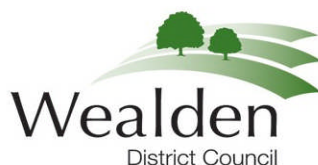




# East Sussex Supporting People: Monitoring and review policy

updated June 2009



## **Contents**

1	Introduction.....	3
2	Roles and responsibilities for monitoring and review in the Supporting People team .....	3
3	Accreditation.....	5
4	Monitoring.....	6
5	Reviews.....	6
6	Supporting People Commissioning Project .....	11
7	Service user involvement .....	12
8	Appeals .....	13
9	Comments, compliments and complaints.....	13
10	‘Whistle blowing’ .....	13
11	Equal opportunities.....	14
12	Fraud.....	14
13	Data Protection and information sharing .....	14
	Appendices.....	15
	Appendix 1: Performance indicators.....	15
	Appendix 2: Key Performance Indicators .....	16
	Appendix 3: Quality Assessment Framework.....	20

## 1 Introduction

The Supporting People programme funds and regulates housing-related support services that help vulnerable adults to live independently. East Sussex County Council is the administering authority for the programme.

The purpose of this policy is to set out the East Sussex approach to monitoring and reviewing contracts for Supporting People funded services from June 2009.

Our overall approach to monitoring and review is proportionate to risk. We will monitor and review all Supporting People funded services but our work will be concentrated on services where ongoing monitoring highlights concerns or non-compliance with the contract. Where possible, we aim to limit any extra administrative burden on providers.

The main aims of the monitoring and review process are to:

- promote ongoing continuous improvement of Supporting People services;
- achieve contract compliance for Supporting People services;
- improve the outcomes for people who use Supporting People services; and
- ensure that services provide good value for money and achieve efficiency savings where possible, in line with Gershon<sup>1</sup>.

This is the second revision of the policy. It has been developed in consultation with Supporting People service providers, Core Strategy Group and Service User Network. It was approved by the East Sussex Health, Housing, Social Care and Probation Strategic Forum on 11 June 2009.

## 2 Roles and responsibilities for monitoring and review in the Supporting People team

### 2.1 Head of Supporting People

The Head of Supporting People has overall responsibility for all contracts for Supporting People funded services. The Head of Supporting People has line management responsibility for the Contracts Officers, oversees the implementation of the policy and monitors consistency of approach between Contracts Officers through the moderation process.

### 2.2 Contracts Officers

All Supporting People service providers are assigned to a named Contracts Officer who is responsible for monitoring their contracts and dealing with any issues that arise with the services within those contracts.

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<sup>1</sup> Sir Peter Gershon, CBE – Releasing resources to the front line: Independent Review of Public Sector Efficiency (July 2004)

Contracts Officers key responsibilities are to:

- monitor the performance of services using performance and other data and make recommendations for improvement;
- work with providers to achieve value for money and efficiencies;
- carry out reviews; and
- make recommendations regarding the future of the contract.

### **2.3 Quality Monitoring Officer**

The Quality Monitoring Officer supports the Contract Officers in ensuring that all services comply with the terms of contract and are of an acceptable quality and cost. The Quality Monitoring Officer will:

- organise reviews;
- collect, track and compile information required for the review reports; and
- monitor and report on client record data and outcomes data from St Andrews to ensure that providers make timely and accurate returns.

### **2.4 Business Analyst**

The Business Analyst has responsibility for SPOCC<sup>2</sup> data management processes, including payments, data collection and analysis. The Business Analyst will:

- monitor data submissions (performance indicator workbooks and Quality Assessment Framework self assessments) on SPOCC.Net<sup>3</sup> to ensure that all providers make timely returns;
- notify the relevant Contracts Officer of the need for action where PI returns fall below target level;
- prepare reports on performance and quality for Supporting People services in East Sussex for use by the Strategic Forum, Core Strategy Group and other relevant groups, organisations or staff; and
- submit quarterly data extracts to central government.

The Quality Monitoring Officer and Business Analyst both deliver training for providers and work with them to ensure that returns are accurate and on time.

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<sup>2</sup> SPOCC stands for Supporting People Oxford Computer Consultants and refers to our Supporting People information and payments system.

<sup>3</sup> [SPOCC.Net](#) is a web based version of SPOCC which enables providers to access and submit information on their service.

### 2.5 Register of interests

We aim to make sure that the monitoring and review process is objective. Members of the Supporting People team will not normally be assigned to a service provider or take part in monitoring or reviews where they have been employed by that service provider within the last five years or where they have declared other interests such as board membership or personal association.

## 3 Accreditation

The purpose of accreditation is to establish that the provider organisation is fit to deliver housing-related support services. All providers of Supporting People funded services in East Sussex must be accredited by East Sussex County Council. To achieve accreditation, providers must be able to demonstrate that they:

- are financially viable;
- have competent administrative procedures that are able to properly handle and account for the Supporting People grant;
- have effective employment policies to cover staff development, staff supervision and the health and safety of both staff and service users;
- have sufficiently robust management procedures to provide Supporting People services; and
- have a track record or competence to deliver services.

Providers will be generally be accredited for three years. If however, within the period of accreditation, concerns arise from external sources such as the Tenancy Services Authority<sup>4</sup> or Charity Commission or from our own monitoring, then accreditation may be reconsidered.

### 3.1 Accreditation 'lite'

Accreditation 'lite' is a framework which administering authorities may choose to use to accredit sole traders, small providers or providers of telephone-based only, community alarm services. It aims to provide a means of ensuring that potential service providers are effective and robust whilst not imposing overly bureaucratic and burdensome procedures.

It is used to accredit the following types of providers:

- Small providers - that is, those employing no more than one full-time equivalent member of support staff
- Community alarm services which are simply a telephone-based alarm service and do not include the provision of visiting support staff as part of the service.

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<sup>4</sup> Previously the Housing Corporation.

- Sole traders and providers of individual support who are not working for a charity, housing association, limited company or other type of organisation but are working for themselves, often in their own home and not employing any housing related support staff. Examples of sole traders are supported lodgings or resident adult carers.

### 3.2 Exceptions

- Statutory organisations are exempt from the accreditation process.
- If an organisation has received accreditation by another local authority or accreditation framework they will usually receive Supporting People accreditation in East Sussex. Providers will need to provide proof of the accreditation and we reserve the right to carry out further investigations to satisfy the accreditation requirements for East Sussex.

## 4 Monitoring

Every quarter we will monitor the performance of individual services within a contract using information from the performance indicator (PI) workbooks. Concerns will be followed up with the provider to agree a way forward.

The performance indicators monitored in East Sussex are set out at appendix 1. This is the full list of performance indicators required by the Department for Communities and Local Government (CLG). The indicator that measures staffing input (SP3) is not required by CLG and is not currently collected or monitored in East Sussex. Providers should, however, always keep accurate records of staffing input as this is required for the value for money assessment (see section 5.8).

Services may also be measured against additional performance indicators. These will be set out in the service specification.

### 4.1 Reporting

We make quarterly returns to CLG which contain detailed information about individual services including performance indicators and Quality Assessment Framework returns.

Annually, we will take a report to Core Strategy Group, Strategic Forum and Provider Forum covering performance indicators, outcomes, client record forms and the Quality Assessment Framework. This report is also published on our website.

## 5 Reviews

Once a year, Contracts Officers will review some or all of the services within each contract. The review may take a different form depending on the circumstances of the contract. If a service is due to end for example, the review may take the form of an evaluation of the service to determine learning points for the future. This would be agreed in advance with the provider.

In general, reviews will cover:

- performance;
- contract compliance;
- outcomes;
- quality;
- action plans;
- feedback;
- value for money; and
- diversity.

These are explained in sections 5.2 to 5.10. The review may be carried out on a 'desktop' basis, or may involve visiting services. This will be dependent on risk (see section 5.1 below). We may bring forward the review if we have cause for concern. This could be for reasons such as poor performance or safeguarding (adult protection) alert. There may be more than one review within the contract period.

Reviews may be carried out with other stakeholders such as adult social care, health, probation and the district and borough councils. We may also carry out strategic reviews of a service or groups of services.

Contracts Officers will confirm with providers when they have received all the information requested for the review. Within four weeks of this, we will send the provider a draft review report. If, for any reason, this deadline cannot be met, Contract Officers will contact providers to explain the delay. The report will detail the main findings under each of the eight headings above. When the draft report has been received, providers have two weeks to comment on it and can request a follow up meeting at any time. Once the review report has been agreed by the Contracts Officer and the provider, the Supporting People team will issue a final version.

All areas of the review are moderated by the Head of Supporting People or another senior manager in the East Sussex Supporting People team.

Recommendations to de-commission or remodel services will be taken to the Core Strategy Group for consideration. Proposals for major changes will be subject to an overall impact assessment<sup>5</sup> and an equalities impact assessment.

Final decisions will be made by the Strategic Forum.

### **5.1 Risk**

Monitoring and review activity for each service will be planned on the basis of risk. The type and level of risk will inform the level of monitoring and the type of review, for example desktop or visit.

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<sup>5</sup> See the [Supporting People: Decommissioning protocol](#) for more information.

The key risk indicators are:

- high support needs of service users;
- large size of service and high value of contract;
- poor performance;
- poor quality;
- failure to comply with the conditions of the contract;
- feedback from stakeholders or service users;
- complaints;
- accreditation status; and
- previous review findings.

Services will be monitored and reviewed against the following areas:

### **5.2 Performance**

We will monitor the performance of all services within the contract quarterly using performance indicator information. Performance information is a key way in which the Supporting People team monitor services and performance figures account for 20% of the overall value for money rating of a service (see section 5.8).

It is essential that providers submit accurate performance indicator data using the workbooks within the timescales set. We monitor this closely and offer providers training and support with this process.

The full list of performance indicators is set out at appendix 1.

#### **5.2.1 Targets**

Key performance indicators KPI 1 and KPI 2 are monitored by central government through the National Indicator Set (NIS). They are explained at appendix 2.

KPI 1 is part of the East Sussex Local Area Agreement. The targets set for 2009/2010 are based on performance over the last year and are:

<b>Key performance indicator</b>	<b>Target</b>
<p>KPI1 (NI 142) Percentage of vulnerable people who are supported to maintain independent living.</p> <p>This is intended to measure the extent to which service users are being support to establish and maintain independent living.</p>	98.34%
<p>KPI2 (NI 141): Percentage of vulnerable people achieving independent living.</p> <p>This measures the number of people who have moved on in a planned way as a percentage of service users who have left the service.</p>	70.73%

### 5.2.2 Client record forms

We will also consider data from client record forms for all short term services and long term services apart from sheltered housing. This will include data such as the source of referrals and ethnic origin. Any concerns will be followed up with providers.

### 5.3 Contract compliance

We will consider whether the provider is complying with the terms and conditions of the contract. This will include whether information has been submitted on time through SPOCC.Net and whether the data is accurate. Information requests cover performance indicators, outcomes, the Quality Assessment Framework, client record forms and any other relevant data. Providers should make sure that they keep timely and accurate data for use by the Supporting People team if required.

If the terms and conditions of the contract are not complied with then a penalty may be imposed. This will be dealt with as set out in section 8 of the terms and conditions of the contract: “default disruption, early review, suspension and termination”.

### 5.4 Outcomes

Providers are expected to report on the five high outcomes defined in the national Supporting People Outcomes Framework. These are:

- achieve economic wellbeing;
- enjoy and achieve;
- be healthy;
- stay safe; and
- make a positive contribution.

Reports will be obtained from the Supporting People client record office website<sup>6</sup> to show the outcomes achieved for each service. This will be the primary source of information about outcomes for service users.

However we will also consider other areas not captured by the national outcomes framework, such as performance on KPI1 and 2, SPI 4 (throughput), service user feedback, stakeholder feedback and any outcome monitoring systems used by providers.

We will also consider the support needs of service users accessing the service when making a judgement on outcomes. The level of needs should reflect the aims and objectives of the service, the level of funding received and the requirements of referring agencies.

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<sup>6</sup> For detailed information please visit: <http://www.spclientrecord.org.uk/>.

### 5.5 Quality

We will monitor the quality of each service annually using the Supporting People Quality Assessment Framework (QAF). The QAF is a tool for measuring the quality of a service and facilitating continuous improvement.

Providers are required under contract to make annual self-assessment returns against the core service objectives of the framework. These are listed in Appendix 3<sup>7</sup>. We expect services to be achieving at least level B for most or all core service objectives. We will validate a sample of the objectives for each service in the contract. If the self-assessment rating cannot be evidenced we reserve the right to validate all objectives.

Where a provider has a number of services that operate in the same way, such as several sheltered housing services provided by the same organisation, providers may produce one QAF covering all these services. This should be agreed in advance with the Contracts Officer.

#### 5.5.1 QAF 'lite'

QAF lite is a framework for assessing the quality of services delivered by small providers or at a low weekly Supporting People rate or community alarm services that do not include the provision of visiting support staff or sole traders. The QAF 'lite' reflects the need for a lighter touch in assessing the quality of services that provide low support or are delivered by sole traders. The set of compliance objectives and standards within the QAF 'lite' have been designed with this in mind.

### 5.6 Action plans

All Supporting People services will have an agreed action plan for improvement in the QAF and any other key areas. We will review progress against these action plans at the time of the deadlines and on review.

Evidence that actions have been achieved will be requested as part of our ongoing monitoring and will form the key part of desktop reviews.

### 5.7 Feedback

We will use a range of methods to collect feedback from service users and carers. These include questionnaires, individual interviews, telephone conversations and group meetings.

Stakeholders will also be consulted about service quality and performance, as part of monitoring and review. We will do this using questionnaires and, where appropriate, meetings to discuss a particular service type and area.

We will also take the results of any customer satisfaction surveys, minutes of residents or tenants meetings and complaints from service users into account.

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<sup>7</sup> The QAF is being updated and the new QAF will be published in April 2009.

### 5.8 Value for money

We will give ratings for each service using our value for money policy<sup>8</sup>. The rating will reflect the performance, quality, outcomes and cost of the service and each rating will be agreed with the provider. We will review the rating of each service on review. The value for money rating will contribute to the overall recommendation for the future of the contract.

As part of this process, providers will be required to provide details of actual income and expenditure for each service for the previous year. This must clearly show where Supporting People income has been spent. It must include apportionments for the Supporting People expenditure against other sources of income such as housing benefit.

Providers may use their own templates to provide actual income and expenditure. However the Supporting People team reserves the right to request the information on a provided template if the providers' figures are unclear, lack detail or are not apportioned.

The Supporting People team will also require confirmation of staffing input into each service at review.

### 5.9 Diversity

We will monitor the diversity of the service users using each service from client record forms and information collected by the provider. We may also ask the provider for other data on service users to monitor the diversity of the people accessing the service and people who are refused a service. Providers are expected to demonstrate that they are developing and maintaining diversity targets and promoting equality of opportunity in line with the Quality Assessment Framework (QAF) core objective C1.4.

## 6 Supporting People Commissioning Project

The East Sussex Supporting People five year strategy was updated in July 2007. The updated strategy is being implemented through the Commissioning Project which has three distinct phases:

- Phase one covers existing Supporting People funded services for people aged 16 to 64 years.
- Phase two covers existing Supporting People funded services for people aged over 65 years.
- Phase three covers existing Supporting People funded services that have been retained as 'specialised' services.

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<sup>8</sup> East Sussex Supporting People: Value for money policy (June 2009).

Strategic relevance is now being dealt with through the Supporting People Commissioning Project. Services commissioned as part of the project may have specific monitoring and review arrangements. The arrangements for the service commissioned through phase one are summarised below.

### **6.1 Generic floating support service**

There are additional contract monitoring and review requirements for the two large contracts to provide a countywide generic floating support service. These are detailed in the specification for the service. In brief:

- There will be six monthly review meetings to consider the following (not exhaustive):
  - Contract compliance
  - Number of people in receipt of a service
  - Utilisation of tiers
  - Utilisation of support hours
  - Profile of people who gain access to the service (Client Record Form data and local data)
  - Quality of service (using the Quality Assessment Framework)
  - Outcomes for service users (using the Supporting People Outcomes Framework)
  - Performance against agreed targets (Performance indicators)
  - Service user satisfaction
- Referrals to the service will also be monitored, including the details and circumstances of anyone not offered a service.
- There will be quarterly review meetings with key stakeholders including probation, housing, health and representatives from the East Sussex Supporting People team. Providers are expected to report performance data to these meetings.
- The provider will be required to submit a variety of reports to different groups as required, for example the East Sussex Traveller Practitioner Group and the Drug and Alcohol Action Team Joint Commissioning Group.

## **7 Service user involvement**

We are committed to involving service users in the contract monitoring and review process. We will do this in line with our [service user involvement policy](#). The main points of the policy that relate to contract monitoring and review are:

- As part of the annual contract monitoring process we will consider feedback from individual service users, minutes of tenants or residents groups, complaints and compliments and the results of any customer satisfaction surveys carried out by the provider.
- We are working towards involving trained service users in evaluating a particular service and assessing the quality of the support provided.
- Following a review we will make sure that we give feedback on the outcome of the review to service users appropriately. Feedback may be given in a variety of ways depending on the needs of the particular client group.

### 8 Appeals

In relation to this policy, an appeal may be brought if it is based on one or more of the following grounds:

- The administering authority has failed to consider all the relevant facts, which has affected a Supporting People accreditation decision or the outcome of a review or contract negotiation.
- The administering authority has failed to follow the locally agreed contract monitoring and review policy.

Appeals will be dealt with in line with our [appeals procedure](#).

### 9 Comments, compliments and complaints

If anyone has any comments, compliments or complaints about the monitoring and review process, we want to hear them. Comments and compliments can be sent to any member of the Supporting People team.

Complaints should be made in the first instance to the Head of Supporting People. All complaints will be resolved in line with the [East Sussex County Council Adult Social Care Department Complaints Procedure](#).

We will send all providers a feedback questionnaire following each review. This gives an opportunity to give feedback on the experience of the review process direct to the Head of Supporting People.

All the feedback we receive will be used to influence and improve our future practice.

### 10 'Whistle blowing'

Any allegations from a member of staff working for a Supporting People provider or partner organisation will be investigated in full immediately. The named Contracts Officer for the service will speak to appropriate senior managers and bring forward the review. It may be necessary to visit the service to carry out the investigation<sup>9</sup>.

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<sup>9</sup> There is more information in the terms and conditions of the Supporting People contract – clause 3.8.

### 11 Equal opportunities

East Sussex County Council recognises the diverse needs of our community and is committed to promoting equality of opportunity and diversity in employment and service delivery.

The Council actively ensures that it complies with the current and forthcoming statutory requirements and standards, and seeks to influence and encourage our partners and contractors to meet their obligations through agreement and contractual arrangements.

All members of the Supporting People team who are involved in the monitoring and review process have received equalities training. The principles of equality of opportunity and diversity will be reflected in all aspects of the monitoring and review process. There is more information about how we monitor and promote equality of opportunity in section 5.9.

### 12 Fraud

East Sussex County Council is determined that the culture and tone of the organisation is one of honesty and opposition to fraud and corruption. The Supporting People team and financial support officers will work within the county council's Anti-Fraud and Corruption Strategy (May 2004).

Overpayments of Supporting People grant arising from fraud will be recovered and specialist advice sought on investigation and prosecution.

### 13 Data Protection and information sharing

All personal data held by the Supporting People team will comply with the eight Data Protection Principles in the Data Protection Act 1998.

Individual review reports may be shared with members of the Core Strategy Group, the Strategic Forum, stakeholders and service users if appropriate.

Contract Officers and other members of the Supporting People team will check a sample of service user files as part of the contract monitoring and review process. Only sections that are relevant to the delivery of the support service will be viewed. Service providers should make sure that service users have given their permission for this to happen.

## Appendices

### *Appendix 1: Performance indicators*

<b>SP1</b>	Availability	Number of units available as a percentage of the contracted maximum number of units for the service. (Services may be unavailable for reasons such as major refurbishment.)
<b>SP2a</b>	Utilisation (housing)	Utilisation levels of accommodation based services against availability.
<b>SP2b</b>	Utilisation (support only)	Utilisation of floating support services against capacity.
<b>SP4</b>	Throughput	Number of units of support used more than once in any given quarter expressed as a percentage of capacity in all services.
<b>KPI 1</b>	Maintaining independent living (long-term/permanent)	Percentage of service users in any given quarter, against the total capacity of the service, who continue to maintain independent living and do not move on in a crisis situation to, for example, residential care.
<b>KPI 2</b>	Maintaining independent living (short-term)	Number of service users leaving the service in a planned manner in any given quarter as a percentage of all departures from that service.

### **Appendix 2: Key Performance Indicators**

#### **KPI 1 Service users who are supported to establish and maintain independent living**

This KPI is intended to measure the extent to which service users are being supported to establish and maintain independent living. The type of support services may include those provided within long term accommodation based services (such as sheltered housing), or those provided to people who are living independently or have recently moved to independent accommodation (such as resettlement or floating support).

This KPI calculates the number of service users who have established or are maintaining independent living (existing service users and those who have departed) as a percentage of the total number of service users during the period.

Living independently means people living in the following types of accommodation:

- owner occupied accommodation;
- private rented accommodation – where the service user rents the accommodation as their long-term home. This will include accommodation that is rented under Assured Shorthold Tenancies as this is the normal type of tenure in this sector;
- long stay accommodation based services (over 2 years) – where the intention of the service is to provide a home for more than two years;
- local authority/RSL tenant – a service user living in general needs social housing;
- as part of another person's household, but where the arrangement is long stay (e.g. young person living with their family); and
- sheltered housing – accommodation that is specifically identified for older people and provided with warden services (on site or peripatetic).

It is recognised that some service users may have difficulties maintaining independent accommodation and may need to move to another type service that provides independent living with more support e.g. moving from their own home to sheltered housing. Such a move will be treated as maintaining independent living.

Some individuals may cease to require a support service as they are able to maintain independent living without support. This will be the case where a floating support or resettlement service ceases because the individual is living independently.

The following do not count as independent living:

- a residential care home – a care home that is registered by the National Care Standards Commission;
- a nursing care home – a care home that provides nursing care and is registered by the National Care Standards Commission;
- acute psychiatric hospital;
- long stay hospital or hospice care;
- taken into custody (where the service user has been remanded in custody or has received a custodial sentence);
- short stay accommodation based service (less than 2 years);
- direct access accommodation (less than a month's stay); or
- temporary accommodation (e.g. bed and breakfast).

Where a residential care home is in receipt of Supporting People funding it will be treated in the same way as any other care home.

The Supporting People programme recognises that some service users may need a high level of care or hospital treatment. The ODPM and Audit Commission will expect to see some movement from independent living into care homes or hospices, particularly for older people.

In sheltered housing the outcome for each household should be shown when the tenancy comes to an end. Deaths are excluded from the calculation for this indicator, apart from suicides which are not counted as an independent living outcome.

Floating support services may continue to provide a service to an individual who has been evicted or has moved into temporary accommodation. The performance indicator only measures the reason for a service ceasing. Therefore an individual could receive support continuously through an eviction process, during a period of instability, with the support ceasing once the individual is re-housed. However, where an individual is evicted, and the support ceases as a consequence, then the reason for leaving should be recorded as 'evicted'.

*Data source: Quarterly Performance Return*

### **KPI 2 Service users who have moved on in a planned way from temporary living arrangements**

This indicator measures the number of service users who have moved on in a planned way as a percentage of service users who have left the service.

This indicator applies to the following types of accommodation based services:

- short term accommodation based services (less than 2 years); and
- direct access accommodation (where the intended length of stay is less than a month).

This indicator also measures the extent to which outreach services<sup>10</sup> are able to support people to move onto more settled accommodation e.g.:

- moving rough sleepers into hostels; or
- supporting service users to move on from unstable accommodation into supported housing or permanent housing. Unstable accommodation can include sleeping on friends' floors, staying in overcrowded accommodation, squatting, sleeping in cars.

This indicator does not include resettlement services as the outcomes for these services should be included under KPI 1 i.e. supporting service users to establish and maintain independent living. (For the purposes of KPI 1, resettlement services are defined as housing related support services aimed at resettlement within long-term accommodation.)

This indicator defines a planned move as a move to a more independent outcome that has been agreed with a service user as part of the support planning process. A more independent outcome may be linked to the provision of support. An independent outcome does not always have to involve a service user moving into their own flat. It can involve a service user moving back to their family home, provided that this outcome supports the individual achieve greater independence and is planned. A planned move could involve a move to any of the following:

- a supported housing scheme (short stay or long stay);
- permanent accommodation;
- back to the service user's family, or
- other types of planned move.

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<sup>10</sup> There are some types of outreach services that support people who live in their own permanent home. Where this is the case they should be treated as floating support (see KPI 1).

The indicator defines unplanned moves as the following:

- abandonment;
- disappearance;
- evictions or a departure due to a notice;
- taken into custody (where the service user has been remanded in custody or has received a custodial sentence);
- sleeping rough; and
- other unplanned moves e.g. friend's floor.

A move to the following options is not considered a move to a more independent outcome (and is therefore defined as unplanned)

- an acute psychiatric hospital;
- a long stay hospital or hospice.

Deaths are excluded from the calculation, apart from suicides which are counted as an unplanned outcome on the basis that support services are intended to help prevent suicides.

It is possible for a service user to move to a known destination which has not been planned. This move should be recorded as unplanned with management information provided on the destination.

Where a household moves on (for instance women with children moving on from a refuge or a family moving on from a homelessness hostel) only one outcome should be shown for each household.

*Data source: Quarterly Performance Return*

### ***Appendix 3: Quality Assessment Framework***

#### **C1.1 Assessment and Support Planning**

All clients receive an assessment of their support needs and any associated risks. All clients have an up-to-date support and risk management plan. Assessment and support planning procedures place clients' views at the centre, are managed by skilled staff and involve other professional and/or carers as appropriate.

#### **C1.2 Security, Health and Safety**

The security, health and safety of all individual clients, staff and the wider community are protected.

#### **C1.3 Safeguarding and Protection from Abuse**

There is a commitment to safeguarding the welfare of adults and children using or visiting the service and to working in partnership to protect vulnerable groups from abuse.

#### **C1.4 Fair Access, Diversity and Inclusion**

There is a demonstrable commitment to fair access, fair exit, diversity and inclusion. The service acts within the law and ensures clients are well-informed about their rights and responsibilities.

#### **C1.5 Client Involvement and Empowerment**

There is a commitment to empowering clients and supporting their independence. Clients are well informed so that they can communicate their needs and views and make informed choices. Clients are consulted about the services provided and are offered opportunities to be involved in their running. Clients are empowered in their engagement in the wider community and the development of social networks.