Appendix 1

**Performance Template**

**Supported Living providers – per service.**

Service Name:

Provider Name:

Name of person completing this form:

Date / Period:

**Service Users currently living in LD supported living services in Cambridgeshire:**

**Hours / Referrals**

Number of placements in service:

Number of vacancies in service

Number of hours commissioned:

Number of hours delivered:

Number of new placements accepted:

Number of placements declined

General reason for declining referrals (and why):

|  |  |
| --- | --- |
| **Continuity of care staff:** |  |
| Have you had a change of Manager? |  |
| Staff started: |  |
| Staff left: |  |
| No of Staff subject to disciplinary: |  |
| Substantiated safeguarding issues: |  |
| H & S breaches and other compliance breaches: |  |

Any hospital admissions:

General:

Secure:

Training and development provided:

Information regarding monitoring by other teams / agencies:

Stakeholder feedback:

Any other business:

Please attach a cop[y of your latest Quality Monitoring report (as per Service Specification Standard 14)

For Local Authority Use

Local Authority Officer:

Date:

Comments:

Soft Concerns:

Actions:

 1.

 2.

 3.

 4.

 5.