Action Plan

Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have an embryonic process to resolve complaints about care services through frontline resolution	We want to resolve as many complaints as possible through frontline resolution as evidence tells us this is best for the complainant and complained about	Develop the frontline resolution process for resolving complaints	3, 6	Performance People	A developed frontline resolution complaints process Internal and external communication strategy for raising awareness Frontline resolution training for Care Inspectorate staff	RO / ES	% of complaints resolved at frontline within the specified number of working days Complainant satisfaction on resolution, after 6 months No of positive media articles No of staff trained and qualitative feedback on training	Complainant and provider experience Complainant and provider feedback Staff feedback on qualitative training Complainant satisfaction
UPDATE: Work as part of the National Complaints Team Action plan 2015/16is being carried out between September - December 2015 to: consider what is frontline resolution; draw up guidance on when frontline resolution will be used; devise procedure; and develop an implementation plan. The Complaints Committee will discuss a proposed new procedure for investigating complaints in December 2015, with further updates going to the Policy Committee and Board in early 2016. As a baseline for further exploration and comparison at a later date: In Q1 of 2015/16 21% of complaints were withdrawn following frontline resolution.								

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Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have a new procedure for investigating complaints about the Care Inspectorate	We want the procedure to be embedded and staff to be confident about applying it	Develop staff confidence and experience at following the procedure	6	Performance People	Appropriate development support for staff investigating complaints	KA / ES	% of complaints about the Care Inspectorate resolved within the specified number working days Complainant satisfaction on resolution, after 6 months Fewer appeals to SPPO	Complainant and staff experience Views of SPPO
UPDATE: A short life working group involving members of the Partnership Forum has been working on how best complaints about the Care Inspectorate can be investigated and support provided to members of staff who are subject to complaint, whilst maintaining rigour in our work. This work is at the writing stage of the policy and will be presented to the Executive Team in November 2015. At the same time, we are improving the quality of the information about complaints involving the Care Inspectorate in order to be clearer about recognising success.								

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Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
There is no robust or systematic quality assurance process for inspection reports	We want to produce high-quality inspection reports which reflect the evidence, inform the public, free from errors	Develop a QA process and develop inspectors and admin staff as appropriate	1, 3, 6	Performance	New process for QA of inspection findings and inspection reports New inspection writing guidance and developmental support Improvements to IRT system for writing reports	KA / RO	% of reports issued on time In Q1 and Q2 of 2014/5 81% of draft reports were issued on time a 10% improvement on the same period in 2015/6 No of requests for changes to our inspection report at draft stage reduces This is currently sitting at 35% of all reports.	Feedback from people using and providing services Comments received through the error response form

UPDATE: This is an on-going area of work and forms a specific part of our Review of Scrutiny. Action already taken includes – changes to IRT used to generate inspection reports, and the creation of a new, shorter type of report for some inspections. Supplementary inspection writing guidance has been issued with the aim to minimise typing errors and inaccuracies in grammar. The Proportional Outcome Evaluation Tool has been introduced to support staff decision making at inspection and make this more outcome focused. The methodology steering group is currently working with JIT and SSSC to develop a learning tool to support staff to write in an outcome focussed way. Some inspection and complaint teams have introduced peer review for report writing. Consideration is being given to how other teams can be supported to implement this successfully. Future actions include, introducing systems to monitor the quality of the reports, such as peer reviews, expert group reviews, performance monitoring and report writing guidance. Deadline for Implementation of new systems April 2017 in line with methodologies programme.

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Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have a historic approach to PDRS, and implementation is inconsistent	A more tailored form of PDRS is embedded across the organisation an linked to an OD strategy which supports development of staff and the delivery of core business	Ensure managers and staff are confident about a new approach and use it to support development and performance, demonstrating that we are a learning organisation	2, 4, 5	People Performance	A new OD strategy, including a learning and development policy, to support a changing organisation A new system of PDRS which is linked to the strategy A new system for recording PDRS on Pulse	GW / JG	Number of PDRS' completed No of staff undertaking identified training needs and qualitative feedback on staff development sessions.	Staff feedback on PDRS process
UPDATE: Refreshed and simplified PDRS guidance was issued to all staff on an interim basis in March 2015 ahead of a new approach to be scheduled as part of the Care Inspectorates transformational plan. Work is now underway to explore how this will be recorded centrally using the Pulse HR system, and a guidance note will be circulated to staff to assist with this. This will allow better tracking of the number of PDRSs undertaken and a clearer the link to training needs and opportunities. A key part of the transformation plan contains a project on reviewing and improving our Learning and Development Model – this project will commence Autumn 2015 and will be delivered in phases over the course of the coming year.								

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Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have migrated to an largely online approach for care services to interact with the Care Inspectorate but have not evaluated or interrogated it from a provider perspective	A system of online interaction with Care Inspectorate which is online-based, tested, and delivers a high level of customer satisfaction	Review and improve our current ways of online provider interaction with the Care Inspectorate	1, 4, 6	Performance	User experience testing of eForms, with consequent improvements made Better online registration functionality Improved online complaints facility	GW / EM	Number of seamless transactions online which do not require queries to the relevant helpdesk. In a 12 month period 2014/5 there have been 8,963 calls to the help desk a reduction in 1,000 on the previous year.	Provider feedback

UPDATE: Some ICT developments have been progressed as part of the review of scrutiny and improvement, including some minor improvements to the annual returns process. A new Care Inspectorate website was delivered in September 2015, with vastly more search options, in response to feedback. This supports the public, providers and commissioners find information.

The complaints online function has been improved significantly, including allowing people to identify the service they wish to raise a complaint about. Further work is being developed to improve our online registration process too, with changes expected in 2016.

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Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have an ICT system for frontline service inspection which has developed organically and is sometimes insufficiently flexible	We have an ICT system which meets our methodological needs for scrutiny and improvement, which staff find easy to use, and which is responsive to design change	Make a decision on the future operation of the ICT system Plan improvements in a programme approach, aligned to methodological and business needs	1, 6	Performance	Improved user experience of our ICT system A clear roadmap for continued investment or replacement	GW / EM	Number of calls made to ICT helpdesk In 12 months 2014-5 there have been 15,796 calls. This was comparable to the previous years statistics.	Inspector and admin feedback.

UPDATE: ICT developments have included improvements to RMS/PMS systems, report formats and will continue to develop in line with methodology developments. Work is also being developed to look at the ICT system used to capture complaint information. The resources Committee is actively considering more strategic issues about the ICT system.

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Where are we now	Where do we want to be	What do we need to do	SO No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We do not have a programmed or strategic culture of internal customer satisfaction across the organisation	We are recognised as having a culture of internal customer support, with a focus on supporting colleagues who are improving outcomes for people using care services	Follow a structured programme of improvement, possibly linked to an accreditation scheme	6	Performance	Clear expectations and understandings of internal customer focus	GW, JG	Efficiency and speed of implementing agreed changes	Feedback from staff

UPDATE: The staff survey was a method of measuring our internal opinions about change management and internal customers. The outcomes of the staff survey were well documented through the staff sessions and the resulting actions from the 'We said – we're doing' document published and circulated to all staff in July 2015. Following a positive internal audit report on our internal communications and engagement strategy, the communications and OD teams are revising our current strategy for December 2015. This will have a focus on internal customer satisfaction and communication across the organisation. This is extremely important as the transformational plan progresses.

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Quality ambition: people-focused actions

Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have a one-size-fits-all approach to care service inspections which has, historically, been too focused on inputs and compliance, and is insufficiently transparent	A new framework for inspection is in place to which places a focuses on outcomes and the experiences of people using services	Design a new methodology for inspection and implement it	1, 2, 3, 4, 5, 6	People Performance	A new methodology framework A new set of business processes A workforce confident and skilled to deliver a new methodology	KA / RO	Number of inspections undertaken, broken down by different types of inspection	Feedback from people using care services Feedback from providers of services Feedback from our staff
UPDATE: The methodologies programme is progressing well with various changes currently being implemented and planned. The evaluation of the changes to methodology will be undertaken after pilots, tests of change and longer term implementation. Updates and reports will be available as evaluations are undertaken. There has been different types of inspection including full graded inspection, follow up inspection, validation inspection and thematic inspection in services for adults with a learning disability around 'Keys to Life' Scottish Government policy. Further changes to our indicators of quality will be made in conjunction with changes to the National Care Standards.								

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Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We have an on-going policy review programme to ensure our staff policies are up-to-date, understood, and supportive	A new suite of policies is in place, staff are confident and engaged with them, and managers are familiar with their responsibilities	Continue the review programme and implement associated training and support	2, 4, 6	People Performance	Current policies are reviewed in accordance with the agreed timescale Key new policies, such as competence and social media, are agreed and introduced	GW / JG	HR statistics on how policies are used and	Feedback from staff and managers

UPDATE; A programme of staff policy refreshing and reviewing is in place. Even where staff policies are relatively new but measures are being put in place to review these to evaluate their impact. This process is about to commence and regular checks will be kept with updates to the ET and Resources Committee annually as part of the OD annual report. Staff in all departments are involved in the policy review group. The group have to date reviewed 70% of the staff policies. A quarterly progress report is provided to the Policy Committee.

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Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
Levels of internal engagement are low and require to be improved	There are high levels of engagement, with staff empowered and confident	Progress actions from the Partnership Forum survey and develop approaches to internal communication and engagement	5, 6	People	Review and refresh the Internal Communications and Engagement Strategy Refresh and develop the intranet to support staff practice and engagement	KA / RO	Future Partnership forum surveys No hits and user experience pathways on the intranet	Qualitative data on engagement of staff in key decision-making

UPDATE: The 'we said, we're doing' document following the staff survey has been agreed by the Partnership Forum, with clear timescales and actions. The Partnership Forum has agreed two champions for each theme, one staff and one manager. The Bright Ideas initiative championed by the new Chief Executive demonstrates commitment to on-going engagement with staff, as does the regular communication to all staff received directly from the Chief Executive by email to all staff. To date over 120 bright ideas have been received.

A particular effort is being made to ensure that all Executive Team papers are sent around the right departments for consultation and comment prior to consideration.

In 2014/5 there were 558,960 users of the website an increase in 81,469 from the previous year. These users accessed 6,857,727 pageviews an increase in 5,681 on the previous year.

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Quality ambition: partnership-focused actions

Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
A programme of inspection volunteers supports our inspection in some areas of inspection	A wide range of people support our inspections across many service types and types of inspection	Expand our inspection volunteer programme into new service types and expand the number of inspection volunteers	1, 2, 3	Partnership Performance			Number of inspections involving an inspection volunteer, by service type	Feedback from people who use services

UPDATE: The number of inspector volunteer increased by 13 to 68 during 2014/5, following a recruitment drive. This supported an increase in the number of inspections involving an inspection volunteer to 593 from 506 the year before. Inspection volunteers spoke with 5,706 up from 4,605.

The Involvement Team and the Dementia consultant are currently working on developing a programme to support people with dementia being inspection volunteers. Work has started in Lanarkshire to test the involvement of inspection volunteers in daycare of children, with positive early findings. We held a successful joint event for our involved people and HIS public partners, developed a handbook and have ensured that all inspection volunteers have dementia awareness training.

The involvement team are undertaking Investors in Volunteers accreditation to ensure quality practise and the Board has agreed the Involvement Strategy 2015-8 'Working Together, Improving Together'.

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Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We ask for views from people who use care services only as part of an inspection or if they wish to make a complaint	People who use care services can share their views with the inspector at any point	Develop ways of capturing real-time information about care services from people using them	1, 3	Partnership Performance	Online feedback from people who use services A systematic way of using and responding to that feedback	KA / RO / GP	Number of people who provide feedback Number of CSQs / online CSQs returned	Feedback from inspectors and people using care services

UPDATE; The inspection guidance clearly states that people must speak to and interact with service users at inspection. Likewise this is a key part of our complaints process that all complainants must be listened to and agree areas for a complaint investigation. We have trained all older people, adult and complaints team in the use of SOFI 2 to gather information on individual service users experiences of the service where people cannot express their views.

We have developed further links with Care Opinion who support on line comments /testimonials from people using care services. As a public interest member we are given access to stories which the provider chooses not to publish and we can respond to or act on those unpublished comments. We are considering whether to advise staff in the inspection guidance 2016/7 to check Care Opinion as part of their planning for inspection.

During the period April 2014-15 Inspectors spoke to 62,800 people who use care services, relatives and representatives. In the same period Inspectors spoke with 5,137 children, family carers or representatives using childminding services.

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Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We carry out joint and concurrent inspections of services with scrutiny partners in some service types	We have a coherent approach to joint inspections of frontline services involving different scrutiny and improvement agencies	Develop a shared understanding with other scrutiny partners about joint working and the duty of co-operation	1, 2, 4, 6	Partnership Performance	MOUs to be reviewed and developed

Changes to our inspection methodology | KA / RO | Number of inspections involving another scrutiny body or partner | Reduced duplication of inspection and improved efficiency across the scrutiny landscape |

UPDATE: We continue to work in partnership with Education Scotland to undertake parallel inspection of some daycare of children services. We have developed joint methodology to support this work and will continue to revise this.

Strategic and operational liaison groups between the Care Inspectorate and Education Scotland are well established. We worked with the Mental Welfare Commission in 2014/15 on the inspection of secure care services, and will continue to identify joint areas of work.

We continue to lead joint inspections of services for children and young people with police, education Scotland and health colleagues, and are currently discussing with the Scottish Government the scope of these Inspections. We undertake joint inspections with Healthcare Improvement Scotland around services for older people and are currently reviewing the methodology of those inspections. This will be important as services are commissioned and delivered in an integrated landscape.

We continue to develop MOU's with partner agencies, and have them in place with the Institute for Research and Innovation in Social Services, the Scottish Social Services Council, the Scottish Charity regulator, the Mental Welfare Commission, Health and Safety Executive, The Office of the Public Guardian, the Scottish Housing Regulator, We are working on developing MOUs with SPSO and Healthcare Improvement Scotland.

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Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
Our website is not accessible to people looking for a care service or wishing to find our more about the care service they use	We have commissioned improvements in our website	Ensure the commissioned changes are effective and support improved user experience	3, 5, 6	Partnership Performance	An improved website experience for users	KA / RO	Number of visits to websites User journeys on website analytics are simplified	Feedback from people using and providing care services
UPDATE: The new website has now been launch, allowing people to access clearer information about services. There is a commitment to undertake work on the accessibility of the website for people who do not read or have different communication needs which will be part of phase two web development due to commence over the coming months. Initial feedback around the time of the launch of the website has been resolved. We have also continued to update , The Hub, and have evaluated its impact and effectiveness.								

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Where are we now	Where do we want to be	What do we need to do	Strategic Objective No:	Quality Ambition/s	Deliverable	Lead	What will success KPI	look like? QI
We do not currently have a clear policy on our improvement interventions in care services, and our scope to support improvement	We have a clear improvement strategy, tools, approaches and improvement ambassadors in care services where we identify that improvements are required, with support to develop the care sector workforce	Develop an improvement intervention framework to support improvement in care services, and associated support	2, 4, 5	Partnership	Staff development and support to promote improvement Improvement tools Improvement ambassadors Implementation of health team review	KA / RP RO	Number of improvements that take place.	Feedback from inspectors, providers, and users of care services

UPDATE: Work is underway to develop a Care Improvement Strategy, which will set out our contribution to improvement in care services. Meanwhile work is underway to restructure the health improvement team, and improve our external links in this area. The Scottish Government has agreed to fund a post through HPS to support effective practice in infection control prevention and control.

Expert groups have been established around older people, children, housing support/support services, adults with incapacity and self-directed support. These groups are tasked with providing advice and support to operational staff teams regarding Scottish Government policy, legislation, research and good practice. Recently the expert groups have advised on Inspection methodology and the outcomes we would expect to see being realised.

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