



Monitoring Our Performance 2018/19 – Quarter 1 Report

Report to: Board

Date: 27 September 2018

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

Report No: B-60-2018

Agenda Item: 18

PURPOSE OF REPORT

To present the Quarter 1 (Q1) 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 type="checkbox"/>	
EIA Carried Out	YES <input type="checkbox"/>	NO <input 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: R Okasha	Date: 27/09/18	

1.0 INTRODUCTION

This quarterly report sets out the key priorities of our corporate plan's strategic objectives and uses the agreed 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 June 2018.

	Number completed in 2018/19 up to 30 th June	Number completed in 2017/18 up to 30 th June	Comparison of 2018/19 vs 2017/18 year to date
New Registrations completed	199	183	▲
Inspections completed	1,581	1,864	▼
Complaints Received	1,181	1,171	▲
Number of Variations completed (not including typographical changes to certificates)	599	777	▼
Total scrutiny interventions completed	3,560	3,995	▼

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	Q1 2017/18	Q1 2018/19	Notes
KPI 1 - % of statutory inspections completed	1	99%	102% 605 inspections	83% 487 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%	No data available.	99% of staff and 97% of people experiencing care thought the quality of the care service would improve following the inspection	Q1 2018/19: staff total 209 respondents; people who experience care total 34 respondents
KPI 3 - % of people who say our national reports and publications are useful	2	90%	Implementation timescale to be confirmed. [This information is now sought following publication of national reports and publications but will take some time to gather a meaningful quantity of data.]		
KPI 4 - % inspections involving an inspection volunteer	3	n/a	8% (149)	8% (127)	
KPI 5 - % of complaints about care that are investigated within the relevant timescales	3	80%	79% of complaint investigations were completed within 40 days	57% of complaint investigations were completed within 40 days	Q1, 195 out of 343 complaint investigations were completed within 40 days. We will review how we report on this KPI in light of the new procedure.

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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%	80%	77%	
KPI	Strategic Objective	Target	Q1 2017/18	Q1 2018/19	Notes
KPI 7 - Staff absence rate, segmented by type	4	-	4.0%	2.9%	0.6% short term, 0.7% medium term, 1.6% long term sickness
KPI 8 - Staff vacancy levels, segmented by inspector / non inspector	4	-	Inspector vacancies – 8% Non-inspector vacancies – 8.2%	Inspector vacancies – 6.1% Non-inspector vacancies – 6.4%	
KPI 9 - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	89%	75%	
KPI 10 - % of agreed audit recommendations that are met within timescale	4	100%	Not reported on	100%	All 4 internal audit actions due for completion by 30 June 2018 were complete by the deadline.

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	Q1 2017/18	Q1 2018/19	Notes
MM 1 - % services where grades have improved (or good grades maintained) since the last inspection	1	Baseline year	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 June 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 June 2018	10,618 services out of 10,785
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 Q1 2017/18	9	We added 9 inspections to our inspection plan in Q1 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 2017/18 were spent in medium and high risk services	29% of inspection hours in Q1 were spent in medium and high risk services	Note: 21% of inspections carried out in Q1 were in medium and high risk services (272 inspections out of 1320)
MM 4 - hours spent on improvement activity [specifically as part of an inspection]	1	Baseline year	In Q1 a total of 1,182 hours spent on improvement work in 2017/18 was recorded in the IRTs	In Q1 a total of 936 hours spent on improvement work in Q1 was recorded in the IRTs	Further work on definitions and recording mechanisms has now commenced

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MM 5 - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	1	Baseline year	1.2%	0.7%	88 out of 13,196 services
Performance Indicator	Strategic Objective	Target	Q1 2017/18	Q1 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	39%	16%, (3 out of 19 complaints)	
MM 9 - % services with >90% of respondents happy or very happy with the quality of care	3	n/a	93%	93%	Mainstream school care accommodation online survey Q1 2018/19: 87 responses received from 3 services 94% of respondents were happy or very happy with the care they receive. See also section 6.0 below.
MM 10 - % of complainants who tell us their complaint was resolved fairly and care improved	3	Baseline year	Systems for collecting this information have not yet been developed		
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		

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MM 12 - The number of people using services and carers that inspection volunteers speak with	3	tbc	1336	1183	392 relatives 791 people experiencing care
Performance Indicator	Strategic Objective	Target	Q1 2017/18	Q1 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 Q1 2017/18	Grievances: 0 Dignity at Work: 2 informal cases resolved and 1 formal case – no outcome yet as ongoing Disciplinary: 1 case – no outcome yet as ongoing	

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 OTHER INFORMATION REQUESTED BY THE BOARD

At the June 2018 meeting, the Board suggested consideration of removing the percentage reported under KPI4 and retaining only the number. The percentage has been reported in this report pending a wider review of the agreed success measures, allied to refreshed performance measures in the new corporate plan. Additionally, the Board will consider a revised involvement strategy at its next meeting.

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The Board also requested more information about the dramatic increase in the number of children and young people who shared their experiences about school care accommodation, identified in the Q4 report. In 2016/17 we received 151 responses from 11 different services, using a paper questionnaire. In 2017/18 we received 1157 responses from 10 different services using a digital questionnaire. That equates to an increase of 642% in the response rate with the average number of responses per service increasing from 14.2 in 2016/17 to 115.7 in 2017/18 (715% increase).

7.0 RESOURCE IMPLICATIONS

There are no additional resource implications arising from this report.

8.0 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 Q1 Report

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