



# Monitoring Our Performance 2017/18 – Quarter 3 Report

**Report to:** Board

**Date:** 29 March 2018

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

**Report No:** B-36-2018

**Agenda Item:** 10

## **PURPOSE OF REPORT**

To present the Quarter 3 (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	Executive Team	Modifications required	Appendix revised
Legal Services			
Corporate and Customer Services Directorate			
Committee Consultation (where appropriate)			
Partnership Forum Consultation (where appropriate)			
<b>Equality Impact Assessment</b>			
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: 13 March 2018	

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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, up to 31 December 2017. It shows a continued high volume of activities in the Care Inspectorate's areas of work with regulated care services.

	Number completed in 2016/17 up to 31 December	Number completed in 2017/18 up to 31 December	Comparison of 2017/18 vs 2016/17 year to date
New Registrations completed	704	637	▼
Inspections completed	5,426	5,077	▼
Complaints Received	3,128	3,458	▲
Number of Variations completed (not including typographical changes to certificates).	2,283	2,593	▲
<b>Total scrutiny interventions completed</b>	11,541	11,765	▲

**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	Q3 2016/17	Q3 2017/18	Notes
KPI 1 - % of statutory inspections completed	1	99%	99% (1,712 inspections)	96% (1,640 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 92% of people who experience care thought the quality of the care service would improve following the inspection	Staff total 771 respondents, people who experience care total 276 respondents.
KPI 3 - % of people who say our national reports and publications are useful	2	90%			Implementation timescale to be confirmed
KPI 4 - % inspections involving an inspection volunteer	3	n/a	8.1% (438 inspections completed involving an inspection volunteer since 1 April)	7.4% (401 inspections completed involving an inspection volunteer since 1 April)	
KPI 5 - % of complaints about care that are investigated within the relevant timescales	3	80%	77%	75%	
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%	90%	83%	80% of registrations for Childminders and 86% of registrations for other service types were completed within timescales in Q1 to Q3.

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<b>KPI 7</b> - Staff absence rate, segmented by type	4	tbc	4.2%	4.2%	(0.9% short term, 0.6% medium term and 2.7% long term sickness)
<b>KPI 8</b> - Staff vacancy levels, segmented by inspector / non inspector	4	tbc	Inspector vacancies- 2.3% Non-inspector vacancies- 1.7%	Inspector vacancies- 3.1% Non-inspector vacancies- 4.7%	
<b>KPI 9</b> - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	57%	77%	
<b>KPI 10</b> - % of agreed audit recommendations that are met within timescale	4	100%	To be reported in Q4		

### 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
<b>MM 1</b> - % services where grades have improved (or good grades maintained) since the last inspection	1	Baseline year	91% by 31 December 2016	96% by 31 December 2017	Calculation is of services that started the year with grades of Good (4) or better in all themes had maintained or improved on these
<b>MM 2</b> – 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.	

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<b>MM 3</b> - % of inspection hours spent in high and medium risk services	1	Baseline year	29%	28% of inspection hours in Q1 to Q3 were spent in medium and high risk services	Note: 20% of inspections carried out in Q1 to Q3 were in medium and high risk services
<b>MM 4</b> - % hours spent on improvement activity	1	Baseline year	A total of 3,850 hours spent on improvement work in Q1 to Q3 was recorded in the IRTs	A total of 3,328 hours spent on improvement work in Q1 to Q3 was recorded in the IRTs	
<b>MM 5</b> - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	1	Baseline year	3.4%	3.4%	3.4% of graded services at 31 December have had any themes graded weak, unsatisfactory or adequate in their previous two (or more) inspections
<b>MM 6</b> - % 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.		
<b>MM 7</b> - % newly registered services with requirements made / poor grades at the first inspection	1	Baseline year	Reported annually		
<b>MM 8</b> - % of complaints about the Care Inspectorate that are resolved through front line resolution	3	Baseline year	26%	37%	
<b>MM 9</b> - % services with >90% of respondents happy or very happy with the quality of care	3	n/a	93%*	95%	* The 2016/17 figure is based on CSQs received up to 30 September 2016

<b>MM 10</b> - % of complainants who tell us their complaint was resolved fairly and care improved	3	Baseline year	Implementation timescale to be confirmed		
<b>MM 11</b> - Number of people whose views are heard as part of our scrutiny and improvement activities	3	Baseline year	Implementation timescale to be confirmed		
<b>MM 12</b> - The number of people using services and carers that inspection volunteers speak with	3	tbc	498	1,218 people in Q3	In the year to 31 December our inspection volunteers have spoken to 3,681 people who experience care, their relatives and carers
<b>MM 13</b> - 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.	

## 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 2017-18 Q3 Report