



Monitoring our Performance 2014-15

Report to: Board

Date: 9 December 2014

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Report No: B-26-2014

Agenda Item: 11

PURPOSE OF REPORT

To present the Q2 2014-15 summary report on performance

RECOMMENDATIONS

That the Board:

1. Notes 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			
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	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: 09/12/2014	

Version: 1.5	Status: Final	Date: 12/12/2014
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1.0 INTRODUCTION

This paper presents an account of our performance against the six strategic objectives in our Corporate Plan 2014-2018.

It focusses in particular on performance against the Operational Improvement Plan and the Key Performance Indicators (KPIs), Quality Indicators (QIs) and Monitoring Measures (MMs) approved by the Audit Committee.

2.0 SUMMARY OF PERFORMANCE Q1 2014/15

2.1 **Strategic objective 1: To provide assurance and build confidence through robust regulation and inspection of the quality of care**

2.1.1 Key priorities

The Care Inspectorate's draft Scrutiny & Improvement Plan for 2015-16 was submitted to the Executive Team on 9 October 2014 and was considered by the Board at their development day on Friday 31 October 2014.

Draft Individual Inspection Plans 15/16 (IIPs) for Inspectors of frontline services (regulated care) were made available to them and their managers on Monday 27 October 2014. This much earlier timeframe is a direct result of dynamic inspection planning over a 4 year period which was introduced in 2013/14.

A new procedure for complaints about registered care services is being developed and once drafted will be available for external consultation.

Work continues on the review of methodologies. We have identified a direction of travel and are formalising a series of workstreams to take forward methodological tests and developments. A High-Level Advisory Group comprising people who provide and use services will advise us on the development of the project; it will meet for the first time on 4 November. Work is underway to plan two tests of change in 2015/16: in high-performing, low risk care homes for people with learning disability and in care homes for older people which require a second inspection, the type of inspection and structure of the public report will be different to at present. These tests of change will allow us to evaluate whether a tiered approach to inspection is desirable. Across all care services, work is on-going to review the way requirements are made and ensure they are designed to achieve better outcomes for people. A test of change is taking place in two care homes which require some improvement to see whether

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

using requirements in a different way, and bringing a dedicated improvement focus to the way in which we deploy resources, can improve outcomes for people.

Our first annual reports on child and adult protection will be published at the start of November. Further work will be undertaken to develop these for future years and enhance the evidence base on which they are predicated.

Work continues to develop a quality improvement strategy and ensure this is underpinned by a sound theoretical framework.

Work is underway to improve the way in which we present statistical information arising from our inspection findings. A new website is being developed which is designed to make it much easier to search the care service list and access information about individual care services.

2.1.2.1 Inspections Completed

During Q1 and Q2 we completed 89% (3669 inspections) of the inspections we planned to complete over the year to date (KPI 1c), which is the same as the 89% completed in Q1 and Q2 of 2013/14 (current performance as at 30 November is 5014 inspections completed, which is 86% of all inspections planned to date).

In an effort to meet our target, we are continuing to provide overtime, use available locum inspectors and are implementing stronger performance management and absence management.

In Q1 and Q2 we completed 72% (2877) of inspections by their last possible date of inspection (KPI 1b). This is lower than the 80% of inspections completed by their last possible date in 2013/14.

The most common reasons for inspections missing their last possible dates are; higher risk services taking priority, the service being unavailable for inspection at the original planned date and the time impact of re-planning the 2013/14 inspection carried over into the beginning of the year.

In care services that we have inspected this year, 3.9% 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). This is slightly lower than the 2.6% of services in Q1 and Q2 last year.

We completed our joint inspection of Older People's Services in Angus and Fife during Q2. Public reports will be available in Q3. Inspections in Falkirk and Glasgow City are on-going.

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

Our joint inspection of services for children in East Renfrewshire was completed in Q2 with inspections in Aberdeen City, North Lanarkshire and South Lanarkshire on-going.

We issued 81% of draft care service inspection reports within 20 working days in Q1 and Q2. 94% of final inspection reports issued in Q1 and Q2 were published within 13 weeks of the inspection feedback date. In Q1 and Q2 of 2013/14, we issued 82% of draft reports and 93% of final reports within timescales.

2.1.2.2 Enforcement Notices Issued

In Q1 and Q2 we sent a total of 216 enforcement notices. 49 of these were notices related to the quality of care and 167 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 is an increase compared to the same time last year when we issued 18 quality of care related notices and 108 technical enforcements.

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

Non-Technical Enforcements Q1 & Q2 2014/15
(note: this table excludes 'technical' enforcements which are not related to the quality of the service)

Inspection Area	Number of Notices sent 1 Apr – 30 Sep	Number of Services
Early Years	13	7
Older People	36	17
Total	49	24

The majority of the enforcement notices issued were section 62 Improvement Notices (84% of notices sent). Three services were issued with section 66 (proposal to impose/vary/remove conditions) notices, and for two of these services this was followed up with a section 73 (decision to impose/vary/remove conditions) notice. The remaining enforcement notices were issued to cancel one service.

2.1.3 Quality Indicator 1 – Improvements to Quality of Care

We expect services to comply with any requirements we set within the prescribed timescales. In Q1 and Q2, 57% of requirements were met within timescales set (KPI3). A further 7% were met, but outwith the timescale. 35% of requirements were found to be not met at the next

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

inspection. We sought agreement from the Audit Committee during Q2 to begin immediate review of this KPI as it does not identify the different types of requirements made or their risk profile.

97% of services that started the year with grades 4 or higher for all themes maintained or improved on these good grades by the end of Q2 (MM-1).

In 18% of inspections in Q1 the grades awarded by the inspector matched the service's own estimation in their self-assessment for all grades. In a further 24% of inspections, all grades awarded exceeded the service's own estimation (MM-2). The remaining inspections had a mix of matching and non-matching grades. This issue will be addressed through a focus on building services capacity to self-evaluate as part of new methodology development.

A summary of grading by service type is presented in a table in section 2.6.8 of this report. This table shows an improvement of 0.63% more services graded at least adequate (3) in all themes since the beginning of the year.

2.2 Strategic objective 2: To contribute to building a rights based world class care system in Scotland

2.2.1 Key priorities

The Scottish Government has published responses to its consultation on new national care standards, which proposed that the Care Inspectorate and HIS be responsible for developing the new standards. Consideration is now being given to how this might be effected, if such responsibilities are placed upon us.

2.2.2 Quality Indicator 2 - Partnership Working

Progress is being made with the SSSC in relation to the revised Service Level Agreement and Partnership Agreements.

In Q2 we signed a new Memorandum of Understanding with OSCR.

We continue to be represented on the Local Government Scrutiny Co-ordination Operational Group and the cross-scrutiny body planners and scheduler's meetings chaired by Audit Scotland. This involves 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.

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

Significant work has been undertaken on the development of integrated care and health assessments in partnership with Healthcare Improvement Scotland to inform the prioritisation of community planning / health and care partnership areas that will be inspected next year as part of the strategic inspection programme. This will help to ensure that our decisions are based on the most up to date information and intelligence held by all the relevant scrutiny bodies.

A senior Care Inspectorate representative has been invited to sit on the Police Scotland - National Risk & Concern Project – Partnership Reference Group which will be chaired by the Deputy Chief Constable. The group will have a strategic focus drawing on expertise and experience of frontline service providers and community organisations from across Scotland. The overall aim is to develop and embed consistent processes and staff skill sets across Scotland to identify risk of harm and ensure adherence to established child and adult protection processes at an early stage. It will also ensure that all concerns raised are assessed appropriately and where wellbeing concerns are identified, the relevant information is shared to secure the necessary additional support from universal services to encourage better outcomes for adults and children.

2.3 Strategic objective 3: To support people’s understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and make sure their voices are heard

2.3.1 Key priorities

Work is being undertaken to implement the Public Reporting Strategy agreed by the board. A new Strategic Communications Manager is being recruited at present to replace the vacant post. Activities to expand the pool of involved people are being undertaken, with a focus on ensuring a wide range of people are involved.

We continue to work with Care Opinion, including finalising the way in which we will exchange information, and senior staff have been invited to sit on two of their advisory boards.

We continue to recruit and train new inspection volunteers, and are seeking to expand our approach into early years services. Pilots in Lanarkshire are now underway.

2.3.2 Quality Indicator 3 – Improvements in Involving People

61% of all graded care services at 30 September 2014 have grades 5 or 6 for all Involving People quality statements. This means that over half of all

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

care services graded by 30 September 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 60% of services with all statements graded 5 or 6 at the same point last year. At 30 September 2014, 94% of services had all Involving People quality statements graded at least 4, and only 4% of services had any statements graded at less than 3. This is an improvement compared to the same time last year when 93% of services had all statements graded at 4 or better and 6% of services had one or more statements graded less than 3.

The Care Inspectorate currently supports 68 Inspection Volunteers, an increase from 61 Quarter 1. In Q1 and Q2, Inspection Volunteers supported 284 inspections (7.7% of all inspections carried out in 2014/15 so far) and spoke with a total of 857 service users and 322 relatives, carers and friends. Training and shadow inspections for new Inspection Volunteers is planned for Q3.

The majority of inspections involving Inspection Volunteers in Q2 were of Care Home services (64%). Another 15% were inspections of Housing Support services and a further 18% were in inspections of Care at Home services.

34 requests for Inspection Volunteer involvement could not be met due to there being no inspection volunteer available with the appropriate experience on the day. Changes to the date of inspection have a significant impact on Inspection Volunteers and will often be the reason why we cannot allocate an Inspection Volunteer to an inspection.

We exhibited at the following external conference in Q2:

- Scottish Out of School Network 16/09/2014 – Aberdeen

We will be exhibiting/attending a range of relevant conferences during Q3 and Q4.

2.4 Strategic objective 4: To build capacity within care services to make sure there is high quality development and improvement of rights based care across Scotland

2.4.1 Key priorities

Feedback from our first Quality Conversation has been extremely positive. A second event is being organised for Q3 and Q4

2.4.2 Quality Indicator 7: Quality assurance and improvement of the Care Inspectorate.–

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 4,037 services in Q1 and Q2. In 93% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. In comparison, 91% of respondents were satisfied or very satisfied with the overall quality of the service in Q1 and Q2 of 2013/14 (based on responses from 1543 services).

We have been able to analyse a greater volume of data this year due to a new consolidation tool developed in house for collating the responses.

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 people who use care services with the inspection and whether they think the service quality will improve following inspection. We recently revised our Inspection Satisfaction Questionnaires and in the process improved the wording in some of the questions that we regularly report on. During Q1 and Q2 we received a mix of old and new version questionnaires and as such we will report on responses to each individually.

In Q1 and Q2, 93% of staff and 89% of people who use care services thought that the quality of their care service would improve following the inspection (Previous version questionnaires- Staff total 405 respondents, service users total 151 respondents).

Based on responses to the new questionnaires, 96% of staff and 99% of people who use care services thought that the quality of their care service would improve (or the high quality will be maintained) following the inspection (Staff total 153 respondents, service users total 72 respondents).

Note that the overall number of these questionnaires received in Q2 was considerably higher than the low numbers reported in Q1 (409 staff and 223 176 service users in Q2 compared with 149 staff and 47 service users in Q1).

2.5 Strategic objective 5 To support and inform local and national policy development by providing high quality, evidence based advice and Information of care

2.5.1 Key priorities

We continue to respond to media, public and government requests for statistical information. In Q1 and Q2 we responded to 32 Freedom of Information requests, 25 requests under the Data Protection Act, 9 Scottish Parliament requests and 20 Scottish Government requests. All of the requests responded to in Q1 and Q2 were met within the timescales

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

agreed with the enquirer.

A report on a comprehensive review of how the Care Inspectorate gathers, uses and shares information and intelligence to ensure that all our scrutiny and improvement work is intelligence led, targeted and proportionate will be considered by the Executive Team on 20 November 2014 and by the Policy Committee on 28 November 2014. Led by the Head of Analysis and Business Planning, work is underway to develop a new risk framework for all our scrutiny and improvement work.

2.6 Strategic objective 6 To perform effectively and efficiently as an independent scrutiny and improvement body and work in partnership with others

2.6.1 Key priorities

The Executive Team have recently agreed a more robust approach to Programme/Project Management with ET assuming the role of the Programme Board.

Comprehensive information on workforce planning necessary to meet the 2015-16 scrutiny and improvement plan and to re-align our frontline resources in the medium /longer term following the organisational restructuring in 2013/14, in particular the shift to national specialist working, has been prepared. This information is being used effectively to take a more targeted and coordinated approach to recruitment. This is absolutely essential and begins to recognise the different risk profiles across different service types and target our finite resources accordingly and to where we can make the greatest impact through our scrutiny and improvement work.

In Q1 and Q2 we produced the following publications and reports (printed and published electronically) :

- Joint inspection for older people's services in Moray
- Joint inspection for older people's services in Aberdeenshire
- Improving assessment and case management in criminal justice social work
- Intelligence Network Report for local authority contact managers
- Adding notes to covalent browsers
- Programmes and project management guidance
- Project initiation documents
- Quality indicators for children and young people
- Procedure for handling complaints
- Healthy working lives project group - terms of reference
- Business travel and subsistence policy supplementary guidance

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

- Weekly bulletin survey analysis
- A report on the effectiveness of child protection arrangements across Scotland
- Parliamentary Update - Summer 2014
- A report on the effectiveness of adult protection arrangements across Scotland
- Information governance policy
- Seasonal influenza, pneumococcal and shingles vaccination programmes in residential care services - 2014 to 2015
- Procedure for production and circulation of minutes and action sheets
- Childcare Statistics 2013

The National Enquiry Line received 12,014 calls in Q1 and Q2. This is lower than the 12,644 calls we received in Q1 and Q2 last year.

The most common areas that these calls related to are as follows:

- Staff or Office enquiries (1651 calls)
- Complaints enquiries and complaints passed to duty officers(1263 calls)
- Registration enquiries (1043 calls)
- E-forms or Website queries (521 calls)
- Variations (419 calls)
- Publication requests (238 calls)

In Q1 and Q2, 82% of calls were answered at the first point of contact. 18% of calls received (2179 calls) were transferred to duty inspectors.

2.6.2 Efficiency Measure

Complaints about the Care Inspectorate

We received 38 complaints about the Care Inspectorate in Q1 and Q2. 20 of these were withdrawn, 15 are currently in progress and three are completed. Two of these were upheld and 1 was not upheld. All three completed cases were resolved in under 20 days (KPI-5).

A further 5 complaints that were received last year were completed in Q1 and Q2. In total, we completed complaints investigations into 8 complaints about the Care Inspectorate in Q1 and Q2. 4 of these complaints were upheld (50%) and 4 were not upheld (MM4).

It should be noted that the numbers involved are small and that a number of the 'withdrawn' complaints are actually resolved by explanation at the 'frontline resolution stage' of the complaints process. We aim to resolve as many complaints as possible at this early stage, although it is not

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

possible to report an accurate picture of this as present. Work is underway with ICT colleagues to enable us to report a clearer picture of outcomes at this frontline resolution stage.

Complaints about Care Services

We received 2294 complaints in Q1 and Q2, an increase of 33% compared to the 1727 received in Q1 and Q2 of 2013/14.

In Q1 and Q2, 99% of complaints acknowledged had their acknowledgement letter sent within 3 working days (KPI 6a). This is the same as the 99% in Q1 and Q2 of 2013/14. 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.

We registered 44% of complaints about care services as formal complaints within 12 working days in Q1 and Q2 (KPI 6b). This is lower than the 55% at Q1 and Q2 last year and lower than the target of 60% we are aiming for this year.

It should be noted that the measure is greatly affected by complainants not agreeing 'heads of complaint' (i.e. the specific wording of the complaint allegations) and complainants taking lengthy time to communicate back with the Care Inspectorate. We are developing a new process to try to make this more efficient. Research indicates that a more speedy resolution can assist in helping complainants achieve satisfaction and improvement.

In Q1 and Q2, we completed 84% of complaint investigations within 40 days – above our 80% target (KPI 6c). This is a new measure for 2014/15, and relates only to those complaints received after 1 April 2014.

Registrations

Overall, we completed 78% of registrations (384 out of 493) within timescales in Q1 and Q2 (KPI 6d). 74% of childminder registrations (218 out of 295) were completed within three months and 84% of other care service types (166 out of 198) were registered within six months. This falls short of our target of 85% and is lower than Q1 and Q2 last year when we completed 92% within timescale overall (472 out of 514), with 91% of childminders completed within three months (308 out of 340) and 94% of other services completed within six months (164 out of 174).

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

Variations

In Q1 and Q2 we completed a total of 2533 variations. This is an increase compared to the same time last year when we completed 1413 variations. A summary of the number of variations completed for each service type is presented in the table below:

Care Service type	Number of variations completed
Adoption Service	1
Adult Placement Service	1
Care Home Service	217
Child Minding	600
Day Care of Children	1538
Fostering Service	1
Housing Support Service	64
Offender Accommodation Service	1
School Care Accommodation Service	16
Secure Accommodation Service	2
Support Service	92
Total variations completed in Q1 and Q2	2533

The most common types of variations completed in Q1 and Q2 were; change in operation times, change in conditions of registration and change in capacity. These three types of variations accounted for over 80% of all variations completed in Q1 and Q2.

In order to manage the volume of work that could be potentially created by variation requests from Local Authorities to change their operating time to accommodate the increase in hours for care and education for all 3 and 4 year olds, we wrote to the local authorities in February suggesting we remove the condition that relates to operating times for their daycare of children services. Taking this pro-active approach meant we were able to complete all 1035 variations for these services by 31 July, ahead of the target date of 18 August set by Scottish Government colleagues. In addition to this over 200 variations for services providing care to vulnerable children aged under 3 were also completed. We received positive feedback from the Scottish Government policy team and from local authorities in regards to our work on this project.

In childminding services over half of all variations were changes to conditions of registration. Another 14% were changes in capacity and 12% were changes in premises.

84% of all variations were completed within 3 months. For childminding services, 83% of variations were completed in 3 months or less. This is an improvement compared to the same time last year when 75% of all

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

variations were completed within 3 months.

Effective risk assessment.

Our model of care service regulation is dependent on accurate and ongoing risk assessments of care services. We inspected 2,728 services in Q1 and Q2 that started the year with a Low RAD score. 106 of these went on to have a higher RAD score following an inspection in Q1 or Q2, which is 3.9% (MM-3). This is higher than the 2.6% observed over the same period last year.

The services with increased RAD scores after inspection are summarised by service type in the following table:

Care Service	Number of services with an increased RAD after inspection
Care Homes for Older People	30 (28%)
Care Homes for Adults	10 (9%)
Care Homes for Children & Young People	9 (8%)
Child Minding	13 (12%)
Day Care of Children	21 (20%)
Fostering Service	1 (0.9%)
Housing Support Service	10 (9%)
Support Service	12 (11%)

2.6.4 Quality Indicator 4 - Best Value

A programme of review of Care Inspectorate employment policies and procedures is continuing with the Partnership Forum where appropriate and the Resources Committee. Five key policies: Maximising Attendance, Equality and Diversity Policy, Social Media Guidance, Whistleblowing Guidance and Time off for Trade Union Duties and Activities Agreement were considered by the Resources Committee on 23 September 2014. The policies for Time off for Trade Union Duties and Activities Agreement and the Social Media Guidance were approved. The policies in respect of Maximising Attendance, Equality and Diversity and Whistleblowing Guidance were considered at the Partnership Forum on 6 October 2014 and would be re-presented to the Resources Committee at its November 2014 meeting for approval.

A further 13 policies have been reviewed and refreshed and will be discussed and consulted on in Quarter 3.

For the period 1 July to 30 September 2014, there is a predicted 0.2% variance from the planned budget. It is anticipated that any projected overspend will not have a significantly detrimental impact on the Care Inspectorate's financial position. It is anticipated that the balance of risks

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

to the projected financial position will mean the projected overspend will decrease as the year progresses.

The external audit of our 2013/14 Annual Report and Accounts progressed well with no significant issues identified.

At its September 2014 meeting, the Resources Committee considered the 2014/15 Budget Monitoring position, the consultation on Investing in the Tobacco Industry by Tayside Pension Fund and received a progress update on the Regulation, Inspection, Scrutiny Award (RISA) for inspectors.

The ICT strategy is on target for a first draft by Quarter 4 2014/15. The first phase of the iPad rollout is complete and the second phase has now commenced.

At meetings of the Audit Committee in August and September 2014, detailed consideration was given to the Annual Report and Accounts 2013/14 and the Committee's Annual Report to the Board.

The Shared Services Internal Audit was considered by the Audit Committee at its meeting in September 2014. The publication of this report will support the development of the revised Shared Services Strategy and Action Plan.

We created and circulated the following (internal and external) surveys during Q2:

- Staff conference evaluation
- Review of health team support model - staff survey
- Survey to inform response to the Independent Review of Early learning and childcare workforce and out of school care workforce
- Joint inspection for older people Staff survey Glasgow
- Employee Wellbeing Survey - Healthy working lives
- ICT customer engagement questionnaire
- Joint inspection for older people staff survey Falkirk
- National care standards survey
- Evaluation for equality and diversity training
- Joint inspection for children North Lanarkshire Survey

2.6.5 Quality Indicator 5 - Staff Experience

The Healthy Working Lives programme has been launched and the first meeting of the group was held in August. A survey was conducted to understand the current position and the results will be used to develop an action plan which will aim to achieve the Bronze Award by the end of March 2015.

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

A successful all staff conference was delivered on 9 September 2014.

An effective development week for all 305 Inspection, Registration and Complaints staff was delivered during the second week in September. The evaluations for the week and the staff conference will be used to improve the next development events.

The Care Inspectorate is now registered as a Service Delivery Centre for the Customer Service Professional Qualification (CSPQ). Four of the administrators who support the National Enquiry Line (NEL) will attend the induction for the qualification at Certificate Level in Quarter 3. In addition, the coach, co-ordinator and Business Support Manager will also attend. It is envisaged that candidates will commence the qualification at the beginning of November 2014 as part of a pilot project and in conjunction with the development programme for the NEL. The qualifications are accredited by the SQA and the Business Support Manager will evaluate the pilot and report to the Executive Team and Resources Committee on completion which is estimated as July 2015.

2.6.6 Quality Indicator 6 - Leadership and Direction

A project is underway to review the staff Performance Development and Review Scheme. The project group is due to report to the Executive Team in Q3.

The employee survey was launched on 15 September 2014 and ran for four weeks. The survey was jointly commissioned with the Partnership Forum and has had 81% uptake. The results are due in Quarter 3 and will be shared with the Partnership Forum and Board members and communicated to all staff. Thereafter, staff will be invited to work with the Organisational Development team to create solutions to the feedback arising from the results.

Following a report that was made to the Resources Committee on the 2013/14 HR/OD metrics, work continues on developing these and the Quarters 1 and 2 sickness statistics will be produced for review by the Executive Team in Quarter 3.

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

2.6.8 Services with grades of 3 or better in all themes by service type (see section 2.1.3)

		Services with grades of adequate or better for all themes							
		at 31 March 2013		at 31 March 2014		at 30 September 2014		Change between 31 Mar 14 to 30 Sep 14	
Client Group	Care Service	Number of services	%	Number of services	%	Number of services	%	Number of services	percentage point change
Adults and older people	Adult Placement Service	36	100.0%	36	100.0%	38	100.0%	2	0.00%
	Care Home Service	1119	90.0%	1097	91.2%	1109	91.9%	12	0.69%
	Housing Support Service	981	97.8%	941	96.6%	951	96.8%	10	0.23%
	Nurse Agency	34	94.4%	35	97.2%	32	97.0%	-3	-0.25%
	Support Service	1209	96.6%	1198	96.2%	1203	96.5%	5	0.32%
Adults and older people Total		3379	94.7%	3307	94.6%	3333	95.1%	26	0.42%
Children, young people and justice	Adoption Service	38	97.4%	38	97.4%	37	94.9%	-1	-2.56%
	Care Home Service	218	95.2%	228	96.6%	233	97.1%	5	0.47%
	Child Care Agency	28	96.6%	31	100.0%	29	100.0%	-2	0.00%
	Child Minding	5091	95.6%	5135	95.9%	5147	96.8%	12	0.91%
	Day Care of Children	3542	95.7%	3511	96.5%	3505	96.9%	-6	0.42%
	Fostering Service	59	98.3%	59	95.2%	59	96.7%	0	1.56%
	Offender Accommodation Service	9	100.0%	8	100.0%	6	100.0%	-2	0.00%
	School Care Accommodation Service	62	95.4%	59	92.2%	59	95.2%	0	2.97%
	Secure Accommodation Service	4	80.0%	4	100.0%	5	100.0%	1	0.00%
Children, young people and justice Total		9051	95.6%	9073	96.1%	9080	96.8%	7	0.71%
Grand Total		12430	95.4%	12380	95.7%	12413	96.4%	33	0.63%

Version: 1.5	Status: Final	Date: 12/12/2014
--------------	---------------	------------------

3.0 SUMMARY OF PERFORMANCE AGAINST KPIS Q2 2014/15

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

Key Performance Indicator 2014/15	Target	Q2 2013/14	Q2 2014/15	Notes
KPI 1(a): % of required inspections (as per approved inspection plan) completed in 2014/15	99%	N/A	N/A	In 2013/14 we completed 97% of our required inspections.
KPI 1(b): % of inspections completed by last date of inspection	99%	80% (3322/4166)	72% (2877/4009)	
KPI 1(c): Number of inspections completed as % of total planned (excluding cancelled and inactive services)	99%	89% (3842/4318)	89% (3669/4134)	

Version: 1.5	Status: Final	Date: 12/12/2014
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Agenda Item 11

**Report Number
B-26-2014**

KPI 2: % inspections undertaken that were additional to our inspection plan	7%	0.4% (15/3842)	0.4% (13/3669)	13 of the 3,669 inspections carried out in Q1 and Q2 were marked as additional.
Key Performance Indicator 2014/15	Target	Q2 2013/14	Q2 2014/15	Notes
KPI 3: % of Requirements met within the timescale set by the Care Inspectorate	80%	66% (but with no differentiation between met within/outwith timescales set)	57% (1324/2306)	57% of requirements were met within timescales set, 7% were met but not within the timescale, 35% of requirements were found to have not been met at the next inspection.
KPI 4: % efficiency savings achieved	3%			Reported Annually
KPI 5: % complaints investigated about the Care Inspectorate that were completed within 20 working days	100%	N/A	100% (3/3)	We received 35 complaints in Q1 and Q2. 20 were withdrawn, 15 remain in progress and 3 are completed (within 20 days). A further 5 complaints received last year were completed in Q1 and Q2.

Version: 1.5	Status: Final	Date: 12/12/2014
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KPI 6(a): Complaints about care services and the Care Inspectorate acknowledged within 3 working days	100%	99% (711/720)	99% (796/806)	
Key Performance Indicator 2014/15	Target	Q2 2013/14	Q2 2014/15	Notes
KPI 6(b): Complaints about Care Services registered within 12 working days	60%	55% (507/928)	44% (495/1122)	
KPI 6(c): Complaints about Care Services completed within 40 working days	80%	N/A	84% (528/626)	In 2013/14 we had a 20 day target that allowed cases with extensions to meet the KPI. In Q1 and Q2 of 2013/14 we completed 99.5% of cases within 20 days (or longer with an extension).

<p>KPI 6(d): Registrations completed within 3 months for childminders and 6 months for other care services</p>	<p>80%</p>	<p>92% (472/514) Childminders- 91% (308/340) Other Services- 94% (164/174)</p>	<p>78% (384/493) Childminders- 74% (218/295) Other Services- 84% (166/198)</p>	
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Monitoring Measures Indicator 2014/15	Target	Q2 2013/14	Q2 2014/15	Notes
MM1: % care services maintaining or improving on all grades 4 or above	Monitor trend	97% (10,550/10,908)	97% (10,546/10,894)	97% of services that started the year with good grades maintained or improved on these by the end of Q2.
MM2: % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	16% (516/3191)	18% (473/2581)	In 18% of inspections the grades awarded matched the service's own estimation in their self-assessment. In a further 24% of services, the grades awarded exceeded the service's own estimation.
MM3: % of low risk assessments of care services by the Care Inspectorate that go on to have a higher risk assessment following inspection	Monitor trend	2.6% (75/2852)	3.9% (106/2728)	We inspected 2,728 services in Q1 and Q2 that started the year with a Low RAD score. 106 of these went on to have a higher RAD score following the inspection.
MM4: % complaints about the Care Inspectorate that were upheld	Monitor trend	53% (9/17)	50% (4/8)	We complaints investigations into 8 complaints against the Care Inspectorate in Q1 and Q2 (some received last year). 4 of these complaints were upheld and 4 were not 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 2014-18 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.