**SCHEDULE?**

**Devon County Council; Children’s Homes block purchase**

**Quality Assurance Framework (QAF)**

**The table below sets out the contract management activity in relation to the contract for Lot 1 and Lot 2 Providers. Providers will complete all sections and provide data and information relevant to placements under the contract only.**

All information will relate to the Provider as a whole through the collation of data and trends from individual Homes, which is drawn into a strategic narrative. The data provided will be discussed at face-to-face monitoring meetings in order to gain a full picture of the Provider’s performance, and to inform future quality developments for the Provider. Anonymised themes from data collected across all Providers will be shared at events with Providers, to identify common issues and support improvement.

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| **Contract management schedule** | | | |
| **Activity** | **Frequency** | **Who is involved** | **Supporting documents** |
| **Key Documents sharing** | **Monthly for previous month** | **All Providers** | **Documents completed under (Key Documents) section** |
| **Data returns to be submitted to Devon County Council** | **Every three months** | **All Providers** | **Data Return & Development Plan** |
| **Individual contract management/development meetings with Providers** | **Every three months** | **Provider representatives, representatives from the Devon County Council.** | **Data Return & Development Plan** |
| **Group meeting for all Lot 1 and Lot 2 Providers** | **Every six months** | **Provider representatives, representatives from Devon County Council, partner agency representation as appropriate** | **Agenda, minutes of previous meetings, papers and presentations relevant to the agenda.** |

**Devon County Council reserve the right to meet with individual Providers and groups of Providers in addition to the schedule above, as and when required in relation to individual placements and local care planning and review processes.**

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| **Reporting periods for data returns** | **2019/20: TBC**  **2020/21: TBC**  **2021/22: TBC**  **2022/23: TBC**  **2023/24: TBC** |

**Data Return:** The Provider will be required to provide an updated data return at the end of the first contract monitoring period. Initial targets will be agreed in discussion between the Provider and Devon County Council at the first individual contract management/monitoring meeting of Year One of the contract.

Targets for each following Contract Year will then be agreed in conversation between the Provider and Devon County Council at the first individual contract management/monitoring meeting for that year and reviewed at subsequent meetings.

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| **Key Documentation** | | | |
| **Please note that no requests for information set out below replaces or negates the need for key information to be shared with the social worker on a continued basis either immediately or other depending on the documentation / report referred to. (Please refer to specification)** | | | |
| **Document Type** | **Measure** | **Number sent within reporting period** | **Information** |
| **Incident Reports** | All documentation to be sent to Commissioning Team email address: [childrenscommissioningsecure-mailbox@devon.gov.uk](mailto:childrenscommissioningsecure-mailbox@devon.gov.uk)  All incident reports that relate to or involve a young person placed by DCC will be provided in electronic format within a file for the reporting period. |  |  |
| **Investigation reports** | All investigation reports to be sent where these ‘involve’ a young person placed by Devon either through direct reference, association or where these affect a whole provision where a Devon young person is residing or has resided for the period the same as that of the concern relating to. |  |  |
| **Independent visitor reports** | All providers are requested to procure an independent assessment resulting in a detailed report setting out findings and development. Regulation 46 of the children’s homes Regulations 2015 (England). All independent reports will be shared with the Commissioning team for the reporting period that these have been conducted. |  |  |
| **Placement Mix reports** | Placement mix reports to be completed in relation to all provisions. |  |  |

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| **No information is to be provided in the Data Return / Development Plan which identifies any of the children and young people in placement, whether placed by Devon County Council or from out of area. Any information or discussions about individual children and young people placed will take place in line with usual care planning and review processes by Devon County Council.** | | | | |
| **Name of Provider:** | | | | |
| **Name and location of children’s homes:** | | | | |
| **DATA RETURN FOR PERIOD XX TO XX** | | | | |
| Key Performance Indicator | Measure | Target | Provider data | Provider narrative to support the data |
| **Placement stability and permanence:** Providers ensure that placements admissions are well planned and placements are well supported to remain stable. | Number of placements ended due to placement breakdown.  % of children and young people brought into placements where a compatibility/impact assessment was completed.  Placement transition completed within identified timescale where applicable.  Evidence of commitment to working in partnership to improve stability – support packages, and attendance at all placement stability and disruption meetings. | Provider demonstrates a reduction in unplanned placement breakdowns per Contract Year  100% of CYP placed have a compatibility/impact assessment completed prior to placement beginning |  |  |
| **Staffing:** Providers ensure that at all times the workforce is able to efficiently respond to the demands of the service and that all employees are of sound nature and good professional character. | % of residential staff employed for 2 years or longer.  Percentage of staff leaving the organisation during the period  Number of occasions agency staff used within the organisation.  Number and % of staff who have received disciplinary warning or dismissal.  Number of registered managers who have left the organisation or who have transferred Homes.  % of Homes operating without a Registered Manager, including Homes where there is an acting manager. | Provider demonstrates a % increase in staff employed for 2 years or longer  Provider demonstrates a reduction in the number of occasions agency staff were used  Provider demonstrates a % reduction in the number of Homes operating without a Registered Manager |  |  |
| **Staffing:** Providers ensure that staff are well supported and trained to meet the requirements of their role. | Regular supervision (at least 6 weekly), clinical supervision where appropriate, and appraisal (annual) of staff members.  % of staff that hold the required qualification for their role.  All mandatory (as determined by the specification) training is completed and updated as required. | 100% of staff have received supervision during the period  100% of staff have been offered clinical support/supervision during the period  Staff receive regular training and updates relevant to the needs of the CYP they are caring for during reporting period |  |  |
| **Safeguarding:** Providers demonstrate an excellent understanding of the needs of young people placed and enable them to remain safe. | Number of LADO / MASH referrals.  Number of occasions that the Police have been called to the home.  Number of occasions that young people have been reported as missing.  Number of corresponding return home interviews completed  Number of CYP who have been absent from education  Number of physical interventions. | Provider demonstrates a reduction in the number of CYP who have been absent from education  100% of CYP who have been reported as missing have had a return home interview (will enable Council’s to monitor own performance)  Provider demonstrates a reduction in the number of physical interventions related to the individual needs of CYP placed |  |  |
| **Health:** Providers ensure that children and young people placed are able to maintain good physical and emotional health. | Number of unplanned visits to a hospital following accident / injury.  Number of young people placed by DCC currently accessing mental health services.  Number of young people placed by DCC who are not accessing these services where this is a requirement of the Care Plan to do so.  Number of young people placed by DCC currently accessing substance misuse support.  Number of young people who are not accessing these services where this is a requirement of the Care Plan.  % of young people placed by DCC who are registered with a Doctor and Dentist within their local area.  % of young people who are ‘regularly’ averaging two hours per week engaging in physical activities.  Number of Care Plans where the outcomes for Health and Wellbeing are not being achieved. | Provider demonstrates a reduction in the number of children and young people experiencing unplanned visits to hospital through accident/injury  Provider demonstrates an increase in the number of CYP who are accessing mental health services where this is a requirement of the Care Plan  Provider demonstrates 100% of children and young people placed are registered with a doctor and dentist in their local area  Provider demonstrates an increase in the % of children and young people regularly engaging in physical activity |  |  |
| **Voice of the Child** | The views of children and young people placed are collected using a variety of means and demonstrably used to improve practice in the home. |  |  |  |
| **Leadership and management:** Registered Manager is appropriately supported and trained | Registered Manager receives regular visits (at least once a quarter) and support (weekly) from senior leaders  Registered Manager receives training appropriate to managing the home and meeting the needs of CYP placed |  |  |  |

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| **DEVELOPMENT PLAN FOR PERIOD XX TO XX** | | |
| Overarching aim for Development Plan | Key performance indicators | Provider development plan in relation to Key Performance Indicators, to include anonymised case studies as relevant. To include timescales. |
| **Sufficiency:**  Detail of plans to develop local provision to enable Devon County Council children and young people to be placed as close to home as possible | Providers are actively considering how to improve local sufficiency.  The care needs of Devon children and young people are considered when planning new Homes.  The geographical needs of Devon children and young people are being considered when planning new Homes.  Providers identify gaps in system support which would enable the growth of new Homes, and flag these to the DCC. |  |
| **Activity and Local Engagement:**  Children and Young people will have access to leisure facilities and activities outside of the home including clubs to develop interests. | Young people are engaged in activity outside of the home on a regular basis.  Providers will understand and have good knowledge of clubs in activities within the locality and will engage organisers to help encourage access to these clubs and activities for children and young people. |  |
| **Partnership working:** Evidence of effective partnership working using a multi-agency approach, to achieve positive outcomes for children and young people | Providers proactively work with DCC and key agencies such as Health and Education to ensure that placement stability is achieved for each child and young person placed.  Providers proactively work with appropriate services to escalate risk in relation to safeguarding including child exploitation and to work with partner agencies to formulate a risk management plan where required.  Providers work proactively in collaboration for step down arrangements with fostering organisations and other appropriate partnership organisations. This includes identifying and highlighting to DCC and young people who are ready to step down, and enabling fostering providers and other appropriate organisations to access the child or young person as agreed with DCC. |  |
| **Recruitment of workforce** | Providers have plans to attract, recruit and retain staff so that staffing levels show stability  Providers have contingency plans for managing staff vacancies |  |
| **Training and development of workforce** | Providers ensure staff are well trained to meet the complex needs of children and young people in their care and flex as those needs change  Providers ensure continued professional development for their workforce.  Providers use feedback from training to measure if this has improved performance | Staff training matrix to be provided |
| **Leadership and Management: Quality of provision and regulatory performance** | An effective home improvement plan is in place to improve the quality of provision and is monitored regularly, to anticipate any issues with performance  The Provider references any issues raised by placing authorities during the previous period and provides information on how these have been dealt with. | Copies of home improvement plans to be provided for Homes where there are issues with performance |
| **Ofsted Updates** | The Provider monitors Ofsted performance effectively and provides updates on inspection outcomes, feedback and action plans. |  |
| **Notifiable Incidents / Complaints** | The Provider monitors complaints to the Homes and DCC. Includes information whether complaints are upheld and timescales for response. |  |

Please note where the Provider’s organisation is a UK incorporated company whose equity share capital is officially listed on the main market of the London Stock Exchange; or in the European Economic Area; or is admitted to dealing on either the New York Stock Exchange or NASDAQ, the Provider will be required to provide to DCC’s Environment and Sustainability Policy Officer, the following KPI on an annual basis: (i) the organisation’s annual total carbon emissions in the public domain (ii) the annual carbon emissions associated with delivering the contract (iii) the organisation’s reduction goals*.*

**Consequences if data is inaccurate or targets are not achieved:**

In the first instance targets not being met or inaccurate data being recorded without adequate explanation will trigger a review meeting. This review meeting will involve jointly agreeing ways to raise the level of care, back to the target level.

If the issues are not resolved and continue at subsequent review meetings, then a Default Notice may be issued by DCC under the contract.