Monitoring our Performance 2014-15

Report to:	Board
Date:	26 June 2015
Report by:	Rami Okasha, Acting Director of Strategic Development Tim Gronneberg , Information Analyst Ingrid Gilray, Intelligence and Analysis Manager
Report No:	B-07-2015
Agenda Item:	11

PURPOSE OF REPORT

To present the Quarter 4 (Q4) 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 ☐ NO ☒
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: R Okasha	Date: 4 June 2015

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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 Q4 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

Work continues on the development of new models of scrutiny and improvement. Significant changes were made on 1 April 2015 to give effect to new policies on responsive regulation, new inspection types, and a more outcomes-focused approach. Further work has been planned to consult on a proposal for new more proportionate inspection types for Q3 and Q4 of 2015/16. A briefing paper was discussed at the Board meeting in March 2015.

We produced revised guidance for making requirements and recommendations at inspection which is helping inspectors to focus on the need for improvement. Recommendations and requirements are to be more targeted in driving forward an improvement agenda where required, with a clear focus on setting requirements where there are concerns about the health, safety and well-being of people who use care services.

In the period covered by this report we progressed extensive planning on our Inspection Focus Area (IFA) into the recommendations from the Scottish Government's Learning Disability Strategy, 'The Keys To Life' and the findings of the enquiry into 'Winterbourne View'. Following extensive planning and consultation, the Inspection Focus Area in all learning disability services (except the test of change cohort) commenced on 1 April 2015.

Findings from the IFA will provide valuable information across the sector and will inform their, and the Care Inspectorate improvement agenda.

Following close liaison with Scottish Government colleagues we will no longer focus activity on Recommendation Eight from the Keys to Life strategy, however we will continue on-going work to support improvement and sharing of good practice.

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Other areas regarding the gradual roll out may include work around adult support and protection.

We worked with Education Scotland colleagues to test the introduction of 'professional dialogue' in inspections of secure and residential special schools. Along with Education Scotland we are working with stakeholders to identify how we can map the four capacities (successful learners/ confident individuals/ responsible citizens/ effective contributors) across the residences and classroom into these inspections. This will support an examination of the experiences and outcomes of children throughout the 24 hours of residency.

The Care Inspectorate and MWC published a joint summary report on the collaborative inspections/ visits to the five secure care services looking at how well supported young people with mental health needs were being met.

Two of our Strategic Inspectors participated in the Education Scotland-led Total Place scrutiny pilot in partnership with Perth and Kinross Council and its community planning partners. The pilot, which was commissioned and overseen by the Joint National Scrutiny Group, aimed to explore the potential of using a multi-agency team to work alongside professional staff and community groups to take a closer look at the experiences of people of all ages and social backgrounds living in the Blairgowre/Rattray area. Our Intelligence team supplied a range of intelligence about care services in the locality. We expect to be involved in a review of the pilot in the forthcoming months.

In quarter four we finalised a Care Inspectorate code of practice in line with Scottish Government's new Guidance for local authorities and Child Protection Committees to implement a system for notification of initial and significant case reviews. The new agreements commence from 1 April 2015. From this date, we will also start to receive material relating to significant case reviews from 2012 to 2015 to allow us to commence our retrospective review and national report during the forthcoming year.

Over 1300 responses were received in response to the consultation on a new draft procedure for complaints about registered care services. These responses are being analysed and the analysis will be available at the end of May 2015 and thereafter used to refine the draft document.

The intelligence team provided quarterly complaints reports to the complaints committee in 2014/15. These reports monitor trends in complaint activity through the year and compares to previous years to inform the committee.

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The Policy Committee agreed a quality improvement strategy and associated dynamic action plan. This is now being progressed and proposals will be brought forward shortly about how the actions can be progressed.

2.1.2 Inspections Completed

We completed 99% (7193 inspections) of our required inspections (i.e. Statutory and 'must do' inspections) in 2014/15 (KPI 1(a)). This is higher than the 98% of required inspections completed in 2013/14, and meets our target of 99% for the year. Of the 65 required inspections not completed, four were statutory inspections and 61 were 'must do' inspections.

72% (5566 inspections) of our inspections were completed by the last possible date of inspection (KPI 1(b)). This is slightly lower than the 74% completed by the last possible date in 2013/14. A further 12% of inspections were completed within 3 months of the last possible date for services on a minimum one year inspection frequency.

We completed 97% (7818 inspections) of our total planned number of inspections for the year (KPI1 (c)). This is slightly lower than the 98% of planned inspections completed in 2013/14. The 212 inspections not completed include the 65 required inspections noted above for KPI 1(a). The reasons for these inspections not being completed are summarised below.

- There were four statutory inspections outstanding. Of these, one service was inactive, but this was not reflected in our system at the time; one is a service which offers respite and only operates occasionally; one inspection could not be carried out because there is an on-going adult protection investigation underway and one service is not currently operating (but not inactive).
- There were 61 'must do' inspections outstanding. Of these 17 services had no service users and in 11 services there were on-going legal/enforcement issues. In the remaining 33 inspections, the most common reason for not completing the inspection was lack of capacity.
- In the remaining 147 outstanding inspections (those that are neither statutory or 'must do') the main reason for not completing the inspections was to allow the time to focus on the statutory inspections. Over half of the outstanding cases were 'smoothed' inspections (inspections brought forward to the 2014/15 inspection plan) with last possible dates of inspection in 2015/16. The next most commonly cited reason was a lack of capacity due to staff vacancies in the Justice & Young People national team.

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Where inspections did not take place risk assessments were carried out by Team Managers and Inspectors to ensure that these were not high risk services. Some inspection teams experienced a high level of unplanned absence in 2014/15, and the levels of completion attained were due to the range of contingency arrangements that had been put in place.

In 2014/15, 3.9% (304) of all inspections undertaken were marked as additional to our inspection plan in the WMT. This is lower than the 6.5% of inspections that were additional to the plan in 2013/14.

Team Managers and Inspectors developed the inspection plan for 2015-16 in partnership with the Inspection Planning Team to ensure appropriate preparation for the coming year. The planning has also taken into account multiple and national providers to support consistency and best use of resources.

In quarter four, we concluded the fieldwork for inspections of services for children in Renfrewshire and Shetland and published reports of the joint inspections in South Lanarkshire and Aberdeen City. In addition we announced and started our engagement with chief officers for the first inspections of 2015/16, in Aberdeenshire and the Western Isles.

All joint inspections for older peoples services planned for 2014/15 have been completed. Reports for Fife and Angus have been published and reports for Glasgow and Falkirk are almost complete. Feedback has been given to both partnerships. The remaining two reports for Shetland and Highlands are at final draft stage. File reading for the 2015/16 inspections in Argyll & Bute and the Western Isles commenced in Q4. The Western Isles inspection is taking place alongside the inspection for children's services.

Quarter four of 2014/15 saw the commencement of the fieldwork phase of the national inspection of Multi-agency Public Protection Arrangements (MAPPA). Scrutiny work will be carried out in all community justice partnership areas in Scotland by the end of June 2015.

In March, under the Duty of Cooperation, we supported Her Majesty's Inspectorate of Prisons with their inspection of Glenochil Prison, bringing the total number of prison inspections to which the Care Inspectorate has contributed over the year to four.

In Q4 our link (strategic) inspectors produced their first dynamic report on their local authority area(s) and community planning partners using the agreed format. The information contained in these reports will be used to help inform inspection planning and other scrutiny and improvement activity. Link inspectors will continually update the report throughout the year, with an annual review at the start of Q4 each year.

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2.1.2.1 Enforcement Notices Issued

In 2014/15 we sent a total of 467 enforcement notices. 337 of these were 'technical' enforcements (for example procedures we use to cancel services if we cannot contact them any longer or procedures relating to inactive services). 130 enforcements were notices related to the quality of care ('non-technical') of which 82 were notices issued for outstanding PVG checks in Childminding services. The 48 non PVG related notices are broken down by service type in the following table:

Non-technical, non PVG related enforcement notices issued in 2014/15

Care Service	Number of enforcements	Number of Services
Child Minding	21	20
Day Care of Children	9	7
Care Home Service	16	11
Support Service	2	1

In the previous quarterly report (Q3) we noted that the number of enforcement notices was considerably higher than in 2013/14, and suggested that the new reporting procedures had had an impact along with the PVG enforcement campaign which saw an increase in the number of Section 62 Improvement Notices being issued to Childminders. We have since identified that the number reported erroneously included compliance and extension notices. There is no difference in the previously reported technical enforcement figure of 337. The difference is in the Non-Technical enforcements where the overall number has dropped from 203 to 130 after removing compliance and extension notices. This increase is down to the impact of the PVG enforcement campaign – excluding these we issued 48 other non-technical enforcement notices – a similar level to the previous year.

2.1.3 Quality Indicator 1 – Improvements to Quality of Care

95% of services that started the year with grades of good or higher for all themes maintained or improved on these good grades by the end of Q4 (MM-1). This is slightly lower than the 96% seen in 2013/14.

In 17% of inspections in 2014/15 the grades awarded by the inspector matched the service's own estimated grades in their self-assessment for all grades.
In a further 36% of inspections, all grades awarded exceeded the service's own estimates (MM-2). The remaining inspections had a mix of matching and non-matching grades.

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

2.2.1   Key priorities

We continue to work with Healthcare Improvement Scotland and Scottish Government colleagues on the review of the national care standards and the approach for writing new ones. The Programme Board is now drawing up timescales and will shortly consider a PID.

We are reviewing how we regulate services which provide intermediate care and will put forward proposals to the Executive Team in Q1 2015/16. We have agreed to work with NES to test improvement activity around early years and care at home using their knowledge into action approach.

In Q4 we planned the Inspection Focus Area that we are carrying out in 2015/16 to look at how key regulated services for adults with a learning disability have implemented the recommendations from 'Keys to Life' and 'Winterbourne View' enquiry.

We have developed our inspection resources in partnership with Inspectors and providers, published these on 'The Hub' and engaged with Community Care Providers in Scotland and Social Work Scotland to inform our development work and apprise them of our intended approach and expected outcomes.

2.2.2   Quality Indicator 2 - Partnership Working

Improved partnership working between early years inspectors and Education Scotland is evident; Care Inspectorate inspectors are now working as an integral part of the inspection team during joint inspections of early years services.

There have been significant benefits noted in the joint work Justice and Young People inspectors have undertaken with Education Scotland in two independent schools where we have put together bespoke inspection methodologies to address the concerns in these services. We have also worked closely with Scottish Government and the Registrar for Independent schools to ensure that they are fully informed of the issues and progress being made so that they can consider any action they may need to take. We will take forward the learning from our partnership working in these services to assist us in future joint inspections of this type of service.

A Memorandum of Understanding has been agreed with the Telecare Services Association (TSA). At the end of quarter four, this is in the process of being signed off by both parties.

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Our intelligence team worked with Scottish Government colleagues this year to identify and reduce areas of duplication of information collection, and enhance information sharing, especially in the areas of early learning and childcare, secure accommodation and adoption and fostering.

The revised Service Level Agreements with the SSSC and the Partnership Agreement with the Partnership Forum were finalised and agreed.

Our joint inspection programme continues to require close working with colleagues in Education Scotland, HMICS and Healthcare Improvement Scotland in delivery of the programme and with policy colleagues from Scottish Government in both the GIRFEC and Child Protection teams in reviewing findings of inspections as they emerge.
The MAPPA (Multi-agency Public Protection Arrangements) thematic review is being conducted jointly with HMICS, with the involvement of HMIP and the Scottish Prison Service. There has been significant partnership working with Scottish Government Policy Colleagues in the development of the methodology and with Social Work Scotland Criminal Justice Standing Committee which has worked closely with the review team on strategies for engagement and communication as well as on the approach being taken.

We continue to have on-going links with Scottish Government colleagues in their respective teams in relation to notification of deaths of looked after children and young people, Significant Incident Reviews (criminal justice) and our new responsibilities around Significant Case Reviews (child protection). This latter has involved negotiation with the Scottish Child Protection Committee Chairs Forum.

Through the Head of inspection (Criminal Justice and Young People's services) we have also being working with policy colleagues to develop practice guidance to support new Corporate Parenting responsibilities under the Children and Young People (Scotland) Act.

During quarter four a Care Inspectorate/Education Scotland Operational Management Group was established to coordinate better developments in our collaborative working arrangements, including improved information-sharing. Terms of Reference and a joint action plan have been drawn up. The work of this group will be overseen by the existing Care Inspectorate/ Education Scotland joint Executive Group who meet on a quarterly basis.

The Inspection Directorate have been working closely with Scottish Government officials to consider potential involvement of the Care Inspectorate in future scrutiny and improvement of Community Justice.

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The Link Inspector role continues to be developed. Link Inspectors have spent time this year getting to know the partnership in which they will be supporting improvement. Work is also being progressed to ensure that there is appropriate support from a Link Inspector with an adult background and a Link Inspector with a children's background, particularly during inspection. Where issues have been identified at inspection, Link Inspector activity in some areas has been increased to progress the improvement agenda and further develop positive relationships. There is also opportunity for mentoring and learning for adult and children team members undertaking the role. This additional support has been provided in Dumfries & Galloway, Shetland and the Western Isles.

We have responded to requests for support from four partnerships in relation to the challenges that they are experiencing in addressing delayed discharge in their areas. Building on the work that we began with the City of Edinburgh Council and NHS Lothian we are now working with NHS Highland, Aberdeen City Health and Social Care Partnership and Falkirk. Our focus here is to support improvement in care services that may be embargoed, to proactively share intelligence, to co-ordinate improvement activity, to respond to requests to vary registration or fast-track new registrations, and to explore further opportunities for more effective joint working.

We are liaising closely with SSSC/ MWC and more recently the Law Society (Scotland) to consider issues related to the provision of Mental Health Officers across Scotland, along with some specific issues around the completion of Guardianship reports being completed on time and in adherence with legislation. The intention was to continue to scope the situation and clearly identify what action was required in respect of scrutiny and improvement, however a report has just been published by SSSC - The Mental Health Officer Role in Scotland: a report on the current capacity and landscape. The report was completed on behalf of the Office of the Chief Social Work Advisor Scottish Government. We have meetings planned to ascertain what further work we may engage in collectively.

We continue to work in partnership with HIS and Audit Scotland. Audit Scotland has agreed to lead on a piece of work and to produce an interim report on what stage partnerships are at regarding integration. The report will be factual and evidence based, with no evaluative judgement based on initial progress. The report is unlikely to publish before Q3 of 2015/16 to give partnerships time to implement the new arrangements. The focus will be on governance structures and joint management of resources.

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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**

We arranged a joint conference for our involved people and HIS' public partners. This allowed participants to explore and compare the role of user voice in care services and in health services.

It is important to us to have meaningful consultation with children, young people and their carers. This year, in one residential special school for young people with additional needs, we used interpreters to help us do this. We need to continue to look at new ways to obtain the views of service users and their carers, for example through better use of technology and inspection volunteers for young people's services.

While developing the Inspection Focus Area around 'Keys to Life' and 'Winterbourne View' we engaged with service providers through Community Care Providers Scotland and Social Work Scotland. We have highlighted the information that is on 'The Hub', challenged them to suggest other examples of good practice and promoted our commitment to furthering improvement and showcasing excellence.
Our strategic inspectors have worked closely with our involvement advisor (children and young people) and the support organisation Move On to strengthen our pool of young inspection volunteers. During 2014/15 we provided training for young people who will become part of our joint inspection teams for the 2015-16 programme. These replace three young people who have been enabled to move on to employment or full time training opportunities. The introduction of inspection volunteers for young people's services will be a welcome development in obtaining the views of looked after children.

2.3.2 **Quality Indicator 3 – Improvements in Involving People**

The Care Inspectorate currently supports 68 Inspection Volunteers. This is an increase from 55 in 2013/14. In 2014/15, Inspection Volunteers supported 593 inspections (7.6% of all inspections carried out) and spoke with a total of 4,364 service users and 1,342 relatives, carers and friends.

Inspection Volunteers spent 4,276 hours supporting inspections in 2014/15, which equates to approximately 610 days over the year. The number of people engaged on each inspection is highest where a range of methods of communicating with people are used e.g. visiting the service, contact by telephone, holding focus groups.

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In 2014/15, 127 requests for inspection volunteer involvement could not be met due to there being no inspection volunteer available with the appropriate experience on the day. This can be due to other inspections with an inspection volunteer already taking place in a small area or short notice of the inspection date. Whilst there has been considerable recruitment activity in 2014/15, increasing the number of Inspection Volunteers remains a priority as evidenced by the increase in the number of request which couldn't be allocated. Recruitment and development will continue into 2015/16 with work already underway to develop the role of inspection volunteers in early years services.

Sometimes an Inspector may have determined that it would be good to involve an Inspection Volunteer in an inspection but then it is later decided that this is not appropriate or not possible. We would describe these as withdrawn offers. In 2014/15, 46 inspection requests were later withdrawn. The most common reason given by Inspectors is the pressure of other work or priorities. There may also be times when an Inspector identified that involving an Inspection Volunteer would add value to an inspection but for a number of reasons which could not have been anticipated or that were out with our control, the inspection did not go ahead. Examples of this include ill health or circumstances within a service which require the inspection to be rearranged. In 2014/15, 145 inspections involving inspection volunteers were cancelled or postponed.

The majority of inspections involving Inspection Volunteers in 2014/15 were in Care Home services (64%). Another 28% were inspections of Early Years services and a further 7% were in inspections of Housing Support services and Support Services.

There are 25 Inspection Volunteers currently involved in the recruitment process. Nineteen people left the scheme in 2014/15. Development activity has included producing a handbook for Inspectors and Inspection Volunteers bringing together existing guidance for both.

We exhibited at the following external conferences in Q4:
- Integrating health and social care conference (Holyrood Conferences)
- Adult support and protection conference (Capita)
- Older people 2015 (speaker only – Edith MacIntosh)
- Involved People Event (joint HIS and Care Inspectorate)
- Equality consultation event (Care Inspectorate event)
- Nursing in practice
- COSLA annual conference
- Scrutiny and regulation conference
- Shifting landscapes in dementia care (Care Inspectorate event)

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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**

An organisational Improvement Plan 2014-18 was produced and is due to be presented to the Executive Team in May 2015. This outlines the ways in which our work supports improvement through three levels of planning: our scrutiny and improvement change programme; our business plan and our on-going and regular business activities.

We have continued to provide additional support to community planning partners in Dumfries and Galloway to maintain momentum to their improvement journey and to assure ourselves that appropriate action is being taken and sustained to address the serious deficits found during our joint inspection. A progress review will be published in late May 2015.

Two of our strategic inspectors also provided support and quality assurance to a major practice audit in Clackmannanshire and Stirling. These were both areas in which concerns about responses to children who may be in need of protection were raised.

To support the development of the Inspection Focus Area in services for people with learning disabilities, we have had two focus groups with service providers. This has enabled providers to shape our approach and consider how they can provide evidence of the work they have done in response to 'Keys to life' and 'Winterbourne View'.

We have continued to expand our engagement with providers of care services, and in addition to our Quality Conversations and the High Level Advisory Group on Care Scrutiny, are setting up director-level bilateral meetings with key umbrella bodies.

Inspectors have regularly signposted managers and providers to our website and The Hub for guidance and examples of good practice. Inspections are more focused on good practice, outcomes for service users and the need for continuous reflection and improvement based on new best practice guidance and legislation. Significant changes were made to The Hub in March 2015, including the creation of an online "my account" facility, in response to feedback. This allows logged-in users to create customised pages to quickly display documents and links which they have selected as being important to them. In 2014/15, we had 16,643 users accessing The Hub, with a combined total of 199,072 page views.

Our link inspectors have worked this year to engage with community planning partners to promote and support self-evaluation using either our own quality indicator framework or another recognised self-evaluation tool. We have recently been invited to work with the West of Scotland Child Protection Committee Chairs Forum to help them develop and conduct self-evaluation around outcomes for children.

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

We issued 80% of draft care service inspection reports within 20 working days in 2014/15. 92% of final inspection reports issued in 2014/15 were published within 13 weeks of the inspection feedback date. In 2013/14, we issued 81% of draft reports and 91% of final reports within timescales. This year the reports issued late were due reasons including staff absences and extended discussions with service providers.

The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We analysed questionnaires from 6,637 services in 2014/15. In 93% of care services, 90% or more respondents were satisfied or very satisfied with the overall quality of the service. In comparison, 90% of respondents were satisfied or very satisfied with the overall quality of the service in 2013/14 (based on responses from 5,114 services). The service types with the highest proportion of satisfied or very satisfied respondents were Childminders (99% from 1684 responses) and Care Homes for Older People (service user questionnaire, 93% from 757 responses). The service type with the lowest rate of satisfied or very satisfied respondents was Children's Residential Services with 75% from 209 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. Between Q1 and Q4 we received a mix of old and new version questionnaires and as such we will report on responses to each individually.

Between Q1 and Q4, 92% of staff and 88% of people who use care services thought that the quality of their care service would improve following the inspection (Previous version questionnaires - Staff total 726 respondents, service users total 231 respondents).

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Based on responses to the new questionnaires, 96% of staff and 95% 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 517 respondents, service users total 171 respondents).

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

2.5.1   Key priorities

We continue to respond to media, public and government requests for statistical information. In Q4 we responded to 63 Freedom of Information requests, ten requests under the Data Protection Act, eight Scottish Parliament requests and 24 Scottish Government requests. All except one of the requests responded in 2014/15 were met within the timescales agreed with the enquirer. The deadline was missed due to staff absence delaying our response.

In 2014/15 we have continued to participate in Healthcare Improvement Scotland's Sharing Intelligence for Health and Social Care Group, and have agreed a process for contributing to it going forward.

Our Intelligence and Analysis manager continues membership of the National Delayed Discharges data advisory group. In 2014/15 we have been instrumental in ensuring that those responsible for developing policy in this area have access to accurate data about access to care services for those delayed in hospital.

In Q4 the Sheriff at Glasgow Sheriff Court issued his judgment granting the application from the Care Inspectorate for cancellation of the registration of a childminder under section 65 of the Public Services Reform (Scotland) Act 2010. The Sheriff accepted the Care Inspectorate's argument that there was a serious risk to the health and wellbeing of children should the service continue to operate. This is the first section 65 application where the action has been defended by the provider and the evidence has been heard in court.

2.5.2   Quality Indicator 2 - Partnership Working

See points above under Strategic Objective 2 (pages 8 and 9).

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

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2.6.1   Key priorities

Intelligence team developed, tested and delivered a new tool that summarises notifications data for inspectors. This saves inspectors time, as well as adding value through providing comparisons and an indication of whether the volume of notifications received is above or below the expected level for that service type.

Following this year's annual return submissions form services, the Intelligence team revised and updated the annual return summary tool in March 2015. Again, this saves inspector time by highlighting the key information from the annual return, especially the information required to update a risk assessment. It also provides benchmarking averages to help inspectors identify areas of concern – for example high staff turnover rates.

We are reviewing our Annual returns for children's services this year. Arrangements have been made to liaise and consult with partner bodies to improve the content and develop these in line with emerging methodologies.

The Board approved a revised Performance Framework for 2015/16. This followed consultation with staff, and took account of developments of our inspection methodologies for 2015/16.

The Covalent Implementation Project was formally closed by the Programme Board and will be followed up by a project promoting the use of Covalent throughout the organisation. Project training is now available and staff can book two different levels through RMS or managers can arrange bespoke events. This will improve our corporate understanding of the way in which we do our development work and will lead to greater consistency and effectiveness by use of best practice.

- The first draft of the ICT strategy will be issued for comment during Quarter 1 2015/16.
- The second phase of the iPAD roll out is continuing and further training is being arranged for all staff with iPADs
- The ICT network has been upgraded to improve performance and to enable the Care Inspectorate to move towards using MS Exchange and Outlook for calendars and email. However, this is a major project which will be completed during 2015/16.

We produced and published the following reports and publications during Q4:

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Internal only:
- Adoption Policy
- Sourcing Flowchart
- Annual Leave Policy
- Procurement Appendix 10, 10a and 10b - GPC Card request procedure
- Arrangements for Test of Change Inspections Learning Disability Care Home Thematic Inspections from 1 April 2015
- Care Service Diary Recording Guidance
- Consultancy Procurement Guidance
- Display Screen Equipment eLearning - User Guide
- Equality and Diversity Managers guidance
- Fostering Policy
- Information for inspections of daycare of children and childminders during 2015/16
- Maternity Policy
- Mental Health awareness workbook
- Operations Scheme of Delegation
- Ordinary Parental Leave Policy
- Partnership Agreement
- Paternity Leave Policy
- Performance Measurement System 2015/16
- Procedures for inspecting regulated care services 2015-2016
- Procurement Guidance Note
- Quarter 2 ISQ staff analysis
- Results from the service user ISQ Q2 2014/15
- Special Leave Policy
- Standard Procurement Guidance
- Terms of reference Housing Support and Support Services Expert Group
- Terms of reference NHS Continuing Care Expert Group
- Terms of reference Older People Expert Group
- Terms of reference Self Directed Support Expert Group
- Time off for trade union duties and activities agreement
- Notifications about controlled drugs: guidance for providers

Internal and External audiences:
- Self-Directed Support - Position Statement with FAQs
- Excellence in Care changes info leaflet
- Falls: Information for family and friends booklet
- Promoting continence pocket guide (produced but not yet published)
- Promoting continence poster (produced but not yet published)
- Telecare matters - a quick guide (produced but not yet published)
- Up and about in care homes managing falls and fractures for older people: DVD education resource

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- Connect issue 11
- Promoting Continence resource pack (produced but not published)
- Excellence in care methodologies booklet
- Summary of findings of work between Care Inspectorate and MWC - children's services
- Code of conduct for reviews of Significant Case Reviews of children and young people
- Equality Outcomes and Mainstreaming Report 2015-17
- Equality Outcomes, Mainstreaming Report and Action Plan Review 2013-15
- Smoking policy

In 2014/15 the National Enquiry Line received 23,846 calls, an increase on the 22,777 calls we received last year. The most common areas that these calls related to are as follows:

- Staff or Office enquiries (3,250 calls)
- Complaints enquiries and complaints passed to duty officers (2,827 calls)
- Registration enquiries (2,164 calls)
- E-forms or Website queries (1,090 calls)
- Variations (732 calls)
- Publication requests (349 calls)

The National Enquiry Line answered 82% of calls at the first point of contact and 18% of calls received (4,316 calls) were transferred to duty inspectors in 2014/15.

2.6.2   Efficiency Measure

Complaints about the Care Inspectorate

In 2014/15 we received 69 complaints against the Care Inspectorate. As at 31 March 2015, 16 remain in progress and 19 were completed. The remaining 34 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. The volume of complaints received is at a similar level to 2013/14, when we received 64 complaints against the Care Inspectorate. In 2013/14 we formally registered 15 of the complaints received that year and completed investigations into 12 of these by 31 March 2014.

18 (95%) of the 19 complaints received and completed this year were completed within 20 working days (KPI 5) (cases received in 2014/15 with a resolution letter sent in 2014/15).

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A total of 24 complaint investigations were completed in 2014/15, 13 (54%) of these were upheld (Monitoring Measure 4). Five of these were complaints received in 2013/14 and completed in 2014/15.

Complaints about Care Services

We received 4,505 complaints in 2014/15, an increase of 19% compared to the 3,788 received in 2013/14.

In 2014/15, 98% of complaints acknowledged had their acknowledgement letter sent within three working days (KPI 6a). This is the same as the 98% in 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 46% of complaints against care services as formal complaints within 12 working days in 2014/15 (KPI 6b). This is lower than the 50% last year and lower than the target of 60% we are aiming for this year.

In 2014/15 we completed 78% of complaint investigations within 40 days (KPI 6c). This is a new measure for 2014/15 (relates to complaints received after 1 April 2014) and is close to our target of 80%.

Although these figures fall slightly short of our targets, it should be noted that the National Complaints Team had been operating with seven FTE vacancies at times during the year.

Registrations

Overall, we completed 86% of registrations within timescales in 2014/15 (KPI 6d). 82% of childminder registrations were completed within three months and 92% of other care service types were registered within six months. This is lower than last year when we completed 92% within timescale overall, with 93% of childminders completed within three months and 90% of other services completed within six months. However this reflects the large volume of variations completed as noted below.

Variations

In 2014/15 we completed a total of 3,939 variations. This is an increase of 45% compared to 2013/14 when we completed 2,714 variations. Much of this increase was related to variations to early years and childcare services in order to provide for the increase in childcare provision that came into effect this year.

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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	380
Child Minding	1253
Day Care of Children	1931
Fostering Service	1
Housing Support Service	144
Offender Accommodation Service	1
Nurse Agency	3
School Care Accommodation Service	32
Secure Accommodation Service	2
Support Service	190
Total variations completed in 2014/15	**3939**

The most common types of variations completed in 2014/15 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 2014/15.

Effective risk assessment.

Our model of care service regulation is dependent on accurate and on-going risk assessments of care services. We inspected 4,218 services in 2014/15 that started the year with a low Risk Assessment Document (RAD) score. 249 of these went on to have a higher RAD score following an inspection in 2014/15 which is 5.9% (MM-3). This is higher than the 4.8% of services inspected in 2013/14.

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

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Care Service	Number of services with an increased RAD after inspection
Care Homes for Older People	63 (18%)
Care Homes for Adults	18 (8%)
Care Homes for Children & Young People	13 (7%)
Child Care Agency	1 (17%)
Child Minding	40 (3%)
Day Care of Children	64 (7%)
Fostering Service	1 (3%)
Housing Support Service	30 (7%)
School Care Accommodation	4 (15%)
Support Service	15 (3%)

2.6.3 Quality Indicator 4 - Best Value

Progress against the HR policy programme during Quarter 4 proceeded to plan.

The following progress was achieved during Quarter 4;
- The new Maximising Attendance Policy was approved by Resources Committee and Partnership Forum. The new policy was implemented on 5 January 2015 and a programme of training and briefings for managers and employees is currently being scheduled.
- A new draft Capability Policy was considered by Resources Committee and Partnership Forum.
- The suite of family friendly policies were approved following Resources Committee in February 2015 and are now implemented these include: Maternity Leave, Special Leave, Annual Leave, Paternity Leave, Parental Leave, Adoption Leave and Fostering Leave.
- The Homeworking Paper was discussed and approved at ET in March 2015. The report included key findings from the review, improvement recommendations and a new draft policy. The new policy will be considered by the Resources Committee in June 2015.
- The new Smoking Policy was also approved by the Resources Committee and Partnership Forum.

For the year to 31 March 2015, there is a predicted underspend of 0.1% from the planned budget.

The Board approved the 2015/16 revenue budget and capital plan. The draft budget report also included indicative budgets for 2016/17 and 2017/18. The indicative budgets highlighted that there was likely to be significant budget deficits of £1.4m in 2016/17 and £2.1m in 2017/18.

Plans to address this need to be progressed as a matter of urgency.

The Board approved the Care Inspectorate fee rates for 2015/16.

Planning and preparatory work for the production of the 2014/15 Annual Report and Accounts has commenced.

Joint CI/SSSC business continuity arrangements have been subject to internal and external audit. The plans were audited as satisfactory but there is a need to commence a programme of user training and testing of the plans. The first training session was undertaken in Quarter four. A further all day training session to test the plans will be undertaken in Quarter one 2015/16.

An update on progress on the Estates Management Strategy was considered by the Resources Committee. The recommendations to continue the co-location in Selkirk and to continue the lease in Dunfermline were approved following consideration of the business case. Work is progressing on assessing the options for the Irvine office and a report detailing the options and recommendations will be submitted to the June Resources Committee. It was noted the Lerwick MOTO agreement has been extended.

Planning and analysis is underway to prepare for the upcoming significant work required to deal with the lease breaks and terminations due in 2016/17 and 2017/18 in relation to several of our larger offices.

The Audit Committee considered the draft internal audit plan for 2015/16. Internal audit reports on Corporate Planning (assessment 4 green, 1 Yellow), Efficiency Savings (assessment 4 green) and Business Continuity Management (assessment 2 green, 3 Yellow and 1 Red) were considered by the Committee. The Red assessment for Business Continuity Management related to testing of the continuity plan and it is planned for testing to take place in early 2015/16.

The internal auditor's review of Inspection Planning was also considered by the Audit Committee.
The Audit Committee considered and noted Audit Scotland's plan for the audit of the 2014/15 Annual Report and Accounts.

The Audit Committee approved updates to the Prevention of Fraud and Fraud Response Plan and the Prevention of Bribery Policy.

We created and circulated the following (internal and external) surveys and consultations during Q4:
• Draft procedure for handling complaints against registered care services consultation

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- Advancing equality in the Care Inspectorate
- Involved People – Equalities monitoring information

2.6.4   Quality Indicator 5 - Staff Experience

We were awarded with the Healthy Working Lives Bronze award in March 2015. Work is well underway to achieve the silver award now.

Positive feedback from new starters was received in relation to the new corporate induction which launched in Q3. Two more induction programmes were delivered during Q4 to ensure all new staff and returners are up to speed with the organisational values, goals and approaches.

2.6.5   Quality Indicator 6 - Leadership and Direction

The employee survey was launched on 15 September 2014 and ran for four weeks. The survey was jointly commissioned with the Partnership Forum and had an uptake of over 80%. The initial high-level messages from the survey were fed back in Q3 and were shared with the Partnership Forum and Board members. Work has been underway to communicate the findings to all staff via publishing the results on the intranet but more importantly through face to face sessions for staff jointly delivered by Executive Team and the Partnership Forum. The collation of comments and ideas from these events are now being used to develop a clear action plan to address the issues raised in the survey. This will be the joint responsibility of the Executive Team and Partnership Forum supported by both Organisational Development and Communications colleagues.

2.6.6   Quality Indicator 7 – Quality Assurance and Improvement

See the information on QI 7 under Strategic Objective 4 above (pages 13 and 14).

The Quality Improvement Strategy for the Care Inspectorate was agreed by the Policy Committee and approved by the Board in March 2015.

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3.0   SUMMARY OF PERFORMANCE AGAINST KPIs Q4 2014/15

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

Key Performance Indicator 2014/15	Target	Q4 2013/14	Q4 2014/15	Notes
KPI 1(a): % of required inspections (as per approved inspection plan) completed in 2014/15	99%	98% (6949/7096)	99% (7193/7258)	
KPI 1(b): % of inspections completed by last date of inspection	99%	74% (5865/7915)	72% (5566/7751)	
KPI 1(c): Number of inspections completed as % of total planned (excluding cancelled and inactive services)	99%	98% (7813/7999)	97% (7818/8030)	
KPI 2: % inspections undertaken that were additional to our inspection plan	7%	6.5% (505/7794)	3.9% (304/7818)	304 of the 7818 inspections we carried out this year were marked as additional inspections.

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Key Performance Indicator 2014/15	Target	Q4 2013/14	Q4 2014/15	Notes
KPI 3: % of Requirements met within the timescale set by the Care Inspectorate	80%	62% (but with no differentiation between met within/outwith timescales set)	57% (3931/6923)	57% of requirements were met within timescales set, 9% were met but not within the timescales and 34% of requirements were found to have not been met at the next inspection.
KPI 4: % efficiency savings achieved	3%			To be updated for Board paper. Information not available at time of writing paper for ET.
KPI 5: % complaints investigated about the Care Inspectorate that were completed within 20 working days	100%	N/A	95% (18/19)	We received 69 complaints in 2014/15. 34 were withdrawn, 16 remain in progress and 19 have been completed. A further 7 complaints received last year were completed in 2014/15.
KPI 6(a): Complaints about care services and the Care Inspectorate acknowledged within three working days	100%	98% (1322/1349)	98% (1378/1400)	

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Key Performance Indicator 2014/15	Target	Q4 2013/14	Q4 2014/15	Notes
KPI 6(b): Complaints about Care Services registered within 12 working days	60%	50% (977/1943)	46% (928/2037)	
KPI 6(c): Complaints about Care Services completed within 40 working days	80%	N/A	78% (1225/1564)	In 2013/14 we had a 20 day target that allowed cases with extensions to meet the KPI. In 2013/14 we completed 99% of cases within 20 days (or longer with an extension).
KPI 6(d): Registrations completed within three months for childminders and six months for other care services	80%	92% (897/979) Childminders- 93% (575/620) Other Services- 90% (322/359)	86% (841/983) Childminders- 82% (498/609) Other Services- 92% (343/374)	

Monitoring Measures Indicator 2014/15	Target	Q4 2013/14	Q4 2014/15	Notes
MM1: % care services maintaining or improving on all grades 4 or above	Monitor trend	96% (10,086/10,556)	95% (9999/10,551)	95% of services that started the year with good grades maintained or improved on these by the end of 2014/15.
MM2: % of unannounced inspections where we confirm accurate self-assessment grading	Monitor trend	17% (1000/5881)	19% (778/4175)	In 19% of inspections like grades awarded matched the service's own estimation in their self-assessment. In a further 36% 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	4.8% (266/5579)	5.9% (249/4218)	We inspected 4218 services in 2014/15 that started the year with a Low RAD score. 249 of these went on to have a higher RAD score following the inspection.
MM4: % complaints about the Care Inspectorate that were upheld	Monitor trend	40% (12/30)	54% (13/24)	We completed investigations into 24 complaints against the Care Inspectorate in 2014/15 (some were received last year). 13 of these were upheld.

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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 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.