



2017-18  
Quarter 1  
Performance report

# Success measures (key performance indicators)



## 1: Public assurance and building confidence

Statutory inspections complete. Target 99%  
102%  
(605 statutory inspections completed)

## 2: Informing policy

People who say our national reports and publications are useful.  
Target 90%  
Aiming to report in 2017/18

- Colour code**
- Red** significantly below target
  - Amber** slightly below target
  - Green** target achieved
  - Blue** no target, data only
  - Purple** data not available

## 3: Supporting people's understanding of high quality care and making sure their voice is heard

Inspections involving an inspection volunteer.  
149 Inspections completed that included an Inspection Volunteer during 2017/18.

Complaints about care that are investigated within the relevant timescales. Target 80%  
79%

## 4: Efficiency and effectiveness, excellence, cultural change, workforce and collaborative working

Registration applications completed within timescales  
Target 80%  
80%

Staff absence rate  
4.0%

Complaints about us completed within SPSO (Scottish Public Services Ombudsman) recommended timescales.  
89%

## Strategic Objective 1:

We will give public assurance and build confidence that social care and social work in Scotland is rights-based and world class, through robust and independent scrutiny and improvement processes.

# 1: Public assurance and confidence

### Key priority 1.1:

We will deliver an inspection programme across strategic and regulated care scrutiny which focuses our activities in the areas of highest risk, whilst ensuring we inspect all partnerships and care services regularly and robustly. We will register new care services proportionately but robustly to ensure they meet the right standards. Our inspection methodology and business processes in strategic and regulated care scrutiny will develop to support the new National Care Standards, using a human rights and wellbeing based approach to help ensure the highest standards of safe, compassionate care for people using services. We will make sure that the views and experiences of people using services, and their carers, are central to our scrutiny and improvement work.

### KPI 1: % first statutory inspections completed

**102%** (605 inspections) completed up to 30 June 2017  
(80% [465 inspections] in the same period last year)

### Total number of scrutiny and improvement interventions to 30 June 2017

**3,995**  
(3,525 in same period last year)  
See page 26 for more details.

We supported the Scottish Government's publication of the new national care standards, the Health and Social Care Standards, following their finalisation in June. The Care Inspectorate has played a leading role in the development of the standards and done so in partnership with Healthcare Improvement Scotland (HIS). The new standards are relevant across planning, assessment, commissioning and delivery of care, and are relevant to early learning and childcare, children's services, health and social care, social work and community justice. We are supporting a wide programme of awareness raising in care services, local partnerships, and other organisations and will use these standards in inspections from April 2018 onwards.

Our Strategic Inspections Programmes for both Children and Adults progressed as per the inspection plan in Q1:

- Glasgow (Children and Young people) – report published.
- Inverclyde (Children and Young people) - all inspection fieldwork completed.
- West Lothian (Children and Young people) – all inspection fieldwork completed.
- Western Isles (Children and Young people) – progress review completed
- East Ayrshire (Children and Young people) – announced and Chief Officers briefing held.
- Edinburgh (Adults) – report published.
- Scottish Borders (Adults) – draft submitted to partnership.
- North Lanarkshire (Adults) – announced.
- Two strategic inspectors contributed to HMIP Low Moss inspection.

In Q1 we continued to work on agreed actions in the joint development plan with Healthcare Improvement Scotland to ensure we can deliver on revised joint inspections of strategic planning, and to develop methodology for inspection of adult support and protection arrangements.

Following work with a High Level Advisory Group of stakeholders, we submitted a proposal to Scottish Ministers for the scope of revised joint inspections of services for children who are looked after or in need of protection.



# 1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance

Rami Okasha, Executive Director of Strategy and Improvement

## Key priority 1.2:

We will ensure that our outcome-focused inspections identify how care services contribute to people’s wellbeing and reduce health and social inequalities, meaning we can help improve care where people do not experience the standard of care they should. We will use evidence and intelligence to assess risk and plan scrutiny and improvement interventions for both regulated care services and joint strategic inspections of community planning partnerships and joint integration boards. We will assess how well strategic plans and joint strategic commissioning take into account and deliver positive outcomes that meet the needs and choices of people in local communities.

## Case Study

A childminder had her registration cancelled by one of our predecessor body, the Care Commission, as she had refused to make her service available for inspection. It was brought to the attention of the Care Inspectorate that she was operating a childminding service without being registered, therefore operating illegally. When contacted directly on several occasions she stated she was not childminding. However, intelligence from members of the public confirmed she was providing a childminding service without being registered. We made a referral to the Procurator Fiscal for providing a care service without being registered with the Care Inspectorate. The Procurator Fiscal proceeded with the case and the individual pled guilty and was fined £200.

This highlights that the Care Inspectorate will take allegations of individuals providing care services without being registered seriously. Registration is an important element to ensure that services are fit for purpose to meet the needs of people experiencing care, and ongoing scrutiny activity supports good outcomes for children and encourages continuous improvements.

In Q1 an improvement event took place in Orkney delivered by the Care Inspectorate Improvement Support team with providers and local authority representatives. This followed the contact manager for identifying that this would be an effective catalyst for improvement in the area. The event was designed to introduce principles, tools and approaches to supporting improvement in care provision, and empower services to take ownership for their own improvement journey.

A wide range of attendees from different service types attended. This is the first event of this type which the Care Inspectorate has delivered, as it focused on building the capacity for planning local improvement rather than developing specialist skills about aspects of care practice. The feedback collected from the event has been very positive, and has allowed relationships between care providers to be built. The involvement of inspection and improvement support staff is an important aspect of fulfilling our aim to be an improvement body which supports improvement.

# 1: Public assurance and confidence

**Kevin Mitchell, Executive Director of Scrutiny and Assurance and  
Rami Okasha, Executive Director of Strategy and Improvement**

## Key priority 1.3:

We will develop and implement an improvement strategy to underpin the Care Inspectorate's role in supporting care services and local partnerships to improve and attain the highest standards of care for people. This will describe how we will support improvement in collaboration with others, what we will do when improvement is too slow, and show how we will share examples of excellent practice in care. This will encourage learning and innovation, help services and the social services workforce to build capacity, and give greater public assurance about high standards of care.

We have strengthened information-sharing and risk assessment across strategic and regulated scrutiny colleagues by instituting a regular roundtable discussion focussed on a handful of local authorities/IJBs (Integration Joint Boards). This should help us to identify, prioritise and coordinate improvement work more effectively.

We have continued to contribute to both the Audit Scotland led SRA (Shared Risk Assessment) process and the Sharing Intelligence for Health and Care Group focussing on health board areas. In Q1 we looked at Edinburgh and North, South and East Ayrshire.

We focused strategic improvement activity in two areas where inspection findings have been very poor – Edinburgh and Moray. In addition, we have engaged with CSWOs (Chief Social Work Officers), Chairs and lead officers of CPCs and APCs (Child and Adult Protection Committees).

The final draft of the Improvement Strategy was produced in Q1 and has since been subject to wide staff consultation through the Engage in Change forum. Work has already begun to change the way the Improvement Support Team works – supporting internally and externally through improvement workshops and the development of improvement skills. The CAPA (Care about physical activity) programme is ongoing with all the first learning events completed over 8 partnership areas in Scotland.

The Improvement Support Team has worked with colleagues in HIS in Q1 to finalise a joint working plan for the ihub (The Improvement Hub-<http://ihub.scot/>) and this will be completed in Q2. Work is on-going with the ihub in relation to dementia, pressure ulcers, medicines management and with HIS around urgent care.

Space to Grow is the new design guidance for early learning and childcare and out of school care settings. The online resource was launched in Q1 and was the first commitment delivered from the "Blueprint for 2020: The Expansion of Early Learning and Childcare", The resource is a tool for providers, planners and architects when planning, extending or redesigning an early learning and childcare or out of school care settings. The resource was produced in partnership with the Scottish Government, Scottish Futures Trust and the Care Inspectorate. In acknowledging that good design and approaches continually evolve, and as the expansion to 1140 hours of early learning and childcare by 2010 rolls out, the HUB will be a platform for innovative settings to showcase their services. The resource also clearly sets out the Care Inspectorate's current expectations about the size of premises for early learning and childcare; such technical detail does not form part of the new Health and Social Care Standards.

# 1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance and  
Rami Okasha, Executive Director of Strategy and Improvement

The senior inspector role is continuing to develop and all senior inspectors have undertaken work in Q1 that is influencing improvements in how teams operate and engage across the sector. Senior inspectors are also undertaking specific work with teams, individual inspectors and services.

## Case Study

Following a shared inspection with Education Scotland of a large daycare for children service, some important issues were found requiring improvement. This was following a regulatory history where improvements were found to be slow or not able to be sustained over a significant period. Some key issues were planning for children's individual needs, staff understanding and implementation of up-to-date best practice and having opportunities for training. In addition, it was seen that the overall monitoring of the quality of the service had not picked up where many improvements had yet to be achieved.

After considering possible enforcement action it was agreed between the Care Inspectorate and the registered service provider that we would offer support to the manager and staff group outlining key improvements that were needed. Input from Care Inspectorate staff would be over a period of months in advance of a further inspection. These sessions took place and were approached enthusiastically by the manager and staff. A further inspection took place and it was found that improvements had been achieved across all four quality themes. This was viewed as a positive outcome not only for the staff group but importantly by all children and families using this service.



## **Strategic Objective 2:**

We will inform local and national policy to contribute to ensuring a world class care system in Scotland, through intelligence-led, risk-based, and evidence-based approaches to scrutiny and improvement.

**Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance**

### Key priority 2.1:

Improve the way we collect, analyse, present and use intelligence. This will help us keep pace as the way care is delivered changes. We will develop our systems to be able to better use data and information that is available to us, both to inform our own work and the work of others.

In Q1 we continued working closely with HMRC, sharing the information we hold in relation to registered services supporting them in the rollout of the tax free childcare scheme. This facilitates parents and carers who want to access tax free credits while using registered childcare services.

We have been preparing to provide local authorities with access to information on early learning and childcare settings within their area and where there is collaborative approach. This data will support authorities' in the planning and delivery of 1140 early learning and childcare hours for all children by 2020.

An initial draft of the intelligence strategy has been considered by the Senior Management Team. Since then, work has been ongoing to further develop the model and train the intelligence team. Arrangements are being put in place to ensure all members of the intelligence team have the SQA Professional Development Award (PDA) in Intelligence Analysis. The Intelligence Team continued to work through the PDA syllabus in Q1.

The Care Inspectorate's Intelligence Model has been developed, is being tested in operation, and at an appropriate time in the future this will be articulated in a written reference document. Work has commenced on intelligence products related to Care Homes for Older People that will assist plan Care Inspectorate activity from 1 April 2018.

## 2: Informing national and local policy

Rami Okasha, Executive Director of Strategy and Improvement and

Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 2.2:

Developing our intelligence together with partner agencies, publishing evidence based reports and promoting examples of validated national and international good practice in the rights based delivery of integrated health and social care. We will develop a programme of evidence based publications to inform local and national policy; these publications will include thematic reviews, statistical information, learning from serious incident reviews and significant case reviews, complaints and public protection work.

In Q1 the Policy Team supported a number of publications being developed by the Care Inspectorate. During the period, progress continued on the Dementia IFA report, for which the Policy Team has provided qualitative analysis and project support for the lead. The Policy Team also provided key research and organisational support for the development of Space to Grow, which was published in June.

In Q1 work also continued on other publications the team is supporting, including My Childminding Experience and Our Creative Journey, both of which are due for publication in the autumn and will highlight innovative practice.

### We produced the following publications in Q1:

- Edinburgh older people's joint inspection report
- Glasgow children's joint inspection report
- Alcohol and Drug Partnership national report – Our review of the way addiction services in Scotland are using and applying core recovery 'Quality Principles' set out by the Scottish Government. The Quality Principles call for services to support communities to become safe places for people to achieve recovery in a way that is person-led and stigma free.
- Space to Grow -guidance designed to maximise positive experiences for children and improve the quality of care and learning, produced in partnership with Scottish Government and Scottish Futures Trust.
- MAPPA report – A Joint Thematic Review of Multi-Agency Public Protection Arrangements (MAPPA), carried out by the Care Inspectorate and HM Inspectorate of Constabulary in Scotland (HMICS). It highlights the improvements made in keeping communities safe from risks posed by registered sex offenders, particularly in protecting young people from online exploitation, and areas where further developments are needed.

## 2: Informing national and local policy

Rami Okasha, Executive Director of Strategy and Improvement and

Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 2.3:

Develop our contribution and exposure to trends, research and innovative practices emerging from national and international partners. We will work together with partner agencies to identify emerging themes, trends, good practice, innovative models and areas of concern across all care service types and in the strategic provision of early learning and childcare, integrated health and social care, social work, and community justice. We will ensure that our activities act as enablers to the development of new and innovative models of care which can support better outcomes for people.

In Q1 we continued to develop and innovate with regard to our approach to collaboration with partner agencies. With early learning and childcare projects for example, we are reaching out to co-produce practice guidance and forge new partnerships across traditional professional boundaries. Following successful collaborations with Play Scotland for 'My World Outdoors' and Save the Children for 'Getting Ready to Read', we are currently developing a suite of similar resources promoting innovative and good practice in early education and childcare. We are co-producing 'My Childminding Experience' with the Scottish Childminding Association, which will highlight the benefits of childminding for children and encourage local authorities to commission childminders to provide funded places. 'My Childminding Experience' will be published in Q2. 'Our Creative Journey' will share innovative and inspiring experiences of expressive arts and will be published in October. Like the Arts in Care resource for older people, 'Our Creative Journey' is being produced collaboratively with Creative Scotland, as well as voluntary organisations such as the Care and Learning Alliance and Starcatchers alongside provider groups. Although the focus will be on early learning and childcare, we are taking an integrated approach by including examples from services for looked after children and young people, social work and other non-registered care. Later this year, together with Zero Tolerance Scotland, we will produce another practice resource which will promote gender equality in early learning and childcare.

## 2: Informing national and local policy

Rami Okasha, Executive Director of Strategy and Improvement and

Kevin Mitchell, Executive Director of Scrutiny and Assurance

We are working alongside the SSSC to promote successful approaches to organisational leadership across social services and the development of modern apprenticeships.

During Q1, The Hub continued to develop as a mechanism for signposting and sharing good practice and innovation. As well as continuing to populate both the good practice and policy libraries on the site, a new streamlined structure was introduced to the site during Q1. Having two distinct sections (Knowledge and Improvement), rather than three, makes it easier to navigate and places more emphasis on the section dedicated to Improvement.

The Improvement section itself continued to expand during the period, including through the launch of a section of the site dedicated to the Care About Physical Activity (CAPA) project. Practice examples continue to be highlighted on the site through the continued development of ‘Spotlight’ sections on subjects such as Dementia and Bowel and Bladder, and embedded resources such as My World Outdoors, which continued to be updated during the period.

In Q1 our Registration team have worked closely with providers in a number of areas, including:

- working with care home providers to support those who want to enhance the skills of senior carers to take on more responsibility.
- supporting joint integrated boards in the development of initiatives in relation to intermediate care, including in the Western Isles to help them meet the recommendation in their strategic inspection.

- supporting local authorities in the expansion of the 1140 hours of early learning and childcare.

### Strategic scrutiny

We are now implementing some of the new responsibilities in respect of Significant Case Reviews (SCRs), and have provided feedback to child protection committees in respect of particular SCRs. This is in addition to our ongoing quality assurance work in relation to Initial Care Reviews (ICRs), Serious Incident Reviews (SIRs) and notifications of the death of a looked after child or young person.

In Q1 together with HMICS we published a progress report on the implementation of the recommendations in the review of MAPPA arrangements.

We delivered workshops on learning from SCRs at this year’s Social Work Scotland conference and at a major child protection conference and a workshop on ‘being loved’ at SIRCC’s (Scottish Institute for Residential Child Care) annual conference.

We worked with HMIPS (HM Inspectorate of Prisons for Scotland) colleagues in Q1 to review Standard 8 (in respect of the quality of experience of wellbeing for individuals in prison).

## 2: Informing national and local policy

Rami Okasha, Executive Director of Strategy and Improvement and

Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 2.4:

Continue to support a wide range of policy development and ensure that the Care Inspectorate is ready and able to respond to emerging policy agendas. We will co-lead the National Care Standards development in a way which reflects voice, choice and control for people who use services and their carers, regardless of care setting, and ensure that principles around dignity and respect, compassion, inclusion, responsive services, and wellbeing are promulgated so as to be embedded in care service delivery.

We are continuing to actively support the Scottish Government with the expansion of funded early learning and childcare on a number of levels, including leading on evaluating the current trials of different models of blended provision. The development of ELC (Early Learning and Childcare) data profiles and improvements to our annual ELC Statistics publication reflects our increasing influence in this area. We have also been invited to join the Scottish Government Play Strategy Steering Group.

In Q1 we have successfully concluded the review of the National Care Standards on behalf of Scottish Government in partnership with Healthcare Improvement Scotland. The Health and Social Care Standards were published in June and the review process we adopted modelled the person-led and empowered approach of the Standards themselves. Organisations led by and representing people experiencing care are welcoming the new Standards, with their radical focus on an individual's wellbeing and human rights in any health and social service setting. The Scottish Government has now asked us to jointly lead the implementation of the Standards with Healthcare Improvement Scotland. Currently we are raising awareness of the Standards internally and externally in preparation for being rolled-out from April 2018, with copies being issued to all registered services and a communications and engagement plan being agreed.

The shift from measuring tangible inputs to assessing outcomes, particularly the quality of compassionate relationships within care settings, is aligned with the Scottish Government's whole approach to outcome-based policy making and improving wellbeing. In particular it reflects the emphasis on love and compassion in the Root and Branch review of the care system for looked after children and young people.

At the recent annual conference of the Scottish Institute of Residential Childcare, we co-presented a workshop on compassion with Aberlour Childcare Trust and preparing services for the introduction of Standards based on compassion, as well as our methodology and inspection staff, will be a main feature of implementation. For instance, we have developed a project with IRISS (Institute for Research and Innovation in Social Services) to help the social care sector explore compassionate practice and prepare for implementation.

## 2: Informing national and local policy

**Rami Okasha, Executive Director of Strategy and Improvement and**

**Kevin Mitchell, Executive Director of Scrutiny and Assurance**

In Q1 the Care Inspectorate responded to the following consultations:

- Duty of Candour Draft Regulations
- A Severance Policy for Scotland - consultation on severance arrangements across the devolved public sector
- A consultation on the Draft Delivery Plan for Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls
- Consultation on revalidation for pharmacy professionals
- Consultation on Guidance on Healthcare Needs in Schools

Through in-depth policy analysis and consultation engagement, the Care Inspectorate is in a strong position to influence, plan for, and adapt to, new and emerging policy developments.

We have responded to the information requirements of the Scottish Child Abuse Inquiry, by providing detailed information and records which it required us to produce relating to the policies, practices and procedures of the Care Inspectorate and one of its predecessor bodies, the Care Commission, and care services provided by particular providers, including information and records held by the Care Inspectorate in its own right and as the statutory successor to the Care Commission. We monitored closely the evidence heard by the Inquiry in its initial hearings with a view to identifying issues which are likely to be of interest to the Inquiry and anticipating its future requirements and expectations.

We have representation on the implementation group led by Scottish Government on Duty of Candour, and the National Social Care Workforce Planning group meeting chaired by COSLA. In addition, we contribute to the national CSE (Child Sexual Exploitation) group. A key action of the group was for the Care Inspectorate to undertake an inspection focus area during 2016-17. This work has been completed and we are preparing the report for publication.

We are leading work with the Scottish Government on the development of the childminding learning pathway. The pathway will support the development of skills in three particular areas, pre-registration, supporting the registration assessment of the skills the applicant should develop to provide a service and an element that will support childminders address their own CPD (Continuing Professional Development). The pathway has the potential to support the expansion of the 1140 hours of early learning and childcare by enabling childminders to evidence how they provide good outcomes to children.

**Strategic Objective 3:**

We will support peoples’ understanding of high quality, safe and compassionate care by promoting standards and quality of service they should expect and help make sure their voices are heard.

**Rami Okasha, Executive Director of Strategy and Improvement**  
**Kevin Mitchell, Executive Director of Scrutiny and Assurance**

**Key priority 3.1:**

Strengthen how we listen and act upon the views and experiences of people who use services and their carers to inform and continually improve our work, including by more pro-actively seeking their views and acting on them, and co-designing wherever possible. We will continue to involve people with experience of care services in our scrutiny and improvement work and seek to become an inclusive organisation able to help empower people who use services and their carers, so that together we continue to strive for innovation, improvement and excellence in our user focus activities

**Key priority 3.2:**

Strengthen our role in executing our responsibilities for vulnerable people, including for those whose ability to make decisions under the Adults with Incapacity Act is restricted, and our new role as a Corporate Parent.

Our Inspection Volunteers and Young Inspection Volunteers were involved in 149 inspections in Q1. In addition, they spoke to 916 people who experience care (647 people using care services and 269 relatives). This equated to 518 hours of volunteer time spent on inspection.

In addition, we continued to involve our Inspection Volunteers in local group meetings to share experiences and hear about good practice. We published our Involve Newsletter which gives information, news stories and summaries of meetings over the past six months.

One of our inspection volunteers is part of a group which reviews inspection reports to ensure that the views of people who experience care are represented in reports and reports are accessible for the general public.

**KPI 4: Inspections involving an inspection volunteer:  
149 inspections in Q1  
(8.0% of all inspections completed)**

(Compared to 165 inspections (10.5%) in Q1 2016/17)

[note: 2016/17 figure has been recalculated based on updated information since reported in the Q1 2016/17 report]

### 3: Promoting standards, ensuring people are heard

**Rami Okasha, Executive Director of Strategy and Improvement and  
Kevin Mitchell, Executive Director of Scrutiny and Assurance**



We have had a number of Young Inspection Volunteers involved in various workstreams in Q1 including:

- SIRCC conference – our young inspection volunteers (YIVs) attended the conference along with a strategic inspector and talked about their experiences of care services.
- We supported YIVs to attend and participate in the Fostering Network’s Young Champions Film Premiere.
- We nominated one of our experienced YIVs for a Young Scot Award and they were a finalist in this process. This meant that they attended the formal awards ceremony with a friend and wrote about this in our Involve newsletter.
- We interviewed around 10 new young people who have experienced different care services to become YIVs and their training will start in Q2.

In Q1 we held a Dementia Awareness session for our involved people, delivered by our dementia consultant which was well received. One of our Inspection Volunteers attended the Partners in Policy Making course to deliver a workshop on self directed support. We also consulted with our volunteers on the Duty of Candour which resulted in one of our Inspection Volunteers writing their own testimony about how this would have changed her experience of care services.

We invited CSSIW (Care and Social Services Inspectorate Wales) to meet with our staff to share their experiences of using SOFI within their inspections of daycare of children services. The events were very well received by the staff who attended and we have decided to pilot the methodology within our inspections of children under three. There is potential for this programme to gather information to support inspection findings through observation techniques providing evidence of the experiences of this young age group who cannot communicate with us about their experiences.

### 3: Promoting standards, ensuring people are heard

Rami Okasha, Executive Director of Strategy and Improvement  
Kevin Mitchell, Executive Director of Scrutiny and Assurance

#### Key priority 3.3:

Strengthen our approaches and develop new ways to listen and gather real-time information on the views, opinions and experiences of people using care services and their carers, and use this information to inform and co-design scrutiny and improvement interventions.

#### Key priority 3.4:

Develop new approaches to receiving, assessing, considering and responding to concerns and complaints raised by people about care services to ensure that our scrutiny and improvement interventions are effective, proportionate, and coherent across the range of our work

#### KPI 5: % of complaints about care that are investigated within the relevant timescales

79% of complaint investigations were completed within 40 days (compared to 76% last year)  
[Target 80%]

#### MM 9: % services with more than 90% of respondents happy or very happy with the quality of care

93%

(a slight improvement compared to 92% in Q1 of 2016/17)

Following a successful pilot in 2016/17, in Q1 we introduced an online questionnaire for young people attending mainstream school care accommodation services, which is now used routinely as part of all inspections.

Our inspectors staff continue to use the SOFI2 tool as part of our inspection work. SOFI2 training has been refreshed for all inspectors and new staff will complete SOFI2 training as part of their induction to the organisation.

We received the following feedback from a care service receiving copies of our 'Come on in' resource, which was published in Q1:

*"Thank you so much for the "come on in" resource. We have had it displayed in the care centre and I can safely say out of all the resources we make available this one has gone the quickest, I think it's a real demonstration of it's relevance to care centres and especially to families and carers.*

*"Today we met with staff from the local school. The school is hosting a community cafe and are welcoming those with dementia. The staff have taken some copies of Come on In to share with the pupils as part of them learning about dementia. We are also planning a visit to the school to answer any queries about dementia prior to the cafe day.*

*"The videos relating to the resource were really interesting, well done to all involved. And thanks for the copies you sent."*

## 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement

Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 4.1:

Develop a best value approach underpinned by an efficiency saving regime to identify areas for savings, investment, and growth. This will enable us to meet future financial challenges, working collaboratively with our staff and partner bodies to continue to identify ways of reducing duplication and deploying flexible, innovative approaches to evidence public value. We will revise and strengthen our quality assurance processes and practices across all parts of the Care Inspectorate to ensure we deliver the highest quality work in a way that constantly evolves and improves.

During Q1, work commenced on the discovery phase to support the pathfinder group for our new scrutiny methodology, care homes for older people. The agile methodology will result in the group being able to review what works well and propose options for efficient and effective scrutiny, assurance and improvement activities – and do so in collaboration with a wide range of stakeholders. The interdependencies of career pathways, risk, intelligence strategy and strategic joint work will allow us to explore how we can utilise our resources in a way that supports better outcomes for people who experience care.

In Q1 the Lean approach used for reviewing our care service register and for the inspection process has identified areas in our current processes which add value, enable value and are non-value adding. This will inform the development of our new methodologies.

In order to plan for and support the development of new digital technologies, we have placed limitations on the amount of non-urgency developments that are undertaken on existing systems. This allows resources to be focused on future, not legacy, developments.

**KPI 9: Complaints about the Care Inspectorate completed within SPSO (Scottish Public Services Ombudsman) recommended timescales**

**89%**  
(compared to 71% last year)

**MM 8: % of complaints about the Care Inspectorate that are resolved through front line resolution**

39% of complaints about the Care Inspectorate completed up to 30 June were resolved through frontline resolution.

During Q1, we rolled out our new approaches to investigating complaints about the Care Inspectorate. These focus on speedily addressing issues that arise and trying to resolve problems quickly and informally where necessary. Staff have generally welcomed to the new approach and they have been informed by discussions with the SPSO.

## 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement

Kevin Mitchell, Executive Director of Scrutiny and Assurance

### Key priority 4.2:

Support a programme of cultural change, to deliver an open, transparent and enabling culture which consolidates excellence, engages and empowers staff, prioritises collaboration over compliance, and demonstrates leadership at all levels.

### KPI 7: Staff absence rate

**4.0%**

This is comprised of 0.6% short term, 0.6% medium term and 2.8% long term sickness

(compared to 3.8% in Q1 2016/17)  
CIPD average for the public sector is 4.3%.

Inductions for team managers and senior inspectors have been completed and an action plan developed which details the responsibilities of staff in cultural change. Feedback from the inspectors' induction days was very positive in relation to the organisational culture. As part of the induction programme, team managers have also undertaken a half-day training session on Coaching Conversations. Development days for team managers (Adults) and the Complaints team have also taken place, and action plans developed.

The UGR (Unwritten Ground Rules) Leads group has been redeveloped as the Culture Leads Group to reflect the broader shift to changing our culture and making this an organisation we are all proud to work for. The group met at the end of Q1 to discuss progress and to scope out the next phase the culture change programme. The principles of a Culture Strategy were agreed in draft by the Senior Management Team in early July and work is underway to fully develop the strategy.

A Coaching Conversations Training Programme has been procured and is being scheduled over the next 12 months. A three day session is being provided for all middle managers and a half day offered to the rest of the workforce. This will support language and conversational changes which will help us reach direct communication and change behaviours.

The Bright Ideas initiative is continuing to be used by staff and links are being made to key projects underway to ensure that ideas are heard and actioned where possible. A new Innovation Challenge Fund has been launched on a trial basis to test how it works. The key driver is for nominations to be made for a budget to help action the innovative idea being suggested.

A report concluding the first phase of Breakfast Meetings with the Chief Executive is being shared with the workforce while a second tranche of the meetings are being arranged due to their popularity. Staff will be actively encouraged to share their views with the Chief Executive at these meetings and another report setting out the outcomes will also follow. These will start again in the autumn 2017.

The PDRS design principles were agreed by SMT in Q1 and a working group established to develop the new approach to PDRS. The first meeting of the group will be held in Q2 and a project plan will be put in place to enable the launch of the new PDRS in November 2017.

# 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement

Kevin Mitchell, Executive Director of Scrutiny and Assurance

**Key priority 4.3:**

Develop effective and efficient ICT systems, digital services, and processes and practices, tailored to the needs of different stakeholder groups, which strive for excellence, putting the internal and external customer at the heart of all our business activities.

As the business case for business transformation is developed and submitted, the business transformation team is continuing to discover the stories needed to inform the building of our processes. We have captured the interdependencies within the organisation and work is ongoing with external stakeholders linked to intelligence strategy and risk frameworks. The use of the “Moodle” learning platform has enabled service managers to store content and make it accessible for training and inductions and to support professional discussion. A senior inspector “Moodle” group is now operational.

**The contact centre handled a total of 8,130 calls in Q1.**

In addition to receiving calls, the contact centre sent out over 300 registration packs in Q1 and were the first point of contact for receiving complaints and responding to queries about our e-forms system.

Contact centre staff were involved in the following training and development in Q1:

- Building Resilience and Wellbeing
- Finance continuation fees training
- Intelligence and Methodologies training
- Complaints about the Care Inspectorate overview
  - Dementia Awareness Promoting
  - NHS Inform Training/Breathing Space

**The most common areas for calls in Q1 were:**

- General Enquiries - 1787 calls (22%)
- E-forms - 1178 calls (14%)
- Internal queries – 1008 calls (12%)
- Complaints & Concerns - 835 calls (10%)
- Registration - 797 calls (10%)

**KPI 6: Registration applications completed within timescales**

**80%**

of registrations were completed on time in Q1 (compared to 87% last year)

# 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services  
Rami Okasha, Executive Director of Strategy and Improvement  
Kevin Mitchell, Executive Director of Scrutiny and Assurance

Key priority 4.4:

Develop a transformational change programme to further invest in a competent, confident workforce which is empowered to support the delivery of safe, compassionate and rights-based care, including developing new career pathways and supporting the professional development of our staff in their specialisms

Early workforce planning discussions were held with the SMT in Q1 and further planning events scheduled for Q2.

Career pathways work is progressing well, and we have worked with SSSC to apply a 'regulatory sandbox' approach to support this pilot, which seeks to attract Practitioner Inspectors who will start at a more junior level but have the opportunity to develop and progress within the Care Inspectorate. Induction is being planned alongside a mentoring support scheme for these new roles. An evaluation report of the Strategic Inspector Development Pathway has led to a new pathway for this role based on the successful pilot trialled over the past 12 months.

Work is progressing well around a learning and development strategy and programme for the organisation. This has been developed collaboratively and will be expanded to include "Heads of" support services. In August, a new intranet page and phased project was developed and launched.

Work continues with our registering bodies to clarify registration requirements, streamline processes and develop a programme of CPD (Continuing Professional Development) to support registration. The new Professional Accreditation Advisor has been meeting with all relevant registration bodies to build relationships and to ensure that we are clear on how we meet registration requirements.

# Appendix

## Performance data and management information

### **Additional performance reporting measures**

In addition to the success measure reported in this appendix, the following annualised reporting data will be collected and considered as part of the performance measurement framework

Resources Committee Reports:

- Budget monitoring, billing of care providers, debt analysis
- Annual procurement performance
- Annual estates performance

Board Report – annual health and safety report

Annual reporting statement on compliance with information governance responsibilities

Annual reporting on our progress against the public sector equality duty.

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q1 2016/17	Q1 2017/18	Notes
<b>KPI 1</b> - % of statutory inspections completed	1	99%	80% (465 inspections)	102% (605 inspections)	
<b>KPI 2A and 2B</b> - % of providers, health and social care partnerships, people who use care services and their carers who tell us that scrutiny interventions help services to improve	1	90%	94% of staff and 97% of service users thought the quality of the care service would improve following the inspection	Due to the reorganising of staff in inspection teams, there was no ISQ sample prepared for the beginning of the year. We will report on the first half of the year in Q2.	
<b>KPI 3</b> - % of people who say our national reports and publications are useful	2	90%			To be reported annually
<b>KPI 4</b> - % inspections involving an inspection volunteer	3	n/a	13% (200 inspections completed involving an Inspection Volunteer since in Q1 2016/17)	8% (149 inspections completed involving an Inspection Volunteer in Q1)	
<b>KPI 5</b> - % of complaints about care that are investigated within the relevant timescales	3	80%	94%	79% of complaint investigations were completed within 40 days	
<b>KPI 6</b> - % of registration applications that are completed within time following payment of the relevant fee, clearly differentiating between any internal and external delays.	4	80%	87%	80%	78% of registrations from Childminders and 83% of registrations from other service types were completed within timescales in Q1.

## Performance data and management information

Performance Indicator	Strategic Objective	Target	Q1 2016/17	Q1 2017/18	Notes
<b>KPI 7</b> - Staff absence rate, segmented by type	4	tbc	3.8%	4.0%	0.6% short term, 0.6% medium term and 2.8% long term sickness
<b>KPI 8</b> - Staff vacancy levels, segmented by inspector / non inspector	4	tbc			Information to follow
<b>KPI 9</b> - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	71%	89%	
<b>KPI 10</b> - % of agreed audit recommendations that are met within timescale	4	100%			Implementation timescale to be confirmed
<b>MM 1</b> - % services where grades have improved (or good grades maintained) since the last inspection	1	Baseline year	99% of services that started the year with grades of Good(4) or better in all themes had maintained or improved on these by 30 June 2016	98% of services that started the year with grades of Good(4) or better in all themes had maintained or improved on these by 30 June 2017	
<b>MM 2</b> – Number of Scrutiny and Improvement interventions undertaken because of changes in risk or as a result of specific intelligence	1	n/a			Further work required to define and capture other scrutiny and improvement work

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q1 2016/17	Q1 2017/18	Notes
<b>MM 3</b> - % of inspection hours spent in high and medium risk services	1	Baseline year		29% of inspection hours in Q1 were spent in medium and high risk services	Note: 22% of inspections carried out in Q1 were in medium and high risk services
<b>MM 4</b> - % hours spent on improvement activity	1	Baseline year		A total of 1,182 hours spent on improvement work in Q1 was recorded in the IRTs	Further work required on definitions and recording mechanisms in the medium term.
<b>MM 5</b> - % services with any grade of weak, unsatisfactory or adequate for two inspections or more	1	Baseline year		1.2%	1.2 % of graded services at 30 June have had any themes graded weak, unsatisfactory or adequate in their previous two (or more) inspections
<b>MM 6</b> - % of registration applications that do not proceed due to concerns about ability to provide a quality service	1	n/a			Further work required on definitions and recording mechanisms in the medium term.
<b>MM 7</b> - % newly registered services with requirements made / poor grades at the first inspection	1	Baseline year			Reported Annually

## Performance data and management information

Performance Indicator	Strategic Objective	Target	Q1 2016/17	Q1 2017/18	Notes
<b>MM 8</b> - % of complaints about the Care Inspectorate that are resolved through front line resolution	3	Baseline year	34%	27%	
<b>MM 9</b> - % services with >90% of respondents happy or very happy with the quality of care	3	n/a	93%	93%	
<b>MM 10</b> - % of complainants who tell us their complaint was resolved fairly and care improved	3	Baseline year			Implementation timescale to be confirmed
<b>MM 11</b> - Number of people whose views are heard as part of our scrutiny and improvement activities	3	Baseline year			
<b>MM 12</b> - The number of people using services and carers that inspection volunteers speak with	3	tbc	4862	5014	
<b>MM 13</b> - Number of grievances, dignity at work cases, and disciplinary hearing, with information on whether or not they are upheld	4	n/a			Implementation timescale to be confirmed

## Summary of scrutiny interventions completed in 2017/18 up to 30 June 2017

source data: Monthly Performance Report up to 30/06/17 published on 07/07/17.

	Number completed in 2017/18 up to 30 <sup>th</sup> June	Number completed in 2016/17 up to 30 <sup>th</sup> June	Comparison of 2017/18 vs 2016/17 year to date
New Registrations completed	183	224	▼
Inspections completed	1864	1569	▲
Complaints Received	1171	995	▲
Number of Variations completed*	777	737	▲

\* not including typo changes to certificates

<b>Total scrutiny interventions completed</b>	3995	3525	▲
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