



PUBLIC REPORTING STRATEGY

2013/14 TO 2014/15

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1. INTRODUCTION

The Care Inspectorate's role is to regulate and inspect care and support services (including criminal justice services), carry out scrutiny of social work services and conduct joint inspections with other scrutiny partners of services for adults and children.

We have a significant role in providing assurance and protection for people who use services, their families and carers and the wider public as well as supporting delivery partners to improve the quality of care for people in Scotland.

We do this by being risk-based, intelligence-led, proportionate and targeted in how we apply rigour, consistency and fairness in all our activities and judgements on the quality of care. People in Scotland should receive the highest quality of care and their rights should be promoted and protected - we strive to ensure this happens.

Our role is to drive up standards of care through our scrutiny activities as well as our critical role in supporting improvement across local authorities and their partners and care service providers.

This strategy sets out how the Care Inspectorate will report on its findings and make the people of Scotland aware of its work between the start of the new financial year in April 2013 and the end of March 2015.

2. BACKGROUND

The Care Inspectorate is an executive non-departmental public body. This means it operates independently from Scottish Government but is accountable to it. Our functions, duties and powers are set out in the Public Services Reform (Scotland) Act 2010, subsequently referred to as 'the Act' and in the Management Statement and Financial Memorandum (MSFM) drawn up by the Scottish Government Directorate for Health and Social Care Integration.

We are publicly funded by a combination of direct grant from the Scottish Government and by fees paid by service providers. Our annual operating budget is around £32.8 million. We have around 600 employees and operate from our headquarters in Dundee, and a further 16 offices across Scotland.

3. ANALYSIS**3.1. Strategic context****3.1.1. Care Inspectorate vision**

The Care Inspectorate believes that people in Scotland should experience a better quality of life as a result of accessible, excellent services that are designed and delivered to reflect their individual needs and promote their rights.

3.1.2. Care Inspectorate Purpose

The Care Inspectorate will contribute to this vision by:

- providing assurance and protection for people who use services and their carers
- delivering efficient and effective regulation and inspection
- acting as a catalyst for change and innovation
- supporting improvement and signposting good practice

3.1.3. Values

In all of our work we will strive to ensure that these values underpin our actions:

PERSON-CENTRED	we will put people at the heart of everything we do
FAIRNESS	we will act fairly, be transparent and treat people equally
RESPECT	we will be respectful in all that we do
INTEGRITY	we will be impartial and act to improve care for the people of Scotland
EFFICIENCY	we will provide the best possible quality and public value from our work

3.2. Strategic Drivers**3.2.1. Corporate Plan**

The commitment within the Care Inspectorate Corporate Plan to Public Reporting contributes to all three of the organisation's corporate outcomes of:

- *Outcome 1: The quality of services in Scotland is improving*
- *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*
- *Outcome 3: The Care Inspectorate performs effectively and efficiently as an independent, scrutiny and improvement body and works well in partnership with other bodies*

It contributes to the objectives within the Corporate Plan of:

- *People who use services and their carers are aware of the quality they can expect and express satisfaction with the service and support they receive.*
- *The availability and quality of regulated care and support services, local authority and multi-agency child protection performance is publicly reported.*
- *National policy is influenced and informed by scrutiny, improvement and innovative practice.*
- *The Care Inspectorate is recognised and respected by the general public as the independent, unified scrutiny and improvement body for care, social work and child protection services.*

3.2.2. Lessons Learned Recommendations

The Public Reporting Strategy also contributes to the following recommendations within the report on lessons learned from the Care Quality Commission and the scrutiny experience in England approved by the Care Inspectorate Board on 6 September 2012:

Recommendation 1

The Care Inspectorate and HIS should continue to communicate their key messages in a clear and consistent way to explain their respective roles and responsibilities. This will contribute to key stakeholders' understanding and awareness, helping to manage expectations. Both bodies should have a plan in place for external communications.

Recommendation 2

The Care Inspectorate and HIS should ensure that their websites, as the first point of contact for many stakeholders continue to provide clear, consistent and up to date information and advice. This will mean that

people using and choosing care services and accessing health services, are aware of their rights and the quality they can expect; who to contact when the quality is not good enough or they have a concern; and that they have access to the most up-to-date information to make informed choices. To assist in this, both bodies could also consider separate sections for the public and providers.

Recommendation 3

The Care Inspectorate should progress plans to undertake a stakeholder survey, and HIS should consider a similar study, to find out how stakeholders view the organisations. This would provide a baseline for measuring objectives. The survey would also be useful in assessing how clear stakeholders are on the roles and responsibilities of the scrutiny bodies.

Recommendation 6

The Care Inspectorate should advance plans for the creation of a dedicated research/policy hub to signpost best practice. This will assist in making the Care Inspectorate a key source for news and policy developments within the Scottish social care and social work sectors.

Recommendation 7

The Care Inspectorate and HIS should use a variety of innovative methods to encourage two-way communication with key stakeholders, including the wider public and people who use services and their carers. This should include the use of social media tools including Facebook and Twitter; presence at external events; and hosting engagement events on key topic areas or areas of their work.

Recommendation 9

The Care Inspectorate and HIS should be 'thought leaders' in driving improvement and highlighting best practice across the health and social care sector. This in turn should influence national priorities and policy.

Recommendation 10

The Care Inspectorate should progress its Public Reporting Strategy – proactively highlighting both excellent and poor care in the media. This will help to encourage improvement across the social care sector.

Recommendation 13

The Care Inspectorate and HIS should improve the ways in which they make public their on-going performance in meeting targets and delivering better outcomes for those using health and social care services.

Recommendation 14

The Care Inspectorate and HIS should ensure that staff have the capacity and capability – time, skills and access – to receive the right information at the right time.

Recommendation 22

The Care Inspectorate and HIS should consider the publication of regular 'state of the nation reports' and whenever possible share intelligence from reports. This would provide clear information for the public on the state of care across the country and identify where

improvement is required. This would also be helpful for Ministers in setting national policy and priorities.

Recommendation 23

The Care Inspectorate and HIS should ensure that information on services and inspection findings are well publicised and current. Both bodies should use social media and other proactive methods such as RSA feeds to report this information to the public.

Recommendation 24

The Care Inspectorate should continue to use a grading system and publish the results of grading regularly. It should work with other scrutiny bodies to make sure that the language and grading system used are consistent and are therefore more easily understood by people who use the service, their carers and the public.

Recommendation 25

The Care Inspectorate should ensure that appropriate information is provided in easily accessible form to its inspection staff in order to ensure consistency of inspection policy and practice.

3.2.3. Scottish Parliament Inquiry

Externally, the Public reporting strategy also contributes to meeting the recommendation of the Scottish Parliament's Health and Sport Committee Inquiry into the regulation of care for older people that we improve the accessibility of our findings.

3.3. Attitudes to the Care Inspectorate

3.3.1. Stakeholder Surveys

In 2005 and 2008, our predecessor body the Care Commission set out to assess how effective their communications activity had been by commissioning an independent stakeholder survey. This measured awareness and understanding of their work among four main groups:

- people who use care services, their carers and their families
- providers of services
- partner organisations and opinion formers, and
- the general public.

In 2008, key findings included:

- 87% of people who use care services rated the work of the Care Commission as good, very good or excellent - up 14% on the 2005 survey.
- 84% of the general public rated the work of the Care Commission as good, very good or excellent – up 11% on the 2005 survey.

Comparable work was not conducted for our other predecessor bodies however the Care Commission research does provide a useful benchmark against which the performance of the Care Inspectorate can be viewed.

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3.3.2. MSPs' attitudes

In September 2011, Ipsos MORI conducted their annual research into the attitudes of MSPs to a range of issues and organisations. Around two-thirds of MSPs took part (SNP 43, Labour 27, Conservative 6, Lib Dem 3 and Others 2) in face-to-face interviews that examined a wide range of issues including awareness of and attitudes to a range of organisations.

None of our three predecessor bodies had been included in this research in previous years. The key results for the Care Inspectorate were:

- Just under half (42%) of MSPs expressed a good or moderate awareness of the Care Inspectorate, while 13% said they had never heard of us.
- Over a third (36%) of MSPs had a favourable or very favourable view of the Care Inspectorate; 59% were neutral and just 5% expressed unfavourable or very unfavourable views.
- Compared to other relevant public sector scrutiny and regulatory bodies, the Care Inspectorate was rated around the mean level for both familiarity and favourability.

Given this research was conducted just five months after our creation and four months after a significant number of first-time MSPs were elected to the Scottish Parliament, these results can be treated as a baseline for measuring future trends in familiarity and awareness but represents a foundation on which we can develop our relationships and reputation with elected representatives.

3.3.3. Future Research

As implementation of the Public Reporting Strategy progresses, evaluation of the impact on and trends among various stakeholder groups will be invaluable in informing activity and future revision of the strategy.

4. OBJECTIVES, AUDIENCES, MESSAGES AND TACTICS

4.1. Aims

In line with the recommendations within the report on lessons learned from the Care Quality Commission and the scrutiny experience in England, the Care Inspectorate aims to be a 'thought leader' in driving improvement and highlighting best practice across the health and social care sector.

Public Reporting contributes to this aim by seeking to position the organisation as an opinion former and an opinion leader within the social care and social work sectors.

Opinion Former

The findings of the organisation's scrutiny and improvement work should be positioned as crucial to shaping the opinions of a wide range of stakeholders, including the views of people who are prospective service users, people who currently use services and their carers.

Opinion Leader

The positions taken and opinions expressed by the organisation should be a key factor in shaping the future of the sector.

4.2. Objectives

The objectives of communications and public reporting adopted by our predecessor bodies can be expressed as:

- being open, accessible and transparent with all of our stakeholders, and
- getting the right information to the right people, at the right time and in the right way.

These objectives are important and should be retained but we also recognise that they are one sided and express communications and public reporting as a process whereby information is simply given to people.

This approach is not, in fact, a complete reflection of the approach that was taken in practice with a more two-way approach demonstrated by initiatives including service provider and service user events, face-to-face meetings with key stakeholders and the creation of the National Enquiry Line.

Two strategic factors suggest that the Care Inspectorate needs to further expand its commitment to two-way communications:

- the importance of intelligence as part of our operations
- the emphasis placed on public assurance as a key part of our role.

Dialogue with key stakeholders is therefore an essential aspect of our future approach. Within this context, it is important to recognise that

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some of the stakeholder groups include people in seldom heard groups who will require support to ensure dialogue is to be achieved as successfully as it can be.

Our communications and public reporting objectives therefore are:

- to provide and promote two-way communications, providing support to stakeholders where necessary, to ensure they are heard and listened to
- to be open, accessible and transparent with all of our stakeholders, and
- to provide the right information to the right people, at the right time and in the right way.

These objectives are shared across the public reporting function and the internal communications function of the organisation, however, a separate internal communications strategy – that will dovetail with this public reporting strategy - is being developed to detail our approach to that work.

4.3. Target audiences

There are around half a million people using care services at any given time in Scotland and more than 15,000 services. The number of people employed in the social care sector is estimated at around 200,000.

There is no reliable information available on the numbers of potential users of services and their representatives/relatives but, overall, care in Scotland is probably of direct or indirect interest to more than one million people or one-in-five of the population. Given this wide coverage, our work is likely to affect most families in Scotland at some point.

Our key external stakeholders – defined by the Corporate Plan 2011/2014 - are:

- people who use services and their carers
- the wider public
- local authorities
- service providers
- Scottish Social Services Council (SSSC)
- National Midwifery Council (NMC)
- Mental Welfare Commission for Scotland (MWC)
- National Health Service partners
- Scottish Children's Reporting Authority (SCRA)
- police and fire and rescue services
- commissioners of services, and
- other scrutiny bodies (under the Duty of Cooperation) .

A wider list of stakeholders, extending this beyond 'key' list, suggests we can group our stakeholders into four broad categories with some stakeholders falling into more than one category depending on what aspect of their role we are considering:

1. People who use services, carers, the public and their

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representatives:

- people who use services and their carers
- the wider public
- third sector service user advocacy and/or representative bodies
- elected representatives (MPs, MSP, councillors)

2. Those who are the subject of scrutiny

- local authorities
- regional NHS boards
- police forces
- service providers (note: this group overlaps with local authorities, NHS Boards and third sector bodies)
- service provider staff

3. Those involved in conducting scrutiny:

- NHS boards, including NHS HIS
- Education Scotland
- Audit Scotland
- Scottish Children's Reporter Administration (SCRA)
- The Scottish Housing Regulator
- The Office of the Scottish Charity Regulator (OSCR)
- The Mental Welfare Commission (MWC)
- Fire and Rescue Services

- Her Majesty's Inspectorate of Constabulary for Scotland (HMICS)

4. Those with a policy / partnership interest:

- Scottish Government
- Other Scottish scrutiny bodies and regulators including SSSC, Education Scotland, Health Improvement Scotland, the Mental Welfare Commission, Audit Scotland, the Scottish Human Rights Commission (SHRC), the Scottish Housing Regulator, Audit Scotland, the Scottish Public Services Ombudsman (SPSO), and Scottish Children's Reporting Authority (SCRA)
- Local Authorities
- Public sector professional and representative bodies (for example, CoSLA, ADES, and ADSW)

- Care Sector professional and representative bodies (for example, Scottish Care, CCPS and SCMA)

- elected representatives (MPs, MSP, councillors)

- NHS boards; the single national police force, the Scottish Prison Service

- Children's Commissioner

- Scrutiny bodies in the rest of the UK and internationally.

4.4. Seldom heard sub-audiences

Individual projects and scrutiny processes will map their specific key audience groups drawing on the key stakeholders identified above, future stakeholder research, and specific research for individual projects as required. Within the audience groups, sub-groups will be identified as required.

It is recognised that some seldom heard groups, represent a particular challenge. In line with our objective of, where necessary, increasing stakeholders' ability to engage, a specific project will be developed to map the seldom heard stakeholder sub-groups, define good practice in relation to engagement with these groups and seek to create a range of support mechanisms and tools to aid engagement.

This work will be closely linked to the implementation of the Involvement Strategy. Collaborative working with other bodies, and particularly third sector organisations, will be explored as an option, together with co-production methodologies whereby we work closely with stakeholder sub-groups to produce solutions designed together.

4.5. Key messages

The experience of our predecessor bodies suggest that different groups of people have different needs and want different things from us. For example, the communication needs of Directors of Social Work are significantly different from those of children looked after away from home.

Because our resources are limited, it is critical that key messages are carefully crafted, targeted properly and communicated in a variety of ways.

There are certain core messages that apply broadly which must be carefully considered and consistently deployed. They will be woven through all of our communications and will be regularly repeated during the next two years.

An important part of this strategy will be to develop, and then test, core messages to ensure they are consistent with the Care Inspectorate's public posture and clearly understood by stakeholders.

Current draft key messages include:

- Our aim is to improve the outcomes people achieve, focusing on what works in improving people's lives and not simply on the services provided to them.
- The Care Inspectorate is here to ensure people who use care services and their carers are protected and provide public assurance on the quality of care.
- We work with people who use services, carers, staff, service providers and partner organisations to improve services. We inspect the quality of care, spread information about best

practice, identify areas for improvement, encourage assistance and support innovation.

- In the small minority of services that are performing poorly, failing to improve or that pose a serious risk to people, we will use swift, robust, legally enforceable demands for improvement to ensure people receive the safe care they need and deserve.
- Where we have concerns about the care provided to people, we will not hesitate to investigate and act, including by using our enforcement powers.
- In everything we do, we aim to be proportionate, avoid duplication, and minimise the burden to staff working to improve people's lives.
- We target our efforts where there is most need and where we can make the biggest difference to people's lives.
- Wherever we can, we work in partnership with other inspection, regulation and scrutiny organisations to maximise the benefit to people and minimise the burden to staff and services.

4.6. Promoting Dialogue

The tactical approach to public reporting adopted to date has been an explicitly mixed-market of "push" methods where we are proactively sending material to people and "pull" methods such as the website where people are being drawn to material we produce.

Push communications have included media releases, newsletters, hardcopy collateral such as leaflets and posters, direct mail, including publication distribution, event exhibitions and face-to-face contact. Pull communications have included the website and the National Enquiry Line.

In order to facilitate two-way communications, we will place an emphasis on methods and channels that facilitate dialogue or contain interactive elements and feedback mechanisms. These include:

- audience specific and topic specific engagement and feedback events
- a programme of exhibition event space targeted at specific audiences and inviting feedback
- piloting the use of social media as part of an expanded online presence, and
- stakeholder analysis research.

4.7. Capacity building and message consistency

The Care Inspectorate conducts public reporting through a range of functions, including publication of inspection reports, good practice guides, communications activity, data publication, freedom of information

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(FOI) responses, parliamentary correspondence and answers, user involvement, and presentations at a range of public and professional events. As a result, a wide range of staff are engaged in public reporting. This is appropriate and should be encouraged however it also presents the challenge of ensuring that a consistent message is delivered by all.

We already support a number of training opportunities that aim to build capacity within the organisation. To further build capacity and promote consistency in public reporting we will support staff engaged directly in external communications and public reporting, including those taking part in media interviews, presenting to external conferences or meeting key stakeholders face-to-face, by:

- establishing a suite of 'position statements' that capture the organisation's position on key issues by drawing together existing up-to-date resources including board papers and minutes, media comments, key data publications, parliamentary responses and FOI responses into a single hub staff can use to source material, and
- sourcing media and/or public presentation training for staff likely to require these skills on a regular basis.

4.8. Collaboration

We have a legal duty to co-operate with other scrutiny bodies. This duty builds on an approach that has already been recognised as more efficient and effective in particular circumstances. We have previously taken a collaborative approach with external bodies including the production of best practice and guidance material, and the creation of joint material with the Scottish Social Services Council and NHS to promote our respective complaints processes.

We are scoping other opportunities for collaboration both with scrutiny bodies and a wider range of external partners and will continue to use this where it offers benefits to people who use services and carers or where it offers efficiencies without impacting the quality of our service.

5. REPORTING CHANNELS

5.1. Given that our target audiences total more than one million people with the obvious wide range of needs and preferences, we must use a flexible mix of communication methods to get our messages across.

We will not adopt a “one size fits all” approach, instead we will recognise that the individuals, organisations and partners we work with all have different information needs.

However, our capacity is limited because our priority is to devote resources to delivering front line services. We will not always be able to do as much as we would like, or provide materials to meet the demands of everyone. This means that getting the right mix of communication to the right people at the right time is even more challenging - but critical to our effectiveness as an organisation. For each year of this strategy, we will use an appropriate mix of the following approaches.

5.2. Building Relationships

The most powerful communication is often face-to-face. A large proportion of our workforce is at the forefront of our communications activity in terms of the daily face-to-face contacts they have. Supporting colleagues with the right communications tools, techniques and materials will be a shared priority for the management, employee development and communication teams. At every point of contact with the Care Inspectorate, people should be able to see our values in action.

As a relatively young organisation, we will actively nurture critical working relationships with a variety of partner organisations, associations, elected representatives and other interested parties.

This work will build on existing practice carried out by a mix of senior colleagues and the Board, adopting the principles of relationship management. Members of the Executive Team and key staff members will become relationship managers with key contacts - consulting, obtaining feedback and providing an informed single point of contact within the Inspectorate.

To support this work, we will undertake an internal audit to map the direct contact key stakeholders currently have, who ‘leads’ on specific stakeholders, any gaps and the support required.

5.3. Events and exhibitions

We will create a programme of discussion events with key audiences including people who use services, their carers and service providers.

These events will be geographically spread, with some events themed around specific issues as appropriate. They will provide a forum for us to explain and promote our work, however, they will also allow stakeholders to discuss that work with us, offer challenge as appropriate

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and comment from their perspective.

We will also use external organisation's events to promote our work and seek feedback by establishing a programme of topical and relevant conferences, exhibitions and events to improve awareness of the nature and impact of our work. These will be targeted at events which are likely to include large numbers of our target audiences.

5.4. Online

5.4.1. Main website

In 2012, our main website at www.careinspectorate.com was visited 515,314 times, with around 215,000 of those unique visitors. In total, its pages were viewed over four million times. It is therefore a vital source of information for people who are interested in the quality and delivery of care services in Scotland.

The most heavily used part of our site is the care service search page, which alone accounts for almost 50% of all page views. This page facilitates access to the individual service pages where inspection reports, details of complaints and other useful information can be accessed.

The website currently acts as a valuable repository for information. It serves a pre-existing demand where a visitor has already decided that they want a specific piece of information and come to access it. In order to deliver this repository function we want our website to continue to:

- be accessible, user friendly, and clear
- be an up to date and reliable source of accurate information about individual care services and local authority / multi-agency performance
- signpost to leading edge thinking and best practice in care
- include the full range of material listed in our publications scheme to comply with the Freedom of Information (Scotland) Act

We recognise that there is a significant move away from PC-based internet access and towards tablet and smartphone-based access. For example, the percentage of people who use a mobile device to access the internet has risen sharply. Among younger age groups, the trend is even more pronounced. In 2012, our website was viewed over 37,000 times on a mobile device. While this represents less than 10% of all visits, over half of those were first-time visits to our site.

We have only one static version of our website. Although it can be viewed on mobile telephones and tablets the site is not designed for this type of device and content is rendered less clearly to users. We will commission user-centred testing of the usability and accessibility and enhance the site based on the findings. If required, this will include the development of a mobile version of the site which will support the use of touch screen technology. The implementation of any enhancements will

be subject to prioritization of resources.

5.4.2. Service-related information

Currently much of the information we present on individual services beyond their grades is contained in a series of PDF documents that are accessed as links from the individual service page on our website.

In order to form a clear picture of the service, therefore, a web-user is currently required to open multiple PDF document and cross-refer between them.

As part of wider changes to the inspection reports and we will seek to improve the accessibility of key information by replicating it on the individual service page itself rather solely than in PDF documents.

We will examine the feasibility and desirability of improving how information can be presented for people choosing a service in a particular geographical area.

We will examine how the information we provide on our website can be accessed and data-mined by third parties seeking to use the information we publish in innovative ways, including by examining a widget for use on care provider websites.

5.4.3. Research hub

A trusted source of relevant information that is easily accessible is essential in developing a better informed workforce that is information literate and supports evidence-informed practice. This forms a key part of the Care Inspectorate's Intelligence Strategy.

An online dedicated policy/research hub is being developed that will take the form of a multi-media microsite – accessible both internally and externally and optimised for mobile computing – that will give staff and stakeholders access to the latest policy and research updates, research tools and good practice guidance.

The hub will be engaging, user-centred in its design and interactive where possible. The hub will include:

- **Visual online library**– A picture-based library with links to key internal and external publications.
- **Good practice guides**– A library hosting good practice guides endorsed by professionals, in particular health professional advisers and Consultants, within the organisation.
- **Good practice case studies**– A library of multi-media case studies signposting good practice, covering all Care Inspectorate interests and taking account of care, social work and criminal justice examples
- **Research resources**– A section providing a comprehensive suite of research and educational resources, including:

- o embedded links and search functions connected to research resources and tools, such as Social Services Knowledge Scotland (SSKS) and the Institute for Research and Innovation in Social Services (IRISS);
 - o online training videos and written guides to using different research resources;
 - o a list of useful links and email alerts users may want to sign up to;
 - o links to educational resources provided by external partners.
- **Events calendar**– A calendar of events and conferences that the Care Inspectorate will be speaking/ exhibiting at.
 - **Policy briefings and position papers**– A library hosting publications and policy papers provided by the Care Inspectorate’s Policy Analysts. The site will also link to external policy briefings provided by, for example, IRISS and the Scottish Parliament Information Centre (SPICe).
 - **News** – This section will host the weekly news bulletins provided by the Policy Analysts. It will also include a RSS feed to IRISS social care news.

5.4.4. Micro-sites

The Care Inspectorate currently operates one micro-site focussed on young people (www.meetsid.co.uk) and has soft launched a second microsite (www.involve2improve.com) aimed at promoting good practice in the way adults and young people are involved in their care.

We will continue to use micro-sites where these represent the most appropriate way to reach a target audience and where our core corporate site does not have an appropriate structure, functionality or messaging.

5.4.5. Social Media

We will introduce a social media element to our online presence. This will draw upon the material published via the Research Hub, current and future micro-sites and our main corporate website. We will also reflect on how the Care Inspectorate responds to the growing importance of social media as a two way and public reporting tool, noting the challenges and opportunities this poses in terms of intelligence reporting and confidentiality.

5.5. **Printed material**

5.5.1. Report Publication

The major publications (whether hardcopy or electronic) produced by the Care Inspectorate remain the reports on the outcomes of our various scrutiny activities.

We also produce a number of statistical publications, a range of guidance for service providers and a number of publications each year

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on best practice in regard of specific aspects of care.

Corporately, we produce the Annual Report and a range of material about the organisation and how it works. We will also publish various and regular 'state of the nation' reports.

Quality Assurance of major corporate publications such as Corporate Plans, Annual Reports, reviews, reports, bulletins, and best practice guides is conducted through an Editorial Panel that forms part of the agenda of the Executive Team. We will review the function and form of the Editorial Panel. We will reflect on whether statistical information should be published in a more regular pattern.

There has been a general move away from hardcopy and towards electronic versions of many publications and, significantly, the reports on inspections of regulated services are electronic only.

5.5.2. Improving Regulated Service Inspection Reports

We are conscious of the recommendation of the Scottish Parliament's Health and Sport Committee Inquiry into the regulation of care for older people that our publications need to be more accessible with an improved summary section.

This recommendation fits with the outcome of research conducted before the inquiry into the format of inspection reports. A series of 6 focus groups were organised to capture the views of the following stakeholders:

- Care providers
- Parents using childcare services
- Lay Assessors
- Involving People Group members
- CI Inspectors
- Young People at Kibble Education and Care Centre, Paisley.

Individual and team feedback was also incorporated into the research.

The findings of this research dovetail with the recommendations of the Parliamentary Inquiry and will allow us to make a range of improvements to the report format to improve its accessibility.

In January 2013, we published a new Inspection Report Writing Procedure for inspectors.

5.5.3. Other Print Material

Printed material remains a key part of our reporting mix. We will continue to offer leaflets and brochures covering all of our activities. To keep costs down, most of our printed material will be designed in-house, adhering to our visual style.

So that everyone can access our information, we will continue to provide materials in a wide range of formats and languages on request.

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5.5.4. Service-based Distribution

An important sub-channel of communication for people who use services, their carers, service provider staff and partner professions (such as NHS staff) are the materials we make available via care services.

This material includes leaflets and posters about our role, how to make a complaint documents and a number of project specific materials.

This material is often on permanent or long-term display within services but is primarily distributed on an ad hoc or reactive basis responding to requests from services.

We will seek to enhance our profile within services by taking a more systematic approach to this material. In particular, we will seek improve the presentation of this material within services through the use of dedicated displays.

Given the potential prominence of this sub-channel, this work will be undertaken in partnership with people who use services, their carers and service providers.

5.5.5. Newsletters

Readership surveys of Care News, originally conducted by the Care Commission, confirmed that it was well received, particularly among the people who provide care and those with an active or professional interest in care.

This publication has now been re-established as a flagship Care Inspectorate publication and will be issued quarterly by direct mail to 18,000 contacts on our database.

In line with the online developments noted above, this publication will be integrated into our web offering.

In addition, we will continue to publish project specific and / or audience specific newsletters as necessary.

5.6. **Media relations**

Our media relations activity will be structured around three elements:

- **corporate media**, promoting the impact the Care Inspectorate makes in protecting people and improving the quality of care,
- **performance reporting media**, highlighting both good or innovative practice within the sector and where care services are failing to deliver acceptable levels of quality, and
- **campaign media**, focussed around specific issues or messages.

We will maintain close working relationships with journalists who specialise in care, health and social affairs, and also seek opportunities

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for face-to-face meetings between senior Care Inspectorate staff and senior editorial figures in both the Scottish media and the specialist media, covering our areas of interest.

We will continue to provide a “rapid, 24/7” professional service to all enquiries from the media, acknowledging the important role the media plays in reporting the news and keeping the public well informed.

Resourcing of the media relations function is currently delivered via an external supplier. This will be reviewed to ensure we are achieving best value and a range of options, including bringing the function in-house, explored in detail.

5.7. Direct electronic communications (eForms)

One of the most effective ways to communicate with care service providers is direct via our eForms system. This provides an important audit trail of communication with providers and will continue to be the primary method of direct communication with providers.

5.8. Public speaking opportunities

We will encourage and support members of the management teams, Board members and colleagues with specialist expertise, to speak at relevant conferences and events.

5.9. Advertising

We will make limited use of advertising, largely to promote specific events, public meetings of the Board and for recruitment.

5.10. Sponsorship

As a public sector body with limited resources, we do not see sponsorship as part of our communications mix. We would rather work jointly and in partnership with relevant organisations, prioritising those initiatives that fit strongly with the objectives in our Corporate Plan.

5.11. Campaigns

Campaigns are not formally communications channels in their own right but are, instead, a themed collection of specific messages that employ a range of channels to target specific audiences.

We will support a range of campaigns as determined by the needs of the organisation and of individual projects. Recent and / or current campaigns include the local media “make a difference” campaign, the forthcoming children’s inspections awareness campaign and the future adult inspections awareness campaign.

5.12. National Enquiry Line

Our National Enquiry Line continues to operate as a public information and public reporting tool, receiving calls from providers, users, and

members of the public and triaging them to Care Inspectorate specialists where necessary.

6. PLANNED ACTIVITY 2013/14 TO 2014/15

- 6.1.** This strategy needs to be flexible enough to cope with changing and emerging priorities. The actions for year 2 of the strategy (2014/15) will be influenced by the outcomes of certain projects to be developed in year 2013/14, including the seldom heard audiences project, and the implementation of the involvement strategy. This research will also inform the creation of a set of specific qualitative and quantitative targets for the organisation.

Some actions stemming from other sources can be anticipated and are noted below, however these will necessarily be subject to revision as organisational priorities shift or are clarified but at the time of writing, we anticipate the following:

6.2. Year 1 - 2013/14

Nos.	Action	Notes / Comments	Target Completion Date
1	Establish medium-term resourcing for media relations function	Options include continued outsourcing of press office or creation of in-house media team	April 2013 and ongoing thereafter
2	Create programme of discussion events	Informed by the Involvement Strategy and, later, by the stakeholder analysis, a range of topic-specific and audience specific discussion events will be hosted.	Ongoing
3	Media profile baseline study	A study of media cuttings to baseline our profile using both quantitative and qualitative measures	April 2013
4	Implement new media protocols highlighting poorly performing services	Initial criteria have been developed and consultation with inspection, policy and ICT staff completed. To be updated and to include a review of reporting of enforcement action.	May 2013
5	Create exhibition plan	Develop a targeted plan for event exhibitions and create audience specific exhibits and/or materials as necessary.	May 2013 and ongoing
6	Create suite of 'Position briefings'	Draw together existing positions and supporting material into a suite of documents covering key issues that are then promoted to a range of staff as a source material.	Ongoing
7	Core website accessibility and user testing	Commission testing of the core website Draw up recommended actions with implementation plan	April 2013 June 2013

Nos.	Action	Notes / Comments	Target Completion Date
8	Seldom heard audiences project	Phase 1 - Working across Communications and Involvement this will map seldom heard groups Phase 2 - Developing a co-produced approach to communications support for the groups mapped at Phase 1	July2013 November 2013
9	Stakeholder analysis	Full analysis both mapping our stakeholders and surveying their views of the Care Inspectorate	May2013
10	Stakeholder engagement audit	An internal audit to capture the direct contact key stakeholders currently have, who 'leads' on specific stakeholders, any gaps and the support required.	September2013
11	Review of inspection reports	Meets need of Parliamentary Inquiry recommendation and reflects stakeholder research undertaken previously. Takes account of, and links to, NCS review, statistical work being progressed as part of the Intelligence Risk Framework, and the need for improved public reporting of inspection reports.	tbc
12	Social media	Develop plans for coordinated use of social media to promote key messages and drive traffic to main website, Research Hub and micro-sites.	July 2013
13	Review of service materials	Review of leaflets, posters etc distributed to services including use of dedicated displays, aimed at enhancing our profile within services	June 2013 with implementation thereafter
14	Public Reporting target setting	The outcome of the Stakeholder Analysis, Media Profile Research and the Involvement Strategy will inform the creation of a set of specific qualitative and quantitative targets.	December2013

15	Develop Research Hub	Utilising existing resources and sources of news / info. Evaluation of social media will form part of this project.	August 2013
16	Testing of key messages	Development and testing, through focus groups, of our key public messages for use in the media. This will promote consistency and ensure people understand what we are saying.	October 2013

6.3 Year 2 - 2014/15

Nos.	Action	Notes / Comments	Target Completion Date
17	Social mediareview	Nine month review of social media usage	April 2014
18	Follow up local media profile study	Designed to measure progress in raising profile.	August 2014
19	Re-development of Service page web info	Presentation of key info on each regulated service individual service page – contingent on review of inspection reports	June 2014
20	Review of website changes	Review progress of findings from the website user testing	July 2014
21	Public reporting of highly performing services and review of good practice reporting	Building on the poorly performing services reporting, we will review current practice on reporting of good services across all media.	September 2014
22	Scrutiny of self-directed services	Communication of the Care Inspectorate's approach to self-directed support following the implementation of the provisions of the Social Care (Self-Directed Support) Bill currently planned for 2012/13.	Ongoing – may move into 2013/4 as policy is developed
23	National Care Standards revision	Timetable to be set by Scottish Govt. May move to a later period	Ongoing
24	Integration of health and social care	Communications team to support any changes in CI processes as a result of the Scottish Government's integration plans.	Ongoing

25	Seldom heard audiences project	Phase 3 – Implementation of the recommendations of the co-produced project Phase 4–Review of implementation of the project’s recommendations.	June 2014 March 2015
26	Stakeholder analysis	Follow-up survey of stakeholder views	March 2015

7. DEPENDENCIES AND RESOURCES

The communications team has lead responsibility for delivering the communications elements of this strategy, but depends heavily on the co-operation and commitment of colleagues, most particularly:

- the Executive Team
- the Management and the Operational Management Team
- the Human Resources and Employee Development Teams
- the Finance, Administration and ICT and Information Governance and Data Analysts teams

Involvement and policy strands to this strategy will be led by those teams, with appropriate input from the communications team.

The mode of communication for key audience groups including people who use services and their carers will be informed by the implementation of the Involvement Strategy. The strategy and the resourcing decisions that will be made in parallel to that strategy are therefore key dependencies.

Work in relation to the revision of the National Care Standards, the integration of health and social care services and self-directed support is dependent on the work of the Scottish Government and/or Scottish Parliament.

While one manager and 6 staff make up the communications team (covering web, design, publications, events, internal communications, and communications co-ordination), the involvement and policy staff will work closely on the implementation of this strategy.

The final budget for the communications team following the organisation restructure is to be finalised, but the majority of work identified within this strategy is expected to be contained within existing levels of expenditure.

The budget available for creation of the Research Hub is £25,000 - £29,000. This figure is based upon the budget of a previous microsite developed by the Care Inspectorate and, given the preparatory technical work undertaken in 2012/3, has been approved as part of a further additional expenditure proposal.

Project Initiation Documents and business cases with full resource and budget implications will be prepared as appropriate for specific elements of the strategy.

8. EVALUATION & REPORTING

This strategy will be revisited reviewed annually to ensure the wider aims and objectives remain appropriate. A number of projects, from conception to review, straddle two years. This allows for projects to be reviewed as they develop, not just after completion.

The annual Ipsos-Mori survey of MSPs can be accessed to measure changes in attitude of this audience group.

Individual projects will each have measurable objectives set at the outset and an evaluation of the extent to which these objectives have been met made as part of an ongoing process of internal review and learning.

The relevant director will report progress to the Executive Team on a regular basis and, via the Chief Executive, to the Board including:

- development and enhancements to the Care Inspectorate's media posture
- feedback from key contacts and opinion formers
- the outcome of key evaluation measures including the Stakeholder Analysis and the Media Profile Research.

9. CONCLUSION

This strategy sets out an approach to public reporting for the next three years that is both challenging and ambitious.

It builds on the good progress of the predecessor organisations and reflects the objectives and priorities in the Care Inspectorate's Corporate Plan.