



Monitoring our Performance Q3 2011/12

Report to: Board

Date: 8 March 2012

Report by: Karen Anderson, Director of Operations (Planning, Assurance & Public Reporting)
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Report No: B-02-2012

Agenda Item: 8

PURPOSE OF REPORT

To present the Q3 2011/12 summary report on performance.

RECOMMENDATIONS

That the Board:

1. Notes and considers the performance according to interim outline KPIs for Care Inspectorate.
2. Notes the management commentary on the performance.

Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
	Senior Management		All members ET and other lead officers were consulted.	
	Legal Services			
	Resources Directorate			
	Committee Consultation (where appropriate)			
	Partnership Forum Consultation (where appropriate)			
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: Policy and Research Officer	
Authorised by Director	Name: Karen Anderson		Date: 7 February 2012	

1.0 INTRODUCTION

This paper presents a summary report of performance against the interim KPIs contained in the Care Inspectorate Corporate Plan 2011-14.

The Care Inspectorate Audit Committee agreed in August 2011 to implement initial baseline key performance indicators to measure progress during 2011/12 which are contained as performance measures within this report.

The Audit Committee also agreed the phased implementation of new KPIs from 2012/13 onwards that will measure the Care Inspectorate's progress on achieving its Corporate Plan outcomes. These include the following additional KPIs:

- % of low risk assessments by Care Inspectorate that go on to have an adverse situation
- % of requirements met within the timescales set by the Care Inspectorate
- Numbers of providers robustly seeking, reporting and responding on service users'/carers' views of their experience

2.0 SUMMARY OF PERFORMANCE Q3 2011/12

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

2.1.1 Summary of progress and main achievements

We continue to build upon Q2 progress and focus on poor performing services as well as sampling good performing services. Overall during the first nine months we have completed 67% of the annual inspection target. Our performance reflects that poorly performing services require considerably more inspection time and monitoring to drive up improvement. At this stage we are on target to complete all 8,066 inspections by 31 March 2012. Due to the removal of cancelled services and the realignment of minimum frequency inspections this is a reduced annual figure to that reported in Q2.

As well as continuing to closely monitor and inspect poorly performing services we have a number of inspections of better performing services planned during Q4. These include a number of childminding inspections which require fewer workforce inspection hours.

We have closely monitored a number of services operated by Southern Cross ahead of their cancellation and new registration being granted with new providers. The crisis caused by Southern Cross' decision to cease its operations, and the pressure to register new providers while avoiding disruption to the continuity of care, challenged the registration team and its gate keeping function. The Executive Team decision to undertake first inspection of all newly registered ex Southern Cross services within

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three months of registration for services with grades of 3 or below and those with grades of 4 or more has and will continue to impact upon inspection teams.

We are making good progress towards meeting our commitment to develop a model of scrutiny and improvement of children's services within the time frame set by Scottish Ministers. The multi-agency Programme Board which was established in September 2011 with wide representation of relevant scrutiny bodies and key stakeholders have provided significant advice and support to the direction of the project.

Six strategic inspections have been scheduled to commence April 2012 led by multi-disciplinary and integrated teams. This includes a development test site Local Authority who has agreed to test the methodology during Q1 2012/13 inspection year.

A quality indicator framework has been developed and will be refined during Q4.

The development of the methodology is on track for implementation in April 2012/13. It includes sampling or registered care services as part of the overall strategic scrutiny.

A reference group of practitioners has been established to provide feedback on the methodology and how it can be applied in practice.

The Care Inspectorate continues to liaise with Education Scotland and Healthcare Improvement Scotland on resource allocation and Duty of Co-operation.

Details are being finalised with Audit Scotland to dovetail the Care Inspectorate scheduled inspections of services for children in Q4 2012/13 with two pilot assessments of the performance of Community Planning Partnerships being undertaken by Audit Scotland.

We are making good progress in respect of developing our intelligence and risk frameworks. A number of quick wins in respect of improving our core business have been identified and taken forward by the project teams. A multi-agency programme board was established in October 2011 to oversee and provide external scrutiny of the developing frameworks. Two project teams are at work closely supported by a newly set up methodologies group. Over September and October, we ran a series of four Scrutiny, Intelligence and Risk Involvement events - one in each area. These were attended by inspection staff, with representatives from other functions. The project teams sought staff views and comments on the developing intelligence and risk frameworks, as well as about regulatory inspection methodology. Staff were also challenged to identify quick wins which the project teams might be able to action immediately. These include :

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- New revised risk tool
- Providing improved pre-inspection information
- Displaying inspection information in a more meaningful way
- Sharing statistics and information across the organisation
- Improving Care Standard Questionnaires

We plan to conduct the second round of Scrutiny, Intelligence and Risk involvement events for staff across the country in Q4. These provide an opportunity for the project teams to feedback to staff on the work to date and give a final opportunity to inform and influence the progress and direction of the projects.

2.1.2 Registrations

At 31 December 2011 there were 14,469 registered care services. This is 0.5% lower than the 14,538 services at 31 March 2011.

By 31 December 2011 we completed 861 new registrations, 506 (59%) of which were childminders and 355 (41%) were other service types.

We have dealt efficiently with registrations:

- 85% of childminding registrations completed within three months
- 88% of registrations of other service types completed within six months

Over the year to 31 December 2011 we cancelled 868 registered services. Although the overall number of new registrations is slightly reduced from the same period in the Care Commission's last year, the unexpected collapse of multiple providers of adult care homes, such as Southern Cross and Choices, has placed significant additional demands on the registration team. This volatility is demonstrated by the Care Inspectorate having received more applications for care home registrations from 1 April to 31 December 2011 than the Care Commission received for the full 2010/11 inspection year.

In addition to registering and cancelling services, we make variations to their conditions of registration. The volume of work associated with variations depends on their nature and complexity. By 31 December 2011 we had received 2,573 variations. 1,777 of the 2,573 variations received have been completed between Q1-Q3, 512 variations were in progress and 284 had been withdrawn. At 31 December 2011, 81% of childminder variations and 76% of other service type variations had been completed within three months, an internal target set by the registration team in October 2011. Operational Management Team and the Strategy & Performance Committee were informed about this target being introduced. It matches the three months' notice required for variation applications by providers as specified in SSI 2002 No 29 Regulation 4(2). An appropriate target is still to be determined.

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Improvements have been made to the fitness checks for registration applications. These include checks on regulatory history and social work involvement and issuing guidance for staff on criminal record fitness assessment.

2.1.3 Complaints

We received 2,048 complaints between 1 April and 31 December 2011 an increase of 9% on the 1,881 complaints the Care Commission received over the same period last year. We formally registered 1,248 complaints, and completed 1,180 between April and December 2011. This includes complaints which the Care Commission received in 2010/11 and which were completed by Care Inspectorate in 2011/12.

We dealt efficiently with complaints: as at 31 December 2011 97% of complaints were acknowledged within three days, and 99% of investigations were completed within 28 days or the complainant notified of an extension to the timescale. Reasons for delay include staff absence and delay in extension approval. An area for improvement was identified in October 2011 by the complaints management team. This has resulted in changes to the process of logging complaints received out with the National Enquiry Line. It is anticipated that this improvement will increase the amount of complaint cases that meet the three day KPI in Q4.

We received 46 complaints against Care Inspectorate in Q1-Q3 of 2011/12. Two of which were completed, 20 were withdrawn and 24 remain in progress. This is in comparison to the 39 complaints received against the Care Commission for the same period last year.

We have completed 15 complaints against Care Inspectorate since 1 April 2011. Six were partially upheld and nine were not upheld. This includes complaints received in 2010/11 against the Care Commission and completed in 2011/12.

A major internal review of the Care Inspectorate complaints procedure commenced in Q1 and work continued throughout Q2. A formal external complaints consultation for this was completed after Christmas. The complaints function is to be subject to internal audit with a report due in Q4. The findings of the review, consultation and audit report and the Health and Sport Committee's recommendations about the Care Inspectorate's complaint procedure will inform and impact on the development of a new Complaints model and procedures.

2.1.4 Inspections and inspection findings

2.1.4.1 Care service inspections

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In the third quarter we continued to focus on inspections of care services that were of particular concern to us, including services with poor grades or high risk services.

Between 1 April and 31 December 2011 we inspected 5,395 care services. This is 67% of the annual estimated target and 93% of our target of 5772 planned inspections for Q1 - Q3. The additional 7% of inspections were rescheduled to Q4 due to resourcing issues and some services cancelling or becoming inactive. This performance demonstrates good progression in achieving the completion of the overall inspection plan and takes into account the considerable additional inspection time that is necessary for poorly performing services. It also reflects work that was necessary to reschedule and reassign inspection workloads at the start of the year caused by the impact of the Care Commission Voluntary Employment Severance/Voluntary Early Retirement scheme and the redeployment of staff to the national registration and complaints teams and national enquiry line. As well as the impact of additional inspections or follow up visits required due to the impact of poorly performing services and the crises affecting a number of providers in the care home sector.

Our inspection targets were revised in Q2- during the inspection year 2011/12, the estimated overall target number of inspections is 8,066 as planned at 4 October 2011 (previous annual target as at the end of Q2 was 8231 inspections). The number of inspections planned is likely to change over the year as, for example services cancel, become inactive or have their risk assessments changed due to complaints or concerns.

We are on target to complete all 8,066 inspections planned by 31 March 2012.

A total of 3,564 care service inspections were carried out as unannounced inspections, which is 66% of all inspections. 1,477 inspections (27%) were made at short notice and 354 inspections were announced inspections (7%) (for differing reasons, such as joint inspections with HMIE, completed Care Commission announced inspections and some services where inspectors had to make sure officers were present). 84% of the 'short notice' inspections were inspections of childminders, where we need to make sure that the childminder and children are available at the planned inspection date.

163 care inspections (3%) of the total 5,395 inspections completed were unscheduled additional inspections based on risk and intelligence. This figure does not reflect additional follow-up visits necessary as a result of enforcement or to evidence improvement. In December 2011 we introduced an enhanced workload management tool (WMT), which enables staff to more accurately record follow-up/monitoring visits. The revised tool offers a range of new functions which inspectors and admin colleagues had asked for. These include freeze panes and full page functionality. The new WMT also has the Risk Assessment Document built in which went live at the same time -

this is the revised risk tool which had been developed over time to strengthen the previous risk tool (RSA). It also has additional columns added to support the workforce diary exercise - this includes the ability for inspectors to record the time it takes to assess risk levels in a service. The WMT still retains its primary purpose of supporting the planning and scheduling of inspections of regulated care services.

Practice guidance has been developed for staff to ensure consistent approaches and more accurate recording of follow-up visits and inspection activities.

Overall, only 3.6% of graded care services have grades of 3 or less for all quality themes assessed, this compares to 4.5% of graded services in Q3 in 2010/11. We continue to work with these services to drive up improvements and will not hesitate to take enforcement action where this is required.

2.1.4.2 Child Protection inspections

Between Q1 and Q3, we were scheduled to complete nine child protection inspections, all of which were done according to the inspection plan.

Seven out of the nine multi-agency partnerships for which the Child Protection Inspection was completed in Q1 and Q3 received a positive Child Protection inspection report. Argyll and Bute received a 'weak' grade for one of their quality indicators and Stirling for two quality indicators; otherwise all other local authorities improved or maintained their grades since the last inspection.

Perth and Kinross achieved the best multi-agency child protection report to date, becoming the only multi-agency partnership to achieve a grade of 'excellent' in meeting the needs of children and young people.

2.1.4.3 Initial Scrutiny Level Assessments (ISLA's) and follow up scrutiny

We completed ISLAs and follow-up scrutiny of 13 local authorities and published all 13 scrutiny reports on our website.

Reports were published within the prescribed timescales in all instances. We continue to involve people who use services and their carers in 100% of scrutiny sessions.

We will have completed ISLAs and follow-up scrutiny of 28 of the 32 local authorities in Scotland by 31 March 2012 as per the current year inspection plan. The remaining four ISLAs are planned for completion in Spring/Summer 2012.

2.1.5 Other scrutiny activity

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2.1.5.1 Enforcements

The number of enforcement notices that we issued between Q1 and Q3 is summarised by area in the table below. The Care Inspectorate received 60 non-technical enforcements between April-December 2011, this is a 23% increase compared to the same quarter last year. The high number of enforcements, particularly in the East area reflects implementation of the Care Inspectorate policy position on taking swifter action where improvements are not being made and also reflects a stronger internal performance approach following realignment of geographic areas.

Non-Technical enforcements Q1 - Q3 2011

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

Area	Number of Notices 1 April - 31 Dec 2011	Total Number of Services
Central & West	5	3
East	35	21
North	11	8
South	9	6
Scotland	60	38

3.0 OUTCOME 2: PEOPLE UNDERSTAND THE QUALITY OF SERVICE THEY SHOULD EXPECT AND HAVE A GOOD EXPERIENCE OF SERVICES CENTRED ON THEIR NEEDS, RIGHTS AND RISKS

3.1 Summary of progress and main achievements

We began our Involving People Review during Q1 with completion of a review report due by end November 2011. A total of 248 survey responses were received and focus groups undertaken with people who use services and their carers, lay assessors, service providers, Care Inspectorate employees and advocacy groups. The Involvement Review was presented to the full Board in December 2011. The Board requested that the Involvement Strategy be developed and co-produced with involved people along with the development of a resourcing model for implementation as of 1 April 2012. The strategy will be considered and agreed at the Strategy and Performance Committee on 13 March 2012.

In Q3 we held two events for the Involving People Group, this included a full Involving People Group and Talking Mats focus group. During this quarter we also published our latest IPG Newsletter.

We introduced a Care Inspectorate Enquiry Line for the public on 1 April 2011 to replace the former five Care Commission Lo-Call numbers. The aim of this line was to make the Care Inspectorate more accessible, and since its launch

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we have dealt with a range of calls from information requests to serious complaints. Although initially staffed by members of the complaints and registration teams, the national enquiry line is now staffed by a dedicated team of admin staff with back up from inspectors who deal with around 2,000 calls per month.

3.2 Grading

52% of all care services graded at 31 December 2011 had received a grade 5 or 6 for Involving People quality statements. This means that half of all care services inspected during Q1 - Q3 demonstrated very good or excellent quality practices in involving people who use care services in the delivery of the service.

Only a small proportion (3.6 %, 471 services) of graded services have grades of 3 or less for every quality theme. 52% of these services have had requirements made at an inspection in 2011/12 and we continue to rigorously monitor performance.

3.3 Satisfaction with care services

We analysed questionnaires from 1,208 services. The Care Standards Questionnaires are completed by people who use services and their relatives and carers. We found that 94% of care services had 90% or more respondents who were satisfied or very satisfied with the overall quality of service. We will review the use of this as a quality indicator in our KPI's for 2012/13.

3.4 Publication of inspection reports

Of the 4,588 draft care service inspection reports issued between 1 April and 31 December 2011, 86% were issued within 20 working days, compared to 67% in Q3 2010/11. The 14% of draft care service inspection reports not published within timescale were due to on-going negotiation with providers and staff illness.

A total of 3,873 care service inspection reports were finalised between 1 April and 31 December 2011. 95% of final inspection reports were published within 13 weeks. The additional 5% were delays due to awaiting provider feedback and staff absence. This is compared to 82% of final reports published within the deadline in the same period of 2010/11.

All nine final Child Protection Inspection reports were published within the 14 week target.

All ISLA reports were published within the timescale.

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4.0 OUTCOME 3: CARE INSPECTORATE PERFORMS EFFECTIVELY AND EFFICIENTLY AS AN INDEPENDENT , SCRUTINY AND IMPROVEMENT BODY AND WORKS WELL IN PARTNERSHIP WITH OTHER BODIES

4.1 Summary of Q1-Q3 progress and main achievements

Workforce planning

The diary exercise commenced on 1 September 2011 to record the hours spent by Inspectors on Registrations, Inspections, Enforcements, Complaints and Variations. The purpose of the diary exercise is to enable more accurate workload, workforce and budget planning.

Data for inspections carried out between 1 September and 30 November 2011 was analysed and an interim report presented to the Workforce Planning Group on 19 December 2011. The interim findings presented a summary of the data collected from 1,600 inspection cases (these were inspections where the visit started in September, October or November 2011 and the Inspection Reporting Template was submitted by 14 December 2011).

It was agreed with the Partnership Forum to extend the diary exercise beyond the initial timeframe. This will allow us to collect a greater volume of data and draw more meaningful conclusions from the findings.

From the cases analysed in the interim report, the strongest sub-set of the data was for Childminding services. Over 500 Childminding services were summarised and reported on (the greatest volume for any service type) with a spread of High/Medium/Low RSA that was very close to the overall population of all Childminding services in Scotland.

Comparing the total hours recorded and the hours for Childminding inspections listed in the 'Inspection Planning Hours and Frequency 2011/12' paper shows that the actual hours spent on Childminder inspections are higher than what we have planned for. We have reflected these changes in our resource and workload allocation for 2012/13.

An interim analysis of the data from Complaints cases completed between 1 September and 31 December 2011 was submitted to the National Complaints and Quality Assurance Manager on 20 January 2012. Data was analysed for 273 complaint cases. Bearing in mind that this is a small number of cases, the findings show on average an inspector spends almost 16 hours investigating a complaint. This varies depending on service type. Post complaint activity adds a further 1.4 hours of inspector time. We will be able to draw stronger conclusions from the data as the diary exercise continues and more complaint cases are completed. Further analysis of the complaints and inspections data will be carried out in early 2012/13.

The first analysis of the data on registrations, variations and enforcements will be carried out and reported in Q4.

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So far, for Inspections and Complaints we have observed a response rate of over 99%, which shows that the diary exercise is being well received by staff. Through regular reporting and communication between the Intelligence and Methodologies team and the IPMs, National Managers and Directors it's hoped that we can achieve and maintain a response rate as close to 100% as possible.

Building relationships

- The Executive Team held a number of meetings with Scottish Government over specific issues and to set out future working arrangements.
- Directors continue to hold one-to-one meetings with Chief Social Workers and Directors of Social Work in their geographic areas.
- Interim Chief Executive and Director of Operations (Planning, Assurance and Public Reporting) met in private session with the Health and Sport Committee.
- Senior managers responded proactively to the challenges of Southern Cross, including publishing financial viability guidance and strengthening practice to monitor and mitigate the impact of sudden closure or transfer of ownership with partners. The Care Inspectorate has been a key player on the National Contingency Group and working with Scottish Government to revisit the scope of financial viability checks. Registering Southern Cross services has also involved close working with other UK care regulators and in January 2012 we are hosting a meeting of the UK care regulators to plan future co-operation.

Public reporting

- During Q1 to Q3 we received 93 FOI requests and we responded to 62 FOI requests (these include requests received by the Care Commission before 1 April 2011) and there are 15 requests still in progress.
- We also received 36 Data Protection requests in the first three quarters of 2011/12, and responded to 20 Data Protection requests in the same time. The remaining requests are in progress.
- We received 101 parliamentary questions between Q1 to Q3 and responded to 105 (these include requests received by the Care Commission before 1 April 2011).

Change Development Programmes

- Established Programme Board to influence and inform future scrutiny of children's services.
- Assigned project lead responsibilities, developed a project plan and established internal working groups to progress work on future scrutiny of children's services as per Ministerial request.

- Established a Reference group of practitioners to feedback on the practical application of the methodology for children's services.
- Completed a number of key deliverables – Quality Indicator Framework, Surveys, resource allocation for children's services.
- Established a Programme Board for Improving our Core Business.

4.2 People are confident that scrutiny improves the service

The Care Inspectorate continues to use Inspection Satisfaction Questionnaires to assess the quality of care service inspections. This is measured as the satisfaction of care service staff and service users with the inspection and whether they think the service quality will improve following inspection. 94% of staff and 84% of service users think that the quality of their care service will improve following the inspection.

4.3 Involvement of people who use services and carers

211 out of 5,395 (4%) care service inspections involved one or more Lay Assessors in the period up to 31 December 2011. This compares to 304 out of 10,013 (3%) inspections involving lay assessors at the same point in 2010/11. The reduction in lay assessor involvement was primarily due to capacity issues and an identified need to recruit more lay assessors as well as a reduction in the number of overall inspections. The involvement strategy and recent resource committee decision to increase user focus will address this issue in future.

All Child Protection Inspections completed between Q1 and Q3 involved children, parents, carers, foster carers, other support networks, focus groups with staff and individual meetings with staff.

During every ISLA, service users and carers are consulted and are also part of the ISLA inspection teams.

4.4 Variance from planned budget

Please refer to the Resources Committee Report.

4.5 Absence reporting

The sickness absence percentage for Quarter 3 is 4.8% compared to 4.2% for Quarter 2. Long term absence accounts 2.5% of sickness absence. The Human Resources team meet every month to review all cases and where appropriate work with managers to get people back to work. Most cases of long-term sickness are referred to our Occupational Health Provider.

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5.0 SUMMARY OF PERFORMANCE AGAINST KPIS Q3 2011/12
Unless otherwise indicated, all figures are cumulative totals for the year

Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes																
KPI 1: % of regulated care services with grades of 3 or less for every quality theme	To be established	3.8%	3.9% of graded services have grades of 3 or less for every quality theme	3.6% of graded services have grades of 3 or less for every quality theme	Of 7651 registered and graded care services (other than childminders) 291 services (4.0%) have grades of 3 or less for all quality themes. Of 5343 registered and graded childminders 197 services (3.4%) have grades of 3 or less for all applicable quality themes.																
KPI 2: % of inspections completed against planned number of inspections	To be established	1707 care service inspections completed (80% of target for Q1, 20% of the annual target)	3469 care service inspections completed (87% of target for Q1 and Q2, 42% of the annual target)	5395 care service inspections completed (93% of target for Q1-Q3, 67% of the annual target)	<table border="1"> <thead> <tr> <th></th> <th>Number of inspections</th> </tr> </thead> <tbody> <tr> <td>Central & West</td> <td>1490</td> </tr> <tr> <td>East</td> <td>1703</td> </tr> <tr> <td>North</td> <td>1143</td> </tr> <tr> <td>South</td> <td>1057</td> </tr> <tr> <td>Complaints & Quality.</td> <td>1</td> </tr> <tr> <td>Registration</td> <td>1</td> </tr> <tr> <td>Total</td> <td>5395</td> </tr> </tbody> </table> <p>Note 1: the total number of care services eligible for inspection decreased this year due to changes in the frequency of inspection policy Note 2: Scrutiny inspections completed are reported on the basis of the date on the report.</p>		Number of inspections	Central & West	1490	East	1703	North	1143	South	1057	Complaints & Quality.	1	Registration	1	Total	5395
	Number of inspections																				
Central & West	1490																				
East	1703																				
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South	1057																				
Complaints & Quality.	1																				
Registration	1																				
Total	5395																				

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Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes															
KPI 3: % of non-programmed additional inspections completed against planned number of inspections		4 CP2 inspections completed 0.5% (8 inspections)	6 CP2 inspections completed 1.4% (47 inspections)	9 CP2 inspections completed 3% (163 inspections)	163 inspections of the total 5395 inspections completed were unplanned additional inspections															
KPI 3: % of unannounced inspections as % of inspections completed		63% (1075 inspections)	63% (2189 inspections)	66% (3564 inspections)	<table border="1"> <thead> <tr> <th></th> <th>Number of inspections</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Unannounced</td> <td>3564</td> <td>66%</td> </tr> <tr> <td>Announced</td> <td>354</td> <td>7%</td> </tr> <tr> <td>Announced (short notice)</td> <td>1477</td> <td>27%</td> </tr> <tr> <td>Total</td> <td>5395</td> <td>100%</td> </tr> </tbody> </table>		Number of inspections	%	Unannounced	3564	66%	Announced	354	7%	Announced (short notice)	1477	27%	Total	5395	100%
	Number of inspections	%																		
Unannounced	3564	66%																		
Announced	354	7%																		
Announced (short notice)	1477	27%																		
Total	5395	100%																		
KPI 4: % of requirements in 2010/11 that were met in 2011/12	Monitor trend				Will be reported in Q4 performance report															

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Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes
KPI 5: % of Local Authorities receiving positive reports for Child Protection Inspections	To be established	100% (4 inspections completed)	100% (6 inspections completed)	100% (9 inspections completed)	
KPI 6: % of local authorities receiving minimum number of scrutiny sessions following ISLA		New KPI	21%	19%	21 Local authorities have their ISLA level assessed so far. 4 of these were assessed as level 1 scrutiny. (This indicator is to be revised)
KPI 7: % services with greater than 90% of respondents happy or very happy with the overall quality of the service they receive	Monitor trend	95% (n = 675)	96% (n = 1116)	94% (n=1208)	

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Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes										
KPI 8: % of services with 5/6 grades for involving people quality statements	Monitor trend	50% over all themes	50% over all themes (latest grade irrespective of when inspected)	52% over all themes (latest grade irrespective of when inspected)	<p>KPI 6: % of services that received a 5 or 6 grade for quality statement Involving People</p> <table border="1"> <tr> <td>Care & Support</td> <td>66%</td> </tr> <tr> <td>Environment</td> <td>59%</td> </tr> <tr> <td>Staffing</td> <td>51%</td> </tr> <tr> <td>Management & Leadership</td> <td>46%</td> </tr> <tr> <td>Over all themes</td> <td>52%</td> </tr> </table> <p>Slight difference in measurement from last year to this.</p>	Care & Support	66%	Environment	59%	Staffing	51%	Management & Leadership	46%	Over all themes	52%
Care & Support	66%														
Environment	59%														
Staffing	51%														
Management & Leadership	46%														
Over all themes	52%														
KPI 9: % of child protection and local authority reports that identify positive multi-agency working		New KPI			Will report later in the year										
KPI 10: % of final regulated care service and child protection inspection reports and ISLA scrutiny reports published within specific timescales	Target % to be set 13 weeks for care services, 14 weeks for CP2 inspections	Draft care service inspection reports (20 days): 85% Final care service inspection reports (13 weeks): 97%	Draft care service inspection reports (20 days): 86% Final care service inspection reports (13 weeks): 96%	Draft care service inspection reports (20 days): 86% Final care service inspection reports (13 weeks): 95%	13 Scrutiny reports were published on our website between Q1-Q3										

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Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes
		<p>Final CP2 inspection reports (14 weeks): 100% (4 reports finished by Care Inspectorate but inspection started in HMIE) ISLA and post scrutiny reports: 100%</p>	<p>Final CP2 inspection reports (14 weeks): 100%</p> <p>ISLA and post scrutiny reports: 100%</p>	<p>Final CP2 inspection reports (14 weeks): 100%</p> <p>ISLA and post scrutiny reports 100%</p>	
<p>KPI 11: % of people who use services and their carers who are confident that scrutiny improves the service</p>	<p>Monitor trend</p>	<p>Staff 95% (n = 87) Service users 89% (n = 19)</p>	<p>Staff 94% (n = 396) Service users 84% (n = 156)</p>	<p>Staff 94% (n=611) Service users 84% (n= 205)</p>	<p>This information only covers care service inspections</p>

Version: 4.0

Status: Final

Date: 01/03/2012

Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes
KPI 12: % of inspections/scrutiny sessions that involve people who use services and their carers		New KPI	138 care service inspections (4%) involved Lay Assessors 100% of scrutiny sessions involved people and their carers.	211 care service inspections (4%) involved Lay Assessors 100% of scrutiny sessions involved people and their carers.	
KPI 13: % of staff sickness absence	To be established	3.45%	4.8%	Short term- 1.8% Long term- 2.5%	
KPI 14: % of efficiency savings achieved	To be established	New KPI	Will not be reported on until Q1 2012/13	Will not be reported on until Q1 2012/13	

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Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes
KPI 15: % of variance from planned budget	+/- 2%	0%	-2.67% (underspend)	Refer to the Resources Committee Report	
KPI 16: Composite measure: % of registration and complaints activities completed within specific timescales (complaints acknowledged within 3 days; complaints completed within 28 days; registrations completed within 3 months for childminders and 6 months for other care services)	Not yet agreed	Complaints acknowledged in 3 days: 97% (n = 302) complaints completed within 28 days: 98% (n = 328) CM registered within 3 months: 79% (n= 142)	Complaints acknowledged in 3 days: 97% (n = 630) complaints completed within 28 days: 99% (n = 746) CM registered within 3 months: 81% (n= 328)	Complaints acknowledged in 3 days: 96% (n=823) Complaints completed within 28 days: 99% (n=1157) CM registered within 3 months : 85% (n=506)	Further work to be undertaken on the potential to combine this into one measure.

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Key Performance Indicator 2011/12	Target	Q1 2011/12	Q2 2011/12	Q3 2011/12	Notes
KPI 17: Memorandum of Understanding agreements in place with relevant bodies and measures identified to review their efficiency in practice		Other services registered within 3 months: 84% (n= 77)	Other services registered within 3 months: 81% (n= 165)	Other services registered within 6 months: 88% (n=355)	
		New KPI	Will be reported in Quarter 3	9 MoUs completed as at 31 Dec 11	

6.0 RESOURCE IMPLICATIONS

There are no additional resource implications arising from this report.

7.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2011-14 that has clearly stated benefits for people who use care service and their carers.