No | Document Reference # | Further Information / Justification |
| Services delivered in accordance with service specification? |  |  |  |  |
| Service specific outcomes achieved? |  |  |  |  |
| Agreed outputs delivered? |  |  |  |  |
| Performance Issues | Yes | No | Document Reference # | Further Information / Justification |
| Has the current service model / agreement achieved the service specific outcomes? |  |  |  |  |
| Service Design | Yes | No | Document Reference # | Further Information / Justification |
| Does the service continue to align with the agency’s goals and objectives? |  |  |  |  |
| Is there a change in community need? |  |  |  |  |
| Does the service model represent contemporary best practice / has there been ongoing improvement of the service model |  |  |  |  |
| Is there evidence that the Service Provider is/has engaged with the community? |  |  |  |  |
| Contract Management | Yes | No | Document Reference # | Further Information / Justification |
| Have any issues been identified through the ongoing management of the contract? |  |  |  |  |

# Service Review Outcome

From the service review, it is considered that [Service Provider] [is/is not] meeting the performance, service delivery and operational requirements of the Service Agreement.

[Provide a brief summary to support the above statement]

There [is/is not] a continuing need for the service.

[Provide a brief summary to support the above statement]

# Recommendation

[Choose a recommendation, which can be used ‘as is’ or modified or replaced to better suit an agency’s recommendation.]

It is recommended the Authorised Officer approves the exercising of the [first/second/third number-month/year] extension option, extending the Service Agreement until [Date].

The recommendation to extend the Service Agreement is made as [Service Provider] is meeting the Service Agreement requirements and there is a continuing need for the service.

or

It is recommended the Authorised Officer approves the finalising of the Service Agreement as all available extension options have been exercised. It is also recommended an Open Advertisement procurement method is conducted as there is a continuing need for the service.

[Service Provider] will be provided with a minimum of three months’ notice that the Service Agreement will be ceasing and an Open Advertisement procurement method will be conducted to replace the current Service Agreement.

or

It is recommended the Authorised Officer approves the finalising of the Service Agreement as [Service Provider] is not meeting the Service Agreement requirements. It is also recommended an Open Advertisement procurement method is conducted as there is a continuing need for the service.

[Service Provider] will be provided with a minimum of three months’ notice that the Service Agreement will be ceasing and an Open Advertisement procurement method will be conducted to replace the current Service Agreement.

or

It is recommended no action is required as the service review was an agreed review and the review did not identify any areas of concern.

# Submitting Officer

|  |  |
| --- | --- |
| Name: | |
| Title: | |
| Contact Number: |  |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

# Approval of the Recommendation

|  |  |
| --- | --- |
| Authorised Officer | |
| Name: | |
| Title: | |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |