



# **2015/16 Monthly Performance & Finance Report**

January 2016

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Please note there are measures which are shown as Management Information (**MI**) that do not use targets and as a result ratings are not produced.

## Lead Directors and Chief Inspectors



Paul Bate, Executive Director of Strategy & Intelligence



Steve Field, Chief Inspector of PMS and Integrated Care



Eileen Milner, Executive Director of Customer & Corporate Services



Sir Mike Richards, Chief Inspector of Hospitals



Andrea Sutcliffe, Chief Inspector of Adult Social Care

## RAG Definitions



**Outstanding** means performance exceeds the target by 5% or more



**Good** means performance meets or is within target by up to 5% (+/-)



**Requires Improvement** means performance is between 5% and 10% below target



**Inadequate** means performance is below target by 10% or more



Too early to rate

# Registration (all data updated to 8 February 2016)



## Registration

This KPI measures Registration processes completed within 50 working days, against a 90% target.

Registration activity by directorate and type for this month and the previous 12 months		ASC		HSP		PMS	
		Feb '15 - Jan '16	Jan '16	Feb '15 - Jan '16	Jan '16	Feb '15 - Jan '16	Jan '16
Total Registrations		20,646	1,744	2,327	157	11,619	820
Within target (%)		80.6%	76.0%	75.1%	65.0%	75.6%	70.5%
RAG		I	I	I	I	I	I
By Type							
Cancellations	Total completed	6,037	511	530	37	2,821	218
	% within KPI	90.5%	75.5%	90.6%	73.0%	78.2%	67.0%
	RAG	G	I	G	I	I	I
New Registrations	Total completed	7,386	546	705	44	3,935	227
	% within KPI	69.5%	74.7%	62.8%	61.4%	63.2%	70.5%
	RAG	I	I	I	I	I	I
Variations	Total completed	7,223	687	1,092	76	4,863	375
	% within KPI	83.8%	77.4%	75.5%	63.2%	84.2%	72.5%
	RAG	RI	I	I	I	RI	I

1 Registration processes include: Producing a registration recommendation report; Issuing a Notice of Decision; Closing a refused application; Issuing a registration certificate, Complete process without Certificate; and Terminate application. Please note that a single registration application can lead to more than one registration process.

Please see page 2 for definitions of RAG performance ratings

### What does this data say?

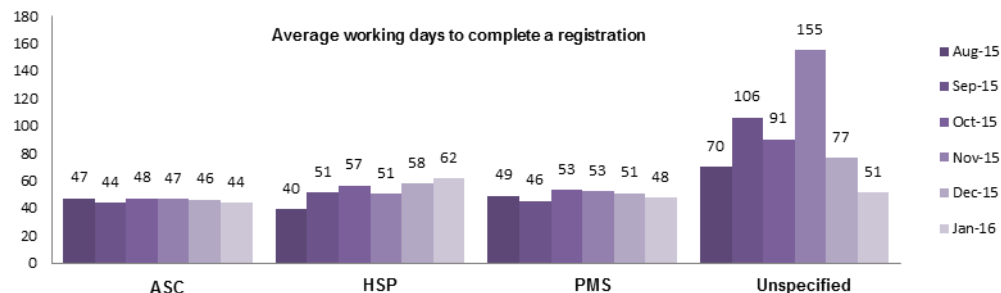
- 2,823 registration processes<sup>1</sup> were completed in January (including 102 new registrations not yet allocated to a directorate) – 73.1% within the KPI
- 766 cancellation processes completed in January – 73% within KPI.
- 919 new registrations processes allocated to a directorate completed in January – 71.2% within KPI (NB within the 'new registrations' are existing services changing ownership where delays in the transfer of ownership can impact on achieving this KPI). It should also be noted that only 57.8% of new registrations relating to processes not allocated to a directorate are within the KPI.
- 1,138 variation processes completed in January – 74.9% within KPI

In January 96% of registration inspectors are currently in post, although 4.2% are currently out of the business (maternity leave, on secondment etc.). Three of the 'in post' registration inspectors are currently on induction and are therefore not yet operational.

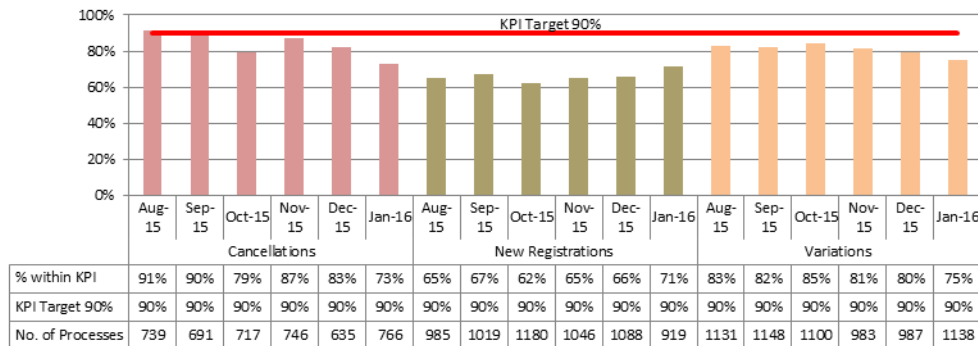
### What is it telling us about our performance?

There are a number of reasons why some applications are outside of KPI including: the impact of the backlog from 2014 still impacting; complex applications; applications in enforcement (noted as unspecified) which ultimately means they will always be outside of a KPI. However, as shown in the graphs below the average working days for registrations allocated to directorates is well within the KPI of being completed within 50 working days.

It has further been agreed that the registration team will continue to use overtime and bank inspectors to clear the backlog (funded to March 2016), and have so far cleared 300 applications – some dating back to December 2014. In addition NCSC has also agreed to process a number of additional low level applications. .



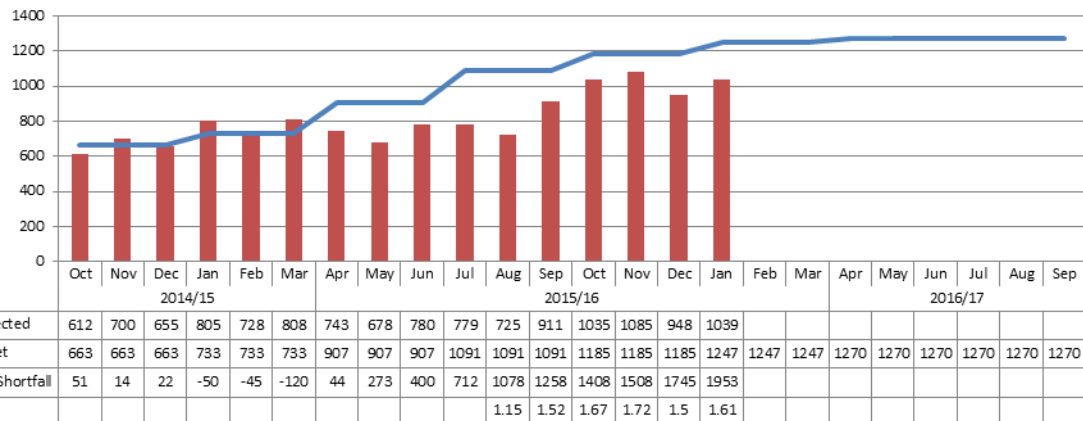
### Volume and KPI performance of Registration Processes by Type



# Inspection target vs. actual – Programme Inspections (as of 31 January 2016)



## Adult Social Care



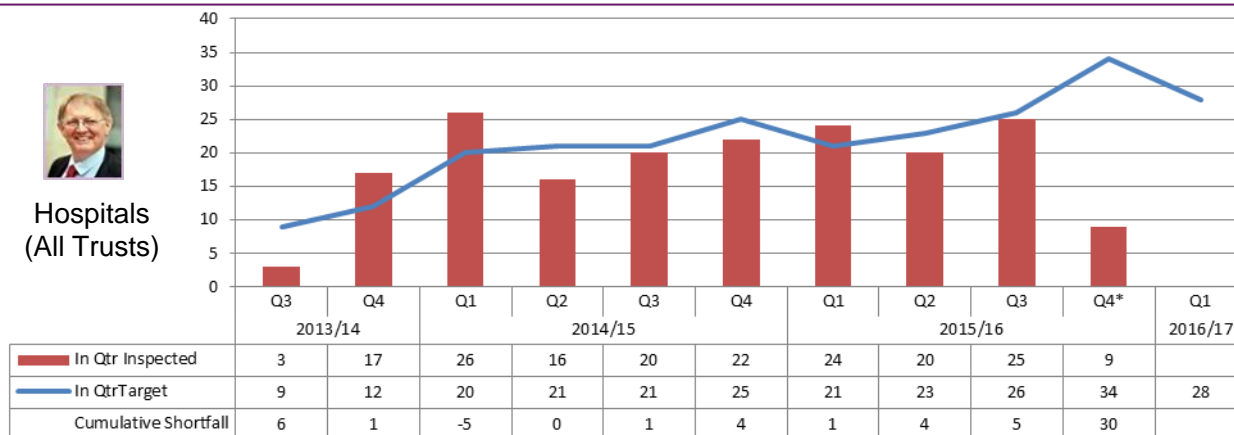
### What does this data say?

This data counts inspections where a provider or location has been inspected for the first time under the new inspection approach – our business plan commitment.

**Adult Social Care** – 13,031 programme inspections commenced since the start of the programme (1<sup>st</sup> October 2014). 83.3% of the in-month target has been achieved. In January 1,845 hours of overtime were claimed (Aug, Oct, Nov, Dec and Jan) covering 130 locations. 548 hours were for Inspections at 67 locations. Other main activity's claimed for are Planning (246 hrs) and Report Writing (832 hrs)



## Hospitals (All Trusts)



**Hospitals** – 182 programme inspections for Trusts commenced (please see next slide for a breakdown) – 30% of the in-quarter target has been achieved. The directorate has confirmed that it will achieve its programme of first ratings inspections by March 2016 (acute non-specialist Trusts) and June 2016 (all remaining NHS sectors).

**Primary Medical Services** – 4,073 programme inspections commenced since the start of the programme (1<sup>st</sup> October 2014), of which 3,338 GP's – 65% of the in-month target has been achieved.

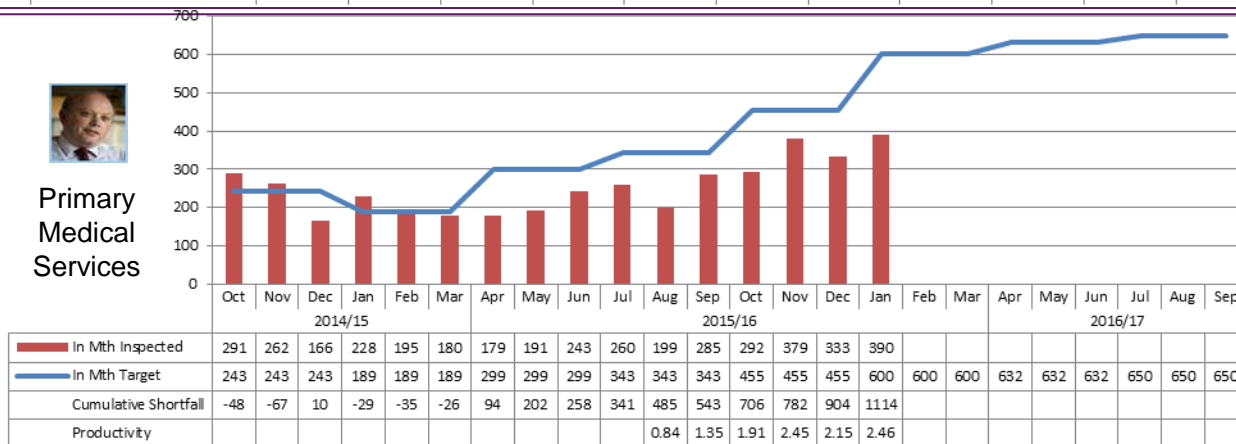
### What is it telling us about our performance?

Since August we have calculated productivity based on those inspectors who are "Not in training" (FTE minus staff who started within 3 months). This staffing level figure is not available for previous months meaning we could not supply a comparative productivity figure pre-August.

Please note that the PMS overall inspection target has been reduced as previous versions included providers such as Independent Doctors who are not being rated



## Primary Medical Services



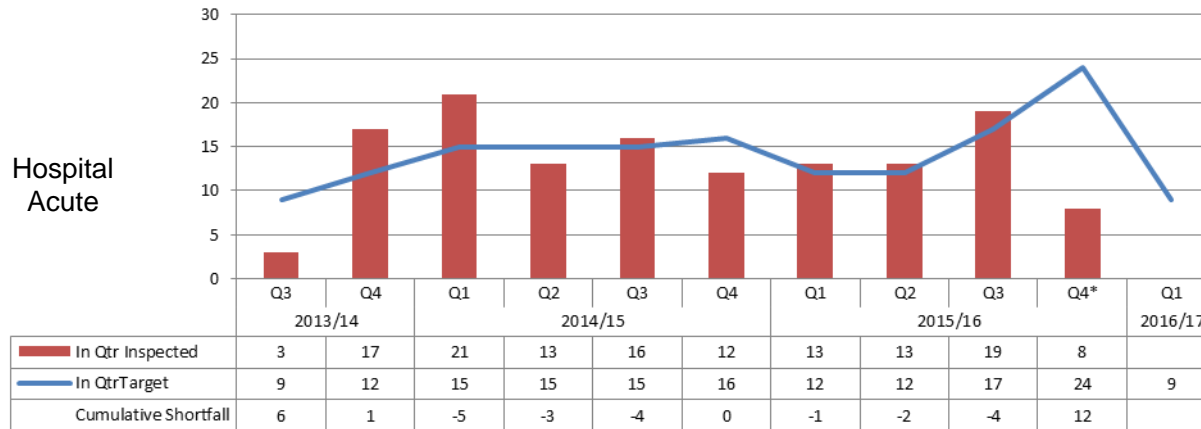
\*Further information on productivity can be found on the next slide

\*Inspections reported are for January only, target is for the quarter (3 months)

# Inspection target vs. actual – Trust Breakdown (as of 31 January 2016)



## Hospital Acute



## What does this data say?

**Hospital Acute** – 135 programme inspections commenced. 91.8% of the in-quarter target has been achieved.

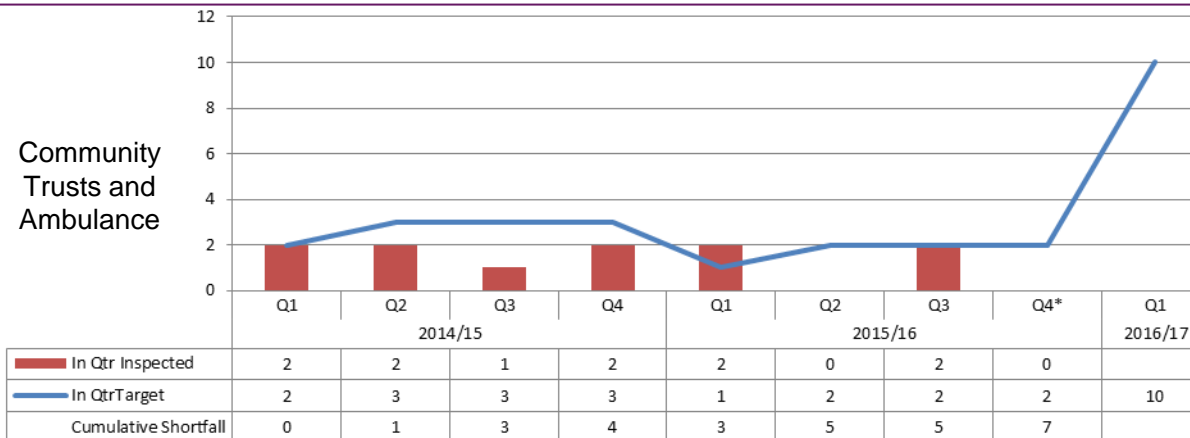
**Community Trusts and Ambulance** - 11 programme inspections commenced. 61.1% of the in-quarter target has been achieved.

**Mental Health**– 36 programme inspections commenced. 76.6% of the in-quarter target has been achieved.

First ratings progress (programme to 31/01/2016):

	Registered Trusts	All Ratings Inspections Delivered (since Oct '13)		Ratings Inspections to be delivered	
Acute (Non – specialist)	146	125	86%	21	14%
Acute Specialist	18	10	56%	8	44%
Mental Health	54	36	67%	18	33%
CHS	10	8	80%	2	20%
Ambulance	10	3	30%	7	70%

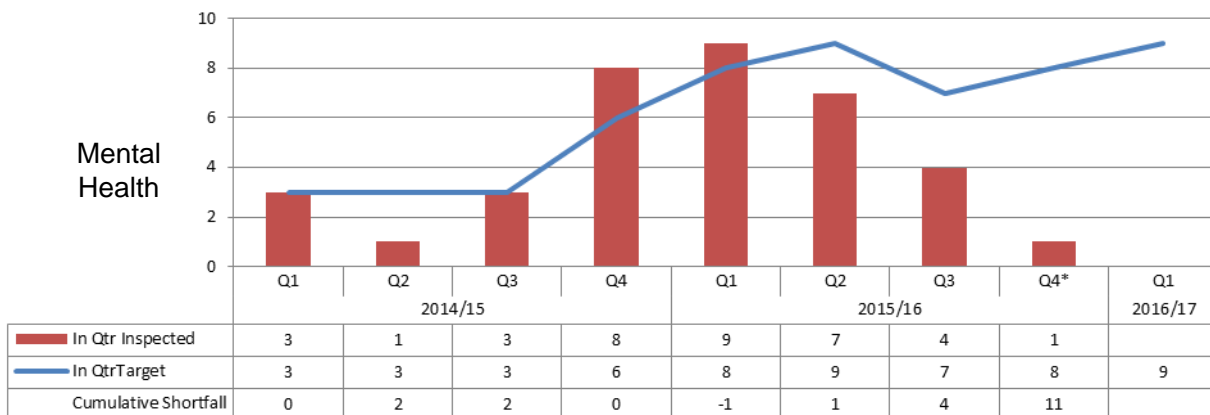
## Community Trusts and Ambulance






The Hospitals directorate inspection targets were re-set in February 2015 to models of assured and assumed team capacity. The directorate now reports that current delivery plans allow that commitments made for first ratings inspections will be reached by March 2016 (Acute non-specialist) and June 2016 (all remaining NHS sectors).




\*Inspections reported are for January only, target is for the quarter (3 months)

## Mental Health



# Inspection target vs. actual – Comprehensive Inspections

What we have yet to rate  (April 2015 to January 2016)					
		Acute Trust	MH Trust	Acute/ Mental Health Independent	
YTD Target	10,838	49	26	Not available	3,910
YTD Actual	8,723	53	21	64 (Acute) 59 (MH)	2,751
YTD Gap	2,115	-	-5	Not available	1,159
YTD % Gap	19.5%	-%	19.2%	Not available	29.6%

Productivity					
		Acute Trust	MH Trust	Acute/ Mental Health Independent	
4 weekly target per inspector	2	<i>Hospitals inspections comprise larger teams than in other sectors and individual inspectors do not have a productivity target that can be calculated as for other sectors. Delivery is measured by tracking the inspections against plan</i>			2
YTD Actual^	1.61				2.46
YTD Gap	0.39				-
YTD % Gap	20%				-

^ Please note that this data is taken from the December PMS/ASC monthly performance reports. It is based on 4 weeks ratings inspection data. The data on the previous slide relates to 1 – 31 January 2016.

\* Please note that the Hospitals Directorate has set quarterly targets only for Independent Hospitals, and we are therefore unable to provide a breakdown of the YTD gap.

The calculation is ratings inspections undertaken over inspector FTE (full time equivalent) (after excluding those on long term sick, acting up or seconded out, maternity, and those on new start training). Hospital inspectors do not have a 4-weekly inspection target.

## What does this data say?

For **ASC** the data shows a decrease in the YTD (year to date) percentage gap from December of 1.1% (from 20.6%).

**PMS** shows a decrease for the third consecutive month) in the YTD percentage gap of 1.6% from December (from 31.2%). Productivity is higher than the target at 2.5 inspections per inspector (target is 2 inspections).

The inspection activity reflected in our Customer Relationship Management system (CRM) when checked against separate records held by the **Hospitals** Directorate is not currently accurate. Data held by the directorate suggests that more inspections have been completed. We have, therefore for this report, included data below from spreadsheets held by the directorate. This is a temporary measure while the Directorate works to ensure timely and accurate completion of CRM. ET is monitoring the timeliness of CRM updating, and training and support are in place to improve CRM completion.

## What is it telling us about our performance?




All directorates, with the exception of Acute Trusts, are behind in reaching their inspection targets. Actions being taken are summarised in the cover report.

# Inspection final reports (all data updated to 31 January 2016)

MI

## How do we measure this?

% of final reports, using our new approach to inspections, published within 50 working days. This is currently under review.

Final reports published within 50 working days							
		Feb '15 - Jan'16	Jan'16	Feb '15 - Jan'16	Jan'16	Feb '15 - Jan'16	Jan'16
New Approach	Total Reports	12,368	1,414	190	23	3,268	462
	%	57%	67%	11%	4%	53%	53%

## What does the data say?

63% of final reports published within 50 working days, a decrease of five percentage points on last month (new approach, all directorates)

## What does this tell us about our performance?

The charts to the right show the volume and proportion of published reports in 4 ranges; less than 50 days (within in KPI); 50-69 days; 70-100 days and greater than 100 days.

**ASC** – show a slight decline in performance to meet the 50 day KPI. It should also be noted that the directorate's average number of days is now below the 50 day target, but has increase over the last two months to 47 days in January.

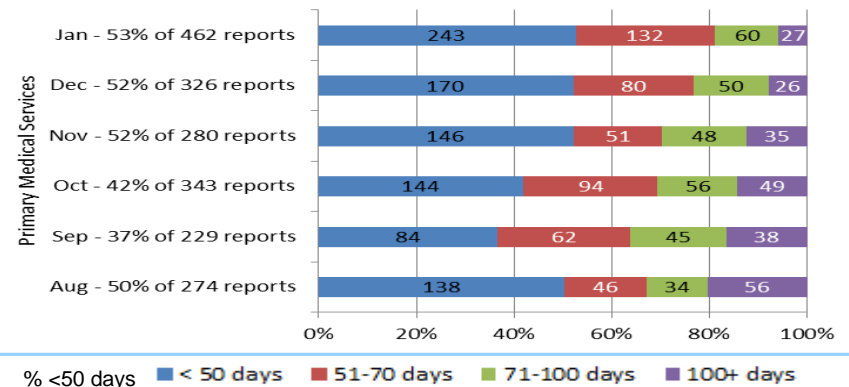
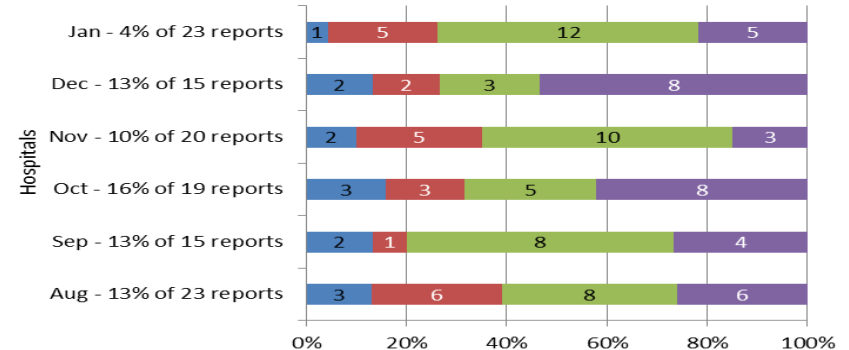
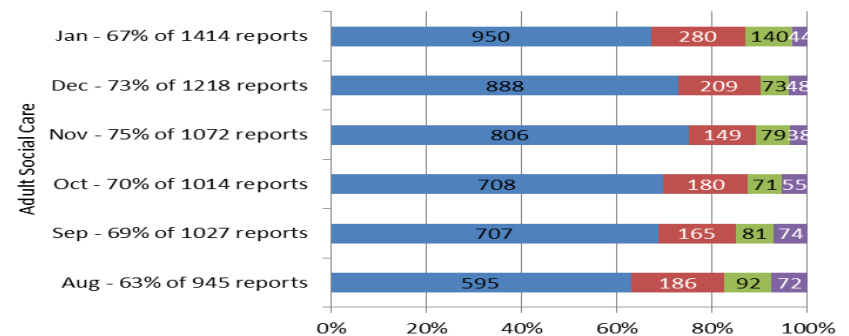
**HSP** – show a constantly varying timescale in which a quality report can be published. In January the directorate averaged 90 working days to publish a report (104 days in December, and 78 days in November).

**PMS** – show a slight increase in performance with 53% of reports published within 50 working days. a steady decrease in the average number of reports published in 50 days. The average working days to publish a report has decreased for five months 0- and is 54 working days in January.




## Other Information

All directorates agree that **the quality of the inspection and the report is their key priority**, because this will ensure a robust inspection, and effective delivery of our purpose. They continue to work to ensure improvements in staff capability; efficient processes; and quality of outputs can be maximised. All directorates use weekly reports to monitor draft and final reports in progress, focussing on draft reports which are over 20 days, and where factual accuracy returns are overdue. Key performance indicators will be agreed with the directorates as part of 2016/17 business planning.

## Monthly Days range to publish final reports



The table below details enforcement activity by directorate in the month of **November** and compares the monthly average, over the last twelve months, for each directorate.

						
Enforcement action type (October)						
	Monthly average (Feb '15 – Jan '16)	Jan '16	Monthly average (Feb '15 – Jan '16)	Jan '16	Monthly average (Feb '15 – Jan '16)	Jan '16
Warning notices served	52.9	31	1.4	1	4.8	3
Non-urgent cancellations of registration	5.2	6	0.3	0	0.0	0
Urgent procedure for suspension, variation or conditions of registration	2.0	2	0.6	0	0.6	0
Non-urgent variation or imposition or removal of conditions	2.0	1	0.1	0	0.4	0
Number of prosecutions	0.3	0	0.0	0	0.1	0
Overall Enforcement actions	62.3	40	2.3	1	1.0	3
Enforcement actions in progress*	-	581	-	24	-	94

\*In progress data correct as of 15 February 2016

## What does this tell us about our performance?

- 44 enforcement actions undertaken in January (a decrease from 65 in December and 89 in November).
- There has been an large increase in the number of enforcement actions in progress (581) compared to those reported in quarter 3 (407).

In ASC, a significant amount of enforcement activity is also *in progress* across all of the enforcement types (the numbers in the table are for published actions). As of 24 January in progress actions numbered 581 (248 warning notices; 179 civil actions and 154 non-urgent cancellations). A number of prosecutions are also coming to fruition and will be reported in due course.

## Development work

Enforcement CRM improvements are on track to go live in April, this will be supported by improved management information reporting.

The Enforcement Team are working with the Academy. Completion of enforcement training and MRM CRM training is being closely monitored to ensure the majority of operational workforce complete training by 31 March. All sector inductions now include enforcement within the programme.

The Engagement team supported Provider Enforcement roadshows that were delivered across all directorates with excellent attendance. This was followed by promoting webinar recordings (with 273 views so far). Monthly communications internally include a 'theme of the month' supported with a Lync seminar, and in Q3 covered: handling specific incidents reports and Regulation 28 reports; conducting interviews under PACE; and Management Reporting meetings.

ROSSOs are attending inspection directorate team meetings to raise awareness regarding completion of CRM process for enforcement. Currently, this has resulted in a 30% increase in enforcement actions completed in CRM, and this will be reflected in future reports to ET. To date 36% of team meetings have been attended there is a steady improvement of RGP's being completed and published. Between Sept-Dec there has been 30% more publications completed.

We have issued a number of FPNs and simple cautions for failure to notify; failure to display ratings; and failure to have a Registered Manager.

We have just determined our first prosecution under our new responsibility to report serious notifications and death. We will provide further information on this in future reports



# Special Measures

Special Measures activity by directorate using the most recent data available.



## Special Measures activity in January

Month	ASC	Trusts	Independent Health locations	GP's
Entrants	46	1	2	14
In Special Measures (at period end)	294	16	0	80
Exits <sup>2</sup>	10	0	0	10
De-Registered	1	-	-	2
Sufficient Improvements	6	-	-	7
Registration Cancelled	3	-	-	1
Deregistered before formally entering Special Measures (i.e. report being published)	6	0	0	3

Special measures apply where there have been serious failures in quality of care and where there are concerns that existing management cannot make the necessary improvements without support.

\* Data regarding NHS Trusts in special measures is from NHS Choices, cross-checked with Monitor and TDA sources

## What does this tell us about our performance?

The special measures process is designed to ensure there is a timely and coordinated response where we judge the standard of care to be inadequate.

We want to ensure that services found to be providing inadequate care do not continue to do so. Therefore we have introduced special measures. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example to cancel their registration.

We worked with Monitor and the Trust Development Authority to develop our approach to special measures for NHS trusts and foundation trusts.

## Other information

The Chief Inspector of Hospitals has rated East Kent Hospitals University NHS Foundation Trust as Requires Improvement but recommended that the trust should remain in special measures for a further six months following its latest inspection by the Care Quality Commission.

The trust has been rated as Requires Improvement overall, achieving a rating of Good for being caring.

Inspectors found that William Harvey Hospital, Queen Elizabeth Queen Mother Hospital and Kent and Canterbury Hospitals require improvement. Both Buckland Hospital and Royal Victoria Hospital were rated as Good.

Inspectors found that since the previous inspection the trust had made significant attempts to improve the culture of the trust. The leadership was now very visible and appeared to have tackled the issues of bullying. But inspectors did find further improvement is needed in the emergency department and children's care.