



Monitoring Our Performance 2018/19 – Quarter 2 Report

Report to: Board

Date: 18 December 2018

Report by: Edith Macintosh, Interim Executive Director of Strategy and Improvement
Ingrid Gilray, Intelligence and Analysis Manager

Report No: B-77-2018

Agenda Item: 16

PURPOSE OF REPORT

To present the Quarter 2 (Q2) 2018/19 summary report on performance.

RECOMMENDATIONS

That the Board:

1. Discusses the performance against the key performance indicators and monitoring measures for the Care Inspectorate.

Consultation Log

Who	Comment	Response	Changes Made as a Result/Action
Senior Management			
Legal Services			
Corporate and Customer Services Directorate			
Committee Consultation (where appropriate)			
Partnership Forum Consultation (where appropriate)			
Equality Impact Assessment			
Confirm that Involvement and Equalities Team have been informed		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
EIA Carried Out		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please attach the accompanying EIA and appendix and briefly outline the equality and diversity implications of this policy.			
If no, you are confirming that this report has been classified as an operational report and not a new policy or change to an existing policy (guidance, practice or procedure)		Name: Ingrid Gilray Position: Intelligence and Analysis Manager	
Authorised by Director	Name: Gordon Weir Interim Chief Executive	Date: 11/12/2018	

1.0 INTRODUCTION

This quarterly report sets out the key priorities of our corporate plan's strategic objectives and uses the success measures which are designed to focus on the experiences of people who use services, their carers, our service providers and other key stakeholders. The report is an attempt to illustrate the impact of our work, as well as the breadth and depth of it.

This covering report provides performance information about key performance indicators and monitoring measures, where data is available. The attached report provides further information to illustrate the strategic outcomes in the Care Inspectorate's current corporate plan.

2.0 SUMMARY OF SCRUTINY AND IMPROVEMENT INTERVENTIONS

This table shows the number of scrutiny and improvement interventions completed in 2018/19, up to 30 September 2018.

	Number completed in 2018/19 up to 30 th September	Number completed in 2017/18 up to 30 th September	Comparison of 2018/19 vs 2017/18 year to date
New Registrations completed	402	444	▼
Inspections completed	3,187	3,443	▼
Complaints Received	2,572	2,377	▲
Number of Variations completed (not including typographical changes to certificates).	1,295	1,599	▼
Total scrutiny interventions completed	7,456	7,863	▼

3.0 KEY PERFORMANCE INDICATORS

This table shows performance against KPIs for the year to date. The KPIs help to provide management information about organisational performance.

KPI	Strategic Objective	Target	Q2 2017/18	Q2 2018/19	Notes
KPI 1 - % of statutory inspections completed	1	99%	96% (1,123 inspections)	91% (1,058 out of 1,168 inspections)	
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	1	90%	95% of staff and 92% of service users thought the quality of the care service would improve following the inspection	99% of staff and 97% of service users thought the quality of the care service would improve following the inspection	Q2 2018/19, staff total respondents 305 from 128 different services, people who experience care total 104 respondents from 52 different services
KPI 3 - % of people who say our national reports and publications are useful	2	90%	Implementation timescale to be confirmed		
KPI 4 - % inspections involving an inspection volunteer	3	n/a	8% (280 inspections completed involving an inspection volunteer in Q1 and Q2)	5% (144 inspections completed involving an inspection volunteer in Q1 and Q2)	Totals now include young inspection volunteers
KPI 5 - % of complaints about care that are investigated within the relevant timescales	3	80%	77% of complaint investigations were completed within 40 days	73% of complaint investigations were completed within 40 days (811 out of 1,111)	The decision has been made to include front line resolution cases in with the completed figures as they are essentially resolved rather than withdrawn complaints

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KPI	Strategic Objective	Target	Q2 2017/18	Q2 2018/19	Notes
KPI 6 - % of registration applications that are completed within time following payment of the relevant fee, clearly differentiating between any internal and external delays.	4	80%	84%	80% (162 out of 203)	
KPI 7 - Staff absence rate, segmented by type	4	tbc	4.1% (0.7% short term, 0.6% medium term and 2.8% long term sickness)	4.2% for July and August only (0.6% short term, 0.6% medium term and 3.0% long term sickness)	Due to the new HR system, Myview, being released (October 2018) this has prevented September data being available
KPI 8 - Staff vacancy levels, segmented by inspector / non inspector	4	tbc	Inspector vacancies – 9.9% Non-inspector vacancies – 7.1%	Inspector vacancies – 5.3% Non-inspector vacancies – 8.4%	Inspection staff covers Strategic, Senior, Practitioner and Inspector
KPI 9 - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	82%	81%	
KPI 10 - % of agreed audit recommendations that are met within timescale	4	100%	Not reported on	Awaiting update	

4.0 MONITORING MEASURES

This table shows performance against monitoring measures, which are designed to show the impact of Care Inspectorate activity across a range of areas. Where data collection is dependent on revising systems and processes to report robustly in future years, this is marked in the table.

Performance Indicator	Strategic Objective	Target	Q2 2017/18	Q2 2018/19	Notes
MM 1 - % services where grades have improved (or good grades maintained) since the last inspection	1	Baseline year	97% of services that started the year with grades of good (4) or better in all themes had maintained or improved on these by 30 September 2017	98% of services that started the year with grades of good (4) or better in all themes had maintained or improved on these by 30 September 2018	10,620 services out of 10,787
MM 2 – Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence	1	n/a	Not reported on in Q2 2017/18	23	Further work required to define and capture other scrutiny and improvement work
MM 3 - % of inspection hours spent in high and medium risk services	1	Baseline year	29% of inspection hours in Q1 and Q2 were spent in medium and high risk services	31% of inspection hours in Q1 and Q2 were spent in medium and high risk services (12,795 hours out of 40,685 hours)	22% of inspections were in medium and high risk services (339 inspections out of 1,557)
MM 4 - % hours spent on improvement activity	1	Baseline year	A total of 2,281 hours spent on improvement work to date were recorded in the IRTs	A total of 1,973 hours spent on improvement work to date were recorded in the IRTs.	Further work required on definitions and recording mechanisms in the medium term
MM 5 - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	1	Baseline year	2.5%	2.0%	247 out of 12,156 services

Performance Indicator	Strategic Objective	Target	Q2 2017/18	Q2 2018/19	Notes
MM 6 - % of registration applications that do not proceed due to concerns about ability to provide a quality service	1	n/a	Further work required on definitions and recording mechanisms in the medium term		
MM 7 - % newly registered services with requirements made / poor grades at the first inspection	1	Baseline year	Only reported on annually		
MM 8 - % of complaints about the Care Inspectorate that are resolved through front line resolution	3	Baseline year	38%	21%	
MM 9 - % services with >90% of respondents happy or very happy with the quality of care	3	n/a	94%	90%	
MM 10 - % of complainants who tell us their complaint was resolved fairly and care improved	3	Baseline year	Implementation timescale to be confirmed		
MM 11 - Number of people whose views are heard as part of our scrutiny and improvement activities	3	Baseline year	Implementation timescale to be confirmed		
MM 12 - The number of people using services and carers that inspection volunteers speak with	3	tbc	2,463	1,154	426 relatives 728 people experiencing care Totals now include young inspection volunteers

Performance Indicator	Strategic Objective	Target	Q2 2017/18	Q2 2018/19	Notes
MM 13 - Number of grievances, dignity at work cases, and disciplinary hearing, with information on whether or not they are upheld	4	n/a	Not reported on in Q2 2017/18	Grievances: 0 Dignity at Work: 2 complaints made – 1 upheld and 1 was resolved informally Disciplinary: 1 new case, 1 upheld and 1 not upheld	

5.0 OTHER INFORMATION

In addition to the success measure reported here, the following annualised reporting data will be collected and considered as part of the performance measurement framework:

Resources Committee Reports:

- budget monitoring, billing of care providers, debt analysis
- annual procurement performance
- annual estates performance

Board Report

- annual health and safety report
- annual reporting statement on compliance with information governance responsibilities
- annual reporting on our progress against the public sector equality duty.

6.0 RESOURCE IMPLICATIONS

There are no additional resource implications arising from this report.

7.0 BENEFITS FOR PEOPLE WHO EXPERIENCE CARE

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2016-18 to enable rigorous governance and challenge to the Care Inspectorate’s Executive Team. This evidences the performance of the organisation in delivering strategic objectives and as such providing assurance and protection for people who experience care.

LIST OF APPENDICES

Appendix 1 - Monitoring our Performance 2018-19 Q2 Report

Version: 1.0	Status: <i>FINAL</i>	Date: 26/11/18
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