Title:	**Monitoring Our Performance 2019/20 – Quarter 1 Report**		
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Appendices:	1.	*None*	
	2.		
	3.		
	4.		
Consultation:			
Resource Implications:	**No**		

EXECUTIVE SUMMARY
This report presents the Quarter 1 2019/20 summary report on performance along with an overview of key achievements and work progressed in Q1 2019/20.
The Board is invited to: *(Give details: Approve/agree/note)*
1. Discuss and note the report.
2.
3.
4.

Links:	Corporate Plan Outcome	1,2,3,4	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N
For Noting	**x**	**For Discussion**	**x**	**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)*
Disclosure after:

	Reasons for Exclusion
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

Monitoring Our Performance 2019/20 – Quarter 1 Report

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.

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.

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.

Subsequent performance reports following this one will relate to the new Corporate Plan 2019-2022, the 3 strategic outcomes and the agreed KPIs and KOIs (Key Outcome Indicators) agreed by the Board.

2.0 Summary of performance up to 30 June 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 (KPI) Overview

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. **78.6%** (470 completed out of 598 planned to end of quarter) [Target 99%]	**KPI3:** People who say our national reports and publications are useful. **Only reported on annually** [Target 90%]	**KPI4:** Inspections involving an inspection volunteer. **17.4%** (232 inspections completed involving an inspection volunteer up to 30 June 2019)	**KPI6:** Registration applications completed within timescales. **78.9%** [Target 80%]
KPI2: People who tell us scrutiny helps improve services. **staff: 92%** **people experiencing care: 100%** [Target 90%]		**KPI 5(a):** % of complaints about care that are investigated within the relevant timescales (excluding FLR). **43.6%** [Target 80%]	**KPI7:** Staff absence rate. **4.0%**
	Colour code		**KPI8:** Staff vacancy level. **inspector: 6.6%** **non-inspector: 9.7%**
	Red significantly below target (11% or greater under target)		**KPI9:** Complaints about us completed within timescales. **82.4%** [Target baseline year]
	Amber slightly below target (1%-10% under target)	**KPI 5(b):** % of complaints about care that are investigated within the relevant timescales (including FLR). **67.6%** [Target 80%]	**KPI10:** Audit recommendations met. **33%** [Target 100%]
	Green target achieved		
	Blue no target, data only		
	Purple data not available		

Strategic objective 1: Public assurance and building confidence

KPI	Target	Q1 2018/19	Q1 2019/20	Notes	Reason for difference	Action
KPI 1 % of statutory inspections completed	99%	83% (487 of 590 inspections)	● 78.6% (470 of 598 inspections)	Current performance is 4 percentage points (pps) lower than Q1 last year, and 20 pps under target.	**Adults:** The focus of our inspections has been on high risk areas. We have had some vacancies in in adults in the children and young people teams and some long term sickness both of these areas are being addressed. Support is being provided for staff to undertake the PDA which is crucial to their registration and also providing critical support through inspectors to our transformation programmes.	**Adults:** Recruited two new inspectors. Team managers are reviewing capacity on a monthly basis to support statutory inspections and have offered over time to staff to complete statutory inspections.

					Children: The new inspection quality framework for care homes for children & young people and school care accommodation services (residential special schools) was introduced in Q1 and inspectors and while inspectors become familiar to this it may take longer to complete inspections. Vacancies in the CYP team have occurred and this is being addressed.	Children: Ongoing evaluation of the framework for Children & Young People Recruitment process almost complete.
KPI	**Target**	**Q1 2018/19**	**Q1 2019/20**	**Notes**	**Reason for difference**	**Action**
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%	99% of staff (209 responses) and 97% of people experiencing care (34 responses)	92% of staff (397 responses) and 100% of people experiencing care (31 responses)	Remains above target for both staff and people experiencing care.		
MM		**Q1 2018/19**	**Q1 2019/20**	**Notes**	**Reason for difference**	**Action**

MM 1 % services where grades have improved (or good grades maintained) since the last inspection	98% (10,618 services out of 10,785)	99% (10,262 services out of 10,349)	Has remained at a consistently high level compared to last year.		
MM 2 Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence	9	11	No significant change.		
MM 3 % of inspection hours spent in high and medium risk services	29% of time spent in high/medium risk services. (9,705 hours out of 33,054 hours)	31% of time spent in high/medium risk services. (10,246 hours out of 32,852 hours)	No change – we continue to spend proportionately more of our time in high and medium risk services.		The introduction of the new Scrutiny Assessment Tool (SAT) to replace the RAD (Risk Assessment Doc) may affect the proportion of services that are medium or high risk. We will monitor this as the SAT is introduced and make any recommendations for changes to this measure for 2020/21.

MM	Q1 2018/19	Q1 2019/20	Notes	Reason for difference	Action
MM 4 % hours spent on improvement activity	A total of 936 hours spent on improvement work in Q1 was recorded in the IRTs.	A total of 898 hours spent on improvement work for Q1 was recorded in the IRTs.	Similar level to last year, although this is difficult to interpret as we do not record improvement work consistently.		This data has proved difficult to define and collect consistently and meaningfully.
MM 5 % services with any grade of weak, unsatisfactory or adequate for two inspections or more	0.7% (88 out of 13,196 services)	0.8% (95 out of 11,898 services)	No significant change.		
MM 6 % of registration applications that do not proceed due to concerns about ability to provide a quality service	No data source available.				
MM 7 % newly registered services with requirements made / poor grades at the first inspection	Only reported on annually.				

Total scrutiny and improvement interventions completed up to 30 June 2019
Over the year, we completed 13% more scrutiny and assurance interventions than in the previous year, with variations being the main driver of this increase.

	Number completed in 2018/19 up to 30 June	Number completed in 2019/20 up to 30 June	Comparison of 2019/20 vs 2018/19 year to date
New registrations completed	199	175	▼
Inspections completed	1,581	1,335	▼
Complaints received	1,181	1,359	▲
Number of variations completed (not including typographical changes to certificates).	599	1,153	▲
Total scrutiny interventions completed	3,560	4,022	▲

New registrations completed: Slightly fewer services looking to register compared to Q1 last year.

Inspections completed: The lower proportion of statutory inspections completed in Q1 this year compared to last has caused a reduction in the number of inspections completed.

Complaints received: The number of complaints received increased from Q1 last year. Complaints are up across most service types. It is worth noting that we introduced our new complaints app at the end of March 2019 which may have affected these figures.

Variations completed: The number of variations completed increased from Q1 last year. The increase is largely a result of ongoing work on a staffing schedule project whereby the registrations team are removing staffing schedules from conditions of registration. Services must apply to vary these conditions, and this has resulted in all the additional variations.

Summary of key achievements and work progressed in Q1 2019/20

Health & social care standards
Further evidence of the Health and Social Care Standards and our outcomes focussed approach having significant impact on policy and practice in Scotland and further afield. This is evident in various Scottish Government implementation plans and strategies such as the Self-Directed Support Strategy for 2019 – 21 and the Equality Impact Assessment for the early learning and childcare expansion. The Standards have been given their own page in NHS Scotland's new Patients Charter and they featured prominently at the NHS Scotland conference in June 2019.

Business transformation
Two further inspection frameworks were launched; care homes for adults and care homes for children and young people including special school care accommodation.

Care about physical activity (CAPA)
630 health and social care professionals used the Health and Social Care standards in practical exercises designed to deepen their understanding of the standards. This was included as part of the learning experience at Care About Physical Activity (CAPA) learning events across ten partnership areas.

Publications
We published reports of joint inspections of services for children and young people in Fife and City of Edinburgh; a report into the inspection of justice social work services in Scottish Borders. Following our thematic review of the implementation of self-directed support, we published an overview report and individual reports on six health and social care partnerships – South Lanarkshire, East Ayrshire, East Lothian, Shetland, Moray and West Dunbartonshire.

Validated and supported self-evaluations
We completed two validated and supported self-evaluations of community justice partnership working, one in Clackmannanshire and one across the three Ayrshire local authorities.

Enforcement review
The enforcement review, which aimed to learn from recent care home closures, is now complete. Recommendations have been agreed by the Scrutiny and Assurance Directorate. The next stage is to develop national guidance in collaboration with Health and Social Care Partnerships.

Developing methodology

We have been developing methodology for strategic level scrutiny, specifically:

- A stakeholder event following the first three joint inspections of services for children in need of care and protection. As a result of this event some amendments were made to the methodology.
- Development with colleagues in Healthcare Improvement Scotland of an outline proposal for joint inspection (adults) in line with Ministerial Strategic Group expectations.
- Development workshop with regulatory colleagues to develop methodology for regulated services to inform/ be more aligned with strategic inspection.

Strategic Objective 2: Informing policy

KPI	Target	Q1 2018/19	Q1 2019/20	Notes	Reason for difference	Action
KPI 3 % of people who say our national reports and publications are useful	90%	Only reported on annually.				

Summary of key achievements and work progressed in Q1 2019/20

Quality conversations events

We held four Quality Conversation events for executive and senior level representatives from across all aspects of the care sector with over 150 attendees meeting with our chief executive and chair, and members of our executive and senior management teams.

Early learning and childcare (ELC) expansion profiles

The Intelligence Team shared updated ELC statistical profiles from each local authority area and shared them on our website. These profiles are a valuable source of information about daycare of children services local authority areas as they plan for the expansion of ELC.

Care services – statutory definitions

We engaged with Sponsor Team colleagues in relation to the proposed consultation on review of the Care Service definitions set out in Schedule 12 to the Public Services Reform (Scotland) Act. We consulted internally to identify the issues with the existing definitions and shared the outcome with our Sponsor Team to help to inform their proposals for consultation.

Scottish child abuse inquiry

Formal notices have now been served upon the Care Inspectorate requiring the production of records in relation to a further seven establishments which will be considered as part of the Inquiry's work at a future date. Work is well in hand to prepare responses to these notices.

Significant case reviews

Learning from Significant Case Reviews 2015 -18 report was published. The report was welcomed in the children's services sector and has generated a range of requests for input and discussion.

External communications

Our e-newsletter service gained 1,112 new subscribers bringing the total number of subscribers to 5,579. During Q1, we issued 20 bulletins comprising 13 weekly Twitter Digests, 3 issues of Care News and 4 Vacancy Alerts.

Mental health legislation workshop

The Chief inspector for adult services was part of expert workshop on defining and taking forward changes to Mental Health Legislation set by Scottish Government.

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

KPI	Target	Q1 2018/19	Q1 2019/20	Notes	Reason for difference	Action
KPI 4 - % inspections involving an inspection volunteer	n/a	8% (127 of 1,581 inspections)	17.4% (232 of 1,335 inspections)	This is a considerable increase compared with the same period last year.	Increase due to shorter inspection reports, inspection volunteers no longer completing long inspection volunteer reports, leaving more time for inspection volunteers to be involved in a greater number of inspections.	Continue to involve inspection volunteers and people who have experienced care in our work.
KPI 5(a) % of complaints about care that are investigated within the relevant timescales (excluding FLR)	80%	56.9% (195 of 343)	43.6% (164 of 376)	The percentages of complaints investigated within the relevant timescales (both including and excluding FLR) are below target and down from Q1 last year.	There are some vacancies and long term sickness absence in the team which is being address There has been an increase in the number of complaints.	There will be a review of the complaints team over the next months. An additional team manager resource of 0.5 FTE has been put in place for ten months which has enabled the creation of a fourth complaints team. Close working with the digital transformation team and increased

KPI 5(b) % of complaints about care that are investigated within the relevant timescales (including FLR)	80%	72.5% (390 of 538)	67.6% (442 of 654) 🔴	The reported figures may not be a true reflection at this point due to the backlog data on complaint reports not being currently available in the new app. As this data does get entered the figures will, at some point, change in the future.	We are already seeing the benefits of the new complaint's app.	understanding about the work carried out by the complaints team has been positive.\n\nThe complaints app now provides good management overview which is enabling better monitoring of performance.
MM	**Q1 2018/19**	**Q1 2019/20**		**Notes**	**Reason for difference**	**Action**
MM 8 % of complaints about the Care Inspectorate that are resolved through front line resolution	16%	16%		No change.	The small number of complaints make it difficult to interpret variation.	
MM 9 % services with >90% of respondents happy or very happy with the quality of care	93% (CSQs received from 2,366 services)	93% (CSQs received from 2,363 services)		No change.		
MM	**Q1 2018/19**	**Q1 2019/20**		**Notes**	**Reason for difference**	**Action**

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	18,093 people	19,158 people	We engaged with an additional 1,065 people through our questionnaires and inspection volunteers in the first quarter of this year. Note that figures in the last report (Q4) were presented for the quarter only rather than the year. Revised figures are: 2017/18 – 52,527 people 2018/19 – 48,776 people	As this measure is simply a count of the numbers of people who in some way gave us their views about services or about our work, it is very difficult to interpret any variation over time.	
MM 12 The number of people using services and carers that inspection volunteers speak with	1,183	1,523	(636 carers, 887 people experiencing care)	More Telephone Inspections (questions we would ask face to face but conducted over the phone), increasing the number of people spoken with.	Continue to seek the views of people using services and carers using inspection volunteers

Summary of key achievements and work progressed in Q1 2019/20

CI hub development

Redesigned Hub launched, averaging 2000 more visitors a month than the previous version. Weekly bulletins by Policy Team, now available publicly on The Hub, help to ensure staff and stakeholders can maintain awareness of latest developments in policy, practice and research.

Developing new care surveys
New care surveys which support the new inspection framework for older people were ready to launch by the end of the quarter. During the quarter we ensured that inspection and business support staff and services were aware of changes prior to launch and put in place all the support processes to ensure the efficient distribution, collection and collation of results. We are running a smaller scale pilot of online questionnaires at the same time and will evaluate this as part of a wider evaluation of these changes during Q3.

Improving digital systems
In digital transformation the complaints app is providing improved access to data in relation to performance and quality of individuals work. The portal for the registration app and login functionality is being developed.

High level advisory group – justice
Proposals developed and considered by high level advisory group (justice) for the involvement in future inspections of people with lived experience of the justice system (mirroring involvement of young inspectors in the children's inspections).

Children's experiences
Following a pilot, the first of the roll out 17r training for using the Short Observational Framework for Inspection (SOFI) in inspections of day care of children services has been undertaken. This training will provide inspectors with a methodology to observe young children and make a judgement as to the quality of their experiences.

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

KPI	Target	Q1 2018/19	Q1 2019/20	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%	77.3% (75 out of 97)	● 78.9% (86 out of 109)	Small increase and is only slightly below target.	A reduction in the number of registrations has led to a reduction in pre-registration workload and resulted in improved performance to just below target.	The development of the new app is continuing and will improve this process going forward.
KPI 7 Staff absence rate, segmented by type	tbc	2.9% (0.6% short term, 0.7% medium term, 1.6% long term sickness)	● 4.0% (0.3% short term, 0.5% medium term, 3.2% long term sickness)	Rolling year figures are gradually increasing (12 month period up to 30 June 2019 was 4.0%). This is currently higher than the 3.8% benchmark.	Increase largely due to long term sickness (3.2% of working time), which was quite prominent in June. As at the end of the quarter 20 staff remained absent long term, this is more than usual. Absence was highest in adult's services (6.2%) and children's services (5.7%), both of which were heavily impacted by long term absence.	We are working with managers to ensure they have appropriate tools to manage absence.

KPI	Target	Q1 2018/19	Q1 2019/20	Notes	Reason for difference	Action
KPI 8 Staff vacancy levels, segmented by inspector / non inspector	tbc	Inspector vacancies – 5.7% Non-inspector vacancies – 6.9% *revised In Q1 18/19 Inspector vacancies – 6.1% Non-inspector vacancies – 6.4% was published in error	● Inspector vacancies – 6.6% Non-inspector vacancies – 9.7%	Increase in both inspector and non-inspector vacancies compared with Q1 last year. Inspection staff includes: Inspector; team manager; senior inspector; practitioner inspector; strategic inspector.	The main reasons for the increase in non-inspector vacancies were new posts in corporate services/strategic and improvement support team. These have now been filled, along with some backfilling of posts left vacant through secondments.	All planned action has taken place. Recruitment to these posts complete.
KPI 9 Complaints about CI completed within SPSO-recommended timescales	Baseline year	75% (9 out of 12 cases)	● 82.4% (14 out of 17 cases)	Increase in cases completed within timescales.	The percentages reported are based on small numbers which makes interpreting year on year changes difficult.	

KPI	Target	Q1 2018/19	Q1 2019/20	Notes	Reason for difference	Action
KPI 10 % of agreed audit recommendations that are met within timescale	100%	100%	🔴 33% were fully implemented, 44% were in progress and 22% due are for completion by the end of August.	There were 23 actions open as at 30 June 2019. Of the 23 open actions, 9 were due for completion by 30 June 2019. Of these, 3 were complete, 4 in progress and 2 were incomplete.	The two incomplete actions were delayed due to annual leave (these have now been completed). Of the four actions that were still in progress, three were delayed as they followed on from the work on the new corporate plan, the fourth action is to carry out business impact analysis (BIA) on 88 business processes and functions.	The committee have been requested to approve revised due dates

MM	Q1 2018/19	Q1 2019/20	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	Grievances: 0 <u>Dignity at Work</u>: 2 informal cases resolved and 1 formal case – no outcome yet as ongoing <u>Disciplinary</u>: 1 case – no outcome yet as ongoing	<u>Grievances</u>: 3 cases, 1 ongoing, 2 new – no outcome yet as ongoing <u>Dignity at Work</u>: 2 cases: 1 informal – no formal action taken, 1 formal, 1 aspect was partially upheld at appeal stage <u>Disciplinary</u>: 3 cases; 1 no action taken following disciplinary hearing, 2 ongoing	Small increase, but small numbers make it difficult to interpret changes.	In all instances, in line with policy, every attempt is made to resolve matters informally before escalating to formal processes.	

Summary of key achievements and work progressed in Q1 2019/20

Information governance
Government Security Classification (working draft) policy was published which will reinforce good behaviour in relation to sensitive information handling.

Improvement and collaborative working
An improvement planning tool has been developed and tested and the feedback has been positive. 84% agreed it had improved their confidence in identifying areas for improvement. 95% said it had improved communications with colleagues in Scottish Care and Care Inspectorate.

Learning and development
Learning and development events were offered to staff over the quarter including: LMS briefings, ICT training, Staff survey briefings and development days.

Customer services
The majority of copiers across the organisation have been replaced with more modern, efficient models more suited to the requirements of the organisation2222. The Service Now software is fully configured and ready to roll out for use by the Contact Centre and ICT Teams. Colleagues from Finance, HR and ICT / Customer Service are piloting robotic process automation software. This software is designed to quickly automate time consuming manual processes to improve accuracy and efficiency.

Healthy working lives
The Step Count Challenge ran from 29 April – 23 June. In total 7 teams walked 23,580,375 steps. We held a Blood Donation Day on 2 July 2019, 53 donors signed up and 49 pints of blood were donated. We also promoted Men's Health Week (10 – 16 June) and Prostate Cancer UK 22rganized drop in sessions at Dundee, VQ, Paisley and Dunfermline.

Financial savings
Recovery of £41k VAT from HMRC for 2018-19. The draft annual procurement report has indicative procurement savings totaling £1.1m, of which cash savings are £1m.

Training
Successful training was delivered to a group of early learning and childcare inspectors on the Solihull Approach in May 2019. This is an evidence-based programme which supports emotional health and well-being for children. These events were delivered by two relatively new inspectors who in their previous post had delivered the programme. Attendance at the training will help staff assess how children's needs are being met.

Qualifications
Chief Inspector Adults and a registration team manager obtained a Diploma in Coaching.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

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

3.1   Resources
There are no additional resource implications arising from this report.

3.2   Sustainability (see guidance)
There are no direct sustainability implications arising from this report.

3.3   Policy
As a public body, we are expected to consider our contribution to Scotland's National Performance Framework. The National Performance Framework is designed to shape how the actions of the public sector will improve the quality of life for people in Scotland. A new National Performance Framework was launched in 2018, consisting of 11 National Outcomes and 81 National Indicators. As is set out in more detail in papers associated with the Performance Measures Framework, we seek to deliver our strategic objectives in the context of a complex policy landscape. The Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care.

Relevant developments in Q1 included:
- Enactment of the Health and Social Care (Staffing) (Scotland) Bill, which will require the Care Inspectorate to work in collaboration with the care sector to develop and validate appropriate staffing methodologies and tools
- Publication of a new Implementation Plan for the Self-Directed Support Strategy for 2019-21 alongside plans for local reform of adult social care
- Introduction of the Disclosure (Scotland) Bill
- Publication of the final report of the Secure Care Strategic Board
- Publication of A Fairer Scotland for Older People – A Framework for Action
- Continued debate around the potential impact of Brexit on health and social care in Scotland.

3.4 **People who experience care**
This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2016-18. It shows evidence of the performance of the organisation in delivering strategic objectives and as such provides assurance and protection for people who experience care.

3.5 **Customers (Internal and/or External)**
This report includes a number of measures of customer satisfaction.

4.0 **CONCLUSIONS/NEXT STEPS**
The Board is invited to note and discuss this report. The Corporate Plan 2019-22 and associated performance measures have now been approved by the Board, therefore the next quarterly report will be based around out new Corporate Plan and performance measures.