



**2016-17**  
**Quarter 4**  
**Performance report**

# Success measures (key performance indicators)



## 1: Public assurance and building confidence

Providers, people experiencing care and their carers who tell us our scrutiny interventions help services to improve.  
Target 90%

Staff in services: 98%

People using services: 96%

Statutory inspections complete. Target 99%

99.2%

(2246 statutory inspections completed up to 31 March)

## 2: Informing policy

People who say our national reports and publications are useful.  
Target 90%

*Aiming to report from 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.

549 Inspections completed that included an Inspection Volunteer during 2016/17.

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

76%

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

Registration applications completed within time

Target 80%

86%

Staff absence rate

4.4%

Staff vacancy level

Inspectors- 2.6%

Non-Inspectors- 0.7%

Complaints about us completed within SPSO-recommended timescales.

64%

Agreed audit recommendations met within timescale. Target 100%

2 recommendations completed

1 with revised timescale

## **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.

### **Case study - Quality Conversations**

Our Quality Conversations provide a way for large care service providers and umbrella organisations to connect directly with us, meaningfully and productively, at a senior and strategic level and support our move towards more collaborative scrutiny and improvement relationships.

Since 2014, Quality Conversations have helped us shape, test and inform the scrutiny and improvement work that we do, at a strategic level. Large providers and umbrella organisations value the opportunity to discuss and influence these big topics directly with us. The events also help us convey key messages and developments directly to sector leaders and influencers.

Each Quality Conversation is topical and focuses on one of three areas: adults and older people; looked after children; and early years. These areas align naturally with sector specialisms and with current policy and legislation developments. Events are usually chaired by the Chief Executive or our Chair, and senior staff attend and deliver updates and presentations on strategic topics and developments.

We hold events across Scotland's central belt and aim to hold two events in one day, every three months or so, subject to calendars. Each event lasts around three hours, with 20-30 invitees, covering the range of specialisms.

Over the past year, we have provided updates on and discussed:

- the National Care Standards Review, and the implications for building new scrutiny approaches
- the dementia inspection focus area, and how we can use the findings to improve experiences for people
- The Keys to Life policy and our dedicated scrutiny work around this
- our new inspection methodologies, including the implications for providers
- our new complaints procedure, and how care services can use learning from complaints to improve
- the Children and Young People (Scotland) Act 2014 parts 10 and 11 through care, after care and continuing care; and the expansion of early learning and childcare.

These Quality Conversations play a critical role in establishing the strategic relationships which are critical in developing and rolling out new scrutiny and improvement approaches.



# 1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance and

Rami Okasha, Executive Director of Strategy and Improvement

## Key priority 1.1:

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

99.2 % (2246 inspections) statutory inspections completed against the plan. (99.8% [2233 inspections] in the same period last year)

### Total number of scrutiny and improvement interventions to 31 March 2017

**15,871**

(15,411 in same period last year)  
See page 24 for more details.

We have continued to develop our scrutiny approaches for 2017/18, focusing on making minimum changes this year in anticipation of wider changes from 2018 as the new national care standards are rolled out. We have made changes to the self assessments in preparation for a new form of evidence-based self evaluation thereafter. We have begun to develop scrutiny methodology for regulated care services in tandem with our emerging approach to intelligence and our plans for changes to digital infrastructure.

Registration teams continue to work with Local Authorities to support them with delivering the Early Learning and Childcare (ELC) expansion to 1,140 hours. We are working with the Scottish Government evaluation team who will evaluate the 14 trials which have been set up to meet the demands of the expansion.

Our registration teams also continue to support a range of providers across a range of services who want to be innovative and meet the current needs of people who use services. For example, some third sector organisations are coming together as a collective to bid for care at home hours from a Local Authority. Although they will remain separately registered they will collectively support and provide training to their staff.

Against a backdrop of restructuring and recruitment, and with the departure of five team managers, our Adults Services Inspection teams have maintained effective business continuity and completed all planned statutory inspections (with the exception of those services that are inactive or proposing to cancel).

We have completed work on the project plan for developing new approaches to joint inspections of services for children and young people, including planning:

- direct and online engagement and consultation with Children and Young People and stakeholder organisations,
- analysis of evidence from the Joint Inspection of Children Services programme, Serious Case Reviews (SCRs) and deaths of looked after children,
- individual interviews with key stakeholders representing: Stirling University, SHR, NSPCC and Scottish Government policy leads.

During Q4, a High Level Advisory Group has been established and we have led one meeting of the group.

# 1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance

The programme for strategic inspections for Children Services is progressing in line with the inspection plan. In Q4, we undertook:

- announcement and field work for Inverclyde,
- ongoing fieldwork for West Lothian,
- publication of three reports (West Dunbartonshire, Moray and Shetland progress review),
- completion of Glasgow field work and progress to reporting stage.

For joint inspections of Adults Services, we:

- completed field work and reported to partnership for Edinburgh,
- published report for Orkney,
- commenced early field work for Scottish Borders.

In addition, we continued to work on the agreed actions in the joint development plan with Healthcare Improvement Scotland (HIS) in respect of joint inspections of services for older people.

Work is continuing in relation to the development of shared methodology with Education Scotland (ES). Meetings have taken place with the providers from the special residential sector and Education Scotland in relation to the new methodology and the feedback was positive in relation to the revised shared inspection methodology. Two pilot inspections have taken place, one at a special residential school and the other at a mainstream school care accommodation service. Both were well received and there are tentative plans for the methodology to go live around September 2017.

Electronic questionnaires have been developed for young people attending mainstream school care accommodation services following a successful pilot last year.



# 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 that 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.

### **KPI 2A and 2B: People who tell us our scrutiny interventions help services to improve**

People who use services: **96%**

Staff in care services: **98%**

compared to 95% of people using services and 98% of staff in the same period last year

We have continued to support research on physical activity for people with dementia in care homes and understanding sedentary behaviour in partnership with two separate studies at Stirling University and Glasgow Caledonian University.

The Child Sexual Exploitation scrutiny work undertaken by the Children and Young People’s Inspection teams during 2016-17 is due to be evaluated in Q1 of 2017/18 which will contribute to a national report on our findings.

Working in collaboration, our team managers and inspectors of regulated services contributed to our strategic inspections by collating and assessing local information on the performance of regulated services in the Local Authority area being inspected.

Inspections of regulated services continue to be outcome focussed and provide support for improvement to care services. For example, a children’s service in Fife had quality themes assessed as “weak” but with support from an inspector during Q4, their grades have improved to “very good”, resulting in better-quality outcomes for children.

To support outcome-focussed approaches, we convened a development day in Q4 involving Adult Services Regulatory Inspectors and Strategic Inspectors in order to consider the implementation of Self-Directed Support (SDS). With inputs from providers, Scottish Government and SSSC this partnership approach will improve our scrutiny activity and inform the development of our methodology for a thematic inspection around SDS. We have part-seconded a member of staff to work with the Scottish Government’s SDS policy team, to support implementation across the sector.

Link inspectors completed their submissions for the Audit Scotland-led LAN process in respect of all 32 local authority areas.



# 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.

During Q4 we undertook the development work for the 'Come on in' resource which has been jointly developed with Life changes trust, Scottish Care and Abbeyfield, to support friends and family of people living in care homes to make the most of their time together.

The CAPA (Care About Physical Activity) improvement programme is now underway, with time spent in Q4 recruiting staff and partnerships. The full team will be in place in Q1 of 2017/18 and 8 partnerships have been identified to work with. This is a major investment from the Scottish Government and has the potential to impact significantly on the quality of experiences and outcomes for older people in care homes and using care at home services.

Scoping conversations have taken place in preparation for the development of an improvement strategy for the organisation. We have discussed with a range of partners, the possibility of developing an improvement programme around dementia and communication and we are now finalising findings bids to take this forward.

In collaboration with colleagues from HIS, we have been undertaking specific improvement work related to out of hours and also care for dementia. The out of hours work has involved intensive research with a small number of care providers to understand the strengths and challenges in liaising with health service colleagues. Consideration is being given to developing this work further.

Our work on the childminder learning pathway report has been completed, with recommendations on implementing the pathway. Funding has been provided for a further year to embed the pathway and make it easily available for childminders and applicants.

Two team managers were invited to Northern Ireland to lead a development day for the RQIA (Regulation and Quality Improvement Authority) inspectors of early years services as a follow up to the audit undertaken last year. The session was well received and the Care Inspectorate's approach to scrutiny and improvement was considered to be the direction that RQIA would like to move towards.



# 1: Public assurance and confidence

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

## Case Study- Feedback received from the inspection process

We continue to seek further improvement in poorly-performing care services. One inspector's efforts to achieve this in a care home for older people attracted a positive response from the staff group and the manager who wrote:

"I just wanted to say thanks very much for yesterday and for your added support prior to this. The staff morale has been lifted so much and this was well deserved. I think as you could probably have guessed there have been spells over the last few weeks where I have questioned whether or not I had made the right decision and I always told myself I had, but not always with the best of confidence. After yesterday I know I have."

In addition to routine link inspector activity, which includes providing support and challenge to services and supporting self-evaluation, we undertook the following specifically improvement-focused work during Q4:

- we trained staff in one partnership to examine practise through reviewing records for child protection
- we completed our work providing support and challenge to a local authority undertaking a comprehensive review of its child protection systems, at the request of Scottish Government
- we provided a considerable amount of support for improvement to Moray Council following their recent children's inspection (this support is ongoing), including working with Education Scotland
- we conducted quality assurance of serious incident reviews, SCRs and notification of the death of looked after children
- senior staff were invited to judge entries for the Scottish Government's social services awards which will be presented at the Social Work Scotland conference in June
- engagement and attendance of focus groups of adults with learning disabilities for Audit Scotland's scrutiny of SDS
- development of scoping papers and engagement with key stakeholders SDS and ASP thematic reviews in 2017/18.





## 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

#### 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.

The Care Inspectorate chaired the final meeting of the National Care Standards Review Development Group. The group comprised by all of the main stakeholders who have supported the review of the Standards, which has been led by the Care Inspectorate and Healthcare Improvement Scotland.

The Development Group's contribution was acknowledged as a successful example of collaborative working over the past two years and a number of Care Inspectorate staff have been funded to support the next implementation phase, along with other stakeholders. As well as collaboration with other scrutiny bodies, the new standards have been co-produced with organisations that represent people who use as well as provide care.

We supported the Scottish Government's publication of the 'Consultation on the New National Health and Care Standards: Analysis of Responses' report, through coordination and promotion of this through external communications and social media activity.

#### 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.

We have developed approaches to publishing regular public statistical reports on our website, including in an open data format. As part of our move to make our data more accessible, we are also planning to open up access to our datastore and have been undertaking preparatory work for this. Currently, access is limited to those working in local authorities, NHS boards and government, and we intend to open it up to the wider public including care providers. At present, almost all of this information is already available at individual service level on our website. The planned moves will just provide this in a more accessible format. This move should also help us redirect a number of information requests which can be dealt with via the datastore. We intend to implement both the public reports and the datastore access as soon as possible.

## 2: Informing national and local policy

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

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

We have been working to understand the learning and development needs of our intelligence analysts as we begin to develop a new approach to intelligence-led scrutiny and improvement. We have provided intelligence analysis training and invested in arranging for analysts to undertake an SQQ-accredited Professional Development Award in intelligence analysis.

The Adult Services management team has been exploring with the Intelligence team how we can gather and analyse improved data in relation to the performance of care homes in Scotland. This work will also look at the potential for some market oversight, recognising that some companies in this market are experiencing very significant financial challenges which threaten their continuing operation, with potentially serious implications for people who experience care, their carers and commissioners.

Work will begin in Q1 of 2017/18 with the Registrar for Independent Schools in relation to the development of a protocol for working arrangements. This work has been developed following a tragic case where a young person attending an independent school took his own life. While we had no locus in the school we worked closely with the Registrar and Education Scotland in Q4 to support the school staff and the associated School Care Accommodation service. This resulted in a targeted review of care plans for young people, supporting staff make improvements to deliver appropriate interventions to three young people with a high risk of self harming.

We worked closely in Q4 with NHS 24 to co-produce and launch a new short film on the work of the Care Inspectorate. This will feature prominently on the Care Information Scotland website, and also be hosted on other relevant online platforms, with promotion across various social media channels.

## 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.

The Executive Director of Strategy and Improvement presented at an EPSO session with Don Berwick at the International Forum on Quality and Safety in Healthcare. This highlighted the Care Inspectorate's pioneering approach to combining scrutiny and improvement activities by focusing on outcomes and the impact of care on people. This was received with much interest by delegates from other European care regulators.

We have been continuing to work closely with Cornerstone in Scotland as they introduce a new model of service delivery, based on the Dutch 'Buurtzorg' approach, involving self-managing teams, delegated decision-making and a commitment to coaching and mentoring. Cornerstone sees this as a development that will equip them to better sustain the level and quality of their current operations in the face of financial challenge, while valuing and supporting staff to deliver better outcomes. We are contributing to reviewing the implementation of this model, which is supported by the Scottish Government, and are interested in exploring the opportunity it presents for us to think about different scrutiny responses, be this through registration or inspection.

During Q4, we initiated early engagement to provide feedback to local authorities on the review of Serious Case Reviews in line with the national guidance that will be developed further for recommendations from the Child Protection Improvements Programme systems review

In addition, we had three strategic inspectors working with Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) on the MAPPA (Multi Agency Public Protection Arrangements) progress review in Q4.

We contributed to the European Social Network planning conference, which helps direct areas of research, activity and sharing in the delivery of social services across Europe. This helps ensure Scotland is contributing to, and learning from, international practice.

## 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.

In Q4 we have contributed to the development and implementation of the AILIP (Active and Independent Living Improvement Programme), linking closely with the Care About Physical Activity improvement programme.

One of our inspectors has been leading a project with Scottish Government and key stakeholders on delivering the Building Design guidance project for Early Years settings. In developing the design principles, research and best practice from across the UK and internationally has been taken into account. When published, the design principles will support development of high quality environments that can contribute to positive outcomes for children. The Scottish Government has extended the project until September 2017.

We have continued to work with the Scottish Government evaluation team who will evaluate the Early Learning and Childcare (ELC) trials of innovative service provision to support the delivery of ELC. We will be providing evaluation of the registration and variation processes. We will also provide findings of how services are meeting the needs of children and families to support positive outcomes through our other scrutiny activities

There are a number of groups in place to support the Early Learning and Childcare (ELC) expansion to 1140 hours, where we are a key partner and represented.

These include:

- Strategic Forum – high level advisory group chaired by the Minister,
- Strategic Evidence Group (including communications and evidence sub group),
- Review of staffing – focusing on workforce development,
- Audit Scotland Advisory group for the review of ELC 600 hours
- In addition, a Quality Reference Group has been established to develop a national plan for delivery of the 31 actions identified following the consultation on the Blueprint for Expansion of ELC by 2020.

### 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.

In Q4 our Chair and staffs member attended meetings of the Cross Party Group on Carers and the Cross Party Group on Older People, Age and Ageing. We gave a presentation at the latter in relation to the National Care Standards Review.

Also in Q4, our staff spoke at a number of events and conferences, including 'Social Care in Scotland', 'Next Steps for Community Justice', 'Child Protection 2017' and 'Infection, Prevention and Control'. We had an exhibition stall at The Gathering and we attended the Scottish Older People's Assembly reception at the Scottish Parliament, as well as the CELCIS/Institute for Inspiring Children's Futures inaugural lecture. Our Chief Executive attended the Scottish Care Five Nations care forum and staff also attended and contributed to the Healthcare Improvement Scotland corporate plan stakeholder consultation event.

We received a total of 97 Freedom of Information (FOI) requests and 56 Data Protection Act (DPA) requests in 2016/17. At the time of reporting we had sent responses to 96 FOIs and 49 DPA requests.

#### **KPI 4: Inspections involving an inspection volunteer:**

**549 inspections in 2016/17**

(Compared to 561 in 2015/16)

#### **MM12 The number of people using services and carers that inspection volunteers speak with:**

**Inspection Volunteers spoke with 5014 people during inspections in 2016/17**

(Compared to 4862 people spoken with in 2015/16)

# 3: Promoting standards, ensuring people are heard

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

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

93%

(same as 93% seen last year)

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

76% of complaint investigations were completed within 40 days

(compared to 68% last year)

We have been developing our Complaints Handling Procedure in Q4 for complaints about care services. The revised procedure will meet best practice advice from the Scottish Public Services Ombudsman and ensures compliance with the Scottish Regulators' Strategic Code. Our intended approach will involve complaints team managers supporting the Contact Centre to ensure appropriate and swift response to complaints received, as well as the introduction of a triage approach and risk assessment tool, to ensure that our finite resources are directed efficiently towards investigating and responding to the more serious complaints. Following some piloting work, we have identified that the risk tool will enable us to remit around some complaints we receive back to the provider, allowing these to be dealt with as close to the point of service delivery as possible. These proposals have been welcomed by care service providers, including those who attended the 12 workshops we delivered on complaints handling at recent events across the country on the 'Duty of Candour'. We will monitor the implementation closely.

With our new operational structure in place, and taking some of the learning from the inspection focus area on dementia, we intend to reinvigorate our observational work in care homes for older people using the SOFI2 (Short Observational Framework for Inspection) tool. Further training has been planned for new inspectors and to refresh the learning of those who are perhaps less confident at using this technique to observe the quality of interactions in care settings.

## 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.

In restructuring the Adult Services inspection teams we have worked closely with the Inspection Planning Team in order to optimise opportunities for aligning these teams to local authority and integrated joint board areas. This is with the aim of achieving a more efficient and effective approach and to build on our good working relationships with these key partners.

The pilot training sessions for Lean Six Sigma for Organisational Development (Yellow Belt) have now been delivered and each of the seven candidates are working their way through the 10 assignments and mini project using an online learning portal. The work is due for submission in Q1 of 2017/18. Two candidates have successfully completed the training and been awarded their certified “yellow belt”. An evaluation of the pilot with a view to rolling out in partnership with Organisational Development will be submitted to the Executive Team in Q2 of 2017/18.

**KPI 10: Audit recommendations met within timescale:**

2 met within timescale

1 with revised timescale

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

27% complaints about the Care Inspectorate completed up to 31 March were resolved through frontline resolution (compared to 34% last year)

## 4: Independent, effective and efficient

Rami Okasha, Executive Director of Strategy and Improvement

Gordon Weir, Executive Director of Corporate and Customer Services

### 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.

During Q4, we undertook a major stocktake around unwritten ground rules. Using the key cultural attributes previously selected by staff, we tested the extent to which they had become more or less positive over the previous 18 months. In all areas but one, there was a marked increase in the positivity with which staff regarded the key cultural attributes. We have expanded our network of cultural change leads and during Q4 developed plans for our coaching conversations work to be embedded across the Care Inspectorate.

We have developed a communications and engagement strategy for a staff consultation on the development of our new corporate plan, which included an interactive workshop with Senior Management Team colleagues. This will help to inform how we will continue to involve the public and other stakeholders in our work.

We undertook a biennial review of our equality strategy and action plan, and developed a new set of equality outcomes in consultation with a wide range of equality organisations and groups.

### KPI 7: Staff absence rate

**4.4%**

(compared to 4.8% in 2015/16)

This is comprised of 0.8% short term, 0.6% medium term and 3.0% long term sickness



## 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.

### KPI 6: Registrations completed within timescales

86%

of registrations were completed on time in 2016/17 (compared to 75% last year)

### Case study – “Lean” approach to the registration process

During Q4, Quality Scotland undertook a “lean” exercise with registration inspectors and registration administration staff. The “Lean” approach aims to make processes more efficient by removing the inefficient or wasteful parts and streamlining to create better value. The key learning points from the exercise were:

#### *High importance*

- Technology needs to be effective and accessible to applicants e.g. some ensuring internet browsers are compatible with our online services.
- We need to streamline how we inform applicants of a decision to grant or a decision to refuse registration. We will now do this electronically, saving time and expense; this is the preferred option for most applicants.

#### *Medium importance*

- Registration guidance needs to be reviewed and applied consistently.
- The registration process has been developed over the last couple of years. A new flow chart detailing all the stages has been finalised. From this the registration guidance for applicants and for staff has been reviewed and is now being rewritten.
- Improvements to the way fees are collected, to make this efficient and simple for applicants and the Care Inspectorate.
- The health improvement team have worked with the registration team to develop guidance on writing policies and procedures; this will support some new applicants who may have limited experience in this field.

# 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

**Our contact centre handled a total of 9,306 calls during Q4.**

There was an increase in the number of calls handled this quarter due to the annual returns period running up to 17 February.

In February and March the contact centre also received calls redirected from our Inverness, Paisley and Musselburgh offices.

The contact centre team attended Samaritans training during Q4. In addition one member of the team attended Adult and Child Protection training facilitated by Dundee City Council, with the rest of the team subscribed to this in the coming year.

**The most common areas for calls in Q4 were;**

- General Enquiries - 1780 calls (22%)
- E-forms - 1303 calls (16%)
- Annual Returns – 1292 calls (16%)
- Registration - 932 calls (12%)
- Complaints & Concerns - 782 calls (10%)

# 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

**KPI 8: Staff vacancy levels**

Inspector vacancies- 2.6%  
(compared to 2.1% last year)

Non-Inspector vacancies- 0.7%  
(compared to 0.4% last year)

We have developed a new Engage in Change forum for Care Inspectorate managers to discuss ideas, strategies, approaches and concepts and to use this information to improve activities within their teams. We have continued to develop work around the Professional Development Award for our inspectors.

In Q4 we held three development sessions with the Royal College of Nursing aimed at Care Inspectorate nurses who are employed as inspectors, in order to support their revalidation.

We completed a restructure of our organisational and workforce development team to deliver the Care Inspectorate’s transformation plan, which included strengthening our approach to learning and development and supporting involvement.

As part of the CAPA programme, we have put in place a dedicated resource to support the development of improvement skills amongst our inspection staff, focusing on physical activity interventions and approaches.

# 4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement

Key priority 4.5:

Strengthen our governance arrangements and success reporting so that we are transparent, accountable and open to challenge on how we evidence our success and use of public monies and resources. We will review in partnership with Scottish Government, our legislative framework to ensure it is fit for purpose and acts as an enabler in delivering our statutory responsibilities of providing protection and assurance for people who use services and their carers.

KPI 9: Complaints about the Care Inspectorate completed within SPSO recommended timescales

64%  
(compared to 57% last year)

In Q4 we have reviewed the arrangements to support the Board’s reconfigured Committee structures.

We successfully recruited team managers to the vacant posts created by the re-structure and the post holders will commence their new duties on 1 April 2017. Inspection and Organisational and Workforce Development colleagues designed and delivered an effective induction programme for new team managers, the next stages of which coincide with Senior Inspector induction.

We have made preparations to continue recruitment of the remaining Senior Inspectors posts in Adult Services. Having worked with to deliver a webinar on ‘Competency-based Interviews’, in order to promote examples of best practice guidance and to produce ‘frequently asked questions’, we have attracted a high level of interest from a strong group of candidates and expect to fill the remaining posts. Thereafter, we will advance the next stages of the Career Pathway Programme by recruiting to two new roles; the Practitioner Inspector and the Inspection Assistant.

# 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	Q4 2015/16	Q4 2016/17	Notes
<b>KPI 1</b> - % of statutory inspections completed	1	99%	99.8%	99.2%	
<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%	98% of staff and 95% of service users thought the quality of the care service would improve following the inspection	98% of staff and 96% of service users thought the quality of the care service would improve following the inspection	
<b>KPI 3</b> - % of people who say our national reports and publications are useful	2	90%			Report from 1 April 2017
<b>KPI 4</b> - % inspections involving an inspection volunteer	3	n/a	7.6% (561 inspections completed involving an Inspection Volunteer since 1 April)	7.2% (549 inspections completed involving an Inspection Volunteer in 2016/17)	
<b>KPI 5</b> - % of complaints about care that are investigated within the relevant timescales	3	80%	68%	76% 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%	75%	86%	

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q4 2015/16	Q4 2016/17	Notes
<b>KPI 7</b> - Staff absence rate, segmented by type	4	tbc	4.8% (0.8% short term, 0.7% medium term and 3.3% long term sickness)	4.4% (0.8% short term, 0.6% medium term and 3.0% long term sickness)	
<b>KPI 8</b> - Staff vacancy levels, segmented by inspector / non inspector	4	tbc	Inspector vacancies- 2.1% Non-inspector vacancies- 0.4%	Inspector vacancies- 2.6% Non-inspector vacancies- 0.7%	
<b>KPI 9</b> - Complaints about CI completed within SPSO-recommended timescales	4	Baseline year	57%	64%	
<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	96% of services that started the year with grades of Good(4) or better in all themes had maintained or improved on these by 31 March 2016	96% of services that started the year with grades of Good(4) or better in all themes had maintained or improved on these by 31 March 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, with a view to capturing this from 1 April 2017

Performance data and management information

Performance Indicator	Strategic Objective	Target	Q4 2015/16	Q4 2016/17	Notes
<b>MM 3</b> - % of inspection hours spent in high and medium risk services	1	Baseline year		29% of inspection hours in 2016/17 were spent in medium and high risk services	Note: 20% of inspections carried out in Q1 to Q3 were in medium and high risk services
<b>MM 4</b> - % hours spent on improvement activity	1	Baseline year		A total of 5,504 hours spent on improvement work in 2016/17 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	5.5%	4.0%	4.0% of graded services at 31 March 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			Aim to record and report from 1 April 2017
<b>MM 7</b> - % newly registered services with requirements made / poor grades at the first inspection	1	Baseline year		11%	773 services that registered in 2015/16 were inspected in 2016/17. 86 (11%) of these either had grades of 1 or 2 awarded in one or more themes, or had requirements made at their first inspection.



Performance data and management information

Performance Indicator	Strategic Objective	Target	Q4 2015/16	Q4 2016/17	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		3 Dignity at work cases, 4 Disciplinarys, 6 Grievances,.	All Dignity at work cases were resolved informally, 1 Disciplinary led to a dismissal and 4 Grievances were resolved informally.

## Summary of scrutiny interventions completed in 2016/17 up to 31<sup>st</sup> March 2017

source data: Monthly Performance Report up to 31/03/17 published on 05/04/17.

	Number completed in 2016/17 up to 31st March	Number completed in 2015/16 up to 31st March	Comparison of 2016/17 vs 2015/16 year to date
New Registrations completed	910	1011	▼
Inspections completed	7577	7413	▲
Complaints Received	4309	4166	▲
Number of Enforcement letters sent	43	157	▼
Number of Variations completed*	3000	2664	▲

\* not including typo changes to certificates

<b>Total scrutiny interventions completed in 2016/17 up to 31st March</b>	15839	15411	▲
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