

Performance Measurement Framework 2019/20

Final

1.0 INTRODUCTION

The Care Inspectorate is a non-departmental public body (NDPB). Its functions, duties and powers are set out in legislation in the Public Services Reform Act (Scotland) 2010.

As an NDPB, the Care Inspectorate has its own Board which reports to Scottish Government ministers through a sponsor branch. It has a Corporate Plan for 2019-22, approved by the Board on 15 August 2019, which sets out the organisation's strategic outcomes, objectives and associated performance measures. These performance measures reflect the overall performance and impact of the Care Inspectorate.

We report publicly against these measures at quarterly public Board meetings, the papers for which are available on the Care Inspectorate website, and in its annual report and accounts.

As a public body, we are expected to consider our contribution to Scotland's National Performance Framework – and this is set out in our corporate plan.

In setting up this framework we have taken account of a number of recent, relevant publications including "Performance measurement by regulators" (National Audit Office)¹, "Performance Frameworks and Board Reporting II" (National Audit Office)² and "Impact of the CQC on provider performance" (King's Fund and Alliance Manchester Business School)³.

2.0 Performance Framework for 2019/20

2.1 Background

This section explains some of the terms used in this paper, and the approaches we have taken to develop our performance framework and measures.

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 or MMs) 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 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"¹. Having considered this, we

¹ National Audit Office (2016) Performance measurement by regulators NAO

² National Audit Office (2011) Performance frameworks and Board reporting II NAO

³ The King's Fund and Alliance Manchester Business School (2018) Impact of the Care Quality Commission on provider performance: room for improvement?

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.

Our performance measures are part of a wider performance framework, which links together all of the different elements of performance measurement including the people involved, the information required and the systems and processes that need to be in place.

The NAO^{1,2} propose that an effective performance measurement framework will be based on six core principles:

Focused on the regulator's aims and objectives. Any performance measures used should clearly map onto the regulator's objectives and priorities.

Appropriate to, and useful for, decision-makers within the organisation, and meeting the needs of stakeholders outside the organisation.

Balanced giving a picture of what the organisation is doing, covering all significant areas of work.

Robust for example to withstand organisational or personnel changes.

Integrated with the organisation's business planning and management processes.

Cost-effective balancing the benefits of performance information against the costs.

We have taken account of these principles in this framework and in the development of our measures.

2.2 Performance Measures for 2019/20

How we have selected our performance measures

An effective performance measurement system requires a robust and balanced set of KPIs and KOIs that will measure performance across the organisation. Each of our proposed performance measures can be linked to one or more of our corporate plan strategic outcomes (and associated strategic objectives) which are:

1. People experience high-quality services and support where needed.
2. The care sector is innovative, carries out high-quality self-evaluation and drives forward improvement.
3. People experience person-led outcome-focused care that respects their rights and reflects the Health and Social Care Standards.

When developing our measures, as well as linking them to our strategic outcomes, we considered the dimensions of the Balanced Scorecard⁴, with the aim of including a set of measures that would include:

- Customer perspective

⁴ Kaplan, Robert; Norton, D.P. (1996) The Balanced Scorecard: Translating Strategy into Action. Boston, MA: Harvard Business School Press

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- 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. It is important to note that in some cases measures may relate to more than one of the strategic objectives, in particular the measures about our internal growth and learning. In these cases, we have included them with the objective with the strongest association, but we will use them to help understand and drive performance across all strategic objectives.

The colours used throughout this document for the 3 strategic outcomes links directly to the colours in the Corporate Plan to aid understanding. We will carry this through into our regular performance reporting.

A summary table of our 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 have dropped 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.

Selecting robust, unambiguous measures

The detail of each measure is set out in Appendix D, and is accompanied by a description, target with associated traffic light rules, definition and purpose to ensure that the reason for using the measure is clear, and that there are no ambiguities in how the measure will be calculated and reported on.

For each indicator there is a note of:

- the source of the information, and any known problems that might affect the quality or availability of the required information
- any issues associated with each measure including highlighting any potential perverse incentives and how these may be mitigated
- links with other measures
- the resource implications of each measure, specifying whether or not additional resources were required to implement a measure or a change to a measure
- any actions that are required in order to measure performance.

Additional performance measures

The KPIs and KOIs have been selected so that they inform the Board of the overall performance of the Care Inspectorate. A range of other relevant performance measures will be reported to the relevant committees of the Board, to the Executive Group or used as management information within the Care Inspectorate.

2.3 Systems of reporting against our performance measures

A system of reporting is in place within the organisation to ensure that performance reports are issued to the Executive Group, the Board and its committees to support their functions.

Each director is assigned lead responsibility for reporting on key aspects of the corporate plan and associated performance measures.

Quarterly performance reporting

The Intelligence Team prepare a quarterly performance report each quarter which sets out performance against each of the agreed measures, and notes where performance deviates from expected levels, incorporating a traffic light system for highlighting areas of good and poor performance. Each report includes a summary of scrutiny interventions. Any explanation of performance and action planned to mitigate poor performance is added by the relevant director, along with a summary of action taken over the quarter to deliver the corporate plan outcomes. The full report is then submitted to the Executive Group (EG) for final approval before being submitted to the public Board meeting.

Monthly and local management reporting

In addition, the Intelligence Team provide monthly reports on performance around our key processes, namely Inspection, Registration (including variation) and Complaints. These reports present information at disaggregated levels and are made available to all staff via our intranet. These are discussed at EG regularly to ensure that prompt action can be taken if required to keep our performance on track.

To assist with local performance management in inspection teams, we have a suite of local management information reports, which staff can run directly from the RMS system when they wish, and which will give them a real time overview of their inspection work. In addition, we have a capacity planning tool which helps team managers plan their team's work based on their capacity in terms of available hours. Again this provides a real time overview of their inspection work. We are developing similar tools for complaints and registration.

The above local management reports include some KPIs alongside a range of other operational measures. Our methods of generating these reports ensure that we have common consistent definitions, maintaining the link between strategic and operational measures.

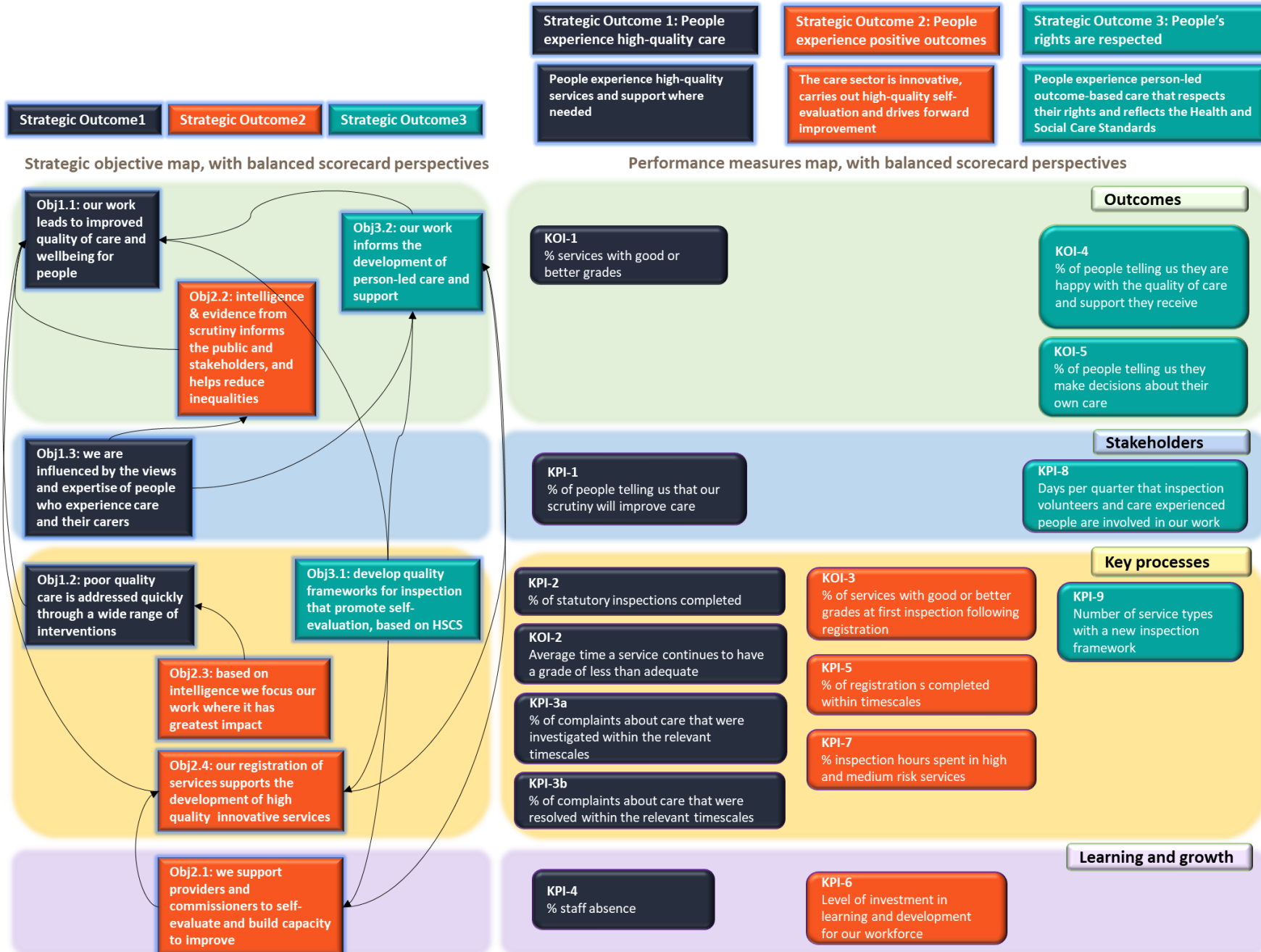
Keeping indicators under review

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 Key Performance Indicators and Key Outcome Indicators
Appendix C	Changes to performance measures 2018/19 to 2019/20
Appendix D	Full details of performance measures 2019/20

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.



APPENDIX B – Summary of Key Performance Measures and Key Outcome 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. We expect to see a decreasing trend over time and will set a baseline using 18/19 data for comparison with future years.	Immediate

APPENDIX B – Summary of Key Performance Measures and Key Outcome Measures

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 delivery of the other two strategic outcomes.	<p>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.</p> <p>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.</p> <p>Recent end of year figures were:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>17/18</td> <td>18/19</td> </tr> <tr> <td>4.5%</td> <td>4.1%</td> </tr> </table>	17/18	18/19	4.5%	4.1%	Immediate
17/18	18/19								
4.5%	4.1%								

APPENDIX B – Summary of Key Performance Measures and Key Outcome Measures

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 [KPI-6]	% of registration applications completed within timescales	80%	Our registration process is efficient and we deal with applications promptly, once we have received the necessary information and relevant fee.	Timescales are: 3 months for childminders, 6 months for all other service types.	Immediate
KPI-6	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. Although included under strategic outcome 2, also underpins delivery of the other two strategic 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 initially (eg development days per staff member), with a view to moving to a measure that focuses on impact of this investment in the final year of this corporate plan.	First report will be on Q4 (ending 31 March 2020)
KPI-7 [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	immediate

APPENDIX B – Summary of Key Performance Measures and Key Outcome Measures

				<p>this measure for 2020/21. Recent end of year figures were: 17/18 18/19 28% 27%</p> <p>Taking account of changes from RAD to SAT, we propose a target of 25% of inspection hours.</p>	
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APPENDIX B – Summary of Key Performance Measures and Key Outcome Measures

Strategic Outcome 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 indicator 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-8	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-9	Number of service types with a new inspection framework	11 service types covered by 31 March 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

This table shows the Key Performance Indicators (KPIs) and Monitoring Measures (MMs) under the 4 strategic objectives from the previous corporate plan, and links them to the new measures for 2019/20 where appropriate.

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-7, see below.
MM 3 - % of inspection hours spent in high and medium risk services	keep	KPI-7	
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 or better at first inspection following registration"

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

corporate plan This table shows the Key Performance Indicators (KPIs) and Monitoring Measures (MMs) under the 4 strategic objectives from the previous corporate plan, and links them to the new measures for 2019/20 where appropriate.

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-8	Propose an alternative KPI-8 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.

APPENDIX C - Comparison of performance measures for our new corporate plan with our current corporate 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.	keep	KPI-5	
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-6 (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. Propose to report this to Board outwith this performance framework through HR update reports.

APPENDIX D - Details of performance measures 2019/20

Strategic outcome 1: People experience high-quality services and support where needed

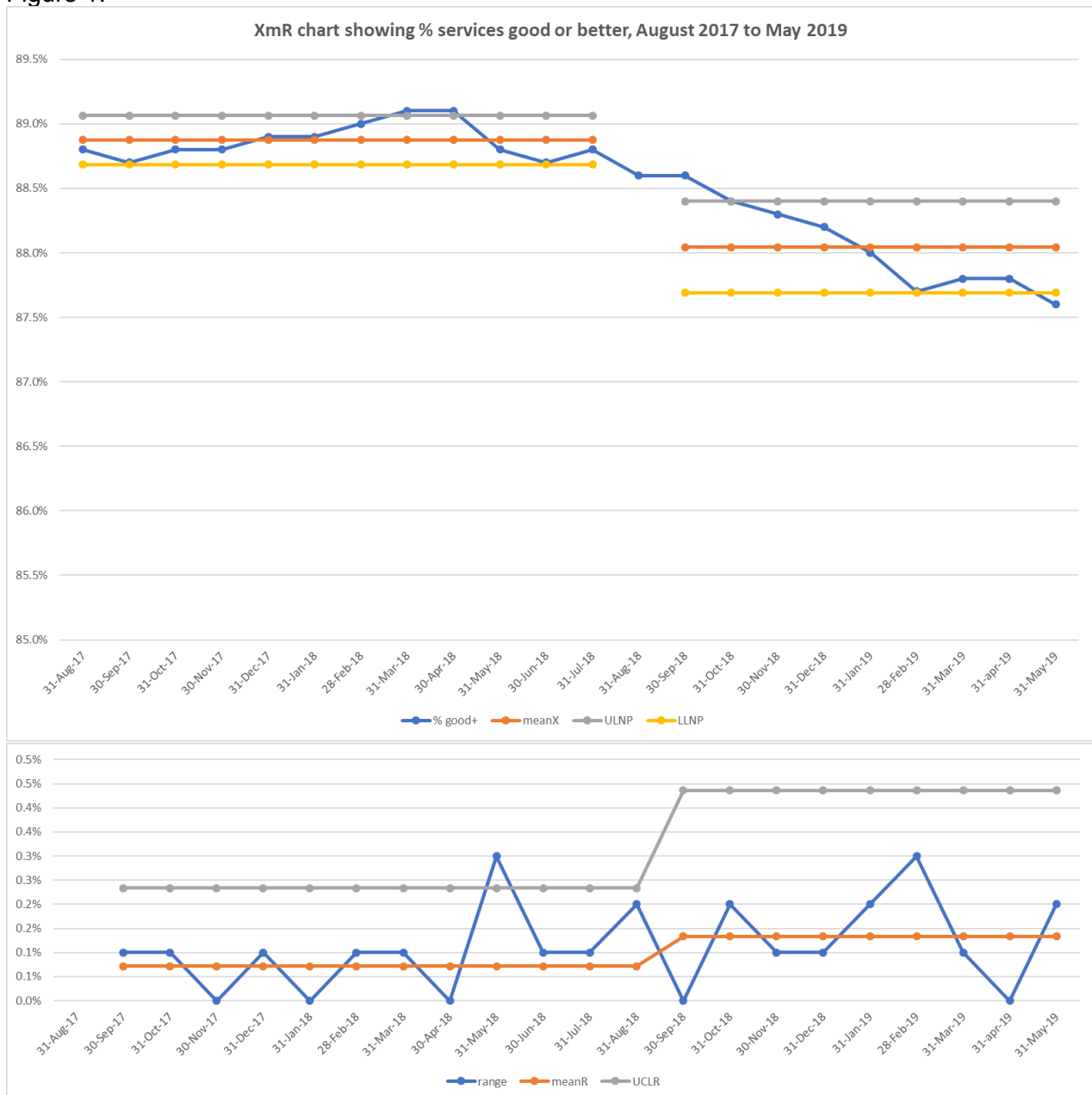
KOI-1 Care services provide good quality care
Measure: % services good or better over time

Target: not set for KOIs, but trend monitored over time.

The % of services good or better is currently just over 87%, having fallen by around 1 percentage point over the past year, most likely caused by the introduction of the new Health and Social Care Standards and the new Framework for care homes for older people. The introduction of further new frameworks may see the % of services good or better fall further as a result of the renewed focus on outcomes for people. Figure 1 uses an XmR chart to illustrate the small but significant change that has taken place over the past year and illustrates that this is not yet stabilised.

Focus: External - performance of services.

Figure 1:



APPENDIX D - Details of performance measures 2019/20

Purpose: The work of the Care Inspectorate is aimed at improving the standard of care across Scotland. This indicator will show the prevalence of good quality care in Scotland and improvements in this over time and enable us to consider whether our work is having the desired impact on the quality of care. It is worth noting that initially this may mean a fall in % services good or better as new frameworks, focussed on the new HSC standards, are introduced.

Definitions:

- All services with a published grade at the end of each quarter will be included.
- Some breakdown by service type may be included periodically to demonstrate the variation in this measure by type of service.

Reporting Frequency: quarterly

Traffic light bands: not used for KOIs

Source: RMS, IRT and re-grading tools

Links: Consider alongside KPI-9 (may be affected by introduction of new frameworks); KOI-2 (time a service continues to have grade less than adequate); KOI-4 (% people happy with the quality of care).

Issues: At a time when our methodologies are under development, it is likely that grading will be affected as the new frameworks are rolled out. Trends will be explained in the context of any changes and should be interpreted with caution.

Resources: No additional resources required.

Action: Staff awareness raising to ensure that staff record accurate and timely data, and follow our procedures for grading and re-grading.

KPI-1 Our Customers believe our scrutiny is effective

Measure: % of people telling us that our scrutiny will improve care

Target: 90%

Focus: Internal - on the Care Inspectorate's performance

Purpose: This measure provides an indication of the level of assurance people take from our work, and their confidence in the impact our work has on quality of care.

Definitions: number respondents who agree/strongly agree with the question "the quality of care will improve (or high quality maintained) as a result of this inspection" – as a % of all responses to that question.

Reporting Frequency: Quarterly reports to Board.

Traffic light bands: Monthly, Quarterly and Annual reports: red - <80%, amber – 80 to 89%, green – 90% and over

Source: Inspection Satisfaction Questionnaires (ISQs)

Links: will be affected by the volume of inspections completed (KPI-2 statutory inspections) and potentially by the introduction of new inspection frameworks (KPI-9)

Issues: Currently based on returns from a sample of around 2,000 inspections of registered services each year. The response rates have been reducing over time, and we must reinforce the need to use these questionnaires when they are included in the sample, to ensure this measure remains meaningful

APPENDIX D - Details of performance measures 2019/20

and representative. We will seek to expand this to other key processes (registration and complaints) and to strategic inspections.

Resources: No additional resources required.

Action: Remind scrutiny and assurance teams and business support teams to use these questionnaires when they are included in the sample. Highlight the detailed quarterly analysis of these questionnaires to S&A teams. Develop costed proposals to expand to include other key processes.

KPI-2 We are meeting our statutory inspection obligations

Measure: % of statutory inspection completed

Target: 99%

Focus: Internal - on the Care Inspectorate's performance

Purpose: By having a physical presence in care services on a regular basis, we not only help to identify where services can improve, but we also offer the public assurance that comes with an independent inspector regularly visiting their care services.

This indicator focusses on our statutory visit – ie the one inspection every twelve months that we must, by law, make to all care homes, care at home and secure accommodations services.

This KPI reflects whether we met the minimum inspections we are required to do as set out in the legislation. We will report on this measure each month/quarter as:

- the percentage of these services that were registered at 1 April 2019 that have had an inspection completed by the end of the month/quarter.
- This measure will only include the first inspection of the year and will include those inspections that were completed but may have gone beyond the “last possible inspection date” in the inspection plan.
- This % is likely to be low at the start of the year and increase through the year. Therefore, the target for each month will be set at 1/12th of the total number of inspections to be done for the whole year.
- This will be reported on a monthly basis to EG and quarterly to the Board.
- At the end of the year, the final figure will be recalculated to remove all cancelled and inactive services from both the number of statutory inspections completed and the target.

Definitions: Inspections with a “date completed” that falls within the reporting period are included in the number of inspections completed. This includes inspections started in a previous period. Services that have cancelled or become inactive are excluded from this count. All first inspection of Care homes, care at home and secure accommodation services are included.

Reporting Frequency: Monthly management information; Quarterly reports to Board.

Traffic light bands: Monthly, Quarterly and Annual reports: red - <95%, amber – 95 to 99%, green – 99% and over

Source: RMS IRT and WMT

Links: Measure should be considered along-side KOI-2 (how long services remain poor quality) and KPI-7 (% hours in high risk services). When resources are limited, high achievement against this indicator (KPI-2) may be at the expense of KOI-2 and KPI-7. In addition, KPI-4, the staff absence rate may affect the staff resources available to complete inspections.

Issues: Any changes to inspection methodology or definition of inspections may affect performance against this indicator.

Resources: No additional resources required.

Action: None identified.

APPENDIX D - Details of performance measures 2019/20

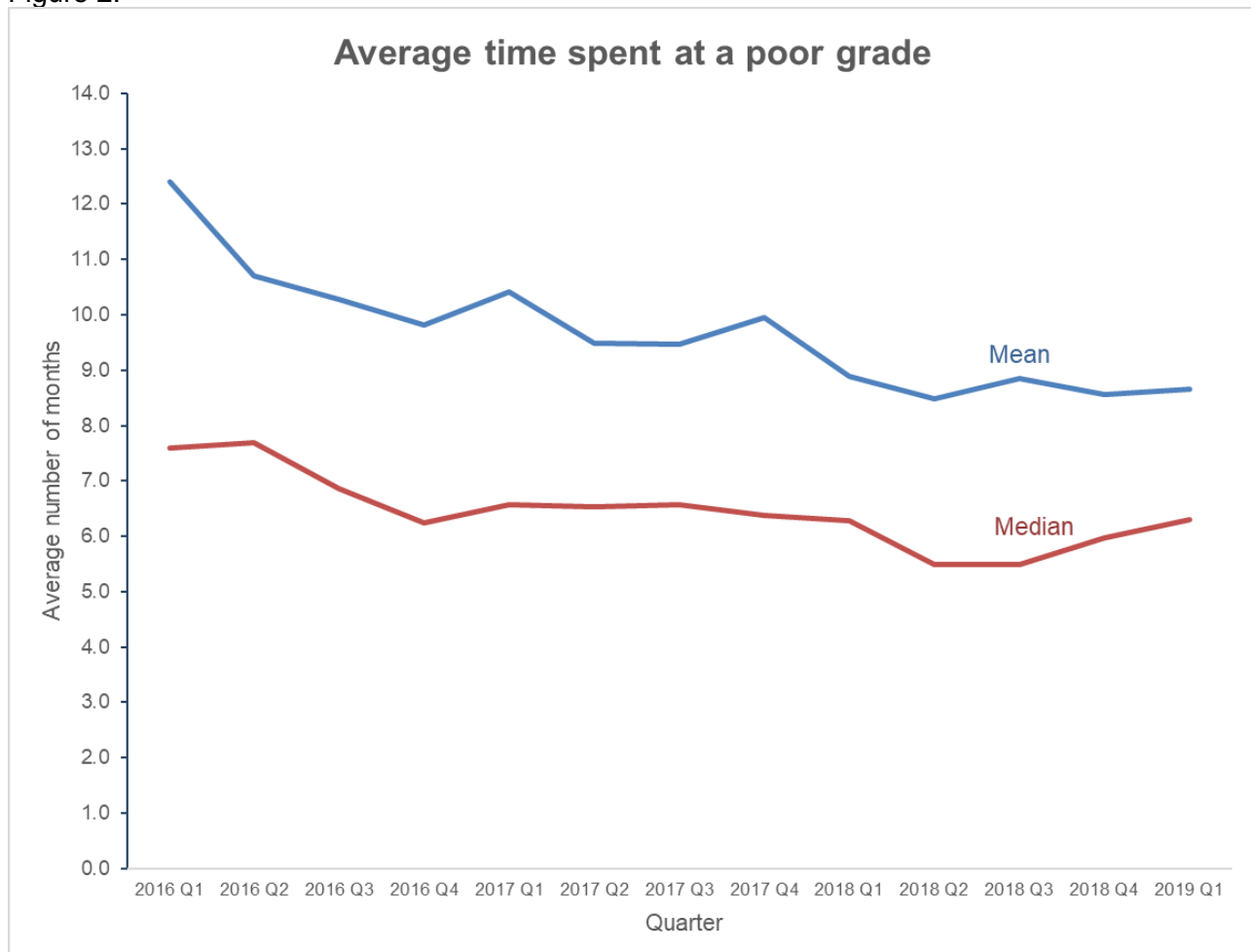
KOI-2 How quickly less than adequate care improves

Measure: Average time a service continues to have at least one grade less than adequate

Target: not required for KOI but expect the trend to decrease over time.

Figure 2 indicates that on average (mean) services with poor grades have been in that position for around 10 months. Note that there is considerable variation masked by the average value - some services have been in this position considerably longer, and others have only just moved below adequate. However, the data presented below does appear to have been relatively stable for the past year and can be used as a benchmark for the coming year.

Figure 2:



Focus: Internal - on the Care Inspectorate's performance

Purpose: Where services fall below an adequate standard, we act quickly along with services and other partners to ensure the best outcomes as quickly as possible for the people experiencing that care.

Definitions: This indicator includes only grades that have been published at the time of extracting the data. The time spent will be calculated using the date of the inspection where the grade below adequate was first given, and the date of inspection where there was no longer a grade below adequate

Reporting Frequency: Quarterly reports to Board.

Traffic light bands: not used for KOIs

Source: RMS IRT and WMT

APPENDIX D - Details of performance measures 2019/20

Links: This measure should be considered alongside KPI-7 and KPI-2 – more hours spent in high risk services such as those included in this KPI should enable services to improve quicker, but this may be at the expense of meeting statutory inspection targets.

Issues: Excessive operational focus on this measure could lead inspectors to prematurely increase grades rather than encouraging services to reach a point of sustainable improvement. We encourage our staff to allow services time to improve and have recently issued new guidance to inspectors to reinforce this approach.

Resources: No additional resources required.

Action: None required

KPI-3a

Measure: % of complaints about care that were investigated within the relevant timescales (Full CI investigation only)

Target: 80% complete within 40 working days

Focus: Internal - on the Care Inspectorate's performance

Purpose: To demonstrate the efficiency with which the Care Inspectorate completes full investigations of complaints.

Definitions: Includes only those complaints that are passed on for a full Care Inspectorate investigation. Time starts at the date of entering the investigation stage and ends on the date the resolution letter is sent. Calculation is based on working days only which excludes weekends, public holidays that the CI takes, and now includes the days over the Christmas period when our offices are closed.

Reporting Frequency: Monthly management information; Quarterly reports to Board; Annual report.

Traffic light bands: Monthly, Quarterly and Annual reports: red – <75%, amber – 75 to 79%, green – 80% and over

Source: Complaints app and PMS

Links: Measure should be considered alongside KPI3-b and KPI-4, staff sickness absence rates.

Issues: Current performance has dropped to 50% completed within timescales, therefore we have considered whether the target of 80% continues to be realistic. Reasons for this include staff vacancies, which takes time to resolve. In addition, the new complaints app and changes to procedures have, and will continue to affect performance both positively and negatively. It may be helpful to consider the more recent levels of variation in performance in a control chart and monitor that until the process begins to stabilise.

Resources: No additional resources required.

Action: Present data in a control chart which can be monitored to see if actions to improve performance are having a positive impact, even if target remains challenging.

APPENDIX D - Details of performance measures 2019/20

KPI-3b

Measure: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)

Target: 80% complete within 40 days

Focus: Internal - on the Care Inspectorate's performance

Purpose: Focuses on the end-to-end time it takes to resolve complaint to resolution, including direct service action and full investigation. This reflects the full range of customer experiences when they make a complaint. Improved performance in this measure can be achieved by increasing the proportion of complaints passed for direct service action as well as improving on the time taken to complete a full investigation.

Definitions: Includes all complaints that enter the investigation stage. Start date is the date entering the investigation stage and ends on the date of resolution. Calculation is based on working days only which excludes weekends, public holidays that the CI takes, and now includes the days over the Christmas period when our offices are closed.

Reporting Frequency: Monthly management information; Quarterly reports to Board; Annual report.

Traffic light bands: Monthly, Quarterly and Annual reports: red – <75%, amber – 75 to 79%, green – 80% and over

Source: Complaints app and PMS

Links: Measure should be considered alongside KPI-3a and KPI-4 (staff absence rates).

Issues: Current performance is 70% completed within timescales, keeping the target of 80% achievable. However, given the changes to the complaints process and the new complaints app, again it may be more helpful to consider the more recent levels of variation in performance in a control chart, and monitor that until the process begins to stabilise.

Resources: No additional resources required.

Action: Present data in a control chart which can be monitored to see if actions to improve performance are having a positive impact.

KPI-4 Staff absence

Measure: % staff sickness absence

Target: 3.8% benchmark for public services (CIPD, 2018 – update each year)

Recent end of year figures were: 17/18 – 4.5% and 18/19 – 4.1%, however these annual figures (and the previous year to date figures) mask the variation present from quarter to quarter. To help understand the natural variation around sickness absence, the past 4 years of data have been presented in an XmR chart below. It shows that throughout 15/16 the average rate was 4.6, with rates fluctuating above and below the average line, but not out with the limits. From Q1 17/18, the rate remained consistently below the mean. A revised baseline from Q2 17/18 is then shown – with a lowered mean of 4%, and a new upper limit of 5.7% and lower limit of 2.4%. This can be used as a baseline, against which to track changes over 2019/20.

Focus: Internal - on the Care Inspectorate's performance

Purpose: We provide a healthy workplace and staff absence due to sickness is low, in turn ensuring staff have the capacity to deliver on our outcomes. We apply our sickness absence policy consistently.

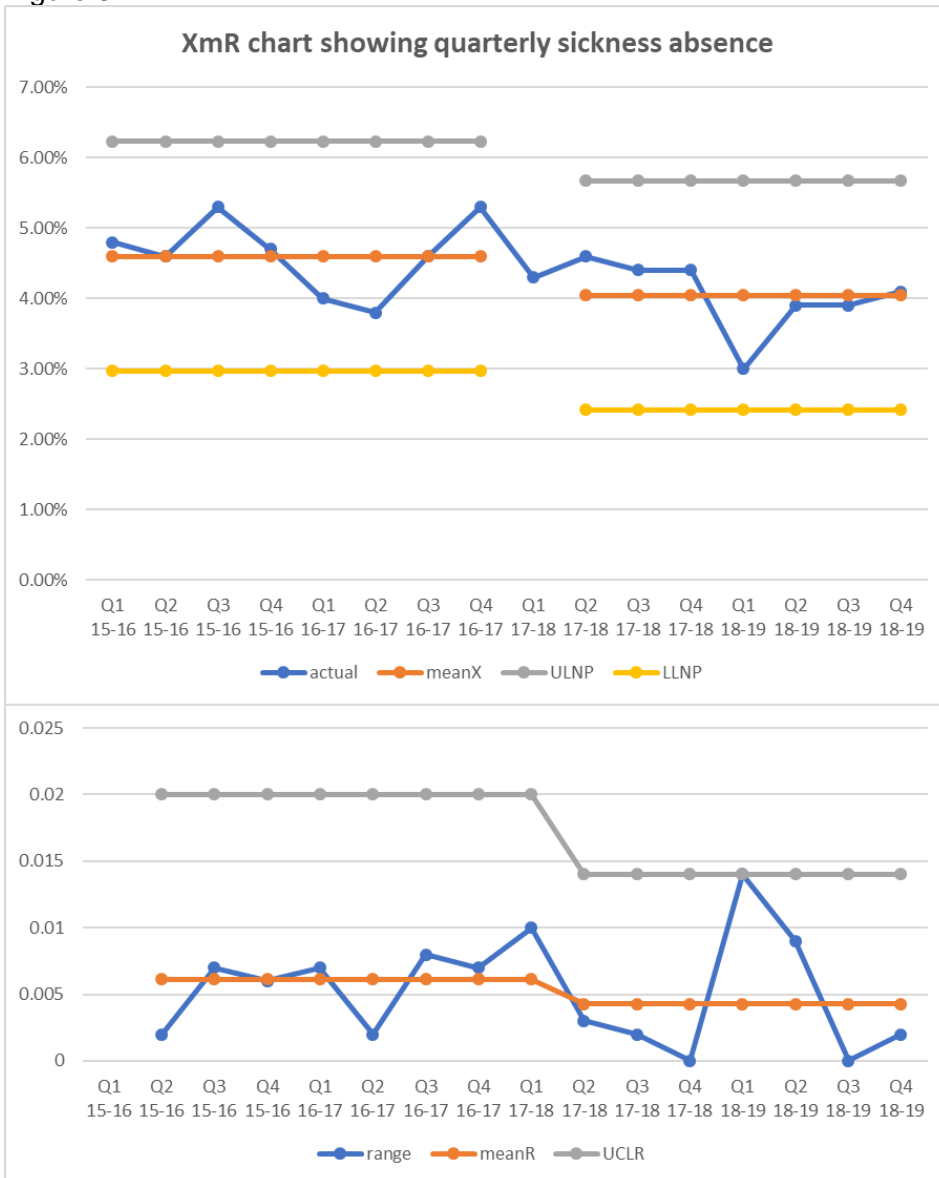
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Note that although this measure has been included under strategic outcome 1 where it will have a considerable impact on our ability to deliver, it will also affect our ability to deliver our other strategic outcomes. Specific links with other performance measures have been noted under the “links” section.

Definitions:

- Data will be provided in final form (ie % absence) by our HR department who will do all calculations. The calculation is as follows:
 - Calculate overall unadjusted contractual time available. This is the amount of working time available if we were to sum up all the time that somebody was contracted to work. In most cases this will be about 1,820 hours, but naturally it will be more for 40-hour contracts, and less for part timers or those who started mid-year. This figure is called the **gross available capacity**.
 - From this, subtract any time that somebody couldn't possibly have taken as sick leave (eg time recorded as maternity leave, annual leave, etc) and this gives us the **net available capacity**. Working time lost to sickness is then expressed as a percentage of the net available capacity.
 - *until we have annual leave live in Myview, we will make a 15% adjustment to gross available capacity to arrive at the net.

Figure 3:



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Reporting Frequency: Quarterly reports to Board; Annual report.

Traffic light bands: Quarterly and Annual reports: red - >5.7% or <2.4%, green – 2.4% to 5.7%

Source: HR system

Links: Measure should be considered alongside KPI-2 (statutory inspections); KPI-3a/b(complaints)

Issues: Note: ingoing issues with this data related to delayed implementation of new HR system. When system is implemented, change in recording may affect these figures.

Resources: No additional resources required.

Action: None required

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Strategic outcome 2: The care sector actively pursues a culture of improvement and innovation.

Although we have identified several measures that help us demonstrate our performance under this strategic outcome, we have also identified areas for potential research to enable us to better understand key cause and effect relationships between our work and improvement and innovation in the sector, which in turn could lead to future useful measures. Potential areas for research include:

- Research into the impact on providers of having access to high quality materials to help them self-evaluate.
- Research on inequalities in access to high quality care, and development of an underlying theory of how our work may affect these.

KOI-3

Measure: % of services with good or better grades at first inspection following registration

Target: n/a for KOIs

Focus: External - on the quality of newly registered services

Purpose: Demonstrates effectiveness of our registration processes, which should ensure that newly registered services are of good quality.

Definitions: Includes all first inspection of newly registered services where inspection was completed and final grades published within the reporting period.

Reporting Frequency: Quarterly reports to Board; annual report.

Traffic light bands: not used for KOIs

Source: RMS IRT and WMT

Links: Links also to Strategic Outcome 1; may be affected by implementation of new inspection frameworks (KPI-9).

Issues: Full year data for 2017/18 and 2018/19 showed 75.1% and 70.3% respectively of newly registered services grade good or better. Further work is required to establish on a quarterly basis to establish the normal range of variation in order that future trends can be interpreted. Note that move to new frameworks and new standards is likely to impact on grades. In addition, move to new digital app for registration, and any associated change to business processes and recording may have an impact on how this measure is calculated in future, and will be considered during the development and implementation of the new app.

Resources: No additional resources required.

Action: Identify key data required for this measure at the development stages of the new digital app and ensure these are incorporated into the system requirement.

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KPI-5 registrations completed within timescales

Measure: % of registrations completed within timescales

Target: 80% (Timescales are 3 months for childminders and 6 months for all other service types)

Focus: Internal - on the Care Inspectorate's performance

Purpose: Our registration process is efficient and we deal with applications promptly, enabling services to operate as quickly as possible and in turn ensuring people can access new services quickly.

Definitions: The time taken will be measured as the difference (in months, based on an average month of 30.4375 days) between the date of receipt of completed application with all necessary information and relevant payment and the date of registration. This measure includes all registrations completed, irrespective of whether a delay has been caused by internal or external factors. The time taken includes weekends and holidays as well as working days.

Reporting Frequency: Monthly management reports; Quarterly reports to Board; Annual report.

Traffic light bands: Monthly, Quarterly and Annual reports: red - <70%, amber - 70 to 79%, green - 80% and over

Source: PMS

Links: Should be considered alongside KOI-3 (good grades following registration) and may be affected by KPI-4 (staff absence).

Issues: The planned introduction of the new registration app may have an impact on the data required to report on this measure and on actual performance.

Resources: No additional resources required.

Action: Intelligence team and digital team to work together to ensure appropriate data collection, availability, consistency and quality of data for this measure on release of registration app.

KPI-6 Level of investment in learning and development for our workforce

Measure: to be determined - Measure will be taken from our strategic workforce plan which is currently under development. We expect initially this will focus around inputs, for example development time on key areas, and towards the end of the 3-year Corporate Plan may focus more on impact.

Target: baseline year.

Focus: Internal - on the Care Inspectorate's performance

Purpose: Note that although this measure has been included under strategic outcome 2 where it will have a considerable impact on our ability to deliver, it will also affect our ability to deliver our other strategic outcomes.

Definitions:

Reporting Frequency: Quarterly reports to Board; Annual report.

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Traffic light bands: Quarterly and Annual reports: to be determined

Source: to be confirmed

Links:

Issues:

Resources: No additional resources required.

Action: Develop data collection mechanism. Aim to commence reporting on Q4 (ending 31Mar2020)

KPI-7 We focus on areas of most concern

Measure: % inspection hours spent in high and medium risk services

Target: 25%

Focus: Internal - on the Care Inspectorate's performance

Purpose: To ensure that we remain focussed on those services we are most concerned about.

Definitions: Denominator is recorded inspection hours for all inspections and numerator is inspection hours for services that were high or med RAD/SAT prior to inspection. May need some revision once SAT is introduced in all services.

Reporting Frequency: Monthly management information; Quarterly reports to Board.

Traffic light bands: Quarterly and Annual reports: red - <20%, amber – 20 to 24%, green – 25% and over

Source: RMS IRT and WMT

Links: Measure should be considered along-side KPI-2 (statutory inspection), KOI-1 (% good or better services – if this drops then expect KPI-7 to increase); KOI-2 (How long services remain below adequate)

Issues:

- This measure is only meaningful if the RAD is kept up to date. Recent research in preparation for the new SAT to replace the RAD indicates this is not always the case.
- Introduction of new SAT to replace RAD may affect the proportion of services that are med or high risk. We will monitor this as the SAT is introduced and make any recommendations for changes to this measure for 2020/21.
- Risk that RAD/SAT scores are increased inconsistently to allow extra hours for inspection – therefore RAD/SAT may not accurately represent services with most risk.
- Needs careful interpretation in conjunction with other measures noted above – for example if the quality of care improves dramatically, there may be far fewer high or medium risk services therefore fewer hours spent on these.

Resources: No additional resources required.

Action: Staff to be reminded to keep the RAD/SAT up to date on a regular basis and in line with policy. Review quality assurance processes to ensure RAD/SAT is regularly and appropriately updated.

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Strategic outcome 3: People experience person-led outcome-focused care that respects their rights and reflects the Health and Social Care Standards.

KOI-4 People tell us they get high quality care

Measure: % services with >90% of respondents happy with the quality of care

Target: not set for KOIs, but trend monitored over time and aim to maintain 90% or above

Focus: External - performance of services.

Purpose: The work of the Care Inspectorate is aimed at improving the standard of care across Scotland. This indicator reflects how people who use services and relatives and carers feel overall about services. Focussing on this measure ensures we listen to the views of people experiencing care about the quality of care they experience.

Definitions:

- Includes responses to the question that a person was overall happy with the quality of care.
- % calculated using nos agree/strongly agree as % of all responses. This is calculated for each service, and then aggregated to get a % services with >90% positive response.

Reporting Frequency: quarterly

Traffic light bands: not used for KOIs

Source: Care Standards Questionnaire (CSQ) and Care Survey datasets

Issues: Several aspects of our methodologies are changing, including

- the introduction of the new H&SC standards, which may raise peoples' expectations of their care and therefore see a drop in satisfaction.
- Introduction of new care surveys to replace the old CSQs, commencing with care homes for older people. We are testing these online as well which would increase the accessibility of surveys to a much wider groups of people experiencing care and relatives and cares.

Resources: No additional resources required.

Action: none required.

KOI-5 People make choices

Measure: % of services with majority of people telling us they make decisions about their own care

Target: not set for KOIs, but trend monitored over time

Focus: External - performance of services.

Purpose: People should be encouraged and enabled to make choices about their care, and the care of their relatives. This indicator shows the extent to which services are delivering person-led care.

Definitions:

- Includes responses to the questions such as
 - "I am involved in decisions about my care and support"
 - "I get a say in what goes into my care plan"

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- Further work required to identify the relevant questions across all of the different service types.
- % calculated using nos agree/strongly agree as % of all responses. This is calculated for each service, and then aggregated to get a % services with >X % (still to be determined) positive response.

Reporting Frequency: quarterly

Traffic light bands: not used for KOIs

Source: CSQ and Care survey datasets

Issues: Several aspects of our methodologies are changing, including

- the introduction of the new H&SC standards, which may raise peoples' expectations of their care and therefore see a drop in satisfaction.
- Introduction of new care surveys to replace the old CSQs, commencing with care homes for older people. We are testing these online as well. This would increase the accessibility of surveys to a much wider groups of people experiencing care and relatives and cares.

Resources: No additional resources required.

Action: Identify relevant questions from all different CSQs/Care Surveys; develop baseline data to report by end of 2019/20.

KPI-8 Involving people in our work

Measure: days per quarter that inspection volunteers and care experienced people are involved in our work

Target: baseline year

Focus: Internal - on the Care Inspectorate's performance

Purpose: We involve inspection volunteers and care experienced people in many different aspects of our work to make sure we remain focussed on what matters to people experiencing care in our own work.

Definitions: Data collection to commence Q3/Q4 2019/20, and initial reporting will be in the Q4 report. Baseline data to be used to calculate expected level of days per quarter for reporting on 2020/21 performance reports.

Reporting Frequency: Quarterly reports to Board; Annual report.

Traffic light bands: n/a for 2019/20

Source: to be confirmed

Links: n/a

Issues:

Resources: To be identified during initial work to put in place a data capture process.

Action: Put in place a data capture process to commence October 2019.

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KPI-9

Measure: Number of service types with a new quality Framework

Target: 11 service types covered

Focus: Internal - on the Care Inspectorate's performance

Purpose: Our new frameworks ensure we remain focussed on outcomes for people. We have a programme of new frameworks to deliver, and the target will be updated annually to reflect that, until all frameworks have been launched.

Definitions: Service types will be included from the date a new framework is launched (excluding pilot launches). Those planned to go live by 31 March 2020 are

- CH older people (done) (1 service type)
- CH adults (done) (1 service type)
- CH children and young people and special schools (done) (2 service types)
- Support services excluding care at home (1 service type)
- Mainstream schoolcare acc and Hostels (1 service type)
- Care at home and Housing support and offender accommodation (3 service types)
- Daycare of children and childminders (2 service types)

In summary, there should be **7 frameworks covering 11 different service types** by 31 March 2020.

Frameworks due to go live after 31 March 2020

- Secure accommodation (1 service type)
- Childcare agencies and nurse agencies (2 service types)
- Adoption, fostering and adult placement (3 service types)

Reporting Frequency: Quarterly reports to Board; Annual report.

Traffic light bands: (count of service types)

Q1: 3 and over - green; 2 – amber; 1 - red

Q2: 4 and over – green; 3 - amber; 2 or less - red

Q3: 6 and over – green; 4 to 5 - amber; 3 or less – red

Q4: 9 or more – green; 8 to 6 – amber; 5 or less - red

Source: Business transformation team; Chief Inspector Children services.

Links: Launches of new frameworks may affect indicators concerned with grades (KOI-2, KOI-1, KOI-3) and may affect resources available for inspection and other key processes affecting KPI-2, KPI-3a and b.

Issues: Note that the framework covering daycare of children and childminders is being developed jointly with Education Scotland and must satisfy the needs of both organisations before it can go live.

Resources: No additional resources required.

Action: None required.