Proposed Performance Measures 2019-22

1.0 INTRODUCTION

1.1 This paper sets out the proposed performance measures that the Care Inspectorate plans to use to measure its progress towards the strategic objectives set out in the Corporate Plan 2019-22.

2.0 PERFORMANCE MEASURES FOR 2019/20

2.1 **How we have selected our performance measures**
Each of our proposed performance measures can be linked to one or more of our corporate plan strategic outcomes.

When developing our measures, as well as linking them to our strategic outcomes, we considered the dimensions of the Balanced Scorecard[1], with the aim of including a set of measures that would include:
- Customer perspective
- Key internal processes
- Capacity to learn and improve
- Outcome and impact/ Financial

Considering the balanced scorecard dimensions has helped us look at our performance from a number of different and equally important perspectives, and to demonstrate the links between our strategic outcomes, objectives and measures.

The relationships between our Strategic Outcomes, Strategic Objectives and Performance Measures is shown diagrammatically in the Performance Measurement Map in Appendix A. This map also illustrates the relationships between the balanced scorecard perspectives and our measures and objectives.

The colours used throughout this document for the 3 strategic outcomes links directly to the colours in the Corporate Plan to aid understanding.

2.2 **Types of measure**
We will report publicly using two kinds of measure:

- **Key Performance Indicators (KPIs),** which are specific and quantifiable measures against which the Care Inspectorate's performance can be assessed, and
- **Key Outcome Indicators (KOIs** (previously called Monitoring Measures (MM)) which are measures that the Care Inspectorate aims to influence by its work, but which it may have limited control over. As the regulator for social care and social work in Scotland, there are many aspects of care we

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[1] Kaplan, Robert; Norton, D.P. (1996) The Balanced Scorecard: Translating Strategy into Action. Boston, MA: Harvard Business School Press

aim to influence, but that are not within our direct control. The National Audit Office considered the unique challenges faced by regulators when developing performance measures in their good practice guide "Performance measurement by regulators"[2]. Having considered this, we have identified a set of measures that are important for the Care Inspectorate to track, and aim to influence, but over which we have limited impact. We will refer to these as **Key Outcome Indicators (KOIs)** and, although we will monitor them, we will not set targets for KOIs.

2.3 A summary table of our proposed new performance measures is shown in Appendix B, and a comparison with previous performance measures is given in Appendix C. Note that the table in appendix B is organised around the three strategic outcomes in our new corporate plan (2019-2022) while appendix C is organised under the four strategic objectives in our previous corporate plan. Where we propose to drop an indicator, we have noted in appendix C whether we intend to continue to report on that measure internally, or through a different route to the Board.

Additional performance measures
The KPIs and KOIs have been selected so that they inform the Board of the overall performance of the Care Inspectorate in addition to this. A range of other relevant performance measures will also be used as management information within the Care Inspectorate.

Selecting robust, unambiguous measures
In addition to this paper, the Care Inspectorate Executive Group will approve a detailed performance measurement framework, which will set out each measure in further detail to ensure all indicators have a clear description, target, definition and purpose. This will ensure that the reason for using the measure is clear, and that there are no ambiguities in how the measure will be calculated.
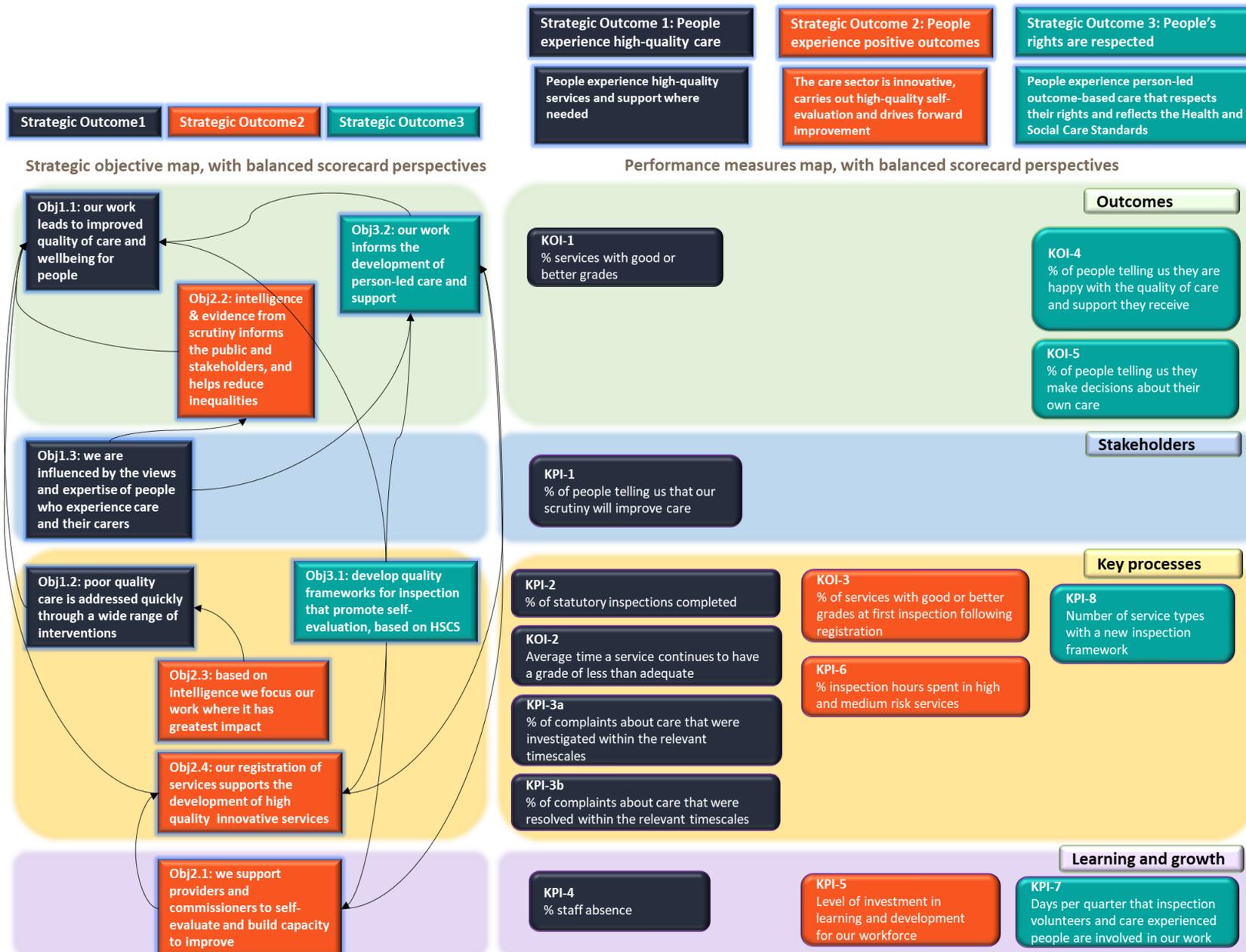
Keeping indicators under review
While it is desirable to keep changes to our measures as consistent as possible for the lifetime of this corporate plan, we will review the measures and targets each year to ensure they remain relevant and bring any essential changes back to the Board for consideration and approval.

List of Appendices

Appendix A   Performance measurement map
Appendix B   Summary of proposed performance measures – Key Performance Indicators and Key Outcome Indicators
Appendix C   Comparison of performance measures for our new Corporate Plan with our current Corporate Plan

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[2] National Audit Office (2016) Performance measurement by regulators NAO

APPENDIX A: Performance measurement map – showing the relationship between Strategic Outcomes, Strategic Objectives and Performance Measures. The measures and objectives are also mapped onto the balanced scorecard perspectives, shown as horizontal bands under the headings of Outcomes, Stakeholders, Key Processes and Learning and Growth.

Strategic Outcome 1: People experience high-quality care

People experience high-quality services and support where needed

Strategic Outcome 2: People experience positive outcomes

The care sector is innovative, carries out high-quality self-evaluation and drives forward improvement

Strategic Outcome 3: People's rights are respected

People experience person-led outcome-based care that respects their rights and reflects the Health and Social Care Standards

Strategic Outcome1 **Strategic Outcome2** **Strategic Outcome3**

Strategic objective map, with balanced scorecard perspectives

Performance measures map, with balanced scorecard perspectives

Outcomes

Obj1.1: our work leads to improved quality of care and wellbeing for people

Obj3.2: our work informs the development of person-led care and support

Obj2.2: intelligence & evidence from scrutiny informs the public and stakeholders, and helps reduce inequalities

KOI-1 % services with good or better grades

KOI-4 % of people telling us they are happy with the quality of care and support they receive

KOI-5 % of people telling us they make decisions about their own care

Obj1.3: we are influenced by the views and expertise of people who experience care and their carers

Stakeholders

KPI-1 % of people telling us that our scrutiny will improve care

Obj1.2: poor quality care is addressed quickly through a wide range of interventions

Obj3.1: develop quality frameworks for inspection that promote self-evaluation, based on HSCS

Key processes

KPI-2 % of statutory inspections completed

KOI-3 % of services with good or better grades at first inspection following registration

KPI-8 Number of service types with a new inspection framework

KOI-2 Average time a service continues to have a grade of less than adequate

KPI-6 % inspection hours spent in high and medium risk services

Obj2.3: based on intelligence we focus our work where it has greatest impact

KPI-3a % of complaints about care that were investigated within the relevant timescales

Obj2.4: our registration of services supports the development of high quality innovative services

KPI-3b % of complaints about care that were resolved within the relevant timescales

Learning and growth

Obj2.1: we support providers and commissioners to self-evaluate and build capacity to improve

KPI-4 % staff absence

KPI-5 Level of investment in learning and development for our workforce

KPI-7 Days per quarter that inspection volunteers and care experienced people are involved in our work

APPENDIX B – Summary of proposed performance measures

Strategic Outcome 1: People experience high-quality care

Type New No change	Measure	Target (KPIs only)	Purpose	Comments	Implementation timescale
KOI-1	% services with good or better grades	n/a	To monitor the availability of good quality care across Scotland over time.		Immediate
KPI-1 [KPI-2]	% of people telling us that our scrutiny will improve care	90%	Demonstrates the perceived impact of our work, and an indication of the level of assurance it gives people most affected by it.	Currently based on returns from a sample of around 2,000 inspections of registered services each year. We will seek to expand this to other key processes (registration and complaints) and to strategic inspections.	Immediate for regulated care inspections
KPI-2 [KPI-1]	% of statutory inspections completed	99%	Evidences that the Care Inspectorate is meeting its statutory inspection obligations, and as a result provides assurance around services for some of the most vulnerable people experiencing care.		Immediate
KOI-2	Average time a service continues to have a grade of less than adequate	n/a	Where services fall below adequate standards, we act quickly along with services and other partners to ensure the best outcomes as quickly as possible for the people experiencing that care.	Further work indicates that, on average (mean) services with poor grades have been in that position for around 10 months. There is considerable variation with some services waiting much longer, and others having only just moved below adequate.

Note that we expect our staff to encourage services to achieve sustainable improvement before increasing a grade, therefore we would not expect the average to fall considerably. | Immediate |

APPENDIX B – Summary of proposed performance measures

				Our initial expectation is that the average will remain between 10 and 12 months.	
KPI-3a [KPI-5a]	% of complaints about care that were investigated within the relevant timescales (Full CI investigation only)	80%	To demonstrate the efficiency with which the Care Inspectorate completes full investigations of complaints.	Current timescale is within 40 days.	Immediate
KPI-3b [KPI-5b]	% of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)	80%	Focusses on the end-to-end time it takes to resolve complaint to resolution, including direct service action and full investigation.	Current timescale is within 40 days.	Immediate

KPI-4 [KPI-7]	% staff absence	3.8%	We provide a healthy workplace and staff absence is low, in turn ensuring staff have the capacity to deliver on our outcomes. This measure relates to our capacity to deliver our key processes and, although it particularly supports the delivery of objectives under strategic outcome 1, it will also underpin deliver of the other two strategic outcomes.	Note: We are in the process of implementing a new HR system which will collect this data, although it is currently a manual process. When the system is implemented, the change in recording may affect these figures.
				
				We will present this data over time using a control chart, which will draw attention only to any unexpected patterns in the data, rather than the routine variation we observe from quarter to quarter. In addition, we propose using the CIPD public sector benchmark of 3.8% for external comparison.
				
				Recent end of year figures were:
				  17/18 18/19
				  4.5% 4.1%
					Immediate

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Strategic Outcome 2: People experience positive outcomes

Type New No change	Measure	Target	Purpose	Comments	Implementation timescale
KOI-3 [MM-7]	% of services with good or better grades at first inspection following registration	n/a	Our registration process is designed to increase the likelihood that that newly registered services are of good quality.	Similar to previous Monitoring Measure (MM)-7. Note that the move to new inspection frameworks reflecting the new Health and Social Care Standards is likely to impact on grades.	Immediate
KPI-5	Level of investment in learning and development for our workforce	Baseline year	Shows the level of investment in our staff, which in turn will enable us to deliver our objectives and outcomes.	Measure will be taken from our strategic workforce plan which is currently under development. Initial measure is likely to focus on investment in our staff (eg development days per staff member).	First report will be on Q4 (ending 31 March 2020)
KPI-6 [MM-3]	% inspection hours spent in high and medium risk services	25%	To ensure that we remain focussed on those services we are most concerned about.	The introduction of the new Scrutiny Assessment Tool (SAT) to replace the RAD (Risk Assessment Doc) may affect the proportion of services that are medium or high risk. We will monitor this as the SAT is introduced and make any recommendations for changes to this measure for 2020/21. Recent end of year figures were **17/18 18/19** 28% 27% Taking account of changes from RAD to SAT, we propose a target of 25% of inspection hours.	immediate

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Strategic Objective 3: People's rights are respected

Type New No change	Measure	Target	Purpose	Comments	Implementation timescale
KOI-4 [MM-9]	% of services with >90% of people telling us they are happy with the quality of care and support they receive	n/a	To ensure we listen to the views of people experiencing care about the quality of care they experience.	Has historically remained above 90%. New surveys, including online surveys, will be introduced over the next 3 years which may affect the response. Relates to registered services only.	Immediate
KOI-5	% of services with majority of people telling us they make decisions about their own care	n/a	People should be encouraged and enabled to make choices about their care, and the care of their relatives. This indictor shows the extent to which services are delivering person-led care.	Measure will summarise responses to specific key questions asked in Care Standards Questionnaires and new Care Surveys.	Report on in Q4, and use to develop a baseline for 2020/21
KPI-7	Days per quarter that inspection volunteers and care experienced people are involved in our work	Baseline year	We involve people with experience of care in our work in many different ways, ensuring that we remain focussed on what matters to people experiencing care.	This will be an initial baseline year during which we will collect data to set a target for future years and refine the measure if required.	Implement data capture in Q3, report in Q4 and use to develop target for 2020/21
KPI-8	Number of service types with a new inspection framework	11 service types covered by 31March 2020	Our new frameworks ensure we remain focussed on outcomes for people. Based on current plan, by 31 March 2020, there should be 7 Frameworks in place covering 11 different types of service.	Target is based on the planned number of service types to have a new framework in place each year. Quarterly Board reports will focus on the number expected each quarter against the number delivered.	Immediate.

APPENDIX C - Comparison of performance measures for our new corporate plan with our current corporate plan

Performance Indicator	Keep/drop/revise	New ref	Notes
Strategic Objective 1			
KPI 1 - % of statutory inspections completed	keep	KPI-2	
KPI 2A and 2B - % of providers, health and social care partnerships, people who use care services and their carers who tell us that scrutiny interventions help services to improve	keep	KPI-1	
MM 1 - % services where grades have improved (or good grades maintained) since the last inspection	revised	KOI-1	Revised to become "% services with grades of good or better"
MM 2 – Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence	drop		This is similar to old MM-3/new KPI-6, see below.
MM 3 - % of inspection hours spent in high and medium risk services	keep	KPI-6	
MM 4 - % hours spent on improvement activity	drop		Drop - Data collection for improvement activity is poorly defined and has proved difficult to collect meaningfully. If we were to continue to use this measure, we would need to define and impose much stricter definitions and quality assurance processes.
MM 5 - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	drop	KOI-1 KOI-2	Propose to replace this with new KOI-1 and new KOI-2 which assess the availability of high-quality care and the average time services continue to have below adequate grades.
MM 6 - % of registration applications that do not proceed due to concerns about ability to provide a quality service	drop		There are no systems in place to record this data and it does not represent a robust or clear performance measure.
MM 7 - % newly registered services with requirements made / poor grades at the first inspection	revised	KOI-3	Slight change to become new KOI-3 "% services good of better at first inspection following registration"

APPENDIX C - Comparison of performance measures for our new corporate plan with our current corporate plan

Performance Indicator	Keep/drop/revise	New Ref	Notes
Strategic Objective 2			
KPI 3 - % of people who say our national reports and publications are useful	drop		Collection of this data has proven difficult to achieve in sufficient quantities to achieve meaningful and unbiased responses (only 18 responses in total in 18/19 out of potentially thousands of readers, based on hits). We will continue to seek and respond to feedback about our publications.
Strategic Objective 3			
KPI 4 - % inspections involving an inspection volunteer	drop	KPI-7	Propose an alternative KPI-7 which counts the number of days of inspection volunteer and care experience people input per quarter against a benchmark that we will calculate from data collected this year. This will reflect the wider opportunities available for volunteers to influence our work.
KPI 5 - % of complaints about care that are investigated within the relevant timescales	keep	KPI-3a/b	
MM 8 - % of complaints about the Care Inspectorate that are resolved through front line resolution	drop		Small numbers make it difficult to interpret variation. Six-monthly reports on learning from complaints are considered at EG.
MM 9 - % services with >90% of respondents happy or very happy with the quality of care	keep	KOI-4	
MM 10 - % of complainants who tell us their complaint was resolved fairly and care improved	drop		Over time, we expect to develop new feedback mechanisms to capture the views of complainants and would incorporate these into KPI-1. However, these are not currently in place.
MM 11 - Number of people whose views are heard as part of our scrutiny and improvement activities	drop		This was effectively a count of the numbers of people who in some way gave us their views about services or about our work, and it was difficult to interpret any variation in that count. We will continue to capture these views, and report on them under a number of new indicators, as well as in updates on the implementation of our involving people plan.
MM 12 - The number of people using services and carers that inspection volunteers speak with	drop		The involvement team continue to collect this data, and it will be included where appropriate as context in our performance reports, and when we report on the implementation of our involving people plan.

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Performance Indicator	Keep/drop/revise	New Ref	Notes
Strategic Objective 4			
KPI 6 - % of registration applications that are completed within time following payment of the relevant fee, clearly differentiating between any internal and external delays.	drop		Focus of new KOI-3 is on the successful outcome of the registration process rather than on timescales. Internal monthly management reports will continue to report on completion of new registrations within timescales.
KPI 7 - Staff absence rate, segmented by type	keep	KPI-4	
KPI 8 - Staff vacancy levels, segmented by inspector / non inspector	drop		Measurement and interpretation of vacancy levels has proved problematic due to re-deployment of workforce to best meet the needs of the organisation on both temporary and permanent bases. New KPI-4 (staff absence) and KPI-5 (investment in staff development) will indicate whether we have sufficient capacity and capability to deliver our objectives.
KPI 9- Complaints about CI completed within SPSO-recommended timescales	drop		Small numbers make it difficult to interpret variation or set appropriate targets. Six-monthly reports on learning from complaints are considered at EG.
KPI 10 - % of agreed audit recommendations that are met within timescale	drop		This information is already considered in detail by the audit committee.
MM 13 - Number of grievances, dignity at work cases, and disciplinary hearings, with information on whether or not they are upheld	drop		Very small numbers (6 for all of 18/19) make measures unreliable as indicators of performance. Purpose to report this to Board outwith this performance framework through HR update reports.