



## Monitoring our Performance 2013-14

**Report to:** Strategy and Performance

**Date:** 3 September 2013

**Report by:** Karen Anderson, Director of Strategic Development  
Tim Gronneberg , Information Analyst  
Ingrid Gilray, Intelligence and Analysis Manager

**Report No:** SP-14-2013

**Agenda Item:** 4

### **PURPOSE OF REPORT**

To present the Q1 2013-14 summary report on performance.

### **RECOMMENDATIONS**

That the Strategy and Performance Committee:

1. Discusses the performance against the Key Performance Indicators, Monitoring Measures and Quality Indicators for the Care Inspectorate.
2. Informs the Information Analysts of any changes required to the report
3. Approves the report for submission to the Board

Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
	Senior Management		All members ET and other lead officers were consulted.	
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	Partnership Forum Consultation (where appropriate)			
<b>Equality Impact Assessment</b>				
To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.				
Policy Title:			NA	
Date of Initial Assessment:			NA	
EIA Carried Out			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.				
If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.			Name: Ingrid Gilray Position: Intelligence and Analysis Manager	
Authorised by Director	Name: Karen Anderson		Date: 16/09/13	

**1.0 INTRODUCTION**

This paper presents an account of our performance against our Corporate Plan 2011-2014, as amended in March 2013.

It focusses in particular on performance against the Operational Improvement Plan and the Key Performance Indicators (KPIs) and Quality Indicators (QIs) approved by the Audit Committee (last updated on 11 June 2013).

These will be supplemented by additional Monitoring Measures (MMs) as agreed by the Audit Committee,

The Quality Indicators are a new feature of our performance reporting framework, and we will develop our reporting on these over the coming months and years.

The paper submitted to the Audit Committee on 11 June 2013, modified to reflect the decisions taken at that meeting, is attached in Appendix 1 for information.

**2.0 SUMMARY OF PERFORMANCE Q1 2013/14**

**2.1 Outcome 1: The quality of services in Scotland is improving**

**2.1.1 Services maintaining or improving good grades**

98% of services with all themes graded at 4 or above at 1 April 2012 had improved or maintained their good grades at 30 June 2013 (Monitoring Measure 1).

This means that 224 services that started the year with good grades had declined in at least one theme following an inspection in Q1. Almost half of these services (46%) had grades of 3 or better for all themes. A quarter of services (25%) with declined grades had at least one theme at grade 2 and 2% had a theme graded 1 following an inspection in Q1.

Services with any decline in grading by service type and sector

Care Service type	Local Authority	Private	Voluntary or Not for Profit	All Sectors
Care Home Service	12	18	10	40
Child Minding		66		66
Day Care of Children	31	19	13	63
Fostering Service		1		1
Housing Support Service	2	7	14	23
Nurse Agency		2		2
School Care Accommodation Service	1			1
Support Service	6	10	12	28
<b>Grand Total</b>	<b>52</b>	<b>123</b>	<b>49</b>	<b>224</b>

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The majority of services with a decline in grading are privately operated. Interestingly, more local authority operated Day Care of Children services had their grades decrease compared to other sectors.

### **2.1.2 Requirements Met and Additional Inspections**

68% of requirements made at the previous inspection were confirmed as met in 2013/14 inspection reports finalised in Q1. We will improve on reporting on requirements made at inspections in future reports.

In Q1 there were no inspections carried out that were additional to our inspection plan in Q1 (KPI 2).

### **2.1.3 Self-assessment Grading**

In 17% of unannounced inspections the grades awarded confirmed the service's own evaluation for all Quality Statements that we assessed (Monitoring Measure 2).

Furthermore, in another 20% of unannounced inspections the grades awarded exceeded the service's own estimation for all Quality Statements that were assessed. This means that around one in five services are underestimating their own grading in the self-assessment.

The remaining 63% of services are services that either over or under estimated (or both, for different area of the self-assessment) their own grading for some statements.

### **2.1.4 Quality Indicator 1 – Improvements to the Quality of Care**

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 618 services in Q1. In 93% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. This is greater than the 90% of respondents who were satisfied or very satisfied with the overall quality of service in the same period in 2012/13.

The Care Inspectorate continues to use Inspection Satisfaction Questionnaires to assess the quality of care service inspections. This is measured as the satisfaction of care service staff and service users with the inspection and whether they think the service quality will improve following inspection. In Q1 91% of staff and 78% of service users think that the quality of their care service will improve following the inspection. In Q1 of 2012/13 94% of staff and 75% of service users thought that the quality of their care service would improve following the inspection.

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**2.2 Outcome 2: People understand the quality of service they should expect and have a good experience of services centred on their needs, rights and risks**

**2.2.1 Quality Indicator 2 – Involving People**

In Q1 lay assessors supported 107 inspections. On average each lay assessor spent over 7 hours per inspection including preparation time, travel, inspection time and report writing. Of the 107 inspections, 90 were older people's services, 15 were services for adults and 2 were early years services. During these inspections lay assessors spoke with 882 service users and 266 relatives/carers/friends.

The Care Inspectorate currently supports 59 lay assessors. Seven more have shadow inspections still to complete before they can be confirmed as a lay assessor, a further seven are awaiting training in August and five more going through the interview process. Recruitment for lay assessors is targeted and ongoing.

A revised evidence gathering tool for lay assessors was introduced in Q1, having been co-produced by a group of lay assessors and Involvement team members. Five lay assessor group meetings were held throughout the country in Q1.

The structure of the Involvement team has been agreed and recruitment to new posts is due to commence. Review of the action plan is underway with the aim of prioritising activity, including strengthening the involvement of young people in Care Inspectorate activities a successful stakeholder event to commence engagement with young people was held at Ratho Climbing Centre on 30 June 2013.

59% of all graded care services at 30 June 2013 received grades 5 or 6 for all Involving People quality statements. This means that over half of all care services inspected by 30 June 2013 demonstrated very good or excellent quality practices in involving people who use care services in the delivery of the service. This is an improvement on the 50% of services with all statements graded 5 or 6 at 30 June 2012.

We exhibited at the following external conferences in Q1:

**April**

Scottish Caring and Dementia  
Caring for the Rising Population of Older People in Scotland

**May**

Children in Scotland Health and Wellbeing  
Scottish Care/Care at Home Annual Conference

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**June**

Dementia Connections  
SIRCC national conference  
Scottish Government Keys to Life  
ADSW  
NHS Health Scotland Early Years Conference  
Pharmaceutical Care for Older People

**2.3 Outcome 3: The Care Inspectorate performs effectively and efficiently as an independent scrutiny and improvement body and works well in partnership with other bodies**

**2.3.1 Complaints against the Care Inspectorate**

In Q1 we received 12 complaints against the Care Inspectorate. As at 30 June 2013, 2 of these had been withdrawn and ten remained in progress.

Ten complaints against the CI were registered as formal complaints in Q1 (which includes some complaints which were received towards the end of 2012/13). We completed investigations into 8 complaints against the CI in Q1, all of these were complaints received in 2012/13.

Work is underway to establish the timescales for completing complaints against the Care Inspectorate (KPI 4) as part of the review of complaints and this will be reported to the Audit Committee.

Of the 8 complaint investigations completed in Q1, 5 of these were either upheld or partially upheld which is 63% (Monitoring Measure 4).

The Complaints Committee met three times in Q1 and completed reviews on three complaint cases. In one of these cases the findings of the original complaint investigations were supported and the other two, the original findings were not supported.

**2.3.2 Efficiency Measure**

99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI5a). This does not include withdrawn cases or where the complainant has only supplied their name or requested no correspondence. This is a slight improvement on 98% at the same time last year.

We registered 56% of complaints against care services as formal complaints within 12 working days in Q1 (KPI 5b). Reasons for delay include protracted discussions with complainants to firmly establish the reasons for the complaint. This is higher than the 45% at Q1 last year, but it's worth noting that this KPI is new for 2013/14.

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In Q1, we completed 99% of complaint investigations within 20 days (or complainant was notified of an extension) (KPI 5c). The 20 day target was introduced in October 2012. Prior to this we had a 28 day completion target. As a comparison, in Q1 of 2012/13, we completed 99.6% of investigations (or notified complainant of an extension) within 28 days.

Overall, we completed 89% of registrations within timescales in Q1 (KPI 5d). 88% of childminder registrations were completed within 3 months and 91% of other care service types were registered within 6 months. This exceeds our target of 85%. Similarly, in Q1 of 2012/13 we completed 90% within timescale overall, 89% of Childminders within 3 months and 92% of other services within 6 months.

### **2.3.3 Inspections Completed**

During Q1 a number of changes to structure and inspection planning meant that we completed 79% of planned inspections in Q1 (KPI 6c). In Q1 we planned to do 28% (2528 inspections) of our annual planned number of inspections. Reasons for not meeting the target include a number of childminders being unavailable for inspection, services that we'd planned to inspect becoming inactive and staff absences. Our shift to specialised inspection teams and moving away from generic working has meant that many inspectors have started this year with changes to their caseload, new teams and new line managers which has taken time to get to settle into. The executive team has taken mitigative action such as reallocation of workloads to ensure performance improvement in Q2.

In the care services that we have inspected this year, only 3% of services had a low RAD score before the inspection and went on to have a higher risk assessment following the inspection (Monitoring Measure 3).

In our strategic joint inspections of services for children, we issued draft reports to North Ayrshire and Argyll & Bute in Q1, with comments due back in August with final publication planned in September. Inspections in Midlothian and East Dunbartonshire are around two thirds complete at the end of Q1. We announced that inspections would take place in Highland and East Lothian later this year, and preparations for these inspections are already underway.

We completed our development test site work for one strand of the strategic joint inspection of integrated health and social care in Inverclyde during Q1. A development test site in West Lothian and a pilot in Aberdeenshire is underway.

We issued 80% of draft care service inspection reports within 20 working days in Q1. 96% of final inspection reports issued in Q1 were issued within 13 weeks of the inspection feedback date. This is similar to Q1 of

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2012/13, when 81% of draft reports and 97% of final reports were sent within timescales. Reasons for not issuing reports within timescales in Q1 include staff absences and protracted discussion with providers.

### **2.3.4 Quality Indicator 3 - Partnership Working**

A redesign of the public report for joint inspection of children's services has begun, due for completion in September.

Joint meeting was held in June with Scrutiny partners to continue to refine and review the children's services methodology.

A consultant is due to be appointed to undertake a review of the joint children's inspections pilot phases focussing on external stakeholder experience.

Work has been undertaken on three development sites looking at integrated care and health for adults and older people. Refinements to the methodology are being made as a result of this work. A review of the work done so far is planned for the development week in September.

The pilot phase of the joint inspections for children's services is completed with dates set for forthcoming inspections till the end of 2014. Quality Indicator framework, the report format and Quality Assurance processes have still to be finalised.

Two inspections are underway with colleagues in Jersey and the Isle of Man. These inspections are taking place on a full cost recovery basis.

A draft PID was prepared for the Criminal Justice Social Work services Supported Self-Evaluation Project to evaluate initial impact of the level of service/Case Management Inventory (LS/CMI) case management tool on the quality of assessment and planning in criminal justice social work services in Scotland. The Methodology developed focusses on young people and women who offend across all 32 local authority social work services. Stakeholder launch event held in June with RMA and ADSW. We are on schedule to commence fieldwork in September.

A multi-agency inspection of child protection and services for looked after children on the Isle of Man is under preparation. The inspection will follow closely the model of the joint inspections of services for children and is subject to full cost recovery. The relevant Head of Inspection and the Inspection lead have met with Chief Officers to scope and plan the inspection which will commence on 23 September and will be complete by the end of November 2013.

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A working group led by Audit Scotland to implement a locality model for inspection with scrutiny partners is underway with representation from the Care Inspectorate. A report is due in the Autumn. We also chair a working group to review all data and intelligence held by scrutiny bodies to enable more efficient, effective collection and sharing of information to inform risk; reduce duplication; and enable more proportionate, targeted scrutiny and improvement work.

We have a Development Officer now on secondment to the Scottish Government to support the review of the National Care Standards.

We have held meetings with Partner scrutiny bodies looking at the Shared Risk Assessment (SRA) process including the Local Authority Networks (LANs) and National scrutiny plan. Further meetings are planned in Q2. A report on the Link Inspector/Contact manager role will be considered by ET in August.

### **2.3.5 Quality Indicator 4 - Best Value**

A review of the shared services strategy is under way and will be completed in Q2. An outline timetable for delivery will be reported to the ET in both organisations.

The Youth Employment Strategy was approved by the Resources Committee on 11<sup>th</sup> June 2013. A delivery plan is being developed for rolling out the strategy and will include the Modern Apprenticeship Scheme. A PID for this stream of work will be submitted to the Project Management Team at the end of August for consideration.

The ICT sustainability review is complete and a roadmap for implementation is currently being developed.

An action plan and strategy are being developed by Head of Finance and Corporate Governance to review approaches to efficiency savings and best value to reinvest in front-line activities.

For the period 1 April to 31 May 2013, there is a predicted 0% variance from the planned budget. It is anticipated that any projected underspends will be offset by bringing forward items in the operational improvement plan.

We created and circulated the following (internal and external) surveys during Q1:

- Professional Development Groups
- Equality Reports 2013
- Induction Event Evaluation

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- Joint Inspection Development Day: Musselburgh
- Joint Inspection Development Day: Aberdeen
- Development Day Event Evaluation
- Central Induction Event Evaluation
- Adults and Learning Disability Team: Training Needs Priority
- Registration and Complaints Survey
- JISFOP Pilot Aberdeenshire Staff Survey
- Review of Legal Services Staff Survey
- National Care Standards – Initial Engagement Phase
- The New Inspection, Regulation and Scrutiny Award
- JISFC Midlothian Staff Survey
- Childcare Statistics Consultation 2013

### **2.3.6 Quality Indicator 5 - Staff Experience**

The Executive team considered a paper setting out the approach to Healthy Working Lives. A project timeline is being developed to deliver the strategy and this will be reported to the Executive Team in the Autumn.

The Executive Team, Partnership Forum and Resources Committee approved the approach and timeframe for development and deployment of revised HR policies and procedures.

The Employee Development plan and strategy was approved by ET in June. This will run until March 2014. A new strategy and development plan for 2014-16 is currently being drafted and will be reported to ET in Q3.

Due to recent changes in our HR systems, we are unable to report on staff absence at the moment. This is for reasons outwith our control, as the software providers are focussing on other key areas (e.g. payroll) at this stage. We expect to be able to report on Q1 and Q2 in our Q2 report later this year.

### **2.3.7 Quality Indicator 6 - Leadership and Direction**

Preliminary work has commenced to assess our PDRS system. A PID is being developed and will be submitted to the programme management team in Q2. The PID will recognise the high level of interaction required with the Partnership Forum.

A review of the childminding inspection methodology has been carried out and will be taken forward as a small scale pilot. Pilot inspections of childminding services using well-being indicators and a simplified report format to commence in September with a review planned in December.

Work has begun to identify key themes in criminal justice and children's services. We have commenced gathering information and evidence to inform future inspection activities and thematic reports.

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### **2.3.8 Quality Indicator 7 – Quality Assurance and Improvement**

Policy documentation is being drafted to ensure that the Care Inspectorate is compliant with the new SPSO model Complaint Handling Procedure. The review will deliver a proposed management structure with short, medium and long term tasks for inclusion into the Operational Improvement Plan.

The three month review of complaints and registrations commenced in June and work has been focussed on the Registration and Complaints teams working to identify process improvement issues. This work is very nearly 75% complete. A survey of all care Inspectorate staff has been completed seeking their views of how business could be improved. 164 members of staff responded. The results of the survey will be analysed alongside information collected from the process improvement issues work. Data from the diary exercise has been obtained and will be used to assess the level of resource required.

The public reporting strategy has been agreed by the board and is being implemented. There are 24 workstreams for 2013-15, and all those due for progression at present are either complete or in hand. The review of our intranet and website functionality is underway with the user testing of the website completed. Work will continue into Q2 to refresh the intranet content and structure informed by our internal communications focus groups.

The National Enquiry Line received 6106 calls in Q1. In the first three months of 2012/13, we received 6675 calls.

In April and May, 80% of calls were answered at the first point of contact. 20% of calls received (842 calls) were transferred to duty inspectors. Over these two months, this works out at a rate of a minimum 4.9 calls per duty inspector per working day. We are undertaking work to report on themes of all calls transferred to duty inspectors.

In Q1 we produced the following publications and reports:

#### **Printed and Published Electronically**

Care News (including new online microsite)  
Connect Issue 6  
Child Protection Overview Report 2009-2012

#### **Published Electronically only**

A report into the deaths of looked after children in Scotland 2009-2011  
Child Protection Overview Report Summary  
Report of a pilot joint inspection (Orkney)  
Report of a pilot joint inspection (Edinburgh)

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Protecting Vulnerable Groups Part 2: Consideration for listing, risk assessment and determination  
Annual Returns Summary Tool  
A Review into the scrutiny of housing support service and those providing care at home

Inspection Guidance 2013-14: Housing Support and Care at Home Services  
Records Management Good Practice  
Inspection Planning Procedure and Guidance (Regulated Care Services) 2013-14  
Improving Equality Report  
Equality Outcomes 2013-2017  
Management Statement and Financial Memorandum  
Employee Handbook

**3.0 SUMMARY OF PERFORMANCE AGAINST KPIS Q1 2013/14**

Unless otherwise indicated, all figures are cumulative totals for the year

Key Performance Indicator 2013/14	Target	Q1 2012/13	Q1 2013/14	Notes
<b>KPI 1:</b> % of Requirements met within the timescale set by the Care Inspectorate	80%	New KPI	68%	This is a baseline year
<b>KPI 2:</b> % inspections undertaken that were additional to our inspection plan	Baseline year	New KPI	0%	In quarter 1 no services needed additional inspections in the WMT due to the start of the planning cycle.
<b>KPI 3:</b> % efficiency savings achieved	3%	New KPI		Reported Annually
<b>KPI 4:</b> % complaints investigated against the Care Inspectorate that were completed within timescales	100%	New KPI	12 complaints received, 10 complaints registered as formal complaints and another 8 investigations completed.	As part of the review of complaints we have agreed the need to establish the timescales for completion of complaints

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<b>Key Performance Indicator 2013/14</b>	<b>Target</b>	<b>Q1 2012/13</b>	<b>Q1 2013/14</b>	<b>Notes</b>
<b>KPI 5(a):</b> Complaints against care services acknowledged within 3 working days	100%	98% (366/374)	99% (331/336)	
<b>KPI 5(b):</b> Complaints against Care Services registered within 12 working days	60%	45% (234/520)	56% (237/424)	New KPI for this year. Last year's figure is included for information only.
<b>KPI 5(c):</b> Complaints against Care Services completed within 20 working days (or complainant notified of an extension)	100%	70% (324/464)	99% (408/411)	We only started monitoring the 20 day target in October 2012. Previously we had a 28 day completion target. In Q1 of 2012/13 we completed 99.6% of investigations within 28 working days.

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Key Performance Indicator 2013/14	Target	Q1 2012/13	Q1 2013/14	Notes
<b>KPI 5(d):</b> Registrations completed within 3 months for childminders and 6 months for other care services	85%	90% (223/248) Childminders- 89% (164/184) Other Services- 92% (59/64)	89% (211/238) Childminders- 88% (161/183) Other Services- 91% (50/55)	
<b>KPI 6(a):</b> % of required inspections completed in 2013/14	99%	New KPI		Reported Annually
<b>KPI 6(b):</b> % of inspections completed by last date of inspection	99%	New KPI	90% (1954/2179)	
<b>KPI 6(c):</b> Number of inspections completed as % of total planned	99%	New KPI	79% (1983/2496)	

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Monitoring Measures 2013/14	Target	Q1 2012/13	Q1 2013/14	Notes
<b>MM1:</b> % care services maintaining or improving on all grades 4 or above	Monitor trend	New Monitoring Measure	98%	
<b>MM2:</b> % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	New Monitoring Measure	17% (298/1797)	
<b>MM3:</b> % of low risk assessments of care services by the Care Inspectorate that go on to have a higher risk assessment following inspection	Monitor trend	New Monitoring Measure	3% (46/1485)	We inspected 1485 services with a low RAD score prior to inspection. 46 of these had their RAD increase to High or Medium following the inspection.
<b>MM4:</b> % complaints against the Care Inspectorate that were upheld or partially upheld	Monitor trend	New Monitoring Measure	63% (5/8)	

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**4.0 RESOURCE IMPLICATIONS**

There are no additional resource implications arising from this report.

**5.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS**

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2011-14 to enable rigorous governance and challenge to the Care Inspectorate's Executive Team. This evidences the performance of the organisation in delivering Corporate Objectives and as such providing assurance and protection for people who use services and their carers.

**LIST OF APPENDICES**

**Appendix 1 -** Audit Committee KPI/QI paper