



Monitoring Our Performance 2017/18 – Quarter 4 Report

Report to: Board

Date: 20 June 2018

Report by: Rami Okasha, Executive Director of Strategy and Improvement

Report No: B-47-2018

Agenda Item: 13

PURPOSE OF REPORT

To present the Quarter 4 (Q3) 2017/18 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 | EDS&I Chief Executive | | |
| 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: R Okasha Position: Executive Director of Strategy and Improvement | | |
| Authorised by Director | Name: K Reid | Date: 12 June 2018 | |

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| Version: 2.0 | Status: <i>Final</i> | Date: 12/06/18 |
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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 2017/18. It shows a continued high volume of activities in the Care Inspectorate's areas of work with regulated care services.

| | Number completed in 2017/18 up to 31 Mar | Number completed in 2016/17 up to 31 Mar | Comparison of 2017/18 vs 2016/17 |
|---|--|--|----------------------------------|
| New Registrations completed | 806 | 910 | ▼ |
| Inspections completed | 7,034 | 7,541 | ▼ |
| <i>of which, statutory inspections</i> | 2,270 | 2,202 | ▲ |
| Complaints Received | 4,696 | 4,309 | ▲ |
| Number of Variations completed (not including typographical changes to certificates). | 3,734 | 3,000 | ▲ |
| Total scrutiny interventions completed | 16,270 | 15,760 | ▲ |

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 | Q4 2016/17 | Q4 2017/18 | Notes |
|--|---------------------|--------|---|---|---|
| KPI 1 - % of statutory inspections completed | 1 | 99% | 99% 2,202 inspections | 99% 2,270 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 96% of people who experience care thought the quality of the care service would improve following the inspection | 98% of staff and 93% of people who experience care thought the quality of the care service would improve following the inspection | In 2017/18, staff total 1,160 respondents, people who experience care total 494 respondents |
| KPI 3 - % of people who say our national reports and publications are useful | 2 | 90% | | | Data collection commenced Q4 2017/18 and will be reported during 2018/19. |
| KPI 4 - % inspections involving an inspection volunteer | 3 | n/a | 7.3% (549 inspections completed involving an inspection volunteer in 2016/17) | 7.2% (543 inspections completed involving an inspection volunteer in 2017/18) | |
| KPI 5 - % of complaints about care that are investigated within the relevant timescales | 3 | 80% | 76% of complaint investigations were completed within 40 days | 72% of complaint investigations were completed within 40 days | |
| 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% | 86% | 80% | |

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| KPI 7 - Staff absence rate, segmented by type | 4 | tbc | 4.4% (0.8% short term, 0.6% medium term and 3.0% long term sickness) | 4.5% (0.9% short term, 0.6% medium term and 3.0% long term sickness) | |
| KPI 8 - Staff vacancy levels, segmented by inspector / non inspector | 4 | tbc | Inspector vacancies – 2.3% Non-inspector vacancies – 0.8% | Inspector vacancies – 2.7% Non-inspector vacancies – 3.7% | |
| KPI 9 - Complaints about CI completed within SPSO-recommended timescales | 4 | Baseline year | 64% | 73% | |
| KPI 10 - % of agreed audit recommendations that are met within timescale | 4 | 100% | - | 86% | There were 21 audit actions requiring action in by 31 March 2018. Of these, 18 were complete. The remaining 3 actions were partially complete, while a further 14 actions are not yet due for completion (source: Internal auditor's annual report) |

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 2016/17 | Q3 2017/18 | Notes |
|---|---------------------|---------------|---|---|-------|
| MM 1 - % services where grades have improved (or good grades maintained) since the last inspection | 1 | Baseline year | 96% of services that started the year with grades of Good (4) or better in all themes had maintained or | 95% of services that started the year with grades of Good (4) or better in all themes had | |

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| | | | improved on these by 31 March 2017 | maintained or improved on these by 31 March 2018 | |
|--|---|---------------|--|--|---|
| MM 2 – Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence | 1 | n/a | | 392 | We added 392 inspections to our inspection plan in 2017/18 due to changes in risk or as the result of specific intelligence. |
| MM 3 - % of inspection hours spent in high and medium risk services | 1 | Baseline year | 29% of inspection hours in 2016/17 were spent in medium and high risk services | 28% of inspection hours in 2017/18 were spent in medium and high risk services | Note: 20% of inspections carried out in 2017/18 were in medium and high risk services |
| MM 4 - % hours spent on improvement activity | 1 | Baseline year | A total of 5,504 hours spent on improvement work in 2016/17 was recorded in the IRTs | A total of 4,676 hours spent on improvement work in 2017/18 was 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 | 4.0% | 4.4% | 4.4% of graded services at 31 March have had any themes graded weak, unsatisfactory or adequate in their previous two (or more) inspections |
| 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 | 11% | 4% | 604 services that registered in 2016/17 were inspected in 2017/18. 24 (4%) of these either had grades of 1 or 2 awarded in one or more themes, or had |

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| | | | | | requirements made at their first inspection. |
| MM 8 - % of complaints about the Care Inspectorate that are resolved through front line resolution | 3 | Baseline year | 27% | 31% | |
| MM 9 - % services with >90% of respondents happy or very happy with the quality of care | 3 | n/a | 93% CSQs received from 5,239 services | 94% CSQs received from 5,706 services | |
| 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 | 5014 | 4482 | |
| 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 where formal action was taken, 2 which were resolved informally and 1 where the employee resigned prior to a disciplinary hearing taking place. There were 3 dignity at work complaints which were not made formal, and not upheld. There were 3 grievances; 1 was upheld and 2 were 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 2017-18 Q4 Report

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