

Performance Management Indicators

The Provider will be expected update the Activity Data and narrative section of this framework, a template for reporting will be provided by North Lincolnshire Council.

Performance and outcome indicator information will be populated from the activity data, this in turn will be used in the production of a scorecard. The scorecard will be embedded into the contract monitoring document alongside the narrative.

It should be noted that throughout the Quality outcome Indicators document, the unit of measurement are as follows

- Service users – person who the provider is delivering services in accordance with the care and support plan

Outcome indicators

Performance indicators

Activity Data

Outcome Indicators

ID	Measure	Target	Method of Measurement	Frequency	Consequence of breach
Out1	Effective - Percentage of service users who feel their quality of life is good	Green 100-90% Amber 90-75% Red 75%>	Positive indicator Measured as a user view question at the point of review Numerator – Numerator – Number of service users who reported at point of review say the feel their quality of life is good Denominator – Number of service users reviews undertaken in the last 12 months	Quarterly , at contract monitoring meetings	<ul style="list-style-type: none"> • Discussion at contract monitoring meeting • Notice of Concern • Action Plan • Remedial Notice • Default Process
Out2	Responsive - Percentage of service user who have control over their daily life	Green 100-90% Amber 90-75% Red 75%>	Positive indicator Measured as a user view question at the point of review Numerator – Number of service users who reported at point of review say that the choice and control they have over the support the receive Denominator – Number of service users reviews undertaken in the last 12 months	Quarterly , at contract monitoring meetings	<ul style="list-style-type: none"> • Discussion at contract monitoring meeting • Notice of Concern • Action Plan • Remedial Notice • Default Process

ID	Measure	Target	Method of Measurement	Frequency	Consequence of breach
Out3	Caring -Percentage of service user who feel they are treated with dignity and respect	Green 100-90% Amber 90-75% Red 75%>	Positive indicator Measured as a user view question at the point of review Quarterly , at contract monitoring meetings Numerator – Number of service users who reported at point of review feel they are treated with dignity respected in the care that they receive. Denominator – Number of service users reviews undertaken in the last 12 months	Quarterly , at contract monitoring meetings	<ul style="list-style-type: none"> • Discussion at contract monitoring meeting • Notice of Concern • Action Plan • Remedial Notice • Default Process
Out4	Safe - Percentage of service users' who report feeling safe	Green 100-90% Amber 90-75% Red 75%>	Positive indicator Measured as a user view question at the point of review Numerator - Number of service users who reported at point of review feel safe and secure Denominator – Number of service users reviews undertaken in the last 12 months	Quarterly , at contract monitoring meetings	<ul style="list-style-type: none"> • Discussion at contract monitoring meeting • Notice of Concern • Action Plan • Remedial Notice • Default Process
Out5	Well Led - Care providers achieve a good or outstanding judgment from their CQC inspections	Green = Good our outstanding Amber = Requires Improvement Red = Inadequate	As Published	On publication of CQC inspection report	<ul style="list-style-type: none"> • Discussion at contract monitoring meeting • Notice of Concern • Action Plan • Remedial Notice • Default Process

Performance Indicators

ID	Measure	Method of Measurement	Frequency	Outcomes
PI1	Percentage of service users that regularly access activities in their community	ACT 11 / ACT 1	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Effective • Caring • Safe
PI2	Percentage of service users that have been reviewed in the last 12 months	ACT 5 / ACT 1	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Effective • Responsive
PI3	Percentage of service users reviews that have resulted in a reduction in service requirements	ACT 6 / ACT 5	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Effective
PI4	Percentage of service users reviews that have resulted in an increase in service requirements	ACT 7 / ACT 5	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Effective
PI5	Percentage of service users reviews that have stayed the same	ACT 8 / ACT 5	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Effective
PI6	Percentage of calls that are less than 30 minutes in length	ACT 9 / ACT 3	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Responsive
PI7	Percentage of service users with Positive Behaviour Support plans	ACT 17 / ACT 1	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Responsive
PI8	Percentage of care packages started within timescale		Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Responsive
PI9	Percentage of complaints regarding service users care	ACT 13 / ACT 12	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Caring
PI10	Percentage of cancellations / missed calls by provider	ACT 14 / ACT 3	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Safe
PI11	Percentage of calls extended / additional calls in length (unplanned)	ACT 16 / ACT 3	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Safe
PI12	Percentage of calls cancelled by service user (less than 48 hours' notice)	ACT 15 / ACT 3	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Safe
DTOC	Number service users experienced delayed discharge due to social care	Commissioner to Provide	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> • Effective

SUR	Percentage of service users reviewed in reporting period	ACT 4 / ACT 1	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Well – Led
CQC	CQC rating	AS PUBLISHED	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Effective Responsive Caring Safe Well - Led

Service User Review Indicators				
REV 1	Percentage of service users that feel their involvement in the decisions around their care and support is good or better	ACT 18 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Effective
REV 2	Percentage of service users that say that the quality of life and support they receive is good or better	ACT 19 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Effective
REV 3	Percentage of service users that say that the choice and control they have over the support they receive is good or better	ACT 20 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Responsive
REV 4	Percentage of service users who say that their views were fully included in the support plans	ACT 21 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Caring
REV 5	Percentage of service user that feel they were treated with dignity respected in the care that they receive	ACT 22 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Caring
REV 6	Percentage of service users who say they feel safe and secure	ACT 23 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Safe
REV 7	Percentage of service user who report that they have as much social contact as they would like	ACT 24 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Caring
REV 8	Percentage of service users who have consistent care workers	ACT 25 / ACT 4	Quarterly Monitoring Meetings	<ul style="list-style-type: none"> Safe

Workforce and Management Oversight Indicators				
MO 1	Percentage of care staff who have undertaken safeguarding training within the last year	ACT 30 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 2	Percentage of care staff who have undertaken Mental Capacity Act training within the last year	ACT 31 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 3	Percentage of care staff who have undertaken DOLS training within the last year	ACT 32 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 4	Percentage of care staff who have undertaken PEG training within the last year	ACT 34 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 5	Percentage of care staff who have undertaken medication training within the last year	ACT 33 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 6	Percentage of workforce with current NMDS status		Quarterly Monitoring Meetings	• Well Led
MO 7	Percentage of care workers with up to date supervision	ACT 38 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 8	Percentage of staff leaving within quarter	ACT 37 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 9	Percentage of new staff recruited within quarter	ACT 36 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 10	Percentage of up to date policies and procedures	ACT 26 / ACT 27	Quarterly Monitoring Meetings	• Well Led
MO 11	Percentage of staff with DBS checks	ACT 28 / ACT 35	Quarterly Monitoring Meetings	• Well Led
MO 12	All staff have completed mandatory training relevant to the role	ACT 29 / ACT 35	Quarterly Monitoring Meetings	• Well Led

Activity Data

ID	Lots applicable	Measure
ACT 1	ALL	Number of service users
ACT 2	ALL	Number of new referrals in the reporting period
ACT 3	ALL	Number of care calls in reporting period
ACT 4	ALL	Number of service users reviews undertaken in the reporting period
ACT 5	ALL	Number of service users reviews undertaken in the last 12 months
ACT 6	ALL	Number of service user reviews that have resulted in reduction in care
ACT 7	ALL	Number of service user reviews that have resulted in increase in care
ACT 8	ALL	Number of service user reviews who care plan has remained the same
ACT 9	ALL	Number of care calls in reporting period that are less than 30 mins
ACT 10	ALL	Number of service user care requests acknowledged in 2 working days
ACT 11	ALL	Number of service users who regularly access activities in the community

ACT 12	ALL	Number of complaints
ACT 13	ALL	Number of complaints relating to service users care
ACT 14	ALL	Number of call cancellations / missed calls by provider
ACT 15	ALL	Number of call cancellations / missed calls by service user (less than 48 hours notice)
ACT 16	ALL	Number of calls extended / additional calls (unplanned)
ACT 17	ALL	Number of service users with a positive behaviour support plan
DTOC	ALL	DTOC number for providers area
CQC	ALL	CQC Rating
	LOT 1 – Provision of Care by Geographical Lot – Additional Activity Data	
	LOT 1	Number of new care packages accepted in reporting period
	LOT 1	Number of new care packages offered in reporting period
	LOT 1	Number of care packages ended in reporting period
	LOT 1	Number of care packages not meeting timescale in reporting period
	LOT 1	Number of care packages declined in reporting period

	LOT 2 – Provision of Care through Service User Choice - Additional Activity Data	
	LOT 2	Number of care packages offered in reporting period
	LOT 2	Number of care packages accepted in reporting period
	LOT 2	Number of care packages ended in reporting period
	LOT 3 - The provision of care at Ashby Meadows Extra Care Scheme - Additional Activity Data	
	LOT 3	Number of new care packages accepted in reporting period
	LOT 3	Number of new care packages offered in reporting period
	LOT 3	Number of care packages ended in reporting period
	LOT 3	Number of care packages not meeting timescale in reporting period
	LOT 3	Number of care packages declined in reporting period
	LOT 4 – Complex Physical / Neurological Conditions - Additional Activity Data	
	LOT 4	Number of new care packages accepted in reporting period
	LOT 4	Number of new care packages offered in reporting period
	LOT 4	Number of care packages ended in reporting period

	LOT 4	Number of service user reviews that have resulted in reduction in care
	LOT 5 - Complex Learning Disability and / or Autistic Spectrum Disorder - Additional Activity Data	
	LOT 5	Number of new care packages accepted in reporting period
	LOT 5	Number of new care packages offered in reporting period
	LOT 5	Number of care packages ended in reporting period
	LOT 5	Number of physical interventions during reporting period
	LOT 5	Number of staff trained to undertake physical interventions
	LOT 6 – People with Mental Health Conditions - Additional Activity Data	
	LOT 6	Number of physical interventions during reporting period
	LOT 6	Number of staff trained to undertake physical interventions
	LOT 6	Number of service user reviews that have resulted in reduction in care
	LOT 6	Number of new care packages accepted in reporting period
	LOT 6	Number of new care packages offered in reporting period
	LOT 6	Number of care packages ended in reporting period

Lot 7 – Provision of Roving Nights - Additional Activity Data		
	LOT 7	Number of new care packages accepted in reporting period
	LOT 7	Number of new care packages offered in reporting period
	LOT 7	Number of care packages ended in reporting period
	LOT 7	Number of care packages not meeting timescale in reporting period
	LOT 7	Number of care packages declined in reporting period
Service User Review Activity Data		
ACT 18	ALL	Number of service users who reported at point of review feel they have involvement in the decisions around their care and support is good or better
ACT 19	ALL	Number of service users who reported at point of review that the quality of life and support they receive is good or better
ACT 20	ALL	Number of service users who reported at point of review say that the choice and control they have over the support they receive
ACT 21	ALL	Number of service users who reported at point of review that their views were fully included in the support plans
ACT 22	ALL	Number of service users who reported at point of review feel they are treated with dignity respected in the care that they receive
ACT 23	ALL	Number of service users who reported at point of review feel safe and secure
ACT 24	ALL	Number of service users at point of review reported that they have as much social contact as they would like
ACT 25	ALL	Number of service users at point of review said that they have consistent care staff

Workforce and Management Oversight Activity Data		
ACT 26	ALL	Number of policies that were up to date at the end of the reporting period
ACT 27	ALL	Total number of polices required
ACT 28	ALL	Number of staff with a DBS check at the end of the monitoring period
ACT 29	ALL	Percentage of staff force that have completed mandatory training
ACT 30	ALL	Total number of staff with up to date safeguarding training
ACT 31	ALL	Total number of staff that have received Mental Capacity Act Training
ACT 32	ALL	Total number of staff that have received DOLs Training
ACT 33	ALL	Total number of staff that have received Medication Training
ACT 34	ALL	Total number of staff that have received PEG Training
ACT 35	ALL	total number of staff at period end
ACT 36	ALL	Total number of staff recruited in reporting period
ACT 37	ALL	Total number of staff resignations in reporting period
ACT 38	ALL	Total number of staff that have up to date supervision at the end of the period

ACT 39	ALL	Number of new care packages accepted in reporting period
ACT 40	ALL	Number of new care packages offered in reporting period
ACT 41	ALL	Number of care packages ended in reporting period

Financial Data Validations

The provider is required to submit 4 weekly data with date periods that match the payment schedule. The data detailed below should be submitted in an excel format to the Commissioner within 14 days of the end of the period.

Excel Column Heading	Contents
ID	The Service Users Council Reference Number
Surname	The Service Users Surname
Forename	The Service User Forename
DOB	The Service User Date of Birth (Format DD/MM/YYYY)
Lot	The framework Category Lot number
Hours Contract	The number of hours contracted within period
Hours Delivered	The number of hours delivered within period
Notes	A brief narrative of any difference between the contract hours and delivered hours
Contract Cost	The cost the provider believes is chargeable under the contract within period

This data will be used to validate the payments in accordance with the terms and conditions of this framework. Any variations between the provider data submission and the council's data will be investigated with adjustments to the payments systems made accordingly.

The number and type of discrepancies will be recorded for consideration within the quarterly performance reviews.