

Home Based Care

Performance Monitoring Framework

2017 to 2019

Home Based Care Performance Monitoring Framework

1.0 Introduction

The commissioners recognise the importance of effective contract management. The commissioners will manage the performance of the service delivered by their providers through this performance monitoring framework. The primary measures are the key performance indicators (KPIs). These performance measures will

- give the commissioners an overview of the health of the home based care market. This a core requirement for Local Authorities as set out in the Care Act 2014.
- provide evidence of whether the provider has met its contractual obligations and on which to base learning and continuous improvement for the overall benefit of all parties to the contract.

The commissioners will provide some of the data required to complete the KPIs where this is available from our systems. Should more data become available to us over time we will remove provider questions that we can prepopulate. All of the information which forms part of the framework has been listed below. For each item it has been highlighted whether the commissioners or the provider are to provide the information.

The KPIs are based on 1) capacity, 2) quality assurance and 3) cost. In addition, the commissioners will conduct an annual customer feedback survey based on the Think Local Act Personal 'I' Statements that are listed in the service specification. The commissioner's survey will be a core part of the contract monitoring process.

2.0 How and when will the Key Performance Indicators be collected

KPIs are a contractual requirement and all providers will need to submit required KPIs on a quarterly basis. All KPIs will be submitted through the Electronic Contract Monitoring System (ECMS). All KPIs will be submitted through the Electronic Contract Monitoring System (ECMS) on the SE Shared Services portal <https://www.sesharedservices.org.uk/esourcing>. The KPI data will be submitted via a questionnaire that will be set up for each provider under the Awarded Provider Status (APS) Contract that can be found on the 'My contracts' tab. For technical support or assistance in using the SE Shared Services portal please contact the In-Tend helpdesk. The details for the Intend helpdesk can be found on the SE Shared Services 'Contact Us' tab. The commissioners will be delivering refresher training sessions on using ECMS over the course of the contract lifetime.

Case studies and compliments will be submitted separately. KPI data must be submitted within three weeks of the end of the reporting period end date (set out in appendix A below). The data submitted must relate to the registered office(s) from which you will be delivering a service for Surrey residents.

3.0 Quality Assurance

Data provided will be considered as part of our overall quality assurance process including meetings and visits.

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 1a	Respond to all new HBC packages sent to provider on EBrokerage System, irrespective of bid outcome i.e. rejection or bid for package	CAPACITY- Responsiveness (to new ASC & CHC HBC business offers)	Commissi oner (SCC/ CHC)	Performance Questions: Q1: Number of new packages provider has responded to during the reporting period via E-Brokerage system Q2: Number of ALL new packages sent to provider on E-brokerage system.	100% response rate to packages sent to provider	Quarterly
Mgt Info	% of new packages awarded to a provider following a positive bid through E-Brokerage system	CAPACITY (where is new business being bid for actually being awarded)	Commissi oner (SCC/ CHC)	Q3: Number of new packages provider has actually been awarded Q4: Number of new packages provider has responded to positively during the reporting period via E-Brokerage system in areas covered in tender bid	No target – mgt info only	Quarterly
Mgt Info	Business pick up rates: The number of new home based care packages successfully awarded which were ACTUALLY picked up by provider.	CAPACITY (where is new business being bid for actually being awarded AND picked up)	Commissi oner (SCC/ CHC)	Q5: Number of new packages provider has actually been awarded (ASC/CHC) Q6: Of the number of packages awarded to provider, how many did they actually start providing a service for (ASC/CHC)	No target – mgt info only	Quarterly
KPI 2	Business Volumes, Growth & Turnover: Increase the total volume of home care packages delivered	CAPACITY (growth and new business: where and who is picking up new home care business)	Provider – via ECMS	Packages Q7a: Total number of packages held at start of period. Q7b Of those, number of CHC packages held at start of period. Q8a: Number of brand new packages started during the period Q8b: Of those, number of brand new CHC packages started during the period.	Aspiratio n is to increase over time	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
				<p>Q9a: Total number of packages ceased for client reasons during reporting period (admitted to hospital, moved house etc)</p> <p>Q9b: Total number of packages 'handed-back' by provider during period due to business reason</p> <p>Q10a: Total number of packages held at end of period</p> <p>Q10b: Of those, number of CHC packages held at end of period</p> <p>Hours</p> <p>Q11a: Total number of home based care hours contracted to provide during period</p> <p>Q11b: Of those, number of CHC home based care hours contracted to provide during period</p> <p>Q12: Total number of ACTUAL home based care hours provided during period</p>		
Mgt Info	Total scheduled and unscheduled calls	QUALITY ASSURANCE, CAPACITY, COST	Provider – via ECMS	<p>Q13: Total number of unscheduled calls made during the period</p> <p>Q14a: Total number of calls scheduled during the reporting period</p>	Aspiration is to increase over time	Quarterly
KPI 3a	Responsiveness: % of all calls scheduled during the reporting period which were 'missed'	QUALITY ASSURANCE, CAPACITY, COST QUALITY ASSURANCE, CAPACITY, COST	Provider – via ECMS	<p>Q14: Of which</p> <p>b) number of calls during the reporting period which were 'missed'</p>	Target 0%	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 3b	Responsiveness: % of all calls scheduled during the reporting period which were 'late'.	QUALITY ASSURANCE, CAPACITY, COST	Provider – via ECMS	c) number of calls during the reporting period which were 'late'	Target 0%	Quarterly
KPI 3c	Responsiveness: % of all calls scheduled during the reporting period which were 'rescheduled'	QUALITY ASSURANCE, CAPACITY, COST	Provider – via ECMS	d) number of calls during the reporting period which were 'rescheduled'	Target 10% max	Quarterly
KPI 3d	Responsiveness: % of all calls scheduled during the reporting period which were 'cancelled'.	QUALITY ASSURANCE, CAPACITY, COST	Provider – via ECMS	e) number of calls during the reporting period which were 'cancelled' <i>For definitions of 'missed', 'late', 'rescheduled', 'cancelled' see section 6.7 in the specification or Appendix B below.</i>	Target 5% max	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 4	Staffing and business continuity	QUALITY ASSURANCE, CAPACITY	Provider – via ECMS	<p><i>(Data to relate to Registered offices (branches) for which provider is actually delivering a service to Surrey residents. Data refers to care staff delivering a front line service i.e. packages of care)</i></p> <p>Q17: Total care staff employed by provider at start of period</p> <p>Q18: Number of new care staff employed during period</p> <p>Q19: Number of care staff who left during the period <i>(used to calculate turnover rate)</i></p> <p>Q20: Total care staff employed by provider at end of period <i>(used to calculate turnover rate)</i></p> <p>Q21: Total number of vacancies as at the end of the period</p> <p>Q22: Capacity (hours): As at the end of the period, estimated total number of home based care hours provider has capacity to deliver.</p> <p>Q23: Do you anticipate any significant business continuity risks in the next period that you would like to discuss with us? (if yes please give details)</p>	Aspiration is for turnover and vacancy rate to be consistently and comparatively low over time	Quarterly
KPI 5	Staff trained on core mandatory training and who meet the care certificate standards	QUALITY ASSURANCE Training	Provider – via ECMS	<p>Q24: % of staff employed at the end of the period who meet the Care Certificate Standards or equivalent.</p> <p>Q25: % of staff employed at the end of the period who are up to date on their core training as set out by the commissioner in section 4.1.4 of the specification or Appendix C below:</p>	Target 100%	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 6	% of customers who are satisfied with the home care service they receive from their provider	QUALITY ASSURANCE Customer Engagement	Provider – via ECMS	<p>Q26a: Number of complaints received in the period</p> <p>Q26b: of the number of complaints, number upheld.</p> <p>Q27: How frequently do you survey your clients for customer satisfaction?</p> <p>Q28a: Number of clients invited to take part in your customer satisfaction survey in the last quarter?</p> <p>Q28b: Number of clients who responded to your customer satisfaction survey in the last quarter?</p> <p>Q29: % of clients in the last quarter who responded that they were either satisfied or very satisfied with the home care service they received?</p> <p>Q30: Please upload a blank copy of your customer satisfaction questionnaire.</p>	Target 95%	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 7a	Submit accurate performance data via the Electronic Contract Management System (ECMS) Portal within 3 weeks of the	QUALITY ASSURANCE Performance Data Submissions	Commissioner (SCC/CHC)	Q31: Quarterly KPI questionnaire data completed and returned within timescale on the Electronic Contract Monitoring System (ECMS)	100%	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
	reporting period end date.					
KPI 7b	Attend regular meetings between provider and commissioners as and when necessary.	QUALITY ASSURANCE Performance Data Submissions	Commissioner (SCC/CHC)	Q32: Attendance at meetings scheduled by the commissioner.	100%	Ad hoc
Mgt info	Submit example case studies and/or compliments via the Electronic Contract Management System (ECMS) Portal within 3 weeks of the reporting period end date.	QUALITY ASSURANCE Performance Data Submissions	Commissioner (SCC/CHC)	Q33: Have you uploaded any case studies or compliments this quarter?	100%	Quarterly

Appendix A: Performance information submission deadlines

Quarter	Reporting deadline
01 October 2017 - 31 December 2017	19 January 2018
01 January 2018 - 31 March 2018	20 April 2018
01 April 2018 - 30 June 2018	20 July 2018
01 July 2018 - 30 September 2018	19 October 2018
01 October 2018 - 31 December 2018	21 January 2019
01 January 2019 - 31 March 2019	19 April 2019

Quarter	Reporting deadline
01 April 2019 - 30 June 2019	19 July 2019
01 July 2019 - 30 September 2019	21 October 2019

Appendix B: Guidance on late and missed calls

The commissioners view planned and timely visits to vulnerable people in their own homes as a very important part of meeting individual needs and ensuring their wellbeing. It is clear that missed or late calls are not acceptable, as they leave individuals feeling anxious and forgotten and potentially at serious risk. In particular the consequences of each missed or late call must be considered.

- A **missed call** is where an individual has not received a visit where one is scheduled, and does not receive a visit before the next scheduled visit, and has not been contacted to rearrange the time of visit (e.g. visits are scheduled to take place three times a day and the first visit of the day does not take place and the first achieved visit is the scheduled second visit of the day.) The consequence of a missed call needs to be risk assessed according to the commissioners' safeguarding procedures. Any missed call should be communicated to the practitioner as soon as practically possible. This is different to a cancelled call (see below).
- A **late call** is where an individual has not received a visit within 30 minutes of the scheduled time, and has not been contacted to rearrange the time of visit.
- A **rescheduled call** is when a call is delayed and the individual receiving care has agreed for the call to be delivered at a different time/ or the individual has requested it be delayed.
- A **cancelled call** is when a call has been cancelled prior to the due time and the individual receiving care has agreed for the call to be cancelled/ or the individual has requested it be cancelled.

Appendix C: Core Training

The core training that the commissioner expects all the providers care worker staff to have undertaken and be up to date in are:

- Moving and handling
- Dementia awareness
- Mental health awareness
- Medication training
- Infection prevention and control
- Fluids and nutrition
- Safeguarding in accordance with the Surrey Safeguarding Adults Board Procedures □ Equality and diversity
- Privacy and dignity

- Health and safety