

PERFORMANCE LEVELS

Table 1: Key Performance Indicators - OUTCOMES

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD Main KPIs: attracting incentive payments								
Breastfeeding at 6-8 weeks <i>National Indicator</i>	1a	<ul style="list-style-type: none"> Numerator: Numbers breastfeeding at 6-8 weeks Denominator: The number of infants due 6-8 weeks reviews 	44.0%	45.0%	45.5%	46.0%	Quarterly & Annually	Provider input to MCDS (HSCIC) & PHOF
Breastfeeding at 6-8 weeks in deprived areas <i>Local Indicator</i>	1b	<ul style="list-style-type: none"> Numerator: Numbers breastfeeding at 6-8 weeks resident in IMD 1 & 2 Denominator: The number of infants due 6-8 weeks reviews resident in IMD 1 & 2 	To record BF rates for IMD 1 & 2 in agreement with commissioner	39%	40%	>40%	Quarterly & Annually	Collected by Provider
Child development by 2½ years <i>National Indicator</i>	2a ¹	<ul style="list-style-type: none"> Numerator: Numbers scored above the ASQ3 cut off in all 5 domains at the 2.5 year review Denominator: Total numbers who received a 2-2½ year review by the end of the quarter 	> National average	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	Quarterly and Annually	Provider input to MCDS (HSCIC) & PHOF

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD Main KPIs: attracting incentive payments								
Child development by 2½ years in deprived areas <i>Local Indicator</i>	2b	<ul style="list-style-type: none"> Numerator: Numbers of vulnerable children (defined as LAC/CP/CIN, referred by FFD or resident in IMD 1 & 2) scored above the ASQ3 cut off in all 5 domains at the 2.5 year review Denominator: Total number of vulnerable children or resident in IMD1 & 2 who received a 2-2½ year review by the end of the quarter 	To record ASQ3 scores for vulnerable children in agreement with commissioner	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	Quarterly and Annually	Collected by Provider
School Readiness <i>National Indicator</i>	3a ¹	<ul style="list-style-type: none"> Numerator: All children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) Denominator: All children eligible for the EYFS Profile in the area 	> national average	68%	69%	>70%	Annually	DfE/PHOF
School Readiness by free school meal status <i>National Indicator</i>	3b ¹	<ul style="list-style-type: none"> Numerator: All children with free school meal status having reached a good level of development at the end of the EYFS Denominator: All children with free school meal status eligible for the EYFS Profile in the area 	>48%	50%	National average	>National average	Annually	DfE/PHOF
Excess weight 2.5 years <i>Local Indicator</i>	4a	<ul style="list-style-type: none"> Numerator: Number height & weighted and recorded at 2-2.5 year review Denominator: Number of children who turned 2½ years, in the appropriate quarter 	80%	85%	90%	95%	Quarterly	Recorded by Provider

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DASHBOARD Main KPIs: attracting incentive payments								
Excess weight at 4-5 years National Indicator	4b	<ul style="list-style-type: none"> Numerator: Number of overweight or obese Reception children each academic year measured through NCMP. Denominator: Number of Reception children measured through NCMP 	<22.5%	<22%	At least national average	<national average	Annually (NCMP Dec each year)	Recorded by Provider, published by PHE
Improved Parenting capacity - vulnerable families <i>Local Indicator</i>	5a	<ul style="list-style-type: none"> Numerator: Numbers of vulnerable parents (teenage parents, parents known to social care or FFD and parents resident in IMD1 & 2) received parenting support Denominator: All parents received parenting support during the period 	To collect data required in agreement with commissioner	85%	90%	>90%	Quarterly & Annually	Recorded by Provider
Improved Parenting capacity <i>Local Indicator</i>	5b	<ul style="list-style-type: none"> Numerator: Number of parents with improved parenting capacity following support using TOPSE tool Denominator: Number who received & completed parenting support during the quarter 	To measure & report in agreement with commissioner	100% of parents with at least 50% parental capacity improvement with exception reporting	100% parents with at least 60% parental capacity improvement with exception reporting	100% parents with at least 70% parental capacity improvement with exception reporting	Quarterly & Annually	Recorded by Provider

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD Main KPIs: attracting incentive payments								
Emotional health & wellbeing support and outcomes	6a	<ul style="list-style-type: none"> Numerator: Numbers of vulnerable CYP (defined as LAC/CP/CIN, referred by FFD or resident in IMD 1 & 2) seen face to face or received on line support Denominator: Numbers of all CYP seen face to face or received on line support during the period 	To measure & report in agreement with commissioner	75%	80%	85%	Quarterly & Annually	Recorded by Provider
Emotional health and wellbeing outcomes	6b	<p>Numerator: Number of cases audited showing evidence of the following criteria:</p> <ul style="list-style-type: none"> evidenced based intervention (using NICE guidance and CYP-IAPT principles) relating to needs evidence of use of outcome measurement tools such as SDQ, CGAS, outcome star, SWEMWBS with at least 2 measurements taken (Time 1 and Time 2) and some evidence of clinically significant improvement change of approach where appropriate as a consequence of outcomes monitoring evidence of consultation with CAMHS where appropriate evidence of CYP views taken into account. 	To measure and report in agreement with commissioner ready for auditing	80% of cases audited (random sample chosen by commissioners and no. of cases audited to be determined) show that criteria is met.	90% of cases audited (random sample chosen by commissioners and no. of cases audited to be determined d) show that criteria is	100% of cases audited (random sample chosen by commissioners and no. of cases audited to be determined d) show that criteria is	Quarterly & Annually	Case records from Provider

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD Main KPIs: attracting incentive payments								
		Denominator: Numbers of cases audited where CYP received & completed service during the period			met.	met.		

¹ During Quarter 3 & 4 of Year 0 (October 2016 to March 2017) the following KPI's will be exempt from the stated Performance Level: 2a, 3a, 3b, 6b. Therefore 4 x 0.5% of the Annual Contract Value (pro rata) will be a guaranteed award.

Table 2: Performance Indicators (Service Metrics) - OUTPUTS

Category	No.	Data Description	Current Performance	Contract Year 0 (Financial Year and National Data Reporting Qtr 3 & 4)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
FNP:	7a*	<ul style="list-style-type: none"> Numerator: Numbers of active FNP families Denominator: Numbers of mothers eligible for FNP 	26 Families as at Dec 15	100 active families	100 active families	100 active families	100 active families	Quarterly and Annually	Provider to report
Coverage	7b**	<ul style="list-style-type: none"> Numerator: Numbers of active FNP families either LAC or from IMD 1 or 2 Denominator: Numbers of mothers eligible for FNP 	NA	>70%	>75%	>90%	>95%	Quarterly and Annually	Provider to report
Targeting									
Antenatal:	8*	<ul style="list-style-type: none"> Numerator: Number of mothers who received a first face-to-face antenatal contact at 28 weeks or above Denominator: Number of births in quarter 	266 (17%) 15/16 Q2	>34%	>60%	>70%	>80%	Quarterly and Annually	Provider input to national MCDS (HSCIC)
Antenatal visit (mandatory)	9**	<ul style="list-style-type: none"> Numerator: Numbers of first time mothers who are LAC or resident in IMD 1 & 2 completed "Preparing for birth & beyond" antenatal education each quarter Denominator: Numbers first mothers eligible for antenatal review 	NA	To record numbers of first time mothers completing A/N education in agreement with commissioner	60%	70%	80%	Quarterly and Annually	Provider to report
Antenatal education									

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Postnatal: New born visits (mandatory) Percentage of infants who received a 6-8 week review (mandatory) Maternal mental health (NICE CG192) Secure attachment (NICE PH40)	10*	<ul style="list-style-type: none"> Numerator: Number of infants turned 30 days in the quarter who received a face-to-face visit within 14 days from birth Denominator: Total number of infants who turned 30 days in the quarter 	93.3% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)
	11*	<ul style="list-style-type: none"> Numerator: Number of infants who received a 6-8 week review by the time they turned 8 weeks Total number of infants due a 6-8 week review by the end of the quarter 	99.8% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)
	12**	<ul style="list-style-type: none"> Numerator: Number of mothers who received a Maternal Mood review by the time infant turned 8 weeks Denominator: Total number of mothers with infants who turned 8 weeks, in the quarter 	NA	To record numbers of mothers receiving mood review by 8 weeks	90% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
	13**	<ul style="list-style-type: none"> Numerator: Number of parents/carers with infant attachment difficulties who receive a service to improve their relationship with their infant Denominator: Number of parents/carers with infant attachment difficulties 	NA	To develop and record universal plus intervention in agreement with commissioner	90% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
Pre-school: % received 12 month review (mandatory)	14*	<ul style="list-style-type: none"> Numerator: Number of children who turned 12 months in the quarter, who received a review by 12 months 	92.6% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)

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% of LAC 0-4 received a Health Assessment		<ul style="list-style-type: none"> Denominator: Total number of children who turned 12 months, in the quarter 							
	15*	<ul style="list-style-type: none"> Numerator: Numbers of under 5s who received a LAC health assessment by the end of the quarter Denominator: Numbers of under 5s due a LAC health assessment by the end of the quarter 	NA	To develop method and record numbers of under 5s LAC receiving Has in agreement with commissioner	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
% received an integrated 2-2½ year review (<i>mandatory</i>)	16*	<ul style="list-style-type: none"> Numerator: Total number of children who received an integrated 2-2½ year review, by 2½ years of age using ASQ3 Denominator: Number of children who turned 2½ years, in the appropriate quarter 	90.8% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)
School age: % received school entry review	17*	<ul style="list-style-type: none"> Numerator: Total number of Reception children in state schools who received school entry review Denominator: Total number of children in Reception on state school rolls 	NA	To develop method in agreement with commissioner and record reviews	95% with exception reporting	95% with exception reporting	95% with exception reporting	Annually	Recorded by provider
NCMP coverage <i>Mandatory</i>	18*	<ul style="list-style-type: none"> Numerator: Number of Reception children measured through NCMP. Denominator: Total number of children in Reception on state school rolls 	95% 2014/15 academic year	>95%	>95%	>95%	>95%	Annually	Recorded by Provider, published by PHE
% received a hearing screen	19**	<ul style="list-style-type: none"> Numerator: Number of Reception children that receive a hearing screen Denominator: Total number 	NA	>95%	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider

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		of children in Reception on state school roles							
% received a vision screen	20**	<ul style="list-style-type: none"> Numerator: Number of Reception children that receive a vision screen Denominator: Total number of children in Reception on state school roles 	NA	>95%	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider
NCMP coverage <i>Mandatory</i>	21*	<ul style="list-style-type: none"> Numerator: Number of Year 6 children measured through NCMP. Denominator: Total number of children in Year 6 on state school rolls 	94% 2014/15	>95%	>95%	>95%	>95%	Annually	Recorded by Provider, published by PHE
% received school transition review	22*	<ul style="list-style-type: none"> Numerator: Total number of children in state schools who received transition review during Year 7 Denominator: Total number of children in Year 7 on state school roles 	NA	To develop method in agreement with commissioner and record reviews	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider
% received adolescent review	23*	<ul style="list-style-type: none"> Numerator: Total number of young people in state schools who received adolescent review Denominator: Total number of children in eligible on state school roles 	NA	To develop method and record reviews	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider
% LAC aged 5-19 received a Health Assessment	24*	<ul style="list-style-type: none"> Numerator: Numbers of 5-19s who received a LAC health assessment by the end of the quarter Denominator: Numbers of 5-19s due a LAC health assessment by the end of the quarter 	NA	To develop method and record numbers of 5-19s LAC receiving Has in agreement with commissioner	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
Parenting	25**	<ul style="list-style-type: none"> All parents received 	2000 p.a.	To develop	>2000	>2500	>3000	Quarterly	Recorded

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Support & programmes		parenting support during the period		method in agreement with commissioner and record				and Annually	by provider
Tier 2 EWB service	26**	<ul style="list-style-type: none"> Numbers of all CYP received targeted face to face or support during the period 	ONS estimate 4642 may require a universal or targeted service	To develop method in agreement with commissioner and record	>500	>550	>600	Quarterly and Annually	Recorded by provider
Children's Centre inspections	27**	<ul style="list-style-type: none"> % achieving at least a 'good' grading in OFSTED inspections for all Children's Centres (6) 	All good or outstanding	At least good	At least good	At least good	At least good	In line with Ofsted Framework	Ofsted

* Priority 1 Performance Indicator

** Priority 2 Performance Indicator

Table 3: Other Population Outcomes directly contributing to:				Contract Year 0	Year 1	Year 2	Year 3	Frequency	Source
School readiness - % achieving phonics check by free school meal status <i>National Indicator</i>	27	<ul style="list-style-type: none"> Numerator: Number of Year 1 pupils with free school meal status achieving expected level in phonics check Denominator: All children in Year 1 with free school meal status eligible for phonics test 		Improvement on previous year	Improvement on previous year	At least national average	>national average	Annually	DfE/PHOF
A&E attendance rates (0-4 years) <i>Local Indicator – Nationally available</i>	28	<ul style="list-style-type: none"> Numerator: Attendances at any A&E department by a resident child aged under 5 years Denominator: Children aged 0-4 years resident in the area, based ONS mid-year estimate per 1000 		Improvement on previous year	Improvement on previous year	Improvement on previous year	Improvement on previous year	Annually	CHIMAT Child Health Profiles
Excess weight at 10-11 years <i>National indicator</i>	29	<ul style="list-style-type: none"> Numerator: Number of overweight or obese Year 6 children each academic year measured through NCMP. Denominator: Number of Year 6 children measured through NCMP 		<32% academic year 15/16	<31.5% academic year 16/17	<31.0% academic year 17/18	<30.5% academic year 18/19	Annually (Dec each year)	Recorded by Provider, published

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								by PHE
Percentage of LAC health assessments (0-19) <i>National Indicator</i>	30	<ul style="list-style-type: none"> Numerator: Number of LAC who have been looked after continuously for at least 12 months, who have had their annual health assessment in year Denominator: Number of children looked after at 31 March who had been looked after for at least 12 months in year 	Improvement on previous year (53% 2014)	>75%	>85%	At least national average	Annually	DfE
Emotional wellbeing of LAC <i>National Indicator</i>	31	<ul style="list-style-type: none"> Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March showing improvement 	Improvement on previous year (15.2 2014)	>15.0	At least national average	<national average	Annually	DfE
Self-harm hospital admission rates <i>National Indicator</i>	32	<ul style="list-style-type: none"> Numerator: Number of finished admission episodes for self-harm age 10-24 years Denominator: Resident CYP age 10-24, ONS mid-year estimates per 100,000 	Improvement on previous year (398.9 13/14)	At least national average	<national average	<national average	Annually	CHIMAT Child Health Profiles
Other Population Outcomes indirectly contributing to:			Year 0	Year 1	Year 2	Year 3	Frequency	Source
Emergency hospital admission rates (0-4 years) <i>National Indicator</i>	33	<ul style="list-style-type: none"> Numerator: Emergency Hospital Admissions by a resident child aged under 5 Denominator: Children aged 0-4 years resident in the area, based ONS mid-year estimate per 100,000 	Improvement on previous year (123.9 12/13)	At least national average	<national average	<national average	Annually	CHIMAT Early Years profiles
Hospital admissions rates caused by injuries (0-14 yrs) <i>National Indicator</i>	34	<ul style="list-style-type: none"> Numerator: Number of emergency admissions for injuries aged 0-14 years Denominator: Children aged 0-14 years resident in the area, based ONS mid-year estimate per 100,000 	Improvement on previous year (98.5 13/14)	<national average	Improvement on previous year	Improvement on previous year	Annually	PHOF
New Children in Need (CIN) rates <i>Local Indicator</i>	35	<ul style="list-style-type: none"> Numerator: Numbers of children in need as at 31 March Denominator: Numbers of children aged 0-19 resident in Worcestershire per 10,000 	Improvement on previous year	Improvement on previous year	Improvement on previous year	Improvement on previous year	Quarterly & Annually	WCC Children's Services/Df

			(343.0 as at 31/3/15)			year		E
% NEET (16-18 years) <i>National Indicator</i>	36	<ul style="list-style-type: none"> % not in education, employment or training as a proportion of total age 16-18 year olds 	At least national average (4.7% 2014)	<national average	Improvement on previous year	Improvement on previous year	Annually	PHOF
% Pupil Absence (half days missed by pupils due to absence) <i>National Indicator</i>	37	<ul style="list-style-type: none"> Numerator: The number of sessions missed due to overall absence Denominator: The total number of possible school sessions 	At least national average (4.5% 13/14)	<national average	Improvement on previous year	Improvement on previous year	Annually	PHOF

Table 4: Service reporting requirements ACTIVITY

Category	No.	Data Description	Reporting	Timescale
Under 5s		<ul style="list-style-type: none"> Numbers of contacts for: <ul style="list-style-type: none"> - Community, Universal, Universal Plus, Universal Partnership by District Community contacts by type & district Numbers receiving Universal Plus more intensive home visiting by district Number of contacts for those receiving more intensive home visiting by district Universal Plus contacts for interventions by type & district <ul style="list-style-type: none"> - Perinatal mental health, attachment, parenting, breastfeeding, weaning, speech & language, school readiness etc Universal partnership contacts by type & district Provision of full FNP dashboard 	<p>Numbers</p> <p>Outcomes to be reported through case studies & evaluations</p> <p>Numbers</p>	Quarterly and Annually

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		<ul style="list-style-type: none"> Referrals received from other agencies/professionals by service Number of referrals made to other targeted or specialist services by service and district 		
5-19s		<ul style="list-style-type: none"> Numbers of contacts for: <ul style="list-style-type: none"> Community, Universal, Universal Plus, Universal Partnership by district Community contacts by type & district Universal Plus contacts by type & district <ul style="list-style-type: none"> emotional wellbeing, sexual health, parenting, healthy weight etc Universal partnership contacts by type & district Referrals received from other agencies/professionals by service Number of referrals made to other targeted or specialist services by service and district 	<p>Numbers</p> <p>Outcomes to be reported through case studies & evaluations</p> <p>Numbers</p>	Quarterly and Annually
Multiagency assessments /plans		<ul style="list-style-type: none"> Numbers of Early Help Assessments completed by district Numbers of Early Help Assessment where provider is lead professional by district 	Numbers	<p>Dashboard</p> <p>Quarterly and Annually</p> <p>Initial audit after 6 months</p>
Parenting		<ul style="list-style-type: none"> Numbers of targeted parenting support by: <ul style="list-style-type: none"> Group programme, face to face Parent support/programmes delivered by type & district % of parents completed programmes 	Numbers	Quarterly and Annually
Health promoting Settings		<ul style="list-style-type: none"> Settings supported by type Number of school health & wellbeing improvement plans 	Numbers & Outcomes to be reported through case studies & evaluations	Quarterly and Annually
Peer Support		<ul style="list-style-type: none"> Numbers of peer supporters recruited Peer Support contacts by type of peer support Numbers of Health & Wellbeing champions Health Champion activity by type Evidence of peer supporters achieving successful outcomes 	Numbers & outcomes to be reported through case studies &	Quarterly and Annually

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		(community parents, breastfeeding) <ul style="list-style-type: none"> Health & wellbeing champions evidence of achieving successful outcomes 	evaluations	
Volunteers		<ul style="list-style-type: none"> Numbers of volunteers recruited Volunteering activity by type and district 	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Drop in facilities		<ul style="list-style-type: none"> Numbers attending under 5s by venue Numbers attending 5-19 by venue 	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Information & advice		<ul style="list-style-type: none"> Interactive activity (texts/website) by subject area Supported info & advice 	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Community capacity		<ul style="list-style-type: none"> Numbers of groups or events supported by type & district Numbers of community activities facilitated Numbers of social prescribing 	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Tier 2 emotional health & wellbeing		<ul style="list-style-type: none"> Numbers of CYP seen face to face by CCG, district & school Numbers referred and self referred, and breakdown of referrers by CCG, District and School. Numbers of face to face contacts by CCG, district and school Numbers of CYP completed programme of intervention, withdrawn or referred Numbers referred to CAMHS Numbers of CYP accessed on line counselling service Numbers of contacts for on line service 	Numbers	Quarterly and Annually Monthly in the first instance

		<ul style="list-style-type: none"> • Numbers of CYP completed on-line support, withdrawn or referred • Recording of interventions previously tried by referrers. • Waiting times (from referral to assessment and intervention) • Length of interventions • Breakdown of numbers accessing different interventions (eg. 1-1 support, group work) • Referrals onward to other services, including CAMHS Tier 3 • Number of 'step down' referrals from CAMHS and other specialist services such as social care • Numbers of referrals not accepted and numbers of DNA's and cancellations • Postcodes of service users to assess use across IMD areas • Report by ethnicity and age of children 		
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Table 5. Quality indicators QUALITY

Area of work	No.	Patient Safety and Experience or Clinical Effectiveness?	Requirement	Threshold	Reporting
Service opening times		Patient Experience	List of venues offering services outside of normal working hours (9-5 Mon-Fri), by service type.	Service performance report	Quarterly
Waiting Times		Clinical Effectiveness	Percentage of users experiencing waiting times	Target set from 15/16 figures	Quarterly

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Workforce		Clinical Effectiveness	Full workforce return with staff numbers, roles and qualifications.		Annually
Staff training		Clinical Effectiveness	% of staff who have successfully completed local and nationally accredited training or refresher training, according to their scope of practice, and fulfilled relevant update requirements.	100%	Annual workforce return
Children's Centres		Clinical Effectiveness	% of Childrens Centre Advisory Boards including full representation from all early childhood services (including Job Centre Plus and Early Years Providers)	100%	Annually
Quality Standards		Clinical Effectiveness	Audit of outcomes and progress made recorded from agreed outcomes measurement tools		Quarterly audits, number of which agreed with Commissioners
Quality Standards		User Experience	Maintain/achieve BFI and You're Welcome accreditation across all facilities	List of facilities operated with accreditation	Annually
Service User Experience		User Experience	Annual service user survey and report with recommendations (to include all complaints and actions taken, and Families and Friends test)	within 3 months of the year end	Annually
Response times		Clinical Effectiveness	Percentage of referrers or self referrers receiving a response within 5 days of contacting the service	Target set from 15/16 figures	Quarterly
NICE Guidance and quality Standards		Clinical Effectiveness	Examples of policies and procedures with evidence of audit to include safeguarding	Bi annual audit	Quarterly review

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SUIs and Near Misses		Patient safety and experience	All serious incidents and near misses to be reported to the Commissioner, with actions plans.	24h – all SUIs 72h – all Near misses	
CQC compliance		Patient safety and experience	Written update report to include compliance activities, and implementation of any learning or actions from inspections, reviews etc.		Quarterly to Commissioner and WCSB