



2016-17
Quarter 3
Performance report

Success measures (key performance indicators)



1: Public assurance and building confidence

Statutory inspections complete. Target 99%
99%
(1712 statutory inspections completed)

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%

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.
104 Inspections completed that included an Inspection Volunteer during Q3

Complaints about care that are investigated within the relevant timescales. Target 80%
77%

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

Registration applications completed within time
Target 80%
90%

Staff absence rate
4.2%

Staff vacancy level
Inspectors- 3.5%
Non-Inspectors- 1.3%

Complaints about us completed within SPSO recommended timescales.
57%

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 - rural care home

The Care Inspectorate has had significant involvement with a small care home in a remote rural area, registered to care for 16 older people. Previous inspections had seen fluctuating grades but performance was never better than adequate over the previous 4 inspections. The situation described arose following a statutory inspection of this service. During the inspection in September 2016, the inspector identified a number of concerns, including the service's capacity to improve, the high risk of harm in which residents were placed, and the lack of knowledge and understanding of those responsible for the care of the residents. Management and leadership were unsatisfactory, placing vulnerable residents at significant risk. We provided significant support for improvement.

Following feedback the provider gave some assurance that an external consultant would register as the manager and would begin to take the required action plan for improvement forward. During the feedback, further serious concerns arose about the capacity of some staff to respond to immediate medical needs. The Care Inspectorate felt that the risk of harm was too high and the measures that the provider had suggested were not adequate to safeguard residents. There was no evidence of capacity to improve and minimal understanding of the risks posed by the care home. The location of the care home impacted on the ability to recruit and retain staff, with very limited resources available to the provider.

We therefore sought an emergency cancellation under Section 65 of the Public Services Reform (Scotland) Act 2010. We engaged closely with the local authority, taking into account the needs of the rural community, the pressure for care home beds in the area, and the Scottish Regulators' Strategic Code of Practice. We asked the local health and social care partnership if they were able to support the care home to make immediate improvements.

The local partnership provided an immediate support package to the care home, drawing in a number of resources including community health and local managers in order to provide assurance that residents were safe. We liaised closely with the local team manager coordinating the support and had regular contact with both the owner of the care home and the local authority. In addition, the local authority carried out reviews of all residents to ensure the placement continued to meet individual needs.

Due to the support and engagement from the local partnership and good partnership working, we were assured that the immediate risk to residents was mitigated and did not pursue the section 65 application, but instead served an improvement notice under section 62 identifying the key areas of concern. This required the care home to make urgent improvements within four weeks. These related to reviewing the management arrangements; developing systems for assessing, monitoring and managing risk to residents; improving care plans; providing choice; improving medication management and better understanding of the use of restraint.

Our inspectors played a significant role in supporting the care home to improve, but despite intensive support the service did not manage to achieve any of the requirements and in fact had created an environment which was unwilling to accept support and make change. In addition, concerns were raised that the risk to residents had increased with information coming to light about poor moving and handling practices, inadequate equipment and continued failure to seek medical attention for a resident who was in pain. We found that not only was risk of harm very high, but the service itself had no capacity for improvement, being resistant to support and failing to understand the seriousness of the situation.

We therefore lodged a new section 65 application with the Sheriff Court on 11 November, and obtain an interim hearing asking for a suspension of the registration taking place on 14 November. It became apparent that the care service had failed to properly involve residents, families and some staff in the gravity of the situation so the local health and social care partnership convened a public meeting for residents, families and staff, to which the Care Inspectorate were invited.

The interim suspension order was granted by the sheriff. The local authority successfully found placements for all of the remaining residents without recourse to temporary placements and all moves were successful. The team manager and two inspectors carried out a debrief in which they talked about what went well and key learning points for the Care Inspectorate. At a hearing in January 2017, the provider asked for voluntary cancellation to become effective. This took effect and the service is no longer registered to provide care. The inspector spent approximately 180 hours of work up to the point of closure on this service, not including post closure meetings, but the result of this improvement and regulatory work is that a failing service has closed and the previous residents are being cared for safely and with dignity.



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.

Our strategic inspections progressed according to the plan throughout Q3.

For the Joint Inspections of Adult Services we carried out:

- preparation of the report on our inspection in Orkney,
- fieldwork in Edinburgh
- briefing and community engagement in Scottish Borders.

For the Joint Inspections for Children’s Services we carried out:

- fieldwork and preparation of the report on our inspection in Moray
- engagement and file reading Glasgow
- fieldwork and preparation of the report on our inspection in West Dunbartonshire
- a progress review of our inspection activity in Shetland.

In addition we worked alongside HMIPS supporting their inspection of HMP Kilmarnock. During Q3 we continued to work on the agreed actions in the joint development plan with HIS in respect of joint inspections of services for older people.

We supported the Scottish Government’s consultation on the draft National Care Standards during Q3. These had been developed by a group of stakeholders chaired by the Care Inspectorate and Healthcare Improvement Scotland. The Care Inspectorate undertook significant communications and engagement work to raise awareness about the consultation and the changing nature of the standards.

KPI 1: % first statutory inspections completed

99% (1712 inspections) completed up to 31 December 2016
(99% [1670 inspections] in the same period last year)

Total number of scrutiny and improvement interventions to 31 December 2016

11,580

(11,229 in same period last year)
See page 27 for more details.



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 94% of people using services and 97% of staff in the same period last year

In collaboration with colleagues from other scrutiny bodies, we completed risk assessments in Q3 to inform our joint inspections of services for adults for 2017/18.

In the latter part of Q3, link inspectors began preparations for shared risk assessments submissions for the Audit Scotland led LAN process. We continued to participate in the Sharing Intelligence for Health and Care Group to ensure that quantitative and qualitative intelligence is shared across a range of scrutiny bodies.

During Q3 we published a new self-evaluation document for community justice authorities. This was developed with significant involvement from the sector and launched a high-profile national conference. We have continued to engage with Community Justice Scotland to work in partnership and collaboration.

In Q3 we supported two pieces of on-going research which included representation on the corresponding advisory groups; with Glasgow Caledonian University looking into understanding sedentary patterns of behaviour and with Stirling University researching personalised physical activity for people with dementia in care homes.



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.

In addition to general link inspector activity, which includes providing support and challenge to services to support self-evaluation, we undertook the following specifically improvement-focused work during Q3:

- We supported an IJB area in a comprehensive audit of records with a focus on adult support and protection practice.
- We trained staff in one partnership to examine practice through reviewing records.
- We started 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 were part of a multi-agency improvement response team to support improvement in the Western Isles following poor inspections there in respect of both adults and children's services
- We provided quality assurance of 15 criminal justice serious incident reviews, a significant case review and the notification of the death of a looked after child.

During Q3, we appointed to the Head of Improvement Support post. This new post carries senior management responsibilities for leading improvement support work across the care sector. The postholder has begun work to bring forward an improvement strategy in due course.

The Scottish Government, through Active Scotland, has provided significant funding to the Care Inspectorate to lead an improvement programme across local partnerships to support physical activity amongst older people. The staff that will undertake this work and share knowledge and learning are being recruited at present.

Our Arts in Care resource, developed in partnership with Creative Scotland and Luminare, won the best campaign award at the Creative Exchange awards, and was the runner up for the best design prize. We have continued to discuss with the partners how the next phase of this resource can be developed.

In Q3 have worked with Save the Children to develop a resource pack designed to encourage young people in early learning and childcare to read books, and are seeking to promote this work through our scrutiny and improvement activity.

During Q3 we continued to work in partnership with Healthcare Improvement Scotland on several improvement projects, including in dementia, urgent care and pressure ulcers. For each work stream there is a piece of improvement work that is taking place in the care sector which is being carried out in partnership. We continue to have representation on the anticipatory care planning advisory group and the Living Well in Communities advisory group.

1: Public assurance and confidence

Kevin Mitchell, Executive Director of Scrutiny and Assurance

During Q3 the registration team worked with providers who are considering how to reorganise their services to make them more efficient and meet the needs of people using the service. We recently worked with a large third sector provider of Housing Support and Support Service where areas of their services were working well. We worked with their managers and inspection colleagues to identify what was working well and how it could be replicated in other areas without the need to register more services at a cost to their organisation.

The registration team are also supporting Local Authorities with the expansion of the Early Learning and Childcare agenda. We are supporting all 14 test sites for the expansion and supporting innovation.

Our inspectors continued to support local authorities and other service providers during Q3. This included attending meetings and giving presentations to local authorities to explain the new methodologies and provide opportunities for discussion about the work of the Care Inspectorate. We have also provided support to projects which are working in new and innovative ways and which challenge the way early learning and childcare is provided. One example is a project in Dundee which provides a very family centred approach which is based around the needs of the child and family. The inspector and the service have worked collaboratively together to make improvements which will allow the service to apply for partnership funding which will mean the service remains sustainable in the future.

We have continued to work with a large social care provider who is developing a Buurtzorg model of support as part of a national series of trials. We have engaged with them around the registration of their services and the evaluation of impact on people using their services.



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.

Sharing data with the research community. We are working with researchers from Stirling University who have specific interests in the use of administrative data to examine social care workforce trends, and approached us to support a research project into workforce flows across registered social care services. The information we hold about the workforce is sensitive data that we would not share externally to protect people's personal data and the risks of identifying individuals.

Therefore we are working with an independent data safe haven, The Farr Institute, using approaches they have developed to share data in a non-disclosive way which protects their data. This means that researchers can access information about individual people, without there being any risk of identifying them. This will provide us with a blueprint for sharing sensitive data for research in future and allow us to better inform academic research about the care sector.

We have worked with the Health and Social Care Benchmarking Group to highlight ways in which our activities can inform the development of policy and academic research.

During Q3, we have undertaken work to scope a new approach to using intelligence to inform decision making. Work is now underway to develop this. The Senior Management Team agreed the approach to intelligence using a Care Inspectorate Intelligence Model, noting that the approach used in other public authorities would need to be tailored for Care Inspectorate purposes.

The SMT agreed that the strategic elements of the intelligence approach were most helpful to start with, and that the development of the approach should align to the methodology pathfinder development. The SMT agreed that the digital transformation work should include the requirements of the intelligence approach as well as the requirements of the inspection methodology for the pathfinder development.

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.

The registration team is collaborating with Police Scotland with the aim to identify when potential providers who may be linked to serious crime apply to register care services. This will link into the intelligence-led and risk based approach to scrutiny and assurance. This work will also support the intelligence gathering for services already registered when concerns are identified in relation to providers of care services.

In Q3 we published a statistical bulletin on complaints about care services, showing the circumstances in which they had been made, by whom, and about which services. This evidenced a long-trend rise in the number of complaints we receive. Most complaints over the last five years have come from relatives of people experiencing care; the second highest group is complaints that come from people who work in care services and have concerns about their employer or recent ex-employer.

We have continued to analyse information from the Keys to Life Inspection Focus Area and will publish the findings during Q4.

We have continued to highlight information on The Hub, and have begun a programme of raising awareness about the resources on The Hub across the sector.

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 Q3 we made a significant contribution to the Child Protection Improvement Programme systems review, the draft report of which was submitted to Ministers in December.

We also contributed to working groups on the implementation of carers legislation, Buurtzorg model of care, palliative and end of life care, drugs and alcohol strategy quality group and the development of the national care home contract.

Furthermore we also worked with SSSC in the review and design of self-directed support training for practitioners.

In Q3 we worked with the Scottish Government on the building design principles for early learning and childcare and also a child-minding induction framework. Work continued in Q3 in relation to developing a shared methodology for inspections of childminders who are working in partnership with local authorities.

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.

The registration and inspection teams continued to support the work of Local Authorities in the resettlement of Unaccompanied Asylum Seeking Children into Scotland during Q3.

We have continued to be key participants on a number of work streams to support the Scottish Governments priority to expand the entitlement of early learning and childcare to 1140 hours by 2020. This includes areas of evaluation of the expansion, staffing strategy for the workforce and the national guidance and supporting development of high quality services for children.

We have two posts currently funded by Scottish Government to support the service expansion and the quality of provision. One inspector is seconded to develop the building guidance for new or expanding services to support the provision of high quality care and learning environments for children using services. The draft design principles document will be available in April 2017 for consultation with the sector.

We also have a seconded post which has the role to develop an induction framework for new childminders and also a continuing professional development framework to support the on-going learning and skills development of the childminding sector. Currently there are a number of childminders undertaking a small pilot with SSSC on recording their learning and development.

During Q3, we heavily supported the launch of the Scottish Government consultation on the new national care standards, both to help design the consultation itself and also publicise and support it through a suite of films. We have also engaged with a wide variety of organisations and people to explain the thinking and rationale behind the new standards which are decoupled from settings, more person-led, and much more outcome-focused.

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.

During Q3, we worked towards Investors in Volunteers status. This involved redeveloping and refining some support for volunteers, and demonstrating the work that we do. (During Q4, we subsequently achieved IIV status.)

The development of the new national care standards involved very wide discussion with a range of groups of people comprising and representing people who experience care.

In Q3 we continued to make progress with our Inspection Volunteer Scheme and to date have completed 438 inspections involving an Inspection Volunteer in 2016/17. Focus Groups were held in October for all Inspection Volunteers to discuss the recent methodology changes, how they affect the inspection volunteer processes and to agree a plan of action for moving forward. These changes have now been implemented and are working well.

We concluded a test of involving people living with dementia as inspection volunteers.

KPI 4: Inspections involving an inspection volunteer
104 in Q3
(Compared to 122 in the previous quarter)

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)

In response to concerns raised by parents, our Early Years inspectors worked with colleagues from Environmental Health to bring forward an inspection of a playgroup where there had been an outbreak of E-Coli. In doing so we ensured that the health and wellbeing of young children using the service was paramount. As a result of this we will work with colleagues in NHS to develop guidance on the safe use of portable sinks in care settings. We continue to work with this service and so far we have highlighted issues to be addressed around the provider status of the group and the registration status of a number of staff.

We have developed and been implementing new approaches to investigating complaints about care services which are proportionate and risk-based.

Our early years inspection teams continue to find ways to engage with children and parents. Many inspectors have been using talking mats on their iPad and we've found children enjoy using these. Inspectors also continue to make themselves available to parents using technology where possible, ensuring their email addresses and phone numbers are available.

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

77% of complaint investigations were completed within 40 days

(compared to 70% 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 4.1:

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.

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

28% complaints about the Care Inspectorate completed up to 31 Dec were resolved through frontline resolution (compared to 50% last year)

We hosted inspectors from the Dutch Inspectorate to observe the application of SOFI2 in services for adults with dementia and met with inspectors who had used this tool in services for adults with learning disabilities. As part of their visit, inspectors and some of our SOFI2 trainers met with the Dutch inspectors. A return visit to the Netherlands will be available for inspectors who hosted our Dutch colleagues later in 2017.

In Q3 we also hosted a number of student nurses as part of their placement. During their visit they met with inspectors who provided input on our inspection processes and outcomes.

We have worked with Education Scotland on a regular basis to share information and support improvement within Early Learning and Childcare. We have regular profession dialogue sessions which support collaborative working and shared practice. This has enhanced seamless working between both organisations. This shared working practice contributes to improvement which leads to better outcomes for children.

We have a working group considering a shared approach to the inspection of childminders who will be funded to provide early learning and childcare.

We have a pilot for Lean Six Sigma Yellow Belt training with eight candidates. The qualification involves attending four workshop sessions, 10 mini assignments and a mini project and we hope that candidates will have completed the training by April 2017. An evaluation of the pilot will be considered by the Executive Team.

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

4.2%

equivalent to 9.2 days per employee per year
(public sector benchmark: 4.3%)

In Q3, operational managers met with Organisational Development colleagues to begin to identify learning and development opportunities for Inspectors in the Scrutiny and Assurance Directorate in 2017/18. The immediate learning and development needs of inspectors were identified and further discussion is planned to develop directorate learning plans.

In Q3 we have been developing a new quality assurance framework for regulated care service staff. This framework will promote a consistent approach to quality assurance and improvement across all of our scrutiny activity.

During Q3 we continued working with our Unwritten Ground Rules leads across the organisation to attend team meetings and hear what our staff had to say about the positive and negative UGRs that they have experienced. It has been essential to involve and engage our workforce to ensure their voices are heard. We have been encouraging all to address any negative UGRs experienced and the importance of changing behaviours and how we treat one another. By the end of Q3 we have had a total of 42 meetings across the organisation. A key themes report is being developed following this work to identify what we are doing well and areas we'd like to collectively improve.

A follow up stocktake open to all employees will be held in late January 2017 to identify progress achieved through this work. While this programme has encouraged people to voice, the next phase of the culture change programmes focuses on equipping staff with tools and skills to engage in coaching conversations. This allows managers to empower staff where appropriate and to encourage stronger involvement and professional judgement to emerge. The Senior Management Team completed the 3 day training and there has been positive feedback from the team on how it has changed the conversations that they have with staff for the better. This programme will be rolled out to all middle managers and a half day for other staff so we all understand this shift in conversations and behaviours. The programme for middle managers will start in May 2017 onwards.

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

90%

of registrations were completed on time up to 31 December (compared to 75% last year)

The Customer Service Strategy has been considered by the Executive Team and is now available on the intranet along with a survey which includes gathering equality information. The Strategy is currently being considered by the Partnership Forum with the consultation period ending in February. The Strategy, Programme Plan for Implementation, Customer Service Standards and Equality Impact Assessment will be considered by the Resources Committee in February.

We have continued to plan, during Q3, our approach to developing ICT systems and digital services which support our business need and the needs of all our stakeholders. We have held exploratory discussions with other public sector agencies across Scotland to see whether we can collaborate and use agile approaches to developing our methodology.

6,438

Total number of calls handled in Q3 by the contact centre/eforms helpdesk (The contact centre and eforms helpdesk phone lines merged to one phone number on 9 December 2016).

The most common areas for calls in Q3 were;

General Enquiries – 3304 calls (51%)

E-forms – 1728 calls (27%)

Complaints & Concerns – 618 calls (10%)

Registration – 430 calls (7%)

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- 3.5%
(compared to 3.4% last year)
Non-Inspector vacancies- 1.3%
(compared to 0.3% last year)

The zero tolerance policy which was previously launched will now be publicised widely to ensure all our staff can work safely and the tiny number of providers who do not engage appropriately understand how the Care Inspectorate will respond to this.

Inspection team managers collaborated with service managers and organisational development in Q3 to prepare induction plans and inputs for a 3 day induction for new and existing team managers in March 2017. This will lead on to developing the induction for senior inspectors which will also take place in March-April 2017. This initial induction will be followed by a further 2-3 days for both groups with the content of this being shaped by the people in post. For Senior Inspectors, learning sets will be used to provide opportunities to reflect on what is working well within teams and where improvements can be made. This will allow us to evaluate this role quickly and effectively.

Service managers have been attending inspection team meetings to discuss the work being done on individual inspection plans, team structures and the new team manager and senior inspector roles. This has also promoted opportunities to hear feedback from colleagues on what is working and not working for them with regards to our approach to change management.

In Q3 we delivered sessions for inspectors on a new falls resource that we are promoting to service providers in Inverness, Musselburgh, Paisley and Stirling. We have also delivered update sessions in Inverness, Musselburgh, Paisley and Stirling on our new methodology and proportionality. These sessions have highlighted the need for further work with some team managers and inspectors around applying our methodology and writing shorter reports.

4: Independent, effective and efficient

Gordon Weir, Executive Director of Corporate and Customer Services

Rami Okasha, Executive Director of Strategy and Improvement

We have developed and published our transformational change programme and widely communicated this to our workforce. Work is already underway and progressing well with the Career Pathways work which is now at a fully formed pilot stage. Recruitment to the new career pathways posts will be advertised in April 2017. This will allow time for the final organisational restructuring to be completed by the end of March 2017. Work is also underway to work jointly with the Royal College of Nursing, the NHS and Scottish Social Services Council to identify and link to other opportunities to support registration with professional bodies and provide a programme of continuous professional development for colleagues. Two workshops with the SMT are planned in Q4 to develop a strategic workforce plan which will take a longer view of what we want our workforce to look like and achieve in the next 3 years. This will help to inform and focus our resources on prioritising learning and development activities as well as recruitment and retention.

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.

During Q3, we undertook a CIPFA governance review which highlighted significant areas of strength and identified areas of governance where we could improve further. We have continued to refine the success measures as part of our performance framework, and to ensure we are able to deliver evidence about our progress on them.

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

57%

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 | Q3 2015/16 | Q3 2016/17 | Notes |
|--|---------------------|--------|--|--|--|
| KPI 1 - % of statutory inspections completed | 1 | 99% | 99% (1679 inspections) | 99% (1712 inspections) | |
| KPI 2A and 2B - % 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% | 97% of staff and 94% 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 | |
| KPI 3 - % of people who say our national reports and publications are useful | 2 | 90% | | | Report from 1 April 2017 |
| KPI 4 - % inspections involving an inspection volunteer | 3 | n/a | 8.1% (413 inspections completed involving an Inspection Volunteer since 1 April) | 8.1% (438 inspections completed involving an Inspection Volunteer since 1 April) | Figures are cumulative for the year to date. |
| KPI 5 - % of complaints about care that are investigated within the relevant timescales | 3 | 80% | 70% | 77% of complaint investigations were completed within 40 days | |
| KPI 6 - % 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% | 90% | |

Performance data and management information

| Performance Indicator | Strategic Objective | Target | Q2 2015/16 | Q2 2016/17 | Notes |
|--|---------------------|---------------|--|--|--|
| KPI 7 - Staff absence rate, segmented by type | 4 | tbc | 4.8% (equivalent to 10.6 days per employee per year) | 4.2% (equivalent to 9.2 days per employee per year) | The Public Sector benchmark is 4.3% |
| KPI 8 - Staff vacancy levels, segmented by inspector / non inspector | 4 | tbc | Inspector vacancies- 3.4% Non-inspector vacancies- 0.3% | Inspector vacancies- 3.5% Non-inspector vacancies- 1.3% | |
| KPI 9 - Complaints about CI completed within SPSO-recommended timescales | 4 | Baseline year | 50% | 57% | |
| KPI 10 - % of agreed audit recommendations that are met within timescale | 4 | 100% | | | Implementation timescale to be confirmed |
| MM 1 - % services where grades have improved (or good grades maintained) since the last inspection | 1 | Baseline year | 97% of services that started the year with grades of Good(4) or better in all themes had maintained or improved on these by 31 December 2015 | 91% of services that started the year with grades of Good(4) or better in all themes had maintained or improved on these by 31 December 2016 | |
| MM 2 – 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 | Q2 2015/16 | Q2 2016/17 | Notes |
|---|---------------------|---------------|------------|--|---|
| MM 3 - % of inspection hours spent in high and medium risk services | 1 | Baseline year | | 29% of inspection hours in Q1 to Q3 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 |
| MM 4 - % hours spent on improvement activity | 1 | Baseline year | | A total of 3,850 hours spent on improvement work in Q1 to Q3 of 16/17 was recorded in the IRTs | Further work required on definitions and recording mechanisms in the medium term. |
| MM 5 - % services with any grade of weak, unsatisfactory or adequate for two inspections or more | 1 | Baseline year | 4.4% | 3.4% | 3.4% of graded services at 31 Dec have had any grades of weak, unsatisfactory or adequate for two inspections or more |
| MM 6 - % 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 |
| MM 7 - % newly registered services with requirements made / poor grades at the first inspection | 1 | n/a | | | To be reported in Q4 |

Performance data and management information

| Performance Indicator | Strategic Objective | Target | Q2 2015/16 | Q2 2016/17 | Notes |
|--|---------------------|---------------|------------|---|--|
| MM 8 - % of complaints about the Care Inspectorate that are resolved through front line resolution | 3 | Baseline year | 50% | 28% | |
| MM 9 - % services with >90% of respondents happy or very happy with the quality of care | 3 | n/a | 93% | From responses to CSQs received up to 30 Sep: 93% | |
| MM 10 - % of complainants who tell us their complaint was resolved fairly and care improved | 3 | Baseline year | | | Implementation timescale to be confirmed |
| MM 11 - Number of people whose views are heard as part of our scrutiny and improvement activities | 3 | Baseline year | | | To be reported in Q4 |
| MM 12 - The number of people using services and carers that inspection volunteers speak with | 3 | tbc | 1008 | 498 | |
| MM 13 - 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 2016/17 up to 31st December 2016

source data: Monthly Performance Report up to 31/12/16 published on 11/01/17.

| | Number completed in 2016/17 up to 31st December | Number completed in 2015/16 up to 31st December | Comparison of 2016/17 vs 2015/16 year to date |
|--|---|---|---|
| New Registrations completed | 704 | 766 | ▼ |
| Inspections completed | 5426 | 5154 | ▲ |
| Complaints Received | 3128 | 3158 | ▼ |
| Number of Enforcement letters sent | 39 | 142 | ▼ |
| Number of Variations completed* | 2283 | 2009 | ▲ |
| * not including typo changes to certificates | | | |
| Total scrutiny interventions completed in 2016/17 up to 31st December | 11580 | 11229 | ▲ |