



A Meeting of the Care Inspectorate Board is to take place at **9.30 am** on Thursday 17 June 2021.

In light of the guidance about minimising social contact issued by the Scottish Government in relation to Covid-19, the meeting will be held remotely by video-link. Arrangements are in place to enable members of the public to attend the meeting by this method and a public notice has been placed on the Care Inspectorate website.

AGENDA

PUBLIC SESSION

1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Minute of Board meeting held on 25 March 2021
5.	Action Record of Board meeting held on 25 March 2021
6.	Matters Arising
7.	Chair's Report – B-12-2021
8.	Chief Executive's Report – B-13-2021
9.	Chief Nurse Update Report – B-14-2021
	STRATEGY AND POLICY
10.	"The Promise" Scotland Plan 2021-24 – Presentation and Report B-15-2021
11.	Draft Scrutiny, Assurance and Improvement Plan 2021/22 – Report B-16-2021 (for Decision)
12.	Strategic Risk Review 2021/22 – Report B-17-2021 (for Decision)
	<i>SCREEN BREAK (10 minutes)</i>

	MONITORING AND GOVERNANCE
13.	Monitoring our Performance: Quarter 4 2020/21 – Report No: B-18-2021
14.	Complaints Activity Annual Report 2021/22 – Report B-19-2021
15.	Report of Audit and Risk Committee Meeting held 20 May 2021 (paper attached)
16.	Counter Fraud, Bribery and Corruption Framework – Report B-20-2021 (for Decision)
17.	Board Self-Evaluation Action Plan – Report No: B-21-2021 (for Decision)
18.	Annual Accounts 2020/21 Progress Update – Report B-22-2021
	<i>LUNCH BREAK (30 minutes)</i>
	OPERATIONAL
19.	Future Working Group Update Report – Report B-23-2021
20.	Shared Service Update – Report No: B-24-2021 (for Decision)
	STANDING ITEMS
21.	Identification of Risk
22.	Board Schedule of Business 2021/22 (paper attached)
23.	Any Other Competent Business
24.	Close of Public Meeting and Date of Next Meeting: Thursday 12 August 2021 at 1.30 pm by Teams video-conference
	PRIVATE ITEMS
25.	Financial Strategy – Report B-25-2021 (for Decision)
26.	Formal Request Of Establishment: Digital Transformation and IT Directorate and Executive Director Post - Report B-26-2021 (for Decision)
27.	Inspection Of Care Homes – Proposals For Joint Inspection With Healthcare Improvement Scotland – Report No B-27-2021



Minutes

- Meeting:** Public Board
- Date:** 25 March 2021
- Time:** 10.30 am
- Venue:** By Teams video-conference
- Present:** Paul Edie
Naghat Ahmed
Sandra Campbell
Gavin Dayer
Rona Fraser
Paul Gray
Anne Houston
Ronnie Johnson
Bill Maxwell
Keith Redpath
Carole Wilkinson
- In Attendance:** Peter MacLeod, Chief Executive (CE)
Edith Macintosh, Executive Director of Strategy and Improvement (EDSI)
Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS)
Gordon Mackie, Interim Executive Director of ICT and Digital Transformation (iEDTID)
Kenny Dick, Head of Finance and Corporate Governance
Alison Cook, Senior Solicitor
Fiona McKeand, Executive and Committee Support Manager (ECSM) (*for items 1-12*)
Ingrid Gilray, Intelligence and Analysis Manager
Al Scougal, Senior Intelligence Analyst
Jane Douglas, Chief Nurse
Catherine Agnew, Chief Inspector
Anne Forsyth, Executive Support Officer (*items 12-21*)
Heather Edwards, AHP Consultant (*items 12 and 13*)
John Elliot, Complaints Inspector (*items 12 and 13*)
Jacqui Duncan, Senior OWD Adviser (*items 12 and 13*)
Toni Twigg, Young Inspection Volunteer (*items 12 and 13*)
Bronwyn Wyper, Young Inspection Volunteer (*items 12 and 13*)

Observers: Fiona Birkin, Staff-side Chair, Partnership Forum
Annarosa Suojanen, Sponsor Team, Scottish Government
Ben Nicoll, Modern Apprentice, Care Inspectorate
One public observer

Apologies: Arvind Salwan, Strategic Communications Adviser
Kenny McClure, Head of Legal Services

Item **Action**

1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed members, officers, staff and public observers and invited guests.

The Board was introduced to the newly appointed Chief Nurse, Jane Douglas, who gave an overview of her new role within the Care Inspectorate, working closely with the Scottish Government's nursing directorate.

2.0 APOLOGIES

Apologies were received as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTES OF MEETING HELD ON 21 JANUARY 2021

The minutes of the Public Board Meeting held on 21 January 2021 were **approved** as an accurate record.

5.0 ACTION RECORD

The Board noted the completion of all of the actions on the record of the meeting held on 21 January 2021.

6.0 MATTERS ARISING

There were no matters arising.

7.0 CHAIR'S REPORT – REPORT B-01-2021

The Chair presented his report, which outlined the main areas of activity and meetings that he had been involved in during the first quarter of the year, including discussions he had participated in as an ex officio member of the Scottish Social Services Council and the Board of Healthcare Improvement Scotland. Notably, along with the Chief Executive, he had attended a number of meetings and briefings with the Cabinet Secretary and the Minister for Public Health.

The Chair took the opportunity to advise the Board of his recent appointment to the Board of Police Scotland and that the register of interests would be updated to reflect this.

The Board noted the report.

8.0 CHIEF EXECUTIVE'S REPORT – REPORT B-02-2021

The Chief Executive presented his report, which updated the Board on some of the key activities of the Care Inspectorate since the Board meeting held on 21 January. The information focussed on areas of partnership working, staff engagement, budget and transformation and policy and strategic development.

The Board was advised of the increased intensity in operations during the first few months of the year due to the impact of the pandemic in the care sector, with the most recent parliamentary report having contained 39 inspection visits; one of the highest monthly totals of inspection activity in care homes since inspections recommenced in May 2020. It was noted that some inspection activity had also recommenced with the opening up of the early learning and childcare sector.

There was some discussion on the Care Inspectorate's involvement in the British Isles network of regulators, the first meeting of which the Chief Executive had chaired on 21 January. The session, which was co-organised with the respective government departments, had been most helpful in showing the commonality in approaches to Covid-19.

The Board noted the report.

STRATEGY AND POLICY

9.0 DRAFT BUDGET 2021/22 AND INDICATIVE BUDGETS 2022/23 AND 2023/24 – REPORT NO: B-03-2021

The Executive Director of Corporate and Customer Services introduced the report, which presented draft budget proposals for 2021/22 to the Board for approval and subsequent submission to the Sponsor Department.

The Board was also invited to agree the draft 2021/22 capital plan; to agree fee rates to be charged to care service providers in 2021/22 (which remained unchanged from the previous year); and to note the high-level projected budget position for years 2022/23 and 2023/24.

The report provided a detailed breakdown of budget compilation, as well as information on the core grant in aid funding, which was £4.011m more than the core grant in funding provided in 2020/21. The proposal was to set an operating budget in order to break even, and it was confirmed that operating costs were under control.

The Board was advised that the organisation was pursuing multi-year funding arrangements with the Scottish Government in order to gain more stability, and which some non-departmental public bodies had already achieved.

The Board received an update on the Member/Officer working group for Budget which had been pleased to note the compelling case put forward to the Scottish Government, and which had resulted in the increased figure for 2021/22. Thanks were extended to the Head of Finance and Corporate Governance the member/officer working group and to the Sponsor team for their support in those discussions.

The Board discussed the need for multi-year settlements in the future, especially with a need to support government policy imperatives, including those outlined in the Feeley review.

The Board **approved** the draft budget, draft capital plan and agreed that the fees rate should remain unchanged.

10.0 REGULATION OF CHILD CONTACT CENTRES – REPORT NO: B-04-2021

The Chief Inspector, Children’s Services introduced the report which gave details of the formal request from the Scottish Government for the Care Inspectorate to be the scrutiny body for child contact centres from Spring 2022 with full implementation in Spring 2023.

It was noted that the organisation had previously undertaken a feasibility study and presented it to the Scottish Government in March 2020. Since the time the study had been undertaken, there had been a change to the roles and responsibilities of staff. The proposal outlined, therefore, the need for a review of staff costings, and a revised financial statement to be agreed with Scottish Government before confirming the Care Inspectorate’s position as the scrutiny body for child contact centres.

It was noted that the Care Inspectorate’s business case took a strong position that its involvement should be contingent on core funding, not grant funding and that the sector itself had also made strong representations that regulation should be through the Care Inspectorate.

The Board welcomed this proposal and **agreed** that the Care Inspectorate should agree in principle with the Scottish Government to take forward the scrutiny of contact centres. The Board also **agreed** that prior to confirmation with Scottish Government, a revised financial position should be decided.

11.0 MONITORING OUR PERFORMANCE: QUARTER 3 2020/21 – REPORT NO: B-05-2021

The Senior Intelligence Analyst presented the report which comprised the 2020/21 Quarter 3 summary on performance. The organisation's work had continued to be impacted by the pandemic and the critical importance of adhering to specific measures to reduce the risk of spreading Covid-19. The report demonstrated how the Care Inspectorate had continued to provide critical and significant scrutiny, assurance and improvement support to the social care sector during this extremely challenging and unprecedented time.

The report highlighted those performance measures that had been revised as a result of the necessary changed working approach during the pandemic, including those that were not being reported on during this time.

The Board noted that the majority of key performance indicators were above target and commented on the extent of the work the organisation had undertaken in high risk services. There was some discussion about the move towards a risk-and intelligence-based scrutiny model, which it was noted the Board would be discussing in more detail at its development event in April, as well as the role of self-evaluation which had been trialled already within early learning and childcare services.

The Board was also advised the working group that was considering the definition of care services with Scottish Government would reconvene following the parliamentary elections. The Care Inspectorate had submitted proposals around its statutory powers following a review of operations and learning during Covid.

The Board raised concern with the variation of care at home across local authority areas and the need to gather more intelligence on this sector.

The Board noted the report and acknowledged the challenges of performance measuring during the pandemic situation.

12.0 CARE INSPECTORATE CORPORATE PARENTING REPORT AND CORPORATE PARENTING PLAN – REPORT NO: B-06-2021

The Board noted that items 12 and 13 would be taken together.

13.0 EQUALITY DUTY REPORTING: ANNUAL PROGRESS REPORT – REPORT NO: B-07-2021

John Elliot, Inspector (Complaints and Inspection) and a member of the Corporate Parenting Group provided the Board with a presentation on the Corporate Parenting Report and Plan. He was accompanied by Toni Twigg and Bronwyn Wyper, Young Inspection Volunteers.

Jacqui Duncan, Organisational Development Adviser (Strategy) provided the Board with a presentation on the Equalities Mainstreaming Report 2021 and the Equality, Diversity and Inclusion Strategy 2020 – 2025.

The following points in particular were noted:

- That there was a vast amount of effort needed to keep the Corporate Parenting Plan alive and that it was every employee's business across the whole of the Care Inspectorate.
- That the Care Inspectorate's ability to network further with outside communities, particularly within the third sector was crucial to allow feedback needed in reference to care.
- That it was evident, particularly from performance reporting, the lack of complaints being made from young people in care.
- That the Head of Corporate and Customer Service would look into the involvement of Young Inspection Volunteers within recruitment processes. HoCCS
- That the Chief Executive was committed to a 'family first approach' and would report to the Board through the Chief Executive's Report. CE
- That an evaluation of the age of Young Inspection Volunteers needed further discussion. CE
- That there were wider issues on equality and diversity and that the creation of a recruitment resource and the development of a Memorandum of Understanding, or similar would be useful, particularly with the Equality and Human Rights Commission. CE
- That there was to be a review of the Care Inspectorate's Recruitment and Selection Policy and that an Equality Impact Assessment would be picked up within that process.
- That there had been a request to carry-out a thorough investigation into recruitment with particular reference to ethnic minority. Chair/CE
- That it would be useful to take these two topics together into a future Board Development Event.

The Board, in respect of item 12:

- Discussed and noted the corporate parenting report 2017 – 2020 which outlined the achievements and progress against the previous Corporate Parenting Plan.
- Discussed and **agreed** the content of the Corporate Parenting Plan 2021 – 2023.
- Welcomed the recommendation to support the implementation of the Plan.

In respect of item 13, the Board:

- Expressed concern with the level of progress being made in mainstreaming equalities in some aspects of the organisation's work since 2019, specifically the recruitment and appointment of people from a minority ethnic background.

- Discussed the actions and outputs planned to support achievement of the new equalities outcomes for the period 2021 – 2025.
- Discussed and **agreed** the final draft Equality, Diversity and Inclusion Strategy 2021 – 2025, noting and would monitor the additional work to be undertaken with human rights-based organisations to address recruitment from black and minority ethnic groups.
- Requested that a progress report was presented to its September 2021 meeting.

ODA(S)

14.0 2020 - 2021 BUDGET MONITORING - REPORT NO: B-08-2021

The Head of Finance and Corporate Governance presented the report which provided the Board with details of the projected 2020/21 financial position based on the ledger to 28 February 2021.

The following points were noted:

- That there was a significant underspend against the revised budget of £2.457m due to the pandemic.
- That it had been agreed with Sponsor to end 2020/21 with a higher General Reserve balance than would normally have been expected and use the carried forward funds to support 2021/22 expenditure.
- That the Cabinet Secretary had approved the £500 Health and Social Care Payment to Care Inspectorate staff and that funds would be forthcoming from the Scottish Government.

The Board:

- Noted the projected financial position for 2020/21 and risk that may have affected the position.
- Noted the Movement in Projected Financial Position from the position previously reported.
- Noted the projected financial position for the 2020/21 grant-funded programme.
- Recorded its thanks to the very strong support from Sponsor when seeking 2021/22 budget which immensely facilitated the positive outcome.

15.0 REPORT OF AUDIT AND RISK COMMITTEE MEETING HELD 4 MARCH 2021

The Convener of the Audit and Risk Committee and Board Member, Bill Maxwell presented the report to the Board in respect of Audit and Risk Committee business, this included the full minute of the meeting held on 4 March 2021.

There were no questions and the Board noted the report and minute.

16.0 ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS – REPORT NO: B-09-2021

The Head of Finance and Corporate Governance presented the report which summarised the proposed amendments as part of the annual review of the Financial Regulations.

The following points in particular were highlighted:

- That if any negotiation outwith the process was required, Board members would be consulted.
- The removal of the requirement for a separate Board report relating to grants awarded in excess of £100k. These are agreed by Sponsor and reporting through the annual budget and budget monitoring reports.
- The removal of the requirement for travel and subsistence claims more than three months old requiring the approval of the Head of Finance and Corporate Governance. This would be delegated to line managers.

The Board approved the Care Inspectorate Financial Regulations, ensuring that they remained for purpose in accordance with corporate governance best practice.

OPERATIONAL

17.0 SHARED SERVICE UPDATE: MEMBER OFFICER WORKING GROUP – REPORT NO: B-10-2021

The Chair of the Shared Service Member Officer Working Group (MOWG) and Board Member, Bill Maxwell presented the report.

This included the minute of the MOWG held on 16 March 2021 which provided an update of progress towards implementing the new shared service arrangements with the Scottish Social Services Council (SCCC).

The following points were noted:

- That David Archibald from MHA Henderson-Logie, the Care Inspectorate's Internal Auditors had been able to attend the meeting held on 16 March 2021 which had given the MOWG an external perspective into the process as it had developed.
- That although the final package of key documents would not be consider by the Board until its June 2021 meeting, it was still intended for the new shared service arrangements to be implemented on 1 April 2021.

The Board noted the position on the implementation of the new shared service arrangements.

STANDING ITEMS

18.0 IDENTIFICATION OF RISK

There was no identification of risk.

19.0 BOARD SCHEDULE OF BUSINESS 2021/22

The Board noted the schedule of business 2021/22, in particular, the following:

- That a progress report in respect of Equalities Mainstreaming would be submitted to its September 2021 meeting.
- That the MOWG for Digital would continue.
- That the MOWG for Budget Development had concluded for 2020/21 and would be recast for commencement in September/October 2021.

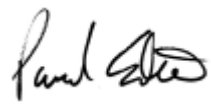
20.0 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

21.0 CLOSE OF PUBLIC BUSINESS AND DATE OF NEXT MEETING

The date of the next Public Board meeting was noted as 18 June 2021 at 10.30 am via Teams video call.

Signed:



Paul Edie, Chair



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 25 March 2021					
12.0	Care Inspectorate Corporate Parenting Report and Corporate Parenting Plan – Report No: B-06-2021	<ul style="list-style-type: none"> Look into the involvement of YIVs within recruitment processes. Further discussion on evaluation of age of YIVs Updates to the Board through the CE's quarterly report 	EDCCS CE/EDs/Board CE	In time to inform a BDE later in 2021 – date tbc	
13.0	The Equalities Mainstreaming Report 2021 and The Equality, Diversity And Inclusion Strategy 2020-2025 Report No: B-07-2021	<ul style="list-style-type: none"> Progress report to be presented to Board September 2021 meeting. A future Board Development required for further discussion on key areas (<i>outlined in the minutes</i>) 	Senior OD Adviser (Equalities) Chair/CE	For Board on 10.9.21 tbc	

CE: Chief Executive
 EDSI-DCE: Executive Director of Strategy and Improvement & Deputy Chief Executive
 EDSA: Executive Director of Scrutiny and Assurance
 EDCCS: Executive Director of Corporate and Customer Services
 IEDITD: Interim Executive Director of IT and Digital Transformation

HFCG: Head of Finance and Corporate Governance
 ECSM: Executive and Committee Support Manager

UPDATE FOR THE BOARD MEETING ON 17 JUNE 2021 – CORPORATE PARENTING AND EQUALITY AND DIVERSITY

The following is an update for the Board in respect of the discussions, and agreed actions, on Corporate Parenting and Equalities and Diversity at the Board meeting held on 25 March 2021.

Action	Progress	Lead(s)	Timescale
<ul style="list-style-type: none"> Corporate Parenting Plan 	<ul style="list-style-type: none"> Sean Byrne, Amanda Tough and Craig Morris have overview of the Corporate Parenting Plan, tabled at OLT who will provide support to ensure the responsibility is organisation wide. Our new Corporate Parenting Plan and Report have been profiled across the organisation through our internal engagement channels and published on our intranet and website. 	Sean Byrne, Strategic Inspector	Work is ongoing
<ul style="list-style-type: none"> Networking with local communities/third sector 	<ul style="list-style-type: none"> A commitment to working with communities is built into the work associated with Equality Outcome 2. The Involvement & Equalities Team are planning to use Citizen Lab to create opportunities for consultation with different communities. The Working Together Group is being reviewed to take account of this action. 	Amanda Tough, Involvement Team Manager	Work is ongoing

Action	Progress	Lead(s)	Timescale
<ul style="list-style-type: none"> Complaints - young people 	<ul style="list-style-type: none"> The text to complain service for children and young people app has been launched. John Elliott and Carrie Ann Davidson (Young Inspection Volunteer) produced a video that has been shared as part of the Year of Childhood to encourage use. 	John Elliott, Inspector	June 2021
<ul style="list-style-type: none"> The involvement of Young Inspection Volunteers in recruitment 	<ul style="list-style-type: none"> Discussion to take place between the Involvement Team and HR 	Amanda Tough, Involvement Team Manager/Lucy Finn, Head of HR	June 2021
<ul style="list-style-type: none"> Family first approach 	<ul style="list-style-type: none"> Work ongoing through the Corporate Parenting Group who can provide information Currently researching new opportunities for the role of Inspection Volunteers. 	Chair of Corporate Parenting Group, Craig Morris/Amanda Tough, Involvement Team Manager	Work ongoing
<ul style="list-style-type: none"> Young Inspection Volunteers review 	<ul style="list-style-type: none"> A discussion paper for OLT to be considered at a meeting on 17 June. Recommendations on removing the age barrier for YIVs and developing accessible pathways. 	Amanda Tough, Involvement Team Manager	June 2021
<ul style="list-style-type: none"> MOU with the Equality and Human Rights Commission. 	<ul style="list-style-type: none"> Work has progressed to identify what other organisations do such as the Scottish Funding Council and Care Quality Commission 	Jacqui Duncan, Equalities Professional Advisor	Work in progress

Action	Progress	Lead(s)	Timescale
<ul style="list-style-type: none"> Review of the Care Inspectorate's Recruitment and Selection Policy 	<ul style="list-style-type: none"> Kirstine Rankin has been seconded to lead a recruitment and selection review. Any changes to process or policy would build in consultation and an equality impact assessment. 	Kirstine Rankin, OWD Team Lead	June 2021 (3 month review planned)
	<ul style="list-style-type: none"> A report from the review will outline our plan for responding to the Public Sector Leadership Summit on Race Equality in Employment and how this supports Equality Outcome 3, the commitments within our Equality, Diversity and Inclusion Strategy and the supporting action plan. 	Jacqui Duncan, Equalities Professional Advisor Kirstine Rankin, OWD Team Lead & Lucy Finn, Head of HR	Sep 2021
<ul style="list-style-type: none"> Future Board Development Event on corporate parenting and equalities 	<ul style="list-style-type: none"> Scope to be agreed 	Craig Morris, Head of Improvement Support	Timescale to be agreed
<ul style="list-style-type: none"> Equality, Diversity and Inclusion Strategy 2021 – 2025 - additional work to be undertaken with human rights-based organisations to address recruitment from black and minority ethnic groups. 	<ul style="list-style-type: none"> A new Equality Outcome (outcome 3) in place to ensure this is prioritised as part of our Equality Diversity and Inclusion Strategy 	Jacqui Duncan, Equalities Professional Advisor & Lucy Finn, Head of HR	Over the period of the strategy June 2021- March 2025
<ul style="list-style-type: none"> Progress report to be provided for the Board 23 September 2021 	<ul style="list-style-type: none"> Jacqui Duncan is meeting with relevant stakeholders about their contributions to the report 	Jacqui Duncan, Equalities Professional Advisor	23 Sep 2021



Title:	CHAIR'S REPORT
Author:	<i>Paul Edie, Chair</i>
Appendices:	None
Consultation:	N/A
Resource Implications:	None

EXECUTIVE SUMMARY

This report highlights some of the Chair's activities since the Board held its last routine meeting on 25 March 2021.

The Board is invited to:

- Note the information contained in this report.

Links:	Corporate Plan Outcome/Principle		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 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: Not applicable. This is a public board report.	
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.

CHAIR'S REPORT**1.0 INTRODUCTION**

This is my first report of this financial year and my first since the recent elections to the Scottish Parliament.

The election saw the retiral of the Cabinet Secretary for Health and Wellbeing Ms Jeane Freeman. Ms Freeman worked very closely with the Care Inspectorate in our response to the current pandemic and I would like to place on record our appreciation of her support.

2.0 MEETING WITH NEW MINISTER FOR MENTAL WELLBEING AND SOCIAL CARE

Under the new ministerial reporting arrangements, we now report to Mr Kevin Stewart the newly created Minister for Mental Wellbeing and Social Care. We have had an early meeting with Mr Stewart on 2 June which allowed me, Chief Executive, Peter Macleod as well as members of our Strategic Leadership Team and our Intelligence team to demonstrate some of the work we carry out. A second meeting with Mr Stewart is due on the afternoon of this Board, 17 June.

3.0 CARE INSPECTORATE/HEALTHCARE IMPROVEMENT SCOTLAND CHIEF EXECUTIVE AND CHAIRS MEETING: 20 APRIL 2021

This was a regular catch up with our partners from HIS and discussion was largely about our response to the pandemic and our continued partnership working.

4.0 HEALTHCARE IMPROVEMENT SCOTLAND SEMINAR (HIS): 21 APRIL 2021

I attended the seminar with other non-executive directors from HIS where we discussed, among other things, the new strategic plan for that body.

5.0 SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) INFORMAL CATCH-UP SESSIONS: 3 MAY, 18 MAY AND 7 JUNE

I have attended a number of these since our last Board meeting. These sessions have been drawn together by SSSC Convener, Sandra Campbell, and provide the opportunity for Sandra to discuss with Council members issues in between Board meetings.

6.0 STAFF VIRTUAL CONFERENCE 25 MAY 2021

I was delighted to speak at our recent staff conference held virtually. I believe the day was a great success. I would like to thank the organisers and the various speakers for an uplifting day.

7.0 SCOTTISH SOCIAL SERVICES COUNCIL MEETING AND DEVELOPMENT SESSION: 27 MAY 2021

The Council discussed Shared Services and Partnership Working and the Feeley report in the Development Session later.

8.0 BOARD MEMBER APPRAISALS

Much of April and May has been taken up with annual appraisals of Board members. This is a duty that is very important and allows me to understand how Board members are feeling about our organisation and the work that we do. It also allows us to discuss any training needs and anything we would like to see change.

I would like to thank each member for their input into these. I would have been happier doing them face to face, but current restrictions made that impossible.

9.0 PROMOTING INCLUSIVE LEADERSHIP ON BOARD – INTERVIEW: 2 JUNE 2021

Public Body Chairs had suggested that they would value more support to understand the language and behaviours that can contribute to a more inclusive board culture. With this in mind, the Public Appointments team has commissioned research to identify and develop the theme of inclusive leadership and the delivery of an inclusive leadership toolkit.

They have engaged Mr Robert Cole of Forth Perspectives, an independent organisation focussed on equality and inclusion in Scotland to conduct this work which involves three strands:

1. Interviews with key stakeholders
2. Researching inclusive leadership best practice
3. Development and promotion of toolkit

I was delighted to support this important initiative and on 3 June took part in the first stage of the consultation, an interview with Mr Cole about my perspectives and insights focusing on understanding current issues with widening diversity and developing an inclusive culture on Scottish Boards; capturing the experience of what has worked well and identifying the support required



Title:	CHIEF EXECUTIVE'S REPORT
Author:	<i>Peter Macleod, Chief Executive</i>
Appendices:	None
Consultation:	Not applicable
Resource Implications:	None

EXECUTIVE SUMMARY	
This report provides the Board with an update on key developments since the Board meeting on 25 March 2021.	
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 Sensitivity:	N/A - 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.

CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

This report updates the Board on some of the key activities of the Care Inspectorate since the Board meeting held on 25 March 2021. The information relates to areas of partnership working, staff engagement, budget and transformation, and policy and strategic development.

Most of my Chief Executive engagements are regular, established meetings with a range of partners and stakeholders in order to review and learn from our activities in relation to Covid-19 and the national recovery plan. I continue to appreciate the support I receive from the Chair and senior officers at many of these discussions.

Following the Scottish Parliamentary elections last month, I attended an introductory meeting with Kevin Stewart, the new Minister for Mental Wellbeing and Social Care. A further meeting has been set for later in June and thereafter we plan to meet every two weeks, as requested by the Minister.

- 1.1** Our current Corporate Plan covers the period 2019 to the end of March 2022. A review of this plan began towards the end of 2021 and it was agreed with the Board that this would be paused due to a second wave of the pandemic and external influences such as the Adult Social Care Review, and the planned election. We also wanted to understand, through various internal learning events, what our staff were telling us about lessons learnt throughout the pandemic, what's worked well in relation to how we adapted how we do our work and what could be built on for the future, to influence our strategic planning.

Work on developing the new Corporate Plan 2022–2025 will recommence over the coming weeks, taking into consideration the feedback from Board members, SLT and OLT at the facilitated sessions that took place and our organisational learning. Edith Macintosh, Executive Director of Strategy and Improvement, is the executive sponsor for the development of the Corporate Plan and Lisa Rooke our new Head of Corporate Policy and Communications, who started at the end of May, will lead the work required. Lisa will bring forward an updated plan for this work, including internal and external consultation processes, and a draft outline.

- 1.2** In response to the recommendations from the rapid review of Covid-19 outbreaks in care homes which was commissioned by the Cabinet Secretary for Health and Sport last year, the Care Inspectorate has met many of the recommendations which relate to our work. From the review, recommendations were made on: residents and care home risk factors; first wave experience; data and digital infrastructure; early warning systems; testing; IPC knowledge and expertise; IPC indicators; leadership; training and education; relationships; guidance and local adoption; inspection arrangements; carer perspectives; built environment; and raising concerns/whistleblowing. The Scottish Government's Clinical and Professional Advisory Group is monitoring progress on the actions and updates have been submitted from the Care Inspectorate.

Specific actions by the Care Inspectorate have included:

- Revising our guide to Building Better Care Homes to take account of learning from intelligence on outbreaks in care homes and the learning about environments. A stakeholder's event has been held and the resource is out for consultation.
- Developing lessons learnt from our intelligence and inspections to date. We have identified common themes from our scrutiny work to focus our quality improvement work.
- Presenting the learning from scrutiny and common themes to strategic Scottish Government groups, Scottish Care, CNOD and oversight groups.
- Developing a winter plan for adult care which built on the lessons learnt and delivering several webinars for the sector.
- Developing a key question 7 for Care at Home services to support good IPC practice based on IPC Addendum and HPS Guidance which covers these areas.
- Developing a self-evaluation guide for care homes for Key Question 7 and webinars to support implementation.
- Delivering a series of national webinars supporting care homes and Nurse Staff Agencies on good practice and current guidance.
- Tailoring our communication to specific service types, using the Provider Updates to quickly communicate new guidance, good practice and learning for improvement.
- Continuing to support multi-disciplinary enhanced clinical oversight arrangement for care homes as noted in the SG winter preparedness plan.
- Co-chairing a seminar for health and social care regulators across the UK and Ireland. This enabled the sharing of lessons learnt and our collective experience.
- Collaborating on the development of national IPC resources including the IPC Addendum and Care Home Manual
- Recruiting a Chief Nurse and we are currently recruiting Senior Improvement Advisers for the new Health and Social Care Improvement Team one of whom will be expert in IPC.

1.3 Further to the recommendations of the Adult Social Care Review, the Scottish Government intentions, and the plan for the first 100 days in office, a process, including a governance structure, will be proposed to the Board in due course which will enable us to contribute and respond to the Scottish Government deliberations.

2.0 COLLABORATION/PARTNERSHIP WORKING

2.1 Children in Cross-Border Placements

We continue our collaboration with Scottish Government to address long-standing concerns about outcomes for children in cross-border placements. This quarter we held an important meeting with representatives from Scottish Government's legal

team, care experienced young people team and the office of the chief social work advisor to clarify current regulations and discuss the Care Inspectorate's role in supporting service improvements. We also started engagement with the chief social work officers around the new notification we have implemented and are progressing a protocol with Ofsted to better share information where there are concerns about the actions of a placing local authority south of the border.

2.2 Scrutiny Activity

We are actively planning with scrutiny partners for the resumption of scrutiny actively across children's, adults' and justice services. Important scrutiny programmes are now underway across service areas. This is more fully outlined in draft in the Scrutiny and Assurance Plan to be considered by the Board.

2.3 Research on Care Home Residents Visiting/Contact

The Service Manager, Adults worked with Edinburgh University and partners to roll out research on care home residents not seeing loved ones during the pandemic. This included presenting at a conference on the role of the Care Inspectorate and developing sessions for all adults staff on research findings.

2.4 New IPC Care Home Manual

The Service Manager, Adults supported ARHIA and SG with the roll out of the new IPC manual for care homes. This included writing guidance, a communication strategy and presenting at webinars with services to promote the launch. In addition, development sessions on the IPC manual were delivered to Care Inspectorate Adult teams.

2.5 Research on use of indicators to inform regulation

The Chief Inspector, Adults took part in research by Stockholm University on the use of performance indicators to inform regulation. They were then invited to participate in a session on findings and how the Care Inspectorate use key performance data to inform scrutiny action.

2.6 Allied Health Professions strategic development

The Allied Health Professions (AHP) Consultant is currently leading work on how AHPs support the social care sector, initially in care homes but also more broadly across social care and early learning and childcare. Part of this work will be testing the value of having a named AHP for each care home as well as using a tiered model of access into AHP services - the universal, targeted, and individual offers of support and intervention, building on models from work with children and young people and to dementia support. This work will also include supporting the growth of AHP practice education placements in social care to raise the profile of social care as a positive career choice.

2.7 Celebrating and consolidating the impact of Care About Physical Activity Programme

Work is ongoing to consolidate and celebrate the impact and reach of the Care About Physical Activity (CAPA) Programme which ended just as the pandemic took hold. This work will be under the umbrella of “Growing a good life...plants the seeds for living well”. The learning from the CAPA programme can be found in the final evaluation in the [report](#). One of the most important findings was that with the right support and the opportunity to come together and share learning, staff in social care can bring about significant improvement in the quality of life of people experiencing care. This model can be used to support many other factors which support health and wellbeing and contribute to a good life and is aligned with the universal offer in the AHP model.

2.8 Joint Account Management for Health & Social Care Partnerships and national improvement agencies

Through the national organisations Integration Huddle, the Improvement Support team, has collaborated with national agencies to link with Chief Officers from Integration Joint Boards. The aims of the collaboration are:

- to further strengthen relationships with IJBs/Chief Officers.
- to improve ease of access via a single point of contact.
- to improve awareness and accessibility of the support available from National Improvement Bodies.
- to better understand IJB priorities and support requirements.
- to consider any support needs that are not currently being met by National Improvement Bodies.

The first test of this approach took place in May 2021 with further tests planned for the coming months. The initial test was successful in identifying potential areas for support within that partnership and has led to a presentative from Health and Social Care Scotland being proposed to attend the national organisation integration huddle to strengthen those links.

2.9 Covid Winter Support Webinars

The series of winter preparedness webinars hosted by the Care Inspectorate to support adult and older peoples care homes and care at home was completed in April 2021. This series took a three-tier approach that shared information and sign posted to resources, developed, and delivered a self-evaluation tool around key question seven from the quality framework and drilled down into intelligence led topic specific needs. Many stakeholders, internal and external, contributed to the successful delivery of the series that evaluated very positively. 13 webinars were delivered over six months with 1300 delegates attending from across Scotland and the target sectors. The resources and learning have been shared across multiple

platforms. The self-evaluation tool has been downloaded 1257 times at time of writing.

2.10 Professional Registration for the workforce

We continue to be committed to supporting our inspectors to meet and maintain their professional registration with their relevant statutory regulator. At present there are 278 inspectors/ team managers registered with the SSSC, 70 with the NMC and a small number with other professional registration bodies including the Health Care Professions Council and the General Teaching Council.

Our Chief Nurse and others are working collaboratively to review how we support staff to meet their required professional registration. This includes streamlining how they update their registration details with us, what support they need to maintain their registration and how we build a strong community of practice internally to capture key learning and build knowledge. An action plan to focus efforts is being developed and will be shared with the workforce so they are aware of the opportunities available to them. We will also support this through strong internal engagement with staff.

2.11 Recruitment Project

A comprehensive review of our recruitment and selection process will commence in June 2021. The scope will include a re-design of our end-to-end recruitment process and recruitment policy. Stage one of the review will focus on inspector recruitment and our recruitment and selection policy.

An early project plan is currently being shaped and a dedicated team will be established to lead on the review. Early activities will include a review of the key challenges for inspector recruitment, which will be assessed to identify their impact and determine which interventions have the potential to have the most positive impact on our ability to fill inspector vacancies.

Our new approach and materials for inspector recruitment will be tested through live recruitment campaigns over July and August. Our approach and materials will be refined based on feedback from the test activities. The project will include a range of consultation activities and an equality impact assessment will be developed over the life of the project. At this stage, the project is planned to be completed in full within three to six months.

3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT

3.1 Pay Award/Partnership Working

The Scottish Government has again approved the implementation of an interim pay award with effect from 1 April 2021. Broadly this is an £800 increase for staff earning below £25,000 per annum, a two percent increase for staff earning between £25,000 and up to £40,000 per annum, a one percent increase for staff

earning between £40,000 and up to £80,000 per annum and an £800 increase for staff earning more than £80,000. This pay award was implemented in May's salary payment.

3.2 Policy Development

Over the summer months we will be working with the OWD team and Partnership Forum to review and update our current Workforce Change policy. It will be consulted upon with the Policy Review Group and OLT members, prior to being submitted to SLT for approval.

3.3 Inception of Health and Social Care Improvement Team

As a result of the increased awareness of health and wellbeing in adult social care during the pandemic, we have been given additional resources to set up a Health and Social Care Improvement Team. This is a multi-disciplinary team, based within the Strategy and Improvement Directorate and aligned to the Improvement Support section working closely with Scrutiny and Assurance colleagues and the Chief Nurse. They will provide specialist professional skills and knowledge in specific topic areas, along with general health and wellbeing support across the life span of people experiencing care.

These posts will lead and develop aspects of our health and social care quality improvement support functions. This will be based on current and emerging models of delivery that will facilitate improvements in practice in care services and improve the outcomes for people experiencing care. The health and social care improvement advisers will work closely with inspectors, supporting learning and development in specific topic areas, and keep the evidence base of practice current. Over the coming weeks, posts will be advertised that will bring together a multi-disciplinary team including nursing, pharmacy, social work, and allied health professions.

3.4 All staff event

Our all staff event; Recognise, Revitalise, Refresh took place on Tuesday 26 May 2021. The event brought together all staff for a virtual event designed to engage, inspire and recognise our workforce. Keynote speakers included Dr David Hamilton, who shared insights on the power of kindness, and Steve McCreadie, who formally launched the LENS intrapreneurship programme. Energy and participation was high, with 490 employees attending. A total of 255 questions were submitted to our speakers, with almost 2400 likes. Attendees were also invited to vote on 3 polls with an average response of 382 people.

3.5 Wellbeing Temperature Check

In March 2021 as part of our ongoing wellbeing support, we carried out a temperature check of the workforce. This was a focussed survey looking

specifically at emotional and social wellbeing, to better understand how staff were feeling at that time, if they were aware of the support available and how they could access this. 259 staff participated, providing feedback on what mattered most to them. We shared these results with staff using a short video clip about what this told us and the next steps. We have followed this up and explored the findings with the wider workforce as part of the Directorate Learning Events in May 2021. This will also allow us to explore barriers and possible solutions to wellbeing with staff and help to plan future wellbeing support.

3.6 The LENS Intrapreneurship Programme

Our intraneurship programme with the LENS was formally launched on 25 May 2021 at our all staff virtual event. Over June 2021, the LENS team will be facilitating a series of virtual workshops supporting our managers and staff to understand and participate in the programme. Applications will formally close on 22 July 2021. Shortlisted teams will then be able to access mentoring and support to prepare for our investment day on 4 November 2021.

3.7 Professional Development Award (PDA)

Work has commenced to adapt the content of our PDA so that it is fully available online from September 2021 when the third cohort will start their studies. There will be 30 places available for candidates to join the award and the content will reflect some of the key insights gathered so far from our experience of the pandemic and how that has impacted on practice.

3.8 The Promise

In May we had a significant engagement with the children and young people's inspection team in relation to the Care Inspectorate's contribution to keeping The Promise. This was an important opportunity to consider together the key messages of The Promise and what the implications are for our organisation. We were able to identify a number of strengths to build on, actions we need to take and started to prioritise those which need to be addressed over the next few months.

4.0 BUDGET/TRANSFORMATION

4.1 Registration System Improvements

We are using Microsoft Power query for the first time to merge and manipulate the service provider data from the registration system to create our invoice interface files to send to Scottish Government for the creation of our quarter one continuation fee invoices. This has automated the manual copy and paste and excel formulae we previously used to manipulate the data. Our next planned development in quarter two is to have a direct connection into the registration system, where we should only have to refresh the data for the invoice files to be updated for sending on to Scottish Government.

4.2 Registration App and the Register

Operational teams have continued to work collaboratively with the Digital Transformation team, providing regular feedback following the launch of the Register and related functionality. Various teams continue to update a number of internal and external guidance documents to support colleagues and providers use of the App and the associated external portal.

4.3 ELC Expansion

Managers from ELC and Finance are engaging with representatives from Scottish Government to agree funding for enhanced staffing to support the additional inspection activity that will be required for the increase in the sector from August 2021.

5.0 POLICY AND STRATEGIC DEVELOPMENT

5.1 Equalities, Diversity, and Inclusion strategy (EDI) and strategic programmes of new work

The EDI Strategy was launched on the intranet on 30 April 2021, after being agreed at the March 2021 Public Board meeting. Work is ongoing with the LGBT charter group to launch the Proud to Care resource for care homes. This project work will run from June 2021 until the Spring of 2022. A partnership with Age Scotland is in place to develop a development plan focusing on providing an age inclusive environment where staff feel valued, respected, and able to reach their full potential at all ages and stages of their career. This piece of work has involved working with colleagues in HR, Scrutiny and Assurance and OWD and will be complete by June 2021. To ensure that care homes/sheltered housing are good places for LGBT+ people to live, we have made a 2.5-year commitment with IRISS, LGBT Health & Wellbeing, University of Strathclyde, and a filmmaker to build on existing evidence, develop knowledge of what 'good looks like' before developing and testing a kite mark and training for the sector. This will be co-designed with LGBT+ residents/significant others, LGBT+ staff and tested with three homes as learning partners.

5.2 Care Home Visiting

The Chief Inspector is working with the chief social work officers and Scottish Care to develop a joint statement on visiting and support for services. This will enable the monitoring of implementation of Open with Care at local level with oversight groups to ensure people experience visits from people important to them.

5.3 Review Older People and Adult Self Evaluation Frameworks

The methodology team, at the request of Chief Inspectors, is reviewing the care homes frameworks for older people and adults to take forward learning from Covid-19 and the need to incorporate Key Question 7.

5.6 Complaints Review

A review of complaint work has been undertaken to learn from Covid-19 and ensure our complaints practice also meets best practice in complaint handling.



Title:	CHIEF NURSE'S REPORT
Author:	<i>Jane Douglas, Chief Nurse</i>
Appendices:	None
Consultation:	N/A
Resource Implications:	None

EXECUTIVE SUMMARY

This report provides an update on the strategic work of the Chief Nurse in the Care Inspectorate since March 2021.

The Board is invited to:

- Note the update 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:

Not applicable - this is a public Board report

Disclosure after:**Reasons for Exclusion**

- Matters relating to named care service providers or local authorities.
- 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.
- Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
- Matters involving commercial confidentiality.
- Matters involving issues of financial sensitivity or confidentiality.
- 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.
- Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

CHIEF NURSE'S REPORT

1.0 INTRODUCTION

This report provides Board members with an update of the strategic work that the Chief Nurse has undertaken since commencing in the post at the beginning of March 2021.

The Chief Nurse role is a new role for the Care Inspectorate and is the only role of its kind across all the UK regulators, which in that sense makes it unique. The Chief Nurse post is currently a temporary post for 1 year ending in March 2022. There is a clear, high level job specification for the Chief Nurse role and as with any new role in an organisation it will take time to define the role further and shape the focus of the work both internally and externally.

The role is strategic and multifaceted with a focus on supporting and informing the care sector and the Care Inspectorate in relation to nursing, clinical leadership, and specialist clinical and professional advice. It has a critical role to play externally working in partnership with Scottish Executive Nurse Directors (SEND), Chief Nursing Officers Directorship (CNOD), Royal College of Nursing (RCN) in relation to professional development, Scottish Care, Nursing & Midwifery Council (NMC), NHS Education Scotland (NES) and Healthcare Improvement Scotland (HIS), to influence national policy and strategy in relation to health and social care.

2.0 STRATEGIC AIMS

The role of the Chief Nurse will focus predominantly on two overall strategic aims which have been identified and from which key drivers will be formulated. These will be fundamental in assisting with determining any changes that may need to be made. From this a planned programme of work will be further developed. This will be added to and revised as the role of the Chief Nurse is further defined. The programme of work will evolve and change to reflect the changing needs and demands of the health and social care environment.

The two high level strategic aims that have been identified are:

- External Strategic Aim – to change the narrative of nursing in social care to improve outcomes for people who experience care and for those who work in social care settings.
- Internal Strategic Aim – to ensure that robust clinical and care governance provides assurance to the Board and Chief Executive, that there is a focus of continual quality improvement within the Care Inspectorate and for the people who experience care.

2.1 External Strategy

The Chief Nurse role provides necessary visible leadership within the social care sector, that focuses on improving and supporting nurses who work in the sector,

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with the ultimate aim to improve outcomes for people experiencing care. Further, the Chief Nurse has responsibility to work collaboratively with partners to help influence policy and strategy that is relevant to social care and the wider social care workforce.

2.1.1 Key to the strategic aim being actualised is relationships. The Chief Nurse is a member of SEND. The Executive Nurse Directors have responsibility and oversight of care homes and Assurance Teams have been developed within Board areas to support care homes. The Chief Nurse is building links with the SEND and their Assurance Teams, which is supportive and advisory, while helping to link outcomes from inspection so that improvement is focused on the care homes with the greatest need. The Chief Nurse has already had an engagement session with a number of the Assurance Team leads and will be arranging further engagement sessions in the remaining board areas. Further work is required to strengthen links with the Executive Nurse Directors and the Assurance Teams. There is a need to ensure that there is a partnership approach to improvement in local areas that is informed by scrutiny and assurance.

2.1.2 In order to achieve the strategic aim, it is necessary to be visible and work in partnership with key leaders within the sector. It is essential that there is a focus on raising the profile of nursing in social care in order to promote the nursing role, and the value that it brings to people who experience care in care homes. In the past three months this work has begun. Care Home nursing needs to be a career destination of choice, currently this is not often a choice for newly qualified nurses. It is acknowledged that there are high turnover rates in social care across the United Kingdom, and in 2019-2020 the turnover rate for nurses who work in care homes was 41.5% (¹Skills for Care, 2020). This turnover rate, along with the shortage of nurses across all sectors, and particularly social care, has an impact on the clinical care and support of people who are living in care homes where they are identified as needing nursing support.

To support our nursing workforce in the sector, there is a need to ensure that there are clear professional assurance framework and development of a framework for delegation of nursing tasks. In the first instance the role of the nurse, competencies, and education for nurses in care homes needs to be defined. To influence and support this work the Chief Nurse will continue to work with the CNOD on the Transforming Nursing Roles, Care Home Nurses, group which is soon to be re-established after being paused due to the pandemic.

Linking to nursing delegation, the Chief Nurse will be co-chairing a group which will be working to develop a framework for Health and Social Care staff to support a standardised approach to the development of enhanced roles. This work will report to SEND and CNOD and will involve social care partners.

The Chief Nursing Officer (CNO) and the Royal College of Nursing (RCN) are key partners, as is the Nursing & Midwifery Council (NMC), in regard to how we support our nursing workforce. Regular meetings have been established by the

¹ Skills for Care, 2020. Workforce Intelligence Summary: Care Homes with Nursing in the Adult Social Care Sector 2019/20. Summary of care home services with nursing_2020_pdf (skillsforcare.org.uk)

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Chief Nurse to assist with supporting the development and raising the profile of nursing in social care.

Some of the work to help raise the profile of nursing in the sector has already commenced. In May, the Chief Nurse presented at an event as a keynote speaker for the Care Home Conference, hosted by Edinburgh Napier University, called *People and Practice: Celebrating care home skills*. This was the first public presentation of the Chief Nurse and it was very well received with over 100 attendees. Also, the Chief Nurse was invited to meet providers of regulated services through a questions and answers session hosted via Scottish Care.

- 2.1.3** As part of the NMC Consultation for Specialist Practitioner Qualification (SPQ) the Chief Nurse has planned a panel discussion hosted by the Care Inspectorate in relation to care home nursing and SPQ. The aim is to use the consultation as an opportunity to start the discussion about nursing in care homes. This is a partnership approach with the Queen's Nursing Institute Scotland (QNiS), RCN and leaders in the care home sector.

The Chief Nurse role is a strategic position which needs to influence and advise on social care policy and practice. As such, the Chief Nurse is involved in a number of strategic groups and national short life working groups to help shape and support development across the sector. These are:

- Clinical and Professional Advisory Group (CPAG) – originally set up for Care Homes but now wider to include Care at Home, Sheltered Housing and Supported Living. Commissioned by the Chief Medical Officer and Chief Nursing Officer.
- Open with Care Oversight Group – this group was set up to provide oversight of quality and visiting and reports into CPAG.
- Clinical Models of Care in Care Homes - Steering Group – This a multidisciplinary working group that is working a National Integrated Framework for Health Care support for care homes.
- Healthcare Associated Infection (HAI) - Standards Development Group hosted by Health Improvement Scotland (HIS).
- Infection Prevention & Control sub- group reporting to CPAG.

2.2 Internal Strategy

This Chief Nurse role is placed within the Strategy & Improvement Directorate, however the role works across directorates and particularly with Scrutiny and Assurance. The information and data from our Scrutiny and Assurance work is key to informing further the strategic work and improvement priorities for the Chief Nurse. The development of the Clinical and Care Governance framework will assist with bringing together clinical and care concerns through a focused group, which will inform future improvement programmes and build on existing processes in place.

2.2.1 Clinical & Care Governance Nursing Assurance Framework

Nurses play an important role in the inspection process of regulated services. Their knowledge and skill cover a breadth of clinical areas. In order to assure and support the continued quality and skill of our Inspectors, and clinical leadership within the Care Inspectorate, the Chief Nurse is developing a Nursing Assurance Framework. The framework will provide assurance to the Chief Executive and the Board on the quality and professionalism of nurse qualified Inspectors and leaders within the organisation. To support and advise the Chief Nurse in progressing the clinical and care governance framework and defining further the role of the Chief Nurse, two strategic specialists in the field of nursing have agreed to assist on a sessional basis. They will assist with the strategic implementation of the Clinical and Care Governance framework, assisting to drive this forward over the next six months.

2.2.2 Education and Training

An aspect of the clinical and care governance work is to consider what support is required for our inspectors who are nurses, in terms of education, training and continuous professional development. From a clinical and care learning and development perspective, it is necessary to ensure that all inspectors retain the clinical knowledge and skills in relation to their area of inspection and an awareness of current good practice and research. A full learning and development needs analysis will be scoped working with Organisational and Workforce Development (OWD).

On 12 May the Chief Nurse led an event within the Care Inspectorate to celebrate International Nurses' Day. Using this was an opportunity to celebrate nursing and recognise the nursing journeys of our inspectors. There were a number of speakers who took part, including some of our own inspectors who shared their career journeys, which were incredibly informative. Inspectors who are not nurses by profession also took part, appreciating the value and support that their colleagues with a nursing background bring to what we do. The Chief Nurse took this opportunity to meet with the nurses in the Care Inspectorate and hear from them about what they feel their needs are.

This was the first time that the Care Inspectorate had celebrated International Nurses' Day. With the help from OWD and the Communications Team we marked this day using social media to help highlight the value of nursing within social care; please see the Care Inspectorate Twitter account @CareInspect.

2.2.3 Nurse workforce

The Chief Nurse has reviewed the nurse registrant register to identify the number of nurses that are currently working as inspectors and who have maintained their NMC registration. Currently there are 70 registered nurses working in the Care Inspectorate as inspectors, with a variety of nursing qualifications, such as Adult Nursing, Learning Disability Nursing, Mental Health Nursing, Paediatric Nursing. The complex care needs of people who experience care in care homes has

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increased substantially; further, there is a shortage of nurses within social care. This suggests that clinical needs in care homes are complex and a variety of skills are required to support people safely. The Care Inspectorate as a scrutiny and improvement body requires to be assured that the complex clinical care needs of those experiencing care are being supported appropriately. To align with our learning from the pandemic, it will be a key focus of the organisation that our expertise and knowledge base will be regularly reviewed and updated.

2.2.4 Health and Care safe staffing project

The Health and Care (Staffing) (Scotland) Act 2019 introduced legislation and guiding principles for those who commission and deliver health and care. The Act states that health and care services should promote an efficient, effective, and multi-disciplinary approach that is open and supportive of staff.

The guiding principles of the legislation and the main purposes of staffing for health and social care and care services are to provide safe and high-quality services, and to ensure the best care outcomes for people who experience care. The Chief Nurse is Chair of the safe staffing project board and provides strategic oversight for the project, as well as providing direct support to the project lead.

A report of the work completed to date was submitted to the Chief Nursing Officers Directorate in April with a number of recommendations for the next stage of the programme of work.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS**3.1 Resources**

Currently no resource requirements identified.

3.2 Sustainability

There are currently no obvious sustainability implications in relation to the content of this report.

3.3 Policy

This paper should be considered within the context of a range of ongoing and emerging policy developments as the Chief Nurse role has commenced. The Covid-19 pandemic has had a major impact on the Care Inspectorate and policy more generally, and it will continue to be a major subject of policy discussion, both in terms of the ongoing challenges it represents and the reflection and scrutiny that takes place as we move towards a public inquiry in the new parliamentary session. As highlighted in the Care Inspectorate's role, purpose and learning during the Covid-19 pandemic publication, we adapted in various ways to support Scotland's care sector to deliver high-quality, safe services in the most challenging of circumstances. Working collaboratively with partners across the health and social care landscape was of paramount importance throughout the

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pandemic and is a key facet of the new role. This will continue to be the case as we reflect on the findings of the Independent Review of Adult Social Care, published in February 2021, and its core recommendation to establish a National Care Service. The proposals, including reference to our place within the new structure and a potential market oversight role, are likely to have a direct impact on our role and functions as they are developed, debated and implemented over the coming months and years. Other ongoing policy developments to consider include implementation of the Health and Care (Staffing) (Scotland) Act 2019 (with associated expectations on the Care Inspectorate) and the forthcoming conclusions of the Scottish Mental Health Law Review.

3.4 People who experience care

Both strategic aims are to improve outcomes for people who experience care.

3.5 Customers (Internal and/or External)

The strategy will further explore workforce. This does not currently impact on customers internal or external.

4.0 NEXT STEPS

Over the next three months the activities of the Chief Nurse will be to develop key drivers and change programmes that will assist meeting the key strategic aims.

- Progress the Clinical and Care Governance (CCG) group with an agreed term of reference and processes.
- Work with OWD to develop and carry out a learning and development needs analysis for nurses in the Care Inspectorate (this will also include other professional groups, such as Social Workers, Allied Health Professional and Social Care qualified staff).
- Build professional support for nurses within the Care Inspectorate and explore methods to support this.
- Build relationships across the Care Inspectorate and further define and shape the role of the Chief Nurse.
- Work in collaboration with external partners with the aim to improve outcomes for those people who experience care.
- Continue to raise the profile of nurses and nursing within social care, working in partnership with other agencies and influencing policy and practice nationally.

The Board is asked to note the update on the strategic work of the Chief Nurse as detailed in this report.



Title:	KEEPING THE PROMISE
Author:	<i>Helen Happer, Chief Inspector</i>
Appendices:	1. Presentation – key messages of the Promise
	2. Promise workstreams
Consultation:	N/A
Resource Implications:	None

EXECUTIVE SUMMARY

The Promise is the culmination of the independent care review commissioned by the First Minister in 2016. In February 2020, The Promise report lays out the commitment made to Scotland's children that radical changes will be achieved by 2030. The Care Inspectorate has an important contribution to make in keeping The Promise. To do so, we need to make changes to how we approach scrutiny, assurance and improvement work and consider how best to use our leverage as a national scrutiny body to inform decision-making and influence others.

This paper explores some of the implications of the key messages of The Promise, including the expectations of the Care Inspectorate and details the workstreams we are establishing to take forward this work.

The Board is invited to:

- | | |
|----|--|
| 1. | Note the key messages of The Promise and its implications for the Care Inspectorate. |
| 2. | Note and endorse the approach being taken. |

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

BOARD MEETING 17 JUNE 2021

Agenda item 10
Report No: B-15-2021

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

a)	Matters relating to named care service providers or local authorities.
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KEEPING THE PROMISE

1.0 INTRODUCTION

In 2016 the First Minister announced a “root and branch” review of the care system in recognition of continuing poor outcomes for children who are looked after, many of whom carry disadvantage into their adult lives. This paper explores some of the implications of the key messages of The Promise and the expectations of the Care Inspectorate which are laid out in the attached presentation. Also attached are details of the workstreams we are establishing to take forward what is a highly challenging agenda.

2.0 THE PROMISE

The Promise is a commitment made to Scotland’s children that radical changes will be achieved by 2030, by which time Scotland will be able to demonstrate that we truly care for all of our children by ensuring that they and their families are supported by services that can be accessed when and where they are needed and are effective at supporting change. The system must be more valuing of and responsive to what children and families need and reflect what they say matters most to them.

The promise being made is that, where children can be safe in their families and feel loved, they will stay at home and families will be given support together to nurture that love and overcome the difficulties they encounter. Only once the option of remaining at home safely has been exhausted should it be determined that it is not possible for children to live with their families. If this is determined, it must be done in a time frame which meets children’s needs for safe, loving care. Children must feel they belong in a loving home, stay with their brothers and sisters where safe to do so, feel loved by their carers or adoptive parents and be given all the support they need to thrive into adulthood. This is not a new idea. What is new is the explicit recognition that both national and local systems, “the scaffolding”, must change to enable this at every level.

The Promise recognises that wholesale system change is needed to shift the culture from where we are currently - a country which accommodates more children per head of population than any other part of the UK, to where we need to be – a country where effective early support to children and families can be readily accessed whenever and wherever needed, for as long as needed, and where children’s rights to grow up in their own families and communities are genuinely respected, protected and realised.

2.1 Implications for the Care Inspectorate’s work

Keeping The Promise will necessitate significant investment in areas of practise not currently regulated by the Care Inspectorate though our role in providing assurance about the quality and impact of social work and social care services means that we are bound to be intimately involved in and affected by a changing landscape. But while we have a quality assurance role in these unregulated

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areas, for example in relation to the practice of social workers in local teams, our legal powers and the resources we can deploy to quality assuring practice are limited.

A key aim of the Getting it Right for Every Child approach (GIRFEC) is speedier and more effective support for children and families at an early stage through the universal provisions of health and education, yet Scottish Government has hitherto looked to the Care Inspectorate rather than to Education Scotland or Healthcare Improvement Scotland for assurance about the successful implementation of GIRFEC. To date we have done this largely through the joint inspection programme undertaken at Ministerial direction, where there has been a continued focus on child protection. This programme is carried out in partnership with Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland but are led by the Care Inspectorate.

As regards the focus of joint inspections, it has proved very challenging to provide assurance about the effectiveness of measures to support families at an early stage at the same time as providing assurance about child protection processes and the discharge of corporate parenting responsibilities in the detail required. To date it has taken almost all of our strategic scrutiny resource (children and young people) to undertake a handful of joint inspections annually. It is frustrating that we are limited in the amount of thematic exploration we can carry out, particularly as the cohorts of children with persistently poor outcomes are children where our reach is most limited – children looked after at home on requirements made by children's hearings; children living in kinship care placements; care leavers.

There is a shared recognition between ourselves and Scottish Government that we need to find ways of better understanding children's journeys through the complicated system of care and support, so that social work and other children's services can identify more quickly and take opportunities to intervene more helpfully when need arises. Growing collaboration between our regulated service and strategic scrutiny teams is positive but still leaves us a long way short of the coherent scrutiny response that we would like to achieve. Moving further along this road will necessitate radical changes in our methodology for inspection and the way in which we resource the work along with a new agreement with Scottish Government. It will also require legislative change, not only to strengthen our authority to intervene but also to disengage from existing duties in order to prioritise others.

2.1.1 The Promise Plan 2021-24

Work to keep The Promise between 2021 and 2030 will be shaped by a series of three plans, each lasting for three years and outlining the priorities and action across that period. Plan 2021-24 focuses on the period from 1 April 2021 until 31 March 2024. It outlines a set of outcomes that should be concluded by 2024. There are five priority areas that make up Plan 2021-24, focused on making significant and substantive changes to the lives of care experienced children,

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young people and families. These are: a good childhood; whole family support; planning; supporting the workforce and building capacity.

The Care Inspectorate is identified as a key player in supporting the work to build capacity for change. It is clear that we and our colleagues in SSSC are seen as having influence in what both providers and commissioners pay attention to and how they behave. The Promise report notes “Scotland must fundamentally alter the way in which it inspects services for children and the way it regulates and supports its workforce. Accountability and what is measured has a profound impact on the way professionals behave and services are run.”

This will require us to conduct work on two fronts at the same time:

- a) we must identify and make any changes needed to our own practice in inspection, regulation and improvement as our contribution to keeping The Promise; and
- b) we must use our leverage as a national body responsible for supporting improved quality in social work and social care to inform, advise and support Scottish Government in any proposed legislative or policy developments necessary to build capacity for change.

The challenge is that we must do this while we still continue to deliver on our normal regulation and inspection responsibilities in the meantime.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

Two of The Promise workstreams (see Appendix 2) are concerned with improving our engagement with children and amplifying their voice in reporting on our work, and on strengthening the skills and confidence of our inspection workforce in being appropriately oriented to understanding children’s experiences. We hope to second someone with recent direct experience in these areas to support us over the next 18 months, working collaboratively with our inspectors and strategic inspectors, our young inspection volunteers and involvement team and colleagues from organisation and workforce development.

In addition, we plan to deploy one of our strategic inspectors for a period of 18 months to support the chief inspector in overseeing, coordinating and reporting on the different strands of work which, together, will take us further towards keeping The Promise.

At present, we intend to meet these costs within existing resources available within the scrutiny and assurance budget where, despite best efforts, we have continued to experience vacancies, creating some flexibility.

We recognise that, over time, some of the workstreams may begin to identify the need for additional investment in some areas of our business, for example in mechanisms for communicating with children and young people

3.2 Sustainability

We will focus available resources to support us in developing our thinking and practice to ensure we can play our part in keeping The Promise. We will not achieve the necessary change by adding a new initiative which ends after a few months so the workstreams we are establishing aim to take core areas of our business and ensure they become oriented to delivering on The Promise rather than creating whole new areas of activity.

3.3 Policy

This paper should be considered in the context of a complex policy landscape. The original Promise report itself noted that the current system is underpinned by 44 pieces of primary legislation, 19 pieces of secondary legislation and three international conventions, while straddling six out of nine national policy areas. Scotland has an aspiration to be the 'best place in the world to grow up' and the National Performance Framework sets out the ambition for children and young people as: "We grow up loved, safe and respected so that we realise our full potential."

It is also important to acknowledge the context of the Covid-19 pandemic and its continued impact on the Care Inspectorate and policy more generally. The pandemic will continue to be a major subject of policy discussion, both in terms of the ongoing challenges it represents and the reflection and scrutiny that takes place as we move towards a public inquiry in the new parliamentary session. In addition, the recommendations of the Independent Review of Adult Social Care, published in February 2021, are likely to have a direct impact on our role and functions as the proposals are developed, debated and implemented in the coming years. Our ability to keep The Promise will mean maintaining focus on children and families and ensuring the Care Inspectorate has a profile in relation to children, in the context of an agenda where adult care requires so much of our attention.

Other current and emerging policy developments to consider include:

- An ongoing study by the Competition and Markets Authority looking at how well the current system of children's social care provision is working across England, Scotland and Wales.
- Planned implementation of the recently passed United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act (currently the subject of legal challenge by the UK Government).
- Appointment of a regulator (likely to be the Care Inspectorate) for children's contact centres.
- Rollout of the Barnahus model and associated standards.
- Debate around the education inspection and improvement landscape.

3.4 People Who Experience Care

Our methodology has been, and continues to be, influenced by our young inspection volunteers. Our proposed workstreams show the priority we are giving to strengthening engagement with children and amplifying the voice of young people in our work, which is essential to demonstrating how we are keeping The Promise.

3.5 Customers (Internal and/or External)

We have held useful and well received development sessions with our children and young people's teams around The Promise. We are planning a Teams Live event to allow an opportunity for the Senior Leadership Team to engage with the wider staff group and demonstrate support for this work.

The Chief Executive will be issuing a statement of support in relation to the keeping The Promise and we will use our established fora with providers to support discussion about how we can work collaboratively to implementation of The Promise plan.

4.0 NEXT STEPS

- A live Teams event and statement of support from the Chief Executive.
- Recruitment and deployment of workstream leads and full establishment of all workstreams.
- Continued engagement with The Promise team and reporting to the Change Programme which is due to go live at the end of June 2021.

Keeping the Promise

OUR CONTRIBUTION

Why is this important?

- ▶ “At the point of concluding, the care review has listened to **over 5,500 experiences**. Over half of the voices were children and young people with experience of the care system, adults who had lived in care and lots of different types of families. The remaining voices came from the paid and unpaid workforce. It was their stories that guided the care review and **it is their experiences that have shaped everything the care review has concluded.**”

The **big** messages of the Promise for Scotland

- ▶ 1. Too many children come into the care system because they and their families don't get effective help when they need it
- ▶ 2. Children and families must have a stronger voice in every aspect of their care and support
- ▶ 3. Relationships really do matter and must be prioritised at every level
- ▶ 4. We do not yet pay enough attention to children's rights. Children experiencing the care system still fare significantly worse into adulthood than their peers
- ▶ 5. We must do more to keep children and young people away from the adult justice system and out of detention

The **big** messages

- ▶ 6. Vulnerable children should not be profited from – funds should be directed towards care and support to children
- ▶ 7. We must value and invest in the workforce so that they can better help children and families
- ▶ 8. We won't achieve change for children unless we change adult services too
- ▶ 9. The care system needs to be accountable - regulators and inspectors need to rethink how they do their business and show they value what children and families value

The challenge to the regulators

- ▶ “ Scotland must fundamentally alter the way in which it inspects services for children and the way it regulates and supports its workforce. **Accountability and what is measured has a profound impact on the way professionals behave and services are run.** If Scotland is to shift its practice to support, prioritise and nurture relationships, then Scotland must shift its accountability structures.”

What's expected of us?

- ▶ “The Care Inspectorate and SSSC must come together with other regulators to create a **new, holistic framework that values what children and families value. That framework must apply to the totality of care experience and include aftercare and advocacy services.** A new framework must be totally focused on children’s experiences and their ability to find and sustain safe and nurturing relationships.”

Specifically...

1. Inspection [QI] frameworks must prioritise the quality of relationships experienced by children, not the process surrounding their care. Rights should be at the heart.
2. Children's voices and their experiences must be the focus of inspection and investigation processes [...] Inspectors must [...] understand how to listen, present and collate their voices into the inspection process.
3. There must be consistency across all regulators to align the evidence base so that all [...] are looking at the same things and share common values.

- ▶ 4. We need high quality inspectors who value and understand relationship-based practice and are skilled at working with providers. 'Young inspectors' must receive significant training and support.
- ▶ 5. System analysis must form part of inspection so that there can be clarity about [...] the overall commissioning of services and how that impacts on delivery. New focus for regulators around profit, ensuring funds are directed towards care and support for children.
- ▶ 6. Scrutiny should support organisational reflective practice and continuous improvement with a strengthened collaborative and appreciative enquiry approach. Importance of learning from significant case reviews.

- ▶ 7. Professional regulation and fitness to practice regimes must reflect the value of workforce relationships with children

- ▶ 8. Continuous professional learning must support the ethos of care outlined in the care review

The Promise Plan 2021-24

- ▶ Five priority areas – a good childhood: whole family support; planning; supporting the workforce; building capacity.
- ▶ The Care Inspectorate is given a key role in building capacity. The expectation is that, by 2024 ...

“A new, holistic framework for inspection and regulation that values what children and families value will have been scoped and developed. **It will understand the necessary legislative change required to focus on children’s experiences** and will be underpinned by the principles set out in the promise and give full effect to the secure care pathway and standards.”

Proposed workstreams

- ▶ 1. Quality improvement frameworks, inspection methodology and reporting
- ▶ 2. Participation, engagement and listening
- ▶ 3. A common understanding, value base and approach across regulators/scrutiny partners
- ▶ 4. Equipping our inspection workforce
- ▶ 5. Building and reporting on the big picture
- ▶ 6. Proposing, supporting and preparing for legislative, regulatory, landscape change

Promise workstreamsWorkstream 1: Quality Improvement Frameworks (QIFs), methodology and reporting

Goals

- Our QIFs prioritise how children experience care and the quality of relationships.
- Our QIFs are firmly and clearly rights-based.
- Our evidence-gathering methodology allows us to be confident we understand children's experiences.
- Our reports reflect the ethos of care outlined in The Promise and the extent to which children can fully realise their rights. Our reports explain how the actions and processes we are including support or act as barriers to positive experiences and outcomes for children and families.

Workstream 2: Participation, engagement and listening

Goals

- Our work is guided by a clear and consistently well-implemented participation strategy.
- We value and prioritise time spent listening to children and understanding their experiences.
- Children's voices can be heard clearly in what we do and when and where we do it, and in what and how we report.
- We demonstrate that we genuinely value the care experienced young people who work with us.

Workstream 3: Developing a shared understanding, value base and approach with our scrutiny partners

Goals

- We have agreed a common charter with our scrutiny partners which demonstrates that we have a common value base and a shared understanding and approach.
- We can demonstrate greater coherence between our work and that of SSSC by having a shared approach to supporting the ethos of The Promise.
- We are clear about our responsibilities and the responsibilities of other regulators and how we complement and add value to one another's work.
- Our communications, reports and publications, including publications on work carried out jointly with scrutiny partners, use language which is non-stigmatising and in line with the ethos of The Promise.

Workstream 4: Equipping our inspection workforce

Goals

- Our intention to deliver on the changes required for The Promise is evident in our recruitment of staff.
- We provide L & D and other supportive mechanisms which helps inspectors, strategic inspectors and managers to be oriented to understanding children's experiences and to develop good engagement and listening skills.
- Our CPD plan provides opportunities for inspectors, strategic inspectors and managers to enhance their skills in working collaboratively with providers to provide support and challenge to improvement.

Workstream 5: Building and reporting on the bigger picture

Goals

- Our intelligence strategy supports collection and analysis of data on children's services including non-registered services, so that we can report more usefully on strengths and gaps in services and how these are contributing to keeping The Promise.

Workstream 6: Proposing, supporting and preparing for legislative/regulatory/landscape change

Goals

- We understand the changes required and are appropriately prepared for them.
- We have considered the implications of any changes for the way in which we conduct our business, including any resource implications, and have communicated these clearly, to Scottish Government.



Title:	SCRUTINY AND ASSURANCE PLAN 2021-22
Author:	<i>Kevin Mitchell, Executive Director of Scrutiny and Assurance</i>
Appendices:	1. Draft Scrutiny and Assurance Plan 2021-22
Consultation:	
Resource and Policy Implications:	Yes The resource and policy implications are set out in Part 9 of the Plan.

EXECUTIVE SUMMARY

This draft Scrutiny and Assurance Plan for 2021-22 would normally have been considered by the Board at the December 2020 meeting before submitting it to Scottish Ministers in January 2021 for approval. As a result of the Covid-19 pandemic, the normal planning cycles are out of alignment. The Board approved the previous 2020-21 plan in late 2019 and it was approved by Ministers in February 2020 just prior to the pandemic. In October 2020, when we would normally have been finalising the plan for this financial year, we had to submit a revised plan for 2020-21 outlining why we had deviated from our original plan. This revised plan for 2020-21 was approved by Scottish Ministers on 5 November 2020 and reflects our approaches throughout the pandemic.

As we ease out of the pandemic towards a new normal, we need to re-calibrate our approaches to scrutiny and assurance and priorities relative to the Scottish Government's route map to recovery, but with sufficient flexibility to be able to respond to a potential third wave of Covid-19. This draft plan for the remainder of 2021-22 spells out proposed approaches and priorities for regulated care service scrutiny, complaints, registration strategic scrutiny and improvement support. We have learned a lot from our response to the pandemic. In many ways we have been able to accelerate significant changes we proposed to take as part of our new business model outlined in our Corporate Plan 2019-2022, which would have taken us longer to do, for example in relation to intelligence-led and risk-based based scrutiny.

This scrutiny plan has to serve many different needs and purposes internally and within Scottish Government. We were very conscious that since the last full plan was developed and approved in December 2019, we have a number of new Board members. The plan also has to meet the varied needs of Scottish Government officials across a wide range of departments and portfolios, including early learning and childcare (ELC), children and young people, adults and justice each looking to ensure that their policy interests are comprehensively covered. This year we were also conscious that by the time we submitted it we would have a new government and new Ministers. Because of this, we thought it was important to spell out the genesis of our various scrutiny approaches, how we were delivering that prior to the

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pandemic and what we are proposing to do now. In some areas we are simply picking up where we left off, but in others we are proposing changes and giving reasons for that. We hope that will be of some assistance to new Board members and Scottish Government ministers and officials, many of whom will also be new and unfamiliar with our work and strategic direction of travel prior to the pandemic.

Meeting all of these various needs and purposes makes the style and format of the report challenging. Duplication of some information is recognised, but that has been done to make it easier for those with a policy interest in Scottish Government who are only likely to look at the particular section of the report where their interest lies. This year there was added complexity in that some changes or features of our approaches which have been developed during the pandemic that would normally have applied across regulated care scrutiny, are nuanced across different service types. This means that, where previously the changes or features of our approaches would have been described once in the relevant introductory section for regulated care, those have had to be described under each of the relevant care service types, for example ELC or care homes for adults.

We believe that the overall approaches outlined in this plan are broadly consistent with the general direction of travel signalled by the Feeley Report recommendations and positively positions the Care Inspectorate to be able to respond flexibly to any structural reform that may result from it in whatever form that takes.

Finally, in recognition of the fact that we are already almost three months into the fiscal year to which this plan applies, and we will need to begin work in late August developing the plan for 2022-23, we have attempted to signal our approach over the next 18 months to two years. This overall approach should enable us to make the next plan more streamlined.

The Board is invited to:

1. Consider and approve the plan for submission to Scottish Government Ministers subject to any amendments.

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

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

Disclosure after:

BOARD MEETING 17 JUNE 2021

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Care Inspectorate Scrutiny & Assurance Plan

2021-22

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Introduction

Each year, in accordance with Section 54 of the Public Services Reform (Scotland) Act 2010 (the 2010 Act), the Care Inspectorate must prepare a plan for carrying out inspections in line with best regulatory practice and the agreed budget. The plan must set out arrangements for inspections to be carried out (including inspections of those services subject to self-evaluation (s.54(2)-(a))). It may make different provision for different purposes (s. 54(2)-(b)). In preparing the plan, the Care Inspectorate must have regard to any guidance issued by Scottish Ministers. The plan must be kept under review and may, from time to time, be revised to reflect risk. The Care Inspectorate will seek ministerial approval for this plan and any updates to it.

Our Scrutiny, Assurance, and Improvement Plan for 2020-21 was submitted to - and approved by - Scottish Ministers in February 2020.

In October 2020, we submitted a revised plan for 2020-21 to outline how we had responded effectively to the Covid-19 pandemic. This was approved by Scottish Ministers on 5 November 2020.

This Scrutiny and Assurance Plan for the remainder of 2021/22 takes account of learning during the past 12 months, including revised approaches to scrutiny and assurance developed during the pandemic. Because of the disruption caused to our normal planning cycle, we agreed with our sponsor branch that we would broadly continue with the current approaches of prioritising our scrutiny and assurance on a risk-assessed basis and in collaboration with local authorities, health and social care partnership oversight groups, and directors of public health in accordance with our revised Scrutiny and Assurance Plan for 2020-21. Notwithstanding, from March 2021, whilst mainland Scotland was still in 'tier 4' (lockdown) we began to scale up our scrutiny and assurance work relative to plans for easing out of the pandemic beginning initially with a resumption of adult support and protection inspections, a progress review of childcare and protection in one partnership area and, from 1 April 2021, a re-prioritisation of regulated care services inspections.

Learning from Covid-19

When the Covid-19 pandemic took hold in Scotland in early March 2020, we focused on supporting services to manage the crisis. In the early stages, following public health advice, we changed our routine inspection programme because of the risk of virus transmission. However, as we restricted our visits to services to limit transmission of the virus, we intensified our oversight of services and rapidly put in place other ways to scrutinise, monitor, and support social care across Scotland. This was done in several ways and consistent with our new business model outlined in our Corporate Plan 2019-22 which, we were planning to implement prior to the pandemic taking hold. What we have

done during the pandemic is implement our new business model and tested at pace a number of different approaches that are bringing tangible benefits. These include, but are not limited to:

- Planning and delivering intelligence-led and risk-based scrutiny
- Hybrid scrutiny (short on-site visits supported by virtual inspections)
- Virtual/remote scrutiny
- Self-evaluation
- Planning inspections.

The approaches we took were adapted and sometimes applied differently to different service types. The learning from that and from our wider experience during the pandemic is provided in more detail below and in the sections specifically relating to strategic inspection, ELC, children and young people, and adult services.

Responsive regulation

There are many well researched theories and concepts for regulation. The Care Inspectorate has drawn on these and worked with partners, for example universities to develop our Professional Development Award (PDA) which we require our inspectors to achieve. These theories and concepts have also informed the development of our methodology over time to ensure we are regulating and inspecting to support quality improvement, not simply checking compliance.

Supporting services to improve by signposting, providing professional advice and encouraging the sharing of experience and good practice enables them to adapt, learn and improve practice. Compliance approaches to regulation, where no advice or support is given, do not help support improvement or better outcomes for people as they fail to educate or enable change to happen.

The Care Inspectorate continuously develops its approaches to ensure regulation and inspection are powerful tools to improve outcomes for people in Scotland experiencing care. Responsive regulation enables the regulator to assess risk, use professional judgement and be proportionate in their response and action. The identification of risk enables the regulator to spend more time in those services that need to improve rather than doing the same in all services regardless of their performance and outcomes for people.

In developing our approaches, we also take account of the relevant legislation and Scottish Government policy. For example, we take account of the Health and Social Care Standards, the Crerar Report, the Better Regulatory Taskforce, and the Regulators' Strategic Code, which places a duty on all regulators. The Crerar Report and Better Regulatory Taskforce support responsive and proportionate regulation rather than a 'one size fits all' approach. The Scottish Regulators' Strategic Code, which is enshrined in law, places duties on regulators to consider the impact on services and people and to support

them. If we did not work in a responsive way and adopted a compliance approach, we would be in breach of this code.

Responsive regulation does not mean we will not act if we identify poor outcomes for people. It means that we will act and implement proportionate approaches relative to the risk. Where the risk to people is high and outcomes poor, we will not hesitate to take robust and decisive action as we have shown repeatedly prior to and throughout the pandemic.

Key to delivering responsive regulation is the professionalism, skills, knowledge and experience of our staff. Therefore, the Care Inspectorate employs people who are registered professionals with a proven track record in leading, managing and realising improvement in care.

Collaborative working

The Care Inspectorate has a strong record of collaborative working, including on joint strategic inspections involving Healthcare Improvement Scotland (HIS), Her Majesty's Inspectorate of Constabulary in Scotland (HMICS), Her Majesty's Inspectorate of Prisons for Scotland (HMIPS), Education Scotland, the Mental Welfare Commission for Scotland (MWCS) and more recently HM Inspectorate of Prosecutions in Scotland.

We strengthened this further during the pandemic. Working closely with NHS public health and HIS, we undertook inspections for those care home services where risk was high. This allowed us to target our resources where they were needed most to support improvement, to make and follow through with recommendations more quickly, and, where needed, take enforcement action.

We worked closely with all national groups, local authorities, health boards and health and social care partnerships (HSCPs) to provide a multi-agency approach, which wrapped support around care homes. This included the care home oversight groups and safety huddle meetings.

Developing the most effective and efficient approaches to scrutiny and quality improvement

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, we are committed to using intelligence to plan modern scrutiny 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 support 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 and flexible, and design and deliver services based on need 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.

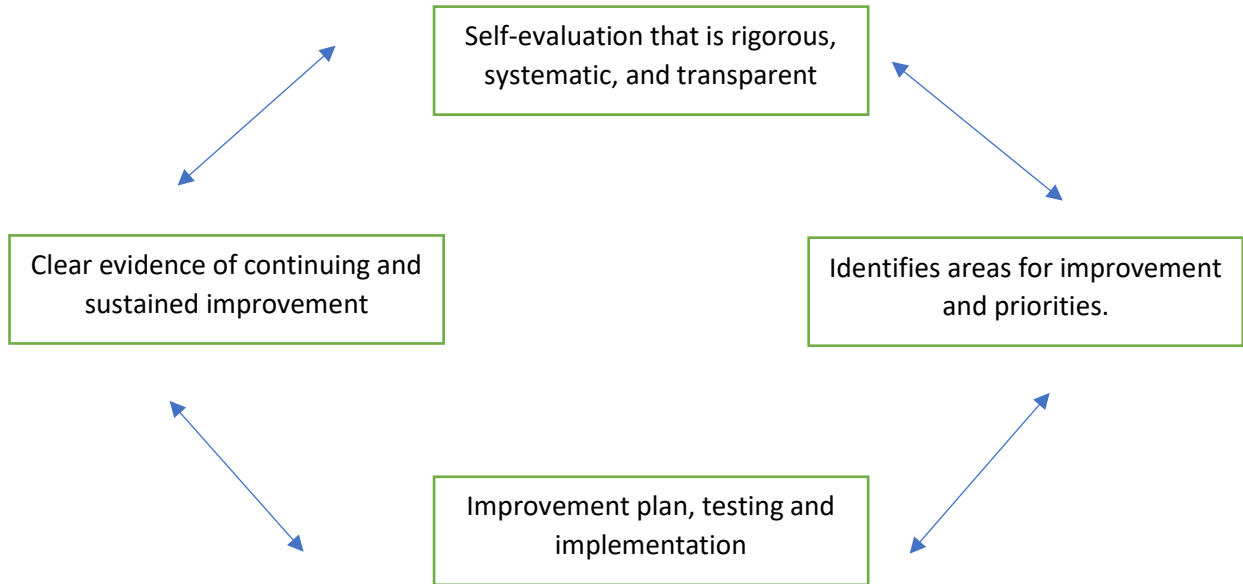
Self-evaluation

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 – as well as those of communities - supported by constructive challenge from care inspectors and other specialists.

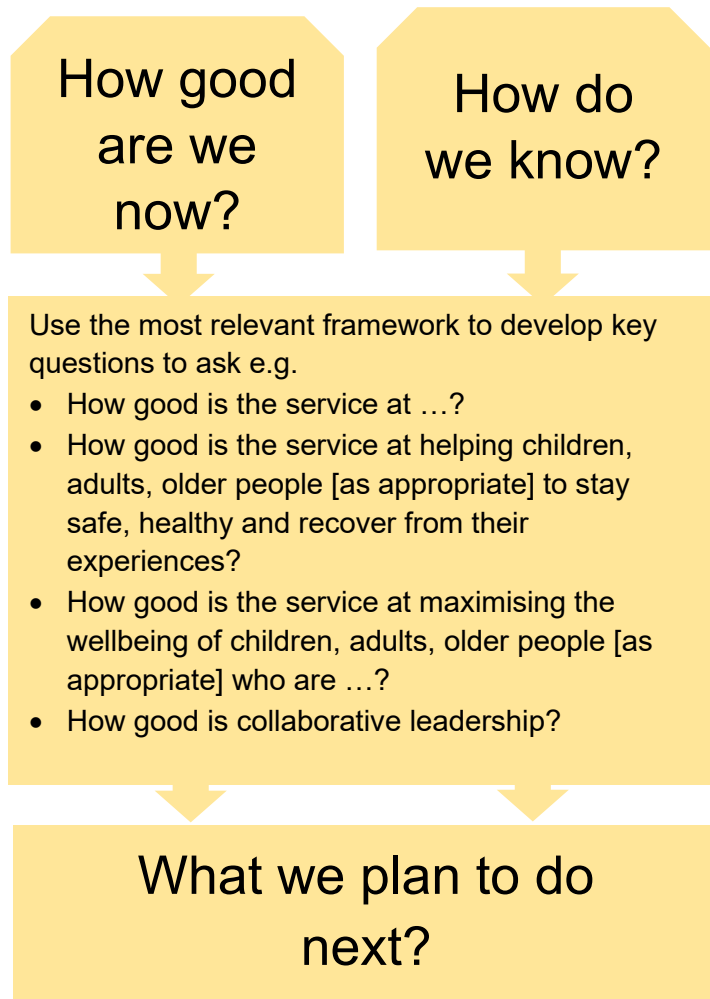
Self-evaluation is central to continuous improvement. It is a learning process through which individual services, community planning partnerships and strategic planning groups responsible for improving services for children, young people and adults get to know how well they are doing and can identify the best way to improve their services. Establishing how to deliver improvement in experiences of, and outcomes for vulnerable people, and what to measure them against, is the central aim of self-evaluation. The involvement of people who experience care should be a central focus of self-evaluation. Whatever the planning structures for taking forward improvement, a key 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 aligned to the Health and Social Care Standards (Scottish Government, 2017) and other national guidance. The primary purpose of these documents is to support self-evaluation for improvement. They place people and their families or carers at the centre of self-evaluation.

The diagram below shows the cycle of self-evaluation and continuous improvement.



Using this approach and the quality frameworks can help provide an effective structure around self-evaluation. The diagram below summarises the approach:



Prior to the pandemic we were aiming to strengthen approaches to self-evaluation for regulated care services. For that purpose, we had published a [Care Inspectorate Guide to Self-Evaluation \(Care Inspectorate, 2019\)](#)

We now want to begin to develop those approaches in all regulated care services as we have begun to do in ELC services during the pandemic to promote and help build capacity for self-evaluation for improvement. Where services can show us that they are doing this well and on a regular basis, we will reflect that in our scrutiny response. For adult care homes we developed a further [self-evaluation guide](#) based on key question seven of our framework. We supported this by providing webinars to support services to carry out self-

evaluation which enabled them to assess their own performance against national guidance.

Evidence tells us that if those responsible for leading areas of care use self-evaluation and identify their own areas for improvement it is more likely to be sustained and become embedded in practice.

Intelligence-led and risk-based scrutiny

The Care Inspectorate is committed to taking an intelligence-led, risk-based, and targeted approach to scrutiny, assurance, and quality improvement.

We use evidence from scrutiny and other data and intelligence we gather to use our resources effectively and efficiently. We rigorously monitor services, gathering and analysing intelligence, including currently, Covid-19 related notifications. The information and intelligence we gather helps target our scrutiny approaches as well as helping to shape and influence local and national policy and practice.

Responsiveness in our scrutiny of care services is closely linked to proportionality and targeting, with risk assessment playing a crucial role in determining our inspection approach. The risks were captured to a degree in the risk assessment document (RAD) we held for every single service.

As part of our methodology review, we have reviewed the RAD and introduced an amended tool, the Scrutiny Assessment Tool (SAT) for some care service types.

The SAT has been developed as a trigger tool to identify indicators of potential service failure based on the University of Hull early indicators of concern (2012). The release of the full suite of SAT tools was delayed due to the pandemic, however we did release a Covid-19 SAT tool for adult care homes and latterly for ELC services. We are planning to release the full SAT for all service types later in the year.

Prior to the pandemic we had carried out a review of our enforcement activity and, in particular, highlighted early indicators of concern (University of Hull, 2017) that we need to consider as part of our risk assessment process. These help identify those services at risk of failing. The work was finalised, but implementation delayed due to the pandemic. We will implement this into our wider intelligence gathering and risk assessment processes in the coming year.

During the pandemic we have significantly strengthened our intelligence gathering, particularly in adult services. More detail of that is included in the relevant section below.

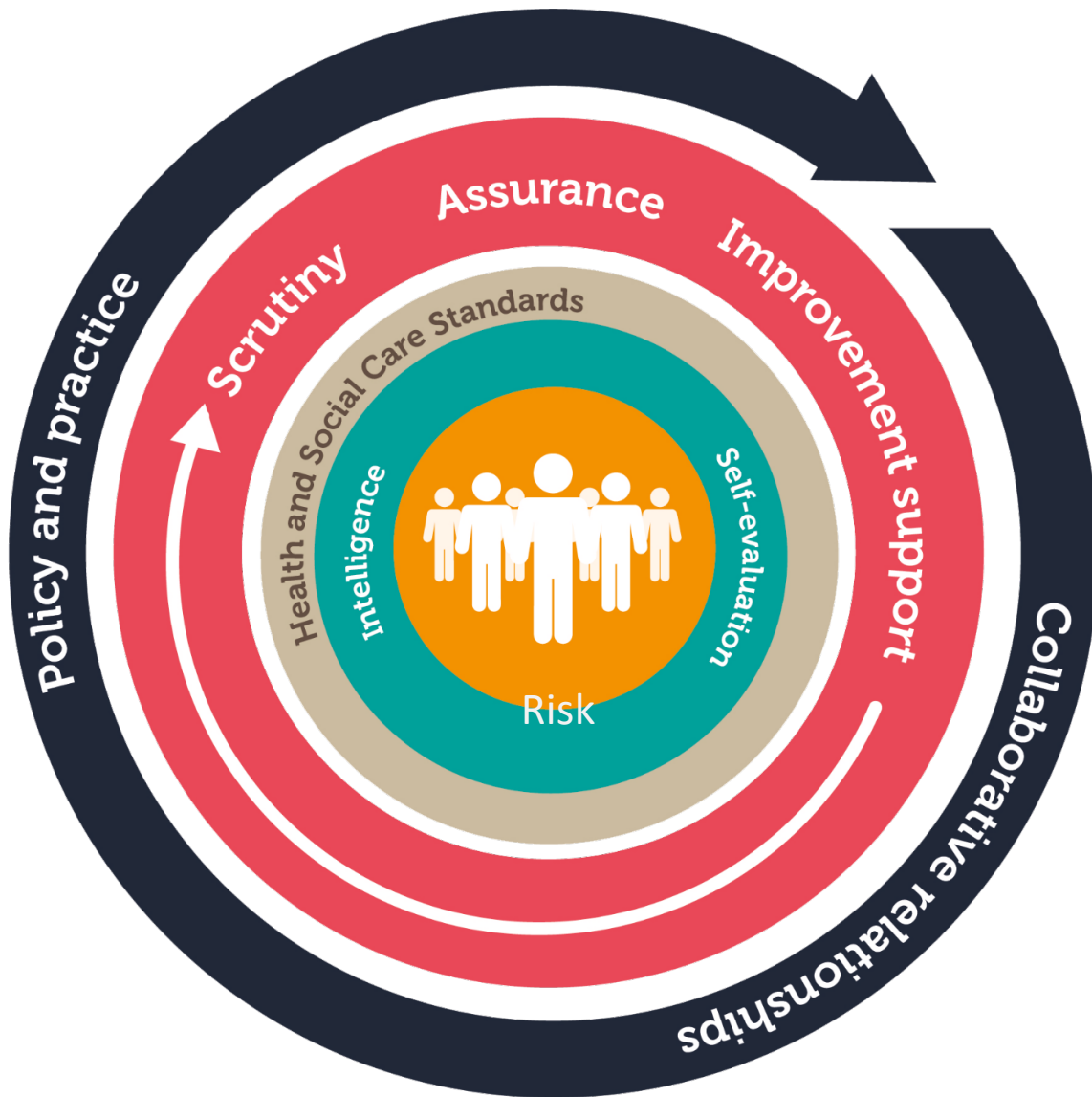
The importance we attach to this intelligence-led, risk-based approach was already developing at pace before the pandemic as a fundamental strand of our new business model outlined in our Corporate Plan 2019-22.

We are actively planning to strengthen this further through the development of a data hub where we will gather real time data and intelligence from an even wider range of visiting professionals, partner agencies and organisations, including the emergency services as well as from families and friends of people receiving care. This will also help us to identify where there is growing concern about a particular service so that we can act quickly to support improvement, prevent harm and the service failing. It will help us achieve our vision of world class social work and social care where every person in every community experiences high quality care and support tailored to their individual needs, rights and wishes, which also reflects the findings and recommendations of the Adult Social Care Review (Feeley, 2021)

Strengthening our focus on experiences and outcomes for people, their carers, families and communities

Ensuring that scrutiny primarily focuses on evaluating experiences, 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, and improvement support (or regulatory action where required). Robust, evidence-based scrutiny acts as both diagnosis and a key driver of improvement in the quality of care and thereby the safety, protection, and wellbeing of people with additional improvement support resources being utilised as indicated by initial scrutiny. Successfully realised, this approach has placed Scotland at the forefront of care scrutiny.

The diagram below shows how we are and will continue to be a scrutiny body for social work and social care which supports quality improvement.



Regulated care services - Frequency Framework

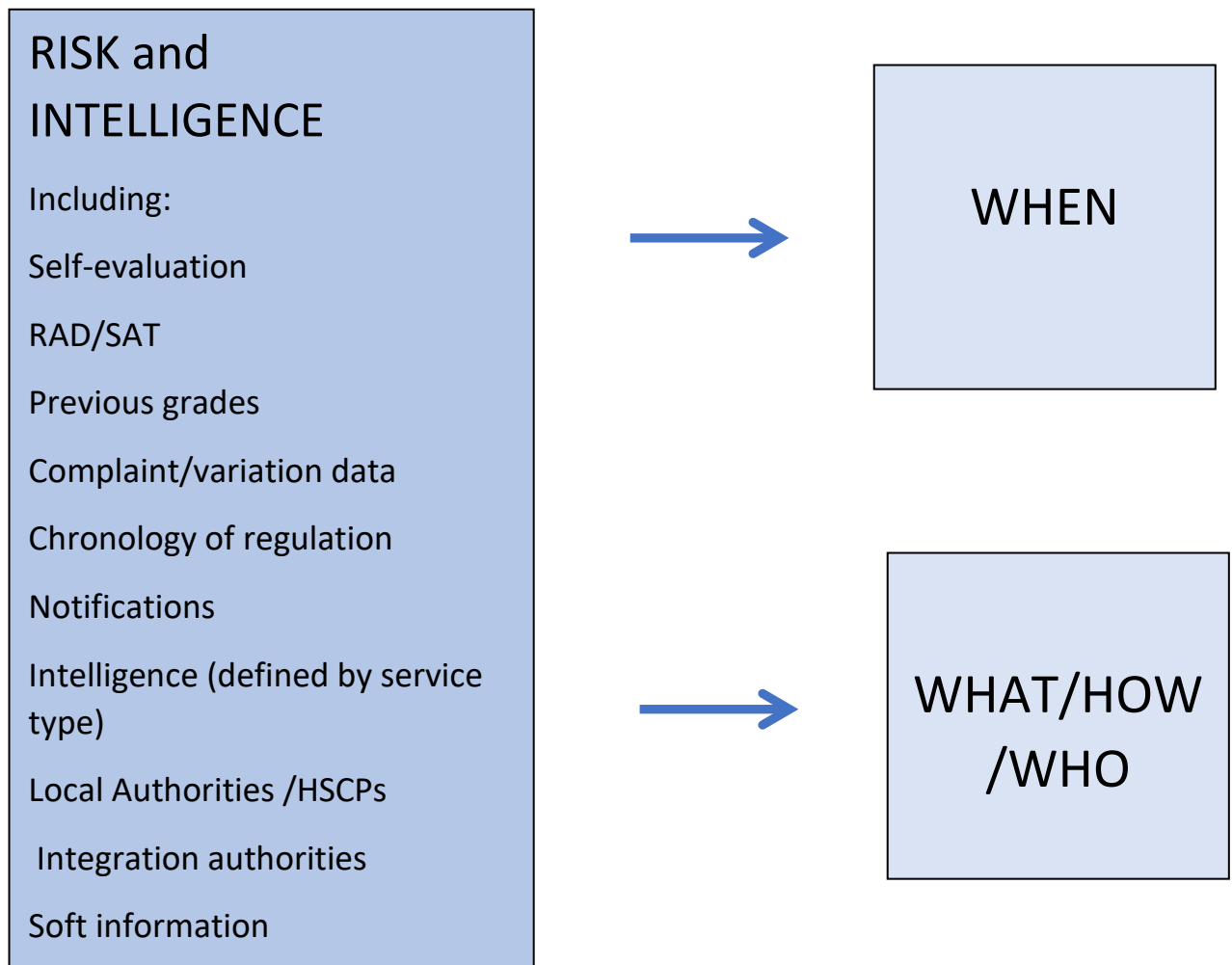
The Care Inspectorate and our predecessor body the Care Commission have used a cyclical frequency framework to determine when we need to inspect our registered care services since 2002.

This framework splits services into two distinct frequency categories; those that meet our identified risk criteria (better performing services) and those that do not (poorer performing

services). These risk criteria consider the current risk assessment score and the current minimum grade.

In the face of significant change and experience during the pandemic, as well as changes that will inevitably arise from that and the Adult Social Care Review (Feeley, 2021), the existing framework is not providing the best assurance or making the best use of limited resources and is not sustainable. However, there are still expectations, particularly in relation to the expansion of ELC, that we will continue with a cyclical approach to inspection to provide assurance on the quality of care.

To ensure we continue to provide the strongest possible public assurance and undertake scrutiny, assurance and quality improvement activity that is targeted, and makes the best use of our resources, we need to build on the benefits of taking a more intelligence-led, risk-based approach in the way that we have done during the pandemic.



Re-thinking the statutory basis of an inspection

The Care Inspectorate is empowered to design its own approaches to furthering improvements in social services, including in designing what constitutes an inspection. The need for broad ministerial approval for a plan of inspections notwithstanding, Section 53 of the 2010 Act describes a very wide range of “purposes” for which an inspection may take place, and these include:

- (a) reviewing and evaluating the effectiveness of the provision of the services
- (b) encouraging improvement in the provision of those services
- (c) enabling consideration as to the need for any recommendations to be prepared as to any such improvement
- (d) investigating any incident, event or cause for concern
- (e) enabling consideration as to the need for enforcement action
- (f) reviewing and evaluating the extent to which a social service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes.

It is important to note that the statutory interpretation of what an “inspection” may be is much wider than the traditional definition applied by the Care Commission / Care Inspectorate. Much of our current approach to thinking about an inspection has been drawn by (a) above, with other areas secondary components of it, but the primary purpose of an “inspection” may also be any of the others above also without progressing (a) at the same time. In other words, a visit to a service which was about, encouraging improvement in the provision, monitoring visits to check progress in making improvements or investigating a complaint, could also be considered an inspection. This opens up a much wider field of thinking about what our interactions with care services might look like, and what the associated methodology may be, and is reinforced by s. 53(5) of the 2010 act which clarifies that “*an inspection...may, subject to any regulations made under section 58, take such form as SCSWIS considers appropriate*”.

The 2010 Act also provides that inspection may be in relation to:

- (a) any social service or combination of social services,
- (b) such of the services concerned provided to a particular child or other person or particular children or other persons
- (c) the whole or any part of Scotland.

This becomes an important consideration when we consider the potential for a strand of scrutiny and improvement that moves beyond current approaches to care service and strategic scrutiny, such as place-based scrutiny in, for example, combining the scrutiny of care services in a partnership area with evaluation of the partnership’s planning and commissioning of these services.

Part (b) specifically supports the idea of person-led inspections where we review the experiences of people across a range of different social services (whether registered or not).

Different approaches for different purposes

For some time, the Care Inspectorate has discussed the opportunities and desirability of allowing more professional judgement for inspectors about how to apply scrutiny and support improvement in care settings. Responding to the pandemic has allowed us to put this into practice thereby increasing our options for targeted and proportionate scrutiny and assurance responses, namely:

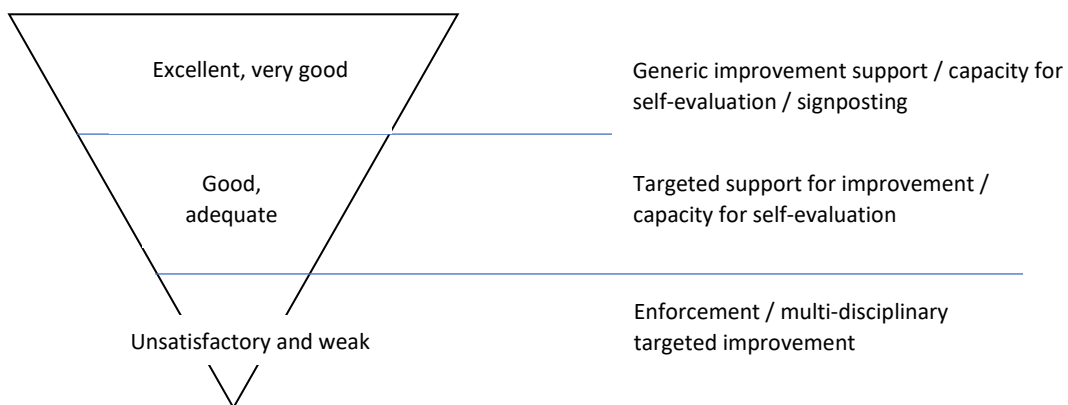
- full on-site inspection/scrutiny
- hybrid on-site/virtual scrutiny
- proportionate on-site inspection
- proportionate/thematic scrutiny
- remote/virtual approaches
- monitoring visits
- self-evaluation
- improvement support visits/enhanced contact
- blended approaches to self-evaluation, virtual; and on-site inspection

Activity mode	Possible inspection intervention	Key features	Staff involved
Scrutiny ↑	Full inspection	As per now – seeking evidence against a minimum range of quality indicators (outcomes for people and contributing processes) because risk is high or unknown	Inspector / IV
	Proportionate inspection	As per now – seeking evidence against a smaller range of QIs, because risk is low	Inspector / IV
	Follow-up inspection	Following on whether requirements and areas for improvement have been made	Inspector / IV
	Monitoring visit	During enforcement periods, investigating complaints or during / immediately after registration?	Inspector
Assurance ↓	Review / sampling self-evaluation on site	Requires self-evaluation approaches to be embedded in services	Inspector / IV
	Professional dialogue with manager	May focus on specific practice resources developed by CI or other bodies and may be based on evidence from other interventions. May be signposting to practice resources based on evidence	Inspector

		from scrutiny or improvement support visit	
Imp. Support	Improvement support intervention – specific topics	May be most appropriate in high risk or poorly performing services	Inspector with improvement support colleagues/ non-CI staff
	Improvement support visit – capacity building	May be best achieved in local areas or across multiple services	Improvement support colleagues / inspector / non-CI experts

The development of criteria, risk tolerances/thresholds, training and understanding internally and externally for self-evaluation and when to apply different interventions - and at different intensities - will be critically important to the success of the new business model. A helpful way of conceptualising how different approaches might be applied is shown in the diagram below where: those services evaluated as very good and excellent are targeted with generic improvement support perhaps through local events etc; those evaluated as good and adequate receive targeted support for improvement; and those evaluated as unsatisfactory and weak are subject to enforcement or multi-disciplinary targeted improvement on a short timescale. Risk is dynamic and regular monitoring and review of intelligence, including complaints and notifications, will be undertaken to ensure we respond appropriately to any increased risk.

A whole systems approach to Improvement Support



Quality improvement is integral to the Care Inspectorate’s core purpose and key activities. A whole system, collaborative approach to improvement support is essential to effectively and timeously respond to specific areas and themes for improvement in social care. Our inspection staff are our greatest resource for supporting improvement enabled through the

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collaborative regulatory relationships with providers and services and their application of improvement methodology. They also play a key role in sharing examples of good practice and successful improvement work across social care. Direct improvement support, advice and guidance is most often provided by inspectors and team managers as part of the registration, inspection, and complaints processes.

Specific improvement support comes from the improvement support section in the Care Inspectorate, in the strategy and improvement directorate. Within improvement support there are experienced improvement advisers, the involvement team, and the professional lead for equalities. Their knowledge, skills and experience can support our inspection staff in relation to quality improvement through learning and development, professional expert advice and mentoring to build confidence and further develop knowledge of improvement science and improvement tools. We are currently establishing a team of health and social care improvement specialists. Each person in this team will have a specialist area of health and wellbeing that they will focus on and support improvement in, for example, dementia, tissue viability, IPC, and continence. The teams in improvement support also provide targeted and specialist support to clusters of care providers and local partnerships in collaboration with local networks and other organisations, responding to areas and themes for improvement identified through information from our inspections and/or our data. In some specific circumstances that may extend to individual services where serious failings are identified.

Technology that supports scrutiny (virtual scrutiny)

During the pandemic we have promoted and made extensive use of virtual contact with services, including use of the 'Near Me' video consultation platform and other technologies such as 'Facetime'. We have used these platforms effectively to enable us to stay in close contact with services and support our regulation of them. We have used this technology to contact staff, relatives, managers, and other professionals who support services as well as to review documents submitted to us or to see improvements to the environment. It has enabled us to undertake scrutiny work successfully where travelling could have increased the risk of transmission, particularly in island communities. In addition, we have used technology to support short visits to premises to interview and connect with people. Whilst the importance and added value of on-site visits and face-to-face contact with people cannot be underestimated, from our experience during the pandemic there is undoubtedly added value in using technology to support our overall scrutiny and assurance approaches in appropriate circumstances.

In all circumstances, we continue to ensure information is verified, professionally assessed, and triangulated so that the evidence to support our evaluations is no less robust.

Cycles of inspection

The Care Inspectorate has faced a number of changes over the past year and will continue to adapt. As a result, now is the right time to revisit the basis for determining how we plan our scrutiny activity so that we can support those changes, that we continue to provide the strongest possible public assurance and protection so that we can strategically plan our workforce of the future.

Since 2011, the Care Inspectorate, as directed by Scottish Ministers, is required to undertake, as a minimum, one unannounced inspection each 12 months in:

- 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. For other non-statutory services including:

- childminders
- children’s daycare, including nurseries and playgroups
- housing support
- nurse agencies, adult placement and childcare agencies
- fostering and adoption services
- school accommodation
- offender accommodation

the frequency of inspections is determined by the Care Inspectorate.

For **all** well-performing services statutory and non-statutory, we want to ensure we are more proportionate in our approach to scrutiny. Therefore, we propose to take a targeted, intelligence led, risk-based and proportionate approach. This approach, based on risk assessment, will allow us to choose different types of scrutiny, assurance, or quality improvement intervention relative to the individual service and how it is performing.

This means that whilst still adhering to the statutory minimum frequency, the specific focus, breadth and depth of each intervention will be driven 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-evaluation.

By way of example a three-to-four-year cycle for a ‘better performing’ care home might include a range of activities.

Suggested three-to-four-year cycle:

Year 1	Full Inspection – main key questions and quality indicators from the inspection framework.
Year 2	Core Assurance activities (Self-evaluation and stakeholder views)
Year 3	Complaint investigation and core assurances
Year 4	Full inspection.

Whatever form these take, and whether the cycle is shorter than four years or longer, it is proposed that after a defined period, even if there are no complaints about the service, no adverse incidents, notifications or intelligence, we will return to undertake a **full** inspection. This is in effect a new ‘minimum frequency’ for a full inspection which would be service-type specific. For the inspectors, it would always remain an option to revert to a full inspection at any time if warranted by a dynamic assessment of risk.

Performance reporting

Our current practice is to measure our performance by counting inspections by the number of published reports. For example, during the pandemic one service was visited and inspected on five separate occasions over an eight-week period, but for recording purposes that counts as one inspection. This method of counting does not truly reflect the scale of our work and we will require to re-visit our performance reporting in line with developments in approaches during the pandemic and our revised Corporate Plan 2021-25.

PART 2 – REGULATED CARE SERVICE SCRUTINY

Intelligence gathering - regulated care services

For regulated care service scrutiny, our inspectors have significantly strengthened arrangements for monitoring and gathering intelligence through:

- care provider/relationship manager work
- enhanced monitoring of notifications made to us by services
- frequent and responsive contact with care services
- gathering, analysing, and sharing intelligence about services and providers
- identifying where services are in crisis
- identifying, recording, and acting on risk
- sharing information between local authorities, directors of public health and health and social care partnerships (HSCPs).

High-level scanning: We hold a range of information about each registered service that helps us identify concerns. Our intelligence and scrutiny teams work together to identify the key elements of our data that signal emerging concerns in services that may warrant a scrutiny response, including an on-site inspection. This partially automated processing of the data is then used in conjunction with other intelligence to inform the following week's inspection plan. Risk by its very nature is dynamic, therefore the inspection plan must also be dynamic and responsive to changes in risk.

Our national planning team co-ordinates and develops the inspection plan, linking with other scrutiny bodies, as necessary. The team provides an overview for quality assurance by managers that takes account of all the intelligence we hold, including from directors of public health and previous scrutiny. The team provides managers and our chief inspector with the inspection plan and monitors the inspections we undertake.

Follow-up inspections of regulated care services

What has been particularly effective in our response to the Covid-19 pandemic is the way in which we have undertaken follow-up inspection visits quickly, when significant concerns were identified. Often within a few days and sometimes repeatedly over a period of weeks until the required improvements are not only made but sustained over time. This allows us to monitor services and the risk to ensure outcomes for people are not deteriorating. While this is resource intensive and more limiting on the overall number of inspections we can undertake, (particularly if we continue to count inspections as we have always done; by the number of reports) it has demonstrated unequivocally the power and effectiveness of inspection as a diagnostic tool as well as a key driver of improvement in the quality of care and thereby the safety, protection, and wellbeing of people. This is an approach we would want to take forward in our plans for 2021-22 and beyond.

Prioritising inspections

Inspectors will continue to have 'caseloads' inevitably comprising a combination of services that are either 'high', 'medium, or 'low' risk'. This will support contact and monitoring arrangements and the maintaining and building of relationships with providers and others.

To ensure that we prioritise inspections consistently within and across inspection teams, we will take a **national approach** to prioritisation so that individual teams or particular geographic areas are not prioritising lower risk services when other teams or areas have outstanding high-risk services still to be inspected. This recognises that risk is dynamic and not evenly spread across caseloads, teams, or geographic areas. It also recognises that capacity to inspect also varies from time to time in individual teams and in particular geographic areas for a variety of reasons. This is an approach that we developed successfully during the pandemic and one that we will continue.

Inspection Reports

In developing a more flexible and responsive approach to scrutiny, assurance, and quality improvement, we must give due regard to s. 57 of the 2010 Act which requires us to report publicly on any inspection. Section 57 states that where an inspection has been completed, the Care Inspectorate must prepare a report on the matters inspected and must without delay send a copy of that report to the person providing the service that has been inspected. It follows, therefore, that if we take a wider view of what constitutes an inspection, as we are entitled to do by virtue of section 53 (detailed above), then we must produce a report, however we already do that in one form or another.

In terms of section 57(2) of the Act, it is important to note that we are required to make copies of the report available for inspection at our offices by any person at any reasonable time, and we must take such other steps as we consider appropriate to publish the report. The proposal outlined in this plan is aligned to these provisions, which helpfully create a 'footprint' of all our scrutiny, assurance, and improvement activities in the particular service(s) to which they relate. The approaches outlined in this plan aim to provide strong public assurance that we have 'eyes and ears' in services in one form or another, despite challenges that may arise.

PART 3 - REGULATED CARE SERVICES FOR ADULTS

The Care Inspectorate is in a unique position to use learning from the pandemic and our overall scrutiny and assurance functions to:

- continue to respond to identified risks in individual services
- continue to provide independent assurance about the quality of care
- support services to prepare for winter.

As of 31 March 2021, there are the following numbers of registered services for adults:

806 care homes for older people
255 care homes for adults
633 care at home and housing support services
436 care at home services
405 support services other than care at home
112 nurse agencies
71 adult placement services

2,718 total care services.

Learning from the pandemic

We know that Covid-19 has had a significant impact on adult social care, and in particular care of older people in Scotland. Already, there have been a number of key learning points that we are reflecting on when planning our future scrutiny, assurance, and quality improvement interventions.

- Undertaking inspections with NHS public health and Healthcare Improvement Scotland (HIS) for those care home services where risk was high allowed us to target our resources where they were needed most to support improvement, to make and follow through with recommendations more quickly, and, where needed, take enforcement action.
- Keeping people safe while enabling them to have a good quality of life, including connection with families and people who are important to them.
- Balancing people's rights and wishes when making decisions about risk.
- Paying closer attention to the design of the buildings in which people live to help keep them safe but in homely environments.
- Recognising the importance of care homes having staff with the right skills, knowledge, and experience and in the correct numbers.

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- The importance a multi-disciplinary approach to providing the right care and support to care homes from social work, nursing, allied health, and social care professionals.
- The importance of having multi-agency oversight of our care homes and the benefits different professionals bring to that through their combined skills, knowledge, and experience.
- The importance on staff in services having the right support, guidance, and tools to maintain and develop the right skills and knowledge.
- The importance of working collaboratively with all stakeholders to identify key aspects of essential care for people.
- The importance of social care services in supporting people in our communities and how this helps them to remain well in their in their own homes and close to their families.
- The benefits of collaborative working where professionals share experiences and learn from each other.
- The importance of collecting high quality information from services that supports self-evaluation and oversight of services.
- The development of the safety huddle tool for care homes helping to provide a national picture of care home support in Scotland.
- The importance of organisations working together to gather information from services, so this is provided once and shared thereby reducing the burden on services.
- Regulation needs to be responsive to the needs of the sector and where improvement is needed support is provided and followed up quickly to ensure improvement is achieved and sustained.
- The importance of continuing to build relationships between scrutiny bodies and services, including provider organisations to support improvement.
- The importance of continuing to adapt our scrutiny and improvement support approaches to help services improve.
- Everyone regardless of where they live in Scotland must have access to good health and social care support.

Specific developments during the pandemic

The Care Home Oversight Groups (Safety Huddle Meetings): On 17 May 2020, Scottish Government issued a directive that arrangements must be made to ensure appropriate clinical and care professionals across health and social care partnerships take direct responsibility for the clinical support required for each care home in their board area. Health boards and local authorities provide support to the care home clinical and care oversight group, of which the Care Inspectorate is a member. Assurance visits to services began and the oversight groups began to hold daily discussions about the quality of care in each care home in their area, with particular focus on:

- care needs of individual residents
- infection prevention and control measures, including PPE and cleaning requirements
- staffing requirements, including workforce training and deployment
- testing arrangements for outbreak management and ongoing surveillance.

This has allowed our inspection team managers and inspectors to use the intelligence gathered from oversight groups to inform the planning of our scrutiny visits. We have also played an important role in providing intelligence and information to the oversight groups as well as working collaboratively to identify how to support homes through scrutiny or improvement support.

The Safety Huddle: The daily Safety Huddle meetings in each area were set up in response to a directive from the Scottish Government that sought to ensure robust clinical oversight of regulated care services during the pandemic. These meetings are responsible for:

- assessing the quality of care within registered services (particularly care homes) with a particular focus on infection prevention and control, including access to PPE, and care
- the needs of individual residents, staffing requirements in the homes and the overall management of any outbreaks
- working with public health colleagues to assess risk ratings of each service
- working collaboratively to undertake any required programme of visits
- ensuring the collective understanding and implementation of the latest guidance
- oversight of both local and national data and reporting.

Our team managers and senior inspectors take part in these meetings alongside health and social care partnership staff, including contracts and commissioning staff, public health staff, assistant Directors of Nursing, clinical leads, chief officers, chief social work officers and social work service managers. Intelligence is shared to ensure that all agencies are aware of outbreaks, staff shortages and where additional support may be needed due to staff absences.

We have seen many good examples of information sharing leading to inspection visits being arranged at short notice, which has resulted in an improvement agenda being

developed or enforcement action being taken. Intelligence received by team managers in these meetings helps inform our own risk assessments of each care service and allows us to be targeted and responsive in our inspection planning. It also enables other services to identify the best support for care services.

Care home data submitted by all registered services through the NHS Education for Scotland (NES) TURAS system (Safety Huddle Tool) is also discussed at these meetings. This has enabled stakeholders to be sure that we are all receiving the same information from relevant services and have the most recent data on numbers of residents and staff affected by an outbreak; staff available to work in the service; people being tested weekly within each service. Having access to this information again allows us to update the risk rating for each service and ensure we focus our resources appropriately.

Outside these regularly scheduled meetings, our team managers also connect regularly with health and social care partnerships about specific pieces of intelligence resulting from inspections, complaint investigations or any adult support and protection large-scale investigations (LSIs) that are taking place. This means we can respond when concerns are raised and make decisions quickly about who is best placed to provide support or take necessary action.

Sector specific context going forward

We will continue to support the sector as we move out of the pandemic. The recently published [Independent Review of Adult Social Care](#) has presented one possible vision of the future for care in Scotland. The Care Inspectorate was a key participant in the review, and we welcomed the opportunity to contribute to it.

Prioritising inspections

It is not possible to inspect all 2,718 services in the conventional way over the next 12 months. We need to do things differently by taking a targeted, intelligence-led, and risk-based approach to achieve the greatest impact and make the best use of our resources, which may change over time. The different approaches can be broadly described as scrutiny, assurance, and quality improvement interventions. Whatever approach is taken, it will be determined by an assessment of risk that is based on the intelligence we have.

Intelligence-led, risk-based approaches

Our approach to inspection planning during the pandemic has been based on intelligence and risk to ensure we target resources where they are needed most. To help with this, we created a new scrutiny assessment tool (SAT) which identifies risk factors such as Covid-19 outbreaks, experiences of people, leadership, concerns raised and notifications from services. The inspector gathers the intelligence about the service

and makes a professional assessment based on good practice which is added to the SAT. Inspectors also use information gathered from contact with services, complaints, risk ratings of homes by Directors of Public Health and wider intelligence gathered from daily huddle or multi-agency oversight groups in health board areas. Once completed, it gives a risk rating of low, medium, or high. We use the resulting risk level to determine the scrutiny actions that will be undertaken, such as contacting the service, carrying out an inspection or providing improvement support. The risk level is shared with the health and social care partnerships (HSCPs) and public health colleagues.

The scrutiny options that we will deploy and develop further

Inspection – Until Covid-19 restrictions in Scotland end, inspections will continue to focus on Key Question 7: How good is our care and support during the Covid-19 pandemic? We will supplement that with other key questions from our quality frameworks based on the intelligence we have and an assessment of risk. As we ease out of the pandemic, we will adjust our focus to achieve a better balance between infection, prevention and control and general health and wellbeing. That will help to ensure that the importance of good infection prevention and control is always maintained, but the focus on this will be proportionate to and in the general context of the health and wellbeing of the people who use the service.

Complaint inspection – where we investigate a complaint made to us and simultaneously evaluate theme 7.2: Infection control practices support a safe environment for people experiencing care and staffing. A complaint report and inspection report will both be published when this is done. Following any complaint investigation, we will also follow up any requirements made of the service as a result and report on these through a published inspection report.

Follow-up inspection - where we are following up improvement required and publish a report.

Virtual scrutiny – the use of technology to undertake scrutiny where we cannot visit a service because of restrictions. In appropriate circumstances, we will also use technology to support on site scrutiny for example to interview relatives, staff, other professionals. Staff have told us that being contacted virtually gives them the freedom and confidentiality to speak with the inspector rather than be seen to do so during an on-site visit.

How we will prioritise our inspections (priorities)

We will prioritise our inspections and scrutiny of adult regulated care services relative to the SG Covid-19 Route Map, local protection levels and our inspection capacity. We will do this in accordance with the following priorities:

1. Care home and care at home services assessed as 'high risk' and/or those with evaluations of 'unsatisfactory' (1) or 'weak' (2):

- (a) those that have not had a scrutiny intervention last year (2020-21)
 - (b) those with evaluations of unsatisfactory (1) or weak (2)
 - (c) all others
2. Services with no evaluations not having been inspected since date of first registration
 3. All other services assessed as 'high risk' and/or those with evaluations unsatisfactory (1) and weak (2)
 4. Care homes and care at home services with minimum evaluation of 'adequate' (3)
 5. All other care home and care at home services with priority to care homes
 6. All other services

We will also establish a process for dip-sampling better performing services.

How we will re-calibrate our enforcement and target quality improvement support

During the pandemic we identified benefits in following up requirements quickly to ensure improvements were made and sustained. Whilst we always took robust action promptly when serious failings were identified, for some services we had to make repeated visits over a period of weeks and in some cases months before the necessary improvements were made. Whilst that was a necessary and a proportionate response at the height of the pandemic when many services were impacted by staffing shortages and the absence of a dedicated manager, this is resource intensive for the Care Inspectorate and impacts on the overall number of inspections that we can undertake. As we ease out of the pandemic, we intend to re-calibrate our enforcement action and make clear to providers that our expectation is that they act quickly and effectively to make the necessary improvement. The time we allow for that will be relative to the nature and extent of the improvement required.

In 2021-22, where we are issuing a letter of serious concern or an improvement notice, we will consult with our Improvement Support Team (IST), including our Chief Nurse, to agree what a reasonable timescale is for making the improvements and who is best placed to provide specialist quality improvement support. The most appropriate Improvement Support Team subject matter expert(s) in areas such as end of life care, tissue viability, IPC, medication management, nutrition and hydration, and dementia may be identified to provide targeted improvement support to the service during the period between the initial and follow-up inspections.

Self-evaluation approach

During 2021-22 we plan to merge the quality frameworks for care homes for adults and older people and refresh the content. We will develop a self-evaluation tool for providers aligned to this and publish it. We will then consider how we develop a self-evaluation approach across all services that is aligned with our wider scrutiny and assurance approaches.

How we will strengthen further our approaches to human rights and rights-based care

The health and social care standards are prominent in our quality frameworks. The standards are clearly focused on human rights and wellbeing. We will continue to focus on the rights of people as we ease out of the pandemic and support services to establish these where restrictions have been in place. We will work closely with others, including the Mental Welfare Commission for Scotland, to ensure the rights of people are maintained and where these are restricted the correct legal frameworks are in place.

In all decisions that we make about risk we will ensure we consider the individual's rights and wishes. This ensures that people experiencing care are at the heart of decision-making and we will support services to work in a risk-enabled way rather than risk-averse way. Central to this is good personal planning and we will publish a resource to support services with that.

How we will strengthen our focus on gathering the views of people who use services, their families, and carers

We will continue to strengthen our overall approaches to gathering the views of people who use services, their families, and carers. Over the past year we have used technology to enable us to connect with people who use services, their families, and carers. We will continue to ensure that their views are at the heart of everything we do.

How we will develop or strengthen virtual scrutiny approaches

We will review our approaches to virtual scrutiny developed during the pandemic to ensure that we use it appropriately and relative to an assessment of risk and the scrutiny approach needed for any given situation.

Inspection reports

In accordance with Paragraph 22 in Part Nine of Schedule One to the Coronavirus (Scotland) (No.2) Act 2020, which came into force on 27 May 2020, the Care Inspectorate must lay before Parliament a report every two weeks setting out:

- (a) which care home services for adults it inspected during those two weeks
- (b) the findings of those inspections.

This is resource intensive but appears to have been well received.

In addition to the fortnightly report to Parliament, we continue to publish full inspection reports for individual care home services. For these full reports, the average turnaround time for issuing a draft report following an inspection is six days to meet the new reporting requirements placed upon us. For care homes we now publish the full inspection reports within ten days.

Police Scotland/Crown Office and Procurator Fiscal Service (COPFS)

On 13 May, the Lord Advocate announced in the Scottish Parliament a change in the requirement for certifying doctors to report all deaths in a care home setting where the death is due to Covid-19 (presumed or confirmed) to the Crown Office and Procurator Fiscal Service (COPFS).

The Lord Advocate directed that from 21 May 2020, Covid-19 or presumed Covid-19 deaths where the deceased might have contracted the virus in the course of their employment or occupation or where deceased was resident in a care home when the virus was contracted should be reported to COPFS. That decision applies to deaths within this category which had already occurred before that date.

COPFS established a dedicated Covid-19 death investigation team (CDIT) which is working closely with Police Scotland to obtain the information it requires to identify and investigate these deaths.

We have undertaken considerable work to establish a reporting process and from 9 July 2020, we have implemented this as agreed with Police Scotland and COPFS. For each enquiry we receive from Police Scotland, we are required to complete a template outlining all the information we hold on our various systems, including death and outbreak notifications, complaints, concerns and scrutiny interventions and their outcomes, together with our overall assessment. Various staff across the organisation are involved in gathering the information as well as team managers, service managers and chief inspectors. This work remains a key priority for us and is by necessity resource intensive.

As of 22 April 2021, we had completed reports in respect of 3,618 individuals. In 2020-21 we will continue to provide such reports for as long as they are required.

Relationship and link manager roles

We allocate to each integration authority, health and social care partnership and local authority a link inspector and a relationship manager. They link with health and social care partnership colleagues in relation to practice and quality issues in care services and work with social work teams and commissioning, contracts, and quality assurance staff where

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there are quality issues with services, or where they are seeking advice on possible options for future developments for services that may need to be registered.

The relationship manager for each health and social care partnership area manages a team of inspectors of the care services in that area. This relationship manager liaises with partnership staff in relation to service provision and quality, emerging issues, and intelligence about areas for improvement that informs local planning and commissioning of services. During the pandemic, relationship managers have become key stakeholders in the sharing of intelligence and decision-making processes. They have been meeting with partnerships at least twice weekly but more often daily.

In response to the pandemic, we enhanced the relationship manager role with providers. All adult inspectors undertake this role and providers of more than two services are allocated a relationship manager. We have put in place regular contact and sharing of intelligence across providers' services. We meet to discuss the intelligence on findings from scrutiny, provider governance and support improvement in provider organisations. The development of provider level scrutiny has led to improvement across services.

For example, we helped a provider support visiting from family and friends across all their services. The inspector worked with the provider to identify areas of concern, resolve problems, and stress the importance of people having meaningful contact with loved ones. This resulted in the provider changing their policy, providing training for staff, and establishing procedures to implement and support meaningful contact for residents with people important to them.

We have further developed the relationship manager role with providers based on a risk assessment to share intelligence with them and to support implementation of a joint action plan to address issues. We have supported development sessions for managers, shared intelligence with directors and quality managers of services, and supported providers to put in place action plans across all their services. We will work to strengthen this approach in 2021/22 and beyond.

The link inspector supports improvement, focusing on the performance of social care services, public protection processes, identifying and sharing good practice, and providing advice. This can include understanding the impact of commissioning decisions and highlighting and sharing good commissioning practice. The relationship manager works closely with the link inspector to ensure the Care Inspectorate retains an overview of care services within the context of wider strategic issues and risks for the partnership and support the partnership in understanding these.

PART 4 - EARLY LEARNING AND CHILDCARE SERVICES**3,588**

Early learning and
childcare services
registered children
in early learning and
childcare services

4,330

Childminding
Services

18

Childcare
Agencies

Specific Developments during the pandemic

Throughout the past year, we have collaborated with Scottish Government and national partners to support them to keep children, families, and staff safe and well in the face of the pandemic. We published our report "[Early Learning and Childcare: Role, Purpose and Learning During the Covid-19 Pandemic](#)" in March 2021 which outlines our role and support to the sector throughout the pandemic.

The Registered Childcare - Outbreak Monitoring Group was established by Scottish Government with a range of stakeholders, including Scottish Government, Public Health Scotland, Directors of Public Health, and the Care Inspectorate. The group met regularly to monitor the impact of the pandemic on ELC services including:

- to understand how many outbreaks, we were seeing in ELC settings
- bringing together the available data to allow us to collectively make policy decisions
- consideration of any further mitigations required through guidance or practice
- to understand who is reporting on and responding to incidents and outbreaks to avoid duplication and to ensure appropriate information sharing
- to share data and intelligence to create a common understanding of the impact of Covid-19 on the sector
- to monitor trends from scrutiny activity and consider impact on children and families.

This has allowed our inspection team managers and inspectors to use the intelligence gathered from the outbreak monitoring group to inform the planning of our scrutiny visits. We also played an important role in providing intelligence and information to the outbreak monitoring group. National trends identified in the group alongside our own intelligence enabled the Care Inspectorate to target our resources effectively during 2021/22.

In addition to the work to support services through the pandemic, work continued to support the ELC expansion. Our managers contributed to the national governance for the expansion plan. In addition to representation at the ELC Joint Delivery Board, we liaised with local authorities, Scottish Futures Trust, and civil servants to monitor the expansion plans of local authorities to deliver 1140 hours of funded ELC by August 2021.

We will continue to support national and local initiatives that facilitate the safe reopening and operation of the sector.

Learning from the pandemic

There has been a significant impact on ELC services during the pandemic. There have been a number of key learning points that we are reflecting on when planning our future scrutiny, assurance, and improvement support interventions.

- Keeping children safe and offering stimulating care and learning experiences is a delicate balance to achieve, made more challenging by the pandemic.
- It is important that staff in services have the right support and guidance to ensure they have the skills and tools to confidently provide care and learning.
- Close collaboration with all stakeholders is essential to identify key aspects to support the development of high-quality and supportive Covid-19 guidance.
- There are benefits to working with a range of stakeholders to share experiences and learn from each other.
- It is important to collect high-quality information from notifications and services to have a national picture of how the pandemic impacted on services and localities.
- Effective regulation needs to be responsive to the needs of the sector and help providers meet the needs of children and families.
- It is important that as an organisation we continue to adapt our approach and models of support and scrutiny.

Sector specific context going forward

Expansion of ELC

Moving forwards, we will work with the Scottish Government, key partners and the wider sector to support the full implementation to expand funded ELC provision from 600 hours to 1140 hours (30 hours a week if taken term time) for all three- and four-year-olds, and eligible two-year-olds, by August 2021. The Scottish Government's ambition is

for every single one of Scotland's children to grow up in a country where they feel loved, safe, respected, and able to reach their full potential.

The main aims of the expansion in ELC are to:

- improve children's outcomes and help close the poverty-related attainment gap
- increase family resilience through improved health and wellbeing of children and parents
- support parents into work, study, or training.

The expansion programme changes the traditional model of ELC that most children received which was part-time morning or afternoon sessions. The expansion programme supports children in settings for a school day and includes the provision of a free meal. This alters the way that staff will plan experiences for children, also many of the new settings planned to support the provision are larger than previous settings and these factors will need to be considered when we plan our scrutiny.

In developing new approaches to scrutiny, we want to make sure our inspections and other scrutiny work focus strongly on assessing the extent to which children experience wellbeing and understand the difference care and learning makes to their lives.

National Standard and 'Funding Follows the Child'

To ensure that all children experience the highest quality of ELC, the sector is working towards the full introduction of 'Funding Follows the Child' in August 2021. 'Funding Follows the Child' is 'provider neutral' and is underpinned by a National Standard that to be a funded provider, regardless of whether they are in the public, private or third sector or childminders, settings will have to meet it.

It means that parents and carers, including those of eligible two-year-olds, will be able to choose to use their child's entitlement at any ELC provider that:

- (a) meets the National Standard
- (b) has a place available
- (c) is willing to enter into a contract with the local authority.

The National Standard sets out what children and families should expect from their early learning experience regardless of where they access their child's funded hours.

There are key aspects of the [national standard](#) that are based on the Care Inspectorate evaluations awarded from our scrutiny work. Services will only be able to provide funded ELC if they are awarded evaluations of good for the quality of care and support, environment, staffing, and management and leadership. As a result, our scrutiny work is key to monitoring the quality of provision and eligibility to provide funded ELC.

Out of School Care

The Scottish Government published a Progress Report on the Strategic Framework for School Age Childcare in March 2021. School age childcare includes out of school care services. Publication of the full Strategic Framework was delayed due to the pandemic. The health needs and wellbeing of the child continue to be central to developing school age childcare policy. The Scottish Government state that high quality school age childcare and activities can benefit children by promoting positive social interactions and relationships, building social and emotional skills and confidence, and providing the opportunity for play in a safe environment, particularly for younger children and those from the most socioeconomically disadvantaged backgrounds.

The Progress Report contains a commitment to publish and implement a Strategic Framework for school age childcare in the new Parliament. In addition, Scottish Government have committed, in this Parliament, to building a wraparound (school age) childcare system, providing care before and after school, all year round. Those on the lowest incomes will pay nothing, and others will make fair and affordable contributions. The implementation of these commitments will need to be assessed to consider any impact for the Care Inspectorate's role in the scrutiny or improvement support of these services.

The scrutiny options that we will deploy and develop further

Full inspection - This will include the evaluation of four quality themes: quality of care and support, environment, staffing, and management and leadership.

Proportionate on-site inspection - This is undertaken in better performing services with the evaluation of two quality themes, one of which must be the quality of care and support.

Covid-19 inspection - This will focus on Key Question Five; "How good is our care and support during the Covid-19 pandemic?" The evaluation is on three key areas: children's health and wellbeing, infection prevention and control, and staffing arrangements.

Virtual scrutiny - The evaluation of the services performance in relation to either quality themes or key question five. All assessment of the quality of the service is undertaken remotely using technology to view the premises, care practices and interview staff and parents. This supports effective evaluation of the quality of care without an on-site visit.

Complaint inspection - While undertaking a complaint investigation we will also evaluate key question five or the core assurances which includes child protection, medication, accident/incident records, the service improvement plan, and safer recruitment. This and case tracking children's experiences will enable us to report on the findings from the complaint and the quality of the service by targeting key areas of the service delivery.

Registration variation visits - In addition to assessing the proposed change to the service delivery, we will also evaluate key question five or the core assurances which includes child protection, medication, accident/incident records, the service improvement plan, and safer recruitment. This and case tracking children's experiences will enable us to report on the findings from the complaint and the quality of the service by targeting key areas of the service delivery.

Follow-up inspection - This will be undertaken to assess previous requirements from scrutiny activity within the relevant timescale to assess how the service is addressing areas for improvement identified previously.

Follow-up visits - These will be undertaken through on-site or virtual interaction with the service to monitor and support progress in making improvement.

Self-evaluation approach - This is where services are requested to submit a completed self-evaluation in relation to key question five. In conjunction with a virtual discussion with the manager, inspectors assess the quality of the service provision. The findings of the self-evaluation assessment are published on our website.

How we will prioritise our on-site scrutiny during 2021-22

As we move through the pandemic and the Scottish Government's route map to recovery, we will continue to use intelligence and risk-based approaches for scrutiny of those services affected by the Covid-19 virus. Scrutiny will be considered where services have more than ten positive cases of Covid-19, services where we receive intelligence that indicates significant concerns in relation to compliance with Covid-19 guidance or those services that have a pattern of more than one outbreak since March 2020. This recognises the importance of how services are complying with Scottish Government and public health guidance to mitigate the spread of infection.

During 2021-22 we will use the following priorities to target our resources:

1. Services with evaluations of unsatisfactory or weak
2. Any service registered prior to 1 September 2019 which has not yet been inspected.
3. Services with an evaluation of adequate
4. Any service registered after 1 September 2019 and before 31 March 2020 which has not yet been inspected
5. Any service that does not come into the above categories but has had a substantial increase in registered numbers of 25% or more
6. Any service where inspection would have taken place but could not be carried out
7. All other services
8. From October 2021 we will consider "dip sampling" a small number of services that due to resource limitations will not be inspected this year.

How we will re-calibrate our enforcement and target quality improvement support

We are currently undertaking a review of our enforcement processes to ensure where there is a serious risk to the care and well-being of children that our response is intelligence-led, proportionate and effective to ensure that improvements in care services are addressed immediately to improve outcomes for children. Where the provider cannot make the required improvements, the Care Inspectorate will respond robustly at the earliest opportunity and work in partnership with local authorities to ensure that alternative care can be provided. We will not hesitate to take enforcement action where that is needed, which may include the closure of a service.

In 2021-22, where we are making evaluations of weak or unsatisfactory in the quality of care and support, proposing to issue a letter of serious concern or an improvement notice, we will make a referral to and consult with our Improvement Support Team (IST), including our Chief Nurse, to agree what a reasonable timescale is for making the improvements. The most appropriate IST subject matter expert(s) in areas such as IPC, medication management, and nutrition and hydration will be identified to provide targeted improvement support to the service during the period between the initial and follow-up inspections.

How we will develop or strengthen our approach to self-evaluation

The planned full reopening of ELC services in Summer 2020 required us to adapt our scrutiny and assurance response again. The Scottish Government asked us to consider how we could seek assurance that services would adhere to the national Covid-19 guidance after re-opening.

In response to the changed landscape, we developed 'Key question five' How good is our care and support during the Covid-19 pandemic?', a self-evaluation resource and tool for all services including childminders and out-of-school care services. Self-evaluation is central to continuous improvement. It enables care services to reflect on what they are doing so they can get to know what they do well and identify what they need to do better.

Key question five asks services and providers to assess how well they support children and families within the context of Covid-19. It enables services to gather information and to continually evaluate their progress in supporting children, families, and staff to have confidence in the provision of ELC. It evidences how they implement 'the national guidance for Covid-19', while ensuring positive outcomes for children. We request a completed Key question five on a risk and sampling basis. We use the completed self-evaluation to assess how well services are managing operations during Covid-19 and to consider whether further scrutiny activity is required. If we assess that no further scrutiny work is necessary, an assessment of the self-evaluation is sent to ELC services and providers.

Between the summer of 2020 and 17 March 2021, we have requested 947 self-evaluations for ELC services and had 800 returned to us. Of those 800 we have assessed 664 and

issued letters of assessment which are published on our website. Where we do not receive a requested self-evaluation or the quality of the information provided does not provide us with confidence that the service delivery is good, we undertake additional scrutiny activity to evaluate the quality of the provision in supporting high quality outcomes for children.

Because we have published an associated report on the self-evaluation, this counts as an inspection activity as described above. Using that to target further scrutiny helps us to make the best use of our resources.

In using self-evaluation as a scrutiny approach for the first time in 2020/21, we assessed the quality of the information provided and reported this on our website. We did not apply evaluations to this scrutiny work. In 2021/22 we will further explore the use of this tool in assessing the quality of provision. Between May and July 2021, we will undertake a small test of change in evaluating self-evaluations. We will report our findings and will consider strengthening this further through publishing our evaluations. As we progress this, we will work collaboratively with key stakeholders to assist in the development of our scrutiny.

How we will strengthen further our approaches to human rights and rights-based care

The Health and Social Care Standards and national best practice guidance will be prominent in our quality framework for ELC which will be published in summer 2021. The standards are clearly focused on human rights and wellbeing and national best practice guidance supports services to identify and implement good practice.

All children have a right to play, to learn and to access experiences that meet their physical, social, emotional, and cultural needs, and they have a right to associate with their peers. In line with Scotland's commitment to [Getting It Right For Every Child](#), children also have the right to the best possible health, with their best interests a top priority in all decisions and actions that affect them.

In 2021-22 we will launch and test our new Quality Framework for ELC (including childminders and out of school care). The framework is primarily a self-evaluation tool for services but will also be used when we undertake any scrutiny work. The quality framework is structured around key questions, including key question five developed as our response to supporting services during the pandemic. This question will remain in the framework and will be used while settings are operating during the pandemic.

To try and understand what contributes to wellbeing, the key questions are:

- How good is our care and learning?
- How good is our setting?
- How good is our leadership?
- How good is our staff team?

- How good is our care and support during the Covid-19 pandemic?

We are issuing this Early Learning and Childcare Quality Framework to the sector to support them in the self-evaluation of their service. We will test this in services when the time is right in relation to services managing the pandemic. After testing the framework at some inspections when it is appropriate to do so, we will update the framework if changes are needed and issue a final version. Before we use it in our full inspection programme, we will notify the sector in advance of full implementation.

How we will strengthen our focus on gathering the views of people who use services, their families and carers

We will review how we can engage with children and families through our scrutiny work and keep the quality of the child's experience at the heart of everything we do. As we emerge from the pandemic, we are committed to continuing this improvement.

How we will develop or strengthen virtual scrutiny approaches

We will review our findings from virtual scrutiny and use intelligence and other forms of scrutiny to check that our evaluations are consistent. We will also continue to enhance our approaches and trial new ways of gathering evidence that supports services in providing targeted evidence that enables them to provide key and relevant information about their service delivery.

Inspection reports

As we develop new approaches to scrutiny, we will align these with our inspection reports. Inspection reports are crucial to enable a service make improvements but also for commissioners, service users, and members of the public be informed of the quality of care. We will further develop our inspection reporting to develop clear and accessible reports that outline evaluation no matter what type of scrutiny activity the Care Inspectorate undertakes.

Child Contact Centres

The Care Inspectorate has agreed to being appointed by the Scottish Ministers to oversee child contact centre regulation under section 101C of the Children (Scotland) Act 1995 as inserted by section ten of the Children (Scotland) Act 2020. This was approved by the Care Inspectorate Board on 25 March 2020. There are currently 45 contact centres across Scotland.

The Scottish Government expects that formal appointment of the Care Inspectorate will not take place until the winter of 2021 and there will be approximately 18 months lead-in time

before the necessary regulations come into force in April 2023. It is likely to be early 2022 before the Care Inspectorate role commences.

Relationship and link manager roles

We allocate each local authority a relationship manager. They link with local authority colleagues in relation to practice and quality issues in care services, or where they are seeking advice on possible options for future developments for services that may need to be registered. With the expansion of ELC and the implementation of the national standard in August 2021 this role will be key for both the local authority and the Care Inspectorate to support improvement in services providing funded ELC.

The relationship manager for each local authority area manages a team of inspectors who undertake scrutiny in that area. This relationship manager liaises with local authority staff in relation to service provision and quality, emerging issues, and intelligence about areas for improvement that informs local planning and commissioning of services. During the pandemic, relationship managers have become key stakeholders in the sharing of intelligence and decision-making processes. We have also allocated relationship managers to large providers of ELC in the voluntary or independent sectors.

In response to the expansion of ELC we have also allocated each local authority a link registration inspector to work alongside the relationship manager. The link inspector has an overview of the expansion plans within that authority and can support the implementation and oversight of the authority's expansion plan by providing advice, support, and guidance.

We have further developed the relationship manager role with providers based on a risk assessment to share intelligence with.

PART 5 - REGULATED CARE SERVICES FOR CHILDREN AND YOUNG PEOPLE

Care homes for children and young people	327
Secure care	5
School care accommodation	61
Fostering services	
Adoption services	
Offender accommodation	5
Housing support e.g., Women’s Aid and support for young people	

The context of the pandemic for the provision of children’s services

School care accommodation was closed from March 2020 until the resumption of the school term in August. They closed for a second time in December, reopening again after the Easter holiday towards the end of April 2021. All other services remained operational during the pandemic although there was limited planned movement in and out of, and between, services. Where moves did take place, they were accompanied by enhanced risk assessment processes.

Other than those services with education on-site, such as the secure services, most services had to cope with home schooling during this time. Face-to-face teaching was available for some children through the provision for vulnerable children, but this was highly variable. Face-to-face teaching for looked after children proved hard to access in some local authority areas, particularly during the first lockdown period, and was not appropriate for all children in any case.

Out-of-school care, clubs, and activities, including most organised sports, had to cease operating. Respite care provision was not available for the majority of children and their families, including children with disabilities. College tuition, where available, used a mix of on-line teaching and self-study. Work placements for young people were unavailable or severely curtailed.

There was significant disruption to routine health services including general health, sexual health, dental checks, physiotherapy, and speech and language therapy. Mental health support and counselling services were also disrupted, with provision largely by telephone or online.

Refuge provision was very busy, with Women’s Aid and other similar organisations reporting concerns about an increase in domestic abuse and associated risks to women and children.

During this period, we were unable to undertake on-site inspection activity other than when the risk of not inspecting was sufficiently great as to outweigh the risk of travelling to, and entering, the service. Inspectors focused on maintaining contact with services via Teams,

'Near Me' and telephone, providing advice, guidance, and signposting to sources of support. Notifications (most of which were not directly related to Covid) increased during the pandemic and were followed up promptly.

We saw a low incidence of Covid infection in children's services during the first wave. Covid notifications increased during the second wave, where we saw a handful of significant outbreaks. Routine testing of staff also had an impact. Services were unable to use their normal strategies to manage staff shortages such as moving staff between different houses. Staffing pressures made it more difficult for children to get the quality of care and support that they need and increase the risk of incidents, including children going missing.

Learning from the pandemic

There has been a significant impact on children's services and the children and young people themselves during the pandemic. There have been a number of key learning points that we are reflecting on when planning our future scrutiny, assurance, and improvement support interventions.

- Overall, services responded well to the challenges facing them and have been as creative as possible in providing support for children, including support for learning and maintaining contact with family
- National data shows a rise in the proportion of children entering care on an emergency, rather than a planned, basis. This may be a consequence of the way in which the children's hearing system has had to operate in prioritising urgent hearings, making Place of Safety warrants and Child Protection Orders a more common route to becoming looked after
- To be useful, Covid-focused guidance needs to be easily applicable in services for children and young people. Services have found it very challenging trying to implement guidance written primarily for older people's settings with just a few small amendments. Having conflicting sets of guidance issued by different parts of Scottish Government or different bodies is unhelpful.
- We benefitted greatly from the experience of our colleagues regulating care homes for older people, which were so badly impacted in the first wave. We were better informed because of their learning and therefore able to provide tips to managers about issues to be aware of to keep everyone as safe as possible and act quickly in response to risks.
- While children are significantly less at risk of death or serious illness from Covid-19, there have been concerns about the risk of developing long Covid and the medium to long-term consequences of exposure to the virus. We should be particularly concerned about the impact of Covid and of the associated disruption to health care systems on groups of children who already have poorer health outcomes than their peers.

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- While the risk of serious illness is less, the harms to children and young people resulting from the pandemic are likely to be considerable and to emerge over time: widening inequalities; the impact of a loss of formal teaching time for more vulnerable children; setbacks to progress in tackling child poverty; and restricted employment opportunities. We do not know what the impact on children's mental health may be or the longer-term impact on children who have lived with increased domestic abuse over the course of the last year. The Covid-19 children's strategic leadership group has been a useful forum supporting joint working on a number of these issues and one which is liable to remain in place post pandemic.
- Foster carers as a group have raised concerns about a lack of recognition and value. Many have felt overlooked, without the recognition given to paid health and care staff. They have expressed concerns about increased risks to their safety due to the need to have ongoing contact with birth families. Fostering agencies have expressed real concern about carers leaving their role in the context of a year-on-year decline in foster carer numbers.
- Families with children with disabilities have faced particular challenges due to the suspension of key supports, coupled with restricted face-to-face teaching.
- Despite us believing that digital communication is a young person's medium, it is not the way in which all children would choose to communicate with us. Face-to-face contact is proving a more effective vehicle for understanding a child's experience.
- In contrast, many care staff have welcomed the opportunities afforded by virtual communication to speak in confidence to inspectors rather than the visibility involved in engaging with us in the service.
- Despite travelling time saved, inspections done at distance are not necessarily more efficient. There have been challenges in setting up interviews and delays in accessing documents. Accessing case records at distance remains problematic.

Sector specific context going forward

The report of the independent care review, the Promise, was published in February 2020. It lays down a number of challenges to the Care Inspectorate and other regulators about sharing an approach which is focused more clearly on the things that matter most to children – support to develop trusting and lasting relationships, promotion of children's rights, and the maintenance of family contact wherever possible. We will review all Quality Improvement Frameworks for children's services to make sure they align with the priorities of the Promise. We will collaborate with scrutiny partners with the aim of agreeing a common value base and understanding, in line with the Promise.

The Promise highlights the importance of inspectors being skilled in engagement with children and the need to amplify children's voices. We will invest in development for our inspection staff and strengthen the support we provide to our young inspectors and their place in inspections.

The Promise sets out the aspiration for greater attention to aftercare and advocacy services, which are not currently services required to register with the Care Inspectorate and therefore not subject to regulation and inspection. "The Care Inspectorate and the SSSC must come together with other regulators to create a new, holistic framework that values what children and families value. That framework must apply to the totality of care experiences and include aftercare and advocacy services" (The Promise, 2020). We will engage with Scottish Government colleagues and the Promise team to explore the implications involved in realising the vision.

We share growing concerns with Scottish Government and other stakeholders about the risks where children are placed in Scotland from other parts of the UK, the experience of those children and the consequences when things go wrong. We will continue our collaboration with Scottish Government on the issue of cross-border placements to ensure children's rights are upheld.

We intend to collect, collate, and analyse information more systematically to improve understanding of the implementation of continuing care legislation.

The Historic Abuse Inquiry has now heard evidence in respect of boarding school accommodation. We will pay careful attention to any findings to provide assurance that we recognise the particular vulnerability of children in school care accommodation, especially children boarding from outside the UK. Where we need to amend inspection methodology in respect of school care accommodation, we will do so.

We will also take into consideration the recommendations made in the recent report by the Children and Young People's Commissioner in Scotland 'Statutory Duties in Secure Accommodation: Unlocking Children's Rights' (June 2021).

The scrutiny options that we will deploy and develop further

Full inspections – we will carry out inspections in accordance with the priorities outlined below. We are significantly under capacity in the children and young people's team at present and despite taking action to address the problem, anticipate we will remain challenged in this respect throughout much of 2021/22. As a result, we will need to be as efficient as possible in carrying out inspections (see remote scrutiny below)

Covid-19 inspections – by agreement with Scottish Government we are carrying out short, focused inspections in school care accommodation where children are returning for the start of the new school term, aimed at supporting those services to provide a safe

environment to guard against the spread of infection. This includes children arriving from abroad including from countries on the travel 'red list', as defined by the UK government.

Complaint inspections - the complaints team will take responsibility for following up any requirements that they make at an investigation. Where a complaints investigation uncovers serious concerns about how a service is operating or being managed, this will make the service a greater priority for a full inspection.

How we will prioritise our on-site inspections (priorities)

In 2021-22 will prioritise services for inspection as follows:

Priority 1 – services where intelligence causes us concern or suggests areas that need exploration. Intelligence may come from the particular notifications submitted, or from concern that a service is failing to submit notifications when they should; from complaints; or from relevant information provided by other bodies.

Priority 2 – services where issues of significant concern were identified at the last inspection and services which have not been inspected since they were first registered.

Priority 3 – children in secure accommodation.

Priority 4 – services identified as high risk for any other reason

Priority 5 – services identified as medium risk

How we will re-calibrate our enforcement and target quality improvement support

We are currently undertaking a review of our enforcement processes to ensure where there is a serious risk to the care and well-being of children that our response is intelligence-led, proportionate and effective to ensure that improvements in care services are addressed immediately to improve outcomes for children. Where the provider cannot make the required improvements, the Care Inspectorate will respond robustly at the earliest opportunity and work in partnership with local authorities to ensure that alternative care can be provided. We will not hesitate to take enforcement action where that is needed which may include the closure of a service.

In 2021-22, where we are issuing a letter of serious concern or an improvement notice, we will consult with our Improvement Support Team (IST), including our Chief Nurse, to agree what a reasonable timescale is for making the improvements and who is best placed to provide specialist quality improvement support. The most appropriate Improvement Support Team subject matter expert(s) in areas such as end-of-life care, tissue viability, IPC, medication management, nutrition and hydration, and dementia may be identified to provide targeted improvement support to the service during the period between the initial and follow-up inspections.

How we will develop or strengthen our approach to self-evaluation

The new standards and pathways for secure care were launched in late 2020. Phase one of their implementation is to promote, encourage and support services to use them for self-evaluation. During 2021-22, we will work with secure care providers to support them in considering self-evaluation against standards 15-37 which are concerned with the journey stage “During your Stay in Secure Care”. Our dialogue with services will aim to support a methodology for self-evaluation that is robust and inclusive so that, in future, everyone can have confidence in the results of any self-evaluation carried out.

How we will strengthen further our approaches to human rights and rights-based care

The Health and Social Care Standards are prominent in our Quality Frameworks. The standards are clearly focused on human rights and wellbeing. As noted above, we will review all Quality Improvement Frameworks for children’s services to make sure they align with the priorities of the Promise and that they support the promotion and realisation of children’s rights.

How we will strengthen our focus on gathering the views of people who use services, their families, and carers

Amplifying the voice of children in our scrutiny work will be a key priority over the next two years. Listening to children and young people to learn how their experiences of the care system can best shape our approach to our work is a commitment made in our Corporate Parenting Plan. We will invest in development for our inspection staff to ensure we are oriented to understanding how children experience care and support services and to enhance our communication methods and skills. We will review the support arrangements for our young inspection volunteers, aiming to strengthen their voice during the inspection process.

How we will develop or strengthen virtual scrutiny approaches

We will use remote means to complete all or part of the inspection where this proves to be effective and time efficient. The use of technology should assist in safely carrying out scrutiny and providing support while Covid-19 related scrutiny restrictions are in place and we will capitalise on the technology available to us wherever we can, for example in providing a means of engaging confidentially with staff. We do not anticipate replacing on-site inspection activity with remote means as the norm. Face-to-face communication remains the preferred way of engaging with children and families.

Inspection reports

We will review the format and content of our reports to ensure that they reflect changes to our methodology and, in particular, our commitments to delivering on the 'Promise' (detailed above).

Complaints about regulated care services

The Care Inspectorate has a statutory duty to deal with complaints about registered care services (s.79 of the 2010 Act). 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.

At the outset of the pandemic, we enhanced our frontline triage teams, who answer calls and receive complaints about services. Anticipating an increase in calls from families, concerned members of the public and staff working in services, we adapted the work of complaints inspectors to ensure that people raising concerns were supported, and that we could act quickly and effectively on their concerns.

We strengthened our risk assessment process for all complaints to determine the most appropriate response. This helped us quickly identify the most urgent and serious concerns and take robust action.

We continue to assess all complaints for protection issues, acting swiftly and robustly and making referrals to partner agencies including Police Scotland and local authority social work services as required, to ensure people are protected.

Complaint triage outcomes can include 'direct service action' and 'provider investigation'. Both are mechanisms that we use to allow the service provider to investigate complaints and reported directly to the complainant. As part of the enhanced work of our complaint's inspectors on triage, they became mediators, supporting complainants and holding meetings with both parties to reach satisfactory resolutions. These approaches have brought benefits that we want to take forward and consolidate in our approaches during 2021-22 and beyond.

Complaints are a valuable source of intelligence. They can help us decide whether an inspection should take place and they also help us regulate services effectively.

Complaints inspectors work closely with inspection teams to share intelligence and agree what actions are needed to improve the care that people experience.

During the pandemic where we identified a visit to a service was needed, complaints inspectors met with inspection teams and an inspection was undertaken. That combined the complaint investigation with an inspection. As well as writing a complaint report and responding to the complainant, the complaint inspector evaluated wider practice in the service. This has enabled us to increase the number of care homes where we were able to provide assurance on the quality of care.

We share the outcome of a complaint investigation with the complainant and the service provider. When we uphold a complaint, we publish the outcome on our website. We also share complaint outcomes with local health and social care partnerships and public health teams through our relationship managers. Where we make requirements following a complaint investigation, we follow them up quickly to make sure the safety and wellbeing of people using the care service improves. We also gather intelligence from anonymous complaints to inform our regulation of the service. This is something else that we plan to take forward and consolidate during 2021-22 and beyond.

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's conditions of registration if necessary to facilitate changes in the way they operate.

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 providing feedback to the Scottish Government on the effectiveness of relevant regulations to ensure that these support new ways of designing, delivering, and commissioning care.

Specific developments during the pandemic

In our response to Covid-19, we have been flexible in in how we apply our normal registration processes to support care providers to deliver safe care but without compromising the process. Our registration team considered how we could support services through a new notification process to temporarily provide some aspects of their service in a different way where risks were limited. These approaches have brought benefits that we want to take forward and consolidate in our approaches during 2021-22 and beyond.

PART 6 - STRATEGIC INSPECTION

Strategic Inspection

The 2010 Act gives the Care Inspectorate the power to inspect any social service or combination of social services or the organisation or coordination of any social services, relating to the whole or any part of Scotland. In addition, s.115 of the 2010 Act details powers to carry out Joint Inspections with other bodies and report to Scottish Ministers on their findings. These inspections are carried out by strategic inspectors based in four teams, leading respectively on scrutiny of services for children and young people; services for adults; justice services; and protection.

Strategic inspection is carried out in an increasingly complex landscape. Since 2016 services for adults have been the responsibility of health and social care partnerships (HSCPs) who share a common purpose of delivering better health and wellbeing outcomes for the people of Scotland. However, there is no standard model for delivery and commissioning of children's social work services and justice social work services. In some areas HSCPs have assumed responsibility while in others, they remain the responsibility of the local authority.

Strategic inspectors also scrutinise and support improvement in the work of multi-agency partnerships such as community planning partnerships, child, adult and public protection committees and drug and alcohol partnerships. We work collaboratively with other scrutiny bodies to carry out strategic scrutiny activity, usually leading or co-leading inspection programmes, but sometimes contributing as guest inspectors to programmes or one-off pieces of work led by another organisation, such as Her Majesty's Inspectorate of Prisons.

Strategic inspections need to be both informed by and responsive to what we learn about the quality and sufficiency of registered care services locally and nationally. However strategic inspections also reach into important service areas which are not regulated or inspected elsewhere, but which have a very significant impact on the experience of people and their families and tell us about the difference that intervention is making to their lives. This includes the practice of social workers and other staff in local area teams and services such as aftercare, addictions, and community payback unpaid work services.

Specific developments during the pandemic

In March 2020 with the onset of the Covid pandemic, we made the decision to pause our strategic inspection programmes. We did so for three important reasons:

1. Conducting an inspection of a local authority, integration authority, or strategic partnership is a highly collaborative activity which requires significant input and resourcing from the partnership being inspected. We quickly recognised the

need for partnerships to focus all their energy and attention on direct delivery of support to vulnerable people during this incredibly challenging time.

2. Our methodology for strategic inspections has been dependent on engagement with many people in local areas, both staff delivering services and people experiencing care and social work support, individually and in groups. It has involved teams of inspectors visiting different areas of the country. It was safe to do this during the pandemic.
3. Our strategic inspection programmes aim to assess the impact of services and joint working under normal circumstances. During the height of the pandemic, some key services could not operate, and support had to be provided in alternative ways.

However, putting our planned inspection programme on hold allowed us to do the following:

We used our link inspectors to maintain close contact with chief social work officers and with HSCPs. In this way, we were able to provide support and advice; signpost services to appropriate guidance and help ensure understanding, communicate key messages, and gather information about the challenges facing services and how HSCPs and local authorities were meeting them.

We were able to temporarily redeploy some of our strategic inspectors to areas of Care Inspectorate business that were under most pressure. We also agreed three temporary secondments to roles in local authorities to support them in delivering critical support to families. Temporarily suspending our strategic inspection programme also allowed our scrutiny partners to redeploy their staff to where they were most needed in response to the crisis.

We were able to review, revise and refresh our approaches to strategic scrutiny. We developed and tested new approaches in our strategic inspection activity which enabled us to undertake key scrutiny activities remotely. These approaches allowed us to deliver some scrutiny activity during this pandemic. More importantly these approaches are not only critical to the resumption of our strategic scrutiny programmes as we move out of the pandemic but will continue to have a major impact on our ongoing development and delivery of future scrutiny programmes across services for adults, children and young people, and justice services.

We developed and tested approaches to engaging with a range of stakeholders in our justice work. As part of our inspection of justice social work services in Aberdeen, in addition to technology enabled meetings with staff and managers, we were in direct contact with over 50 people who were supported by the justice service. This allowed us to successfully complete our inspection in Aberdeen remotely. These approaches also allowed us to contribute to the joint inspections of prison services during the pandemic. Developments in our methodology in our adult support and protection (ASP) programme

resulted in us successfully completing a full ASP inspection remotely. In addition to the use of technology to facilitate meetings, a critical development in our ASP work was the ability to review records remotely. This included the remote scrutiny of social work, health, and police records of adults at risk of harm. As far we are aware, we are the first Inspectorate in the UK to have developed this approach to reviewing records in this way.

We are hopeful that developments during the pandemic will help us to transform our inspection activity at strategic level across the range of programmes.

Intelligence-led, risk-based approaches

All our scrutiny activity is informed by intelligence from our own organisation along with information from other scrutiny partners providing insights into issues and risks in partnership areas. In considering available intelligence, we seek to ensure we provide the public assurance required of us in relation to social work services across all partnership areas over time. We focus on those areas that will benefit most from inspection activity, where intelligence indicates services need to be improved but we also seek to ensure we continue to find and report on areas of good practice. We seek to share learning from what is working well along with reporting on deficits and areas for improvement in the delivery of services. Intelligence should inform us about risks and issues at both local and national level.

Planning inspections (priorities)

The inspection priorities for the joint inspection of service for adults are informed by the review of integration led by the Ministerial Strategic Group (MSG), by the reporting of issues for adults during Covid-19 and by the independent review of adult social care (Feeley, 2021). Our ASP inspection programme which has been agreed by ministers is to provide a baseline information about ASP across Scotland. Our justice priorities are informed by national priorities in community justice and justice social work at this time. The focus of inspections of services for children and young people were already influenced by feedback from children gathered during the first phases of the independent care review. As a result, we ensured that the quality improvement framework had an emphasis on the extent to which partnerships were prioritising actions which supported the building and maintenance of trusting relationships for children and reflected a rights-based approach. Both aspects have been strengthened further by the final Promise report and we will ensure that inspection reports clearly contain an assessment of how well partnerships are doing in supporting meaningful relationships and promoting children's rights.

Our intelligence will inform which partnerships we inspect, and this will also involve a complex mapping of an overall schedule of inspections for the Care Inspectorate. This will

also require partnership working with other scrutiny bodies to reduce the burden of strategic inspection on partnerships.

How we will develop our approach to self-evaluation

Self-evaluation is a core component of the methodology for strategic level scrutiny. All our strategic inspection programmes are underpinned by a common core quality improvement framework (QIF) which is then customised to be recognisable and accessible for the particular care group and/or partnership. The QIF is informed by a model developed by the European Foundation for Quality Management (EFQM) and widely used by organisations in the statutory and independent sectors as a tool to support self-reflection and improvement. Our QIFs are written in a way which supports their use as a tool for self-reflection and self-assessment. By using the same framework to assess services, we achieve greater transparency about how we are making judgements and supporting greater collaboration with services in measuring progress together.

How we will strengthen our focus on gathering views of people who use services, their families, and carers

The strategic teams are committed to involving people with lived experience of services in the development and delivery of our scrutiny and assurance activities. The focus of our work across services for adult, children and young people and justice services is increasingly focused on the experiences of and outcomes for people with lived experience and carers.

In the development of the approach to the joint inspection of adult services prior to Covid-19, we had established an engagement and involvement group to inform the approach to the development and delivery of scrutiny including exploring the potential for inclusion of inspection volunteers in our inspections. We will reinvigorate this work to ensure people with lived experience remain at the heart of all that we do. Young inspection volunteers will continue to play a key role in inspections of services for children and young people. We are committed to ensuring their influence in the planning and scope of inspections is strengthened and their voice amplified. In the forthcoming year, we are investing in additional support to help us extend and improve the ways in which we engage with children and young people. We will continue to build on the experience of, and share learning across the whole strategic team, other parts of our organisation and our scrutiny partners to improve our approaches.

How we will develop virtual scrutiny approaches

We have made a very strong start with the development of our remote scrutiny approaches and fully intend to build on the success of these in adult support and protection and justice work to further develop this to support strategic scrutiny. In the initial restart of our scrutiny activity there will be a reliance on remote scrutiny approaches that will enable us to proceed with scrutiny while Covid-19 related restrictions still apply. However, once

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these restrictions are lifted our intention is that all our strategic programmes will include elements of remote activity wherever it is appropriate to do so.

PART 7 - STRATEGIC INSPECTION PROGRAMMES

Joint inspection 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 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.

Our model has focused 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). It has included those children who are looked after at home, those living in residential and secure care, those in kinship care and those using through care and aftercare services.

In September 2020 we published a review of the learning from eight joint inspections of services for children in need of care and protection and took the opportunity to review the focus of, and methodology for, inspection of services for children in the light of this report and in the context of the report of the independent care review, the Promise, which was published just before the pandemic struck. As a result, we propose to reframe the focus of these inspections slightly towards children at risk of harm. The aim is to include all children who have been the subject of an initial referral to a multi-agency risk planning arrangement and have either had a formal plan or received an alternate service to improve and support wellbeing and manage risks. We believe this will create a path towards fulfilling some of the conditions of the Promise and provide insight about steps taken to support children and young people to stay at home with the necessary support arrangements.

We are also proposing a refinement of our methodology which aims to amplify the voice of children and young people in the inspection, supports a more bespoke inspection focus in line with the issues and risks for each area identified beforehand and as a result of reviewing case records and shortens the time between announcement and reporting.

Providing that our scrutiny partners are able to resume collaboration to deliver the joint inspections, we propose to carry out an inspection using this amended model in four community planning partnership areas during 2021/22. We also propose to undertake an inquiry into the implementation of continuing care legislation and the impact on young people, with the aim of reporting on this work early in 2022/23.

Joint inspections of health and social care integration

The focus of our scrutiny activity in adult services changed in line with the

requirements of the Public Bodies (Joint working) (Scotland) Act 2014. Our inspections of health and social care integration, carried out jointly with Healthcare Improvement Scotland, shifted to a focus on the effectiveness of strategic planning in 2018. To date, we have carried out joint inspections in eight partnerships. The final stages of the inspection process on the last inspection in West Lothian was impacted by Covid-19, but the activity resumed, and the report was published on 9 September 2020.

In line with the recommendations of the Ministerial Strategic Group review of progress in integration, we had been reviewing the scope and methodology for our inspections prior to the outbreak of the Covid-19 pandemic with a view to future inspections having a greater focus on experiences and outcomes for people. The Covid-19 pandemic adds complexity to our planning for future scrutiny in this area of adult services. However, the focus on outcomes for people in the context of integrated services remains as important as ever.

Consideration of the challenges for the Care Inspectorate and for health and social care partnerships as we emerge from this pandemic has led to us to reconsider and revise our approach to the joint inspections of adult services. In line with the MSG ask we will retain our proposed focus on outcomes for people, the contributions of all partners in integrated services and a balance of focus between health and social care. However, we intend to replace the relatively small number of lengthier joint inspections of the effectiveness of strategic planning carried out to date with a greater number of shorter focussed inspections across more health and social care partnership areas. We will inspect partnerships through the lens of different services and together these inspections will build a picture of integration not only in individual partnership areas but also more broadly a view of key issues and potential areas for improvement across Scotland.

Providing that our scrutiny partners Healthcare Improvement Scotland are able to resume participation in the delivery of the joint inspections, we propose to restart joint inspections in adult services using this more focussed approach. In 2021/22 we are proposing to start this overall programme with inspection of services for disabled people with complex health and social care needs and by March 2022 plan to complete joint inspections of two health and social care partnerships and begin two further inspections during the year. During 2021-22 we also propose to develop an inspection approach for integrated mental health services, with a view to starting a further four inspections focused on mental health services from early 2022-23. We would also hope to identify a third area of focus with a view to completing up to ten partnership inspections of integration in total by the end of 2022-23. All these inspections would retain a shared focus on people's experiences and outcomes including consideration of the experiences of and outcomes for carers.

Adult support and protection

The Adult Support and Protection inspection programme started in February 2020 but had to be suspended shortly thereafter in response to Covid-19. Since that time, and in

recognition of the demands on public services, the inspection team reviewed the programme alongside our scrutiny partners, HMICS, Healthcare Improvement Scotland and delivery partners to develop a modified methodology which allows remote reviewing of case records on a multi-agency basis. The legal, technical and information governance challenges were considerable and took significant effort, creativity, and persistence to work through. The team successfully tested the revised approach by resuming and concluding scrutiny in Inverclyde, which had been suspended in March 2020. The report on the Inverclyde inspection was published in June 2021.

On 3 March 2020, the Cabinet Secretary for Health and Sport requested the resumption of the adult support and protection programme. We are currently proceeding with inspections in East Ayrshire and Fife.

In 2021-22 we are planning to publish our first inspection report for Inverclyde and complete Adult Support and Protection inspections in a further nine partnerships with a view to completing the current ASP inspection programme by 2022/23.

Community Justice and 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. This is to help support the implementation of the new model of community justice and provide up to date scrutiny of justice social work. A new strategic scrutiny team is now established within the Care Inspectorate.

During 2018/19 we developed two strands to this work. One strand focussed on supporting and validating self-evaluation of community justice services in Scotland. The other concentrated on inspection of justice social work services, with a particular focus on community payback orders.

In 2018/19 we carried out three supported self-evaluations in collaboration with community justice partnerships and two inspections of justice social work. In 2019/20 we completed a further two supported and validated self-evaluations and a further two inspections of justice social work. A further justice social work inspection of Aberdeen city which was underway at the start of the pandemic was suspended at that time. We resumed this inspection later in 2020 by engaging remotely with staff and people who use services and published our report on Aberdeen in February 2021.

Our focus to date in justice social work has been on Community Payback Orders. While the Care Inspectorate is committed to providing scrutiny through an inspection of justice social work services, given the impact of the pandemic on the delivery of justice services, particularly unpaid work, adjustments to our existing methodology are required.

In 2021-22 we propose to engage with justice social work services using a self-evaluation approach to reflect on specific developments during the pandemic. This would include

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consideration of how service delivery has adapted and changed and the related impact for services, communities, and individuals subject to the various requirements of a Community Payback Order.

The Care Inspectorate is committed to working with justice scrutiny partners and much of our proposed work for 2021-22 is with other scrutiny partners as follows:

1. A number of substantial changes are planned across the justice landscape which includes a review of the Scottish Government's national justice strategy and review of the accompanying Outcomes Performance and Improvement Framework (OPIF). In 2021/22 we will contribute to the review of the OPIF currently being led by Community Justice Scotland. This work closely aligns to the Care Inspectorate Guide to Self-Evaluation which we will update as required depending upon the content of the final national OPIF guidance.
2. The strategic team is in the process of finalising arrangements which will involve the Care Inspectorate in joint assurance activities focussing on prevention and early intervention and the extent to which community justice intentions are being met. This will initially involve a national thematic desktop review to be completed by scrutiny partners in 2021-22.
3. At the request of the Community Justice Board's Recover, Renew and Transform (RRT) sub-group we propose to undertake scrutiny activity related to one of the national strategic priorities, namely Priority 7: **We will use prison only where necessary to address offending or to protect public safety, focussing on recovery and reintegration.** In 2021-22 the Care Inspectorate justice team will focus on breach of throughcare licence and recall to prison. Across a representative sample of local authority areas, we will review the effectiveness of case management; efficiency of breach/recall processes and to identify strengths and potential opportunities for improvement.

An overview report covering the work undertaken by the strategic justice team (2018-2020) is currently being finalised and will be due for publication by end June 2021.

Prison Services

We continue to support the multiagency inspections of prison services led by HMIPS. During the pandemic we have revised our methodology for the Care Inspectorate's contribution to these inspections and have participated in recent monthly liaison visits to prisons undertaken during the pandemic.

In 2021-22 we will continue to contribute to these inspections with input from our strategic justice team and our adult's team reflecting the increasing social care needs of an aging prison population.

PART 8 – OTHER STRATEGIC SCRUTINY WORK

Significant Case Reviews (SCRs) – Children

In April 2015, the Care Inspectorate was given responsibility for reviewing the quality of initial case reviews and significant case reviews about children and young people, with a commitment to publish triennial reports on key themes from SCRs. However, feedback from stakeholders identified three key difficulties with these arrangements in practice. Firstly, there were limited learning opportunities arising from ICRs at a national level, which was a missed opportunity in providing a valuable understanding of child protection practice. Secondly, learning from ICRs and SCRs were being considered in isolation from each other and thirdly, while the number of SCRs annually was too small to be confident about themes, a SCRs report every three years was not sufficiently responsive to inform the necessary practice changes.

As a result, a proposal was made to move from a system of initial and significant case reviews to a new national learning review system. Consultation on the proposal by the Care Inspectorate working together with Child Protection Committees Scotland (CCP Scotland) has now closed and we expect to implement the new system of learning reviews from the summer 2021.

As part of the new arrangements, the Care Inspectorate has committed to publishing an annual report on themes arising from the learning reviews submitted. We will continue to collaborate with CPC Scotland and Scottish Government to identify any learning from reviews which needs to be applied nationally to improve experiences and outcomes for children and families and to support the development of strategies to ensure that learning is not only disseminated but leads to real practice change.

National Hub for the Prevention of Child Deaths

Healthcare Improvement Scotland and the Care Inspectorate co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People. Working with NHS Boards and local authorities, the focus is on using evidence to deliver change and improve outcomes - and so contribute to a reduction in deaths and harm to children and young people.

The hub promotes a multi-disciplinary and multi-agency approach, focused on using evidence to deliver change, and ultimately aims to reduce deaths and harm to children and young people. For the first time in Scotland, national data will be collected on the deaths of all children and young people. Reviews will be conducted into the deaths of all live born children up to the date of their 18th birthday or 26th birthday for care leavers who are in receipt of aftercare or continuing care at the time of their death. Working with NHS Boards and local authorities, the ambition is to inform the re-design of pathways and services to improve outcomes and experiences of children, young people, and their families.

The Care Inspectorate plays a particular oversight role on behalf of Scottish Ministers where a child who is looked after dies. The local authority must inform the Care Inspectorate of the death and provide information about the support provided, or not provided, to the child and family or carers. The Care Inspectorate's role is to explore 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 young person who is being provided with continuing care.

Through the National Hub we have been working collaboratively with stakeholders to develop and then support implementation of a national child death review process. Phased implementation of the new child death review system was due to begin on 1 April 2020. Due to the Covid-19 pandemic, it was agreed by Scottish Government that implementation be postponed to 1 April 2021.

The Care Inspectorate and Healthcare Improvement Scotland have been engaging with local authorities and health boards to help them prepare for implementation of the hub. In the coming year, the Care Inspectorate will:

- prioritise supporting local authorities to understand and implement their particular responsibilities and to coordinate their activity with that of the respective health colleagues
- work together with colleagues in Scottish Government to frame an update to Regulation 6 of the Looked After Children (Scotland) Regulations 2009 to ensure it can better support good practice in the context of the landscape in which services for children are now delivered in Scotland
- prioritise a focus on the prevention of avoidable deaths of young people who are in receipt of aftercare services or continuing care, which is an area of significant and growing concern. Once implemented, the new learning review system will provide a mechanism, for the first time, for review of the deaths of older young people in continuing care.

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 individuals subject to statutory supervision or registered sex offenders are involved in a serious incident in the community. In effect, local authorities are required to submit a SIR in respect of any such individuals who commit serious offences whilst subject to supervision (for example on parole or community payback orders). The Care Inspectorate reviews these Serious Incident Reviews, looking at decision-making and quality of practice when

the individual allegedly became involved in a serious incident, providing feedback to local authorities and highlighting learning to Scottish Ministers.

In 2021-22 we will continue to discharge our responsibilities for Serious Incident Reviews (SIRs) in accordance with existing national guidance. In 2021-22 we will also produce and publish a biennial report on SIRs. In addition to this we will re-engage with stakeholders and refresh the guidance and reporting templates for SIRs. We intend to launch the updated guidance at the same time as we publish the report.

Appropriate adult services

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 (aged 16 and over) has a mental health issue or communication barrier 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 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.

In September 2019, following the submission of a business case, we received confirmation from Scottish Government of funding to assess the quality of appropriate adult services. This involves a relatively small resource to enable us to quality assure and support improvement in relation to local authorities' implementation of their new responsibilities in relation to appropriate adult services.

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 2020-21, we began working with the new national co-ordinator, oversight group and other stakeholders to develop a self-evaluation tool and process for partners. This work was suspended in March 2020 but restarted in August 2020. Discussions are underway with stakeholders and our plan for taking this forward is progressing well. We completed a survey with responses from all 32 local authorities and we have keen interest from partners in supporting the development and testing of the self-evaluation model.

In 2021/22 we will work with partners to develop, test, finalise and launch a self-evaluation tool for the appropriate adults scheme. We will also develop our approach to assurance beyond this initial implementation phase to provide ongoing assurance for this important scheme.

Significant Case Reviews (SCRs) – Adults

Agenda item 11
Appendix 1

In November 2019, following 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 (SCRs) for adults. The purpose of this work is to provide independent quality assurance of initial case reviews (ICRs) and significant case reviews (SCRs) and support learning and improvement in adult support and protection locally and nationally.

From 1 October 2020, the Care Inspectorate welcomed submission of ICRs and SCRs commenced on or after 5 November 2019.

An online notification system for ICRs and SCRs has been set up by the Care Inspectorate as the mechanism for all partnership areas to submit notifications. The Care Inspectorate is the central repository for all ICRs and SCRs as a way of supporting learning from these reviews to be shared and implemented more widely. As such, the importance of sharing all learning reviews that are similar in purpose though not labelled as an ICR or SCR has been emphasised. This will enable a better understanding of the decision-making process involved in determining the need and scope for ICRs and other reports, compared to the overall number of reported SCRs; and identify areas where learning can be shared from the cases which do not proceed beyond Initial Case Review.

A framework for analysis of ICRs and SCRs, based on SCIE quality markers, has been developed. Drawing from the learning of colleagues with responsibilities for significant case reviews of children and young people, consideration is being afforded to how learning and themes arising are communicated on a regular basis to support improvement in practice.

In 2021-22 we will continue to discharge our responsibilities for significant case reviews for adults and develop our approach to sharing learning from these reviews to support improvement.

PART 9 – IMPLICATIONS AND CONCLUSION

Policy Implications

This paper should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate over the next year. The Covid-19 pandemic has had a major impact on policy, with developments to date including emergency legislation in both UK and Scottish parliaments (with related duties for the Care Inspectorate) and a delay in the expansion of funded early learning and childcare (ELC) to August 2021. The pandemic will continue to be a major subject of policy discussion, both in terms of the ongoing challenges it represents and the reflection and scrutiny that takes place as we move towards a public inquiry.

It is also important to acknowledge the findings of the Independent Review of Adult Social Care, published in February 2021, and its core recommendation to establish a National Care Service. The proposals, including reference to our place within the new structure and a potential market oversight role, are likely to have a direct impact on our role and functions as they are developed, debated, and implemented over the coming months and years.

Other likely developments to be aware of in the coming year:

- rollout of the delayed expansion of funded ELC to 1,140 hours in August 2021
- implementation of The Promise and its recommendations in relation to children's social care reform
- appointment of a regulator (likely to be the Care Inspectorate) for children's contact centres
- debate around the education inspection and improvement landscape; and
- rollout of the Barnahus model and associated standards.

Resource Implications

This scrutiny and assurance plan has been developed alongside the 2021/22 draft budget.

Sufficient resources are contained within the draft budget to support the delivery of the scrutiny and assurance plan and developments contained within this plan. Even in the context of pressured financial resources, the Care Inspectorate's budget has been designed to protect, as far as is possible, our frontline scrutiny, assurance, and improvement support 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. Arrangements for staff recruitment to undertake the activities outlined in the plan will be robustly managed to ensure 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 projects are intended to improve our scrutiny and improvement interventions and at the same time deliver efficiency savings incrementally over the course of this year and beyond.

Conclusion

This plan follows on from a period of unprecedented challenge across health and social care, early learning and childcare, social work, and justice services. Inevitably, there will be a 'recovery' led by the new government and anticipated structural change arising from the Feeley review (2021). 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 quality 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 the Scottish Government's ambitions and supports people to experience a better quality of care.



Title:	STRATEGIC RISK REVIEW
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
Appendices:	1. Risk Policy
	2. Risk Appetite Statement
	3. Strategic Risk Register
	4. Strategic Risk 9 Monitoring Statement
Consultation:	N/A
Resource Implications:	None

Executive Summary:

The Board held development sessions on 2 March 2021 and 2 June 2021 to consider and review risk management in depth. The Risk Policy, Risk Appetite Statement and Strategic Risk Register have been revised as a result of this review and are included with this report for Board approval.

This report also provides an update on the current strategic risk monitoring position (based on the existing Strategic Risk Register).

The Board is invited to:

- | | |
|----|--|
| 1. | Approve the Risk Policy (Appendix 1) |
| 2. | Approve the Risk Appetite Statement (Appendix 2) |
| 3. | Approve the Strategic Risk Register (Appendix 3) |
| 4. | Note the current risk monitoring position |

Links:	Corporate Plan Outcome		Risk Register - Y/N		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 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:

This is a public report.

Disclosure after: N/A

BOARD MEETING 17 JUNE 2021**Agenda item 12
Report Number B-17-2021**

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.

STRATEGIC RISK REVIEW

1.0 INTRODUCTION

1.1 The annual detailed review of our strategic risks was undertaken at two Board development sessions on 2 March 2021 and 2 June 2021. The Audit and Risk Committee also considered the draft revised Risk Appetite Statement at its meeting of 20 May 2021. A revised Risk Policy, Risk Appetite Statement and Strategic Risk Register have been prepared based on this review process. Board approval is sought for these revised risk management documents which are attached as appendices 1, 2 and 3 respectively.

1.2 The Care Inspectorate's Strategic Risk Register is reviewed at each meeting of the Audit and Risk Committee and the Board. There has been no significant change to the strategic risk position except for strategic risk 9 "Staff Capacity" where the risk of reduced staff capacity adversely affecting performance has increased.

2.0 STRATEGIC RISK REVIEW

2.1 Risk Policy

The existing Risk Policy has been updated to reference Audit and Risk Committee (formerly Audit Committee), Strategic Leadership Team (formerly Executive Group) and introduce the role of the Operational Leadership Team and an Operational Risk Register into the risk management framework. The Policy now also includes a diagram showing the interrelationship between risk management across the organisation.

The Board is asked to approve the revised Risk Policy attached as Appendix 1.

2.2 Risk Appetite Statement

The Risk Appetite Statement has been revised to:

- adopt the risk categories set out in the Treasury Orange Book;
- adopt revised risk appetite definitions;
- revise the risk appetite statement to align with the extended risk categories and the revised risk appetite definitions;
- introduce risk targets; and
- change the way we view risk tolerance.

The Board is asked to approve the revised Risk Appetite Statement attached as Appendix 2.

2.3 Strategic Risk Register

The existing strategic risk register was considered in detail by the Strategic Leadership Team to ensure the risk remained relevant, was clearly articulated, scored realistically, controls and further actions are relevant and up-to-date and the changes to risk appetite, risk target and risk tolerance incorporated.

The draft revised strategic risk register was then considered at the Board development event on 2 June 2021.

The Board is asked to approve the revised Strategic Risk Register attached as Appendix 3.

3.0 Strategic Risk Monitoring

3.1 Strategic Risk Monitoring

There are no significant changes to the risk position for strategic risks 1 to 8 and strategic risk 10 (based on the existing Strategic Risk Register). The risk assessment for strategic risk 9 has increased from 12 (high) to 16 (high).

Details are in section 3.2 below.

3.2 Strategic Risk 9 – Staff Capacity

The likelihood score for this risk has increased from 3 (possible) to 4 (likely) due to a combination of:

- There are currently significant Inspector vacancies (48 FTE).
- Previous Inspector recruitment campaigns have not been as successful as hoped.
- We are engaged with the trade unions to attempt to resolve an employee relations issue where some Inspectors are aggrieved about their placing on the new Inspector pay grade following job evaluation.

The risk monitoring position is detailed in Appendix 4.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Government Policy

There are no government policy implications associated with this report.

4.4 People Who Experience Care

There are no direct benefits for people who experience care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

Care Inspectorate Risk Policy

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- 3.0 Risk Identification
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- 5.0 Roles & Responsibilities
- 6.0 Risk Management as part of the system of internal control
- 7.0 Risk Appetite
- 8.0 Types of risk and response
- 9.0 Risk Management Processes

Approved by Board: 17~~9~~ June 20~~21~~19

POLICY REVIEW DATE: May/June 202~~1~~0

1.0 Introduction

This Risk Management Policy forms part of the Care Inspectorate's internal control and corporate governance arrangements. Separate operational documentation exists for risks relating to the inspection process.

This policy sets out how and why the Care Inspectorate carries out risk management, explaining the underlying approach to risk management, documenting the roles and responsibilities of the Board, senior management and other key parties.

2.0 Corporate Statement on Risk

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other regulators to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. We provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of services for people in Scotland.

The Board takes a positive and pro-active approach to managing risk and regards effective risk management as an essential tool in ensuring the successful delivery of the Corporate Plan outcomes.

The Care Inspectorate has adopted the "3 Lines of Defence" model for summarising its governance of risk. The First Line of Defence is the effective day to day management of risk ensuring application of controls and prompt escalation of any issues. The Second Line of Defence is the risk framework, including, financial controls, quality and compliance. The Third Line of defence is Internal and External Audit assurance.

The following principles outline the Care Inspectorate's approach to risk management and internal control:

- The Board has responsibility for overseeing risk management and delegates certain aspects to the Audit and Risk Committee. In carrying out this responsibility, the Board is clear about its appetite for risk and adopts an open and receptive approach to solving risk problems and addressing risk implications.
- The Chief Executive and senior managers support, advise on and implement policies approved by the Board, providing conservative and prudent recognition and disclosure of financial and non-financial implications of risks.
- Managers are responsible for encouraging good risk management practice within their functional areas.

- Key risk indicators will be identified and closely monitored on a regular basis with changes in assessed risk regularly reported to the *Strategic Leadership Team*~~Executive Group~~, Audit *and Risk* Committee or Board as appropriate.

3.0 Risk Identification

A formal risk identification and review exercise is carried out annually by the Board. Risks can also be identified at any time by the Board, the Audit *and Risk* Committee or management.

4.0 Risk Escalation Procedures

Risks will be escalated in cases where:

- the controls are not effective in managing a risk to the tolerance level
- the controls are not reflecting the risk velocity

Escalation of Strategic Risks – these will be reviewed periodically by the *Strategic Leadership Team*~~Executive Group~~ who will decide what to escalate to the Board.

Escalation of Directorate Risks – an *Executive* -Director should escalate risks to the *Strategic Leadership Team*~~Executive Group~~ when it is of corporate significance or is outside his/her agreed tolerances. This can require an action plan to be developed to mitigate any identified risks. The *Strategic Leadership Team*~~Executive Group~~ will consider any escalated risks for treatment as a Strategic risk under *Strategic Leadership Team*~~Executive Group~~ scrutiny.

Escalation of Operational Leadership Team Risks – the Chair of the Operational Leadership Team (OLT) will escalate risks to the Strategic Leadership Team when it is of corporate significance or is outside the OLT's agreed tolerances. This can require an action plan to be developed to mitigate any identified risks. The Strategic Leadership Team will consider any escalated risks for treatment as a Strategic risk under Strategic Leadership Team scrutiny. OLT maintain a risk register containing significant cross functional operational risks.

Escalation of Team Risks – any high graded team risks will be escalated to the Directorate Management Team. It is the *Executive* Director's role to manage the risk, acknowledging his / her greater level of delegated authority, greater strategic perspective of risk tolerance and ability to flex resources under his/her control. Directors will determine the correct treatment for an escalated risk following discussion with the Directorate Management Team before empowering the Head of Service/Chief Inspector to take action or tolerate an increased level of risk that would not normally be within their discretion.

Escalation of Programme / Project Risks – Programme and Project Risks will be identified by the Programme / Project Manager who will present and review these as appropriate with the *Strategic Leadership Team*~~Executive Group~~. The *Strategic Leadership Team*~~Executive Group~~ will keep under review the need to escalate any Programme / Project risks for review as a potential strategic risk.

5.0 Roles and Responsibilities

5.1 Role of the Board

The Board has a fundamental role to play in setting the tone and influencing the culture of risk management within the Care Inspectorate. The Board also holds the Chief Executive to account for the effective management of risk. The Board's role includes :-

- Determining the appropriate risk appetite or level of exposure for the Care Inspectorate
- Setting the standards and expectations of staff with respect to conduct and probity
- Approving major decisions affecting the Care Inspectorate's risk profile or exposure
- Monitoring the management of significant risks to reduce their likelihood
- Satisfying itself that risk management is appropriately practiced and embedded throughout the Care Inspectorate
- Through the Audit *and Risk* Committee, ensuring strategic risk is effectively monitored and appropriate responses are made to changes in assessed levels of risk
- Through the Audit *and Risk* Committee, annually reviewing the Care Inspectorate's approach to risk management and subsequently approving changes or improvements to key elements of its processes and procedures

5.2 Role of the Chief Executive

The Chief Executive, as Accountable Officer, is required to ensure there are sound and effective arrangements for internal control and risk management.

5.3 Role of Senior Management

Key roles of the Care Inspectorate's senior managers (*Strategic Leadership Team*~~Executive Group~~) are to:

- Implement policies on risk management and internal control
- Identify, monitor and evaluate the strategic risks faced by the Care Inspectorate for consideration by the Board
- Provide adequate information in a timely manner to the Board and its Committees on the status of risks and controls
- Undertake an annual review of effectiveness of the system of internal control and provide a report to the Audit *and Risk* Committee and Board
- Ensure operational risks in their areas of responsibility are identified, monitored and controlled, taking appropriate action to mitigate risks and escalating issues as appropriate.
- Carry out a quarterly review of the strategic risks and report at least biannually to the Audit *and Risk* Committee

6.0 Risk Management as part of the system of internal control

The system of internal control incorporates risk management. This system encompasses a number of elements that together facilitate an effective and efficient operation, enabling the Care Inspectorate to respond to a variety of operational and financial risks. These elements include:

a) Policies and Procedures

Attached to significant risks are a series of policies that underpin the internal control procedures. The policies are set by the Board and implemented and communicated by senior management to staff. Written procedures support the policies where appropriate. Training for staff and Board members is sourced and delivered as required.

b) Regular Reporting

Regular reporting is designed to monitor key risks and their controls. Decisions to rectify problems are made at regular meetings of the *Strategic Leadership Team* ~~Executive Group~~ (and also the Audit *and Risk* Committee and Board if appropriate).

c) Corporate Planning and Budgeting

The planning and budgeting process is used to set objectives, agree action plans and allocate resources. Progress towards meeting objectives is monitored regularly.

d) Strategic Risk Review (significant risks only)

A formal annual strategic risk review helps to facilitate the identification, assessment and ongoing monitoring of risks that are of strategic significance to the Care Inspectorate. The risk register is formally appraised annually but emerging risks are assessed and added as required. Risk indicators are monitored regularly to detect changes to risk profile. Improvement actions or risk mitigation actions are taken as appropriate. A similar approach is carried out for operational risks at a Directorate *and OLT* level.

e) Audit *and Risk* Committee

The Audit *and Risk* Committee's remit includes responsibility to evaluate the organisation's risk management and to consider and make recommendations to the Board on the risk register and the measures identified to manage risk. The Audit *and Risk* Committee is required to report to the Board on internal controls and alert the Board members to any emerging issues. In addition, the Committee oversees internal audit, external audit and management as required in its review of internal controls. The Committee is therefore well placed to provide advice to the Board on the effectiveness of the internal control system, including the Care Inspectorate's system for managing risk. The Committee

had required that it receives an updated summary risk register on a biannual basis.

f) Internal Audit Programme

Internal audit is an important element of the internal control process. Apart from its normal programme of work, which is regularly aligned to the strategic risks, internal audit is responsible for aspects of the annual review of the effectiveness of the internal control system within the Care Inspectorate.

g) External Audit

External audit provides feedback to the Audit *and Risk* Committee on the operation of the internal financial controls reviewed as part of the external audit as well as reviewing corporate governance and best value arrangements.

h) Third Party Reports

From time to time, the use of external consultants will be necessary in areas such as health and safety and human resources. The use of independent third parties for consulting and reporting can augment the reliability of the internal control system.

7.0 Risk Appetite

Why do we need to determine our risk appetite?

If managers are running the organisation with insufficient guidance on the levels of risk that are legitimate for them to take or are not seizing opportunities due to a perception that taking on additional risk is discouraged then organisational performance will not be maximised and business opportunities will not be taken. At the other end of the scale, an organisation constantly erring on the side of caution, or one that has a risk averse culture, is one that will stifle creativity, not necessarily encourage innovation or exploit opportunities.

Organisations that have not made a formal statement on risk appetite therefore have a control problem. Without such a statement, managers have insufficient guidance on the levels of risk they are permitted to take.

The Board has reviewed and approved a Risk Appetite Statement and this will be kept under annual review as a minimum. The *Strategic Leadership Team* **Executive Group** is responsible for developing Risk Tolerance Statements for individual risks in support of the overall Risk Appetite Statement.

8.0 Types of Risk and Response

8.1 Types of Risk

There are four broad classifications of risk as follows:

- a) Internal Risk – these are risks over which the organisation has some control, ie risks that can be managed through internal controls and mitigating actions. Examples include fraud, health and safety, capacity and capability and data security.
- b) External Risk – this category focussed on big external events and then considers how to make the organisation more resilient. Risks in this category have a very low likelihood but overall, the chance of one out of the many occurring is not low. Examples include cyber attacks, extreme weather, building fire or flood. A tried and tested approach to such risks is through developing a resilience framework or business continuity plan.
- c) Strategic Risk – this category focusses on the organisation’s raison d’etre and key objectives (as set out in the corporate plan) identifying the principal risks to the achievement of those objectives within a set timeframe. Examples include immediate impact risks such as a sudden loss of case service data as well as slower burning risks that grow and eventually prevent delivery of objectives such as staff turnover or loss of leadership capability.
- d) Major Projects – this category focusses on the major projects that need to be considered at Board level in their own right. There is no standard reporting format for this category. Risks could involve shifting requirements, failure to deliver or slippage in delivery timeframes of a major digital project.

8.2 Types of Response

There are four types of responses to risks:

- a) tolerate – for unavoidable risks, or those so mild or remote as to make avoidance action disproportionate or unattractive
- b) treat – for risks that can be reduced or eliminated by prevention or other control action
- c) transfer – where another party can take on some or all of the risk more economically or more effectively e.g. sharing risk with a contractor
- d) terminate – for intolerable risks, but only where it is possible for the organisation to exit

9.0 Risk Management Processes

9.1 Identification of New Risks

New Risks can be identified by the *Strategic Leadership Team*~~Executive Group~~, the Audit *and Risk* Committee or the Board and will be documented using the established pro-forma that captures risk data including : risk owner, ~~link to Corporate Plan~~, *situation risk* description, *cause* and consequences, scoring of raw risk, risk

velocity, control measures, scoring of residual risk, ~~risk indicators and~~ further action required, *risk appetite, risk target and risk tolerance* .

For a new risk, it is the Raw Risk score that determines how significant a risk is and whether it requires to be included on the Board Strategic Risk Register.

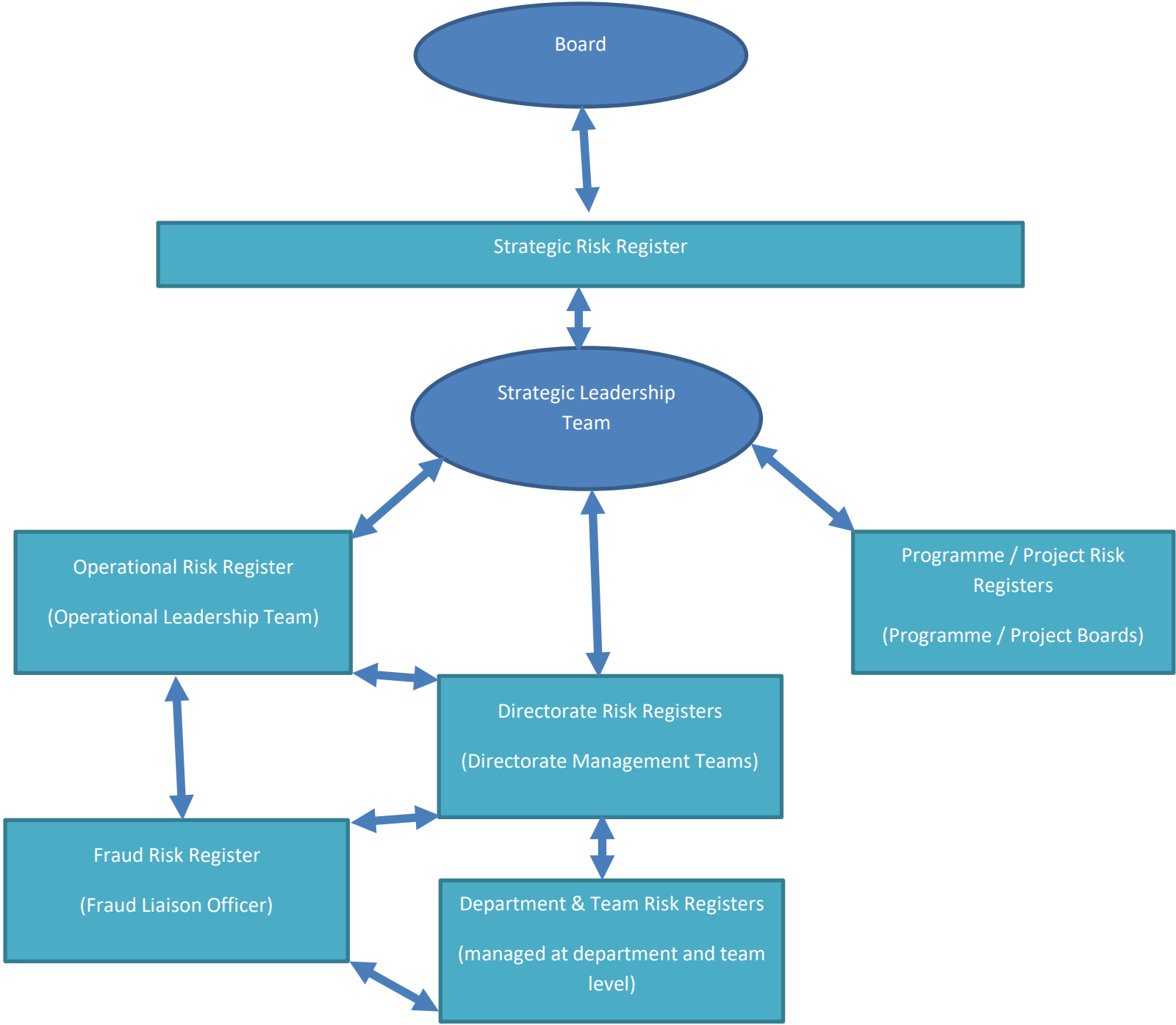
9.2 Review of Risks and Planning and Implementing Actions

The Board, through the Audit *and Risk* Committee, is responsible for reviewing the effectiveness of internal control of the Care Inspectorate, based on information provided by senior management. Risk is a standing item on ~~the~~ *Audit and Risk* Committee agendas as well as being a standing item on the Board agenda.

The Audit *and Risk* Committee hosts a Board Development event annually to review the Strategic Risk Register. This includes examination of the Care Inspectorate's track record on risk management and internal control. In addition, the Board considers the internal and external risk profile for the coming year and considers if current internal control arrangements are likely to be effective.

During the year, the *Strategic Leadership Team* ~~Executive Group~~ will consider and update in-year changes to the residual risk scores and update the Audit *and Risk* Committee accordingly. The Audit *and Risk* Committee has requested a biannual update on the Risk Register. ~~and will develop a new reporting format for 2019-20 onwards to highlight in-year changes in residual risk.~~

The diagram below shows the Care Inspectorate's Risk Management Framework:



Care Inspectorate Risk Policy

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Approved by Board: 17 June 2021

POLICY REVIEW DATE: May/June 2021

1.0 Introduction

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2.0 Corporate Statement on Risk

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The Board takes a positive and pro-active approach to managing risk and regards effective risk management as an essential tool in ensuring the successful delivery of the Corporate Plan outcomes.

The Care Inspectorate has adopted the "3 Lines of Defence" model for summarising its governance of risk. The First Line of Defence is the effective day to day management of risk ensuring application of controls and prompt escalation of any issues. The Second Line of Defence is the risk framework, including, financial controls, quality and compliance. The Third Line of defence is Internal and External Audit assurance.

The following principles outline the Care Inspectorate's approach to risk management and internal control:

- The Board has responsibility for overseeing risk management and delegates certain aspects to the Audit and Risk Committee. In carrying out this responsibility, the Board is clear about its appetite for risk and adopts an open and receptive approach to solving risk problems and addressing risk implications.
- The Chief Executive and senior managers support, advise on and implement policies approved by the Board, providing conservative and prudent recognition and disclosure of financial and non-financial implications of risks.
- Managers are responsible for encouraging good risk management practice within their functional areas.

- Key risk indicators will be identified and closely monitored on a regular basis with changes in assessed risk regularly reported to the Strategic Leadership Team, Audit and Risk Committee or Board as appropriate.

3.0 Risk Identification

A formal risk identification and review exercise is carried out annually by the Board. Risks can also be identified at any time by the Board, the Audit and Risk Committee or management.

4.0 Risk Escalation Procedures

Risks will be escalated in cases where:

- the controls are not effective in managing a risk to the tolerance level
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Escalation of Strategic Risks – these will be reviewed periodically by the Strategic Leadership Team who will decide what to escalate to the Board.

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Escalation of Programme / Project Risks – Programme and Project Risks will be identified by the Programme / Project Manager who will present and review these as appropriate with the Strategic Leadership Team. The Strategic Leadership Team will keep under review the need to escalate any Programme / Project risks for review as a potential strategic risk.

5.0 Roles and Responsibilities

5.1 Role of the Board

The Board has a fundamental role to play in setting the tone and influencing the culture of risk management within the Care Inspectorate. The Board also holds the Chief Executive to account for the effective management of risk. The Board's role includes :-

- Determining the appropriate risk appetite or level of exposure for the Care Inspectorate
- Setting the standards and expectations of staff with respect to conduct and probity
- Approving major decisions affecting the Care Inspectorate's risk profile or exposure
- Monitoring the management of significant risks to reduce their likelihood
- Satisfying itself that risk management is appropriately practiced and embedded throughout the Care Inspectorate
- Through the Audit and Risk Committee, ensuring strategic risk is effectively monitored and appropriate responses are made to changes in assessed levels of risk
- Through the Audit and Risk Committee, annually reviewing the Care Inspectorate's approach to risk management and subsequently approving changes or improvements to key elements of its processes and procedures

5.2 Role of the Chief Executive

The Chief Executive, as Accountable Officer, is required to ensure there are sound and effective arrangements for internal control and risk management.

5.3 Role of Senior Management

Key roles of the Care Inspectorate's senior managers (Strategic Leadership Team) are to:

- Implement policies on risk management and internal control
- Identify, monitor and evaluate the strategic risks faced by the Care Inspectorate for consideration by the Board
- Provide adequate information in a timely manner to the Board and its Committees on the status of risks and controls
- Undertake an annual review of effectiveness of the system of internal control and provide a report to the Audit and Risk Committee and Board
- Ensure operational risks in their areas of responsibility are identified, monitored and controlled, taking appropriate action to mitigate risks and escalating issues as appropriate.
- Carry out a quarterly review of the strategic risks and report at least biannually to the Audit and Risk Committee

6.0 Risk Management as part of the system of internal control

The system of internal control incorporates risk management. This system encompasses a number of elements that together facilitate an effective and efficient operation, enabling the Care Inspectorate to respond to a variety of operational and financial risks. These elements include:

a) Policies and Procedures

Attached to significant risks are a series of policies that underpin the internal control procedures. The policies are set by the Board and implemented and communicated by senior management to staff. Written procedures support the policies where appropriate. Training for staff and Board members is sourced and delivered as required.

b) Regular Reporting

Regular reporting is designed to monitor key risks and their controls. Decisions to rectify problems are made at regular meetings of the Strategic Leadership Team (and also the Audit and Risk Committee and Board if appropriate).

c) Corporate Planning and Budgeting

The planning and budgeting process is used to set objectives, agree action plans and allocate resources. Progress towards meeting objectives is monitored regularly.

d) Strategic Risk Review (significant risks only)

A formal annual strategic risk review helps to facilitate the identification, assessment and ongoing monitoring of risks that are of strategic significance to the Care Inspectorate. The risk register is formally appraised annually but emerging risks are assessed and added as required. Risk indicators are monitored regularly to detect changes to risk profile. Improvement actions or risk mitigation actions are taken as appropriate. A similar approach is carried out for operational risks at a Directorate and OLT level.

e) Audit and Risk Committee

The Audit and Risk Committee's remit includes responsibility to evaluate the organisation's risk management and to consider and make recommendations to the Board on the risk register and the measures identified to manage risk. The Audit and Risk Committee is required to report to the Board on internal controls and alert the Board members to any emerging issues. In addition, the Committee oversees internal audit, external audit and management as required in its review of internal controls. The Committee is therefore well placed to provide advice to the Board on the effectiveness of the internal control system, including the Care Inspectorate's system for managing risk. The Committee had required that it receives an updated summary risk register on a biannual basis.

f) Internal Audit Programme

Internal audit is an important element of the internal control process. Apart from its normal programme of work, which is regularly aligned to the strategic risks, internal audit is responsible for aspects of the annual review of the effectiveness of the internal control system within the Care Inspectorate.

g) External Audit

External audit provides feedback to the Audit and Risk Committee on the operation of the internal financial controls reviewed as part of the external audit as well as reviewing corporate governance and best value arrangements.

h) Third Party Reports

From time to time, the use of external consultants will be necessary in areas such as health and safety and human resources. The use of independent third parties for consulting and reporting can augment the reliability of the internal control system.

7.0 Risk Appetite

Why do we need to determine our risk appetite?

If managers are running the organisation with insufficient guidance on the levels of risk that are legitimate for them to take or are not seizing opportunities due to a perception that taking on additional risk is discouraged then organisational performance will not be maximised and business opportunities will not be taken. At the other end of the scale, an organisation constantly erring on the side of caution, or one that has a risk averse culture, is one that will stifle creativity, not necessarily encourage innovation or exploit opportunities.

Organisations that have not made a formal statement on risk appetite therefore have a control problem. Without such a statement, managers have insufficient guidance on the levels of risk they are permitted to take.

The Board has reviewed and approved a Risk Appetite Statement and this will be kept under annual review as a minimum. The Strategic Leadership Team is responsible for developing Risk Tolerance Statements for individual risks in support of the overall Risk Appetite Statement.

8.0 Types of Risk and Response**8.1 Types of Risk**

There are four broad classifications of risk as follows:

- a) Internal Risk – these are risks over which the organisation has some control, ie risks that can be managed through internal controls and

mitigating actions. Examples include fraud, health and safety, capacity and capability and data security.

- b) External Risk – this category focussed on big external events and then considers how to make the organisation more resilient. Risks in this category have a very low likelihood but overall, the chance of one out of the many occurring is not low. Examples include cyber attacks, extreme weather, building fire or flood. A tried and tested approach to such risks is through developing a resilience framework or business continuity plan.
- c) Strategic Risk – this category focusses on the organisation’s raison d’etre and key objectives (as set out in the corporate plan) identifying the principal risks to the achievement of those objectives within a set timeframe. Examples include immediate impact risks such as a sudden loss of case service data as well as slower burning risks that grow and eventually prevent delivery of objectives such as staff turnover or loss of leadership capability.
- d) Major Projects – this category focusses on the major projects that need to be considered at Board level in their own right. There is no standard reporting format for this category. Risks could involve shifting requirements, failure to deliver or slippage in delivery timeframes of a major digital project.

8.2 Types of Response

There are four types of responses to risks:

- a) tolerate – for unavoidable risks, or those so mild or remote as to make avoidance action disproportionate or unattractive
- b) treat – for risks that can be reduced or eliminated by prevention or other control action
- c) transfer – where another party can take on some or all of the risk more economically or more effectively e.g. sharing risk with a contractor
- d) terminate – for intolerable risks, but only where it is possible for the organisation to exit

9.0 Risk Management Processes

9.1 Identification of New Risks

New Risks can be identified by the Strategic Leadership Team, the Audit and Risk Committee or the Board and will be documented using the established pro-forma that captures risk data including : risk owner, , situation description, cause and consequences, scoring of raw risk, risk velocity, control measures, scoring of residual risk, further action required, risk appetite, risk target and risk tolerance .

For a new risk, it is the Raw Risk score that determines how significant a risk is and whether it requires to be included on the Board Strategic Risk Register.

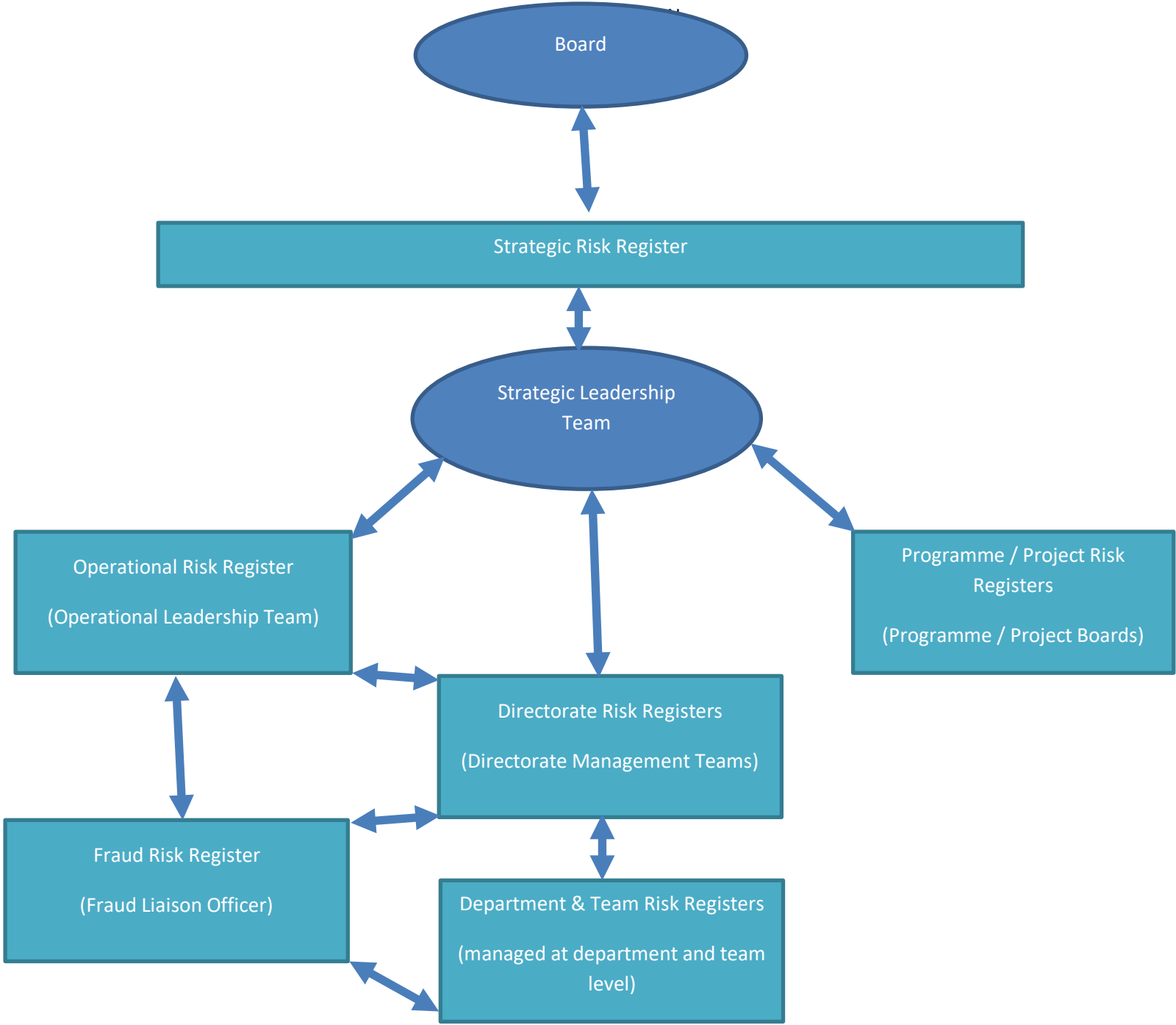
9.2 Review of Risks and Planning and Implementing Actions

The Board, through the Audit and Risk Committee, is responsible for reviewing the effectiveness of internal control of the Care Inspectorate, based on information provided by senior management. Risk is a standing item on the Audit and Risk Committee agenda as well as being a standing item on the Board agenda.

The Audit and Risk Committee hosts a Board Development event annually to review the Strategic Risk Register. This includes examination of the Care Inspectorate's track record on risk management and internal control. In addition, the Board considers the internal and external risk profile for the coming year and considers if current internal control arrangements are likely to be effective.

During the year, the Strategic Leadership Team will consider and update in-year changes to the residual risk scores and update the Audit and Risk Committee accordingly. The Audit and Risk Committee has requested a biannual update on the Risk Register.

The diagram below shows the Care Inspectorate's Risk Management Framework:



CARE INSPECTORATE RISK APPETITE STATEMENT**2021-22**

As a scrutiny body that supports improvement, we manage risk on a day-to-day basis. Through use of evidence and intelligence, we monitor and assess whether providers, community planning partners and health and social care partners are managing the different risks for people who experience care and their carers to deliver positive outcomes that meet the needs, rights and choices of individuals. We use this risk-based intelligence to inform how we best deploy our finite resources to scrutinise and support improvement across care services and the broader care sector.

As a regulator, we must ensure that we are managing the risks to our organisation in a highly effective way and set the standard that we expect of others. We need to do this in a way that balances safeguarding public protection and providing assurance on the quality of care with supporting the need for innovation in the way that services are planned, commissioned and delivered.

Risk Appetite Definitions

We classify our risk appetite using the table below:

Classification	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimalist	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.

Receptive	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Risk Categories

We consider our risk appetite across the risk categories described in the table below. When considering the risk associated with our activities, we use these risk categories to inform our risk appetite, risk target and risk tolerance.

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Strategy	Risks arising from identifying and pursuing a strategy, which is poorly defined, is based on flawed or inaccurate data or fails to support the delivery of commitments, plans or objectives due to a changing macro-environment (e.g., political, economic, social, technological, environment and legislative change)	We strive to ensure the strategies we identify and pursue are well defined and based on the best available information, but it is recognised that perfect information is not available and changes to the macro environment tend to be out with our control and can occur at a rapid rate. There is a balance to be struck between the perfect strategy and the need to deliver the intended outcome within an appropriate time scale. We will take risks in an informed, deliberate and thoughtful way with	Receptive

		quantitative and qualitative evaluation being an inherent part of our approach.	
Governance	Risks arising from unclear plans, priorities, authorities and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance	We strive to be an organisation that is recognised for excellent governance	Cautious
Operations Risks	Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.	We are willing to consider all potential delivery options and choose one that is most likely to result in successful delivery while also providing an acceptable level of reward (best value, stakeholder satisfaction etc.). Rather than avoiding innovation, we are open to innovation if there are commensurate quality assurance processes, evaluation and robust internal controls. Efficiency is a very high priority to maximise our ability to pursue our strategic goals and achieve sustainability. Furthermore, efficiency is within our control and should be a focus for all business activities. We therefore have a receptive risk appetite for exploring best value / efficiency initiatives	Receptive

Legal	Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets (for example, intellectual property).	It is recognised there are inherent risks associated with legal compliance. We aim to reduce our risk of failing to meet our legal obligations to a managed position of being 'as low as reasonably practicable'. The tolerance for risk taking is generally cautious and is limited to those events where there is little chance of any significant repercussion for the Care Inspectorate should there be a compliance failure.	Cautious
Property	Risks arising from property deficiencies or poorly designed or ineffective/ inefficient safety management resulting in non-compliance and/or harm and suffering to employees, contractors, service users or the public.	We strive to have well maintained properties that are fit for purpose. The safety of our staff, contractors, service users or other visitors to our properties is of high importance.	Cautious
Financial	Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.	We operate within a tightly controlled and audited financial regime. We generally maintain a cautious risk appetite and our preference is for a relatively conservative approach. We are also willing to consider the benefits of any proposed course of action and in doing so, are prepared to accept the possibility of some limited financial loss.	Cautious
Commercial	Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.	We have established procurement strategy, policy and procedures. We also participate in a procurement and a counter fraud, bribery and corruption shared service. Within this context we are willing to take an element of risk to ensure Best Value from our commercial arrangements.	Cautious

People	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, industrial action and/or non-compliance with relevant employment legislation/HR policies resulting in negative impact on performance.	We recognise that our staff are critical to the achievement of our strategic priorities. The support of our staff is key to making the Care inspectorate an inspiring and safe place to work.	Cautious
Technology	Risks arising from technology not delivering the expected services due to inadequate or deficient system/process development and performance or inadequate resilience.	We are currently engaged in a programme of digital transformation designed to improve the technology our staff rely on. However, we do still have legacy systems in operation. We are willing to consider options for improving our technology and progress the option most likely to deliver success and the most valuable benefits. In doing so we are willing to accept a higher level of risk	Receptive
Information	Risks arising from a failure to produce robust, suitable and appropriate data/information and to exploit data/information to its full potential.	We are striving to become more intelligence led and ensure we fully exploit the data / information available to us. In pursuit of this aim we are willing to accept a higher level of risk	Receptive
Security	Risks arising from a failure to prevent unauthorised and/or inappropriate access to the estate and information, including cyber security and non-compliance with General Data Protection Regulation requirements.	The tolerance for risk taking is generally minimalist and is limited to those initiatives or events where there is little chance of any significant repercussion for the Care Inspectorate should there be a security failure.	Minimalist

Project / Programme	Risks that change programmes and projects are not aligned with strategic priorities and do not successfully and safely deliver requirements and intended benefits to time, cost and quality	We are concerned that our projects and programmes are and remain aligned to our strategic priorities throughout the project / programme lifecycle. We do recognise that projects and programmes may be complex and realising benefits to time cost and quality is not a given, but we do expect robust governance that manages this risk.	Cautious
Reputational	Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.	We understand that reputational risk is of critical importance to the work we do. We therefore aim to be open, transparent and proportionate in our scrutiny and improvement work as issues arise. This is of significance across all our regulatory activities and the use of evidence and professional judgement and evaluation must be underpinned by sound and consistent approaches to risk assessment and quality assurance. The Care Inspectorate's risk appetite allows for decisions to be taken that have the potential to expose the Care Inspectorate to additional scrutiny from e.g., Government or media but only where appropriate steps have been taken to minimise any adverse exposure	Cautious

Strategic Risk Register

Date	17 June 2021																
Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner			
1	<p>Delivery of Strategy</p> <p>What is the Potential Situation? We are unable to fulfil our core purpose due to external factors</p> <p>What could cause this to arise? Change to macro environment adversely impacts together with an inability to influence or react / adapt appropriately; ineffective leadership and/or decision making in adapting to the change; insufficient capability or capacity to manage the changes required.</p> <p>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.</p>	4	4	16	H	2	4	8	M	Med	<p>In Place:</p> <ul style="list-style-type: none"> i. Corporate Plan in place with supporting operational plans and performance measures and under continuous review ii. Regular Sponsor liaison meetings iii. Meetings with Cabinet Secretary and other Ministers iv. Strategic Scrutiny Group v. Chief executive attends SG remobilisation recovery group chaired by Cabinet Secretary vi. Horizon scanning through our policy team vii. Scrutiny and Assurance Plan agreed by Minister viii. Attendance at national forums 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Planning for a review of the current Corporate Plan 2019-22 towards the 2022-25 Corporate Plan including further development of performance monitoring has begun and the revised Corporate Plan will be considered by the Board ii. Strengthening use of risk and intelligence to inform our work. A full business case is being prepared for stage 2 of business and digital transformation and this is critical to the development of our intelligence capability iii. Build on our pandemic experience which has strengthened our approach to being risk based and intelligence led and has assisted in implementing our new business model 	Appetite: cautious Target: medium Tolerance: high	CE			
2	<p>Financial Sustainability</p> <p>What is the Potential Situation? Funding level fails to increase in line with inflation, external cost pressures and additional demands</p> <p>What could cause this to arise? Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational & workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry.</p> <p>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.</p>	4	4	16	H	3	3	9	H	Med	<p>In Place:</p> <ul style="list-style-type: none"> i. Medium term budget and financial strategy are regularly reviewed ii. Monthly budget monitoring iii. Positive working relationships maintained with SG iv. Regular liaison meetings with SG Health Finance v. Ongoing review and development of savings and income generation options 	<p>Further Actions</p> <ul style="list-style-type: none"> i. Full business case for Stage 2 of Digital Transformation being developed ii. Short life working group to be reconvened 	Appetite: cautious Target: medium Tolerance: high	EDCCS			

3	<p>Workforce Capacity What is the Potential Situation? We are unable to deliver our Corporate Plan objectives due to a lack of workforce capacity.</p> <p>What could cause this to arise? We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; we do not adequately address the aging demographic of a significant element of our workforce.</p> <p>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</p>	4	4	16	H	2	3	6	M	Med	<p>In Place:</p> <ul style="list-style-type: none"> i. Strategic workforce plan ii. Workload and capacity monitoring iii. Staff learning and development plan iv. LEAD process v. Recognised job evaluation system vi. Regular salary benchmarking 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Implement Strategic Workforce Plan actions ii. Develop succession planning iii. Strengthen use of risk and intelligence iv. Recruitment strategy review v. Pay and grading scoping review 	<p>Appetite: cautious Target: medium Tolerance: medium</p>	EDS&I & EDCCS	
4	<p>Partnership Working What is the Potential Situation? The Care Inspectorate collaborative working with our key scrutiny and delivery partners is compromised and we are not able to:</p> <ul style="list-style-type: none"> • 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 <p>What could cause this to arise? Scrutiny and delivery partner strategies are not aligned well enough to our own; our ability to fully resource our own or our partners' strategic priorities; unexpected changes in environment (PESTEL); unclear, misaligned or incomplete individual and joint plans; collaborative work does not have or adhere to legal underpinning; inadequate or deficient Information Technology; inaccurate or inappropriate information sharing.</p> <p>What would the consequences be? Reputational damage; loss of confidence and credibility, unable to fulfil statutory obligations; damage to relationship with scrutiny and delivery partners.</p>	4	4	16	H	2	4	8	M	Med	<p>In Place:</p> <ul style="list-style-type: none"> i. Wide consultation and regular meetings at Senior level inter- organisation meetings ii. Effective external comms strategy in place iii. Membership of National Strategic Scrutiny Group iv. MoUs or agreed protocols in place with all relevant partners v. Chief Executive and Directors monitor and carefully manage relationships with scrutiny and delivery partners 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Positive positioning of the Care Inspectorate in relation to transformation arising from the Feeley review recommendations, including structure and governance arrangements ii. Consolidating new partnership arrangements developed during the pandemic and exploring any opportunities for new partnerships 	<p>Appetite: cautious Target: medium Tolerance: high</p>	EDS&A	
5	<p>Cyber Security What is the Potential Situation? Our systems or data are compromised due to cyber security attack.</p> <p>What could cause this to arise? Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p>What would the consequences be? Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	4	4	16	H	High	<p>In Place:</p> <ul style="list-style-type: none"> i. ICT security protocols and monitoring of compliance with the protocols ii. Trained ICT staff iii. Physical security measures iv. Business Continuity plans in place v. Cyber Essentials+ certification in place vi. Routine penetration testing 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Implementation of cyber security action plan ii. Increase organisational cyber security awareness and testing iii. Enhance ICT staff cyber security awareness and technical training iv. Re-run cyber security assessment 	<p>Appetite: Cautious Target: Low Tolerance: Medium</p>	iEDIT&D	

											Cyber Security Maturity baselined and improvement plan in progress	<ul style="list-style-type: none"> v. Introduce security vulnerability testing vi. Build and test of IT DR plans vii. Implement additional security controls and reporting capabilities 		
6	<p>Digital Transformation</p> <p>What is the Potential Situation? We do not get agreement and funding to proceed to digital transformation programme Stage 2.</p> <p>What could cause this to arise? SG do not prioritise our business case against other competing funding pressures. There is a significant delay in the business case and/or funding being agreed. Changed SG priorities due to Adult Social Care Review / National Care Service.</p> <p>What would the consequences be? We are unable to fully modernise and move to a digitally enabled comprehensive intelligence led approach. Our core business is reliant on end-of-life legacy systems with best endeavours support model. Staff dissatisfaction and negative impact on morale. Reputational damage and adverse public opinion. May result in long term increased unplanned costs. May compromise our ability to collaborate effectively with other organisations</p>	4	5	20	VH	3	5	15	H	Med	<p>In Place:</p> <ul style="list-style-type: none"> i. Draft comprehensive business case prepared and is currently in review cycle ii. Agreement to undertake business justification gate (SG Digital Directorate) iii. Awareness raising with Minster and Sponsor iv. Digital member /officer oversight group established v. 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Business case presented for approval to August 2021 Board meeting ii. Develop contingency plans for reduced or no additional funding. iii. Full programme governance arrangements iv. 	<p>Appetite: Cautious</p> <p>Target: Low</p> <p>Tolerance: Medium</p>	iEDIT&D
7	<p>Shared Service Governance</p> <p>What is the Potential Situation? The new shared service governance arrangements are ineffective</p> <p>What could cause this to arise? There is a lack of clarity over the services to be delivered, the standard of service delivery required and the consequences of service failure. Resources are not aligned to service delivery or standards. There is insufficient or ineffective reporting on performance, cost and risk. There is a lack of clarity on accountability and responsibility for decision making.</p> <p>What would the consequences be? Failure to secure best value through ineffective deployment of resources and ineffective procurement, non-compliant statutory reporting, employee relations and health & safety issues, customer dissatisfaction, strained SSSC/CI working relationship, failures in physical, cyber and information security, failure to deliver legal obligations and reputational damage</p>	4	4	16	H	2	3	6	M	Med	<p>In Place:</p> <ul style="list-style-type: none"> i. joint shared services strategy ii. Management agreement iii. Specifications of Service. iv. Risk register and risk management process. v. Performance measures and service standards vi. Regular meetings of Review Board vii. Regular meetings of shared service oversight group 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Finalise reporting to Review Board ii. Develop assurance maps for Service Review Board iii. Annual report to governing bodies iv. Internal audit assignment 	<p>Appetite: Cautious</p> <p>Target: Medium</p> <p>Tolerance: Medium</p>	EDCCS

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**

Risk Register Monitoring

Date	12 May 2021 for 20 May Audit & Risk Committee																
Risk	Changes to previous version are in red text.	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		
9	<p>Staff Capacity</p> <p>What is the Potential Situation? We are not operating with sufficient staff to deliver our planned inspection and complaints activity.</p> <p>What could cause this to arise? Difficulties in recruiting staff, staff deployment to other activities, staff absence.</p> <p>What would the consequences be? An impact on our ability to achieve our Inspection and Complaints targets</p>	4	4	16	H	34	4	16	H	Low	↑	<p>Performance report in place and reported quarterly to Board.</p> <p>Managers are reviewing capacity on a month to month basis</p> <p>Inspections are being prioritised according to the level of risk and intelligence we hold and in line with our Revised Scrutiny, Assurance & Improvement Plan 2020-21 approved by Ministers on 5.11.20</p> <p>Staff overtime arrangements in place</p>	<p>Back-to back recruitment processes continue although numbers recently recruited have been less than we had hoped for. Together with higher-than-normal staff absences, this remains a high risk.</p> <p>HR are leading a dedicated project team involving external consultants and a cross-directorate group of staff to focus on recruitment.</p>	<p>Appetite: averse Tolerance: Low</p> <p>Rating: Red</p>	EDS&A		



Title:	MONITORING OUR PERFORMANCE 2020/21 – QUARTER 4 REPORT					
Authors:	<i>Ingrid Gilray, Intelligence and Analysis Manager</i> <i>Al Scougal, Senior Intelligence Analyst</i> <i>Kaisha Wallace, Intelligence Researcher</i>					
Appendices:	1.	Technical notes				
Consultation:	N/A					
Resource Implications:	None					
EXECUTIVE SUMMARY						
<p>This report presents the 2020/21 Q4 summary report on our performance. Our work has continued to be impacted by the ongoing Covid-19 pandemic and the critical importance of adhering to specific measures to reduce the risk of spreading Covid-19. To limit the spread of Covid-19, and with agreement from Scottish Government and our Board, since the outset of the pandemic we suspended our regular inspection activity. Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading Covid-19 in Scotland's care homes. The prevalence of Covid-19 reduced over the summer period however there was a resurgence during Q3 that continued through much of Q4 along with a nation-wide lockdown for most of the final quarter. This report demonstrates how we have continued to provide critical and significant scrutiny, assurance and improvement support to the social care sector during this extremely challenging and unprecedented time.</p> <p>As we adapted the way that we worked during the pandemic, to keep people safe, we also revised some of our performance measures with the agreement of the Board. This mainly affected measures dependent on frequent on-site visits to care services or on the use of paper questionnaires, both of which present a risk of spreading Covid-19 in the care sector. Those measures that have been revised are highlighted in the detail of this report.</p>						
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:	
N/A – 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.

MONITORING OUR PERFORMANCE 2020/21 – QUARTER 4 REPORT**1.0 INTRODUCTION****Impact of Covid-19 on this report and on our work**

As part of our response to the pandemic, at the start of 2020/21 we quickly adapted our operating model, and this is reflected in the way that we are now reporting on our performance. Advice from Public Health partners was that onsite inspections posed a significant risk of spreading Covid-19. Following agreement with Scottish Government and our Board, we took the decision to refocus much of our work to mitigate that risk. In order to carry out our duties while restricting our physical presence in services and our offices to limit the spread of the virus, we quickly adapted our way of working and as part of that intensified our oversight of services in a number of ways, this included the following:

- We continued to make regular contact with services and our inspectors made over 74,000 remote contacts, and 2,800 virtual meetings during the inspection year to carry out checks.
- We worked with Directors of Public Health and partner agencies in each health and social care partnership area to ensure that services were supported, and that we were aware of any emerging concerns.
- We continue to base all our scrutiny activity on risk and intelligence. Over the first part of the year, we developed an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of public health of care homes, and local intelligence from daily huddles and multi-agency meetings. We have continued to revise and improve this to ensure we are using the most current data available to us.
- Where our intelligence indicated sufficient concern about a service, we continued to undertake on-site inspections, some of which were accompanied by colleagues from Healthcare Improvement Scotland and at times Public Health. We continued to meet our new reporting obligations under the Coronavirus (Scotland) (No2) Act 2020 by publishing fortnightly reports, outlining our findings of these inspections including the quality of care. Once we decide to inspect, the process of inspection through to sharing findings in the fortnightly report is rapid, with each report containing details of all inspections undertaken in the previous two weeks.
- We are members of all oversight groups in health and social care partnerships who oversee and support care homes. These meetings are daily with a longer meeting each week. We attend all of these across Scotland.
- Throughout, we have released regular communications to providers via our daily Provider Update newsletters, making sure services are aware of the latest guidance and support from the Care Inspectorate, Scottish Government and other national agencies, to help them manage in the pandemic.
- We have membership on all relevant national groups to ensure we retain strategic oversight of the social care sector and remain connected with partners at the national level.
- We continually review the information that services routinely report to us about any outbreaks of infectious diseases and deaths to ensure that we monitor the impact of the pandemic, and share that information with Scottish Government, Public Health teams and other partners to help coordinate continued support for frontline services.

The above is not an exhaustive list but gives an overview of our rapid, targeted and ongoing response to the pandemic.

Structure of this report

As in previous reports, 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 Executive 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.

Detailed notes on the different types of performance measures we use and on how to interpret the charts used in this report are in Appendix 1.

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 MARCH 2021

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

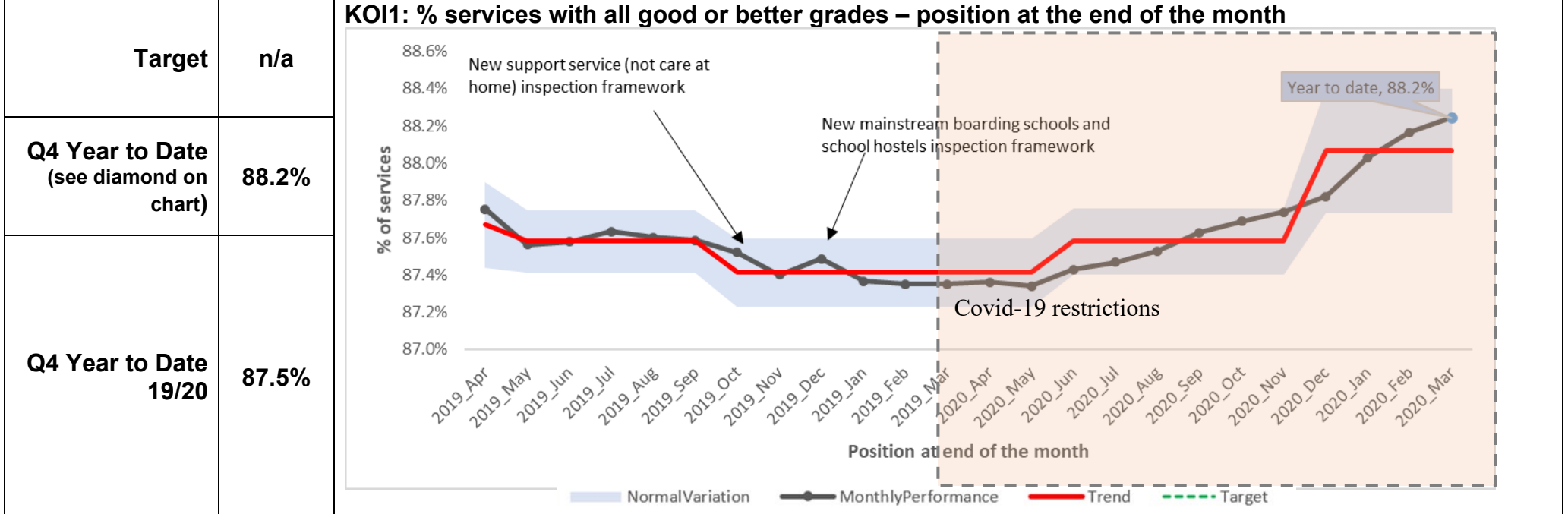
Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
		<p data-bbox="1480 480 2119 708"> KPI8: Days per quarter that inspection volunteers and care experienced people are involved in our work 62 days (average per quarter) [Benchmark 65 days] </p>

<p>KPI1: % of people telling us that our scrutiny will improve care</p>	<p>KPI5: % of registration applications completed within timescales</p> <p>78.3% [Target 80%]</p>	<p>Colour code</p> <p>Target achieved</p> <p>Slightly below target</p> <p>Significantly below target</p> <p>Target to be set</p> <p>Affected by pandemic response</p>
<p>KPI2: % of statutory inspections completed</p>	<p>KPI6: Level of investment in learning and development for our workforce</p> <p>3.8 hours on average per employee [Benchmark 4.6 hours]</p>	
<p>KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only)</p>	<p>KPI7: % of inspection hours spent in high and medium risk services</p> <p>89.8% [Target 25%]</p>	
<p>KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)</p> <p>90.4% [Target 80%]</p>		
<p>KPI4: % staff absence</p> <p>3.6% [Target 3.8%: Range 2.4% to 5.7%]</p>		

Strategic outcome 1: People experience high-quality care

KOI1: % services with all good or better grades Executive Director of Scrutiny and Assurance



Notes: The % of services with good or better grades remains high with just over 88% of registered services having all grades of good or better at the end of Q4. Please note, the scale of the above chart has been adjusted to highlight the small but statistically significant changes in the percentage of services with good or better grades. Within that context, the above chart highlights this is slightly higher than Q4 last year. The proportion had been very slightly decreasing last year, however since Q1 the proportion of services with all grades of good or better has been starting to increase slightly. These changes are very minor and only noticeable due to the precision of the scale used above. Performance would appear flat if the chart had an axis from 0 to 100% instead.

Reasons for Difference: The Covid-19 pandemic has and will continue to affect this measure. In order to reduce the risk of spreading the coronavirus infection, we adapted the way that we worked, prioritising inspections where we had assessed an on-site inspection was essential to do because of the level of risk we had identified. As the number of inspections we have completed this year to date is

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lower than normal then the overall % of services with good grades is likely to change more slowly than it would otherwise. Additionally, services which had previously been graded lower will have improved following re-gradings after any requirements have been met. Finally, a higher proportion of services with poorer grades cancelled and there are proportionately more newly registered services that have not yet been graded. Both factors have contributed to the slight rise in % of services with good or better grades.

Actions: To limit the spread of the virus and taking account of the advice from Government and Public Health colleagues, we will continue to focus our inspection activities on high-risk services through a rigorous risk assessment process and using our intelligence. In the short term, while we inspect fewer services, we expect this KOI will remain relatively stable all other things remaining equal.

KPI1: % of people telling us that our scrutiny will improve care

Executive Director of Scrutiny and Assurance

We are not currently reporting on this measure due to less frequent on-site inspections taking place during this time because of the increased risk of spreading Covid-19 and, because paper questionnaires would also present an infection risk, no paper questionnaires have been used since the onset of the pandemic. This measure uses data captured from paper questionnaires at and following our inspections. This is a temporary position and will be kept under review.

Actions: We are actively considering how we capture this type of feedback in future. As part of our digital transformation programme and phase 2 of the registration App, we are working on a questionnaire to get feedback from applicants that we can integrate into this measure. This questionnaire is currently in draft stage and will be added to the new release schedule for the registration App once signed off.

KPI2: % of statutory inspections completed**Executive Director of Scrutiny and Assurance**

We are not currently reporting on this measure. However, the following sets out the range and scale of our scrutiny, assurance and improvement support work, the ongoing oversight, and the different and innovative ways of working we have adopted over this unprecedented period.

To limit the spread of Covid-19, and with agreement from Scottish Government and our Board, since the outset of the pandemic we restricted our presence in our offices and in services. Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading Covid-19 in Scotland's care homes. As a consequence, we intensified our oversight using a range of remote and virtual approaches as outlined below.

We continue to base all our scrutiny activity on risk and intelligence. We have an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of Public Health of care homes, and local intelligence from daily huddles and multi-agency meetings.

From May, we carried out on-site inspections of services focussing on those that were of particular concern based on the intelligence available to us and following careful risk assessment. From the 1 April 2020 to the end of Q4 this year we completed 835 inspections with 310 (37%) of these completed in Q4 alone. Over the year to date, 69% of completed inspections have been in care homes for older people.

As of 31 March 2021, we completed 835 inspections and we took robust action including enforcement where we deemed it necessary to do so based on the evidence available. These consisted of:

- 835 completed inspection visits in 566 services (this included inspections of services that have since cancelled)
 - 604 in care homes for older people and adults
 - 110 in daycare of children services
 - 121 across other service types
- 94 Serious Concerns letters have been issued to date
- 29 Improvement notice enforcements

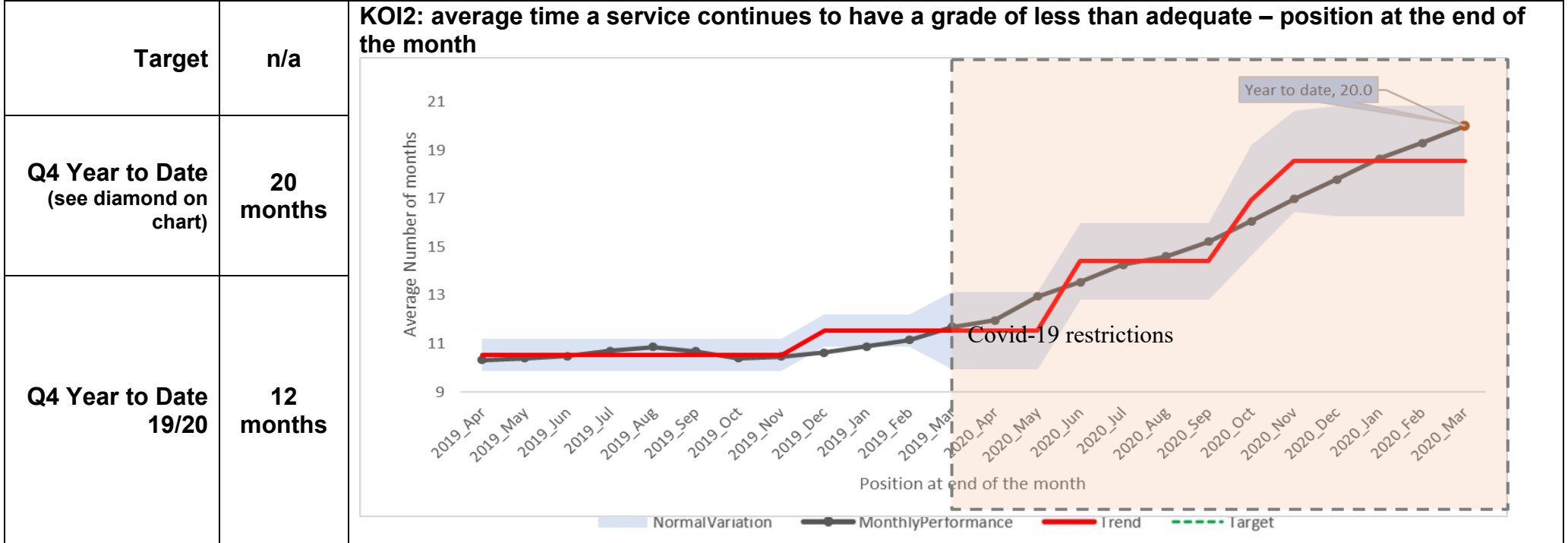
- 4 proposal to cancel and 4 decision to cancel enforcements – for 2 services
- 2 emergency cancellation notices
- 220 complaint investigations (See KPI3 for more detail)
- For self-evaluations in early learning and childcare services:
 - 949 self evaluations had been requested
 - 821 had been received completed
- We continued to make regular contact with services by phone and video conferencing to: carry out checks and ensure we were aware of and could support any emerging concerns; ensure that services had access to information, guidance and any additional support including signposting to resources such as Health Protection Scotland Guidance, Personal Protective Equipment (PPE) and staffing portals. For most of the services that would be included in our statutory inspections, this contact was at least weekly, and in some cases more frequently. We made over 74,000 remote contacts, and 2,800 virtual meetings during the inspection year to carry out checks.
- We continued to produce fortnightly reports for parliament with six reports published in Q4.
- We continued the use of Near-me video consultation in care homes, which enabled us to view aspects of the service online in real time. It enabled us to virtually visit services and to meet with staff.
- For inspections of children and young people services we reviewed the risk assessments which guide inspection planning. We are continuing with the inspections planned but a greater proportion are now being undertaken using remote means.
- We reviewed, revised and made full use of the information that services routinely provide to us, as well as capturing intelligence from partners, to ensure that we could identify and target services that were in particular need of support.
- We worked with partner agencies locally and nationally, sharing expertise and information focussed on supporting the care sector during this pandemic.
- The improvement support team (IST) have completed the webinar series of support to the sector around Covid-19 response and winter preparedness. Working in collaboration with scrutiny and assurance colleagues, the Covid-19 flexible response team and stakeholders from health and social care, the series was delivered through 13 webinars to 1,288 attendees.
- The adult support and protection (ASP) strategic scrutiny team successfully completed the inspection of ASP in Inverclyde based completely on remote scrutiny activity. This is a breakthrough in the delivery of the ASP programme and will also underpin other strategic inspection programmes. This has enabled us to proceed with other inspections in the ASP programme while we are still working remotely. In March 2021 we formally notified partnerships of the resumption of the ASP programme.

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- We published our report on our inspection of justice services in Aberdeen on 23 February 2021. A key message from the report is that the support provided by justice staff in Aberdeen is having a transformative impact on individuals subject to community payback orders. We routinely ask for feedback from partnerships following our strategic inspections to inform our own learning and improvement agenda. The feedback from the partnership about the inspection process, inspection activity and inspection team was very positive.

Actions: As previously noted, our response to the pandemic has meant we have adapted the way that we carry out our work. Under this measure we will continue to report on the range and scale of the scrutiny, assurance and improvement support work we have undertaken and the ongoing and significant oversight and innovative ways of working during the pandemic.

KO12: average time a service continues to have a grade of less than adequate **Executive Director of Scrutiny and Assurance**



Notes: The average time a service continues to have a grade of less than adequate is steadily increasing. Since Q4 last year, there has been a statistically significant increase and by the end of Q4, services had remained with a grade of adequate or less for 20 months on average, up from 12 months at the end of 2019/20.

Reasons for Difference: The reduction in on-site inspections and the temporary closure of some services such as childminders and daycare services for children and adults, all to reduce the risk of spreading Covid-19, means that some services with a grade of less than adequate have not been inspected and have therefore not had the opportunity to be graded higher.

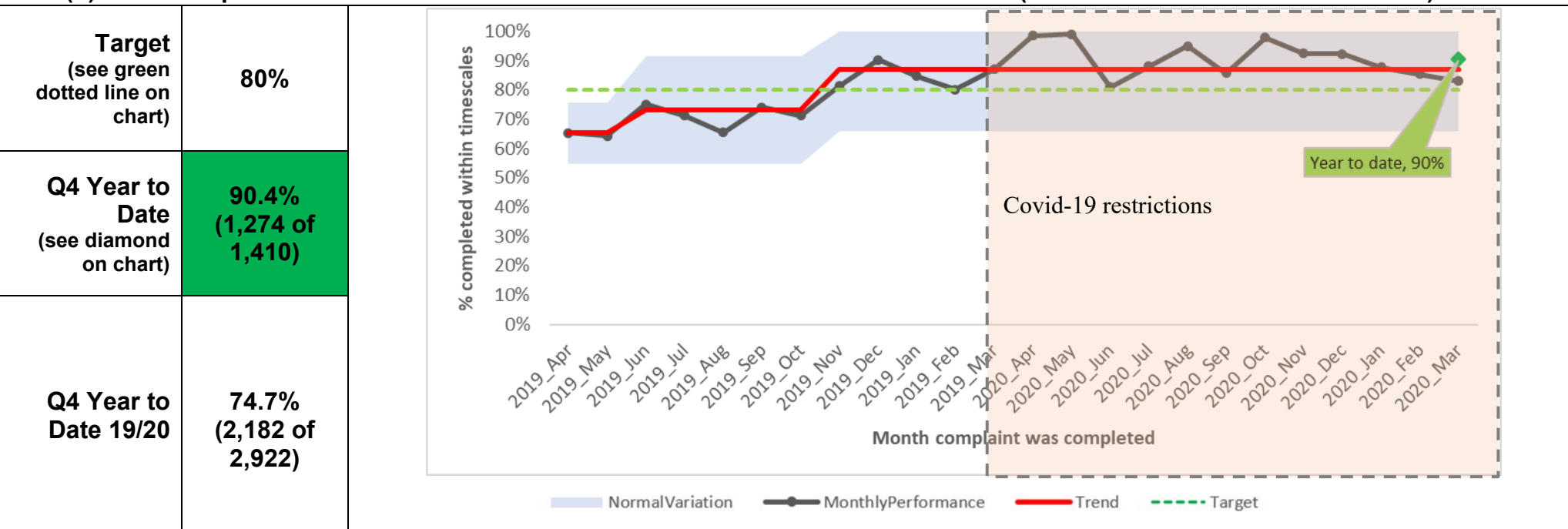
Actions: This increase will continue while the number of graded inspections remains lower. Currently our inspections are focused on services which are assessed as high risk and that our intelligence indicates are of most concern. We are not proposing to make any changes to this measure and will continue to monitor it.

KPI3: complaints resolved within the relevant timescales **Executive Director of Scrutiny and Assurance**

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

We are not currently reporting on this measure. During the pandemic we have adapted the way we work in order to restrict our physical presence in services based on a rigorous risk assessment process to prevent the spread of Covid-19. This includes how we resolve and address complaints - see below under 3a Reasons for difference. We will keep this position continually under review.

KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)



Notes: Throughout the pandemic, we continued to receive complaints about services and resolved them quickly. Over the year to 31 March 2021, 90.4% of all complaints we resolved were completed within 40 days – a 15.7 %-point increase from Q4 last year. This performance is above the target of 80% and is a statistically significant improvement from last year. This improvement started in Q3 2019/20 and has continued assisted by most complaints being dealt with directly by providers throughout the pandemic. Our response to the pandemic has affected both KPI3 measures: through our work to increase the early resolution of complaints not requiring on-site investigation and also due to the reduction in complaint investigations which have been taken forward as inspections instead. Further detail on both of these aspects is set out below.

Reasons for Difference: Under KPI3a, we would, under normal circumstances, report about complaint inspections completed. However, during the pandemic, where a complaint was serious the complaint inspector would assess if an onsite visit was essential through a risk assessment process and these were then prioritised for an inspection. This resulted in only the most serious complaints being investigated in this way and therefore the number of complaints investigated in this way was far lower than normal. As such we are not reporting on this KPI until such time as on-site complaint investigations resume fully.

Up to the end of Q4 2020/21:

- 220 complaint investigations were completed and of these 167 (76%) were upheld.

KPI3b shows that we resolved complaints quickly, and to achieve this we assigned more staff to support people raising concerns, assess complaints, support resolution by providers and ensure we made relevant authorities aware of complaints. We continued to make adult and child protection referrals and to make referrals to police. Our complaints team has worked with people and providers to resolve complaints and escalated issues for resolution, such as getting services access to PPE.

Covid-19 impacted on the operating hours of many services with service types such as childminding, daycare of children and adult daycare closing or operating at lower capacity due to Covid-19. This contributed to the overall number of complaints received decreasing by 1,213 from Q4 last year (down 21%). Complaints about childminders fell by 48% compared to the same time last year and daycare of children by 50%.

Service types that remained open throughout saw more modest decreases: complaints about care homes decreased by 3% compared to the same period last year and this decrease was mirrored across all care home types with the exception of care homes for children and young people which increased slightly. In those services that were open, visitors were not always allowed to visit due to the risk of spreading Covid-19. While the largest proportion of complaints are still made by relatives or carers, this has decreased by almost a third (32%) compared to Q4 last year. These factors will have contributed to the fall in overall complaints received. The Complaints app

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was updated on 15 March 2021 with a new category to capture complaints around visiting. Up to the end of Q4 (16 days since the category was introduced) six complaints about visiting were recorded; five in care homes for older people and one in a daycare of children service.

Complaints provide us with important intelligence about services, and we used this in a number of ways as well as to inform us about those requiring an inspection. All complaints about Covid-19 that were related to PPE or staffing were referred to the case holding inspector who contacted the service to undertake a telephone interview or a Near Me video consultation. We shared information about complaints with the local partnership meetings which included directors of public health and health and social care partnerships to inform risk assessments of services.

Actions: Until the normal level of complaint investigation activity resumes, we will focus on KPI3b as a more comprehensive reflection of the experience of those that make a complaint to the Care Inspectorate. We have increased the volume of complaints resolved directly between complainants and providers including making use of Near Me, and we are exploring how to better capture these for future reporting. Note that if the proportion of complaints resolved via methods other than investigation remains high, performance against this KPI will remain high.

During on-site complaint investigations in care homes, we also assess the service against Key Indicator 7.2 which relates to Infection Prevention and Control, ensuring we have completed this assessment in as many services as possible, in line with our winter plan for scrutiny and assurance. The complaints team has put in place a virtual complaints process ensuring that concerns raised by people who experience care are listened to and acted on while reducing footfall in services.

We are reviewing our complaint function to capture the learning from Covid-19 including an enhanced triage function to support complainants to make complaints to services and ensuring action is taken by services to resolve these concerns.

KPI4: % staff absence		Executive Director of Corporate and Customer Services																																																																												
Target (see green dotted line on chart)	3.8% Range 2.4% to 5.7%	KPI4: % staff absence by month of absence <table border="1"> <caption>Estimated data from the KPI4 chart</caption> <thead> <tr> <th>Month</th> <th>Monthly Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2019_Apr</td><td>5.0</td><td>3.8</td></tr> <tr><td>2019_May</td><td>4.8</td><td>3.8</td></tr> <tr><td>2019_Jun</td><td>6.5</td><td>3.8</td></tr> <tr><td>2019_Jul</td><td>6.0</td><td>3.8</td></tr> <tr><td>2019_Aug</td><td>5.5</td><td>3.8</td></tr> <tr><td>2019_Sep</td><td>5.2</td><td>3.8</td></tr> <tr><td>2019_Oct</td><td>5.5</td><td>3.8</td></tr> <tr><td>2019_Nov</td><td>5.8</td><td>3.8</td></tr> <tr><td>2019_Dec</td><td>4.8</td><td>3.8</td></tr> <tr><td>2019_Jan</td><td>5.5</td><td>3.8</td></tr> <tr><td>2019_Feb</td><td>4.5</td><td>3.8</td></tr> <tr><td>2019_Mar</td><td>3.5</td><td>3.8</td></tr> <tr><td>2020_Apr</td><td>2.2</td><td>3.8</td></tr> <tr><td>2020_May</td><td>2.5</td><td>3.8</td></tr> <tr><td>2020_Jun</td><td>2.5</td><td>3.8</td></tr> <tr><td>2020_Jul</td><td>2.5</td><td>3.8</td></tr> <tr><td>2020_Aug</td><td>2.5</td><td>3.8</td></tr> <tr><td>2020_Sep</td><td>5.0</td><td>3.8</td></tr> <tr><td>2020_Oct</td><td>5.2</td><td>3.8</td></tr> <tr><td>2020_Nov</td><td>6.2</td><td>3.8</td></tr> <tr><td>2020_Dec</td><td>5.5</td><td>3.8</td></tr> <tr><td>2020_Jan</td><td>4.2</td><td>3.8</td></tr> <tr><td>2020_Feb</td><td>2.8</td><td>3.8</td></tr> <tr><td>2020_Mar</td><td>2.3</td><td>3.8</td></tr> </tbody> </table>		Month	Monthly Performance (%)	Target (%)	2019_Apr	5.0	3.8	2019_May	4.8	3.8	2019_Jun	6.5	3.8	2019_Jul	6.0	3.8	2019_Aug	5.5	3.8	2019_Sep	5.2	3.8	2019_Oct	5.5	3.8	2019_Nov	5.8	3.8	2019_Dec	4.8	3.8	2019_Jan	5.5	3.8	2019_Feb	4.5	3.8	2019_Mar	3.5	3.8	2020_Apr	2.2	3.8	2020_May	2.5	3.8	2020_Jun	2.5	3.8	2020_Jul	2.5	3.8	2020_Aug	2.5	3.8	2020_Sep	5.0	3.8	2020_Oct	5.2	3.8	2020_Nov	6.2	3.8	2020_Dec	5.5	3.8	2020_Jan	4.2	3.8	2020_Feb	2.8	3.8	2020_Mar	2.3	3.8
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<p>Notes: Staff absence fell in Q4 after the rise at the end of Q2/start of Q3. Staff absence fell to 2.3% at the end of Q4 and the year to date figure was 3.6% below the target level of 3.8%.</p> <p>Reasons for Difference: The % of staff absence seen through Q4 was in line with the absence levels seen in Q1 and Q2 during the main months of the first wave of the Covid-19 pandemic. Absence is down across all types of absence (short, medium and long term); with short term absence decreasing the most down 55% from 1,135 hours in Q3 to 508 hours in Q4. The decrease in staff absence has followed the pattern of declining Covid-19 cases across Scotland throughout Q4.</p> <p>Actions: We will monitor whether this recent increase continues to rise or whether it drops as we pass through the Covid-19 pandemic. The organisation is actively promoting staff health and wellbeing and how we can support people to remain healthy and well at work and at home during the pandemic.</p>																																																																														

Total scrutiny and improvement interventions completed up to 31 March 2021

	Number completed up to 31 March 2020	Number completed up to 31 March 2021	Comparison of 2020/21 vs 2019/20 year to date
New registrations completed	721	477	▼
Inspections completed	5,694	835	▼
Complaints received	5,831	4,618	▼
Number of variations to registration completed (not including typographical changes to certificates).	3,096	2,425	▼
Total scrutiny interventions completed	15,342	8,355	▼

New registrations completed: The number of registrations completed is as at 22 March 2021. The new registration digital application was launched on 23 March, the data from which was not available at the time of publication. The number of registrations completed fell from Q4 last year (down 244 completed registrations). Contributing factors to this decrease include the impact of Covid-19, especially on-site visits, and the work on developing and testing our new digital App and associated new processes.

Inspections completed: To limit the spread of Covid-19 our routine inspection plans were affected. This has seen an 85% decrease in the number of inspections completed in Q4 20/21 compared to the same period last year. However, we did intensify scrutiny in other ways: there were 142 additional continuation visits and 34 monitoring visits made to services, 821 self-evaluations, and over 74,000 contacts with services including 346 Near Me calls. Additionally, we completed 220 complaint investigations in 2020/21 see below for more detail on complaints.

Complaints received: The number of complaints received decreased by 1,213 (21%) from Q4 last year. Several service types such as childminding, daycare of children and adult daycare had most of their services closed due to Covid-19. Childminder complaints fell by 48% compared to the same time last year and day care of children by 50%. Complaints received fell across all service types, with the exception of Nurse Agencies (which increased slightly from 26 complaints last year to 29 in 20/21). Complaints about care homes decreased by 3% compared to the same period last year and this decrease was mirrored across all care home types with the exception of care homes for children and young people which increased slightly by 14 complaints (11%) from 123 received last year to 137 in 2020/21. Additionally, in those services that were open, visitors were not allowed to visit. Complaints from relatives or carers continue to occupy the greatest proportion of complainants but has decreased by almost a third (32%) compared to Q4 last year. These factors have all contributed to the fall in complaints received.

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Variations to registration completed: As with registrations, the number of variations completed is as at 22 March 2021. The number of variations completed decreased 671 from Q4 last year largely due to increased numbers in Q1 2019/20 following a project to implement new ways of managing conditions of registration. There are some changes this year that have resulted in reduced need for variations. We have continued with adapted practice during the pandemic, reducing the requirement for a variation to make it easier for services to adapt to meet peoples' needs. For example, adult day care could provide home care support to people by introducing a service update notification when previously a variation would have been required. We have had reduced capacity to progress registrations and variations while the registration team was supporting the new App development, taking part in user testing and business preparedness for the registration App. We have prioritised the migration of cases that were in progress in our legacy system onto our new App, and once complete, will begin to progress a recent increase in variations to extend 'covid related time-limited conditions' (eg, to provide a different service type/operate from different premises).

Summary of key achievements and work progressed in Q4 2020/21

Appropriate adults

The appropriate adults work stream is a cross-directorate collaboration between improvement support and strategic scrutiny. Appropriate Adults provide a service to victims, witnesses, suspects and accused persons aged 16 and over who require support to communicate effectively or understand sufficiently what is happening during police investigations. Following an allocation of funding from the Scottish Government, the Care Inspectorate is leading on the development of an appropriate adult self-evaluation model. The appropriate adult workstream has engaged with a wide range of stakeholders and has made significant progress with this work. A 100% return rate to a survey issued to local authorities earlier this year provided excellent information to inform the way forward. The team recently issued a survey to Police Scotland and are currently developing surveys to issue to people with lived experience of Appropriate Adult services. The workstream leads have engaged with the Royal College of Speech and Language Therapists to inform their engagement with people with lived experience reflecting the team's commitment to involving people with lived experience in this work. The team is now entering the consultation phase with stakeholders to co-produce a self-evaluation framework.

Learning and improving from adverse events in care homes

The Care Inspectorate was asked by the Cabinet Secretary to consider how learning from the development and implementation of Healthcare Improvement Scotland's (HIS) adverse events framework could support learning from events in care homes for older people. A two-phase approach to understanding current processes at strategic and operational level began in January 2021. Phase one was a comprehensive mapping exercise of existing reporting and review frameworks and procedures associated with adverse events. Phase two in February/March 2021 identified regulated care services that meet specific criteria related to grading and recent experience with adverse incidents. Services participated in semi-structured interviews to understand what systems are in place and what would add value to support a learning framework. Additionally, we surveyed the Care Inspectorate provider reference group to get a broader understanding of learning systems and we interviewed inspection colleagues to get a broader perspective.

Collaboration/partnership work

We have been working with Scottish Government and Child Protection Committees (CPC) Scotland to design improvements in the mechanism for review of practice following adverse events concerning children and young people. The proposal is to replace the current system of initial case reviews and significant case reviews with learning reviews which follow a more consistent approach across the country. The Care Inspectorate will retain quality assurance responsibilities but has committed to providing annual, rather than triennial, reports so that key learning

themes can be identified, and any changes implemented more quickly. During Q4 we have completed consultation on the proposals and will continue to work with CPC Scotland and Scottish Government colleagues to take this work forward.

Improvement support team

The improvement support team (IST) has completed the webinar series of support to the sector around Covid-19 response and winter preparedness. Working in collaboration with scrutiny and assurance colleagues, the Covid-19 flexible response team and stakeholders from health and social care, the series was delivered through 13 webinars, on a range of topics, to 1,288 attendees. The webinar series has had significant reach and was well received by the sector.

Development sessions

We provided development sessions for all Health Improvement Scotland (HIS) and Care Inspectorate staff undertaking care home inspections on updated Antimicrobial Resistance and Healthcare Associated Infection (ARHIA), Public Health Scotland guidance and Open with Care. The Service Manager (adults) provided a methodology development session to HIS staff.

Operation Koper

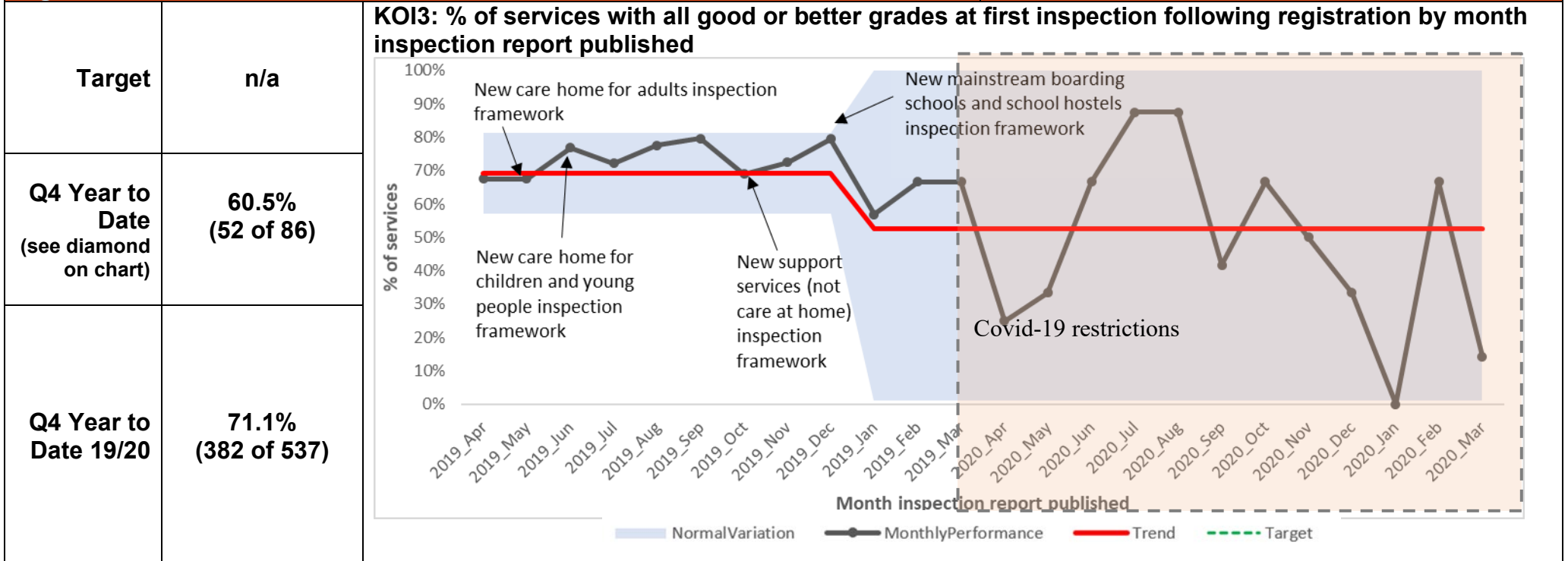
During 2020-21 we provided support to Police Scotland's Operation Koper – Covid-19 death investigations in adult care homes. The first request was received at the end of Q1. By the end of Q4:

- we received requests for 491 services (3,651 individuals).
- we completed requests for 481 services (3,561 individuals).
- of those completed, 72% were completed and returned to Police Scotland within 21 days during 2020-21.

By the end of Q4, 95% of adult care homes that submitted a Covid-19 death notification in 2020-21 (staff and SU) had information requested by Police Scotland.

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**



Notes: Due to Covid-19 restrictions, fewer newly registered services were inspected. The % of services with good or better grades at first inspection fell 10.6 %-points to 60.5% of services. By the end of Q4, 86 services had their first inspection report published, a reduction of 451 services from Q4 last year. The chart above illustrates how variable the performance has become especially throughout the Covid-19 pandemic period due to the low number of services qualifying for the measure.

Reasons for Difference: Due to the reduction in inspections, the number of qualifying services for this KOI remains low. This low number of qualifying services means percentages can vary greatly (as seen in the shaded area of the chart above).

Actions: We do not propose to change this measure and will continue to reinforce that this increased variability due to low number of services will continue while the number of inspections is low.

KPI5: % of registration applications completed within timescales		Executive Director of Scrutiny and Assurance
Target (see green dotted line on chart)	80%	KPI5: % of registration applications completed within timescales by month registration completed <p>The chart displays monthly performance from April 2019 to March 2021. The y-axis represents the percentage of applications completed within timescales, ranging from 0% to 100%. A horizontal green dotted line indicates the 80% target. A solid red line shows the trend, which fluctuates around 75-80% before a significant drop in late 2020. A shaded blue area represents normal variation. A vertical dashed line at March 2020 marks the onset of Covid-19 restrictions. A callout box points to the March 2021 data point, stating 'Year to date, 78.3%'.</p>
Q4 Year to Date (see diamond on chart)	78.3% (191 of 244)	
Q4 Year to Date 19/20	76.4% (334 of 437)	
<p>Notes: The number of registrations completed is as at 22 March 2021 as the new registration recording application was launched on the 23 March. The data from the new app was not available at the time of publication. Year to date performance is slightly below target, but up 1.9 %-points on Q4 last year. Performance improved overall in Q1 and Q2, however this dropped in Q3 and Q4. There continues to be wide variation in performance on this KPI as illustrated by the shaded area in the chart, mainly due to the small number of applications completed every month.</p>		
<p>Reasons for Difference: The number of applicable registrations was down 193 applications from last year (244 compared to 437 applications). There was some impact on capacity to complete this work due to the preparation for and launch of phase 2 of the registration app. Performance in this KPI dropped as preparations for the new app increased in earnest – with performance falling below the average trend from November onwards.</p>		
<p>Actions: We are undertaking work to use some of our learning, including during the Covid-19 pandemic, to consider how services should be registered in the future. All new registrations will now be granted in our new registration app. The Digital Transformation team will</p>		

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continue to release additional functionality which will improve the performance and experience when using the app and deal with any issues that have arisen since the first version went live, including supporting our staff to become familiar with this significant change.

KPI6: level of investment in learning & development for our workforce **Executive Director of Strategy and Improvement**

Benchmark 4.6 hours on average per quarter

Q4 Year to Date 3.8 hours on average per quarter

Q4 Year to Date 19/20 10.7 hours on average per quarter - for Q3 and Q4 only (600 headcount)

Notes: In Q4 employees (based on 599 headcount) on average had 3.1 hours of learning and development, down from 3.9 recorded in Q3 – resulting in 3.8 hours on average for Q4 year to date.

During Q4, there were 1,110 attendances from employees across 97 learning events. A broad range of learning and development events and resources were offered to support employees. Webinars to support mental health and wellbeing continued to be popular, as well as health and care staffing events. Learning topics included:

- Early Learning and Childcare (ELC) development week: This development was designed to update our ELC inspectors on a range of essential topics to support them to feel skilled and confident to undertake scrutiny and improvement work during the pandemic. Topics included - virtual scrutiny, report writing, current public health landscape and ELC quality framework. A blended learning approach was taken with inspectors learning through self-directed resources, live sessions and peer learning groups.
- Wellbeing webinars: Our webinars, facilitated by Optima our Occupational Health Provider, continue to be well attended in this period with 86 attendees in total. We offered nine topics which included: managing our emotions, mindfulness, loneliness and isolation and working from home.
- Health and care staffing events: The Health and Care (Staffing) (Scotland) Act received Royal Assent in June 2019. The organisations safe staffing project team delivered three online events. 94 adults inspectors, including complaints and registration inspectors, attended the events. The purpose of the session was to hear more about the project, to raise awareness of the legislation and to encourage staff to share their views and experiences to help inform and shape the work.
- Covid-19 testing training: During this period, Adults, ELC and CYP inspectors were required to undertake lateral flow testing. Mandatory training sessions were delivered to support inspectors to understand how to carry out the test, provide an overview of the guidance and give the opportunity to ask questions. Upon rollout of testing to ELC, feedback from ELC inspectors suggested that some colleagues required additional support to understand the guidance and results recording process. The sessions were expanded by 30 minutes to allow for this additional support to be provided.

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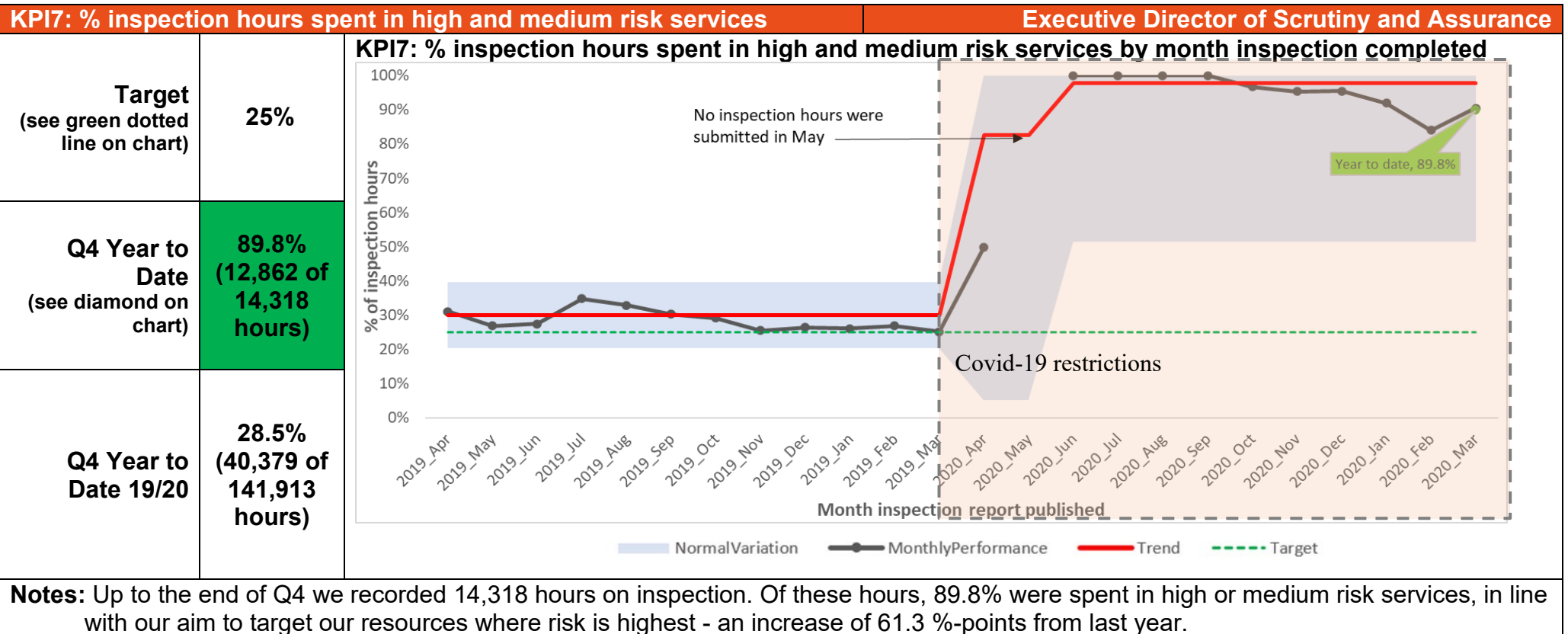
- ICT training: We continue to invest in building confidence and skills using technology. Remote working has accelerated our staff's use of the new technology available through Office 365. To support this, our programme has been expanded to include a broader range of topics, as identified through our training needs analysis work.
- Introduction to managing safely: To support our commitment to health and safety, and ensure our managers feel confident and skilled in their role, an introductory managing safely session is currently being rolled out to all new managers. As part of our core learning for all managers, participants will also complete the Institution of Occupational Safety and Health (IOSH) managing safely course later this year, once we can resume face to face training.

A number of other Organisational and Workforce Development (OWD) activities have been supported over this quarter, including:

- Support for parents: In January 2021 we provided additional support to parents in recognition of the challenges faced by school closures this included a summary of support available, confirm key worker status, a parent forum, webinars and a video message from the Strategic Leadership Team (SLT).
- Staff learning events: In March 2021, we ran two 'Learning from the Pandemic' workshops. The first workshop took place on the 18 March 2021 and was attended by 118 employees representing all areas of our organisation and workforce. The second workshop with our Executive Directors and Heads of Service took place on the 24 March 2021. Following this, each of the directorates held similar sessions in May to reflect on their learning during the pandemic.
- Manager's Wellbeing session: In March 2021 we hosted a further session for managers at which we offered workshops based on the key themes (leading under pressure and resilience and transitions). This was attended by 42 managers. The workshops were facilitated by our occupational healthcare provider, Optima, and we carried out bespoke evaluations following each session to capture learning and feedback.

Reasons for Difference: The pandemic has resulted in significant changes to the way our staff work and all learning activity is now delivered virtually. The transition to remote working and the intense learning requirements for our staff to support our scrutiny and improvement work during the pandemic has been supported by a significant investment in learning and development. To ensure we continue to support the wellbeing of our staff and reduce screen time whilst working at home, the virtual events are often shorter in duration, which has resulted in a reduction in learning hours. Although our move away from full day traditional classroom learning has resulted in a reduction in overall learning hours, our virtual model has seen significant increases in overall participation and the number of learning activities offered.

Actions: In order to maximise the effectiveness of our virtual model we continue to adapt the way our learning and development activities are structured and delivered. We will continue to monitor and evaluate learner feedback to identify improvements and maximise the effectiveness of our virtual learning delivery model and session content. We will also explore options to understand how our new virtual model has impacted on the quality of learning and its application by our employees. We will also explore how a blended learning model can support our learning and development offer once face to face learning is reintroduced.



Reasons for Difference: This difference is due to our focus on inspecting the highest risk services. There were some variations by service type. Up to the end of Q4, in care homes for older people 98% of inspection hours were spent in high/medium risk services. In other care homes for adults 100% of inspection hours were spent in high/medium risk services. Care homes for older people accounted for most of the hours spent in high/medium risk services in Q4 (2,791 hours; 40% of total high/medium hours). Daycare of children services had the next highest proportion of inspection hours in high/medium risk services (2,283 hours; 32% of total high/medium hours). An increase during Q4 in inspection hours in lower risk Care at Home/Housing support services resulted in a slight drop in the % of inspection hours in high or medium risk services compared to Q3.

Actions: We will continue to highlight that performance in this measure will remain high if inspections are prioritised on a risk-based intelligence led approach and we do not undertake inspections of low-risk services.

Summary of key achievements and work progressed in Q4 2020/21

Publication of reports

The Care Inspectorate's report "Early learning and childcare (ELC): role, purpose and learning during the Covid-19 pandemic" was published in Q4. This report sets out how ELC adapted its support and monitoring of ELC services during the Covid-19. The report highlighted how we supported the safety and wellbeing of children families and staff during Covid-19. Scottish Government have indicated that after the election we can present some key messages from this report to the new Children's Minister to demonstrate the impacts of our activities during Covid-19.

We published three statistical publications in Q4; 'Complaints about care services in Scotland, 2015/16 to 2019/20', 'Fostering and adoption 2019-20' and 'Early learning and childcare statistics 2019'.

Building better care homes

The registration team has worked collaboratively with a number of internal teams and external partners to continue our review of building better care homes and are now in a position to begin wider sector consultation.

Co-operation and collaboration

We engaged with partners in many ways including:

- workshop with Scottish Care which resulted in an action plan for collaboration.
- improvement sessions focussed on embedding self-evaluation with managers of a large care provider group.
- inspectors working with a local care home oversight group to present learning events to care home leaders on Key Question 7 and self-evaluation.

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- membership of Antimicrobial Resistance and Healthcare Associated Infection (ARHIA) and Public Health Scotland groups who produced new guidance for care homes in Infection, Prevention and Control.
- service manager presented on end-of-life care practice in Scotland to regulators from across Europe at the European Partnership for Supervisory Organisations in Health Services and Social Care (EPSO).

Professional Development Award (PDA)

The PDA is developing our inspector's scrutiny and improvement practise. One good example this quarter was a project that resulted in the implementation of an accessible online portal for children and young people experiencing care to make complaints. The candidate felt strongly that this was missing and was able to turn their ideas into action to enhance accessibility and allow better reach for children and young people.

ELC improvement programme

The programme is re-engaging with services to establish learning communities following Covid-19 closures. An ELC development week was held to upskill inspectors in quality improvement methodology. The sessions revisited quality improvement methodology and considered its application within an ELC context to increase inspector confidence in coaching ELC services. Sessions took place during the first week of March 2021.

Safe Staffing

In Q4 2020-21, the Safe Staffing project focused on collaborative engagement to inform phase 2 of the project and received 147 submissions, facilitated seven events, and participated in 102 meetings. The project team members continue to ensure close collaborative working with key stakeholders and link in with other relevant workstreams, for example, Turas care management stakeholder group. The project facilitated three internal engagement virtual events for inspectors working in complaints, inspection, and registration which 92 colleagues attended. Three external engagement virtual events for providers, managers and staff working in care homes for older people were attended by 99 individuals and a survey for this sector received 68 responses. Eight individuals representing people experiencing care participated in a safe and effective staffing focus group facilitated jointly by the project and our involving people team. With support from the communications team, this enabled establishing a safe staffing hub page, launching interim guidance for providers on the assessment of staffing, internal communications, social media posts and development of a paper for Scottish Government with the activities, findings and recommendations of work undertaken so far.

Digital Transformation

On 23 March, we released our new digital registration app – a major step in our digital transformation programme. This complex release included:

- Our new Register of services
- Variations

- Change of details including a “self-service” process for some elements
- Inactive services
- Illegally operating services
- Pre-registration advice
- Proposing to cancel

This App will be used by internal colleagues but also external providers and applicants who will also now be able to access, update and maintain some information directly.

Open with Care

We worked with Scottish Government on Open with Care, their guidance to facilitate visiting in care homes following a long period of visiting restrictions. Our Chief Inspector (adults) is a member of the oversight group for Open with Care. We put in place a range of methods to support Open with Care including: a Care Inspectorate position statement; a webinar; ensuring our staff were aware of the content; and speaking to services about implementation and offering support to implement.

Communications - new consultation and engagement platform procured

We have procured and begun building our new consultation website platform. This Care Inspectorate branded website, hosted by supplier CitizenLab, will provide a portal for future stakeholder consultations and engagement. This new tool will enable a corporate and strategic approach to our consultation and engagement work. It will empower us to significantly open up opportunities for people and organisations across Scotland to have a say in our work, and for us to hear their voices and views. This digital platform will help us extend our reach and enable us to establish ongoing relationships with our stakeholders. This will lead in turn to better quality, richer consultation and engagement for stakeholders and the Care Inspectorate alike.

Communications - provider updates are in UK top five and ten throughout pandemic

This quarter we received our 12-month review of engagement from Granicus, our e-newsletter supplier. Out of 309 bulletins issued, 283 were provider updates providing vital guidance, news and advice to services and subscribers. Granicus enables over 300 public bodies including the CQC, the Welsh Care Inspectorate, and other public sector organisations. Our provider updates have been in the top five or ten for opens and clicks consistently throughout the pandemic across Granicus' whole UK client base.

Key metrics from the past 12 months of activity for provider updates are as follows:

- 29,791 subscribers including all registered services.
- 283 provider updates issued, resulting in 4.4million email deliveries.
- 72.1% engagement rate (the level of interaction recipients had with our provider updates, opening them, clicking on links contained within, etc)

Working with SSSC

The partnership agreement with the SSSC is currently being reviewed to reflect the further closer collaborative working that is being established. That closer working includes a range of joint statements to the sector during the pandemic such as:

- Supporting care at home services through a specific communication with this service type about their role in minimising community transmission. We issued a joint communication with all care at home providers highlighting the relevant healthcare advice for their settings and the importance of their role as a key player in the health and social care sector's efforts to combat Covid-19.

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
KOI5: % of services with majority of people telling us they make decisions about their own care	Executive Director of Strategy and Improvement
We are not currently reporting on these measures as both rely on use of paper questionnaires which we are unable to use due to the risk of spreading Covid-19. This position will be kept under review.	
Actions: We will carefully consider use of paper questionnaires in future and whether we might do this more routinely online instead. Initial scoping discussions have started around the creation of an online questionnaire which would be suitable to capture feedback for all service types.	

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work		Executive Director of Strategy and Improvement
Benchmark	65 days per quarter	
Q4 Year to Date	62 days per quarter (no on-site inspection activity possible)	
Q4 Year to Date 19/20	139 days per quarter	
<p>Notes: During Q4, care experienced people took part in Care Inspectorate involvement activity on 100 days (78 on inspection activity) across different activities including:</p> <ul style="list-style-type: none"> • Inspection volunteers continued to be provided with technology and teams training to support virtual and telephone inspections. • 51 telephone inspections supported by inspection volunteers. • Delivery of one-to-one wellbeing support. • Distributing up to date information. • Advising and guiding new inspectors on the process for using inspection volunteers. • Three young inspection volunteers were involved in shaping actions directly related to the involvement of care experienced children and young people for the new corporate parenting action plan. They also reviewed the children and young people version of the Corporate Parenting Plan and the report to ensure they were child friendly and easy to understand. • Two young inspection volunteers alongside a complaints inspector prepared and gave feedback to the Care Inspectorate Board and highlighted key areas of work. 		
<p>Reasons for Difference: Compared to Q4 19/20 the days per quarter was reduced as inspection volunteers were not involved in as many inspections throughout the year due to Covid-19. However, this did increase during Q4 and our volunteers have now started supporting inspections again with 51 telephone inspections completed during Q4. There were a number of other activities where our volunteers made a valuable contribution over the quarter.</p>		
<p>Actions: The involvement team is actively seeking appropriate opportunities for our volunteers to be involved with our work remotely during this unprecedented time. The involvement team continues to be in touch with the adult and young inspection volunteers during the</p>		

Covid-19 restrictions to provide support where required. A number of appropriate projects are continuing with our volunteers although we recognise that some of our volunteers also have caring responsibilities at this time.

Summary of key achievements and work progressed in Q4 2020/21

Quality framework for early learning and childcare (ELC)

The Care Inspectorate ELC quality framework has been finalised and will be circulated to the sector at the start of 2021/22. Once the sector has the opportunity to familiarise themselves with the content, we will test the framework through inspection before finalising and using as a basis for all of our scrutiny work.

Corporate Parenting

Last month we published a report on how we have fulfilled our corporate parenting responsibilities 2017-20 and published our new corporate parenting plan 2021-23. The plan has six high level commitments with four areas of focus and a set of detailed actions. It is carefully aligned with The Promise which challenges us to put children's interests at the centre of our business and ensure we are focusing our activity on making the changes they most want to see. The corporate parenting group is made up of people from across the different parts of our organisation. It is chaired by a strategic inspector from the children's strategic team, and the executive sponsor is the director of strategy and improvement. In this way, we are seeking to reflect that corporate parenting is the responsibility of the whole organisation.

Institute for Research and Innovation in Social Services (IRISS) and Edinburgh University

The Service manager (adults) worked with IRISS and Edinburgh University to share learning from research on 'The cost of separation impact on visiting restrictions for families and care home residents'. Development sessions were run for all adult staff and the service manager presented on this at conference as well as informing delegates of work by the Care Inspectorate to support meaningful contact and human rights.

Professional standards and practice

We continue to make progress improving the rights of whistleblowers. In Q4 this included a workshop with the Scottish Public Services Ombudsman and Healthcare Improvement Scotland to agree collaborative working protocols for handling whistleblowing complaints across health and social care. We have also enhanced the rights of people making complaints about the Care Inspectorate by completing the review of our internal complaint's procedure.

Information Governance team

In the Information Governance team, this quarter has continued to be dominated by FOISA requests – with 126 completed up to the end of Q4. Of these, only 26 were completed late despite the volume and complexity of these requests. The unprecedented call for further submissions of evidence in support of the FOISA review being conducted by the Scottish Information Commissioner impacted heavily on the information governance team this quarter with 70 hours being taken up with the task.

European Foundation for Quality Management (EFQM) training

All of our strategic inspection programmes are underpinned by a common core quality improvement framework which is informed by a model developed by the EFQM and widely used by organisations in the statutory and independent sectors as a tool to support self-reflection and improvement. By using EFQM to assess services, we achieve greater transparency about how we are making judgements and support greater collaboration with services in measuring progress together. The strategic team has undertaken a major training programme to equip all staff with up-to-date knowledge and skills in EFQM assessment. Inspectors and managers in the strategic team attended training in February and March 2021 to either become accredited as EFQM assessors or for those already qualified to update their assessor accreditation knowledge and skills in line with changes and developments in EFQM. This has been a significant investment by the organisation in supporting this training programme and from staff themselves in completing work required to be accredited which will inform and enhance our work into the future.

Contact Centre

The Contact Centre handled a total of 9,528 enquiries in Q4. Of these, 5,674 were calls and 3,854 were emails. The most common theme continues to be in relation to Covid-19 and queries regarding new Covid-19 guidance issued to different service types but over most recent weeks a significant number of enquiries have been in relation to the new registration App and register.

2021/22 Approved Budget

The 2021/22 budget was approved at the Board meeting of 25 March 2021.

£500 bonus

In November 2020, the First Minister announced that all NHS and social care workers would receive a £500 one-off thank you payment for their extraordinary service during the Covid-19 pandemic. In March 2021, the Scottish Government confirmed that Care Inspectorate staff fall within the scope of workers who will receive this payment. The £500 will be awarded on a pro rata basis based on contractual hours worked between 17 March and 30 November 2020 and staff can expect to see this in their June salary payment.

Interim pay award

In 2020 the Scottish Government announced interim measures for pay awards. This allowed bodies to apply the mandatory elements of the pay award without the need for negotiations to be finalised. The same process will be followed for this year's pay award. In May, all SCPs below £25k will receive an £800 uplift, all SCPs between £25k and £40k will receive a 2% uplift, and those between £40k and £80k will receive a 1% uplift.

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, in which the Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers.

The findings of the Independent Review of Adult Social Care were published in February 2021, including a core recommendation to establish a National Care Service. This is likely to have a direct impact on the Care Inspectorate's role and functions as the proposals are developed, debated and implemented in the coming years. In addition, the Covid-19 outbreak continued to have a significant impact on current and future policy development during Q4, with emergency legislation relating to care homes and duties for the Care Inspectorate continuing to apply.

Other developments during Q4 included:

- conclusion of the latest Scottish Parliamentary term ahead of elections in May;
- agreement on the Scottish Government's Budget for 2021/22, with headlines including increased investment in relation to the Health and Sport budget, funding for the delivery of the early learning and childcare expansion and an enhanced public sector pay deal;
- passage of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill in the Scottish Parliament;

- publication of the National Taskforce for Human Rights Leadership's report and recommendations; and
- a report on the future of social care and support by the Health and Sport Committee in the Scottish Parliament.

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.

TECHNICAL NOTES

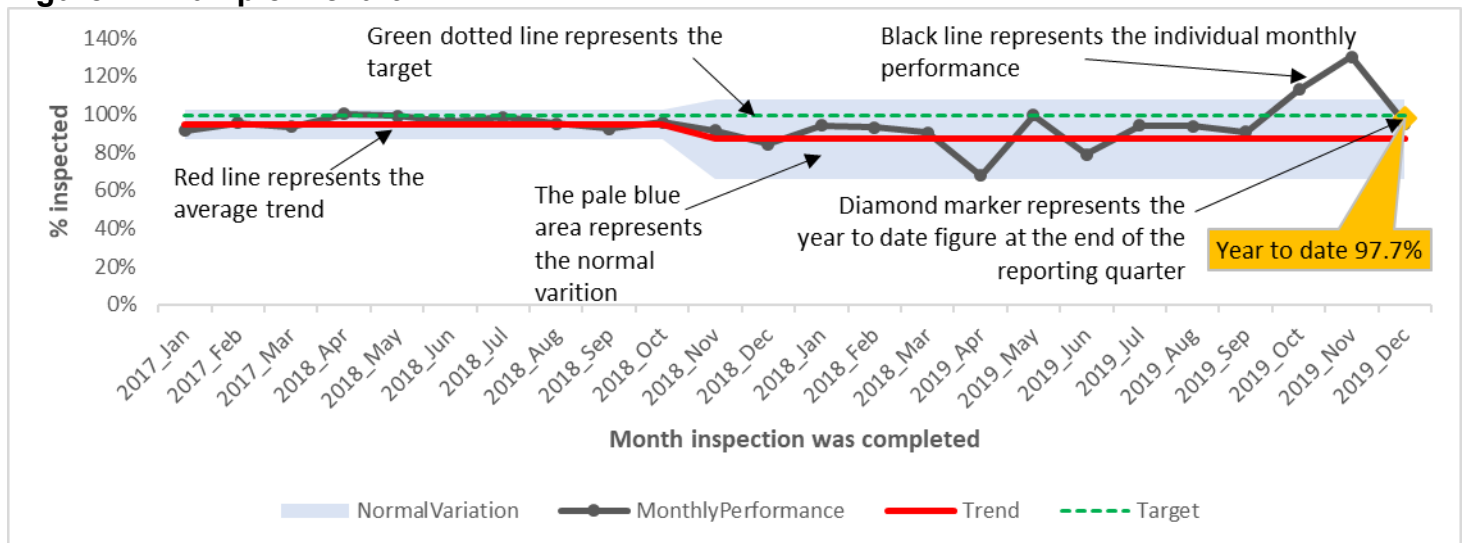
Types of performance measure

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).

Notes on 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 six time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the quarter. If a measure’s performance is consistently above or below the average line (eight consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for four consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then 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.

This report generally uses percentage points (% points) to illustrate changes in performance. Percentage points reflect an absolute change (the difference in performance between two time periods) e.g. if the % of complaints investigated in relevant timescales was 40% in Q1 and 50% in Q2 the percentage points change would be 10 percentage points (% points). This is different to percentage change which shows the relative change in performance (the difference in performance between two time periods as a percentage of performance in the earlier time period) eg if the % of complaints investigated in relevant timescales was 40% in Q1 and 50% in Q2 the percentage change would be 25%.



Title:	COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2016/17 TO 2020/21 – A STATISTICAL BULLETIN
Author:	<i>John McGurk, Information Analyst</i> <i>Ingrid Gilray, Intelligence and Analysis Manager</i>
Appendices:	1. Complaints about care services in Scotland, 2016/17 to 2020/21 – detailed tables
Consultation:	Comments and amendments from the Executive Director of Strategy and Improvement and the Chief Inspector, Adults.
Resource Implications:	None

EXECUTIVE SUMMARY

This statistical bulletin is the latest in our series on complaints about care services in Scotland. The report covers complaints received and investigated between April 2016 to March 2021, focussing on the year 1 April 2020 to 31 March 2021.

2020/21 was a time of considerable change for the Care Inspectorate as a result of the Covid-19 pandemic. We had to adapt the way we worked to prevent the risk of spreading Covid-19 in care services. We could not carry out non-essential visits and had to restrict onsite complaints investigations to those that were deemed essential following an enhanced risk assessment.

The Covid-19 pandemic also resulted in changes to how care services across Scotland operated. Many closed, whilst others restricted non-essential visitors.

As a result of the above, the trends and patterns in complaints noted in previous reports were disrupted with falls in complaints received and investigated this year. This report shows how this affected different types of care service in different ways over the course of the year.

Our focus in all areas of our work, including complaints, is on improving the quality of the care experienced and outcomes for people who experience care. Where a visit to the service was not appropriate, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate.

Throughout the pandemic we have continued to use the intelligence from complaints to help us better focus our scrutiny, assurance and improvement support activity.

BOARD MEETING 17 JUNE 2021

Agenda item 14
Report No: B-19-2021

The Board is invited to:							
1.	Note the contents of this report.						
Links:	Corporate Plan Outcome	1	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: Not applicable, this is a public Board report. <i>(see Reasons for Exclusion)</i>	
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.

**COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2016/17 TO 2020/21 – A
STATISTICAL BULLETIN****1.0 INTRODUCTION**

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated between April 2016 to March 2021, focussing on the year 1 April 2020 to 31 March 2021.

Care services operating in Scotland must be registered with the Care Inspectorate and there are currently around 12,100 services on our register. The largest groups of care services in Scotland are childminders, children's daycare (for example nurseries) care homes, care at home and housing support services.

We register, inspect and provide improvement support across these care services, aiming to ensure that the standard of care provided is high. Where standards fall below acceptable levels, we take enforcement action. We also investigate complaints about care services, including complaints from staff employed in care services.

In many cases, complaints and concerns can be dealt with by staff and managers in care services, but anyone who has concerns or is unhappy with a care service can complain directly to the Care Inspectorate. There are several ways in which a complaint can be made: by writing to us, calling us or online through our website. The person making the complaint can choose to remain anonymous if they wish.

We actively promote our complaints function, not only to help people resolve concerns about the quality of care but also because the intelligence from complaints informs our other scrutiny and improvement support activities. This active promotion of our complaints function is designed to support people to be more aware of their rights, so they know that they can complain to us if they are unsatisfied with a care service.

This promotion included work to raise awareness of our complaints function in general amongst children and young people. Specifically the delivery in January 2021 of a text facility for children in looked after services, widening the options they have to raise a concern about a service. There are also a series of awareness raising sessions with advocacy agencies planned during 2021.

Our complaints procedure

In November 2017, we introduced a new procedure for handling complaints about care services. This procedure is designed to be open, transparent, risk-based and focused on peoples' experiences. The changes gave us more flexibility in how we can respond to try to resolve simple matters quickly and focus attention on more serious issues. Our approach emphasises direct service action, which is where we try to resolve a matter at the first point of contact, without the need for a formal investigation. We use a risk assessment process to assess the risk identified by a complaint taking into account what else we know about the service. This helps us to

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decide how we will proceed and what action we need to take to achieve the best outcome for people experiencing care. There are four pathways we can take.

- Intelligence: where we receive information about a care service, we may use the information given by a person as intelligence about the service to help inform future scrutiny and improvement support activity.
- Direct service action (previously known as front line resolution): where we contact the service and ask them to engage directly with the person making the complaint to resolve the complaint. Typically, this is used for straightforward or simple matters where people are unsatisfied with their experiences and we intervene quickly with a care service to achieve a positive result.
- Investigation by the care provider: where we contact the service provider and ask them to investigate the concerns and respond to the complaint.
- Investigation by the Care Inspectorate: depending on our assessment of risk, we may decide that we need to formally register and investigate the complaint.

Impact of Covid-19

2020/21 was a time of considerable change within the Care Inspectorate as a result of the Covid-19 pandemic. We had to adapt the way we worked to prevent the risk of spreading Covid-19 in care services. We could not carry out non-essential visits and had to restrict onsite complaints investigations to those that were deemed essential following an enhanced risk assessment.

We developed an enhanced risk assessment process to identify complaints that did require a visit to ensure the health and wellbeing needs of people experiencing care were being met. We used complaint information to identify services for inspection and in the early days of the pandemic we carried out an inspection of a service rather than a complaints investigation. In some cases we used technology to reduce our footfall in services. For example we might undertake a short visit to the premises and complete the rest of the investigation virtually, for example by interviewing staff or residents remotely. This has been a successful way to improve outcomes for people who experience care while taking full account of the pandemic and the need to restrict visitors to the service. Where a visit to the service was not appropriate, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate. This also provided new ways to resolve complaints and to support people making complaints for example by providing mediation between people and services to arrive at a resolution.

All complaints were assessed for protection concerns and we made relevant protection referrals to statutory agencies.

The Covid-19 pandemic also resulted in changes to how services operated. Many closed, whilst others restricted non-essential visitors. As a result we received fewer complaints about services affected in this way.

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These dramatic changes to the sector and to our operations as a result of the pandemic are reflected in the statistics and analysis contained in this report.

2.0 How many complaints were received and how did we respond to them?

2.1 Complaints received

In 2020/21 we received 4,618 complaints about care services, a 21% decrease compared to 2019/20. This was the first year-on-year fall in complaints received for the past 5 years although numbers were still higher than levels recorded in 2016/17. Over the five-year period, we received an average of 406 complaints per month. Although the level of complaints received has increased over time, this is not necessarily an indicator that quality of care is in decline. Comparing 2016/17 to 2020/21, the percentage of services graded good, very good or excellent in all quality themes has remained constant at 88%. This general increase in the number of complaints we received may indicate greater awareness of our complaints process, or a greater awareness from people about the standards of care they and others should expect. The decrease in the last year is most likely because of the impact of the pandemic, with many services closing (particularly early learning and childcare services) to prevent the spread of the virus and keep people safe.

The complaint pathways we introduced in November 2017 were designed so that, following a risk assessment process, we could determine the most appropriate action to resolve a complaint. It allows us flexibility in how we respond to try to resolve simple matters more quickly and focus more attention on more serious issues.

In response to the pandemic, we developed an enhanced risk assessment process to identify complaints that required an essential visit to ensure the health and wellbeing needs of people experiencing care were being met. Where a visit to the service was not appropriate, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate. Where an on-site visit was required we undertook an inspection of the service in the early days of the pandemic.

This is reflected in the numbers presented below on our use of the pathways to resolution during 2020/21. The differences compared with last year demonstrates the extent to which our complaints work was affected by the pandemic and is important context for the remainder of this report.

During 2020/21, we dealt with complaints using the different pathways as follows:

- **Intelligence: Use the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity:** In 2020/21 we logged 2,411 concerns as intelligence, or an average of 201 complaints per month. This is 50% more than the 134 complaints per month in 2019/20. In some cases it meant we made contact with the service, to get support for a service from public health and/or assurance groups or to instigate an inspection.

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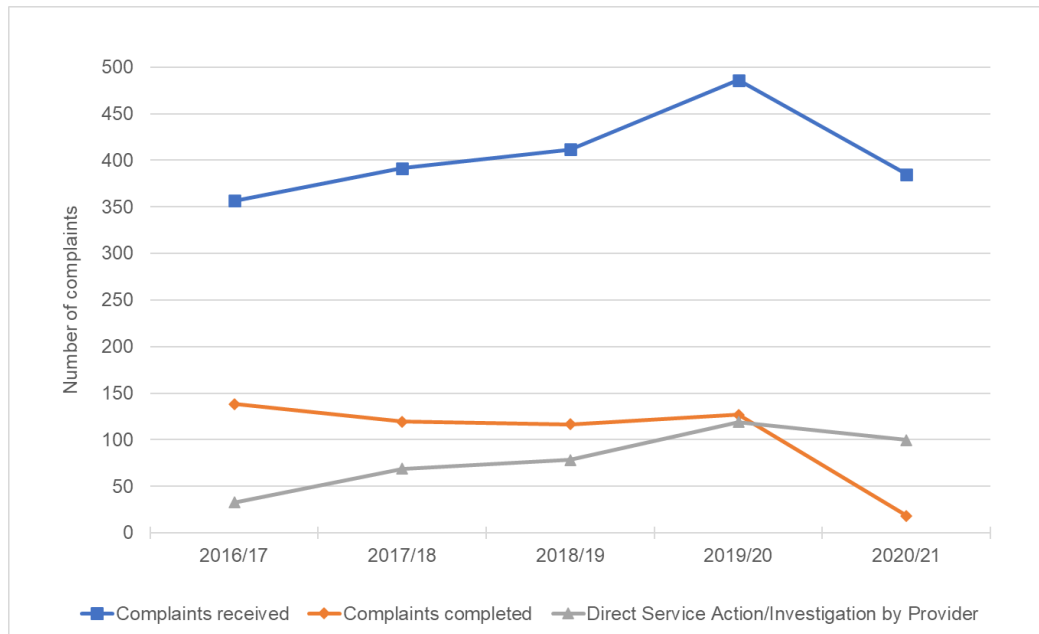
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- **Direct service action (previously known as front-line resolution):** In 2020/21, 797, or an average of 66 complaints per month. This is an increase of 61% on the average of 41 per month at the same point last year.
- **Investigation by the care provider:** 398 complaints were passed to the provider to investigate - an average of 33 complaints per month. This is a decrease of 58% on the average of 78 per month last year. This decrease reflects changes at the triage stage where inspectors were engaging in more dialogue and mediation at initial contact with services to resolve issues via direct service action. This was seen as a supportive way for care service managers who were challenged by the situation they faced during the pandemic, and enabled resolution of the complaint without them having to undertake formal investigations.
- **Investigation by the Care Inspectorate: depending on our assessment of risk, we may decide that we need to undertake a full investigation.** Since 2016/17, we have seen a fall in the average number of complaint investigations completed per month. This was at least partially due to the introduction of the risk assessment process and the new complaint pathways which meant less complex cases could be resolved in other ways where appropriate. Service closure and restricted access due to Covid-19 has meant there has been greater use of the alternative pathways to resolution where appropriate over the past year. The result has been a decrease in the volume of complaint investigations completed in 2020/21 when compared to last year. In 2020/21, we completed 220 investigations: an average of 18 investigations per month and a fall of 86% compared with the average of 127 per month the previous year. However, it is important to note that in early months of pandemic we developed an enhanced risk assessment process to identify complaints that required an essential visit to ensure the health and wellbeing needs of people experiencing care were being met. Where we had to visit we undertook inspection rather than a complaint investigation.

The chart below (Figure 1) illustrates the trends in the average monthly numbers of complaints received, resolved by direct service action/investigation by provider and investigations completed each year. It shows complaints received, and those resolved by direct action increasing year-on-year before decreasing in 2020/21.

Although the recent trend in complaint investigations completed had already been decreasing, the large drop in 2020/21 should be viewed with caution. It reflects the impact of Covid-19 and how we have had to adapt how we operate and may reverse as we move out of the pandemic.

Figure 1: Complaints received, completed and resolved by direct service action/investigation by provider – average per month



Revoked complaints

The gap between the complaints received and the complaints completed or resolved by direct action is accounted for by complaints that are revoked, which means we take no further action.

Reasons to revoke a complaint include: the complaint not being within the remit of the Care Inspectorate to investigate; the complainant not wishing to proceed with the complaint; or the concern identifying child or adult protection issues that are reported to the relevant agencies and to the lead inspector to follow this up with relevant agencies and ensures action taken by service.

Historically, prior to 2019/20 the figure for revoked cases included those that were logged as intelligence. The introduction of our new complaint system allowed us to record intelligence cases and report on them separately, and we now regard such complaints as being resolved rather than revoked. As a result, we cannot make valid comparisons prior to 2019/20.

Of the 4,618 complaints received in 2020/21, 787 were revoked (17% of all case received). This is a decrease on the 25% in 2019/20. This is due at least in part to fewer complainants withdrawing their complaint as they no longer wanted to proceed: 13% of revoked complaints in 2019/20 were a result of the complainant not looking to proceed, compared to 9% in 2020/21.

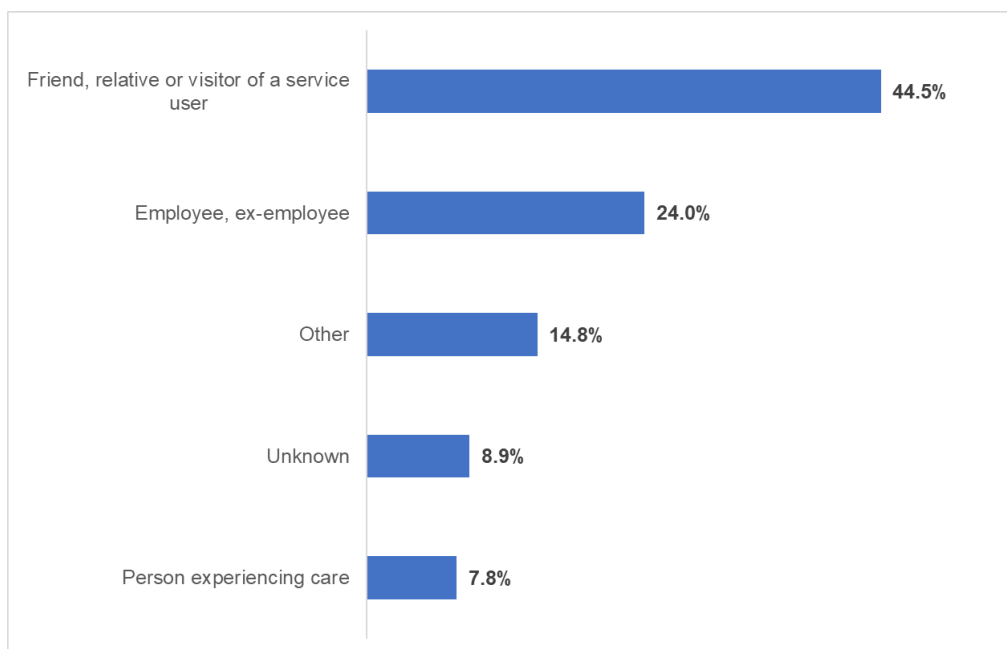
2.2 Who makes complaints?

Figure 2 below shows the breakdown of all complaints received over the last 5 years by relationship of the person making the complaint to the service. The figures remain similar to those reported for the five years to 2019/20 in last year’s report.

Of all the complaints we received, 44% came from relatives or carers of people who experience care with a further 24% from employees or former employees. Only 8% of complaints made came from people who experience care themselves

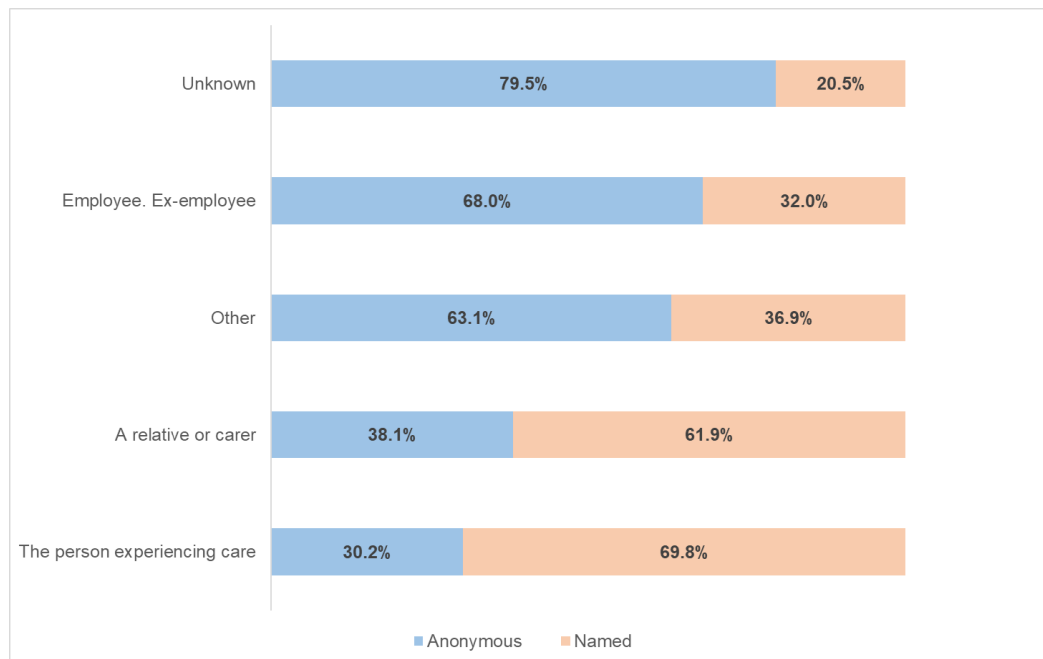
For complaints received this year, we are now able to split the employees and ex-employees into two separate categories and can see that the majority of these types of complaints came from current employees of a service (85% in 2020/21).

Figure 2: Complaints received 2016/17 to 2020/21, by relationship to service



When someone makes a complaint, they can choose to remain completely anonymous. Based on all the complaints received over this five-year period, the most likely group who wished to remain anonymous were those whose relationship to the service was also unknown – 80% did not wish to be named. Over two-thirds of employees and/or ex-employees (68%), and almost two-thirds of other complainant types wished to remain anonymous (63%). In contrast, 70% of people who experienced care and 62% of relatives and carers were happy to be named.

Figure 3: Complaints received 2016/17 to 2020/21 that were anonymous, by relationship to service.

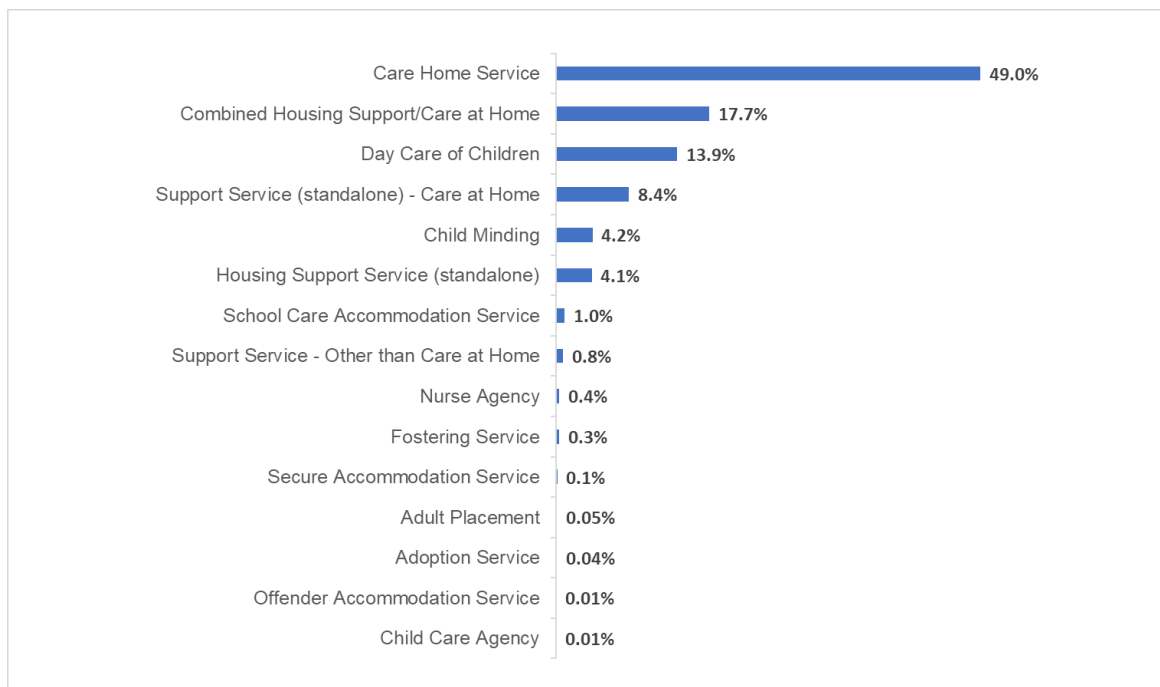


2.3 What type of care services do people complain about?

The largest number of complaints we received over the five-year period were about care homes. Although making up only around 11% of the 12,100 or so registered services, care homes account for 49% of the total number of complaints received– a total of 11,937 complaints received over the last five years.

Over the five years, 18% of the complaints received were about a combined housing support and care at home service, 14% were about daycare of children services and 8% were about standalone care at home services

Figure 4: Complaints received 2016/17-2020/21 by type of service.



2.4 What do people complain about?

Each complaint we investigate can be about several different areas, each of which will be either upheld or not upheld. This year we changed how we categorised these areas of complaint to encourage more specific recording and to reduce the large number historically recorded under the general health and welfare category.

In 2020/21, just over a quarter of all areas of complaint upheld were about healthcare concerns in a service (for example medication, nutrition or hydration), 19% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service), and a further 14% were related to wellbeing (behavioural, developmental, emotional or social). There is a more detailed list of areas of complaint in the Appendix (Table C).

Figure 5: All service types, by area of complaint investigations completed in 2020/21

Note: each overall complaint can have several areas of complaint – this table only includes those areas that were upheld.

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	135	27.2%
Communication	92	18.5%
Wellbeing	68	13.7%
Staff	48	9.7%
Choice	35	7.0%

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Policies and procedures	30	6.0%
Protection of people	26	5.2%
Record keeping	18	3.6%
Property	11	2.2%
Privacy and dignity	9	1.8%
Environment	8	1.6%
Food	6	1.2%
User participation	3	0.6%
Conditions of registration	3	0.6%
Financial issues	2	0.4%
Equality issues	2	0.4%
Access	1	0.2%

2.5 Complaints received – children and young people services

Children and young people services include care home services for children and young people, adoption, fostering, school care accommodation or secure accommodation services. The volume of complaints received about care services for children and young people decreased by 17% from 230 in 2019/20 (an average of 19 complaints per month) to 192 in 2020/21 (an average of 16 complaints per month). This is likely to be due to the closure of some services or restricted access during the initial months of Covid-19.

This is 4% of the complaints received across all service types during the year, the same as in 2019/20.

There were decreases in the volume of complaints about all service types except care homes for children and young people where complaints received increased by 11% compared to last year, accounting for 71% (137) of all complaints received about children and young people services (Figure 6).

Figure 6: Complaints about children and young people services received in 2020/21

Service Type	Care Service Type	All complaints received	% of all complaints received about children and young people services
Children and Young People services	Care Home Service for Children & Young People	137	71.4%
	School Care Accommodation Service	34	17.7%
	Fostering Service	10	5.2%
	Secure Accommodation Service	9	4.7%
	Adoption Service	2	1.0%
All Care Service Types		192	100.0%

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Of the 192 complaints received about services for children and young people in 2020/21, 24% (74) came from a relative or carer compared to 31% last year. Only 19 complaints came directly from a child or young person experiencing care, a very slight increase from last year. Following consultation through Who Cares (a national voluntary organisation, working with care experienced young people and care leavers across Scotland) and Young Inspection Volunteers, young people told us that this may be down to the methods we have available to make a complaint. As a result, we developed a text service that can be used to tell us about concerns. This service went live in January 2021 and we have a series of awareness raising sessions with advocacy agencies planned during 2021. We are continuing to work to raise awareness of our complaints function in general amongst children and young people.

2.6 Complaints about care homes for older people

Due to Covid-19 many care homes restricted non-essential visitors. We implemented an enhanced risk assessment process to identify complaints that required an essential visit to ensure the health and wellbeing needs of people experiencing care were being met. Where a visit to the service was not appropriate, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process. This is reflected in the numbers presented below on our use of the pathways to resolution during 2020/21. The differences compared with last year demonstrates the extent to which our complaints work was affected by the pandemic.

We received at least one complaint about 75% of the 806 care homes for older people registered as at 31 March 2021. In total, 50% (2,316) of the 4,618 complaints we received in 2020/21 were about care homes for older people. Although the volume of complaints received about care homes for older people in 2020/21 is slightly lower than 2019/20, as a proportion of all complaints received this is the highest it has been over the past 5 years.

During 2020/21, we resolved complaints about care homes using the different pathways as follows:

- **Intelligence:** In 20/21 we logged 1,291 concerns about care homes for older people as intelligence, an average of 108 complaints per month, almost double the 56 complaints per month in 2019/20.
- **Direct service action:** In 2020/21, 325, or an average of 27 complaints per month. This is double the average of 13 per month at the same point last year.
- **Investigation by the care provider:** 206 complaints were passed to the provider to investigate, an average of 17 complaints per month. This is lower than the average of 32 per month last year. This decrease reflects changes at the triage stage where inspectors were engaging in more dialogue and mediation at initial contact with services to resolve issues via direct service action. This was seen as a supportive way for care service managers who

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were challenged by the situation they faced during the pandemic, and enabled resolution of the complaint without them having to undertake formal investigations.

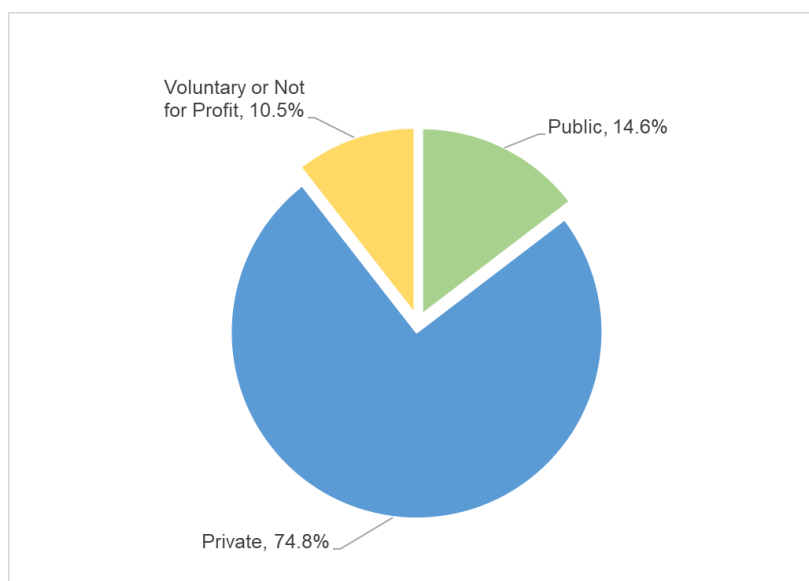
- Investigation by the Care Inspectorate:** depending on our assessment of risk, we may decide that we need to pass the complaint for full investigation. This year, as we limited our on-site visits to stop the spread of Covid-19, we made greater use of the alternative pathways to resolution where appropriate, as reflected in the increases in the first two options above. We made changes at the triage stage where inspectors were engaging in more dialogue and mediation at initial contact with services to resolve issues or undertook an inspection of the service in the early days of the pandemic without having to undertake a formal investigation. The result has been a decrease in the volume of complaint investigations completed this year. In 2020/21, we completed 122 investigations in total: an average of 10 investigations per month into care homes for older people, down from an average of 52 investigations per month in 2019/20.

Over the year, we investigated at least one complaint in 12% of all care homes for older people and went on to uphold a complaint in 10%.

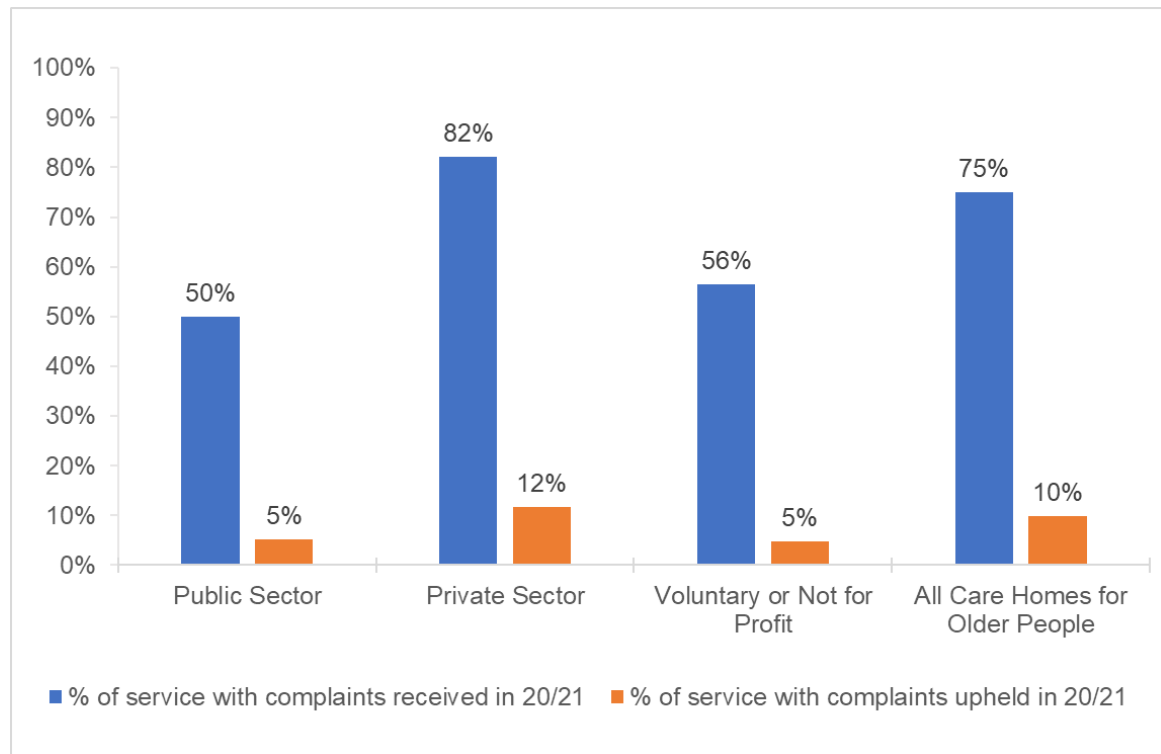
Of the care homes for older people that had a complaint investigated and upheld in 2020/21, 86% had only one upheld complaint, 13% had two upheld complaints, and the remaining 1% had three upheld complaints during the year.

Most care homes for older people are operated by the private sector (75%) with the public sector providing 15% and the remaining 10% provided by voluntary organisations (see Figure 7). In 2020/21, we received at least one complaint about 82% of private sector care homes for older people and upheld a complaint about 12% of them. Rates of complaints received and upheld are highest in the private sector (illustrated in Figure 8).

Figure 7: Care homes for older people by sector - at 31 March 2021



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Further breakdown of areas of complaint about care homes for older people (Figure 9) shows that specific healthcare issues formed the largest group of complaints (38%). This includes complaints about medication, continence care, tissue viability, nutrition, hydration and inadequate care and treatment. Full details of this breakdown are in the Appendix, (Table E).

Figure 9: Care homes for older people – by area of complaint 2020/21

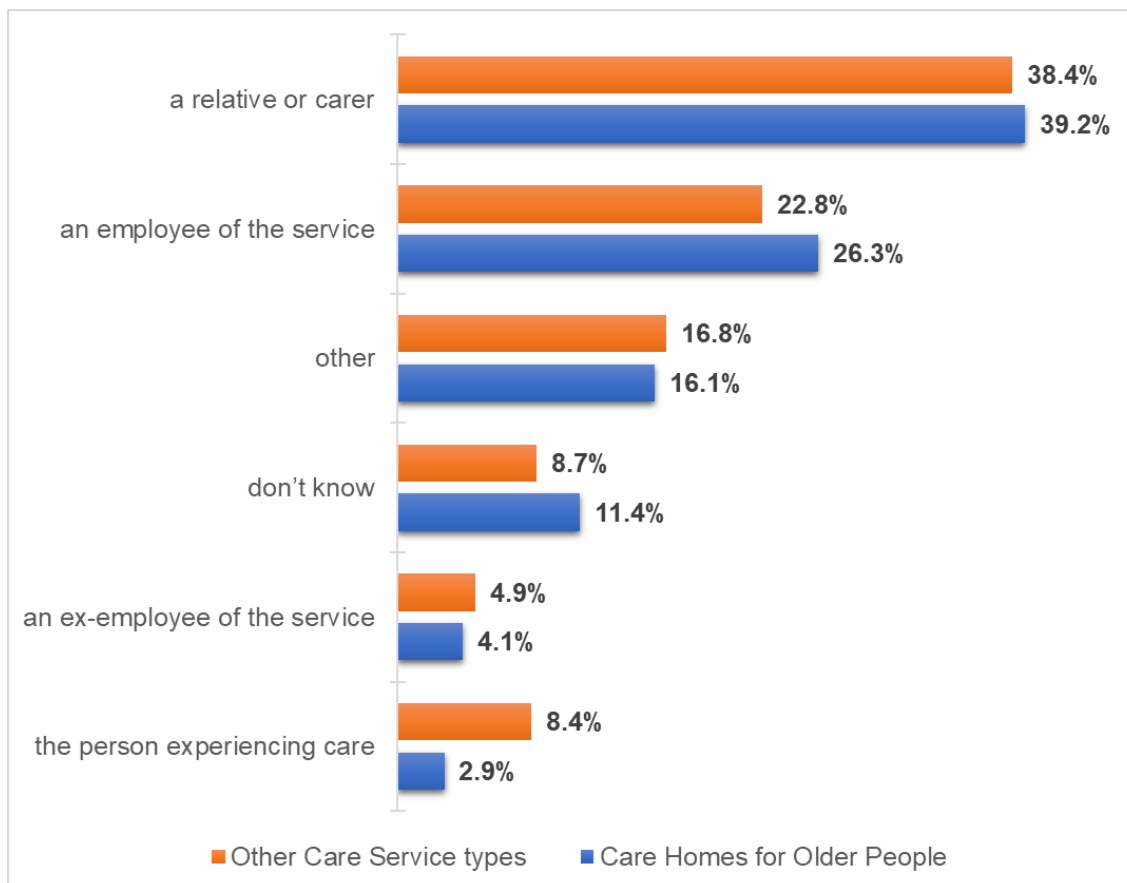
Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	115	38.0%
Communication	54	17.8%
Wellbeing	25	8.3%
Choice	21	6.9%
Staff	20	6.6%
Policies and procedures	18	5.9%
Property	11	3.6%
Protection of people	10	3.3%
Privacy and dignity	8	2.6%
Record keeping	8	2.6%
Environment	4	1.3%
Food	4	1.3%
User participation	2	0.7%

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Financial issues	2	0.7%
Access	1	0.3%

Just under 40% of all complaints received in 2020/21 about care homes for older people were from relatives and carers of people living in the service (Figure 10). The proportion of complaints received from employees of the service was 3% higher for care homes for older people than for other service types. Only 3% of all complaints about care homes for older people were from people experiencing care, compared with just over 8% for all other types of service.

Figure 10: Complaints received 2020/21 by relationship of the person making the complaint – care homes for older people compared with all other service types



2.7 What we found when investigating complaints

Once our investigation is complete the inspector decides if the complaint should be upheld or not upheld. Where we have investigated and found evidence that the cause of the complaint is valid, the complaint will be upheld, otherwise the outcome will be not upheld. When we uphold a complaint we inform both the person making the complaint and the care service know about any requirements or areas for

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improvement. It may be that one complaint contains many parts – which we call areas of complaint – each of which may be either upheld or not upheld.

Figure 13 below shows that in 2020/21 we upheld 76% of the 220 complaints completed, which is an increase from 61% in 2019/20. This reflects at least in part our risk-based procedures, and our approach during the pandemic, where only those complaints that were high-risk were taken forward for investigation with other cases following other resolution pathways.

The percentage of complaints upheld varies by type of service, although percentages based on small numbers of complaints should be interpreted with caution. For those service types with more than 20 complaints investigated this year a higher proportion of complaints about combined care at home and housing support services (87%) and standalone care at home services (88%) were upheld compared with the 75% upheld for care homes for older people (figure 14).

Figure 13: The number of completed complaint investigations by complaint outcome, 2016/17– 2020/21

Complaint outcome	Year investigation completed				
	2016/17	2017/18	2018/19	2019/20	2020/21
Upheld	57%	56%	58%	61%	76%
Not upheld	43%	44%	42%	39%	24%

Figure 14: Percentage of complaints upheld by service type, 2020/21

Care service type	Number of complaints completed	Number of complaints upheld	% of all complaints upheld
Adoption	0	0	0.0%
Adult placement	0	0	0.0%
Care home	132	98	74.2%
of which, care home for older people	122	92	75.4%
Childminding	7	5	71.4%
Daycare of children	16	9	56.3%
Fostering	0	0	0.0%
Housing support (standalone service)	6	3	50.0%
Nurse agency	1	1	100.0%
Offender accommodation service	0	0	0.0%
School care accommodation	1	1	100.0%
Secure accommodation	1	1	100.0%
Support service (standalone) – care at home	26	23	88.5%
Support service (standalone) – other than care at home	0	0	0.0%

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Combined housing support and care at home service	30	26	86.7%
All care service types	220	167	75.9%

2.8 Supporting improvement following complaints

Complaints give a valuable and personal insight into how services are caring for the thousands of people who experience them every day. We realise that, for many people, making a complaint to us can be a big step and indicates that there is something not right that really matters to them.

We look carefully at all the information we receive from complaints and decide the best way to proceed. This might be through a formal complaint investigation, or we may look at the issues raised during the service's next inspection. Alternatively, we may attempt direct service action, where we communicate with the service and facilitate resolution that the person making the complaint is satisfied with. Or we may pass the complaint to the service provider for them to investigate. Some issues raised with us are the responsibility of other organisations to look at, such as the Scottish Social Services Council or the Nursing and Midwifery Council. In such cases, we refer people to the appropriate organisation, ensuring we are clear how their concerns will be best addressed.

Where we do investigate formally, the purpose is not just to establish the facts and determine whether the care provided was good enough but to also seek to improve the quality of care provided to the person making the complaint and other people. It is essential that our investigations lead to meaningful change and improvements that provide positive outcomes for people experiencing care.

Following a complaint investigation where the complaint is upheld, our inspectors consider how we can support a service to make improvements. Depending on the seriousness of what we have found during our investigation, actions might include signposting to good practice; advising on an area for improvement; or making a requirement setting out what the service must do to improve and by when. Progress against areas for improvement and requirements is reported on at the next inspection. We may review evaluate the service as a result of an upheld complaint and might also consider whether we need to prioritise an inspection of the service to look at wider aspects of care.

Where the complaint identifies very serious concerns, we may issue a Letter of Serious Concern which we share with relevant partners to ensure services receive support for improvement. We may also serve an improvement notice under Section 62 of the Public Services Reform (Scotland) Act 2010 that may lead to the closure of the service with the agreement of a sheriff.

A key part of our role is to work with services and providers collaboratively to support improvement. Our inspectors and our improvement support team may spend time with care services and providers to build capacity and capability for quality

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improvement and help to make sure the experiences and outcomes for people are the best they can be.

2.9 Conclusions

This report has presented a range of statistical information from complaints about care services over the past five years.

2020/21 was a time of considerable change for the Care Inspectorate as a result of the Covid-19 pandemic. We had to adapt the way we worked to prevent the risk of spreading Covid-19 in care services. We could not carry out non-essential visits and had to restrict onsite complaints investigations to those that were deemed essential following an enhanced risk assessment.

The Covid-19 pandemic also resulted in changes to how services operated. Many closed, whilst others restricted non-essential visitors.

As a result of the above, the trends and patterns in complaints noted in previous reports were disrupted with falls in complaints received and investigated this year. This report shows how this affected different types of care service in different ways over the course of the year.

Summary of main points

- Although the number of complaints received in 2020/21 fell compared with the previous year, the 5-year trend is still increasing.
- The closure of many services during the pandemic, in particular of daycare of children and childminder services, contributed to the fall in complaints received overall.
- Over the same period, the quality of care overall has remained consistent with the percentage of services graded good, very good or excellent in all quality themes has remained fairly constant at 88%.
- We made more use of the resolution pathways in 2020/21 than in previous years. This meant a 61% increase in the volume of complaints dealt with by direct service action and a 50% increase in the volume of complaints used for intelligence.
- Since 2016/17, we have seen a decline in the average number of complaint investigations completed per month. This year, efforts to limit the spread of Covid-19 resulted in some services temporarily closing while others restricted access. This led us to make greater use of the alternative pathways to resolution where appropriate which still involved a significant amount of work from inspectors in determining the best course of action for all complaints received. The result has been a decrease in the volume of complaint investigations completed in 2020/21 when compared to last year. In 2020/21, we completed an average of 18 investigations per month, 220 investigations in

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total, a fall of 86% compared with the average of 127 per month the previous year.

- We upheld the majority of the complaints we investigated – 76% of 220 complaint investigations completed were upheld in 2020/21.
- As reported in previous years, we continue to receive, investigate and uphold more complaints about care homes for older people than for any other type of service – 10% of care homes for older people had at least one complaint upheld during 2020/21. Specific healthcare issues such as medication, continence care, inadequate care and treatment, tissue viability, nutrition and hydration were the most frequent types of complaints upheld about care homes for older people this year.
- Our focus in all areas of our work, including complaints, is on improving the quality of care and outcomes for people who experience care services. We do this both in the course of the investigation and in using intelligence from complaint investigations to help us focus our scrutiny, assurance and improvement support resources.
- Our new complaints system, introduced in 2019, has helped us to fully report on all complaint work and the different methods used to resolve complaints. It provides better intelligence on the nature of complaints, the links to our new self-evaluation frameworks and Health and Social Care Standards. Having access to better intelligence on the nature of complaints will enable us to identify where we need to support improvement for better outcomes for people who experience care services.
- We are keen to learn the lessons from our work on complaints in the last year and we have commissioned an internal review of our complaints function.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS**3.1 Resources**

As complaints grow, we may need to look at resources, however much of the development work in relation to complaints about care services will support the Care Inspectorate being more effective and efficient in its work.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy

There are a number of developments over the past year that should be reflected on when considering this report. Most notably, the findings of the Independent Review of Adult Social Care were published in February 2021, including a core recommendation

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to establish a National Care Service and a suggested need to prioritise an “improved complaints process”. The recommendations are likely to have a direct impact on the Care Inspectorate’s role and functions as the proposals are developed, debated and implemented in the coming years.

In addition, the Covid-19 pandemic had a significant impact on current and future policy development, including the implementation of emergency legislation relating to care homes and duties for the Care Inspectorate. Of note in relation to issues around complaints, the pandemic resulted in the delay of the establishment of the Scottish Public Services Ombudsman as the Independent National Whistleblowing Officer (INWO). Originally planned for July 2020, the INWO was eventually launched alongside new National Whistleblowing Standards on 1 April 2021.

3.4 People Who Experience Care

Robust and responsive complaints investigations allow people to experience better quality of care by finding solutions to problems, securing improvement, and identifying improvement which supports better outcomes generally, as well as for the person making the complaint.

3.5 Customers (Internal and/or External)

This detailed annual report on complaints will allow longer-term trends to be reported and analysed which will help focus improvement within the Care Inspectorate in terms of our complaints function. This will assist with delivering improved performance of the organisation in dealing with complaint investigations as well as improving outcomes, assurance and protection for people making the complaints and people experiencing care

4.0 CONCLUSIONS/NEXT STEPS

An edited version of this Board report will be prepared for public release as a statistical bulletin.

The Board will receive the six-monthly report for the period up to 30 September in the 16 December Board meeting.

Complaints about care services in Scotland, 2016/17 to 2020/21 – Detailed tables

Table A: Complaints received and completed about care services by relationship of complainant with service

Complaints received

Relationship of complainant	2016/17		2017/18		2018/19		2019/20		2020/21		5-year total		% change compare 16/17 to 20/21
	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	
other	479	11.2%	669	14.2%	710	14.4%	977	16.8%	759	16.4%	3594	14.8%	58.2%
the person experiencing care	363	8.5%	391	8.3%	442	8.9%	441	7.6%	261	5.7%	1898	7.8%	-28.1%
unknown	598	14.0%	365	7.8%	341	6.9%	401	6.9%	464	10.0%	2169	8.9%	-22.4%
a relative or carer	1932	45.2%	2214	47.1%	2269	45.9%	2635	45.2%	1794	38.8%	10844	44.5%	-7.1%
Employee, ex-employee	905	21.2%	1057	22.5%	1178	23.8%	1377	23.6%	1340	29.0%	5857	24.0%	48.1%
All complainant categories	4277	100.0%	4696	100.0%	4940	100.0%	5831	100.0%	4618	100.0%	24362	100.0%	8.0%

Complaint investigations completed

Relationship of complainant	2016/17		2017/18		2018/19		2019/20		2020/21		5-year total		% change comparing 16/17 to 20/21
	No. of complnt. complete	% of complnt. complete	No. of complnt. complete	% of complnt. complete	No. of complnt. complete	% of complnt. complete	No. of complnt. complete	% of complnt. complete	No. of complnt. complete	% of complnt. complete	No. of complnt. complete	% of complnt. complete	
other	183	11.0%	181	12.6%	164	11.7%	216	26.1%	21	9.5%	765	12.3%	-88.5%
the person experiencing care	113	6.8%	87	6.1%	82	5.9%	96	6.3%	17	7.7%	395	6.3%	-85.0%
unknown	208	12.5%	113	7.9%	77	5.5%	62	4.1%	8	3.6%	468	7.5%	-96.2%
a relative or carer	870	52.4%	798	55.6%	784	56.1%	869	45.3%	123	55.9%	3444	55.2%	-85.9%
Employee, ex-employee	288	17.3%	256	17.9%	290	20.8%	277	18.2%	51	23.2%	1162	18.6%	-82.3%
All complainant categories	1662	100.0%	1435	100.0%	1397	100.0%	1520	100.0%	220	100.0%	6234	100.0%	-86.8%

Table B: Complaints completed by service type

Care service type	2016/17		2017/18		2018/19		2019/20		2020/21		5-year total		% change comparing 16/17 to 20/21
	No. of complt. comple	% of complt. comple	No. of complt. comple	% of complt. comple	No. of complt. comple	% of complt. comple	No. of complt. comple	% of complt. comple	No. of complt. comple	% of complt. comple	No. of complt. comple	% of complt. comple	
Adoption	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	1	0.0%	0.0%
Adult placement	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	1	0.0%	0.0%
Care home	768	46.2%	635	44.3%	696	49.8%	679	44.7%	132	60.0%	2910	46.7%	-82.8%
Childminding	132	7.9%	126	8.8%	104	7.4%	116	7.6%	7	3.2%	485	7.8%	-94.7%
Daycare of children	365	22.0%	294	20.5%	229	16.4%	218	14.3%	16	7.3%	1122	18.0%	-95.6%
Fostering	4	0.2%	5	0.3%	1	0.1%	4	0.3%	0	0.0%	14	0.2%	-100.0%
Housing support (standalone service)	29	1.7%	21	1.5%	31	2.2%	39	2.6%	6	2.7%	126	2.0%	-79.3%
Nurse agency	0	0.0%	0	0.0%	2	0.1%	3	0.2%	1	0.5%	6	0.1%	100.0%
Offender accommodation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
School care accommodation	9	0.5%	18	1.3%	12	0.9%	24	1.6%	1	0.5%	64	1.0%	-88.9%
Secure accommodation	0	0.0%	1	0.1%	5	0.4%	2	0.1%	1	0.5%	9	0.1%	100.0%
Support service (standalone) - care at home	107	6.4%	104	7.2%	109	7.8%	144	9.5%	26	11.8%	490	7.9%	-75.7%
Support service (standalone) – other than care at home	13	0.8%	12	0.8%	4	0.3%	5	0.3%	0	0.0%	34	0.5%	-100.0%
Combined housing support and care at home service	235	14.1%	219	15.3%	202	14.5%	286	18.8%	30	13.6%	972	15.6%	-87.2%
All care service types	1662	100.0%	1435	100.0%	1397	100.0%	1520	100.0%	220	100.0%	6234	100.0%	-86.8%

Note: % change based on fewer than 20 complaints each year should be used with caution.

Table C: All service types by area of complaint, complaints upheld in 2020/21

Each complaint can have many areas, each of which has a separate outcome recorded. This table includes only those areas where the outcome was upheld.

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	33	6.6%
	Healthcare > Medication issues	20	4.0%
	Healthcare > Other	17	3.4%
	Healthcare > Nutrition	16	3.2%
	Healthcare > Infection control issues	11	2.2%
	Healthcare > Tissue viability	10	2.0%
	Healthcare > Hydration	9	1.8%
	Healthcare > Continence care	9	1.8%
	Healthcare > Oral health	5	1.0%
	Healthcare > Clinical governance	3	0.6%
	Healthcare > Palliative care	2	0.4%
Communication	Communication > Between staff and service users/relatives/carers	84	16.9%
	Communication > Other	4	0.8%
	Communication > Information about the service	4	0.8%
Wellbeing	Wellbeing > Other	51	10.3%
	Wellbeing > Emotional	8	1.6%
	Wellbeing > Developmental	5	1.0%
	Wellbeing > Behaviour	4	0.8%
Staff	Staff > Levels	18	3.6%
	Staff > Other	11	2.2%
	Staff > Training / qualifications	8	1.6%
	Staff > Other fitness issues	6	1.2%
	Staff > Recruitment procedures (including disclosure checks)	4	0.8%
	Staff > Unfit to work with vulnerable people	1	0.2%
Choice	Choice > Care and treatment	19	3.8%
	Choice > Dignity and privacy	9	1.8%
	Choice > Activities	3	0.6%
	Choice > Other	3	0.6%
	Choice > Service not meeting religious,cultural,faith,social needs	1	0.2%
Policies and procedures	Policies and procedures > Complaints procedure	17	3.4%
	Policies and procedures > Other	13	2.6%
Protection of people	Protection of people > Adults	18	3.6%
	Protection of people > Children	4	0.8%
	Protection of people > Policies and procedures	2	0.4%
	Protection of people > Other	2	0.4%

**Table C: All service types by area of complaint, complaints upheld in 2020/21
(continued)**

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Record keeping	Record keeping > Other	10	2.0%
	Record keeping > Personal plans/ agreements	8	1.6%
Property	Property > Loss of/missing	6	1.2%
	Property > Care of	4	0.8%
	Property > Other	1	0.2%
Privacy and dignity	Privacy and dignity > Privacy and dignity	9	1.8%
Environment	Environment > Fitness of premises / environment	6	1.2%
	Environment > Inadequate facilities	1	0.2%
	Environment > Other	1	0.2%
Food	Food > Other	3	0.4%
	Food > Choice	1	0.2%
	Food > Quality	1	0.2%
	Food > Availability	1	0.2%
User participation	User participation > Other	2	0.4%
	User participation > In managing/developing the service	1	0.2%
Conditions of registration	Conditions of registration > Exceeding capacity	2	0.4%
	Conditions of registration > Other	1	0.2%
Financial issues	Financial issues > Financial issues	2	0.4%
Equality issues	Equality issues > Equality issues	2	0.4%
Access	Access > Other	1	0.2%

Table D: Areas of complaint upheld, by type of care service 2020/21

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering Service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Healthcare > Inadequate healthcare or healthcare treatment	29	5.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.8%	0	0.0%	0	0.0%
Healthcare > Other	16	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%
Healthcare > Medication issues	11	2.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	1.0%	0	0.0%	4	0.8%
Healthcare > Nutrition	13	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	1	0.2%
Healthcare > Infection control issues	8	1.6%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	1	0.2%
Healthcare > Tissue viability	10	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Hydration	9	1.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Continence care	9	1.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Oral health	5	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Clinical governance	3	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Palliative care	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Communication > Between staff and service users/relatives/carers	51	10.3%	1	0.2%	1	0.2%	0	0.0%	3	0.6%	0	0.0%	0	0.0%	0	0.0%	10	2.0%	0	0.0%	18	3.6%
Communication > Other	4	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Communication > Information about the service	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.8%	0	0.0%	0	0.0%
Wellbeing > Other	23	4.6%	1	0.2%	5	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.6%	0	0.0%	19	3.8%
Wellbeing > Emotional	4	0.8%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	1	0.2%
Wellbeing > Developmental	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Wellbeing > Behaviour	1	0.2%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Staff > Levels	14	2.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	2	0.4%	0	0.0%	1	0.2%
Staff > Training / qualifications	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	4	0.8%	0	0.0%	1	0.2%
Staff > Other fitness issues	3	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	1	0.2%	0	0.0%	1	0.2%
Staff > Recruitment procedures (including disclosure checks)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	1	0.2%
Staff > Unfit to work with vulnerable people	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Staff > Other	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	9	1.8%

Table D: Areas of complaint upheld, by type of care service 2020/21 (continued)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering Service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Choice > Care and treatment	8	1.6%	0	0.0%	1	0.2%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	5	1.0%	0	0.0%	4	0.8%
Choice > Dignity and privacy	7	1.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	1	0.2%
Choice > Activities	3	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Choice > Other	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%
Choice > Service not meeting religious,cultural,faith,social needs	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Policies and procedures > Complaints procedure	13	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	2	0.4%
Policies and procedures > Other	6	1.2%	1	0.2%	3	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	1	0.2%
Protection of people > Adults	9	1.8%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	4	0.8%	0	0.0%	3	0.6%
Protection of people > Children	1	0.2%	2	0.4%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Protection of people > Policies and procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%
Protection of people > Other	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Record keeping > Other	5	1.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	1	0.2%
Record keeping > Personal plans/agreements	3	0.6%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	2	0.4%
Property > Loss of/missing	6	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Property > Care of	4	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Property > Other	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Privacy and dignity > Privacy and dignity	8	1.6%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Environment > Fitness of premises / environment	2	0.4%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Environment > Inadequate facilities	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Environment > Other	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table D: Areas of complaint upheld, by type of care service 2020/21 (continued)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering Service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service			
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%		
Food > Other	3	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Food > Choice	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Food > Quality	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Food > Availability	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
User participation > Other	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
User participation > In managing/developing the service	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Conditions of registration > Exceeding capacity	1	0.2%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Conditions of registration > Other	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Financial issues > Financial issues	2	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Access > Other	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Equality Issues > Equality Issues	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%

Table E: Care homes for older people, complaints upheld in 2020/21 by area of complaint

Note: each overall complaint can have several areas - this table only includes those areas that were upheld.

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	29	9.6%
	Healthcare > Other	16	5.3%
	Healthcare > Nutrition	13	4.3%
	Healthcare > Medication issues	11	3.6%
	Healthcare > Tissue viability	10	3.3%
	Healthcare > Hydration	9	3.0%
	Healthcare > Continence care	9	3.0%
	Healthcare > Infection control issues	8	2.6%
	Healthcare > Oral health	5	1.7%
	Healthcare > Clinical governance	3	1.0%
	Healthcare > Palliative care	2	0.7%
Communication	Communication > Between staff and service users/relatives/carers	51	16.8%
	Communication > Other	3	1.0%
Wellbeing	Wellbeing > Other	21	6.9%
	Wellbeing > Emotional	3	1.0%
	Wellbeing > Behaviour	1	0.3%
Choice	Choice > Care and treatment	8	2.6%
	Choice > Dignity and privacy	7	2.3%
	Choice > Activities	3	1.0%
	Choice > Other	2	0.7%
	Choice > Service not meeting religious,cultural,faith,social needs	1	0.3%
Staff	Staff > Levels	14	4.6%
	Staff > Other fitness issues	3	1.0%
	Staff > Training / qualifications	2	0.7%
	Staff > Other	1	0.3%
Policies and procedures	Policies and procedures > Complaints procedure	13	4.3%
	Policies and procedures > Other	5	1.7%
Property	Property > Loss of/missing	6	2.0%
	Property > Care of	4	1.3%
	Property > Other	1	0.3%

Table E: Care homes for older people, complaints upheld in 2020/21 by area of complaint (continued)

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Protection of people	Protection of people > Adults	9	3.0%
	Protection of people > Other	1	0.3%
Record keeping	Record keeping > Other	5	1.7%
	Record keeping > Personal plans/ agreements	3	1.0%
Privacy and dignity	Privacy and dignity > Privacy and dignity	8	2.6%
Environment	Environment > Fitness of premises / environment	2	0.7%
	Environment > Inadequate facilities	1	0.3%
	Environment > Other	1	0.3%
Food	Food > Other	3	1.0%
	Food > Availability	1	0.3%
User participation	User participation > Other	2	0.7%
Financial issues	Financial issues > Financial issues	2	0.7%
Access	Access > Other	1	0.3%

Table F: Complaints investigated over the past five years by outcome

Year investigation completed	Upheld		Not upheld	
	number of complaints	% of investigations completed	number of complaints	% of investigations completed
2016/17	952	57.3%	710	42.7%
2017/18	805	56.1%	630	43.9%
2018/19	809	58.0%	588	42.0%
2019/20	928	61.1%	592	38.9%
2020/21	167	75.9%	53	24.1%
All years	3661	58.7%	2573	41.3%

Table G: Complaints investigated over the past five years by outcome and service type

	Upheld		Not upheld		Total number
	number of complaints	% of investigations completed	number of complaints	% of investigations completed	
Care service					
Adoption	0	0.0%	1	100.0%	1
Adult placement	0	0.0%	1	100.0%	1
Care home	1738	59.7%	1172	40.3%	2910
Childminding	204	42.1%	281	57.9%	485
Daycare of children	508	45.3%	614	54.7%	1122
Fostering	7	50.0%	7	50.0%	14
Housing Support (standalone service)	82	65.1%	44	34.9%	126
Nurse agency	4	66.7%	2	33.3%	6
Offender accommodation	0	0.0%	0	0.0%	0
School care accommodation	37	57.8%	27	42.2%	64
Secure accommodation	5	55.6%	4	44.4%	9
Support service (standalone) – care at home	374	76.3%	116	23.7%	490
Support service (standalone) – other than care at home	14	41.2%	20	58.8%	34
Combined housing support and care at home service	688	70.8%	284	29.2%	972
All care service types	3661	58.7%	2573	41.3%	6234

Note: excludes a small number of cases that were withdrawn before the investigation was completed.

Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 20 May 2021

Recommendation requiring approval or action by the Board	
Minute no.	Subject (in brief)
14.0	<p>STRATEGIC RISK REVIEW</p> <p>The Committee has agreed, subject to comments noted, the revised risk appetite statement for submission to the Board at its meeting on 17 June 2021.</p> <p>The Committee has discussed in detail the draft revised risk appetite statement, as part of the process of reviewing the strategic risk register. The risk appetite statement now incorporates the new appetite definitions which were agreed at the Board Development Event in March this year.</p> <p>The Committee agrees it is important that a contextual approach is taken when considering the risk associated with our activities and has been assured that management will be looking at the risk categories through a number of lenses to ensure a balanced risk appetite.</p>

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)
9.0	<p>INTERNAL AUDIT REPORT ON HEALTH, SAFETY AND WELLBEING</p> <p>The Committee has noted the findings of the review of health, safety and wellbeing which outlined the very positive arrangements that the Care Inspectorate has put in place to support staff and ensure business continuity. The report detailed a wide range of strengths and also made two recommendations on some further areas for improvement which management is progressing.</p>
10.0	<p>INTERNAL AUDIT REPORT ON FREEDOM OF INFORMATION (SCOTLAND) ACT (FOISA)</p> <p>The Covid-19 pandemic has resulted in a significant change to the workload of the staff who dealt with FOISA requests and their ability to manage competing priorities. The internal auditors have reviewed the arrangements in place to deal with these requests and overall has found the level of assurance to be "Good" and no further recommendations have been required. The Committee is reassured by this very positive report and has noted that the position is to be monitored closely to ensure that there is sufficient resource to maintain</p>

<p>11.0</p>	<p>an appropriate and sustainable balance across all of the Information Governance team's three work streams.</p> <p>INTERNAL AUDIT OF SHARED SERVICE As reported to the March Board meeting, this audit has been carried out at the request of management within the Care Inspectorate and the Scottish Social Services Council. The review has focussed on the shared service arrangements in order to provide positive assurance on those arrangements which have been developed through joint working across both the organisations. The Committee has gained assurance through the report findings, and through the Shared Service Member Officer Working Group which oversees the development and implementation of the shared service from a Care Inspectorate perspective.</p> <p>Since the Committee met on 20 May, the Board has also agreed an additional strategic risk in relation to the shared service, which was a recommendation of the internal audit review.</p>
<p>12.0</p>	<p>ANNUAL REPORT AND ACCOUNTS The Committee has been kept abreast of the progress being made in the preparation of the 2020/21 annual report and accounts and noted that further engagement with the external auditors is taking place from the middle of June.</p>
<p>15.0</p>	<p>DIGITAL PROGRAMME UPDATE The Committee continues to receive assurance through these regular update reports, and through its participation in the member/officer Assurance and Advisory Group, on the progress being made with the organisation's digital programme. The Board will note that a copy of the full report is included along with the draft Committee minutes.</p>
<p>16.0</p>	<p>SENIOR INFORMATION RISK OFFICER ANNUAL REPORT The Committee is assured of the extent of the work that has been completed to date by the Information Governance team to deliver the transformation required to make the Care Inspectorate's data 'Safer and More Secure'. The Committee has also noted the good progress that has been made in establishing and implementing the new information governance tool (OneTrust), which will save a good deal of time in terms of processing information requests.</p>



Title:	DIGITAL PROGRAMME UPDATE
Author:	<i>Gordon Mackie, Executive Director of ICT, Transformation and Digital</i>
Appendices:	1. Action record of Member/Officer Assurance and Advisory Group meeting
Consultation:	n/a
Resource Implications:	No

EXECUTIVE SUMMARY

This report provides the Audit and Risk Committee with an update on recent progress of the Digital Programme. The report is focussed on Stage 1, which covers Complaints and Registrations and The Register

The report outlines the delivery progress and gives update on latest programme finances and overall progress including the impact of the COVID-19 response.

The Audit and Risk Committee is invited to:

- Notes the information contained in the report on Digital Programme Update.

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 below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: N/A

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.

DIGITAL PROGRAMME UPDATE

1.0 INTRODUCTION

1.1 Background

This report updates the Audit and Risk Committee on progress on Stage 1 of the Digital Programme.

The scope of Stage 1 covers:

- Complaints
- Registration: Phase 1 (the external facing application form)
Registration: Phase 2 (developing the app to support our internal registration business processes, the Register and associated updates)

1.2 Purpose

This report provides an overview and analysis of the programme, the achievements to date, a financial analysis, and an update on the current position on meeting the requirements and recommendations of the external assurance assessments, including our recent Digital First and Gateway reviews and preparation for our Go Live Gate review.

2.0 PROGRAMME DEVELOPMENTS

2.1 Overall Progress

The Digital Programme has continued to make progress in the backdrop of the ongoing pandemic, which at times has been challenging. The focus of the programme over the last period has been completing Registrations and The Register work along with preparing for our Go Live assurance assessments via Scottish Government Digital directorate.

The “Go Live” gate process for Digital First was concluded in March 2021. The outcome of the assessment was confirmation that the Digital Assurance Office was satisfied we were able to go live with our Public Beta Register, associated functionality and final stages to grant registration to place a service on the Register.

December 2020, the Strategic Leadership Team (SLT) recognised current operational pressures (as was), mounting pressure on us as an organisation from many external sources which were expected to run into January 2021 (this was pandemic related). This, along with the pandemic continuing to grow and case numbers rising, resulted in a discussion around the delivery of Phase 2 of Registrations and The Register. We supported this approach and aimed to go live in early March 2021. As a result of a robust testing process, we identified an issue which we required to resolve before we could go live. As a result, we agreed with the business a two month extension which meant a new go live date was agreed of 23 March 2021.

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The complaints app has had minimal work completed since the last report. We are working closely with the Service Manager, Complaints, to ensure the prioritisation of work based on their immediate business needs. We are also working closely with colleagues in the complaints team to address some service availability issues which have arisen. This will resolve short term challenges as well as outstanding areas known to the team.

The Digital team released into production the full functionality of creating a service on the register and the provider and internal actions associated with the register:

- Data migration of all active services to generate The Register
- Grant and refuse a registration
- Variation of conditions
- Cancellation
- Change of details (update by provider option as well as request for approval by inspector)
- Illegally operating services case log
- Inactive services

Inflight registration cases continue to be progressed by business support colleagues with the digital team supporting access “by proxy” to ensure the applicant/provider has limited duplication of effort into the new system.

All changes and updates of progress continue to be reported to the Programme Board. There have also been regular updates to the Digital Transformation Programme Member/Officer Assurance and Advisory Group (action note of latest meeting is at appendix 1.)

2.2 Direct and Indirect Impact of the COVID-19 Response

All aspects of Care Inspectorate activity, including digital, have been impacted by the COVID-19 pandemic. In mid-March there was a decision to require all staff to work remotely. The Digital team has always had a mixture of team members who have partially worked from home but given this affected the whole team there was some adjustment required to support staff to operate as effectively as possible in a constant remote working basis and this has had an understandable impact on overall productivity.

The Digital team has supported the Care Inspectorate’s overall response to the COVID-19 pandemic. The re-purposing of the organisation has required changes and developments in our e-forms to support the revised notifications process.

To date, the Digital team has undertaken over 100 hours of such work.

The team has been impacted by “COVID fatigue”. This impacts the team by not having the support of in-room discussions and access to all parts of the team, testers, business analysts, developers and product owner. Whilst “MS Teams” has been a useful tool for communication it cannot replace the benefits of face-to-face team problem solving sessions.

2.3 The Complaints App Update

The Complaints App initially went live in March 2019. End to end functionality was delivered by August 2019.

During the last nine months there has been minimal new functionality work being undertaken with only service activity work being scheduled.

The digital team will now engage with the business over May/June to ensure that any current business requirements can be agreed and activity planned to ensure this work is then undertaken.

2.4 Registration Phase 1

As reported at the last meeting of the Audit and Risk Committee, Phase 1 of the Registration app (the digitised application form) went live on 28 January 2020. During the pandemic we have seen the volumes of new registration applications drop. The general feedback from users continues to be very positive. The Registration app has over 1000 applications which have been started since launch 10 months ago. Of the 1000, over 400 have been completed and submitted to be processed to grant registration (or refuse).

2.5 Registration Phase 2 (including the Register) – Progress

The full release of registration and the register including all associated functionality went live on 23 March 2021. This reduced by a significant amount, the risk of PMS and therefore the register failing.

It should be noted that this has been one of the biggest and complex changes the Care Inspectorate has delivered in the last number of years. This has meant that for operational colleagues that in the short to medium term has brought some degree of impact to their day-to-day activity. The digital team has remained close to all operational teams supporting them through this period and will continue to do this until we move the delivery out of hypercare into business-as-usual footing.

These are the processes underway since go live (below) – a number of these are “inflight” cases where Care Inspectorate business support teams have transferred from PMS into the new app. This reduces the burden of duplication of effort from the applicant/provider. Illegally operating services is a new function created to support operational colleagues. That function was not available in PMS.

Application Type	Count
Registration Applications Created	170
Variation requests (in flight)	578
Voluntary Cancellation Requests	99
Inactive Service Requests	31
Illegal Service cases opened	3
New Services Registered	17
Change of Detail Requests	228
Change Of Details Self Service	107

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The programme board was tasked with confirming go live agreement. This was subject to agreement by the Digital First to go live following the “Go live” gate assessment. This was conducted in early March and resulted in nine recommendations.

The timing of the “Go Live” gate meant that the actions classed as critical were planned or underway but not completed by the time the assessment concluded.

They included user testing, confirmation of go live criteria for decision making and appropriate call off options. The report highlighted;

Recommendation	Action	Met/not Met
4.1 Planning	That Programme Board requires the PT and business representatives to bring forward pre-defined criteria from which the Go-Live decision will be derived. The criteria should be authorised by the SRO and business lead.	Met
4.2 Governance	That the business owners, in conjunction with the PT, establish a backlog management process that reflects the full scope of functionality delivered through the Gold Build, the functionality planned in future releases. The process should also accommodate new requirements being added.	Met
4.8 Testing	That the project determines the aspects of testing, which could be deemed prejudicial to a Go-Live decision and include these within the overall Go-Live criteria.	Met
4.8 Testing	That project undertakes end-to-end testing.	Met

These recommendations were classified as

Critical	The recommendation requires to be actioned before the project can be given approval by the Digital Assurance Office to move to the next stage of the project.
Essential	The project should take action to address the recommendation before the next Technology Assurance Review or by a timeline specified by the report.

**Agenda item 15
Appendix 1**

Recommended	Potential improvements can be made and the project should plan this activity into their future work to a timeline specified by the report.
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The programme board convened on 22 March and was given a presentation by the digital team on progress to go live to assist with their decision making. All criteria had been met and the Programme board agreed go live. There was a discussion as part of this decision making on having a slight further delay, but the balance of opinion at the board was to go live.

Testing was carried out to ensure the functionality was fit for purpose. A summary report was provided to the programme board detailing how we met all test criteria for go live.

Test Phase	Overall Tests Run	Overall Pass	Overall Fail	Overall Not Run	Defects outstanding	Exit Criteria	Go/No Go	Notes
System and Migration Testing	5238	100%	0%	0%	23 - P3 Defects 4 - P4 Defects	0 High Level Defects 0 Medium Level Defects	Go	
User Acceptance Testing (including End to End)	399	78%	10%	12%	3 Low priority	0 High Level Defects 0 Medium Level Defects	Go	Some tests were not executed due to unavailability of UAT users, however the functionality has all been covered by the remaining UAT Testers. Therefore the Overall Pass seems to be lower.
Penetration Testing	187	95%	5%	0%	1 High - fixed awaiting retest 1 Medium - fixed awaiting retest 4 Low priority	0 High Level Defects 0 Medium Level Defects	Go	Risk Assessment carried out and agreement in place to address.
Accessibility Testing	51	94%	6%	0%	3 Low priority	0 High Level Defects 0 Medium Level Defects	Go	
Performance Testing	100%	100%	100%	100%	No defects	0 High Level Defects 0 Medium Level Defects	Go	Average performance time is 1.2 second

Data Migration

The existing register held on PMS had nearly 18,000 registered services including those cancelled in the past five years, which had to be migrated onto the new service. This was done using a migration software tool to encode the translation. This was configured and extensively tested over twelve weekly cycles each which ran a test migration on a copy of production data. A tool was developed to check automatically the 2,500,000 data values generated by each trial. The data in PMS suffered from many quality issues which the migration had to accommodate: initial tests raised over 250,000 issues, which were iteratively addressed and retested until under 100 remained, all of which were trivial (eg capitalisation and extra spaces in text).

It was not feasible to resolve all PMS data quality issues, so some remain in the new register to be raised and resolved on a case-by-case basis through the support desk. However no significant issues have been raised as a result of bugs in the migration.

Public Beta Go live

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Register (Public Beta) Go-Live exit criteria

#	Criteria	State	Notes
Development			
1	Dev complete for all Register Public Beta work	GO	
2	GOLD Build ready to deploy	GO	18/2/21 Gold Build declared
3	Code freeze in place	GO	
Testing			
4	Disability testing completed	GO	Webusability testing
5	Accessibility completed	GO	WCAG2 compliant
6	Pen test completed and risk assessments are acceptable for 2 issues	GO	Retest complete and Ras in place
7	UAT & E2E Complete	GO	
8	No P1 or P2 bugs	GO	P3 and P4 in backlog to be addressed
9	Data Migration testing completed	GO	NES support to deliver
10	Performance testing completed	GO	
11	Test Closure Report completed and signed off	GO	
Business Readiness			
12	Comms Plan	GO	underway
13	Users received guidance / demos on Register system	GO	To be provided through BRG
14	Practice area available	GO	
15	Accepted workarounds signed off by business	GO	
16	Hypercare plan communicated, training completed, resources in place	GO	Final ServiceNow categories to be confirmed 22/3
Governance			
17	IT/OPS support	GO	
18	Rollback Plan confirmed and approved	GO	
19	Run book started	GO	
20	Business sign off confirmed (CI, BS and Intel team)	GO	
21	CAB Approval	GO	
22	Digital First Critical Actions Completed	GO	
23	Programme Board sign off	GO	
24	SRO Sign off	GO	

The Programme board confirmed go live on Monday 22 March 2021.

Post Go live

Digital team has been working since go live in close partnership with colleagues from across the business to support this change. This involves a range of communication channels to support collaboration and prioritisation of any subsequent updates to either fix bugs or add new functionality.

Given how large and complex this change was for business colleagues it was important that there were very clear and transparent communication channels in place.

Programme Communication Channels

Business Readiness Group – meets weekly with wide membership from across the organisation including inspectors, TM’s, intelligence team, communication team, business support colleagues. Supports guidance, organisational communications including surgeries and Teams live events.

Senior Stakeholders meetings/reports – Chief Inspectors and Head of Customer Service, weekly meeting face to face to consider range of issues including communication needs of wider teams, issues and themes arising. Includes weekly report including details of hyper care statistics and release planning.

Business Stand ups – key stakeholders meet with digital team. Initially daily and now three times a week to raise key themes arising for the wider organisation.

Weekly communication meetings – Weekly meetings are held with Communication colleagues to ensure all areas are kept informed with the latest internal and external

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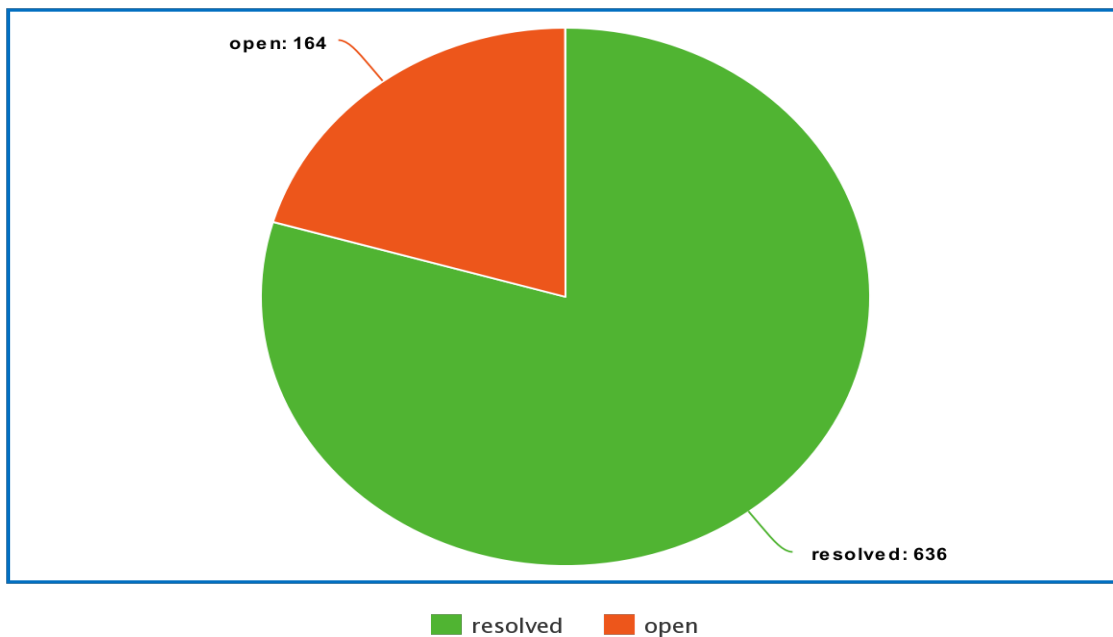
communication. A dedicated intranet page to update staff on the latest developments with an area for demos of functionality and guidance as well as weekly reports including details of hypercare statistics.

Hypercare

“Hypercare” is a term we use to provide support following identification of any issues post go live. We categorise these as being:

- Bugs – where something is not working
- Changes - to process
- Edits - to assist understanding or flow within the app
- Information – where would respond with a FAQ style response
- Business decision – where it is business rules that are needed, require updated or followed.

As at 30/4/2021 - 800 Hypercare tickets logged of which:



meta-chart.com

Release History Post Go live

We have been working with our colleagues since go live to make additional releases to ensure we can respond to bug fixes in a timely manner, and we have also released agreed additional functionality to enhance the Register and Registration Application.

3.0 EXTERNAL ASSURANCE ASSESSMENTS

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The Digital Assurance Office (DAO) team in Scottish Government agreed to our request for a “Go Live” assessment. This was carried out by two external assessors over 10 days. Four days reviewing evidence submitted and six days interviewing and report writing.

The process is assessed against the Scottish Government Digital Directorates Technology Assurance Framework. This is an aggregation of the digital standards under nine separate headings.

4.0 PROGRAMME FINANCES

The budget position for business transformation and the ICT modernisation is managed within the core Care Inspectorate budget monitoring process. The original programme total costs were estimated at £4.988m over the four years to 2020/21.

The latest estimates are for costs of £5.335m which is £0.347m more than originally anticipated. As the Care Inspectorate did not receive all the funding it requested (£2.3m compared to our request of £3.2m), additional funds have been allocated from within existing budgets and from the general reserve. We intend to fund £0.712m of non-recurring development in 2020/21 from our reserves.

5.0 NEXT STEPS

The digital team will continue to work closely with operational colleagues and respond to any urgent need for action as we continue through the hypercare period.

The plan is to exit hypercare by end of May 21. Generally, hypercare would be for a shorter period, but given the size and complexity of this change, we want to fully ensure this new service is ready to hand over to a business as usual state and therefore have extended it by an additional month.

Post exiting hypercare there will continue to be work delivered on Registrations and The Register (like there was on complaints initially) as we work with the business to add additional functionality and address any issues that arise from using the new service in live operations.

6.0 OTHER IMPLICATIONS AND/OR DIRECT BENEFITS**6.1 People Who Experience Care**

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

6.2 Customers (Internal and/or External)

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Modernising our ICT and digital capabilities will have a positive impact on both the internal and external customer experience. This will result in more timely and better quality information being available to support the scrutiny and delivery of care.



Title:	Counter Fraud, Bribery and Corruption Framework		
Author:	Kenny Dick, Head of Finance and Corporate Governance		
Appendices:	1.	Counter Fraud, Bribery and Corruption Framework	
Consultation:	N/A		
Resource Implications:	None		

Executive Summary:

The Care Inspectorate has entered into service agreement with NHS National Shared Services – Counter Fraud Services (CFS).

Our Counter Fraud, Bribery and Corruption Framework has been revised to reflect this new arrangement.

The Counter Fraud, Bribery and Corruption Framework has four elements:

1. Counter Fraud, Bribery and Corruption Policy
2. Counter Fraud, Bribery and Corruption Strategy
3. Formal Action Policy
4. Counter Fraud Services; Financial Crime Response Plan

Elements 1 to 3 set out our overall approach and element 4 provides the detail of the process to be followed if fraud, bribery or corruption was suspected.

Appendix 3 of the Counter Fraud Services; Financial Crime Response Plan is a critical document for all staff to be aware of and have access to.

We will work with CFS to ensure staff are aware of fraud, bribery or corruption issues and their responsibilities if wrongdoing is suspected.

It is recommended that the Board:

1. Approves the revised Counter Fraud, Bribery and Corruption Framework

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

BOARD MEETING 17 JUNE 2021

Agenda item 16
Report No: B-20-2021

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 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.
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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.

COUNTER FRAUD, BRIBERY AND CORRUPTION FRAMEWORK**1.0 INTRODUCTION**

- 1.1** The Care Inspectorate has entered into a rolling annual service agreement with NHS National Shared Services Counter Fraud Service (CFS). The initial year of this agreement was 2020/21 and preparatory work was progressed throughout this time.
- 1.2** CFS delivered a presentation on their service and the relationship with the Care Inspectorate at the Board meeting of 17 December 2020. We have worked with CFS on high level fraud risks ((pay related, expenses and procurement) and we will undertake detailed analysis during 2021/22. CFS have also delivered Counter Fraud, Bribery and Corruption awareness sessions to shared services finance and HR staff and to the CI/SSSC Procurement Development Group.
- 1.3** A key element of the work undertaken in 2020/21 was a revision of our Counter Fraud Bribery and Corruption Framework to reflect the role CFS has in supporting us to embed the management of fraud, bribery and corruption risk within our culture and detecting and responding to dishonest acts when they occur.

The revised Counter Fraud, Bribery and Corruption Framework is attached to this report.

2.0 REVISED COUNTER FRAUD, BRIBERY AND CORRUPTION FRAMEWORK

- 2.1** The Counter Fraud, Bribery and Corruption Framework consists of four elements:
1. Counter Fraud, Bribery and Corruption Policy
 2. Counter Fraud, Bribery and Corruption Strategy
 3. Formal Action Policy
 4. Counter Fraud Services; Financial Crime Response Plan
- 2.2** Elements 1 to 3 above set out our overall approach which is not to tolerate fraud, bribery or corruption. We will:
- take all reasonable steps to prevent fraud
 - ensure we have processes in place to detect fraud wherever possible
 - investigate fraud where it is detected or reported
 - pursue appropriate formal action against those involved in fraudulent or corrupt activities
- 2.3** The Financial Crime Response Plan (Element 4) set out in detail the process to follow and how we will work with CFS. This is intended to inform staff directly involved in a situation where fraud, bribery or corruption is suspected.

Appendix 3 of the Financial Crime Response Plan is a critical document for all staff to be aware of and have access to. Following agreement of this framework there will be a news item for staff and Appendix 3 will feature prominently to ensure all staff know what to do if they suspect fraud, bribery or corruption.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

There are no direct resource implications associated with this report.

3.2 Sustainability

There are no direct sustainability implications associated with this report.

3.3 Government Policy

There are no direct policy implications associated with this paper.

3.4 People Who Experience Care

There are no direct benefits for people who experience care.

3.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.



Counter Fraud, Bribery and Corruption Framework

Our Counter Fraud, Bribery and Corruption Framework is a series of inter-related documents designed to prevent and detect fraud, bribery or corruption and to take robust action where it is suspected.

The Framework consists of:

	Page
1. Counter Fraud, Bribery and Corruption Policy	2
2. Counter Fraud, Bribery and Corruption Strategy	11
3. Formal Action Policy	20
4. Counter Fraud Services; Financial Crime Response Plan	21

COUNTER FRAUD, BRIBERY AND CORRUPTION POLICY

1. INTRODUCTION

- 1.1 Fraud and corruption are ever present risks to all organisations, be they public, private or not-for-profit. Fraud and corruption can have a significant negative impact on organisations through disruption to the services provided or undermining the achievement of objectives. The Cross Government Fraud Landscape Report 2019 contains the following estimate of the scale of the problem in the UK public sector: "government estimates that fraud and error loss outside of the tax and welfare system cost central government between £2.8bn and £22.6bn in 2017-18".
- 1.2 We want to protect against, detect and respond to fraud and corruption in order to protect the interests of people who use care services, their carers, service providers, employees and other stakeholders while maintaining a high ethical standing.
- 1.3 We take our responsibilities to protect the public purse very seriously and we are committed to the highest standards of openness and accountability in order to ensure the proper use and protection of public funds and assets. We will not, therefore, tolerate fraud, bribery or corruption in any area of our activity and we will take all reasonable steps to prevent fraud (where possible), investigate fraud where it is detected or reported and pursue appropriate formal action against those involved in fraudulent or corrupt activities.
- 1.4 Our approach to this is based on 3 key themes:

Prevent	Detect	Investigate
Preventing and detecting more fraud	Acknowledging and understanding fraud and fraud risks	Being stronger in punishing fraud and recovering losses
<ul style="list-style-type: none"> • Making better use of information technology • Enhancing fraud controls and processes • Developing a more effective anti-fraud culture 	<ul style="list-style-type: none"> • Assessing and understanding fraud risks • Committing support and resources to tackling fraud • Maintaining a robust anti-fraud response 	<ul style="list-style-type: none"> • Prioritising fraud recovery and the use of civil sanctions • Developing capability and capacity to punish fraudsters • Effective collaboration across the public sector and with law enforcement

1.5 Our Counter Fraud, Bribery and Corruption Strategy is informed by the Scottish Government and NHS Scotland Strategy. We work in partnership with NHS National Shared Services Counter Fraud Services (CFS) to implement, maintain and develop the Strategy and associated Financial Crime Action Plan. The Audit and Risk Committee is responsible for overseeing and monitoring the effectiveness of our counter fraud, bribery and corruption arrangements.

2. OUR AIMS

2.1 This Counter Fraud, Bribery and Corruption Policy and accompanying documents, intend to set out our stance on fraud, bribery corruption or other dishonest acts and reinforce an open and honest culture. We are committed to the highest possible standards of openness, probity and accountability. We expect that Board members and officers at all levels will protect the Care Inspectorate (CI) and its resources and lead by example, ensuring high standards of personal conduct and adherence to our policies, procedures and rules.

2.2 We expect the same level of honesty from our partners, agents, contractors, suppliers and the public in all interactions.

2.3 This Policy Statement identifies our overall stance relating to fraud and corruption, our expectations and provides a definition of fraud and corruption. The Policy Statement is part of a framework containing:

- **The Strategy** describes our approach to minimising the risk of fraud. The key objectives of the Strategy are to minimise risk and any losses

due to fraud, bribery and/or corruption and to embed the management of fraud risk within the culture of the organisation.

- **The Financial Crime Action Plan** outlines our approach to dealing with detected and reported instances of fraud, bribery and corruption and how this fits with our other policies and procedures. This also outlines our commitment to seek remedy and take action/prosecute those responsible for fraudulent or corrupt acts.

2.4 Specifically, this framework and its elements aim to:

- promote a culture of honesty
- define and explain the roles of key parties to this framework
- promote the prevention of fraud and corruption
- aid the detection of fraud and corruption
- ensure the effective investigation in all cases where suspected fraud or corruption has occurred
- explain what we will do if we identify any cases of fraud, bribery and/or corruption and what action we will take.

2.5 This framework specifically applies to:

- Board members (including co-opted)
- employees
- secondees
- agency staff
- contractors
- consultants
- suppliers
- care service providers
- partner organisations.

3. WHAT ARE FRAUD, THEFT AND BRIBERY?

Fraud

3.1 The Fraud Act 2006 does not apply to Scotland where fraud offences are mainly dealt with under common law, although there are also some statutory offences of fraud. There are three types of fraud:

- Common law fraud
- Uttering
- Embezzlement.

- 3.2 Each of the above (3.1) has a slightly different fraud definition. The three main definitions are given below.

Common Law Fraud

Fraud is committed when someone is caused to do something they would not otherwise have done by use of deception. In order for a fraud to have taken place, there must be an intention to deceive. The range of conduct held by Scottish Courts to amount to fraud is very wide.

Uttering

Uttering occurs when someone tries to pass off a forged document as being genuine to the prejudice of another person. There must be an intention to defraud or to cause prejudice for an offence to have been committed.

Embezzlement

Embezzlement is the appropriation of property without the consent of the owner by a person in a position of trust, such as an employee. In most cases, embezzlement involves the appropriation of money.

- 3.3 Put simply, fraud offences are a dishonest act where an individual deliberately does something dishonest or abuses their position with the intent of gaining a benefit/advantage for themselves or to cause someone else a disadvantage. Benefits can be cash, the avoidance of a fine or penalty or the receipt of goods and services.
- 3.4 Some examples of fraud include:
- dishonest completion of expense or mileage claims
 - abuse of Care Inspectorate services or equipment for personal use
 - dishonest awards of contracts to family or friends
 - dishonest completion of flexi sheets to claim time not worked
 - dishonest manipulation of performance information or targets to ensure award of pay increments or other incentives.

Theft

- 3.5 Fraud is different to theft. The Theft Act 1968 does not apply to Scotland where theft offences are mainly dealt with under common law. A definition of theft is the taking of the goods or property of another with the intention of depriving the owner of them.
- 3.6 Put simply, theft offences are again a dishonesty offence where an individual deliberately and dishonestly takes something (this can be something physical such as cash or an item or an intellectual property item such as an idea or design), that is not theirs to take and uses it for their own purposes without permission.

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- 3.7 Examples of theft include the stealing of assets / goods / stocks, misuse of public funds for purposes other than they were made available or theft of cash or equipment.

Bribery

- 3.8 Bribery is defined in the Bribery Act 2010. Broadly, the Act defines bribery as "*giving or receiving a financial or other advantage in connection with the "improper performance" of a position of trust, or a function that is expected to be performed impartially or in good faith*".
- 3.9 Put simply, bribery is the offering or acceptance of an incentive in order to do something that you know that you shouldn't or not do something that you know you should. Bribery does not have to involve cash or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.
- 3.10 The act created four main bribery offences
- bribing another person
 - requesting or accepting a bribe
 - bribing a foreign official
 - failure of a commercial organisation to prevent bribery.
- 3.11 Whilst the Care Inspectorate is not normally considered to be a "commercial organisation", the term is used to describe any organisation in the UK that engages in commercial activities regardless of whether it pursues charitable, education aims or purely public functions. For the purposes of applying the Bribery Act 2010, the Care Inspectorate is treated as a commercial organisation and, therefore, needs to take appropriate steps, including the provision of appropriate procedures, to prevent bribery taking place.
- 3.12 Examples of bribery would include: the offering or acceptance, by any Board Member, officer or representative, of any incentive for them to do something that they should not such as: make a decision contrary to policies or procedures or disclose information that they should not. This could be offering tickets to a football match to gain advantage or information on the awarding of a contract but there are many other possibilities.
- 3.13 Previously, the term 'corruption' was used to describe fraudulent acts and bribes. This term is now used collectively to refer to dishonest acts covered by the outlined acts.

4. COUNTER FRAUD, BRIBERY AND CORRUPTION FRAMEWORK

- 4.1 Our Counter Fraud, Bribery and Corruption Policy, Strategy, and Financial Crime Action Plan is a series of inter-related actions and procedures designed to prevent and detect fraud, bribery or corruption and to take robust action where it is suspected.

- 4.2 We are committed to the continuous development of the Framework to ensure that it remains up to date and valid in the light of the dynamic risk environment in which we operate.
- 4.3 The Framework forms part of our wider governance arrangements that are designed to ensure we conduct our business effectively and properly, including safeguarding our resources and effectively meeting our responsibility for the safe stewardship of public money.

5. EXPECTATIONS

- 5.1 The Care Inspectorate expects all Board Members, employees and those acting as its agents to conduct themselves in accordance with the nine general principles set out in the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- 5.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000 is intended to apply to local authority councillors and members of relevant public bodies. However, we view the above principles to be an extension of the principles first published by the Nolan Committee in 1995. We therefore view the nine principles to apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally or locally, and all people appointed to work in the civil service, local government, the police, courts and probation services, non-departmental public bodies, in health, education and social and care services. All public office holders are both servants of the public and stewards of public resources. These principles also apply to those in other services delivering public services. These principles are as follows:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the Care Inspectorate's interests and in accordance with its core functions and duties.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the Care Inspectorate when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

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You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the Care Inspectorate uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Care Inspectorate in conducting public business.

Respect

You must respect colleagues and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing your duties as a representative of the Care Inspectorate.

- 5.3 We require Board Members and employees at all levels to lead by example in adhering to legal requirements, financial rules, contract procedure rules, codes of conduct, and prescribed procedures and practices.
- 5.4 We require executive directors and other senior managers to design and operate systems and procedures that will minimise losses due to fraud, bribery, and other dishonest action.
- 5.5 We expect Board Members and employees to be alert to the possibility of fraud, bribery and corruption in all their dealings and report suspicious activity.
- 5.6 We will not tolerate fraud. Employees found to be committing fraud or corrupt acts face dismissal under the disciplinary process. Criminal and/or civil action will be taken against those responsible for fraudulent or corrupt acts wherever it is in the public interest to do so.

6. RELATED POLICIES AND PROCEDURES

- 6.1 Whilst the Counter Fraud, Bribery and Corruption Framework forms part of our wider governance arrangements, there are a number of policies and procedures that are particularly relevant. These are as follows:
 - The Whistleblowing Policy
 - The Grievance Policy and Procedures

- The Employee Code of Conduct
- The Board Members Code of Conduct
- The Complaints Policy
- Disciplinary Policy and Procedures
- ICT and Cyber Security Policy
- Gifts and Hospitality Policy and Register
- Conflict of Interests Policy and Register

7. RESPONSIBILITY FOR THIS DOCUMENT

7.1 The Chief Executive has overall responsibility for the maintenance and operation of this framework. The Chief Executive is supported in this by the Executive Director of Corporate and Customer Services, Head of Finance and Corporate Governance, Head of Legal, Head of Human Resources, CFS and the lead of our internal audit service.

8. REVIEW

8.1. Counter fraud, bribery and corruption arrangements require to be continually reviewed. An annual review of this framework is carried out and the documents are revised as appropriate to reflect any key changes and to incorporate current best practice.

8.2. In assessing the effectiveness of our arrangements, we will consider:

- the extent to which key personnel are trained in detecting and investigating fraud and corruption
- fraud and corruption risks and new areas of fraud / corruption – fraud and corruption is an ever developing risk and arrangements need to continually evolve in order to maintain a robust response
- identified incidents of fraud and corruption
- action taken against perpetrators and attempts to recover losses
- our response to identified weaknesses in our systems and controls
- opportunities arising from developments in technology affecting our ability to prevent and detect fraud, bribery and corruption
- how we use data sharing and joint working initiatives to prevent and detect fraud.

8.3 An Annual Fraud Report is produced showing the outcomes of our counter fraud and corruption work.

8.4 In order to keep abreast of key changes we undertake ongoing reviews of national issues and developments. Information from a range of sources is obtained and used in keeping our plans up to date, including from CFS, Audit Scotland, CIPFA Better Governance Forum and Scottish Government.

COUNTER FRAUD, BRIBERY AND CORRUPTION STRATEGY

1. INTRODUCTION

- 1.1 The Strategy describes our approach to minimising the risk of fraud, bribery and corruption and dealing with any identified or suspected instances of fraud and/or corruption. The key objectives of the Strategy are to reduce the opportunity for fraud and corruption and to create a culture where fraud and corruption is unacceptable.
- 1.2 This strategy takes into account the Scottish Government Strategy.
- 1.3 The responsibility for counter fraud, bribery and corruption arrangements is widely dispersed. Board Members, in particular through the Board and the Audit and Risk Committee, have to give clear support to the Care Inspectorate arrangements. The Strategic Leadership Team and the Operational Leadership Team must provide strong leadership by advocating and promoting our arrangements and supporting strong action when the arrangements are ignored. There is a strong correlation/relationship between good governance and good counter fraud operations.
- 1.4 The Chief Executive and the Executive Director of Corporate and Customer Services are responsible for ensuring there are strong and effective arrangements in place for managing the risk of fraud, bribery and corruption and ensuring the interests of the Care Inspectorate are safeguarded, including our reputation.

2. COUNTER FRAUD SERVICES

- 2.1. The Care Inspectorate has entered into a contract for services with the NHS Scotland Counter Fraud Services (CFS). This contract is formed as a partnership agreement (referred to as "partnership agreement" within this framework), whereby CFS will work proactively to embed an anti-fraud culture and reduce fraud. The aim of CFS work is for our staff to gain a greater awareness of fraud and its impact and come to regard fraud as unacceptable.

3. KEY ELEMENTS - DETECT

- 3.1 The Counter Fraud, Bribery and Corruption Framework is part of the wider governance framework which includes other key policies such as the Codes of Conduct, financial and contract procedure rules, whistleblowing policy etc.
- 3.2 Recognising that fraud and/or corruption exists is key to tackling fraud and corruption in any organisation. Fraud and corruption is an ever evolving problem. It can range from a simple theft, con or scam to complex fraud affecting financial statements involving many companies and transactions. Fraudulent acts now make more and more use of new technologies and technological changes are always at risk of being exploited by fraudsters.

- 3.3 We acknowledge our responsibility for combatting fraud, bribery and corruption from both within and external to the organisation.
- 3.4 Fraud, bribery and corruption risk is managed through the existence, and application, of appropriate policies and procedures and through the introduction of relevant control systems. These systems and their effective operation are the responsibility of managers throughout the Care Inspectorate. Consideration of fraud and corruption risks must be an integral part of everyday business decisions, project and change management and overall strategy.
- 3.5 Managers have overall responsibility for acknowledging, assessing and managing the individual fraud risks relevant to their service areas. Advice and assistance with this is available from Finance where requested.
- 3.6 Internal audit will acknowledge and seek to include the review of fraud risks on any internal audit work carried out.
- 3.7 It is the responsibility of the Chief Executive in conjunction with the Executive Director of Corporate and Customer Services to determine, and provide for, an appropriate level of resources to counter the risk of fraud and corruption. In practice, this is informed by the level of detected fraud, identified fraud and corruption risks and assessments of counter fraud and corruption activities.
- 3.8 A list of potential fraud and corruption areas is included below. Please note that this list is not exhaustive:
- procurement
 - insurance claims
 - inappropriate access to business systems
 - creditor payments
 - failure to pursue valid debt
 - payroll and expense claims and payments
 - recruitment
 - misuse of, misappropriation or theft of assets
 - cash collection and cash payment systems
 - manipulation of scrutiny findings e.g. grading or not taking enforcement action

4. KEY ELEMENTS – PREVENT

- 4.1 We have an agreed Code of Corporate Governance, Scheme of Delegation and Financial Regulations which identify responsibilities for decision making and includes various contract and financial procedure rules. All Board Members and officers are required to act in accordance with these rules and requirements when carrying out their duties.

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- 4.2 We aim to have in place efficient and effective systems of control that as far as possible prevent potential fraudsters from exploiting weaknesses. The prime responsibility for maintaining such systems lies with managers. Support is given by CFS and our internal audit service, which provides an independent appraisal of the integrity of internal control systems.
- 4.3 Key internal procedural and control initiatives in place to prevent fraud include:
- an effective Counter Fraud, Bribery and Corruption Framework that maintains a culture in which we will not tolerate fraud, bribery or corruption
 - a strong high level scheme of delegation
 - strong and clear Financial Regulations
 - compliance by officers and Board members with respective codes of conduct
 - a Register of Interests to enable Board Members and employees to record any financial or non-financial interests that may bring about conflict with the Care Inspectorate's interests
 - a Register of Gifts and Hospitality to enable employees and Board members to record gifts and hospitality either received, or offered and declined
 - a Risk Management policy, strategy and procedures
 - suitable and enforced Procurement Rules
 - robust recruitment and selection procedures
 - robust internal control environments designed and implemented by managers and challenged through Internal Audit arrangements.
- 4.4 Deterring fraud is a large part of fraud prevention. We are committed to taking all viable steps to prevent, deter, detect and remedy instances of fraud and corruption whether the threat is internal to the organisation or external to it. Key to this is the development and maintenance of a counter fraud, bribery and corruption culture. Key counter fraud, bribery and corruption deterrent measures include:
- clear and active disciplinary and grievance arrangements
 - a commitment to pursue actions against those who commit fraud, bribery and corruption through an agreed prosecutions and civil recovery policy and use of internal disciplinary arrangements
 - publication of an annual fraud report to publicise activity undertaken and its results
 - counter fraud, bribery and corruption training
 - awareness of fraud risks by managers
 - confidential reporting (whistleblowing) procedures

- deep dive risk interrogation.

4.5 In addition to the above, proactive fraud, bribery and corruption detection and assurance activities both increase awareness and overall fraud detection levels. The primary responsibility for internal control activities lies with operational managers; however, there are other proactive initiatives that help to control these risks. Examples include:

- participation in the National Fraud Initiative
- periodic checks on systems, processes and areas by internal audit
- process/procedure compliance checks
- provision of advisory services by Legal Services, Finance, HR and internal audit to managers.
- provision of detection and prevention products, by CFS as agreed under the partnership agreement.

5. KEY ELEMENTS – INVESTIGATE

Investigate

- 5.1 Pursuing suspected fraud and error is also a key factor in the success of counter fraud, bribery and corruption activities across any organisation. In collaboration with CFS we have devised a Financial Crime Action Plan which provides detailed fraud and corruption response arrangements to enable any information gained or allegations made to be properly and effectively dealt with. The plan explains how any fraud allegations will be dealt with and who is responsible for their investigation.
- 5.2 Details on how to refer suspected fraud, bribery or corruption for investigation can be found in Appendix 3 of the Financial Crime Response Plan "What to do if you suspect fraud, bribery or corruption", in the Financial Crime Action Plan or Whistleblowing Policy. These are available on our intranet and website.
- 5.3 In addition to the above, it is recognised that the complaints against the Care Inspectorate's procedures also have a part to play. Complaints against the Care Inspectorate can be the first port of call for non-employees wishing to raise a concern about a process or event. It is important that concerns being raised through this route are dealt with properly and that it is recognised that where concerns are about fraud, bribery or corruption that they are dealt with through Counter Fraud, Bribery and Corruption Framework rather than as complaint against the Care Inspectorate.
- 5.4 It is important that any fraud, bribery or corruption is investigated by suitable individuals. We liaise with CFS to ensure this is achieved (see the Financial Crime Response Plan).
- 5.5 During any investigation, it is important to consider whether the police need to be involved in any investigation and at what stage this involvement should start. We will work in partnership with the CFS to investigate and prosecute detected fraud and corruption. No referrals should be made to the Police for

fraud, bribery or corruption without consultation and agreement between CFS and the Chief Executive and/or the Executive Director of Corporate and Customer Services, as defined within the partnership agreement.

Formal Action

- 5.6 The final stage in the pursue element is to take action against those where fraud, bribery and/or corruption has been confirmed. We have an agreed Financial Crime Action Plan, that outlines action that will be taken against any party committing fraud or corrupt acts against the Care Inspectorate. Action will be taken against those responsible for fraudulent or corrupt acts wherever it is in the public interest to do so.

6. CFS – SPECIALIST REPORTING AGENCY

- 6.1. CFS in their role as a Specialist Reporting Agency to the Crown Office and Procurators Fiscal Service (COPFS) will advise the Care Inspectorate if there is sufficient evidence to proceed, with a report to the COPFS. Under the terms of the partnership agreement a decision will then be made as to whether a report should be made, and any other civil or disciplinary sanctions should be commenced.
- 6.2. Where employees have committed a fraudulent or corrupt act, the Disciplinary Policy and associated procedures are also an important element. Consideration will be given in each case to determine whether any prosecution is undertaken at the same time as internal disciplinary processes are undertaken. So called "parallel action" will be undertaken wherever possible and this is in the public interest.
- 6.3. CFS seek to work with our partner agencies and other government agencies to take action against those that commit fraudulent or corrupt acts. We will share information as appropriate with partner agencies wherever there is a clear and legal path for doing so. Generally, information required for the prevention and detection of fraud and corruption is exempt from the requirements of the Data Protection Act 2018 and UK General Data Protection Regulations ("data protection law") although any information requested must always be proportionate to the issue being investigated. The Care Inspectorate will comply with the requirements of data protection law and with the Regulation of Investigatory Powers (Scotland) Act 2000 ("RIP(S)A") in all its fraud and corruption investigations.
- 6.4. Details of action taken and investigations of any suspected fraudulent or corrupt acts are reported annually in the Annual Fraud, Bribery and Corruption Report to the Audit and Risk Committee each year.

7. Roles and Responsibilities

- 7.1 Throughout this framework, reference has been made to the various roles and responsibilities of individuals or services. For reference, these responsibilities are summarised below.
- 7.2 **General responsibilities (all persons)**

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- To report suspected concerns or irregularities through the arrangements in Appendix 3 of the Financial Crime Response Plan “What to do if you suspect fraud, bribery or corruption”.
- To uphold a positive counter fraud, bribery and corruption culture.
- To undertake counter fraud, bribery and corruption training as arranged.
- To comply with the Board Member or employee Code of Conduct as appropriate together with any additional code of conduct or ethics relating to their professional qualifications or status.
- To act in accordance with Financial Regulations and Procurement Policy.
- To declare any interests and offers of gifts and hospitality that are in any way related to the performance of their duties of employment at the Care Inspectorate.
- To make annual declarations of interest to enable managers to effectively manage situations where a conflict of interest may occur.

7.3 Manager responsibilities

- To design and apply controls in their area as appropriate to prevent and detect fraud, bribery and corruption.
- To deal with conflicts of interest raised by their staff in an appropriate and responsible way.
- To ensure all their staff are adequately trained on procedures and controls to be complied with.
- To ensure proper procedures are being followed.
- To follow prescribed recruitment procedures aimed at recruiting high quality and honest staff.
- To assist those charged with the investigation of a concern and provide evidence to support any investigation or to investigate concerns, where agreed, using the disciplinary procedure where the outcome of an investigation indicates improper behaviour.
- To ensure that all suspected financial irregularities or financial impropriety brought to their attention is reported.

7.4 Chief Executive responsibilities

- To be responsible for the overall management arrangements of the Care inspectorate.
- To promote an organisational culture that accords with the principles of public life.
- Develop and maintain a Counter Fraud, Bribery and Corruption Framework.
- To agree sanctions with CFS.

7.5 Executive Director of Corporate and Customer Services

- To maintain adequate and effective internal control arrangements.
- To agree sanctions with CFS.
- To ensure that sufficient resources and that sufficiently trained staff are provided to fulfil our counter fraud, bribery and corruption aims and properly investigate suspicions of fraud and corruption.
- To advise on legal proceedings where there have been legal breaches.
- To advise on the recovery of assets and losses where appropriate.
- To provide advice to employees wishing to raise concerns.
- To advise departmental managers required to make decisions with regards to suspension and disciplinary proceedings.
- To ensure recruitment and selection policy and procedures delivers high quality personnel with suitable levels of integrity into the Care Inspectorate's employment.

7.6 **Audit and Risk Committee responsibilities**

- To review the risk management arrangements for the Care Inspectorate and the effectiveness of the Internal Audit function.
- To monitor, via reports from Internal Audit Services, the implementation of agreed management actions to improve the control environment and take action where these actions are not being implemented.

7.7 **Internal Audit responsibilities**

- To support managers in preventing and detecting fraud, bribery and corruption.
- To provide assurance on the appropriateness and effectiveness of systems and procedures.
- To work with CFS to support the investigation of fraud or corruption and as appropriate, liaise with managers to recommend changes in procedures to prevent further losses to the authority.

7.8 **External Auditor responsibilities**

- To carry out specific reviews designed to test (amongst other things) the adequacy of the authority's internal financial and other controls and arrangements for preventing and detecting fraud and corruption.
- To review the Care Inspectorate's accounts to ensure they are free from significant fraud and error.
- To refer and liaise with CFS when a fraud referral is received directly.

7.9 **NHS Counter Fraud Services (CFS)**

- To reduce fraud through proficient education and awareness initiatives, deter fraud through effective interventions and prevent fraud through targeted proactive projects.

- To proactively detect fraud.
- To investigate alleged cases of fraud by staff, contractors or suppliers, third parties and to pursue vigorously all cases to an appropriate conclusion.
- To, where necessary, undertake directed surveillance and covert human intelligence source (CHIS) management in relation to fraud in accordance with RIP(S)A.
- To provide specialist advice to assist in the formulation of national and UK wide counter fraud policy, regulations and guidance.
- To assist in the recovery of resources fraudulently or corruptly obtained from the Care Inspectorate.

7.10 **Fraud Liaison Officer**

The Head of Finance and Corporate Governance is the designated Fraud Liaison Officer (FLO).

- To act as the lead conduit and key channel of communication between the Care Inspectorate and CFS.
- To be responsible for facilitating investigations and liaising between CFS and those within the Care Inspectorate whose interests are closely linked to any fraud referral to CFS.
- To be responsible for briefing the Chief Executive and other senior executives on specific cases.
- To work with the Head of HR to ensure that staff governance is observed and particularly timing of actions which may involve staff.
- To ensure that the Audit & Risk Committee is kept informed.
- To facilitate deterrence and awareness initiatives.

7.11 **Fraud Champion**

The Executive Director of Corporate and Customer Services (is the designated Fraud Champion.

- To raise the profile of counter fraud and bribery initiatives and publicity.
- To make regular reports and/or presentations to the Audit and Risk Committee.
- To have oversight of and, where possible be involved in, any initiatives for deterring and disabling fraud and bribery.
- To monitor the degree to which recommendations resulting from investigations by CFS have been implemented and take steps to ensure full compliance.
- To support and liaise with the FLO.
- To work with Organisation and Workforce Development to promote an anti-fraud and bribery culture within the Care Inspectorate.

FORMAL ACTION POLICY

1. Policy Statement

- 1.1 After any investigation, sanctions should be applied where fraud, bribery or corruption has been found to have been committed. We will pursue criminal and civil action in a robust, consistent and proportionate manner wherever this is in the public interest.
- 1.2 The Care Inspectorate will pursue a range of options, as appropriate to each case, including:
- pursuit of civil or criminal sanctions through the courts (in conjunction with CFS and as determined by the Counter Fraud, Bribery and Corruption Strategy)
 - internal disciplinary action against any employee committing fraudulent or corrupt acts using the Care Inspectorate's Disciplinary Policy
 - recovery of losses by recovering assets owned by an employee or third party found guilty of committing fraudulent or corrupt acts through the Proceeds of Crime (Scotland) Act 1995 and POCA (Proceeds of Crime Act) legislation
 - applying for sequestration where an individual has a poor history of paying
 - recovery from any current salaries or by way of an earnings arrestment
 - referral of any detected fraudulent or corrupt acts through to the relevant professional bodies as appropriate.
- 1.3 The Care Inspectorate condemns any breaches and abuses of its financial systems and procedures and is committed to deterring all such intentional breaches and abuses. In all cases where it is in the public interest, criminal or civil action will be taken by the Care Inspectorate in collaboration with the CFS as appropriate. Any cases where prosecutions are successful will be published in order to act as a further fraud and corruption deterrent.
- 1.4 We will, if satisfied that we have suitable grounds for doing so, seek to recover from any person or member of staff who has abused its financial systems and procedures, any losses incurred to the public purse.

COUNTER FRAUD SERVICES: FINANCIAL CRIME ACTION PLAN

1. INTRODUCTION

- 1.1 This Financial Crime Action Plan describes the background responsibilities and process to be followed in circumstances where fraud or bribery is suspected. This operational plan is an element of our Counter Fraud, Bribery and Corruption Framework.

2. COUNTER FRAUD SERVICES (CFS)

2.1 CFS Partnership with the Care Inspectorate

CFS, in partnership with the Care Inspectorate, will work actively to promote an anti-fraud culture, the aim being that employees, contractors, consultants and others will come to regard fraud as unacceptable. CFS carry out both prevention work (raising awareness; delivering and/or facilitating training; building relationships and developing networks; proactive exercises/investigations) and investigations (against perceived, alleged, or actual fraud) and will provide support and facilitation for the Counter Fraud Champion in their work.

2.2 Role of CFS

The role of CFS, in partnership with CI/SSSC is to:

- reduce fraud through proficient education and awareness initiatives, deter fraud through effective interventions and prevent fraud through targeted proactive projects
- proactively detect fraud
- investigate alleged cases of fraud by staff, contractors or suppliers, third parties and to pursue vigorously all cases to an appropriate conclusion
- where necessary, undertake directed surveillance and CHIS management in relation to fraud in accordance with RIP(S)A
- provide specialist advice to assist in the formulation of national and UK wide counter fraud policy, regulations and guidance
- assist in the recovery of resources fraudulently or corruptly obtained from the Care Inspectorate.

2.3 CFS Investigation Report

Where CFS investigates a case of fraud, a final report outlining the case will be issued to the Care Inspectorate. Where appropriate, a range of recommended civil or disciplinary actions and an estimate of potential civil recoveries will be

included in the report. On occasions, CFS will also include counter fraud recommendations in reports. The Care Inspectorate has a responsibility to make a management response to any recommendations made in the reports. In the case of criminal prosecution, a Standard Prosecution Report will be sent directly to the Procurator Fiscal by CFS on behalf of the Care Inspectorate.

2.4 **CFS / Care Inspectorate Disagreement on Sanctions**

In any case where there is disagreement between the Care Inspectorate and CFS over the application of the full range of sanctions that may be recommended in the CFS report, then the Care Inspectorate's Accountable Officer and CFS must submit their concerns to Scottish Government for a decision.

2.5 **Disclosure of Information**

Information concerning work carried out on behalf of a client body may only be disclosed out with the confines of CFS with the express permission of the Care Inspectorate, except for disclosure to the Scottish Government Health and Social Care Directorate, other UK law enforcement agencies where relevant, the appointed auditor, or the Crown Office and Procurator Fiscal Service or Police.

2.6 **Employees Responsibility**

All staff have a duty to protect the assets of the Care Inspectorate, which include information, physical property and cash. The Care Inspectorate will maintain an honest and open culture and wishes to encourage anyone having suspicions of theft, fraud, bribery, corruption or embezzlement to report them without delay.

2.7 **National Fraud Initiative (NFI)**

The National Fraud Initiative (NFI) in Scotland is a counter-fraud exercise led by Audit Scotland, assisted by the Cabinet Office. It uses computerised techniques to compare information about individuals held by different public bodies, and on different financial systems and databases, to identify circumstances (matches) that might suggest the existence of fraud or error.

2.8 **The NFI allows:**

- public bodies to investigate these matches and, if fraud or error has taken place, to stop payments and attempt to recover the amounts involved
- auditors to assess the arrangements that the bodies have put in place to prevent and detect fraud, including how they approach the NFI exercise itself. The Care Inspectorate participates in this exercise which is carried out every two years.

3. PUBLIC INTEREST DISCLOSURE ACT 1998

- 3.1 As noted in the policy statement, the Care Inspectorate will maintain an honest and open culture and wishes to encourage anyone having suspicions of theft, fraud, corruption or embezzlement to report them without delay. The Care Inspectorate is required to provide a secure environment for staff, to be able to report suspected frauds and the Care Inspectorate's Whistleblowing Policy is outlined for staff within the Care Inspectorate's wider policy framework, intranet and staff leaflets.
- 3.2 Guidance has been issued by Audit Scotland to organisation's recommending actions to be taken when staff suspect that fraudulent activity is being perpetrated. This guidance takes the form of booklets for managers and staff entitled 'Don't turn a blind eye'. Further information is also available on www.whistleblowing.org.uk. The FLO is authorised to receive enquiries from staff "in confidence" and anonymously. The FLO is responsible for the decision as to whether the matter raised, should be reported to the Executive Director of Corporate and Customer Services and/or the Chair of the Audit and Risk Committee. The Care Inspectorate's (external) Appointed Auditor is also so authorised.

4. REGULATION OF INVESTIGATORY POWERS (SCOTLAND) ACT 2000

- 4.1 The use of covert surveillance or covert human intelligence sources by public authorities in Scotland is strictly controlled by the provisions of RIP(S)A. The Common Services Agency (the official name for National Services Scotland) is a named authority under RIP(S)A. The CFS may authorise directed surveillance and the use of covert human intelligence sources (CHIS) in respect of activities affecting the Care Inspectorate.
- 4.2 On advice from the Surveillance Commissioner and on the grounds of the health and safety of its employees and its duty of care for any CHIS, should CFS use its powers under RIP(S)A, it will not normally inform the Care Inspectorate until after the directed surveillance or covert human intelligence source work has been completed.
- 4.3 The CFS website (secure area) has further guidance for Care Inspectorate on how to ensure directed surveillance is not undertaken by their staff inadvertently, leaving the Care Inspectorate potentially open to legal challenge or allegations in relation to the infringement of Article 8 of the Human Rights Act 1998 – The right to respect for private and family life and/or breach of the 1998 Act. Care Inspectorate should also consult their Data Protection Officer to ensure that all surveillance (including CCTV and monitoring of employee emails/internet usage) and other activities is carried out in accordance with data protection law and all relevant Codes of Practice.
- 4.4 All investigations undertaken by CFS investigators will be conducted in compliance with relevant extant legislation including to the extent applicable the Criminal Procedure (Scotland) Act 2016, the Criminal Justice and Licensing (Scotland) Act 2010, the Investigatory Powers Act 2016 ("IPA"), the Regulation of Investigatory Powers (Scotland) Act 2000 ("RIP(S)A"), the Data Protection Act 2018, the UK General Data Protection Regulation (Regulation (EU) 2016/679

and 2016/680) and all relevant Regulations and Codes of Practice, recognising the considerations of the Human Rights Act 1998.

5. THE ACTION PLAN

5.1 Responsibilities

The "Financial Crime Action Plan" details the Care inspectorate's responsibilities in respect of cooperating with CFS's proactive and counter fraud programmes of work. The Care Inspectorate must adopt and implement its own Plans.

5.2 Required Actions

The flowchart below describes the required actions with respect to a reported suspicion of fraud. The flowchart provides procedures that allow for the gathering and collation of evidence, in a manner that will facilitate informed initial decisions, whilst ensuring that evidence gathered will be admissible in any possible future criminal or civil actions. Each situation is different, therefore the guidance in the flowcharts will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

5.3 Communication

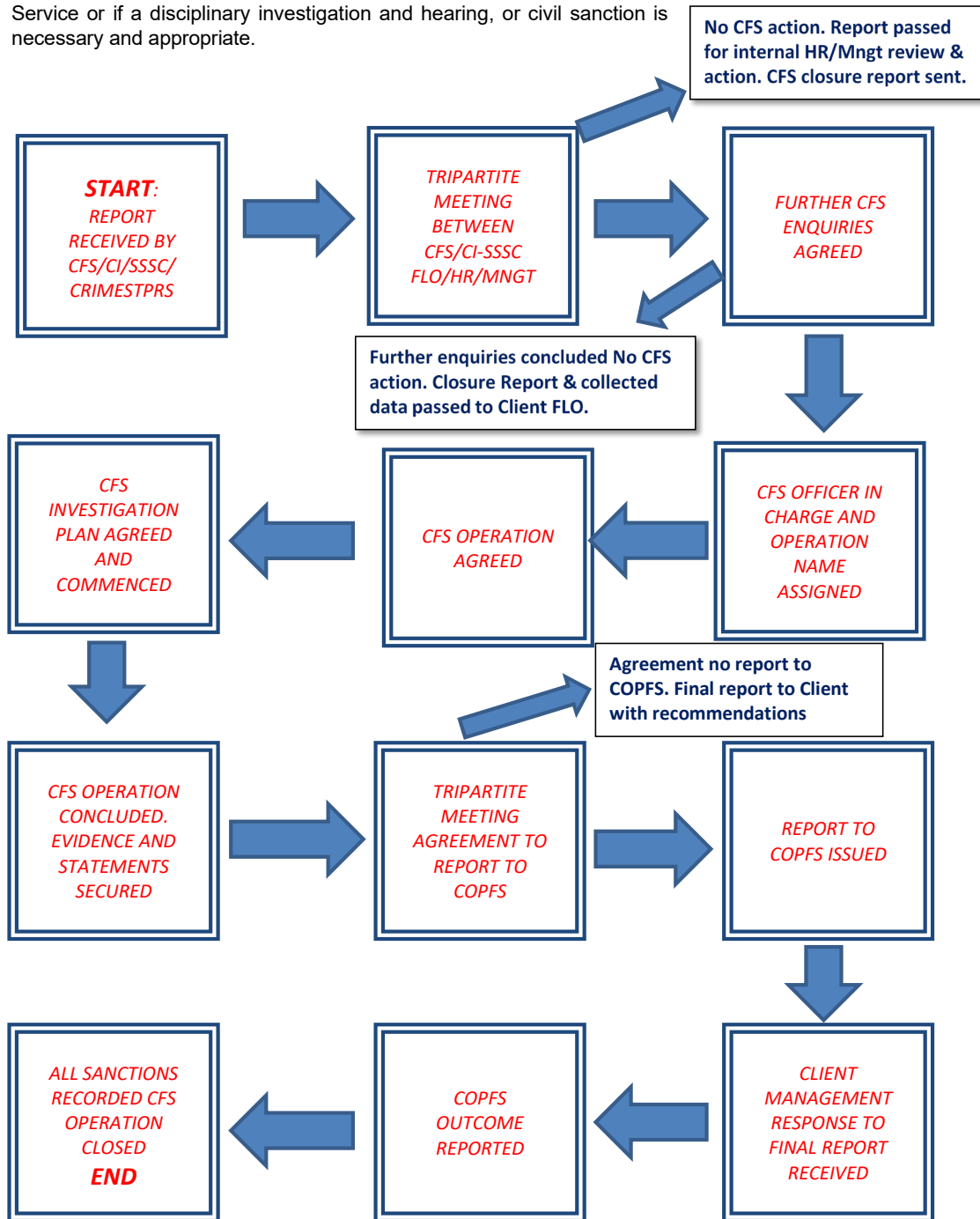
Under no circumstances should a member of staff speak or write to representatives of the press, TV or radio, about a suspected fraud without the express authority of the Chief Executive (see the media protocol for further information). Guidance to Care Inspectorate staff who may have suspicions or concerns about possible irregularities including fraud is set out in Appendix 2 of this document. Care needs to be taken to ensure that no action is taken that could give rise to an action for defamation. In some cases, eg if a major diversion of funds is suspected, speed of response will be crucial to avoid financial loss.

5.4 Named Officer involved as a Witness or Suspect

In all cases, if any of the named officials in the flowchart, are the suspect or a witness, the duties described for them in the flowchart moves to the next highest official within the organisation e.g. if Fraud Liaison Officer is a witness, the Executive Director of Corporate and Customer Services becomes FLO, or if the Executive Director of Corporate and Customer Services is the suspect, the Chief Executive or a Board member takes on their duties.

5.5. Guide to dealing with reports of potential fraud, bribery & corruption, theft or other financial irregularity

Flowchart 1 - Fraud and other financial irregularities – shows the steps to be taken to establish the facts and then to decide if the case should be referred to the Counter Fraud Service or if a disciplinary investigation and hearing, or civil sanction is necessary and appropriate.



5.6 Sources of reports of fraud and other irregularities

The Care Inspectorate may receive reports of alleged fraud or other irregularities from the following sources:

5.7 Employees

An employee should normally discuss any suspicions with his/her line manager. The employee may also, or instead, discuss the matter in confidence, with the FLO or contact CFS Crimestoppers direct.

The line manager and the FLO will then agree on the next course of action. If, after consideration, the suspicion seems well founded, the Executive Director of Corporate and Customer Services / Fraud Liaison Officer should consult with CFS to ascertain whether the investigation will proceed on a criminal and/or civil/disciplinary basis. The FLO will inform the Head of Human Resources, the Internal Auditor and the reporting employee. After consultation with CFS, the line manager may inform the suspect of the allegation made about them.

If an employee suspects his/her line manager, the employee should report the suspicions to someone more senior or directly to the Executive Director of Corporate and Customer Services / Fraud Liaison Officer or may discuss the matter with the Lead Internal Auditor. If this is not appropriate, eg the suspect is the Executive Director of Corporate and Customer Services, then this should be reported directly to their line manager i.e. the Chief Executive and Internal Audit.

An employee may use the CFS Fraud Reporting Line 08000 151628 (powered by Crimestoppers) or report their suspicions (anonymously if desired) through the CFS Website www.cfs.scot.nhs.uk.

If the suspicion involves a the chief executive or an executive director the matter should be reported to the Chair of the Audit & Risk Committee or the Chair of the Board, or to Internal/External Audit.

These reporting routes should be clearly defined in staff induction documentation and awareness raised for existing staff.

5.8 Contractors/Suppliers/Police/CFS

The Care Inspectorate's policy, is that all allegations of fraud or other irregularities, reported by an employee, should be made in the first instance to the FLO (Head of Finance and Corporate Governance) / Fraud Champion (Executive Director of Corporate and Customer Services) or the Lead Internal Auditor. If the suspicion involves an executive director, the chief executive or a Board member the matter should be reported to the Convenor of the Audit & Risk Committee or the Chair of the Board.

The CFS, through its Fraud Reporting Hotline and website, is another conduit for reporting allegations of fraud and other irregularities. The partnership agreement states that any such allegations will be reported to the appropriate Care Inspectorate officer within 48 hours of notification to the CFS.

The FLO (involving the Executive Director of Corporate and Customer Services, Chief Executive, the Chair of the Audit and Risk Committee and/or Chair of the Board as appropriate) will consult with CFS to ascertain whether the investigation will proceed on a criminal and/or civil/ disciplinary basis.

These reporting routes should be clearly defined in employee information leaflets, contract documentation, and CFS publicity material.

In all such internal and external documentation, it should be noted that time may be of the utmost importance to prevent further loss to the Care Inspectorate.

5.9 Subject of Allegation

The allegation of fraud or other irregularity may be in respect of:

- an employee
- a Board member
- an independent contractor
- a supplier
- a care service provider
- partner organisation.

The above list is illustrative in nature and is not exhaustive.

5.10 Criminal Prosecution

If the allegation is theft, this will be reported directly to the police for investigation and possible prosecution. In all cases where the allegation is fraud or other financial irregularity then CFS will lead the investigation, which potentially may lead to a criminal prosecution.

If the allegation concerns an employee, the CFS will take account of the Care Inspectorate's Human Resources policies and will consult with the Head of Human Resources in respect of relevant issues including suspension. Consultation in such circumstances is essential; no unilateral action will be taken by the Care Inspectorate or the CFS.

If the allegation concerns a Board member or the chief executive, the CFS will undertake all consultation with the Convenor of the Audit and Risk Committee or Chair of the Board and will involve the Head of Human Resources and Lead Internal Auditor, where appropriate.

Where the allegation is in respect of an independent contractor, or a supplier, CFS will undertake a consultation with the FLO, Executive Director of Corporate and Customer Services and Internal Auditor.

It is expected that CFS will undertake all investigations, in co-operation with Care Inspectorate's internal auditors, in respect of contractors, suppliers and partners. The procedures that will be followed by the CFS in all investigations are detailed in the partnership agreement.

5.11 Discipline or Civil Recovery

Where, following consultation between Care Inspectorate and the CFS, an investigation limited to disciplinary/civil recovery action is appropriate; the following paragraphs outline the actions to be followed.

Where the allegation is in respect of an employee, the Executive Director of Corporate and Customer Services will seek advice from the Head of Human Resources on whether to suspend a suspected employee or redeploy them temporarily.

Where the allegation is in respect of a Board member or Chief Executive, the Convenor of the Audit and Risk Committee / Chair of the Board will involve the Head of Human Resources, where appropriate, in making any decision regarding suspension. When taking action to suspend an employee or Board member it is important to communicate the reason for taking the action.

Where, however, due to the nature of the allegation, suspension is deemed inappropriate, eg it would alert the suspect and as such may lead to the destruction and removal of evidence, no action to inform the suspect that an investigation was taking place should be taken (in compliance with DPA 2018 Part 3).

5.12 Involvement of the CFS in Disciplinary/Civil Recovery cases

The Care Inspectorate / CFS Partnership Agreement outlines where it may be possible to utilise some of the work carried out by the CFS in a criminal case for disciplinary or civil recovery proceedings.

This will always be subject to approval from the relevant Procurator Fiscal and may require advice from the Care Inspectorate's legal advisors.

Subject to those caveats, the work done by CFS, particularly with respect to witness and suspect interviews, could reduce the work required by the Care Inspectorate's investigation team.

5.13 Log of Fraud (Incident Log) or other Illegal Acts

The Fraud Liaison Officer will enter details of all reported suspicions, including those dismissed as minor or otherwise not investigated, into an Incident Log. It will also contain details of the alleged incident, any losses that may have occurred, all actions taken and conclusions reached. If the suspicion appears groundless a record of the incident will be retained in the Incident Log only. If a suspicion appears grounded and further action is required, the incident will also be recorded in the Fraud Log. The Audit and Risk Committee will review the incident and fraud logs at least once each year and will report any significant matters to the Board.

5.14 Internal Communications

The Executive Director of Corporate and Customer Services / FLO shall inform and consult with the Chief Executive at the first opportunity in all cases of suspected fraud or where the incident may lead to adverse publicity. The Executive Director of Corporate and Customer Services / Lead Internal Auditor shall notify the Audit & Risk Committee of all frauds discovered and also of all losses arising from any criminal or suspected offences.

5.15 External Communications

The person reporting the concern, whistleblowers and complainants will be kept informed about the progress of an investigation as appropriate. However, detailed information on progress or detailed findings will not be released wherever there is a concern that it may damage an investigation. In releasing any information, those investigating must be aware of the requirements of data protection law and must not release any information relating to action being taken against an individual.

The Chief Executive (or nominated representative) will deal with any press or publicity in connection with any investigated case. Where appropriate the details of successful prosecutions and/or fraud or corruption investigations will be released to the media through the Communications Team. Staff and managers must not directly disclose any information to the press except through the Communications Team.

The aim of any press release is to deter further fraud and corruption and show the Care Inspectorate's commitment to preventing, detecting and prosecuting those who commit fraud against it.

5.16 Managing the Investigation

Investigation procedures to be followed are detailed below.

5.17 Appointment of Investigating Officer

An Investigating Officer will be appointed in accordance with the Disciplinary Policy. The circumstances of each case will dictate who will be involved and when. The following general guidance is intended to assist managers in deciding the best course of action.

5.18 Diary of Events

The manager overseeing the investigation (referred to hereafter as the Investigation Manager) should initiate a Diary of Events to record the progress of the investigation.

5.19 Has a criminal act taken place?

Although in preliminary discussions with the CFS, this question may appear to have been answered, in some cases this question may be asked more than once during an investigation. In practice it may not be obvious that a criminal act has taken place. However, if at any time during the investigation, a criminal act is believed to have occurred, the agreed procedure involving CFS must be invoked immediately.

5.20 Internal Investigation

Employees - Internal investigations must be carried out as per the Care Inspectorate Disciplinary Policy as well as determining what may need to be done to improve internal controls to prevent the event happening again.

Non-Employee - The internal investigation must determine the facts; whether there is a case to answer; what can be done to recover any loss; and what may need to be done to improve internal control to prevent the event happening again.

5.21 Recovering a loss

Where recovering a loss is likely to require a civil action, it will be necessary to seek legal advice. Such action should only be progressed under the authority of the Executive Director of Corporate and Customer Services.

5.22 Disciplinary/Dismissal Procedures

The Care Inspectorate's disciplinary procedures must be followed in any disciplinary action taken by the Care Inspectorate towards an employee (including dismissal).

5.23 Physical evidence

Upon taking control of any physical evidence, it is very important that a record is made of the time and place it is taken. If evidence consists of several items, for example many documents, each one should be tagged with a reference number corresponding to the written record. Care with evidence gathering is important as that which may initially be treated as a discipline case, could become a criminal prosecution. If during a disciplinary investigation the possibility of potential criminal action arises, the Investigating Officer must contact the FLO. The FLO will then consult with CFS. The investigation will be undertaken by CFS if there is a chance that there may be a criminal prosecution.

5.24 Computer Evidence

Where evidence is believed to be held on individual computers; laptops; smartphones; tablets; camera systems; or on a business network, great care should be taken in securing copies of files, emails and logs. Strict criminal procedures must be followed to allow this type of evidence to be admissible in prosecution proceedings and accessing this information prior to securing a forensic image may be considered by a Court as tampering with the evidence. CFS will provide advice to the Care Inspectorate on developing a plan to secure digital evidence.

5.25 Witnesses

If a witness to the event is prepared to give a written statement, it is best practice for a trained investigator to take a chronological record using the witness's own words. The witness must agree to sign and date the document as a true record, but the involvement of an independent person usually helps to keep the statement to relevant facts. In circumstances where the witness is

the Fraud Liaison Officer then the “role” of Fraud Liaison Officer moves to the next most senior member of staff.

5.26 Post-investigation review

It will be important for the Executive Director of Corporate and Customer Services, in conjunction with the Lead Internal Auditor, to consider actions to be taken to minimise the risk of a potential repeat of the incident. The actions will include implementation of CFS recommendations, review of lessons learned and completion of a risk assessment.

5.27 Involving the Counter Fraud Services

Where there is any suggestion that a fraud or other irregularity has been perpetrated, CFS must be involved in any decision regarding the action to be taken.

This aims to ensure timely and effective action can be taken to:

- minimise the risk of inappropriate investigative action by employees or managers
- minimise the risk that someone will inappropriately disclose information about a concern or investigation that could compromise it
- ensure that there is a clear understanding about who will lead on any investigation and ensure managers and other departments are involved as appropriate
- secure evidence relating to any investigation and ensure that such evidence is adequately protected
- prevent further losses of funds or other assets where fraud or corruption has occurred and maximise the chances to recover any losses
- ensure that there is sufficient evidence to support any allegation before civil, criminal or internal disciplinary action is started
- minimise any adverse publicity for the Care Inspectorate as caused by dishonest fraudulent or corrupt acts.

Some common misconceptions are:

- CFS is only interested if the alleged criminal offence is greater than a specific £ value
- CFS are not interested because the potentially complex issues involved render little chance of a successful prosecution
- The Care Inspectorate would prefer to deal with the incident, in an attempt to minimise attention while implementing dismissal and pursuing recovery

through civil action

- CFS want hard evidence before they will pursue investigations, but when it is provided they advise that the rules of evidence have not been complied with
- the disciplinary process has to await a CFS investigation and/or prosecution.

5.28 Counter Fraud Services contact details:

General enquiries: 01506 705200

Fraud hotline: 08000 151628

Website: www.cfs.scot.nhs.uk

Counter Fraud Services hotline and online reporting services are powered by **Crimestoppers**. This offers access 24 hours a day and seven days a week, with complete anonymity and confidentiality.

6. THE LAW AND ITS REMEDIES

- 6.1 Criminal law may impose sanctions on the suspect for causing loss, while civil law may assist the Care Inspectorate to recover its loss.
- 6.2 In civil law the method of concealment (in the case of fraud) is unlikely to be a key factor in the value of compensation or the drafting of the statement of claim. Criminal law now allows for the restraint (i.e. freezing) and confiscation of the proceeds of crime, following conviction. CFS, in conjunction with the police and fiscal service, will always press to have the full effect of the Proceeds of Crime Act 2002 applied whenever it is appropriate.
- 6.3. Subject to CFS obtaining approval from the procurator fiscal concerned, there is no reason why the criminal prosecution and civil process cannot be taken at the same time if the evidence supports such action.

6.4 Civil Law Remedies

The following is a brief description of some of the more common civil law remedies. It is not comprehensive and legal advice should be sought from the Care Inspectorate's legal team before action is taken.

6.5 Monies had and received

The claim will refer to funds of the pursuer, which have been 'had and received' by the defender at the pursuer's expense - and will seek their recovery.

6.6 Interest

The pursuer may be entitled to interest on the amount lost, and there are claims for interest under court rules and statute.

6.7 **Interdict, Arrestment or Inhibition**

In some cases, a court order can be used to freeze the assets of a person suspected of fraud or a person who has been convicted of a criminal offence in respect of their fraudulent activity.

These procedures can be used to prevent the disposal of assets of the suspect or defender.

6.8 **Damages for deceit**

A defender may become liable to the pursuer for damages arising out of the act, and if the pursuer can establish this liability he is entitled to be put back into the position that he would have been in if the act had not been committed. If successful, this claim may result in the award of damages beyond mere recovery of assets stolen.

FINANCIAL CRIME ACTION PLAN: APPENDIX 1

ILLUSTRATIVE LIST OF POSSIBLE FRAUDS

1.1 There are numerous types of fraud that can be perpetrated by staff and some examples are given below. This list is not exhaustive:

- dishonest action by staff to obtain a benefit eg working whilst on sick leave, false expenses, false overtime, false annual leave/flexi recording, embezzlement of cash or goods and procurement fraud
- account fraud eg fraudulent account transfers to employee account, fraudulent account transfer to third party account and fraudulent account withdrawal
- employment application fraud eg false qualifications, false references or use of false identity
- unlawfully obtaining or disclosure of personal data eg fraudulent use of customer/payroll data, modification of customer payment instructions and contravention of IT security policy with intent to facilitate the commission of a criminal offence
- unlawfully obtaining or disclosure of commercial data eg contravention of IT security policy with intent to facilitate the commission of a criminal offence.

1.2 The remit of CFS is focused upon matters of theft, dishonesty, deception and/or manipulation of documents/records where there is a loss to Care Inspectorate property or funds. The following is a list of offences which, following the consultation process between the Care Inspectorate FLO and CFS, CFS may investigate:

- fraud
- embezzlement - is the felonious appropriation of property (ie a thing or things belonging to someone) that has been entrusted to the accused with certain powers of management or control
- forgery and uttering (ie the making and publishing of a writing feloniously intended to represent and pass for the genuine writing of another person. Uttering means the tendering or presenting of a document)
- Bribery and Corruption - the Bribery Act 2010 makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation. Active bribery (section 1 of the Act) makes it an offence for a person to offer, give or promise to give a financial or other advantage to another individual in exchange for improperly performing a relevant function or activity. Passive Bribery (section 2 of the Act) makes it an offence for a person to request, accept or agree to accept a financial or other advantage in exchange for improperly performing a relevant function or activity. Corporate offence (section 7 of the Act)

states that an organisation may be liable if it fails to have adequate procedures in place to prevent bribery.

- Theft, attempted theft of Care Inspectorate property or funds - whilst it is accepted that instances of theft of property or funds are generally reported and investigated by the police, the Care Inspectorate should recognise that in cases of a series of thefts, it may be appropriate for CFS to be notified and provide additional assistance. The Care Inspectorate should seek the advice of CFS as appropriate.

1.3 Definition of offences

Section 3 of our Counter Fraud, Bribery and Corruption Policy provides definitions of fraud, theft and bribery offences.

Where an employee has been suspected of theft, which does not involve the type of offences listed, the matter will be reported to the Police or Procurator Fiscal, and any investigation is to be left up to the Police, in accordance with current practice.

FINANCIAL CRIME ACTION PLAN: APPENDIX 2

HUMAN RESOURCES PROTOCOL

1. APPLICATION OF SANCTIONS – HR/CFS COMPLEMENTARY POLICIES

- 1.1 In accordance with the relevant staff governance policy framework, where the actions of an employee are such that it is considered to be appropriate to invoke the disciplinary procedure, no disciplinary action will be considered until a thorough investigation has been carried out, and a manager will be identified to undertake the investigation.
- 1.2 Following consultation with the HR and Partnership Forums, it has been agreed that:
- where the actions of the employee are such that the Care Inspectorate considers that the disciplinary procedure should be invoked
 - there is a suspicion that the action of the employee may amount to the commission of a specified offence and criminal sanctions are to be sought CFS will conduct the investigation in line with the Care Inspectorate disciplinary procedures

the responsibility of CFS in discipline terms would be limited to the scope of the actions currently undertaken by the appointed "investigating officer" in interviewing witnesses and recording witness statements. However, CFS will not interview the employee under investigation as part of that disciplinary procedure. This disciplinary interview would remain the responsibility of management and the Human Resources Department of the employing department.

- 1.3 None of the foregoing would affect the rights of CFS to conduct a criminal suspect interview with the employee at the conclusion of the criminal investigation.
- 1.4 The rationale behind this agreement is that where such allegations would in any event be referred to CFS for criminal investigation, there seems to be no reason for witnesses to be interviewed twice, ie by CFS and by the appointed manager conducting the disciplinary procedure. All statements recorded by CFS can be used in disciplinary, civil and criminal proceedings; and subject to agreement from the Crown Office and Procurator Fiscal Service will be released to the investigating manager for presentation to the disciplining manager at the appropriate hearing.
- 1.5 CFS investigators will remain bound by the principles of the NHS PIN Guidelines detailing the investigation of disciplinary allegations, including reference in particular to the prompt gathering of all relevant facts; witnesses being accompanied at interview by union/professional organisation representative, or a colleague not involved in the investigation; notification to witnesses that statements may be used as evidence in disciplinary hearings.

2. DISCIPLINARY HEARINGS

- 2.1 In every case where it is proposed to proceed to a disciplinary hearing whilst there is a criminal case pending based on the same or related allegations, the advice of the Head of HR is to be sought before proceeding. There is no requirement under the criminal law for staff to be retained on full pay pending the criminal case. However, it may be considered inappropriate to proceed with a disciplinary hearing if the individual concerned declines to attend. In every such case, the Head of HR will advise on whether the evidence is in itself sufficiently strong and compelling to justify dismissal in absentia, if necessary. In practice, such action will be the exception rather than the rule.

3. SUSPENSION

- 3.1 This is not a disciplinary sanction and is a neutral act and would normally only be considered where the behaviour alleged would if proved, constitute an offence of a serious nature and time is needed to investigate the circumstances further. The employee must be informed of the reason for the suspension against which there is no appeal.
- 3.2 Where there is to be an investigation by CFS, the Head of HR should where practicable, consult CFS prior to recommending suspending any member of staff. It must be stressed that CFS are not proposing that they take any part in the decision as to whether or not suspension is appropriate. Rather CFS would seek to be in a position to make recommendations about the timing of the suspension in the interest of securing the integrity of any potential evidence.
- 3.3 Where the suspension takes place outside of standard office hours, CFS should be notified as soon as possible thereafter.
- 3.4 For example, if the alleged offence concerned conduct within Care Inspectorate premises, such as payroll fraud or improper application of tendering regulations, and the decision to suspend has been taken, CFS may recommend that the individual be escorted from the premises in order that evidence could not be tampered with.
- 3.5 If however, the allegation concerned the theft of property, CFS may recommend that it was more appropriate to reasonably delay the suspension in order to enable the searching (under warrant) of the garage (for example) at the home of the individual concerned.

FINANCIAL CRIME ACTION PLAN: APPENDIX 3

REPORTING SUSPECTED FRAUD, THEFT OR OTHER FINANCIAL IRREGULARITY

- 1.1 If you suspect fraud or wrong-doing, you should report this via one of the following routes:
- Contact the Head of Finance and Corporate Governance (Fraud Liaison Officer)
 - Contact the Executive Director of Corporate and Customer Services (Fraud Champion)
 - Contact Crimestoppers on 08000 151628
 - You may report your suspicions via the CFS Website www.cfs.scot.nhs.uk.
 - You may if you prefer contact the Lead Internal Auditor of our outsourced internal audit service. Contact details are David Archibald, 01382 200055 or David.Archibald@hlca.co.uk
 - You may also follow the Whistleblowing Policy to raise your concern.

Please note:

Counter Fraud Services hotline and online reporting services are powered by **Crimestoppers**. This offers access 24 hours a day and seven days a week, with complete anonymity and confidentiality.

- 1.2 After your concern is raised, a decision will be made about who is best placed and has the right skills to investigate the concern.

It is important that you do not:

- try to investigate any concerns yourself
- discuss your concerns outside of the contact routes described in 1.1 above
- confront anyone, whether an employee or not, about your suspicions
- ignore your concerns.

- 1.3 This is because:

- you may alert those you suspect to a potential investigation
- evidence could be destroyed
- evidence could be compromised and may not be usable in any investigation or prosecution if it has been interfered with

- relationships between employees, suppliers or partner agencies could be damaged
- the Care Inspectorate's reputation could be damaged unnecessarily.



Title:	BOARD SELF-EVALUATION ACTION PLAN	
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>	
Appendices:	1.	Governance Review 2021/22 Action Plan
Consultation:	N/A	
Resource Implications:	None	

Executive Summary:

Each Board member completed a Board effectiveness self-evaluation form. A development session was held on 2 June 2021 to consider and discuss the results of the self-evaluation returns.

The self-evaluation used a 5-point scale to assess effectiveness across 10 evaluation areas. The 5-point scale was:

1. very weak
2. weak
3. acceptable
4. strong
5. very strong

The average score across all 10 categories was 4.3. The lowest scoring category was “actively engaging people who experience care, staff, Sponsor and other key stakeholders on quality, operational and financial performance” scoring 3.7. It should be recognised that improvement in this area has been particularly affected by the impact of the Covid-19 pandemic.

This report provides details of the self-evaluation scoring and provides an action plan developed from the self-evaluation exercise.

The Board is invited to:

1. Note the self-evaluation results.
2. Approve the 2021/22 Governance Review Action Plan (Appendix 1).

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

BOARD MEETING 17 JUNE 2021

Agenda item 17
Report Number: B-21-2021

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 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.

BOARD SELF-EVALUATION ACTION PLAN

1.0 INTRODUCTION

- 1.1 All Board members completed a governance effectiveness self-evaluation form consisting of an effectiveness score on a 5-point scale and a narrative response to support the evaluation rating. The responses were collated, analysed and then discussed at a Board development session on 2 June 2021.

This report summarises the results of the self-evaluation exercise and proposes an action plan for Board approval.

2.0 SELF EVALUATION SCORING

2.1 Evaluation Scores

The evaluation scoring is set out in the table below. The same exercise was performed in the previous financial year and the 2020/21 results are shown for comparison purposes.

The 5-point scale to assess effectiveness across the 10 evaluation areas was as follows:

1. very weak
2. weak
3. acceptable
4. strong
5. very strong

The ranking signifies the order of scoring with the assessment area ranked 1 being the highest scoring and the assessment area ranked 10 the lowest scoring.

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Ref	Assessment Area	Average Score 2021/22	Ranking 2021/22	Average Score 2020/21	Ranking 2020/21
1.	Does the Board have a credible strategy to provide high quality, sustainable services to our stakeholders and is there a robust plan to deliver?	4.3	5	3.9	6
2.	Is the Board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?	4.4	4	4.3	1
3.	Does the Board have the skills and capability to lead the organisation?	4.6	3	4.3	1
4.	Does the board shape an open, transparent and ethical culture where acting in the public interest at all times is the norm?	4.7	2	4.0	4
5.	Does the Board support continuous learning and development across the organisation?	4.3	5	3.8	7
6.	Are there clear roles and accountabilities in relation to Board governance?	4.8	1	4.1	3
7.	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	4.0	8	3.8	7
8.	Does the Board actively engage people who experience care, staff, Sponsor and other key stakeholders on quality, operational and financial performance?	3.7	10	3.5	10
9.	Is appropriate information on organisational and operational performance being analysed and challenged?	4.0	8	4.0	4
10.	Is the board assured of the robustness of information?	4.2	7	3.8	7
	Overall Average Score	4.3		4.0	

The lowest scoring assessment area (for both financial years) was number 8 “Does the Board actively engage people who experience care, staff, Sponsor and other key stakeholders on quality, operational and financial performance?”. It should be recognised that improvement in this area has been particularly affected by the impact of the Covid-19 pandemic.

The Board is asked to note the self-evaluation scoring results.

3.0 SELF-EVALUATION THEMES

The narrative responses were analysed to identify areas where Board members believed improvement could be made or there were areas of concern.

3.1 Credible Strategy

A need to anticipate and prepare for the changes arising from the Feeley Review and The Promise, and the impact this will have on the role of the Care Inspectorate.

The Chief Executive advised he is considering how resource can be directed towards this work and in particular leadership and managerial capacity. There is a need to develop a programme to keep Board up to date and involved with developments.

The development of the new Corporate Plan is underway. The Corporate Plan will incorporate the changes (as known) to the external environment during its development but there is a need to remain flexible to be responsive to changes to our operating environment as they arise. A framework will be brought to the August Board for approval. The new three-year plan will be submitted to the December Board for approval.

The 2021/22 Scrutiny and Assurance Plan is to be submitted to the 17 June 2021 meeting of the Board for approval.

3.2 Risk Awareness

A need was identified to develop a robust inter-relationship between the strategic risk register and directorate/operational registers, in conjunction with training and guidance.

3.3 Skills and Capability

There was a discussion on succession planning for Board members and Chair, to help inform the process of appointment through the Public Appointments process. A skills matrix is already in place and this is reviewed by the Chair as part of annual appraisal process for members.

It was decided that this is a development area for the new Chair once appointed to consider.

Carole Wilkinson (Board member and Chair of Health Improvement Scotland) has provided the Terms of Reference for the Succession Planning Committee of HIS.

3.4 Open Transparent, Quality Focussed Culture

Options for Board members to engage and connect more directly with staff are to be explored to raise the profile of Board members and the work of the Board throughout the organisation.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Government Policy

There are no government policy implications associated with this report.

4.4 People Who Experience Care

There are no direct benefits for people who experience care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

GOVERNANCE REVIEW 2021/22

ACTION PLAN

Ref	Action	Responsible	When by	Completed
1.	Feeley Review and the Promise: Create leadership and management capacity to ensure an effective organisational response to external changes.	Chief Exec	30 September 2021	
2.	Feeley Review and the Promise: Develop a programme to keep the Board up-to-date and involved with developments.	Chief Exec	30 June 2021	
3.	Submit a framework for the development of the new Corporate Plan to the Board for approval.	Dep CE & EDS&I	12 August 2021	
4.	Submit the new Corporate Plan to the Board for approval.	Dep CE & EDS&I	16 December 2021	
5.	Submit the 2021/22 Scrutiny and Improvement Plan to the Board for approval.	EDS&A	17 June 2021	
6.	Develop the new Operational Risk Register (maintained by OLT)	HoFCG	31 August 2021	
7.	Develop a new operational risk management procedure note (agreed management action from an Internal Audit report)	HoFCG	31 July 2021	
8.	Deliver risk management training (agreed management action from an Internal Audit report)	HoFCG	31 August 2021	
9.	Consider the potential benefits of implementing succession planning for Board members and the Chair.	New Chair (once appointed)	31 December 2021	
10.	Submit a report to the Board on options for Board members to engage and connect more directly with staff	HoCP&C / ECSM	23 September 2021	



Title:	ANNUAL REPORT AND ACCOUNTS AND FINANCIAL POSITION UPDATE				
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>				
Appendices:	1.	Movement in Projected Financial Position from last report to Board			
	2.	Grant Funding Summary March 2021			
	3.	Debt Analysis 2020/21			
	4.	Debt Write Off 2020/21			
Consultation:	N/A				
Resource Implications:	Yes				
EXECUTIVE SUMMARY					
<p>This report provides an update on the progress of the 2020/21 Annual Report and Accounts and the projected financial position for the year to 31 March 2021.</p> <p>There is good progress on the preparation of the 2020/21 Annual Report and Accounts and we are on track to submit to external auditors in accordance with the agreed timescales.</p> <p>After expenditure delayed from 2019/20 is accounted for, the projected financial position is an underspend against revised budget of £1.517m. This is a decrease of £0.015m in projected net expenditure from the position reported to the Board at its meeting of 25 March 2021 (based on ledger to 28 February 2021).</p> <p>A summary of the movement in projected financial position is shown in Appendix 1 of this report.</p> <p>We agreed with the Sponsor we will end 2020/21 with a higher General Reserve balance than would normally be expected and use the carried forward funds to support 2021/22 expenditure pressures.</p>					
The Board is invited to:					
1.	Note the draft Annual Report and Accounts are expected to be completed and ready for submission to the external auditors on Monday 21 June 2021.				
2.	Note the projected financial position for the 2020/21 financial year.				
3.	Note the effective 2020/21 income collection and debt management activity.				
4.	Note the budget position including identified risks for 2021/22.				
Links:	Corporate Plan Outcome		Risk Register - Y/N	Equality Impact Assessment - Y/N	N
For Noting	✓	For Discussion	✓	For Assurance	For Decision ✓

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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: Not applicable – this is a public Board report
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Disclosure after: Not applicable

Reasons for Exclusion	
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FINANCE UPDATE

1.0 INTRODUCTION

This report is to advise the Board on:

- The progress of the Annual Accounts and the latest projected financial position for 2020/21
- The income collection and debt management position for 2020/21
- The budget position for 2021/22

2.0 ANNUAL REPORT AND ACCOUNTS PROGRESS

2.1 Submission to External Audit

Responsibility for the preparation of the Annual Report and Accounts is shared between several officers. The preparation of the Annual Report and Accounts is progressing satisfactorily, and it is expected that the draft documents will be submitted to Audit Scotland for auditing purposes on 21 June 2021 in accordance with the agreed timetable.

2.2 2020/21 Projected Outturn

As noted in 2.1 above, the preparation of the 2020/21 financial statements is progressing satisfactorily. Based on the work to date, the projected financial outturns have been updated and compared to the projected financial position reported to the Board on 25 March 2021. These movements are explained in Appendix 1.

2.3 Draft Financial Position

There was £0.196m of expenditure budgeted to be spent in 2019/20 that was delayed due to the Covid-19 position. The funding for this expenditure was carried forward in the general reserve balance to be incurred in 2020/21.

This, when added to the 2020/21 revised budgeted deficit of £0.759m, provides an expected deficit of £0.955m. The projected surplus of £1.517m is a difference of £2.472m to the expected position as shown below.

	Approved 2020/21 Budget	Budget Virement 2020/21	Expenditure b/fwd from 2019/20	Additional Core Grant 2020/21	Revised 2020/21 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff cost	29.125	(0.015)	0.036	1.100	30.246	29.147	(1.099)
Accommodation costs	2.500	(0.056)			2.444	2.163	(0.281)
Administration costs	1.106	0.216	0.071		1.393	1.460	0.067
Travel costs	1.232	0.000			1.232	0.144	(1.088)
Supplies and services	1.538	(0.145)	0.089		1.482	1.666	0.184

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Gross Expenditure	35.501	0.000	0.196	1.100	36.797	34.580	(2.217)
Grant in aid	(21.906)			(1.149)	(23.055)	(23.380)	(0.325)
Fee Income	(11.850)				(11.850)	(11.726)	0.124
Shared service income	(0.836)				(0.836)	(0.776)	0.060
Other income	(0.101)				(0.101)	(0.215)	(0.114)
Total income	(34.693)		0.000	(1.149)	(35.842)	(36.097)	(0.255)
(Surplus) / Deficit	0.808	0.000	0.196	(0.049)	0.955	(1.517)	(2.472)

2.3.1 General Reserve Position

Our funding strategy provides a target for a General Reserve balance of 1.0% to 1.5% of Gross Controlled Expenditure. Based on the revised budget this is a range of £0.368m to £0.552m. We are also building up equipment replacement funding within the General Reserve of £0.100m per annum. This is the second year of this approach. Therefore, our target range for the General Reserve is £0.568m to £0.752m. The current projected net expenditure will mean an uncommitted general reserve balance of £1.869m as shown below. This can be used to fund 2021/22 non-recurring cost pressures and contribute to the Stage 2 Transformation Programme.

The Annual Report and Accounts for 2020/21 shows an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected general reserve position:

The projected impact on the general reserve is as follows:

	2020/21 Budgeted Position	Projected/Actual Position	Variance
	£000	£000	£000
Opening general reserve balance	1,552	2,140	588
Draw on general reserve:			
Revised budget (over)/under spend	(823)	1,517	2,340
Projected general reserve balance at 31/03/2021	729	3,657	2,928
Minimum target General Reserve (1% of gross controlled expenditure)		368	

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To fund 2021/22 budgeted non-recurring expenditure	739
To fund 2020//21 c/fwd spend	96
ICT Equipment Replacement	200
Prepaid grant programme funding required	385
Committed General Reserve	1,788
General reserve balance available to support 2021/22 non-recurring cost pressures and Stage 2 Transformation	1,869
	3,657

2.3 Specific Grants

The projected expenditure on work funded by specific grants has been affected by the Covid-19 position. The position was reviewed with the various grant providers and revised grants were agreed for 2020/21. Appendix 2 provides the specific grant position, with an overall underspend of £0.014m projected. This will be carried forward in the general reserve to fund future programme expenditure.

We are continuing to engage with the Sponsor to convert short term specific grant funding into core grant in aid as appropriate.

3.0 2020/21 INCOME COLLECTION AND DEBT MANAGEMENT

During the year invoices totalling £11.296m were issued. Collection rates remain good.

Appendix 3 provides details of outstanding debt as at 31 March 2021 and compares this to the position as at 31 March 2020.

Appendix 4 provides details of the £0.086m debt written off during 2020/21. It should be noted that the Executive Framework provides the Chief Executive with delegated authority to approve the write off of debt up to the value of £10,000.

The Sponsor Department must approve any debt write off in excess of this figure. For the purposes of these authority limits it is the accumulated debt due from a service provider that is considered and not individual invoice values.

4.0 2021/22 BUDGET POSITION

4.1 Confirmation of Grant in Aid Funding

We have received confirmation of our core grant in aid funding from the Sponsor. This includes the approved budgeted grant in aid and the transfer of the Appropriate Adults specific grant to core grant. We also have confirmation of funding for some specific grant funded programmes.

BOARD MEETING 17 JUNE 2021**Agenda item 18
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There is no formal budget monitoring in the first quarter of the financial year, however there are a significant number of Scrutiny and Assurance vacancies which will not be filled until at least the second quarter of the year, and travel and accommodation costs are expected to continue to be less than pre-Covid-19 levels whilst our offices remain closed. At this time, a projected underspend against budget looks likely.

As noted in section 2.3.1 our projected general reserve balance is greater than previously predicted providing some additional comfort for dealing with unexpected net expenditure variations.

Senior Leadership Team is meeting to consider and prioritise additional budget requests that have been made, and it is likely that some of this additional funding will be utilised in 2021/22 for non-recurring budget pressures. It is also anticipated the General Reserve will make a significant contribution to the Stage 2 Transformation Programme.

5.0 2021/22 BUDGET RISKS**5.1 Pay Award**

The approved budget provided for a pay award to staff based on the key metrics allowed for by Scottish Government and assume incremental progression for all staff subject to satisfactory performance. Any award greater than this will create a budget pressure.

5.2 Business and Digital Transformation

A business case to obtain funding for Stage 2 Transformation Programme is due to be submitted to the Board in August 2021 and then subsequently to the Scottish Government. The approved budget does not provide for this beyond October 2021 and the indicative budgets for 2022/23 and 2023/24 do not include any provision for stage 2 work as this is dependent on additional funding to progress.

The original additional funding agreement for stage 1 sought recovery of the £2.300m funding awarded by the Scottish Government. This was to be achieved through realisation of the anticipated cash releasing savings that the business and digital transformation project would deliver. We have made a request to Scottish Government that the requirement to repay the additional funding is removed. The Scottish Government have agreed for 2021/22 that the first-year repayment does not need to be included in the budget, but this will be revisited during 2021/22 and may be recovered from any in-year underspend. We are awaiting confirmation of the longer-term position.

In the absence of confirmation, the indicative budgets for 2022/23 and 2023/24 assumes repayment will not be required in 2022/23 and 2023/24.

5.3 Post Covid-19 Public Sector Finances

Very significant sums of public money are being used to support the economy during Covid-19 restrictions. This will put pressure on overall public finances. The Scottish

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Government may be in the position where budgets will be reviewed during the year and cuts implemented.

The Care Inspectorate has a higher than usual general reserve balance as we are funding non-recurring digital transformation costs from the general reserve in 2021/22. We will need to be mindful this position is well understood with our Sponsor and the Scottish Government.

5.4 Specific Grant Funding

The 2021/22 budget includes significant grant funding tied to specific projects and outcomes for which we do not have confirmed funding for all programmes of work. The Covid-19 situation significantly constrains the progress that can be made. We will engage with the funding providers to ensure funding confirmation is received.

6.0 IMPLICATIONS AND/OR DIRECT BENEFITS**6.1 Resources**

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

6.2 Sustainability

There are no direct sustainability implications arising from this report.

6.3 Policy

The Scottish Government's Budget for 2020-21 was agreed by Parliament in March 2020. Finance Secretary Kate Forbes placed the spending plans in the context of downgraded projections for the UK economy and Brexit uncertainty, but it should now be noted that the Coronavirus (Covid-19) outbreak has since had, and will continue to have, a significant impact on the economy, as well as current and future policy development. The Budget has since been revised upward to take account of this and consequentials resulting from the UK Government's response to the crisis.

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments. The pandemic will continue to be a major subject of policy discussion, both in terms of the ongoing challenges it represents and the reflection and scrutiny that takes place as we move towards a public inquiry. It is also important to acknowledge the findings of the Independent Review of Adult Social Care, published in February 2021, and its core recommendation to establish a National Care Service. The proposals, including reference to our place within the new structure and a potential market oversight role, are likely to have a direct impact on our role and functions as they are developed, debated and implemented over the coming months and years.

When considering this paper, it is also important to be aware of the need to ensure effective governance within the context of public service delivery and reform to the

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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.

6.4 People Who Experience Care

This report considers how the Care Inspectorate uses and reports on the use of the funds entrusted to it. This is a key element of public accountability and corporate governance. Public accountability and the governance framework are key drivers towards ensuring that the resources available are directed in accordance with corporate plans and objectives, with the ultimate aim of bringing benefits to people who use care services and their carers.

6.5 Customers (Internal and/or External)

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

7.0 CONCLUSION

This report details an improvement on the previously projected 2020/21 financial position of circa £0.015m. The projected General Reserve balance as at 31 March 2021 is projected to be £3.657m providing £1.869m in usable additional funding to support the Stage 2 Transformation Programme and non-recurring cost pressures in the 2021/22 financial year.

Income collection and debt management performance has been effective.

At this early stage in the financial year formal budget monitoring does not take place but there are significant Scrutiny and Assurance vacancies, and travel costs remain suppressed due to Covid-19 therefore a projected underspend against budget is probable.

A revised Financial Strategy setting out the financial challenges we face up to 2027/28 will be considered by the Board at its meeting today.

Movement in Projected Net Expenditure from the Position Reported as at 31 March 2021

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	360.0	<ol style="list-style-type: none"> 1. Scottish Government agreed the Covid thank you payment of £500 for Healthcare staff (or part time pro rata equivalent) should be paid to all Care Inspectorate staff. The additional cost of £0.298m is included in staff costs and is fully funded by additional grant-in-aid. 2. Additional costs of £0.040m are projected for Scrutiny and Assurance regulatory staff costs. This includes an increase in the use of locums and taxable charges for employees who have a leased car. 3. The value of untaken annual leave and flexi as at 31 March 2021 has increased by £0.024m. 4. Other projected movements totalling a net decrease of £0.002m.
Accommodation Costs	(0.017)	<ol style="list-style-type: none"> 5. Accommodation running costs are now £0.017m less than previously projected.
Administration costs	(0.015)	<ol style="list-style-type: none"> 6. The debt impairment review at 31 March identified a reduction of £0.010m in debt deemed to be doubtful. 7. Other projected savings of 0.005m are largely due to a continued reduction in postages costs as we continue to work from home.
Travel & Subsistence	(0.009)	<ol style="list-style-type: none"> 8. The continued requirement to work from home means there has been very little travel and subsistence this financial year, with a further decrease of £0.009m projected.
Supplies and services	(0.066)	<ol style="list-style-type: none"> 9. Some planned ICT developments were not complete at 31 March, with a reduction in projected expenditure of £0.071m. 10. Our publications storage supplier ceased trading and we had to move our publications to a new supplier. Additional costs of £0.005m are projected.
Grant-in-aid	(0.325)	<ol style="list-style-type: none"> 11. The additional cost of awarding the Covid thank you payment to staff was estimated to be £0.325m and was funded by drawing down additional grant.

Budget Area	Increase/ (Decrease) £m	Main Reasons
Fee Income	0.084	<p>12. Projected continuation fee income is based on services registered at the time the budget was set. During the year, the volume of services cancelling their registration is higher than we would normally see. A further reduction of £0.018m in continuation fees is expected.</p> <p>13. The number of services who completed their application to register was less than previously projected. A reduction in fees of £0.066m is expected.</p>
Shared Service Income	(0.021)	14. Shared service income is projected to be £0.021m more than previously estimated due to additional accommodation services being provided.
Other Income	(0.006)	15. Additional income includes rebates for the use of collaborative contracts being greater than expected and the recovery of training and development funding from an employee who has left the Care Inspectorate employment.
Total	(0.015)	Change to general reserve position

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Appendix 2

Projected Grant Funded Programme of Expenditure as at 31 March 2021.

	CAPA 2 £000	Technology Enabled Care £000	ELC Improvement £000	ELC Expansion £000	Adult Support and Protection £000	Appropriate Adults £000	National Child Death Review Hub £000	Adult Significant Case Reviews £000	Safer Staffing £000	Total £000
Grant Income	(41.8)	(70.0)	(196.0)	(537.0)	(601.0)	(137.0)	(122.0)	(56.0)	(65.0)	(1,825.8)
Projected Fee Income				(29.3)						(29.3)
Projected Expenditure	69.0	64.6	203.5	559.5	609.6	105.8	89.7	39.5	70.7	1,811.9
Projected over/(under) spend	27.2	(5.4)	7.5	(6.8)	8.6	(31.2)	(32.3)	(16.5)	5.7	
Funded from prepaid grant income (General Reserve)	(27.1)									
	<u>0.1</u>									

DEBT ANALYSIS - 2020/21

Position as at 31 March 2021

Financial Year	Total Debt Outstanding		Referred for Legal Recovery Invoice Value	Balance of Debt Outstanding Invoice Value	%age of Total Billed
	No. Of Invoices	Invoice Value			
Care Commission	9	£809	£0	£809	0.00%
2011/12	11	£187	£0	£187	0.00%
2012/13	24	£408	£0	£408	0.00%
2013/14	36	£2,580	£0	£2,580	0.02%
2014/15	46	£2,213	£0	£2,213	0.02%
2015/16	81	£30,422	£3,014	£27,408	0.27%
2016/17	103	£5,724	£920	£4,804	0.05%
2017/18	180	£19,961	£789	£19,172	0.18%
2018/19	339	£80,365	£418	£79,947	0.71%
2019/20	506	£215,152	£0	£215,152	1.88%
2020/21	1,417	£1,098,550	£0	£1,098,550	9.72%
Total	2,752	£1,456,371	£5,141	£1,451,230	0.73%

Position as at 31 March 2020

Financial Year	Total Debt Outstanding		Referred for Legal Recovery Invoice Value	Balance of Debt Outstanding Invoice Value	%age of Total Billed
	No. Of Invoices	Invoice Value			
Care Commission	13	£877	£119	£758	0.00%
2011/12	13	£221	£170	£51	0.00%
2012/13	27	£599	£221	£378	0.01%
2013/14	39	£2,631	£238	£2,393	0.02%
2014/15	45	£2,295	£221	£2,074	0.02%
2015/16	94	£30,629	£3,252	£27,377	0.27%
2016/17	121	£5,135	£226	£4,909	0.05%
2017/18	226	£23,393	£4,982	£18,411	0.21%
2018/19	451	£147,727	£9,730	£137,997	1.31%
2019/20	990	£652,379	£12,850	£639,529	5.71%
Total	2,019	£865,886	£32,009	£833,877	0.46%
Movement	733	£590,485	£(26,868)	£617,353	

Movement Analysis

Financial Year	Total Debt Outstanding		Referred for Legal Recovery Invoice Value	Balance of Debt Outstanding Invoice Value
	No. Of Invoices	Invoice Value		
Care Commission	(4)	£(68)	£(119)	£51
2011/12	(2)	£(34)	£(170)	£136
2012/13	(3)	£(191)	£(221)	£30
2013/14	(3)	£(51)	£(238)	£187
2014/15	1	£(82)	£(221)	£139
2015/16	(13)	£(207)	£(238)	£31
2016/17	(18)	£589	£694	£(105)
2017/18	(46)	£(3,432)	£(4,193)	£761
2018/19	(112)	£(67,362)	£(9,312)	£(58,050)
2019/20	(484)	£(437,227)	£(12,850)	£(424,377)
2020/21	1,417	£1,098,550	£0	£1,098,550
Total	733	£590,485	£(26,868)	£617,353

Agenda item 18
Appendix 4

Debt Write Off 2020/21 - Summary

Debt Written Off By Service Type and Reason 31 March 2021

Service Type	No. of Invoices	Uneconomic to Pursue £	Legal Advice £	Service Insolvent £	Other £	Total £
Care Home	15			63,255.30		63,255.30
Childcare Agency	1			608.40		608.40
Childminder	287	4,862.00			17.00	4,879.00
Day Care of Children	33	2,625.86		293.36	495.00	3,414.22
Housing Support	6			7,219.60		7,219.60
School Care Accomodation	1			1,388.80		1,388.80
Support Service Care at Home	7			5,180.34		5,180.34
Other	1	0.01				0.01
	335	7,487.87	0.00	77,945.80	512.00	85,945.67

Debt Written Off By Service Type and Financial Year

Service Type	SCRC £	2011/12 £	2012/13 £	2013/14 £	2014/15 £	2015/16 £	2016/17 £	2017/18 £	2018/19 £	2019/20 £	2020/21 £	Total £
Care home									19,782.00		43,473.30	63,255.30
Childcare Agency									608.40			608.40
Childminder	17.00	17.00	26.00	51.00	51.00	136.00	187.00	442.00	756.00	1,309.00	1,887.00	4,862.00
Day Care of Children								165.00	182.00	578.00	2,489.22	3,414.22
Housing Support								1,476.00		1,562.10	4,181.50	7,219.60
School Care Accomodation									1,388.80			1,388.80
Support Service Care at Home										3,987.20	1,193.14	5,180.34
Other									0.01			0.01
	17.00	17.00	26.00	51.00	51.00	136.00	187.00	2,083.00	22,717.21	7,436.30	53,224.16	85,945.67



Title:	FUTURE WORKING GROUP UPDATE REPORT
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
Appendices:	1. Future Working Group Terms of Reference
	2. Guiding Principles
	3. Survey Analysis – Initial Summary
Consultation:	N/A
Resource Implications:	None

Executive Summary:

The Future Working Group has been set up to consider and make recommendations on the way we will work in the future. The Group considers the short and longer-term impact of the Covid-19 pandemic on the way in which we will work in the future. Engagement of staff in shaping this is a key strand of the Group's work.

The Future Working Group follows on from the work of the Re-mobilisation Group which looked predominantly at the short-term issues associated with returning to offices and maintaining delivery of work.

The Future Working Group met for the first time on 20 April 2021 and is currently meeting weekly. This report provides an update on the work of the group.

The Board is invited to:

- Note this update.

Links:	Corporate Plan Outcome		Risk Register - Y/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: N/A – This is a public Board report.

Disclosure after: N/A

BOARD 17 JUNE 2021

Agenda item 19
Report No: B-23-2021

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.

FUTURE WORKING GROUP UPDATE REPORT

1.0 INTRODUCTION

1.1 The Future Working Group has been set up to consider and make recommendations on the way we will work in the future.

There are short and longer term aspects to the work of the Group.

In the short to medium term the group will plan how we can work and use our offices as Covid restrictions ease and tighten. In the medium to long term, the Group will establish how we should work in the future and identify what needs to change to support this.

The Group terms of reference attached as Appendix 1 provide more detail.

This report provides an update on progress to date.

2.0 UPDATE ON PROGRESS

2.1 Guiding Principles

The Group has drafted “Guiding Principles” to support decision making and to communicate widely the context within which decisions are being made. Our corporate values are clearly reflected and integrated into the principles.

The draft “Guiding Principles” are attached as Appendix 2.

2.2 Staff Survey

The staff survey exploring attitudes to future working arrangements closed on Friday 21 May 2021 and a very healthy 438 responses were received. Detailed analysis is continuing but Appendix 3 provides an initial summary.

The survey highlights that only nine staff have indicated they wish to return to working permanently from an office. There is a clear desire for flexibility between working from home and working from an office.

The survey results are mirrored by the work conducted by Organisation Workforce Development has completed across the organisation in association with Creative Huddle.

2.3 Staff Engagement

Staff engagement in shaping how we work in the future is a key element of the work of the Group.

In addition to surveys (as in 2.2 above), regular all staff updates on the work of the group are issued, a dedicated mailbox for staff to provide feedback and a Yammer discussion group are in place.

2.4 High Level Road Map

A [high-level road map](#) has been issued which provides guidance about attending our offices, attending and arranging meetings, travel and the use of public transport at all the Scottish Government protection levels. It should be noted that it is only at level 0 that we should start phasing in a return to office working.

2.5 Policy Assessment

We have identified which of our current policies will be affected by agile/ hybrid working. The work of the Group will contribute to the development of these policies and identify any urgent issues.

We have identified some short-term issues that need to be addressed:

- Applicability of the “lesser of” calculation for business journeys when everyone is working from home. A communication is due to be issued suspending the need to perform a “lesser of” calculation when an employees’ business journey starts or ends at home. This is something we are likely to recommend continues after enforced working from home and should be incorporated into the next revision of the Business Travel and Subsistence Policy. Please note, journeys to and from an employee’s home and base office when they must attend their office for essential business reasons will still be a commuting journey and will not be reimbursable. There will be an opportunity for affected staff to back date this to the start of the period of enforced working from home.
- The group is currently considering potential fairness and equality issues associated with continuing to approve new home working contracts.
- There is an apparent expectation among some staff that permission to work from home will be accompanied by a homeworking financial allowance. Staff with homeworking contracts who currently receive a financial allowance for homeworking, require a business case to permit homeworking. It is the CI as an employer, based on the merits of the business case, that requires the employee to be home based. Working from home as a matter of preference and lifestyle choice is a separate situation and is unlikely to come with a financial allowance and will not attract tax relief.

2.6 Planning for Agile/Hybrid Working

A sub-group has been set up to look at the health and safety, furniture and IT equipment implications of potential agile/hybrid working scenarios. This is to

ensure we are ready to support new ways of working with requirements, guidance and resources.

Access to our offices has been planned based on different social distancing requirements (2.0m, 1.5m and 1.0m). We can therefore quickly adapt to whatever phased return to office requirements are appropriate as areas reach protection level 0.

2.7 Business Requirements

Overarching all the thinking and expectations about new ways of working is our ability and capacity to deliver our operational and strategic objectives efficiently and effectively. Individual roles within the Care Inspectorate will be suitable for agile/hybrid working to a greater or lesser extent depending on business requirements.

We plan to develop a process to allow teams across the Care Inspectorate to discuss their future work aspirations and balance this against the business needs of the service they are responsible for delivering. It is believed this self-determining approach will be more effective than an imposed set of rules.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

There are no resource implications associated with this update report.

3.2 Sustainability

There are no sustainability implications associated with this update report.

3.3 Government Policy

There are no government policy implications associated with this update report.

3.4 People Who Experience Care

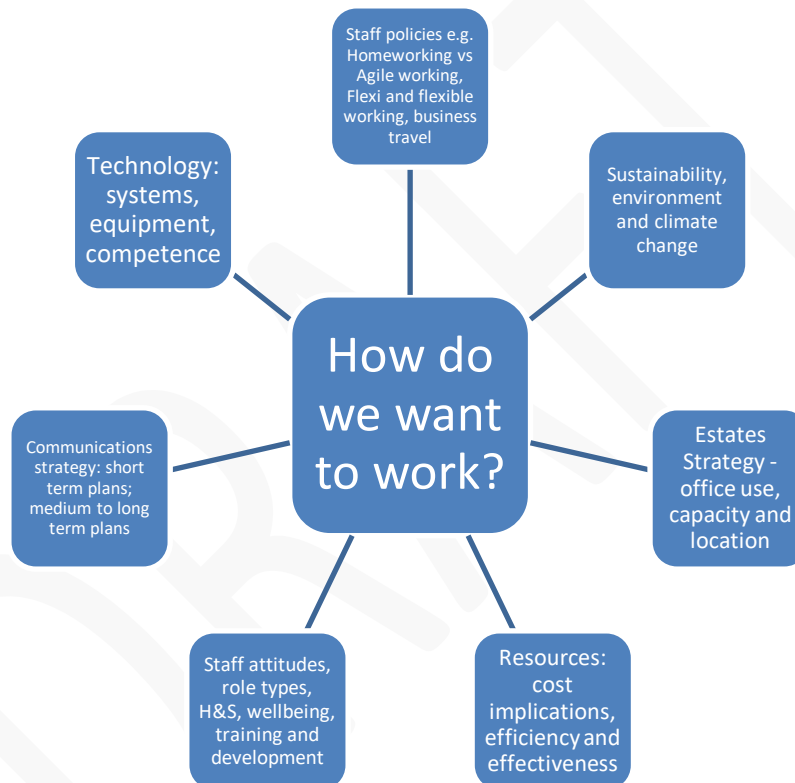
There are no direct benefits for people who experience care.

3.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

TERMS OF REFERENCE**FUTURE WORKING GROUP****Purpose:**

- In the short to medium term, plan how we can work and use our offices as Covid restrictions ease and tighten.
- In the medium to long term, establish how we should work in the future and identify what needs to change to support this.

**Accountability**

The Group is accountable to the Operational Leadership Team (OLT).

Period of Operation

The group will initially operate until 31 March 2022. OLT will review the need for the group in quarter 4 of 2021/22 and extend the period of operation if necessary.

Remit

To consider alternative ways of working that will support the delivery of the Care Inspectorate's operational and strategic objectives in both the short and medium term and to make recommendations to OLT. This will include consideration of the implications for staff wellbeing, policies, sustainability, finance, estates, staff development and technology.

The group will develop guiding principles for agreement by OLT to inform the development of working practices.

The Group is to involve and engage with our staff in developing recommendations.

The Group will communicate regularly on the work of the Group to staff.

Membership

- Fiona Birkin, Partnership Forum Representative
- Alana Crawford, Senior HR Adviser
- Emma Dempsey, Internal Comms & Engagement Coordinator
- Kenny Dick, Head of Finance and Corporate Governance (Chair)
- Graeme Ferguson, Senior Service Delivery Manager
- Carole Kennedy, Estates, Health and Safety Manager
- Kirstine Rankine, OWD Manager (People & Development)
- Craig Morris, Head of Improvement Support
- Marie Paterson, Chief Inspector
- Angela Young, Head of Customer Service

Other members of staff will be invited to attend where it is required for specific agenda items.

Quorum

The quorum will be a minimum of four Group members present.

Frequency of Meetings

The Group will meet a minimum of once per month during its period of operation. Initially meetings will be weekly with frequency reviewed in line with progress and pace of change.

Care Inspectorate Future Working

General principles – we will:

- Work in partnership with our recognised trade unions to help shape our approach to future working.
- Use a variety of methods to gather feedback from our staff and listen to their preferences and aspirations to help shape our approach to future working.
- Assess business requirements against the needs of our stakeholders, ensuring our future models of working support the highest quality of service provided by our staff.
- Safeguard good business practice and manage risks.
- Provide safe and secure environments for people to work in, with the most appropriate equipment and furniture needed to work safely from any location.
- Develop and review our policies and guidance to support effective flexible working so our staff can work and collaborate productively and effectively from any location.
- Develop guidance and support for our managers and employees to work differently and flexibly to maintain a healthy work life balance that is effective, sustainable and supports business requirements.
- Promote diversity and inclusion.
- Ensure that staff in all parts of the organisation are treated fairly and have consistency of experience, whatever their role and location, in line with our flexible working policy and business requirements.
- Provide the wellbeing support that our staff need and value most.

SUMMARY OF FUTURE WORKING SURVEY

The survey ran for three weeks, ending Friday 21 May. There were 438 responses which amounts to 74% of our staff), distributed proportionately across all directorates, with the majority being from Scrutiny and Assurance as follows:

● Corporate and Customer Servi...	133
● Directors Group	3
● IT & Digital Transformation	16
● Scrutiny and Assurance	227
● Strategy and Improvement	59

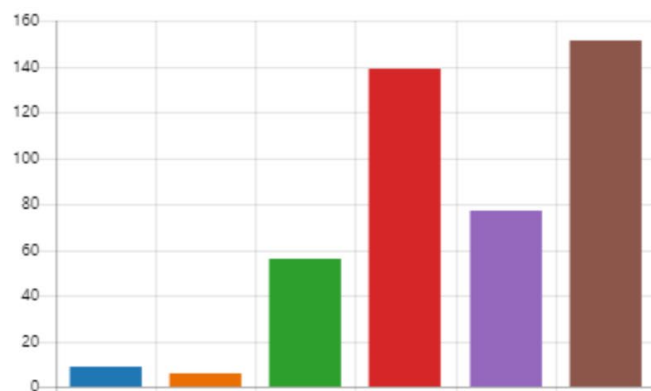


Of the 227 S&A colleagues, 87 currently have a homeworking contract and 14 have applied for a homeworking contract since lockdown in March 2020.

Prior to lockdown, 56% of respondents did not regularly work from home and 167 worked permanently from an office.

When asked how many days colleagues would like to work in an office going forward, only 2% want to work in an office full time, which corresponds with the results of the poll on the staff conference. 151 people (34%) want to work permanently at home, of which 33 previously worked 5 days a week in an office. The majority want some degree of flexibility, with most of those looking for 1 to 2 days a week in an office (32% of the responses).

● I want to permanently work in...	9
● I want to work 4 days in an off...	6
● I want to work 2 to 4 days in a...	56
● I want to work 1 to 2 days in a...	139
● I want to work less than 1 day ...	77
● I want to work permanently fr...	151



From a sustainability point of view, 11% rely on public transport for work with 16% occasionally using it. The remainder regularly use their own transport, which is all carbon we would have saved this year.

The biggest benefits viewed as much better by staff were:

Privacy while working: 39.5%
Work/Life Balance: 37.4%
Ability to concentrate: 36.5%
Flexibility of working hours 34.7%.

The biggest disadvantages viewed as worse or much worse were:

Mental Health: 17%
Physical Health: 18%
Health overall: 35%

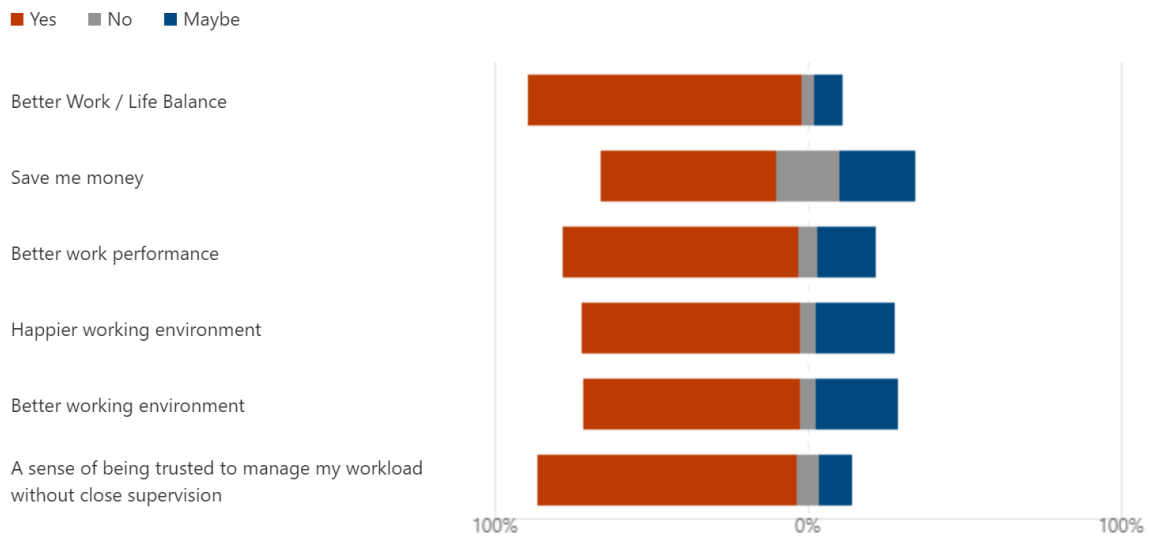
Team working: 24%
Cross team working: 20%
Office furniture: 20%

237 respondents have concerns around returning to office working, with the significant concern being around noise at 66%. It is going to be difficult for people to get used to hearing others work around them again. The other concerns are around COVID mitigations such as wearing of masks and social distancing. Some of these will be reduced when staff read the risk assessments, protocols and other communications around the offices.

The open text responses will take time to review in detail, but there were a lot of comments around flexibility to continue to work from home, hotdesking and office layouts.

Quiet spaces with no phones was the most popular request for office changes, with other responses being at similar levels. The exceptions were surface hubs in all meeting rooms and more flexibility around where you sit, which may be a concern around hot desking.

Colleagues see the benefits to agile working as:



Colleagues felt that the sense of being trusted was a close second benefit to a better work life balance which was a surprise result, but overall, the respondents clearly demonstrated that they considered agile working would benefit both the organisation and themselves.

One last interesting outcome was that four people did not think agile working should continue.



Title:	SHARED SERVICES UPDATE	
Author:	<i>Jackie Mackenzie, Executive Director of Corporate and Customer Services</i>	
Appendices:	1.	Appendix 1: Shared services strategy
	2.	Appendix 2: Management agreement
	3.	Appendix 3: Performance measures
	4.	Appendix 4: Risk register
	5.	Appendix 5: Terms of reference – Shared Service Review Board
	6.	Appendix 6: Terms of reference – Shared Service Oversight Group
Consultation:	Shared Services managers and staff, Operational Leadership Team, Strategic Leadership Team	
Resource Implications:	As noted below	

EXECUTIVE SUMMARY

This report provides an overview of shared services arrangements together with governance documents for approval. The terms of reference for the Shared Service Review Board and Oversight Group are also presented for noting. The Board is also requested to note that the revised arrangements were effective from 1 April 2021.

The Board is invited to:

1. Approve the following governance documents for the shared services arrangement between the Care Inspectorate and SSSC:
 - a. strategy
 - b. management agreement
 - c. performance measures
 - d. risk register
2. Note the terms of reference for the Shared Service Review Board and Oversight Group
3. Note that revised shared services arrangements were effective from 1 April 2021.

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

BOARD MEETING 17 JUNE 2021

Agenda item 20
Report No: B-24-2021

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.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

OVERVIEW OF SHARED SERVICES

1.0 BACKGROUND

- 1.1** Shared services have been in place between the Care Inspectorate and SSSC since 2001. In 2019 both organisations agreed that governance arrangements should be strengthened and CIPFA were appointed to work as an honest broker and help identify the needs for provider and recipients of shared services and develop a shared services strategy, a model for provision of the services and governance arrangements.
- 1.2** After completing interviews with senior management of both organisations, CIPFA produced a report in January 2020. The main recommendations from this report were:
- Governance should be focussed on the two Chief Executives.
 - Director level members of staff from both organisations should guide the Head of Shared Services based on their interpretation of the needs of their organisation.
 - A joint strategy should be put in place with common aims that seeks to consolidate the operation of the existing services through a comprehensive management agreement.
 - The single comprehensive management agreement should be put in place for a three-year period to be reviewed annually covering all the services to be provided and the outcomes and outputs required. Any improvements identified from customer surveys should be implemented.
 - Financing of services should be clearer – focus and transparency.
 - Staff should be treated as ‘belonging’ to the shared service rather than one organisation or another.
 - Performance management is critical for focus.
 - Both organisations should have a shared interest in the success of the joint arrangement.
- 1.3** The Care Inspectorate Board and the SSSC Council held a joint meeting on 20 January 2020 to discuss the shared services between the two organisations and agreed an implementation date for the new operations and governance completion of 1 July 2020.
- 1.4** Following this there were some changes in senior managers with responsibility for shared services that affected timescales for delivery. An interim Director of Finance and Resources for SSSC was appointed in June 2020, the Executive Director of Corporate and Customer Services for the Care Inspectorate left in August 2020 and the new post holder was appointed in November.
- 1.5** Previous updates indicated that it was likely the new arrangements would come into place on 1 April 2021 but this would be confirmed once agreed by both organisations.

2.0 REVIEW OF SHARED SERVICE ARRANGEMENTS

- 2.1** The Chief Executives of the Care Inspectorate and the SSSC, who form the Review Board for the shared service arrangements, instructed the setup of a Shared Services Oversight Group comprising the interim Director of Finance and Resources at SSSC, the Executive Director of Corporate and Customer Services at the Care Inspectorate and the Head of Shared Services. The group was tasked with putting in place governance arrangements and a shared services specification in order to meet the agreed deadlines.
- 2.2** Shared services have continued to be delivered during this time and the group has met regularly and discussed any issues that have arisen to find a way forward jointly. There have been workshops involving shared services staff who have made it clear that they wish to belong to both organisations and valued equally by both rather than belonging to a separate shared service, a concept which CIPFA promoted.
- 2.3** The group has produced documents that CIPFA recommended would form the governance arrangements for shared services between SSSC and the Care Inspectorate, as follows:
- Strategy – Appendix 1 – includes the vision, model, definition, drivers, scope, strategic aims, governance and performance monitoring and review for shared services.
 - Management agreement – Appendix 2 – the three-year agreement sets out a framework to guide both organisations in the conduct of the shared services and is intended to demonstrate their firm commitment to support and participate fully in the shared services and to work together with openness and transparency and is intended to provide both organisations with confidence and assurance in the governance, management, operation and development of the identified services. The agreement will be reviewed annually and updated, as agreed by both organisations.
 - Performance measures – Appendix 3 – includes the key performance measures that will be monitored monthly by the Shared Services Oversight Group and quarterly by the Review Board. The Head of Shared Services may put in place other operational performance measures to make sure that performance of the key measures is on track to achieve targets.
 - Risk register – Appendix 4 – includes the key risks of the shared services. The register will be maintained by the Head of Shared Services and the Review Board and Shared Services Oversight Group will review risks regularly to make sure that actions are taken to mitigate them.
- 2.4** The management agreement at Appendix 2 has appendices relating to a detailed services specification, annual development plan and a resource plan that underpins a charging schedule. These Appendices are not presented

here due to the level of operational detail included. At the request of SSSC we will engage Henderson Loggie to review these documents before implementation.

- 2.5** The shared services arrangements will come into effect on 1 July 2021. This will allow time for the SSSC Council and Care Inspectorate Board to agree governance arrangements on 27 May and 17 June respectively and for the senior management teams of both organisations to agree the operational detail of the schedules to be appended to the management agreement.
- 2.6** From 2021/22 the Shared Services Oversight Group will ensure that the annual cycle of review is planned and that any changes and improvements are incorporated into the specification and associated documents in advance of 1 April each year.
- 2.7** Henderson Loggie have completed an initial audit of the governance documents referred to in this paper. Their report was discussed by the Audit and Risk Committee at their meeting of 20 May 2021. The internal audit report indicated an overall level of assurance as “Satisfactory” and three recommendations were made; two have been actioned and the third relates to adding the shared service risk to the strategic risk register which is pending approval by the Board.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

Resources required from both organisations for the shared service will be included in the resource plan and charging schedule appended to the specification of services.

3.2 Sustainability

There are no sustainability implications associated with this report.

3.3 Government Policy

There are no direct policy implications associated with this paper but it is important to be aware of the need to ensure effective governance within the context of public service delivery and reform to 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. It is also important to acknowledge the impact of the Covid-19 pandemic and the recent recommendations of the Independent Review of Adult Social Care. The latter is likely to have a direct impact on the Care Inspectorate’s role and functions as the proposals are developed, debated and implemented in the coming years.

3.4 People Who Experience Care

There is no direct impact on people who experience care however, the governance arrangements for shared services support us to ensure that we create an organisation in which we work together to provide services that provide value for money and make efficient use of resources and public funds.

3.5 Customers (Internal and/or External)

The governance arrangement for shared services and the underpinning service specifications will support the provision of excellent customer service and improved performance.

4.0 CONCLUSION

- 4.1** The Board is asked to approve the governance arrangements for shared services as proposed and note that the new arrangements will be put in place from 1 July 2021.

JOINT CARE INSPECTORATE AND SSSC SHARED SERVICES STRATEGY**1. DEFINITION OF SHARED SERVICES**

- 1.1 Shared Services are fundamentally about optimising people and their skills, assets, time and other resources. A shared service arrangement, regardless of the governance model under which it operates, can, in theory, handle any business function effectively as long as there is competent management to release the benefits from the arrangement and performance criteria that meet the needs of each organisation involved.

2. SSSC/CARE INSPECTORATE SHARED SERVICES MODEL

- 2.1 The SSSC and Care Inspectorate (CI) have agreed to operate a collaboration and shared procedures model of shared service delivery. This involves two or more public bodies working together in ways ranging from loose non-contractual collaborative arrangements to the development of inter-organisational Service Level Agreements.
- 2.2 This model also applies to other shared service partners of both the SSSC and CI i.e. Scottish Government for financial system, banking, procurement and the Office of the Scottish Charities Regulator for facilities management, accounting and finance transactions.
- 2.3 The governance arrangements are set out in a formal management agreement between the SSSC and CI and in service level or partnership agreements with other partners. Performance monitoring arrangements have been developed and the shared services are subject to an annual review.

3. THE SCOPE OF THE STRATEGY

- 3.1 The intention is that this strategy extends beyond the shared services arrangements that operate between the SSSC and CI. Whilst historically, the physical proximity of the two organisations has greatly assisted in shared service provision, the strategy is not reliant on physical proximity and is intended to remain relevant as home or remote working becomes more prevalent and encompass potential further shared services with other bodies where there is no co-location e.g. the NHS National Shared Services, Scottish Government, Local Authorities and other NDPB's and public bodies.
- 3.2 That said, the strategy does draw significantly from the current experience and culture that has been built up since the SSSC and the then

Care Commission were formed in 2001.

4. SHARED SERVICE STRATEGY DRIVERS

- 4.1 A 'driver' is an issue or factor that influences or impacts on a plan. A number of internal and external drivers were identified when developing this strategy. These are outlined below.

Internal Strategic Drivers

- 4.2 The SSSC Strategic Plan 2020-23 specifies the following organisational characteristic "Work with others to deliver our outcomes" and this is exemplified by the following descriptor "By delivering best value, we will use our resources in the most effective way and work in partnership with others."
- 4.3 The Care Inspectorate Corporate Plan 2019-22 sets out an organisational value of efficiency and a principle of co-operation and collaboration.
- 4.4 The SSSC and CI Executive Framework Agreements with our respective Sponsor Departments state, "promoting the efficient, economic and effective use of staff and other resources by the Council/Board consistent with the principles of Best Value, including, where appropriate, participation in shared services arrangements".

External Strategic Drivers

Our duty to ensure that arrangements are in place to secure best value in public services

- 4.5 Guidance to Accountable Officers states: "That the organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners."

Performance Measurement Expectations

- 4.6 Support functions need to continuously review services and practices in line with the principles of Best Value to ensure (and be able to demonstrate) we are delivering a customer-focused service.

Shared Services Agenda

- 4.7 The Scottish Government has a shared services agenda that defines shared services as "The convergence or streamlining of similar functions within or across organisations to ensure they are delivered as efficiently as possible. A shared service function would include a common set of agreed business processes, shared staff and common technology. Examples include the sharing of HR/payroll functions, sharing office premises and facilities management across organisations, sharing of IT services, sharing customer contact through single contact centres and sharing through participating in collaborative contracts for service provision".

Review of Business Models

- 4.8 We need to ensure the Shared Services Strategy will help to support the ongoing development of the business models of SSSC and the CI. Integrating shared service managers into the wider management and

leadership teams of the two organisations should support this concept as this will maximise the opportunity for early involvement and engagement.

5. VISION FOR SHARED SERVICES

5.1 Delivering first-class public services requires first class support service management, which in turn needs a responsive and adaptive support service function. This cannot be created overnight, often requiring changes to people, processes and systems.

5.2 The following sections outline the roles and the vision for shared services and state the desired relationship for operating on a day-to-day basis.

5.3 Shared services work best when they are built on strong working relationships. The overall 'vision' is that partners value what they offer each other and work together to ensure that shared services are managed and delivered to the benefit of each organisation. This needs a willingness and commitment towards successful delivery at Council/Board level and in turn at each level down through both organisations.

The Three Roles of Shared Support Services

5.4 To arrive at a high-performing support service function, it is necessary to start with a clear articulation of the role and mandate of the support service and the desired balance between the three critical roles of:

- a. ensuring and supporting good governance
- b. driving efficiency
- c. providing value, insight and proactive professional advice.

5.5 To make a real difference, support services must deliver on all three roles and influence and integrate with front-line delivery, passing on detailed business knowledge that informs management decisions. Achieving this for support services requires an organisation-wide focus on:

- delivery of agreed business plans in support of overall corporate aims and outcomes
- improving management skills, capabilities and competencies for staff both in the support services and throughout the organisations
- joining up the people and processes involved in planning, performance management and operational delivery, so that resources can be directed to those areas which are most critical whilst avoiding needless duplication and inefficiencies
- understanding the drivers of performance and building comprehensive performance management frameworks that provide effective tracking against targets and early warning of underperformance
- establishing fit for purpose shared service, finance and resource

governance structures that integrate performance, risk and controls.

5.6 Vision

- We operate efficient and effective shared services.
- Our vision is shared, and all parties have a desire to deliver this vision because it makes a positive difference to them.
- There is reciprocal trust and confidence between the partners.
- Shared services support our business objectives, and both view themselves and are viewed as an integral part of the organisations, providing a seamless and consistent, customer-focussed service.
- The importance of our organisations' needs, and culture are recognised and shared services support the different corporate identities and values.
- Shared services functions are integrated into the planning process for developments and proposals i.e., are given the opportunity to contribute as early as possible to shaping change.
- Shared service functions involve both organisations at an early stage when considering possible changes and developments.
- We periodically evaluate the benefits of shared services to drive improvement.

5.7 Day to Day Operations

- Services are delivered in line with agreed service and performance standards.
- Shared services managers have regular meetings with stakeholders about proportionate and appropriate support levels to ensure that business needs are being met.
- Shared services managers are viewed as an integrated part of the management of both organisations.
- Shared services can adapt to the corporate entity and ethos of each organisation appropriately.
- There are change control processes and, as appropriate, project management processes in operation.
- Where constraints are identified, there is clear decision-making and agreed prioritisation both within and between organisations.
- There is a mutual recognition of the competing priorities and respect for each other's business needs.
- There is a shared understanding of shared service working practices and the organisations work in partnership to develop them to meet the collective needs.
- Information and good practice is shared between the partners.
- We have service standards that are fit for purpose.
- We strive for continuous improvement in shared service delivery outcomes including Best Value, customer focus and high quality.

6. THE STRATEGIC AIMS FOR SHARED SERVICES

The following are the Strategic Aims for Shared Services

Aim 1: We will develop a commitment to shared services based on collaboration, consolidation and jointly managed shared services that support the delivery of the Corporate/Strategic Plans.

- Shared services need not be restricted to corporate support functions or between services shared between the CI and the SSSC. Shared services should be the first option considered for support services when deciding how to deliver services and that this should not be limited to between the SSSC and CI but with other organisations too.
- We will have a simple, consistent process for identifying and developing shared service opportunities for both the SSSC and the CI.
- We will identify the full costs of different options to inform management decision making.
- We will recognise that the ultimate success of the shared service will rest with establishing a culture which supports a good working relationship, creating a sense of joint interest, trust and commitment between the user and the provider. A customer focussed attitude is a key element in the establishment of this desired culture.

Aim 2: We will operate shared services that focus on innovation and good practice, sharing investment costs, minimising transaction costs and service improvement strategies.

- We will promote the development of shared services processes and systems that are able to inform and adapt to changes in service delivery arrangements.
- We will use shared services to improve the quality of services to our customers.
- We will aim to reduce costs and avoid duplication of effort.

Aim 3: We will develop shared services on the basis of the realistic benefits of collective provision and reallocation of resources to service improvement.

- We will identify and realise opportunities for efficiency savings and service improvements through the adoption of shared service initiatives.
- Any additional shared services will be built on the strength of a robust business case.
- We will monitor performance and measure effectiveness to drive improvement.

Aim 4: We will value the staff of the shared service partners and work with them and the Partnership Forums to jointly address the change management issues resulting from the development of shared services.

- As with other aspects of developing our services, we will work in partnership with the Partnership Forums as we develop and implement shared services.

7. GOVERNANCE OF THE SHARED SERVICES ARRANGEMENTS

- 7.1 The establishment of effective governance and management of shared services has a major influence on the eventual effectiveness of service delivery.
- 7.2 The Chief Executives of the SSSC and CI must ensure that shared services can function by ensuring they have provided the governance and management direction and resources, both staffing and financial, for the shared services to deliver against the identified requirements of both organisations. This will be achieved by the following primary mechanisms:
- a. joint leadership of an annual review process between September and January of each year
 - b. identification of a named senior officer in their organisation to act on a consistent basis as the focal point in their organisation for delivery of the shared services against the organisations' business needs and objectives
 - c. joint leadership of a Service Review Board which will hold quarterly meetings.
- 7.3 The Chief Executives of the SSSC and CI will be responsible for reporting matters related to the operation of the shared services to the SSSC Council and CI Board and any external bodies such as the sponsoring departments of the Scottish Government.
- 7.4 The Convener and Chief Executive of the SSSC and the Chair and Chief Executive of the CI shall meet annually to review shared service delivery. A report on shared service performance will be submitted annually to a meeting of the Council for the SSSC and the Board for the CI.

8. PERFORMANCE MONITORING AND REVIEW

Strategy Review

- 8.1 The Shared Services Strategy will be formally reviewed each time there is a significant change in priorities and corporate objectives as determined by the Strategic Planning process. Progress against objectives will be monitored on a quarterly basis at the Service Review Board.

- 8.2 A risk register for the Shared Services strategy has been developed and will be considered/maintained at the quarterly Service Review Board meetings. As part of their role in providing strategic governance of the shared service arrangements, the Council and Board will be advised of any material changes to the risk profile that may impact on the implementation of the strategy.

Management Agreement

- 8.3 A Management Agreement that covers:

- detailed governance arrangements
- funding of shared services
- details of the services to be provided with referenced to the detailed service specifications
- performance framework.

- 8.4 There is a need for an appropriate, pragmatic approach to the Management Agreements as if the parties treat colleagues as suppliers and third parties, the shared service will not deliver the third element of the vision of providing value and insight (see Section 5.4).

- 8.5 The Management Agreement is intended to ensure:

- a clear understanding of expectations for all parties
- there is operational planning to a level of detail that enables resources to be identified and prioritised
- transparency and agreement in the charging/cost allocation regime
- a clear performance monitoring system
- a clearly understood escalation procedure in the event of poor service or a dispute.

Performance Monitoring

- 8.6 The real success of a shared service programme comes from ongoing service delivery together with a management focus on continuous improvement. The longer-term benefits arise from changing the business to take advantage of the economy, efficiency and effectiveness opportunities that are presented by shared services whilst ensuring that the requirements of each organisation are met.

- 8.7 Performance monitoring of support services should be done through a proportionate regime of service level reporting, that incorporates an escalation process to ensure performance issues are addressed quickly.

Strategic Principles – Future Shared Services

- 8.8 For future additional shared services, whether between the SSSC and the CI or with other parties, engaging with each party and establishing how knowledge transfer is to proceed will be important e.g., through a transition services agreement. When developing a shared service, there is a need to develop a relationship of trust, openness and shared goals, to recognise when the relationship is not going well and take action (for example through pre-defined escalation procedures).

8.9 A business case should be developed for any future shared service, covering topics such as:

- Strategic Fit and Potential Impact
- Options Appraisal
- Review of Commercial Aspects
- Affordability
- Achievability

9. SUMMARY

9.1 This Shared Services strategy has been developed to set out the aims and activities for ensuring that the support services maximise their potential through appropriate sharing arrangements. The intention is that shared services are both aligned with and recognised for their contribution to delivering the Corporate/Strategic Plan objectives for both organisations.

**A MANAGEMENT AGREEMENT
BETWEEN
THE CARE INSPECTORATE
AND THE
SCOTTISH SOCIAL SERVICES COUNCIL
FOR THE
DELIVERY OF SHARED SERVICES.**

1 JULY 2021

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The Organisations

1. This Management Agreement (the Agreement) is between the Care Inspectorate (CI), and the Scottish Social Services Council (SSSC), (the organisations). The Headquarter address of both organisations is Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

Role and Status of this Agreement

2. Both organisations, following careful consideration, have concluded that it will enable them jointly to achieve their aims and objectives in the provision of support services more effectively by sharing the organisation and operation of identified services than by each of them acting independently or by some other means. It is not the intention of the two organisations that either one should 'profit' from the operation of the shared services.
3. The Agreement sets out a framework to guide both organisations in the conduct of the shared services and is intended to demonstrate their firm commitment to support and participate fully in the shared services between them and to work together with openness and transparency. It is not the intention that the services should be identical for both organisations but that the operation should maximise the benefits for both.
4. This Agreement is intended to provide both organisations with confidence and assurance in the governance, management, operation and development of the identified services.
5. This Agreement is supported by detailed service specifications (as referred to in Appendix 1), an annual Development Plan and a Resource Plan.

Duration of the Agreement

6. This Agreement will last from 1 April 2021 to 31 March 2024. The Agreement may be extended by the Agreement of both organisations. The Agreement is subject to annual review during this period.

Strategy, Aims and Objectives

7. Both the SSSC and CI are committed to operating shared support services that are of benefit to both organisations and assist both in the delivery of their separate corporate objectives. To that end the organisations will, for the period of this Agreement:
 - a. jointly govern and direct the operation of the services
 - b. adhere to the annual review and ongoing monitoring requirements of this Agreement
 - c. maintain a good working relationship through joint interest and commitment to the services
 - d. separately employ adequately skilled staff to benefit the joint operation of the services

- e. separately provide adequate resources to fund the joint operation of the services
 - f. act jointly in determining any significant change to the extent, volume and nature of services to be provided and not act unreasonably in considering any change required by the other organisation.
8. Over the period of this Agreement the joint strategy is to:
- a. operate a single shared service centre delivering services to the organisations
 - b. maintain clear, open and transparent records of costs of these services, details of performance, outputs and outcomes which are jointly agreed
 - c. develop the operation of these services and seek to consistently demonstrate improved effectiveness and efficiency in the operation of the services.
9. Over the period of this Agreement the joint aims and objectives are to:
- a. demonstrate that the shared service delivers Best Value
 - b. balance the levels of cost, quality, activity and satisfaction to the operational requirements of each separate organisation.

Core Values and principles

10. The SSSC and CI have a long history of working in partnership around the provision of shared support services. Both organisations recognise the benefits of such an approach in providing services that are shared and have the following attributes:
- a. reflect the culture, values and aspirations of both organisations
 - b. operate in accordance with the identified needs of both organisations demonstrating a customer focus
 - c. openness and transparency in financing, operational direction and staffing allocations
 - d. demonstrably efficient and effective through appropriate performance measures
 - e. focused on delivery of consistent outputs and outcomes that support the corporate objectives of both organisations
 - f. viewed as an integral part of both organisations, providing a seamless and consistent service
 - g. integral to the change planning for both organisations
 - h. delivered in line with agreed service standards
 - i. continuous improvement in service delivery outcomes.

Governance Reporting

11. The Chief Executives of the CI and the SSSC will be responsible for reporting matters related to this Agreement and the operation of the shared services to the CI Board or SSSC Council and any external bodies such as the sponsoring departments of the Scottish Government. The

Convener and Chief Executive of the SSSC and the Chair and Chief Executive of the CI shall meet annually to review shared service delivery and a shared service performance report will be submitted annually to Council and Board.

Agreement Management

12. The responsibility for the operation of this Agreement rests with the Chief Executives of the CI and the SSSC. Their prime role will be to ensure that the shared services can function by ensuring they have provided the governance and management direction and resources, both staffing and financial, for the shared services to deliver against the identified requirements of both organisations. This will be done by the following primary mechanisms:
 - a. joint Leadership of an annual review process between September and January of each year
 - b. identification of a named senior officer in their organisation to act on a consistent basis as the focal point in their organisation for delivery of the shared services against the organisations' business needs and objectives
 - c. joint Leadership of the Service Review Board which will hold quarterly meetings.

13. The named senior officers are the Executive Director of Customer and Corporate Services for the Care Inspectorate and the Director of Finance and Resources for the SSSC.

14. The named senior officers in each organisation should establish mechanisms to monitor the performance of the shared service including:
 - a. supervising the annual review process reporting to the two Chief Executives and interpreting and implementing any agreed changes
 - b. regularly refining the business requirements of the organisation and reviewing, through formal joint meetings, the service specifications for the services to be delivered and the performance of the shared services against them
 - c. monitoring the customer feedback on the performance of the shared services including reviewing service failures and administering compliments and complaints about the shared services
 - d. working closely with the Head of the Shared Services to interpret and implement changes required for the business requirements of their organisation.

15. The shared service will be managed on a day to day basis by a Head of Shared Services whose function is to:
 - a. be responsible to the named senior officers in both the SSSC and CI for management of staffing and budgets for the shared services
 - b. consult and influence key stakeholders on key service, policy or resourcing decisions required to achieve business outcomes

- c. oversee efficient and effective services on behalf of both organisations delivered to budget and to the quality and performance standards agreed
- d. ascertain customer and stakeholder requirements by developing and managing collaborative working that drives sustainable improvement in business outcomes
- e. achieve business outcomes through changes in service delivery over the short, medium and long term, by working effectively with key stakeholders
- f. provide inspirational and motivational leadership to drive continuous sustainable improvement in business outcomes and deliver a service that reflects the culture and values of each organisation
- g. ensure staff in the shared service have required skills, knowledge, experience and behaviours to be a high performing team in providing excellent customer service
- h. deliver Best Value in line with the changing demands of the organisations, whilst ensuring that resources are optimised and balanced across all services
- i. contribute to the development of the organisations' strategies and approach in delivering support services and leading and supporting change as appropriate across both organisations in support of corporate objectives
- j. implement appropriate performance management, enabling a high performing and flexible organisation
- k. devise, develop and implement innovative new ways of working and new technologies which increase performance levels, reduce cost, and/or improves customer service.

The annual review

16. This Agreement is based on a three-year period within which there is an annual review. The stages of this review are to be as follows:
 - a. in September each year there would be a review period in which both organisations undertake similar but separate customer satisfaction surveys the results of which are completed in 30 days and presented jointly to the Chief Executives
 - b. in November the Chief Executives plan any changes they require in the services based on operational and financial need and the results of customer feedback and revise and update the service specifications
 - c. in January the Chief Executives plan and agree revisions to the Agreement to start on 1 April each year.

17. To provide focus for this process, failure to agree would mean the previous Agreement would continue. Failure to agree will mean an escalation to the CI Board and SSSC Council for a final decision. Should this situation arise, to ensure fairness the two organisations will appoint

an independent adviser to assist with this process before the start of the new financial year.

Content of the shared service

18. With effect from the 1 April 2021 the joint intention is that the functions that will be provided to both organisations under the terms of this Agreement are:
 - a. Management of Shared Services
 - b. Human Resources (HR)
 - c. Payroll
 - d. Accounting & Finance
 - e. Audit
 - f. Procurement
 - g. Transactions
 - h. Corporate Governance
 - i. Estates
 - j. Health & Safety
 - k. Reception
19. A specification of service within these functions form part of this Agreement.
20. In addition to the business as usual duties contained within the specification of services there will be an agreed annual development plan.
21. Either organisation may make ad hoc requests for work not specifically covered by the specification of services or the annual development plan. Requests should be submitted to the Head of Shared Services as soon as the requirement is identified in a standard form agreed by both organisations. Shared services will endeavour to meet these ad hoc requests subject to resource capacity and agreement of priorities and any additional costs or charges (per the appendix once agreed).

Specifications of service

22. With effect from 1 April 2021 the services that will be provided to both organisations under the terms of this Agreement through the shared service will be included in a Service specification prepared by each organisation and approved by each Chief Executive. The specification will:
 - a. detail the nature of the service to be provided
 - b. outline any special requirements
 - c. define any appropriate service standards
 - d. identify specific outputs and outcomes
 - e. identify relevant performance measures linked to the delivery of that service or part of the service.
23. Minor variations (where there is no impact on the other organisation) to the service specification outside the review period can be agreed by the senior officer in each organisation.

24. Any additional services, significant changes to existing services and systems, changes in funding or procurement of shared systems relating to the list at paragraph 18 during the term of this Agreement, requires approval of the Chief Executive of both organisations, who may engage the SSSC Council and CI Board in line with internal governance arrangements.
25. In the case of a proposed withdrawal, the withdrawing organisation shall give six months' notice to the Chief Executive of the other organisation and that Chief Executive will advise the reasonable costs that may be required by the shared service to continue that service for their organisation alone for twelve months after the notice expires. Such cost will be funded by the withdrawing organisation.
26. Where there are contractual arrangements with costs based on CI/SSSC operating together that were entered into prior to notice to withdraw, the withdrawing organisation will fund their residual share of these costs and any additional costs the remaining organisation incurs as a result of a decision to withdraw. This will apply for the life of the relevant contracts and therefore may extend beyond the twelve month notice period referred to in 22 above. A schedule of contract costs will be appended to the specification and updated when new contracts are agreed.

Financing of the shared service

27. With effect from 1 April 2021 the services that will be provided to both organisations under the terms of this Agreement will be funded by including an agreed amount in the mainstream budgets of both organisations. This budget will be appropriately allocated to shared service cost centres within each organisations' set of accounts. The Head of Shared Services will be responsible for managing these cost centres and reporting monthly and agreeing projected budget variances to the senior officers identified in section 12 above.
28. The cost of the provision of assets utilised by the shared services (office accommodation, technology, telephony, office equipment) will be recharged from the organisation incurring the cost to the other organisation on an agreed basis.
29. Staff time will be recorded and charged across SSSC/CI as appropriate and in accordance with the hourly rates set out in the costs schedule (to be appended). Time will be recorded across:
 - work required to deliver the specifications of service
 - delivery of the annual development plan
 - ad hoc work.
30. The costs incurred by each organisation in carrying out the requirements of this Agreement will be borne by each organisation.

Staff of the shared service

31. With effect from 1 April 2021 the staff engaged to provide the services to both organisations under the terms of this Agreement will continue to be employed by the same organisation as prior to 1 April 2021. Each organisation will however agree that for the fulfilment of this Agreement the staff will be advised that for the period of this Agreement they are to be seconded to the jointly operated shared service and will be managed by the Head of Shared Service.
32. Their terms and conditions of employment will continue unchanged by the requirements of this Agreement.

New staff can be employed by either organisation as appropriate to replace existing staff or to meet additional service requirements, depending on which organisation they do (or will do) most work for. In the event of a need for staff reductions, the reciprocal position would apply. The Shared Services Oversight Group would make decisions on the recruitment and allocation of staff to support each organisation.

Performance of the shared service

33. With effect from 1 April 2021, the performance of the shared service will be monitored using the performance measures listed (will be Appendix 2). Measures are jointly agreed but either organisation can include measures specific to SSSC or CI only. Jointly agreed measures may be withdrawn or added to the list by agreement of both organisations. The withdrawal or addition of organisation specific measures do not require joint agreement.
34. It will be the responsibility of the Head of Shared Services to provide the management information to enable reporting to the responsible senior officers in both organisations. Any remedial action required as a result of under-performance will be agreed jointly and be the responsibility of the Head of Shared Services to deliver.
35. At least once during the term of this Agreement, the performance of the shared service will be benchmarked through a mutually agreed process.
36. For the purposes of monitoring ongoing performance there shall be a Service Review Board. The leadership of the Service Review Board will be performed by the Chief Executive of the Care Inspectorate and the Chief Executive of the SSSC. The senior officers will attend to give strategic advice. The Head of Shared Services will provide the main reports to the Service Review Board and the senior officers will arrange the attendance of any other officer (s) they consider necessary.
37. The Service Review Board shall consider financial, staffing and service performance progress reports at its meetings, consider staff compliments and complaints and review any remedial actions proposed. If the Service Review Board are unable to agree on a course of action, the matter will be escalated to the Convener of the SSSC and the Chair of the Care Inspectorate for a final decision.

Termination of this Agreement

38. This Agreement will terminate on 31 March 2024, unless it is extended by the agreement of both parties. It may be replaced by agreement of both parties with a similar Agreement.
39. In the event that it is not extended or replaced, each organisation will be responsible for the continued employment of staff they employ but that have been seconded to the shared service. Similarly, any assets utilised by the shared service on behalf of both organisations will return to the original asset owner without any financial adjustment. Each organisation will remain responsible for their share of the residual costs of contracts that extend beyond the end of this Agreement.

Information sharing, Data Protection and Confidentiality

40. Each organisation will agree to share whatever information about their organisation as is necessary to facilitate the operation of the shared services and of mutual benefit to those services.
41. Where such information is confidential or privileged, for example for reasons of commercial, customer or client confidentiality, the organisation concerned shall seek to provide the information in such a form as to assist the shared service whilst maintaining confidentiality, for example by the use of statistical and other non-identifiable forms. Notwithstanding this, any such requests must be handled in accordance with data protection law.
42. Nothing in this Agreement will require either organisation to infringe the requirements of the Data Protection Act 2018 and UK General Data Protection Regulations ("data protection law") and any processing of personal data in connection with the provision of the Services or operation of this Agreement shall comply with data protection law. Any information or data accessed or held by the shared service will be kept confidential, secure, retained and will be held only on behalf of the organisation to which it belongs and in accordance with the requirements of that organisation as the data controller under data protection law.
43. Each organisation will continue to be responsible for any Freedom of Information enquiries relative to their responsibilities and for any subject access request or other request to exercise an individual's rights under data protection law for data held and controlled by them even though the responsibilities are delivered through the shared service. The parties agree to cooperate with each other in dealing with such requests.
44. The parties agree that any data breach incidents involving any data shared or processed in connection with the provision of the Services or operation of this Agreement must be promptly reported to the other party's Data Protection Officer and where warranted, reported to the Information Commissioner's Office within 72 hours of first becoming aware of the incident.

45. The parties agree to enter into a data sharing or data processing agreement at the request of the other party in respect of personal data shared or processed by the parties in connection with the provision of the Services or operation of this Agreement.

Risk

46. The Head of Shared Services will manage risk for the shared services and maintain and monitor a risk register that will be reported on regularly to the senior officer in both organisations and where required be recorded in the risk register of each organisation.

Appendix 1

List of Services

1.0	Management of Shared Services
1.1	Management of Shared Services
2.0	HR
2.1	HR Strategic Support
2.2	Sickness Absence Management
2.3	Disciplinary & Grievance
2.4	Organisational Review & Change
2.5	Performance Management
2.6	Recruitment & Selection
2.7	Pay & Grading / Job Evaluation
2.8	Wellbeing & Workplace Performance
2.9	Employee Relations
2.10	Implementation of Workforce Strategy
3.0	Payroll and HR Metrics
3.1	Payroll Service & Contract Management
3.2	System & Service Development
3.3	Payroll Administration, Checking and Development
3.4	HR Reporting & Analysis
4.0	Accounting & Finance
4.1	Strategic Finance & Financial Governance
4.2	Statutory Annual Report & Accounts
4.3	Management Accounting

4.4	Maintenance & Development of Financial Regulations
4.5	Budget Preparation
4.6	Banking & Cash Management
4.7	Resource model development and updates
4.8	Maintenance of finance systems
4.9	Taxation
4.10	PG Bursaries (SSSC Only)
4.11	Voluntary sector development fund (SSSC Only)
5.0	Audit
5.1	Internal audit contract management
5.2	National Fraud Initiative contract management
5.3	Compliance Reviews
6.0	Procurement
6.1	Procurement Strategy
6.2	Procurement report
6.3	Procurement capability, process and guidance development
6.4	Procurement compliance and performance
6.5	Procurement support to individual projects
6.6	Liaison with procurement professionals
7.0	Transactions
7.1	Supplier payments
7.2	Income collection and debt management
8.0	Corporate Governance
8.1	Counter Fraud & Corruption
8.2	Sustainability and biodiversity reporting
8.3	Publish PSR Act required information on website
9.0	Estates
9.1	Estates Strategy
9.2	Property maintenance
9.3	Property contract management and commercials
10.0	Health & Safety
10.1	Duty of care requirements
10.2	Action plan
10.3	H&S management system and competent advice

10.4	Risk assessments
10.5	H&S Committee
10.6	H&S training
11.0	Reception
11.1	Reception

Performance Measures

Area	Objectives / Results	Measures	Target	Type	Reporting	Frequency
Shared Services	We know who our customers are and anticipate, where possible, their different needs and expectations.	CU01 Reports & papers are accurate in format agreed by the officer responsible for the report/ paper and submitted to EMT/ SLT; Committee; Board/Council within agreed timescales.	100%	Joint	Review Board	Quarterly
	Customers receive better service because we listen to them and act on their feedback.	CU03 Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). The rationale should be set out for any score of less than four in order to clearly articulate the issues and the improvement actions required.	5-point scale; score of 4 or more	Joint	Review Board	Quarterly
		CU04 Positive feedback resulting from gathering and recording perceptions via annual survey. (targeted surveys may also be undertaken).	5-point scale; score of 4 or more	Joint	Review Board	Annually
Accounting	We know who our customers are and anticipate, where possible, their different needs and expectations.	CU11 Shared Services provide Budget Managers with budget reports to timescales agreed by the Executive Director of Corporate and Customer Services in the CI and Director of Finance and Resources in the SSSC that are in a format that is understandable and allows them to discharge the duties of a budget holder. (Annual survey).	80% positive responses	Joint	Oversight Group	Annually

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	We know we are a well governed organisation.	IP11 Agreed information provided to agreed timescales to allow draft Annual Report and Accounts to be submitted to the external auditors by the agreed deadline.	Compliance	Joint	Oversight Group	Annually
		IP04 we receive an unmodified audit opinion (for the areas of shared service responsibility) on our Annual Report and Accounts.	Compliance	Joint	Review Board	Annually
		IP12 Number of recommendations made by external auditors for shared services areas of responsibility in preparing the ARA.	0	Joint	Review Board	Annually
Procurement	We know we are a well governed organisation.	IP20 PCIP (RAG rating).	Green	Joint	Review Board	Annually
Property	We know who our customers are and anticipate, where possible, their different needs and expectations.	CU17 We respond to Emergency, Medium and Low priority requests within agreed timescales.	100%	Joint	Oversight Group	Quarterly
Health and Safety	Develop a range of processes which are consistent with excellent customer service and are in line with the changing needs of existing and potential customer groups.	IP42 We mitigate the number of HSE interventions through provision, monitoring and reporting of training and risk assessments.	0	Joint	Oversight Group	Quarterly
Transactions	Develop a range of processes which are consistent with excellent customer service	IP29 %age of Suppliers paid within 10 working days.	95%	Joint	Oversight Group	Quarterly

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	and are in line with the changing needs of existing and potential customer groups.	IP32 %age of debt collected within 30 days.	80%	CI	Oversight Group	Quarterly
		IP50 %age of annual and renewal fees collected by the fee due date.	80%	SSSC	Oversight Group	Quarterly
		IP33 Credit notes due to processing error as a %age of all invoices issued per quarter.	< 1%	Joint	Oversight Group	Quarterly
	We know who our customers are and anticipate, where possible, their different needs and expectations.	CU18 %age of payments collected by automated means (direct debit, online direct debits, bacs, or automated telephone).	90%+	Joint	Oversight Group	Quarterly
HR	Develop a range of processes which are consistent with excellent customer service and are in line with the changing needs of existing and potential customer groups.	Quality of HR Policies delivered to the Director of Finance & Resources / Executive Director of Customer & Corporate Services in accordance with best practice, complying with all relevant legislation/ regulations and any other standards required by SSSC and CI that are included in the service specifications.	100%	Joint	Oversight Group	Quarterly
		Agreed schedule of HR metrics delivered in line with the timescales agreed with the Director of Finance & Resources/Executive Director of Customer & Corporate Services.	100%	Joint	Review Board	Quarterly
Payroll	Customers receive better service because we listen to them and act on their feedback.	CU21 % of staff paid accurately in last pay period	98%	Joint	Oversight Group	Quarterly

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	Develop a range of processes which are consistent with excellent customer service and are in line with the changing needs of existing and potential customer groups.	IP39 % of payrolls within last 12 months paid on time.	100%	Joint	Oversight Group	Quarterly
Bursaries	Customers receive better service because we listen to them and act on their feedback.	CU15 Annual student satisfaction questionnaire.	80% positive responses in 2021/22 with year-on-year improvement	SSSC	Oversight Group	Annually
	We know who our customers are and anticipate, where possible, their different needs and expectations.	IP15 Bursary payments paid to students accurately and on time.	100%	SSSC	Oversight Group	Quarterly

Shared Service Risk Register Monitoring

Date	6 May 2021																	
Risk		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	<p>Governance</p> <p>What is the Potential Situation? The new shared service governance arrangements are ineffective</p> <p>What could cause this to arise? There is a lack of clarity over the services to be delivered, the standard of service delivery required and the consequences of service failure. Resources are not aligned to service delivery or standards. There is insufficient or ineffective reporting on performance, cost and risk. There is a lack of clarity on accountability and responsibility for decision making.</p> <p>What would the consequences be? Failure to secure best value through ineffective deployment of resources and ineffective procurement, non-compliant statutory reporting, employee relations and health & safety issues, customer dissatisfaction, strained SSSC/CI working relationship, failures in physical, cyber and information security, failure to deliver legal obligations and reputational damage</p>	4	4	16	H	2	3	6	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. joint shared services strategy ii. Management agreement iii. Specifications of Service. iv. Risk register and risk management process. v. Performance measures and service standards vi. Regular meetings of Review Board vii. Regular meetings of shared service oversight group 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Finalise reporting to Review Board ii. Develop assurance maps for Service Review Board iii. Annual report to governing bodies iv. Internal audit assignment 	<p>Appetite: Cautious Target: Medium Tolerance: Medium</p> <p>Residual risk in accordance with target and tolerance.</p> <p>Rating: Green</p>	Review Board			
2	<p>Organisational Divergence</p> <p>What is the Potential Situation? The SSSC and CI exhibit a divergence of priorities / values / standards /culture leading to misalignment of resources and lack of commitment to shared goals resulting in failure of arrangements and breakdown of shared services</p> <p>What could cause this to arise? Differences in the political and financial environment within which each organisation operates leading to diverging priorities. Impact of organisation cultural and structural differences on the operation and perception of shared services leading to different levels of organisational commitment to successful shared services. A change of Board / Council members or executive management changes the appetite for shared services. Perception or reality that one organisation has more influence or is more favourably treated than the other. A significant difference in organisational perception of shared services demonstrably already exists.</p> <p>What would the consequences be? Shared services may not be responsive to changes in the operating environment of SSSC, CI or both. The delivery of SSSC / CI priorities may not be effectively supported. There may be a failure to agree on broad principles such as technology employed, data / intelligence structure and the implementation of policies and procedures leading to dissatisfaction with the service. Reputational damage as a result of the failure of shared services. Damage to the motivation and morale of staff working in shared services.</p>	5	4	20	VH	3	3	9	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Management agreement ii. Specifications of Service. iii. Risk register and risk management process. iv. Performance measures and service standards v. Customer feedback mechanisms vi. Shared Service Review Board vii. Shared service oversight group 	<p>Further Actions</p> <ul style="list-style-type: none"> i. Joint shared service planning and budgeting 	<p>Appetite: Receptive Target: Medium Tolerance: High</p> <p>Residual risk in accordance with target and below tolerance.</p> <p>Rating: Green</p>	HoSS			

3	<p>Terms and Conditions Variances What is the Potential Situation? Staff working in shared services are employed either by the CI or SSSC. Terms, conditions, pay and grading may differ between organisations and this may cause employee relations issues within shared services but also within the wider respective organisations where conditions are viewed as more favourable in one organisation compared to the other.</p> <p>What could cause this to arise? Pay and grading reviews, different approaches to pay awards and terms and conditions negotiations, differing access to training, development and non-financial employee benefits.</p> <p>What would the consequences be? Reduced performance, inter-organisation flexibility, potential employee relation issues and reputational damage. Damage to the motivation and morale of staff working in shared services.</p>	4	3	12	M	3	2	6	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Joint pay award discussions ii. Similar pay scales (but different underlying grade evaluation) iii. Shared service oversight group as a discussion and liaison forum 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Both organisations scoping a pay and grading review 	<p>Appetite: Receptive Target: Medium Tolerance: High</p> <p>Residual risk in accordance with target and below tolerance.</p> <p>Rating: Green</p>	HoSS
4	<p>Digital / ICT Platform What is the Potential Situation? Shared services are required to operate across the CI and SSSC digital / ICT platforms and networks. Differences in technology and difficulties in effectively collaborating across the two platforms / networks is detrimental to the efficiency and effectiveness of the services provided.</p> <p>What could cause this to arise? The proposed move to CI staff on CI platform and SSSC staff on SSSC platform may disrupt working arrangements and effective communication between shared service staff and create difficulty accessing the finance and payroll / HR system. Each organisation using different applications, different licensing, reporting and analytical software etc.</p> <p>What would the consequences be? Reduced efficiency and effectiveness of services, customer dissatisfaction, financial loss through fines for non-compliance, fraud or error. Damage to the motivation and morale of staff working in shared services.</p>	4	4	16	H	3	3	9	M	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Shared service digital group ii. All shared service staff on a single platform (CI) iii. Respective SSSC and CI digital functions liaison 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Project to move payroll / HR system to cloud based solution ii. Finance system upgrade (probable move to cloud based) iii. Further training 	<p>Appetite: Receptive Target: Medium Tolerance: High</p> <p>Residual risk in accordance with target and below tolerance.</p> <p>Rating: Green</p>	HoSS
5	<p>Structure Design What is the Potential Situation? The new staffing structure is not effective for the delivery of successful shared services.</p> <p>What could cause this to arise? Structure is largely based on the previous structure that was dependent on a single director working for CI and SSSC deciding priorities on the balance of need across SSSC and CI. The new structure has two directors representing priorities of their respective organisations making compromise and prioritisation in the use of resources more difficult. Failure to stop (as recommended by CIPFA report) the practice of organisational "ownership" of staff working in shared services.</p> <p>What would the consequences be?</p>	4	4	16	H	2	2	4	L	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Management agreement ii. Specifications of Service. iii. Performance measures and service standards iv. Regular meetings of Review Board v. Shared service oversight group 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Continued prioritisation and compromise where acceptable 	<p>Appetite: Cautious Target: Low Tolerance: Medium</p> <p>Residual risk in accordance with target and below tolerance.</p> <p>Rating: Green</p>	Review Board

	Reduced service capacity, commitments not delivered, duplication, staff capacity to deliver leading to bad feeling and frustration, customer dissatisfaction and reputational damage. Cessation in whole or in part of shared services.														
6	<p>Capacity HR</p> <p>What is the Potential Situation? HR have several vacancies and may incur further capacity reduction making it difficult to deliver on all commitments and aspirations.</p> <p>What could cause this to arise? Operating for a significant amount of time with many posts filled on a temporary basis, low team morale, relatively buoyant external market for HR staff (lose existing & difficult to attract new), new HR staff will require an induction period and additional employee related issues due to pandemic.</p> <p>What would the consequences be? Reduced service capacity, commitments not delivered, increased fraud / error risk, customer dissatisfaction, non compliance, impact on staff health and wellbeing and morale as they may work excessive hours, feel under pressure and/ or under-valued and reputational damage</p>	4	4	16	H	4	4	16	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Cover from OWD for CI recruitment project 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. New Head of HR starting 26 April. This will allow unravelling of temporary arrangements ii. Short term agency cover to be arranged iii. Prioritisation discussion 	<p>Appetite: Cautious Target: Low Tolerance: Medium</p> <p>Residual risk in above target and tolerance.</p> <p>Rating: Red</p>	HoSS

TERMS OF REFERENCE**SHARED SERVICE REVIEW BOARD****Purpose:**

- to consider shared service performance and agree improvement and corrective action as appropriate
- to oversee the annual review and renewal process.

Accountability

The Shared Service Review Board is accountable to Council (SSSC) and Board (Care Inspectorate).

Period of Operation

The Shared Service Review Board will initially operate until 31 March 2024. This coincides with the end of the three-year Management Agreement. The Shared Service Review Board may be extended with the agreement of Council and Board should a new Management Agreement be agreed.

Remit

To consider all aspects of Shared Service planning, performance, customer service and delivery.

To agree the resources each organisation will devote to shared services each year.

To consider and agree proposals to expand or contract shared services.

To resolve any disputes on prioritisation, service levels, performance, cost or resource allocation.

Membership

- Chief Executive (SSSC)
- Chief Executive (Care Inspectorate)
- Executive Director Corporate and Customer Services (Care Inspectorate)
- Director Finance and Resources (SSSC)
- Head of Shared Services

The Chair will rotate between the two chief executives every six months.

Other members of staff will be invited to attend where it is required for specific agenda items.

Quorum

To be quorate both Chief Executives and the Head of Shared Services must be present.

Frequency of Meetings

The Shared Service Review Board will meet quarterly.

DRAFT

TERMS OF REFERENCE**SHARED SERVICE OVERSIGHT GROUP****Purpose:**

- to monitor shared service delivery against service specification and development plans
- to agree priorities and resolve service issues at a day-to-day operational level
- to escalate prioritisation and service issues to the Shared Service Review Board as necessary
- to monitor and discuss customer feedback
- to report to the Shared Service Review Board.

Accountability

The Shared Service Oversight Group is accountable to Shared Service Review Board.

Period of Operation

The Shared Service Oversight Group will initially operate until 31 March 2024. This coincides with the end of the three-year Management Agreement. The Shared Service Oversight Group may be extended with the agreement of Council and Board should a new Management Agreement be agreed.

Remit

To monitor Shared Service performance, customer service and delivery and agree corrective action as appropriate.

To monitor the use of the resources allocated to Shared Services by each organisation.

To monitor the Shared Service risk register and agree any resulting actions as appropriate.

To resolve any disputes on prioritisation, service levels, performance, cost or resource allocation or escalate these issues to the Shared Service Review Board if a resolution at this level is not possible.

Membership

- Executive Director Corporate and Customer Services (Care Inspectorate)
- Director Finance and Resources (SSSC)
- Head of Shared Services

The Chair will rotate between the two directors every six months. Other members of staff will be invited to attend where it is required for specific agenda items.

Quorum

To be quorate at least two members of the Group must be in attendance.

Frequency of Meetings

The Shared Service Oversight Group will meet at least monthly.

DRAFT



BOARD

Schedule of Business 2021/22

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
Chair's Report	✓	✓	✓	✓		✓
Chief Executive Report	✓	✓	✓	✓	✓	✓
STRATEGY AND POLICY ITEMS						
Approval of Care Inspectorate Strategies on a rolling/as required basis <ul style="list-style-type: none"> • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy • Health and Safety Strategy • Workforce Strategy 	Financial Strategy					
Revision of Corporate Plan		✓	✓	✓		
Financial Strategy	✓					
Scrutiny and Assurance Plan	Revised 2021-22			✓		
Budget and Indicative Budgets						✓
Strategic Risk Register 2021/22	✓					
Approval of Risk Appetite and Risk Policy	✓					

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
"The Promise" Scotland Plan 2021-24	✓					
Annual Review of Procurement Strategy			✓			
MONITORING AND GOVERNANCE ITEMS						
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit and Risk Committee	✓		✓	✓		✓
Complaints Activity Report	✓ (annual)			✓(mid-year)		
Revised Counter Fraud, Bribery and Corruption Framework	✓					
Annual Accounts 2020/21 Progress Report <i>(to 1st Quarter meeting of Board)</i>	✓					
Board Self-Evaluation Action Plan (arising from Board Governance Review)	✓					
Shared Services Update Report	✓					
"Learning to Look Forward" Presentation		✓				
Annual Report and Accounts - Audit Committee Annual Report to the Board - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			✓			
Budget Monitoring <i>(Report from MOWG: Budget Development to be presented to December and March Board)</i>			✓	✓ (+ MOWG report)		✓ (+ MOWG report)
Health, Safety and Wellbeing Strategy and Action Plan						✓
Health, Safety and Wellbeing Annual Report				✓		
Equality Duty Reporting – Annual Progress Report			Update report			✓
Corporate Parenting Report						✓
Best Value Report 2020/21			✓			

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
Annual Review of the CI's Financial Regs						✓
Board and Committee Cycle – 2022/23 draft dates			✓			
Annual Procurement Performance Report			✓			
OPERATIONAL ITEMS						
Digital Programme Update Report	✓ (Appendix to Audit & Risk Committee report)		✓			
Chief Nurse Update	✓					
Remobilisation Update (Future Working Group)	✓					
Shared Service Update	✓					
HR Annual Report			✓			
Approval of Pay Remit for submission to Scottish Government (tbc)						
Update on Significant Organisational Restructures <i>(when required)</i>						
Estates Update <i>(when required)</i>						
Approval of Compensation Payments <i>(when required)</i>						
Identification of Risk	✓		✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓
CI Employee Relations Appeals <i>(standing item, but when required)</i>	✓		✓	✓		✓
PRIVATE AND CONFIDENTIAL ITEMS						
Formal Request Of Establishment: Digital Transformation and IT Directorate and Executive Director Post	✓					
Inspection Of Care Homes – Proposals For Joint Inspection With Healthcare Improvement Scotland	✓					