Monitoring Our Performance 2018/19 – Quarter 4 Report

Report to:	Board
Date:	14/05/2019
Report by:	Edith Macintosh, Interim Executive Director of Strategy and Improvement
Report No:	B-21-2019
Agenda Item:	13

PURPOSE OF THE REPORT

To present the Quarter 4 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 ☐		NO ☐
EIA Carried Out	YES ☐		NO ☒
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: Edith Macintosh Interim Executive Director of Strategy and Improvement		
Authorised by Director	Name: P MacLeod	Date: 10 June 2019	

1.0 INTRODUCTION

Following discussion at the last Board meeting, the format of this report has been reviewed and revised. We have incorporated the very detailed appendix that was available in previous reports into this single report and summarised the content further.

This quarterly report sets out our performance against our success measures for the year to date and highlights key areas of work delivered or progressed in the last quarter under each strategic objective in the corporate plan.

Our success measures are split into two types: Key Performance measures (KPIs) against which our performance can be measured, and Monitoring Measures (MMs) which we include to provide context both in terms of further detail and external factors which we aim to influence.

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2.0   Summary of performance up to 31 March 2019

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

Key Performance Indicator Overview

Monitoring Our Performance 2018/19 – Quarter 4 Report
Key Performance Indicators

care inspectorate

Strategic Objective 1: Public assurance and building confidence	**Strategic Objective 2:** Informing policy	**Strategic Objective 3:** Supporting people's understanding of high quality care and making sure their voice is heard	**Strategic Objective 4:** Efficiency and effectiveness, excellence, cultural change, workforce and collaborative working
KPI1: Statutory inspections complete. **99.9%** (2,310 completed out of 2,311 planned to end of quarter 4) [Target 99%]	**KPI3:** People who say our national reports and publications are useful. **61%** [Target 90%]	**KPI4:** Inspections involving an inspection volunteer. **7.5%** (511 inspections completed involving an inspection volunteer up to 31 March 2018)	**KPI6:** Registration applications completed within timescales. **77%** [Target 80%]
KPI2: People who tell us scrutiny helps improve services. **staff: 98%** **people experiencing care: 98%** [Target 90%]		**KPI 5(a):** % of complaints about care that are investigated within the relevant timescales (excluding FLR). **50%** [Target 80%]	**KPI7:** Staff absence rate. **4.1%**
	Colour code Red significantly below target (11% or greater under target) Amber slightly below target (1%-10% under target) Green target achieved Blue no target, data only Purple data not available	**KPI 5(b):** % of complaints about care that are investigated within the relevant timescales (including FLR). **70%** [Target 80%]	**KPI8:** Staff vacancy level. **inspector: 4.4%** **non-inspector: 6.5%**
			KPI9: Complaints about us completed within timescales. **73%** [Target baseline year]
			KPI10: Audit recommendations met. **86%** [Target 100%]

KPI - Key Performance Indicator   **MM-Monitoring Measure**

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Strategic objective 1: Public assurance and building confidence

KPI	Target	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
KPI 1 - % of statutory inspections completed	99%	99% (2,270 of 2,287 inspections)	🟢 99.9% (2,310 of 2,311 inspections)	More completed than in previous two years, despite challenges around resourcing the PDA, business and digital transformation and recruitment.	Scrutiny and assurance have focussed on completing statutory inspections.	
KPI 2- % 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	90%	98% of staff (1,160 responses) and 93% of people who experience care (494 responses)	🟢 98% of staff (866 responses) and 98% of people who experience care (312 responses)	Increase is positive responses from people who use care services and their carers.		

MM	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
MM 1- % services where grades have improved (or good grades maintained) since the last inspection	95%	95%	No change.		
MM 2 – Number of Scrutiny and Improvement interventions	392	290	Reduction (102 cases or 26%) in the number of additional inspections based on risk or intelligence.	This reflects the more effective deployment of staffing resources based upon risk assessment of those services	Due to targeting of scrutiny activity inspections were rescheduled and now included in 2019/20 plan.

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undertaken because of changes in risk or as a result of specific intelligence			Linked to high performance for KPI 1.	requiring to be scrutinised.	
MM 3 - % of inspection hours spent in high and medium risk services	28%	27%	No change – we continue to spend proportionately more of our time in high risk services.		
MM 4 - % hours spent on improvement activity	A total of 4,676 hours spent on improvement work in 2017/18 was recorded in the IRTs	A total of 4,374 hours spent on improvement work in 2018/19 was recorded in the IRTs	Drop of 302 hours of 7% - however this is hard to interpret as there are inconsistencies in how we record improvement work.		Work is ongoing to better define this.
MM 5- % services with any grade of weak, unsatisfactory or adequate for two inspections or more	4.4% (581 out of 13,273 services)	4.1% (527 out of 12,886 services)	Whilst the number of services has dropped (down 54 services) the overall number of non-cancelled services has also dropped resulting in a smaller percentage change(down 0.3 percentage points)		
MM 6 - % of registration applications that do not proceed due to concerns about ability to provide a quality service			No data source available.		

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| **MM 7** - % newly registered services with requirements made / poor grades at the first inspection | 13% * (88 out of 671 services)

 *revised In Q4 17/18 4% was published in error | 16% (83 out of 520 services) | 3 percentage point increase in poor assessments of newly registered services. | The number of newly registered services with requirements made/poor grades at first inspection has dropped (down 5 services). However, the number of newly registered services which have been inspected has fallen even more (down 151 services) resulting in a 3 percentage point increase | |

Total scrutiny and improvement interventions completed in 2018/19.

Over the year, we completed 7% fewer scrutiny and assurance interventions than in the previous year, with only complaints received increasing over that period.

	Number completed in 2018/19 up to 31 March	**Number completed in 2017/18 up to 31 March**	**Comparison of 2018/19 vs 2017/18 year to date**
New Registrations completed	737	806	▼
Inspections completed	6,781	7,034	▼
Complaints Received	4,942	4,696	▲
Number of Variations completed (not including typographical changes to certificates).	2,592	3,734	▼
Total scrutiny interventions completed	15,052	16,270	▼

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Summary of key achievements and work progressed in Q4 2018/19.

Developing scrutiny methodology
- The health and social care standards continue to be embedded in the new inspection frameworks for care homes for adults and children and young people. The standards have also started to be reflected in improvement methodology and improvement resources.

Strategic scrutiny
- We published a letter of validation for the self-evaluation carried out by community justice partners in North Lanarkshire and completed the inspection of criminal justice social work service focused on community payback in West Dunbartonshire.

Learning from enforcement
- We held a joint event with chief social work officers to share the learning from the closures of the care homes and are working on how we share intelligence between health and social care partnerships and the Care Inspectorate at an early stage.

International interest in the outcomes focussed approach
- The Care Inspectorate hosted the international regulators meeting where around 60 people from different countries attended to focus on involving people in regulation. The interim head of improvement support presented a session on the people living with dementia as inspection volunteer's pilot. Also, the involving people team and one of our young inspection volunteers shared the work they do with strategic inspection.

Improvement and collaborative working
- The improvement support team has engaged with staff in Dundee Partnership to co-produce leadership and governance arrangements of Dundee's post inspection transformational plan in relation to adult support and protection. Three improvement workshops were delivered to build capacity and capability.
- Working in collaboration with Scottish Care integration lead for Angus Integrated Joint Board and Care Inspectorate inspectors, the improvement support team held the first of three improvement events designed to support services in Angus with quality improvement projects beginning in April 2019.

Care about physical activity (CAPA)
- Six engagement events with approximately 300 participants were run in different health and social care partnership areas across Scotland for the next phase of CAPA.

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Strategic Objective 2: Informing policy

KPI	Target	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
KPI 3 - % of people who say our national reports and publications are useful	90%	.n/a	🔴 61% *Based on very small sample of respondents (18 responses)	100% of respondents rated the presentation and the information and interpretation of the data provided in our statistical reports as "Very good" or "good". Only 50% of respondents said the timeliness of the publication was "Good" or better	n/a	We have brought forward the publication dates for all 2019/20 statistical releases to get the information out as early as possible

Summary of key achievements and work progressed in Q4 2018/19.

Intelligence products and tools
- The registration team worked closely with Police Scotland to develop a process of sharing intelligence about applicants registering to operate a care service.

Annual returns
- The data collected in annual returns is primarily used to inform our care service inspections with a range of secondary uses including statistical publications and sharing data with other public bodies. The intelligence team revised and updated the annual return tool which provides extra value for inspectors by identifying changes from year to year, potential discrepancies on our register, and benchmarks for comparison.

Our new, free email newsletter subscription service
- The external communications team is now delivering our latest news and updates to readers four times more frequently than we did with our printed magazine Care News and with a 60% budget saving. We replaced the printed Care News magazine with a free email newsletter subscription service, delivering our latest news and updates in a monthly Care News newsletter, a vacancy alerts newsletter and a weekly Twitter digest.

Seeking the views of children and young people
- We have produced attractively designed questionnaires for the current programme of joint inspections of services for children and young people in need of care and protection. Inspectors are sharing and using them as a big part of their inspections. We also promote them during inspections on social media.

Care Inspectorate's online hub

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- The Policy Team completed the redevelopment of the hub website. The hub is a central point of access to a wide range of features. As part of the redevelopment we worked with Scottish Government to host their new training directory for early-years practitioners and funded self-directed support resources. We also partnered with Social Services Knowledge Scotland (SSKS) to develop a new section on research resources and skills.

Strategic Objective 3: Supporting people's understanding of high quality care and making sure their voice is heard

KPI	Target	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
KPI 4 - % inspections involving an inspection volunteer	n/a	7.2% (543 inspections completed involving an inspection volunteer in 2017/18)	7.5% (511 inspections completed involving an inspection volunteer in 2018/19)	This is a decrease from quarter 3 2018-19. Fewer inspections were completed in quarter 4 as all inspectors covering older people services (majority of our inspections) were asked to complete their inspections by January (by end of quarter 3) to allow review of the new methodology.	Although the percentage is higher with a lower number, this is because we completed fewer inspections in 2018/19 (6,781), compared to 2017/18 (7,034).	

KPI	Target					
KPI 5(a) - % of complaints about care that are investigated within the relevant timescales (excluding FLR)	80%	72% (1,037 out of 1,435 completed in the relevant timescale)	50% (701 out of 1,397 completed in the relevant timescale) 🔴	Following discussion at prior 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.	Staffing capacity has impacted on performance due to unfilled vacancies	Staffing capacity has been proactively dealt with and 2 out of 4 inspector vacancies have been filled)
KPI 5(b) - % of complaints about care that are investigated within the relevant timescales (including FLR)	80%	82% (1,863 out of 2,261 completed in the relevant timescale)	70% (1,639 out of 2,335 completed in the relevant timescale) 🟡	Early indications are emerging that the time taken to process end to end transactions for each part of a complaint has greatly reduced.	Becoming familiar with new ICT equipment and software	Additional management capacity of 0.5 to support increased performance for 9 months has been agreed. Inspection staff undertaking complaints as overtime Facilitated dealing with anonymous complaints in good performing services faster. In these cases, team managers could approve the complaint to be investigated by the service. New complaints app went live 21 March 2019. Since launch there has been a lot of positive feedback. It has enabled significantly faster processing of information. The app enables very important features that were not possible in the old system such as triage and workload allocation.

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MM	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
MM 8 - % of complaints about the Care Inspectorate that are resolved through front line resolution	31%	33%	Very small numbers therefore fluctuations are not necessarily meaningful.		
MM 9 - % services with >90% of respondents happy or very happy with the quality of care	94% (CSQs received from 5,706 services)	93% (CSQs received from 5,503 services)	Mainstream school care accommodation online survey Q4 2018/19: 485 responses received from 10 services 94% of respondents were happy or very happy with the care they receive.		
MM 10 - % of complainants who tell us their complaint was resolved fairly and care improved	No data source available				
MM 11 - Number of people whose views are heard as part of our scrutiny and improvement activities	13,342 people	11,392 people	Sum of the number of responses from CSQs, ISQs and the number of people that inspection volunteers spoke with	Large drop in the number of CSQs completed by childminders due to less inspections and Mainstream School Care Accommodation services from 2017/18 No ISQs were sent out for Q1 inspections as there was a delay on caseloads being finalised	
MM 12 - The number of people using services and carers that inspection volunteers speak with	4,482 in 2017/18	4,501 in 2018/19	337 carers 507 people experiencing care in Q4 2018/19	We have experienced more requests and have issued phones to inspection volunteers. thus raising the volume of people we spoke to.	

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Summary of key achievements and work progressed in Q4 2018/19.

Inspection volunteer focus
- Siblings resource work – the young inspection volunteers have developed a resource around the importance of sibling relationships. Based on this resource they delivered a workshop at the Scottish care leavers covenant conference in Glasgow.

Corporate parenting
- Young people have been involved in the development of the new complaints app. Working with the complaints team and the corporate parenting group to promote the complaints service in a targeted way to children and young people through Who Cares? Scotland and other advocacy groups.

Developing new care surveys
- Following the introduction of our framework for care homes for older people, we have developed new surveys to capture the views from residents of care homes for older people and from relatives and carers. These surveys are designed to be visually engaging, and we have designed additional visual aids to help us engage more meaningfully with people. The surveys will be available in both paper format and online.

Improving digital systems
- The complaints app went live internally on 21 March. Early indications are emerging that the time taken to process end to end transactions for each part of a complaint has greatly reduced. However, it is important to note that the organisation are having to work across both the new system and the old PMS system until all complaints are completed in PMS, and it may take some time to realise the full benefits of the new complaints app. Foundation work has commenced on the registration app and an internal consultation event has been held.

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Strategic Objective 4: Efficiency and effectiveness, excellence, cultural change, workforce and collaborative working

KPI	Target	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
KPI 6 - % of registration applications that are completed within time following payment of the relevant fee, clearly differentiating between any internal and external delays.	80%	80%	🟡 77% (299 out of 387)		A combination of internal (increased pre-registration work) and external factors (delays in receiving information required) have contributed to increased workloads and delayed timescales	The development of the new app should improve this.
KPI 7 - Staff absence rate, segmented by type	tbc	4.5% (0.9% short term, 0.6% medium term and 3.0% long term sickness)	🔵 4.1% (0.6% short term, 0.5% medium term and 3.0% long term sickness)	Average annual leave figures have been included in the quarter 4 2018/19 calculation	Main reason for variation is short term absence rates	HR will conduct further analysis into absences

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KPI 8 - Staff vacancy levels, segmented by inspector / non inspector	tbc	Inspector vacancies – 2.4%* Non-inspector vacancies – 4.1%* *revised In Q4 17/18 Inspector vacancies – 2.7% Non-inspector vacancies – 3.7% was published in error	🔵 Inspector vacancies – 4.4% Non-inspector vacancies – 6.5%	Inspection staff includes: Inspector; team manager; sen inspector; practitioner inspector; strategic inspector.	Vacancies have increased however there has been active recruitment activity and agency staff will be used when appropriate	
KPI 9- Complaints about CI completed within SPSO-recommended timescales	Baseline year	73%	🟢 73%		No change.	
KPI 10 - % of agreed audit recommendations that are met within timescale	100%	86%	🔴 86% were fully implemented and 14% were partially completed.	There were no "very high risk" recommendations outstanding at the end of the year, however there were 8 "high risk".	3 recommendations were delayed as they are part of the work on the new corporate plan, 1 was delayed as it was included in the registration development plan and is being taken forward within the business transformation work. 4 recommendations are being implemented as part of the ICT modernisation project. 1 firewall management recommendation will be complete by 31 July 2019 as the project has started to move the firewalls to the	The committee have been requested to approve revised due dates.

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					SWAN managed service.	

MM	Q4 2017/18	Q4 2018/19	Notes	Reason for difference	Action
MM 13 - Number of grievances, dignity at work cases, and disciplinary hearing, with information on whether or not they are upheld	<u>Dignity at Work</u>: 3 cases; not made formal, and not upheld. <u>Grievances</u>: 3 cases; 1 was upheld and 2 were not upheld <u>Disciplinaries</u>: 4 cases; 1 where formal action was taken, 2 which were resolved informally and 1 where the employee resigned prior to a disciplinary hearing taking place.	<u>Dignity at Work</u>: 3 cases; 2 informal and 1 formal – outcome: partially upheld <u>Grievances</u>: 1 formal case – outcome: not yet finalised <u>Disciplinaries</u>: 2 cases; 1 informal and 1 formal – outcome: not yet finalised	Small numbers		

Summary of key achievements and work progressed in Q4 2018/19.

Preparing annual report and accounts
- Work has commenced in preparation for the audit of the 2018-19 accounts.

Healthy working lives
- Healthy working lives have successfully maintained the gold award in February 2019.

Disability confident committed employer award
- The disability confident scheme aims to help successfully employ and retain disabled people and those with health conditions.

Information governance
- An information governance and cyber security O365 expert has been temporarily recruited to assist information governance in 'making it easy for users to do the right thing' when it comes to Office 365. Information governance have designed and delivered the SharePoint structures with accurate permissions and role-based access for contact centre, information and communications technology (ICT), information governance and complaints.
- A working draft government security classification (GSC) procedure has been signed off by the executive group, which will transform the information and intelligence handling in the Care Inspectorate across digital and hard copy records.

Learning and development
- An organisation wide training needs analysis was completed in February 2019, with the results informing the development of the annual learning and development plan.

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Workforce development

- The professional development award in scrutiny and improvement is developing our professional practice and the standing of care regulation, scrutiny and improvement as a specialist professional and academic discipline. This was validated by successful verification visits from both Scottish Qualifications and Scottish Social Services Council.

3.0   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:

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.
- Budget monitoring, billing of care providers, debt analysis
- Annual procurement performance

4.0   RESOURCE IMPLICATIONS

There are no additional resource implications arising from this report.

5.0   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.

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