

**Care within the Home Services
Performance Monitoring Framework
(Schedule 5)
October 2021**



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Introduction

- 1.1 The commissioners will work with providers to review performance of services delivered under the contract. Each provider will be allocated a named commissioning 'relationship manager' who will be responsible for reviewing the information submitted by providers and will be a key point of contact for providers to inform commissioners of any issues relating to performance. Commissioners will review performance through discussions with providers and by reviewing the responses to key performance indicators (KPIs). Key performance measures will
 - 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.
 - Through reviewing all responses from providers who are accepted on to the contract, will give the commissioners an overview of the efficient and effective operation of the home-based care provider market in Surrey. This a core requirement for local authorities as set out in [section 5 the Care Act 2014](#).
 - KPIs remain a contractual requirement for providers to complete and submit for the lifetime of the contract.
- 1.2 The provider will attend or host regular meetings with the commissioner and representatives from Surrey County Council or NHS Continuing Healthcare including, but not limited to, members of local teams and quality assurance managers to review its performance in delivering the Service.
- 1.3 Meetings will take place on a quarterly basis and review the previous three months of services delivered by the provider on behalf of the commissioners. Given the scale of the market these may take place at varying times throughout the year.
- 1.4 A key aspect of each contract monitoring meeting will be to examine the provider's responses to Key Performance Indicators (KPIs). The KPIs will
 - Provide evidence to show that the provider has met its contractual obligations while delivering the service
 - Highlight the achievements of the provider, or any challenges it faces, in meeting overarching service outcomes
 - Be consistent for all providers delivering the service. This will allow the commissioner to understand the overall performance of the service across Surrey, and report this where necessary to other representatives of Surrey County Council, and to NHS colleagues as part of a joint health and social care system.

- 1.5 Providers of HBC must have an Electronic Care Management (ECM) system – Please refer to Section 8 of the service specification (Schedule 1) for more information on ECM system requirements.
- 1.6 Alongside KPIs, providers will be expected to submit additional information. This information, referred to “management information” for the purposes of contract monitoring, will not be used to assess the success or otherwise of service delivery. However, it assists the commissioner to better understand the operational delivery of the service by the provider, and to support a detailed and constructive conversation at each contract monitoring meeting.
- 1.7 Although contract monitoring meetings mark the formal evaluation of the provider’s performance against the contract, the commissioner reserves the right to hold additional meetings at their discretion and in response to requests by the SCC Commissioning Team or the provider.
- 1.8 For providers of High Needs (Continuing Healthcare) there will be additional information requirements to report on. These are detailed in Appendix 2 of the Service Specification (Schedule 1)
- 1.9 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.

The Key Performance Indicators (KPIs)

- 1.10 The Key Performance Indicators will give commissioners a good indication on how well the provider is delivering the services commissioned under the contract. Providers are required to submit information on a monthly basis.
- 1.11 Data will need to be collected by the provider so that the information required on the KPI return can be completed. The table below explains the reasons for collating this information. Please note, providers who only deliver live-in care will not need to collate the full range of data below, please refer to the monitoring template for guidance.

KPI 1. % of Successful Calls

KPI rating Green 90+%, Amber 75-89%, Red 0-74%

Data Collected	Definition	Why are we collecting this?
Number of Packages of Care ceased in month	Commissioned calls that the ceased for any reason	So that commissioners can review overall level of business purchased from a provider and assist with any difficulties
Number of Packages Handed back by the provider in month	Commissioned calls that the provider feels they are no longer able to provide and returned to SCC/NHS (any reason)	So that commissioners can review overall level of business purchased from a provider and assist with any difficulties
Total Number of Calls	Total Number of Calls delivered on behalf of SCC NHS under DPS Contract	So that commissioners can review and understand the overall level of business purchased from a provider
Number of late calls	As per HBC Specification, a call outside of the agreed time	So that commissioners can assist with any operational issues the provider may be having in delivery of care
Number of missed calls	A call not delivered as agree upon in the support plan, including unanswered, due to client or provider error	So that commissioners can assist with any operational issues the provider may be having in delivery of care
Number of rescheduled calls	Calls required within the support plan that have to be rescheduled	So that commissioners can assist with any operational issues the provider may be having in delivery of care
Number of cancelled calls by provider	Calls cancelled by service provider (any reason)	So that commissioners assist with any operational issues the provider may be having in delivery of care and discuss proactive solutions

Data Collected	Definition	Why are we collecting this?
Number of cancelled calls by service recipient	Calls cancelled by service recipient (any reason)	So that commissioners can assist with any operational issues the provider may be having in delivery of care.
Number of cancelled calls by service recipient within 24 hours	Of the Calls cancelled by service recipient (any reason) how many were cancelled within 24 hours by the service recipient (any reason)	So that commissioners can assist with any operational issues the provider may be having in delivery of care and discuss solutions to prevent calls being cancelled within 24 hours

KPI 2. % of Successful Restarts

KPI rating Green 90+%, Amber 75-89%, Red 0-74%

Total number of restarts offered	Existing clients restart offered by SCC NHS to provider upon discharge from hospital	So that commissioners can ensure that there is consistency in offering restarts to current/previous providers when residents are discharged from hospital in order to promote a continuum of care
Total number of eligible restarts taken on (same provider)	Existing clients accepted by provider from by SCC NHS upon discharge from hospital	So that commissioners can see whether providers are able to pick up packages of care for residents previously supported by the provider when they are discharged home from hospital and discuss any difficulties if the provider is unable to do so

KPI 3. Staff with valid Care Certificate (% of staff)

KPI rating Green 95+%, Amber 75-89%, Red 0-74%%

Total number staff	Total number of staff within the organisation, including direct care and back office staff	So that commissioners can understand the size and capacity of the provider and compare providers of similar sizes
New direct care staff	Direct care staff, employees who deliver front line care, that commenced employment this month	So that commissioners can review how many new direct care staff join the provider each month, so that discussions can be held regarding staffing
New back office staff	Back office staff, employees who do not deliver front line care, that commenced employment this month	So that commissioners can review how many new back office staff join the provider each month, so that discussions can be held regarding staffing
Total number of staff to leave	Total number of staff within the organisation, including direct care and back office staff, who left employment this month	So that commissioners can review how many staff leave the provider each month (including key back office staff), so that discussions can be held regarding the reasons for this and any difficulties the provider may be having with staff retention
Number of new staff eligible to complete orientation training	Total number of new staff who should complete orientation training	So that commissioners can ensure that new staff who join the provider are suitably trained

Number of new staff to complete orientation training	Total number of new staff who successfully completed orientation training	So that commissioners can ensure that new staff who join the provider are suitably trained
Number of staff that have valid care certificate	Total number of staff with valid care certificate	So that commissioners can ensure that all staff who are part of the organisation have a valid care certificate as per in the service specification

The table below shows the information that SCC will collate each month for each provider that is providing services under the APL contract.

Internal SCC Data	Definition	Why are we analysing this?
No. of POCs at the end of each month	Packages of HBC purchased by SCC on the APL contract at the end of the preceding month.	So that commissioners can review the number of care packages SCC/NHS purchases from a provider
No. of POCs accepted on Ebrokerage	Packages of HBC accepted by the provider following a referral made by SCC and NHS through e-brokerage	So that commissioners can see how many times the provider responds to referrals
No. of POCs rejected on Ebrokerage	Packages of HBC not accepted by the provider following a referral made by SCC and NHS through e-brokerage	So that commissioners can see how often the provider says it is unable to provide care for referrals within an area it has said it is able to provide care in. This will allow for further discussions at provider review meetings with commissioners to examine the reasons for

		this and any issues the provider may be having
No. of POCs requests started	New packages of HBC started by the provider that were purchased by SCC and NHS	So that commissioners can see how much new business is placed with the provider
No. of POCs request responded to - Positive or Negative	Total number of referrals issued through e-brokerage that the provider responded to in the month	So that commissioners can check that the provider is active within the Ebrokerage as per the service specification

KPI 4. % of POCs request responded to - Positive or Negative

KPI rating Green 90+%, Amber 75-89%, Red 0-74%%

No. of POCs request with no response	Referrals made through e-brokerage that the provider did not respond to (by postcode area)	So that commissioners can review whether the provider is willing and able to remain on the referral system for a particular postcode area
No. of POCs awarded	Actual number of packages of care awarded to the provider following e-brokerage referral from SCC/NHS	So that commissioners can see how much new business is placed with the provider

Management information

Various elements associated with service delivery are set out below, and correspond to overall expectations regarding quality assurance, maintaining an appropriately trained workforce to deliver the service, and ensuring that the service best responds to customer feedback.

Data Collected	Definition	Why are we collecting this?
Total number of formal complaints received (this month)	Number of formal complaints received, which would trigger the providers' complaints procedure	So that commissioners can assist with any operational issues the provider may be having in delivery of care.
Total number of formal complaints not upheld	Number of formal complaints received, which were not upheld	So that commissioners can respond to any operational issues the provider may be having in delivery of care.
Total number of formal complaints upheld	Number of formal complaints received, which were upheld (with reason)	So that commissioners can respond to any operational issues the provider may be having in delivery of care.
Open/Pending Complaints	Formal complaints not resolved either way this month or still open from a previous month	So that commissioners can monitor complaints and ensure issues are resolved in a timely fashion
Successfully closed complaints	All formal complaints resolved either way this month	So that commissioners can monitor complaints and ensure issues are resolved in a timely fashion
Total number of Safeguarding referrals (this month)	Number of Safeguarding referrals received, which would trigger the providers' Safeguarding procedure	So that commissioners can respond to issues of concern regarding service delivery and offer support where appropriate
Total number of Safeguarding referrals which triggered s42 Inquiry	Number of Safeguarding referrals which triggered a s42 Inquiry	So that commissioners can respond to issues of concern regarding service delivery and offer support where appropriate

Data Collected	Definition	Why are we collecting this?
Total number s42 Inquiry's; outcome of abuse, neglect, or risk present	Total number s42 Inquiry's which were found to be a case of abuse, neglect, or risk present	So that commissioners can respond to issues of concern regarding service delivery and offer support where appropriate
Total number s42 Inquiry's; outcome of no abuse or risk	Total number s42 Inquiry's which were found to be no abuse or risk	So that commissioners can respond to issues of concern regarding service delivery and offer support where appropriate
Open/Pending s42 Inquiry's	s42 Inquiry's not resolved either way this month or still open from a previous month	So that commissioners can respond to issues of concern regarding service delivery and offer support where appropriate

Live in Care management information (if applicable)

Data Collected	Definition	Why are we collecting this?
Number of Packages of Care ceased in month	Commissioned calls that the ceased for any reason	So that commissioners can review overall level of business purchased from a provider and assist with any difficulties
Number of Packages Handed back by the provider in month	Commissioned calls that the provider feels they are no longer able to provide and returned to SCC/NHS (any reason)	So that commissioners can review overall level of business purchased from a provider and assist with any difficulties
Total number of 24 hour periods of live in care, where care worker break is delivered.	Number of 24 hour periods of live in care where the provider is providing a replacement care worker to support	So that commissioners can review overall level of business purchased from a provider

	the individual for the duration of the live in care worker's daily break	
Total number of 24 hour periods of live in care, where care worker break is not required.	Number of 24 hour periods of live in care where the provider has not provided replacement care for the live in care worker's daily break	So that commissioners can review overall level of business purchased from a provider
Total number of active live in care staff	Number of care staff who have provided live in care for any duration during the month	So that commissioners can understand the size and capability of provider and compare providers of similar sizes
Total number of active live in care staff who have received supervision during the period	Number of staff who have provided live in care during the period who have received formal or informal supervision during the month	Quality Assurance

How the KPIs and monitoring information will be reported

- The KPIs will be collected from the monitoring returns that the provider submits on a monthly basis to the SCC Contract Monitoring and Performance Team and to the commissioner.
- The provider will be required to submit the monitoring information by the 7th day of the following month. See Appendix 1 for the submission deadlines.
- The data submitted must relate to the registered office(s) from which you will be delivering a service for Surrey residents.
- Providers will be sent a Performance Monitoring Workbook (an Excel spreadsheet) which they need to submit monthly with the required data.

- The reporting of all monitoring information (whether in monthly returns or in quarterly monitoring information) is a contractual requirement, and the provider will be expected to submit this information on a timely basis.
- Where monitoring information is not submitted as requested, the commissioner may give notice in writing to the provider to respond appropriately. Where this notice is not responded to the commissioner may suspend the provider from the contract.
- Case studies and compliments may be submitted separately to provide evidence of services provided.

Contract monitoring meetings

- Contract monitoring meetings will be held at an agreed time and date between the commissioner and provider and will take place as required after receipt of the required monitoring information.
- The agenda for each meeting will follow a consistent format – a template is included within Appendix 2 which sets this out.
- The Commissioner will ensure that notes from each meeting, including any actions, will be circulated shortly after each meeting

Appendix 1: Performance information submission deadlines

- For the month of January, the reporting deadline is 7 February
- For the month of February, the reporting deadline is 7 March
- For the month of March, the reporting deadline is 7 April
- For the month of April, the reporting deadline is 7 May
- For the month of May, the reporting deadline is 7 June
- For the month of June, the reporting deadline is 7 July
- For the month of July, the reporting deadline is 7 August
- For the month of August, the reporting deadline is 7 September
- For the month of September, the reporting deadline is 7 October
- For the month of October, the reporting deadline is 7 November
- For the month of November, the reporting deadline is 7 December
- the month of December, the reporting deadline is 7 January

Appendix 2 – Meeting agenda for Contract monitoring meetings
Care within the Home Services - <NAME OF PROVIDER>

Contract monitoring meeting agenda for <Year and Quarter>

Service: HBC / LinC / Specialist

Location:

Date:

Time:

Invitees:

<Provider representatives>

<Surrey County Council (SCC/ CHC) representative>

<SCC Commissioning representative>

<Other representatives as requested, e.g. SCC Quality Assurance, NHS Community
Health representatives>

1. Welcome and introductions
2. Actions from the previous meeting held on <DATE>

<Any actions set out in bullet points>

3. How is the service going?
 - a. Overall service delivery in the quarter
 - b. Any management changes in the period

- c. Sustainability of service
 - d. Innovation (processes, technology etc)
- 4. Review of contract monitoring information
 - a. KPIs
 - Responsiveness and Service coverage
 - Individual outcomes
 - Activity delivered in the quarter
 - Submission of information and communication with Commissioner and SCC Reablement
 - b. Management information
 - Quality assurance and safeguarding
 - Staffing
 - Customer engagement and case studies
- 5. SCC / NHS Continuing Healthcare Team feedback
- 6. Key messages from SCC
 - Update on any important developments e.g. change in staffing, contact details, new guidance, legislation etc
- 7. Provider updates
 - Anything the provider would like to update SCC about
- 8. AOB

- a. Confirmation of actions
- b. Date of next contract monitoring meeting