APPENDIX 1: POSSIBLE NEW SUCCESS REPORTING MEASURES FOR 2016/17 – PROPOSALS

Strategic Objective 1: We will give public assurance and build confidence that social care and social work in Scotland is rights-based and world class, through robust and independent scrutiny and improvement processes.

Type	Measure	Purpose	Comments	Implementation timescale
KPI	% of providers, health and social care partnerships, people who use care services and their carers who tell us that our scrutiny interventions help services to improve Target: 90% of those inspected in-year	To provide an indication of impact and of the level of assurance given by our frontline work, both in regulated care and strategic scrutiny	Existing approaches capture this in respect of a sample of regulated and strategic inspections. Will be improved by further design work with the sector and people using services and their carers. We could use a gradiated approach in seeking answers.	Immediate for regulated care and strategic inspection and expanded over time to all key processes (complaints, registration, improvement interventions).
KPI	% of statutory inspections complete Target: 100%	To provide assurance that the Care Inspectorate is meeting its statutory inspection responsibility	No changes required	Immediate
MM	Number of scrutiny and improvement interventions undertaken because of changes in risk or as a result of specific intelligence	To monitor the extent to which our approach is risk-based and intelligence-led	No changes required. We will need to determine what meets this definition.	Immediate
MM	% of inspection hours spent in high and medium risk services Target: tbc	Used to illustrate proportionality - that we spend more of our activity in the poorest performing services to support improvement	We need to capture high quality data on the time spent on improvement, and find similar measures in strategic work.	tbc

Type	Measure	Purpose	Comments	Implementation timescale
MM	% services where grades have improved (or good grades maintained) since the last inspection	To monitor impact of our work over the longer term and to provide assurance	No changes required, but the changes in inspection methodology (removing statements) mean this should be baselined in year 1.	Immediate
MM	% hours spent on improvement activity	To evidence our contribution to improvement	Longer term, we should expand to strategic scrutiny and explore links between improvement activity and subsequent scrutiny or regulatory response	Medium term. This will require agreement on definition of an improvement intervention and recording mechanism
MM	% services with any grade of weak, unsatisfactory or adequate for two inspections or more	To monitor impact of our work over the longer term and to provide assurance	as above	Immediate
MM	% of registration applications that do not proceed due to concerns about ability to provide a quality service	To provide assurance by demonstrating our gatekeeping role to ensure that only good quality services enter the sector.	May require some system and process modifications. Agreement needed on what point withdrawn applications would count.	Within year, will illustrations thereafter
MM	% newly registered services with requirements made / poor grades at the first inspection	To provide evidence of the robustness of our registration process	Specific criteria need to be developed around grades or requirements	Within year

Within reporting in this strategic objective, quarterly performance reports will provide data and information on the total number of scrutiny and improvement measures undertake, broken down by type and sector. This will allow us to monitor and evidence how effectively resources are being matched against activity. Case studies will illustrate the nature of the work undertaken.

Strategic Objective 2: We will inform local and national policy to contribute to ensuring a world class care system in Scotland, through intelligence-led, risk-based, and evidence-based approaches to scrutiny and improvement.

 Specific KPIs would not capture adequately our success in influencing policy, and so success on meeting this objective will be more qualitative in nature. This will be achieved by the developed use of case studies in the short and longer term, the use of comments from people who use services and their carers and delivering services about our impact and vignettes to illustrate the range of our work in this area. One suggestion for a measurable KPI is below.

This strategic objective will also describe our:
- consultation responses and, where possible, our impact on policy
- activity in pursuit of our corporate parenting responsibilities
- contributions around how the Care Inspectorate has helped to "secure better or further effect" commitments in the UN Convention on the Rights of the Child (which we must, by law, report against every three years) and other appropriate conventions in respect of older people and people with learning disabilities.

Type	Measure	Purpose	Comments	Implementation timescale
KPI	% of people who say our national reports and publications are useful Target: 90%	To demonstrate our impact in contributing to national and local policy and practice.	We would need to define the audience from which we are seeking information – this might vary by publication. It may also include online analytics of downloaded reports.	TBC. Data on this not collected at present and so further development is required/

Strategic Objective 3: We will support peoples' understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and help make sure their voices are heard.

Type	Measure	Purpose	Comments	Implementation timescale
KPI	% inspections involving an inspection volunteer	Demonstrates our performance in involving people with experience of using care in our work	Will not include inspections where IVs are not used (childminders).	Immediate
KPI	% of complaints about care that are investigated within the relevant timescales Target: 80%	Demonstrates the central role of the views of people and their carers using services and our intelligence-led scrutiny	Currently this is within 40 days of registering the complaint. New complaints process will require changes in timescales.	Immediate
MM	% of complaints about the Care Inspectorate that are resolved through front line resolution	Demonstrates our willingness to get things right at the earliest possible opportunity		Immediate
MM	% services with >90% of respondents happy or very happy with the quality of care	Ensures that we are listening to and prioritising the voice of people using services and their relatives and carers	CSQs capture these views but improvements can be made to this process, including using online, and using other communication tools to support a wide range of people.	Immediate

Type	Measure	Purpose	Comments	Implementation timescale
MM	% of complainants who tell us their complaint was resolved fairly and care improved	Ensures we are responding to the views of people who use care services, and their carers	This recommendation arose from the complaints research commissioned in 2013 but would require new mechanisms to capture this information.	tbc
MM	Number of people whose views are heard as part of our scrutiny and improvement activities	Demonstrates our duty of user focus and will prompt us to refine and improve current approaches	May require changes to recording processes for inspection activity and a clearer definition, especially in early years. Returned CSQs and data from IVs are extant. We may also wish to consider capturing the number of people we sought to involve in our inspection work.	Within year
MM	The number of people using services and carers that inspection volunteers speak with Target: tbc	Demonstrates our performance in involving people with experience of using care in our work		Immediate

Strategic Objective 4: We will perform as an independent, effective and efficient scrutiny and improvement body, working to consolidate excellence, deliver cultural change, invest in a competent, confident workforce and work collaboratively with partner agencies to support the delivery of safe and compassionate, rights-based care.

Type	Measure	Purpose	Comments	Implementation timescale
KPI	% of registration applications that are completed within time following payment of the relevant fee, clearly differentiating between any internal and external delays. Target: 80%	Demonstrates good customer service, compliance with the Regulator's Code and EU directive, and proactivity in supporting registrants	No changes required, but this measure will differ from those used previously as will include all cases, irrespective of whether any delays are caused by external factors or by us.	Immediate using previous calculations, but a revised approach within year
KPI	Staff absence rate, segmented by type Target: tbc	Helps to better interpret performance against other measures	Precise method for calculation to be discussed with OD colleagues	Within year
KPI	Staff vacancy levels, segmented by inspector / non inspector	Helps to better interpret performance against other measures	Precise method for calculation to be confirmed	Within year

Type	Measure	Purpose	Comments	Implementation timescale
KPI	Complaints about CI completed within SPSO-recommended Timescales Target: baseline for year 1	Demonstrates good customer service	No changes to reporting mechanism needed, but discussions still on-going with SPSO around timescales	Immediate
KPI	% of agreed audit recommendations that are met within timescale Target: 100	Demonstrate good governance arrangements	This information is collected but not currently part of our performance framework	Immediate
MM	Number of grievances, dignity at work cases, and disciplinary hearing, with information on whether or not they are upheld	Demonstrates responsive management	This information is collected but not currently part of our performance framework	Within year

Additional performance reporting measures

The following annualised reporting data to be collected and considered as part of the performance measurement framework

- Annual reporting statement on compliance with information governance responsibilities
- Annual reporting on our progress against the public sector equality duty.
- Resources Committee Reports - budget monitoring, billing of care providers, debt analysis
                                              - annual procurement performance
                                              - annual estates performance
- Board Report – annual health and safety report