A Meeting of the Care Inspectorate Board is to take place at 10.30 am on Tuesday 17 December 2019 in Rooms 0.6/0.7, Compass House, 11 Riverside Drive, Dundee, DD1 4NY

AGENDA

PUBLIC SESSION

1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Minute of Board meeting held on 26 September 2019 (paper attached)
5.	Action Record of Board meeting held on 26 September 2019 (paper attached)
6.	Matters Arising
7.	Chair's Report – Report No: B-42-2019
8.	Chief Executive's Report – Report No: B-43-2019
	STRATEGY AND POLICY
9.	Financial Strategy - verbal update following Board Development Event on 19 November 2019
10.	Draft Scrutiny, Assurance and Improvement Plan 2020-21– Report No: B-44-2019
11.	Digital Update Report and Presentation – Report B-45-2019
12.	Employee Engagement Survey Report – Report No: B-46-2019
13.	Procurement Strategy 2020-2023 – Report No: B-47-2019

	MONITORING AND GOVERNANCE
14.	Monitoring our Performance 2019/20 - Quarter 2 - Report No: B-48-2019
15.	Minute of Audit Committee meeting held 28 November 2019 (papers attached)
16.	Budget Monitoring Report 2019/20 – Report No: B-49-2019
	STANDING ITEMS
17.	Identification of Risk
18.	Board Schedule of Business 2019/20 (paper attached)
19.	Any Other Competent Business
20.	Date of Next Meeting: Special Board Meeting on 5 February 2020 at 10.30 am in Compass House, Dundee
PRIVATE SESSION	
	Confidential/Private items
21.	Appointment of Internal Auditors – Report Number B-50-2019 *(Reason for exclusion: see (d) below)*

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

Minutes

Meeting:	Board
Date:	26 September 2019
Time:	10.30 am
Venue:	Rooms 0.6 and 0.7, Compass House, Dundee
Present:	Paul Edie, Chair Naghat Ahmed Sandra Campbell Gavin Dayer Anne Houston Rognvald Johnson Bernadette Malone Bill Maxwell Linda Pollock
In Attendance:	Peter MacLeod, Chief Executive (CE) Edith Macintosh, Interim Executive Director of Strategy and Improvement (iEDSI) Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA) Kenneth McClure, Head of Legal Services Kenny Dick, Head of Finance and Corporate Governance Clive Pegram, Joint Chair, Partnership Forum Fiona McKeand, Executive and Committee Support Manager (ECSM) Janice Gibson, Head of Organisational Workforce Development (item 8) Jamie Garden, Scottish Government Sponsor team Kevin Fallon, Scottish Government Sponsor team
Apologies:	Keith Redpath, Board member Carole Wilkinson, Board member Gordon Weir, Executive Director of Corporate and Customer Services Arvind Salwan, Strategic Communications Manager

Item **Action**

1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, notably new Board member, Sandra Campbell, who had recently taken up the office of Convener of the Scottish Social Services Council. Welcome was also extended to Jamie Garden and Kevin Fallon of the Scottish Government Sponsor team, and Janice Gibson, Head of Organisational Workforce Development.

2.0 APOLOGIES

Apologies were received as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTE OF MEETING HELD ON 19 JUNE 2019

The Board **approved** the minute of the meeting held on 19 June 2019 as an accurate record.

5.0 ACTION RECORD OF MEETING HELD ON 19 JUNE 2019

The Board reviewed the action record and noted those actions that had been completed. Members also noted the update to the action under item 17.0 of the previous meeting which confirmed that a report on the Employee Engagement Survey and follow-up action plan would be presented to the December 2019 Board meeting.

6.0 CHAIR'S REPORT– Report No: B-28-2019

The Chair presented his report covering the activities in which he had been involved over the previous three months. Of particular interest was the event hosted by the Board of the Health and Safety Executive in June, which had given an opportunity for representatives from cross-sector public bodies and regulators to discuss under Chatham House rules matters of mutual interest, including the health and social care standards and health and safety in care homes.

The Board noted the report.

7.0 CHIEF EXECUTIVE'S REPORT - Report No: B-29-2019

The Board received the report from the Chief Executive which provided a commentary on organisational performance and

information on strategic objectives from each of the organisation's three directorates.

The Chief Executive introduced the report by providing an update on the activities on which he had been leading following the publication of the Care Inspectorate's new Corporate Plan. He also highlighted the engagement with Scottish Ministers and external bodies, notably the work being progressed through the Strategic Scrutiny Group and the production of the first inter-agency National Scrutiny Plan. This was welcomed by the Board and the positive approach to joint scrutiny across the public sector.

The Board noted the report and welcomed its new format and content.

STRATEGY AND POLICY

8.0 STRATEGIC WORKFORCE PLAN – Report No: B-30-2019

The Head of Organisational Workforce and Development presented the report on the development of the Care Inspectorate's strategic workforce plan whose main priority areas focussed on:

- Recruitment and retention of experience from a range of sectors
- Building career pathways to encourage breadth of experience and depth of expertise
- Leadership development
- Supporting talent management and progression
- Developing cost-effective and flexible reward structures

The plan had been developed in line with Audit Scotland's model of workforce planning and in partnership with senior managers, Board members and trade union representatives. A set of measures had been designed and it was agreed that more would be identified as the plan progressed.

The Chair thanked Board members Gavin Dayer and Anne Houston for their contributions and commended all those involved in the development work.

The Board discussed the plan in more detail and requested further modifications as follows:

- The addition of a sixth priority around wellbeing of staff.
- More detail under section 2(6) about the expectation of significant changes in the workforce over the coming years.
- The inclusion of feedback from potential employees about any barriers to working with the Care Inspectorate.
- The inclusion of links with SSSC in terms of career opportunities.

- The inclusion of a graphic (similar to the one on page 8) to show corporate strategies, with policies and plans beneath.
- Clarification of the additional 15 employees (currently 82) in the next three years who will be over the average retirement age.
- The expansion of section 4(4) to include more detailed reference to protected characteristics.
- Further consideration of performance measures and datasets.

The Board **approved** the Strategic Workforce Plan and the final version, with the agreed modifications, would be circulated for their information before publication by mid-October. **HoOWD**

9.0 FINANCIAL STRATEGY UPDATE (including Terms of Reference for Member/Officer Working Group)

The Head of Finance and Corporate Governance reported to members that the refreshed financial strategy would be submitted to the December 2019 Board meeting. There were a number of issues that had affected the timing of this, including the pay and grading review.

The Board was asked to consider and ratify the terms of reference for the Member/Officer Working Group on Budget Development and there was discussion around the ongoing remit of the group, moving from the area of budget development to more detailed work on budget options and recommendations to the Board. It was acknowledged that the function of the short life working group going forward would be to focus more on options appraisal review.

It was agreed that the expected outputs of the working group needed to be clarified, in line with the financial strategy, and with a defined timetable and end date. This was noted as being no later than March 2020 to enable recommendations around budget options to be made to the Board by the end of the current financial year, but with information being provided to members through Board Development Events between now and the end of the cycle.

The Board **approved** the establishment of the member/officer working group for budget options appraisal and that the terms of reference be revised to include outputs and timetable. **HoFCG**

10.0 BUSINESS CONTINUITY POLICY – Report No: B-31-2019

The Board received the report on the organisation's business continuity policy, which was the first deliverable as part of the plan to bring the business continuity management system (BCMS) up to date over the course of the next nine months.

The comments put forward by members of the Audit Committee, which had received a detailed internal audit report at its meeting in

September 2019, had been taken account of in developing the policy.

The Board **approved** the policy and noted that progress with the updating of the BCMS would be regularly reported on.

11.0 REVISION OF EXECUTIVE FRAMEWORK – Report No: B-32-2019

The Head of Finance and Corporate Governance presented the revised Executive Framework to the Board for approval. The Framework set out the relationship between the Scottish Government and the Care Inspectorate as an Executive Non-Departmental Public Body.

Members were presented with a tracked version of the revised draft in order to show the impact of the changes and noted that none were significant. Although it was not anticipated that any changes would be required in the immediate future, unless the Scottish Government's Model Executive Framework was changed, it was agreed that the Code of Corporate Governance should ensure that a version control framework was in place.

The Board **approved** the revised Executive Framework.

MONITORING AND GOVERNANCE

12.0 MINUTE OF AUDIT COMMITTEE MEETING HELD 12 SEPTEMBER 2019

The Convener referred the Board to the summary sheet that accompanied the draft minute of the Audit Committee meeting held on 12 September 2019. Of particular interest to members was the committee's work on strategic risk monitoring, aimed at the regular assessment and reporting of risks and providing assurance to the Board. This would be a standing agenda item for the Audit and Risk Committee.

It was also noted that the committee had considered the Gateway Zero report of the digital transformation element of the Care Inspectorate's change programme. The committee had been informed of the areas for improvement arising from the review, including governance and programme management.

The Board noted the summary and minute.

12.1 MINUTE OF AUDIT COMMITTEE MEETING HELD 15 AUGUST 2019

The Board noted the minute of the meeting of the Audit Committee held on 15 August, which had been open to all Board members in order to discuss the draft annual report and accounts.

13.0 CARE INSPECTORATE ANNUAL REPORT AND ACCOUNTS 2018/19

13.1 AUDIT COMMITTEE ANNUAL REPORT TO THE BOARD – Report No: B-33-2019

The Convener presented the committee's annual report and thanked committee members for their support in ensuring that audit was effective in the governance of the Care Inspectorate.

The report presented a summary of the work of the committee during 2018/19 and made a recommendation to the Board to approve the 2018/19 Annual Report and Accounts.

Members noted the main areas of work of the committee during 2018/19, including

- its agreement to a revised timetable in respect of the ICT healthcheck internal audit review;
- the committee's opinion that the Care Inspectorate's system of internal controls and management of risks was effective;
- the committee's desire to see improvements in the quality and effectiveness of the internal audit function;
- the committee's request that further consideration be giving to the whistleblowing responsibilities of the Board and the committee and the need for training in this area;
- the decision, in agreement with the Board, to change the name of the committee's name to "Audit and Risk Committee";

In respect of the whistleblowing role, it was noted that this matter was covered under the staff code of conduct. It was agreed that a further update would be provided to the Board in December and that relevant training would be scoped. **iEDSI/HoOWD**

It was recorded that committee members thanked the Convener for her dynamic leadership and the progress she had enabled in the business of the committee.

13.2 DRAFT ANNUAL REPORT AND ACCOUNTS 2018/19

As a public meeting, the Chair opened the item to any further questions and comments.

The Head of Finance and Corporate Governance referred to the opinion of the external auditors in relation to the length of the annual

report and accounts, whereby they recommended it be reduced in the future. Some work had been done in this respect following the Board's discussion on 15 August and more consideration would be given to the 2019/20 annual report.

Points were raised and noted in respect of Board members' attendance information and also in respect of reference to the partnership working agreement.

The Board **approved** the Annual Report and Accounts for 2018/19.

13.3 EXTERNAL AUDIT ANNUAL REPORT BY GRANT THORNTON

This was covered during the full discussion on the draft annual report and accounts.

13.4 LETTER OF REPRESENTATION

This was covered during the full discussion on the draft annual report and accounts.

14.0 PERFORMANCE MEASUREMENT FRAMEWORK 2019-20 – Report No: B-34-2019

The interim Executive Director of Strategy and Improvement presented the report which presented the final version of the Care Inspectorate's performance measurement framework, aligned to the outcomes of the approved Corporate Plan for 2019-22.

The performance framework would link together all the different elements of performance measurement including the people involved, the information required and the systems and processes that needed to be in place.

The Board had some discussion about the monitoring of the employee vacancy rate, which had been removed as a key performance indicator. Members were advised that this information would be reported to Board through the HR report.

The Board noted the Performance Measurement Framework.

15.0 CHANGES TO THE CARE INSPECTORATE RESERVATION OF POWERS AND SCHEME OF DELEGATION – Report No: B-35-2019

The Head of Legal Services presented the report which outlined a set of proposed amendments to the Board's Reservation of Powers and Scheme of Delegation (RoP&SoD), arising from what had been agreed at the effectiveness reviews of the Audit Committee and the Board earlier in the year.

Full details of the modifications were set out in a Schedule of Proposed Changes. There was some further discussion particularly in respect of the terms of reference of the Audit Committee and it was agreed that there should be reference and a hyperlink to the Scottish Government's "Audit and Assurance Committee Handbook".

It was also agreed that further consideration of the Audit Committee's role in considering accounting policies would be taken at its next effectiveness session in March 2020.

The Board **approved** the changes to the RoP&SoD.

16.0 BUDGET MONITORING – Report No: B-36-2019

The Head of Finance and Corporate Governance presented the first budget monitoring report of 2019/20. The budget had been approved by the Board at its meeting on 28 March 2019 with a budget deficit of £224k to be funded from the General Reserve balance.
Since then, additional grant in aid funding totalling £1,105k had been confirmed by the Sponsor Department, in order to support additional programmes of work which were noted in the report. The Board noted that the revised budget included this additional funding.

The report informed members that the projected net expenditure to 31 March 2020 exceeded planned net expenditure by £474k and that this could be funded from the General Reserve balance.

There was detailed discussion on the challenges of recruiting inspection staff and the implications for timed projects and inspection delivery. It was noted that full funding had been granted towards the expansion of early learning and childcare services which had particularly affected the area of registration.

The Board noted the monitoring report and was advised that the Executive Group would respond to changes in the financial position and engage with the Sponsor Department in an attempt to ensure funding was used to the best possible effect.

17.0 MONITORING OUR PERFORMANCE REPORT QUARTER 1 2019/20 – Report No: B-37-2019

The interim Executive Director of Strategy and Improvement presented the performance report for the first quarter of 2019/20. It was noted that the report related to work progressed under each of the strategic objectives of the previous corporate plan. Subsequent reports would be linked to the strategic outcomes and the key performance indicators and key outcome indicators agreed by the Board.

Members considered each of the KPIs and discussed the targets that had been achieved and the reasons for those that were below

target. The Board was particularly concerned about the areas of inspection delivery and complaints investigation. Members were assured that priority was given to all high-risk complaints and it was anticipated that the new complaints App would help to develop better efficiencies and enhance performance.

The Board noted the report.

18.0 2018-19 PROCUREMEMT UPDATE AND PERFORMANCE REPORT – Report No: B-38-2019

The Head of Finance and Corporate Governance presented the report which provided an overview of the Care Inspectorate's procurement performance during 2018/19. The Board was invited to note the report and to agree its publication on the website.

Members welcomed the very positive performance and noted that the Care Inspectorate's procurement capability had improved and that the organisation had plans in place to support further improvement.

The Board noted the report and **agreed** its publication.

19.0 ANNUAL REPORT ON COMPLAINTS ACTIVITY – Report No: B-39-2019

The Board received the annual report on complaints activity, which members had agreed to publication in July. The interim Executive Director of Strategy and Improvement highlighted several key points within the report, notably:

- The 5% increase in the number of complaints received in 2018/19, compared with the previous year. It was recognised that this was not necessarily and indicator of quality of care but an increased awareness of how to make a complaint.
- The statistics on the logging, resolution, upholding and completion of complaints
- That the next bi-annual report would identify complaints received from children and young people.

The Board noted the report and commended the work carried out on its preparation.

20.0 HEALTH AND SAFETY ANNUAL REPORT 2018/19 – Report No: B-40-2019

The Head of Finance and Corporate Governance presented the report which provided an overview of the Care Inspectorate's health and safety performance for 2018-19 and summarised the action plan for 2019-20. The report also highlighted a number of key policies that had been approved and risk assessments undertaken during the year.

The Board discussed the need to ensure the effectiveness of the health and safety strategy and the actions that were being taken to address specific issues. It was agreed that, in developing the refreshed strategy, there was a need for it to be aligned with the strategic workforce plan.

The Board noted the report.

21.0 BOARD AND COMMITTEE CYCLE 2020/21

The Board considered and **agreed** the dates for the 2020/21 cycle.

STANDING ITEMS

22.0 IDENTIFICATION OF RISK

No additional risks were recorded.

23.0 BOARD SCHEDULE OF BUSINESS 2019/20

The Board **agreed** the schedule of business for the remainder of the 2019-20 cycle

ANY OTHER COMPETENT BUSINESS

Board member Ronnie Johnson reported that he had recently been involved in a shadow inspection which he had found most helpful in building his understanding of the work of the Care Inspectorate and care service providers.

DATE OF NEXT MEETING – TUESDAY 17 DECEMBER

The date of the next meeting was noted as Tuesday 17 December. September 2019 at 10.30am in Compass House, Dundee

PRIVATE SESSION

24.0 REVIEW OF PAY AND GRADING – Report No: B-41-2019

This item was discussed by the Board in private session.

Signed:

Paul Edie

Board
Action Record - Rolling

Item No	Title	Action	Responsibility	Timescale	Status
Actions from 19 June 2019					
17.0	**HR Annual Report: B-24-2019**	Action plan arising from the results of the Employee Engagement Survey 2019 to be included as part of Strategic Workforce Plan (see action from item 12.0 of the meeting)	iEDSI	For September 2019 Board meeting	Employee Engagement Survey report presented to December Board **Completed**
Actions from 26 September 2019					
8.0	**Strategic Workforce Plan – Report B-30-2019**	Board modifications to be made (as per the minute) and final version circulated to members for information, prior to publication.	HOWD	By 11.10.19	**Completed**
9.0	**Financial Strategy Update – Terms of Reference Member Officer Working Group**	Agreed modifications to terms of reference of Member Officer Working Group on Budget Development to be made (as per the minute) and circulated to members.	HFCG	Immediate	November meeting of MOWG cancelled - progressed through BDE on 19.11.19 **Completed**

13.1	**Audit Committee Annual Report to the Board – Report B-33-2019**	Whistle-blowing role to be clarified and training to be scoped	iEDSI	Immediate	Review of policy undertaken by policy team and training being co-ordinated by OWD Information circulated to Board **Completed**
	CHANGES TO THE CARE INSPECTORATE RESERVATION OF POWERS AND SCHEME OF DELEGATION – Report No: B-35-2019	Within ToR for Audit and Risk Committee, insert hyperlink to Audit Scotland's Audit Committee Handbook	HLS	Immediate	**Completed**

CE:	Chief Executive	EDCCS:	Executive Director of Corporate and Customer Services
EDSA:	Executive Director of Scrutiny and Assurance	I/EDSI:	Interim Executive Director of Strategy and Improvement
HFCG:	Head of Finance and Corporate Governance	HOWD:	Head of Organisational Workforce Development
ECSM:	Executive and Committee Support Manager	HLS:	Head of Legal Services

Title:	**Chair's Report**
Author:	***Paul Edie – paul.edie@careinspectorate.gov.scot***
Appendices:	**None**
Consultation:	**N/A**
Resource Implications:	**None**

EXECUTIVE SUMMARY	
This report provides an update on key developments and activities since the Chair's report provided to the Board on 26 September 2019.	
The Board is invited to:	
1.	Note the information contained in this report.

Links:	Corporate Plan Outcome/Principle	Y	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N	
For Noting	**X**	**For Discussion**		**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: (*see Reasons for Exclusion)*

This is a public board report.

Reasons for Exclusion	
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1.0 INTRODUCTION

This report sums up some of my activities since our last Board meeting on 26 September 2019.

2.0 LINDA POLLOCK

Linda Pollock has served as a Board member since 10 March 2014 and will be retiring from the Board on 9 March 2020. Linda has brought to the Board experience from her long and distinguished career within the NHS where she served as a Nurse Director and as a Non-Executive Director with the Accounts Commission. Her insights have been particularly helpful to the Care Inspectorate as Health and Social Care Integration was rolled out.

I would like to thank Linda, on behalf of the Care Inspectorate, for her excellent service and, personally, for her support and wise counsel over her time with us. The process of finding her successor and filling another vacancy is well underway with interviews taking place in January 2020.

3.0 NMC DINNER - 2 OCTOBER 2019

The Board of the Nursing and Midwifery Council met in Edinburgh in October and I was invited to a dinner with a structured discussion with the Chair, the Board and other representatives from the Scottish care sector. Topics we explored during the evening included issues surrounding recruitment and retention of staff and, inevitably, the challenges of Brexit and other issues.

4.0 SCOTTISH SOCIAL SERVICES COUNCIL REVIEW OF GOVERNANCE – 15 OCTOBER 2019

This was a very interesting meeting where we discussed possible committee restructuring of the Council. I was able to draw in the experience of the Care Inspectorate's recent change to committee structures.

5.0 BOARD MEMBER MID-YEAR REVIEWS

Over the last few weeks I have been meeting with each member of the Board on a one to one basis to discuss how they each feel the Care Inspectorate is performing. These discussions have proved to be very useful and I would like to thank each member for their time and commitment.

6.0 HEALTHCARE IMPROVEMENT SCOTLAND BOARD DEVELOPMENT EVENT, CLYDEBANK – 23 and 24 OCTOBER 2019

I only managed to attend one day of the two-day event due to the Care Inspectorate having a Development day on day two. Among the issues

discussed was what healthcare might look like in 15 years in light of digital technology and gene therapies.

7.0 CARE INSPECTORATE DEVELOPMENT SESSION - CARE REVIEW 24 OCTOBER 2019

I was very grateful to Fiona Duncan, Chair of the Care Review, who presented some of her findings to our Board.

8.0 NHS CHAIRS MEETING – 28 OCTOBER 2019

The regular meeting with the Cabinet Secretary and other Ministers took place in Edinburgh. Issues discussed included mental health and Hospital at Home.

9.0 SCOTTISH SOCIAL SERVICES COUNCIL – 29 OCTOBER 2019

This meeting of the Council was the first chaired by new Convener Sandra Campbell. Among the issues discussed were changes to the committee and governance structures and shared services with the Care Inspectorate.

10.0 QUALITY CONVERSATIONS GLASGOW - 31 OCTOBER 2019 AND PERTH - 13 NOVEMBER 2019

I was delighted to Chair the latest editions of the Quality Conversations in Perth and Glasgow. I was also pleased to be joined by some of our Board members for the first time with Gavin Dayer and Bill Maxwell attending the Glasgow event and Linda Pollock the Perth event.

I was very grateful to Donald Macaskill of Scottish Care who had recorded a short film on Equalities for the Glasgow event and who was able to join us in person for the Perth event. Donald's input to the subject was very passionate. Other discussion surrounded the new Corporate Plan and developments around self-evaluation by care services.

11.0 EUROPEAN REGULATORS CONFERENCE, UTRECHT - 7 AND 8 NOVEMBER 2019

I was delighted to attend a gathering of social care regulators in Utrecht where we agreed to establish a new network to exchange best practice and to share experiences and challenges. The event was completed with a visit to a dementia friendly care village nearby.

12.0 SCOTTISH CARE DINNER, GLASGOW – 14 NOVEMBER 2019

Scottish Care held their annual Care Home Providers Conference in Glasgow. I was delighted to be invited to the pre-conference dinner by Scottish Care President Professor Alan Baird.

13.0 HEALTHCARE IMPROVEMENT SCOTLAND ANNUAL REVIEW GLASGOW - 21 NOVEMBER 2019

The Annual Review this year was very successful with good contributions from Public Partners and a Health and Social Care Integrated Joint Board Chief officer.

From the Care Inspectorate's point of view the only issue that really touched on our sphere of operations surrounded self-evaluation within strategic inspections.

14.0 HEALTHCARE IMPROVEMENT (HIS) SCOTLAND BOARD MEETING - 4 DECEMBER 2019

The last HIS Board meeting of the year included discussions about the future strategic direction of HIS as well as a presentation around the work of the Quality Assurance Directorate.

Agenda item 8
Report No: B-43-2019

Title:	**Chief Executive's Report**
Author:	***Peter MacLeod (peter.macleod@careinspectorate.gov.scot)***
Appendices:	**None**
Consultation:	**N/A**
Resource Implications:	**None**

EXECUTIVE SUMMARY	
To provide the Board with an update on key developments since the Board meeting on 26 September 2019.	
The Board is invited to:	
1.	Note the information contained in this report.

Links:	Corporate Plan Outcome	Y	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N

For Noting	**X**	**For Discussion**		**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)*
This is a public board report.

Disclosure after: N/A

Reasons for Exclusion	
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Agenda item 8
Report No: B-43-2019

CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

1.1 Since the last Board meeting in September we held our regular Engage in Change staff event, at which I presented the corporate plan. We also considered a presentation from Audit Scotland on the principles of community empowerment.

1.2 Several meetings have been held internally, and with Scottish Government and others to coordinate our contingency planning arrangements for BREXIT.

1.3 The Executive Director of Scrutiny and Assurance and I attended the 28th EPSO conference & working group meetings in Malmo. We both gave presentations on developments within the Care Inspectorate which generated significant interest in our work. This resulted in commitments to continued joint working with some participants, including those from CQC, Singapore and Malta.

1.4 Accompanied by the Chair and the Head of Improvement Support, I attended a meeting in Utrecht on 8 November at the invitation of the Dutch Health and Youth Care Inspectorate. The event brought together representatives from the health care inspectorates in Denmark, Finland, Iceland, Norway, Ireland, Sweden and the four countries of the UK. The purpose of the meeting was to explore and shape a new form of international collaboration between the regulators, focussed on mutual challenges and shared learning. A co-ordination group of three members was installed, where one member will have the lead during the year. Next year will be led by Ireland, with Scotland hosting in 2021.

1.5 As part of our work to share good practice and peer-to-peer knowledge exchange, we hosted the European Social Network Working Group on Integrated Care and Support, at which I outlined our organisation's key activities.

1.6 We presented at the Five Nations Care Forum following an invitation from Scottish Care. At this we outlined our corporate plan and business model and considered issues such as quality of care and technology enabled care.

1.7 We also gave a keynote presentation at the Scottish Care care home annual conference. The Cabinet Secretary spoke at this event, which was attended by around 450 providers in the independent care sector.

1.8 I presented at the 7th Annual Care of Older People conference in December.

1.9 I also met with our payroll and system provider regarding some contractual and service issues who have since committed to providing additional resources to provide an appropriate resolution. We will continue to monitor this closely.

1.10 Our positive relationship with the Partnership Forum continues. At the last Partnership Forum meeting the Lifelong Learning Agreement between the Care Inspectorate and staff side was approved and signed. We are at the final stages

of negotiations with our trade unions for the 2019-20 pay award following a joint meeting with the SSSC and trade unions in November. Positive discussions continue with the Partnership Forum in relation to relation to developments across the organisation.

1.11 Alongside colleagues from the Partnership Forum and Executive Directors I have been visiting our offices around the country to meet with staff to discuss the employee survey and the corporate plan. We are keen to find out colleagues' views on what it is like to work in the Care Inspectorate and hear ideas on how we might do things differently as part of our organisation's wider transformation.

1.12 We have successfully moved colleagues based at the Dumfries office to new accommodation which is shared with NHS Dumfries and Galloway.

1.13 The following sections of the report provide a commentary on organisational performance and information on strategic activities from the Care Inspectorate's three directorates, in line with our three strategic outcomes.

2.0 PEOPLE EXPERIENCE HIGH-QUALITY CARE

2.1 Following a successful bid to Government earlier this year, work to deliver inspection of adult support and protection arrangements started from 1 October 2019. We have recruited to all strategic inspector, practitioner strategic inspector and business support posts for this development and a multi-agency planning group comprising staff from the Care Inspectorate, HMICS and HIS has been actively progressing this work with a view to notifying the first partnerships early in 2020. We have shared our proposed approach to future joint inspections with Scottish Government colleagues and the Ministerial Strategy Group which received positive feedback.

2.2 We published a joint inspection report on the effectiveness of strategic planning in East Renfrewshire on 9 October 2019. Feedback from this partnership about our inspection approach has been very positive and will inform developments going forward.

2.3 The Early Learning and Childcare (ELC) expansion programme has increased the demands of the registration team with around 80% more registrations of ELC settings completed to date this year. The Governments key aim is that any new setting provides quality outcomes for children to support local authorities and deliver settings that will meet children's needs. The registration team delivered a contingency planning event with Scottish Government to support local authorities with contingency planning to ensure the Government's commitment of all eligible children receiving 1140 hours by August 2020 is achieved.

2.4 Recruitment to the ELC Improvement Programme has been successful, two inspectors from ELC have moved into the roles of improvement advisers and an external candidate joins the Care Inspectorate in December bringing with him a wealth of improvement support experience and project management.

2.5 ELC inspectors have commenced a focus inspection area in relation to the Equity and Excellence lead posts, (formally known as Additional Graduates) for the Scottish Government across our inspection year 2019-2020. The Equity and excellence leads have been appointed within the SIMD areas in Scotland to improve outcomes for some of Scotland's most disadvantaged children.

Colleagues are highlighting examples of good practice and barriers in relation to the impact of the graduates in the services. Initial indications are that the collection of data is going well but further information will be available in January 2020.

2.6 Recruitment of inspectors remains a strategic priority, we currently have 20 vacancies across all inspector specialisms. To respond to this vacancy situation, we have added an additional recruitment campaign this year and are holding

several selection days up to the end of 2019. The HR team will also be introducing a further targeted recruitment campaign in January 2020, working in close partnership with Scrutiny and Assurance managers and the Communications team.

2.7 We continue our work to prepare to meet the Scottish Child Abuse Inquiry's anticipated demands for information. The formal notices served upon the Care Inspectorate requiring the production of records in relation to a further seven establishments which will be considered as part of the Inquiry's work at a later date, were responded to timeously.

2.8 Isobel Fraser Care Home in Inverness was graded as excellent by inspectors with people experiencing high quality care and outcomes. We will be publicising this service to show good outcomes and share good practice with the sector.

2.9 Adult services acted against a care provider to cancel their registration where the outcomes for people were poor and there was a serious risk of life, health and wellbeing

2.10 We have worked with COSLA and HSCP to develop a care home closure guide for use where the home is being closed due to poor care and not a planned closure. In a recent care home closure, we used the draft guide to good effect and found it was excellent as a tool when partners meet to plan the closure. The feedback from the HSCP and Police Scotland was that this was an excellent resource and tool. We will now be working with COSLA to finalise this tool and roll it out across the sector.

2.11 The first phase of the Arts in Care Improvement project in collaboration with Luminate and Creative Scotland has finished with a group of artists completing training in how to deliver high quality arts programmes for people living in care homes for older people. The project is now moving into the second phase and 30

care homes will be selected from across Scotland to host an artist for five creative sessions. An external evaluation of this work will be completed at the end of the project.

2.12 The Improvement Support team and Strategic Scrutiny have been supporting Dundee City Partnership with various workstreams of its Transforming Public Protection Plan 2018-20 that was published in response to a thematic joint adult support and protection inspection. This support has been ongoing since 2018 with the aim of using improvement methodology to achieve better outcomes. The partnership has made successful leaps forward in its approach to making improvements.

2.13 The Care About Physical Activity team has presented their work nationally at the UK wide annual learning event of the National Learning Disability Physiotherapy Network as well as presenting a workshop at the King's Fund's Enhanced health and wellbeing in care homes conference in London.

2.14 We published Self-evaluation for Improvement – Your Guide. This guide underpins all the quality frameworks and works as a tool for services using the frameworks to monitor their performance.

3.0 PEOPLE EXPERIENCE POSITIVE OUTCOMES

3.1 Strategic inspectors have been involved in supporting CELCIS with the development of a child protection minimum dataset and strategic inspectors have been attending orientation sessions with child protection committees across the country to support its implementation. This important initiative flowing from the child protection improvement programme should lead to improved data quality and a more consistent approach to its analysis and use by child protection committees across Scotland.

3.2 We completed a review of the approach taken by a local authority to making improvements to its social work duty system and reviewing processes for people receiving packages of care. We undertook this work with the aim of providing assurance that promised improvements had indeed been made and embedded in day to day practice. This work will inform planning of future scrutiny and improvement activities over the next few weeks.

3.3 Colleagues within early learning and childcare teams have completed an initial draft of the quality framework for early learning and childcare services. This work was concluded following the pause to the work with Education Scotland in respect of a shared framework. In addition to an on-line survey, inspection staff and business transformation colleagues have worked to support the consultation with the sector. Events for ELC providers have taken place in Glasgow, Aberdeen, Inverness and Edinburgh throughout November with a further event in Orkney planned in January 2020. One event has taken place in Dundee for childminders with another planned for January in Glasgow. Feedback from the

events has been very positive with the sector appreciating the development of a Care Inspectorate framework that will support self-evaluation and provide clarity of expectation.

3.4 The Children and Young People team have continued with the review of inspection methodology for mainstream boarding schools and school hostels, and work is well underway on the quality framework for secure care.

3.5 The Adults service manager presented at the Health and Older People Conference in Barcelona sharing how we focus on outcomes for people and the journey in Scotland.

3.6 The My Plan group lead by the adult services team manager and in collaboration with NES and SSSC has developed a resource across all sectors on good personal planning. This resource includes information on outcomes for people, how to measure outcomes and a training resource for staff in the sector linked to the SSSC open badges.

3.7 The Executive Director of Scrutiny and Assurance has been meeting and communicating on a regular basis with Directors of Four Seasons Health Care (FSHC), administrators, COSLA, Scottish Government, CQC, RQIA (Northern Ireland), Care Inspectorate Wales, local authority commissioners and FSHC landlords regarding the ongoing sale of FSHC. FSHC is a large national/UK provider with 47 services in Scotland. This has also involved supporting the sales process to ensure as far as possible, sustainability of services and continuity of care for residents. Two of the FSHC services in Scotland are also currently in 'enforcement'.

3.8 External networking for best practice identification and assurance continues. Representatives from the Information Governance team attended the Public Sector Data Protection Conference and the Scottish Government Data Protection Practitioners Group. This assured the team that all aspects of data protection governance were embedded in our processes or that there was a suitable improvement plan in place.

3.9 Since the previous Board meeting we have submitted responses to the following consultations:

- Practical Fire Safety Guidance for existing specialised housing and other supported domestic accommodation (Scottish Government)
- Draft prevention and management of pressure ulcer standards (Healthcare Improvement Scotland)
- Guidance on Management of Medical Devices and Equipment in Scotland Health and Social Services (Health Facilities Scotland)
- Call for evidence on The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 (Health and Sport Committee)
- Call for evidence on the Children (Scotland) Bill (Justice Committee

3.10 We participated in the Voluntary Health Scotland roundtable with World Health Organisation, to consider international research on health and wellbeing inequalities.

3.11 As part of our collaboration with partners, and information sharing and dissemination, we updated and signed a new MoU with NHS24, and a shared service agreement with NHS National Services Scotland – Counter Fraud Services.

3.12 The Adults team have developed information sharing with the Health and Safety Executive and have sent out information through our eforms to care homes on scalding and legionella. This information included how providers can improve practice and meet legislative requirements whilst protecting people who use services.

3.13 We attended the second meeting of the National Workforce Plan Adult Social Care Campaign Advisory Group and contributed to Scottish Government proposals for a national recruitment campaign in early 2020.

3.14 We participated in the annual Digital Health and Care Festival, in support of the Scottish Government's Digital Health and Care Strategy and developments around technology enabled care.

3.15 An Improvement Adviser supported the CEC Care Homes Medicine Group project. The final report has been produced and the project has now been nominated for three awards.

3.16 A review of the inspector induction programme was completed. Based on evaluation feedback, the refreshed programme was offered to new inspectors between September and October. A new Strategic Inspector Induction Programme has been developed and will be offered for the first time in the autumn.

3.17 We received an unmodified audit opinion in the 2018-2019 annual report and accounts.

3.18 Our procurement and Commercial Improvement Programme (PCIP) Healthcheck was completed in November. This focuses on the policies and procedures driving procurement performance, and more importantly, the results they deliver. The assessment was based on a RAG scoring system and we scored green across all areas assessed.

3.19 The Policy team Best Value assessment report has identified where we can focus on continuous improvement. The report and recommendations from the review have been considered by the Executive Group.

4.0 PEOPLE'S RIGHTS ARE RESPECTED

4.1 The Strategic team is providing a social work perspective to the review of forensic mental health services. We have also worked closely with Scottish Government colleagues on new interim guidance which was published in October for those conducting significant case reviews for adults.

4.2 The collaboration Stand up for Siblings which included work by our young inspection volunteers won an award at the Herald Awards for successful partnership working. The work to develop a film highlighting the importance of sibling contact for care experienced children and young people was considered to be a very effective collaboration of partners, public and voluntary sector.

4.3 At the court of session in Edinburgh Lord Brodie, after hearing legal argument from Senior Counsel for Explore Learning and Junior Counsel for the Care Inspectorate refused (Explore Learning) leave to appeal to the court of session. This was in respect of the Care Inspectorate's cancellation of Explore Learning's registration in 2017 on the grounds that it was predominantly providing a tutoring service in English and Maths and not a registrable care service. This was the final step in the legal process and Lord Brodie awarded expenses to the Care Inspectorate which means that all our legal expenses must be reimbursed by Explore Learning. The proceedings in relation to two other Explore Learning care services in Scotland registered with the CI were sisted (suspended) by the court until this case was decided. It should now be a relatively straight forward procedure to cancel those registrations through a paper-based exercise.

4.4 The Improvement Support team worked with the national AIDS Trust in 2015 to support the development of their guidance for people living with HIV who are living in care homes. This has been further developed to produce guidance for inspectors and care providers to assess that the needs of people living with HIV in care services are being met. This guidance was launched at the Social Care workshop hosted by HIV Scotland.

4.5 We undertook preliminary work to consider our public reporting duty on the UNCRC and articles in 2020. This included meetings with Scottish Government and discussion with relevant partners.

4.6 We supported the Cross-Party Group on Health Inequalities Parliamentary reception, and engaged attendees at our exhibition stand, at Scottish Parliament. We attended the Cross-Party Group on Carers and Cross Party Group on Older People, Age and Ageing.

4.7 We launched our widget – an interactive digital logo – that anyone can use on their website, for free, linking directly to service information on our website. This means registered services can now use the widget to show their website visitors they are Care Inspectorate registered.

4.8 We continue to uphold the rights of people experiencing care through the Standards and the implementation of inspection frameworks that reflect the Standards. This has been reported in detail to Scottish Government's Implementation Steering Group for the Standards, which includes an external impact tracking report maintained by the Policy team.

4.9 The Head of Professional Practice and Standards has been working with the SPSO on drafting the National Whistleblowing Standards, which will play a significant role in upholding people's rights experiencing and working in care. This has also involved making changes to our internal and external whistleblowing guidance to ensure compliance with the Public Interest Disclosure Act.

Agenda item 10
Report No: B-44-2019

Title:	**Care Inspectorate's Draft Scrutiny, Assurance and Improvement Plan 2020-21**
Author:	**Kevin Mitchell, Executive Director of Scrutiny and Assurance *(kevin.mitchell@careinspectorate.gov.scot)***
Appendices:	**1. Draft Scrutiny, Assurance and Improvement Plan 2020-21**
Consultation:	**Executive Group**
Resource Implications:	**Yes - to be included within the 2020-21 draft budget**

EXECUTIVE SUMMARY

Each year the Care Inspectorate is required to obtain ministerial approval for its annual Scrutiny, Assurance and Improvement Plan. In February 2019 the Board approved a three-year plan (2019-22). However, taking account of the pace of change and policy development, this plan has now been updated and better reflects the strategic objectives in our new Corporate Plan (2019-22).

The plan (attached as Appendix 1) sets out our proposed approaches to scrutiny, assurance and improvement support over the coming year (2020-21). Part 1 provides the context to our work and how it is geared to contribute to the Scottish Government's National Performance Framework as well as the National Health and Wellbeing Outcomes outlined in the Public Bodies (Joint Working) (Scotland) Act 2014. It also aligns our work to the Crerar Review Report (2017) advocating targeted, proportionate, intelligence-led and risk-based scrutiny and the Christie Commission report on public service reform (2011) with the emphasis on people, prevention, partnership and performance. The opportunity is also taken to highlight how we will develop and implement a new business model from 2020 emphasising a stronger relationship between scrutiny, assurance and improvement support and the underpinning assessment of risk, intelligence and self-evaluation with people who receive care and their families and carers at the centre of that.

Part 2 outlines our specific commitments for 2020-21. This includes our plans for how we will deliver our scrutiny, assurance and improvement support for the 13,000 care services that we regulate. It outlines our continued commitment to undertaking statutory inspections of care homes, care at home and secure accommodation, but a more flexible, targeted, intelligence-led and risk-based approach for other service types. In this section we also highlight our strategic inspection work carried out by ourselves or in collaboration with partner scrutiny bodies.

Following Board agreement, the Care Inspectorate will seek ministerial approval for this plan and any updates to it.

The Board is invited to:

1.	Review and approve the Care Inspectorate's Scrutiny, Assurance and Improvement Plan for 2020-21 subject to any required amendments.

Agenda item 10
Report No: B-44-2019

Links:	Corporate Plan Outcome	1, 2 and 3	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N

For Noting		**For Discussion**		**For Assurance**		**For Decision**	**X**

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)* This is a public board report.
Disclosure after: N/A

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

CARE INSPECTORATE SCRUTINY, ASSURANCE AND IMPROVMENT PLAN 2020-21

1.0 INTRODUCTION

In February 2019 the Board approved a three-year plan (2019-22). However, taking account of the pace of change and policy development, this plan has now been updated. It better reflects the strategic objectives in our new Corporate Plan (2019-22).

The report is in two parts. Part 1 (sections 2-14) sets out the broad context of our scrutiny, assurance and improvement support work. Part 2 (sections 15-20) provides specific details of our planned scrutiny, assurance and improvement support work for 2020-21 together with the resource and policy implications.

2.0 KEY FEATURES/POINTS TO NOTE

The following is a summary of the key features and points of note in the Plan:

2.1 SCOTLAND'S NATIONAL PERFORMANCE FRAMEWORK AND THE NATIONAL HEALTH AND WELLBEING OUTCOMES

This section highlights how our work contributes directly to five of the 11 National Outcomes of the Scottish Government's National Performance Framework and indirectly to others. It also highlights how our work contributes to the nine National Health and Wellbeing Outcomes outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

2.2 DEVELOPING WORLD-CLASS APPROACHES TO SCRUTINY, ASSURANCE AND IMPROVEMENT SUPPORT

In this section of the report links are made to the Crerar Review Report (2017) and our commitment to targeted, proportionate, intelligence-led and risk-based scrutiny and assurance that also aligns to the principles of Public Service Reform outlined in the Christie Commission Report (2011) focussing on people; prevention; partnership and performance.

2.3 PUBLIC ASSURANCE

In section 4 of the plan we describe our role in providing public assurance and what we mean by that. It reinforces our commitment to putting experiences and outcomes for people at the centre of all of our work and involving people who uses services in the design and delivery of our various functions.

2.4 SELF-EVALUATION

In this section we highlight the importance of evidence-based self-evaluation as a driver of improvement and our expectation of service providers to undertake self-

evaluation. We also highlight how the Quality Frameworks we publish support services and providers to undertake self-evaluation ensuring that people and their families and carers are at the centre of that.

2.5 IMPLEMENTING OUR NEW BUSINESS MODEL FROM 2020 ONWARDS

In this section we make specific reference to our Corporate Plan 2019-22 and signal our intention to develop and implement a new business model from 2020 onwards. We describe how self-evaluation and evaluating experiences and outcomes will be key features of this new model and that all our scrutiny, assurance and improvement will be more intelligence-led, risk-based, targeted and proportionate.

2.6 MAKING AND SUSTAINING IMPROVEMENT

This section outlines our overall approach to how we will support services to make and sustain improvement. We outline the principles of the 'Model of Improvement' that we will use and how that is applied in practice. This includes the concept of planning and delivering small 'tests of change' using a Plan, Do, Study, Act (PDSA) approach.

2.7 IMPROVEMENT SUPPORT

Section 8 focusses on how we will provide improvement support through our Inspectors or Improvement Support Team and in some cases with other scrutiny and delivery partners. Appropriate links are made to the Care Inspectorate's Improvement Strategy 2019-22.

2.8 OUR REGISTRATION FUNCTION

In this section we briefly outline our registration function together with a commitment to reviewing and, where possible, streamlining our registration processes to support innovation and new ways of designing and delivering care.

2.9 OUR COMPLAINTS FUNCTION

In this part of the report we outline our statutory responsibility for investigating complaints about registered care services and the revised complaints procedure that we introduced in 2017 which provided different ways of dealing with complaints based on the 'intelligence' we hold and an assessment of risk. It highlights the year on year and month on month increase in the number of complaints we have received since 2011 (76% increase) and comparative figures between 2015-16 when we received 4,089 complaints compared to the current year where we are heading towards an estimated 6,000 complaints by 31 March 2020.

2.10 RESPONDING TO A CHANGING LANDSCAPE

In section 11 we outline our statutory responsibilities for scrutiny and assurance of social work and social care in accordance with the Public Services Reform (Scotland) Act 2010. It describes how we provide scrutiny and improvement support through our inspections of regulated care services and through our strategic inspection work. It also outlines our joint responsibilities with Healthcare Improvement Scotland (HIS) to inspect how integration authorities are planning, organising or co-ordinating services, in particular, how the Care Inspectorate and HIS must also review and evaluate the effectiveness of the integration authority's strategic planning.

The opportunity is also taken to highlight proposals to further develop our approach in 2020-21 to strategic inspection of adult services to focus more on evaluating the experiences and outcomes for people in terms of the integration of health and social care. This resulted from recommendations of the Ministerial Strategic Group for Health and Community Care on 4 February 2019.

2.11 RESOURCING PRESSURES

We highlight our current resourcing pressures and the need to be more intelligence-led, targeted and proportionate.

2.12 TAKING AN INTELLIGENCE-LED, TARGETED, PROPORTIONATE AND RISK-BASED APPROACH

This section describes our overall approach to the scrutiny, assurance and improvement support in relation to regulated care services, including statutory inspections, once every 12 months, of care homes, care at home and secure accommodation, but taking a more flexible approach to other service types based on intelligence and an assessment of risk. Links are also made to how our approaches will be further developed through the new business model.

2.13 WORKING COLLABORATIVELY WITH SCRUTINY PARTNERS AND ACROSS THE PUBLIC AND PRIVATE SECTOR

Section 14 outlines our overall commitment to collaborative scrutiny, assurance and improvement support.

3.0 SCRUTINY AND ASSURANCE 2020-21

This section outlines the totality of our scrutiny and assurance of both regulated care services and strategic inspections that we plan to undertake in 2020-21. This includes new responsibilities for adult support and protection and Significant Case Reviews for adults.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

This Scrutiny, Assurance and Improvement Plan has been developed alongside the ongoing development of the 2020/21 draft budget.

4.2 Policy

This section outlines the policy drivers/implications on our current and planned work.

Care Inspectorate

Scrutiny, Assurance and Improvement Plan 2020-21

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1.0 INTRODUCTION

We are a non-departmental public body which is independent from, but accountable to, the Scottish Government. This plan sets out how we will deliver on our statutory responsibilities for scrutiny, assurance and improvement support across social care and social work, integrated health and care, early learning and childcare, justice social work and contribute to the Scottish Government's national outcomes, the outcomes for integrated health and care services and the national Health and Care Standards. It also explains how we use the essential diagnosis provided by modern forms of scrutiny to offer public assurance about what works well, and what needs to improve so that people living in communities enjoy high quality care and support, tailored to their needs rights and wishes. Our scrutiny and assurance approach includes identifying and disseminating good practice to support continuous improvement locally and nationally.

Change in social care and social work, particularly around health and social care integration, the expansion of early learning and childcare, child and adult protection, education governance reform, changes within justice and broader public sector reform continues. Inevitably, this means that the Care Inspectorate approaches must remain flexible and responsive to such changes to ensure that we continue to provide robust scrutiny and assurance that supports improvement and innovation, making sure that central to our work is an unswerving focus on the rights, needs and wishes of people who experience care and their carers.

Our approaches to scrutiny and improvement take cognisance of the health and social care standards; My Support My Life published in June 2017. We began to take account of these in shaping our work from April 2018 and will continue to do so in the coming years.

This document sets out our approach to scrutiny, assurance and improvement support over the coming year. Part 1 provides the context to our work and a broad overview of our scrutiny, assurance and improvement approaches. Part 2 outlines our specific commitments for 2020/21. The Care Inspectorate will seek ministerial approval for this plan and any updates to it.

PART 1

2.0 SCOTLAND'S NATIONAL PERFORMANCE FRAMEWORK AND THE NATIONAL HEALTH AND WELLBEING OUTCOMES

The Care Inspectorate's work focuses on scrutiny, assurance and supporting improvements to the quality of care for people at all ages and stages of their lives. Uniquely, we are well placed to provide professional evaluation and insight into the quality of life experienced by people in our communities given our extensive responsibilities across integrated health and social care, social care that is not integrated, social work, public protection, early learning and childcare, justice and public service reform. We regulate some 13,000 care services and provide strategic scrutiny of every local authority, community planning partnership and Health and Social Care Partnership's in Scotland.

Our unique broad scrutiny, assurance and improvement role means that we directly contribute to five of the 11 National Outcomes (2018) set by the Scottish Government. High quality regulation and effective scrutiny can support improvement and help us to ensure that:

- We grow up loved, safe and respected so that we realise our full potential (including indicators such as quality of children's services, child wellbeing and happiness)
- We are healthy and active (including indicators such as quality of care experience)
- We respect, protect and fulfil human rights and live free from discrimination (including indicators such as public services treat people with dignity and respect and quality of public services)
- We are well educated, skilled and able to contribute to society (including indicators of resilience of children and young people and educational attainment)
- We live in communities that are inclusive, empowered, resilient and safe (including indicators such as loneliness and crime victimisation)

We also contribute indirectly to others.

Our work also contributes to the National Health and Wellbeing Outcomes outlined in the Public Bodies (Joint Working) (Scotland) Act, 2014: -

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

3.0 DEVELOPING WORLD-CLASS APPROACHES TO SCRUTINY, ASSURANCE AND IMPROVEMENT SUPPORT

Our vision for world-class social care and social work in Scotland, where every person in every community experiences high-quality care and support, tailored to their rights, needs and wishes is central in our Corporate Plan 2019-22.

The Care Inspectorate is committed to ensuring its work aligns to the Crerar review report (The Crerar Review: the report of the independent review of regulation, audit, inspection and complaints handling of public services in Scotland) (Scottish Government, 2007), which urged scrutiny bodies to ensure activities are **targeted**, **proportionate**, **intelligence-led** and **risk-based**. From the early days of our predecessor body, we have moved from a largely compliance-based approach to a more collaborative model of working with service providers. In developing world-leading approaches to scrutiny, assurance and improvement support we are committed to using intelligence to plan modern interventions designed to provide public assurance, improve the quality of life for people who experience care and help support improvement.

In further developing our scrutiny and improvement interventions we are focused on reducing inequalities and working collaboratively based on the principles outlined in the Christie report on public service reform (**people**; **prevention**; **partnership**; and **performance**) (Report on the future delivery of public services by the commission chaired by Dr, Campbell Christie (Scottish Government , 2011)). We have an essential contribution to make in empowering communities and supporting public services to be agile, flexible and design and deliver services based on need, choice and what works well. We know that effective and collaborative leadership is central to this, as it is to improving care quality and the experiences of, and outcomes for, people.

4.0 PUBLIC ASSURANCE

Public assurance arises from awareness of the Care Inspectorate's response to how well services are performing, particularly those poorer performing services and that we maintain an overview of service performance generally. Importantly however, assurance doesn't just arise from knowing what we will do – it also comes from knowing "when" to deliver a scrutiny, assurance or improvement support intervention and how to do that most effectively.

In understanding our approach people who experience care, their families or carers, communities and the public in general can be assured that we will respond in good time and in a planned and measured way that puts people, outcomes and public protection at the heart of all our scrutiny, assurance and improvement support activities. People can be assured on the quality of services in their communities and it enables and supports choice for people.

In terms of Section 112 of the Public Services Reform (Scotland) act, 2010, we have a duty to involve people who use services in the design and delivery of our scrutiny functions. Our Inspection Volunteers, including young Inspection Volunteers, play a key role in this.

5.0 SELF-EVALUATION

At the core of our scrutiny approaches is a belief that external scrutiny is best applied in conjunction with robust, evidenced-based self-evaluation by those providing care, so that managers and leaders consider their own evidence about the extent to which

their services are meeting people's needs and rights and those of communities, supported by constructive challenge from care inspectors and other specialists.

Self-evaluation is central to continuous improvement. It is a learning process through which care providers, individual services, community planning partnerships and strategic planning groups responsible for improving services for children, young people and adults get to know how well they are doing and can identify the best way to improve their services. Establishing how to deliver improvement in experiences and outcomes for vulnerable people, and what to measure them against, is the central aim of self-evaluation. Whatever the planning structures for taking forward improvement, the focus should be on those areas of most concern which are having the most negative impact upon people.

The Care Inspectorate has published Quality Improvement Frameworks for a very wide range of services. These are all aligned to the Health and Social Care Standards. The primary purpose of these documents is to support self-evaluation for improvement, and they place people and their families or carers at the centre of self-evaluation.

We are strengthening approaches to self-evaluation for regulated care services. In September 2019 we issued a new Care Inspectorate Guide to Self-Evaluation (Care Inspectorate, 2019).

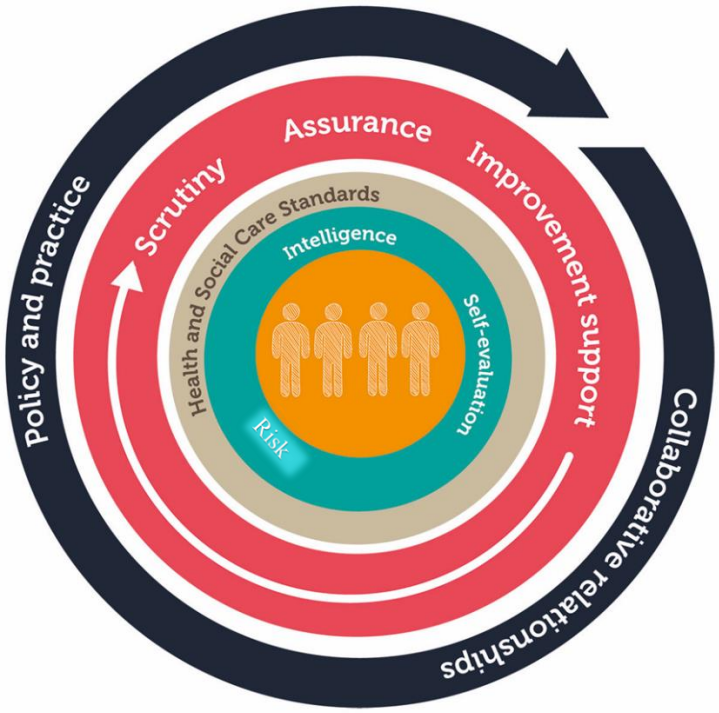
Used effectively, continuous self-evaluation helps to monitor progress and continue to strive for excellence. It is a core part of quality assurance and supporting improvement.

6.0 IMPLEMENTING OUR NEW BUSINESS MODEL FROM 2020 ONWARDS

Our Corporate Plan 2019-2022 outlines our approach to scrutiny, assurance and improvement support in the coming years strengthening our focus on experiences and outcomes for people, their carers, families and communities.

Ensuring that scrutiny primarily focuses on evaluating experiences, personal outcomes and impact, rather than a disproportionate emphasis on checking inputs, is a central feature of our new business model. The Care Inspectorate believes that approaches which are risk-based, outcome-focused, proportionate and intelligence-led will provide the strongest assurance and protection for people and have the greatest impact on improving the quality of care to derive the best benefit to people. The value of scrutiny, in this context, is realised by the extent to which inspectors add value to care services and local partnerships throughout a cycle of self-evaluation, scrutiny, assurance, and improvement support (or regulatory action where required). Robust, evidence-based scrutiny acts as both diagnosis and an improvement support tool with additional improvement support interventions and resources being utilised as indicated by initial scrutiny. Successfully realised, this approach has placed Scotland at the forefront of care scrutiny.

The diagram overleaf shows our new business model and how we will continue to develop our role as a scrutiny, assurance and improvement support body over the coming years.



7.0 MAKING AND SUSTAINING IMPROVEMENT

There are a number of different ways to support improvement and different approaches and methodologies such as EFQM and LEAN for example. The Care Inspectorate has identified the Model for Improvement as the approach to support services, providers and partnerships to make sustainable change. This approach is well researched and has been used across health and social care effectively to make improvements that last.

The Science of Improvement is a different approach to assuring quality. It goes beyond traditional methods of setting targets, identifying areas for improvements and requirements in order to see improvement in care quality, where it may be appropriate to do so. It brings a systematic approach to realising improvement in the quality of care which focuses on outcomes for people. While importantly the responsibility for making improvements rests with those providing and leading services, a true improvement approach brings people together to identify, plan and make the changes collaboratively where it has been clearly identified that it will make a difference to the lives of individuals. It provides **opportunities** and **generates creativity** and **innovation**.

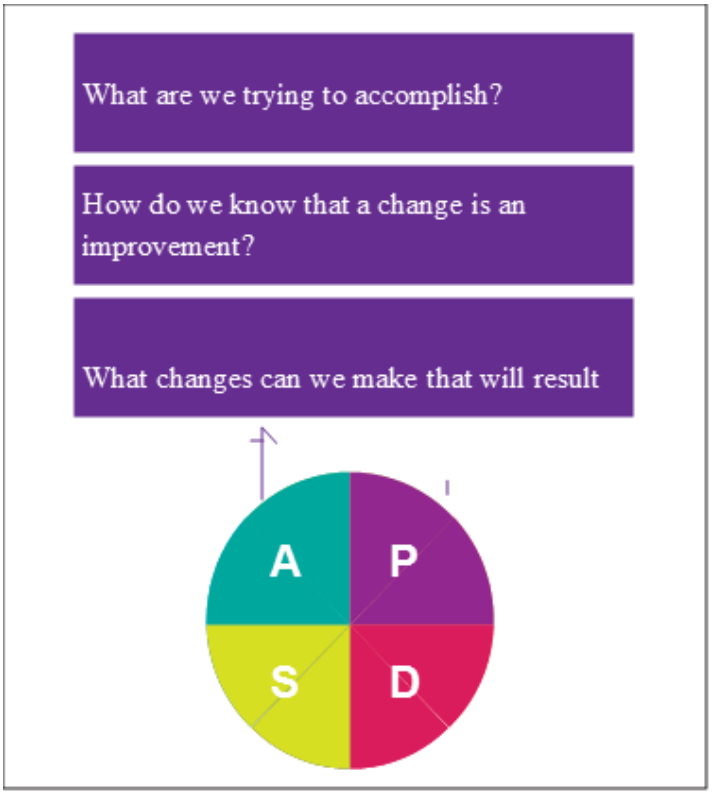
Not all changes result in improvements, therefore, it is necessary to explore where improvement is required and what change may result in improvement, so applying the principles of improvement science and achieving positive, sustainable change. This exploration of what improvement is required may come directly from self-evaluation, feedback from people experiencing care, scrutiny and assurance evidence or may take the form of a root cause analysis of systems and processes. The changes may be informed by existing good practice but may also come from testing innovative approaches.

Key principles of improvement science are:

- understand and recognise where and why improvement is required -self evaluation
- prioritise and plan improvements
- develop or identify a change idea to test, that you think will result in an improvement
- have a system in place that will evidence improvement has taken place

Using the M**odel for Improvement** (figure 2) when planning to carry out improvement work provides a framework in which improvement support can happen. This consists of three fundamental improvement questions in order to define the improvement aim, intended outcome and change idea and a system for planning and running small tests of change (Plan, Do, Study, Act (PDSA). This approach has proven to promote efficient and effective, sustainable change and, importantly, provide learning that supports individuals and organisations to build further improvement interventions.

Figure 2: Model for Improvement



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8.0 IMPROVEMENT SUPPORT

Being a scrutiny, assurance and improvement support body, which identifies and shares good practice and innovation, we will continue to target support to services, based primarily on our inspection findings, to guide and support innovation and improvement. The improvement support work may be carried out by ourselves or in partnership with other scrutiny and delivery partners. This means that day in, day out

our inspectors are working with scores of managers and staff in care services to identify what works well and help them to improve if necessary.

Specific improvement support comes from our Improvement Support Team (IST) who are all qualified improvement advisors. They provide improvement support to care providers and local partnerships in collaboration with local networks and other organisations, often as a result of improvement identified through our intelligence.

Where skilled and resourced to do so, we both provide and support national improvement programmes to raise quality. With finite resources and increasingly challenging financial constraints, we will target our resources proportionately to our scrutiny findings and to where the need/risk is greatest, and we can make the greatest impact on supporting improvement.

We will share our scrutiny findings with a range of local and national improvement support partners, and ensure our inspectors are confident and skilled in supporting improvement at a local level where scrutiny shows this is necessary. This accords with the Care Inspectorate's Improvement Strategy 2019-22.

9.0 OUR REGISTRATION FUNCTION

It is a legal requirement that services providing care must register their service with the Care Inspectorate and once operational, providers must apply to the Care Inspectorate to vary their service if they make changes that would affect the operating conditions of registration.

We are committed to improving the experience of providers when they register with the Care Inspectorate and as part of our new approach we are continuously reviewing, improving, and where possible streamlining our registration processes and the underpinning regulations in conjunction with Scottish Government to ensure that these support new ways of designing, delivering, commissioning and improving care.

10.0 OUR COMPLAINTS FUNCTION

The Care Inspectorate has a statutory duty to deal with complaints about registered care services (Public Services (Reform) Scotland Act, 2010, Section 79). In November 2017 we introduced a new procedure for handling complaints designed to be open, transparent, risk-based and focussed on people's experiences. It brought together best practice in complaint handling and introduced a pathway for us to consider different approaches for resolving complaints based on an assessment of risk.

The revised approach is intended to enable us to be more proportionate in our response and prioritise complaints that have caused, or have potential to cause, negative outcomes for people's health, safety or wellbeing. It will also strongly support a shift towards a more targeted, proportionate, intelligence-led and risk-based approach to our scrutiny, assurance and improvement work.

Since 2011 we have experienced a 76% increase in the number of complaints we have received. There has been year on year and month on month increases since 2015/16 when we received a total of 4,089 complaints. In 2018-19 we received 4,940

complaints. Having already received 3,415 complaints between April and October 2019 (just over halfway through the year), if the trend continues, we are on target for receiving 6,000 complaints in 2019/20 compared to 4,940 last year i.e. an overall increase of around 21% (1,060 extra complaints). We are about to commence a review of our complaints handling given the resource challenge this represents and a business case to Scottish Government for additional resource may follow.

11.0 RESPONDING TO A CHANGING LANDSCAPE

The Public Services Reform (Scotland) Act 2010 means the Care Inspectorate has a lead responsibility for providing scrutiny and assurance of social work and social care services, including justice social work. In discharging our statutory responsibilities for this we may undertake scrutiny and assurance activities on our own or, as is increasingly the case, in partnership with other scrutiny and delivery bodies. Increasingly, that work focuses on the health and social care partnerships, as well as the local authorities and community planning partnerships, for those services and functions that have been delegated by the local authority and health board to the health and social care partnerships/integration authority. Most partnerships have delegated responsibility for children's health. Many also have delegated justice social work and children's social care services responsibility. A few have delegated responsibility for acute health services.

Our future models of scrutiny are likely to focus more on local communities or localities that integrate scrutiny, assurance and improvement support of regulated care services with our strategic inspections. This is shown in the diagram below:

The Public Bodies (Joint Working) (Scotland) Act 2014 gave the Care Inspectorate and Healthcare Improvement Scotland (HIS) new joint responsibilities from 1 April 2017 to inspect the planning, organisation or co-ordination of the services that health boards and local authorities delegate, as set out within their integration schemes, to integration authorities. The Care Inspectorate and HIS must also review and evaluate the effectiveness of the integration authority's strategic plan and encourage improvement in the effectiveness of that plan if necessary. These are joint responsibilities placed on both bodies. We will continue to develop our approaches to discharge these responsibilities in 2019/20 and, over time, increasingly focus on the experience of and outcomes for people.

On 4 February 2019 the final report from the Ministerial Strategic Group (MSG) for Health and Community Care, review of progress with integration, was published. This report draws together a range of proposals for ensuring the success of integration. Within this, a proposal is made to improve the strategic inspection of health and social care to better reflect integration.

Implementing this proposal, the Care inspectorate and HIS will reflect on the balance across health and social care when reporting and examining the performance of the whole partnership and the contribution of non-statutory partners and ensuring that the focus of the inspections takes fundamental consideration into what the integrated arrangements are achieving in terms of outcomes for people. Detailed proposals will be developed in collaboration with HIS during the latter part of 2019/20.

The review report has also highlighted that improvement bodies must work more collaboratively and deliver the improvement support that partnerships require to make integration work. This will require the Care Inspectorate, Healthcare Improvement Scotland, the Improvement Service and NHS National Services Scotland to work together to streamline improvement support ensuring that it is better targeted and focussed on assisting partnerships to implement the MSGs proposals.

Having responsibility for the scrutiny of some 13,000 regulated care services and lead responsibility for children's services, child protection and justice social work means that the Care Inspectorate is uniquely positioned to report on the impact of strategic level planning and commissioning at a service level and on the experiences of, and outcomes for, people who use services and their families and carers in local communities/localities. How services are commissioned and run has a direct impact on the outcomes people experience.

These changes create opportunities to integrate regulated care service scrutiny with strategic inspections. We have begun to look at how we undertake inspections of care at home services and align that work to the joint inspections of strategic planning/commissioning for adults. We hope to pilot a new approach in early 2020/21. New responsibilities to inspect adult support and protection will also allow us to consider how we might integrate our regulated care service scrutiny with strategic scrutiny more effectively.

Increasingly, scrutiny evidence can help inform early intervention and prevention initiatives to reduce health and social inequalities. It also has a critical role to play in influencing and advising on the impact of national policy.

12.0 RESOURCING PRESSURES

Like most public services, the Care Inspectorate has undergone significant restructuring in response to budgetary pressures, but our prioritisation of frontline scrutiny means we are committed to, and enthusiastic about, delivering robust scrutiny assurance and improvement support. This in turn supports innovation and improvement as well as national policy planning, development and implementation.

In order to continue to meet and exceed the expectations and responsibilities placed on us in this challenging operating environment, we are proposing to further

strengthen our focus on experiences of, and personal outcomes for people who experience care and their families and carers, in our various approaches to scrutiny, assurance and improvement support, and the extent to which these activities are intelligence led, targeted, proportionate and risk based. However, in order to do that we need to do things differently.

13.0 TAKING AN INTELLIGENCE-LED, TARGETED, PROPORTIONATE AND RISK-BASED APPROACH

The Care Inspectorate firmly believes that **all** our scrutiny, assurance and improvement support approaches should be intelligence-led, risk-based, targeted and proportionate. This will help us make the best use of our limited resources and target them to where we can make the greatest impact on protecting people, supporting improvement and innovation in achieving world class care.

An intelligence led approach is critical to enabling us to intervene early and support sustainability of services that are at risk of failing/closure. It also allows us to tailor our scrutiny and/or improvement support responses to ensure that we provide the strongest possible assurance and protection for people and have the greatest impact on improving the quality of care to derive the best benefit to people.

Prior to 2016/17, for the 13,000 or so regulated care services, previous inspection plans focused our proposals on a specific number of inspections to be undertaken by service type, within a rigid frequency framework. We now prioritise inspections according to current legislative requirements and increasingly though taking an intelligence-led, risk-based approach.

Since 2011, and for the time being at least, the Care Inspectorate, as directed by Scottish Ministers, is required to undertake, as a minimum, an unannounced inspection each twelve months in care homes, care at home, and secure accommodation. For other services the frequency of inspections is determined by the Care Inspectorate.

Our Scrutiny and Improvement Plan for 2016/17 signalled the beginning of a shift to a very different approach, one which will consider inspections in a much broader context of scrutiny, assurance and improvement interventions determined predominantly by an assessment of risk and intelligence gathered internally and from a range of external sources.

We will continue to develop this approach through strengthening our risk assessment process gearing it to the inherent risk in individual service types or care settings and what we know about strategic risks at a community planning partnership (CPP) / health and social care partnership level.

Through developing our new business model in 2020 and beyond, we will further strengthen our approaches to gathering and analysing intelligence to inform those risk assessments and determine the scrutiny, assurance and improvement response required thereby being more intelligence led, targeted, proportionate and risk based. As part of our approach to strengthening our intelligence, we will identify and implement improvement to the ways in which we gather the views of people who experience care and their families and carers in ‘real time’, those involved in

commissioning services in the local authority or Health and Social Care Partnerships and intelligence from other scrutiny and delivery partners.

This will lead to a wider range of scrutiny, assurance and improvement interventions that will be deployed which might involve an inspection, but may be very different, for example a review of a better performing low risk service which focusses on progress on making improvements through self-evaluation.

Inspectors will exercise greater professional judgement around the timing and focus of particular scrutiny, assurance and improvement interventions.

This will enable the Care Inspectorate to continue to provide robust public assurance on the effectiveness of services and the difference they are making to the lives of people who use them and their families and carers, including those who are most vulnerable and in need of protection.

14.0 WORKING COLLABORATIVELY WITH SCRUTINY PARTNERS AND ACROSS THE PUBLIC AND PRIVATE SECTOR

We work closely with our scrutiny partners (HIS, HMICS, Education Scotland and HMIPS) not just in the delivery of more integrated models of strategic inspection, but also in the delivery of regulated care service inspections for children and early years services, for example, with Education Scotland. Working with HIS, we have developed a model of joint inspection of integrated health and social care for adults, which includes an approach for evaluating the effectiveness of the integration authority's strategic plans. We also work with HIS on other work programmes, for example on strategic inspections of services for children and on targeted improvement support, including a contribution to the activities of the ihub in local partnerships.

We also work closely with care provider groups such as Scottish Care, the Coalition of Care and Support Providers in Scotland (CCPS), Scottish Childminding Association (SCMA) and National Day Nurseries Association (NDNA).

In all our work, we are advised by our lay Involving People Group, who discuss our policies, approaches, and take part in our scrutiny activities as inspection volunteers. We are actively expanding the number and range of people who are involved in our work. This includes supporting people with a personal diagnosis of dementia to participate as inspection volunteers, bringing their own personal experiences to the scrutiny process in care services which they do not directly use but are uniquely qualified to understand and assess. We have also commenced approaches whereby inspection volunteers are involved with inspectors when they investigate complaints about care. We have expanded the number of care experienced young people who join our inspections as inspection volunteers, and also expanded the ways in which we involve them in decision-making and advice.

We continue to work closely with other organisations to share information and intelligence, which helps plan our inspection programmes. The Care Inspectorate works closely with the Strategic Scrutiny Group, led by the Accounts Commission, to develop and deliver the annual national scrutiny plan for Scotland. Cognisance is taken of the work undertaken by local area networks (LANs) which involve our staff,

and the shared risk assessments for each community planning partnership area. We will continue to work with our scrutiny partners and integration authorities/ Integration Joint Boards to share appropriate information and intelligence to identify risk and promote good practice leading to better outcomes, improved attainment and reducing inequalities for people in our communities.

PART 2

15.0 SCRUTINY AND ASSURANCE 2020/21

Regulated care services

Whilst developing our new business model for 2020 and beyond, we will maximise the number of scrutiny, assurance and improvement interventions relative to the resources we have available based on intelligence. We will target our finite resources on those services/areas of highest risk and where improvements are required.

These scrutiny, assurance and improvement support interventions comprise statutory inspections, inspections in services not subject to a statutory minimum inspection frequency, follow-up inspections, complaint activity, registration activity, variation activity and improvement support activities where the scrutiny suggests this is necessary. These activities are prioritised within broad frequency guidelines, based on risk, intelligence and service type.

Cognisance will continue to be taken of that fact that the Care Inspectorate, as directed by Scottish Ministers, is for the time being required to undertake, as a minimum, an unannounced inspection each twelve months of all registered services in the following three categories of service:

- care homes
- support services – care at home
- secure accommodation

Some of these care services are highly performing services with grades of 'very good' or better and require to be inspected at least once each 12 months. Other care service types that are performing well and not in these categories may be inspected less frequently or with a mix of scrutiny, assurance and improvement approaches.

For all well-performing services we want to ensure we are more proportionate in our approach to scrutiny. Therefore, for those that fall into the statutory category above, and are well performing, we propose to take a proportionate approach within the required frequency. This approach, based on risk assessment, will allow us to choose different types of inspections best suited to the individual service. It is important to note that whilst the purpose of an 'inspection' is defined by Section 53(1) of the Public Services Reform (Scotland) act 2010 the format of an inspection is not.

This means that whilst still adhering to the statutory minimum frequency for our scrutiny and improvement interventions, the specific focus, breadth and depth of each intervention will be driven more by the risk profile for that service type and the

specific information and intelligence we hold about individual services, including past performance and robust self-assessment. This will support us to:

- make the best use of our finite resources by targeting them to where they can have the greatest impact;
- demonstrate our continuing commitment to taking a more targeted and proportionate approach and incentivise and support service providers to carry out regular and robust self-evaluation for improvement;
- give greater and more effective attention to our statutory duty to further improvement;
- demonstrate a more risk-based, intelligence-led approach to all of our scrutiny and improvement work; and
- demonstrate more fully the nature and extent of work undertaken by inspectors to support improvement in care services both during and out with inspections.

A risk-based approach enables us to allocate resources more effectively to target our scrutiny against those services which are most likely to need scrutiny and improvement. It requires us to have effective intelligence and risk assessment tools in place. Work is ongoing to review how we gather and use intelligence from a wide range of sources to further strengthen our approaches to assessing risk in individual services and applying proportionate, risk-based scrutiny. This means that we will continue to apply scrutiny in, provide assurance about, and support improvement in:

- all care homes for older people, adults with disabilities and children and young people
- all care at home services
- support services (these include care at home, but some are adult daycare services)
- all secure accommodation
- childminders
- early learning and childcare, including nurseries, playgroups and out of school care groups
- housing support
- nurse agencies, adult placement and childcare agencies
- fostering and adoption services
- school care accommodation
- offender accommodation

Our activities in these areas will include acting as a gateway to the market by registering new such services, considering variations to their conditions of registration where they wish to undertake new types of care, inspecting these services and reporting publicly on the quality found, investigating complaints and concerns about them, supporting improvement where that is needed, and taking enforcement or other regulatory action where that is necessary to protect people from harm.

We are open and transparent in reporting all our scrutiny and improvement activities and in doing so being very clear about the different types of activities we have undertaken. This will allow us to present a more comprehensive picture of the work

of the Care Inspectorate. We will review and develop these further to ensure that we are accountable for all the work that we do, not just reporting on the number of inspections completed.

Joint strategic scrutiny of services for children and young people

From April 2018, Scottish Ministers asked the Care Inspectorate to lead another programme of joint inspections of services for children and young people, with scrutiny partners Education Scotland, HIS and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS). They have asked us to provide assurance about how community planning partners are protecting and meeting the needs of children and young people who have experienced, or are at risk of abuse and neglect, and how they are working together to improve outcomes for children and young people who are subject to corporate parenting requirements.

This new model focuses on the experiences of, and outcomes for children in need of care and protection within the context of GIRFEC (Getting it Right for Every Child). This includes those who are looked after at home, those in residential and secure care, those in kinship care and those using through care and aftercare services. We implemented this new approach in 2018/19.

In 2019-20 we carried out four joint inspections of services for children. In 2020/21 we plan to carry out a further four joint inspections of care and protection of children and young people.

We will report to the public on findings in each community planning partnership area, with more detailed feedback to each partnership with the aim of supporting improvement. Areas for inspection will be decided following an agreed assessment process which will be based on, but not restricted to, identified risks and other intelligence. We will use a wide range of information to determine risks, including nationally agreed data; recent scrutiny findings conducted by the partners involved in the joint inspection or other relevant bodies; information from review and analysis of significant case reviews; scrutiny of self-evaluation activity and other relevant documentation. We will work with our scrutiny partners to agree the amount and focus of scrutiny activity required.

Depending on the outcome of inspections undertaken in 2019/20 we may need to carry out one or more progress reviews.

In 2020/21 we will publish a report on the first six joint inspections of services for children and young people undertaken during the period 2018-20 focussing on children in need of care protection.

Significant Case Reviews – Children and Young People

In June 2019 we published a retrospective review of relevant reports completed in the period between March 2015 and April 2018.

In 2020/21 we will continue to discharge our responsibilities to gather Initial Case Reviews (ICRs) and review Significant Case Reviews (SCRs) with a view to

publishing a report in 2021/22 in line with developments around a new national child death review process.

Further, it was recommended that the Care Inspectorate should hold an annual learning event to disseminate findings from ICRs and SCRs at a national level; and reports should provide anonymised case studies to emphasise the learning points.

In July 2019, following the submission of a business case we received confirmation of funding from Scottish Government for additional resources to enable us to undertake these additional responsibilities. This relatively small resource will support this work.

Deaths of Looked After Children and Young People

Where a child who is looked after dies, the local authority must inform the Care Inspectorate of his/her death. The Care Inspectorate examines the circumstances of the death to determine if there is any learning which can improve social work or care practice. The Children and Young People (Scotland) Act 2014 also requires local authorities to contact the Care Inspectorate in the event of a death of a person who is being provided with advice, guidance or assistance in relation to 'after care' or a person who is being provided with continuing care.

In 2020/21, we will continue to discharge our responsibilities in this area and discuss improvements to the processes and systems for doing so with the Scottish Government and local authorities in line with developments around a new national child death review process.

Inter-Country Adoptions

In 2020/21 we will continue to discharge our responsibilities in relation to quality assuring social work practice with a view to identifying and disseminating good practice.

Early Learning and Childcare

The Scottish Government's commitment to the expansion of the early learning and childcare entitlement for every three and four year old and eligible two years olds from 600 to 1140 hours by 2020 has resulted in an increase in work for the registration function of the Care Inspectorate through a combination of variations to existing registrations and the registration of some new services. This will result in an increase in the number of scrutiny, assurance and improvement interventions in relation to these new services in 2020/21 and beyond.

In order to ensure that the funded entitlement is delivered in high quality ELC settings, a Funding Follows the Child approach will be introduced in August 2020 alongside the statutory roll-out of the expanded entitlement. It is underpinned by a National Standard that all settings who wish to deliver the funded entitlement will have to meet. The criteria that all services (including childminders) must meet are Care Inspectorate quality evaluations of good or better on themes that

relate to quality of staffing, management and leadership, physical environment and care and support.

The national standard comes into effect from 1 August 2020. Where local authorities are entering into contracts with funded providers before that date, they may contract existing funded providers who do not yet meet the quality criteria on Care Inspectorate evaluations, provided that:

- The setting must be able to meet all other aspects of the national standard from 1 August 2020;

- The local authority enters into a service improvement period with the setting at the time of contract being awarded; and

  The local authority believes that the setting has the capacity to improve its Care Inspectorate evaluations by the end of the service improvement period.

The length of the service improvement period is 12 months or, if the criteria not met are related to Care Inspectorate quality evaluations, the service improvement period will end upon publication of the next inspection report. However, the Care Inspectorate has agreed to be flexible about the date of the next inspection for settings contracted on this basis during the transition period, to ensure that they have a reasonable period to implement change. Depending on the nature of the improvement challenge, this may, for the transitional period only, extend beyond the normal maximum 12-month interval.

This ensures that settings are not unfairly affected by the timing of their inspection from the Care Inspectorate and that the risk that a setting that is inspected before the national standard comes into effect and drops below evaluations of ‘good’ is automatically disqualified from offering funded hours, while a setting that is inspected after August 2020, benefits from a service improvement period before having its funded status withdrawn. It means that any setting dropping below an evaluation of ‘good’ in their Care Inspectorate inspection in the period up to 1 August 2020 has an opportunity to work towards improving its Care Inspectorate evaluations and will have another inspection before their funded status is withdrawn. The increase in provision, together with the implementation of the national standard, is likely to be associated with the need for additional scrutiny (inspections), assurance and improvement support interventions.

In July 2019, following the submission of a business case, we received confirmation of additional funding from Scottish Government to support the Care Inspectorate’s role in the ELC expansion until March 2020, in particular around new registrations and variations and wider scrutiny and improvement support thereafter.

Equity and Excellence Leads: Care Inspectorate Special Inspection Focus

The Scottish Government committed to providing an additional graduate – either a graduate practitioner with a relevant degree award or a teacher with early years expertise in nurseries in the most deprived areas of the country by August 2018. It was estimated that 435 additional teachers or graduates would be required to deliver the commitment - based on Care Inspectorate data, and the latest SIMD, showing nurseries located in the 20% most deprived postcode areas.

Theses posts are now referred to as Equity and Excellence Leads**.** The aim of the Equity and Excellence Leads is to contribute to improving the quality of early learning and childcare provided to children living in the most deprived areas, and ultimately to contribute to closing the poverty-related attainment gap. In 2019/20 The Care Inspectorate began undertaking a Special Inspection Focus to support the monitoring and evaluation of this new role. This will run until March 2020 in settings with a lead that were already due to be inspected. It will include an interview with the leads and their managers and will focus on process measures e.g. access to professional development. A further evaluation focusing on impact is planned in the future. These interviews will not be graded as part of the inspection process.

This is in accordance with Action 7 of A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland Quality Action Plan. In 2020/21 we will publish a report on our findings.

During 2020/21 we will continue to play a key role in the delivery of ELC and through our network of around 80 early years inspectors we will raise awareness of national policy developments to support the delivery of high quality, flexible, accessible and affordable provision by 2020 that gives young children the best start in life. As the quality action plan develops, we will provide regular updates to staff. We will continue to be represented on many of the working groups; this will provide development opportunities for our own staff and support our role of delivering high quality scrutiny that supports innovation and improvement.

Care Homes for Older People

From August 2018 we implemented a revised approach to inspecting care homes for older people using an EFQM based framework and taking account of the new health and social care standards.

In 2020/21 we intend to include a focus on how residents' monies are managed to ensure this is in line with good practice and that people have proper control and access to money. People should be able to manage their own money and where this is not the case the relevant legal frameworks to protect people must be in place. In the last two years, through evidence gathered around adult protection concerns where older people are at significant risk of financial harm, we have become concerned that this is not always the case.

In addition, we will work with the Mental Welfare Commission to ensure that the movement of older people who lack capacity to care homes is done lawfully. This follows a high-profile case where an older person was moved against their will and without the correct legal framework being in place to protect them.

People with a Learning Disability and Autism

During the past year we have implemented a revised approach to inspecting adults care homes, care at home and support services day care. These are based on an EFQM approach and take account of the new health and social care standards.

In 2020/21 we intend to include a focus on how people with a learning disability or autism are supported where their behaviour may challenge the service. This will

ensure that staff are appropriately skilled and trained and that services implement best practice. This will also build on the work identified by CQC on inspecting closed cultures and supporting better outcomes for people.

Adult Services

In addition to our work in regulated care the adult team will be working closely with strategic colleagues to share the impact on communities and outcomes from strategic planning and commissioning. We will strengthen our input to strategic inspection ensuring that the regulatory findings and experiences of people shape the assessment of the health and social care partnerships.

Joint Strategic Inspections of Strategic Planning (Adults)

From April 2017, the Care Inspectorate and HIS have a joint duty under the Public Bodies (Joint Working) (Scotland) Act 2014 to assess and report on the effectiveness of integration authorities' strategic plans. In these early stages of the integration of health and social care, we will report on the progress which integration authorities are making towards a more collaborative culture and integrated approaches to planning and delivering services which should deliver improved outcomes for people in communities.

In 2019/20 we carried out two joint inspections and a progress review arising from a previous inspection in an area where the need for improvement was identified during a previous inspection of services for older people.

In 2020/21 we propose to carry out a further three joint inspections. We will report to the public on findings in each area, with more detailed reporting to each integration authority with the aim of supporting improvement. Areas for inspection will be decided following an agreed assessment process which will be based on, but not restricted to, identified risks and other intelligence. We will use a wide range of information to determine risks, including nationally agreed data; recent scrutiny findings conducted by the partners involved in the joint inspection or other relevant bodies; information from review and analysis of significant case reviews; scrutiny of self-evaluation activity and other relevant documentation. We will work with our scrutiny partners to agree the amount and focus of scrutiny activity required.

Depending on the outcome of inspections undertaken in 2019/20 we may need to carry out one or more progress reviews in 2020/21.

On 4 February 2019 the final report from the Ministerial Strategic Group (MSG) for Health and Community Care, review of progress with integration, was published. This report draws together a range of proposals for ensuring the success of integration. Within this, a proposal is made to improve the strategic inspection of health and social care to better reflect integration.

Implementing this proposal, the Care inspectorate and HIS will reflect on the balance across health and social care when reporting, examining the performance of the whole partnership and the contribution of non-statutory partners and ensuring that the focus of the inspections takes fundamental consideration into what the integrated arrangements are achieving in terms of experiences of , and outcomes for people. We aim to strengthen the focus on self-evaluation already being carried out by

partnerships in order to answer the questions asked in the template developed by the MSG. We also aim to incorporate findings from inspections of care at home services which will be scheduled to be completed on a geographic basis and in advance of these inspections which should provide strong evidence of the impact of strategic planning and commission as well experiences of, and outcomes for people. Finally, we will integrate a coordinated approach to improvement support to these inspections.

Detailed proposals will be developed in collaboration with HIS during the latter part of 2019/20.

Adult Support and Protection

The Care Inspectorate has a specific duty to inspect social work services, and whilst social work services have a key role to pay in adult support and protection other services also have a statutory duty in this area of work, in particular police and health services.

In July 2018 we published a thematic review of Adult Support and Protection, carried out across six partnership areas in collaboration with HMICS and HIS.

In July 2019, following the submission of a business case to undertake further scrutiny of adult support and protection, we received confirmation of funding from Scottish Government for the Care Inspectorate to lead Phase 1 of an Adult Support and Protection Inspection Programme which will be undertaken in conjunction with HMICS. Phase 1 will cover a period of two years requiring us to complete a programme of multi-agency scrutiny across 26 adult support and protection partnerships involving:

1. Twenty-six end-to-end inspections (over 24 months from the recruitment of inspection teams)
2. Early pilot work to test and evaluate proposed methodology
3. Case file audits
4. Staff surveys
5. Feedback, reporting and publication for each inspection undertaken
6. Review of improvement plans submitted by partnerships
7. Feedback and reporting to the inspection reference group and Scottish Government
8. Scoping and development of the methodology for Phase 2 (funding of which will need be agreed in 2020/21

Thematic Review of Self-Directed Support Implementation

In June 2019, we published a Thematic Review of Self-directed Support in Scotland: Transforming Lives and produced six separate reports for the partnerships involved.

This remains a key Scottish Government policy. The Care Inspectorate has a specific duty to inspect social work services that play a key role in planning, commissioning and delivering self-directed support.

During 2020/21 we will take account of the findings and provide necessary support to individuals; partnerships or more widely through our link inspectors.

Outcomes and Experiences of People in Custody

Since 2015 the Care Inspectorate has supported the inspections of prisons led by Her Majesty's Inspector of Prisons in Scotland (HMIPS) in line with our responsibilities for reporting on the quality of social work services, including services to people in secure settings. This joint work with HMIPS is helpful in identifying how well prison-based services are working with those in the community to support better transitions and to meet the aims of reduced reoffending and greater community safety.

In 2019/20 we continued to support the work of HMIPS and supported three inspections strengthening our contribution to these in the context of the new model for community justice and an increase in the proportion of older prisoners.

In 2020/21 we will continue to support the work of HMIPS and plan to commit to a further three inspections in the context of our wider justice work and increased integration of health and social care.

Significant Case Reviews – Adults

Since April 2015, the Care Inspectorate has had responsibility for reviewing the quality of initial case reviews and significant case reviews about children and young people.

In November 2019, following the submission of a business case, we received confirmation from Scottish Government of funding to deliver a scrutiny, assurance and improvement approach for Significant Case Reviews for adults. The purpose of this work is to provide independent quality assurance of Initial and Significant Case Reviews and support learning and improvement in adult support and protection on a local and national basis.

Justice Social Work Services – Serious Incident Reviews (SIRs)

Serious Incident Reviews (SIRs) are the subject of guidance issued by Scottish Government and together with Multi-Agency Public Protection Arrangements sets out responsibilities of services to conduct a SIR when offenders subject to statutory supervision or registered sex offender are involved in a serious incident in the community. In effect, local authorities are required to submit a SIR to Scottish Government in respect of any such offenders who commit serious offences whilst subject to supervision (e.g. on parole or community payback orders). The Care Inspectorate reviews these Serious Incident Reviews, looking at decision-making and quality of practice when the offender became involved in a serious incident, and providing feedback to Scottish Ministers and the local authorities themselves.

In October 2018 we published our second overview of themes arising from notifications submitted between February 2015 and December 2017.

In 2020/21 we will continue to discharge our responsibilities to quality assure SIRs. Our third report will be due for publication in 2020.

Justice

The Care Inspectorate has statutory responsibility for inspecting standards and furthering improvement of social work and social care in Scotland, including justice social work.

In 2017/18 The Scottish Government asked the Care Inspectorate to lead on scrutiny and assurance activity of community justice and justice social work in Scotland. Additional funding was secured from Scottish Government and a new strategic scrutiny team is in now place within the Care Inspectorate.

In 2019/20 we carried out two supported self-evaluations of community justice services and three inspections of justice social work.

In 2020/21 we plan to carry out a further two supported self-evaluations of community justice services and three inspections of justice social work.

Depending on the outcome of inspections undertaken in 2019/20 we may need to carry out one or more progress reviews in 2020/21.

Appropriate Adults

The Criminal Justice (Scotland) Act 2016 includes regulation-making powers to put onto statutory footing arrangements for the provision of an Appropriate Adult (AA). This would be required where a suspect, accused, victim or witness of/to a crime has a mental health issue which may compromise their ability to understand, communicate or otherwise participate in the justice process.

The duty to assess whether an appropriate adult is required in any instance lies with Police Scotland. The duty to deliver the appropriate adult service (recruit appropriate adults, ensure training and support and provide an appropriate adult on request) lies with the local authority. The local authority may commission the service from another body, such as an independent provider, but remains responsible for the service under the Act.

Going forward, regulations will place a duty on the Care Inspectorate to assess and report on the quality of the appropriate adult service.

In September 2019, following the submission of a business case, we received confirmation from Scottish Government of funding to quality asses Appropriate Adult services. This involves a relatively small resource to enable the Care Inspectorate to quality assure and support improvement in relation to local authorities' implementation of their new responsibilities. The aim is that, over time, assurance about how the needs of vulnerable people are met at this early stage of the justice process is incorporated into ongoing scrutiny models as these evolve.

In the first year, the post holders would work with the new national coordinator and other stakeholders to develop a simple self-evaluation tool and process for partners

involved in the delivery of AA services. Thereafter, they will build capacity and support improvement by encouraging the key partners to review their own work, develop and implement improvement plans.

Link Inspectors and Relationship Managers

For several years our strategic inspectors have been 'linked' to CPPs, local authorities and relevant strategic planning groups and these are aligned to health board areas to pool expertise. In addition, relationship managers (team managers) are allocated to all local authorities and large national providers to engage with strategic leaders and managers on the scrutiny, assurance and improvement of care services and linking as appropriate with the work of Strategic Inspectors.

We know from feedback collected in a number of different ways, that chief officers and their staff, and the chairs and lead officers of strategic partnerships, greatly value having identified individuals in the Care Inspectorate with whom they can maintain regular contact and meet routinely to discuss emerging issues. Our aim is to ensure that we provide them with designated contacts who can build knowledge of their area and the services they provide and commission to support the design, delivery and commissioning of high quality, safe and compassionate care that meets the needs, rights and wishes of individuals. Our link teams will consist of:

Strategic Link Inspector

Strategic inspectors help the Care Inspectorate to fulfil our responsibilities in monitoring the performance and quality of social work services. Their main links are therefore likely to be the chief social work officer and, given the context of the delivery of health and social care, the chief officer of the integration authority. Strategic inspectors encourage improvement in social work services through regular support and constructive challenge and helping to build capacity for self-evaluation. Strategic inspectors are responsible for scrutiny carried out at authority or strategic partnership level and co-ordinate the Care Inspectorate's contribution to the Accounts Commission-led shared risk assessment process and input to the Sharing Intelligence for Health and Care Group.

Relationship Managers

Our team managers carry out the role of relationship manager. We have assigned a relationship manager from our adult services team and one from our children's team to each council area/integration authority. Relationship managers will be a point of contact for identified managers in the area with whom they will establish and maintain a positive, collaborative relationship.

This will involve sharing information and intelligence on the performance of regulated care services and supporting improvement and innovation.

The breadth of the Care Inspectorate's regulatory, scrutiny and quality assurance functions also require us to engage with a range of strategic partnerships, including child, adult and public protection committees. Our role as an independent scrutiny body makes it inappropriate for us to be full members of such committees but it is helpful for us to participate in meetings on occasion, either by invitation or request.

Our link team will consider with partnerships the most appropriate person to attend meetings, depending on the agenda for discussion.

16.0 IMPROVEMENT SUPPORT

A core, statutory function for the Care Inspectorate is to support improvement in order to improve outcomes for people experiencing care in social care services across Scotland. Our approach to scrutiny, as described, means that we provide extensive diagnosis and that, along with other intelligence leads us to identify examples of good practice, and where improvements are required. Where improvement is needed, it is the responsibility of the service provider and leaders to ensure improvement happens. However, where possible through our inspection staff and improvement support team we provide advice, guidance, signpost to improvement support resources and can help to develop knowledge of improvement science and how to make sustainable improvements. The Care Inspectorate is one of a number of partners who support improvement, however we are in a unique position of understanding the complex systems in which the improvements are to be made and have a role in assessing the extent to which it has satisfactorily occurred and by taking enforcement action where a failure to make improvements places people at unacceptable risk.

Local improvement support

Every day, our inspectors support improvement at a local level. They work with managers to spread good practice, discuss sectoral developments, and signpost to knowledge, resources, and examples of innovative practice. Our direct involvement at the point of service delivery is an effective and cost-effective way of ensuring that scrutiny supports improvement. We will continue this approach developing capability in our workforce to further support improvement and pay heed to the Scottish Regulators' Strategic Code of Practice, and so a key role for the Improvement Support Team (IST) during 2019/20 will be to further develop the knowledge, confidence and skill of inspectors across the organisation providing specific workshops on improvement skills, mentoring and advice. The team will also provide support for the improvement module in the Professional Development Award and identify opportunities for colleagues to build on their learning.

Knowledge Hub

The Care Inspectorate's online knowledge Hub is an extensive and edited resource to support improvement and promote innovation in care. It brings together key resources for managers to plan and improve service delivery and support staff development and training. During 2019/20, we will expand the site's content and streamline the structure of it to be simpler for care staff to access and search. We will also promote resource materials on specific areas which support improvement, including around safer recruitment and dementia care and the Hub will be the national platform for resources to support early learning and childcare expansion.

Improvement Support Team

As well as our inspection staff identifying where improvement is required and supporting improvement daily, the Care Inspectorate has an Improvement Support Team (IST) which consists of improvement advisors and senior improvement advisors. They have expertise in understanding and applying improvement science through experiential learning and specific qualifications. They lead and support improvements with providers, local partnerships and lead local and national programmes of improvement focusing on specific topics in line with information from intelligence and national policy. The IST supports improvement in many other ways including developing guidance, and improvement support resources, providing advice, building capacity and capability within the Care Inspectorate and in the sector for improvement and working with many partner organisations to support improvement and to develop educational solutions for the care sector, contributing to strategic improvement activity, such as preventing falls and fractures.

Care Inspectorate-led improvement programmes

During 2020/21, we will undertake a range of improvement programmes which are designed to support improved experiences of, and outcomes for people.

We will complete the Care About Physical Activity (CAPA) programme which supports partnerships, care homes, care at home and housing support services to enable older people to become and remain physically active. With funding from Active Scotland, we have a team of improvement advisors supporting around 11 partnerships and working with care services across Scotland. Six engagement events with providers and interested stakeholders will be completed by March 2019 in East Ayrshire, South Lanarkshire, Glasgow, Dundee and Angus, and Forth Valley. At these events providers are invited to commit to being part of the full programme which involves evaluation and impact or a cascade partner, essentially implementing ideas and best practice from the other test areas. To maximise reach, two learning events are also being offered in Orkney and Shetland in June. The breakthrough series collaborative approach will then be started with identified providers from April 2019.

We will develop our Arts in Care partnership with Creative Scotland and Luminate, seeking to facilitate new ways of ensuring people experiencing care can access high-quality creative arts.

We will provide improvement support in relation to continence care and food and fluids in the care of older people to embed tested and effective practice in care homes and care at home care services. This work is currently being scoped and will build on the recent publication of “Eating and drinking well in care” good practice guidance for older people.

We will work with a range of partners to provide improvement support around the administration of medication in care homes spreading tried and tested change ideas. The project will test change ideas in 15 care homes with the aim of a 50% overall reduction in defined medication incidents within 18 months of project start. The learning from this project can then be shared with care homes across the sector.

We will work with a range of ELC providers and local partnerships to support improvement in identified areas, including around outdoor play, artistic creativity, physical activity, gender-neutral play, and early nutrition.

We will strengthen the ways in which the Care Inspectorate provides improvement support in local partnerships, especially following strategic scrutiny activity. Where appropriate, we will work with partners collaboratively to build capacity and capability to support improvement.

Supporting improvement with a range of partners

We will work with a range of partners, including the Improvement Service, COSLA, Scottish Care, CCPS, Education Scotland, HMIPS, MWC, HIS, CELCIS, IRIS and Technology Enabled Care. We will continue to support the ihub, playing a major role in improvement programmes with care services. Our staff will support the delivery of ihub programmes, under the umbrella of living well in communities. We will continue to work with the national improvement organisations providing improvement support and shared services to local partnerships.

17.0 RESOURCE IMPLICATIONS

This scrutiny, assurance and improvement support plan has been developed alongside the ongoing development of the 2020/21 draft budget.

The Care Inspectorate's budget is being developed to protect, as far as is possible, our frontline scrutiny and improvement activities and to continue to provide strong public assurance. The key outputs from this scrutiny, assurance and improvement plan will be closely monitored against the organisation's budgetary provision. Staff recruitment to undertake the activities outlined in the plan remains challenging but will be robustly managed to ensure as far as possible adequate staffing resources are in place to complete key objectives. Where issues are identified in the delivery of key outputs and any issues where targets may require to be adjusted, remedial action will be taken, and the Board advised as appropriate.

During the period of this plan, work such as the Business and Digital Transformation programmes and career pathways are intended to improve our scrutiny, assurance and improvement support interventions and at the same time deliver cash and time releasing efficiencies.

18.0 POLICY IMPLICATIONS

As made clear throughout the Scrutiny, Assurance and Improvement Plan, we carry out scrutiny and improvement within a complex and changing policy landscape. Our broad scrutiny and improvement remit will ensure that we continue to contribute to the delivery of many policy drivers and developments over the next three years.
As a public body, we are expected to consider our contribution to Scotland's National Performance Framework. The National Performance Framework is designed to shape how the actions of the public sector will improve the quality of life for people in Scotland. A new National Performance Framework was launched in 2018, consisting

of 11 National Outcomes and 81 National Indicators. The activity set out in the Plan shows how we directly contribute to five of the 11 National Outcomes within the Framework.

The period covered by the Plan is likely to see a continued focus on the implementation of health and social care integration and self-directed support and how they are changing how people choose and experience care services and the ways in which services are delivered. The Scottish Government's Programme for Government 2019-20 notes plans to improve strategic inspection as part of work to increase the effectiveness of integration, while a new implementation plan for the Self-directed Support Strategy for 2019–21 has been published alongside plans for local reform of adult social care. In addition, a three-year plan for improving support and protection given to vulnerable adults is expected by spring 2020, including a focus on how assurance and inspection activities are undertaken.

The expansion of funded early learning and childcare (ELC) to 1140 hours from August 2020 will continue to be an important and high-profile policy driver in Scotland. Through the centrality of our evaluations in relation to the National Standard for ELC and the development of a shared inspection framework with Education Scotland, we will continue to have a key role in supporting the expansion over the period of the Plan.

The prominence of human rights will continue to increase, through the continued implementation of the Health and Social Care Standards and the Scottish Government's plan to introduce legislation in 2020 to incorporate the UN Convention on the Rights of the Child (UNCRC) into domestic law. Improved compliance with the UNCRC is also a key aim of the recently introduced Children (Scotland) Bill, which brings with it the possibility of a new duty on the Care Inspectorate to regulate child contact centres.

Other major policy drivers over the period of the Performance Framework include:

- passage of the Disclosure (Scotland) Bill
- findings of the Independent Care Review in early 2020
- continued developments emerging from the Child Protection Improvement Programme
- a parliamentary committee inquiry into social care capacity in 2020
- review of mental health legislation
- ongoing developments relating to the National Health and Social Care Workforce Plan and the Health and Social Care (Staffing) (Scotland) Bill, the latter of which will require the Care Inspectorate to work in collaboration with the care sector to develop and validate appropriate staffing methodologies and tools.

In addition, the UK is due to leave the European Union and the potential impact of this on health and social care in Scotland remains an issue that will continue to require attention.

19.0 PEOPLE WHO EXPERIENCE CARE

This Scrutiny, Assurance and Improvement plan is designed to ensure that the work of the Care Inspectorate aligns to public policy and is firmly focused on providing public protection and assurance, while supporting improvement. If enacted, it will improve the quality of care and support experienced by people who experience care, support and social work. It will guide the Care Inspectorate's work to ensure it is resourced, well-focused and of significant benefit to people who experience care and their families and carers.

20.0 CONCLUSION

This is a time of significant change across integrated health and social care, early learning and childcare, social work, and justice social work. This Plan sets out an ambitious approach to supporting improved outcomes for people experiencing care during this time.

The Care Inspectorate's programme of work offers assurance and protection for people who use services, appropriate improvement support where that is required, support for innovation, and the opportunity to create an evidence base to inform the development of public policy which supports Scottish Government ambitions and supports people to experience a better quality of care.

Agenda item 11
Report No: B-45-2019

Title:	**Digital Update**	
Author:	**Gordon Weir, Executive Director of Corporate and Customer Services *(gordon.weir@careinspectorate.gov.scot)***	
Appendices:	**1.**	**Plan On A Page (POAP)**
	2.	**Latest Programme "highs and lows"**
Consultation:		
Resource Implications:	**Yes**	

EXECUTIVE SUMMARY	
This report provides a summary update on the progress of the Digital Programme. The report comments on the revised format of the Programme Board, new governance documentation and also on additional specialist staffing resources that have been secured to support the Programme. The report reviews the budget position, noting that the programme costs are increasing and that the full implications of these are incorporated within the organisation's budget monitoring arrangements. The report also sets out the current timescales for the main programme phases, noting that these are periodically reviewed and reported to the Audit and Risk Committee.	
The Board is invited to:	
1.	Note the report contents.

Links:	Corporate Plan Outcome	Key Principles 1-7	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N	
For Noting	**X**	**For Discussion**		**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:
This is a public board report.
Disclosure after: N/A

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

DIGITAL UPDATE

1.0 INTRODUCTION

This report updates the Board on developments on the Digital Programme.

2.0 PROGRAMME GOVERNANCE

2.1 Programme Board

The format of the Programme Board has been revised in line with the Gateway Zero recommendations and is now chaired by the Executive Director of Corporate and Customer Services who is the programme's Senior Responsible Owner (SRO). It is meeting regularly and receiving appropriate reports and updates from the Digital Development Team. The addition of a Programme Manager, which was also a Gateway Zero recommendation has made a substantial impact on the Programme.

Gordon Mackie was appointed to the role of Programme Manager on a fixed term basis with the title of Head of Transformation in August 2019. As Programme Manager he reports to the SRO.

The impact of bringing such an experienced, senior ICT professional into the programme has been significant. The Programme Manager's role is to lead and manage the programme on a day to day basis to ensure successful delivery of the planned new capability. The Programme Manager has strengthened the digital delivery team by recruiting additional testers, a new agile "scrum master" and a data architect.

2.2 Plan On a page

In addition to developing and maintaining a rigorous approach and governance discipline to the management of the programme, the Programme Manager has introduced the concept of a "Plan On A Page" or POAP. This allows all stakeholders to gain a straightforward overview of the progress of the Programme's various phases. The POAP agreed by the Programme Board at its November 2019 is attached as Appendix 1. The POAP covers the development of the four main applications or "Apps" covering our core business processes:

- The Complaints App
- The Registration App
  - Phase 1 (developing the external facing registration application form)
  - Phase 2 (developing the app to support the internal registration business processes)
- The Inspection App
- The Enforcement App

3.0 PROGRAMME STATUS

3.1 Overall Programme Evaluation

The overall Programme status is assessed by the Programme Board as "Amber" as there are discussions taking place around the Care Inspectorate's Business Model that could impact on future stages of the Plan, in particular, the scope of the Inspection App.

At its meeting on 12 December 2019, the Programme Board is to be asked to remove Inspections and Enforcements from the POAP until this is resolved – a verbal update will be provided to the Board as this report is required to be finalised in advance of that date. If approved, this means the development team will focus their attention on delivering registration Phase 1 and Phase 2, until the issues around the way forward are resolved.

The Complaints App initially went live in March 2019 with limited functionality. End-to-end complaint processing went live in August 2019. There is some residual ongoing planned development that is underway and is progressing well.

The Registration App Phase 1 is scheduled to go live in late December 2019, but this will depend on the Programme Board's review of any recommendations arising from the current Scottish Government's "Digital First" review. We have already received positive feedback from external reviews of security and user accessibility.

Staff communication on the Programme's progress has been significantly enhanced – this was also a Gateway Zero recommendation. It should be noted that of the 15 Gateway Zero recommendations, 11 have been fully implemented with a further one at an advanced stage.

Appendix 2 summarises the Programme "highs and lows" update that has been developed for the December 2019 Programme Board.

3.2 Financial Position

There is a detailed risk and resource monitoring regime in place for the programme.

The current year budget monitoring for business transformation and ICT modernisation is built into the core Care Inspectorate budget monitoring process.

The Head of Transformation has analysed the work to be completed and the available resources and has concluded that significant additional resources are required and the timescales for completion of the programme should be extended to September 2020 for Registration Phase 2.

The additional investment required will mean an overspend on the approved 2019-20 budget of £506k which is now factored into our budget monitoring position.

The Programme Board has requested a full financial analysis over the lifetime of the programme for its next meeting. The overall Programme cost is currently estimated at £5.4m compared to the original business case estimate of £4.9m. We are in discussion with our Scottish Government Sponsor about additional funding as well as converting our loan funding into a grant.

Following review by the Programme Board, a full budget update, covering the years 2017-18 to 2020-21, will be provided to the next meeting of the Audit and Risk Committee.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

The digital process is requiring significant organisational resources, both financial and staff related. Resource requirements and implications are under close review by the Chief Executive and Executive Directors.

4.2 Sustainability

There are no sustainability implications arising from this update report.

4.3 Policy

There are no policy implications arising from the contents of the update report.

4.4 People Who Experience Care

By investing in our ICT and digital capabilities, staff will be well equipped to deliver the outcomes for people experiencing care in Scotland.

4.5 Customers (Internal and/or External)

Modernising our ICT and digital capabilities will have a positive impact on both the internal and external customer experience.

5.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note this update report. Further updates will be provided as the Programme progresses.

Digital POAP - Agreed

Ph 2 first forecast

forecast

Sprint	Min Total SP to be Del	Project End Date/Velocity	Complaints	Registration	inspection	Enforcement	Technical Debt	FS Assessments	Legend
			10	40/10	40/10	40	TBC		
38	10	03-Sep-19	Delivery of 300 additional points to complete the priority work for Complaints providing an end to end product. Would require an additional 9 sprints at 10 points per sprint.	Design Sprint			Still to be assessed		Projections based on estimation of stories to be delivered
39	50	17-Sep-19		Phase 1. 361 story points for MVP esitmated, capacity and velocity calculated					
40	50	01-Oct-19			Discovery and consolidation of				
41	50	15-Oct-19							
42	50	29-Oct-19							Forecast of points for the project based on what's required and what's been
43	50	12-Nov-19						Reg Public Beta, Insp Alpha (D10)	
44	50	26-Nov-19							
45	10	10-Dec-19		Implementation	Inspection				
46	10	07-Jan-20		Design Sprint					
47	50	21-Jan-20		Forecast of 450 points delivery for Phase 2 of Registration					
48	50	04-Feb-20						omplaints private be	
49	50	18-Feb-20			Design Sprint				Design and implementation, where team prep for the project and implement the live
50	90	03-Mar-20			Inspection forecasted at 800 points based on the volume of work required to deliver an end to end service.				
51	90	17-Mar-20							
52	90	31-Mar-20				Discovery and consolidation of stories for Enforcement (to be commenced at any point in this period		Inspection Private Beta (D1)	
53	90	14-Apr-20							Where the team define what's required from the business to create a working application
54	90	28-Apr-20							
55	90	12-May-20						Enforcement Discovery	
56	90	26-May-20							
57	90	09-Jun-20				Design Sprint			
58	80	23-Jun-20				Forecasted at 500 points, that could be delivered as BAU base on the amount of reusable functionality built across the other 3 applications.			
59	80	07-Jul-20		Implementation					
60	80	21-Jul-20		Additional work at 10 points per sprint					
61	80	04-Aug-20							
62	80	18-Aug-20							
63	80	01-Sep-20							
64	50	15-Sep-20							
65	50	29-Sep-20							
66	50	13-Oct-20							
67	50	27-Oct-20							
68	50	10-Nov-20							
69	50	24-Nov-20							
70	50	08-Dec-20			Implementation	Implementation			
71	30	22-Dec-20			Additional work at 10 points per sprint				
72	30	05-Jan-21							
73	30	19-Jan-21							
74	30	02-Feb-21							

*** Black line above highlights our current position**

• Programme - Highs/Lows

Highs

- Development has now been completed for Registrations Phase 1
- Accessibility audit commenced (3rd Party)
- Good progress continues with Complaints deli
- Architect has now started with the Digital team
- Appointment of a Scrum Master
- Appointment of additional Tester
- Appointment of Senior Business Analyst
- Walk through of the new Registration App with c. 40 people from around the business
- Attendance at the ELC Management Meeting
- Updated Audit Committee on Programme progress
- Updated the Exec Group on Programme progress
- Digital First “Show & Tell” completed
- Priority session held on Business Transformation with Edith, Marie, Cath & BT Team
- A number of ELC Frameworks events have taken place and (Stirling, Glasgow, Dundee, Inverness) and good initial feedback has been received

Lows

- Implementation Phase has been “bumpy” and we need to have a lessons learned and plan for more time in the next phase – To many activities happening at once
- Still not assessed overall Technical Debt (where later technical software work has been identified) given the current workloads. We have addressed some tactical Technical Debt with Registration Phase 1
- Still no agreed technical solution for emailing from Complaint App – we need some technical support to make this happen. Now forecasting Early January
- There continues to be lot of work required to ensure we are ready for the Digital First Audit. This could impact us going live in December
- Scrutiny Assessment Tool (SAT) has been further delayed.

BOARD MEETING 17 DECEMBER 2019

Agenda item 12
Report No: B-46-2019

Title:	**Employee Engagement Survey – Working together to address the results**
Author:	**Janice Gibson, Head of Organisational Workforce and Development (*Janice.gibson@careinspectorate.gov.scot)***
Appendices:	**1. High-level project plan**
Consultation:	**This report has been developed following consultation with Partnership Forum and the Executive Group on the planned approach to address areas for improvement identified through the employee survey results.**
Resource Implications:	**No**

EXECUTIVE SUMMARY

In April 2019 the Executive Group and Partnership Forum jointly commissioned BMG Research to develop and run an all staff survey and to provide a detailed report on the findings. The survey took place during May with 84% of staff participating. The Civil Service People Survey (CSPS) was used as a benchmark for this.

The survey results provided a good indication of where we are doing well together with the areas where we require to improve. The key findings of the survey can be summarised as;

- 74% of staff felt satisfied with their job
- 83% of staff felt sufficiently challenged by their work
- 82% of staff felt work gave them a sense of accomplishment
- 67% felt proud to work for the Care Inspectorate
- 53% of staff would recommend working for the Care inspectorate
- 56% of staff felt inspired to do their best job at the Care Inspectorate
- 70% felt personally motivated and their morale was high
- 77% felt they had a choice over how they delivered their job
- Pay and Grading was the area of least satisfaction
- Clarity about the organisation's direction also scored lower, although this is consistent with the timing of refreshing the new Corporate Plan

Discussions and close working with the Partnership Forum has helped to identify the key priorities to take forward.

This report sets out the approach and timetable for working with the Partnership Forum, Executive Group and our wider workforce to address these priorities. This will be done via a specific short life working group, our Culture group, through the pay and grading review and the current best value review of Learning and Development. The groups supporting this work will comprise of a wide range of staff who are based at different offices and include our local trade union partners. Their focus is to identify practical solutions to make the improvements in the areas identified by staff through the survey.

The Board is invited to:

1.	Note the planned approach and high-level project plan.

Agenda item 12
Report No: B-46-2019

Links:	Corporate Plan Outcome	1, 2 & 3	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N

For Noting	**X**	**For Discussion**		**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)* This is a public Board report.
Disclosure after: N/A

Reasons for Exclusion	
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Agenda item 12
Report No: B-46-2019

EMPLOYEE ENGAGEMENT SURVEY – WORKING TOGETHER TO ADDRESS THE RESULTS

1.0 INTRODUCTION

The Care Inspectorate is committed to supporting and developing our workforce to realise their full potential. By investing in our workforce through learning and development, we are supporting our staff to gain the skills required to enable them to support and positively contribute to our common purpose of contributing to world class care in Scotland. We also support our workforce by engaging and consulting with them in several ways, one of which is through an employee survey. This helps towards building a positive, supportive and safe culture in which to work.

Following our employee survey in May 2019, we shared the full report of survey findings with the wider workforce. We supported understanding of the findings through subsequent staff information sessions held across the country throughout June.

In total 12 briefing sessions for staff were delivered jointly by the members of the Executive Group and the Partnership Forum where colleagues had the opportunity to ask questions regarding the survey results. These sessions were held in the Hamilton, Aberdeen, Paisley and Edinburgh offices and via Teams to ensure as many colleagues as possible could be involved. Following these sessions, the full employee survey report was made available via the intranet to provide access for all staff.

The employee survey report was discussed at Partnership Forum and Executive Group during August and October 2019. Discussion took place on the planned approach to address the improvements identified through the employee survey results at these meetings. The Board also considered the employee survey at their development day in September 2019. Throughout the discussions it was acknowledged that people and partnership working must be key components to successfully address the priorities identified in the employee survey.

The feedback from the staff briefing sessions and discussions with the Partnership Forum, Executive Group and Board around the priority areas have informed the high-level project plan at Appendix 1.

The five key priorities areas are:

1. Access to learning and development
2. How we manage and communicate change and support effective working relationships
3. How we value and recognise staff in a way they appreciate.
4. Pay and Grading
5. Awareness and understanding of the Corporate Plan

The attached high-level project plan (appendix 1) defines how priorities one to three will be addressed through the following three groups: the group leading on our best value review into access to learning and development will look at priority one, and a specific short life working group and our culture group will look at priorities two and three.

The groups supporting this work will comprise of a wide range of staff who are based at different offices and include our local trade union partners working together to identify practical solutions to make the improvements identified by staff through the survey.

The pay and grading review, priority number four, is being supported by a specific working group led by Corporate and Customer Services.

In relation to priority number five, our Corporate Plan has been published and work is ongoing to promote it, ensure all staff are aware of it and recognise their role in supporting the strategic outcomes. Our Strategic Workforce plan has been informed by the results from the employee survey. The plan will be promoted across the organisation and the impact of the plan will be measured against the same questions used in the employee survey.

We are committed to reporting progress to the Executive Group, Partnership Forum and wider workforce through several mechanisms outlined in 2.2 below including a 'You said – We Did' document in the spring of 2020. This document will report on progress for all five priority areas.

1.1 What will our approach be?

- To work in partnership with colleagues to gain a clearer understanding of the areas we need to improve as outlined in the attached high-level project plan (appendix1).
- To encourage collective leadership and participation to build on what currently is working well.
- To support Executive Directors to consult with staff through their directorate days and encourage ownership of the action plan by all staff.
- To identify short, medium and long-term solutions and make recommendations for improvement activity based on these.
- To develop an action plan to take forward the medium and longer-term solutions.

1.2 How will we take this forward?

- The Organisation Workforce Development team will facilitate the working group meetings, follow up on actions agreed and support the work of the short life working groups looking at priorities two and three. These groups will be led by Kirstine Rankine and Fiona Barrett, Organisation and Workforce Development Managers.

- The Organisation and Workforce Development team will support data collection for all five priority areas and lead on all reporting to the Executive team, Partnership Forum.
- The Organisation and Workforce Development Team will support Team Managers and Executive Directors by providing materials to support positive and proactive discussions within their teams on the priority areas.
- The Organisation and Workforce Development Team will support Executive Directors in the development and facilitation of directorate days where Executive Directors or their nominated directorate leads will share the early solutions to the priority areas from the working groups with staff and staff will have a further opportunity to discuss their own solution focussed ideas.
- Executive Directors will encourage collective leadership at all levels and encourage participation at directorate days. Thereby reinforcing a positive culture, which values contributions from all and endorses positive ways of working.
- Organisation and Development and Internal Engagement teams will support regular communications on progress to staff via our normal channels: emails, staff update, intranet and Teams.

1.3 Progress to date

- The Corporate Plan has been launched and is being promoted with staff across the organisation through briefing sessions with the Chief Executive, Directors and Partnership Forum.
- The Strategic Workforce Plan has been approved and will be launched in December 2019.
- Directorate days are in the process of being planned, dates will be confirmed in early 2020.
- An internal best value review has commenced into Access to Learning and Development which will identify improvements to support increased access to learning and development activities, as well as measures to achieve best value for the organisation.
- A Teams page for the employee survey is under development and will go live mid-December. This will provide staff with the opportunity to discuss key themes, ask questions, share what is working well and suggest solutions. It can also be used to share informal updates. This will be managed by the Internal Engagement team.
- A short survey on learning and development accessibility has been issued to staff to provide deeper understanding of the staff survey results.

1.4 How we will report?

The following reporting mechanisms will be put in place:

- An initial update report from the working groups looking at priorities two and three and the Best Value Review group looking at priority one will be presented to Partnership Forum in January 2020.
- As the working groups conclude in March, a recommendation report will be written and presented to Partnership Forum and Executive Group.
- A note of working group meetings and actions arising will be made available to all staff via the Teams page.
- A 'You Said We Did' progress report and an action plan for longer term solutions will be presented to Executive Group, Partnership Forum and the wider workforce in Spring of 2020.
- Regular updates to Executive Group, Partnership Forum and staff will be provided using the following mechanisms: vlogs, blogs, focus groups, communications from the Chief Executive and Partnership Forum Chair.

1.5 Timetable

The table below outlines the proposed timeframe:

Date	Action
End of December 2019	The Short Life Working groups looking at priorities two and three will have had an initial meeting and planned how to take work forward supported by the Organisation and Workforce Development co-ordination team
Mid-January 2020	The Short Life Working Groups and directorates will have provided staff, Executive Group and Partnership Forum with an update on work to date via a written report shared at their meetings and via the intranet
January to end March 2020	Directorate Days take place as described at 2.0 above
January to end March 2020	Work ongoing within working groups
End of March	Best Value review will conclude, and recommendations presented to Executive Group. The recommendations will address the improvements identified through the staff survey around learning and development, as well as the best value review itself.
End of March 2020	Short Life Working Group and Culture Group will conclude consultation on priorities two and three, report on achievements to date, make recommendations and develop draft action plan to achieve the medium- and longer-term solutions.

April 2020 onwards	Build on solutions identified and piloted by groups
May 2020	Staff conference – supporting priority areas
May/June 2020	Pulse Survey will sample a group of staff to obtain a snapshot of early impact of the work around priorities two and three.
Autumn 2020	Temperature check all staff survey to evaluate progress
Autumn 2020	Presentation to the Board providing clear progress update of "You said we did"
Ongoing	Further pulse surveys will take place at six monthly intervals

2.0 IMPLICATIONS AND/OR DIRECT BENEFITS

2.1 Resources

Staff resource will be required for the short life working groups and this may have some impact on work plans however meetings will be managed to try to ensure impact is kept to a minimum. Teams will be used wherever possible and appropriate to do so. Resource requirements will be monitored by Organisation and Workforce Development Team and discussed with line managers.

2.2 Sustainability

There are currently no direct sustainability implications arising from this report.

2.3 Policy

This report should be considered within a policy landscape increasingly focused on workforce issues across health and social care. Ongoing policy drivers, such as the expansion of early learning and childcare, the National Health and Social Care Plan and the Health and Social Care (Staffing) (Scotland) Bill, place an emphasis on the importance of a skilled and valued workforce to ensure quality services. Issues around pay and grading could also be considered within the national context of what the Scottish Government describes as a 'very challenging overall budget position'.

2.4 People Who Experience Care

By investing in our workforce and organisation, staff will be well equipped to deliver the outcomes for people experiencing care in Scotland.

2.5 Customers (Internal and/or External)

Recommendations sought by this report may have positive impact for internal cross directorate/team working. These will require to be taken account of in planning implementation.

3.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note this report, the high-level project plan and the partnership approach to identifying solutions for the improvements in the priority areas identified and the development of a medium to longer term action plan to implement these identified solutions.

As detailed at point 2.3 above, pulse surveys will be undertaken at four to six monthly intervals from May/June 2020 to monitor staff experience of progress until the next full staff survey planned for May 2021.

Employee Survey – Working together to address the results: High level project plan

Steps	Groups established	Common understanding of areas to develop	Quick & medium term solutions identified	Directorate days	Recommendations & action plan	Temperature checks of progress
Timescale	Nov to Dec 2019	Dec 19 to Jan 20	Dec 19 to Jan 20	Jan to March 2020	April 2020	Autumn 2020
Activities	Membership, terms of reference & meeting schedule confirmed for 3 short life working groups: 1. Valuing & recognising our workforce (culture leads group) 2. Access to L&D (best value review group) 3. Managing change & supporting effective working relationships (employee & manager volunteers, PF rep)	• Discussion questions for each group developed. • Meeting agendas and sessions plans developed. • Feedback from each group collated and summary of agreed areas to develop confirmed by group members.	• Discussion questions for each group developed. • Meeting agendas and sessions plans developed. • Feedback from each group collated and summary of recommended quick and medium-term solutions confirmed by group members.	• Resource pack developed (slides, discussion questions, facilitator notes). • Drafts shared for feedback with directorate management teams. • Resource pack finalised. • Directorate facilitators briefed and supported by OWD.	• Report summarising recommendations, employee feedback and action plan developed for EG, PF and Board. • Directorate leads confirmed. Leads will be responsible for monitoring and reporting on progress against the action plan in their Directorate.	• Proposal for thematic temperature checks scoped and agreed. • Procurement completed and contract awarded. • Survey schedule (prioritised order and timescales) and design scoped and agreed. • Surveys launched, evaluated and reported on.
Comms	• Teams page set up • Overview of groups and remit shared via teams • Blogs by OWD leads	• Summary of areas to develop shared via teams • Vlogs by group members	• Summary of recommended solutions shared via teams for feedback	• Exec Director message to their teams • Update for PF	• Update from Peter & Fiona Birkin – You said, we did report • Blogs by Directorate leads	• Update from Peter and Fiona on the results for each survey.
Outcomes	• Groups in place with shared understanding of their purpose, deliverables and timescale for delivery and reporting. • All staff are aware of the groups and next steps. • All staff are aware of how they can access updates and share feedback with the groups.	• All groups have agreed the key areas to develop. • Updates on this work have been shared with staff.	• All groups have agreed their recommended quick and medium-term solutions. • All staff are aware of the proposals and how they can share feedback. • The proposals have been shared with directorate management teams and facilitators for feedback from all staff via the directorate development days.	Directorate teams: • understand our culture vision & have explored what this means in practice by sharing good practice examples • have explored what's important to them to feel valued & recognised • have shared feedback on the recommended solutions • have agreed how they will all take ownership of making the changes needed • have shared feedback with OWD	• All staff are aware of the action plan, progress achieved and plans for the medium-term. • Directorate leads have been nominated and action plan and understand their responsibilities to support the action plan and how to share updates and report on progress to OWD.	• All staff are aware of the survey findings and progress achieved.

Agenda item 13
Report No: B-47-2019

Title:	**Procurement Strategy April 2020 to March 2023**
Author:	**Gillian Berry, Senior Accountant** ***(gillian.berry@careinspectorate.gov.scot)***
Appendices:	**1.** ***Draft Procurement Strategy April 20 to March 23***
Consultation:	**Procurement Development Group has been consulted on the draft strategy. No amendments to the report were made following this.**
Resource Implications:	**None**

EXECUTIVE SUMMARY

The Care Inspectorate and SSSC's procurement contract values are below the threshold which requires a published procurement strategy as detailed in the Procurement Reform (Scotland) Act 2014. However, we develop and publish a strategy as good practice.

The purpose of this strategy is to set out how the Care Inspectorate and SSSC will plan and manage its procurement process to meet its corporate aims and objectives and comply with regulatory and legislative requirements in the next three years. The proposed strategy is attached as Appendix 1.

The procurement strategy sets out seven procurement priorities covering:

- Value for money
- Sustainable procurement
- Raising the level of procurement knowledge and skills
- Providing timely information
- Achieving the benefits from collaborative working
- Strengthening contract management
- Providing an effective procurement service

The strategy also describes the arrangements for monitoring and evaluating its implementation, which culminates in the procurement performance report which is submitted annually to the Board.

The Board is invited to:

1. Note and comment on the Draft Procurement Strategy (Appendix 1).

Links:	Corporate Plan Outcome/Principle	P4 P6	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	Y

For Noting	**Y**	**For Discussion**	**Y**	**For Assurance**		**For Decision**	

Agenda item 13
Report No: B-47-2019

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)* This is a public Board report.
Disclosure after: N/A

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

PROCUREMENT STRATEGY APRIL 2020 TO MARCH 2023

1.0 INTRODUCTION

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This strategy sets out how we will meet these requirements over the three-year period beginning 1 April 2020.

2.0 STRATEGY DEVELOPMENT

The strategy was developed in consultation with the internal Procurement Development Group. Feedback from the Central Government Procurement Shared Service and the Scottish Government Procurement Capability Team has also been considered in the development of the strategy.

The strategy is supported by an annual action plan. A set of performance measures is agreed with the Procurement Development Group and performance reports are presented biannually to this group.

The proposed procurement strategy is attached as Appendix 1.

3.0 EQUALITY IMPACT ASSESSMENT

An EIA has been completed in consultation with equalities colleagues from both the Care Inspectorate and SSSC. There was no negative impact on people with a protected characteristic identified through this assessment process.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

Sections 4.1 to 4.5 note the implications and direct benefits arising from this report.

4.1 Resources

There are no specific resource implications arising from the implementation of the Procurement Strategy.

4.2 Sustainability

Sustainability is a key priority in the procurement strategy and our progress towards achieving our objectives is reported in the Annual Procurement Report.

4.3 Policy

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The

Act, a key part of a procurement reform programme between 2006 and 2016, establishes a national legislative framework for sustainable public procurement and places a number of general duties on contracting authorities aimed at promoting good, transparent and consistent practice in procurement. The Scottish Government's Procurement Strategy 2017-2019 sets out national activity and priorities in relation to how procurement will support sustainable economic growth and deliver benefits for the people and communities of Scotland.

This procurement strategy should also be considered in relation to what the Scottish Government describes as a "very challenging overall budget position" on a national level, as well as the expectation to ensure effective governance within the context of public service delivery and reform for the benefit of the people of Scotland. Relevant policy developments in this regard include the National Performance Framework and the Four Pillars of Public Service Reform: Prevention, Performance, People and Partnership.

4.4 People Who Experience Care

Efficient procurement will help secure best value from contracts awarded. This in turn means that the Care Inspectorate optimises the use of its resources to maximise the benefits of the work of the Care Inspectorate to people who experience care.

4.5 Customers

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. The strategy details how we will manage, monitor and report on our performance in achievement the strategic priorities.

5.0 CONCLUSIONS/NEXT STEPS

The implementation of this procurement strategy and associated action plan will ensure we continue to strive for further improvement in procurement capability.

Care Inspectorate and Scottish Social Services Council Draft Procurement Strategy April 2020 – March 2023

Strategy Sponsor
Gordon Weir
Executive Director of Corporate and Customer Services (CI)
Director of Corporate Services (SSSC)

Lead Manager
Gillian Berry
Senior Accountant (CI)

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Gillian Berry	First Issued Version	

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1.0 INTRODUCTION

The Care Inspectorate and Scottish Social Services Council (SSSC) Procurement Strategy April 2020 – March 2023 has been informed by the Public Contracts (Scotland) Regulations 2015, the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations 2016. The Strategy is designed to take a responsible and sustainable approach to procurement.

The purpose of this strategy is to set out how the Care Inspectorate and the SSSC will plan and manage their procurement processes to meet their corporate aims and objectives and comply with regulatory and legislative requirements. The Procurement Strategy applies to all procurement conducted by the Care Inspectorate and the SSSC.

The aim of procurement is to deliver transparent and effective procurement which delivers best value, is legally compliant and follows best practice. This is especially important in a challenging financial climate. Good procurement can generate savings and efficiencies that can be used to re-invest in other activities to support corporate objectives.

Procurement is a devolved responsibility within the Care Inspectorate and the SSSC. Specific authority is required for staff to procure goods, services or works. The procurement must be undertaken within agreed policy and procedural parameters.

This document sets out the Care Inspectorate and SSSC's Procurement Strategy for the period to 1 April 2020 to 31 March 2023 and is supported by a Procurement Action Plan.

2.0 ACCOUNTABILITY

Chief Executives	Accountable Officers - have specific responsibility to ensure that procurement activity is conducted in accordance with the requirements of the Procurement section of the Scottish Public Finance Manual. This responsibility will be discharged through the implementation of this strategy.
The Executive Director of Corporate & Customer Services (Care Inspectorate) /	Sponsor of the Procurement Strategy
Finance & Corporate Governance	**Head of Finance and Corporate Governance:** Leadership and support for delivery of the Procurement Strategy **Senior Accountant:** Responsible for ensuring compliance with the Public Sector Regulations, developing and delivering the Procurement Strategy **Procurement Team:** Responsible for supporting the delivery of the Procurement Strategy and associated action plan, including developing guidance and providing support and guidance.
Delegated Purchasers	Support delivery of the Procurement Strategy
Care Inspectorate Board / SSSC Resources Committee	Approval of the Procurement Strategy
Procurement Development Group	Supports continued development of procurement capability. Membership drawn from across both organisations

2.1 Influencing Factors

The following external factors influence the development of this strategy:

- Public Contracts (Scotland) Regulations 2015
- Procurement Reform (Scotland) Act 2014
- Procurement (Scotland) Regulations 2016
- Freedom of Information and Data Protection Acts
- Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- Employment Relations Act 1999 (Blacklists) Regulations 2010
- Scottish Public Finance Manual

- Scottish Public Policy Notes

Internal factors influencing the development of this strategy include:

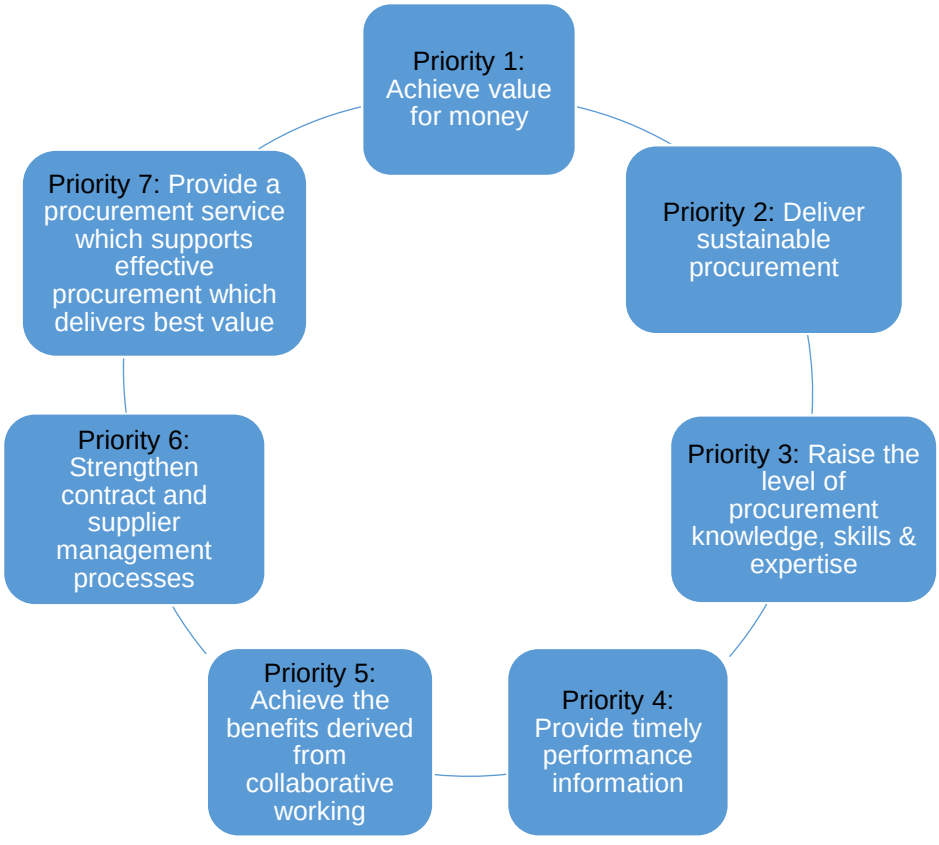
- Care Inspectorate Corporate Plan
- SSSC Strategic Plan
- Care Inspectorate and SSSC Procurement Guidance Note

3.0 OUR PROCUREMENT PRIORITIES

Our procurement strategy:

- sets out our priorities and proposals for procurement over the planning period;
- identifies those factors that will influence the way in which we manage the procurement process and
- describes the arrangements for monitoring and evaluating the strategy.

Our strategy has seven key priorities as follows:



3.1 Priority one: achieve value for money

We aim to achieve value for money when procuring goods, services and works. This is based on the optimum combination of whole life cost and quality (or fitness for purpose) to meet the user's requirement. Competition promotes efficiency and effectiveness in public expenditure therefore goods, services and works should be acquired by effective

competition, including adequate publication of the contract unless there are convincing and justifiable reasons to the contrary. Our policy, where possible, is to advertise tender opportunities above £10k, excluding VAT, on the Public Contracts Scotland advertising portal. We will award contracts based on the most economically advantageous tender (MEAT) which balances value for money and the required quality of the service, goods or works being procured.

Procurement activity contributes to the overall efficiency targets for the Care Inspectorate and the SSSC, with efficiencies realised reported in the annual Procurement Performance Report.

3.2 Priority two: deliver sustainable procurement

Sustainable procurement is "a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment" (Department for Environment, Food and Rural Affairs, 2006).

Sustainable procurement to the Care Inspectorate and the SSSC means routinely considering the environmental, social (including equality) and economic opportunities and impacts of purchasing decisions. This requires a long-term view.

We will comply with the sustainable procurement duty as detailed in the Procurement Reform (Scotland) Act 2014.

3.2.1 Prompt payment to suppliers and their sub-contractors

We are committed to paying our suppliers promptly and include a clause in our standard terms and conditions stating that we will pay valid invoices within 30 days from receipt. To ensure this flows through the supply chain, we have a further clause stating, where there are sub-contracting arrangements in place, that suppliers must make payment within the same terms to their sub-contractors.

The Care Inspectorate and SSSC work towards making payments to suppliers within 10 working days of receipt date. In the year to 31 March 2019, the Care Inspectorate and SSSC paid 99.13% and 99.67% respectively of suppliers' invoices within 10 working days. We will continue to work towards paying all valid invoices within this 10-day period.

3.2.2 Addressing Fair Work Practices, including paying the living wage through our regulated procurement

Both the Care Inspectorate and SSSC consider Fair Work Practices, including the living wage, in procurement before undertaking any procurement exercise. Where it is relevant and proportionate, this will form part of the quality/technical evaluation criteria.

We are committed to promoting the use of the Real Living Wage. We will continue to incorporate evaluation of workforce matters into all contracts where the use of labour is a key deliverable.

Where suppliers have staff working on our premises, these employees are being paid the Real Living Wage.

3.2.3 Community benefits

The Procurement Reform (Scotland) Act 2014 includes a sustainable procurement duty on public sector bodies requiring them to conduct their procurement in a way that will secure economic, social and environmental wellbeing and a requirement that public bodies consider the use of community benefits in major contracts.

We will promote the use of community benefits within procurement exercises where relevant and proportionate to the contract.

3.2.4 SME's, local businesses, supported businesses and the third sector

We will continue to review and update our procurement policies and procedures to ensure that we contribute to improving social, economic and environmental wellbeing where relevant in delivering our contracts. This ongoing review will ensure that we remain an inclusive organisation and encourage a diverse range of suppliers including SMEs, the third sector and supported businesses.

A 'supported business' means an economic operator whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the economic operator are disabled or disadvantaged persons.

We will use the Scottish Government's Commodities Reserved for Supported Businesses Framework where there is a requirement to purchase goods and services covered by this framework.

We fully support the Scottish Business Pledge, sharing the Scottish Government's ambition of boosting productivity, competitiveness, sustainable employment, and workforce engagement and development.

3.2.5 Fair & ethical trading

We will procure fairly and ethically traded goods and services in accordance with current legislation.

3.3 Priority three: raise level of procurement knowledge, skills and expertise

Procurement will be part of the induction that new staff undertake when they join the Care Inspectorate and the SSSC. Further detailed procurement training is provided to staff depending on the post and procurement responsibility. On-going training needs will be recorded in individual training and development plans as part of the performance and development process. The Procurement Team will also continue to maintain a central register of all procurement training undertaken by staff.

The latest customer survey found that all respondents agreed the procurement function is responsive to their needs for support in sourcing or ordering goods or services, whilst 90% agreed they received appropriate advice and support for procurement. We will continue to work with, and support staff who have a procurement responsibility to ensure staff are equipped with the necessary tools to increase their level of procurement knowledge, skills and expertise.

The Care Inspectorate and SSSC have in place a Counter Fraud and Corruption Framework which outlines where fraud and corruption may occur, who is responsible for reporting fraudulent activity and who to report it to. Appropriate preventative and detective controls, such as 'separation of duties' and robust systems of control, have been put in place to minimise the risk of fraud. We continue to participate in the National Fraud Initiative (NFI), which is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud.

Both the Care Inspectorate and the SSSC also have comprehensive guidance on whistleblowing which encourages employees to raise concerns about possible improprieties in the conduct of our business, whether in matters of financial reporting or other malpractices, at the earliest opportunity and in an appropriate way.

3.4 Priority four: provide timely performance information

We will provide procurement performance reports to the Procurement Development Group, Care Inspectorate's Executive Group and SSSC's Executive Team, the Care Inspectorate Board and SSSC Council that show analysis of expenditure, transactions and suppliers. We will also measure benefits and savings realised from our procurement activity.

3.5 Priority five: achieve the benefits derived from collaborative working

The Care Inspectorate and SSSC will continue to use collaborative frameworks led by Scottish Procurement and other national bodies where appropriate.

We continue to explore opportunities for further collaboration through our partnership with Central Government Procurement Shared Services (CGPSS) and membership of the Procurement Cluster Group 3 led by Scottish Enterprise. These relationships facilitate the sharing of knowledge and encourage partnership working to ensure we deliver value for money and pool resources and expertise.

3.6 Priority six: strengthen contract and supplier management processes

Effective contract management is essential in the delivery of goods, services and works.

However, we recognise this is an area where further work will strengthen our processes in this area. There is a training plan in place to ensure that staff receive relevant training on an ongoing basis. This training provides staff with the tools and techniques required to better manage our contracts and suppliers.

3.7 Priority seven: provide a procurement service which supports effective procurement which delivers best value.

We will review our business processes regularly to ensure that delegated authority is appropriate, that there is appropriate separation of duties when procuring goods and services, all valid invoices are paid on time and all purchasing and procurement procedures are followed.

We will support the preparation of guidance for consideration of cyber resilience in our procurement processes.

4.0 EQUALITY AND DIVERSITY

In line with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we consider equality throughout our tender processes and comply with legislation. Suppliers must not unlawfully discriminate against any person within the meaning of the Equality Act 2010 in its activities relating to contracting with the Care Inspectorate and SSSC. This is included in our standard terms and conditions.

Also included in our tender documentation and our standard terms and conditions is a requirement that suppliers comply with the Employment Relations Act 1999 (Blacklists) Regulations 2010 which address blacklisting activities.

5.0 HEALTH & SAFETY

The Care Inspectorate and the SSSC have Health & Safety Policies and associated guidance and procedures. Health and safety policies and associated information are requested where relevant from suppliers as part of the procurement process.

6.0 CONTINUING IMPROVEMENT AND ENSURING COMPLIANCE

Scottish Government introduced a new assessment regime, the Procurement and Commercial Improvement Programme (PCIP) in 2016/17, for which the Care Inspectorate & SSSC are assessed jointly. The most recent assessment was in November 2019 and we scored “green” across all of the assessed areas.

The procurement function is also subject to periodic review through the delivery of the Care Inspectorate and the SSSC’s internal audit plans, where any recommendations for improvement will be considered for implementation by the Executive Group (Care Inspectorate) and Executive Management Team (SSSC) as appropriate.

In addition to the above, a monthly review of spend activity is undertaken by the Procurement Team, culminating in an annual report to the Executive Group (Care Inspectorate), Executive Management Team (SSSC) and Board and Committee as appropriate. Any non-compliance identified through this review is addressed directly with the relevant officer(s).

We will regularly seek ideas and feedback from internal procurement users, suppliers and the wider procurement community to continually improve our performance.

7.0 CARE INSPECTORATE AND SSSC SHARED SERVICE

This strategy supports the shared service arrangement between the Care Inspectorate and the SSSC, which includes the procurement and payment functions.

8.0 DELIVERY OF STRATEGY

8.1 Communication

The Care Inspectorate and SSSC have procurement related sections on their external websites where we outline our procurement processes, our standard terms and conditions, our procurement strategy, our commitment to the Scottish Business Pledge and useful links for supplier guidance and support. We also publish a forward plan of regulated procurement for the next two financial years.

To ensure that stakeholders have the opportunity to engage and contribute to the development of the strategy, a consultation on the strategy has been undertaken as follows:

- Consideration by the internal Procurement Development Group
- Consideration by the Care Inspectorate Executive Group and SSSC Executive Team
- Equality Impact Assessment to be issued to all staff, all carer and user groups, all suppliers, SMEs, local businesses, supported businesses, the third sector and other interested stakeholders by publishing on the external websites.
- Consideration and approval by the Care Inspectorate's Board and the SSSC's Resources Committee.

All of our regulated contracts are publicly available on a contract register hosted by Public Contracts Scotland.

The approved strategy will be communicated to all staff through the intranet and to all other stakeholders by publishing on the Care Inspectorate and SSSC websites.

8.2 Management and monitoring

The strategy will be implemented on a day-to-day basis by the Procurement Team, working with colleagues within the Care Inspectorate and the SSSC with procurement responsibilities.

The priorities contained in the strategy will be translated into specific tasks each year using existing operational and financial planning processes. We will also use the corporate and business planning process to identify new procurement projects which are likely to require additional support from the Procurement Team.

We will review the strategy and our action plan annually. The outcome of the annual review will be a new programme of work and identified tasks that will feed into the operational and financial planning processes for the following year.

8.3 Reporting

As soon as practicable after the end of the financial year, an annual procurement report will be published to include

- A summary of regulated procurements completed during the year covered by the report
- A review of whether those procurements complied with the procurement strategy
- Non-compliant regulated procurements and a statement of the intention to ensure future procurements do comply
- Summary of community benefits as part of regulated procurements in the report period
- Summary of steps taken to facilitate involvement of supported businesses in regulated procurements during the report period
- Summary of regulated procurements expected to commence in the next 2 financial years
- Any other information as required by Scottish Ministers.

An annual procurement performance report will be submitted to the Care Inspectorate's Board and the SSSC's Audit and Assurance Committee, reporting procurement performance and progress towards achieving the priorities in this strategy. This will be published on the Care Inspectorate and SSSC's websites.

9.0 SUPPORTING POLICIES

Our strategy for procurement is supported by other policies and procedures on:

- purchasing of goods and services;
- procurement procedures;
- data protection and records management;
- prevention and detection of fraud and bribery;
- whistleblowing;
- carbon management plan;
- health and safety; and
- equality & diversity.

Agenda item 14
Report Number B-48-2019

Title:	**Monitoring Our Performance 2019/20 – Quarter 2 Report**
Authors:	***Al Scougal, Senior Intelligence Analyst (al.scougal@careinspectorate.gov.scot)*** ***Kaisha Wallace, Intelligence Researcher (Kaisha.wallace@careinspectorate.gov.scot)***
Appendices:	**1. None**
Consultation:	**N/A**
Resource Implications:	**None**

EXECUTIVE SUMMARY
This report presents the quarter 2 2019/20 summary report on performance along with an overview of key achievements and work progressed in quarter 2 2019/20.

The Board is invited to:	
1.	Discuss and note the report.

Links:	Corporate Plan Outcome	1,2,3	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N		N

For Noting	**x**	**For Discussion**	**x**	**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:	This is a public board report.
Disclosure after:	N/A

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

MONITORING OUR PERFORMANCE 2019/20 – QUARTER 2 REPORT

1.0 INTRODUCTION

This is the first performance report following the introduction of our new Corporate Plan 2019-2022 and associated Performance Measurement Framework.
Under each of the three strategic outcomes in our Corporate Plan, we have set out our performance against our agreed measures and highlighted key areas of work delivered or progressed in the last quarter. The director with lead responsibility for action is noted under each measure.

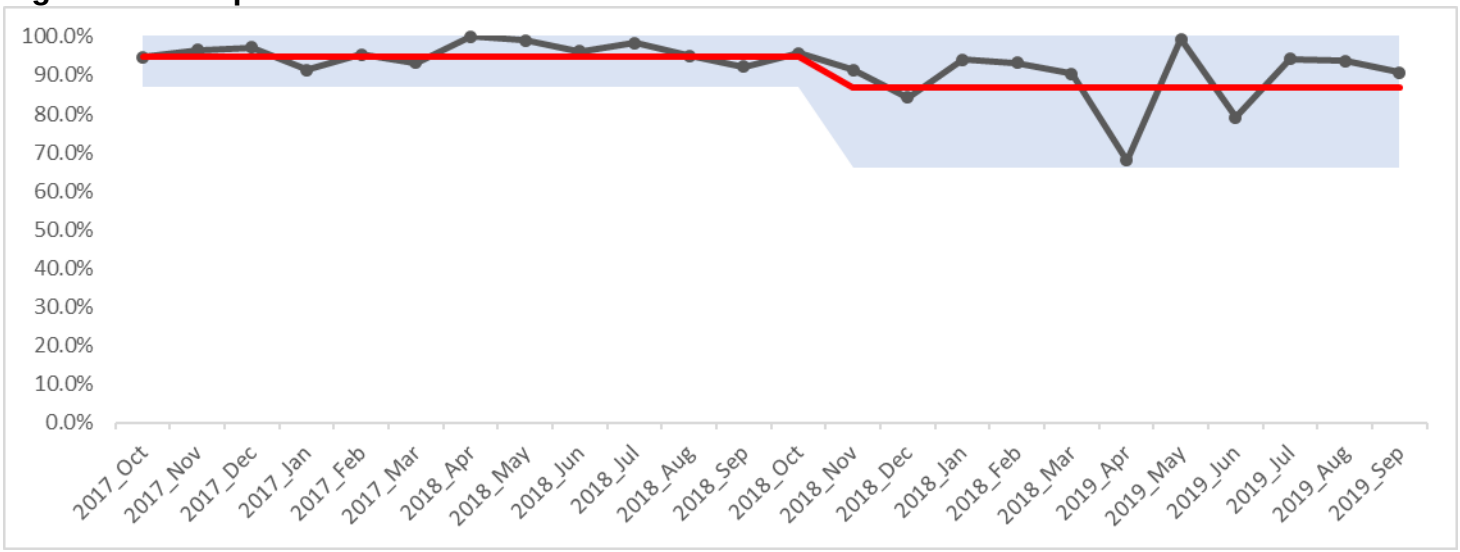
Types of performance Measure

Our performance measures are split into two types: Key Performance Indicators (KPIs) which are specific and quantifiable measures against which the Care Inspectorate's performance can be assessed, and Key Outcome Indicators (KOIs) which are measures that the Care Inspectorate aims to influence by its work, but which it may have limited control over. Some of the KPIs and KOIs were reported in previous reports as KPIs and Monitoring Measures (MMs).

Changes to presentation

For some of the KPIs and KOIs a specific type of chart has been used to determine whether performance is within normal statistical control limits. This will help us to understand whether any month-to-month variation in performance is persistent and reflects a real change, or whether it is within an expected range of variation we would expect to see. The chart used is called an XmR chart and typically displays two charts (X chart and mR chart) for a measure. For simplicity and clarity, only X charts are displayed in the report whilst the mR charts have been used internally to aid analysis of performance. An X chart shows performance over time, average over time and upper and lower statistical control limits (see Figure 1 below).

Figure 1: Example X chart



The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods. The pale blue shaded area represents the range of routine variation and falls between the upper and lower

statistical control limits. If a measures performance is consistently above or below the average line (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits

for 4 consecutive points then we can be confident there has been a real change in performance. As such, the average line and control limits are recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 SEPTEMBER 2019

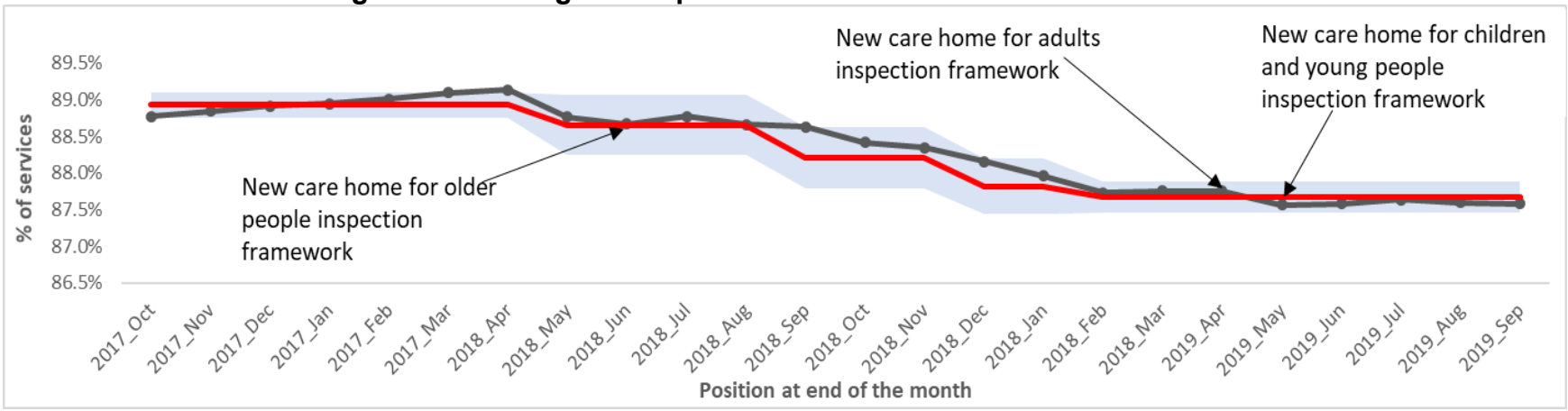
This table shows a summary of performance for the **year to date** for each KPI.

Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
KPI1: % of people telling us that our scrutiny will improve care. **staff: 91%** **people experiencing care: 100 %** [Target 90%]	**KPI5:** % of registration applications completed within timescales **73.9%** [Target 80%]	**KPI8:** Days per quarter that inspection volunteers and care experienced people are involved in our work.
KPI2: % of statutory inspections completed. **87.4%** (1,036 completed out of 1,185 planned) [Target 99%]	**KPI6:** Level of investment in learning and development for our workforce **%**	**KPI9:** Number of service types with a new inspection framework. **4 service types** [Target 11 service types with a new inspection framework by 31 March 2020] Q1 Target: 3 or more Q2 Target: 4 or more Q3 Target: 6 or more Q4 Target: 9 or more
KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only). **39.0%** [Target 80%]	**KPI7:** % of inspection hours spent in high and medium risk services **30.1%** [Target 25%]	
KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution). **67.9%** [Target 80%]		**Colour code** **Target achieved** **Slightly below target** **Significantly below target** **Data not available**
KPI4: % staff absence. **5.5%** [Target 3.8%]		

Strategic outcome 1: People experience high-quality care

KOI1: % services with all good or better grades		Executive Director of Scrutiny and Assurance
Target	**n/a**	**KOI1: % services with all good or better grades - position at the end of the month**
Q2 Year to Date	**87.6%**	
Q2 Year to Date 18/19	**88.4%**	



Figures in chart are the position at the end of the month and match the year to date figure

Notes: The % services with good or better grades remains high with over 87% of registered services having all grades of good or better at the end of Q2. Within that context, the above chart highlights a very slight but statistically significant 0.8 percentage points (pp) fall from Q2 last year. This slight decline looks to have stabilised, but the launch of new inspection frameworks may impact future performance. Please note the scale of the above chart has been adjusted to highlight the small but definite decline in the percentage of services with good or better grades from the start of 18/19 inspection year.

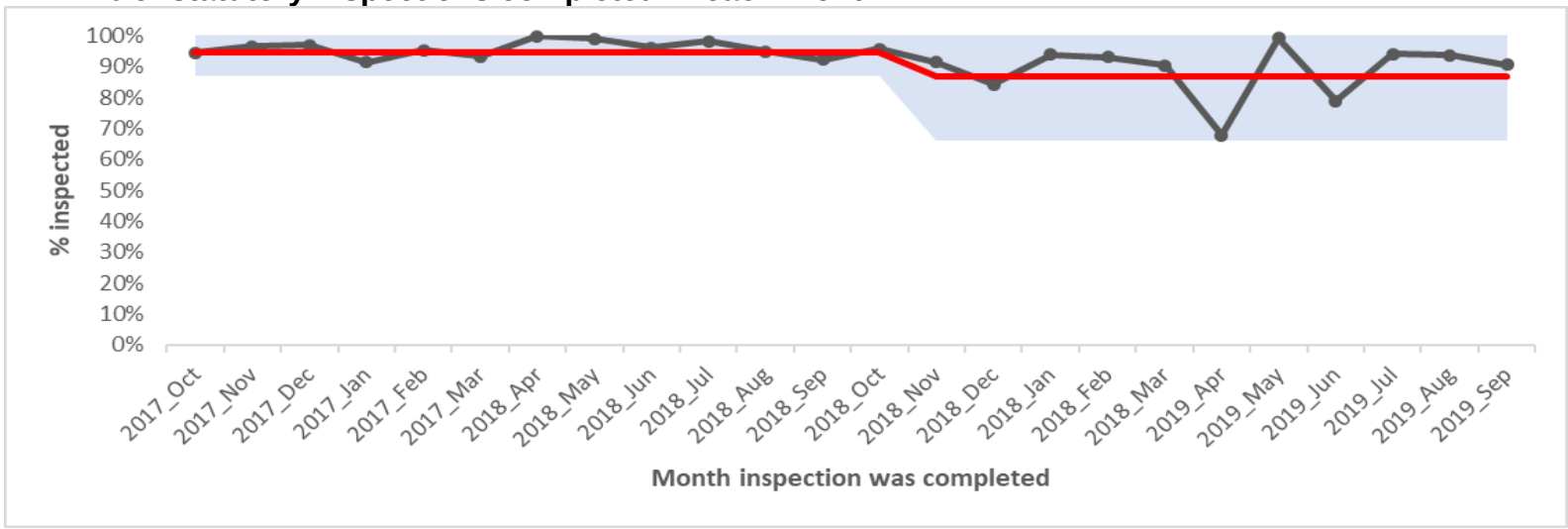
Reasons for Difference: The new Health and Social Care standards and the introduction of the new inspection framework in care homes for older people has shifted our focus further to evaluating outcomes rather than processes. The % of care homes for older people with good or better grades fell 8 pp from Q2 last year. This is a step change in approach, and we will expect to see further changes to this trend as we implement the remaining inspection frameworks.

Actions: At present this KOI is stable, but it will be important to monitor the impact that the new inspection frameworks implemented in summer 2019 (KPI9) may have going forward.

KPI1: % of people telling us that our scrutiny will improve care	**Executive Director of Scrutiny and Assurance**
Target	**90%**
Q2 Year to Date	**91%** of staff (214 replies) and **100%** of people experiencing care (46 replies)
Q2 Year to Date 18/19	**98%** of staff (285 replies) and **98%** of people experiencing care (81 replies)
Notes: The percentage of staff telling us that our scrutiny will improve care was down 7 pp from Q2 last year. The percentage of people experiencing care telling us that our scrutiny will improve care was up 2 pp from Q2 last year. Both measures remain above target. *Questionnaires are sent out to a representative sample of services. The KPI is based upon cumulative responses received by the end of the quarter and will be revised in future reports as more questionnaires are submitted	
Reasons for Difference: Whilst the percentage of staff telling us that our scrutiny will improve care was down from last year it still remained within the routine variation for this measure	
Actions: Reinforce with staff that these questionnaires must be used for all services in the sample.	

KPI2: % of statutory inspections completed	Executive Director of Scrutiny and Assurance
Target	**99%**
Q2 Year to Date	**87.4% (1,036 of 1,185 inspections)**
Q2 Year to Date 18/19	**90.6% (1,058 of 1,168 inspections)**

KPI2: % of statutory inspections completed in each month



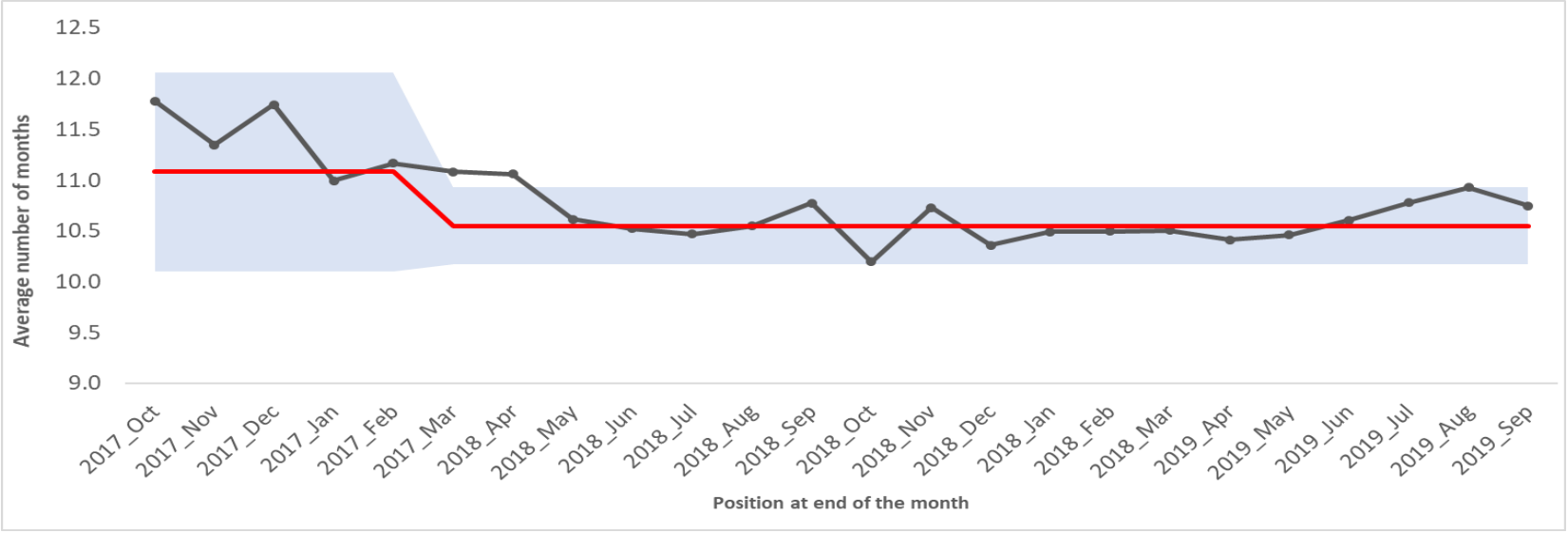
Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: We completed 1,036 statutory inspections up to the end of Q2 this year, 22 fewer than last year. As a % of planned statutory inspections this is a drop of 3.2 pp from Q2 last year. The above chart presents longer term trends and shows from Q3 17/18 to Q2 18/19 the % of statutory inspections was very consistent and the variation remained within tight control limits. From Q3 18/19 the average % of statutory inspections completed has declined and the process has become more variable, as shown by the wider control limits.

Reasons for Difference: In line with the objectives set out in our corporate plan, we are spending more of our time in high risk services (see KPI7) and this may result in us completing fewer statutory inspections of low risk services. Our remaining inspection capacity is reduced this year across both adults and childrens inspection teams in order to: support our ambitious business and digital transformation work; to ensure staff can complete the PDA; and to ensure inspectors can support improvement initiatives. We have a number of inspection staff on long term sick leave (see also KPI4) and a number of vacancies which we are taking action to fill (see below). Finally, there has been some impact on inspection throughput as staff develop their knowledge of new inspection frameworks, and this has particularly affected children and young people's inspections this quarter although we expect throughput in this area to increase over the remainder of the year.

Actions: While we will continue to prioritise our work in high risk services, support our transformation and improvement workstreams and ensure our staff can complete the PDA, we are working to increase inspection capacity in number of ways:

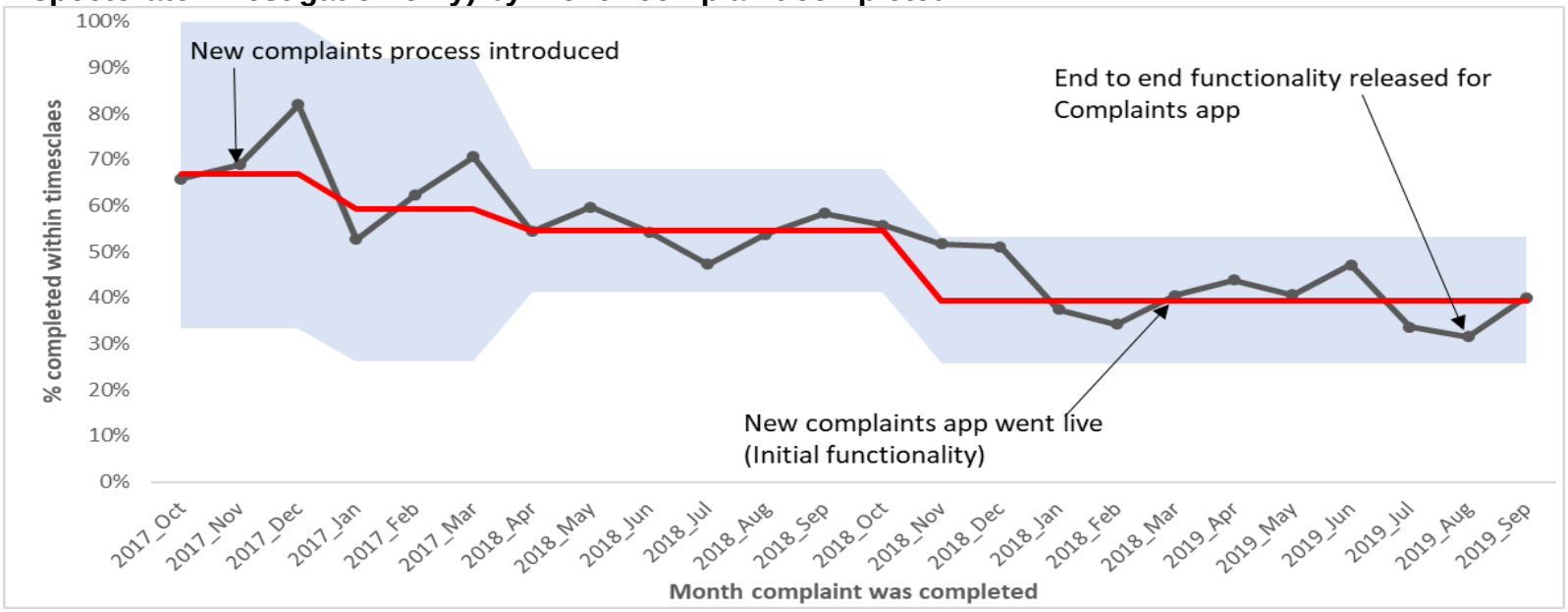
- Adult team managers are reviewing capacity on a monthly basis to support statutory inspections and have offered over-time to staff to complete these.
- We are evaluating the impact of the new children and young people framework on inspection time and expect to complete all planned statutory inspections of children and young people's residential services by the end of the year.
- We are currently recruiting to fill 5 vacancies in adult services and 1 in children and young people with a further new children and young people inspector starting towards the end of Q2.
- We are managing sickness absence levels – see KPI4 for further detail on actions.

KOI2: average time a service continues to have a grade of less than adequate		**Executive Director of Scrutiny and Assurance**
Target	**n/a**	**KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month**
Q2 Year to Date	**11 months**	
Q2 Year to Date 18/19	**11 months**	**Figures in chart are the position at the end of the month and match the year to date figure**
Notes: The average time a service had a grade less than adequate reduced around Q3 17/18 and has remained stable since Q1 18/19. Over the last quarter there has been a run of months where the length of time is higher than the average but remains within control limits. Care homes for children and young people, childminding and residential special school care accommodation were all above the average of 11 months. Services for children typically spend a longer time with a grade of less than adequate.		
Reasons for Difference: The sustained high performance in KPI7 (time spent in high and medium risk services) over this time does not seem to have resulted in a reduction in time a service continues to have a grade of less than adequate overall. However, it is important to note that the majority of time spent in high and medium risk services has been spent in adult services (75% of all hours in high or medium risk services). For adult services, 44% of inspection hours were spent in high and medium services. This compares with 20% in children and young people services and 14% in Early learning and childcare (ELC) services.		
Actions: Monitor upcoming months to see if the recent increase in the KOI continues which may indicate a significant change in performance.		

KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only)	**Executive Director of Scrutiny and Assurance**

Target	**80%**
Q2 Year to Date	**39.0% (302 of 775)**
Q2 Year to Date 18/19	**54.9% (367 of 668)**

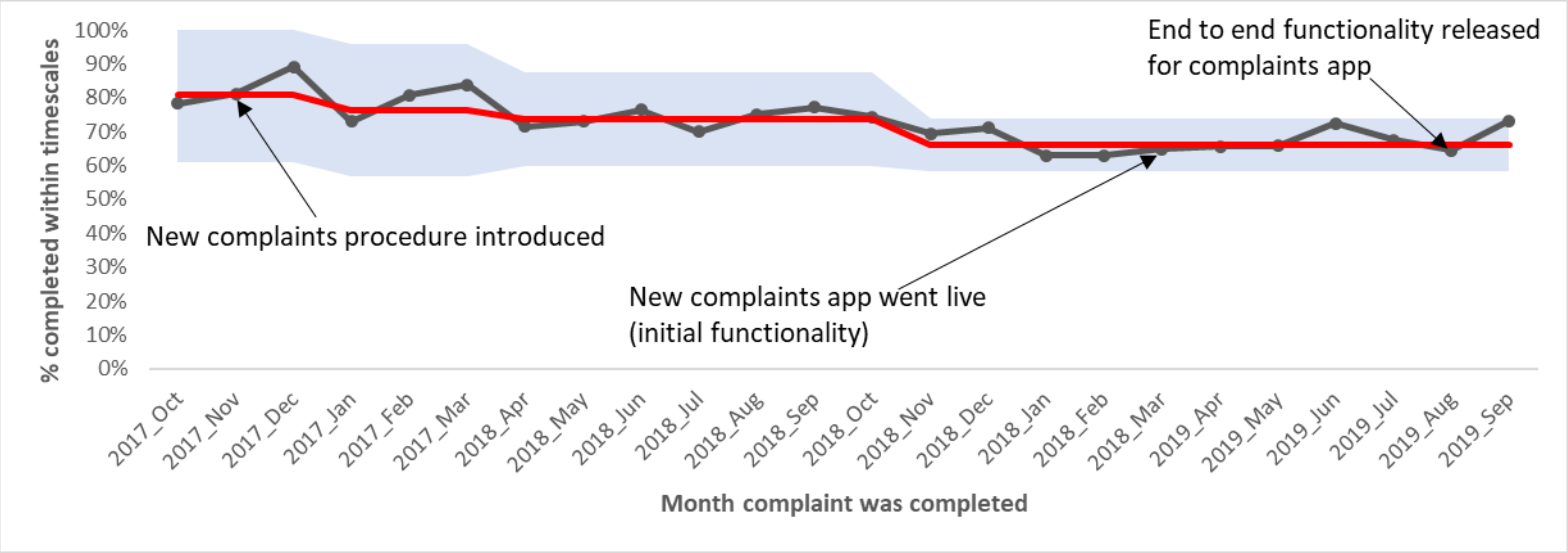
KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only) by month complaint completed



Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Since Q3 17/18 there has been a significant drop in performance and although performance has remained relatively stable since Q3 18/19 (as illustrated by the smaller control limits) it is well below target. Under the revised complaints procedure introduced in November 2017 we now deal with more complaints quickly and in different ways relative to the risk / intelligence with a smaller percentage proceeding to full investigation. However, because of the significant and sustained increases in complaints received month on month and year on year since 2015/16 we are fully investigating more complaints now than ever before. Those that do proceed to full investigation are higher risk and, by default, generally more complex and time consuming. In addition, prior to 1 November 2017, performance figures were calculated differently and therefore not directly comparable. Delays in progressing complaints investigations are often out with our control. We are exploring how we might in future reflect these in performance reporting.

Reasons for Difference: We continue to have resource challenges coupled with a significant and sustained rise in the number of complaints received (up 13% from last year at Q2). During the period we had 5 WTE staff vacancies and a total of 6 staff unavailable due to term time flexible working contracts or due to long term sickness absence. Therefore, the performance needs to be considered in relation to this and in the context of the number of complaints increasing month on month and year on year and showing no signs yet of levelling out. So far this year between 1 April 2019 and 30 September 2019 we have received 2,906 complaints compared to 2,572 in the same period last year. This represents an increase of 334 complaints or 13%. Having already received 2,906 complaints in just 6 months, if the trend continues, we are on target for receiving around 6,000 complaints this year compared to 4942 last year an overall increase of around 21% (1,058 extra complaints). There is a clear correlation between the drop-in performance and a corresponding increase in the number of complaints received.
Actions: Approval has been given for an additional Service Manager post to allow the complaints function to be overseen by a dedicated full-time Service Manager (advertised 1.11.19). An additional team manager resource 0.5 FTE has been put in place which has enabled existing staff to split into a fourth complaints team to enhance management oversight/ performance monitoring. This has now been extended until 31 March 2020. Two inspectors have recently been recruited. The first is due to start on 2 Dec 2019. The second recruit is expected to start mid-December. A part-time member of staff from an agency has also been successfully recruited (21 hrs per week). The recruitment process for staff to fill existing vacancies and additional posts is ongoing. We are exploring with the digital transformation team and the Intelligence Team how operational managers can get better, more up to date /real time performance information.

KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)		**Executive Director of Scrutiny and Assurance**
Target	**80%**	**KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) by month complaint completed**
Q2 Year to Date	**67.9% (1,002 of 1,475)**	
Q2 Year to Date 18/19	**73.8% (847 of 1,148)**	**Figures in chart are calculated for each month and will only match the year to date figure by chance**

Notes: Over the year to 30 September, 67.9% of all complaints we resolved were completed within 40 days – a 3.9pp decrease from last year, and below target. We resolved a total of 1,475 complaints up to 30 September 2019, an increase of 327 or 28% compared with the same period last year, and of these we resolved 155 or 18% more within the 40-day target than last year.
Like KPI3(a), while there is now less variation following the launch of the new complaints process in Q3 17/18, performance has declined steadily though not to the same extent as KPI3(a). Performance has remained relatively stable since Q3 18/19 but still below target.

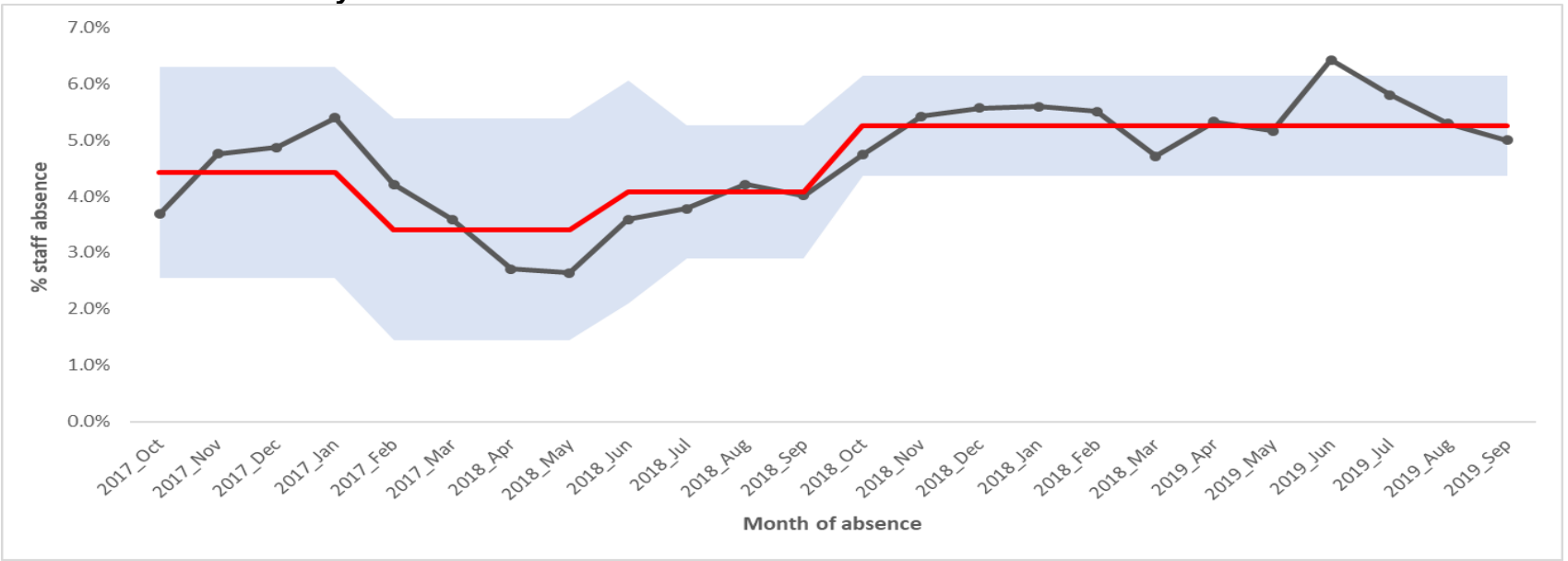
Reasons for Difference: As for KPI3(a)

Actions: As for KPI3(a)

KPI4: % staff absence	Executive Director of Corporate and CustomerServices

Target	**3.8%**
Q2 Year to Date	**5.5% (23,657 out of 431,344 hours)**
Q2 Year to Date 18/19	**3.5% (15,534 out of 445,723 hours)**

KPI4: % staff absence by month of absence



Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Sickness absence has increased 2pp from Q2 17/18. The sickness absence is higher than the CIPD public sector average of 3.8%. While the variance in sickness absence has decreased since Q3 17/18, sickness absence has increased. Performance has remained relatively stable since Q3 18/19 but still above the 3.8% target.

Reasons for Difference: The number of people off due to long term absence has fallen since quarter 1 but remains high with 23 absent long term as at the close of quarter 2. This is lower than it was at the start of the quarter, but still higher than usual (typically we have 16 – 19 people absent long term). Long term sickness has the biggest impact on our lost working time rate and because a large number of people continue to be off long term, sickness absence rates are likely to remain high in the coming months.

Adults and Complaints teams and the Children and Registration teams had sickness absence of 4.8% and 8.5% respectively. These sickness absence levels are noted above as having a considerable impact on our capacity to achieve other KPIs, in particular KPI2 (statutory inspections) and KPI3(a) and (b) (complaints completed).

Actions:
- HR continue to work with management and employees to reduce our organisational absence levels. The HR team hold monthly case management meetings and an HR colleague is allocated to work with managers on each absence case (short and long-term). HR present the summary report findings to the Executive Director of Corporate and Customer Services on a monthly basis and discuss an overview of cases at meetings with relevant senior managers.
- Managers are to be provided with detailed monthly absence reports to ensure early intervention and support for staff (such as occupational health advice, phased return facilitation plans and appropriate risk assessments)
- HR will carry out a further promotion on the need for a return to work discussion to take place in 100% of cases. Also ensure health and well-being is discussed at every 1:1 meeting as well as team meetings so that it is kept at the forefront of the business agenda.
- The Health and Safety (H&S) team have launched an eLearning package for all employees that includes a number of useful resources such as DSE assessments, lone working, resilience and managing conflict sessions – there is a requirement built into the team risk assessments for all staff to complete these.
- HR will present at the next H&S Committee an overview of our absence statistics and what action we are taking to raise awareness across the organisation
- We continue to monitor stress/mental health-related illness and will roll out Mentally Healthy Workplace training early next year.
- We have reviewed our processes on stress risk assessments and the Return to Work form to ensure that line managers complete a stress risk assessment where required and that completion rates are monitored.
- Further work is being progressed to develop awareness sessions on the Maximising Attendance Policy and we continue to focus on prevention through our Healthy Working Lives work

Total scrutiny and improvement interventions completed up to 30 September 2019

	Number completed in 2018/19 up to 30 September	Number completed in 2019/20 up to 30 September	Comparison of 2019/20 vs 2018/19 year to date
New registrations completed	402	381	▼
Inspections completed	3,187	2,805	▼
Complaints received	2,572	2,906	▲
Number of variations completed (not including typographical changes to certificates).	1,295	1,905	▲
Total scrutiny interventions completed	7,456	7,997	▲

New registrations completed: Slightly fewer new registrations completed compared to last year.

Inspections completed: We have completed fewer inspections overall so far this year compared with last year. Whilst, inspections fell across all teams the largest decrease was in Early Learning and Childcare services which had 7pp fewer planned inspections completed than the previous year.

Complaints received: The number of complaints received has increased by 334 or 13% from Q2 last year. Complaints are up across most service types. Although levels of complaints received have risen over this period, the percentage of services graded good, very good or excellent in all evaluations has remained relatively consistent (KOI 1). The increase in complaints may be attributable to the increased awareness of our complaints process and of the standards of care people should expect.

Variations completed: The number of variations completed has increased from Q2 last year largely due to the increase in variations as a result of the early learning and childcare (ELC) expansion work.

Summary of key achievements and work progressed in Q2 2019/20

Strategic inspections
We published reports of strategic planning in East Dunbartonshire and Perth and Kinross; a report of joint inspections of services for children and young people in Aberdeen and a report into the inspection of justice social work services in West Dunbartonshire.

On-going Investigation
We are working closely with Police Scotland, Procurator Fiscal, Crown Office and the Health and Safety Executive in relation to the ongoing investigation of the death of a young child in an early learning and childcare setting. We have taken a coordinated approach to inspect all services operated by this provider with a focus on mealtimes and have reviewed and updated the Care Inspectorate's guidance for services on prevention of choking.

Lessons Learned
In adult services, following the lessons learned about the care home closures, we have taken action to identify care homes at risk, develop chronologies and put in place a development plan in collaboration with the service to support service improvement.

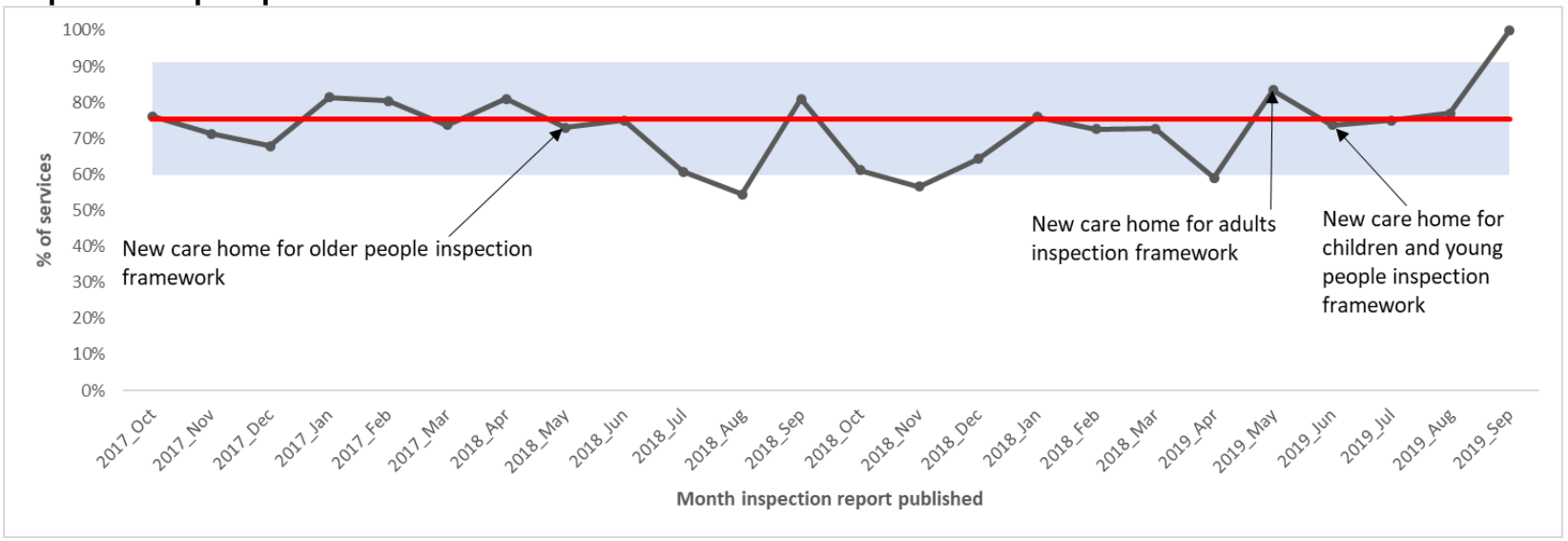
Shared Intelligence
The adults team has in place a pilot to share intelligence in care homes between Police Scotland and the Care Inspectorate called STORM. This improves intelligence sharing between the organisations and supports the move to intelligence and risk led scrutiny. Additionally, the adults team have put in place links with Health and Safety Executive to share intelligence. We have worked together to raise awareness of legionella in care homes and burns and scalds. This has enabled people to be aware of good practice and supports improvement.

Capturing the views of people experiencing care
We rolled out our new care surveys for all inspectors of care homes for older people. These surveys collect valuable information for inspectors about the quality of care experienced which inspectors can use to focus their inspections. The new surveys are designed around our new quality framework and reflect the health and social care standards. We also launched a small-scale test of an online version with a view to expanding the opportunities for people to give us their views, and we will evaluate these new surveys by the end of the year.

Using our Intelligence to focus our resources
Annual returns are a key source of information for inspectors, and we undertook a small-scale consultation with staff to ensure that they continue to meet their needs. Although we expect more significant changes in future as part of our digital transformation, we have proposed only essential changes this year.

Strategic outcome 2: People experience positive outcomes

KOI3: % of services with all good or better grades at first inspection following registration		**Executive Director of Scrutiny and Assurance**
Target	**n/a**	**KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published**
Q2 Year to Date	**73.9% (139 of 188 services)**	
Q2 Year to Date 18/19	**69.3% (208 of 300 services)**	



Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Our registration process plays a key role in ensuring that people have access to good quality care services. Over the year to date, 73.9% of services inspected for the first time following registration were found to be good or better across the board - an increase of 4.6pp compared with the same period last year.
It is worth noting that the above chart shows the wide range of routine variation in this process has not changed since Q3 17/18 and the mean remains at around 76%. Although performance in the year to date is 4.6pp higher than last year, the information provided in the chart above indicates this may be due to random variation rather than a sustainable increase in high quality services registering.

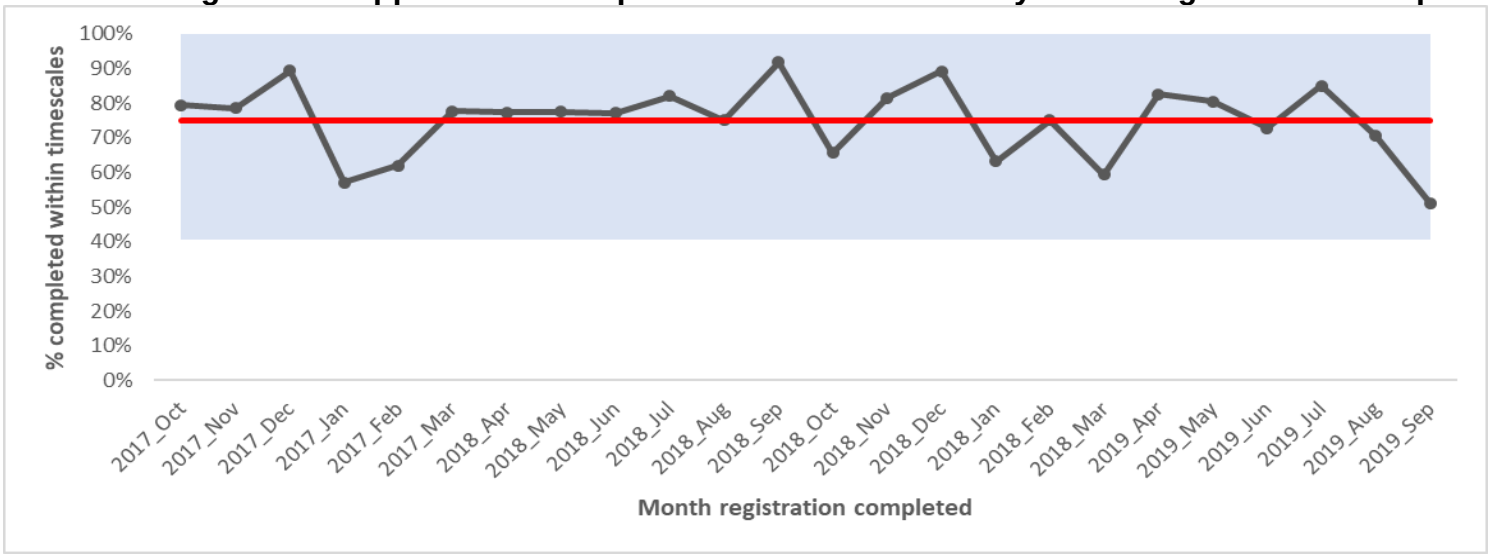
Reasons for Difference: The wide routine variation indicates that this process is not yet consistent, so it is difficult to identify if changes in performance are genuine changes or due to routine variation in the quality of services which are registered.

Actions: Continue to monitor and try to identify reasons for wide routine variation.

KPI5: % of registration applications completed within timescales	**Executive Director of Scrutiny and Assurance**

Target	**80%**
Q2 Year to Date	**73.9% (178 of 241 applicable registrations)**
Q2 Year to Date 18/19	**80.4% (168 of 209 applicable registrations)**

KPI5: % of registration applications completed within timescales by month registeration completed



Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Performance is below target and down 6.5pp on Q2 last year. There was ongoing wide variation in performance on this KPI. Although performance in the year to date appears down on last year, the chart above shows importantly this is not a statistically significant decrease.

Reasons for Difference: The % of registration applications completed within timescales was down for childminder (down 22%) and non-childminder (down 17%) services compared to Q2 last year. There has been a backlog of ELC registrations due to the increased variations the ELC expansion work has generated. The registration team completed 258 new registrations for ELC services for Q2 year to date.

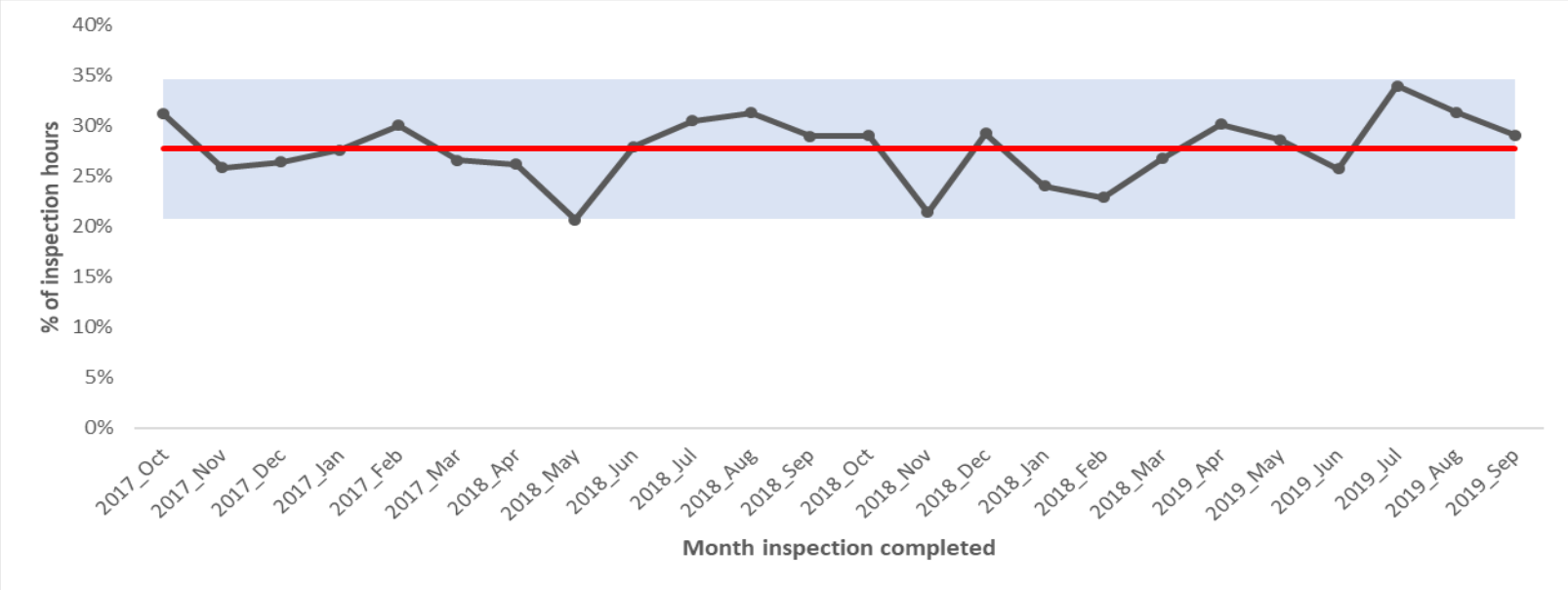
Actions: 7 inspectors were seconded from ELC teams (5 on 19 Aug 2019 and 2 on 30 Sep 2019) to registration to support the expansion work and avoid undue delay with processing ELC registrations and variations in the future.

<table>
<tr><th colspan="2">KPI6: level of investment in learning & development for our workforce</th><th>Interim Executive Director of Strategy and Improvement</th></tr>
<tr><td>Target</td><td></td><td rowspan="3">First report will be on Quarter 4 (ending 31 March 2020)</td></tr>
<tr><td>Q2 Year to Date</td><td></td></tr>
<tr><td>Q2 Year to Date 18/19</td><td></td></tr>
<tr><td colspan="3">Notes: Work is required to create an initial measure which is likely to focus on investment in our staff (e.g. development days per staff member), with a view to moving to a measure that focuses on impact of this investment in the final year of this corporate plan.</td></tr>
<tr><td colspan="3">Reasons for Difference:</td></tr>
<tr><td colspan="3">Actions:</td></tr>
</table>

KPI7: % inspection hours spent in high and medium risk services	Executive Director of Scrutiny and Assurance

Target	**25%**
Q2 Year to Date	**30.1% (20,705 of 68,777 hours)**
Q2 Year to Date 18/19	**28.3% (18,339 of 64,888 hours)**

KPI7: % inspection hours spent in high and medium risk services by month inspection completed



Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: In the first half of this year we spent almost 69,000 hours on inspection, around 4,000 hours or 6% more than over the same period last year. Of these hours, 30.1% were spent in high or medium risk services, in line with our aim to target our resources where risk is highest. Performance increased 1.8 percentage points from the year to date Q2 position last year although this increase is not yet a sustained increase. The majority of time spent in high and medium risk services has been spent in adult services (75% of all hours in high or medium risk services). For adult services, 44% of inspection hours were spent in high and medium services. This compares with 20% in children and young people services and 14% in Early learning and childcare (ELC) services.

Reasons for Difference: Continued focus on high and medium risk services has kept KPI performance high but potentially at the expense of statutory inspections (KPI2).

Actions: With capacity challenges highlighted earlier in this report, we will continue to track and manage the balance between focussing on areas of high risk and meeting our statutory obligations (KPI2).

Summary of key achievements and work progressed in Q2 2019/20

Children's Services Event

Strategic inspectors delivered the first of the Scottish Government Getting it right for every child - Collective Leadership of Children's Services events in September. The purpose of these events being to provide confidence for practitioners and managers about shared understanding and approaches to the leadership and delivery of services for children and families.

Data-Set Orientation Sessions

Strategic link inspectors have participated in the dataset orientation sessions led by CELCIS with groups of Child Protection Committees across the country. The dataset work carried out by the Care Inspectorate along with CELCIS aims to enable and support more effective use and scrutiny of data by strategic partnerships to strengthen their own self-evaluation.

Collaborative Work

We co-hosted an event with Scottish Government in September to support local authorities to better understand how to provide an indoor/outdoor nursery. This new concept of indoor/outdoor settings enables providers to take account of high quality natural outdoor play areas and include this space to increase registered numbers. Following the success of the event Scottish Government have requested we facilitate another four events for all local authorities to attend.

Improvement programme

The three-day Angus providers improvement programme, held in collaboration with Scottish Care, has been completed. Eleven services presented their improvement projects at a group showcase on the final day of the programme. The feedback from the services involved has been overwhelmingly positive and the learning from this prototype will be used by the improvement support team to scale and spread the building of improvement capacity and capability across Scotland.

Arts in care

Run in collaboration with Luminate, Creative Scotland and the Baring Foundation, the aim of Arts in Care is to embed high quality arts in care activity across Scotland. Arts in care is being delivered in two phases. Phase one has started with 18 artists being selected for training to work in care homes. Phase two will recruit artists to work in up to 30 care homes across Scotland, delivering high quality creative activities for both residents and staff, while continuing the programme of training and professional development.

Informing the public and stakeholders
We published the following statistical publications during Q2:

- Complaints about care services in Scotland 2015/16 to 2018/19
- Fostering and Adoption 2018/19 Statistical Bulletin
- Early Learning and Childcare Statistics 2018

Sharing Intelligence
We continue to participate in the Sharing Intelligence for Health and Care Group chaired by HIS and NES. In Quarter 2, the group published its latest annual report on its work, which is available here.
http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2018-2019.aspx

In Q2, we published an updated MoU and a new Data Processor Agreement with SSSC to ensure that we continue to collect and share data appropriately, while reducing the need for duplication of data collection.

Investing in our workforce
The Scottish Government have opened up their excellent development programme for analytical colleagues to our intelligence team. To date, a number of the team have participated to refresh and develop skills in areas such as survey design, communicating statistical information, data visualisation. Several of the analysts have also been developing their skills in R, which is a key programming language and software environment for developing our data science capabilities.

One of our information analysts, was successful in obtaining a place (one of only six available) on the government's data science mentoring programme. The project is focussed on early identification of risk, and she has the support of an experienced data science mentor as well as a high spec hardware and software environment. The project is due to complete in December.

Strategic outcome 3: People's rights are respected

KOI4: % of services with >90% of people telling us they are happy with the quality of care and support they receive	**Executive Director of Scrutiny and Assurance**
Target	**n/a**
Q2 Year to Date	**92% (CSQs received from 1,550 services)**
Q2 Year to Date 18/19	**90% (CSQs received from 1,208 services)**
Notes: Performance up 2pp from Q2 last year.	
Reasons for Difference:	
Actions: Ensure that these questionnaires are being provided to services and highlight the importance of this feedback.	

<table>
<tr><th colspan="2">KOI5: % of services with majority of people telling us they make decisions about their own care</th><th>Interim Executive Director of Strategy and Improvement</th></tr>
<tr><td>Target</td><td></td><td rowspan="3">Will be reported on in Quarter 4 and used to develop a baseline for 2020-21.</td></tr>
<tr><td>Q2 Year to Date</td><td></td></tr>
<tr><td>Q2 Year to Date 18/19</td><td></td></tr>
<tr><td colspan="3">Notes: Work is underway to create a measure which will summarise responses to specific key questions asked in Care Standards Questionnaires and new Care Surveys.</td></tr>
<tr><td colspan="3">Reasons for Difference:</td></tr>
<tr><td colspan="3">Actions: The intelligence team are developing this measure and preparing to report at the end of Q4.</td></tr>
</table>

<table>
<tr><th colspan="2">KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work</th><th>Interim Executive Director of Strategy and Improvement</th></tr>
<tr><td>Target</td><td></td><td rowspan="3">Will be reported on in Quarter 4 and used to develop a target for 2020-21.</td></tr>
<tr><td>Q2 Year to Date</td><td></td></tr>
<tr><td>Q2 Year to Date 18/19</td><td></td></tr>
<tr><td colspan="3">Notes: Work has commenced in the organisational and workforce development (OWD) team to capture the wide data about involving people with experience of care in our work</td></tr>
<tr><td colspan="3">Reasons for Difference:</td></tr>
<tr><td colspan="3">Actions: OWD team have begun work to develop this measure and put appropriate data capture mechanisms in place in order to report on by the end of Q4.</td></tr>
</table>

KPI9: number of service types with a new inspection framework	**Interim Executive Director of Strategy and Improvement**
Target	**11 service types covered by 31 March 2020** **Q1 Target: 3 or more service types** **Q2 Target: 4 or more service types** **Q3 Target: 6 or more service types** **Q4 Target: 9 or more service types**
Q2 Year to Date	**4 service types with new inspection framework**
Q2 Year to Date 18/19	**1 service type with new inspection framework**
Notes: We remain on target with 4 service types covered by the end of Q2. While we did not release any new frameworks during the quarter, we have a number of frameworks at different stages of development and testing – see action section below.	
Reasons for Difference:	
Actions: By the end of the Q2, testing had begun for the frameworks for support services & mainstream schools / school hostels. Initial consultation on secure accommodation framework had taken place. Work on developing the care at home & housing support services framework had started. All frameworks are on schedule for their proposed publication dates.	

Summary of key achievements and work progressed in Q2 2019/20

Proposal for Joint Inspection Model of Services for adults
We submitted an initial proposal to the Ministerial Steering Group (Integration) for a new model of joint inspection of services for adults. Embedded in the new approach is a focus on experiences and outcomes and on personalisation, choice and control.

Inspection Methodology
The Children and Young People teams have continued with the review of inspection methodology for mainstream boarding schools and school hostels, with the pilot taking place in September.

Learning & Development Event
This quarter we have held two learning and development events for all early learning and childcare staff from inspection, registration and complaints. The events were developed with participation from inspectors, senior inspectors and managers, the planning was led by a team manager and facilitated by OWD, senior inspectors and inspectors. The days have focussed on the early learning and childcare expansion and the policy drivers which support the delivery of high-quality provision for children and families. We have worked closely with colleagues in Scottish government who provided very helpful input to the days. Feedback from the events has been positive.

Presenting at Conferences
Staff from early learning and childcare have presented at both Early Years Scotland and Scottish Childminding Association national conferences. These events provide an opportunity for the Care Inspectorate to engage with the sector on our approaches to scrutiny and improvement. Both events also provided a platform to present the Care Inspectorate's Quality Framework for early learning and childcare which is now being developed as the development of a shared framework with Education Scotland has been postponed until after 2020.

Professional and public engagement through events
This quarter, with the clear aim of extending and expanding our public outreach and engagement, we hosted Care Inspectorate information stands at public events new to us. Building on the positive reception we already receive at the Pride and Mela events, we broadened our reach by attending two of Scotland's major fixtures: The Black Isle show with attendance of 20,000, and the Turriff show with attendance of 30,000.

Summary of supporting activity in Q2 2019/20

Below are updates on activities which support our key principles helping us to achieve our strategic objectives.

Staff Survey feedback
The internal engagement team supported senior leaders to share and engage with all staff through briefings about the results from the staff survey. They worked with the Partnership Forum and the board to identify key priority areas to take forward.

Procurement
The 2018/19 annual procurement report has been published and includes the following achievements: procurement savings totalling £1.98m were realised for the year. This comprises cash savings of £1.005m and noncash savings of £0.193m; 99.13% of supplier payments were made within 10 working days of receiving the invoice and the award of a framework to provide coaching services committed to providing pro bono coaching support to young people.

Additional grant
Scottish Government has confirmed additional grant funding totalling £1.105m to progress a number of new programmes of work. These programmes have been incorporated in a revised budget and progress is reported through the budget monitoring reporting cycle.

Annual report and accounts
The 2018/19 annual report and accounts have been approved by the board and our external auditors with an unmodified audit opinion. The sustainability report showing our performance for the year is also contained within this report. This reports a 31% reduction in our carbon emissions from the 2015/16 baseline data.

Healthy working lives
Regular monthly promotions are held in line with key monthly UK campaigns. Examples of the most recent information campaigns are cycle to workday, men's health week, migraine awareness week, national fitness day, national eye health week and world suicide prevention day.

Zellis
We continue to manage our contract with Zellis for the provision of HR/payroll software and associated services, which is an area of concern. One specific target for this quarter was for them to get us in a position to release self- service annual leave functionality by 30 September. This target was not met, and we have escalated our concerns about Zellis's delivery in a call with their executive vice president of consultancy services in September. An update on our work with Zellis was given to the audit committee in September 2019 and an options paper for future delivery of HR/payroll software and associated services is being presented to the executive group in March 2020.

Pay award
Our pay remit has been approved by Scottish Government. We have also received a pay claim from our unions. We held initial talks with our unions in August and have our first formal negotiating meeting on 23 October 2019.

Job evaluation
It was initially agreed with the partnership forum that there would be a three-stage job evaluation process. In line with this, phase 1 and 2 were fully completed at the beginning of January 2019. Work was underway in quarter 2 to undertake job evaluation phase 3. Phase 3 covers inspectors, senior inspectors and team managers. This covers more than 50% of the workforce and it is hoped that work on this phase will be completed before the end of this financial year.

Recruitment
Recruitment activity was high within quarter 2, especially in the scrutiny and assurance directorate. The Scottish Government is committed to expanding the provision of funded early learning and childcare (ELC) from 600 hours to 1140 hours per year by 2020. In this regard, HR worked collaboratively with the scrutiny and assurance directorate to successfully recruit a new registration team internally. A further Inspector recruitment campaign was held for adults and children's inspectors and we supported the strategic scrutiny team to advertise for a new role of adult support and protection practitioner inspectors.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

In addition to the performance measures reported here, the following annual reports will be submitted separately to the Board:

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

3.1 Resources

There are no additional resource implications arising from this report.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy

As a public body, we are expected to consider our contribution to Scotland's National Performance Framework. The National Performance Framework is designed to shape how the actions of the public sector will improve the quality of life for people in Scotland. A new National Performance Framework was launched in 2018, consisting of 11 National Outcomes and 81 National Indicators. We seek to deliver our strategic outcomes in the context of a complex policy landscape. The Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care.

Relevant developments in Q2 included:

- introduction of a Children (Scotland) Bill, which includes provision for the regulation of child contact centres among a range of measures aimed at strengthening the family law system and ensuring the best interests of children are at the centre of contact and residence cases
- ongoing parliamentary scrutiny of the Disclosure (Scotland) Bill, which sets out proposals to modernise and improve the proportionality of the state disclosure system in Scotland, as well as Independent National Whistleblowing Officer and associated standards
- publication of a range of Scottish Government policy documents, including the Adult Support and Protection and Improvement Plan: 2019-2022, a new ten-year strategy for the learning provision for children and young people with complex additional support needs and a National Accommodation Strategy for Sex Offenders

- publication of the Scottish Government's Programme for Government 2019-20, which notes plans to improve strategic inspection as part of work to increase the effectiveness of integration
- the announcement that legislation relating to the Scottish Government's Named Person and Child's Plan proposals will no longer go ahead as planned
- continued discussion around the potential impact of Brexit on health and social care in Scotland.

3.4 People who experience care

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2019-22. This evidences the performance of the organisation in delivering strategic outcomes and as such provides assurance and protection for people who experience care.

3.5 Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.

Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 28 November 2019

Recommendation requiring approval or action by the Board	
Minute no.	**Subject (in brief)**
21.0	The Board will be asked to consider a report detailing the outcome of a procurement exercise to award the contract for an Internal Audit provider at the completion of the current contract. The Audit and Risk Committee is recommending acceptance of the recommendation from the Chief Executive.

The Board may also wish to note the Committee's discussion of the following matters of potential significance or special interest	
Minute no.	**Subject (in brief)**
6.1	The Committee received an update from the Chief Executive regarding progress with the joint review undertaken by CIPFA of the current shared services arrangements. The Committee noted the report will be considered at a joint development session with SSSC Council and thereafter a future meeting of the Care Inspectorate Board.
7.0	The Committee recommended that an analysis of the multi-year progress report relating to internal audit actions be undertaken in conjunction with the self-assessment checklist, as part of the Committee's effectiveness review in March.
10.0	Internal Audit reports generally highlighted good practice, however an area for improvement was identified regarding financial sustainability in that the Financial Strategy requires to be reviewed and updated following determination of the 2019/20 budget in June 2019. The Board's attention is also drawn to the Scottish Government's (SG) request to the Care Inspectorate for a risk profile detailing the implications of under-funding. The Committee supported the proposal that the Chief Executive writes to SG to express the benefits to the organisation of a three-year budget plan.
12.0	In its risk monitoring role, the Committee has agreed to an additional strategic risk of workforce capacity in relation to the Care Inspectorate's ability to achieve its inspection and complaints targets (please also refer to Appendices 1a and 1b).
22.0	A private session was held with the Internal Auditor to consider matters relevant to the work of the Committee.

Risk Register Monitoring **Agenda item 15 – Appendix 1a**

Date	28 Nov 19													
Risk	Summary of changes: Risk 2 re-scored Risk 9 added Notes added (in red) to risk 3 and 6	Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Tolerance	Risk Owner
1	**<u>Corporate Planning</u>** **What is the Potential Situation?** The Care Inspectorate does not operate effectively to deliver on its core purpose of being a highly credible organisation that drives improvement and innovation in care and positively influence policy and practice. **What could cause this to arise?** The Care Inspectorate corporate plan does not provide clarity of vision and direction. The Care Inspectorate does not monitor the implementation of the corporate plan and measure performance against the related KPIs, the scrutiny and improvement plan and the identified Scottish Government priorities. The Care Inspectorate does not develop and utilise its risk and intelligence led approach. **What would the consequences be?** Inability to provide the desired level of scrutiny, assurance and improvement support. Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Possible reduced SG funding. Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.	4	5	20	VH	2	2	4	L	Med	↔	In Place: i. Corporate Plan in place with supporting operational plans and performance measures	Further Actions: ii. Development of performance monitoring iii. Strengthening use of risk and intelligence to inform our work	Appetite: averse Tolerance: Low	EDS&I
2	**<u>Financial Sustainability</u>** **What is the Potential Situation?** The Care Inspectorate is not able to deliver on its Corporate Plan objectives due to lack of financial resources **What could cause this to arise?** The CI does not have up to date, comprehensive, forward looking financial plans aligned to its Corporate Plan. **What would the consequences be?** Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.	4	4	16	H	3	4	12	H	Med	↑	In Place: i. Medium term budget and financial strategy are regularly reviewed ii. Member/officer working group established iii. Positive working relationships maintained with SG <u>Nov 19 Update</u>: Residual likelihood increased to 3 (Possible). Note: to be re-scored once 2020-21 funding is known. Potential financial risks re pay and grading, Grant-in Aid and savings options reviewed at BDE 19 Nov 19. Likely delay to budget approval caused by General Election, increasing costs of Digital Programme.	Further Actions i. Revise medium term financial strategy for Jun 20 once 2020-21 budget agreed <u>Further controls</u> Pay negotiations commenced, Grading review commenced Ongoing review and development of savings options. Ongoing oversight of Digital Programme by Audit & Risk Committee. Sponsor liaison re budget model and risks. All costs and income sources under review Contingency plans being developed for discussion with Sponsor	Appetite: <u>VFM</u>-cautious over med to long term <u>Financial management</u> – averse Tolerance: Low	EDCCS

3	**Workforce Planning** **What is the Potential Situation?** The Care Inspectorate is unable to deliver on its Corporate Plan objectives due to a lack of workforce capacity. **What could cause this to arise?** The Care Inspectorate does not have an effective strategic workforce plan to support the delivery of the corporate plan objectives The Care Inspectorate does not have effective workforce planning at Directorate and team level to support the delivery of the corporate plan objectives. The Care Inspectorate does not monitor workload and capacity well enough to identify and mitigate risks in a timely way. The Care Inspectorate does not have an effective staff learning and development plan **What would the consequences be?** Inability to provide the desired level of scrutiny, assurance and improvement support Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation	4	4	16	H	2	4	8	M	Med	↔	In Place: i. Effective strategic workforce plan developed ii. Action plan developed iii. Workload and capacity monitoring Effective staff learning and development plan KPI 2, 3a and 3b currently below target due to staff capacity issues	Further Actions: i. Implement Strategic Workforce Plan actions ii. Evaluate career pathways iii. Develop succession planning iv. Strengthen use of risk and intel	Appetite: averse Tolerance: Low	EDS&I
4	**Partnership Working** **What is the Potential Situation?** The Care Inspectorate is not able to: • participate in, or progress, work which would help deliver our strategic objectives • deliver public service scrutiny in a joined up and collaborative way • deliver our agreed scrutiny and improvement plan **What could cause this to arise?** Competing priorities of scrutiny and delivery partners and their inability / unwillingness to provide staff with the relevant skills, knowledge and experience or otherwise support our work **What would the consequences be?** Loss of credibility and confidence in our ability to provide scrutiny assurance and support improvement, reduced organisational impact, reduced intelligence, loss of confidence, adverse impact on reputation.	4	4	16	H	2	4	8	M	Med	↔	In Place: i. Wide consultation on our plans Senior level inter-organisation meetings ii. Effective external comms strategy in place	Further Actions: none identified	Appetite: effective collaborative working – averse developing new methodology – open Tolerance-med/low depending on circumstances	EDS&A
5	**Corporate Governance** **What is the Potential Situation?** There is a corporate governance failure – including a failure our best value duty or in our shared service arrangements. **What could cause this to arise?** There are gaps or inadequate coverage in the Care Inspectorate's corporate governance arrangements. **What would the consequences be?** Resulting in loss of stakeholder confidence, inefficiency and effectiveness in delivering and demonstrating public value, likely lack of organisational focus on priorities.	4	4	16	H	2	2	4	L	High	↔	In Place: i. Regular review of code of corporate governance ii. Annual review of Board and committee effectiveness iii. 3 yearly external governance review iv. Audit assurance	Further Actions: i. Full implementation of CIPFA mark of excellence action plan	Appetite: averse Tolerance: Low	EDCCS

6	**<u>ICT Data Access & Cyber Security</u>** **What is the Potential Situation?** Staff are unable to access or update key systems. **What could cause this to arise?** A failure in our data systems and/or cyber security. **What would the consequences be?** Resulting in serious disruption to activities, inefficient deployment of resources – manual "work-arounds" for e.g. complaints handling or payments, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud.	5	4	20	VH	3	3	9	M	High	↔	In Place: ii. ICT security in place iii. Trained ICT staff iv. Physical security measures v. ICT BC/DR plans in place vi. Cyber Essentials+ certification in place Note: our remaining ICT technician with experience of our PMS system is leaving the CI. This will impact on our ability to support the system until it is replaced by the new digital apps. The impact on the risk profile is under review – an update will be provided at the Audit Committee on 28 November 2019.	Further Actions: i. Continue cyber and backup testing. ii. Progress ICT modernisation to point where we can stop using PMS iii. Implement BC/DR plans for new Apps	Appetite: averse re serious disruption recognising occurrences will inevitably arise Tolerance: Low	EDCCS
7	**<u>Change Management</u>** **What is the Potential Situation?** Required organisational change and development is not delivered within agreed timescales or to the required quality. **What could cause this to arise?** The Care Inspectorate does not carry out essential change management effectively. **What would the consequences be?** Adverse impact on our ability to deliver the corporate plan, poor employee relations, poor delivery of best value.	4	4	16	H	2	2	4	L	Med	↔	In Place: i. Programme governance arrangements in place ii. Board and committee oversight Assurance maps	Further Actions: i. Continue to develop and improve change programme assurance regime	Appetite: averse Tolerance: Low	CE
8	**<u>Digital Transformation</u>** **What is the Potential Situation?** The digital transformation programme is not successful. **What could cause this to arise?** There is ineffective implementation of our digital transformation programme. **What would the consequences be?** Resulting in a significant impact on our aspiration to modernise, become intelligence-led and to be more efficient and effective, reputational loss, adverse public opinion, poor targeting of resources, impact on medium term financial strategy.	4	4	16	H	3	3	9	M	Med	↔	In Place: i. Business Case regularly updated ii. Full programme governance arrangements iii. Board and Committee oversight iv. External assurance	Further Actions: i. Implement Digital First assessment and continuing assessment recommendations. ii. Implement Gateway 0 Action plan and follow up action plans. iii. Identify source of support and advice to the board on digital leadership iv. Programme budget being revised / funding identified	Appetite: averse Tolerance: Low	EDCCS
	New Risks Identified														
9	**<u>Staff Capacity</u>** **What is the Potential Situation?** We are not operating with sufficient staff to deliver our planned inspection and complaints activity. **What could cause this to arise?** Difficulties in recruiting staff, staff deployment to other activities, staff absence. **What would the consequences be?** An impact on our ability to achieve our Inspection and Complaints targets	4	4	16	H	3	4	12	H	Low	New	KPI 2, 3a and 3b currently below target due to staff capacity issues caused by vacancies, deployment to other duties and long term sickness	Managers are reviewing capacity on a month to month basis Statutory and high-risk inspections are being prioritised Staff overtime arrangements in place Inspector Grading Review underway Additional resources identified (there will be a lead time before impact felt) Advertising for more Inspectors		

SUMMARY RISK REGISTER 2019/20

No.	Risk Category – refer to Risk Analysis Sheet for detailed description	Strategic Outcome/ Principle	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Revised Residual Grade
1	Corporate Planning	SO 1,2,3	iEDS&I	20	Very High	4	Low	Low
2	Financial Sustainability	P 6	EDCCS	16	High	12 ↑	Medium	High
3	Workforce Planning	SO 1,2,3	iEDS&I	16	High	8	Medium	Medium
4	Partnership Working	SO 1,2,3 P 5	EDS&A	16	High	8	Medium	Medium
5	Corporate Governance	P 6	EDCCS	16	High	4	Low	Low
6	ICT Data Access & Cyber Security	P 6	EDCCS	20	Very High	9	Medium	Medium
7	Change Management	P 1 to 7	CE	16	High	4	Low	Low
8	Digital Transformation	P 1 to 7	EDCCS	16	High	9	Medium	Medium
New 9	Staff Capacity	SO 1,2,3	CE	16	High	12		High

SCORING GRID

LIKELIHOOD						
	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic

IMPACT

Black = Very High

Red = High

Amber = Medium

Green = Low

White = Very Low

Lead Officers

CE	Chief Executive
EDS&A	Executive Director Scrutiny & Assurance
EDCCS	Executive Director Corporate & Customer Services
iEDS&I	Interim Executive Director Strategy & Improvement

Agenda item 16
Report No: B-49-2019

Title:	**Budget Monitoring 2019/20**	
Author:	**Kenny Dick, Head of Finance and Corporate Governance *(kenny.dick@careinspectorate.gov.scot)***	
Appendices:	**1.**	**Care Inspectorate Revenue Budget Monitoring Statement for the year to 31 March 2020 – as at 31 October 2019**
	2.	**Capital Monitoring Statement as at 31 October 2019**
Consultation:	**Executive Group - 27 November 2019**	
Resource Implications:	**No**	

EXECUTIVE SUMMARY

Since the Board approved the budget at its meeting of 28 March 2019, additional grant in aid funding totalling £1,113k has been confirmed by the Sponsor Department. This is to support additional programmes of work which are noted in section 1.1 of the report. The revised budget includes this additional funding.

The projected net expenditure to 31 March 2020 exceeds planned net expenditure by £558k. This is an increase of £84k from the position reported to the Board at its meeting of 26 September. The projected overspend can be funded from the General Reserve balance.

A summary of the movement in projected financial position is as follows:

Budget Area	Increase/ (Decrease) £000	Main Reasons
Staff costs	(48)	Previous projections included the staff costs to deliver the additional grant funded programmes. To deliver on these objectives involved recruiting an additional 30 FTE which is not going to be possible within the grant timeframes. Projected staff costs have decreased by £333k as a result of this. Staff cost slippage also is projected to increase by £222k. These increases totalling £555k are partially offset by: • Projected expenditure includes an assumption that the pay award will be settled at the maximum negotiated rate agreed by Pay Policy. This is an increase in expenditure totalling £299k.

		• There are also additional temporary appointments totalling £208k in the Business and Digital Development Team to support ongoing development.
Administration costs	10	This is mainly due to a projected increase of £55k in professional fees to support the Business and Digital Transformation Programme and an increase in ICT services being recharged to SSSC totalling £34k. These projected increases are mainly offset by additional projected savings from the re-let of the telephony contract which are being used to fund investment in the SWAN wireless project reported in ICT expenditure.
Travel and Subsistence	32	The projected overspend is mainly due to an increase in travel and subsistence associated with the Business and Digital Transformation Programme.
Supplies and Services	139	Projected ICT expenditure includes the cost of investing in the SWAN wireless project and the purchase of furniture and equipment. Projections also include £28k of grant funded expenditure.
Grant income	(8)	Scottish Government has confirmed additional funding of £98k to fund the ELC Improvement Programme and £50k to support the Safer Staffing Project. This is partially offset by a reduction of £140k in the award of the Appropriate Adults Grant. This reduction is due to recruitment within the grant timescales.
Other income	(41)	An additional £34k of income is projected for ICT services provided to the SSSC, £11k for income from a supplier for recovery costs of lost equipment, an estimated £20k for recovery of legal expenses following a successful court case and a projected increase of £6k in procurement rebates. A secondee to Perth and Kinross Council has secured a permanent post with the authority. There is a decrease of £30k in secondee income relating to this. This decrease is offset by a corresponding decrease in staff costs.
Total	**84**	

Agenda item 16
Report No: B-49-2019

The Board is invited to:	
1.	Consider the Revenue Budget Monitoring Statement for the year to 31 March 2020 – as at 31 October 2019 (appendix 1).
2.	Consider the Capital Monitoring Statement as at 31 October 2019 (appendix 2).
3.	Note the areas that are at significant risk of change in section 3.0.
4.	Note the projected general reserve position described in section 5.1.3.

Links:	Corporate Plan Outcome/ Principle	P6	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N

For Noting	**Y**	**For Discussion**	**Y**	**For Assurance**		**For Decision**	

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)* This is a public board report.
Disclosure after:

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

2019/20 BUDGET MONITORING

1.0 INTRODUCTION

The Care Inspectorate is responsible and accountable for the administration of an annual budget with predicted gross expenditure (revenue and capital) of £37.805m in the current financial year. The Care Inspectorate manages those resources and has in place formal processes for the accurate recording, reporting and effective managerial control of its funds.

1.1 Since the Board approved the 2019/20 budget, the Sponsor Department has confirmed additional funding to support several additional programmes of work totalling £1.113m. This comprises:

	£000
Adult Support and Protection Inspection Programme	338
Early Learning and Childcare (ELC) Expansion Programme	259
Appropriate Adults	49
Reducing Preventable Child Deaths/National Child Death Review Hub	189
ELC Improvement Programme	98
Child Contact Centres – Feasibility Study	56
Health and Social Care Standards Implementation	50
Safer Staffing Project	50
Barnahus Standards Project Funding	24
	1,113

1.1.1 The costs associated with these programmes of work are contained within the main income and expenditure (Appendix 1). The projected financial position assumes that all of the additional grant will be drawn down, but that £193k of the programme expenditure will be delayed until next financial year. This is due to the difficulty in recruiting to the additional 30 FTE posts.

1.2 Revenue Budget Monitoring Statement

Attached as Appendix 1 is the 2019/20 revenue budget monitoring statement for the year to 31 March 2020, based on the financial ledger to 31 October 2019.

- Budget virement/additional resources represents the transfer of resources between budget headings to reflect expected changes in income or expenditure patterns and additional grant in aid approved by Sponsor Department during the year. Budget virements will be subject to compliance with the budget virement policy.
- Revised budget shows the Board approved budget amended for additional grant in aid and budget virements.
- Actual & commitments shows actual and committed expenditure as at the ledger date of 31 October 2019.

- Projected income/expenditure forecasts the expected position at the end of the financial year, based on estimates prepared in conjunction with the budget managers.
- The final 'projected annual variance' column shows the anticipated variance to revised budget at the end of the financial year.

2.0 2019/20 PROJECTED BUDGET OUTTURN

The projected financial position as at 31 March 2020 is an overspend of £782k. This includes a planned overspend of £224k. The overspend on our core funded position is partially offset by an underspend against additional grant funded work streams as shown in the table below.

	Core Funded £000	Additional Grant in aid £000	Total Funding £000
Planned budget (underspend)/overspend	224	0	224
Unplanned budget (underspend)/overspend	751	(193)	558
Total projected (under)/overspend	975	(193)	782

2.1 Staff Costs- overspend of £364k

There is an overall overspend of £364k projected in staff costs. Staff cost projections are based on staff currently in post projected to the year end and adjusted for known recruitment and leavers. The budgeted pay costs assumed a pay award settlement in line with Scottish Government pay policy parameters for 2019/20 ie a 3% increase for staff on full time equivalent salaries below £36.5k, a 2% award for staff earning between £36.k and £80k and a cash increase of £1.6k for staff earning in excess of £80k per annum. It is anticipated the negotiated pay settlement will exceed the budgeted award by £299k. This is in line with the maximum of the pay remit agreed by Scottish Government's Pay Policy Team.

2.1.1 This position also includes a projected underspend of £193k in staff costs relating to the grant funded programmes (see 1.12). The main variances are detailed in paragraphs 2.1.2 to 2.1.14 below.

2.1.2 Board, Chief Officers & Senior Managers – overspend of £22k

The projected overspend is due to budgeted slippage of £45k not yet being achieved and backfill arrangements totalling £19k for a senior manager who was seconded to East Lothian Council until June 2019. These are partially offset by projected savings of £32k in the Improvement Support Team senior manager

costs and a projected underspend of £10k in Board fees. The Improvement Support Team saving is being partially used to fund an increase in specialist advice (see 2.1.4).

2.1.2.1 The backfill cost for the outward secondee is fully offset by a projected increase in secondee income (see 2.6.5).

2.1.3 Admin & Professional including Hired Agency Staff – overspend of £257k

The projected overspend is due to the following:

- Further temporary developer posts are being recruited to the Digital and Business Transform Project with an estimated increase in expenditure totalling £167k.
- A Head of Transformation has now been appointed to lead on the Business and Digital Transformation Programme. This has increased the staff cost projections by £121k.
- Backfill arrangements for the OD Lead for Involvement and Culture seconded to Perth and Kinross Council is projected to be £36k. This is offset in full by an increase in Seconded Officer income (2.6.5).
- The Inspection Assistant posts have been extended to 31 March with an estimated increase in expenditure totalling £46k.
- Interim staffing arrangements in the HR function have increased projected expenditure by £36k.
- Budgeted slippage of £29k has not yet been achieved.

2.1.3.1 These overspends totalling £435k are partially offset by Business support staff projected savings of £178k. These savings are being used to offset additional non-recurring digital transformation costs.

2.1.4 Specialists – overspend of £83k

Specialists include projected expenditure of £61k for a senior improvement advisor to support the Technology Enabled Care (TEC) Programme and £19k to fund a temporary Senior Improvement Advisor post. These posts are funded in full by Scottish Government (see 2.6.3). There is also a projected increase in specialist support of £3k which is funded from the Improvement Support Team Senior Manager savings (see 2.1.2).

2.1.5 Team Managers - overspend of £42k

The projected overspend is due to the following:

- A projected increase of 0.4 FTE to support Complaints.
- Budgeted slippage not being achieved.

2.1.6 Senior Inspectors – underspend of £39k

Budgeted slippage has been exceeded by £39k. This is mainly due to Senior Inspectors securing temporary grant funded Team Manager posts.

2.1.7 Inspectors and Locums – overspend of £296k.

Inspector costs, including expenditure on Locums, are projected to overspend by £59k due to the following:

- A projected increase of £199k for the amended pay award assumptions.
- Scottish Government asked the Care Inspectorate to support the Scottish Study of Early Learning and Childcare (SSELC). This requires Inspector resources that will be backfilled using locums and Inspector overtime. £51k of additional Inspector costs are included for this.
- Projected expenditure also includes backfill of £51k for an Inspector on secondment to Scottish Government and £9k for an Inspector who was on secondment to SSSC until June 2019. The additional expenditure is offset in full by a corresponding increase in income (see 2.6.3 and 2.6.5).
- Projected Locum spend includes £20k to support the Scottish Child Abuse Enquiry.

2.1.7.1 These projected overspends totalling £330k are partially offset by projected slippage of £34k.

2.1.8 Practitioner Inspectors – underspend of £196k.

There are vacant Practitioner Inspector posts which provides a projected saving of £196k.

2.1.9 Grant Funded – overspend of £22k

The Care About Physical Activity (CAPA) project costs are £29k more than budgeted. This is funded by CAPA grant received in 2018/19 which transferred to the General Reserve at 1 April 2019. This is partially offset by a projected underspend of £7k in the Project Lead – Childminding post.

2.1.10 Strategic Inspectors – underspend of £191k

Budgeted slippage has been exceeded by £191k. This is mainly due to being unable to recruit the additional grant funded posts within the agreed grant periods.

2.1.11 Displaced Staff – overspend of £5k

Budgeted slippage has not yet been achieved, resulting in a projected overspend of £5k.

2.1.12 Secondees – overspend of £20k

The projected overspend of £20k is the cost of reimbursing Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) for providing resources to support joint inspections this year.

2.1.13 Training and Development – overspend of £43k

The projected overspend relates to expenditure originally planned for 2018/19 that will now be incurred this financial year. The General Reserve balance includes funding from 2018/19 for this.

2.1.14 Other Staff Costs – as budgeted

Other staff costs are projected to be as budget.

2.2 Accommodation Costs – overspend of £13k

The projected overspend relates to expenditure originally planned for 2018/19 that will now be incurred this financial year. The General Reserve balance includes funding from 2018/19 for this.

2.3 Administration Costs – overspend of £361k

Projected administration costs include £45k of expenditure for work planned to be delivered in 2018/19 but delayed until this financial year and is funded from the General Reserve balance. This leaves a projected budget overspend of £316k due to the following:

- Additional contractor development time has been sourced to support the digital transformation work. This has resulted in a projected overspend of £209k.
- Projected Business and Digital Transformation Programme expenditure includes an additional £40k for the cost of penetration testing, a gateway review, accessibility audit and a content design management service.
- Telephony services to SSSC are projected to continue until 31 March 2020 with additional expenditure of £34k. This is offset in full by a corresponding increase in Shared Service Income (see 2.6.4).
- The migration to Office 365 is being managed on a phased basis and there is a requirement for professional expertise to support this. Additional expenditure of £14k is projected to fund this.
- Additional legal fees of £15k due to an ongoing court case.
- Additional administration costs of £12k for the design and delivery of indoor and outdoor setting guidance which is fully funded (See 2.6.3).
- Additional professional fees in Human Resources £8k.
- Other minor increases in projected expenditure totalling £4k.

2.3.1 These overspends totalling £336k are partially offset by a projected decrease in Improvement Team bought-in specialist advice of £20k.

2.4 Transport Costs – overspend of £41k

The projected overspend in transport costs relates to an increase in the Digital and Business Transformation team travel with an estimated increase of £30k and a projected increase in grant funded travel and subsistence of £11k. The grant funded travel and subsistence is offset by a corresponding increase in grant income (see 2.6.3).

2.5 Supplies & Services – overspend of £234k

Projected ICT expenditure includes £62k of costs which were originally planned for 2018/19 and that will now take place in 2019/20. This is intended to be funded from the General Reserve. This leaves a projected overspend of £172k as follows:

- The telephone disengagement project to allow SSSC to have their own telephony network and the telephone support charges conclude this year. The projected cost of this is £81k and is offset by a projected increase in shared service income (2.6.4).
- A new contract has been awarded for storage and archiving services. The exit costs associated with this migration to the new supplier have been agreed at £74k.
- An upgrade to the 'Service Now' licences is required at an estimated cost of £13k.
- Additional expenditure of £11k to replace laptops stolen from the supplier's holding site. The cost of this is being recovered from the supplier (see 2.6.6).

2.5.1 These projected overspends totalling £179k are partially offset by a projected decrease in other supplies and services expenditure of £7k.

2.6 Income - £455k more than budgeted

Projected income is £455k more than budgeted with the main variances being explained in sections 2.6.1 to 2.6.6 below.

2.6.1 Income from Fees – as budgeted

Income from fees is expected to be as budget.

2.6.2 Grant in Aid Income – Increase of £1k

2.6.2.1 A Sponsor Department rounding adjustment to the grant-in-aid has resulted in an increase in projected income of £1k.

2.6.2.2 As noted in section 1.1, Scottish Government has confirmed additional funding to support several additional programmes of work totalling £1.113m. The expenditure and income of these programmes are reflected in the revised budget. The projected financial position provides a budget underspend of £193k in the delivery of these programmes.

2.6.3 Other Grant Income - £156k more than budgeted

An additional £156k of grant income is projected for the year as follows:

- TEC programme funding £67k.
- ELC Evaluation funding of £54k.
- Improvement Advisor grant funding of £23k.
- Funding of £12k for the design and delivery of indoor and outdoor setting guidance.

2.6.4 Shared Services Income - £116k more than budgeted

The telephone disengagement project and telephone support charges for SSSC concludes this year, with projected income of £115k expected. There is also another small increase of £1k for other shared services with the SSSC.

2.6.5 Seconded Officer Income - £106k more than budgeted

Additional secondment income will be received as follows:

- A Service Manager seconded to East Lothian Council (£19k)
- The OD Lead for Involvement and Culture seconded to Perth and Kinross Council (£36k)
- An Inspector secondment to Scottish Government's Early Learning and Childcare Programme (£51k).

2.6.6 Miscellaneous Income - £76k more than budgeted

Additional income is expected due to:

- £25k being expected from the sale of redundant iPADS.
- Projected recovery of legal expenses totalling £20k following a court case concluding in the Care Inspectorate's favour.
- £11k for recharges to HIS for joint inspections.
- £4k for recharges to the Isle of Man for work undertaken.
- £11k charged to a supplier for the recovery costs of lost equipment.
- An additional £5k of income projected for procurement rebates.

3.0 PROJECTIONS AT SIGNIFICANT RISK TO CHANGE

There are several areas in the budget noted below whereby there are financial uncertainties. The table below details the budget headings identified. EG members will regularly discuss these budget issues with their appropriate budget manager.

Budget Heading	Budget Issue	Potential Change to Projected Financial Positions	Responsible
Staff Costs – salaries & wages	Projected staff costs are based on staff in post and known changes. The pay award settlement has not yet been agreed. It is currently projected that the negotiated pay settlement will exceed the budgeted position by £299k. There is also a risk of significant costs arising associated with resolving a potential grading issue.	+ or – +	All Executive Director of Corporate and Customer Services
Administration Costs – Telephones	A claim has been lodged with one of our telecoms providers to recover backdated charges for services which have been cancelled. The estimated value of income receivable is £90k.	–	Executive Director of Corporate and Customer Services
Administration Costs – Professional Fees	Projected professional fees are based on what we expect to complete by 31 March and contain very little contingency, particularly in respect of legal fees.	+	Executive Director of Corporate & Customer Services

Business and Digital Transformation	There is uncertainty around the timing and cost of this work. The engagement of the Head of Transformation is expected to reduce this uncertainty, but equally, further investment may still be required.	+	Executive Director of Corporate & Customer Services
Supplies and Services – Storage and Archiving	The migration of the storage and archive services to the new provider provides an opportunity to file index all our records. Although no commitment has been made to complete this, any file indexing charges will be an additional budget pressure. It is estimated the charge for this can be up to £100k.	+	Interim Executive Director of Strategy and Improvement
Supplies and Services – ICT Costs	The ICT budget is almost fully committed for the financial year, with very little contingency.	+	Executive Director of Corporate and Customer Services
Shared Service Income	The shared services arrangement with the SSSC include an element of variable charging.	+ or -	Executive Director of Corporate & Customer Services
Fee Income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage. Projected income has been based on average periods to complete a registration. The actual number of services completing their registration by 31 March is still uncertain and it's possible the income may either exceed or be less than projected.	+ or -	Executive Director of Scrutiny and Assurance

4.0 CAPITAL

The capital monitoring statement is attached as Appendix 2.

The purpose of this statement is to allow monitoring of capital expenditure against authorised expenditure limits. There is no separate funding for capital expenditure which must be met from the revenue account. Any capital costs are included within the revenue monitoring statement.

It is therefore the revenue budget monitoring statement that remains key to monitoring the Care Inspectorate's financial position. Any underspend in capital expenditure will be used for revenue purposes or will be reported as an underspend on the revenue monitoring statement. An overspend against the capital plan will require to be funded by an underspend on the revenue account. It is anticipated that capital expenditure will be within the limits set out in the capital plan.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

Sections 5.1 to 5.5 note the implications and direct benefits arising from this report.

5.1 Resources

There are no direct resource implications associated with this budget monitoring report. This section provides details of the Care Inspectorate's projected financial position with this monitoring report.

5.1.1 The opening revenue element of the General Reserve balance (subject to external audit) is £1,455k. This exceeds the position when the budget was set by £452k. This is intended to fund the budgeted overspend of £224k, expenditure brought forward from 2018/19 of £163k and CAPA grant funded expenditure carried forward from 2018/19 of £50k. The General Reserve will also be used to fund any in year overspend (currently projected £558k).

5.1.2 Our funding strategy provides a target for a General Reserve balance of 1% to 1.5% of Gross Controlled Expenditure. Based on the revised budget this is a range of £360k to £540k. The current projected net expenditure will mean a general reserve balance of £557k (1.55% of Gross Controlled Expenditure). This is £197k more than the lower end of the range.

5.1.3 The projected impact on the general reserve is as follows:

	2019/20 Budgeted Position	Projected/Actual Position	Variance
	£000	£000	£000
Opening general reserve balance	1,003	1,455	452
Draw on general reserve:			
Revised budget overspend	(224)	(583)	(359)
To fund 2018/19 b/fwd spend		(163)	(163)
To fund CAPA programme		(36)	(36)
Total overspend	(224)	(782)	(558)
CAPA funding for 2020/21		(14)	
Grant in aid funding for 2020/21		(102)	
Total Projected general reserve draw		(898)	
Uncommitted available funding		**197**	
Target general reserve balance	779	360	
% age of gross controlled expenditure	2.32%	1.00%	

5.2 Sustainability

There are no direct sustainability implications arising from this report.

5.3 Policy

In its Budget 2019/20 document, the Scottish Government said it faces a "very challenging overall budget position", placing its financial considerations within the context of a reduced block grant from Westminster, uncertainty surrounding the relationship between the UK and the EU, and challenges faced by the Scottish economy. As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and any additional responsibilities or projects that emerge from these. The Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care.

In its Programme for Government 2019-20, the Scottish Government noted plans to improve strategic inspection as part of work to increase the effectiveness of integration and said there would be a focus on how assurance and inspection activities are undertaken as part of a three-year plan for improving support and protection given to vulnerable adults. Other new or forthcoming expectations on the Care Inspectorate stemming from recent policy developments include: a requirement to work in collaboration with the care sector to develop and validate appropriate staffing methodologies and tools through the Health and Social Care (Staffing) (Scotland) Act; work with Healthcare Improvement Scotland, at the request of the Scottish Government, to develop standards to introduce the Barnahus (or Child's House) concept in Scotland; and the possibility of a new duty to regulate child contact centres, through the recently introduced Children (Scotland) Bill.

5.4 People Who Experience Care

Formal processes for the accurate recording, reporting and effective managerial control of its funds ensure that the resources available are directed in accordance with corporate plans and objectives, with the aim of bringing benefits to people who experience care.

5.5 Customers

The budget represents the Care Inspectorate's plan in financial terms and the delivery of this plan supports all five customer services strategic themes.

6.0 CONCLUSIONS/NEXT STEPS

The projected financial position assumes all of the additional grant awarded this year will be drawn down in full. However, a combination of receiving notification of the additional grant part way through the financial year, and difficulty in recruiting to scrutiny and assurance roles, means the additional programmes of work will not be fully delivered this year. The projected grant underspend is being used to offset short term budget pressures in delivering the Business and Digital Transformation Programme.

6.1 The Executive Group will respond to changes in the financial position and engage with the Sponsor Department to ensure funding is used to the best possible effect.

Care Inspectorate Revenue Budget Monitoring 2019/20 - as at 31 October 2019

	Approved Budget £'000	Budget Virement £'000	Revised Budget £'000	Actual & Commitments £'000	Projected Income/Expenditure £'000	Projected Annual Variance £'000
Staff Costs						
Board Members	105.0	0.0	105.0	44.1	95.0	(10.0)
Chief Officers	506.7	0.0	506.7	290.6	506.7	0.0
Senior Managers	1,692.6	40.5	1,733.1	985.5	1,765.6	32.5
Admin & Professional	6,897.2	205.0	7,102.2	3,751.1	6,794.2	(308.0)
Specialists	312.5	85.4	397.9	190.1	480.4	82.5
Team Managers	1,519.6	109.0	1,628.6	930.0	1,670.4	41.9
Senior Inspectors	1,281.3	27.0	1,308.3	729.9	1,269.7	(38.6)
Inspectors	13,192.3	171.0	13,363.3	7,454.3	13,610.2	246.9
Practitioner Inspectors	232.6	59.0	291.6	50.9	95.6	(196.0)
Grant Funded Posts	412.6	0.0	412.6	226.2	434.3	21.8
Strategic Inspectors	2,169.4	250.0	2,419.4	1,177.3	2,227.9	(191.4)
Locums	0.0	0.0	0.0	43.9	49.3	49.3
Displaced Staff	113.2	0.0	113.2	66.8	118.2	5.0
Apprentice Levy	100.0	0.0	100.0	54.3	100.0	0.0
Total Payroll Costs	**28,534.9**	**946.9**	**29,481.8**	**15,995.0**	**29,217.6**	**(264.2)**
Secondees	0.0	31.8	31.8	18.6	51.8	20.0
Hired Agency Staff	226.0	(48.0)	178.0	487.5	743.2	565.2
Training & Development	516.0	63.0	579.0	425.3	622.0	43.0
Other Staff Costs	90.0	0.5	90.5	90.5	90.5	0.0
Total Staff Costs	**29,366.9**	**994.2**	**30,361.0**	**17,016.9**	**30,725.1**	**364.0**
Accommodation Costs						
Rent	822.1	33.0	855.1	838.3	855.1	0.0
Rates	426.4	(5.9)	420.5	419.6	420.5	0.0
Other Running Costs	1,196.2	(49.8)	1,146.4	919.0	1,159.4	13.0
Total Accommodation Costs	**2,444.7**	**(22.7)**	**2,422.0**	**2,176.9**	**2,435.0**	**13.0**
Administration Costs						
Printing & Stationery	164.8	22.8	187.6	135.5	190.0	2.4
Postages	110.0	0.0	110.0	80.9	110.0	0.0
Telephone Costs	375.0	(72.0)	303.0	207.6	337.0	34.0
Advertising & Publicity - General	7.3	0.0	7.3	3.2	10.0	2.7
Advertising & Publicity - Conferences	52.0	0.0	52.0	18.8	60.0	8.0
Subscriptions & Publications	25.5	4.5	30.0	33.4	35.0	5.0
Professional Fees	818.5	22.1	840.6	879.0	1,149.8	309.2
Other Administrative Costs	56.8	0.0	56.8	13.8	56.8	0.0
Total Administration costs	**1,609.9**	**(22.6)**	**1,587.3**	**1,372.1**	**1,948.6**	**361.3**
Transport Costs						
Travel & Subsistance Costs	**1,522.2**	**58.9**	**1,581.1**	**947.7**	**1,621.9**	**40.8**
Supplies & Services						
Furniture & Equipment	92.0	23.7	115.7	83.5	115.7	0.0
ICT Costs	1,404.3	119.1	1,523.4	1,367.0	1,677.1	153.7
Other Supplies & Services	186.7	28.2	214.9	265.6	294.7	79.8
Total Supplies and Services	**1,683.0**	**171.0**	**1,854.0**	**1,716.1**	**2,087.5**	**233.5**
Gross Expenditure	**36,626.7**	**1,178.8**	**37,805.4**	**23,229.7**	**38,818.1**	**1,012.6**
Income						
Continuation Fees	(11,350.0)	0.0	(11,350.0)	(9,705.4)	(11,350.0)	0.0
Registration Fees	(500.0)	(66.0)	(566.0)	(586.2)	(566.0)	0.0
Grants - Grant in Aid	(23,008.0)	1,112.8	(24,120.8)	(12,843.0)	(24,121.8)	(1.0)
Grants - Specific other	(498.7)	0.0	(498.7)	(578.1)	(654.6)	(156.0)
Shared Services	(871.4)	0.0	(871.4)	(873.9)	(987.4)	(116.0)
Lease Income	(88.4)	0.0	(88.4)	(20.2)	(88.4)	0.0
Seconded Officer	(74.3)	0.0	(74.3)	(48.0)	(180.2)	(105.9)
Miscellaneous	(11.8)	0.0	(11.8)	(31.5)	(88.1)	(76.3)
Total Income	**(36,402.6)**	**(1,178.8)**	**(37,581.4)**	**(24,686.5)**	**(38,036.5)**	**(455.2)**
Net Revenue Expenditure	**224.1**	**0.0**	**224.1**	**(1,456.8)**	**781.6**	**557.5**

CARE INSPECTORATE

Capital Monitoring Statement for the Period to 31 October 2019

	Approved Capital Expenditure Limit 2019/20 £000	Actual & Committed Expenditure at 31/10/19 £000
Capital Allowances:		
ICT Equipment	100	0
Estates Strategy development	300	0
Total Allowances	**400**	**0**
Total Capital Expenditure	**400**	**0**

BOARD

Schedule of Business 2019/20

BUSINESS TOPIC	19 June 2019	15 Aug 2019 (Special)	26 Sept 2019	17 Dec 2019	5 Feb 2020 (Special)	26 Mar 2020
OPENING BUSINESS						
Chair's Report	✓		✓	✓		✓
Chief Executive Report	✓		✓	✓		✓
STRATEGY AND POLICY						
Approval of Care Inspectorate Strategies on a rolling/ as required basis • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy					Shared Services Strategy	
Financial Strategy			✓	✓ (verbal)		
Corporate Plan	✓	✓ (for approval)				
Scrutiny and Improvement Plan (draft to December)				✓		✓
Budget and Indicative Budget						✓

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Refreshed Improvement Strategy	✓	✓				
Strategic Risk Register	✓					
Approval of Risk Appetite and Risk Policy	✓					
Strategic Workforce Plan			✓			
Annual Review of Procurement Strategy				✓		
Health and Safety Strategy (2020)						✓
Employee Engagement Survey Report & Presentation				✓		
MONITORING AND GOVERNANCE						
Budget Monitoring			✓	✓		
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit Committee	✓		✓	✓		✓
Complaints Activity Report (Annual in June; Bi-annual in December)	✓		(annual report) Approved at June Board	✓		
Annual Report and Accounts - Audit Committee Annual Report to the Board - Draft Annual Report and Accounts 2018/19 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			✓			
Health and Safety Annual Report			✓			
Equality Duty Reporting – Annual Progress Report						✓
Annual Review of the Care Inspectorate's Financial Regs						✓
Best Value Report 2017/18 (***to 1st Quarter meeting of Board***)	✓					

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Annual Accounts 2017/18 Progress Report ***(to 1st Quarter meeting of Board)***	"Finance Update" report					
Board and Committee 2020/21 – proposed meeting dates			✓			
Care Inspectorate Executive Framework			✓			
Annual Procurement Performance Report			✓			
Management and Governance of Shared Services arrangements						✓
OPERATIONAL						
Digital Programme Update Report and Presentation			✓	✓		✓
HR Annual Report	✓					
Approval of Pay Remit for submission to Scottish Government						✓
Update on Significant Organisational Restructures ***(when required)***						
Estates Update ***(when required)***						
Approval of Compensation Payments ***(when required)***						
	STANDING ITEMS					
Identification of Risk	✓		✓	✓		✓
Schedule of Board Business	✓		✓	✓		✓
	CONFIDENTIAL ITEMS					
Appointment of internal auditors				✓		
	OTHER INFORMATION TO BOARD					
	Policy/Parliamentary Tracker and Timetable ***(email briefings in advance of Board meetings)*** Work and Policy Direction of UK Regulators ***(email briefings in advance of Board meetings)*** Scottish Government Programme for Government ***(email briefing)***					