

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 22 MARCH 2010

REPORT ON: EMBEDDING SELF-EVALUATION IN THE ORGANISATION

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 154-2010

1.0 PURPOSE OF REPORT

This report provides details of plans to ensure that self-evaluation is embedded within the day-to-day work of the department. It contains details of the background to self-evaluation in Dundee City Council Social Work Department. It also contains recommendations for actions to be taken to further enhance departmental practice in relation to self evaluation.

2.0 RECOMMENDATIONS

It is recommended that members of the Social Work and Health Committee:

- 2.1 note and endorse the contents of the report
- 2.2 agree to the continued use of the Social Work Inspection Agency (SWIA) Performance Improvement Model (PIM) as the preferred performance improvement model for use by the department
- 2.3 agree to the use of the SWIA 'Guide to Supported Self-Evaluation' as the model for self-evaluation within the Social Work Department
- 2.3 ask the Director of Social Work to establish the self-evaluation framework set out in this report
- 2.4 ask the Director of Social Work to provide regular reports on the outcomes of self-evaluation activities, and resultant improvement plans, to the Committee.

3.0 FINANCIAL IMPLICATIONS

None. Activities will be carried out by existing staffing within existing revenue budgets.

4.0 MAIN TEXT

The Social Work Department has carried out self evaluation activities since 1999 based on the European Foundation of Quality Management (EFQM) Excellence Model. A more systematic approach was adopted in 2004/05 when the department carried out its first EFQM assessment using the FACE (Facilitated Assessment for Chief Executives) workbook and CD Rom approaches. This was reported in the first departmental Case Study which was published in 2006. The CD Rom approach was repeated in 2007, with a second departmental Case Study being produced in 2008.

The further development of the Best Value agenda and the emergence of BV 2 places an increased emphasis on customer focus, continuous improvement and self-evaluation. External inspection processes led by the Care Commission, HMIE and SWIA also place increased importance on self-evaluation activities. The more an organisation can demonstrate the use of effective self-evaluation, with supporting evidence and resultant improvement activity, the more proportionate will be the external inspection processes and activities.

The department recognises the growing importance of self-evaluation and partnership working and as a result sought to identify a model of performance improvement which could be shared with its strategic planning and service delivery partners. It was successful in agreeing the adoption of the SWIA Performance Improvement Model (PIM) with its main planning partners in Community Care, Integrated Children's Services and the Dundee Drug and Alcohol Action Team (now the Alcohol and Drug Partnership) as a joint Performance Improvement Model. This model is based on the EFQM Excellence Model and is aligned to the Public Service Improvement Framework which has more recently been adopted by the Council.

The department has also adopted a performance management framework which recognises that performance management, including self-evaluation, is everyone's job. This framework includes the use of user and carer surveys, the How Good is Our Team approach, case file auditing and reporting, regular consideration of performance management information at Directorate and Management Teams, the production of Performance Reports by Service Managers, staff surveys, the work of performance improvement groups and the use of mind-mapping as an aid to self-evaluation. This self-evaluation activity, along with information from Audit Scotland, external inspection agencies and other sources of external feedback informs the content of improvement plans which are managed through supervision activities or through review of the departmental service plan and performance data base.

The department has worked to make the process as inclusive, objective and as representative as possible. Each EFQM self-assessment activity to date has involved over 10% of the workforce and more recently has produced departmental and segmented results.

The most recent self evaluation 'study' was used as a submission for the Quality Scotland EFQM Excellence Awards. The department was awarded Bronze Recognised for Excellence status in May 2009. It is the first local authority social services provider to do so and is the only department in the Council to have achieved a nationally recognised EFQM excellence award.

The Self-Evaluation Cycle

To date EFQM self-evaluations have taken place every two years. The department proposes to move to a 3 yearly cycle and to use the Social Work Inspection Agency (SWIA) Guide to Supported Self-Evaluation as its self-evaluation model. The department is well placed to adopt this 'Guide' given its previous use of EFQM and the PIM.

It is proposed that each 3 yearly cycle of self-evaluation will begin with an initial 'high level' scan, with the first 'scan' being undertaken in 2010. Progress made against the 2007 SWIA Performance Inspection Report will be used as a starting point and performance will be evaluated across the four main service groupings. The process will also be used to identify cross cutting themes which are important for the department as a whole.

High Level Scans

The high level scan will provide the basis upon which to make broad judgements on performance in the following areas of practice:

- the quality of outcomes;
- the impact on users, carers and other stakeholders;
- the quality of key processes and risk management in all the care groups including criminal justice services;
- the quality of management, including the management of resources;
- the quality of leadership and strategic vision; and
- the capacity for improvement.

There will be a variety of sources of evidence for the high level scan including:

- performance evidence from national statistics and national targets;
- evidence from our performance management systems – performance reports, data sets;
- review of key strategic and planning documents;
- review of the risk register;
- evidence from BV2;
- evidence from external scrutiny – SWIA reports, HMIE reports, Care Commission reports;
- evidence from feedback on the Recognised for Excellence submission;
- feedback and discussions with link inspectors;
- evidence from regular stakeholder surveys and other internal quality assurance activities – staff, user and carer surveys, case file auditing;
- evidence of progress against existing plans such as council plans community plans, service plans, partnership plans, financial plans and asset management plans; and
- evidence of local or national quality awards - for example Care Accolades, Healthy Working Lives Gold, Recognised for Excellence Bronze.

Scan Results and Planning for Improvements

An initial high level scan should identify areas of strengths, gaps in services and areas for improvement, which will be prioritised. It will also recognise areas of good practice. The aim will be to create a SMART action plan which will set out:

- the areas for improvement and the desired outcomes;
- the actions that will be taken with timescales;
- identified leads for progressing; and
- specific success criteria which can be measured and reported upon.

The planned actions should refer to outcomes, and as far as possible, will be based on effective practice. Evaluators and contributors will draw on sources such as Social Services Knowledge Scotland, the Criminal Justice Social Work Development Centre, IRISS or Care Knowledge for evidence of good practice and research on 'what works'. Where appropriate, resultant actions will be incorporated in other existing plans such as the Community Care Plan or the departmental Service Plan.

Each year the department will take stock of and report on progress against the SMART action plan. At the end of the 3 year cycle it will formally review its progress and what has been achieved in preparation for the next high level scan. The aim will be to tie this activity into the timeframe of work on the Departmental Service Plan and annual reviews.

Taking a Closer Look

A high-level scan is an essential method for achievable, on-going self-evaluation, but it does not provide the depth that is possible with a more detailed review of a particular service area or theme.

The departmental high level scan, and/or information from other sources, will help direct those involved to areas that require a closer look. Where there is no urgency this may be timetabled into the three year self-evaluation cycle. Where evaluation suggests that there is a risk, or an area or aspect of service provision which requires immediate attention, an urgent report will be provided to the Directorate, with suggested actions

SWIA has commissioned several detailed 'good practice self-evaluation guides' to complement their main Guide. The department will use these to enable it to take a closer look into specific service areas and themes, where appropriate.

Whether it is undertaking a high level scan or a closer look, the department will use the 10 step process outlined in Appendix 1.

Taking a closer look will involve the following types of evidence gathering:

1. Detailed reviews of policy documents about the theme or service area:
 - Records of key decisions evident in minutes and committee reports
 - Planning statements and policy documents for the specific area
 - Public leaflets or documents giving information
2. Collection and review of findings from external scrutiny where these provide detailed evidence about the specific area:
 - SWIA performance inspection reports
 - Multi agency inspection findings
 - Care commission findings
 - Audit Scotland findings
 - Mental Welfare Commission reports
 - NHS QIS findings
 - Other scrutiny findings
3. Review of local performance management data for the specific area.
4. Self-evaluation of a theme or area using relevant SWIA good practice self-evaluation guide or equivalent.
5. Carrying out a focused file reading exercise in a particular theme or area.
6. Benchmarking the performance of a particular area against comparators.
7. Direct observation of key policy and practice meetings.
8. Direct observation of practice.
9. Direct observation of quality assurance and performance management in action.

Roles and Responsibilities

Directorate – the Directorate of the Social Work Department will act as the Self-Evaluation Board. The Board will receive regular updates on the progress of self-evaluation across the department. Members will provide final moderation on reports and graded evaluations.

Self Evaluation Steering Group - Representatives from services across the department will have a remit to co-ordinate and facilitate the self-evaluation process, to carry out specific tasks as required; to carry out a mapping exercise from the SWIA e-tool to the PSIF assessment framework and to act as a consensus panel.

Self Evaluation Team – membership of this team will be made up of key staff from Strategy, Performance and Support Services. This team will be led by the Senior Officer (Business and Quality) and will co-ordinate and lead on the actual self-evaluation activities. Others may be co-opted as required.

Lead Evaluator - the Manager Strategy, Performance and Support Services will assume this role and will chair the Steering Group and some of the Self-Evaluation Team meetings.

The Self-Evaluation Process

Members of the Self Evaluation Team will gather relevant evidence and will use the SWIA e-tool to undertake a high level scan of the department and key services. This scan will look at strengths, areas for improvement and gaps in service and is likely to take a minimum of 3 full days.

The results will be shared with the Steering Group for moderation – 1 full day.

The extended management team will then be involved in consideration of the evidence and results and will add/amend as appropriate – 1 full day.

The evidence and the results will be shared with groups of staff in services and with some cross service self-selected groups. Again these results and evidence will be added to or amended and suggested improvement actions identified. This will be a critical part of the self-evaluation process and consideration may be given to using parts of the e-tool during these activities. The aim again will be to engage a minimum of 10% of the workforce.

Focus groups will also be held with representatives of users and carers.

Trade Unions will be consulted as part of the self evaluation process.

A final assessment will be completed and an action plan drawn up. Members of the Steering Group and Self Evaluation team will be tasked with providing effective practice evidence to inform the SMART action plan.

The Steering Group will act as a consensus panel and will map the results onto the PSIF model and assist with PSIF scoring.

The final moderation will be undertaken by members of the directorate.

5.0 POLICY IMPLICATIONS

This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

6.0 CONSULTATIONS

The Chief Executive, Depute Chief Executive (Support Services), Assistant Chief Executive and Director of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

None.

Alan G Baird
Director of Social Work

25 February 2010

10 STEP PROCESS

<p>1. Set the scope for the evaluation. Is it a high-level scan or are you looking at a particular area or theme?</p>	<ul style="list-style-type: none"> ▪ Use this guide to help you conduct a high-level scan, or to focus on particular aspects of services. ▪ If you want to 'take a closer look' at particular themed areas check whether there is a SWIA good practice self-evaluation guide available for that topic.
<p>2. Agree the membership of the evaluation team and appoint a lead evaluator. We suggest that the self-evaluation team should:</p>	<ul style="list-style-type: none"> ▪ Include about 4-6 members, led by a senior manager. ▪ Include members from different levels of the organisation. ▪ Include a representative spread of expertise.
<p>3. Agree the timescale for the self-evaluation.</p>	<ul style="list-style-type: none"> ▪ Consult staff in the services you want to evaluate about timing and implementation. Minimise service disruption by gathering evidence as quickly and efficiently as possible. ▪ For bigger projects, carry out the evaluation exercise in phased parts.
<p>4. Agree the evaluation tools that your team will use.</p>	<p>Decide whether you are going to use this guide in full, following sections 2 and 3 to evaluate yourself across the PIM.</p> <ul style="list-style-type: none"> ▪ Are you going to use the SWIA e-tool? ▪ If you are using another quality system, such as the PSIF, use this guide to help facilitate the application of that method in a social work context. ▪ If you wish to take a closer look at a particular area or theme, check if there is a SWIA good practice self evaluation guide available, as these provide a level of detail not available in this guide.

<p>5. Decide what evidence the team will need, and how to get it.</p>	<ul style="list-style-type: none"> ▪ Consider carefully what types of evidence you will need to produce reliable conclusions about the area for evaluation. <p>Match the depth of the evidence gathering to the purpose of the self evaluation - high-level scans require less depth than taking a closer look at a particular area of practice or theme.</p> <ul style="list-style-type: none"> ▪ Consult the guidance on 'high-level scans' (page9) and 'taking a closer look' (page 11) in this guide, and the possible sources of evidence in Section 3 (page 23).
<p>6. Arrange the first evaluation team meeting.</p>	<p>Set out what you already know before the evaluation team meets, as this will help guide what you need to use the time available to discover.</p> <p>Set aside the time for regular discussions between the team through the course of the evaluation to ensure that activities follow the evidence and emerging themes.</p>
<p>7. Allocate team responsibilities and evaluation activities, and agree the arrangements for recording and reporting findings.</p>	<ul style="list-style-type: none"> ▪ The team should agree roles in conduction the evaluation, ensuring adequate capacity to carry it out and record the findings. ▪ You should draw up a detailed programme for the evaluation, and work with colleagues to minimise disruptions. ▪ Consider whether your wish to use the SWIA e-tool to record your analysis and plan the improvements, otherwise agree what the product of the evaluation will be.
<p>8. Undertake the self-evaluation activities.</p>	<ul style="list-style-type: none"> ▪ The lead evaluator should ensure that the process runs as smoothly as possible and quality assure the evaluation and recording process. ▪ In the event of serious practice issues emerging which require urgent action, the team should clear about what process they should follow.

<p>9. Write up the evaluation and prepare to report the findings.</p>	<ul style="list-style-type: none"> ▪ Have clear roles in the team about who is writing up what. ▪ Ask for a peer review to quality assure the report, particularly the judgements and opinions drawn from the evidence. Are the conclusions defensible? ▪ Focus on outcomes and identify the actions needed to deliver those outcomes. ▪ The lead evaluator should take responsibility for the consistency and coherence of the report.
<p>10. Report the outcomes of the self-evaluation, and prepare for action/improvement planning.</p>	<ul style="list-style-type: none"> ▪ Assign responsibility to individuals for action identified. ▪ Agree how you will monitor progress. ▪ Decide on what success will look like.

From SWIA 'Guide to Supported Self Evaluation' 2009