

Adult Social Care and Health Directorate

OP/PD

Enablement Specific Toolkit

front sheet for use with all policies, protocols and guidance on social care
KNet pages

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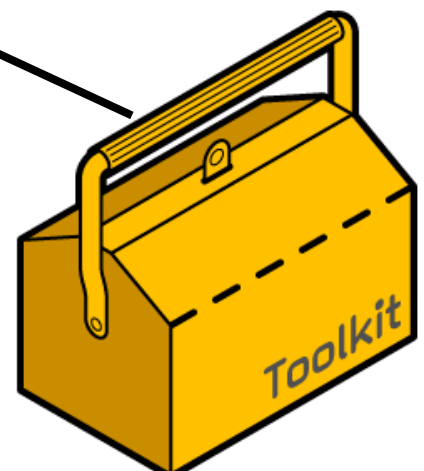
1	Development of document	Change Implementation Team
2	Monitoring and maintenance of document	Practice and Quality Officer

Acronyms

KPI	Key Performance Indicator
ARMS	Area Referral Management Service
KEaH	Kent Enablement at Home
SU	Service User
ESW	Enablement Support Worker
FTE	Full Time Equivalent
LO	Locality Organiser
OT	Occupational Therapist
CM	Case Manager
SMART	Specific, Measurable, Achievable, Realistic, Timebound
ACT	Adult Community Team
PIR	Promoting Independence through Review
SH	Single Handed
DH	Double Handed
SPOT	Senior Practitioner Occupational Therapist
DivMT	Divisional Management Team
AD	Assistant Director
WSM	Weekly Supervisor Meeting
IC	Improvement Cycle
AMT	Area Management Team

Transformation and Sustainability Toolkit

Enablement Service Specific



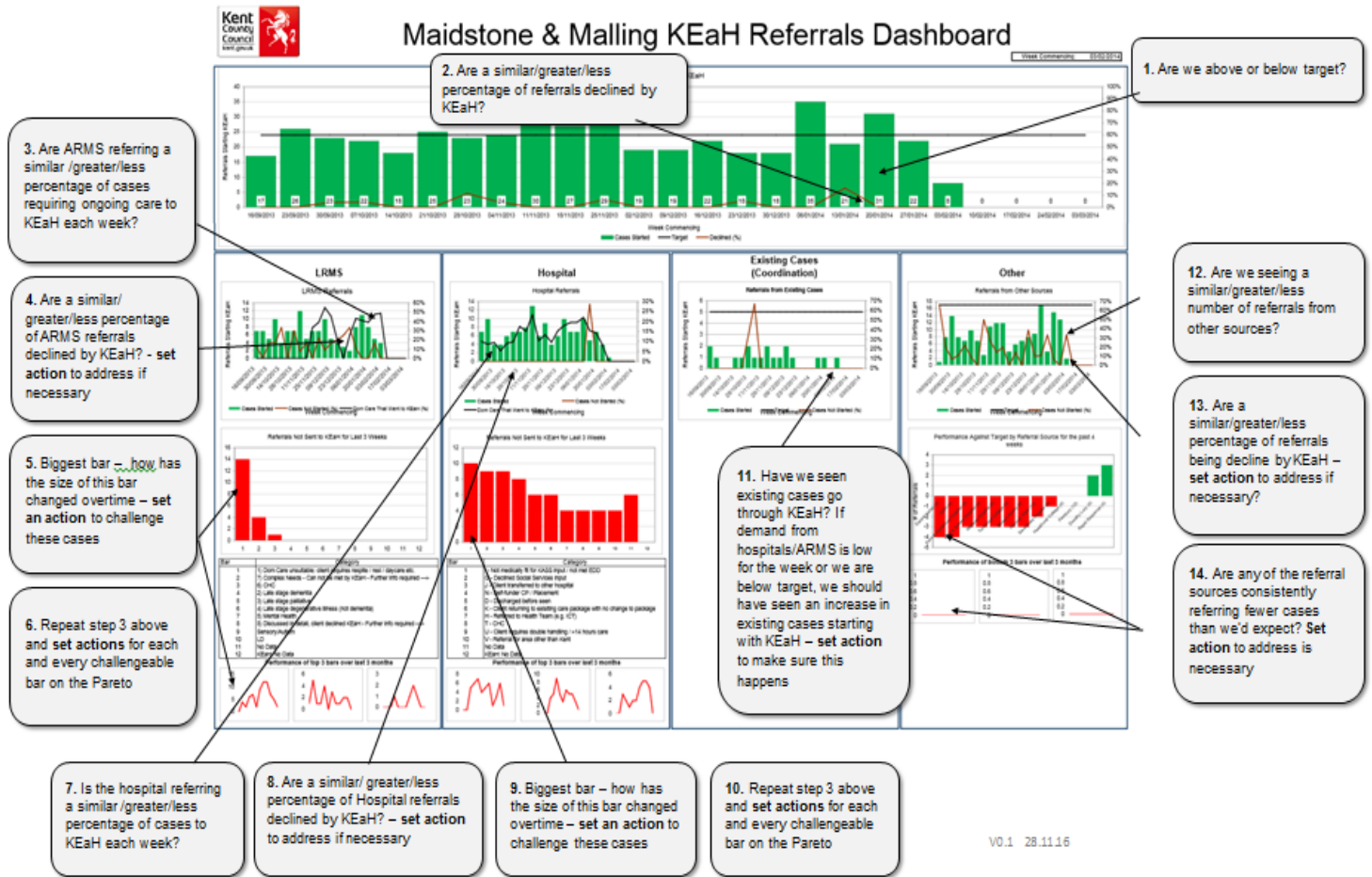
Welcome

Welcome to the Enablement Toolkit. This document has been put together to support you in using and sharing the Tools and Methodologies introduced by our Efficiency Partner during Phase One and Two Transformation in years 2013 to 2016. We have pulled this material from a number of sources – training sessions, team presentations, and management meetings in order to hold it in one place for ease of reference. Conversely, as an Organisation, we have moved ahead at pace and therefore you may find that some of this information is not a complete reflection of our current practice as we have continued to progress and develop. This development will include changes in policy, practice and use of our client system. Therefore, it is an **absolute must** that you continue to refer to the relevant policies and systems guides available on KNet where all the necessary updates are located. Nonetheless, we hope you find the document useful in supporting you to understand and apply the principles of the original learning and skills transferred.

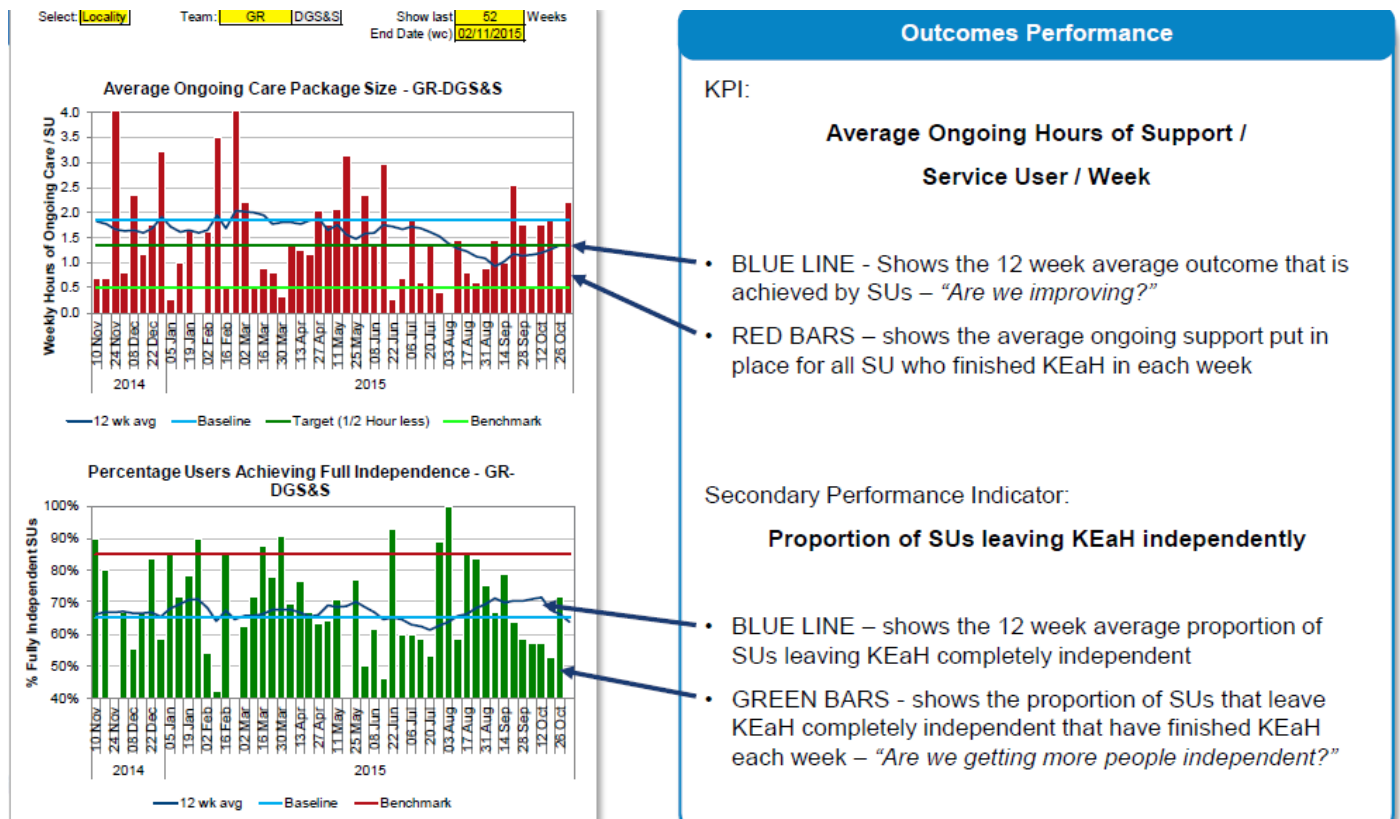
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The following diagram is an example of a Phase One Enablement Dashboard. Dashboards present data, this particular example shows information on referrals:



The following diagram is an example of a Phase Two Enablement Dashboard. This particular diagram identifies level of independence by monitoring level of ongoing care required.



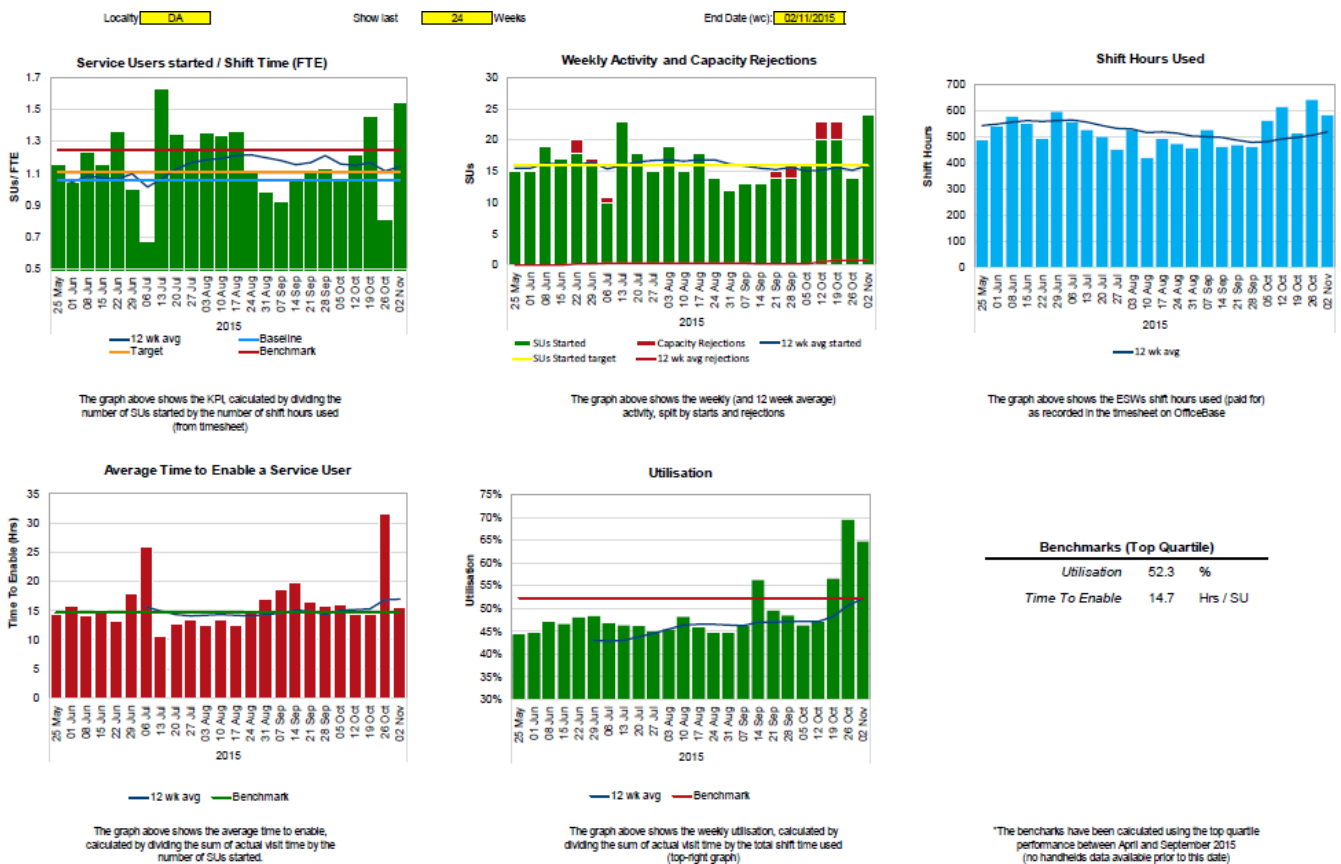
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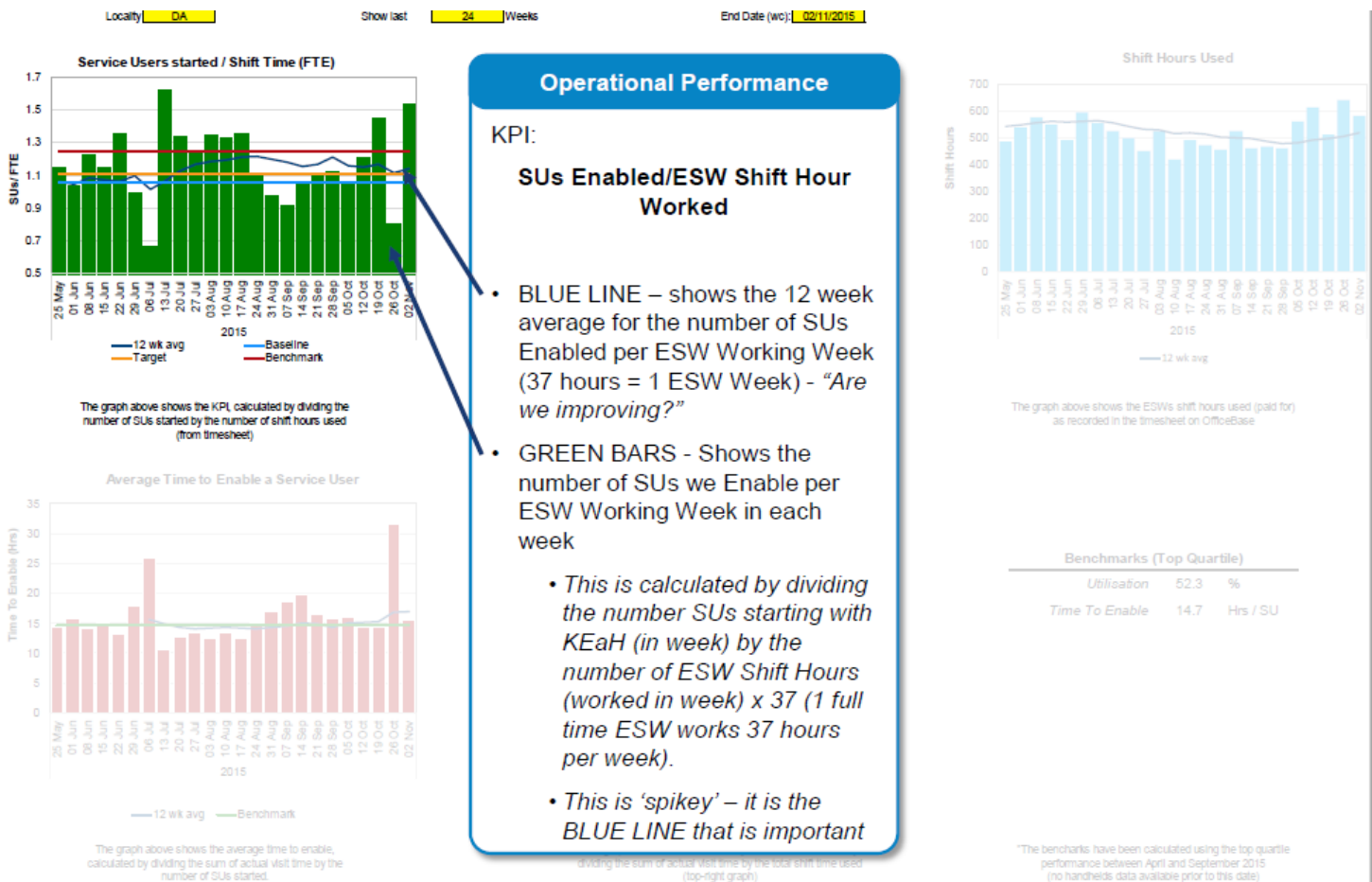
Reading Phase One and Two Dashboards

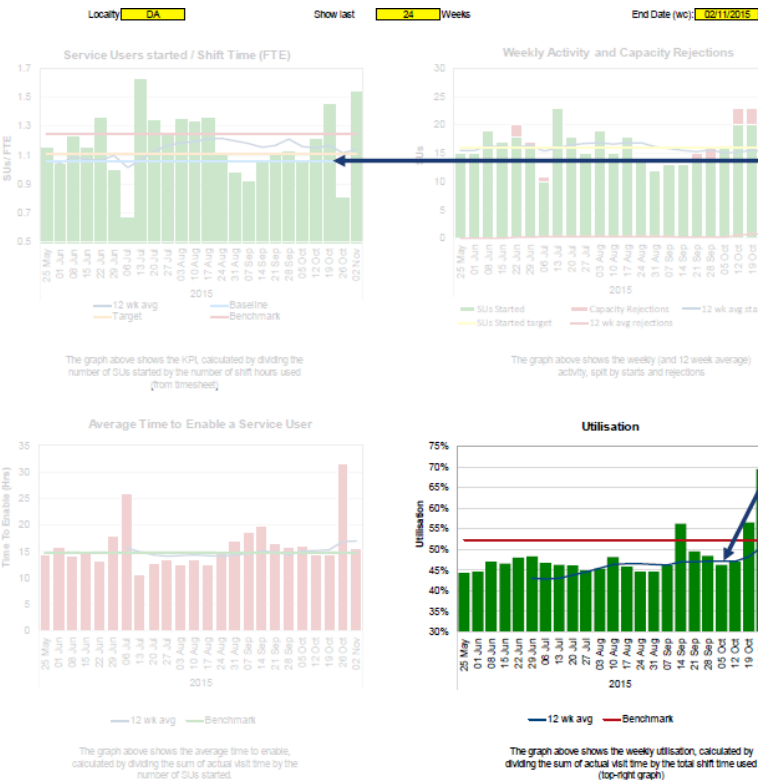
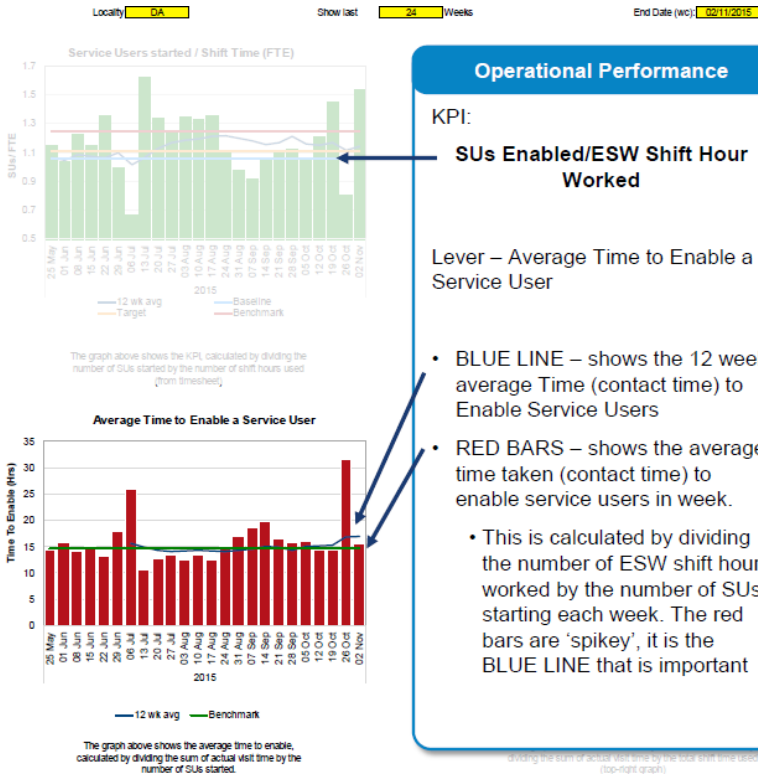


The following graphs are examples of Phase Two Access Dashboards.



The following graphs are examples of Phase Two Locality Level Dashboards:





Pages 8-9 introduce and explain how to use the Call Lengths Tool. This tool is used to identify variance between estimated and actual Service User visit durations. This information is used to improve the accuracy of estimated Service User visit lengths.

Aim and Purpose

- The Tool is designed to help improve the accuracy of the planned Service User Visit Durations.
- By increasing the accuracy of the plan, we can improve visibility of the available capacity of the service so that we can reduce rejections from the service.

Requirements and Support

- Temporarily, the tool must be updated with the data from the OfficeBase "240 Call Lengths " Report, until a permanent solution is implemented.
- The owner of the tool (LO or Nominated Admin) must receive the report and update the tool on a daily basis. This person must be added to the list of recipients for the report (contact Joanne Butcher)
- The Tool is reviewed daily by the LO

LONGER THAN PLANNED										
last call →										
Service User	Swift ID	Call	1	2	3	4	5	Avg		
1 Joe Bloggs	123456	AM	21	37	20	14	15	21		
2 Joe Bloggs	123457	AM	74	10	7	9	3	21		
3 Joe Bloggs										
4 Joe Bloggs										
5 Joe Bloggs										
SHORTER THAN PLANNED										
last call →										
Service User	Swift ID	Call	1	2	3	4	5	Avg		
6 Joe Bloggs	1	Joe Bloggs	123456	AM	-24	-33	-25	-19	0	-25
7 Joe Bloggs	2	Joe Bloggs	123456	AM	-24	-35	-21	-18	-19	-23
8 Joe Bloggs	3	Joe Bloggs	123456	AM	-18	-16	-31	-19	-21	-21
9 Joe Bloggs	4	Joe Bloggs	123456	AM	-18	-17	-26	-18	-23	-20
10 Joe Bloggs	5	Joe Bloggs	123456	AM	-26	5	-18	-50	-4	-19
11 Joe Bloggs	6	Joe Bloggs	123456	PM	-60	-4	-7	-18	11	-16
12 Joe Bloggs	7	Joe Bloggs	123456	PM	-11	-22	-19	-8	-11	-14
13	8	Joe Bloggs	123456	AM	-15	-24	-4	-11	-17	-14
14	9	Joe Bloggs	123456	AM	-9	-7	-30	-1	-18	-13
15	10	Joe Bloggs	123456	AM	-16	-4	-16	-10	-13	-12
	11	Joe Bloggs	123456	AM	-1	-14	-11	-26	-6	-12
	12	Joe Bloggs	123456	AM	0	10	1	-18	-50	-11
	13	Joe Bloggs	123456	AM	6	-22	-7	-20	0	-11
	14	Joe Bloggs	123456	AM	-17	-7	-10	-8	0	-11
	15	Joe Bloggs	123456	AM	-9	-54	-4	14	5	-10

Description and Usage

- This tool shows the variance between the planned and actual visit durations for a number of SUs across the latest 5 visits (differentiated between AM, Lunch or PM visits)
- SUs with the greatest average variance are prioritised to the top of each table
- When the tool is reviewed daily, it offers visibility of actual visit duration and allows the owner to make informed decisions to change SU planned visit durations

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Updating the Call Length Tool



Shorted than Planned

- The table prioritises the SU calls that are consistently shorter than we plan
- This provides visibility to the LO, who can chose to reduce planned call lengths or to investigate variations

Example 1

- The top SU here has had 4 AM calls, which, on average, are 25 minutes shorter than we planned for
- The LO would review this SU and reduce the planned call length (for 20 minutes in this example)

Example 2

- Whilst this SU on average takes 12 minutes less than planned, the trend of call lengths is not clear and so the LO should investigate why this was happening
- The same logic and practise applies for the 'Longer than Planned' table, which shows SU calls that overrun

The call type (AM, Lunch, or PM call) is shown here

The last 5 calls are shown, with the most recent call on the left

The SU are prioritised by who has the largest difference from planned call length

SHORTER THAN PLANNED									
		last call →							
Service User	Swift ID	Call	1	2	3	4	5	Avg	
1	Joe Bloggs	123456	AM	-24	-33	-25	-19		-25
2	Joe Bloggs	123456	AM	-24	-35	-21	-18	-19	-23
3	Joe Bloggs	123456	AM	-18	-16	-31	-19	-21	-21
4	Joe Bloggs	123456	AM	-18	-17	-26	-18	-23	-20
5	Joe Bloggs	123456	AM	-26	5	-18	-50	-4	-19
6	Joe Bloggs	123456	PM	-60	-4	-7	-18	11	-16
7	Joe Bloggs	123456	PM	-11	-22	-19	-8	-11	-14
8	Joe Bloggs	123456	AM	-15	-24	-4	-11	-17	-14
9	Joe Bloggs	123456	AM	-9	-7	-30	-1	-18	-13
10	Joe Bloggs	123456	AM	-16	-4	-16	-10	-13	-12
11	Joe Bloggs	123456	AM	-1	-14	-11	-26	-6	-12
12	Joe Bloggs	123456	AM	0	10	1	-18	-50	-11
13	Joe Bloggs	123456	AM	6	-22	-7	-20		-11
14	Joe Bloggs	123456	AM	-17	-7	-10	-8		-11
15	Joe Bloggs	123456	AM	-9	-54	-4	14	5	-10

Only SUs with 4 or more calls are shown. SU with only 4 calls show the 5th as blank.



Updating Process

- Open CALL LENGTH TOOL -> Tab "Data"
- Clear all previous content from Column A - Q except Row 1
- Open "240 Call Lengths" REPORT
- Select the entire Table (Ctrl + Alt + A) and copy
- Go back to CALL LENGTH TOOL -> Tab "Data"
- Paste copied Table in Cell A2
- Go to "CLR_Analysis" Tab
- Right click on Pivot table
- Select "Refresh"
- Go to "Dashboard" Tab
- Select appropriate "Client Team"

The Overstays Tracker

Pages 10-11 look at the Overstays Tracker. This is an Enablement Service specific tool that provides visibility on 'Overstayers'. This improves flow by enabling teams to focus on progressing Service Users who are ready to leave the Service.

Aim and Purpose

The tracker is used to reduce KEaH Overstays, through;

- Clearly identifying who is currently an 'overstayer'
- Providing visibility of and driving completion of the outstanding actions to progress each 'overstayer' from the KEaH Service

Instructions

- The tracker is to be owned & maintained by the LO
- The LO records each 'overstayer' and records the next action, owner and the due date
- The tracker is updated regularly to drive action completion to enable SUs to leave the service.
- The tracker is reviewed weekly at the Improvement Cycle meeting.

"Overstayers with an ongoing service requirement identified"													
Today's date: 24/10/2016													
No of open clients: 3													
Number of days since ongoing support identified	Swift ID	Client surname	Location (specific)	Case Manager	Start Date of Overstay Period	Reason for Overstay	Current Status	Single or Double handed?	Action Owner	Next Action	Due Date for Action	End Date with KEaH	Open
61	123456	Blogg	Molash	A Hadley	17/11/2016	Lack of Domi Care Capacity	No agency capacity in this area at present. With Purchasing to source.	Single	Purchasing	Awaiting care package	21/09/2016		Yes
25	123455	Blogg	Singleton	L Evans	23/12/2016	Waiting for self funding support	Carer breakdown - neighbour.	Single	ACT	Ongoing support needs to be organised privately - meds and heating meal pm	26/12/2016		Yes
7	123454	Blogg	Brabourne Lees		10/01/2017	Other (give description)	CHC Fastrack	Single	KEaH	Awaiting CHC providing care	29/12/2016		Yes

"Overstayer" – A SU, still receiving KEaH visits, who cannot be further enabled with KEaH support



The due date **MUST** be completed - it is essential for the LO to ask the action owner to commit to an agreed due date. This then empowers the LO to hold the owner accountable to this date. Cell turns "red" if date is over due!

Details of the SU				Overstay Details			Current SU Status		Currently Awaiting (Next Action)		KEaH End Date		
Number of days since ongoing support identified	Swift ID	Client surname	Location (specific)	Case Manager	Start Date of Overstay Period	Reason for Overstay	Current Status	Single or Double handed?	Action Owner	Next Action	Due Date for Action	End Date with KEaH	Open
61	123456	Blogg	Molash	A Hadley	17/11/2016	Lack of Domi Care Capacity	No agency capacity in this area at present. With	Single	Purchasing	Awaiting care package	21/09/2016		Yes
25	123455	Blogg	Singleton	L Evans	23/12/2016	Waiting for self funding support	Carer breakdown - neighbour.	Single	ACT	Ongoing support needs to be organised privately - meds and heating meal pm	26/12/2016		Yes
7	123454	Blogg	Brabourne Lees		10/01/2017	Other (give description)	CHC Fastrack	Single	KEaH	Awaiting CHC providing care	29/12/2016		Yes

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The Overstays Tracker

Date when the SU has been on the service for more than 6 weeks or when SU was identified as inappropriate
Must be in dd/mm/yyyy format

Field to update the current status of the SU
Free text

Measurable and specific action to finish the enablement service for the SU
Free text, but must be specific. (Not eg. Chase purchasing team)

Date when no more Enablement Service is required. E.g. Starting date of ongoing domi-care.
Must be in dd/mm/yyyy format

Number of days since ongoing support identified	Swift ID	Client surname	Case Manager	Start Date of Overstay Period	Reason for Overstay	Current Status	Action Owner	Next Action	Due Date for Action	End Date with KEaH	Open
39	123456	Bloggs		10/09/2015	Lack of domi care capacity	Cont. Purchasing chased	Purchasing	to purchase domi care	30/09/2015		Yes
32	123463	Bloggs	R Foyle	17/09/2015	Family pressure	CM agreed to ongoing	CM	to purchase domi care	12/10/2015		Yes
495	123472	Bloggs	A Fridd	11/06/2014	Lack of Domi Care Capacity	waiting for domi provision, complex case	CM	to find a domi provider to take on the case	19/10/2015		Yes
61	123473	Bloggs	L Evans	19/08/2015	Lack of continue health care	Passed to purchasing for ongoing	Purchasing	to purchase domi care	19/10/2015		Yes
28	123474	Bloggs	R Foyle	21/09/2015	Further needs assessment	Passed to CM for ongoing	CM	to increase existing package	19/10/2015		Yes
27	123475	Bloggs		22/09/2015	Lack of Domi Care Capacity	Passed to purchasing to arrange ongoing	Purchasing	to purchase domi care	19/10/2015		Yes
6	123477	Bloggs	J Ellis	13/10/2015	Lack of on going specialist support	Passed to C/M for ongoing	CM	to purchase domi care	19/10/2015		Yes

Main Reason why the SU still receives enablement service
To select from drop down:

Reason for Overstay
Lack of Domi Care Capacity
Family pressure
Lack of on going specialist support
Lack of continue health care
Further needs assessment
Unavailability of Case Manager
Waiting for provision of equipment
KEaH process issue
Waiting for third party assessment
Waiting for self funding support
Other (give description)

Person who is responsible to complete the action
To select from drop down:

Action Owner
CM
Purchasing
KEaH
OT
Supervisor
Other (give description)

Due Date the action owner has agreed to
Must be in dd/mm/yyyy format

Shows if the SU is still an Overstayer
"Yes": SU is still on the service
"No": SU is no longer on the service
Cell will change automatically from Yes to No if "End date with KEaH" exist and this date is in the past

23-Nov-15

Page 22

Pages 12-14 look at the Outcome Planning Sheet. This Enablement service specific tool is used to identify and agree the most independent targets to be set for the Service User. Visits are then focussed on achieving the goals outlined with the Outcome Planning Sheet.

Aim and Purpose

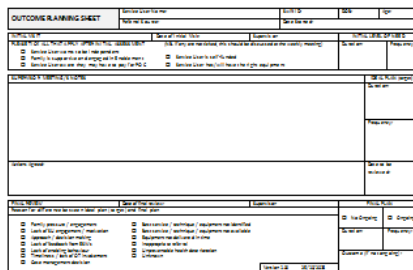
1. To ensure that the most independent outcomes for each SU are identified and targeted
2. To collect information on KEaH performance to drive continuous service improvements

Requirements and Support

The full use of the *Outcome Planning Sheet* requires:

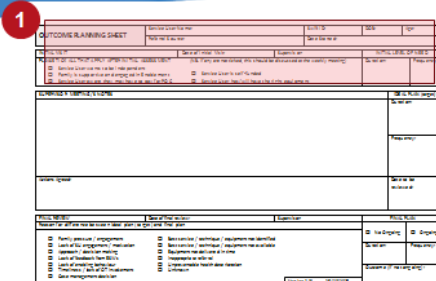
- OT and Case Management Input
- Weekly Supervisor Meeting
- Weekly Improvement Cycle

Description and Usage



The screenshot shows the top portion of the 'Outcome Planning Sheet' form. It includes fields for 'Service User Name', 'Date', and 'SU'. Below these are several sections with checkboxes for identifying issues like 'Lack of engagement', 'Lack of motivation', and 'Lack of understanding'. There is also a section for 'Initial Plan' with a 'Why?' field.

- One *Outcome Planning Sheet* is initiated and maintained for each new Service User entering the KEaH Visit for whom the Supervisor expects ongoing support will be required
- The Supervisor is responsible for starting a new *Sheet* after their initial visit. The *Sheet* is then handed over to the LO who is responsible for maintaining it until the SU leaves the service
- The LO brings the *Sheet* to every Weekly Supervisor Meeting in a folder containing all live SUs *Outcome Planning Sheets*
- The SU outcomes are reviewed with OT input to ensure that the best outcomes are specifically targeted



This is a numbered screenshot (1) of the 'Outcome Planning Sheet' form, identical to the one above, showing the top section with checkboxes and the 'Initial Plan' field.

Commentary

- One *Sheet* is started for every new SU who the supervisor believes will require ongoing support
- The sheet is started following the initial assessment
- The initial part of the form is used to collect basic information on the SU
- Tick boxes look to highlight any potential issues that might prevent the SU from achieving their highest level of independence
- The Initial Plan is captured here to represent a SU starting level of need
 - *Why? - KEaH delivers great benefits for its Service Users, but unless the starting point is captured, we cannot quantify or celebrate just how much benefit is delivered*

Commentary

- This section of the sheet is used to record any relevant information required to develop our understanding of the most independent outcome each SU could be targeting
- If a SU's independence (after finishing KEaH) could be improved through access to a specific support or service, it should be recorded here. If there are capacity constraints or other issues preventing this service or support from being available, it should be recorded here (*so that frequent issues can be captured and escalated*)
- Ensure that **SMART** actions are recorded clearly in the bottom box; Specific, Measurable, Achievable, Relevant and Timely.
- Commit to an ideal date to review to prevent a delay that may impact on the outcomes a SU can achieve and the availability of the service for other SUs.

OUTCOME PLANNING SHEET		Service User Name:	Shift ID:	DOB:	Age:
		Referral Source:	Date Started:		
INITIAL VISIT	Date of initial visit:	Supervisor:	INITIAL LEVEL OF NEED		
PLEASE TICK ALL THAT APPLY AFTER INITIAL ASSESSMENT		(N.B. If any are not ticked, this should be discussed at the weekly meeting)		Duration:	Frequency:
<input type="checkbox"/> Service User wants to be independent <input type="checkbox"/> Family is supportive and engaged in Enablement <input type="checkbox"/> Service User aware they may have to pay for POC		<input type="checkbox"/> Service User is self-funded <input type="checkbox"/> Service User has/will have the right equipment			
SUPERVISOR INTERVIEW NOTES					TOTAL POINT TARGET
<div style="background-color: #f8d7da; padding: 10px; border: 1px solid #f5c6cb;"> 2 </div>					Duration:
					Frequency:
Actions Agreed:					Date to be reviewed:
FINAL REVIEW		Date of final review:	Supervisor:	FINAL PLAN	
Reason for difference between (ideal plan target) and final plan				<input type="checkbox"/> No Ongoing	<input type="checkbox"/> Ongoing
<input type="checkbox"/> Family pressure / engagement <input type="checkbox"/> Lack of SU engagement / motivation <input type="checkbox"/> Approach / decision making <input type="checkbox"/> Lack of feedback from SUs <input type="checkbox"/> Lack of enabling behaviour <input type="checkbox"/> Timeliness / lack of OT involvement <input type="checkbox"/> Case management / decision		<input type="checkbox"/> Best service / technique / equipment not identified <input type="checkbox"/> Best service / technique / equipment not available <input type="checkbox"/> Equipment not delivered in time <input type="checkbox"/> Inappropriate referral <input type="checkbox"/> Unpredictable health deterioration <input type="checkbox"/> Unknown		Duration:	Frequency:
				Outcome (if not ongoing):	
Version 1.04 25/10/2016					



OUTCOME PLANNING SHEET		Service User Name:	Shift ID:	DOB:	Age:
		Referral Source:	Date Started:		
INITIAL VISIT	Date of initial visit:	Supervisor:	INITIAL LEVEL OF NEED		
PLEASE TICK ALL THAT APPLY AFTER INITIAL ASSESSMENT		(N.B. If any are not ticked, this should be discussed at the weekly meeting)		Duration:	Frequency:
<input type="checkbox"/> Service User wants to be independent <input type="checkbox"/> Family is supportive and engaged in Enablement <input type="checkbox"/> Service User aware they may have to pay for POC		<input type="checkbox"/> Service User is self-funded <input type="checkbox"/> Service User has/will have the right equipment			
SUPERVISOR INTERVIEW NOTES					TOTAL POINT TARGET
<div style="background-color: #f8d7da; padding: 10px; border: 1px solid #f5c6cb;"> 3 </div>					Duration:
					Frequency:
Actions Agreed:					Date to be reviewed:
FINAL REVIEW		Date of final review:	Supervisor:	FINAL PLAN	
Reason for difference between (ideal plan target) and final plan				<input type="checkbox"/> No Ongoing	<input type="checkbox"/> Ongoing
<input type="checkbox"/> Family pressure / engagement <input type="checkbox"/> Lack of SU engagement / motivation <input type="checkbox"/> Approach / decision making <input type="checkbox"/> Lack of feedback from SUs <input type="checkbox"/> Lack of enabling behaviour <input type="checkbox"/> Timeliness / lack of OT involvement <input type="checkbox"/> Case management / decision		<input type="checkbox"/> Best service / technique / equipment not identified <input type="checkbox"/> Best service / technique / equipment not available <input type="checkbox"/> Equipment not delivered in time <input type="checkbox"/> Inappropriate referral <input type="checkbox"/> Unpredictable health deterioration <input type="checkbox"/> Unknown		Duration:	Frequency:
				Outcome (if not ongoing):	
Version 1.04 25/10/2016					

Commentary

- Every SU that is expected to require "Ongoing" care is reviewed weekly at the Supervisor Weekly Meeting (however, changes in circumstances with the SU should be communicated to the OT or CM, when necessary, outside of the meetings).
- Following the SU Final Review, the Supervisor completes the 'Final Review' which describes the Supervisors interpretation of the "ongoing" care need for the SU
- If this plan differs from the target set, the Supervisor should review the SU outcome with the OT or CM to understand if there is any other support or service that could improve the SU's outcome
- If the final plan differs from the ideal plan, it is important that the tick boxes at the bottom of the sheet are also completed at this time. These will be inputted on AIS and will feed the dashboards that allow us to see a pareto of why the final is different from the ideal plans, enabling us to prioritise actions to improve this. See next page for details.

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The Outcome Planning Sheet (The Purpose and the Process).



OUTCOME PLANNING SHEET	Outcome description	Start date	End date	LO
<p>SECTION 1: INITIAL PLAN</p> <p>1.1. What is the purpose of this plan? (Please describe the purpose of the plan in your own words)</p> <p>1.2. What are the key objectives of this plan? (Please list the key objectives of the plan)</p> <p>1.3. What are the key risks of this plan? (Please list the key risks of the plan)</p> <p>1.4. What are the key resources of this plan? (Please list the key resources of the plan)</p>				
<p>SECTION 2: FINAL REVIEW</p> <p>2.1. How well has the plan been implemented? (Please describe the implementation of the plan)</p> <p>2.2. What are the key achievements of this plan? (Please list the key achievements of the plan)</p> <p>2.3. What are the key challenges of this plan? (Please list the key challenges of the plan)</p> <p>2.4. What are the key lessons learned from this plan? (Please list the key lessons learned from the plan)</p>				

Commentary

- As Section 3 of the sheet is completed, the LO reviews the initial agreed outcome (that was targeted in Section 2 of the sheet) compared to the Final outcome that has been achieved
- If the Final Review differs from the Initial Plan, then **the main reason** for the difference is recorded with the tick boxes below. Selecting the most detailed reasons possible provide us with the information required to drive improvements. 'Unknown' should be used sparingly if at all.

"The causes of missed outcomes are recorded so that efforts to reduce these issues can be prioritised"

FINAL REVIEW	Date of final review:	Supervisor:
Reason for difference between ideal plan (target) and final plan		
<input type="checkbox"/> Family pressure / engagement <input type="checkbox"/> Lack of SU engagement / motivation <input type="checkbox"/> Approach / decision making <input type="checkbox"/> Lack of feedback from ESWs <input type="checkbox"/> Lack of enabling behaviour <input type="checkbox"/> Timeliness / lack of OT involvement <input type="checkbox"/> Case management decision	<input type="checkbox"/> Best service / technique / equipment not identified <input type="checkbox"/> Best service / technique / equipment not available <input type="checkbox"/> Equipment not delivered in time <input type="checkbox"/> Inappropriate referral <input type="checkbox"/> Unpreventable health deterioration <input type="checkbox"/> Unknown	<div style="text-align: right;">Version 1.04 25/10/2016</div>

Overview of the Goal Sheet

This page introduces and explains the Goal Sheet. This Enablement Service specific tool is completed by Supervisors and assists in informing the activities to be carried out by the Enablement Support Workers with the Service Users.

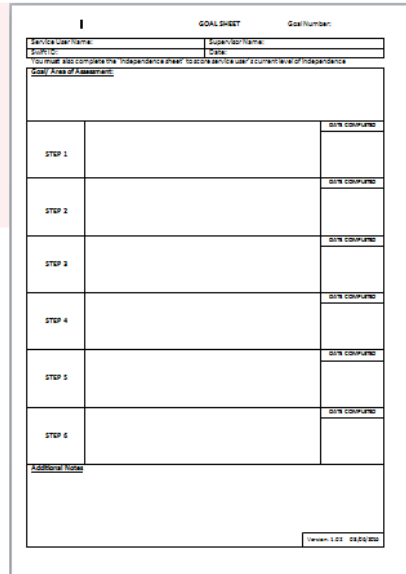
Commentary

The Goal sheet is used to communicate the targeted SU outcomes to the ESWs so that they can ensure that their visit activities are in line with achieving those goals.

The goal sheet is completed on the initial assessment with the SU, but should be updated if the target outcome changes after SPOT Input.

- The SU goals are detailed at the top of the sheet
- The goals are broken down into SMART actions to ensure they are specific and so can be understood by the ESWs
- The actions can be broken down into steps, or milestones
- The SU has to 'sign-up' to their goals to ensure that they agree and encourage them to take ownership over their outcomes to promote positive attitudes. They should sign at the setting of their goals on the 'Support Programme' page of the contact book (where the background information is recorded).

Once the goal has been achieved, it is signed off by the Supervisor during the final visit. If the SU has achieved all their outcomes and does not require another Supervisor Visit, an ESW can sign off the goal sheet with the SU.



GOAL SHEET Goal Number: _____

SERVICE USER NAME:	SUPERVISOR NAME:
DATE:	DATE:
YOU MUST USE CONSENTED INFORMATION SHEET TO GET SERVICE USER'S CONSENT TO INFORMATION	
GOAL STATEMENT:	
	DATE COMPLETED
STEP 1	DATE COMPLETED
STEP 2	DATE COMPLETED
STEP 3	DATE COMPLETED
STEP 4	DATE COMPLETED
STEP 5	DATE COMPLETED
STEP 6	DATE COMPLETED
SIGNATURE NAME	
www.kcc.org.uk	

The SU has to 'sign-up' to their goals to ensure that they agree and encourage them to take ownership over their outcomes to promote positive attitudes

This page introduces and explains the Independence Scoring Form. This document is completed during each Service User visit to provide a rating on current ability to complete tasks.

Service User Name: _____
Service User ID: _____

Scoring

1 - Dependent on physical support to achieve	2 - Can achieve some alone, but requires verbal prompting	3 - Can achieve alone with use of aid or equipment	4 - Could achieve alone with a reminder	5 - Can achieve alone with no support or aids
--	---	--	---	---

If Activity is a Goal, please complete one box per visit. If it is not, complete if it is observed. THE ASSESSMENT PERIOD IS NOT COMPLETE UNTIL THERE IS A SCORE ON EACH LINE.

Is it a Goal? (Supervisor to tick)	Activity of Daily Living	Date >>>	Time >>>	INITIALS					
	Washing (not in bath or shower)								
	Showering / Bathing								
	Dressing								
	Eating / Drinking								
	Food Prep								
	Toileting								
	Mobility								
	Transfer								
	Other Personal Needs (hair/eye/oral care)								
	Social / Mental Wellbeing								

Aim and Purpose

The Independence Scoring Form is used to evidence when SUs have demonstrated ability against a number of different activities of daily living. This is helpful to;

1. Inform when SUs have achieved their goals – to prevent ‘overstays’
2. Evidence the SU’s level of independence - to ensure that the ACT Case Manager and Family are confident and happy with KEaH suggested level of ongoing support

Service User Name: _____
Service User ID: _____

Scoring

1 - Dependent on physical support to achieve	2 - Can achieve some alone, but requires verbal prompting	3 - Can achieve alone with use of aid or equipment	4 - Could achieve alone with a reminder	5 - Can achieve alone with no support or aids
--	---	--	---	---

If Activity is a Goal, please complete one box per visit. If it is not, complete if it is observed. THE ASSESSMENT PERIOD IS NOT COMPLETE UNTIL THERE IS A SCORE ON EACH LINE.

Is it a Goal? (Supervisor to tick)	Activity of Daily Living	Date >>>	Time >>>	INITIALS					
	Washing (not in bath or shower)								
	Showering / Bathing								
	Dressing								
	Eating / Drinking								
	Food Prep								
	Toileting								
	Mobility								
	Transfer								
	Other Personal Needs (hair/eye/oral care)								
	Social / Mental Wellbeing								

How the sheet is used

- ESWs initiate a form for every SU, and maintain the sheet by updating it every visit (for each activity that is a goal) or when they observe the SU completing an activity (if the activity is not a specific goal)
- The form is updated by entering a time and a date (of the visit) and then a score into each row for each activity.

Definition of the Independence Scores

The date and time of the call is entered in these rows

Independence scores are entered against each distinct activity when they are observed

Any activity of daily living, ticked as a Goal, must be scored on each visit

One column is completed each Call

Pages 17-19 look at the Final Review Form. This Enablement Service specific tool is completed when the Service User is due to leave the KEAH Service. The information provided in this document is used to inform ongoing care.

Service User Name	Supervisor Name	
Shift ID	Enablement Start Date	
	Date of Review	
Also Present at Review:		
Brief Summary of Service User status (reason for referral, medical conditions, home environment)		
<small>Please indicate which of the following support was suggested or put in place during the Enablement period, and the outcome of each. (If No, please explain why)</small>		
SUPPORT	Y/N	OUTCOME
SMALL EQUIPMENT (e.g. creams, applicators)		
TRUSTED ASSESSOR EQUIPMENT (e.g. walking stick)		
OT REFERRAL (for rehab, equipment, HIA / DFG referrals)		
ICT REFERRAL		
MENTAL HEALTH REFERRAL		
FIRE SERVICE		
OTHER SERVICES (e.g. Aga UK, K&B, Aurore, dog walking)		
TELECARE		

Final Review Form – SU Summary (1st Page)

Aim – To summarise the SUs Enablement period, including the equipment and referrals that have been suggested or put in place.

- SU basic information is recorded in the top part of the form
- Information on the SU's referral are recorded in the centre section of the page
- A summary of the equipment or other referrals are included at the bottom of the page

Service User Name		Supervisor Name		
MORNING ROUTINE				
Please detail what the Service User can achieve independently				
Please detail what the Service User needs assistance or prompting to achieve				
Current Support - please detail support the Service User already receives (including from family, friends, another service, or e.g. equipment provided during enablement)				
Support now needed - please detail what action should be taken to provide necessary support - e.g. contact, telecare, morning call from domiciliary provider				
IF ONGOING SUPPORT IS REQUIRED:				
DURATION	FREQUENCY	SH/DH	EARLY PIR REQUIRED?	REASON (e.g. CAST BEING REMOVED IN 3 WEEKS)

Final Review Form – Morning Routine (2nd Page)

Aim – To summarise the SU’s current capabilities and ongoing support requirements for their morning routine

- All aspects of the SU’s Morning routine are detailed under 2 categories – Activities that either the SU;
 - “...can achieve independently...”
 - “...needs assistance or prompting...”
- Details of the current support arrangements, and the future support arrangements are then covered in the bottom half of the page
- Details of ongoing support calls are listed at the bottom of the page if required.
 - “Duration” – of each morning call
 - “Frequency” – the number of morning calls/week
 - “SH/DH” – single or double handed calls
 - “Early PIR” – if the SU’s independence is expected to improve after leaving KEaH, and early PIR can be flagged to ensure their needs are reviewed promptly
 - “Reason” – list the reason for an early PIR if required



Service User Name		Supervisor Name		
DAYTIME ROUTINE				
Please detail what the Service User can achieve independently				
Please detail what the Service User needs assistance or prompting to achieve				
Current Support - please detail support the Service User already receives (including from family, friends, another service, or e.g. equipment provided during enablement)				
Support now needed - please detail what action should be taken to provide necessary support - e.g. contact, telecare, morning call from domiciliary provider				
IF ONGOING SUPPORT IS REQUIRED:				
DURATION	FREQUENCY	SH/DH	EARLY PIR REQUIRED?	REASON (e.g. CAST BEING REMOVED IN 3 WEEKS)

Final Review Form – Daytime Routine (3rd Page)

Aim – To summarise the SU’s current capabilities and ongoing support requirements for their daytime routine

- All aspects of the SU’s daytime routine are detailed under 2 categories – Activities that either the SU;
 - “...can achieve independently...”
 - “...needs assistance or prompting...”
- Details of the current support arrangements, and the future support arrangements are then covered in the bottom half of the page
- Details of ongoing support calls are listed at the bottom of the page if required.
 - “Duration” – of each daytime call
 - “Frequency” – the number of daytime calls/week
 - “SH/DH” – single or double handed calls
 - “Early PIR” – if the SU’s independence is expected to improve after leaving KEaH, and early PIR can be flagged to ensure their needs are reviewed promptly
 - “Reason” – list the reason for an early PIR if required



Service User Name		Supervisor Name	
EVENING ROUTINE			
Please detail what the Service User can achieve independently			
Please detail what the Service User needs assistance or prompting to achieve			
Current Support - please detail support the Service User already receives (including from family, friends, support service, or e.g. equipment provided during enablement)			
Support now needed - please detail what action should be taken to provide necessary support - e.g. contact, telecare, morning call from domiciliary provider			
IF ONGOING SUPPORT IS REQUIRED:			
DURATION	FREQUENCY	SH/DH	EARLY PIR REQUIRED? REASON (e.g. CAST BEING REVOKED IN 3 WEEKS)

Final Review Form – Evening Routine (4th Page)

Aim – To summarise the SU’s current capabilities and ongoing support requirements for their evening routine

- All aspects of the SU’s evening routine are detailed under 2 categories – Activities that either the SU;
 - “...can achieve independently...”
 - “...needs assistance or prompting...”
- Details of the current support arrangements, and the future support arrangements are then covered in the bottom half of the page
- Details of ongoing support calls are listed at the bottom of the page if required.
 - “Duration” – of each evening call
 - “Frequency” – the number of evening calls/week
 - “SH/DH” – single or double handed calls
 - “Early PIR” – if the SU’s independence is expected to improve after leaving KEaH, and early PIR can be flagged to ensure their needs are reviewed promptly
 - “Reason” – list the reason for an early PIR if required



Financial Assessment information

Is SU over Savings Threshold? (Yes/No)
 Residence Status

KCC to organise
 Owner / Occupier

SU happy to organise own care
 Council / Housing Assoc

SU happy to organise own care
 Other

Marital Status:

Signed (Supervisor): _____ Date: _____

Signed (Service User): _____ Name if signing on behalf of Service User: _____

(Service User to tick if applicable) - I confirm that I am happy for this form to be shared with any agencies that will be involved in my ongoing support

Final Review Form – Financial Assessment (5th Page)

Aim – To summarise the SU’s need for a financial assessment and to indicate agreed responsibility for arranging ongoing support (i.e. KCC or SU to arrange)

- An indication of the SU’s financial standings (relative to the threshold – as indicated here)
- Tick boxes used to indicate if the SU is happy and able to organise their own support, or if KCC is to arrange support
- Residential and marital status is summarised

If this form has been completed electronically by the Supervisor, then the SU signature is not required.



Good Practice

Pages 21-22 introduce the Weekly Supervisor Meeting. This forum is used to agree actions in order that Service User's independence is promoted and KEAH is as efficient as possible. These pages provide tips on how to ensure this meeting is effective.

Supervisors' Weekly Meeting



Purpose of the Meeting

- The Supervisors' Weekly Meeting is the forum for the Supervisors to get support in making decisions to maximise SU's independence at home
- By sharing their knowledge and experience, OTs/CMs can help the Supervisors find alternative solutions to tackle the issues that would otherwise make a SU dependent on external support

Agenda

- KPIs & review of reasons for missed opportunities (at least every 2 weeks)
- Discussion regarding SUs, starting by stating reason for current expected outcome
 - New SUs
 - SUs who had their first review
 - SUs approaching KEAH end date / not progressing as expected
 - Review of actions from previous week
- Any other issue to be raised

Attitude

- Everyone in the room has the right to share their ideas openly without being interrupted
- Supervisors should welcome advice from OT and CM practitioners around additional or alternative equipment and services that they should be considering to maximise the SU's independence
- OT / CM / SP should always feel empowered to share their knowledge and experience and be valued for their contribution
- If there is disagreement in the room, the LO must determine the way forward

Attendance

- LO (Chair)?
- All Supervisors
- Occupational Therapist
- Senior Practitioner / Case Manager / Case Officer
- Admin Officer?

Data Collection

- The Outcome Planning Sheet must be filled in by a Supervisor initially and then further completed each Meeting (if relevant) until discharge from KEAH
- The same information must be recorded on SWIFT (or the Interim Outcomes Tracker) during the meeting

Duration, Timeliness & Environment

- 1 hour, same time every week
- It is critical that the meeting focus on SUs with potential ongoing support/ issues and keeps to the planned meeting schedule
- Room large enough to seat everyone
- KCC WiFi & Laptop/PC available

Commentary

- The LO is responsible for keeping the meeting on track to ensure that the meeting achieves its objectives (the SPOT is to chair the meeting in the absence of the LO)
- The Agenda is to be reviewed at the start of each meeting
- The reasons why the achieved outcomes for SU differ from their targeted outcomes are reviewed to discuss improvements
- Attendance designed to support discussion of SUs expected to need ongoing care to ensure the best outcomes are targeted
- SUs not targeting a completely independent outcome are reviewed (as a priority over those targeting independence)
- A KCC Laptop with internet access is required to ensure that information can be updated in the meeting

The Supervisor Weekly Meeting adds most value when there is sufficient communication between the team outside of the meeting

Aim and Purpose

To ensure that, within the limited time of the weekly supervisor meeting, the most benefit is realised with the skills and experience present.

This is done through ensuring that the SUs, who can benefit most from being reviewed, are reviewed as a priority.

Requirements and Support

The prioritisation process requires the support of;

- Outcome Planning Sheets
- ESW Visit Logs
- Independence Scoring Forms

Description and Usage

Prioritisation

Service User target outcomes

New Service Users in week

Service User progress

- Factors that affect the prioritisation are;
 - Date that SU started KEAH (very new SUs are a priority)
 - Target independence (SUs targeting "ongoing" care are a priority)
 - SU progress towards goals (SU with slow progress, seen through ESW Visit Logs, are a priority)
- Supervisors tell the LO which SUs in their caseload they wish to review before each weekly meeting
- The prioritised list of SUs to review should be complete before the meeting starts. The LO should manage the meeting to make sure all prioritised SUs are discussed.

Acronym

SPECIFIC

MEASUREABLE

ACCOUNTABLE

RELEVANT

TIMELY

Aim and Purpose

To ensure that actions set at meetings are;

- Relevant
- Effective (specific and measurable)
- Completed on time

Requirements and Support

- **Specific** – the action needs to be specific so that all stakeholders are clear to its purpose and requirements
- **Measurable** – the action needs a defined end point so that all stakeholders can agree when it has been completed
- **Accountable** – the action needs a named owner to ensure that someone has the responsibility to complete it. The owner should be present at the time the action is agreed (and should also agree to the due date).
- **Relevant** – the action needs to be relevant to help achieve a common goal
- **Timely** – the action needs a due date to ensure that the owner completes the action in a timely fashion



Aim and Purpose

The folder is split into 2 sections, which are reviewed in order:

1. New SUs, not targeting independence
2. Existing SUs, not targeting independence (reviewed in order of priority as indicated by supervisors)

Prioritisation

- Service User target outcomes
- New Service Users in week
- Service User progress

Prioritisation Example

An example of how the Ashford team prioritise their SUs is below;

```

    graph TD
      Start([Start]) --> ESW[ESWs communicate SU progress concerns to Supervisors]
      ESW --> Review[Supervisors review SU progress (Visit Logs, Independence forms)]
      Review --> Prioritise[Supervisors prioritise their SUs to review]
      Prioritise --> Communicate[Supervisors communicate their priorities to LO]
      Communicate --> LO[LO prioritised list of SUs]
    
```

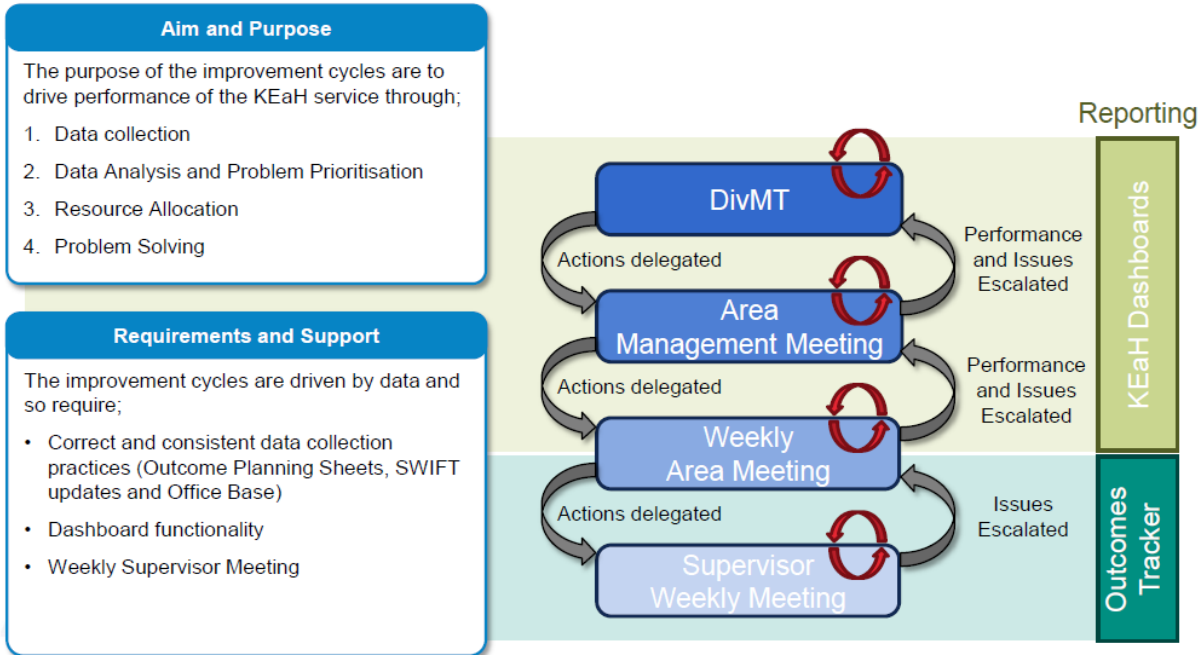

Change Implementation Team

Transformation and Sustainability project toolkit

Improvement Cycles Including The Role of Dashboards



Pages 23-24 detail the purpose of an Improvement Cycle and explain the role of dashboards in supporting this.



Attendance								
Director	AD	Operations Manager	LO	Supervisors	SPOT/OT	Service Manager	ACT	Purchasing

Weekly Improvement Cycle



Purpose of the Meeting

- To review Locality KEaH performance trends
- To identify and understand the largest issues limiting performance
- To drive actions to mitigate the largest issues, to improve KEaH performance

Agenda

- Review of outstanding actions
- Locality Dashboard Review (for each Locality)
 - Outcomes Performance
 - Outcomes Pareto
 - Access Performance (SU/Shift Hour)
 - Average Time for Enablement
 - Utilisation
- County Outcomes Performance – Themes and Actions
- Any other business

Attitude

- Everyone in the meeting has the right to share their ideas openly without being interrupted
- LOs should invest preparation time in ensuring their metrics are complete, up-to-date and understood (including explanations of performance)
- LOs should welcome suggestions from others present around missed outcome performance or suggestions to improve
- LOs should distribute actions appropriately between themselves in order to investigate and improve causes of missed outcomes
- Operational Manager should oversee the actions that are delegated, to ensure that they are fair and completed on time
- If there is disagreement in the room, Operational Manager must determine the way forward

Attendance

- KEaH Operational Manager
- LOs

Duration, Timeliness & Environment

- 1 hour
- Conference call
- Shared folder to host dashboards that will be reviewed in the meeting
- Action tracker maintained by KEaH Operational Manager

Aim and Purpose

1. To review Locality KEaH performance trends
2. To identify and understand the largest issues limiting performance
3. To drive actions to mitigate the largest issues, to improve KEaH performance

Commentary

- The Improvement Cycle will form part of the Weekly Area Meeting, and will take place over a conference call with all participants at a KCC laptop to review the dashboards
- The KEaH Operational Manager is responsible for keeping the meeting on track to ensure that the meeting achieves its objectives
- The main attitudes and expectations of attendees is listed to encourage an honest and constructive environment
- Each LO presents their dashboard, explains performance and summarises actions being taken to improve
- Area wide review of outcomes pareto is used to identify actions to be taken to reduce issues

Agenda Item	Description
Review of outstanding actions	Review open actions from previous meetings and discuss progress
Locality dashboard review (for each Locality)	Locality Dashboards are presented by LOs to discuss;
Outcomes Performance	Outcomes performance - including discussing reasons for missed outcomes and mitigating actions taken
Access Performance (SU/Shift Hour)	Access performance – review of average time for enablement and support worker utilisation
Area outcomes performance – Themes and actions	The most common causes of missed outcomes across the area are then discussed, and actions delegated to LOs to investigate appropriate solutions
Any other business	Any other concerns or notices can be discussed in this part of the meeting

Supporting Documents

Pages 26-38 presents the KPI Action Tree. This Enablement Service tool provides various solutions to specific problems.

Enablement KPI Action Tree

This document has been created to support staff attending Enablement Improvement Cycle meetings to come fully prepared, in guiding them with appropriate actions in response to a dip in one of the KPIs: Average Hours of Ongoing Care (Independence), # Starts per Shift Hour (Access).

It is advised that the appropriate action should be taken when KPIs for the previous month are not meeting the targets set out in the dashboard e.g. Hours Ongoing Care >0.5, or if the KPI is moving in the wrong direction, away from the target.

Click on the links below to access the advice on the relevant KPI:

Independence KPI:
Ave. Hours Ongoing Care
Average Hours Ongoing Care in Locality is above target or has been increasing

Click

Access KPI:
Starts / Shift Hour
Starts per Shift Hour in Locality is below target or has been decreasing

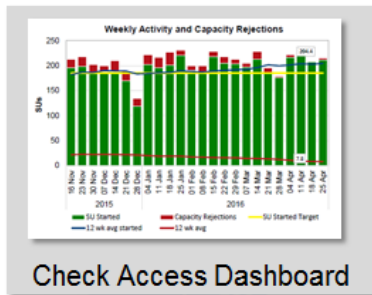
Click

Enablement KPI Action Tree

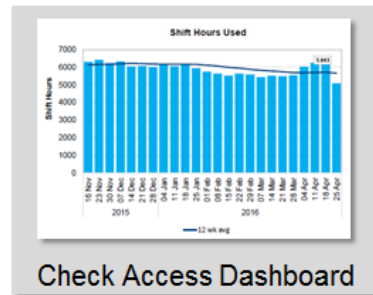
Up One
Level

Starts per Shift Hour is decreasing

Starts has decreased



Shift Hours has increased



Enablement KPI Action Tree

Up One
Level

Starts has decreased

Referrals are down

Rejections are up

Check:
Phase 1 Dashboard
Access Dashboard

Enablement KPI Action Tree



Up One
Level

Starts has decreased

Referrals are down

Rejections are up

Actions:

- LO to monitor Phase 1 Dashboard

Questions to consider:

- Is regular Phase 1 teleconference taking place?
- Is there any particular referral source that has seen reduced referrals?
- Have we spoken to them to find out why?
- Are we going out to referral sources, reminding them of our service and encouraging referrals? For example, attending hospital or ARMs wash ups.

Enablement KPI Action Tree

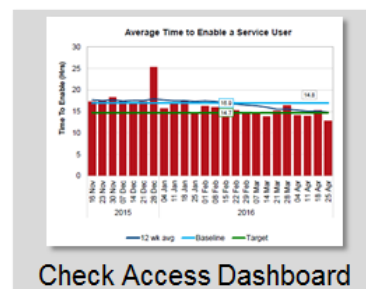
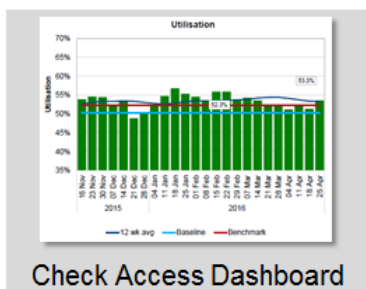


Up One
Level

Capacity Rejections are Up

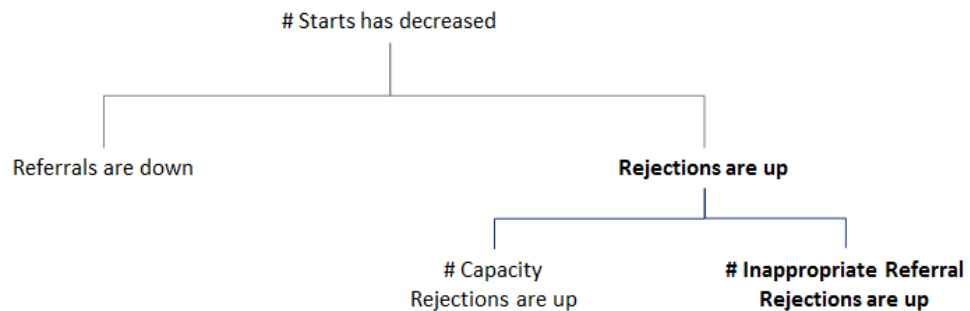
Utilisation is below target
i.e. available ESW hours are low

Time to Enable is above target
i.e. we are taking too long to enable SU



Enablement KPI Action Tree

Up One
Level



Actions:

- LO to raise with sources of inappropriate referrals

Questions to consider:

- Are referral sources aware of what is appropriate for KEaH?
- Do we have a consistent message for this cross-county?

Enablement KPI Action Tree

Up One
Level

Capacity Rejections are Up

Utilisation is below target
i.e. available ESW hours are low

Time to Enable is above target
i.e. we are taking too long to enable SU

Actions:

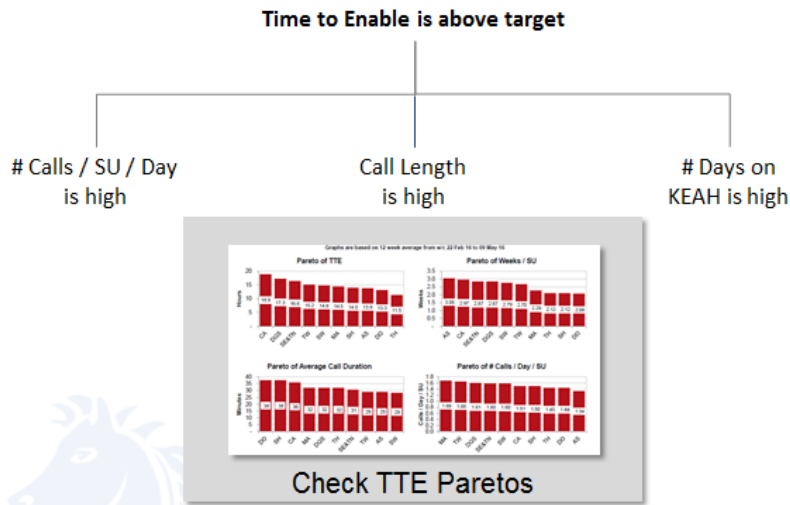
- Ensure Admin team are booking in calls effectively

Questions to consider:

- Is each ESW's shift booked in with as many visits as possible?

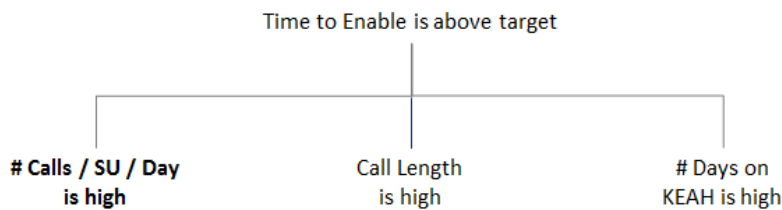
Enablement KPI Action Tree

Up One Level



Enablement KPI Action Tree

Up One Level



Actions:

- LO / SPOT to raise at weekly IC

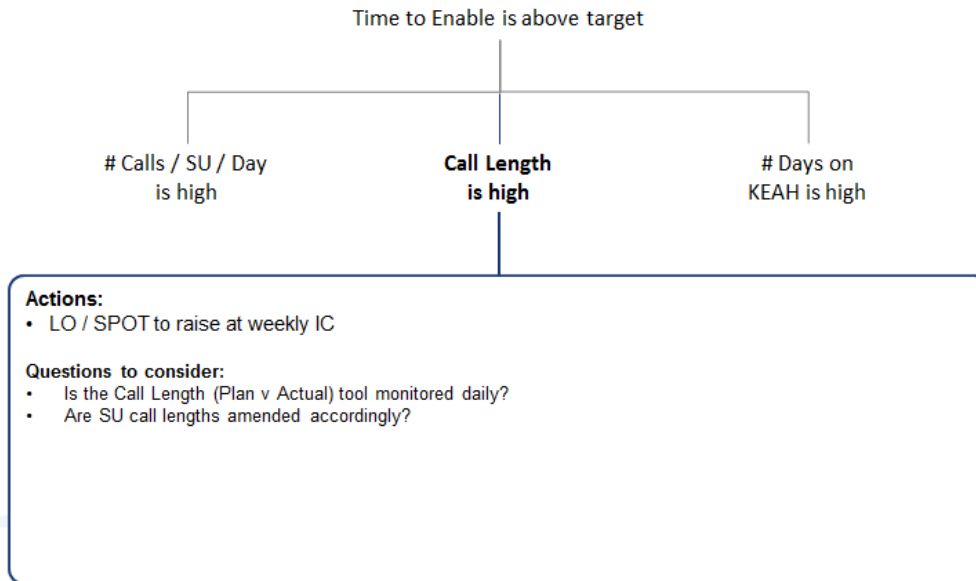
Questions to consider:

- Is the Call Length (Plan v Actual) tool monitored daily and followed up with ESWs?
- Are we getting regular, constructive ESW feedback on clients who could have their calls taken out?
- Are ESWs empowered to end individual calls?
- Are individual calls cancelled as necessary?

Enablement KPI Action Tree



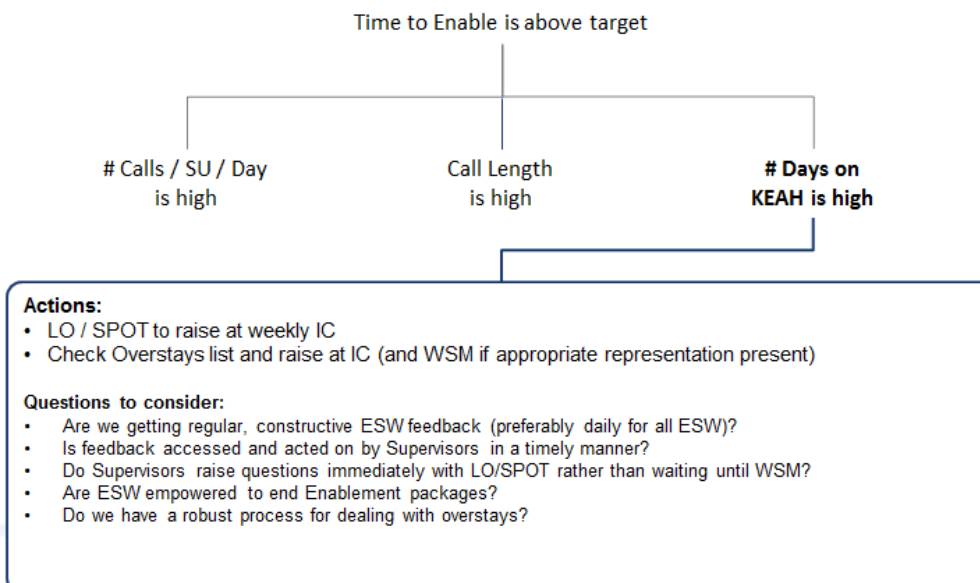
Up One
Level



Enablement KPI Action Tree



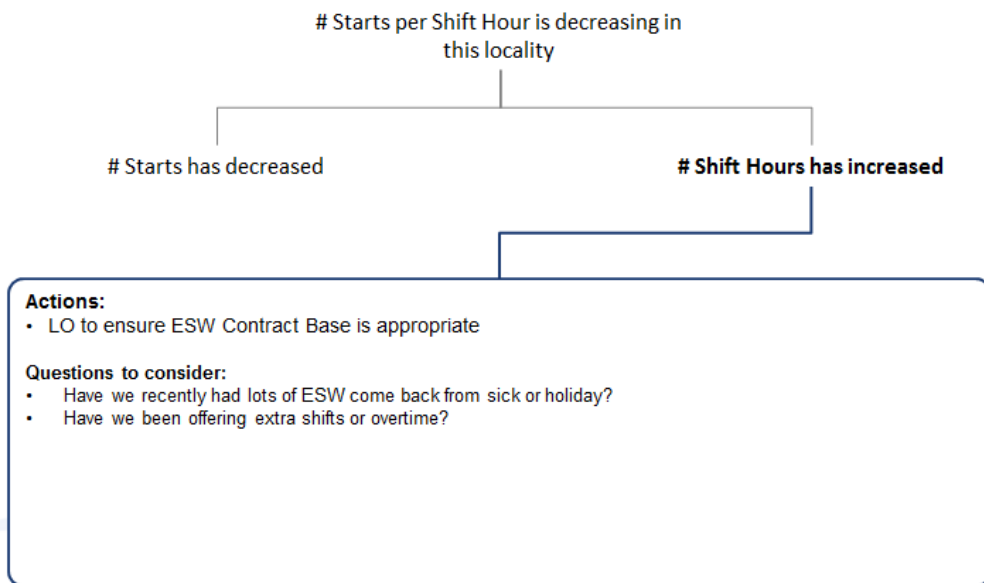
Up One
Level



Enablement KPI Action Tree



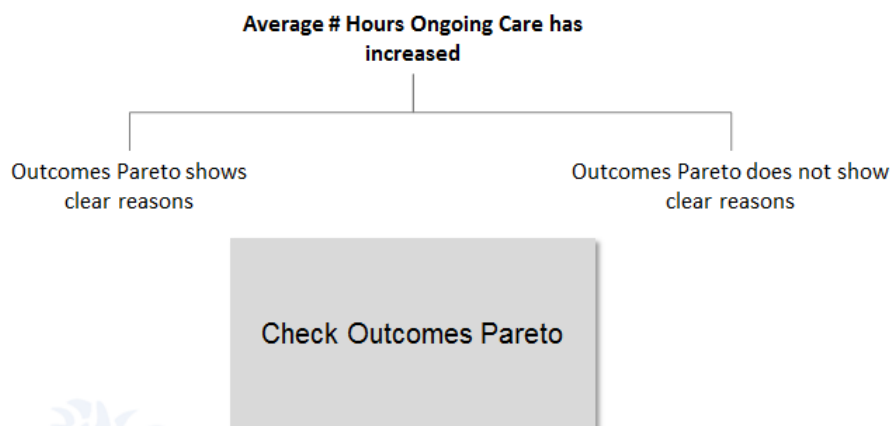
Up One
Level



Enablement KPI Action Tree



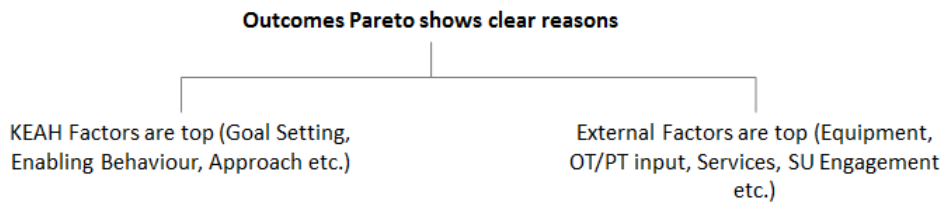
Up One
Level



Enablement KPI Action Tree



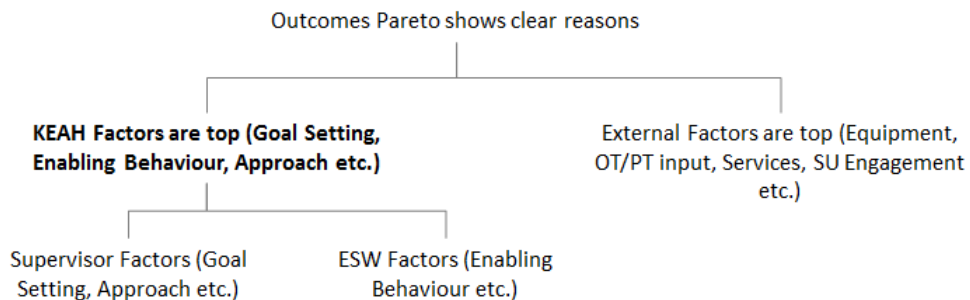
Up One
Level



Enablement KPI Action Tree



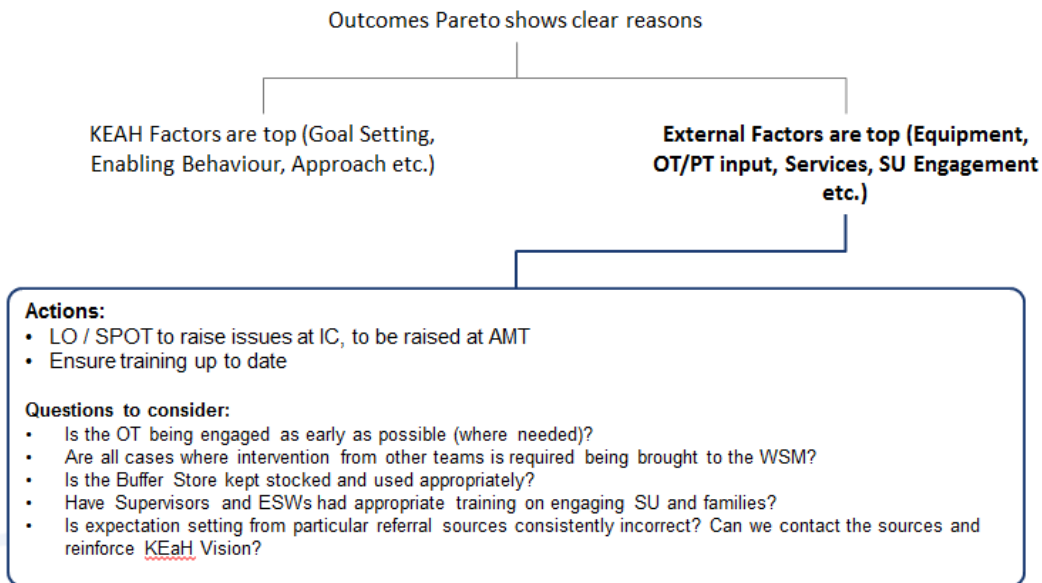
Up One
Level



Enablement KPI Action Tree



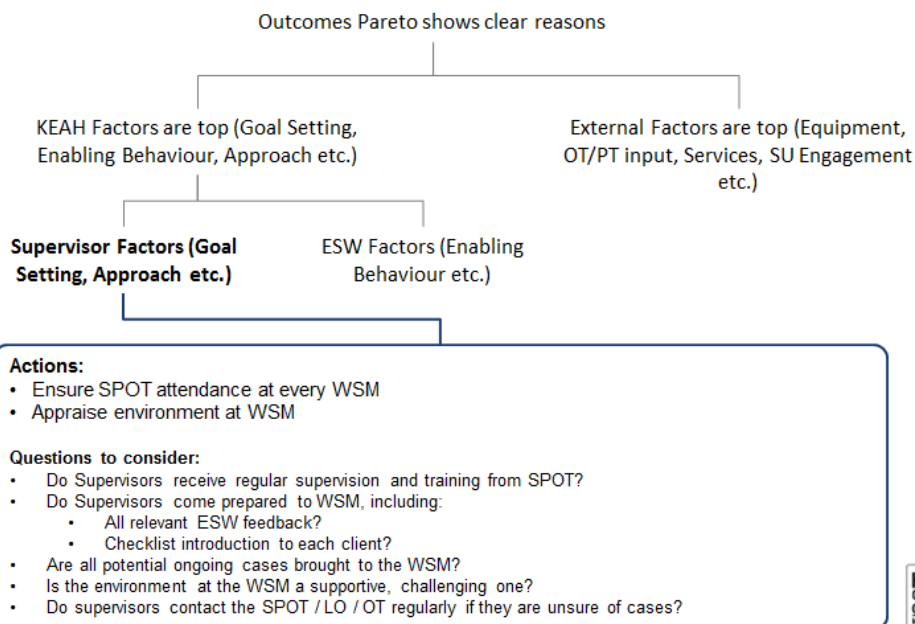
Up One Level



Enablement KPI Action Tree

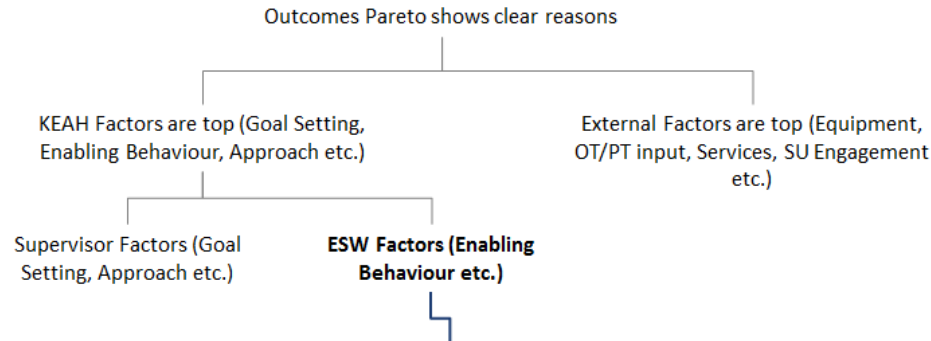


Up One Level



Enablement KPI Action Tree

Up One
Level



Actions:

- Carry out Care Practice Monitoring on ESWs
- Audit ESW feedback and logs
- Organise ESW attendance at WSMs
- Identify training needs for ESWs

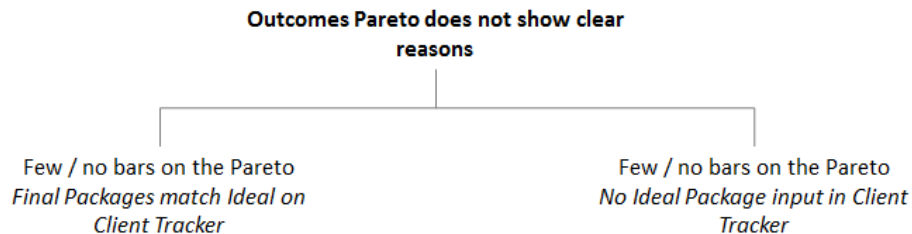
Questions to consider:

- Have all ESWs undergone Care Practice Monitoring in the last 12 weeks?
- Are all ESWs providing useful, detailed feedback?
- Are all ESWs completing Logs with detailed, relevant information?
- Are there any ESWs whose feedback or Log completion suggests they are 'doing for', not enabling?
- Have the Supervisors or OT been out on visits with ESWs to ensure enabling behaviour?



Enablement KPI Action Tree

Up One
Level

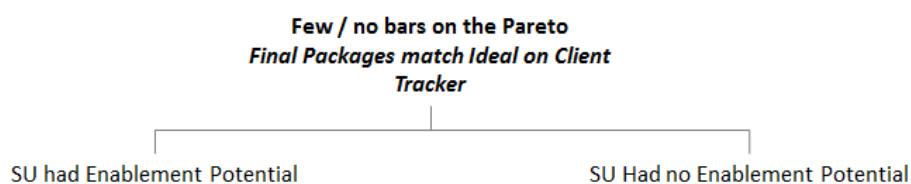


Check Client Tracker

Enablement KPI Action Tree



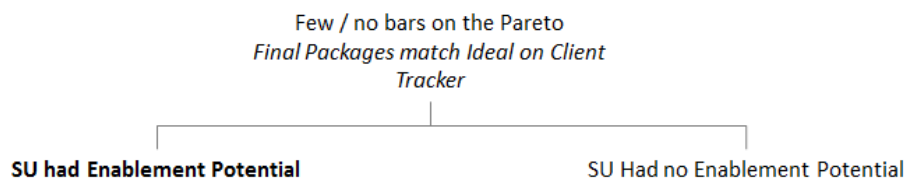
Up One
Level



Enablement KPI Action Tree



Up One
Level



Actions:

- Ensure SPOT attendance at WSM
- Appraise environment at WSM

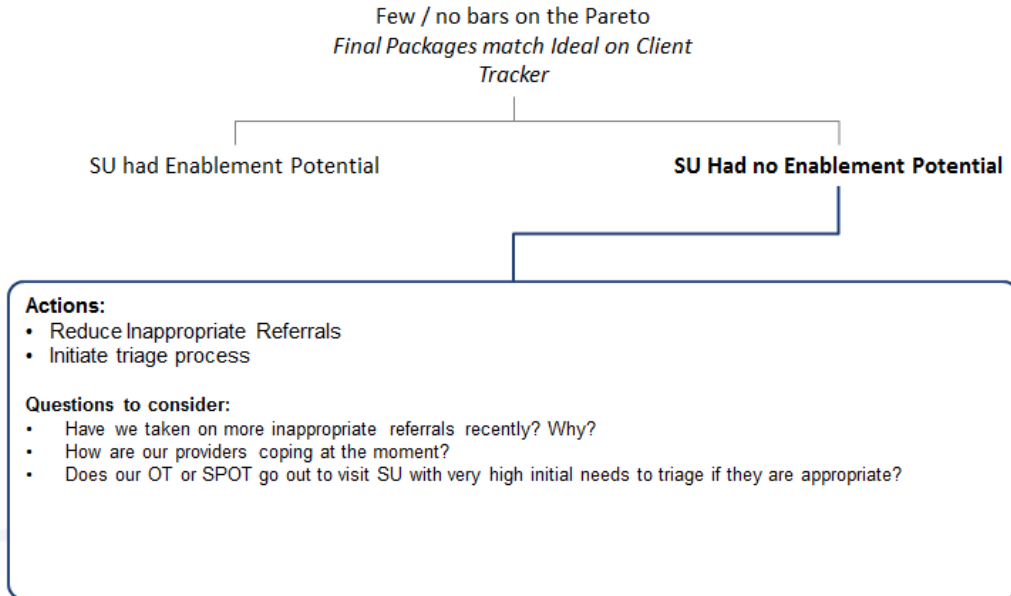
Questions to consider:

- Is the environment of the WSM suitable – is there supportive challenge?
- Do Supervisors come prepared to WSM, including:
 - All relevant ESW feedback?
 - Checklist introduction to each client?
- Does SPOT attend Care Standards Meetings and KEAH SPOT meetings to share knowledge with other SPOTs?

Enablement KPI Action Tree



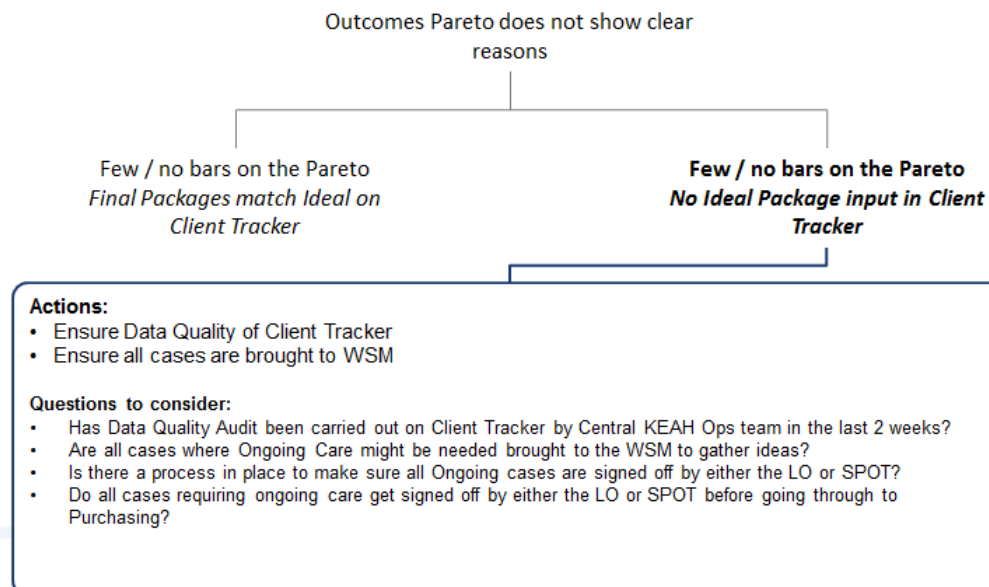
Up One
Level



Enablement KPI Action Tree

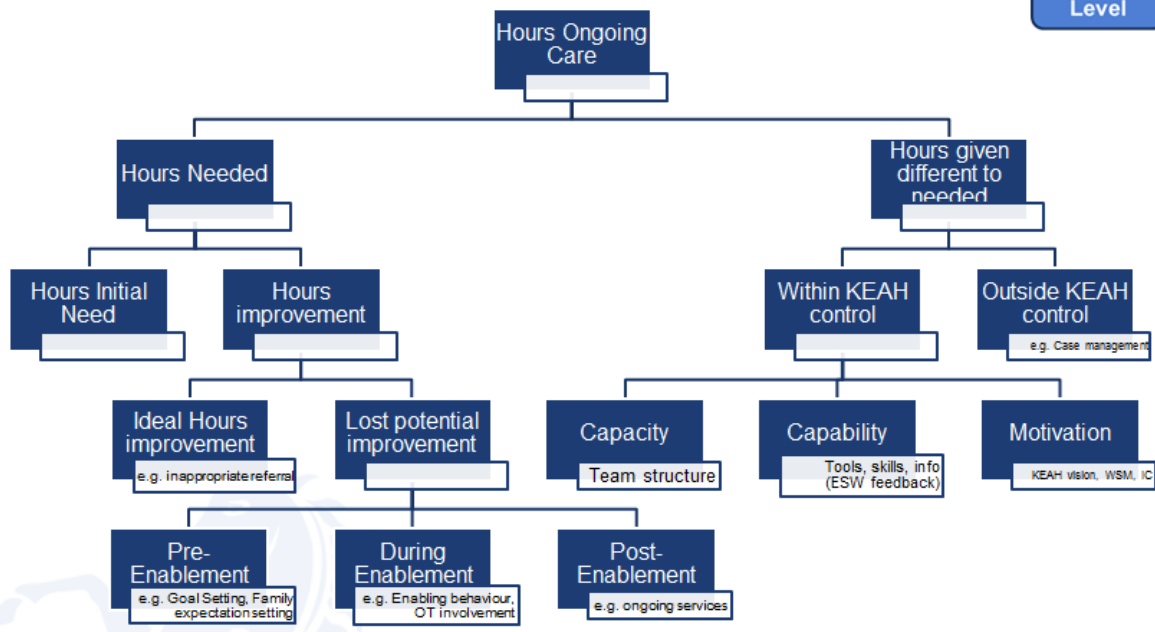


Up One
Level



Why is this not the most effective split?


Up One
Level






Pages 39-46 present the Enablement Service Sustainability Matrix. This tool is a qualitative measure of performance.

Please note some area owners identified on the matrix may vary dependent on the area being reviewed.

Sustainability Matrix		Level achieved (B/S/G)	Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels	Evidence - what has been seen to evidence sign off?
<i>Enablement Optimisation</i>				
What is the most independent outcome we can help the SUs achieve?				
<i>[Note: all statements from that level must be ticked!]</i>				
1 Vision / Shared Principles				
A vision and set of principles that justify and drive actions and behaviours in a consistent manner.				
Vision: To help as many appropriate people as possible achieve their maximum independence				
Principles:				
<ul style="list-style-type: none"> - Have we done everything we can to accept the referral? - What is the most independent outcome we can help service users achieve? - Are we on track to help service users achieve their target outcomes in the appropriate amount of time? - Did they achieve the outcomes? If not, how can we stop this from happening for the next person? 				
County Owner [Director + AD responsible]	TBC			
Area Owner [KEaH Operational Manager]	Jim Gillespie			
Owner [LO]	Tracey Hudson			
2 Outcome Planning Sheet				
A structured form to support supervisors to target and achieve the most independent outcomes for SUs.				
County Owner [KEaH Operational Manager]	Jim Gillespie			
Owner [LO]	Tracey Hudson			
		<input type="checkbox"/>	Bronze - Supervisors prepare an outcome planning sheet for new KEaH Service Users before the weekly meeting	
		<input type="checkbox"/>	Bronze - Sheets for new Service Users are updated in weekly meeting	
		<input type="checkbox"/>	Bronze - Information from the sheets is used to drive the outcomes improvement cycle	
		<input type="checkbox"/>	Bronze - Sheets used are consistent with the County-wide approved version	
		<input type="checkbox"/>	Silver - KEaH team fully understand the purpose of the outcome planning sheet such that it is embedded in their day-to-day processes	
		<input type="checkbox"/>	Silver - Sheet usage is driven by the LO	
		<input type="checkbox"/>	Silver - Sheet template is owned and updated by the County Owner	
		<input type="checkbox"/>	Gold - KEaH team can explain how the sheet contributes to achieving the Vision	
		<input type="checkbox"/>	Gold - LO proactively identifies improvements to outcome planning sheet and communicates these to the County Owner for continuous improvement	



Sustainability Matrix Enablement Optimisation		Level achieved (B/S/G)	Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels	Evidence - what has been seen to evidence sign off?
<p>3 SPOT/CM Input <i>Senior Practitioner OT (or OT) and Case Management input to ensure the most independent outcomes are being targeted and achieved for SUs. This is achieved through participation in weekly KEaH supervisor meetings and further supervision and ongoing guidance and support where needed.</i></p> <p>County Owner [County Manager OT and Reablement] Jane Miller Owner [LO] Tracey Hudson</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Bronze - SPOT/OT and Case Management attend Supervisor Weekly Meeting</p> <p>Bronze - SPOT/OT provides guidance to assist in identifying ideal outcomes for Service Users</p> <p>Silver - LOs encourage SPOT and CM attendance at the weekly meeting and attendance is regular and effective</p> <p>Gold - Supervisors are aware and confident of OT and CM best practice so that the outcomes they identify for SUs are consistently the most independent they can achieve</p> <p>Gold - SPOT/OT interacts with KEaH team to provide support outside of the weekly meeting forum</p> <p>Gold - SPOT/OTs share best practice across the County so that SU outcomes are consistent</p>		
<p>4 Weekly Supervisor meeting <i>Weekly meeting to bring together Supervisors, SPOT/OTs and Case Management to promote independence and effective management of SUs through their enablement period. A forum for the local level of the SU Outcomes Improvement Cycle.</i></p> <p>County Owner [Operational Manager] Jim Gillespie Owner [LO] Tracey Hudson</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Bronze - Supervisor meetings happen on a weekly basis and required attendees generally attend</p> <p>Bronze - Meetings have a consistent agenda and SMART actions are set and reviewed and generally completed on time</p> <p>Bronze - Issues that cause differences between SU targeted and achieved outcomes are discussed</p> <p>Silver - Weekly meetings and attendance are planned in and driven by the LO</p> <p>Silver - Agenda and actions are driven by the LO</p> <p>Gold - Local meeting improvements are identified and implemented</p> <p>Gold - Structural meeting improvements (e.g. changes to content, attendance or frequency) identified by KEaH team are communicated to County Owner to drive continuous improvement</p>	



Sustainability Matrix

Enablement Optimisation



Level achieved (BIS/G)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

"Are we on track to help the SUs achieve their target outcomes in the appropriate amount of time?"

5 Supervisor and ESW Paperwork

Goal Sheet - Form to assess the needs and set SMART goals for the service user in a consistent way. This should be used to promote correct enabling behaviours and actions of support workers on enablement visits.

Support Worker Visit Logs - A structured visit log to capture SU progress towards their goals. Activities are recorded stipulating if the SU completed them unaided - and if not, "why not?". This is used as an evidence base to inform the supervisors of the SU progress.

Independence Score Forms - Evidence-based form to communicate the service user's progress towards independence on a visit-by-visit basis. The information is used to ensure that all SWs know what the SU can achieve, and where the SU needs extra support to achieve their targeted goals.

Final Review Sheet - Structured forms to communicate the ongoing support requirements, following the KEaH service, to Case Management to ensure that the correct level of support is put in place.

County Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- Bronze - Goal Sheets are being used for all SUs
- Bronze - Support Worker Visit Logs are being used on SU visits
- Bronze - Independence Score Forms are being used on SU visits
- Bronze - Final Review Sheets are being used for SUs
- Bronze - Paperwork use being driven by Supervisors
- Silver - KEaH team understand the purpose of the paperwork such that it is embedded in their day-to-day processes
- Silver - Paperwork use is being driven by the LO
- Gold - KEaH team can explain how the paperwork contributes to achieving the Vision
- Gold - Improvements to paperwork are identified and communicated to County Owner to drive continuous improvement where needed

6 SU Review Prioritisation

Behaviour to prioritise service users reviewed at the weekly supervisor meeting.

Owner [LO] Tracey Hudson

- Bronze - Support Worker communication helps Supervisors to identify Service Users to review
- Bronze - Supervisors prioritise the SUs they want to review and inform the LOs before the weekly meeting
- Bronze - The highest priority Service Users are reviewed at the weekly meeting
- Silver - KEaH team understand the purpose of the paperwork such that it is embedded in their day-to-day processes
- Silver - The LO ensures the correct Service Users are prioritised for discussion at the weekly meeting
- Gold - KEaH team can explain how the sheet contributes to achieving the Vision
- Gold - Best practice for prioritising SUs is shared across the county

Change Implementation Team

Transformation and Sustainability project toolkit

Enablement Sustainability Matrix



Sustainability Matrix

Enablement Optimisation



Level achieved (B/S/G)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

7 SU Progression Visibility Tools

Overstays Tracker - Tool to increase visibility of overstaying Service Users and drive resolutions to ensure timely exit from the KEaH service.

Call Length Tool - To review variation between the planned and actual visit times for individual SUs. The tool highlights SUs who show a trend in variation to planned visit times so that visit lengths can be adjusted accordingly. Increasing the planning accuracy promotes clarity in capacity of the service to help reduce the number of capacity based rejections.

Area Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- Bronze - Overstays Tracker initiated by the LO and reviewed and updated
- Bronze - LO identifies and chases actions from overstays tracker with support if needed
- Bronze - Call Length Report reviewed at least twice a week by the LO or Admin and action taken when necessary
- Silver - Overstays tracker is owned and its use is driven by the LO
- Silver - LO independently identifies actions and follows up responsible owners to help close case completion
- Silver - LO is responsible for ensuring the output from Call Length tool is reviewed daily
- Gold - LO takes responsibility to initiate additional meetings and specific review structures to progress difficult cases
- Gold - LO uses weekly supervisor meetings to pre-empt Overstayers and to start arranging provisions before they become overstays
- Gold - The purpose and impact of the Call Length tool is understood and can be communicated by the LO and Admin team

Sustainability Matrix

Enablement Optimisation



Level achieved (B/S/G)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

"Did the SU achieve their outcome? If not, how can we stop this from happening again?"

8 Outcomes Tracking Dashboard

Dashboard used to provide visibility of KEaH team performance for SU Outcomes, driven by SWIFT. Used to evaluate and prioritise the issues that cause differences between SU targeted and achieved outcomes, to drive the locality improvement cycle.

County Owner [Performance team] **TBC**
Area Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- Bronze - Information in the Outcomes Planning sheets is collected accurately in the Client Tracker
- Bronze - Dashboard is functioning and any issues highlighted to Area Owner
- Bronze - Dashboard is used to manage Locality performance through the Improvement Cycle
- Silver - LO ensures that information is correct and resolves or escalates issues as appropriate
- Silver - LO ensures that the dashboard is functional, used at the weekly meeting, and escalated to County Owners if necessary
- Silver - Performance team owns functionality of the dashboard
- Gold - Team and Senior stakeholders are able to read, interpret and identify actions from dashboard
- Gold - LO has the autonomy and understanding of the principles to identify improvements to the

Please refer to the 'Welcome' text on page 2.

Change Implementation Team

Transformation and Sustainability project toolkit

Enablement Sustainability Matrix



Sustainability Matrix

Enablement Optimisation



Level achieved (B/S/G)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

9 Weekly IC

Weekly Area-wide session to review recent performance, escalate issues and generate actions to solve problems.

Owner [KEaH Operational Manager] Jim Gillespie

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- Bronze** - KEaH Performance Dashboard is reviewed at the Weekly Area Meeting and locality KPIs reviewed by the Owner
- Bronze** - Key themes/causes of why SU outcomes are different to what was targeted are raised and improvements and resolutions discussed and actioned where possible
- Bronze** - Issues escalated to fortnightly IC where necessary
- Silver** - Weekly meetings and attendance are planned in and driven by the Owner
- Silver** - Agenda, actions and escalation items are driven by the Owner
- Silver** - Meeting attendees understand the purpose of the weekly IC meeting such that it is embedded in their day-to-day processes
- Gold** - Meeting attendees can explain how the weekly IC meeting contributes to achieving the Vision
- Gold** - LOs prepare concise update of KEaH Performance, including explanation of changes in performance and a summary of actions and largest issues faced
- Gold** - Owner regularly checks objective of Weekly IC is met and changes meeting as required
- Gold** - SWIFT database is updated from the information collected in the Outcomes Planning sheet
- Gold** - An appropriate number of individuals in the team have access to SWIFT and are suitably

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10 Fortnightly IC

Fortnightly forum for KEaH Operational Manager to escalate KEaH issues that he cannot resolve without more senior or cross disciplinary authority, that affects KEaH performance across different AD areas. Forum to objectively review the correct sizing of KEaH Locality teams, ensuring that limited resource is apportioned appropriately across the county.

Area Owner [AD] TBC
 Owner [KEaH Operational Manager] Jim Gillespie

- Bronze** - KEaH Performance Dashboard is reviewed at the Fortnightly Forum
- Bronze** - Issues escalated to Monthly IC where necessary
- Bronze** - Key themes/causes of why SU outcomes are different to what was targeted are discussed, escalations from weekly IC are raised and improvements and resolutions actioned where possible
- Silver** - Fortnightly meetings and attendance are planned in and driven by the Area Owner
- Silver** - Agenda, actions and escalation items are driven by the Area Owner
- Silver** - Meeting attendees understand the purpose of the fortnightly IC meeting such that it is embedded in their day-to-day processes
- Gold** - Meeting attendees can explain how the fortnightly IC meeting contributes to achieving the Vision
- Gold** - Seasonal demand for KEaH is reviewed regularly and actions are taken to ensure that the team sizes reflect this appropriately
- Gold** - Area Owner regularly checks whether objective of Fortnightly IC is met and changes meeting as required

Sustainability Matrix

Enablement Optimisation



Level achieved (BISfG)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

11 Monthly IC

Monthly forum to review KEaH performance by Area to create drive for performance improvements in the service. This acts as the top level of the Improvement Cycle and is the opportunity for monthly DIVMT to resolve prioritised county-wide issues

County Owner [Director - OPPD] TBC
 Area Owner [AD] Tracey Hudson

- Bronze** - KEaH Performance Dashboard is reviewed at monthly DIVMT
- Bronze** - Key themes/causes of why SU outcomes are different to what was targeted are discussed, escalations from fortnightly IC are raised and improvements and resolutions actioned
- Bronze** - Capacity and Demand across the county is reviewed and actioned where necessary
- Silver** - Monthly meetings and attendance are planned in and driven by the County Owner
- Silver** - Agenda, actions and escalation items are driven by the County Owner
- Silver** - Meeting attendees understand the purpose of the monthly IC meeting such that it is embedded in their day-to-day processes
- Gold** - Meeting attendees can explain how the monthly IC meeting contributes to achieving the Vision
- Gold** - County Owner regularly checks whether objective of Monthly IC is met and changes meeting as required

Change Implementation Team

Transformation and Sustainability project toolkit

Enablement Sustainability Matrix



Training, tools, processes and governance in place to support KEaH staff in the delivery of an effective and efficient service

12 Comms

Communications to support team engagement with the project day-to-day. Materials to support communications with Health, service users and their families.

Definition and B/S/G criteria to be reviewed after Wave 1 roll-out

County Owner [KCC Comms] Anthony Mort
Owner [LO] Tracey Hudson

- Bronze** - Comms materials are available and team know how to use them
- Silver** - Comms materials are owned by County Owner
- Gold** - Team is developing new ways to communicate their successes and liaising with County Owner to make this happen

13 Training

Standardised training material to align and teach current and future stakeholders the principles, tools and processes.

Definition and B/S/G criteria to be reviewed after Wave 1 roll-out

County Owner [AD responsible for KEaH] Mary Silverton
Area Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- Bronze** - Training materials are ready and available for use, with support
- Silver** - LO can train new members of team or others on the principles, tools and processes
- Silver** - Training material owned by Area Owner
- Silver** - Training is integrated into KEaH Induction Process
- Gold** - Improvements to training identified by team are communicated to Area Owner for continuous improvement

Sustainability Matrix

Enablement Optimisation



Level achieved (B/S/G)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

14 Operations Guide

Operational Guide detailing the purpose and definition of the KEaH changes, guidance of expected behaviours and actions, instructions for new tools and processes

County Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- Bronze** - Stakeholders involved in the process changes have been introduced to the Operational Guide, and know where to find it
- Silver** - LO ensures team have access to operational guide in locality office
- Silver** - Content in Operational Guide is owned by County Owner
- Gold** - Updates to the operational guide are identified by LOs and communicated to County Owner to drive continuous improvement

Change Implementation Team

Transformation and Sustainability project toolkit

Enablement Sustainability Matrix



15 Sustainability Matrix

Sustainability matrix provides an objective assessment as to the sustainability of the changes implemented.

County Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Bronze - Team is aware of Sustainability Matrix and it is available to them |
| <input type="checkbox"/> | Bronze - Regular review of matrix with stakeholders to assess status and drive actions to attain Silver Standard |
| <input type="checkbox"/> | Silver - Sustainability matrix and reviews owned and held by LO with relevant stakeholders to assess status and drive actions to attain Gold Standard |
| <input type="checkbox"/> | Silver - Content of Sustainability matrix owned by County Owner |
| <input type="checkbox"/> | Gold - Updates to the sustainability matrix identified by team are communicated to County Owner to drive continuous improvement |
| <input type="checkbox"/> | Gold - Sustainability matrix criteria for Gold is updated to continue to offer an ideal target to strive for |

Sustainability Matrix

Behavioural Change



Level achieved (B/S/G)

Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels

Evidence - what has been seen to evidence sign off?

16 Behavioural Change

[Definiton to be confirmed]

County Owner [KEaH Operational Manager] Jim Gillespie
Owner [LO] Tracey Hudson

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Bronze - to be confirmed |
| <input type="checkbox"/> | Bronze - to confirmed |
| <input type="checkbox"/> | Bronze - to be confirmed |
| <input type="checkbox"/> | Silver - to be confirmed |
| <input type="checkbox"/> | Silver - to be confirmed |
| <input type="checkbox"/> | Silver - to be confirmed |
| <input type="checkbox"/> | Gold - to be confirmed |
| <input type="checkbox"/> | Gold - to be confirmed |
| <input type="checkbox"/> | Gold - to be confirmed |

Senior sign off