



## Key Performance Indicator Targets and Measurement 2013-14

**Report to:** Audit Committee

**Date:** 11 June 2013

**Report by:** Karen Anderson, Director of Strategic Development  
Ingrid Gilray, Policy & Research Officer  
Kevin Mitchell, Head of Business Planning and Analysis  
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**Report No:** A-09-2013

**Agenda Item:** 9

### PURPOSE OF REPORT

To seek a final decision on appropriate targets for 2013/14, and to seek approval for changes to the measurement framework.

### RECOMMENDATIONS

That the Audit Committee:

1. Approves the targets to be used for 2013/14.
2. Approves the proposed changes to the wording of some KPIs.
3. Approves the proposed KPIs to measure inspection performance.
4. Notes the proposals for assessing performance against QIs.
5. Approves the proposal to move KPI 1, 4 and 9 to become monitoring measures as opposed to KPIs.

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Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
1	Senior Management	ET	Revise ET paper for Audit Committee	23May13
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	Partnership Forum Consultation (where appropriate)			

**Equality Impact Assessment**

To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.

Policy Title:

Date of Initial Assessment:

EIA Carried Out

YES

NO

If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.

If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.

Name: Ingrid Gilray

Position: Policy & Research Officer

Authorised by Director

Name: Karen Anderson

Date: 4 June 2013

## **1.0 BACKGROUND**

At its meeting on 3 October 2012, the Audit Committee considered a Performance Management Framework for 2012/13 and 2013/14. Some minor changes were requested, and the Key Performance Indicators (KPIs), Quality Indicators (QIs), and reporting arrangements for 2013/14 were agreed. A copy of the detailed paper on KPIs and QIs, with minor amendments, is attached at Appendix 1 to this paper, for reference.

This paper presents the further work that has now been undertaken to :

- establish appropriate targets for each KPI
- identify appropriate measures for reporting on inspections, following the introduction of our national inspection plan
- proposals for assessing and reporting our performance against our QIs
- introduce a section within our framework for reporting on important measures over which we have no direct control – we will call these monitoring measures.

## **2.0 PROPOSED TARGETS FOR KPIS IN 2013/14**

Full detail on each KPI is contained in the Performance Measurement System 2013/14 report attached in Appendix 1, and has not been re-stated in this paper. The report in Appendix 1 is the one that was considered by Audit Committee with some slight updates to reflect their comments.

We also propose to move three of the original 9 KPIs to a new section called 'monitoring measures'. These are measures over which we have no direct control, but that we wish to monitor over time. The KPI numbers have changed to reflect this throughout the rest of this paper. The KPI numbers in Appendix 1 have also been updated, and further changes will be made to the structure of that paper following the decisions taken by the Audit Committee. This is covered in more detail in section 5 below.

The Audit Committee is asked to consider and approve a target for each of the KPIs below, where the target status is 'proposed' – highlighted in green below. Where targets have already been considered by the Audit Committee, this is noted, and they are contained in the table below for completeness only. We have also suggested some amendments to some previously agreed KPIs and targets, shown in blue below.

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	KPI description	target	status
KPI1	% Requirements met within the timescale set by the Care Inspectorate	80%	agreed
<b>KPI2</b>	<b>% inspections undertaken that were additional to our inspection plan</b>	<b>Baseline year</b>	<b>proposed</b>
KPI3	% efficiency savings achieved	3%	agreed
<b>KPI4</b>	<b>% complaints investigated against the CI that were upheld completed within agreed timescales</b>	<b>100%</b>	<b>proposed</b>
KPI5	a) complaint against services acknowledged within 3 working days	100%	agreed
	b) complaint against services registered within 12 working days	<b>60%</b>	<b>proposed</b>
	c) complaint against services completed within 20 working days (or complainant notified of an extension)	100%	agreed
	d) registrations completed within 3 months for childminders and 6 months for other care services	<del>80%</del> <b>85%</b>	agreed
KPI6	% inspections completed against planned number of inspections (this is the original text approved by Audit committee but subject to change following implementation of national inspection planning) – to be replaced by the following: <i>(see section 3 for further information)</i>	99%	agreed
	a) % of required inspections (as per approved inspection plan) completed in 2013/14	<b>99%</b>	agreed
	b) % of inspections completed by last date of inspection	<b>99%</b>	agreed
	c) Number of inspections completed as % of total planned (excluding cancelled and inactive services)	<b>99%</b>	agreed

*Note: changes to agreed measures or targets are noted in blue above*

**The Audit Committee is asked to approve the targets proposed above and the changes made to the measures.**

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**3.0 MEASUREMENT OF AND REPORTING ON OUR INSPECTIONS - KPI 6**

The measurement and reporting arrangements for KPI8 have been considered in the light of the move to national inspection planning. We are proposing three measures to help us monitor our performance in this area, as follows:

**3.1 KPI 6a)**

**% of services with all required inspections completed in 2013/14**

This will be the headline KPI for external purposes as it reflects whether or not we met the inspection plan agreed by Ministers. However, this measure is only accurately available at the end of each year because of the dynamic nature of our risk assessment processes which in turn will impact on whether or not an inspection is required. (Note: Unless otherwise agreed this measure will include those inspections that were completed, but may have gone beyond the “last possible inspection date” in the inspection plan.)

Therefore we propose a proxy measure that we will report on in our quarterly Strategy and Performance Committee reports, which is:

**3.2**

**KPI 6b)**

**% of inspections completed by last date of inspection**

In the national inspection plan, each service has a date by which they should be inspected. If they require two inspections, they should have had the first of the two by this date. Therefore we can report at least quarterly on those inspections that had a planned date within that period and were actually inspected. This would not take account of any agreed variation to the “last possible date of inspection”, therefore might understate our actual performance against KPI6a. We are working with the Inspection Planning Team to identify ways to record reasons for exceeding dates so that these can be reported back to ET, Strategy and Performance Committee and the public Board as required.

The final measure we are proposing is a more internal measure, to be reported to ET and provided to inspection teams as management information. It is aimed at maximising our use of the inspector capacity available.

**3.3**

**KPI 6c)**

**Number of inspections completed as % of total planned (excluding cancelled and inactive services)**

The national inspection plan aims to maximise our use of inspection capacity for the whole year. This means that, in addition to those inspections we are **required** to do (as per KPI6a&b) we are planning to inspect some extra services that we are not required to inspect until subsequent years. The main rationale for this is to aim to get to a position where the volume of inspections we do each year is broadly the same.

To measure this, we will set volume targets of inspections to be done each month, and these are set out in the table below. Periodically, we may adjust

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these targets to take account of cancellations, and any changes will be noted in performance reports. However we will not adjust these targets to take account of inspections that were not done, and were subsequently re-planned later in the year. This planned number includes an extra 5% for additional inspections during the year.

We will report on our performance in respect of this measure **internally only** on a cumulative monthly basis.

	KPI 6a	KPI 6b
	Services that have all required inspections complete (annual)	inspections completed by their last possible date of inspection
April		289
May		501
June		564
July		468
Aug		619
Sept		565
Oct		834
Nov		990
Dec		721
Jan		1003
Feb		1055
Mar		640
Total	7549	8249

(note: these targets may require a further refresh once all RADs are updated and all final inspection reports are published)

**The Audit Committee is asked to approve these inspection measures and associated targets, and note that we will report on KPI6a annually and KPI6b quarterly to the Strategy and Performance Committee and the Board.**

#### 4.0 PROPOSALS FOR QUALITY INDICATOR MEASUREMENT AND REPORTING

This is the first year that the Care Inspectorate has considered reporting its performance in a more qualitative manner using Quality Indicators (QIs) as a framework. These are essentially a basket of qualitative and quantitative measures that, when considered together, can be used to assess our performance in that area.

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The details of the QIs approved by the Audit Committee are set out in Appendix 1 for reference purposes.

The Quality Indicators focus on seven key areas:

**QI1 - Improvements to the quality of care**

**QI2 - Involving people**

**QI3 - Partnership working**

**QI4 - Best Value**

**QI5 - Staff experience**

**QI6 - Leadership and Direction**

**QI7 - Quality Assurance & Improvement (of the Care Inspectorate)**

Qualitative and quantitative data needs to be gathered from across the organisation and collated centrally by the Intelligence Team. Some of this information, particularly the quantitative data, is already held centrally. However, it will be important to provide managers with the opportunity to gather and submit qualitative information aligned to these seven key areas when they submit their monthly/quarterly performance reports.

Appendix 1 outlines the areas we propose to focus on in 2013/14 and in subsequent years as we continue to develop this approach.

For ease of reference, the areas where managers should be encouraged to focus on this year have been highlighted in Appendix 1. Particular actions need to be developed and allocated to the relevant managers to progress these where the information needed is reliant on a new process being established or a particular piece of work to be undertaken, for example, staff survey, exit interviews and feedback from staff associations or board members. In some cases these actions should be incorporated in team action plans and objectives ensuring alignment to the Operational improvement Plan and the Corporate Plan.

As this information is developed and gathered, we will build a more comprehensive picture of the breadth of work undertaken by the Care Inspectorate and at an appropriate point this will help us to undertake a robust self-evaluation.

We will assess ourselves against each quality indicator, and give an overall assessment at one of the following levels:

- UNSATISFACTORY
- WEAK
- ADEQUATE
- GOOD
- VERY GOOD
- EXCELLENT

The illustrations provided against the quality indicators describe two of these levels, namely **very good** and **weak**. We can identify whether our practice fits best with one of these levels or use the illustrations at these two levels to judge whether our practice is better than very good or is somewhere in between very good and weak (either good or adequate) or is worse than weak.

Evaluations against the quality indicators are not an end in themselves. They indicate aspects of good or weak practice, which need to be looked at more closely. Evaluations should not be aggregated across different indicators or turned into percentages. In such cases, percentages can be at least meaningless and at worst deceptive. We are not trying to add up evaluations and give our area a 'score' or clean bill of health. Over time, trends in evaluations can indicate whether the implementation of a particular process, policy or guidance has brought about the improvements sought.

Over the course of 2013/14, we will incorporate assessments against these QIs into our quarterly performance reports, taking a phased approach over the year.

**The Audit Committee is asked to note the plans for reporting against QIs over the year.**

## **5.0 MONITORING MEASURES**

There are several measures that the Audit Committee previously identified as KPIs that we have little direct control over. However these are very important measures of quality of the wider care sector, and we propose that we retain these as Monitoring Measures instead of KPIs.

**MM1 - % care services maintaining or improving on all grades 4 or above**

**MM2 - % of unannounced inspections of services where we confirm accurate self-assessment grading**

**MM3 - % of low risk assessments of care services by CI that go on to have a higher risk assessment following inspection**



**MM4 - % complaints against the Care Inspectorate that were upheld or partially upheld**

We do not propose setting targets for these measures – rather the trends will be monitored over time. We will report against our monitoring measures in our quarterly reports to the Strategy and Performance Committee and the Public Board.

**The Audit Committee is asked to approve the plans to change these measures from KPIs to Monitoring Measures.**

**6.0 RESOURCE IMPLICATIONS**

There are no additional resource implications arising from this paper although ongoing development of, and reporting on, QIs will require input and analysis from staff throughout the organisation.

**7.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS**

These targets are a key component of effective performance management and measurement and will enable the Care Inspectorate to see how well it is achieving its intended outcomes in providing assurance and protection for people who use care, social work and child protection services.

**8.0 CONCLUSION**

The Audit Committee is asked to consider the content of this cover report, and appendix 1 for reference and:

1. Approves the targets to be used for 2013/14
2. Approves the proposed changes to the wording of some KPIs.
3. Approves the proposed KPIs to measure inspection performance.
4. Notes the proposals for assessing performance against QIs.
5. Approves the proposal to move KPI 1, 4 and 9 to become monitoring measures as opposed to KPIs.

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