



## Monitoring our Performance 2013-14

**Report to:** Board

**Date:** 27 June 2014

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

**Report No:** B-10-2014

**Agenda Item:** 6.2

### **PURPOSE OF REPORT**

To present the Q4 2013-14 summary report on performance.

### **RECOMMENDATIONS**

That the Board:

1. Discusses the performance against the Key Performance Indicators, Monitoring Measures and Quality Indicators for the Care Inspectorate.

**Version Control and Consultation Recording Form**

Version	Consultation	Manager	Brief Description of Changes	Date
1.0	Senior Management		All members ET and other lead officers were consulted.	
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)		Following S&P on 23 May, removed para 1 of 2.3.4 and provided 12/13 fig in para 2(now para 1). Updated enforcement figs in para 2.3.3 following data cleaning. Non-tech enf increased from 32 to 47.	
	Partnership Forum Consultation (where appropriate)			

**Equality Impact Assessment**

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: 22/04/2014

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
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## 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 have been supplemented by addition 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.

## 2.0 SUMMARY OF PERFORMANCE Q1- Q4 2013/14

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

#### 2.1.1 Services maintaining or improving good grades

At 31 March 2014, there were 14,090 registered care services operating in Scotland. Of these, 10,086 (72%) had maintained or improved on grades of 4 or above for every quality theme since 1 April 2013 (Monitoring Measure 1). This is slightly lower than the 74% at the same point last year. Not all of these services will have been inspected in 2013/14, for example those on a 2 year inspection frequency not due to be inspected until 2014/15. These services grades were maintained by not having any upheld complaints or enforcement action resulting in a re-grading being carried out.

This means that 470 of the 10,556 services that started the year with good grades and were still registered had declined in at least one theme following an inspection in 2013/14. Almost two thirds of these services (63%) had grades of 3 or better for all themes. A quarter of these services (24%) had at least one theme at grade 2 and 13% had a theme graded 1 following an inspection in 2013/14. At the same point last year, 67% of services with declined grades had at least one grade 3, 22% had a grade 2 and 10% had a grade 1.

The majority of services with a decline in grading are privately operated. However, there are proportionately more voluntary sector (4.6%) and local authority run (3.6%) services with declining grades than private sector services (2.9%)

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
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Discussions have been taken forward with the local authorities where there is decline in grading in Daycare of Children services and also with Scottish Care, Scottish Childminding Association, National Day Nursery Association and other umbrella bodies regarding privately operated services.

**Table 1**

**Number of Services with any decline in grading by service type and sector (as a percentage of all registered services)**

Care Service type	Health Board	Local Authority	Private	Voluntary or Not for Profit	All Sectors
Adoption Service		1 (3.1%)			1 (2.6%)
Adult Placement Service		1 (3.7%)			1 (2.6%)
Care Home Service (All)	1 (5.3%)	21 (7.3%)	63 (8.0%)	23 (5.7%)	108 (7.2%)
Care Homes for Older People	1 (0.1%)	8 (0.9%)	51 (5.7%)	10 (1.1%)	70 (7.8%)
Child Care Agency				1 (7.1%)	1 (3.1%)
Child Minding			85 (1.4%)		85 (1.4%)
Day Care of Children		37 (2.1%)	53 (4.9%)	49 (5.1%)	139 (3.7%)
Fostering Service		1 (3.0%)	1 (16.7%)		2 (3.2%)
Housing Support Service		15 (7.8%)	19 (9.4%)	28 (4.3%)	62 (5.9%)
Nurse Agency			3 (7.9%)		3 (7.3%)
School Care Accommodation Service		1 (12.5%)	1 (2.7%)	1 (4.5%)	3 (4.5%)
Support Service		20 (5.3%)	22 (6.4%)	23 (3.8%)	65 (4.8%)
<b>Grand Total</b>	<b>1 (1.9%)</b>	<b>97 (3.6%)</b>	<b>247 (2.9%)</b>	<b>125 (4.6%)</b>	<b>470 (3.3%)</b>

Table 1 shows the numbers of services by service type and sector that had a decline in grading. The numbers in brackets are the number of services with reduced grades as a percentage of all graded services of that type.

Although there were more Daycare of Children services with reduced grades than for any other service type, this accounts for a relatively low 3.7% (139 out of 3768) of all such services.

Grades reduced in a higher percentage of care homes than for any other type of service (7.2% of Care Homes operating). In particular, further analysis (not in table 1) has shown that 7.8% of Care Homes for Older People saw grades reduce in this way – although this is a lower proportion than the 15% of Care Homes for Older people with reduced grades at the same point last year.

The most common quality theme where we observed decline was in Quality of Management & Leadership (317 out of 470 services). The majority of these services were Privately operated (44%), 33% were Not

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

for Profit services and 23% were Local Authority run. The quality theme with the least decline was Quality of Environment with 167 out of 470 services dropping to a grade 3 or lower. Again, the majority of these services were Privately run (54%) (note, in some services there was a decline in more than one theme).

### 2.1.2 Requirements Met and Additional Inspections

62% of requirements made at the previous inspection were confirmed as met in inspection reports finalised during 2013/14. During Q2 we made an amendment to our Inspection Reporting Template to allow inspectors to record which requirements were being met within the timescales set. Up to this point, we were not able to differentiate between requirements met within timescales and those met but outwith timescales. Since this functionality was introduced in early September, 60% of requirements were met within the timescales set (KPI 1). A further 5% were met out with the timescales given.

In 2013/14 due to increased risk or concerns with services, we carried out 505 inspections that were additional to our inspection plan, which is 6.5% of all planned inspections completed (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 35% of unannounced inspections the grades awarded exceeded the service's own estimation for all Quality Statements that were assessed. This means that just over a third of services are underestimating their own grading in the self-assessment.

The remaining 48% are services that either over estimated or both over and under estimated for different areas of the self-assessment their own grading for some statements.

The Care Inspectorate will be working with services to improve their capacity for self-assessment as part of developing new methodologies.

### 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 5114 services in 2013/14. In 90% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. The remaining 10% of services don't necessarily have unhappy

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
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service users, but rather a lower rate of service users responding positively (for example this was 80% in Residential services for Learning disabilities and 89% in service users of Care Homes for Older People). In comparison, 91% of respondents 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 Q4 2013/14 93% of staff and 87% of service users thought that the quality of their care service would improve following the inspection (Staff total 822 respondents, service users total 366 respondents). In Q4 of 2012/13 92% of staff and 88% of service users thought that the quality of their care service would improve following the inspection.

## **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**

61% of all graded care services at 31 March 2014 have grades 5 or 6 for all Involving People quality statements. This means that over half of all care services graded by 31 March 2014 demonstrated very good or excellent quality practices in involving people who use care services in the delivery of the service. This is higher than the 58% of services with all statements graded 5 or 6 at the same point last year.

The Care Inspectorate currently supports 55 Inspection Volunteers (formerly known as Lay Assessors), with another 13 in the final stage of recruitment. In total in 2013/14, Inspection Volunteers supported 506 inspections (6.5% of all inspections carried out in 2013/14, compared to 4.7% last year) and spoke with a total of 3362 service users and 1243 relatives, carers and friends. We are currently looking to recruit further Inspection Volunteers with training planned for later in the year.

The majority of inspections involving Inspection Volunteers were of Care Home services (318). Another 84 were inspections of Housing Support services and a further 72 inspections of Care at Home services.

We exhibited at the following external conferences in Q4:

**January**  
Fostering Conference

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

**March**

Really Making A Difference  
Human Rights Conference  
Early Years 2014  
Nursing in Practice  
COSLA  
Social Services Expo

**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 2013/14 we received 64 complaints against the Care Inspectorate. As at 31 March 2014, 19 remained in progress and 12 were completed. The remaining 33 were withdrawn, which means, for example, that either the complainant did not wish to proceed, or that the matter was not within the remit of the Care Inspectorate to investigate. Of the 12 completed complaints, four (33%) were partially upheld (where some elements of the complaint were upheld and others not) and eight (67%) were not upheld.

Not all complaints received were formally registered. Twenty five complaints against the Care Inspectorate were registered as formal complaints in 2013/14 (which includes some complaints which were received towards the end of 2012/13). Those not formally registered were either still at an informal stage or were withdrawn (see reasons above). We completed investigations into 30 complaints against the Care Inspectorate in 2013/14, some of which were complaints received in 2012/13.

Of the 30 complaint investigations completed in 2013/14, 12 (40%) of these were either upheld or partially upheld (Monitoring Measure 4).

The Audit Committee approved changes to our complaints KPIs, including new timescales for us to complete complaints against the Care Inspectorate (KPI 4). These take effect in 2014/15. Further work will be undertaken on KPIs following completion of a number of actions to improve complaint handling processes during 2014/15.

The Complaints Committee met once to review 3 complaint cases in Q4. In one of these cases the findings of the original complaint investigations were supported and the other two, the original findings were not supported.

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

### 2.3.2 Efficiency Measure

We received 3788 complaints in 2013/14, an increase of 17% compared to the 3234 received in 2012/13.

In 2013/14, 98% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 5a). This is the same as in 2012/13. Our target level is 100%. This does not include withdrawn cases (for example where the complainant does not wish to proceed, or the complaint is about a matter that we cannot investigate) or where the complainant is anonymous, has only supplied their name or requested no correspondence. Reasons for not meeting the target include delays in complaints being passed to the complaints team to log.

We registered 50% of complaints against care services as formal complaints within 12 working days in 2013/14 (KPI 5b). This is similar to the 51% at Q4 last year but lower than the target of 60% we are aiming for this year. We have found this target difficult to meet due an increased volume of complaints received in addition to high levels of staff absence/vacancies in the complaints teams.

We have reminded our complaints inspectors on the importance and necessity of making contact with the complainant, to inform them that they are the person charged with progressing their complaint. One of the key reasons for not meeting the target of 60% is the complexity of issues raised by complainants and the need to examine and discuss in detail with complainants. Work is underway to review the complaints handling process to make this more efficient and effective.

In 2013/14, we completed 99.1% of complaint investigations within 20 days (or complainant was notified of an extension) (KPI 5c). 45% of investigations were completed within 20 days, with another 54% being completed in a time greater than 20 days but where the complainant has been notified of an extension. The 20 day target was introduced in October 2012. Prior to this we had a 28 day completion target. As a comparison, in 2012/13, we completed 99.6% of investigations (or notified complainant of an extension) within 28 days, and 98% within 20 days.

Overall, we completed 92% of registrations within timescales in 2013/14 (KPI 5d). 93% of childminder registrations were completed within three months and 90% of other care service types were registered within six months. This exceeds our target of 85%. This is slightly higher than in 2012/13 when we completed 91% within timescale overall, with 90% of Childminders completed within 3 months and 92% of other services completed within 6 months.

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------



### 2.3.3 Enforcement Notices Issued

In 2013/14 we sent a total of 254 enforcement notices. 47 of these were notices related to the quality of care and 207 were 'technical' enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services). This year we have sent more 'technical' enforcements but less quality of care notices compared to 2012/13 (170 technical notices and 59 quality of care related notices).

A breakdown of the quality of care related notices are summarised in the following table:

#### Non-Technical Enforcements 2013/14

(note: this table excludes 'technical' enforcements which are not related to the quality of the service)

Inspection Area	Number of Notices sent 1 Apr – 31 Mar	Number of Services
Early Years	22	17
Older People	25	17
<b>Total</b>	<b>47</b>	<b>34</b>

### 2.3.4 Inspections Completed

During 2013/14 we completed 98% (7813 inspections) of the inspections we planned to complete over the year (KPI 6c), in comparison to the 97% (8835 inspections) completed in 2012/13.

In 2013/14 our annual planned number of inspections that we had planned to do was 7999. At 17 April there were 184 inspections which had not been completed by 31 March that should have been. The majority (66%) of these were due to a lack of capacity to carry out the inspection. Other reasons for not inspecting included staff sickness, enforcement action being taken against the service and the service having no service users at the time the inspection was due to take place. All inspections not completed in 2013/14 will be rescheduled for inspection to be completed by 31 May 2014.

In 2013/14 we completed 75% (5865) of inspections by their last possible date of inspection (KPI 6b). Reasons for not completing inspections before the last possible date of inspection are collected and monitored by the National Inspection Planning Team. The most common reasons for going beyond this date included: a higher risk service being given priority; the service being unavailable for inspection; unexpected issues or concerns found at the inspection which caused it to conclude later than originally planned; and services being re-allocated to different teams to manage capacity.

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

In care services that we have inspected this year, 4.8% of services had a low risk assessment score before the inspection and went on to have a higher risk assessment following the inspection (Monitoring Measure 3).

We started two strategic joint inspections of integrated health and social care in Fife and Angus during Q4. Inspections in Aberdeenshire and Moray were started earlier in the year and are on-going.

In our strategic joint inspections of services for children, we completed inspections and published our reports on Midlothian and East Dunbartonshire in Q4. During Q4 inspections were ongoing and at different stages of completion in East Renfrewshire, South Lanarkshire Dumfries & Galloway and Clackmannanshire & Stirling.

We issued 81% of draft care service inspection reports within 20 working days in 2013/14. 91% of final inspection reports issued 2013/14 were published within 13 weeks of the inspection feedback date. In 2012/13, we issued 87% of draft reports and 95% of final reports within timescales. Reasons for not issuing reports within timescales in 2013/14 include staff absences and protracted discussion with providers.

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

In Q4 we agreed a data sharing arrangement with Which? to provide information on registered care services. Which? Elderly Care is a free-to-use website created by Which? to provide independent information on all aspects of care for older people.

The Head of Analysis and Business Planning represents the Care Inspectorate on the Local Government Scrutiny Co-ordination Operational Group and the cross-scrutiny body planners and scheduler's meetings chaired by Audit Scotland. Working closely with partner scrutiny bodies, including Audit Scotland, Healthcare Improvement Scotland (HIS), Education Scotland (ES) and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) on strategic inspection planning. The Head of Analysis and Business Planning has been invited to join the Audit Scotland led Quality and Consistency Review Panel (QCRP) for the 2014/15 Assurance and Improvement Plans (AIPs) that have been developed by the Local Area Networks (LANs) as part of the annual Shared Risk Assessment (SRA) process.

Work to further develop the sharing of intelligence across scrutiny bodies is on-going and being led by the Director of Strategic Development/ Depute Chief Executive.

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

### 2.3.6 Quality Indicator 4 - Best Value

In Q4 we launched The Hub, an online resource available to Care Inspectorate staff and external stakeholders. The Hub provides 'one-stop-shop' access to a range of resources aimed at supporting improvement in the social care and social work sectors through the use and sharing of intelligence and research-led practice, including:

- A library of good practice guidance
- Information on the latest developments in policy and legislation
- Video based examples of innovative practice
- Guidance to help users carry out their own research
- Toolkits and resources aimed at supporting improvement

The Hub also supports a number of the Care Inspectorate's purposes, including:

- Acting as a catalyst for change and innovation
- Supporting improvement and signposting good practice

We created and circulated the following (internal and external) surveys during Q4:

- JISFOP Staff Surveys
- Education Scotland/ Care Inspectorate event evaluation
- Shifting the Landscapes of Dementia Care Conference
- Review of how we inspect: Public survey
- Review of how we inspect: Public survey
- Central and Local Immediate Evaluation
- What's next?
- Review of Methodology Provider Survey
- Intelligence Review
- Methodologies staff survey

For the period between 1 April 2013 and 31 March 2014, there was less than 1% projected variance (0.26%, £92k underspend) from the planned budget. Work is on-going to finalise the annual accounts and it may be that the actual financial position for the year to 31 March 2014 differs slightly from this projected position.

The accounts are due to be completed in June 2014 and then will be subject to an external audit.

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

### 2.3.7 Quality Indicator 5 - Staff Experience

All staff can now access a view only version of Covalent. Covalent is an online programme and project performance management tool. Senior staff have the ability to update projects and add notes to performance indicators. During April, a revised version of Covalent is expected to enable all staff to be able to input updates, notes and milestones where they have the access permissions to do so. This will be rolled out once fully tested. Work to input our revised KPI targets and thresholds to Covalent will be undertaken during April. This will include aligning Covalent to our new corporate plan.

Project management advice and support continues to be available to all programme and project managers in order to develop our project planning capacity and plan the inputs to projects from our support services. Guidance and templates are regularly reviewed in line with feedback and the needs of the organisation.

### 2.3.8 Quality Indicator 6 - Leadership and Direction

The Care Inspectorate's Inspection Plan 2014-15 was approved by Scottish Ministers on 13 February 2014.

Our final 2014/15 strategic inspection plan for adult and children's services was approved in Q4. Our adult services inspection footprint was revised to bring it closer in line to our children's inspections and to achieve efficiencies in resource deployment.

### 2.3.9 Quality Indicator 7 – Quality Assurance and Improvement

The revised Performance Framework for 2014/15 was submitted to the Audit Committee for their consideration on 5 March 2014. This was approved without amendment, and incorporated into the Corporate Plan 2014-18, which in turn was approved by the Board on 28 March 2014.

A report about complaints against care services covering the period 2008-2013 was prepared and published in March 2014. A separate report on trends has been prepared for the Complaints Sub-Committee.

The National Enquiry Line received 4863 calls in Q4. This is lower than the 5270 calls we received in Q3. The most common areas that these calls related to are as follows:

- Staff or Office enquiries (919 calls)
- Registration enquiries (686 calls)

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

- E-forms or Website queries (568 calls)
- Registration application requests (251 calls)

In Q4, 77% of calls were answered at the first point of contact. 23% of calls received (1133 calls) were transferred to duty inspectors.

The National Enquiry Line received a significant number of calls and emails in Q4 relating to the Hamilton School (approx. 300 phone calls and 100 emails). In the two weeks between 14 February and 27 February, the National Enquiry Line stayed open late in the evenings, on some occasions till 9pm, and throughout the weekend of 22-23 February to meet the continued demand for assistance and information from parents of affected service users. In Q4 we produced the following publications and reports (printed and published electronically) :

- Complaints about care services in Scotland, 2008 to 2013
- Nappy changing facilities in early years nursery and large childminding services
- We are going to inspect the services in your area: information for adults and carers
- We are going to inspect the services in your area: information for partnerships and service providers
- Care ... about physical activity
- Connect issue 9
- Briefing note for the Health and Support Committee: February 2014
- Hub postcard
- Internal Communications and Engagement Strategy
- Corporate plan 2014-18
- Protection of Vulnerable Groups (Scotland) Act 2007 (the 'PVG Act') - Childminding assistant information sheet
- McKinley T34 Ambulatory syringe pump used in the provision of adult palliative and end of life care

Version: 2	Status: <i>Final</i>	Date: 20/06/2014
------------	----------------------	------------------

3.0 SUMMARY OF PERFORMANCE AGAINST KPIS Q4 2013/14

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

Key Performance Indicator 2013/14	Target	Q4 2012/13	Q4 2013/14	Notes
<b>KPI 1:</b> % of Requirements met within the timescale set by the Care Inspectorate	80%	New KPI	62% (4087/6616)	This is a baseline year
<b>KPI 2:</b> % inspections undertaken that were additional to our inspection plan	Baseline year	New KPI	6.5% (505/7794)	This is a baseline year
<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	64 complaints received, 25 complaints registered as formal complaints and another 30 investigations completed (some of which were received last year).	Timescales have been agreed for 2014/15.

Key Performance Indicator 2013/14	Target	Q4 2012/13	Q4 2013/14	Notes
<b>KPI 5(a):</b> Complaints against care services acknowledged within 3 working days	100%	98% (1182/1209)	98% (1322/1349)	
<b>KPI 5(b):</b> Complaints against Care Services registered within 12 working days	60%	51% (955/1872)	50% (977/1943)	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%	91% (1434/1781)	99% (1746/1761)	We started monitoring the 20 day target in October 2012. Previously we had a 28 day completion target. In 2012/13 we completed 99.6% of investigations within 28 working days (or longer but the complainant has been notified of an extension).

Key Performance Indicator 2013/14	Target	Q4 2012/13	Q4 2013/14	Notes
<b>KPI 5(d):</b> Registrations completed within 3 months for childminders and 6 months for other care services	85%	91% (816/898)  Childminders- 90% (579/641) Other Services- 92% (237/257)	92% (897/979)  Childminders- 93% (575/620) Other Services- 90% (322/359)	
<b>KPI 6(a):</b> % of required inspections completed in 2013/14	99%	New KPI	97% (6771/6971)	This is calculated as the number of services with all inspections completed divided by the number of services with any planned inspections in 2013/14.
<b>KPI 6(b):</b> % of inspections completed by last date of inspection	99%	New KPI	74% (5865/7915)	
<b>KPI 6(c):</b> Number of inspections completed as % of total planned	99%	New KPI	98% (7813/7999)	



Monitoring Measures 2013/14	Target	Q4 2012/13	Q4 2013/14	Notes
<b>MM1:</b> % care services maintaining or improving on all grades 4 or above as a % of all services	Monitor trend	73.9% (10,559/14,294)	71.6% (10,086/14,090)	
<b>MM2:</b> % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	New Monitoring Measure	17% (1000/5881)	
<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	4.8% (266/5579)	We inspected 5579 services with a low RAD score prior to inspection. 266 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	13% (2/15)	40% (12/30)	Twelve cases were partially upheld this year. Last year two cases were partially upheld.

**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.