



Monitoring Our Performance 2018/19 – Quarter 3 Report

Report to: Board

Date: 28 March 2019

Report by: Edith MacIntosh, Interim Executive Director of Strategy and Improvement

Report No: B-06-019

Agenda Item: 12

PURPOSE OF REPORT

To present the Quarter 3 (Q3) 2018/19 summary report on performance.

RECOMMENDATIONS

That the Board:

1. Discuss 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: E MacIntosh Position: Interim Executive Director of Strategy and Improvement		
Authorised by Director	Name:	Date: 5 March 2019	

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 aims 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 (KPIs) and monitoring measures (MMs), 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 31 December 2018.

	Number completed in 2018/19 up to 31 December	Number completed in 2017/18 up to 31 December	Comparison of 2018/19 vs 2017/18 year to date
New Registrations completed	604	637	▼
Inspections completed	4,982	5,077	▼
Complaints Received	3,801	3,458	▲
Number of Variations completed (not including typographical changes to certificates).	1,875	2,593	▼
Total scrutiny interventions completed	11,262	11,765	▼

3.0 KEY PERFORMANCE INDICATORS

This table shows performance against KPIs for the year to date.

KPI	Strategic Objective	Target	Q3 2017/18	Q3 2018/19	Notes
KPI 1 - % of statutory inspections completed	1	99%	96% (1,640 inspections)	102% (1,755 out of 1,716 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%	98% of staff and 92% of people who experience care thought the quality of the care service would improve following the inspection	98% of staff and 98% of people who experience care thought that the quality of their care service would improve (or the high quality will be maintained) following the inspection	(Staff: 306 respondents from 142 different services, people who use care services: 159 respondents from 84 different services)
KPI 3 - % of people who say our national reports and publications are useful	2	90%	To be included in end of year report.		
KPI 4 - % inspections involving an inspection volunteer	3	n/a	7.4% (401 inspections completed involving an inspection volunteer since 1 April)	8.5% (421 inspections completed involving an inspection volunteer in since 1 April)	
KPI 5(a) - % of complaints about care that are investigated within the relevant timescales (excluding FLR)	3	80%	75% (842 out of 1,117 completed in 40 days)	54% (571 out of 1,051 completed in 40 days)	Following discussion at last board meeting, KPI5 is now given as 2 measures: (a) only includes cases fully investigated by CI; (b) includes all cases resolved, including those resolved by FLR.
KPI 5(b) - % of complaints about care that are investigated within the relevant timescales (including FLR)	3	80%	85% (1,518 out of 1,793 completed within 40 days)	73% (1,287 out of 1,767 completed within 40 days)	

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KPI	Strategic Objective	Target	Q3 2017/18	Q3 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%	83%	80% (253 out of 316)	
KPI 7 - Staff absence rate, segmented by type	4	tbc	4.2% (0.9% short term, 0.6% medium term and 2.7% long term sickness)	No data available	HR system, MyView, was released in October 2018. Data has still to be added to the new system.
KPI 8 - Staff vacancy levels, segmented by inspector / non inspector	4	tbc	Inspector vacancies- 3.1% Non-inspector vacancies – 7.1%	Inspector vacancies – 2.7% Non-inspector vacancies – 8.9%	Inspection staff includes: Inspector; team manager; sen inspector; practitioner inspector; strategic inspector.
KPI 9 - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	77%	78%	
KPI 10 - % of agreed audit recommendations that are met within timescale	4	100%	Not reported on	Not reported on	Audit report not yet finalised.

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	Q3 2017/18	Q3 2018/19	Notes
MM 1 - % services where grades have improved (or good grades maintained) since the last inspection	1	Baseline year	96% by 31 December 2017	96% by 31 December 2018 (10,542 services out of 10,978 services)	
MM 2 – Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence	1	n/a	176 inspections were added to the plan due to changes in risk up to 31 December.	112 inspections were added to the plan due to changes in risk up to 31 December.	Decision made by adult services to remove a number of follow up inspections in Q3 due to capacity.
MM 3 - % of inspection hours spent in high and medium risk services	1	Baseline year	28% of inspection hours in Q1 to Q3 were spent in medium and high risk services	28% of time spent in high/medium risk services. (32,087 hours out of 115,762 hours)	20% of inspections (rather than hours) in high/medium risk services (853 inspections out of 3,488 inspections)
MM 4 - % hours spent on improvement activity	1	Baseline year	A total of 3,328 hours spent on improvement work in Q1 to Q3 was recorded in the IRTs	A total of 3,208 hours spent on improvement work in Q1 to Q3 was recorded in the IRTs	There are inconsistencies in how we record improvement work, and work is ongoing to better define this.
MM 5 - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	1	Baseline year	3.4%	3.1% (403 out of 13,022 services)	

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Performance Indicator	Strategic Objective	Target	Q3 2017/18	Q3 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		
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	37%	29%	
MM 9 - % services with >90% of respondents happy or very happy with the quality of care	3	n/a	95%	93%	
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	1,218 people in Q3	1,373 people in Q3	

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Performance Indicator	Strategic Objective	Target	Q3 2017/18	Q3 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	4 disciplinaries; 1 resulted in formal action, 2 were resolved informally and 1 where the employee resigned prior to a disciplinary hearing. There was 1 DAW complaint which was not upheld. There were 3 Grievances; 1 was upheld and 2 were not upheld.	<u>Dignity at Work:</u> 3 cases; 1 of which was ongoing from quarter 1. 2 were not upheld and one was informal so no formal action taken <u>Grievances:</u> 0 cases <u>Disciplinaries:</u> 2 cases. 1 was upheld and 1 was 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.

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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 Q3 Report