![care inspectorate logo]

A Meeting of the Care Inspectorate Board is to take place at **9.30 am on Thursday 23 September 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.	Declaration of Interest
4.	Minute of Board meeting held on 12 August 2021 (paper attached)
5.	Action Record of Board meeting held on 12 August 2021 (paper attached)
6.	Matters Arising
7.	Chair's Report – Report No: B-31-2021
8.	Chief Executive's Report – Report No: B-32-2021
	STRATEGY AND POLICY
	No items for this meeting
	MONITORING AND GOVERNANCE
9.	Monitoring Our Performance 2021/22 – Quarter 1 Report Report No: B-33-2021
10.	Report of Audit and Risk Committee Meeting held 9 September 2021 (papers attached)

Version: 5.0	Status: *Final*	Date: 15/09/2021

11.	Care Inspectorate Annual Report and Accounts 2020/21 (papers attached)
	11.1 Audit and Risk Committee Annual Report to the Board Report No: B-34-2021
	11.2 Draft Annual Report and Accounts 2020/21
	11.3 External Audit Annual Report by Grant Thornton
	11.4 Letter of Representation
	SCREEN BREAK (10 minutes)
12.	Budget Monitoring and Staffing Update – Report No: B-35-2021
13.	2020-21 Procurement Update and Performance Report Report No: B-36-2021
14.	Board and Committee Cycle 2022/23 – Proposed meeting dates (paper attached)
	OPERATIONAL
	No items for this meeting
	STANDING ITEMS
15.	Identification of Risk
16.	Board Schedule of Business 2021/22 (paper attached)
17.	Any Other Competent Business
18.	Close of Public Meeting and Date of Next Meeting: Thursday 16 December 2021 at 10.30 (venue/format to be advised)

Minutes

Meeting:	Public Board
Date:	12 August 2021
Time:	1.30 pm
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:	Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA) Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS) Fiona McKeand, Executive and Committee Support Manager (ECSM) Kenny McClure, Head of Legal Services Lisa Rooke, Head of Corporate Policy and Communications
Observers:	Fiona Birkin, Joint Chair - Partnership Forum
Apologies:	Peter MacLeod, Chief Executive (CE) Edith Macintosh, Executive Director of Strategy and Improvement (EDSI) Gordon Mackie, Executive Director of ICT and Digital Transformation (EDTID)

Item   **Action**

1.0   WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and confirmed the news of the Scottish Government's extension of his term of office by a further 12 months, and which had recently been announced through the Scottish Public Appointments Agency. The Chair was pleased

that this added timescale would allow him to lead the Board on the completion of the Care Inspectorate's annual report and accounts, the development of the new corporate plan and see the remobilisation of staff back to offices and out to services again.

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 17 JUNE 2021

The minutes of the Public Board Meeting held on 17 June 2021 were **approved** as an accurate record, with the correction of two typos and the addition of Naghat Ahmed to the attendance list.

ECSM

5.0 ACTION RECORD

The Board noted the action record and the areas of work that had been completed since the previous meeting on 17 June 2021.

6.0 MATTERS ARISING

Under private item 25 of the previous minute, the Chair agreed to nominate the second Board member to the Budget Member Officer Working Group.

Chair

7.0 CHIEF EXECUTIVE'S REPORT

On behalf of the Chief Executive, the Executive Director of Scrutiny and Assurance provided an update to the Board on the recent strategic day attended by the Chief Executive and executive directors. The purpose of the day was to ensure the organisation's preparedness to respond and adapt to the forthcoming changes in the Scottish social care environment.

The Board also noted the recent media coverage on complaints handling and were reassured that the complaints activity report presented to the Board in June and published on the website set out very clearly the Care Inspectorate's complaints handling process.

The impact on staff caused by the negative media coverage was a cause for concern but a number of measures were being developed to re-establish the Care Inspectorate's profile and promote the range of activities that it undertook.

The Board also noted and congratulated Gordon Mackie on his appointment to the permanent post of Executive Director of IT, Transformation and Digital.

STRATEGY AND POLICY

8.0   CONSULTATION ON A NEW NATIONAL CARE SERVICE: REPORT AND PRESENTATION – REPORT NO: B-28-2021

The Head of Corporate Policy and Communications presented the report, which provided information to the Board on the Scottish Government's consultation on proposals for a new National Care Service (NCS), published on 9 August. A briefing on the main points of the consultation and areas of particular relevance to the Care Inspectorate was included with the report, along with a timetable of key dates in the consultation process. It was proposed that the Care Inspectorate would establish a working group to develop a response and submit ahead of the deadline of 18 October 2021.

Members welcomed the planned engagement with the Board and its approval of the final submission to Scottish Government. There was early discussion on the focus, structure and tone of the response, and it was agreed that an extra meeting of the Board in early October should be arranged, with sessions prior to this at the Board Development Event on 9 September and private session of the Board meeting on 23 September.

ECSM

9.0   UPDATE ON DEVELOPMENT OF CORPORATE PLAN – REPORT NO: B-29-2021

The Head of Corporate Policy and Communications presented the report, which set out the approach to development of the Care Inspectorate's new corporate plan for 2022-25. It was acknowledged that work had begun on the new plan in 2020 but had to be put on hold due to the pandemic. Much of that earlier development work remained relevant but there was an added need to consider lessons learned and therefore develop an entirely new plan rather than refresh the existing one.

There was some discussion on the potential change agenda in light of the consultation on a new NCS, and how this might impact corporate planning and delivery. It was recognised that the overall vision and values of the Care Inspectorate outlined in the plan would remain true and there would be a need to be adaptable and flexible, with the likelihood of further consultation on a new NCS in due course.

The Board **approved** the principles, process and timescales outlined in the report, and also agreed that the Board Strategic Event in October 2021 be used for the purpose of co-producing and shaping the new corporate plan.

STANDING ITEMS

10.0   IDENTIFICATION OF RISK

The Board noted there was some risk involved with the significant change - and understanding of the role and responsibilities of the Care Inspectorate - arising from the consultation on a new NCS.

11.0 BOARD SCHEDULE OF BUSINESS 2021/22
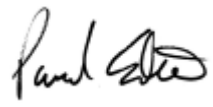
The Board noted the schedule of business 2021/22.

12.0 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

13.0 CLOSE OF PUBLIC BUSINESS AND DATE OF NEXT MEETING

The date of the next Public Board meeting was noted as Thursday 23 September 2021.

Signed:

Paul Edie, Chair

Agenda item 5

BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 17 June 2021					
14.0	**Complaints Activity Annual Report 2021/22 – Report No: B-19-2021**	More detail to be provided in next report on the areas outlined in the minutes.	**I Gilray/J McGurk**	Update for Board in December	
Actions from 12 August 2021					
6.0	**Matters Arising**	Confirmation of members to Member/Officer Working Group – Budget	**Chair**		
8.0	**Consultation On A New National Care Service: Report And Presentation – Report No: B-28-2021**	Board discussion to be held at BDE on 9 September; private session at Board meeting on 23 September and dedicated session for sign-off of response on 6 or 7 October 2021	**ECSM**	Immediate	All sessions now scheduled **Completed**

CE: Chief Executive
EDSI-DCE: Executive Director of Strategy and Improvement & Deputy Chief Executive
EDSA: Executive Director of Scrutiny and Assurance   HFCG: Head of Finance and Corporate Governance
EDCCS: Executive Director of Corporate and Customer Services   ECSM: Executive and Committee Support Manager
EDITD   Executive Director of IT and Digital Transformation   CN: Chief Nurse
HoCPC: Head of Corporate Policy and Communications

BOARD MEETING 23 SEPTEMBER 2021

Agenda item 7
Report Number: B-31-2021

Title:	**Chair's Report**
Author:	*Paul Edie, Chair*
Appendices:	**None**
Consultation:	n/a
Resource Implications:	**No**

EXECUTIVE SUMMARY
This report provides an update on key developments and activities since the Chair's report provided to the Board on 17 June 2021.

The Board is invited to:
1.   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: (*see Reasons for Exclusion)*
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 a summary of the some of the aspect of my role since our last Quarterly Board meeting in June 2021.

2.0   REAPPOINTMENTS

As outlined in my last report in June my term of office was due to expire on 31 August 2021. However, in early August I was asked by the Minister for Social Care, Kevin Stewart, to continue in this post for another twelve months. I was delighted to accept this extension of my term.

Having this extension will now allow me to ensure the passage of this year's annual report and accounts, the implementation of our new Inspection Plan and to development of a new Corporate Plan.

I was also delighted when the Minister reappointed Naghat Ahmed for a second four-year term and Keith Redpath for an additional one-year term.

Both Naghat and Keith have been very strong members of the Board and I am so pleased I will be able to keep working with them.

3.0   NATIONAL CARE REVIEW

The National Care Review and the proposals and consultation on the establishment of a National Care Service has been a major topic of many meetings over the last few months.

The Consultation was launched in August and closes in early November. Legislation is expected around the summer of 2022.

This review will have a significant impact on the work of the Care Inspectorate and we will be submitted a detailed response focusing on how best we think we can work to scrutinise and improve care going forward.

4.0   LAUNCH OF ADULT CARE REVIEW 21 JUNE 2021

I attended the Virtual launch event of the Scottish Governments Adult Care Review by the Minister for Social Care Kevin Stewart. The event was hosted by the Alliance and was attended by many participants from groups and organisations across the care sector.

5.0   NHS CHAIRS 21 JUNE AND 23 AUGUST 2021

These bi-monthly meetings allow Ministers to communicate directly with the Chairs of NHS Boards as a collective. Though not a Health Board, I have

attended these over the years largely in response to the developing agenda over health and social care integration.

These two meetings involved the new Cabinet Secretary, Humza Yousaf and his Ministerial team including the new Social Care Minister, Kevin Stewart to whom we report.

6.0   SSSC MEMBERS DEVELOPMENT SESSION 15 JULY 2021

This session was looking at innovation and at Finance.

7.0   MEETINGS WITH CARE MINISTER 17 JUNE, 8 JULY, 22 JULY, 5 AUGUST, 19 AUGUST and 2 SEPTEMBER 2021

I am delighted that the Minister for Social Care Mr Stewart has kindly agreed to continue with the regular meetings with myself and our officers that we started with the previous Cabinet Secretary.

8.0   HEALTHCARE IMPROVEMENT SCOTLAND PRE-DEVELOPMENT DISCUSSION 23 AUGUST 2021

I have been acting as a mentor to an aspiring Board Chair to help provide more diversity across our public bodies. This meeting gathered together some of the mentors with some of our mentees to discuss how the project was progressing.

9.0   STRATEGIC SCRUTINY GROUP 24 AUGUST 2021

This group brings together all our scrutiny Partners and discusses and plans scrutiny activities across the Scottish public sector.

This meeting featured presentations on Innovation and Risk taking and discussion surrounding Human Rights related powers of scrutiny bodies.

10.0   SSSC COUNCIL MEETING 26 AUGUST 2021

This meeting involved a look at the various people management polices within the SSSC, reviewing the annual report and accounts, which will be finally approved at the next Council meeting, as well as a report on Assessment of non-UK qualifications for function-based parts of the Register.

11.0   SSSC DEVELOPMENT 13 SEPTEMBER 2021

This session looked at the proposals for a National Care Service and other aspects of the Review of Adult Social Care and their impact on staff regulation.

BOARD MEETING 23 SEPTEMBER 2021

Agenda item 8
Report No: B-32-2021

Title:	**Chief Executive's Report**
Author:	*Peter Macleod, Chief Executive*
Appendices:	**None**
Consultation:	**n/a**
Resource Implications:	**No**
EXECUTIVE SUMMARY	
This report provides the Board with an update on key developments since the Board meeting on 17 June 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 Confidentiality/Private Report: n/a – this is a Public Board Report
Disclosure after: n/a

BOARD MEETING 23 SEPTEMBER 2021

Agenda item 8
Report No: B-32-2021

	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.
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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.

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 23 SEPTEMBER 2021

Agenda item 8
Report No: B-32-2021

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 17 June 2021. The information relates to areas of partnership working, staff engagement, budget and transformation, and policy and strategic development.

1.2   Most of my Chief Executive engagements continue to be regular, established meetings with partners and stakeholders continuing to review and learn from our activities in relation to Covid-19 and the national recovery plan, along with planning for the coming winter months. As always, the support received from the Chair and senior officers at these meetings is much appreciated.

1.3   I am delighted the Chair of the Board has been extended for one further year and look forward to continuing to work collaboratively for the extended period.

1.4   Considerable pressures remain in the various sectors that we regulate. These pressures are related to Covid-19, and in particular staffing related pressures. We are working with colleagues in Scottish Government and in other agencies to respond to these challenges.

1.5   Internally we are also dealing with significant vacancy levels in staff groups in inspection and ICT. We are closely managing the consequences of these vacancies as well as continuing our focussed efforts to recruit new staff.

1.6   A consultation plan has been developed and the consultation (survey and consultation sessions) is currently being prepared for proposed launch in October 2021. A consultative working group will be established shortly and a Board session will take place at the end of October 2021.

2.0   COLLABORATION/PARTNERSHIP WORKING

2.1   Covid-19 Flexible Response Team – Celebration of Work

The end of August 2021 marked the end of the Covid Flexible Response team. The Covid Flexible Response team came into being in April 2020 as we entered the height of the Covid-19 pandemic. This team was formed by staff from across the organisation bringing their skills and experience together. The team worked closely with the Contact Centre and together supported our own staff internally with the ever-changing guidance while also responding to questions from providers, social care staff, families, and the general public. In the time they operated they provided essential support to the organisation, responding to over 1,800 separate enquiries on topics ranging from testing and vaccinations to "Open with Care" for care homes for adults and older people and the reopening of ELC services. Over 40 webinars were delivered

including preparing for winter, supporting nurse agencies and sector specific webinars to support implementation of the guidance in a range of settings.

Although we no longer have a specific Covid Flexible Response team we continue to respond to internal and external questions and queries related to Covid-19. An FAQ document and Covid-19 Compendium have been developed which all staff have access to. These include links to all key documents however if colleagues find a need for further clarity dedicated mailboxes have been set up for enquiries. These mailboxes are monitored by a rota of staff. The Contact Centre continue to progress external enquiries, if further advice is required they progress these via the mailboxes. We have also developed a subject specialist team.

2.2   Early Learning and Childcare Improvement Programme

Cohort 1 has commenced with the programme working in collaboration to provide improvement support to 89 identified services from 17 partnership areas at risk or not achieving the national standard.

2.3   Growing a Good Life Improvement Programme

Using the breakthrough series collaboration model, a relational, collaborative, and rights-based approach will be used to engage with people living in care homes, their families and the staff supporting them. A tiered Allied Health Professions framework of resources, expertise and interventions will be tested in care homes for adults and older people with a number of local health board areas asking to be part of the early work.

2.4   Infection Prevention and Control (IPC) Standards Health and Social Care – Health Improvement Scotland (HIS)

The Chief Nurse and a team manager have represented the Care Inspectorate on the review of the IPC Standards that will cover all aspects of care services, including care homes. The standards are now in draft format and will be released shortly for consultation.

2.5   Safety Guidance for Returning from 'Red List' Countries

We have collaborated with colleagues in Scottish Government and service providers of residential schools/childcare to promote safety where students are returning to study in Scotland from countries designated as 'red list' in relation to Covid-19. At the start of the summer term, we inspected a sample of services, this gave us valuable information which has been used to inform a revision of the guidance provided by Scottish Government. For the start of the new term, we have been in touch with all the relevant schools to talk through expectations and point them to good practice.

BOARD MEETING 23 SEPTEMBER 2021

Agenda item 8
Report No: B-32-2021

2.6   Self-Evaluation Framework

A new self-evaluation framework has been developed for care homes for adults and older people, this has been done collaboratively with stakeholders including Chief Social Work Officers, Director of Nursing, Scottish Care, Coalition of Care and Support Providers in Scotland, COSLA and people who experience care.

We continue to work with HIS and Scottish Government colleagues on the IPC standards for care homes which are about to come out for consultation.

2.7   Work with IRISS

Informed by the work undertaken as part of the Joint Inspections of Strategic Commissioning, we are participating in three workshops with IRISS (Institute for Research and Innovation in Social Services) who are to bring together commissioners and providers in order to identify and develop a shared understanding of the principles and purposes of collaborative and ethical commissioning, what it can look like in practice, and to propose actions that could contribute to system change informed by this. The program also aims to create an ethical and collaborative commissioning self-study course from this.

2.8   National Self-Directed Support Steering Group

We continue as members of the National Self-Directed Support Steering Group, which is focusing on supporting the work of Social Work Scotland, funded by Scottish Government, to test the National Framework of Standards for Self-Directed Support, developed to reduce the inconsistencies of practice across Scotland. These are underpinned by some of the learning from our Thematic Review of Self-Directed Support in six Local Authority areas, and align with The Promise, My Support, My Choice, and the Independent Review of Adult Social Care in Scotland. We are contributing to the development of a self-evaluation tool which will focus on national and local evaluation to support implementation of the standards in practice.

2.9   Throughcare Review

A national Criminal Justice Recover, Renew, Transform (RRT) programme was established in response to the ongoing impact of the Covid-19 pandemic on the justice system in Scotland. The Recovery of Community Justice and Prevention of Offending sub-group was tasked with exploring breach of licence and recall to prison. This is with a view to furthering understanding of recall and related processes to seek to reduce the number of people being recalled to custody, where appropriate. The sub-group will produce a report for the programme board in Autumn 2021. To further inform this work we have undertaken a review of throughcare with a particular focus on breach of licence/recall to custody. Across four local authority areas, the Justice team reviewed the effectiveness of case management; efficiency of breach/recall

processes and to identify strengths and potential opportunities for improvement. There is much anticipation and interest at a local and national level in this work which is the first such scrutiny of this area of practice.

3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT

3.1 Information Asset Owner (IAO) Training

The final IAO training session was held this period which means that all current IAOs in post have been trained. This has improved the awareness across the organisation of the responsibilities at all levels for data protection, records management, and good information governance. We have already seen increases in the engagement of teams as a result. This is a good step forward in understanding and reducing information risk.

3.2 Directorate Learning Events

In May 2021 we held six events as part of our learning journey, bringing colleagues together in their individual directorates to connect and reflect. With the support of Creative Huddle, we looked ahead at the next 12 months and the opportunities and benefits within each Directorate and how we can support each other. We also explored the theme of wellbeing, what needs to happen for staff to prioritise their wellbeing and how they can support others.

3.3 The LENS Intrapreneur Programme

Applications for the Lens programme closed on the 22 July 2021. Following the shortlisting by our judges, seven ideas were chosen to progress. Feedback was provided to each of the individuals/teams who applied for the programme.

We produced an options paper to consider Investment Day. To ensure high staff participation and engagement it has been agreed to host the event virtually.

3.4 Managers Visioning Forum

As part of our shared learning and collaborative leadership we partnered with Creative Huddle, to lead an interactive event for managers. The purpose of the event was to share learning and work collaboratively with all managers in planning for the future and shaping our core scrutiny and improvement work.

3.5 Wellbeing

In June 2021 we ran three Coping with Change webinars to support staff to cope with transitions more effectively. They looked at reasons for change and the impact they have on the workplace, our responses to change and coping strategies. In response to staff demand we ran a Trauma Awareness session

on 14 July 2021, this was attended by seven people and the feedback
was positive.

3.6 Corporate Induction

Our virtual, bitesize corporate induction session was delivered in June 2021.
A total of 11 employees attended the session from a range of roles and
Directorates. The session was focussed on connecting new colleagues to the
organisation, whilst we are still working remotely. Evaluation feedback
continues to be positive, with participants welcoming the opportunity to meet
with new colleagues and develop their understanding of the organisation,
structure, and values.

3.7 LEARN, EXPERIENCE, ACHIEVE AND DEVELOP (LEAD)

In May 2021 we launched changes to our LEAD process which simplified the
recording process for staff. To support staff to understand the changes and
participate in the process we launched new and updated guidance and offered
drop-in sessions for staff. Two drop-in sessions have been delivered and 19
staff from across the organisation, such as inspectors and business support
staff have attended. The purpose of the session is to give staff the opportunity
to ask questions around the process and how to record within the Learning
Management System (LMS). Sessions have also been offered to managers to
support them to understand their role and responsibilities within the process.
Fifteen managers attended a session on 31 August 2021. We will continue to
monitor the demand for these sessions and respond to the needs of our
workforce.

3.8 Whistleblowing Training

The purpose of this training is to provide staff with an understanding of what
whistleblowing is and our procedures. Priority groups for this training were
agreed by the whistleblowing group and the Strategic/Operational Leadership
Teams (SLT/OLT). The groups included Human Resources, Complaints
triage, Contact Centre, Managers, and SLT/OLT.

3.9 Consultation Workshop for Inspectors and Team Managers on New Care Inspectorate Guidance

We have been working with SSSC/NMC on updating guidance for staff who
may make a referral to these regulators on behalf of the organisation.
Sessions were offered to give inspectors and team managers the opportunity
to discuss the process and provide feedback and comments about the
guidance.

3.10 Legal Session: Being a Witness

Our Legal team facilitated a session on Being a Witness for the Care Inspectorate. The session was aimed at staff within the organisation who may be called upon as a witness in their role. It provided an overview of court procedures and an understanding of what it takes to become a credit witness.

3.11 The Promise

We held a successful Teams Live event focused on the key messages of The Promise, the work that we are doing to contribute through six workstreams and the deployment of specific resource to amplify the voice of children and young people in our scrutiny and improvement work.

3.12 2020/21 Pay Remit

We have agreed with Partnership Forum that the 2020/21 pay remit process can be concluded. The 0.5% flexibility will be carried over for potential use in the 2021/22 pay award process.

Attention will now focus on the 2021/22 pay negotiation process with a commitment being given that both management and staff sides would look to conclude this within good time and to keep momentum throughout the process.

The first step is for the staff side of the Partnership Forum to submit a formal pay claim for 2021/22.

4.0 BUDGET/TRANSFORMATION

4.1 Digital Transformation

Work continues on the Registration app and the Register. Given the level and complexity of the change there continues to be a level of frustration felt across the organisation. There is work ongoing to focus on key areas while also managing challenges in recruiting the right level of resources required given the current marketplace conditions on IT resources. Teams across the organisation continue to work collaboratively with the Digital Transformation team, providing regular feedback following the launch of the Register and related functionality.

The Digital team has also been working on our Stage 2 Business Case and recently undertook Scottish Government Digital Directorate Business Justification Gate, we will see the issued report shortly.

4.2   Procurement Savings

Procurement savings of £0.418m were realised for 2020/21. Other benefits, including sustainability benefits have been reported in the 2020/21 Annual Procurement Report.

4.3   Annual Report and Accounts

Our Draft Annual Report and Accounts was submitted to external audit within the agreed timescales, with the audit scheduled to be concluded this month.

4.4   Carbon Emissions

Our carbon emissions for 2020/21 decreased by 78.5% compared to 2019/20. Although this has been an exceptional year, with a very much reduced requirement for travel, we expect some of the positive actions taken due to the Covid-19 pandemic to continue and do not expect the CO_2 emissions to return to previous levels.

5.0   POLICY AND STRATEGIC DEVELOPMENT

5.1   Involvement and Equalities

The Head of Improvement Support is representing the organisation on the United Nation's Convention on the Rights of the Child Implementation group. The implementation group has identified key workstreams and is recruiting children and young people to support the implementation.

Young inspection volunteers (YIV's) have been involved in the development of methodology for strategic inspections with Children at Risk of Harm.
Scottish Government and CELCIS developed a publication on the National Practice Guidance for Sisters and Brothers, which the YIV's were involved in as part of their advisory group. At the launch of the guidance, the Minister for Children and Young People was incited to meet with YIV's as they had been consulted during the consultation.

5.2   National Care Service consultation

The Scottish Government published this consultation on 9 August 2021. We undertook a process of internal engagement across the Care Inspectorate through a survey, and consultation sessions to seek views on the consultation as a whole and the individual topics within it. These views will be collated to inform the organisation's response to the consultation, which will be submitted by 18 October 2021.

5.3   Independent Scottish Public Inquiry into Covid-19

The First Minister has published a paper setting out the draft aims and principles of an independent public inquiry into the handling of the Covid-19 pandemic in Scotland. The proposed inquiry would be established by the end of the year, to scrutinise decisions taken in the course of the pandemic and learn lessons for future pandemics.

5.4   Anne's Law

The Chief Inspector Adults and Head of Professional Practice are working with SG to introduce Anne's Law by supporting changes to Health and Social Care Standards and alignment with our inspection framework.

Title:	**Monitoring Our Performance 2021/22 – Quarter 1 Report**
Authors:	*Ingrid Gilray, Intelligence and Analysis Manager* *Al Scougal, Senior Intelligence Analyst* *Kaisha Wallace, Intelligence Researcher*
Appendices:	**1.** **Technical Notes**
Consultation:	**n/a**
Resource Implications:	**No**

EXECUTIVE SUMMARY
This report presents the 2021/22 Q1 summary report on our performance. Although the Covid-19 pandemic has continued to impact on our work, the easing of national restrictions and the protections offered by vaccinations and testing, have enabled us to increase our onsite scrutiny and assurance work during Q1. We have continued to target this scrutiny where we identify the highest risks. This report demonstrates how we have continued to provide critical and significant scrutiny, assurance and improvement support to the social care sector during what continues to be for the social care sector a challenging time. During the pandemic, we revised some of our performance measures due to the way we were required to work to keep people safe 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. As onsite scrutiny continues to increase, we intend to resume reporting against more measures in our Q2 report. In addition, we have begun to introduce online questionnaires which will enable us to report against further measures as we progress through the year. To reflect the changing situation, we propose a rapid review of specific performance measures to ensure that they remain relevant measures with appropriate targets and benchmarks. This review will address the immediate reporting requirements of the Board for the remainder of 2021/22, pending a full review of performance measures in line with the development of the new corporate plan. We propose this takes place in October 2021 by an officer/board member short life group with recommendations taken back to the Board to approve at their next Board meeting.

The Board is invited to:	
1.	Discuss and note the report.
2.	Approve the proposal to establish a short life officer/board member group to undertake a rapid review of specific performance measures and make recommendations to the next Board meeting.

BOARD MEETING 23 SEPTEMBER 2021

Agenda item: 9
Report No: B-33-2021

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**	**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:
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 2021/22 – QUARTER 1 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 had to quickly adapt our operating model, and this is reflected in the way that we currently report 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 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 had to work differently and part of that was to intensify our oversight of services in a number of ways, described in detail in our performance reports last year.

Throughout the majority of Q1 2021/22 Covid-19 cases remained low both across Scotland and in Scotland's care services compared to Q4 2020/21. This lower rate of cases and easing of national restrictions meant more onsite scrutiny could be completed. This situation is not stable, changing towards the end of Q1 when cases began to increase and several of Scotland's most populous local authority areas had increased restrictions imposed on them. Furthermore, the move to level zero was delayed from 28 June to the 19 July.

As Scotland has now ended most of its legal restrictions, we will continue to increase our onsite scrutiny and quality improvement work, continuing to focus this where the risks are highest. This increased activity will be under continual review in light of increased Covid-19 cases across the country. In addition, we have developed new online questionnaires which we are starting to introduce in Q2, and which will enable us to report on measures previously dependent on paper questionnaires. If possible, we will return to normal reporting on some of the performance measures that we had to change due to the onset of the Covid-19 pandemic in next quarter's report. Given the ever-evolving circumstances, it is important that we continue to report against relevant measures with appropriate benchmarks and targets for the remainder of this year. Therefore, we propose a rapid review of the specific performance measures highlighted in the detail of this report, with recommendations coming back to the next Board meeting. This rapid review will consider reporting requirements up to the end of 2021/22, while a full review of performance measures will be undertaken as part of the programme of work on our new corporate plan.

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 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 30 JUNE 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
KPI1: % of people telling us that our scrutiny will improve care	**KPI5:** % of registration applications completed within timescales **47.3%** [Target 80%]	**KPI8:** Days per quarter that inspection volunteers and care experienced people are involved in our work **139.5 days (average per quarter)** [Benchmark 62 days]*
KPI2: % of statutory inspections completed	**KPI6:** Level of investment in learning and development for our workforce **2.9 hours on average per employee** [Benchmark 3.8 hours]*	
KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only)	**KPI7:** % of inspection hours spent in high and medium risk services **80%** [Target 25%]	
KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **86.4%** [Target 80%]		**Colour code** **Target achieved** **Slightly below target** **Significantly below target** **Target to be set** **Affected by pandemic response**
KPI4: % staff absence **4.6%** [Target 3.8%: Range 2.4% to 5.7%]		

Strategic outcome 1: People experience high-quality care

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

KOI1: % services with all good or better grades – position at the end of the month

Target	n/a	
Q1 Year to Date (see diamond on chart)	**86.3%**	
Q1 Year to Date 20/21	**87.4%**	

Notes: The % of services with good or better grades has fallen slightly to just over 86% of registered services having all grades of good or better at the end of Q1 and is slightly lower that at Q1 last year. 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. Since Q3 last year the proportion of services with all grades of good or better has been falling slightly, with relatively larger decreases over the course of Q1.

Reasons for Difference: The Covid-19 pandemic has and will continue to affect this measure. 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. We have continued to focus on inspecting services where concerns about quality of care is greatest, and the grades of these services may fall as a result. Therefore, we expect that the % of services with good or better grades will continue to fall, albeit slightly.

In addition, we have changed what we include when calculating this measure: The evaluations of Covid-19 inspections were not included in this measure last performance year as the inspections only commenced at the end of Q2 and only had a very narrow and specific focus relating to Covid-19. Over time these inspections have become broader in scope and are more reflective of the overall performance of the service. When reporting on performance in 2021/22 the evaluations of these Covid-19 inspections are now included. The data from the Covid-19 inspections has also been included retrospectively. As the number of these Covid-19 inspections we have completed has increased over time the % of services with all good or better grades has fallen marginally.

Actions: We will continue to focus our inspection activities on high-risk services through a rigorous risk assessment process using our intelligence. In the short term, while we increase inspections of services, we expect this KOI will continue to fall slightly 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 onsite inspections taking place during this time because of the increased risk of spreading Covid-19. Also, this measure uses data captured from paper questionnaires at and following our inspections and, because paper questionnaires would also present an infection risk, no paper questionnaires have been used since the onset of the pandemic. This is a temporary position and is being kept under review.

Actions: As part of our digital transformation programme and phase 2 of the registration App, we have just released a questionnaire to get feedback from applicants that we can integrate into this measure. This questionnaire was released at end of July, and we are hopeful we will be able to provide some initial reporting in the Q2 performance report.

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 including a high-level data scan, the assessment of directors of Public Health of care homes, and local intelligence from frequent huddles and multi-agency meetings.

From 1 April 2021 to the end of Q1 this year we have increased our inspection activity, in line with the national approach to easing restrictions and continuing to focus on those services of most concern based on the intelligence available to us.

Up to 30 June 2021, we completed 521 inspections, an increase of 68% compared with the previous quarter (Q4 20/21), and we took robust action including enforcement where we deemed it necessary to do so based on the evidence available. These consisted of:
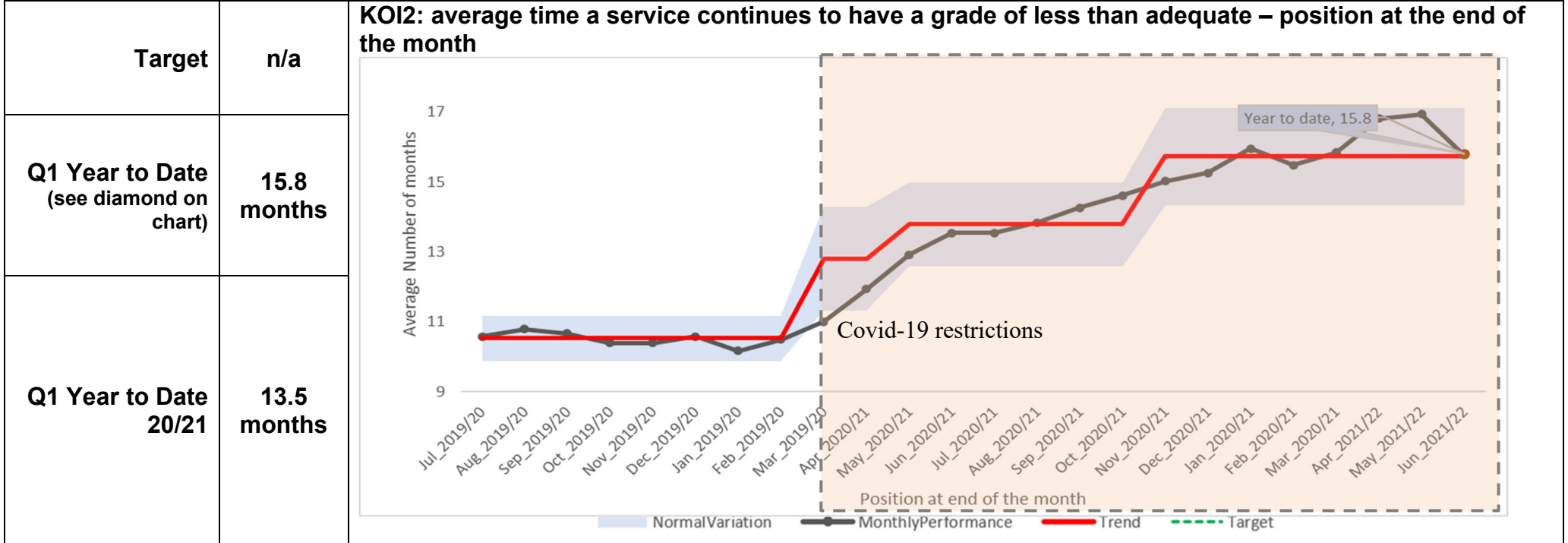
- 521 completed inspection visits in 478 services (this included inspections of services that have since cancelled)
    - 185 in care homes for older people and adults
    - 172 in daycare of children services
    - 164 across other service types

- 14 Serious Concerns letters have been issued year to date

- 8 Improvement notice enforcements

- 112 complaint investigations (See KPI3 for more detail)

- For self-evaluations in early learning and childcare services (year to date):
    - 14 Self Evaluations requested
    - 18 Self Evaluations received
    - 41 Self Evaluation Assessment letters issued

- 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). 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 6,800 remote contacts and held 394 virtual meetings during Q1 to carry out checks.
- We continued to produce fortnightly reports for parliament with seven reports published in Q1.
- 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 inspections planned with a greater proportion now being undertaken using remote means.

- We reviewed, revised and used the information that services routinely provide to us as intelligence, as well as capturing intelligence from partners, to ensure that we could identify and target services in greatest need.
- We worked with partner agencies locally and nationally, sharing expertise and information focussed on supporting the care sector during the pandemic.
- We published our report on our joint inspection of adult support and protection services in Inverclyde on 8 June 2021. A key message from the report was that the partnership had taken positive steps to ensure there were improvements in the lives of adults subject to adult support and protection processes, and that they were safer because of the support and protection they received.

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 throughout the pandemic.

We propose to include this measure in our rapid review of performance measures.

KOI2: average time a service continues to have a grade of less than adequate		Executive Director of Scrutiny and Assurance
Target	n/a	**KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month**
Q1 Year to Date (see diamond on chart)	**15.8 months**	
Q1 Year to Date 20/21	**13.5 months**	

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 Q1 2021/22, services had remained with a grade of adequate or less for 15.8 months on average, up from 13.5 months at the end of Q1 2020/21.

Reasons for Difference: At the end of last year, we reported the average length of time a service continues to have a grade of less than adequate was 4.2 months, higher than reported above. This is because, as noted in KOI1, we have now retrospectively included evaluations from Covid-19 inspections. Now that evaluations from Covid-19 inspections have been included the length of time reported for Q4 20/21 has dropped to 15.8 months. As a result of this change, while performance decreased in KOI1 as described above, performance improved for KOI2 as fewer services inspected had a grade of less than adequate. Looking at performance albeit calculated slightly differently, the length of time services had a grade of less than adequate has still continued to increase (although in the most recent month there was a decrease). The reason for this remains the limited volume of inspections, and the temporary closure of some services such as childminders and daycare services for children and adults over much of 2020/21, all to reduce the

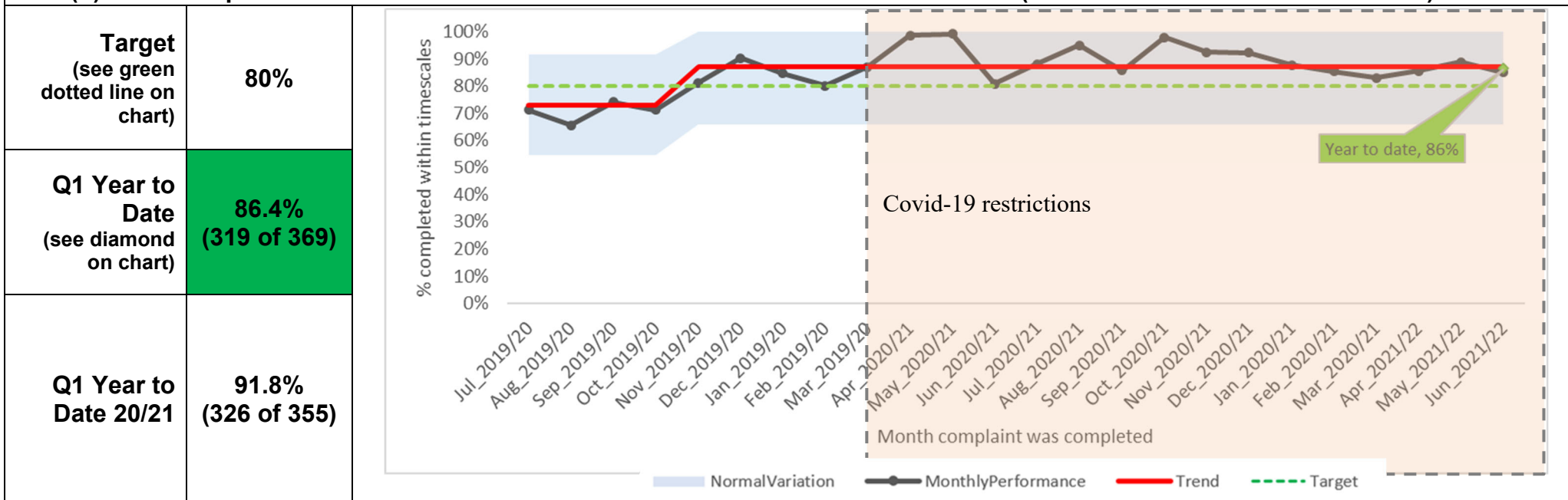| risk of spreading Covid-19, means that some services with a grade of less than adequate have not been inspected and have therefore not had the opportunity to be graded higher. |
|---|
| **Actions:** This increase will continue while the number of graded inspections remains lower. Currently our inspections are focused on services which are assessed as high risk and that our intelligence indicates are of most concern. We will continue to monitor this.

We propose to include this measure in our rapid review of performance measures. |

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)

Target (see green dotted line on chart)	**80%**	
Q1 Year to Date (see diamond on chart)	**86.4% (319 of 369)**	
Q1 Year to Date 20/21	**91.8% (326 of 355)**	

|	
Notes:	Throughout the pandemic, we continued to receive complaints about services – we dealt with them all and resolved them quickly. Over Q1, 86.4% of all complaints we resolved were completed within 40 days. Performance has continued to remain above the target of 80% every month over the last year. Performance has started to decline slightly from Q3 2020/21 as more complaints started to be resolved through other, generally longer, complaint pathways. 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 complaint investigations which have been taken forward through the inspection process. 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 by the Care Inspectorate. 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. The most serious complaints were investigated in this way and therefore the number of complaints investigated was lower than normal. As such we are not reporting on this KPI until such time as on-site complaint investigations resume fully. However, we can note that the number of complaint investigations completed by the Care Inspectorate has been increasing month on month since the start of this year. Up to the end of Q1 2021/22: 112 complaint investigations were completed and of these 85 (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 worked with people and providers to escalate and resolve complaints quickly. The number of complaints received increased by 122 or 10% from Q1 last year. Several service types such as childminding and daycare of children had most of their services closed in Q1 due to Covid-19 last year. With a return to more normal operation during the first quarter of this year the number of complaints has risen within these service types, particularly in day care of children services which increased from 24 complaints in Q1 last year to 207 at the same point this year. Complaints provide us with important intelligence about services, and we used this in a number of ways including to inform us about services requiring an inspection. All complaints about Covid-19 that were related to 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 oversight groups which included directors of public health and health and social care partnerships to inform risk assessments of services and the subsequent actions taken.

Actions: We have been able to return to our complaints process of handling and investigating complaints and have kept the good practice established through the Covid-19 pandemic, in particular resolving complaints directly and quickly by the provider and using intelligence about complaints to inform our scrutiny and the work of partner agencies. Should we be able to continue with this, we plan to start reporting against KPI3a in the Q2 report for 2020/21.

We propose to include these measures in our rapid review of performance measures.

KPI4: % staff absence		Executive Director of Corporate and Customer Services
Target (see green dotted line on chart)	**3.6%** **Range 2.4% to 5.7%**	
Q1 Year to Date (see diamond on chart)	**4.6%**	
Q1 Year to Date 20/21	**2.4%**	

KPI4: % staff absence by month of absence
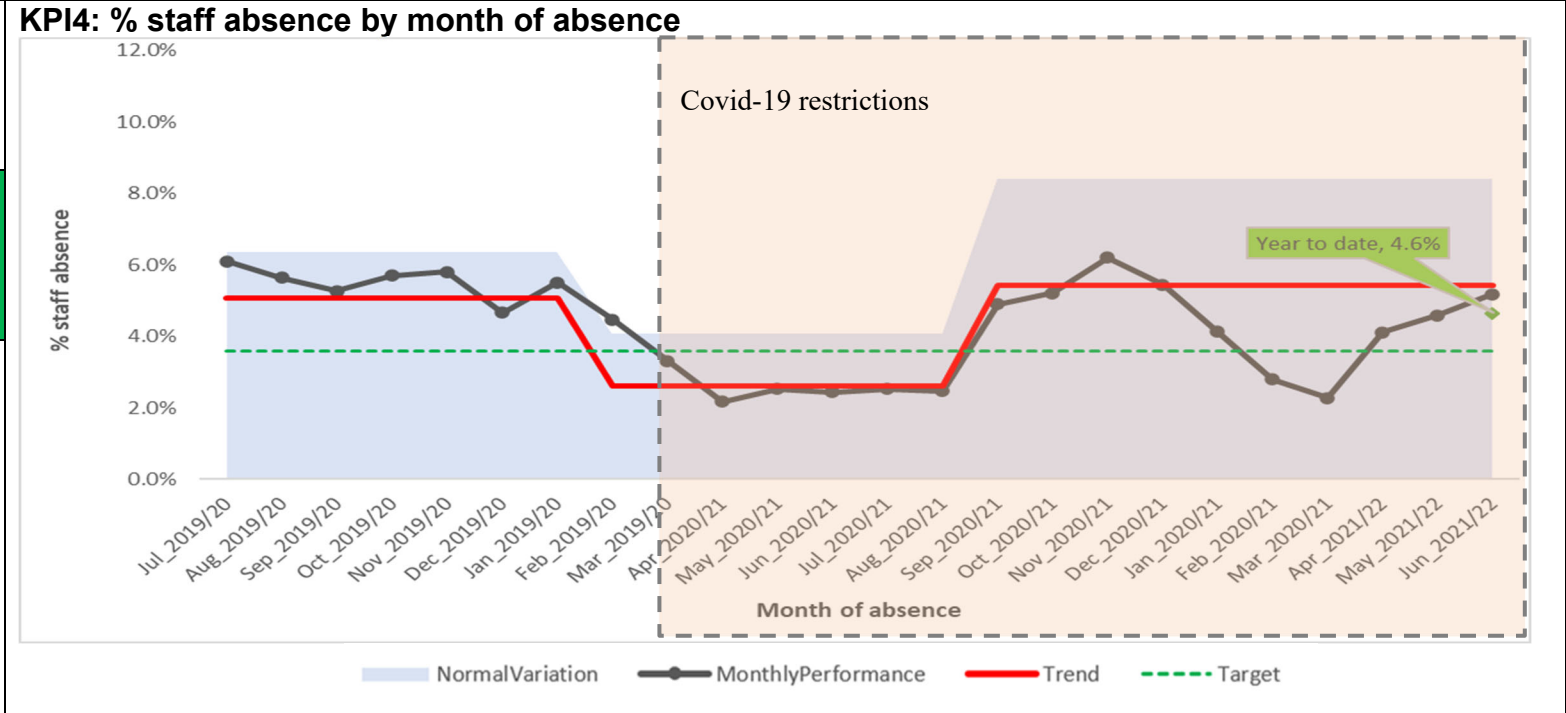
Notes: Staff absence rose in Q1 2021/22 after the fall at the end of 2020/21. The year-to-date figure was 4.6% above the target level of 3.6% and more in line with absence levels before Covid-19.

Reasons for Difference: Absence is up across short- and long-term absence; with long term absence increasing the most up 66% from 5,090 hours in Q4 to 8,431 hours in Q1.

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.

Total scrutiny and improvement interventions completed up to 30 June 2021

	Number completed up to 30 June 2020	Number completed up to 30 June 2021	Comparison of 2021/22 vs 2020/21 year to date
New registrations completed	112	134	▲
Inspections completed	49	521	▲
Complaints received	1198	1,320	▲
Number of variations to registration completed (not including typographical changes to certificates).	553	485	▼
Total scrutiny interventions completed	**1912**	**2460**	▲

New registrations completed: The number of registrations completed increased slightly from Q1 last year (up 22 completed registrations). This may be a result of Covid-19 related backlog ie, work that would have been submitted sooner but was delayed due to providers being busy with other priorities/delays to building works etc. Also work relating to the early learning and childcare expansion.

Inspections completed: The increase in inspections completed was due to relaxation of Covid-19 restrictions and the impact on inspections.

Complaints received: The number of complaints received increased by 122 or 10% from Q1 last year. Several service types such as childminding and daycare of children had most of their services closed in Q1 due to Covid-19 last year. With a return to more normal operation during the first quarter of this year the number of complaints has risen within these service types, particularly in day care of children services which increased from 24 complaints in Q1 last year to 207 at the same point this year.

Variations to registration completed: The number of variations completed decreased 68 from Q1 last year. This is due in part to the introduction of our new digital registration app, which provides more functionality for providers, but has reduced capacity in our registration team to work on variations over the quarter as they have needed to support this new system.

Summary of key achievements and work progressed in Q1 2021/22

Adult support and protection (ASP)

This multi-agency inspection programme is being led by the Care Inspectorate and is carried out jointly with Healthcare Improvement Scotland (HIS) and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS). We have now progressed to full scale resumption of this inspection programme. Following the completion of an ASP inspection of Inverclyde in March 2021, scrutiny activity for next two inspections was completed over May to June 2021 with a view to publishing these two inspection reports in Quarter 2. Notifications were also sent in May 2021 to seven additional partnerships with a view to completing and publishing reports on ASP in all ten of these partnerships before the end of March 2022. This full programme is deliverable through remote offsite scrutiny activity. Feedback from the sector has been positive. The programme has been well received and the team has been commended for good engagement, robust communication and delivering a positive alternative scrutiny approach via the digital approach.

Justice

In May 2021 we formally announced a review of throughcare. This is the first review of throughcare practice to be conducted and is being done in collaboration with the national Criminal Justice Recover, Renew and Transform (RRT) programme which was established in response to the ongoing impact of the Covid-19 pandemic. A sub-group was tasked with exploring breach of licence and recall to prison, with a view to furthering understanding of recall and related processes to seek to reduce the number of people being recalled to custody, where appropriate. The RRT sub-group asked the Care Inspectorate to provide external, objective scrutiny with a specific focus on throughcare breach and recall. In May we notified four local authority areas of our intention to carry out a review of throughcare to be conducted over the period June to August 2021. The primary focus of the Care Inspectorate activity at this time is on community justice social work. This focussed scrutiny will identify potential barriers to reintegration and seek assurance that community justice social work contributions to breach and recall processes are operating as they should. As this is the first scrutiny of throughcare practice in many years it is likely to highlight potential areas of further interest for the Care Inspectorate and our scrutiny partners.

Health and social care improvement team

Three of the senior improvement advisers (SIAs) have now taken up post in the new health and social care improvement team, including the SIA-Infection, Prevention and Control, SIA-Pharmacy and SIA-Registered Nurse (focus on health and well-being of adults and older people). Three additional SIA posts are still in the recruitment stages. The team will be analysing the data from scrutiny activity, notifications, complaints, and annual returns to identify the key priorities for quality improvement support.

Recruitment

We undertook a successful recruitment campaign to recruit to vacancies in the strategic team and from this we are progressing with four preferred candidates from this campaign.

Operation Koper

We continued to provide support to Police Scotland's Operation Koper - Covid-19 death investigations in adult care homes. During Q1 2021-22:

- we received requests for 69 services (153 individuals)
- we completed requests for 83 services (223 individuals)
- of those completed, 55% were completed and returned to Police Scotland within 21 days.

By the end of Q1, 98% of adult care homes that submitted a Covid-19 death notification (staff and people using service) had information requested by Police Scotland.

Building quality improvement capacity and capability across the organisation

Currently three individuals in the Strategy & Improvement Directorate are undertaking the Scottish Improvement Leader programme (SCIL) along with an early learning and childcare (ELC) team manager. One staff member from the Safer Staffing programme has been accepted to undertake a forthcoming SCIL programme. Another who will be joining this team, has been accepted onto the international Quality and Safety fellowship. Five individuals across the organisation have been selected to undertake the Scottish Coaching and Leading for Improvement programme (SCLIP). A senior improvement advisor from the health and social improvement team is continuing to support the national faculty of the SCIL programme. In partnership with National Education for Scotland (NES) early work is underway for the improvement support section to develop the skills and knowledge necessary to deliver the SCLIP programme directly to the social care sector, working in collaboration with other national bodies. Earlier this year two improvement support assistants successfully completed the Scottish Improvement Foundation Skills (SIFS).

Self-evaluation in early learning and childcare (ELC)

We introduced key question 5; how good is the care and support during the Covid-19 pandemic for the ELC sector. This was a self-evaluation tool to assist settings to evaluate the quality of the outcomes for children but also compliance with Covid-19 guidance. We asked settings to send us their self-evaluation and we reported on our assessment of the information provided, we did not evaluate or publish grades. We have implemented a pilot to test the potential of evaluating key question 5 self-evaluations. We hope the findings contribute to the organisation's approach to self-evaluation and how this may develop across the organisation in the future.
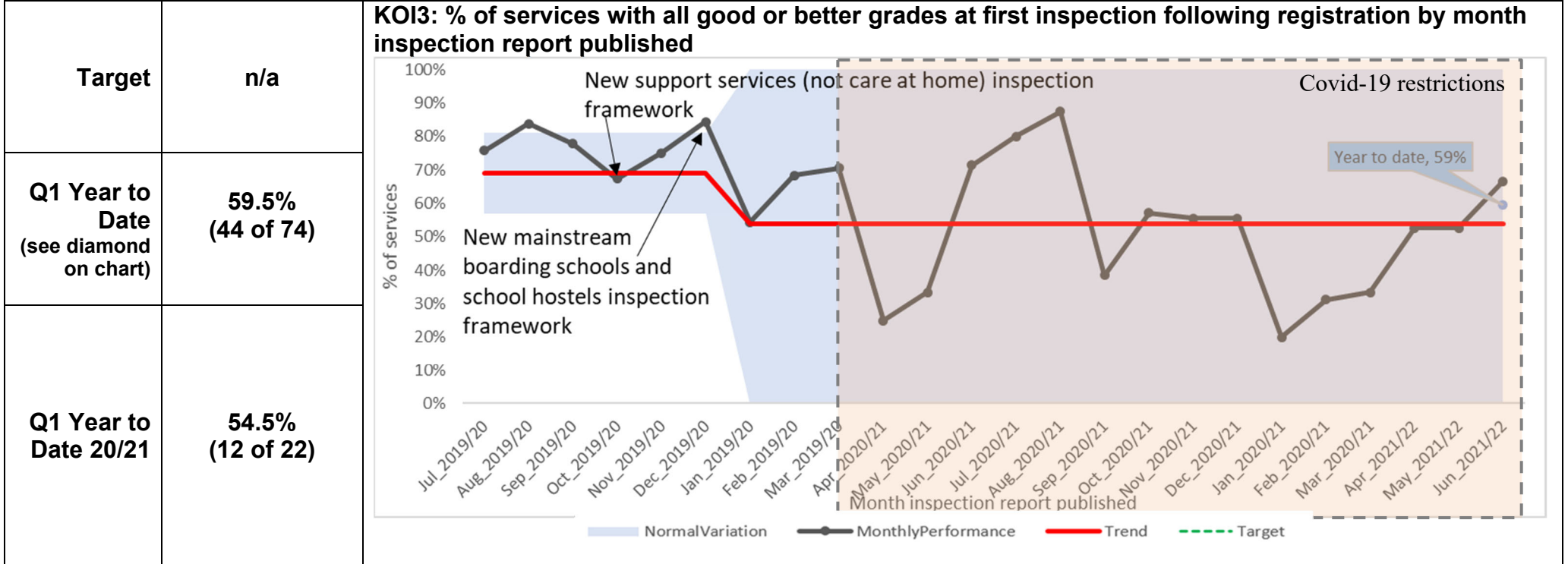
Adults Team

The adults team has appointed 10 new team managers to support the work we do and to take forward the development of our methodology and learning from Covid-19. We have moved to new teams which are aligned to health and social care partnership areas and health boards to further develop our working relationship with key partners and stakeholders. We have contributed to the development of the new infection, prevention and control (IPC) Manual and we supported the training across the country for services in partnership with Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and Scottish Government. We have made a difference to visiting in care homes by addressing where this was not in place and taking action to ensure people have access to their loved ones. We have worked to update our Quality Framework for Adults and Older People care homes with support from the methodology team to ensure we learn the lessons from Covid and enhancing our core assurance and put in place new quality indicators for IPC and the importance of connection for people with loved ones including visiting.

A review of complaints handling has been undertaken with recommendations for improvement to ensure we capture the learning from Covid-19 in particular the ability to resolve complaints at any stage and build in systems to record feedback from complainants. A strength of the review was the work of the team and the ability to adapt to new ways of working and the work of the triage team to resolve issues during Covid-19 and the support given by the team to families, people who use services and staff in the early days of the pandemic.

Strategic outcome 2: People experience positive outcomes

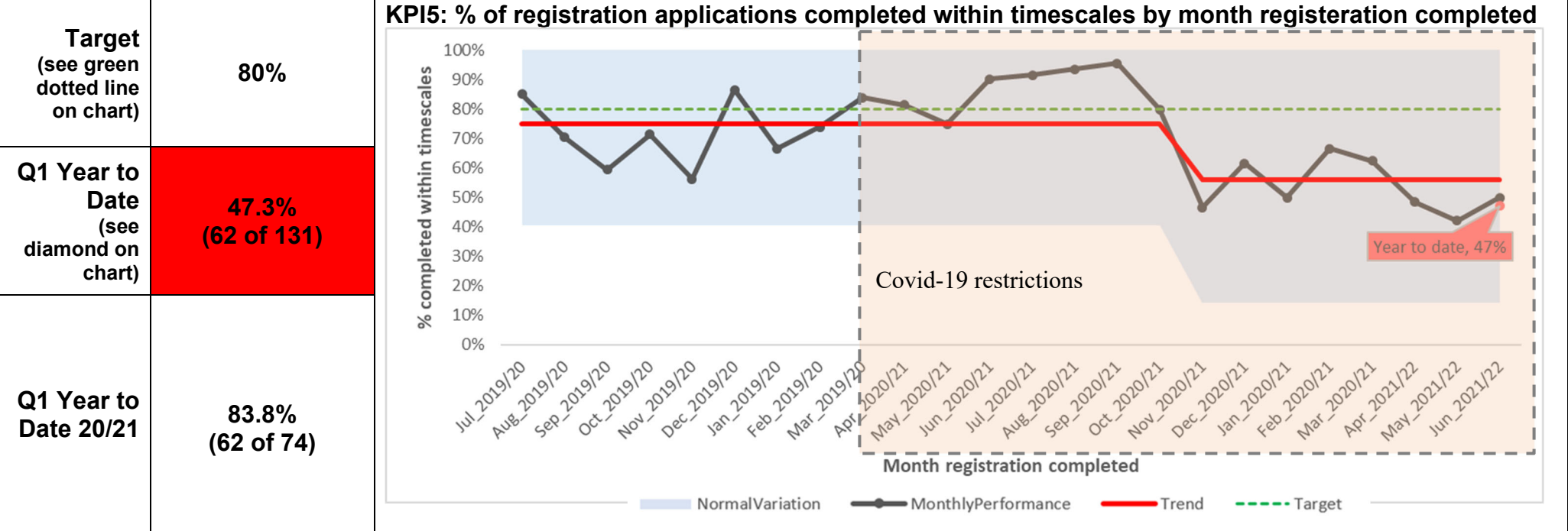| KOI3: % of services with all good or better grades at first inspection following registration		Executive Director of Scrutiny and Assurance

KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published

Target	**n/a**	
Q1 Year to Date (see diamond on chart)	**59.5% (44 of 74)**	
Q1 Year to Date 20/21	**54.5% (12 of 22)**	

Notes: The % of services with good or better grades at first inspection increased 5%-points to 59.5% of services. By the end of Q1, 74 services had their first inspection report published, an increase of 52 services from Q1 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 Covid-19 restrictions, fewer newly registered services were inspected therefore the number of qualifying services for this KOI remains low. This low number of qualifying services means percentages can vary greatly and unpredictably (as seen in the shaded area of the chart above). Recent improvements in performance since January 2021 cannot yet be regarded as a sustained trend.

Actions: We do not propose to change this measure and will continue to highlight 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

		KPI5: % of registration applications completed within timescales by month registeration completed
Target (see green dotted line on chart)	**80%**	
Q1 Year to Date (see diamond on chart)	**47.3% (62 of 131)**	
Q1 Year to Date 20/21	**83.8% (62 of 74)**	

Notes: Year to date performance is 47.3% of registrations completed within timescales. Performance continued to drop in Q1 after dropping in Q3 and Q4 2020/21. 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 being completed every month.

Reasons for Difference: The number of applicable registrations is now increasing and was up 57 applications from last year (131 compared to 74 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 from November onwards.

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 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	**3.8 hours on average per quarter*** *Revised benchmark as activity changed throughout pandemic and has therefore been revised accordingly.
Q1 Year to Date	**2.9 hours on average per quarter**
Q1 Year to Date 20/21	4.6 hours on average per employee (598 headcount)

Notes: In Q1 employees (based on 600 headcount) on average had 2.9 hours of learning and development, down from 3.1 recorded in Q4 2020/21. During Q1, there were 816 attendances from employees across 91 learning events. A broad range of learning and development events and resources were offered to support employees including:

- Corporate induction: We delivered a virtual, bitesize corporate induction session in June 2021. The session is focussed on connecting new colleagues to the organisation, whilst we are still working remotely. Eleven employees from across strategy and improvement and scrutiny and assurance attended. Evaluation feedback was positive, with participants welcoming the opportunity to meet with new colleagues and develop their understanding of the organisation, structure and values.
- Regulated care inspector induction: Our virtual inspector induction programme took place. Eight new inspectors from adults, children and young people and early learning and childcare (ELC) completed the programme, which includes online learning materials, virtual training sessions and virtual peer learning groups. Evaluation feedback outlines that inspectors enjoyed the programme and felt that the programme has enabled them to feel confident in their role.
- Team manager induction: To support the appointment of new team managers in scrutiny and assurance, as well as other new managers from across the organisation, a virtual team manager induction programme was delivered between April and May 2021. The programme included nine modules covering people management responsibilities as well as key responsibilities for team managers in scrutiny and assurance. A total of 16 new managers completed the programme.
- Adults development week: As part of the adult development week, we organised five Coping with Change webinars attended by 81 employees. Five trauma informed approach to recovery from the pandemic sessions attended by 91 employees.

- ICT training: We continue to invest in building our staff's digital skills and confidence. Over the past quarter, 157 staff attended 29 webinars covering a range of topics including MS teams, Forms, OneNote and Sharepoint for inspectors.
- 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 is currently being rolled out to all new managers. Three sessions were delivered between March and June 202. A total of 18 managers attended.

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

- The LENS intrapreneurship programme: Our intrapreneurship programme with the LENS formally launched on 25 May at our all staff virtual event. Over June, the LENS team facilitated a series of virtual workshops supporting our managers and staff to understand and participate in the programme. We ran four enabling workshops for managers, 10 activating workshops for staff and six one-to-one support studios. Applications will formally closed on 22 July. Shortlisted teams will then be able to access mentoring and support to prepare for our investment day on 4 November.
- Staff event: Our all-staff event Recognise, Revitalise, Refresh took place on Tuesday 26 May. 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 were high, with 490 employees attending. A total of 255 questions were submitted to our speakers, with almost 2,400 likes. Attendees were also invited to vote on three polls with an average response of 382 people.
- Other events included: Managers visioning forum, directorate learning events, LEAD updates and wellbeing internal audit.
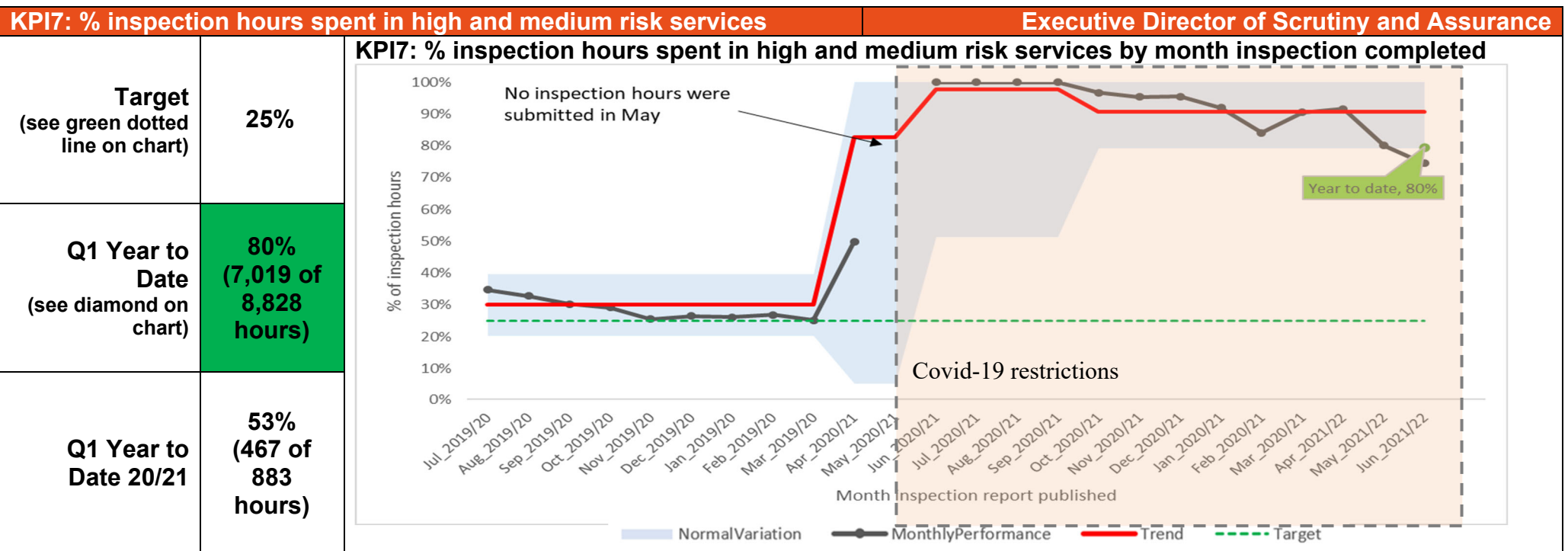
Reasons for Difference: Q1 2020-21 was the beginning of the pandemic. This resulted in significant changes to the way our staff work and all learning activity since has been delivered virtually. The transition to remote working and the intense learning requirements for our staff to support our scrutiny and quality improvement work early in the pandemic saw a significant investment in learning and development. This resulted in a significant uptake in activities. ICT webinars were offered to ensure staff were equipped for working at home. There was high demand for wellbeing activities which supported the individual needs of our workforce. Mandatory learning events for inspectors focussed on the Covid-19 guidance and legislation were delivered to ensure staff were safe and felt confident to undertake virtual and onsite inspections. These activities resulted in a considerable number of employees engaging in learning at the start of the pandemic.

Over time there has been a reduced need for Covid-19 related mandatory learning. We have also seen a reduction in the demand for wellbeing resources as home schooling has ended, lockdown restrictions began to ease and the majority of staff understand how to work comfortably from home. All of this has resulted in a reduction of learning activity and hours.

It is important to note, that there are some activities that are not captured within our learning hours and the learning hours activity breakdown. This includes activities that are not captured on individuals learning records in the Learning Management System. We are mindful that some wellbeing events are sensitive and staff do not always want their attendance at these events recorded.

Actions: We will continue to work with our colleagues across the organisation to understand learning requirements and respond to the needs of our workforce. In order to maximise the effectiveness of virtual learning 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 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 re-introduced and if necessary, amend the benchmark to reflect this new way of working.
We propose to include this measure, specifically the benchmark, in our rapid review of performance measures.

KPI7: % inspection hours spent in high and medium risk services		Executive Director of Scrutiny and Assurance
Target (see green dotted line on chart)	**25%**	KPI7: % inspection hours spent in high and medium risk services by month inspection completed
Q1 Year to Date (see diamond on chart)	**80% (7,019 of 8,828 hours)**	
Q1 Year to Date 20/21	**53% (467 of 883 hours)**	

Notes: Up to the end of Q1 we recorded 8,828 hours on inspection. Of these hours, 80% were spent in high or medium risk services, in line with our aim to target our resources where risk is highest - an increase of 27%-points from Q1 last year.
Reasons for Difference: This difference is due to our focus on inspecting the highest risk services since resuming inspections in May 2020. There were only slight differences between service types with all service types, except childminding services (35%), spending over 75% of inspection hours in high or medium risk services. An increase during Q1 in inspection hours in other lower risk childminding and care at home/housing support services resulted in a slight drop in the % of inspection hours in high or medium risk services. Although inspection hours increased 900% from Q1 2021 they are still 73% lower than the inspection hours in Q1 1920
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. **We propose to include this measure, specifically the target, in our rapid review of performance measures.**

Summary of key achievements and work progressed in Q1 2021/22

Registration app and the register
The registration team and staff from across the organisation have worked closely with the digital team and contact centre, following the launch of the new register and registration app. We have continued with the ongoing review of registration guidance for staff, such as the guidance for assessing potentially illegally operating services, to support colleagues with their use of the registration app. The project team continues to deliver additional functionality whilst responding to issues people may come across while using the new application internally and externally. This has been achieved by working closely with operational champions (a nominated group of colleagues from different parts of the organisation) to identify and prioritise work for the development team. This was also done in conjunction with senior stakeholders who had oversight of progress and helped support this process with critical resources.

Collaboration in staff learning
We have been working alongside Scottish Government's Allied Health Professional for Children to establish a partnership model to deliver integrated Continual Professional Learning sessions for our early learning and childcare workforce. These sessions will align with the key government policy of reducing the poverty related attainment gap.

We worked with Scottish Government, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and providers to produce the Infection prevention control (IPC) manual for care homes. This builds on IPC practice and learning and the need to maintain the care home environment as a person's home. We co-developed training and delivered this with Scottish Government at webinars for the sector.

Appropriate adults

The appropriate adults workstream progresses apace, with two further stakeholder surveys issued this quarter to provide baseline information to support the development of the self-evaluation framework. We have collaborated with several stakeholders on these surveys, primarily Police Scotland, Speech and Language Therapy, the National Appropriate Adult Coordinator and third sector organisations. We received 358 responses from police officers across 31 local authority areas. Our survey to appropriate adults remains open, but we are pleased to say we have so far received 86 responses over 18 local authority areas.

Safe staffing project

The safe staffing project team has continued to engage with health and social care stakeholder and workforce planning groups including: TURAS care management safety huddle stakeholder group, healthcare staffing programme, HIS learning & development subgroup and the Healthcare workforce planning leads. Internal webinars that took place in the early part of 2021 were replicated during Q1 for strategic inspectors and those adults' inspectors who could not attend previous events. Inspector networks are being developed to ensure internal engagement with the project from scrutiny and assurance. The team is continuing to develop external networks focussed on staff staffing and quality improvement with other national regulatory bodies.

Growing a good life – Allied Health Professions (AHPs) support to care homes

The AHP consultant is leading a programme of work to enhance the contribution and accessibility of AHPs in social care. Two Health and Social Care Partnerships have agreed to test the impact of having a named AHP for care homes in their area and work is now starting to identify and engage with the care homes and the people living in them, their families, and associated staff.

Early learning and childcare (ELC) improvement programme

Work has commenced in delivering targeted support to services currently, or at risk of, not meeting the quality evaluation criteria of the National Standard. 121 individuals from 89 identified services attended sessions introducing them to quality improvement methodology using the breakthrough series collaborative model. Through live sessions, project clinics, peer support opportunities and 1-2-1 coaching, participants are supported to identify and apply their learning to areas for improvement which will have the biggest impact on improving outcomes for children and their families. Working collaboratively with our colleagues from scrutiny and assurance we continue to identify themes and areas to support services for future sessions.

Carers' work

The involvement and equalities team manager has been working collaboratively with NHS Education for Scotland (NES) to look at how we establish the Equal Partners in Care (EPIC) training resource internally and externally. This will involve a mixture of e-learning and live sessions with the workforce and looking to plan how we work with providers. A project plan is currently being developed with NES.

Registration system improvements
We have automated our processes to create our invoice interface files that we send to Scottish Government for our continuation fee invoices.

Healthy working lives
During the month of May, we promoted Mental Health Awareness week as part of our Healthy Working Lives strategy and provided advice to employees on different programmes that are available to them to support their mental health, especially at this difficult time. The theme of Mental Health Awareness week was nature and we provided details of activities employees could do to connect with nature and get active. We have also promoted other health campaigns such as Sun Awareness and Dementia Awareness week. We have a dedicated area on our intranet where we provide advice and guidance to employees and we include new campaigns within our weekly staffing bulletins.

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. We hope to begin reporting on this measure again from Q2 onwards.

Actions:
Since re-commencing inspections in May 2020, inspectors have continued to seek contact with people who use services, their relatives and carers, and staff of services. This has been done through email, phone contact and near-me calls, and inspectors have continued to use these contacts to inform their work. However, these contacts have not provided the structured data required to report on the above measures, and during quarter one we have made progress to develop new online questionnaires that will capture this data.

Online feedback questionnaires for children and young people were developed during Q1. These will suit services for looked after children and continuing care service types (care homes, residential special schools, fostering, adoption, adult placement – continuing care, and potentially care at home and support services for children and young people). There is also a questionnaire for staff working in services and a questionnaire for external professionals including social workers, rights officers, health professionals and panel members in fostering, adoption, and adult placement services. We began using these questionnaires during Q2. Work is being carried out on a caregiver family questionnaire (only for fostering, adoption and adult placement service) which would provide further feedback on the views of those involved in assessing the quality and autonomy of care being provided.

Work on structured questionnaires for adult services has started but has been impacted by workload associated with Covid-19 pandemic response – we plan to have these in use during Q3.

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work	**Executive Director of Strategy and Improvement**
Benchmark	**62 days per quarter*** *Revised benchmark as activity changed throughout pandemic and has therefore been revised accordingly.

Q1 Year to Date	139.5 (no on-site inspection activity possible)
Q1 Year to Date 20/21	64.5 days – other involvement activities only

Notes: During Q1, care experienced people took part in Care Inspectorate involvement activity on 139.5 days (103 on inspection activity) across different activities including:

- 25 new applications on the involvement waiting list
- finalised the new application form and job specification
- received a further 10 mobile phones from IT which has enabled more inspection volunteers to be involved
- revised the interview process for inspection volunteers
- revised training materials and presentations for the inspection volunteers
- recruited an inspection volunteer to be a judge on the LENS project
- increased other activities for young inspection volunteers
- contribution to the Safer Staffing project.

There has been a steady increase in the inspection volunteers' input to inspections although not going out on inspections, in particular conducting telephone interviews with people experiencing care and their families. The inspection volunteers have been involved in 84 inspections in adult services. They spoke with a total of 489 people.

Inspection volunteers have been consulted on the quality framework for older people and adults. They have been asked to share their experiences whilst being involved in the inspections through the pandemic. The young inspection volunteers have been working the strategic inspectors on the development of the methodology for young people at risk of harm. This is ensuring the inspection volunteers have been provided with additional training in IT to enable them to participate fully.

The inspection volunteers are working with the inspectors in the complaints team to be involved in the investigation of complaints. We will use this opportunity, to look at how the use of inspection volunteers in the complaints process enables the person experiencing care to have their voices heard. We will establish if having a care experienced person present during the complaints process makes it easier for the other care experienced person to share their concerns. A young inspection volunteer has been involved with a complaints inspector in the development of the text to complain service for young people experiencing care. They were involved in producing a video on how to use the service. We will analyse the data gathered to measure the how the text to

complain service has enabled young people to complain about their service. This has been identified as a commitment within the Corporate Parenting Plan.
Reasons for Difference: Inspector volunteers have been supported by the coordinators to develop their skills and confidence in conducting telephone inspections. This has been achieved by using Microsoft teams to host training sessions around telephone inspection. The inspection volunteers continue to be supported by the Involvement and Equalities team to ensure that they feel supported in their role. The young inspection volunteers have been working with strategic inspectors to develop the methodology around children at risk of harm and this has involved producing a video. Clear processes are in place for inspectors to request an inspection volunteer to support inspection. Working well across all inspection hubs.
Actions: Continue to support inspector volunteers to carry out virtual inspections ie telephone inspections. We are actively recruiting for inspection volunteers who have the skill set to carry out the telephone inspections, to build our capacity to meet the demands for inspection volunteer support during the inspection process. The involvement and equalities team have developed a virtual recruitment and retention training package for telephone inspectors. We are piloting virtual training on infection prevention and control with the young inspection volunteers, which has involved training, risk assessment work and developing accessible guidance to enable the young inspection volunteers to return to onsite inspection. The learning from this will enable us to consider onsite inspection volunteers when deemed safe and appropriate. We will continue to use a variety of methods to hear the voices of people experiencing care. **We propose to include this measure, specifically the benchmark, in our rapid review of performance measures.**

Summary of key achievements and work progressed in Q1 2021/22

Building better care homes
The registration team published our revised draft resources, Building Better Care Homes, for adults and for children for sector consultation. Both resources have taken into account learning from Covid-19 and how the environment can support better outcomes for people. We have worked collaboratively with our internal communications and policy teams, to do this using Citizen Lab which is the first time the Care Inspectorate has used this platform for consultation.

Opening up Care Homes
We lead on issuing a joint statement on the need to open up care homes to ensure people's rights to see loved ones is upheld. The statement was signed by Coalition of Care and support Providers in Scotland (CCPS), Scottish Care and Social Work Scotland and informed homes what they must do and offered support and improvement. We continue to monitor the area of homes enabling open visiting through the Huddle tool and taking action to address this where homes ae not complying. We are committed to people being reconnected with loved ones and their community.

Improved scrutiny & assurance information governance (IG)
The Scrutiny Task and Finish Group (T&FG) led by our information governance team, and with cross Care Inspectorate membership, designed and launched a supporting SharePoint structure which has been signed off by the Chief Inspectors and has been implemented for 21-22 to improve scrutiny information governance.

Proud to care
During pride week, we worked with internal colleagues and providers to highlight the proud to care resource, this was achieved through a webinar and a conversation café. The responses from attendees are being used as qualitative data. We will use the data to project plan a similar approach again in September and facilitate a test of change on having "ambassadors" in LGBT awareness in services.

New consultation and engagement platform launched with first consultation
On 21 June, we launched the first consultations on our new consultation website. We are consulting on draft design guides for care homes; respectively, children and young people, and adults and older people. As of 7 July, 107 stakeholders had signed up to the site and will be able to read the draft documents, participate in a poll to measure sentiment and a survey to gather qualitative feedback. These projects have been developed with the service manager of children and young people services, who is leading on the development of the guides. The design guides are expected to have fairly niche appeal in that the numbers of providers undertaking new builds and major refurbishment/redesign will not be high across the sector. As such, these guides provide an ideal soft launch for what is a brand new tool for the organisation.

Publications
We published three quality frameworks in Q1 for: mainstream boarding schools and school hostels; fostering, adoption and adult placement services; and daycare of children, childminding and school aged childcare. We also published the following reports: Equalities strategy, Equalities mainstreaming report and the Triennial Review of Initial Case Reviews and Significant Case Reviews (2018-2021): Impact on Practice.

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. We recognise the efforts of our Partnership Forum and we will continue to work with them in relation to staff pay awards.

Parliamentary monitoring/horizon scanning

Through briefings, tracker documents and urgent updates, the team continued to provide comprehensive support and analysis on developments across the policy landscape. In Q1 these have included briefings for the new Ministerial Cabinet, a summary and analysis of The Promise Change Programme, and a briefing on the Coronavirus (Extension and Expiry) Bill.

Recruitment project

A comprehensive review of our recruitment and selection process commenced 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. At this stage, the project is planned to be completed in full within three to six months.

Policy development

Over the summer months we will be working with the organisational workforce development (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 Operational Leadership Team (OLT) members, prior to being submitted to Strategic Leadership Team (SLT) for approval.

We are committed to developing, providing and promoting meaningful youth employment opportunities that benefit individuals, the organisation and the Scottish economy and to this end we are currently finalising our Youth Employment Strategy (2021-2024) which was submitted in June 2021 to SLT for approval.

Communications and external engagement

On 27 May, we resumed production of our monthly Care News e-newsletter, which reached 20,206 subscribers. The June edition reached 20,781 subscribers, showing an increase in new subscriptions of 575 over four weeks. This resumption ended a 12-month hiatus, which was due to demands responding to the pandemic including focusing on Provider Updates, which go to all registered services and also to subscribers who have ticked this preference in their subscription. We continue to issue three weekly editions of the Provider Update respectively for children and young people services, childminders, and adults and older people.

Since 23 June, when the intranet began automatically launching on the Edge and Chrome browsers when staff log on to their computers:
- 611 people have accessed the landing page – up 10%
- Page views have increased by 23%

- Average time spent per user has increased by 20%, meaning users spent on average 17m 55s on the site.

Other updates in Q1 include:
- 150,817 users made 270,602 visits to the Care Inspectorate website (1.71 sessions per user). There were 2,214,475 page visits (8.18 pages visited per session).
- we posted 87 Tweets and 49 Facebook posts, reaching a total audience of 37,089. We achieved 8,359 click-throughs on the links we included in our posts. Our posts were seen across the social media networks and achieved 493,631 impressions.
- 1,199 email interactions were recorded in the course of dealing with 33 complex media enquiries.

The Hub
In Q1, 27,561 users made 40,320 visits to The Hub website (1.46 sessions per user). There were 95,152 page visits (2.36 pages visited per session).

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   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.

3.4   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.

The Board is asked to approve the proposal to establish a short life officer/board member group to undertake a rapid review of specific performance measures and make recommendations to the next Board meeting.

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
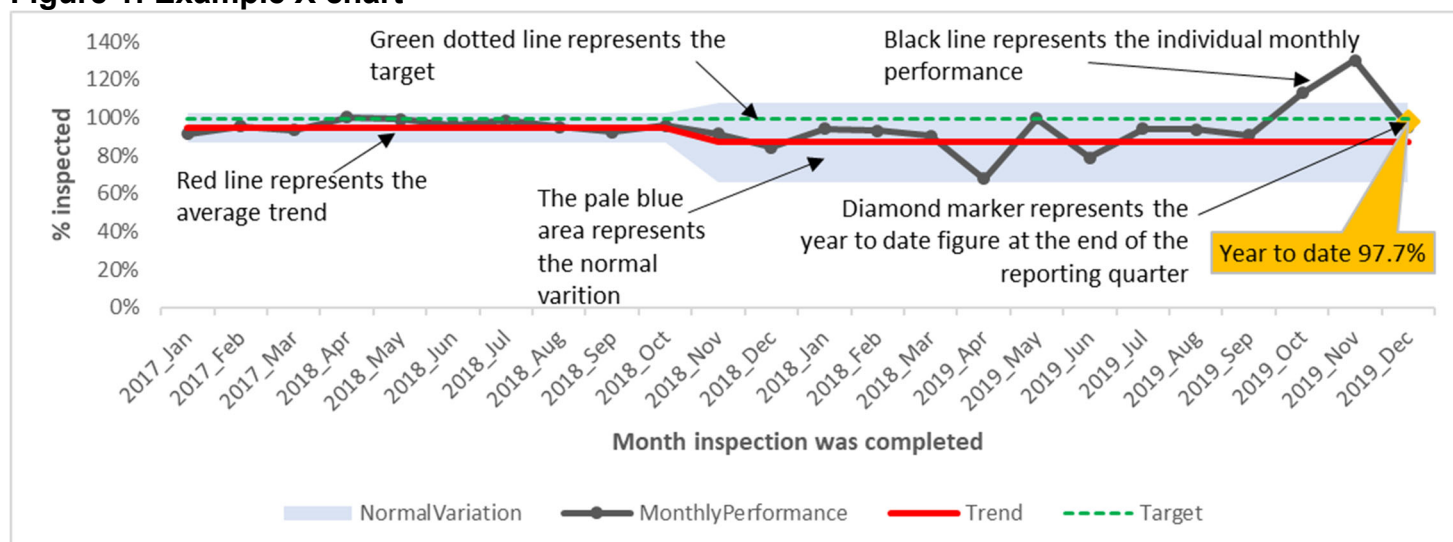
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and 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 (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for 4 consecutive points then we can be confident there has been a real change in performance. 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) e.g. if the % of complaints investigated in relevant timescales was 40% in Q1 and 50% in Q2 the percentage change would be 25%.

Title:	**AUDIT AND RISK COMMITTEE ANNUAL REPORT TO BOARD 2020/21**	
Author:	*Bill Maxwell, Audit and Risk Committee Convener*	
Appendices:	**1.**	**Committee Terms of Reference (approved by Board August 2020)**
Consultation:	n/a	
Resource Implications:	**No**	

Executive Summary:
In accordance with the Audit and Assurance Committee Handbook, the Audit and Risk Committee prepares an annual report to the Board. This report presents a summary of the work of the Audit and Risk Committee during 2020/2021 and provides the Committee's opinion on the assurance that this work provides. The report also provides the outcome of the Committee's consideration of the 2020/2021 Annual Report and Accounts including the Annual Governance Statement. Following this consideration, the Committee recommends that the Board approves the 2020/2021 Annual Report and Accounts.
The Board is invited to:

1.	Approve the 2020/2021 Annual Report and Accounts.
2.	Agree that it is appropriate for the Chief Executive to sign the Annual Report and Accounts at all appropriate points within the document.

Links:	Corporate Plan Outcome		Risk Register Number		EIA Y/N	N
For Noting		**For Discussion**		**For Assurance**		**For Decision**	X

Agenda item 11.1
Report No: B-34-2021

AUDIT AND RISK COMMITTEE ANNUAL REPORT TO BOARD 2020/21

1.0   INTRODUCTION

1.1   The purpose of this report is to provide evidence to the Board as to how the Audit and Risk Committee has fulfilled its remit, and how effectively it has discharged its responsibilities.

The report details the following:

- Summary of the Audit and Risk Committee's activities relating to the financial year 2020/2021.
- An opinion on the adequacy and effectiveness of the Care Inspectorate's framework of governance, risk and control and how the organisation has secured best value.
- The Committee's priorities for 2021/2022.

Furthermore, this report underpins the Board's own opinions in the Annual Governance Statement in the Annual Report and Accounts.

2.0   REMIT AND MEMBERSHIP OF THE AUDIT COMMITTEE

2.1   **Remit**

The Audit and Risk Committee meets at least four times per year.   The main purpose of the Audit and Risk Committee is to review and maintain oversight of the Care Inspectorate's corporate governance, particularly with respect to financial reporting, system of internal control and risk management. The Committee's responsibilities also include oversight of the internal audit arrangements; engagement with the external auditors and their work; oversight and evaluation of the management of risks and business continuity planning; and to advise the Board on the development of performance measures which support the implementation of the Corporate Plan. The Committee's current remit is attached in Appendix 1. This was reviewed at the Committee's annual effectiveness and self-evaluation session on 4 March 2021.

2.2   **Membership**

The Board appoints non-executive Board members to the Audit and Risk, Committee. During 2020/2021 the following Board members served on the Audit and Risk Committee:

Gavin Dayer
Rona Fraser
Paul Gray
Anne Houston
Rognvald Johnson
Bill Maxwell   Convener
Keith Redpath

Where appropriate, the Committee augments the skills and experience of its members by seeking advice from internal and external auditors, and senior management.

3.0   RISK AND INTERNAL CONTROL

3.1   Internal Audit Reports

The Care Inspectorate's Internal Auditors, MHA Henderson-Loggie, presented three reports for consideration by the Audit and Risk Committee. 2020/21 was the first year of MHA Henderson-Loggie's engagement and significant time was devoted to an audit needs assessment and the development of the strategic internal audit plan.

MHA Henderson-Loggie use a system for categorising assurance levels. Each internal audit report provides an overall level of assurance and an assurance level for each control objective as follows:

Good	System meets control objectives.
Satisfactory	System meets control objectives with some weaknesses present.
Requires improvement	System has weaknesses that could prevent it achieving control objectives.
Unacceptable	System cannot meet control objectives.

In addition to the above control assessments, MHA Henderson-Loggie assign management action grades to demonstrate risk exposure. These are graded in terms of priority and are colour coded as follows:

Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the Audit and Risk Committee.
Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.
Priority 3	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness.

The following reports were considered by the Committee:

Report	Committee Date	Control Objective Assurance Level	Management Action Risk Exposure
Risk Management	10 September 2020	**Control objectives:** 3 Satisfactory **Overall Assurance:** Satisfactory	4 Priority 3
Cash, Bank & Treasury Management	19 November 2020	**Control objectives:** 3 Good **Overall Assurance:** Good	No actions
Organisational Development	4 March 2021	**Control objectives:** 3 Good 1 Satisfactory 2 Requires Improvement **Overall Assurance:** Satisfactory	1 Priority 2 1 Priority 3

The Internal Audit Annual Report 2020/2021 was considered at the Committee's May 2021 meeting. The overall opinion of internal audit was expressed in this report as:

"In our opinion the Care Inspectorate has adequate and effective arrangements for risk management, control and governance. Proper arrangements are in place to promote and secure Value for Money. This opinion has been arrived at taking into consideration the work we have undertaken during 2020/21 including the follow-up of recommendations made by the Care Inspectorate's previous internal auditors".

3.2   Implementation of Audit Recommendations

Throughout the year, the Committee monitored management's progress towards implementing audit recommendations. This is achieved by reviewing the recommendations in follow up reports prepared by the internal auditors which summarise progress on completed actions at each meeting of the Committee.

The final follow-up report considered during 2020/2021 at the Committee on 4 March 2021 set out the position on the completion of management actions as at 28 February 2021.

There were 13 management actions brought forward from internal audits performed in previous years. Of these 7 (54%) were fully implemented and 6 (46%) were partially completed. The Committee was informed of progress and sought reasons and justification for revised completion date requests and subsequently approved these.

There were six new management actions agreed as a result of internal audit work performed in 2020/2021. Of these, one (17%) was fully implemented during the year, three (50%) were not completed by the original due date and revised implementation dates are agreed for 2021/22. The agreed implementation dates for the remaining two (33%) management actions are in 2021/2022.

It is recognised that the completion of management actions was affected by the Covid-19 pandemic. The Committee has carefully considered all reports by the Internal Auditors and considers these to be comprehensive.

3.3   Committee Opinion

Overall, the Committee is of the view that the system of internal controls and management of risks associated with these is effective.

4.0   EFFECTIVENESS OF INTERNAL AUDIT

The Audit and Risk Committee is responsible for monitoring and reviewing the effectiveness of the internal audit function. The Audit and Risk Committee reviews the effectiveness of internal controls and receives reports from the Internal Auditors.

MHA Henderson-Loggie were appointed as internal auditors from 1 April 2020. The first year of MHA Henderson-Loggie's engagement required a detailed audit needs assessment to be completed. The audit needs assessment underpins the three-year Strategic Internal Audit Plan (2020-23) and both the assessment and strategic plan were considered by the Committee at its meeting of 10 September 2020. The annual Internal Audit Plans for 2020/21 and 2021/22 were considered at the Committee meetings of 19 November 2020 and 4 March 2021, respectively.

The review of annual and strategic audit plans strives to ensure a strong relationship between the planned internal audits, the strategic risk register and the Care Inspectorate's duty to provide best value.

5.0   ENGAGEMENT WITH EXTERNAL AUDIT

Grant Thornton, our external auditors are appointed by the Auditor General for Scotland.

The Committee engages regularly with external audit. The Committee considers the results of external audit work and the implementation of actions against audit recommendations. In March 2021, the Committee considered and subsequently approved the External Audit Plan for the 2020/2021 Annual Report and Accounts submitted by Grant Thornton. The Committee also monitors co-ordination and engagement between internal and external audit to ensure there is no unnecessary duplication of audit work.

BOARD MEETING 23 SEPTEMBER 2021

Agenda item 11.1
Report No: B-34-2021

6.0   RISK MANAGEMENT FRAMEWORK

A report on strategic risks is a standing item on the Committee agenda providing a facility for the Strategic Leadership Team to escalate any issues pertaining to risk including identifying any emerging issues.

Work on revising the strategic risk register and our risk appetite statement was started in 2020/21 and will continue into 2021/22.

This work will incorporate the implementation of the management actions identified in the internal audit report on Risk Management (overall assurance level of "Satisfactory"). The Strategic Risk Register is published on the Care Inspectorate's website.

The Committee monitor changes in the strategic risk position at each meeting and consider the Strategic Risk Register in full twice per year.

7.0   ANNUAL REPORT AND ACCOUNTS

7.1   Annual Report and Accounts 2020/2021

The Committee considered the draft 2020/2021 Annual Report and Accounts in detail at a meeting specifically arranged for this purpose in August 2021. This meeting was open to all Board members to attend.

The draft 2020/2021 Annual Report and Accounts were considered again in conjunction with the external auditor's report and management letter at the Audit and Risk Committee meeting of 9 September 2021.

Following this detailed review of the draft document and consideration of the external auditor's report, the external auditor's unmodified opinion and letter to those charged with governance, the Audit and Risk Committee consider the annual report and accounts taken as a whole is true and fair, balanced and understandable and provides the information necessary for stakeholders to assess the Care Inspectorate's performance and strategy.

7.2   Annual Governance Statement

The Committee has a specific responsibility to consider the Annual Governance Statement which is contained within the Annual Report and Accounts at section 3.3. The Committee is content the statement addresses all pertinent issues.

The Committee is of the opinion that the Statement fairly reflects the adequacy and effectiveness of the Care Inspectorate's governance and risk framework for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

7.3   Recommendation

The Committee recommends that the Board approves the Annual Report and Accounts for the year ended 31 March 2021 and the incorporated Governance Statement.

8.0   FRAUD, IRREGULARITY, WHISTLEBLOWING

8.1   Reported in 2020/2021

The Care Inspectorate's whistleblowing policy enables staff, in confidence, to raise concerns about any matters of possible improprieties and to be protected in doing so.   There is also a Counter Fraud and Corruption Framework in place.

The Care Inspectorate has entered into an agreement with NHS National Shared Services Counter Fraud Service to support our efforts in the prevention, detection and investigation of fraud, bribery and corruption.

The Committee has not received any reports detailing fraud, irregularity or whistleblowing.

9.0   OTHER MATTERS

9.1   Pandemic Response

The Committee had oversight of the Care Inspectorate pandemic response through the addition of a specific Covid-19 strategic risk to the strategic risk register and the position was monitored throughout the year.

The Committee sought assurance that the Care Inspectorate had established and maintained effective arrangements for how it adopted its key decisions made during the pandemic and the ability to explain the rationale behind these decisions. The Committee considered a report by management at its meeting of 19 November 2020 and the Committee agreed this report provided this assurance.

9.2   Digital Programme

The Committee considered reports on the progress of the Digital Programme at each meeting of the Committee during 2020/21. The Committee also receives assurance through its participation in the member/officer Assurance and Advisory Group. The response to the pandemic meant resources being diverted to this priority creating delays for the progress of the digital programme.

9.3   Workforce Development and Capacity

The Committee considered and discussed capacity, recruitment and development risk and issues relating to the Care Inspectorate workforce.

9.4   New Shared Service Governance Arrangements

The Committee recognises the drive to improve the governance and operational arrangements associated with the delivery of shared services between the Care Inspectorate and SSSC. The Committee ensured it was kept informed of progress throughout the year via a series of updates from senior managers on the progress towards agreeing new operational and governance arrangements for the delivery of shared services involving the Care Inspectorate and SSSC.

A member/officer short life working group with the Convener of the Audit and Risk Committee and another Committee member being the Board member representative was set up during the year to maintain oversight of the process when it became clear progress was not as swift as originally anticipated.

10.0   SELF ASSESSMENT, EFFECTIVENESS AND DEVELOPMENT REVIEW

In March 2021, the Audit and Risk Committee undertook its annual self-assessment exercise using the Scottish Government's checklist as contained in the Audit and Assurance Handbook for public bodies. Individual assessments informed the Committee's discussion, following which it was agreed that the Committee's approach was largely compliant.

The following areas were identified for improvement and/or further development, including amendments to the remit of the Committee. These were reported to the Board at the annual Board Governance Review on 17 June 2021 and included the following:

- a more explicit role in reporting to Board on the Care Inspectorate's annual accounts and detail of the Committee's remit in reviewing accounting policies
- inclusion of Best Value within the Committee's terms of reference
- the ability for the Committee to co-opt, with the approval of the Board
- specific induction and training on audit for Committee members
- an improved committee administration process through scheduled pre-meeting reviews of final reports by the Convener, lead officer and secretariat.

11.0   PRIORITIES FOR 2021/22

In addition to ensuring effective oversight of internal audit, the Committee has agreed the following priorities for 2021/2022:

1. Further development of assurance mapping
2. Close monitoring of change management including the development of the new transformation business case and the subsequent implementation based on the approval of funding. A member/officer oversight group was set up in 2020/21 which will continue into 2021/22 to ensure there is a focus on digital transformation and the development of the stage 2 business case.

3. Consideration of the effectiveness of financial planning and budget monitoring and the risks to the organisation's financial sustainability.
4. Consideration of the impact of COVID-19 on the role and the work of the Care Inspectorate in the medium to long term.
5. Close monitoring of Inspector capacity identified as an escalating risk in 2020/21

12.0   AUDIT AND RISK COMMITTEE'S FORMAL OPINION

As Convener of the Audit and Risk Committee, I am satisfied that the frequency of meetings, the breadth of the business undertaken and the diversity of attendees supported by senior officers has allowed the Committee to fulfil its remit. It is important that attendance at meetings of the Committee is maximised to ensure a continued mix of skills appropriate to ensuring an effective Audit and Risk Committee.

The Audit and Risk Committee's review of effectiveness has highlighted some areas for development and I am satisfied that these have all been taken forward effectively.

The Audit and Risk Committee continues to engage formally and regularly with our internal and external auditors. This has ensured the Committee is able to fully understand the effectiveness of our assurance and risk functions and to be advised of any emerging risks.

The Audit and Risk Committee has carefully considered the effectiveness of controls and risk management. There is nothing material to the work of the Care Inspectorate which has been highlighted to the Board over the past year. We will continue to focus on challenging the effectiveness of internal controls and the robustness of risk management processes going forward.

I would pay tribute to the commitment of members of the Audit and Risk Committee and to all attendees. I am especially grateful to those who prepare reports and for the quality of professional advice given by senior management, particularly the Head of Finance and Corporate Governance and the Executive Director of Corporate and Customer Services. I am also extremely grateful to Fiona McKeand, Executive and Committee Support Manager, for her continued guidance and support.

13.0   IMPLICATIONS AND/OR DIRECT BENEFITS

13.1   Resources

There are no resource implications associated with this report.

13.2   Sustainability

There are no sustainability implications associated with this report.

13.3   Government Policy

There are no government policy implications associated with this report.

13.4   People Who Experience Care

There are no direct benefits for people who experience care.

13.5   Customers (Internal and/or External)

There are no direct customer implications or benefits.

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Agenda item 12
Report No: B-35-2021

Title:	**Budget Monitoring and Staffing Update**
Author:	*Kenny Dick, Head of Finance and Corporate Governance*
Appendices:	None
Consultation:	N/A
Resource Implications:	Yes

EXECUTIVE SUMMARY
This report provides the Board with details of the projected 2021/22 financial position. The general reserve balance is identified in the draft Annual Report and Accounts as £0.453m less than was anticipated when the 2021/22 budget was set. This is due to the inclusion of a provision for property end of lease dilapidation costs of £0.662m. After expenditure delayed from 2020/21, additional core grant budget and adjustments and virements are accounted for, the projected financial position is a surplus of £0.268m. This is a variance of £1.020m to the revised budget position of a £0.752m deficit. This increases the funds held in the General Reserve. The significant risks to this projection are set out in Section 5 of this report.

The Board is invited to:	
1.	Note the projected financial position for 2021/22 and the risks that may affect this position.
2.	Note the changes to the budgeted permanent establishment as set out in section 3.3.1.

Links:	Corporate Plan Outcome		Risk Register - Y/N		Equality Impact Assessment - Y/N	
For Noting		**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 *(see Reasons for Exclusion)*
Disclosure after:

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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.

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FINANCE AND STAFFING UPDATE

1.0   INTRODUCTION

The Board approved a 2021/22 revenue budget with a deficit of £0.739m (subsequently revised to £0.752m) to be funded from the general reserve balance. The projected financial position as at 31 March 2022 projects a surplus of £0.268m. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

The report also provides an update on changes to the establishment.

2.0   SUMMARY FINANCIAL POSITION

2.1   Core Approved Budget

There was £0.116m of expenditure budgeted to be spent in 2020/21 that was delayed due to the Covid-19 position. The funding for this expenditure has been carried forward in the general reserve balance and this expenditure will now be incurred in 2021/22.

£0.180m funding for the Appropriate Adults workstream has now transferred as part of our core grant in aid. There is expenditure brought forward from 2020/21 of £0.015m associated with this work and this increases the budgeted deficit.

The Board approved the change to the post of Executive Director of IT and Digital Transformation from temporary to permanent. The projected impact of this is a reduction of £0.118m to the budgeted deficit.

These, when added to the 2021/22 budgeted deficit of £0.739m provides an expected deficit of £0.752m. The projected surplus of £0.268m is £1.020m less than the budgeted position as shown below.

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	Approved 2021/22 Budget	Budget Virement 2021/22	Additional Core Grant 2021/22	Expenditure b/fwd from 2020/21	Revised 2021/22 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff cost	32.688	(0.117)	0.186		32.757	32.258	(0.499)
Accommodation costs	2.527	0.000			2.527	2.430	(0.097)
Administration costs	1.241	0.011		0.071	1.323	1.422	0.099
Travel costs	1.232	0.000	0.006		1.238	0.849	(0.389)
Supplies and services	1.630	0.000	0.003	0.045	1.678	1.772	0.094
Gross Expenditure	**39.318**	**(0.106)**	**0.195**	**0.116**	**39.523**	**38.731**	**(0.792)**
Grant in aid	(25.725)	0.011	(0.180)		(25.894)	(25.894)	0.000
Fee Income	(11.900)				(11.900)	(11.900)	0.000
Shared service income	(0.846)	(0.023)			(0.869)	(0.855)	0.014
Other income	(0.108)	0.000			(0.108)	(0.350)	(0.242)
Total income	**(38.579)**	**(0.012)**	**(0.180)**	**0.000**	**(38.771)**	**(38.999)**	**(0.228)**
(Surplus) / Deficit	**0.739**	**(0.118)**	**0.015**	**0.116**	**0.752**	**(0.268)**	**(1.020)**

The draft Annual Report and Accounts for 2020/21 shows a reduced general reserve balance compared to the position anticipated when the budget was set. This is mainly due to the inclusion of a £0.662m provision for expected property end of lease dilapidation costs. The table below shows the latest projected position:

	Approved Budget £m	Projected Position £m
Opening general reserve	3.462	3.009
Less:		
Prepaid grant funding	(0.402)	(0.385)
IT Equipment replacement	(0.200)	(0.200)
Available Reserves	2.860	2.424
Projected Surplus / (Deficit)	(0.872)	0.268
Stage 2 Business Transformation	(1.202)	(1.200)
Projected Closing Balance	0.786	1.492
Maximum of target range (1.5%)	0.564	0.567
Available for additional budget pressures	**0.222**	**0.925**

2.2 Specific Grants

The projected expenditure on work funded by specific grants continues to be affected by the Covid-19 position. An underspend of £0.223m is currently projected. Discussions with the various grant providers are on-going.

We are engaging with Sponsor to convert short term specific grant funding into core grant in aid as appropriate.

The remainder of this report focuses on our core budget financial position and excludes further consideration of specific grant funded expenditure.

3.0 STAFFING UPDATE

3.1 Establishment Changes

The following shows the changes to establishment which have been approved since the budget was set. The table also shows the budgetary impact of the potential cost of resolving the Inspector Pay grievance which has still to be agreed.

	FTE	£m
Unallocated budget available		0.535
Agreed changes to establishment:		
Additional Service Manager post at CS1	1.00	(0.081)
A shared service HR Adviser/Payroll Analytics post at Grade 5	1.00	(0.023)
A Mental Welfare Commission secondment	1.00	(0.063)
Executive Director ICT, Transformation & Digital Permanent	1.00	(0.118)
A Senior Data Support Analyst at Grade 7 (funded from agency staff cost budget	1.00	-
Provision for Inspector pay grievance costs	-	(0.188)
Unallocated budget available @ 31/07/2021		**0.062**

This leaves £0.062m of our core grant-in-aid settlement for other budget priorities which are being considered by SLT.

3.2 Temporary Staffing Changes
A number of temporary staff changes have also been agreed. All of these posts will be funded through a mixture of in-year underspend and general reserve balances and are noted in the budget variances in section 4.0.

3.3 Extension of Temporary Contracts

As part of the response to the Covid-19 position some temporary contracts have been further extended to 30 September 2021. It is anticipated that any further extensions to
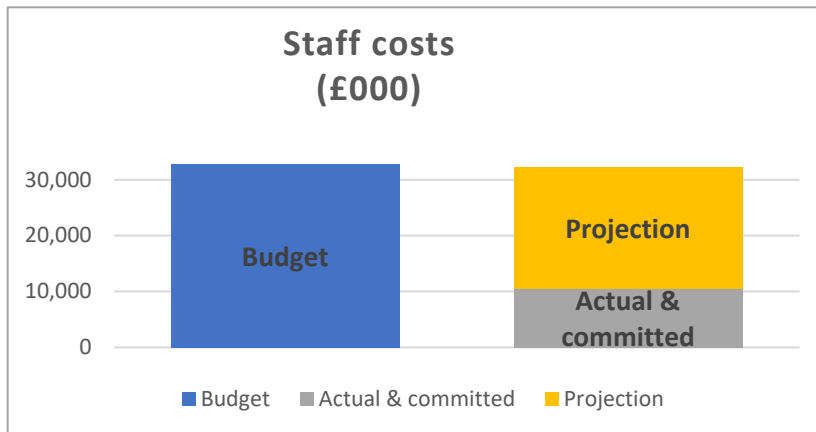
September temporary contracts not covered by budget will be affordable by drawing on reserves due to the improved general reserve position.

4.0 BUDGET VARIANCES

### 4.1 Staff Costs – projected underspend of £0.499m

Projected staff cost slippage is £0.810m more than budgeted. This is largely due to vacancies in the Scrutiny and Assurance Directorate where there are 53.4 FTE Inspector vacancies. This may have an impact on our ability to deliver on the approved Scrutiny and Improvement Plan.

This is partially offset by the following:

1. The demands on the Intelligence team have been significant during Covid-19. To support the continued increase in workload and to support other Care Inspectorate developments, the team has been strengthened by the appointment of two Senior Intelligence Analysts and five Intelligence Analysts at a projected cost of £0.200m.
2. A temporary Senior Project Manager has been appointed for 12 months to support the Digital Transformation Team at a projected cost of £0.050m.
3. An 18-month temporary Development Officer post has been developed to support the Care Inspectorate to deliver on 'The Promise' for experienced children and young people. The projected costs for this financial year are £0.028m
4. Temporary arrangements are still in place to provide additional senior management and flexible response capacity due to the impact of the Covid-19 crisis at a projected cost of £0.033m.

### 4.2   Accommodation Costs – projected underspend of £0.097m
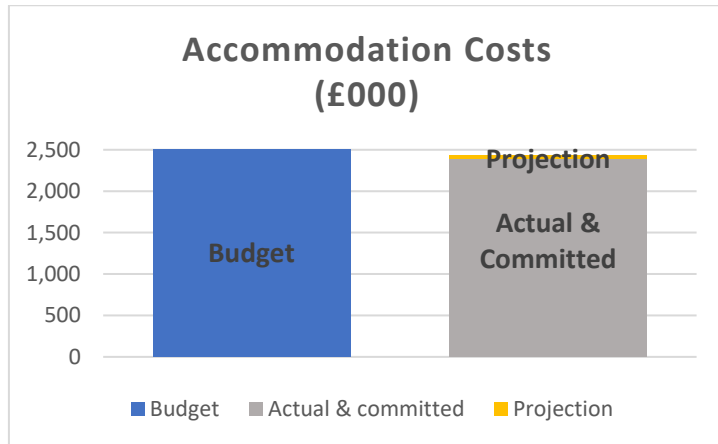
The budget included provision of £0.097m for end of lease and possible move costs for the Stirling and Dunfermline offices. The leases have been extended into 2022/23 and this budget will not be required this financial year. This will become a financial pressure for next year's budget.

4.3   Administration Costs – projected overspend of £0.099m
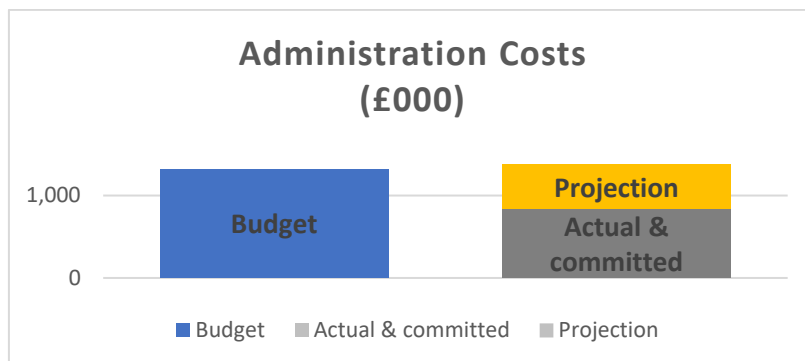
- Digital Architect spend to support digital transformation programme is £0.069m greater than budgeted.
- A gateway review process for the Transformation Programme is estimated to be £0.012m.
- Legal fees are projected to be £0.048m more than budget. This relates to legal fees for HR professional advice and an increase in legal cases relating to service providers.
- A review of our recruitment process as well as, a review of our pay and grading structure is being undertaken this year. Additional expenditure of £0.030m is projected.
- The Appropriate Adult programme of work includes developing quality assurance approaches to support self-evaluation of services. This evaluation requires specialist input estimated to cost £0.020m.

These projected overspends totalling £0.179m are partially offset by projected savings of £0.080m on printing, postage, stationery and other admin costs due to the Covid-19 position.

4.4 Travel Costs – projected underspend of £0.389m
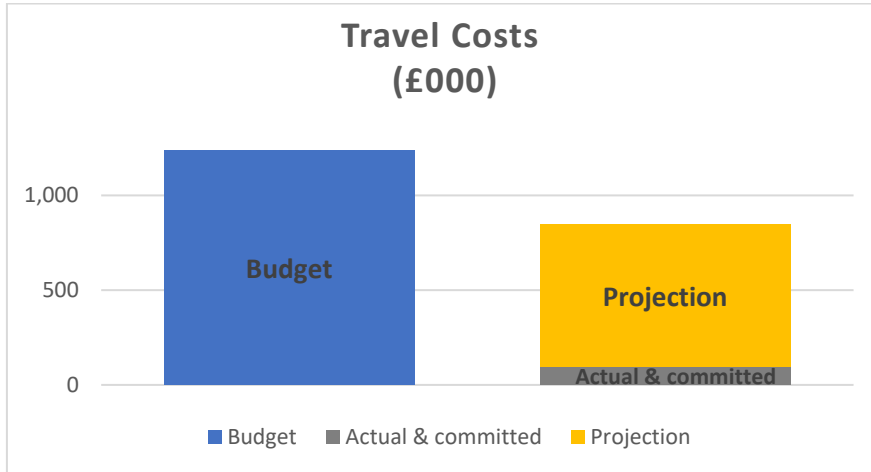
The significant reduction in travel costs is a direct result of the travel restrictions imposed due to the Covid-19 crisis. This, and the public health advice on visiting care services has significantly reduced Scrutiny and Improvement travel associated with inspection, complaints, registration, and enforcement.

In addition, the need to work from home has greatly increased the use of Teams to hold meetings remotely without the need for travel. This is expected to be sustainable even after the Covid-19 restrictions are relaxed.

4.5 Supplies and Services – projected overspend of £0.094m
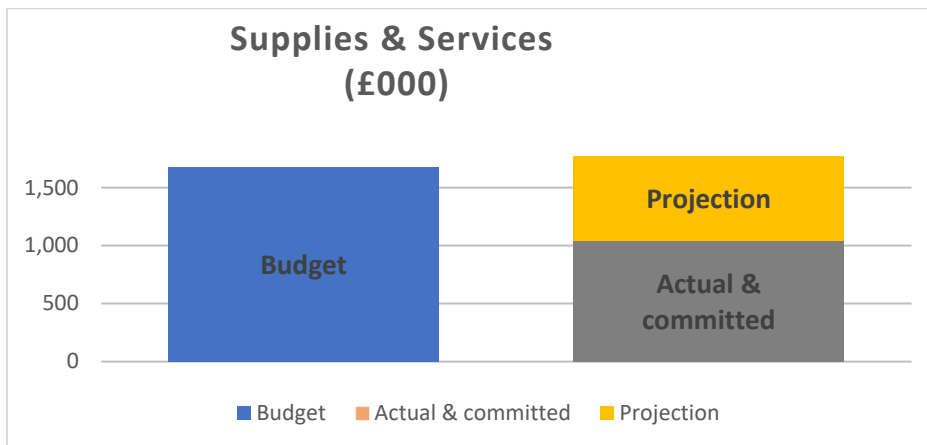
An overspend of £0.108m is projected for ICT. This mainly relates to additional security expenditure to maintain the security of our ICT systems and additional software licences. This is partially offset by a projected underspend of £0.014m in hospitality and venue hire which has decreased as we continue to work predominantly from home.

4.6   Funding and Income – projected additional income of £0.228m

Grant-in-aid and fee income are currently projected to be as budgeted.

Other income is projected to be £0.228m more than budgeted. This is due to income from staff on secondment to other organisations totalling £0.217m and additional funding of £0.025m from NHS Education for Scotland (NES) to support the spread and dissemination of the national Openness and Learning agenda in Health and Social Care settings during COVID-19 and beyond.

This additional income is partially offset by a projected reduction in shared service income of £0.014m due to all shared service staff not being in post for the full financial year.

5.0   RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected staff costs are based on staff in post and known changes. It is assumed that 30 FTE Inspector vacancies will be filled in September, with the remaining 23.4 FTE vacancies filled by December.	Projection could be overstated by as much as £0.450m	Medium
	An interim pay award has been made in line with Scottish Government Pay Policy Guidance. The settlement has not yet been agreed with the Partnership Forum. Any award greater than that projected will be an additional cost pressure this financial year.		Medium
	There is a collective pay grievance from Inspectors which could have a potential impact on the budget available for additional budget asks or for cost pressures identified. £0.188m is included in current projections but the negotiated position may vary from this	Projections could be understated or overstated depending on the final agreement.	High

Administration Costs – legal fees	The approved budget does not allow for any costs associated with the likely Covid-19 enquiry. Our role in the enquiry will involve additional legal fees for instructing Council.	Projection risk could be as much as £0.200m understated.	High
Business and Digital Transformation	A business case to obtain funding for Stage 2 Transformation Programme is being considered by the Board. Following this it will be submitted to Scottish Government. The approved budget does not provide for extending the temporary posts beyond October 2021 as this is dependent on additional funding. Therefore, additional funding to extend the temporary arrangements to deliver the programme beyond 31 October 2021 will be required.	To proceed with the transformation programme an additional £1m is needed for 2021/22.	Medium
Travel costs	Projected costs assume that travel costs will increase from September 21 onwards as Covid-19 restrictions ease. There is significant uncertainty over areas such as a third wave and access to services.	Projection could be overstated by £0.350m.	High
Supplies and Services – ICT costs	The Citrix replacement costs are likely to exceed budget.

As we return to some kind of office-based working, it's likely that additional ICT kit will need to be purchased to support blended working. | Projection could be understated by £0.070m.

It is estimated costs could be £0.100m | High

Medium |
| Supplies and Services – furniture and equipment | Similar to the requirement for ICT kit, some additional office furniture, such as chairs, will be required to support a blended approach to working. | Projection estimated to be in the range of between £0.100m and £0.200m | High |
| Supplies and Services – storage and archiving | The file indexation programme planned for this financial year may not complete by 31 March 2022. | Projection could be overstated by £0.060m | High |

Fee Income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage. Projected income has been based on average periods to complete a registration. The actual number of services completing their registration by 31 March is uncertain and it's possible the income may either exceed or be less than projected.	Projection risk in the range of £0.100m understated to £0.150m overstated	High
Shared Service Income	The shared service recharge with SSSC has still to be agreed this financial year.	Projections could be under or overstated	Medium

6.0   IMPLICATIONS AND/OR DIRECT BENEFITS

6.1   Resources

The financial implications arising from this report are noted in section 2.1.

6.2   Sustainability

The report highlights the significant reduction in travel costs, a proportion of which will be sustainable. This reduction will lower CO^2 emissions and increase productivity through reduced time spent travelling.

6.3   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 experience care.

6.4   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

An underspend of £1.020m against the 2021/22 budget is currently projected. There are risks and emerging issues that will exert pressure on our resources. However, we have

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usable reserves of £0.925m to contribute to non-recurring financial pressures whilst maintaining our general reserve balance at the maximum of the target range.

Taking a balanced view of the risks set out in Section 5 it is considered probable that the projected underspend against budget will increase as the year progresses.

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care inspectorate

Title:	**2020-21 Procurement Update and Performance Report**	
Author:	*Gillian Berry, Accounting and Procurement Manager*	
Appendices:	**1.**	Annual Procurement Report 2020/21
Consultation:	**N/A**	
Resource Implications:	**No**	

EXECUTIVE SUMMARY	
This report provides an overview of our procurement performance for 2020/21. Appendix 1 to this report is the Annual Procurement Report which documents our progress towards achieving our strategic procurement objectives.	
The Board is invited to:	
1.	Note and comment on the Annual Procurement Report 2020/21 (Appendix 1).
2.	Note the annual report is published on the internal and external website, adjusted for any feedback received from the Board.

Links:	Corporate Plan Outcome	Y – Principle 6	Risk Register - Y/N	Y – Risk 2 Financial Sustainability	Equality Impact Assessment - Y/N		N
For Noting	**Y**	**For Discussion**	**Y**	**For Assurance**		**For Decision**	

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

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

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Reasons for Exclusion	
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2020-21 PROCUREMENT UPDATE AND PERFORMANCE REPORT

1.0   INTRODUCTION

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This report provides an overview of procurement developments and reports on procurement performance for 2020/21.

2.0   PROCUREMENT PERFORMANCE

The procurement strategy and annual procurement report are part of the reporting landscape for organisations that have an estimated regulated procurement spend of £5m or more. Whilst the Care Inspectorate does not meet this criterion, we develop an annual procurement report and will publish it on our website as good practice.

The annual report is attached as Appendix 1.

3.0   PROCUREMENT SHARED SERVICE FROM SCOTTISH GOVERNMENT

The Care Inspectorate partners with the Central Government Procurement Shared Service (CGPSS) to benefit from both operational and strategic support to make sure the Care Inspectorate maximises value and performance from its third-party expenditure, manages risk and remains compliant with changing legislation and policy. This partnership provides benefits in further improving our procurement capability by providing specialist advice for more complex aspects of procurement.

The shared service is provided on the basis of a Memorandum of Understanding.

4.0   PROCUREMENT CAPABILITY

Scottish Government assesses procurement capability through the Procurement and Commercial Improvement Programme (PCIP). The PCIP focuses on the policies and procedures driving procurement performance, and the results they deliver.

The PCIP includes Full, Medium and Lite Assessments and, for those bodies with an annual procurement spend of less than £7m, a Healthcheck.

The Care Inspectorate's last assessment was completed in November 2019 and was a joint assessment with the SSSC. We scored green in all nine key areas assessed using a RAG assessment tool. A revised PCIP is in development and our next assessment is scheduled to be completed later in 2022.

5.0   IMPLICATIONS AND/OR DIRECT BENEFITS

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

5.1   Resources

There are no direct resource implications associated with this procurement update report. This section provides details of the Care Inspectorate's procurement performance for the year, and any benefits realised from procurement are incorporated into the 2021/22 budget.

5.2   Sustainability

The procurement sustainability benefits are reported in the Annual Procurement Report.

5.3   People Who Experience Care

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

5.4   Customers (Internal and/or External)

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. This report demonstrates how we carry out and monitor our activities in this area.

6.0   CONCLUSIONS/NEXT STEPS

This report summarises the developments in procurement over the last financial year. The Annual Procurement Report, Appendix 1, highlights that our procurement capability continues to be very strong in the Care Inspectorate.

Annual Procurement Report 2020/21

Prepared by: Gillian Berry, Accounting and Procurement Manager
Contact: 01382 207140

Approved by:
Board:

Contents

1.0 INTRODUCTION

1.1 About the Care Inspectorate

The Care Inspectorate is the independent scrutiny and improvement body for care, social work and child protection services and has a significant part to play in improving services for adults and children across Scotland. It regulates and inspects care services and carries out joint inspections of adults' and children's services delivered by health and social care partnerships across local authority areas.

The Care Inspectorate operates from offices across Scotland. Its headquarters are co-located with the Scottish Social Services Council (SSSC) in Dundee.

We aim to make sure that people receive high quality care and that their rights are promoted and protected.

It's our job to make sure that:
- vulnerable people are safe
- the quality of care, social work and child protection services improve
- people know the standards they have a right to expect
- we can report publicly on the quality of these services across Scotland
- we can support and encourage the development of better ways of delivering these services.

2.0 PROCUREMENT STRATGEY

The Care Inspectorate and SSSC published a joint Procurement Strategy in 2020. This strategy covers the period April 2020 to March 2023 and is designed to take a responsible and sustainable approach to procurement. The strategy has the following key priorities:

1. Achieve value for money
2. Deliver sustainable procurement
3. Raise the level of procurement knowledge, skills and expertise
4. Provide timely performance information
5. Achieve the benefits derived from collaborative working
6. Strengthen contract and supplier management processes
7. Provide a procurement service which supports effective procurement which delivers best value.

The purpose of this report is to record and publish the Care Inspectorate's procurement performance and achievements in delivering its procurement strategy.

3.0 KEY PRIORITIES

3.1 Achieve Value for Money

Procurement spend subject to procurement legislation and procedures excludes the following:

- Payroll expenditure
- Internal spend - i.e., 'spend' or cross charging between departments
- All direct payments to Her Majesty's Revenue and Customs
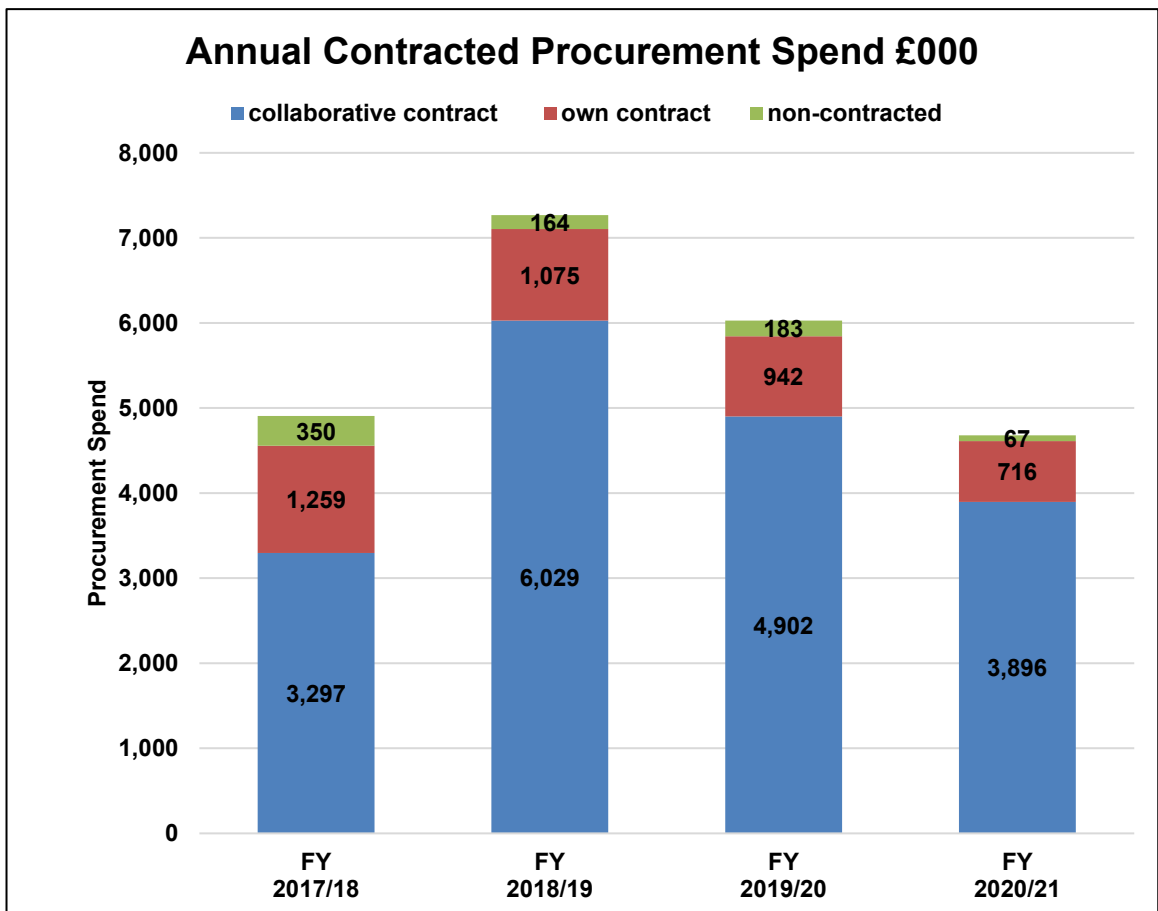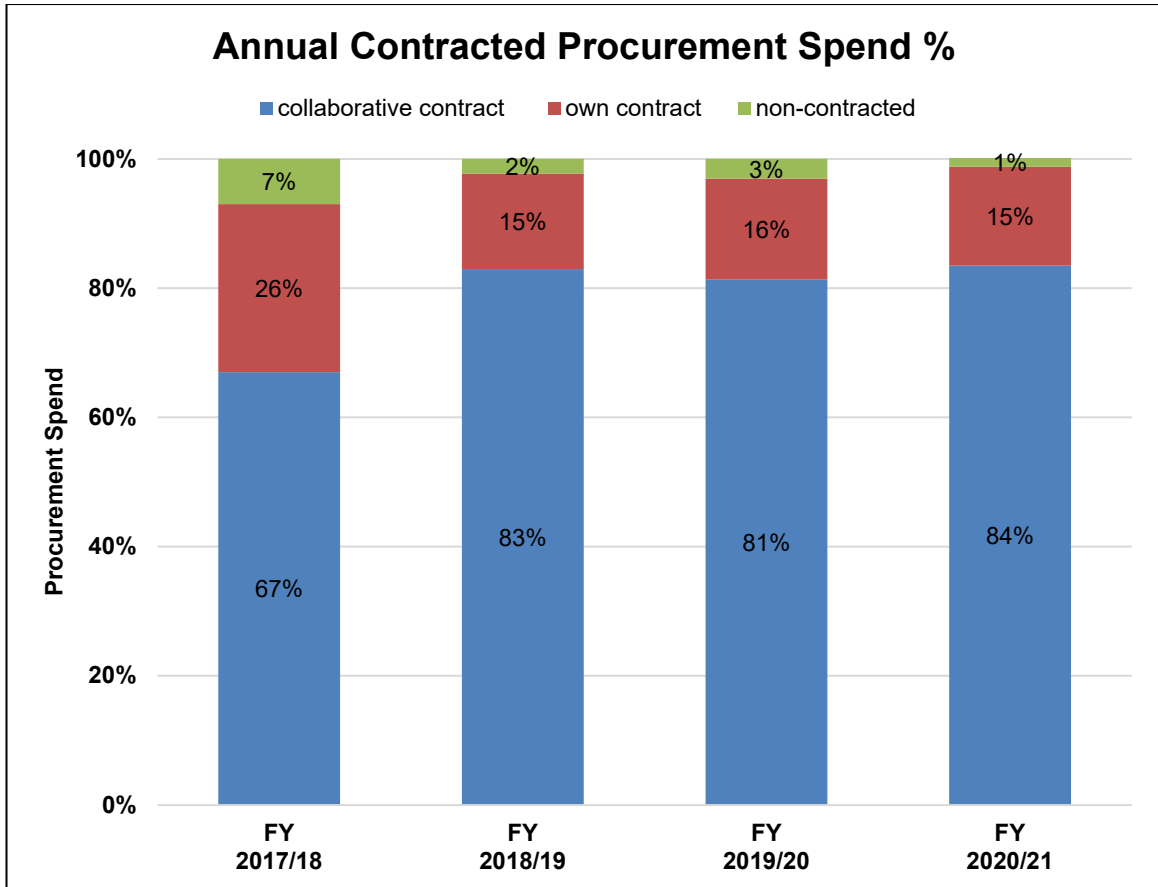- Rent
- Rates
- Shared services

To ensure value for money is achieved in our procurement activity, sourcing strategies are prepared for all standard tenders.

The table below shows the value and volume of procurement activity for the year to 31 March 2021 (figures for the year to 31 March 2020 are shown for comparison):

Table 1: Value and Volume Summary		
	2019/20	**2020/21**
Total Spend	£8,247,316	£6,556,547
Total Procurement Spend	£6,028,186	£4,678,779
Total Invoice Value	£7,635,342	£6,596,094
Number of Invoices	2,695	1,884
Number of Suppliers Paid*	645	363
Average Invoice Value	£2,833	£3,501

* No of suppliers includes 108 paid by electronic purchasing card (2019/20; 236).

The analysis of procurement spend between spend on collaborative frameworks and spend on organisation owned contracts and frameworks is as follows:

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Annual Contracted Procurement Spend %

collaborative contract ■ own contract ■ non-contracted

Annual Contracted Procurement Spend £000

collaborative contract ■ own contract ■ non-contracted

As can be seen from the analysis above, contracted spend represents 99% of procurement spend. This is an improvement of two percentage points from 2019/20. A very small proportion of spend is classified as non-contracted. This represents spend with suppliers where there is no contract in place and an analysis of this is provided in 3.1.2.

3.1.1 Collaborative procurement

We use collaborative frameworks wherever possible and only tender for our own procurement where there is not a suitable framework in place. Spend on collaborative procurement continues to represent the highest value of procurement spend. During the year we have undertaken mini-competitions or continued to call off frameworks with the following contract or framework owners:

- Scottish Procurement and Property Directorate (SPPD)
- Crown Commercial Services
- Scotland Excel
- Advanced Procurement for Universities and Colleges (APUC)
- Audit Scotland
- HMRC
- Health Trust Europe
- Eastern Shires Purchasing Organisation (ESPO)
- Yorkshire Purchasing Organisation (YPO)
- National Services Scotland (NSS).

Where possible, we collaborate with the Scottish Social Services Council (SSSC) in the award of contracts.

3.1.2 Non-contracted spend

Non-contracted procurement spend comprises expenditure with suppliers who are not on our contracts register.

As noted in 2.1, this has seen a decrease of 2% from the position reported in 2019/20, now representing only 1% of our overall procurement spend for 2020/21 and comprises the following:

Description	Value (£000)	%age
Total non-contracted spend	**67**	**100%**
Spend outwith contract period	(29)	(43%)
Spend which should have followed a low value procurement process	(21)	(31%)
Spend now regularised (mainly legacy storage and archiving)	(10)	(15%)
Spend outwith scope of contract	(6)	(9%)
Legacy banking contract for which transactions are being phased out.	(1)	(2%)
Total unidentified spend	**0**	**0%**

All non-compliant spend is addressed directly with the relevant officers and we continue to make progress towards 100% compliance.

All regulated procurement is compliant spend.

3.1.3 Contract benefits realised

Reported procurement savings have been calculated following the 'Procurement Benefits Reporting Guidance' which was developed for the Scottish Public Sector.

Savings totalling £0.418m (2019/20: £0.742m) have been realised from procurement during the year. This comprises £0.358m cash savings (2019/20: £0.592m) and £0.060m non-cash savings (2019/20: £0.150m). The highest savings were realised from the following contracts:

- Mobile telephony services
- Car lease insurance
- Storage and archiving services
- Digital technology products
- Legal services
- Cloud services

Sustainability benefits realised during the year are detailed in 3.2.

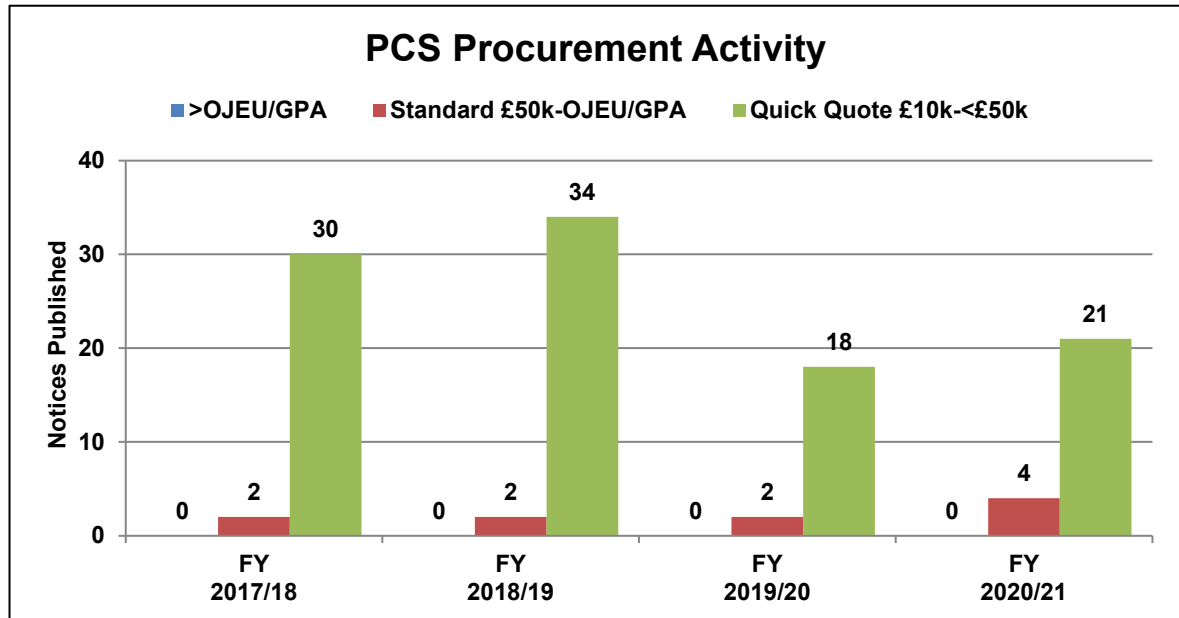### 3.1.4 Summary of procurement activity

We are committed to making public procurement open and accessible to businesses, especially small and medium sized enterprises (SMEs), the third sector and supported businesses. Most of our tender opportunities greater than £10,000 are advertised on the Public Contracts Scotland (PCS) advertising portal. We also publish our contract register on PCS.

The PCS portal has a 'Quick Quote' facility which is a proportionate process to request and receive quotes for lower value goods and services and for goods and services which are competitively advertised using collaborative framework suppliers.

The following summarises the tenders which were advertised on PCS and shows that all the Care Inspectorate's 2020/21 procurements are below the OJEU/GPA threshold.

PCS Procurement Activity

■ >OJEU/GPA   ■ Standard £50k-OJEU/GPA   ■ Quick Quote £10k-<£50k

	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
>OJEU/GPA	0	0	0	0
Standard £50k-OJEU/GPA	2	2	2	4
Quick Quote £10k-<£50k	30	34	18	21

(Notices Published)

All regulated procurement followed a compliant procurement route.

3.1.5 Forward procurement plan

To promote wider participation in the Care Inspectorate's procurement process, a two-year plan of our procurement activity will be published. This plan gives notice to suppliers of future opportunities and provides the following information:

- the subject matter
- whether it is a new, extended or re-let procurement
- the expected contract notice publication date
- expected award date
- expected start date
- the estimated value of the contract.

3.1.6 Electronic purchasing card

Purchasing and payment by electronic purchasing card (ePC) is encouraged when paying for low value, high volume goods and services. There were 364 transactions totalling £50,775 using this method in 2020/21 with an average transaction value of £139.49.

The value and volume of spend has seen a decrease from the position reported in 2019/20. This is due to a reduction in requirement for low value goods and services while our offices remain closed in response to the Covid-19 pandemic.

3.1.7 Invoice analysis

A total of 1,909 invoices, totalling £6.596m in value were processed during the year.

We continue to explore opportunities for consoliating invoicing and purchasing low value goods and services using ePCs, where savings are realised from the reduction in volume of invoices processed. The cumulative saving from this is £23k and is reported in the non cash savings in 3.1.3.

3.2 DELIVER SUSTAINABLE PROCUREMENT

The Care Inspectorate has a duty to comply with the sustainable procurement duty as detailed in the Procurement Reform (Scotland) Act 2014. The procurement strategy details our sustainability priorities and our progress towards achieving those are outlined in 3.2.1 to 3.2.6.

3.2.1 Prompt payment to suppliers

We are committed to paying our suppliers promptly and payment performance continues to be maintained at a high level. 99.47% of suppliers were paid within 30 days of the invoice received date, and 97.37% paid within the Scottish Government's target of 10 working days. The following shows payment performance for the financial years 2017/18 to 2020/21.

Payment Performance

■ 10 working days from inv received date ■ 30 days from invoice received date
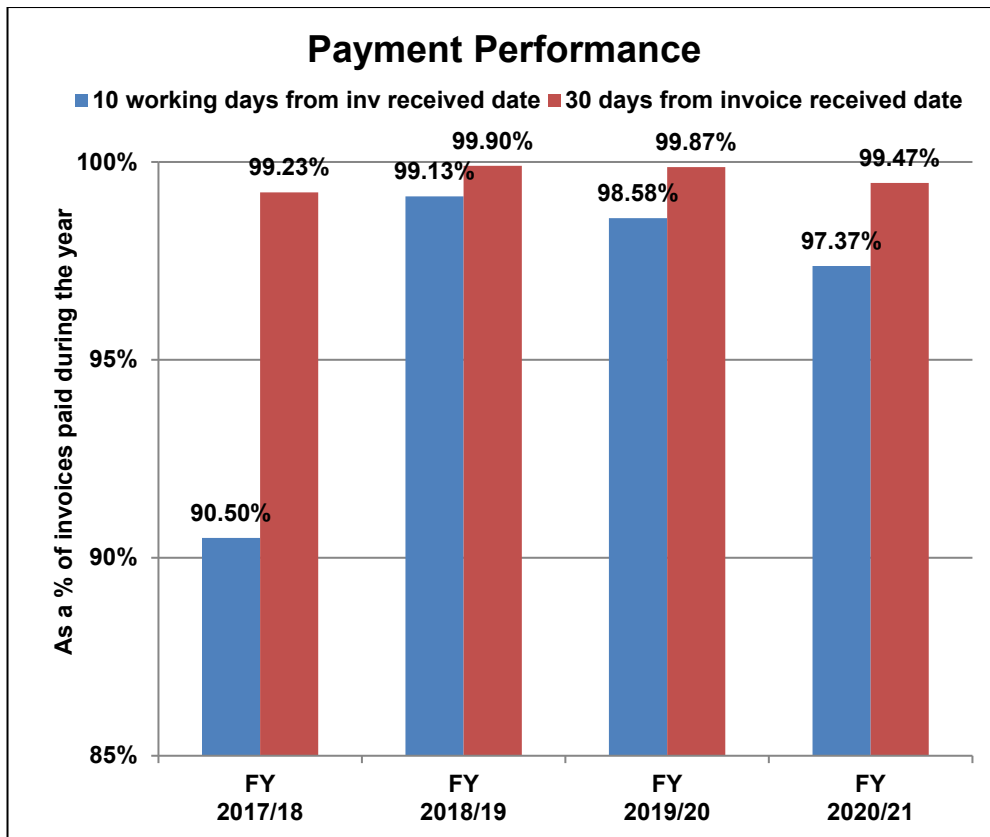
3.2.2 Paying the living wage through regulated procurement

We promote fair work practices in all of our tender documentation and are committed to promoting the payment of the Real Living Wage. The Care Inspectorate is an accredited living wage employer.

During the year we awarded 40 contracts or call-offs where sustainability benefits were secured. Of those, 16 suppliers documented that they pay either the Real Living Wage or the Living Wage for the provision of the following services:

❖ Provision of estates professional services (contract award value £185k)
❖ Provision of core facilities management services (contract award value £180k)
❖ Provision of legal services (contracts awarded value £30k)
❖ Hot and cold drinks dispensers (collaborative contract with the SSSC with award value £16k)
❖ Provision of temporary staff (contracts awarded value £503k)
❖ Parliamentary Monitoring and Intelligence (contract award value £50k)
❖ Design and delivery services (contract award value £9k)
❖ Intrapreneurship programme (contract award value £50k)
❖ Provision to build coaching capacity services (contract award value £80k)

Suppliers have signed up to the Scottish Business Pledge for 23 of our contracts awarded during the year.

3.2.3 Community benefits

We promote the use of community benefits within procurement exercises where they are relevant and proportionate to the contract. We have not had any contracts exceeding £4m in value, however, we continue to call-off of Scottish Procurement and Property Directorate collaborative contracts which supports the provision of apprenticeships and work placements.

The internal audit contract awarded secured the following sustainability and social benefits:

- The provision of approved work placements for secondary school pupils and support for events to promote and encourage entrepreneurship.
- Providing an opportunity for a modern apprentice to be involved in the delivery of the contract.
- The provision of free advice and help to their charity and not for profit clients around financial and fundraising activities. As a new client, we have access to this.
- A commitment to working with us in supporting charitable causes.

The award of this contract also supports the supplier to provide the following:

- The supplier was one of the first to sign up to the Discover Opportunities Employer Pledge charter and have been proactive in taking this forward with a range of ideas to develop links in schools.
- Work closely with Elevator on the Dundee Accelerator Programme and provide financial and specialist business improvement advice to the business incubator which assists fledgling companies to become market and investor ready.
- Continue to recruit school leavers for Association of Accounting Technicians (AAT) via the modern apprenticeship route and also the Institute of Chartered Accountants of Scotland (ICAS) direct entry route towards the CA qualification.
- They have a policy to encourage staff to be involved in local communities and they have teams heavily involved at committee level with several community organisations.

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

During the year we have continued to address sustainability in procurement. A directory of supported businesses is published on the Care Inspectorate intranet. This directory provides supported business supplier names, contact details including website links and a summary of goods and services provided by each supported business.

We submit bi-annual returns to Scottish Government showing Care Inspectorate spend with supported businesses.

We continue to capture spend with SME's, social enterprises and third sector suppliers. Our annual spend with SMEs is £0.8m, representing 13% of our total spend

and 11% of our procurement spend. An analysis of our annual spend with SMEs is shown below:

SME Spend £000
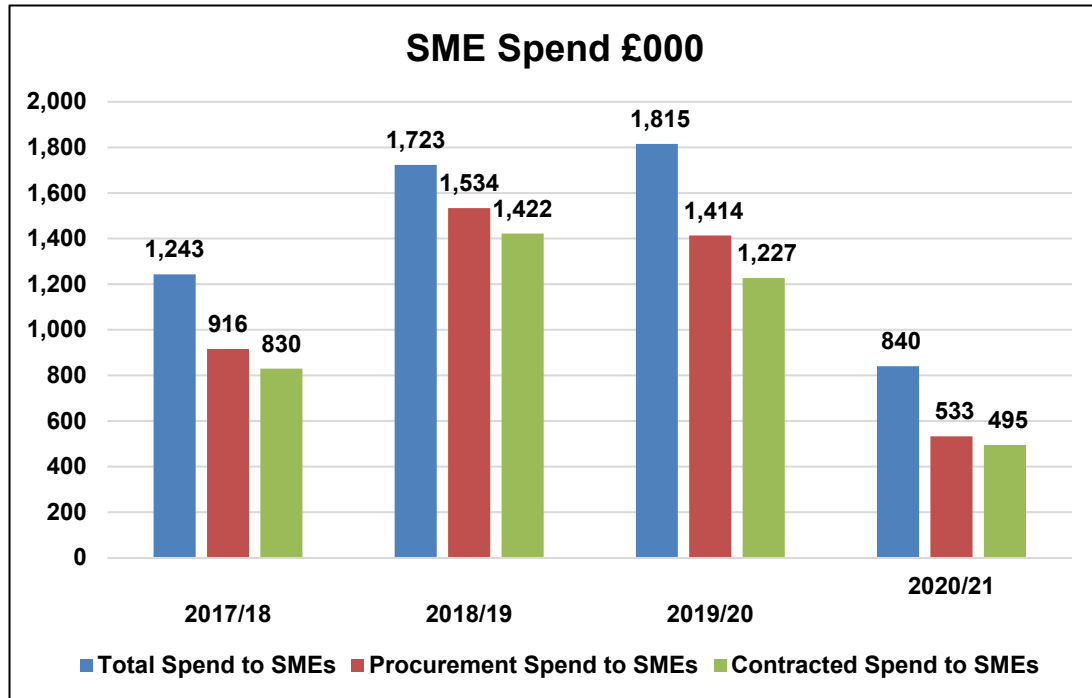
A breakdown of the procurement spend between Scottish and other UK SMEs is represented in the tables below:

SME Procurement Spend Scotland/UK Split
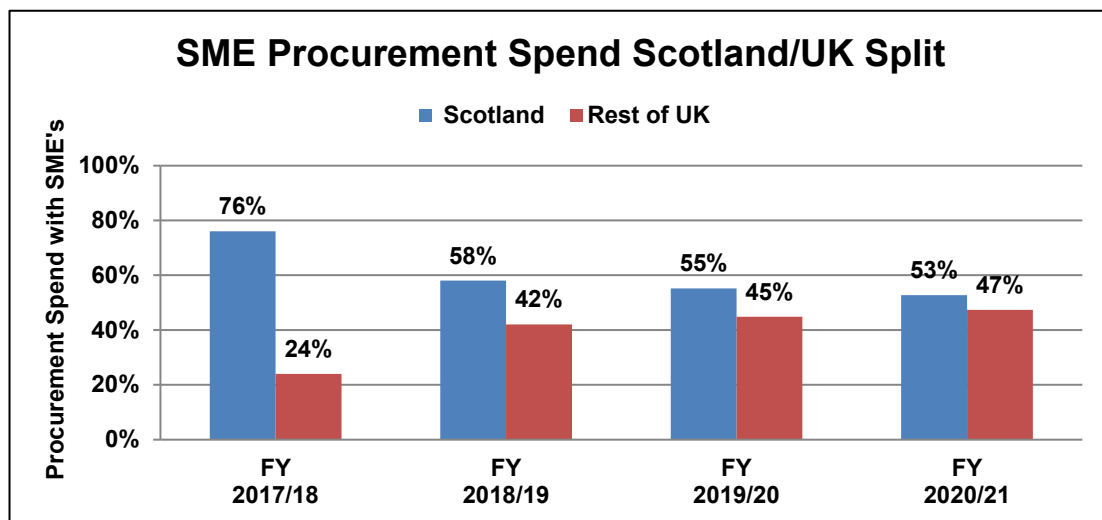
3.2.5 Fair and ethical trading

Our standard procurement procedures involve assessing a bidder's suitability to be awarded the contract. This process includes considering whether the bidder has been convicted of certain offences or committed any acts of professional misconduct while running their business. There were no tenders where mandatory or discretionary grounds for exclusion were applied.

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Our standard terms and conditions allow us to end a contract if the contractor or subcontractor fails to keep to their legal duties in the areas of environmental, social or employment law when carrying out that contract.

3.2.6 Other sustainability benefits

We continue to maintain a sustainability tracking tool where we capture sustainability benefits in our procurement activity. For 2020/21 the Care Inspectorate awarded 13 contracts and 27 call-off agreements where the following social, environmental and economic benefits were realised:

Social Benefits	• Supplier diversity • Social Inclusion • Equality & human rights
Environmental Benefits	• Emissions • Energy use • Raw materials • Habitat • Waste
Economic	• Competitiveness

These benefits relate to regulated and lower value contracts and include the following:

- Our Estates Professional Services supplier has committed to providing sustainability options in any estates advice requested.
- The cleaning and environmental services contract includes the use of biodegradable cleaning materials, energy efficient tools and recycling services.
- The award of the provision of hot and cold drinking water contract was made to a supplier who continues to make significant investment in sustainability across their whole service delivery process.
- As our offices have remained closed in response to the Covid-19 pandemic, we have developed more sustainable methods of working where our paper requirement has reduced from 626 boxes in 2019/20 to 12 boxes this year. We plan to maintain these more sustainable methods of working post Covid-19.

3.3 RAISE THE LEVEL OF PROCUREMENT KNOWLEDGE, SKILLS AND EXPERTISE

The Care Inspectorate continues to invest in ensuring our staff are equipped with the right tools and experience in order to discharge their procurement duties effectively and efficiently. A central procurement training register is maintained by the Procurement Team.

The Procurement Team continued to deliver training at Care Inspectorate team level. This allowed the training to be delivered around individual team requirements, ensuring

it was meaningful and relevant. During the year, they delivered two formal training events.

Through our partnership with NHS Counter Fraud Service, Counter Fraud awareness sessions were delivered to our Procurement Development Group in March 2021. There are plans to further role out this training to all staff with delegated authority to commit or approve expenditure.

Informal training is provided on an on-going basis by the Procurement Team and procurement continues to form part of the induction that new staff undertake when they join the Care Inspectorate.

The Procurement Development Group meet at least twice each year.

3.4 PROVIDE TIMELY PERFORMANCE INFORMATION

The Procurement Development Group (PDG) provides an opportunity where key procurers within the Care Inspectorate and SSSC can discuss best practice, new developments and procurement plans with a specific aim of developing and improving the organisations' procurement capability and the effectiveness of our internal processes. The PDG inform the development of our internal procedures and reporting requirements, both internally and to Scottish Government.

A set of agreed performance measures are reported to this group bi-annually where progress against targets is reviewed and solutions are sought for further improvement.

This report on annual performance is also presented to this group, the respective Executive Management Teams of the Care Inspectorate and SSSC, the Care Inspectorate's Board and the SSSC's Council. Feedback from this report will be incorporated into the 2021/22 procurement action plan where required.

Outwith the above, any areas of concern are reported to the relevant management team as they occur.

3.5 ACHIEVE THE BENEFITS DERIVED FROM COLLABORATIVE WORKING

As can be seen from the information reported in 2.1, we continue to use collaborative frameworks where available and continue to explore opportunities for collaboration through CGPSS and our membership of our Procurement Cluster Group.

Our relationships with CGPSS and the Procurement Cluster Group facilitate the sharing of knowledge and encourage partnership working to ensure we deliver value for money and pool resources and expertise.

Savings of £0.374m, representing 89% of our total procurement savings, have been realised from the use of collaborative frameworks.

3.6   STRENGTHEN CONTRACT AND SUPPLIER MANAGEMENT PROCESSES

Contract management training has been delivered to all staff with responsibility for managing contracts. This training provides staff with the tools and techniques required to better manage their contracts and suppliers.

During the year, we developed and implemented a contract management handbook to provide further support and guidance to staff who have a role in managing contracts and suppliers.

Contract managers are appointed for all relevant contracts and contract management meetings are held regularly for all key contracts**.** Supplier performance on key contracts is managed effectively to deliver value for money.

The procurement team collate contract management information bi-annually and maintain a central record of this which is linked to the contract register.

3.7   PROVIDE A PROCUREMENT SERVICE WHICH SUPPORTS EFFECTIVE PROCUREMENT WHICH DELIVERS BEST VALUE

The procurement business processes are reviewed by the Procurement Team on a cyclical basis ensuring all processes are reviewed annually. This review ensures they reflect current legislation and meet the needs of the users. A number of processes have, and continue to be, amended and developed to support the changing procurement landscape.

The Procurement Team have also had an integral role in the creation of lessons learned reviews during the year. These are shared with the wider internal procurement community to ensure these valuable lessons are considered for future procurements.

The success of the service delivery is informed by the independent 'healthcheck', regular feedback from users of the procurement service and a customer survey which is distributed annually. This feedback and follow-up action contribute to ensuring that the right level and quality of service is being delivered.

4.0   TOP 10 CONTRACTED SUPPLIERS

Together, the top 10 suppliers account for 54% (2019/20: 42%) of our total procurement spend, and 55% (2019/20: 43%) of our contracted spend.

Top 10 Spend With Contracted Suppliers (£000)

Legend:
- CGI IT UK Limited
- Insight Driect UK Limited
- Softcat Limited
- Capita Business Services Limited
- Vodafone Limited
- Harvey Nash Consulting (Scotland) Limited
- Lorien Resourcing Limited
- Mitie Cleaning & Environmental Services Limited (MCES)
- Profile Security Services Limited
- Pulsat (Scotland) UK

Pie chart values:
- 11.2% 526,274
- 7.0% 325,209
- 6.4% 300,997
- 5.7% 267,988
- 5.3% 248,752
- 5.2% 244,760
- 3.8% 178,078
- 3.5% 163,681
- 3.0% 140,747
- 2.8% 129,729

The top 10 contracted suppliers provide goods and services across the following categories of expenditure:

Spend Category	Spend Value £000
Information systems*	1,078
Staff costs	423
Property costs	304
Telecoms services	249
Professional fees	472
Total	**2,526**

* CGI IT UK Ltd provided information and professional services. Capita Business Services Ltd provided information and telecoms services.

5.0   SUPPLIER ACTIVITY

The Procurement Team review active suppliers quarterly, with the aim being to ensure only suppliers we do regular business with are set up in the creditors' ledger. Suppliers who have not been used for a period of 13 months are made 'inactive' and

any request to use them requires completion of a procurement template to ensure procurement procedures are being complied with. Only when this has been undertaken can new suppliers be created, or inactive suppliers updated to 'active' status. This ensures current contract arrangements have been analysed to ensure we are buying from a contract wherever possible. This is also good practice to mitigate the risk of purchasing or supplier fraud.

The number of active suppliers at 31 March 2021 was 261 (2019/20: 262). Of those there were 194 supplier sites for the supply of goods or services and 67 supplier sites for reimbursing inspection volunteers for travel and subsistence expenses (2018/19: 198 suppliers, 76 inspection volunteers).

6.0 CONCLUSION

The Care Inspectorate continues to make good progress towards the achievement of the published procurement priorities and the procurement action plan which supports the procurement strategy has been updated to reflect current priorities. The implementation of this plan will support continued development in procurement.

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Glossary

Term	Description
Call-off	Either mini competition or direct call-off from a collaborative framework using framework conditions.
CGPSS	Scottish Government Central Government Procurement Shared Service.
Collaborative Frameworks	A collaborative framework is a framework which has been awarded to meet the needs of a number of public sector organisations.
Community Benefits	Contractual requirements which deliver a wider social benefit in addition to the core purpose of the contract. In particular, requirements in relation to targeted training and employment outcomes.
Contract spend	Spend which is compliant with Care Inspectorate procurement governance.
GPA	Government Procurement Agreement. Applies to procurement of minimum estimated value equal to or exceeding certain specified financial value thresholds.
Living Wage	National minimum wage for workers aged over 25.
Non contracted	Spend not linked to a formal contract which is recorded on the contract register.
Own contracts	Contracts advertised and awarded by the Care Inspectorate.
Procurement Cluster Group	Group of Scottish Public Sector bodies of differing sizes who meet to discuss best practice, new developments and procurement plans. This facilitates the development of procurement capability within the Scottish Public sector.
Procurement spend	Spend which is influenced by Procurement governance arrangements.
Public Contracts Scotland (PCS)	Public procurement advertising portal where contract notices and awards are published.
Regulated procurement	Procurement seeking offers in relation to a contract with a value of £50,000 or over.
Real Living Wage	Living wage calculated to be sufficient to provide the necessities and comforts essential to an acceptable standard of living. Applies to all workers over the age of 18.
SME	The usual definition of small and medium sized enterprises (SMEs) is any business with fewer than 250 employees.
Supported Business	A supported business' primary aim is the social and professional integration of disabled or disadvantaged persons. At least 30 per cent of the employees of those businesses should be disabled or disadvantaged.
Third Sector	Term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

TO BE CIRCULATED TO NEW BOARD CHAIR AND COMMITTEE CONVENER IN AUGUST, AND THEN FORMAL BY BOARD IN SEPTEMBER 2021

BOARD & COMMITTEE MEETING DATES – 2022/23
Compass House, Dundee (or by Teams video-link)

Quarter 1 – 2021/22			
Board Development Event/Seminar	Thurs 7 April 2022	10:30 am – 15.30 pm	Room 0.18 & 0.24
Audit and Risk Committee	Thurs 19 May 2022	10.30 am – 12.30 pm	Rooms: 0.18 & 0.24
Public Board	Thurs 16 June 2022	10:30 am– 13:00 pm	Rooms: 6/7/8
Quarter 2 – 2021/22			
Audit and Risk Committee (Meeting open to all Board members)	Thurs 11 August 2022	10:30 am – 12:30 pm	Rooms: 0.18 & 0.24 (Annual Report & Accounts)
Public Board meeting	Thurs 11 August 2022	13.30 am – 15:30 pm	Rooms: 6/7/8
Audit and Risk Committee	Thurs 8 September 2022	10:30 am – 12:30 pm	Rooms: 0.18 & 0.24
Board Development Event/Seminar	Thurs 8 September 2022	13:30 am – 15.30 pm	Room 0.18 & 0.24
Public Board	Thurs 22 September 2022	10:30 am – 13:00 pm	Rooms: 6/7/8
Quarter 3 – 2021/22			
Board Development/Strategic Event	Thurs 27 October 2022	9:30 am – 17:00 pm	Possible external venue: tbc
Audit and Risk Committee	Thurs 17 November 2022	10:30 am – 12:30 pm	Rooms: 0.18 & 0.24
Board Development Event/Seminar	Thurs 17 November 2022	13:30 am – 15:30 pm	Room 0.18 & 0.24
Public Board	Thurs 15 December 2022	10:30 am – 13:00 pm	Rooms: 6/7/8
Quarter 4 – 2021/22			
Public Board meeting	Thurs 9 February 2023	10:30 am – 13:00 pm	Rooms: 6/7/8
Board Development Event (including annual Review of Strategic Risk Register)	Thurs 9 February 2023	14.00 am – 16.30 pm	Room 0.18 & 0.24
Audit and Risk Committee (including Effectiveness)	Thurs 9 March 2023	10:30 am – 13:30 pm	Rooms: 0.18 & 0.24
Public Board (including Governance Review and Effectiveness)	Thurs 30 March 2023	10:30 am– 14:00 pm	Rooms: 6/7/8

FYI – Easter Sunday 17 April 2022

Version 1.0 (1/6/21) - 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	✓	✓ Expanded to cover whole term of office	✓	✓		✓
Chief Executive Report	✓	✓ (Verbal)	✓	✓	✓	✓
STRATEGY AND POLICY ITEMS						
Approval of Care Inspectorate Strategies on a rolling/as required basis • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy • Health and Safety Strategy • Workforce Strategy	Financial Strategy					
Corporate Plan		✓ (Update/ Framework)		✓ (first draft and performance measures)	✓ (final)	

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
Financial Strategy	✓ *Private item*					
Scrutiny and Assurance Plan	Revised 2021-22			✓		
Budget and Indicative Budgets						✓
Strategic Risk Register 2021/22	✓					
Approval of Risk Appetite and Risk Policy	✓					
"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 *(to 1st Quarter meeting of Board)*	✓					
Board Self-Evaluation Action Plan (arising from Board Governance Review)	✓					
Shared Services Update Report	✓					
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 (Report from MOWG: Budget Development to be presented to December and March Board)			✓	✓ (+ MOWG report)		✓ (+ MOWG report)

Agenda item 16

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
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						✓
Annual Review of the CI's Financial Regs						✓
Annual Procurement Performance Report			✓			
OPERATIONAL ITEMS						
Digital Programme Update Report	✓ (Appendix to Audit & Risk Committee report)		✓ (+ Stage 2 Business Case – in Private)			
Chief Nurse Update	✓			✓		
Remobilisation Update (Future Working Group)	✓					
Shared Service Update	✓					
HR Annual Report *(normally first meeting of Board)*				✓ (postponed to Dec)		
Board and Committee Cycle 2022/23 – proposed meeting dates			✓			
Approval of Pay Remit for submission to Scottish Government **(tbc)**						
Update on Significant Organisational Restructures *(when required)*						
Estates Update *(when required)*						
Approval of Compensation Payments *(when required)*						
Identification of Risk	✓		✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
CI Employee Relations Appeals *(standing item, but when required)*	✓ (none)		✓ (none)	✓		✓
PRIVATE AND CONFIDENTIAL ITEMS						
Financial Strategy	✓					
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	✓					
National Care Service – Care Inspectorate response to Scottish Government Consultation			✓			