|  |
| --- |
| **Performance management** |
| The Authority is establishing a new Performance Framework for Supported Housing services. All Service Providers offered places on the Framework will have to comply with requirement to provide information in the following key areas:  **Service Requirements**  KPI 1 Service User outcome measures (Outcomes being achieved)  KPI 2 Health Action Plans  **Workforce Requirements**  KPI 3a Staff Training – General  KPI 3b Staff Training – Specific  **Quality and Safeguarding**  KPI 4 Quality check visits  KPI 5 Experience of people who use services: Complaints and Concerns  KPI 6 Experience of people who use services: Compliments  **Adult Social Care Outcomes**  KPI 7 Supporting people to obtain or retain employment |
| **Service Requirements** |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 1 Service User outcome measures (Outcomes being achieved)** | | | | | | | **Rationale** | The Authority requires Service Providers to evidence that they are committed to improving the quality of the Service they provide. Monitoring the Service Provider’s performance in terms of achieving outcomes agreed with Service Users will ensure that Service Providers are working to improve in this area.  The Authority must assure itself that care and support delivered within its footprint is person-centred, outcome focused, adaptable and best meets the supported adults' personal care and support needs.  The vision for this KPI is for absolute take-up of provider-led care and support plans that are outcome-focused and wholly focused on the Service User as an individual | | | | | | **Definition** | % Service Users that have achieved one or more outcomes | | | | | | **Numerator** | A – Number of Service Users using Services that have achieved one or more outcomes when reviewed. | | | | | | **Denominator** | B – Number of Service Users provided with a Service during the period. | | | | | | **Formula** | (A ÷ B) x 100 = %outturn | | | | | | **Worked Example** | Suppose the number of Service Users that have agreed one or more outcomes are being achieved during the reporting period is 100 (A)  Suppose the number of Service Users is 300 (B)  The percentage of Service Users that have completed an outcome measures survey is:  (100 ÷ 300) x 100 = 33.33% | | | | | | **Good**  **Performance** | Good  performance is typified by a higher  percentage | **Collection**  **Interval** | Quarterly | **Data Source** | Rehabilitation Care and Support Plan | | **Return Format** | Percentage | **Target** | To be confirmed | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the % of Service Users achieving outcomes during the reporting period and, when reviewed, have agreed that their outcomes are being achieved.  Care and Support Plan outcomes should be meaningful to the person and their benefits be realised in their immediate, or distant future.  **What to include:** All Service Users with support commissioned by The Authority and or Partners  **What to exclude:** If the Service Provider delivers care services to people whose care is not commissioned by The Authority and or partners submissions must exclude this data  **How is this standardised:** All Service Providers, during the reporting period must use the Outcome Measure Survey (to be developed) during routine reviews of Services with each Service User at least once per reporting period. All Service Providers will be required to collate and use the findings from these surveys to evidence continuous improvements in service.  **Definitions:**  Outcomes: Outcomes are something that is personal to every individual, it is something they want to achieve but need support to achieve it. Outcomes should be ambitious and must inevitably increase independence, personal skills, confidence and/or health & wellbeing. Examples of good outcomes are being able to travel independently, or with friends, on public transport or to be responsible for an activity in the house, such as laundry, or get fit by joining a gym, health club or take up running or cycling, staying out late.  Identified outcomes: It is not sufficient to merely identify outcomes in a person-centred plan. Service Providers must be able to plan to meet these outcomes and are expected to produce a clear plan, made with the Service User's involvement, and a timetable, which includes milestones. This way Service Providers, and The Authority, can be assured that everyone is receiving an equal opportunity to achieve their own care and support outcomes.  **Example of auditable evidence:**  The Authority may ask for evidence for this KPI, this may be routine or as a result of intelligence that it receives. The Authority may ask for the following forms of evidence, or for other evidence not listed here:   * Person-centred plans * Care and Support plans * Outcome plans * Care notes/ diaries * Risk assessments * Staff rotas   **Correlation:**  This KPI also correlates with The Authority's vision for the future of care and support in Lancashire, where a strength-based and outcome-focused approach is always taken wherever care and support is offered and delivered in Lancashire. | | | | | | |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 2 Health Action Plans** | | | | | | | **Rationale** | The Authority must assure itself that care and support delivered within its footprint is: beneficial for the Service User's health in the long term as well as short term. | | | | | | **Definition** | The number of Service Users who have a health action plan and have had an annual health check | | | | | | **Numerator** | Total number of Service Users who have a health action plan and have received an annual health check by a registered Doctor or by another, relevant, medical professional in the 12 month reporting Period (N) | | | | | | **Denominator** | Total number of Service Users who receive care and support by the Service Provider within the 12 month reporting period (D) | | | | | | **Formula** | (N) ÷(D)\*100 | | | | | | **Worked Example** | Suppose the number of service users who have a health action plan and have had an annual health check is 25 and the total number of service users is 75  (25 ÷ 75)\*100 = 33% | | | | | | **Good**  **Performance** | Good performance is typified by a higher percentage | **Collection**  **Interval** | **Annual** | **Data Source** | KPI submission | | **Return Format** | Percentage | **Target** | To be confirmed | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the % of Service Users who have a health action plan and have had an annual health check  **What to include:** All Service Users with support commissioned by The Authority  **What to exclude:** If the Service Provider delivers care services to people whose care is not commissioned by The Authority submissions must exclude this data  **How is this standardised:**  **Definitions:**  Health Action Plan : This holds information about the person’s health needs, the professionals who support those needs, and their various appointments. The plan is based on a full health check | | | | | | |
| **Workforce Requirements** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 3a Staff Training - General** | | | | | | | **Rationale** | The vision for this KPI is to create stable and effective care and support by promoting long-term staffing and professionalisation of the care sector in Lancashire. Service Providers will facilitate this by supporting staff to develop professionally in their careers. This will include offering training that will provide staff with the skills to provide high quality and effective care. It is desirous that the professionalisation of staff and stability and security of the sectors' labour market will foster a culture in companies and organisations of high-quality, effective and person-focused care and support in Lancashire, which is also flexible, reliable and responsive.  The Authority believes that a well-trained workforce will contribute towards strong safety measures for our Service Users and also improve the quality of services provided.  All staff must complete introductory training, which includes how to promote equality and people’s rights, as well as first aid, food hygiene, giving medication, and moving and handling people.  Staff are encouraged and given time to improve their skills through courses in health care and social care. | | | | | | **Definition** | % of Support Workers currently offered or undertaking or have achieved Level 2 Diploma in Health and Social Care  % of Support Workers currently undertaking or have achieved the Care Certificate. | | | | | | **Numerator** | A1– Number of Support Workers currently offered or undertaking or have achieved a Level 2 Diploma in Health and Social Care  A2 – Number of Support Workers currently undertaking or have achieved the Care Certificate. | | | | | | **Denominator** | B1 - Number of Support Worker posts within the organisation during the reporting period. | | | | | | **Formula** | (A1 ÷ B1) x 100 = %outturn  (A2 ÷ B1) x 100 = %outturn | | | | | | **Worked Example** | Suppose the number of Support Workers who are currently offered or undertaking or have achieved a Level 2 Diploma in Health and Social Care is 43 (A1).  Suppose the number of Support Worker posts within the organisation (B1) is 75  The percentage of Support Workers who have achieved at least a Level 2 Diploma qualification in Health and Social Care is:  (43 ÷ 75) x 100 = 57.33% | | | | | | **Good**  **Performance** | Good performance is typified by a higher percentage | Collection  Interval | 6 monthly | **Data Source** | KPI submission  Template (TBC) | | **Return Format** | Numerator, Denominator and Percentage | **Target** | 90% | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the number of Support Workers within the organisation who have achieved at least a Level 2 Diploma in Health and Social Care.  **What to Include:**   * Front line workers and Managers who line manage front line workers working with Service Users in Lancashire.   **What to Exclude:**   * Staff within the organisation who do not provide Care and support services directly and/or do not line manage workers that do. * All staff working for the Service Provider whose work solely relates to locations outside of Lancashire. * All staff on maternity leave for the full duration of the period being measured.   **Definitions:**   * **Number of Support Workers** – Is the total number of Support Workers employed by the Organisation during the reporting period. For example if at the beginning of the period the Organisation employed 30 workers and at the end of the reporting period the Organisation employed 35 workers but 10 workers had left the organisation, the total number of Support Workers would be 45.   **Example of auditable evidence:**   * Training records * Employee files   **Correlation with:** All KPIs relating to the staffing situation for the Service Provider should give a rounded picture of the Service Provider's ability to retain staff, have low sickness rates, good training etc | | | | | | |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 3b Staff Training – Specific** | | | | | | | **Rationale** | The vision for this KPI is to create a stable and effective care and support by promoting long-term staffing and professionalisation of the care sector in Lancashire. Service Providers will facilitate this by supporting staff to develop professionally in their careers. This will include offering training that will provide Support Workers with the skills to provide high quality and effective care. It is desirous that the professionalisation of Support Workers and stability and security of the sectors' labour market will foster a culture in organisations of high-quality, effective and person-focused care and support in Lancashire, which is also flexible, reliable and responsive.  The needs of Service Users have become increasingly complex. Support Workers with skills that meet the needs of Service Users they support will improve the quality of services provided. | | | | | | **Definition** | % of Support Workers that have specific training that meets the needs of those people for whom they provide support. | | | | | | **Numerator** | A – Number of Support Workers that have had training specific to the needs of those people for whom they provide support. | | | | | | **Denominator** | B – Number of posts within the organisation during the reporting period that require specific training. | | | | | | **Formula** | (A ÷ B) x 100 = %outturn | | | | | | **Worked Example** | Suppose the number of Support Workers that have specific training based on the needs of the people they support (A) is 20  Suppose the number of posts within the Service Provider that require specific training (B) is 75  The percentage of Support Workers who have training based on the needs of Service Users is:  (20 ÷ 75) x 100 = 26.67% | | | | | | **Good**  **Performance** | Good performance is typified by a higher percentage | **Collection**  **Interval** | 6 monthly | **Data source** | Provider records | | **Return Format** | Percentage | **Target** | 100% | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the level of Support Workers who have specific training to meet the needs of Service Users.  **What to Include:**   * Support Workers and managers who line manage front line workers working with Service Users in Lancashire.   **What to Exclude:**   * Staff within the organisation who do not provide home care services directly and/or do not line manages workers that do. * All staff working for the Service Provider whose work solely relates to locations outside of Lancashire.   **Definitions:**   * **Specific training** – specific training is training based on the specific needs of the Service User that the Support Worker supports and can relate to a long term condition e.g. diabetes; dementia etc or the type of support required e.g. end of life. * **Number of Support Workers** – Is the total number of Support Workers employed by the Service Provider during the reporting period. For example, if at the beginning of the period the organisation employed 30 workers and at the end of the reporting period the organisation employed 35 workers but 10 workers had left the organisation, the total number of workers would be 45.   **Example of auditable evidence:**   * Care and Support Plans for Service Users which identify specific needs * Evidence that Support Workers with appropriate training are allocated to Service Users with specific needs (e.g. staff rotas and Care and Support Plans) * Staff training records * Staff files   **Correlation with:** All KPIs relating to the staffing situation for the Service Provider should give a rounded picture of the Service Provider's ability to retain staff, have low sickness rates, good training etc | | | | | | |
|  |
| **Quality and Safeguarding** |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 4 Quality check visits** | | | | | | | **Rationale** | The Authority requires Service Providers to evidence that they are committed to improving the quality of the Service they provide. Undertaking quality checks will ensure that the Service provided by Support Workers is monitored. | | | | | | **Definition** | % Support Workers that have received a quality check during the provision of support | | | | | | **Numerator** | A – Number of Support Workers that have received a spot check during the provision of support during the reporting period | | | | | | **Denominator** | B – Total number of Support Workers | | | | | | **Formula** | (A ÷ B) x 100 = %outturn | | | | | | **Worked Example** | Suppose the number of Support Workers that have received a spot check during the provision of support during the reporting period (A) is 40  Suppose the total number of Support Workers (B) is 75  The percentage of Support Workers that have received check during the provision of support is:  (40 ÷ 75) x 100 = 53.33% | | | | | | **Good**  **Performance** | Good performance is typified by a higher percentage | **Collection**  **Interval** | Quarterly | **Data Source** | Provider records | | **Return Format** | Numerator Denominator and Percentage | **Target** | 60% | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the % of workers that have received a spot check during the provision of support  **What to include:** All Support Workers providing support commissioned by The Authority and or Partners  **What to exclude:**   * If the Service Provider employs Support Workers that deliver care services only to people whose care is not commissioned by The Authority submissions must exclude this data * Support employed for fewer than x (3 or 6) months   **Definitions:**  • **Spot check** – is an unannounced visit from a Manager during the provision of support to evaluate the support delivered  **Example of auditable evidence:**   * Records of spot checks on staff file * Service user survey   **Correlation with**: KPI staff training issues may be identified during spot checks, KPI timeliness of service provision, as issues about timeliness and reliability may be identified when talking to Service Users during the spot check, KPI Service User Outcome Measures as issues relating to achieving outcomes may be identified in the spot check. | | | | | | |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 5 Experience of people who use services: Complaints and Concerns** | | | | | | | **Rationale** | The Authority requires Service Providers to evidence that they are committed to Service User involvement and empowerment, fair access, diversity and inclusion. Monitoring the Service Provider’s performance in dealing with complaints, concerns and compliments in a timely manner will evidence that a Service Provider ensures that Service Users' views are taken seriously. | | | | | | **Definition** | % of complaints and concerns that have been completed /resolved within 28 days | | | | | | **Numerator** | A– Number of complaints and concerns that have been completed/resolved within 28 days | | | | | | **Denominator** | B – Number of complaints and concerns that have been received in the reporting period | | | | | | **Formula** | (A ÷ B) x 100 = % outturn | | | | | | **Worked Example** | Suppose the number of complaints and concerns that were resolved/completed within 28 days during the reporting period was 4 (A).  Suppose the total number of complaints and concerns that were received during the reporting period was 8 (B).  The percentage of complaints and concerns that were resolved / completed within 28 days during the period (4 ÷ 8) x 100 = 50.00% | | | | | | **Good**  **Performance** | Good performance is typified by a higher percentage | **Collection**  **Interval** | Six Monthly | **Data Source** | KPI submission  Template (TBC) | | **Return Format** | Numerator, Denominator and Percentage | **Target** | 80% | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the timeliness of dealing with complaints, by capturing all complaints that have been completed/resolved during the reporting period.  **What to include:** All formal written and verbal complaints and concerns and that have been received during the reporting period relating to Service Users whose support is commissioned by The Authority and or partners.  **What to exclude:** If the Service Provider delivers care and support services to people whose care is not commissioned by The Authority and or partners, submissions must exclude this data  **Example of auditable evidence:**  Complaints procedure  Evidence that Service Users and carers find it easy to feed back. Check the number of compliments received alongside this. If both the number of complaints and the number of compliments is low, check whether Service Users and carers know how to provide feedback and whether it is monitored effectively.  Also monitor whether learning from complaints is implemented effectively and evidenced.  **Correlation**  KPI 6 and 7 The number of complaints/concerns as a proportion of the number of Service Users receiving a service from the Service Provider in the period (taken from LCC's systems). | | | | | | |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **KPI 6 Experience of people who use services: Compliments** | | | | | | | **Rationale** | The Authority requires Service Providers to evidence that they are committed to Service User involvement and empowerment, fair access, diversity and inclusion. Monitoring the Service Provider’s performance in dealing with complaints, concerns and compliments in a timely manner will evidence that a Service Provider ensures that Service Users' views are taken seriously. | | | | | | **Definition** | % of feedback that has been compliments within the reporting period | | | | | | **Numerator** | A– Number of compliments received in the reporting period | | | | | | **Denominator** | B – Number of compliments, complaints and concerns that have been received in the reporting period | | | | | | **Formula** | (A ÷ B) x 100 = % outturn | | | | | | **Worked Example** | Suppose the number of compliments received during the reporting period was 10 (A).  Suppose the total number of compliments, complaints and concerns that were received during the reporting period was 18 (B).  The percentage of feedback that was compliments during the period (10 ÷ 18) x 100 = 56% | | | | | | **Good**  **Performance** | Good  performance is  typified by a  higher percentage | **Collection**  **Interval** | Six Monthly | **Data Source** | KPI submission  Template (TBC) | | **Return Format** | Numerator, Denominator and Percentage | **Target** | 60% | **Reporting**  **Organisation** | Service Provider | | **Frequently Asked Questions** | | | | | | | **What this indicator does:** Measures the number of compliments compared with the total number of items of feedback during the reporting period.  **What it is measured against**: Each provider will be benchmarked against themselves from period to period and also against their peers and county.  **What to include:** All formal written and verbal compliments, complaints and concerns that have received during the reporting period relating to Service Users whose support is commissioned by The Authority.  **What to exclude:** If the Service Provider delivers care services to people whose care is not commissioned by The Authority submissions must exclude this data  **Example of auditable evidence:**  Compliments and Complaints procedure  Evidence that Service Users and carers find it easy to feed back.  If both the number of complaints and the number of compliments is low, check whether Service Users and carers know how to provide feedback and whether it is monitored effectively.  Also monitor whether learning from complaints is implemented effectively and evidenced. | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | **KPI 8 Social Care Outcomes – Supporting people to obtain or retain employment** | | | | | | | | **Rationale** | The Authority must assure itself that care and support delivered within its footprint is person-centred, outcome focused, adaptable and supports adults to access employment where this is a desired outcome. | | | | | | | **Definition** | The number of service users with either paid or unpaid employment identified as a care and support outcome in their support plan and have been successfully supported into either paid or unpaid employment in the same twelve month period. | | | | | | | **Numerator** | A - The number of supported adults with either paid or unpaid employment identified as a care and support outcome in their support plan and have been successfully supported into either paid or unpaid employment in the same twelve month period | | | | | | | **Denominator** | B - The number of supported adults with either paid or unpaid employment identified as a care and support outcome in their support plan (B) | | | | | | | **Formula** | A ÷ B x 100 | | | | | | | **Worked Example** | The number of supported adults with either paid or unpaid employment identified as a care and support outcome in their support plan and have been successfully supported into either paid or unpaid employment in the same twelve month period = 5  The number of supported adults with either paid or unpaid employment identified as a care and support outcome in their support plan = 10  5 ÷ 10 = 50% | | | | | | | **Good**  **Performance** | |  | **Collection**  **Interval** | 12 monthly | **Data Source** | Care provider | | **Frequently Asked Questions** | | | | | | | | **Vision:**  The vision for this KPI is to assure that adults have the opportunity, and receive the right support, to gain access to paid or unpaid employment in order to: find employment when they want, maintain a family and social life, contribute to community life and to avoid loneliness or isolation. This will provide for increased skills, independence, and community engagement and will ensure care and support is targeted at improving the lives of supported adults.  **What this indicator does:**  Why it is important  This KPI will ensure that The Authority, and care providers, are doing all they can to improve the lives of adults under their care. A key way of measuring this is by ensuring care outcomes are identified and met. Providers must identify adults who are willing and able to access paid or unpaid employment and want to achieve this as a support outcome. The skills gained from employment are invaluable for the supported adult to make connections with members of the community, family and friends, gain independence skills, such as managing money more effectively or identifying and performing routine tasks and to have more disposable income.  Why it is needed  The Authority and its partners must do more to ensure that effective, tailored and responsible care and support is provided for adults who need it, when they need it. It is not acceptable for adults to merely be supported by having their meals cooked or their clothes laundered. Supported adults should be supported to increase their skills and expand their experiences by accessing, and integrating into, their communities. Employment increases skills, such as social skills and working to own initiative, or using public transport and time management. The supported adult must be at the centre of identifying outcomes and planning how these should be achieved, employment must always be an option and supported adults must always have the opportunity to achieve employment on their own or with support.  **What to include:**  Care providers should include all adults whose care is funded by The Authority and services are provided under this contractual framework agreement.  Care providers can include data relating to service users who are returning to paid/unpaid roles they had before their period of rehab.  The care provider should include all adults whose care is funded, even in part, by The Authority and or Partners, except where a direct payment is used.  **What to exclude:**  Unpaid employment with the care provider's company/organisation cannot be recorded under this KPI, except in the circumstance where The Authority has permitted, in writing, this recording.  Employment, which would otherwise be paid to unsupported adults, is completed without pay, unless this is prior agreed, by the supported adult, as a fixed term internship.  **Definitions:**  Paid Employment: Any employment of any number of hours which provides an income to the supported adult in employment. Employment should be legitimate and pay the National Minimum Wage for the person's age group.  Unpaid employment: Any employment of any number of hours which does not provide any income to the supported adult in employment excluding circumstances where the supported adult completes unpaid work within the care provider's own company/ organisation (see "what to exclude"). These roles are likely to be voluntary roles.  **How to measure:**  The calculation above is sufficient for The Authority to measure the performance of care providers in Lancashire. Care providers should regularly self-regulate to assure themselves that they are meeting targets set by this KPI.  **Example of auditable evidence:**  The Authority may ask for evidence for this KPI, this may be routine or as a result of intelligence that it receives. The Authority may ask for the following forms of evidence, or for other evidence not listed here:   * Person-centred plans * Rehabilitation care & support plans * Outcome plans * Care notes/ diaries * Risk assessments | | | | | | | |