

## Key Performances Indicators (KPIs)

Key Outcomes:	Evidence: <i>To determine if these KPIs are being met shall include (but not limited to) updated evidence of:</i>
<p><b>1</b> <b>Service users regularly access appropriate and meaningful activities.</b> <i>These include activities both within and outside the scheme and service users are supported to engage in these through person-centred active support.</i></p>	<p>Regular holidays and short breaks at least one annual - 100%</p> <p>Service users engage in meaningful daily activities of personal care, domestic activities, leisure activities, and (where possible) work/volunteering.</p> <p>Weekly personalised activities schedules and diary/ personal logs that reflect participation in these.</p> <p>Links are in place with Client Affairs and families where necessary. Money clearly spent on service user's activities.</p> <p>Full financial support and benefits accessed.</p> <p>Staff have appropriate training (e.g. active support) and there is evidence they are putting the training into practice with users.</p> <p>The Provider will be proactive in sourcing appropriate meaningful activities for service users and demonstrate this.</p> <p>Use of least restrictive interventions.</p> <p>Staff are trained in and use active support.</p>
<p><b>2</b> <b>Service users are supported to maintain good health.</b> <i>This will include regular, demonstrable health checks and that there is evidence of compliance</i></p>	<p>Health Action Plans in place and up to date - 100%</p> <p>Service users will be supported to access an annual health check -100%</p>

	<p><i>with health practitioner guidelines and health action plans.</i></p>	<p>Where professional guidelines are in place, the provider will provide evidence that these are being followed - Reviews.</p> <p>Hospital Passports are in place and readily produced when needed – 100%.</p> <p>Service users will access primary health services on a regular basis for routine checks and screening</p> <p>Service users maintain an appropriate BMI with an action plan in place for when they don't.</p> <p>Health support documents will be comprehensive, accurate and up to date - QA and Review</p> <p>Unnecessary admissions will be prevented through clear risk management strategies and pathways that alert and support access to relevant health professionals/services.</p> <p>Staff will be up to date with mandatory training and implementation of this demonstrated by relevant documentation e.g. training matrix, risk assessments in place; staff trained to Level 2 minimum.</p> <p>All service users will have an up to date personal profile [pen picture] on file.</p> <p>An up to date communication strategy will be in place and applied to each service user - Review.</p> <p>Any medication will be reviewed and monitored appropriately.</p> <p>Service is NICE Compliant</p>
3	<p><b>Service users are supported by good</b></p>	<p>Person centred Plans will be in place – 100%.</p>

**quality staff in a personalised way.**

*This includes staff who are able to communicate with and on behalf of service users, with appropriate qualifications or equivalent experience. Methods to develop Personalisation in the schemes will be considered as the contract progresses.*

Care and support is delivered in a personalised way to help service users attain their goals and aspirations and demonstrated through activity plans and personal budget spend.

In cases of behaviour that challenges: Individualised Positive Behavioural Support Plans will be in place for all those who demonstrate behaviour that challenges. These include triggers; methods for prevention, staff response and a coherent strategy for replacing the challenging behaviours with more acceptable behaviours over time.

The following communication standards are in place and evidenced e.g. notes audit:

1: There is a detailed description of how best to communicate with individuals.

2: Service demonstrate how it supports individuals using a variety of appropriate communication methods to be involved with decisions about their care and their service. Evidence of individuals involved in choice-making.

3: Staff value and use competently the best approaches to communication with each individual they support.

4: Services create opportunities, relationships and environments that make individuals want to communicate.

5: Individuals are supported to understand and express their needs in relation to their health and wellbeing – HAP is in accessible format.

Service users choose who supports them e.g. involvement in recruitment.

		<p>Service users choose how they are supported</p> <p>Access to advocacy for those who need it.</p> <p>Service users will have a range of non-paid social networks.</p> <p>Agreed outcome focussed support plans are in place for all users</p>
4	<p><b>Service users are safe and secure, but supported to take positive risks.</b></p> <p><i>Vulnerable service users are safe but able to take opportunities to try new experiences and develop skills.</i></p>	<p>Deprivation of Liberty Safeguards are in place where identified.</p> <p>Safeguarding procedures are adhered to, staff are aware.</p> <p>Service users are given opportunities to try new things.</p> <p>Person Centred Plans are in place that detail service user strengths and aspirations – 100%</p> <p>Outcomes' focussed support plans are in place for all service users – 100%.</p> <p>Up to date, relevant risk assessments are in place for all users and staff are aware of them – 100%.</p> <p>Support plans and daily logs identify the service users are involved in decisions about their care.</p> <p>Support staff are consistent – e.g. rotas.</p> <p>Incident monitoring – outcomes are logged and learning implemented from these.</p> <p>Service users access appropriate technologies that promote communication and engagement, improve quality of life and promote choice and control.</p>

<b>5</b>	<p><b>Service users have an agreed and active social network.</b></p> <p><i>They will make use of community facilities including social, cultural and arts activities, faith organisations and maintain relationships with friends and family.</i></p>	<p>Structured activity timetables/diaries are in place and there is evidence that all service users engage in these.</p> <p>There is evidence that all service users regularly access the community and actively participate in community activities and with others.</p> <p>Each service user has a Circle of Support in place [e.g. as per <a href="https://www.mentalhealth.org.uk/sites/default/files/a-guide-to-circles-of-support.pdf">https://www.mentalhealth.org.uk/sites/default/files/a-guide-to-circles-of-support.pdf</a>].</p> <p>Cultural needs are taken into account in planning and delivery of support provision in all support plans.</p>
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Evidence of the KPIs will be obtained through methods such as quarterly reporting; case examples/ narratives submitted by the provider; individual Reviews by ILDS; contract and service meetings or reviews and spot checks by Commissioning and QA.

## ACTIVITY DATA

The Provider will also be required to submit the following activity/performance data on a quarterly basis:

Staffing	Staff hours delivered per flat Agency or relief staff hours delivered per flat
Incidents, Complaints and Complements	Number, Issue and Outcome
Safeguarding	Number, Issue and Outcome

