



A Meeting of the Care Inspectorate Board is to take place from  
**10.30 am to 1.00 pm on Thursday 16 December 2021.**

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

## AGENDA

### PUBLIC SESSION

1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Minutes of Previous Meetings:  4.1 23 September 2021 4.2 28 October 2021
5.	Action Record of Meetings held on 23 September and 28 October 2021
6.	Matters Arising
7.	Chair's Report - Report No: B-40-2021
8	Chief Executive's Report – Report No: B-41-2021
<b>STRATEGY AND POLICY</b>	
9.	Draft Corporate Plan – Presentation and Report No: B-42-2021 ( <i>late paper to follow</i> )
10.	Improvement and Involvement Support Interim Strategy and Delivery Plan (2021-22) – Report No: B-43-2021
<b>MONITORING AND GOVERNANCE</b>	
11.	Monitoring Our Performance 2021/22: Quarter 2 Report – Report No: B-44-2021

12.	Report of Audit and Risk Committee Meeting held 18 November 2021 (papers attached)
<b>SCREEN BREAK</b>	
13.	Complaints: Mid-Year Report 2021/22 – Report No: B-45-2021
14.	Budget Development Short Life Working Group Update – Report No: B-46-2021
15.	Budget Monitoring and Staffing Update – Report No: B-47-2021
16.	Health and Safety Annual Report – Report No: B-48-2021
17.	Progress Report on Race Equality in Employment - Report No: B-49-2021
<b>OPERATIONAL</b>	
18.	Care Inspectorate Employee Survey 2022 – Report No: B-50-2021
19.	Presentation: Hybrid and Remobilisation Working
<b>STANDING ITEMS</b>	
20.	Identification of Risk
21.	Review of Board Schedule of Business 2021/22 (paper attached)
22.	Any Other Competent Business
23.	Close of Public Meeting and Date of Next Meeting: 10 February 2022 at 10.30 am – venue/format to be confirmed.



## Minutes

- Meeting:** Public Board
- Date:** 23 September 2021
- Time:** 9.30 am
- Venue:** By Teams video-conference
- Present:** Paul Edie  
Naghat Ahmed  
Sandra Campbell  
Gavin Dayer  
Rona Fraser  
Paul Gray  
Anne Houston  
Bill Maxwell  
Keith Redpath  
Carole Wilkinson
- In Attendance:** Peter Macleod, Chief Executive (CE)  
Edith Macintosh, Executive Director of Strategy and Improvement (EDSI)  
Gordon Mackie, Executive Director of ICT and Digital Transformation (EDTID)  
Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS)  
Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA)  
Kenny McClure, Head of Legal Services  
Fiona McKeand, Executive and Committee Support Manager (ECSM)  
Lisa Rooke, Head of Corporate Policy and Communications
- Observers:** Fiona Birkin, Joint Chair - Partnership Forum  
Prentice Baines, Chief Inspector Support Assistant (staff)  
Debbie Murray, Wellbeing Officer (staff)  
Ben Nicoll (UNISON Young Members Officer - staff)  
K Hudson, public observer (*part-meeting*)
- Apologies:** Ronnie Johnson, Board member

Item	Action
<b>1.0 WELCOME AND INTRODUCTIONS</b>	
The Chair welcomed everyone to the meeting.	
<b>2.0 APOLOGIES</b>	
Apologies were received as noted above.	
<b>3.0 DECLARATIONS OF INTEREST</b>	
There were no declarations of interest.	
<b>4.0 MINUTES OF MEETING HELD ON 12 AUGUST 2021</b>	
The minutes of the Public Board Meeting held on 12 August 2021 were <b>approved</b> as an accurate record.	
<b>5.0 ACTION RECORD</b>	
The Board reviewed the action record and noted the following updates:	
<ul style="list-style-type: none"> <li>• The Convener of the Audit and Risk Committee had been appointed to the Member/Officer Working Group on Budget Development.</li> <li>• The Care Inspectorate’s engagement sessions in respect of the Scottish Government’s consultation on a new National Care Service had been modified in light of the extension of the consultation response deadline.</li> </ul>	
<b>6.0 MATTERS ARISING</b>	
There were no matters arising.	
<b>7.0 CHAIR’S REPORT – REPORT NO: B-31-2021</b>	
The Board received the quarterly report from the Chair covering the range of activities and engagements he had been involved in since the June meeting.	
Of particular note was the ministerial granting of an extension to the Chair’s term of office for a further 12 months until 31 August 2022. The extension would allow the Chair to ensure the passage of the 2020/21 annual report and accounts, the implementation of the Care Inspectorate’s new Inspection Plan and the development of a new Corporate Plan.	
The Board was also pleased to note the extension of the terms of office for members Naghat Ahmed and Keith Redpath.	

## 8.0 CHIEF EXECUTIVE'S REPORT - REPORT NO: B-32-2021

The Chief Executive presented his report, which updated the Board on key developments across the directorates of the organisation since the quarter 1 Board meeting held on 17 June 2021.

He referred to the considerable pressures being experienced in the various sectors that were regulated by the Care Inspectorate which were related to Covid-19, and in particular staffing related pressures. The Board was advised that the organisation was working with Scottish Government and other agencies to respond to these challenges.

The Board was pleased to note the commencement of cohort 1 of the early learning and childcare improvement programme, and that there was good engagement with the 89 services involved in helping them to achieve the national standard.

The report provided an update on the recruitment project which was making good progress with addressing the vacancies inspection teams. Assurance was given that the situation was being closely monitored by the Strategic Leadership Team (SLT).

There was some discussion on the expected independent inquiry into the handling of the pandemic and the areas that the Care Inspectorate might be expected to respond to. It was proposed to bring a report to the Board in December which would reflect the organisation's learning from the pandemic.

The Board noted the Chief Executive's report.

### STRATEGY AND POLICY

No items for this meeting.

### MONITORING AND GOVERNANCE

## 9.0 MONITORING OUR PERFORMANCE 2021/22 – QUARTER 1 REPORT - REPORT NO: B-33-2021

The Executive Director of Strategy and Improvement presented the quarter 1 performance report. It noted that during the pandemic, with the agreement of the Board, some of the organisation's performance measures had been revised, due to the way in which the Care Inspectorate was required to work to keep people safe.

To reflect the changing situation, the Board was invited 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 in December.

An interim update on the outcome of the rapid review would be provided to the Board in advance of this. The review would ensure that those performance measures remained relevant with appropriate targets and benchmark and address the immediate reporting requirements of the Board for the remainder of 2021/22. A full review of performance measures would be undertaken in line with the development of the new corporate plan.

The Board discussed in detail a number of areas within the report. Members were pleased to note that volunteer involvement activity was increasing, as well as the numbers of volunteers being recruited across all age groups.

There was some discussion on the inspection of services and how these were continuing to be targeted at those which were of highest risk and in line with the priorities outlined in the annual inspection plan. In addition, regular calls were being made to services and ongoing liaison with oversight groups and partnerships, sharing intelligence. There had been a gradual increase in the number of full inspections being carried out, to include a focus on wider wellbeing issues as well as infection prevention control.

The Board noted the information in respect of staff absence levels which showed a slowing down of long-term absences, and this was an area that was being monitored by the SLT.

The Board asked for information on performance in relation to registration applications and what capacity there was to increase activity in this area. Members were advised that a number of factors had affected this work, notably staff vacancies and staff being tasked with working on other priority areas in response to the pandemic and input to the digital programme. A number of services' applications had been affected by the suspension of expansions and building work, which had been outwith the control of the Care Inspectorate. A full-time temporary Registration Service Manager post was being recruited to, vacancies were being filled and colleagues were gradually able to move back to their substantive roles, all of which assured the Board of an improving picture in registration.

The Board discussed how these resource issues might affect strategic risk in terms of impact on service providers and individuals. Members were advised that the Care Inspectorate's risk monitoring and responsiveness was robust and that the Audit and Risk Committee would at all times be kept informed of any shift in risk rating. The Committee would consider Strategic Risk 3 – Workforce Capacity – at its next meeting in November

Members expressed an interest in the work of inspection volunteers, particularly in the area of complaints and it was agreed to provide a briefing to the Board in advance of the next meeting.

The Board noted the performance information in the report and **approved** the short life member/officer working group to take forward a rapid review of specific performance measures. Members would receive a briefing on the outcome of the review in advance of the December Board meeting.

**Intelligence  
and  
Analysis  
team**

## **10.0 REPORT OF AUDIT AND RISK COMMITTEE MEETING HELD 9 SEPTEMBER 2021**

The Convener presented the Committee's report to the Board and drew members' attention to the internal audit follow-up report, which the Committee was closely monitoring in terms of the outstanding audit recommendations. A "deep dive" discussion on these would be arranged between the internal auditors, the SLT and the Convener before the next meeting of the Committee in November.

The Board was informed of the three positive internal audit reviews of Compliance and Legislation; Financial Sustainability and the Shared Service, which had been undertaken jointly with the Scottish Social Services Council.

The Board noted the report and the more detailed account of the Committee's discussions within the draft minutes.

## **11.0 CARE INSPECTORATE ANNUAL REPORT AND ACCOUNTS 2020/21**

### **11.1 AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD - REPORT NO: B-34-2021**

The Convener presented the Committee's annual report, which summarised the work of the Committee during 2020/2021 and presented the Committee's opinion on the assurance that this work provided.

The report contained details of the other areas of work that had been prioritised during the previous year, notably the pandemic response, the digital programme and the new shared service governance arrangements.

The report also detailed the outcome of the Committee's consideration of the 2020/2021 Annual Report and Accounts including the Annual Governance Statement, and the Committee recommended that the Board approved the 2020/2021 Annual Report and Accounts.

## 11.2 DRAFT ANNUAL REPORT AND ACCOUNTS 2020/21

The Executive Director of Corporate and Customer Services presented the annual report and accounts to the Board for approval, on the recommendation of the Audit and Risk Committee following its meeting on 9 September. An earlier draft had also been considered by all Board members at a meeting on 12 August 2021.

It was noted that dates had been scheduled for the formal signing of all related documentation by the Chief Executive.

There were no further questions and the Board **approved** the annual report and accounts.

## 11.3 EXTERNAL AUDIT ANNUAL REPORT BY GRANT THORNTON

The external audit report was wholly considered by the Board under item 11.2.

## 11.4 LETTER OF REPRESENTATION

The Board **approved** the signing of the letter of representation by the Chief Executive.

## 12.0 BUDGET MONITORING AND STAFFING UPDATE – REPORT NO: B-35-2021

The Executive Director of Corporate and Customer Services presented the budget monitoring report which set out the current and predicted financial position.

It was noted that the projected financial position was a surplus of £0.268m, and increased the funds held in the General Reserve. The significant risks to the projection were set out in Section 5 of the report.

The Head of Finance and Corporate Governance advised the Board that the Care Inspectorate's financial position was regularly discussed each quarter with the sponsor team at Scottish Government, with a focus on the monies required to address the organisation's strategic and operational priorities.

The Board noted the projected financial position for 2021/22 and the risks that might affect the position. It also noted the changes to the budgeted permanent establishment as set out in section 3.3.1 of the report.



**13.0 2020-21 PROCUREMENT UPDATE AND PERFORMANCE REPORT - REPORT NO: B-36-2021**

The Board received the performance report which summarised the developments in procurement over the last financial year. The Annual Procurement Report showed that procurement capability continued to be very strong in the Care Inspectorate. The Board was invited to provide feedback on the report, prior to its publication on the website.

The Board welcomed the positive report and agreed its publication.

**14.0 BOARD AND COMMITTEE CYCLE 2022/23 – PROPOSED MEETING DATES**

The Board reviewed and agreed the meeting dates for 2022/23.

**OPERATIONAL**

No items for this meeting.

**STANDING ITEMS**

**15.0 IDENTIFICATION OF RISK**

There were no additional risks identified.

**16.0 BOARD SCHEDULE OF BUSINESS 2021/22**

The Board noted the schedule of business 2021/22.

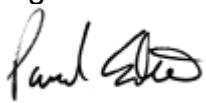
**17.0 ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**18.0 CLOSE OF PUBLIC BUSINESS AND DATE OF NEXT MEETING**

The date of the next Public Board meeting was noted as Thursday 16 December 2021.

Signed:



Paul Edie, Chair



## Minutes

- Meeting:** Public Board
- Date:** 28 October 2021
- Time:** 9.30 am
- Venue:** By Teams video-conference
- Present:** Paul Edie  
Naghat Ahmed  
Sandra Campbell  
Gavin Dayer  
Rona Fraser  
Paul Gray  
Anne Houston  
Ronnie Johnson  
Keith Redpath
- In Attendance:** Peter Macleod, Chief Executive (CE)  
Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA)  
Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS)  
Edith Macintosh, Executive Director of Strategy and Improvement and Deputy Chief Executive (EDSI/DCE)  
Lisa Rooke, Head of Corporate Policy and Communications (HCPC)  
Fiona McKeand, Executive and Committee Support Manager (ECSM)  
Gillian Connelly, External Communications Co-Ordinator (*excluding private items*)  
Charlotte Wilson, Service Manager (*private item 9 only*)  
Cath Agnew, Chief Inspector – Children (*private item 9 only*)
- Observers:** Fiona Birkin, Joint Chair - Partnership Forum (*excluding private items*)
- Apologies:** Bill Maxwell, Board member  
Carole Wilkinson, Board member  
Kenny McClure, Head of Legal Services,  
Marie Paterson, Chief Inspector - Adults

<b>Item</b>		<b>Action</b>
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## 1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

## 2.0 APOLOGIES

Apologies were received as noted above.

## 3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

## STRATEGY AND POLICY

### 4.0 CARE INSPECTORATE RESPONSE TO CONSULTATION ON A NEW NATIONAL CARE SERVICE: REPORT NO: B-37-2021

The Head of Corporate Communications and Policy presented an overview of the Care Inspectorate's detailed response to the consultation on a new National Care Service, the changes that had been made following previous discussions with the Board and the recommendations from them.

The Board thanked Care Inspectorate staff for the work that had been done in preparing the response.

Members welcomed the response's very focussed Executive Summary and there was further discussion on some of the points highlighted in that section, notably the comment in relation to the extent of the role of social work and the need for parity within the scope of the National Care Service.

The Board made the following recommendations for modifications to the final response:

- that the role of lead professional be strengthened, to highlight the working across agencies and services;
- that the response should comment on the need for continuity of transitions between children's and adults' services;
- that the Care Inspectorate's work with volunteers and their role in gathering key information through personal engagement be included;
- that Question 22 be further enhanced with suggested wording:

*“Whatever the arrangements chosen, it will be vital that inspection and scrutiny work is carried out by staff who have deep expertise and experience in the delivery of social care and social work services, ensuring they have high credibility in the sector and a strong understanding of the specific context in which practitioners undertake their work.”*

The Board **approved** the Care Inspectorate response to the NCS consultation, with the addition of some final fine-tuning as noted above.

## **STANDING ITEMS**

### **5.0 IDENTIFICATION OF RISK**

There were no additional risks identified.

### **6.0 BOARD SCHEDULE OF BUSINESS**

The Board reviewed the schedule of business, noting a correction was required to the meeting date in March. Reference was also made to the timing of the Scottish Government's response to the NCS consultation, which might impact on Board business and necessitate an extra meeting, in agreement with the Chair.

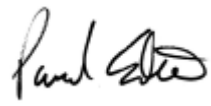
### **7.0 ANY OTHER COMPETENT BUSINESS**

There was no other business.

### **8.0 CLOSE OF PUBLIC BUSINESS AND DATE OF NEXT MEETING**

Close of Public Meeting and Date of Next Meeting: 16 December 2021 at 10.30 am by Teams

Signed:



Paul Edie, Chair



## BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
<b>Actions from 17 June 2021</b>					
14.0	<b>Complaints Activity Annual Report 2021/22 – Report No: B-19-2021</b>	More detail to be provided in next report on the areas outlined in the minutes.	<b>I Gilray/J McGurk</b>	Update for Board in December	<b>Completed</b>
<b>Actions from 23 September 2021</b>					
9.0	<b>Monitoring Our Performance 2021/22 – Quarter 1 Report - Report No: B-33-2021</b>	<ul style="list-style-type: none"> <li>• Rapid review of performance measures - implement any revisions for the Q2 report and in the interim send an update to the Board on the outcome of the review.</li> <li>• Performance in relation to registration applications – consider the service-based impact in terms of risk. To be discussed by Audit and Risk Committee as part of risk monitoring.</li> </ul>	<b>I Gilray</b>  <b>Audit and Risk Committee</b>	By beginning of December 2021	<b>Completed</b> – interim update provided to Board  <b>Completed.</b> – considered as part of regular risk monitoring report at Committee meeting on 18.11.21
<b>Actions from 28 October 2021</b>					
4.0	<b>CI Response to Consultation on a new National Care Service: Report No: B-37-2021</b>	Further comments from the Board noted and to be written in to the final response.	<b>HoCPC</b>	By consultation deadline	<b>Completed</b>

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

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



<b>Title:</b>	<b>CHAIR'S REPORT</b>
<b>Author:</b>	<i>Paul Edie, Chair</i>
<b>Appendices:</b>	<b>None</b>
<b>Consultation:</b>	<b>n/a</b>
<b>Resource Implications:</b>	<b>No</b>

### EXECUTIVE SUMMARY

This is the last Chair's report of 2021 and sums up some of my activities since the September Board meeting.

#### The Board is invited to:

- Note the information contained in this report.

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

**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:

This is a public board report.

#### Reasons for Exclusion

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

## **CHAIR'S REPORT**

### **1.0 INTRODUCTION**

This is my last report of 2021 and sums up some of my activities since the September Board meeting.

### **2.0 NATIONAL CARE SERVICE CONSULTATION**

The Care Inspectorate produced an authoritative response to the recent consultation on the proposed National Care Service. I am pleased that Board members were given the opportunity to contribute and influence our submission through development sessions over the last few months and ultimately a formal approval at a Special Board on 28 October. I would like to thank all Members for their contributions and also our staff for their authoritative input too.

Our sister bodies, the Scottish Social Services Council (SSSC) and Healthcare Improvement Scotland, have also submitted responses to the consultation and I have participated in a number of sessions with both bodies to help to shape and finalise their responses.

### **3.0 MEETINGS WITH MR KEVIN STEWART, MINISTER FOR SOCIAL CARE**

These regular meetings allow us the opportunity to update with Mr Stewart about ongoing issues particularly within care homes.

### **4.0 WEEKLY SYSTEMS PRESSURE MEETINGS WITH MR HUMZA YOUSEF, CABINET SECRETARY FOR HEALTH**

These meetings involve NHS Chairs and Chief Executives as well as representatives from local government and we discuss how to address the winter pressures on the healthcare system.

### **5.0 SSSC MEETING - 25 OCTOBER 2021**

This meeting largely addressed the SSSC response to the National Care Service consultation.

### **6.0 CARE INSPECTORATE BOARD STRATEGY DISCUSSION – 28 OCTOBER 2021**

This annual strategy session acted this year as a kick-start to the review of our corporate plan.

### **7.0 STRATEGIC SCRUTINY GROUP - 16 NOVEMBER 2021**

This regular meeting with other scrutiny bodies involved a presentation from the Children and Young People's Commissioner.



**BOARD MEETING 16 DECEMBER 2021**

**Agenda item 7**  
**Report Number: B-40-2021**

**8.0 HEALTHCARE IMPROVEMENT SCOTLAND DEVELOPMENT DAY –  
17 NOVEMBER 2021**

This gathering of non-executive directors looked at Healthcare Improvement Scotland's operating framework.

**9.0 SUPERVISION and Regulation INNOVATION NETWORK FOR CARE (SINC)  
SEMINAR – 26 NOVEMBER 2021**

This online seminar was hosted by the Care Inspectorate and brought together our European partners to discuss issues surrounding regulation and inspection of social care in the Europe.

**10.0 MEETING WITH SIR DAVID WARREN CHAIR OF THE NURSING AND  
MIDWIFERY COUNCIL – 1 DECEMBER 2021**

This was an introductory meeting where we discussed our Memorandum of Understanding and also issues surrounding nursing in the social care sector and specifically care homes.

**11.0 NHS CHAIRS' MEETINGS - 6 DECEMBER 2021**

These regular bi-monthly meetings allow the Cabinet Secretary to speak with NHS Chairs.



<b>Title:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
<b>Author:</b>	<i>Peter Macleod, Chief Executive</i>
<b>Appendices:</b>	<b>None</b>
<b>Consultation:</b>	<b>n/a</b>
<b>Resource Implications:</b>	<b>No</b>
<b>EXECUTIVE SUMMARY</b>	
This report provides the Board with an update on key developments since the Board meeting on 23 September 2021.	
<b>The Board is invited to:</b>	
1.	Note the information contained in this report.

<b>Links:</b>	Corporate Plan Outcome	Y	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N
<b>For Noting</b>	<b>x</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Decision</b>

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.

<b>Reason for Confidentiality/Private Report:</b> N/A – this is a Public Board Report
<b>Disclosure after:</b> N/A

**BOARD MEETING 16 DECEMBER 2021****Agenda item 8  
Report No: B-41-2021**

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

**BOARD MEETING 16 DECEMBER 2021****Agenda item 8  
Report No: B-41-2021****CHIEF EXECUTIVE'S REPORT****1.0 INTRODUCTION**

- 1.1** This report updates the Board on some of the key activities of the Care Inspectorate since the Board meeting held on 23 September 2021. The information relates to areas of partnership working, staff engagement, budget and transformation, and policy and strategic development.
- 1.2** Supported by the Chair and senior officers, 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.
- 1.3** Since the Board meeting in September, of key importance was the preparation of our response to the Scottish Government's consultation on the new National Care service. The work of the Care Inspectorate teams involved in the consultation response has been immense and, following extensive engagement with the Board and staff, our detailed response was submitted on 2 November. The Scottish Government's response to the consultation is expected from Scottish Government in the New Year, ahead of the enabling legislation being introduced later in 2022.
- 1.4** Another key priority for us has been the development of our new Corporate Plan, which is being reported to the Board in more detail at this meeting.
- 1.5** On 26 November, I had the honour of chairing the "virtual" Supervision and Regulation Innovation Network For Care (SINC) Seminar, themed "*Regulators collaborating to learn across Europe*". This was the second event of its kind, organised with support from my PA, and brought together almost 30 delegates from regulators across Europe. Presentations from the various countries included Research Knowledge Development; Digitalisation for Impact; Detecting Patient Safety Culture and our own presentation, "Setting the way for a national Quality Improvement programme in Scotland.

**2.0 COLLABORATION/PARTNERSHIP WORKING****2.1 Blueprint for the design of a National Improvement Programme in response to the Adult Social Care Review**

The Head of Improvement Support, working collaboratively with respective counterparts in Healthcare Improvement Scotland (HIS) has prepared and submitted to Scottish Government a proposal to develop the design phase of the National Improvement Programme (recommendation 27 Adult Social Care review) for the social care sector. This has now been given formal approval by Scottish Government. Early planning is taking place to create the structures and communications needed to move this forward.

**BOARD MEETING 16 DECEMBER 2021****Agenda item 8**  
**Report No: B-41-2021****2.2 Safe staffing project**

The [Safe Staffing](#) project has successfully delivered a Quality improvement collaborative series of learning events to care home providers, managers and partnership staff in seven Health and Social Care Partnership areas to support readiness for the implementation of the Health and Care Staffing Scotland Act 2019. There have been approximately 250 engagements with these events and a further three sessions are planned up to the end of 2021 with nearly 100 people already registered. The project continues to work with key stakeholders in the adult care sector to plan testing of a staffing method in line with the Care Inspectorate's duties under the Act. This work is now being recommissioned by Scottish Government, with a view to securing ongoing funding to expand the scope of the project.

**2.3 Growing a Good Life Improvement Programme**

The Health and Social Care Improvement Team is now fully staffed and their focus for improvement support sits within the "[Growing a Good Life](#)" programme of work. The vision of this programme is to ensure that people experiencing care can live well and flourish and the staff supporting them have access to resources, shared learning, and good practice. The team has been collaborating with key stakeholders, supporting work which helps identify malnutrition for people in their own homes, improve oral care in care homes and promote rehabilitation in social care. We are continuing to support work around medicines management and infection prevention and control, focusing on how best to support implementation of new standards and guidance.

**2.4 Technology Enabled Care - A digital service for care homes to support pain assessment with those who are unable to communicate - PainChek**

PainChek claims to be the world's first intelligent pain assessment tool, which provides an objective assessment to support the care of individuals, particularly those who are not able to verbalise, and enable appropriate pain relief to be provided.

The Quality Improvement Support Team will support the Digital Approaches in Social Care Programme Team in Scottish Government to undertake a test of change for of the Painchek product in Scotland within care homes. This will directly contribute to the Digital Approaches in Care Homes Action Plan 2020.

**2.5 Barnahus/ 'Bairns' Hoose' Standards**

The joint project with HIS to develop standards for Barnahus, which will be known as 'Bairns' Hoose', on behalf of the Scottish Government has picked up momentum. Two reports have recently been published, one setting out the foundations for introducing Bairns' Hoose and the other clarifying the scope of the standards development project. As well as building collaboration with HIS, the Bairns' Hoose standards project involves partnership working with a wide range of professional

**BOARD MEETING 16 DECEMBER 2021****Agenda item 8  
Report No: B-41-2021**

groups, including police, justice, researchers, victims' organisations, and charities specialising in supporting children and young children through trauma.

**2.6 Market Oversight**

The Independent Review of Adult Social Care' recommended that "A more actively managed care home market should be shaped and facilitated to respond to a longer term, strategic vision that takes into account the balance of providers in the market and local needs" and that the Care Inspectorate takes on a market oversight role. The Care Inspectorate Board agreed in October 2020 to start to scope the development of a market oversight function and to explore the possibility of a digital solution through a "Proof of Concept" (PoC).

The PoC is exploring two dimensions:

- There are a diverse range of sources of data available - the PoC will explore an agreed subset as a basis for assessment, with varying degrees of current accessibility.
- The PoC will identify levels at which assessment could be provided, with varying degrees of aggregation and complexity. The PoC will explore six Provider groups.

The PoC is currently underway and an interim report will be produced in December 2021 for the Strategic Leadership Team with a final report ready by for 25 February 2021.

In parallel, we are updating the Digital Transformation Stage 2 business case to include market oversight (as discussed at the October 2021 Board session) this involves us engaging internally and externally and it is currently planned to be presented to the February 2022 Board meeting.

**2.7 Children and Young People**

The children and young people (CYP) teams presented at the annual conference of the Scottish Institute for Residential Childcare (SIRCC) on the theme of restrictive practices. This was followed up with the launch of a restrictive practices survey for the sector, and the pilot of a self-evaluation tool on the use of restrictive practices in services for children and young people.

The CYP teams were also invited to contribute to the Points of View Podcast for the Scottish Residential Child Care Workers Forum. This is part of our strategy to strengthen our engagement with providers, seeking out opportunities to work collaboratively, to fulfil one of our Promise aims.

We published guidance for providers of services for children and young people on personal plans and guidance on records and notification reporting for CYP services. This sees the culmination of a significant amount of work with the sector aimed at improving the quality of children's plans and other records.

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The National Hub for Reviewing and Learning from the Deaths of Children and Young People went live on 1 October. We are playing a key role in the development of the Hub model through a dedicated strategic inspector working jointly with colleagues from Healthcare Improvement Scotland. Our role is particularly important in ensuring that reviews are inclusive of social work/social care and take account of the experience of the whole child and family.

This quarter also saw publication of the National Child Protection Guidance. The Care Inspectorate contributed a significant amount of staff time and expertise to support the development of the new guidance, working closely with Scottish Government colleagues and a range of other stakeholders. We will continue this collaboration through our ongoing role in the Guidance Implementation Group.

**2.8 Quality Framework (care homes for children and young people and school care accommodation)**

We are reviewing the quality framework for care homes for children and young people and school care accommodation (special residential schools). We are consulting with a range of interested parties so that everyone with an interest in care homes for children and young people and school care accommodation has the opportunity to share their views on the quality framework. The revised framework will be published and used for inspection, improvement, and self-evaluation when consideration of all feedback has taken place.

**2.9 Self-evaluation Methodologies**

The main function of the Care Inspectorate's Quality Framework is a self-evaluation tool for services. We have been working to further develop our approaches to self-evaluation and our scrutiny plan outlines our commitment to strengthen self-evaluation for regulated care services. The Care Inspectorate Wales are hosting a workshop with Audit Wales, Estyn and Healthcare Inspectorate Wales to consider approaches to self-evaluation and the role of scrutiny bodies. We have been invited to contribute to this event which will provide opportunities to strengthen our collaboration with other regulators in developing approaches in Scotland to self-evaluation.

**2.10 European Commission Research**

The European Commission, with other partners, has funded a project called "*Improving the capacity of municipalities in Sweden to assess the quality of care delivered at home, in nursing homes and in special housing for people with functional impairments*". Research is underway for the establishment of frameworks and criteria for the assessment of the quality of service provision in other countries. Scotland was chosen as a case study and we attended a virtual meeting in Barcelona with European colleagues to talk about our approach to developing quality frameworks.

**2.11 Review of Fire Guidance and Associated Documentation**

In collaboration with Scottish Fire and Rescue Service and Scottish Child-minding Association, and in anticipation of the new legislation coming into force next year for smoke detectors in domestic premises, the Registration teams have revised and published guidance on fire safety for childminders, and fire safety checklists and guidance for all service types.

**2.12 Early Years Quality Framework**

Following consultation and testing the new framework in settings, we have collaborated with partners in Children's Parliament to strengthen our rights-based approach within our new Quality Framework to ensure we have embedded all the principles of the UNCRC. We have gained permission to include the Children's Parliament logo and some imagery within the document to highlight that cohesive approach to key Government policy.

**2.13 Early Learning and Childcare Scrutiny**

We have established a partnership project with Scottish Government lead for Allied Health Professionals (AHP) to deliver an integrated training and development project with all our ELC staff to support high quality outcomes for children in settings. This work will also raise awareness and knowledge of the key roles of AHP across the ELC sector and review current and emerging practice focussing on speech and language development, dietetics, physiotherapy and occupational therapy.

**2.14 Infection Prevention and Control (IPC) Webinars**

Working with Scottish Government and Antimicrobial Resistance and Healthcare Associated Infection, we have run IPC webinars for professional staff undertaking oversight in care homes, inspectors and managers of services. This included examples of good practice and using IPC to enable choice and dignity in care.

**3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT****3.1 Partnership Forum Workshop**

A second partnership forum workshop was held in November with external facilitators to review how we can work together as effectively as possible.

**3.2 Recruitment Overview**

We have undertaken a review of how we recruit inspectors, led by OWD in partnership with HR and service managers. This was both internally and externally customer focussed, by ensuring a more streamlined process and a more effective recruitment campaign, and by reviewing the candidate experience and adapting our



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advertising and application strategy to enhance this. HR has worked with Scrutiny and Assurance to explore and implement creative solutions to capacity issues.

**Inspector Campaigns 2021**

During Q1 and Q2 of 2021 we ran two inspector campaigns:

Campaign 1

	<b>Applicants</b>	<b>Shortlisted</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Selected</b>	<b>Started</b>
<b>Adults</b>	120	112	47	25	12	12
<b>ELC</b>	79	79	31	14	10	9
<b>CYP</b>	53	53	22	19	8	7
<b>Totals</b>	<b>252</b>	<b>244</b>	<b>100</b>	<b>58</b>	<b>30</b>	<b>28</b>

Campaign 2

	<b>Applicants</b>	<b>Shortlisted</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Selected</b>	<b>Started</b>
<b>Adults</b>	117	101	54	26	8	4
<b>ELC</b>	84	81	21	18	2 *	0
<b>CYP</b>	8	0	0	0	0	0
<b>Totals</b>	<b>209</b>	<b>182</b>	<b>75</b>	<b>44</b>	<b>10</b>	<b>4</b>

\* 1 candidate was also selected for the new 'talent pool' established as part of this campaign

**Recruitment Activity Overall**

An overview of the Care Inspectorate's recruitment activity overall and progress achieved during 2020/21 is presented below.

We ran 85 planned recruitment campaigns which included 31 campaigns that ran internally only. From this, 39 campaigns were for temporary roles and 46 for permanent roles.

The 85 campaigns were split between the following Directorates:

Corporate and Customer Services	10.5%
ICT and Digital Transformation	10.5%
Scrutiny and Assurance	57%
Strategy and Improvement	22%

The Digital team undertook most of their transition and recruitment in 2019/2020 and so volume was lower over this period. In Scrutiny and Assurance there was a

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considerable amount of Team Manager recruitment as well as additional Service Managers and the introduction of the Scrutiny Development team.

Movement in Strategy and Improvement saw alignment of Equalities, Involvement and Safe Staffing. During 2020/2021 there was also some restructure and permanency in senior roles such as the introduction of the Deputy CEO role, new Heads of Policy and Communications and Human Resources.

We had 63 external new starters and supported 52 current staff to take up roles through internal promotions/secondments/acting up arrangements.

We recruited 39 Inspectors in total during this time.

**Application Information**

We had 1,374 applications in total across all recruitment campaigns with the average number being 17 applications per role.

The average number of days from vacancies going live to an employee's first day was 40 days. This is an improvement on the previous time taken – largely due to now being able to complete Disclosure applications online which reduces the turnaround time for pre-employment checks.

**3.3 Corporate Induction**

To support the increased number of new starters over the autumn, three corporate induction sessions have been planned, with two sessions having been delivered in October and November. A total of 34 new staff attended the sessions from a range of roles and directorates. 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. A third session is planned for December 2021.

**3.4 Regulated Care Inspector induction**

Three inspector induction programmes will be delivered over the current quarter to support new inspectors joining the organisation in October, November and December 2021. The monthly programme will ensure that new inspectors are able to participate in induction training as soon as they join. As part of the programme, all new inspectors have been allocated a mentor and a programme of shadow, co- and observed inspections.

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Report No: B-41-2021****3.5 Early Learning and Childcare Learning and Development****3.5.1 Infant/Toddler Environment Rating Scale/Early Childhood Environment Rating Scale**

A number of learning events have been delivered to Early Learning and Childcare (ELC) inspectors to increase their understanding of the Scottish Study of Early Learning and Childcare project and the organisations involvement in it. The session provided staff with a working knowledge of the Infant/Toddler Environment Rating Scale (ITERS) and the Early Childhood Environment Rating Scale (ECERS) to enable them to include these tools as part of their scrutiny toolkit. Six sessions were attended by 102 inspectors between September and November 2021.

**3.5.2** As part of a continuing professional development programme for inspectors, we have collaborated with James McTaggart (Educational Psychologist and key advisor on ELC to Scottish Government) to establish a training and development partnership across our ELC workforce. Two sessions on child development and adversity and resilience will be delivered, followed by a combined reflective practice session with both AHP and Educational Psychologist to review alignment with developmental approaches for children.

**3.6 Wellbeing**

We continue to signpost staff to resources available to them both internally and externally, this includes coaching for wellbeing provided by the wellbeing hub and available for access by all staff.

We delivered a session on Managing Emotional Wellbeing and Burnout to Inspectors within Adult services which looked at pressure, performance and stress reactions and how we can use boundaries to protect our wellbeing. We also delivered a Group Support Session, open to all staff, which provided a safe and confidential space in which staff could explore concerns, worries, and fears in a confidential and safe environment.

**3.7 Professional Register**

The Professional Standards and Practice team have now completed work to establish a professional register of our staff who are required to be registered with a relevant health, social work, social care or teaching professional body as a requirement for their role. Work is also almost complete to develop our Professional Assurance Framework, which will support staff and line managers to complete and endorse revalidation and meeting continuous professional learning requirements.

**3.8 Appointment of new Strategic Inspector – The Promise**

Aileen Nicol joined us in October as a strategic inspector and will coordinate our Promise work for the next year. A blog to inform staff across the organisation about her role and the organisation's commitment to and intent to Keep The Promise was

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published on our Intranet as part of several organisational activities to recognise Care Experienced Week.

**3.9 Report Writing Training**

A report writing toolkit has been developed by the methodologies team for inspectors and managers with training sessions rolled out over November and December. All inspectors and managers are required to attend a “Report writing information session” and workshops on “Evaluative report writing” and “Writing requirements and areas for improvement”. The training and supporting materials have been welcomed by participants.

**3.10 Staff Professional Development Group on Infection Prevention and Control**

A staff professional practice development group on infection prevention and control has been set up. This will include staff champions, linking to Antimicrobial Resistance and Healthcare Associated Infection work, working to provide guidance, development and communication for staff. The group has signed up over 50 inspectors signed up to is increasing daily.

**4.0 BUDGET/TRANSFORMATION****4.1 HR Systems and Process Review**

The HR team is reviewing how we can use systems more effectively, including progressing an Onboarding module for new starts to the organisation and self-service sickness absence reporting. This will introduce efficiencies to HR and payroll processes and mean a better experience for staff.

HR has made progress on the production of analytics to inform workforce planning and staff management.

Case work discussions have also been established in the HR team to support an effective and consistent approach to case management, leading to better interventions for staff.

**4.2 Digital Transformation**

Work continues with the Registration app and the Register. A full functionality review was carried out with representatives from teams across the organisation including Business Support colleagues and Scrutiny and Assurance. This was a positive exercise and confirmed the level of functionality delivered within the Register and Registration App. Work is continuing with a focus on key areas while also looking forward to planning the delivery in the remaining sprints to the end of the financial year. 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.

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From an IT security perspective, we have held a successful first meeting of the cross-functional Information Security Working Group, with two recommendations for change achieving approval. Both changes form part of the cyber security improvement plan, improving the controls that secure our IT systems, whilst simplifying the way our staff interact with our systems. This forms part of a programme of work that will introduce a series of small changes designed to improve our security maturity, as well as the end user experience.

**4.3 Information Governance Indexing Project**

The Information Governance team has made good progress with the indexing of our hard copy records, and the project also aims to improve the metadata associated with the records stored offsite with Iron Mountain. This has two main benefits:

- a) It will improve search and retrieval, thus reducing the time (and resource) to identify records, improving the business experience.
- b) It will allow informed and/or risk-based decisions to be made in relation to disposal; both reducing costs of storage and improving our legal compliance.

A second phase has been agreed which will commence after the Christmas break based on the evidenced improvement to date.

**5.0 POLICY AND STRATEGIC DEVELOPMENT****5.1 Care Inspectorate Winter Plan**

The Care Inspectorate's winter plan, that incorporates all of our work and supports the national winter plan, has been presented with a positive response to the Scottish Government Health Directorate and the Chief Nursing Office. The plan is in full alignment with the national vision and details critical outputs that will be delivered to support the social care sector. Outputs include a letter to the social care sector acknowledging the current pressures of recruitment and retention and details the main themes from inspections over the last 20 months and improvement webinars on specific themes and topics.

**5.2 Carers Rights Day**

As part of Carer's Rights Day on the 25 November 2021, we are co-hosting with Health Improvement Scotland, a webinar based on Carers Right in the Workplace. There will be representation from carer organisations, and we will use this as an opportunity to explore the support needs for Carers in the Workplace, and what future topics they would like to hear about. This work is part of the wider agenda to develop our Carers Positive work.

**5.3 Care Home Design Guidance**

As the Board will be aware following presentation and discussion with members on 28 October, we have now revised the guidance document "Building Better Care

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Homes for Adults” (now renamed “Care Homes Design Guide”) and also developed a separate children and young people-specific version of the document for children’s care homes.

To further support the provision of accommodation-based care and support services for autistic adults and/or adults with learning disabilities, the Registration teams have developed a separate policy position on this, which is currently out for sector consultation.

**5.4 Strategic Justice Overview Report 2018-21**

We published this report on 9 December 2021. The work of the justice team is aligned to national priorities, using scrutiny and assurance to gauge the efficiency of Community Justice Partnerships in designing and delivering effective community justice disposals. To date we have focussed on the extent to which community justice social work are delivering on their statutory responsibilities in relation to community payback orders and throughcare licences. We have identified a number of consistent practice strengths, particularly in relation to report writing and risk management. We have also highlighted the continued importance of national outcomes and standards and the action required to strengthen and improve social work practice. We have also highlighted the systemic challenges in improving the life chances of people affected by offending which are beyond the influence of social work alone. In the coming year(s) we are mindful of the recovery of the criminal justice system and will be working in partnership with the sector and scrutiny partners to support continuous improvement.

**5.5 Open with Care**

We have supported and provided comment on the new version of Open with Care from the Adult Directorate. We will promote the document once in final version and we continue to have our place on the oversight group for Open with Care and Anne’s Law.

**5.6 Visiting Rights in Care Homes for Adults**

The Chief Inspector (Adults) held a cross-organisation group discussion on visiting in care homes and the rights of care home residents. The group looked at human rights, equality act and feedback from the relatives group. We are writing a policy paper for senior management agreement and have asked for a meeting with Scottish Government and Public Health Scotland to discuss the issues that are getting in the way of people’s visiting rights being upheld.



<b>Title:</b>	<b>CORPORATE PLAN 2022 - 2025</b>
<b>Author:</b>	<i>Lisa Rooke, Head of Corporate Policy and Communications</i>
<b>Appendices:</b>	<b>1. Initial draft outline of Corporate Plan</b>
<b>Consultation:</b>	<b>Outlined in report.</b>
<b>Resource Implications:</b>	<b>No</b>

### EXECUTIVE SUMMARY

Our current Corporate Plan sets out our vision, purpose, and values for the 2019 – 2022 period. It also set out our business model, three strategic outcomes and the key principles we would follow to help us achieve these.

The Board agreed in August 2021 that we would develop a new Corporate Plan to cover the three-year period from 2022 – Our colleagues are proud, professional and passionate about what they do. They are highly skilled and motivated with a vast range of knowledge and expertise across the organisation that will help us we continue our journey to achieve our vision. 2025, setting out our strategic outcomes for this period and providing clarity on how we will deliver these outcomes and how we will measure our performance. It will provide the strategic direction for the forthcoming three years for the Care Inspectorate, the sector, external stakeholders, those experiencing care and the public.

This paper sets out the consultation that we have undertaken on the development of the new Corporate Plan and the key themes arising from it. Appendix 1 is an initial draft of the proposed structure and contents of the Corporate Plan.

#### The Board is invited to:

1. Review and discuss the initial first draft of the plan before further development.

<b>Links:</b>	Corporate Plan Outcome	All	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	Y
<b>For Noting</b>	x	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Decision</b>

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.

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

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.



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Our current Corporate Plan was published in 2019 and set out our vision, purpose, and values for the 2019 – 2022 period. Work began last year to produce a revised corporate plan, but this was put on hold when the second wave of Covid-19 began to develop. In August 2021, the Board agreed to a new Corporate Plan being developed to cover the three-year period from 2022 – 2025 and setting out our strategic outcomes for this period and providing clarity on how we will deliver these outcomes and how we will measure our performance.

Consultation has taken place throughout October to December to gather feedback and views to inform the development of the new Corporate Plan.

**2.0 CORPORATE PLAN CONSULTATIVE GROUP**

A Corporate Plan consultative working group was established in September and is meeting monthly. The group consists of Board Member, Bill Maxwell, and representatives from across the organisation. It was set up to provide input on the development of the corporate plan and advise on engaging as widely as possible both internally and externally. The group will continue to meet monthly until the corporate plan is finalised.

**3.0 CONSULTATION PROCESS**

A number of activities have been undertaken to consult on the new Corporate Plan. Our primary focus was to gather views through a survey and facilitated discussion and workshops with our stakeholder groups.

We ensured our consultation is open, accessible and inclusive through the use of the Citizen Lab platform and in our promotion and communications relating to the consultation.

The following consultation activities took place:

**Internal**

- We held a development session with the Board, Strategic Leadership Team and Operational Leadership Team.
- We held three internal online consultation sessions for staff.
- We attended nine team meetings (one more to follow) across the four directorates in the organisation.
- We engaged with over 210 colleagues as part of these sessions enabling them to give their views.
- Consultation sessions were also held with our Inspection Volunteers and our Young Inspection Volunteers to hear their views.
- The Corporate Parenting Group submitted a joint response to the consultation.

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**External**

- We held four external events with a total of 66 attendees from a variety of sectors, including care providers, carers, local authorities, Scottish Government representatives and representative bodies.
- Further focussed sessions will be planned in February with key stakeholders to look at final draft and gather any further feedback.

**Survey:**

- We issued a survey to our stakeholders internally and externally, to which we received 157 responses.

**4.0 KEY THEMES FROM THE CONSULTATION**

The key themes that arose from the consultation can be summarised as follows:

- The need for clarity in language, terminology and statements.
- The need to keep the corporate plan concise, easy to read and easy to understand.
- The need to effectively promote who we are and what we do, communicating any changes and taking people with us on our journey.
- Understand the groups that we are trying to reach and find new ways of communicating to ensure we involve as many people as possible.
- Ensure we are open to everyone.
- Support people to understand their rights.
- Collect and share good practice and experiences.
- Find ways to gather feedback on a continuous basis out with the inspection and complaints process.
- Continue the collaborative approach that has been adopted throughout the pandemic and develop relations between inspectors and services.
- Collaborate internally by developing cross-team and cross-directorate opportunities.
- Collaborate externally and reach out to organisations and services to understand how we can best support them
- Continue to develop self-evaluation as a powerful tool and ensure it is understood, realistic and honest.
- Look at how we use our data to be proactive and inform our strategic approach.
- Develop our digital platforms to improve communications, enable more feedback and gather information. Understand the customer experience.
- Promote rights, choice, positive risk taking and safety.
- Adopt permanently the more flexible risk and intelligence-led approach adopted during the pandemic.

**5.0 PERFORMANCE MEASURES**

The strategic outcomes will be aligned to performance measures, which will be monitored and reported through the quarterly performance reports to the Board. The performance measures will be developed and aligned with the new corporate plan through a consultative group in the new year including Board representation.

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**6.0 PROPOSED TIMESCALES**

<b>Timescale</b>	<b>Activity</b>
16 December	Present draft Corporate Plan (CP) text to Board for comment
17 December – 10 January (2 weeks)	Revise following Board feedback  Begin development of performance measures for CP (led by Ingrid Gilray with a working group tbc)  Discuss draft with OLT
10 January	Progress update to staff
12 January	Consultative group meeting – update on progress and discussion on draft
11 January – 1 February (3 weeks)	Design, layout and final proof
1 – 8 February	Send to consultative group for further feedback
10 February	Final Corporate Plan presented to Board for sign off alongside draft performance measures
14 February	Consultative group meeting – update on progress
February	Meet with directors to discuss specific feedback from consultations to feed into Directorate Business Plans
February	Meet with key stakeholders for further consultation on final draft.
March	Final amendments/revisions
March	Comms plan signed off for publishing and promotion
31 March	Board sign-off
4 April 2022	Publish and promote new Corporate Plan
April 2022	Develop Directorate Business Plans aligned to CP
May 2022	Develop Team business plans aligned to CP and Directorate Plans

## 7.0 IMPLICATIONS AND/OR DIRECT BENEFITS

### 7.1 Resources

None.

### 7.2 Sustainability

None.

### 7.3 Policy

As we begin to look ahead, we need to anticipate how the next set of changes will impact us and ensure that we are ready and able to respond. The new corporate plan will set the framework for addressing these drivers of change.

This paper should be considered in the context of intense policy attention on social care throughout the Covid-19 pandemic. The pandemic continues to be a major subject of policy discussion, both in terms of the ongoing challenges it presents and the reflection and scrutiny that is taking place as we move towards a public inquiry.

These include:

**Workforce:** Covid-19 has shone a light on the care sector, its workforce and the extraordinary efforts of health and social care workers across Scotland in meeting the unprecedented challenges of the pandemic. We have a highly skilled workforce and our strategic workforce plan details how we are supporting colleagues to further develop their skills and expertise. Our strategic workforce plan will be updated alongside the corporate plan to ensure that the two are aligned. Similarly, we will look at how we can support the sector in attracting the skills and resources it needs to operate successfully taking into account the ongoing impact of Brexit on the sector.

**National Care Service / Review of Adult Social Care (Feeley):** This Feeley report recommends improvements to the adult social care system of support in Scotland, in terms of the outcomes achieved by and with people who experience care. The Review recommends the establishment of a National Care Service, setting out how it could “drive consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers and the workforce”. It set out 53 formal recommendations, including revisiting the role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council - to ensure they are fit for purpose in a new system. This will influence greatly the strategic direction and work of the Care Inspectorate, particularly in the following areas:

- Market Oversight
- Data sharing
- Quality improvement
- Partnership working

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- Involving people
- Rights based care

The Scottish Government recently consulted on proposals for a National Care Service, which followed Feeley's recommendations. As the National Care Service is developed, debated and implemented in the coming years this is likely to have a significant impact on social care and social work, with implications for our role and function.

**The Promise:** The Scottish Government has committed to a review of the 'care system' to meet the needs of children and families and ensure the rights of children must be at the heart of the new framework. The Care Inspectorate is required to demonstrate an understanding of what children and families value, and inform, support, enable and make any changes necessary to ensure the Promise is kept. It will require us to ensure that our inspection and regulation place children's and families' values at its heart.

**Early Learning and Childcare (ELC) expansion:** We have supported the Scottish Government's expansion of ELC for every three- and four-year-old and eligible two-year-olds by contributing to the national governance of the expansion plan. With the rollout of the statutory requirement to provide 1,140 hours of funded ELC coming into force in August 2021, the next stage is to ensure the implementation of 'Funding Follows the Child' and ensuring providers meet the National Standard. As a result, our scrutiny work is key to monitoring the quality of provision and eligibility to provide funded ELC. We will also need to assess the implementation of the Strategic Framework for school age children and, in particular, the commitment to build a wraparound childcare system providing care before and after school. We will need to consider the impact of these commitments on our role in the scrutiny or improvement support of these services.

**The national performance framework (NPF):** The NPF is due to be refreshed during the first half of this Parliament.

**Corporate parenting role:** We will continue to review our progress as a corporate parent and our duties to support care experienced by young people and promote their needs and interests. Our corporate parenting plan will be required to be updated in the lifetime of this new corporate plan to ensure that we are achieving our commitments and remain aligned to The Promise.

**United Nations Convention on the Rights of the Child (UNCRC):** The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill passed Stage 3 in March 2021 and embeds the UNCRC into domestic law. The Bill was subject to a legal challenge by the UK Government but, if enacted as expected, the Care Inspectorate will be required to publish a report highlighting its actions to ensure compliance with the convention. As well as demonstrating compliance, it will be important for us to show how we are living and breathing children's rights across our work and decision making.

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**Equalities:** Our equality outcomes and action plan map out how we plan to meet duties in relation to equalities. This includes how we develop and evaluate rights-based care; how we train our employees and volunteers; and how we procure services and goods from others. We will continue to work towards meeting our equality goals and will publish details as we progress these actions. We are committed to being inclusive and accountable on making equality, diversity and inclusion integral to everything we do.

**Reform of Education Scotland / Scottish Qualifications Authority:** The Scottish Government announced that there will be an overhaul of the system and structures within the education sector and has carried out a consultation. There have been calls to disaggregate the inspectorate and support departments within Education Scotland, which could have an impact on the Care Inspectorate.

**Digital transformation:** We started a transformation journey over three years ago, implementing a digital system for managing complaints about care services. We then replaced the paper registration form with an online version and streamlined the processing of registration applications onto our main Register. The next stage will support a new business approach to scrutiny, by providing a digital platform to capture and consolidate intelligence so that scrutiny activities can focus on areas of greatest potential risk. This will be underpinned by the creation of a common data hub to gather and share relevant information from stakeholders including public sector partners, providers and those experiencing care. It will provide oversight of care provision from market level down to individual providers and services, which will enable the organisation to be more proactive in identifying improvements, moving from remedial to preventative interventions, and being more flexible in response to changing circumstances and demands. Again, this links in with the recommendations of the Feeley review and will be key to shaping our future role.

**Societal and economic recovery:** Covid-19 has exacerbated existing inequalities disproportionately affecting those living in disadvantaged areas and from ethnic minority backgrounds. There is a need to address the deep-rooted inequalities across Scotland and tackle child poverty. There is an opportunity to amplify our role in supporting improvements across public services to help reduce health and social inequalities across the country.

#### **7.4 People Who Experience Care**

It is imperative that the Care Inspectorate's core purpose of scrutiny, assurance and improvement support is set out clearly though a Corporate Plan which is easily understood and accessible to people experiencing care services, our partners and all who we work with. In developing our new Corporate Plan, particularly in the light of the pandemic, it will ensure our critical work is carried out in a way that focuses on safety and outcomes for people, paying particular attention to overall health and well-being of people experiencing care.

**BOARD MEETING 16 DECEMBER 2021****Agenda item 9  
Report No: B-42-2021****7.5 Customers (Internal and/or External)**

The new Corporate Plan is being developed through a consultative process which involving internal colleagues, external partners and people experiencing care.

**8.0 NEXT STEPS**

The Board is invited to comment on the initial outline draft of the corporate plan. This feedback will be considered as the Corporate Plan is refined and further developed. The next draft of the plan including the draft performance measures will be brought for the Board's consideration to the February Board meeting.

It is anticipated that the final draft of the new Corporate Plan will be presented to the Board for agreement in March with publication planned in April 2022. This timeline will be reviewed on an ongoing basis.

**DRAFT OUTLINE OF THE CORPORATE PLAN 2022 - 2025**

**WORKING TITLE: Care. It's what we do.**

**PROPOSED STRUCTURE:**

**Introduction – Paul Edie, Chair**

**Introduction – Peter Macleod, Chief Executive**

**The Care Inspectorate's Vision, Purpose, Values**

- **Who we are and what we do**
- **Where we are now and where we are going**

**People who experience care**

**Health and Social Care Standards**

**Delivering world class social care and social work**

**Strategic outcomes**

- **Key priorities**
- **Key measures**
- **Associated plans/strategies**

**Digital transformation**

**Sustainability**

**The journey to 2025 (previously Key changes as a result of this corporate plan)**

**Business model (including risk)**

**Resourcing**

**Our role as a Corporate Parent**

- **Volunteer programme**

**Statement on collaboration**



**INTRODUCTION – PAUL EDIE, CHAIR****OUR CONTINUING VISION FOR WORLD CLASS SOCIAL CARE**

***“We will work collaboratively to maintain a focus on supporting services to improve and ensure that people are able to influence and shape their care and support.”***

Our Corporate Plan 2022-25 sets out our vision, purpose, ambition and priorities for the next three years. Through our core purpose of providing scrutiny, assurance and improvement support we will contribute towards world-class care in Scotland, where every person, in every community, experiences high-quality care and support that is compassionate and tailored to their rights, needs and wishes.

The Covid-19 pandemic has and continues to cause distress for many across our society, not at least staff working in care services across Scotland to deliver the best possible care.

I would like to express my thanks to all those who have worked so tirelessly over the past couple of years, as well as to the staff at the Care Inspectorate who have committed so much time, energy and hard work to support the sector during these challenging times.

This corporate plan has been developed in consultation with staff, volunteers, care services and partners, taking into account the lessons learned throughout the pandemic and the ongoing changes in the political and social care landscape.

The Care Inspectorate will work collaboratively and continue to maintain a focus on supporting services to improve and ensure that people are able to influence and shape their care and support.

Keeping the Health and Social Care standards central in driving and supporting quality improvement, our staff will continue to play a crucial role in protecting people, and importantly, provide assurance of this for those who care for them, such as relatives, friends and local communities.

We will do this by maintaining our commitment to our core purpose and statutory duties and delivering our four high-level strategic outcomes in our corporate plan. These outcomes support our vision and values and positively promote equality, improved wellbeing and social justice for all.

There are a number of opportunities which the Care Inspectorate will continue to influence and shape, such as the implementation of the ‘The Promise’, and the rollout of the expansion of funded Early Learning and Childcare (ELC). We will also work with the Scottish Government and partners on delivering the recommendations of the Independent Review of Adult Social Care and support the implementation of changes coming forward as part of the National Care Service.

I remain committed to helping the Care Inspectorate achieve its vision of world-class social care and social work in Scotland and I look forward to working with everyone to implement our ambitions in our Corporate Plan 2022-25.

**INTRODUCTION – PETER MACLEOD, CHIEF EXECUTIVE**

*“No matter what challenges we face, those experiencing care must remain at the very heart of all we do.”*

**COLLABORATING TOWARDS WORLD-CLASS CARE**

Many people in Scotland will experience social care and social work services at some stage in their lives. Everyone has the right to experience high-quality care that meets our national Health and Social Care Standards, is compassionate, rights-based, respects choice and helps to realise people’s hopes and ambitions.

The Covid-19 pandemic has seen social care and social work services of every kind face unprecedented challenges. Every person and organisation involved in the care sector has had to rapidly adapt and flex to continue supporting and caring for people experiencing care.

No matter what challenges we face, people experiencing care must remain at the very heart of all we do.

Social care is changing, driven by the evolving impacts and challenges of the Covid-19 pandemic. To adapt and respond to a world with Covid-19, we anticipate public policy change, new legislation and reform to implement a new national care service. This will mean change across the care sector; both for services themselves and for the agencies that support and oversee them. We need to retain our capacity and ability to adapt and respond effectively to the demands such change may bring.

With change, comes the opportunity to do things better. Any social care reform must be focused on human rights, be person-led and recognise the value of those who provide social care and social work in Scotland. People who experience care are important members of our wider communities and should be supported to contribute and participate. Emerging different models of care and support represent an opportunity to strengthen these values and to strengthen our society.

As we await the outcomes and decisions that will follow the public consultation on a new national care service, this corporate plan will support us to continue placing people at the heart of all we do and reflects our duties and responsibilities, so we can play our part in ensuring that everyone in Scotland can experience world-class social care and social work.

## THE CARE INSPECTORATE'S VISION, PURPOSE, VALUES

### Who we are and what we do:

- Diagram to demonstrate number and type services we regulate
- Where we are now and where we are going

### Key plans and strategies to help us achieve our vision:

- Carbon Management Plan 2018-23
- Corporate parenting plan
- Scrutiny and assurance plan
- Early learning and childcare expansion
- Financial strategy
- Involvement and Improvement support strategy
- Learning and development strategy
- Scrutiny and Assurance plan
- Strategic workforce plan
- The Promise
- Transformation programme

### Our Vision

The Care Inspectorate's vision is for world class social care and social work in Scotland, where everyone, in every community, experiences high-quality care and support, tailored to their rights, needs and wishes.

### Our Core Purpose

We are a scrutiny body that provides independent public assurance, supports services to improve, and works collaboratively to achieve the aspiration of world-class social care and social work in Scotland.

### Our Values

Our values are at the heart of all that we do. We practice and demonstrate these daily to build and maintain relationships and respect everyone's rights.

- **Person-centred**
- **Fair**
- **Respectful**
- **Integrity**
- **Efficient**
- **Inclusive**
- **Compassionate**

Our values are under regular review in consultation with staff to ensure they remain relevant and reflective of our work and purpose.

**PEOPLE WHO EXPERIENCE CARE  
HEALTH AND SOCIAL CARE STANDARDS**

Taken from previous CP – to be updated:



**HOW THE HEALTH AND SOCIAL CARE STANDARDS DRIVE OUR WORK**

The Health and Social Care Standards set out what people have the right to expect when using health, social care and social work services in Scotland.

Using language and statements which directly address people's experiences they seek to provide better outcomes for everyone and ensure that people are treated with dignity and respect and their human rights are upheld.

The Standards drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations should refer to and meet the Standards when planning and delivering care.

The Standards drive what we do. Our new inspection frameworks promote the Standards and we are now seeing improvements in care that are more outcomes-focused and supports people's rights and citizenship. When we develop national scrutiny and improvement resources and guidance for the care sector, we relate these to the Standards, which supports services and providers to evidence that they are using the Standards to improve care.

**The principles of the Standards:**

- Dignity and respect**
- Compassion**
- Be included**
- Responsive care and support**
- Wellbeing**

**WHAT DOES THIS PLAN MEAN FOR PEOPLE WHO EXPERIENCE CARE SERVICES?**

**Outcomes for people are at the heart of everything that we do. Our aim is that the quality of care in Scotland is of a high standard and where it is not to support improvement.**

We are passionate and committed to improving the quality of care for those who experience it. Our plan is quite clear, in that we will continue to listen to the views of people experiencing care and act on them, protecting the rights of people who are, at times, in vulnerable situations and provide the assurance the public require about the quality of care.

Our new frameworks focused on self-evaluation take account of the Health and Social Care Standards will help providers of services and people experiencing care to understand the quality they have a right to expect. We will continue to work collaboratively with the sector, our partners, as well as involving people who experience care and local communities to continually inform what we do. We believe firmly in the importance of building community capacity and coproducing with our partners and the wider public sector, at local and national level, to help to make the changes needed to improve care

As a corporate parent we take seriously our role in working with our care experienced young inspection volunteers and creating opportunities to support them gain valuable experience leading to further study and paid employment. Points of access to our organisation, information and support is important to us and we work hard to make sure we offer that to everyone via social media, our website as well as our customer contact centre.

Our processes are easily accessible and provide a good customer service whether this be making a complaint, registering a service, finding an inspection report or sharing the outcomes from our improvement support activity. There are many ways that the public can get involved or access our information. Through this we reflect on people's experiences, so we continually improve our services and information is accessible to all.



**DELIVERING WORLD CLASS SOCIAL CARE AND SOCIAL WORK****OUR FOUR STRATEGIC OUTCOMES TO ACHIEVE OUR VISION****1. HIGH-QUALITY CARE FOR ALL:**

Adults, young people and children experience high quality services and support when and where it is needed. This care promotes their individual rights and choices, and balances positive risk taking and safety to support their wellbeing.

**Our key priorities (how we deliver this outcome):**

- We will further build upon our flexible, risk and intelligence-led approach to ensure our scrutiny, assurance and improvement support activity is risk-based, proportionate and intelligence-led.
- We will use our intelligence to focus our resources where we believe there is the greatest risk.
- We will use our intelligence to understand the current issues affecting the care sector and anticipate the long-term issues arising to inform our interventions and our strategic approach.
- We will develop a market oversight capacity and capability to develop and use intelligence on financial risk in the social care market.
- We will seek to implement further powers to strengthen our enforcement action to ensure the health and wellbeing of those experiencing care.
- We will share information on the quality of care within services and highlight areas that have been identified for improvement.
- We will support services to continually improve through self evaluation and the provision of information, resources, guidance and quality improvement programmes.
- We will listen to the voices of those experiencing care and support across all sectors, acting upon feedback and demonstrating our approach.

**Our key measures:**

To be developed once priorities are approved.

## OUR FOUR STRATEGIC OUTCOMES TO ACHIEVE OUR VISION

### 2. POSITIVE OUTCOMES FOR ALL:

We will support services to continuously improve and carry out high-quality self-evaluation. Our activity will promote innovation and be focussed upon improving children, young people and adults' experiences and outcomes.

#### **Our key priorities (how we deliver this outcome):**

- We will understand the needs of services to establish how best we can help them to support those who experience care.
- We will continue to support and develop self-evaluation across services to ensure it is realistic, honest and robust. We will do this by providing the appropriate tools and resources to support a system of continuous improvement.
- We will design and deliver a national quality improvement programme for Scotland, working with Healthcare Improvement Scotland and other improvement partners.
- We will ensure that the Health and Social Care standards and human rights are central to improving outcomes by supporting those experiencing care to influence their care and individual outcomes.
- We will use our data, information and intelligence to proactively shape and influence policy and learning at local and national level, identifying emerging themes and areas of priority. We will challenge policy where we do not feel it is in the best interests of those experiencing care and social work services.
- We will work collaboratively, both internally and externally. We will build ongoing relationships with those experiencing care, services, partnerships, local communities, academic institutions and experts to improve care.
- We will collaborate to grow our research capacity to inform our work and that of the sector.
- We will ensure good practice is shared and accessible to aid continuous improvement across the sector.

#### **Our key measures:**

To be developed once priorities are approved.

**OUR FOUR STRATEGIC OUTCOMES TO ACHIEVE OUR VISION****3. EVERYONE'S RIGHTS ARE RESPECTED:**

Adults, young people and children experience tailored, outcome-focused care and support which reflects their rights, needs and wishes, in line with the Health and Social Care standards. Those experiencing care are listened to and able to influence their individual care and support.

**Our key priorities (how we deliver this outcome):**

- Throughout all of our work, we will ensure that the HSCSs are at the heart of everything that we do. We will ensure our approach upholds and protects human rights in Scotland and supports the United Nations Convention on the Rights of the Child.
- We will review the information and resources we make available to services and the public through our website and The Hub to ensure all resources are available and easily accessible.
- We will continue to review our methods to encourage and facilitate feedback from as wide and diverse a group as possible of people experiencing care and the public about care and what needs to be improved.
- We will listen to those experiencing care and the public and ensure that the feedback we gather influences our decisions.
- We will implement a new Quality Improvement and Involvement support strategy to continue to support the social care sector to spread and sustain quality improvement and effective practice. We will build quality improvement capacity and capability internally and externally.
- Our scrutiny and assurance work will continue to report on the extent individuals' human rights are supported, and how our scrutiny and delivery partners are promoting personalisation.
- We will support services to co-produce care with those experiencing care, ensure that they are protected, and their rights are respected.

**Our key measures:**

To be developed once priorities are approved.

**OUR FOUR STRATEGIC OUTCOMES TO ACHIEVE OUR VISION****4. OUR PEOPLE ARE SKILLED, CONFIDENT AND WELL SUPPORTED TO CARRY OUT THEIR ROLES:**

All colleagues and volunteers have opportunities to progress, develop, train and learn. We are committed to ensuring they are invested in, valued, listened to and represented across the organisation.

***Our colleagues are proud, professional and passionate about what they do. They are highly skilled and motivated with a vast range of knowledge and expertise across the organisation that will help us we continue our journey to achieve our vision.***

**Our key priorities (how we deliver this outcome):**

- We will continue to support and equip our staff with the right skills, knowledge and experience to confidently use their professional judgement to deliver our strategic outcomes.
- We will work collaboratively across directorates through cross working methods. We will engage through a variety of methods to actively build on two-way conversations.
- We will keep our decision making and governance structures simple, so decisions are made by those closest to the issue and with the knowledge needed.
- We will prioritise staff and volunteers' wellbeing and engagement to ensure they are connected, supported and involved in shaping their work, both individually and collectively.
- We will continue to invest in the learning and development of our staff and volunteers to support their current and future personal and professional development. Ultimately, this should enable our staff to support the delivery high quality care for those experiencing care.
- We will celebrate our workforce, their expertise and achievements, sharing these widely internally and across the care sector to support continuous improvement.
- We will create opportunities for our staff to share their knowledge and expertise across the sector and around the world. We will work alongside our partners and agencies to further develop skills together that can bring benefits to services and those experiencing care.
- We will continue support our Inspection Volunteers and Young Inspection volunteers to undertake their roles. We will expand our volunteer programme to ensure that the involvement of people who experience care and support can help direct improvement support to where it matters most.
- Using our technology and skills, we will make the most of working digitally and in a blended way.
- We will plan for the future through effective succession planning and leadership and training.

**Our key measures:**

To be developed once priorities are approved.



## DIGITAL TRANSFORMATION

Our digital capabilities are key to enabling us to achieve our strategic outcomes and our vision. They underpin everything that we do.

Our digital journey is significant and is well underway. The next three years will be central to further adopting digital means to deliver transformational programmes. We will create an efficient and effective infrastructure upon which to focus our work, and ensure we have the necessary skills and expertise to develop and support digital services.

***“Our stakeholders will have access to the digital services they need to enable them to improve care service outcomes for everyone in every community in Scotland.”***

### Our key priorities

- We will continue to put our stakeholders, internally and externally, at the centre of what we do. We will measure feedback at regular intervals to check that service transformation and service delivery meets their needs.
- We will enhance the continuity and security of our services. (Measure is achieving a cyber security maturity score of 3.0 or more across every dimension and no significant issues or outages.)
- We will deliver transformation and service delivery, through good practice across all of our directorate functions. (Measures are satisfaction in our capability across the organisation, value added, and timeliness.)
- We will be recognised as a leading partner in collaboration by sharing information about quality of care. (Measure extent of engagement and sharing of information with partners.)
- We will provide a data hub for care service information across Scotland.
- We will increase our use of digital platforms and use these to share data and intelligence to help us target our resources to the benefit of services and those experiencing care.
- We will develop and provide the technology to deliver the Care Inspectorate’s market oversight role.

**SUSTAINABILITY****Sustainability information from Annual Report and Accounts 2020-21 – to be updated**

A Carbon Management Plan covering the period 2018-2023 was launched in 2018. This plan identified a target reduction of 28% from the 2015/16 baseline data to 956 tCO<sub>2</sub>e. The objectives of the plan are considered annually alongside the sustainability report.

As a regulatory body, our core business is to inspect social care and social work services throughout Scotland, leading to high travel related CO<sub>2</sub> emissions. We also have a presence in 14 locations from as far north as Shetland to as far south as Dumfries. These properties are of varying sizes, from 30m<sup>2</sup> to 2,819m<sup>2</sup> on a variety of lease terms, making control of our stationary CO<sub>2</sub> emissions difficult.

We have continued to exceed our target across all scopes. In response to the Covid-19 pandemic, our staff have largely worked from home and our offices have remained closed for all but essential requirements. This means there has been a considerable reduction of carbon emissions for 2020/21. Although this has been an exceptional year, we expect some of the positive actions taken because of the pandemic to continue and do not expect the CO<sub>2</sub> emissions to return to previous levels post Covid-19. We continue to aggregate our direct energy consumption and costs across all our estate.

<https://careinspectoratecloud.sharepoint.com/sites/Intranet/Library/Forms/AllItems.aspx?id=%2Fsites%2FIntranet%2FLibrary%2FEstates%2C%20Health%20and%20Safety%2FCarbon%20Management%20Plan%202018-2023%2Epdf&parent=%2Fsites%2FIntranet%2FLibrary%2FEstates%2C%20Health%20and%20Safety>

**OUR JOURNEY TO 2025**

**INSERT DIAGRAM TO EXPLAIN CHANGES THAT WILL TAKE PLACE AS A RESULT OF THIS CORPORATE PLAN**

DRAFT

**BUSINESS MODEL**

We developed a new business model in 2019 to enable us to deliver our corporate plan and respond to new ways of working in the changing policy landscape. The model represents how we will further modernise our approach to be risk-based, intelligence led, targeted and proportionate in the way that we provide scrutiny, assurance and improvement support.

Throughout the pandemic we have implemented our business model and tested at pace a number of different approaches that are delivering demonstrable benefits.

We believe that approaches that are risk-based, outcome-focused, proportionate, and intelligence-led will provide the strongest assurance and protection and have the greatest impact on improving the quality of care.

As we continue this journey, we will ensure that we:

- promote rights, choices, positive risk taking and safety
- focus on evaluating experiences, outcomes, and impact
- use the intelligence and evidence we gather to better target our activities
- use the scrutiny intelligence and evidence we collect to identify national and local trends and themes that will help to shape national policy and identify and promote good practice exchange between communities and across Scotland.

This way of working will use our resources efficiently and add value to the work we move forward.

**Add risk to diagram**



**RESOURCING OUR BUSINESS MODEL**

As a publicly funded body, we must target and use our resources wisely to add value, respond to changes in the public sector landscape and contribute towards the outcomes set out in the National Performance Framework.

This is important in an environment of increasing pressure and demand on public services, an increasing older population and higher expectations of public services within a tighter public sector budget.

We will continue to carefully project and monitor spending through our financial strategy and demonstrate good value.

Our business and digital transformation programmes will deliver efficiencies and effective working practices that deliver innovation and improvement in care and provide excellent customer experience.

In addition to our own outcomes-focused approach, we are committed to collaborating with scrutiny and improvement partners and others to share, learn and work to realise our vision that people experience the best care in the world.

DRAFT

**OUR ROLE AS A CORPORATE PARENT – to add**

**The Care Inspectorate is committed to The Promise, our role as a Corporate Parent, and the implementation of the United Nations Convention on the Rights of the Child (UNCRC) to make Scotland the best place to grow up.**

DRAFT

## STATEMENT ON COLLABORATION

### Including reference to SSSC –

In 2021 the SSSC and Care Inspectorate published a new partnership agreement which set out how both bodies work together to improve the experience and outcomes of people for people who use social services in Scotland. The agreement sets out several priority areas of work for the SSSC and Care Inspectorate. For example, we need to ensure that themes from scrutiny, improvement and fitness to practise inform the development of joint resources and joint quality improvement activity. We also need to continue sharing data and knowledge which will assist in planning for the future and identifying trends and continue working together to involve people who use service and carers throughout our work.

Both organisations need to continue exploring how these regulatory frameworks can be amended to better meet the needs of the people who use them. It is critical that both organisations continue to develop timely, robust and useful information and intelligence which meets the need of our stakeholders.

### REFERENCE - PRIVACY NOTICE

We are committed to protecting the privacy of the people whose personal information we hold and to meeting our data protection obligations under the General Data Protection Regulation and UK Data Protection Act 2018. This Privacy Notice explains how we meet those commitments in practice.

<https://www.careinspectorate.com/index.php/core-privacy-notice>



<b>Title:</b>	<b>IMPROVEMENT AND INVOLVEMENT SUPPORT INTERIM STRATEGY AND DELIVERY PLAN (2021-22)</b>
<b>Author:</b>	<i>Craig Morris, Head of Improvement Support</i>
<b>Appendices:</b>	1. <b>Quality Improvement and Involvement Support Interim Strategy and Delivery Plan (2021-22)</b>
<b>Consultation:</b>	
<b>Resource Implications:</b>	None

### EXECUTIVE SUMMARY

Quality improvement and involvement is integral to delivering on our core purpose and key activities at the Care Inspectorate. We are in a unique position in that we provide scrutiny, assurance and we support quality improvement. Scrutiny drives continuous improvement and acts as a diagnostic tool on which we can plan our quality improvement support activity. We are committed to collaborative quality improvement and working in partnership, further strengthening relationships with our stakeholders.

Our quality improvement support focus is shaped by what people experiencing care tell us is working and not working well alongside the data and information we gather used as intelligence. This interim strategy has a focus on three specific areas of growth – growing quality improvement support, growing innovation and growing involvement. This will be underpinned by increased work to build quality improvement capacity and capability internally and externally with a view to spreading and sustaining improvement and effective practice.

All aspects of this interim strategy are grounded on the Health and Social Care Standards, ensuring people who experience care are at the centre of all the work we do. Our quality frameworks support this and put a greater emphasis on self-evaluation for the purposes of identifying what needs to improve. As detailed in this interim strategy the quality improvement work, will support services and providers with a self-evaluation approach.

In 2017, the Board agreed the very first Care Inspectorate Improvement Strategy. Since the first strategy was agreed, the Improvement Support section has successfully delivered quality improvement programmes and projects internally, locally and nationally. We have worked to increase quality improvement capacity and capability in our own organisation and within the wider social care workforce and create the structures for the Care Inspectorate to become a leading quality improvement organisation.



## BOARD MEETING 16 DECEMBER 2021

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Similarly, our involvement activities continue to strengthen and evolve. We continually invest in and value our highly regarded volunteer inspection programme and ensure the voices of people and those important to them have their voices heard and acted on. We are also leading on the delivery of our first organisational Equality, Diversity and Inclusion strategy (2021-2025).

The Quality Improvement and Involvement Support Interim Strategy and Delivery Plan (2021-22) (appendix 1) provides the Board with clear priorities for the coming months in terms of our quality improvement focus and the development of our involvement work. The next strategy will be developed in line with our new corporate plan and scrutiny and assurance plan and will align with other key relevant strategies.

**The Board is invited to:**

- |    |   |
|----|---|
| 1. | Discuss and approve the Interim Quality Improvement and Involvement strategy and delivery plan 2021/22. |
|----|---|

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

<b>Reasons for Exclusion</b>	
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.

**QUALITY IMPROVEMENT AND INVOLVEMENT SUPPORT INTERIM STRATEGY  
AND DELIVERY PLAN (2021-22)****1.0 INTRODUCTION**

1.1 In these unprecedented times, the key aspect of this interim strategy and delivery plan is that all quality improvement and involvement work continue to focus on outcomes for people who experience social care and any key priority areas. This interim strategy is in direct alignment with the current Scrutiny and Assurance plan (2021-22) where our quality improvement support is targeted in areas with the greatest need.

**2.0 A WHOLE SYSTEM APPROACH TO QUALITY IMPROVEMENT AT THE  
CARE INSPECTORATE**

2.1 A whole-system, collaborative, organisational approach to quality improvement and involvement support is essential to respond to specific areas and themes for improvement in social care. Our inspection staff are our greatest resource for supporting quality improvement through the collaborative regulatory relationships with providers and services and their application of quality improvement methodology. They play a key role in sharing and spreading examples of good practice and successful quality improvement work across social care. Inspectors and Team Managers provide direct quality improvement support, advice, and guidance as part of the registration, inspection, and complaints processes. In addition, within the Improvement Support section we have both the Quality Improvement Support and Health and Social Care Improvement Advisors with specific quality improvement expertise.

**3.0 REVISIONS TO IMPROVEMENT SUPPORT STRATEGY 2019 –22**

3.1 Our strategic vision, objectives and foundations of quality improvement at the Care Inspectorate continue to build on the three pillars as per our [Improvement Support strategy \(2019-22\)](#):

- Growing quality improvement capacity and capability - this is integral to our core purpose; we have a duty to support improvement in care. This is expressed in the extract from the relevant legislation which is as follows: Section 44(1) b of the Public Service Reform (Scotland) Act 2010 places upon us “the general duty of furthering improvement in the quality of social services”.
- Grow innovation – testing out, supporting, and spreading innovative practice and influencing policy across social care and the early years will support the development of world-class care and provide models of care which are fit for the future.
- Grow involvement and equalities - the involvement of people who experience care and support will help to direct improvement support to where it matters most for people and the communities, they live in.

### 3.2 Quality Improvement achievements 2019-2021

#### 3.2.1 Inevitably work priorities and delivery plan outputs contained within this interim strategy have been recalibrated or reprioritised since the launch of our previous strategy in recognition of the changed landscape since it was launched in 2019.

The [Improvement Support strategy \(2019-22\)](#) delivered successful outcomes which included:

- Continuing to embed Intelligence led quality improvement support as everyday practice.
- Successful delivery of the large-scale Care About Physical Activity national improvement programme.
- Successful ongoing delivery of national quality improvement programmes, Early Learning and Childcare, Technology Enabled Care and Appropriate Adults.
- Increased number of Care Inspectorate colleagues achieving nationally recognised quality improvement programmes and qualifications.
- Targeted quality improvement support such as the Medicines Improvement Project and Falls Prevention and Management in Care Homes.
- Facilitation of local based Improvement Collaboratives with Angus and Dundee. Increased number of people attending Improvement Support quality improvement capacity building workshops.
- Strengthened local and national Improvement Alliances to progress existing and new work, with local Health and Social Care Partnerships, Healthcare Improvement Scotland, Scottish Social Services Council, National Education for Scotland, Improvement Services and Iriss.

#### 3.2.2 As we move through an evolving Covid-19 landscape and the recommendations from the Independent Review of Adult Social Care develop, further priorities for quality improvement and involvement support may be identified.

### 4.0 INVOLVING PEOPLE IN WHAT WE DO

#### 4.1 Our Involvement Strategy concluded at the end of October 2021. It is proposed that this interim strategy (appendix 1) includes both the quality improvement and involvement priorities, recognising the importance of and the wider impact that closer alignment of these activities can achieve. The involvement and equalities team sits in the organisational structure with quality improvement therefore an integrated strategy going forward would strengthen both areas of our work. It is proposed that the next Quality Improvement and Involvement strategy will be developed in line with the new Corporate Plan (2022-2025).

**BOARD MEETING 16 DECEMBER 2021**

**Agenda item 10**  
**Report No: B-43-2021**

**5.0 QUALITY IMPROVEMENT AND INVOLVEMENT PRIORITIES 2021-2022**

The key priorities outlined below are part of the interim strategy, many of which will continue into the new strategy 2022–25.

- 5.1** We are currently working with Healthcare Improvement Scotland to take forward the design of the National Improvement Programme (recommendation 27 Adult Social Care review). This will be jointly designed and in collaboration with other respective improvement agencies, people experiencing care and local communities, providing the framework for the design of this national quality improvement programme for the social care sector.
- 5.2** The newly established Health and Social Care Improvement Team will provide timely, targeted and specialist Senior Improvement Advisor quality improvement support, advice and guidance related to key themes identified through our scrutiny work and other intelligence. They will provide support in this way to the sector and to our staff internally and take forward the [Growing a Good Life](#) vision from early years to later life.
- 5.3** The Quality Improvement Support Team will continue to address key priorities and take forward local and national quality improvement collaborative programmes such Technology Enabled Care, Early Learning and Childcare Improvement Programme, Safe Staffing and Appropriate Adults. They will continue to build quality improvement capacity and capability, test innovation and work internally, locally, and nationally and provide support to embed quality improvement as everyday practice and create the structures for the Care Inspectorate to be a leading quality improvement organisation.
- 5.4** Involvement and Equalities work will continue to deliver our highly regarded volunteer inspection programme, support the organisation to successfully deliver our first Equality, Diversity and Inclusion strategy, support the implementation of United Nations Convention on the Rights of the Child (UNCRC), The Promise commitments and Corporate Parenting responsibilities and ensure people's voices are heard and acted on.

**6.0 IMPLICATIONS AND/OR DIRECT BENEFITS****6.1 Resources**

No direct resource implications that have not already been accounted for in current resource allocations.

## 6.2 Sustainability

Quality improvement and involvement support is integral to delivering on and supporting the Care Inspectorate's core purpose and key functions. A whole systems collaborative approach to quality improvement and involvement support is essential to respond effectively and timeously to key trends and themes within the care sector identified through our scrutiny work and other data to ensure we support improvement which is sustained and contribute to the provision of world class care. We will continue to build the structures to make the Care Inspectorate a leading quality improvement organisation and ensure people's voices are heard in their care experience.

## 6.3 Policy

The paper should be considered in the context of significant policy focus on social care and the future of the sector, including improvement support. The Scottish Government recently consulted on Derek Feeley's recommendations set out in the Independent Review of Adult Social Care. This process is likely to have a significant impact on social care, as well as our role and functions, as a National Care Service is developed, debated, and implemented in the coming years.

The consultation paper includes a chapter on improvement and poses questions around the future of improvement support within the proposed structure. The Feeley Review also emphasises the importance of empowering people who need social care support and the involvement of people with lived experience in the governance of the National Care Service.

The Review was established in the context of the Covid-19 pandemic and the challenges the sector has faced in recent months and years. The pandemic will continue to be a major subject of policy discussion, both in terms of the ongoing challenge it represents and the reflection and scrutiny that takes place as we move towards a public inquiry in the new parliamentary session.

## 6.4 People Who Experience Care

We have a mature model for quality improvement and involvement support. We will use the Care Inspectorate's Intelligence Model to identify quality improvement priorities, themes, and topics and listen to and act on the voices of people who experience care. Our work is grounded on the principle of listening to people and their families who experience care, through an asset-based approach to ensure the codesign and coproduction of the delivery of Improvement and Involvement support.

## 6.5 Customers (Internal and/or External)

Not applicable.

**7.0 NEXT STEPS**

If the Board agrees this Quality Improvement and Involvement interim strategy (2021-22), we will share this widely with our staff and stakeholders and progress the work detailed in the plan. Work will commence on our next strategy (2022-2025), in line with the development of our new Corporate Plan. We would welcome involvement from the Board in that process.

## **Quality Improvement and Involvement at the Care Inspectorate – 2021/22.**

### **A mature, tried and tested whole-systems approach to improving outcomes for people who experience social care**

In these unprecedented times, the key aspect of this recalibrated strategy and delivery plan is ensuring our work continues to improve outcomes for people who experience social care. Our vision, values and strategic objectives remain the same as the [Improvement Support Strategy 2019-2022](#).

Inevitably work priorities and delivery plan outputs contained within this strategy have been recalibrated or reprioritised in recognition of the changed landscape since it was launched in 2019. Our Involvement Strategy comes to the end of his current cycle October 2021, and this interim strategy will act as a bridge to take us through 2022 for both Quality Improvement (QI) and Involvement. At that point we will be looking to align the next Quality Improvement and Involvement strategy to the three-year time as the Corporate Plan. By further integrating quality improvement and involvement practices, will increase the opportunities to widen and strengthen the impact to get it right, every time, everywhere for people who experience care.

As we move through an evolving Covid-19 landscape and the recommendations from the Independent Review of Adult Social Care start to come forward, further priorities for quality improvement and involvement support will be identified. We will follow good practice in quality improvement and involvement practices through both our understanding of social care and building on established improvement alliances.

This interim strategy and delivery plan incorporates the Corporate Plan (2019–2022) and threads through other organisational strategic plans, for example, Scrutiny and Assurance plan (2021/22), Equalities, Diversity, and Inclusion Strategy (2021 – 2025) and Corporate Parenting Plan (2021–2023), and fully contributes to realising our vision and supporting our common purpose which is contributing to the delivery of world-class care. This interim strategy, is grounded by the Health and Social Care standards, uses intelligence-led practice, and has a strong focus on the involvement of people, exploring opportunities for QI and testing innovative models of care.

#### **This strategy and delivery plan recognises internal developments:**

- Involvement and Equalities team moving into Improvement Support (2020)
- The inception of a Health and Social Care Improvement team (2021)
- Increased number of externally commissioned quality improvement programmes and projects
- Updating of inspection quality frameworks
- Inception of the first Equality, Diversity, and Inclusion strategy (2021-2025)

**This interim strategy will:**

- Navigate the evolving Covid-19 landscape and the associated lessons learnt and provide flexibility to recalibrate work where required
- Continue to ensure the voice of people who experience care and acted on
- Work towards supporting the implementation of the Adult Social Care Review
- Strengthen the alignment between scrutiny, QI, and involvement to ensure we prioritise quality improvement and involvement to people and care settings in greatest need of support, aligned to the Scrutiny and Assurance plan (2021-22)
- Continue to grow the structures to make the Care Inspectorate a leading public sector quality improvement and involvement organisation, recognising the Care Inspectorate's strong commitment to both areas
- Promote the 'Growing a Good Life' vision from conception to later life

**Vision:**

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

**Values -**

**Integrity    Respect    Fairness    Efficiency    Person-Centred**

**What are we trying to achieve? Strategic Objectives (SO)**

This refreshed interim strategy builds on the Improvement Strategy 2017-2019 and 2019-2022 with a continued focus on three key strategic objectives:

- **Strategic Objective 1. Grow person-led innovation** – testing out, supporting, and spreading **innovative practice** and influencing policy will support the development of world-class care and develop models of care fit for the future.
- **Strategic Objective 2. Grow person-led QI capacity and capability** – integral to the core purpose of our work; we have a duty to support improvement in care.
- **Strategic Objective 3. Grow person-led involvement and equalities** – Ensure people's voices are heard and equity across all our work to reduce inequalities in social care, particularly for the most disadvantaged groups and communities.



## **Our strategic priorities listed below for 2021 – 2022, directly support the delivery of our key objectives outlined above.**

- Continue to embed intelligence-led quality improvement and involvement to enable a proactive and prioritised QI approach in social care to the emerging health and well-being themes and trends (Strategic Objective 1 and 2)
- Build QI and involvement capacity and capability internally and widely across social care (1, 2 and 3)
- Develop and support a multi-disciplinary Health and Social Care Improvement Team providing specialist improvement support (1, 2 and 3)
- Respond in a timely and flexibly to the needs of the social care sector, empowering the workforce to test the changes which can result in sustainable improvement (1 and 2)
- Ensure fairness, equity, and equalities, through delivering the first Care Inspectorate Equality, Diversity, and Inclusion strategy (2021 – 2025) [Equalities, Diversity and Inclusion Strategy](#). Particularly equality of opportunity and fostering good relationships. (1, 2 and 3)
- Ensure fairness, equity and equalities for children and young people who experience care, through full commitment to the Promise, UNCRC and Corporate Parenting (3)
- Support the development and commit to the ongoing delivery of a Care Governance group, that will provide a further level of assurance QI and Involvement activities are targeted to the areas of greatest need (1, 2 and 3)
- Apply a whole systems approach as an organisation, to further embed QI and Involvement methodologies into Scrutiny and Assurance frameworks (1 and 2)
- Continue to build QI and involvement alliances internally and externally to achieve the widest impact for people who experience care (1, 2 and 3)
- Continue to raise the profile of QI and involvement impact (1, 2 and 3)

## **How will we deliver the Interim Strategy for 2021-22?**

We have a mature model for Quality Improvement, Involvement and Equalities support. We will use the Care Inspectorate's Intelligence Model to identify priorities, themes, and topics and listen to the voices of people who experience care using an asset-based approach. This enables us to develop and build intelligence around quality improvement and involvement support and take risk-based proportionate action. In June 2021, the Improvement Support section developed [Improvement Support Identification Pathways and Levels of Support consultation1](#) that provides the overview of how work is identified and prioritised.

## What are the changes that can result in improvement?

### Strategic Objective 1 – Grow Innovation

- Align QI support with the Scrutiny and Assurance Plan 2021/22
  - o Very good and Excellent are targeted with generic QI support
  - o Good and Adequate, receive targeted support for QI support
  - o Unsatisfactory and Weak, enforcement or multi-disciplinary targeted QI
- In collaboration with Healthcare Improvement Scotland and other stakeholders, initiate the project team and design work to take forward the National Improvement Programme for Social Care.
- Restart and recalibrate area QI collaboratives e.g., Highland & Angus
- Provide ongoing QI support to the continuing development of Scrutiny and Assurance inspection frameworks, e.g., self-evaluation development
- Increase QI support to Scrutiny and Assurance Strategic Scrutiny, ELC and Children's Services
- Establish a multi-disciplinary Health and Social Care Improvement Team
- Implement phase two and three of the Appropriate Adults improvement programme
- Promote the Growing a Good Life vision through all work
- Establish and deliver a psychoactive medicines improvement programme with care homes
- Support the implementation of the Infection Prevention and Control care home manual (internal/external)
- Undertake phases 3 and 4 of the Safe Staffing programme
- Deliver improvements in Personal Plans for children and young people
- Deliver the Early Learning and Childcare Improvement Programme
- Arts and Film in care improvement projects
- Increasing digital technology accessibility across the care sector through technology enabled care improvement work

### Strategic Objective 2 – Grow QI capacity and capability

- Deliver QI support, coach and mentor Care Inspectorate colleagues undertaking national QI skills-based programmes
- Map our organisational QI skills and qualification mapping and execute an organisational QI strategy entitled 'building and sustaining a QI organisation of the future'
- Scope and develop a QI consultancy model

### Strategic Objective 3 – Grow Involvement and Equalities

- Review the young people's volunteer inspection programme and retender for the external support arrangements for the programme
- Strengthen the existing Inspection Volunteer programme
- Develop and embed a Volunteer Inspection framework that enables us to

- reach out to those experiencing care using a variety of engagement methods
- Work collaboratively to test the Care Experience Improvement Model
  - Deliver on the Equality, Diversity, and Inclusion Strategy (2021–2025), eg, ensuring Equalities Impact Assessments are part of everyday business.
  - Provide support to the ongoing organisational strategic and operational work plans of the Promise, UNCRC and Corporate Parenting Plan

### **How will we know if change results in improvement?**

Within each organisational strategy and delivery plan where QI and Involvement have designated business responsibility, eg, Corporate Plan, Corporate Parenting Plan or Equalities, Diversity and Inclusion strategy, there are key metrics in place to track ongoing progress. Similarly, each QI and Involvement support programme, project or work output will have a robust measurement plan. Improvement Support monthly progress reporting enables a strategic overview. All work is aligned to the three strategic objectives of this Interim Strategy and Delivery Plan, creating the 'golden thread' linking the strategic organisational objectives with measures of success.

### **Quality Improvement and Involvement –**

We are building on solid foundations to grow and nurture our Quality Improvement and Involvement support. There are significant challenges ahead moving through an evolving Covid-19 landscape and a period of national reform through the Adult Social Care Review. This includes the recommendation for both a National Improvement Programme and the development of a National Care Service. The National Improvement Programme can strengthen ways in which quality improvement can be offered on a need led targeted basis. By creating a workstream in the National Improvement Programme centred on improving 'Safety and Quality' in Care Homes', can build momentum to achieve collective national improvement. With the high level of improvement skills and excellent knowledge of the care sector, the Care Inspectorate, must play a lead role in the development and ongoing delivery of a National Improvement Programme for Social Care. This process has already started in collaboration with Healthcare Improvement Scotland.



<b>Title:</b>	<b>MONITORING OUR PERFORMANCE 2021/22 – QUARTER 2 REPORT</b>
<b>Authors:</b>	<i>Ingrid Gilray, Intelligence and Analysis Manager Al Scougal, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher</i>
<b>Appendices:</b>	<b>1. Technical notes</b>
<b>Consultation:</b>	<b>N/A</b>
<b>Resource Implications:</b>	<b>None</b>
<b>EXECUTIVE SUMMARY</b>	
<p>This report presents the 2021/22 Q2 summary report on our performance.</p> <p>Although the Covid-19 pandemic has continued to have some impact on our work, the easing of national restrictions and the protection provided through vaccinations and testing, means we have been able to increase onsite scrutiny and assurance work during Q2. We have continued to target scrutiny, assurance and improvement support to what we identify as the highest risk services through the intelligence we have. This report demonstrates how we have continued to carry out critical scrutiny, assurance and improvement support in the social care sector during what continues to be a very challenging time.</p> <p>At the previous public Board meeting, the Board commissioned a rapid review of the performance measures which had previously been reviewed and agreed with the Board in light of the Covid-19 pandemic. The purpose of this review was to ensure continued reporting against meaningful measures, targets and benchmarks, given the continuing impact of the pandemic, for the remainder of this year, to enable the Board to have effective oversight of the Care Inspectorate's performance. We undertook this rapid review during October in consultation with officers from across directorates and a Board member. As a result of the rapid review, recommendations were shared with Board members and supported by them. Details of the rapid review recommendations are contained in the report below.</p> <p>The rapid review of specific performance measures addressed our immediate reporting requirements to the Board for the remainder of 2021/22. This report includes reporting on any of the revised measures, targets and benchmarks as agreed with Board members at the previous Board meeting. A full review of all performance measures is being progressed in line with the development of the new corporate plan 2022-25.</p>	
<b>The Board is invited to:</b>	
1.	Discuss and note the report.

## BOARD MEETING 16 DECEMBER 2021

**Agenda item 11**  
**Report No: B-44-2021**

<b>Links:</b>	Corporate Plan Outcome	1,2,3	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N
<b>For Noting</b>	<b>x</b>	<b>For Discussion</b>	<b>x</b>	<b>For Assurance</b>	<b>For Decision</b>	

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.

<b>Reason for Confidentiality/Private Report:</b>	
N/A – This is a public Board report.	
<b>Disclosure after:</b>	
<b>Reasons for Exclusion</b>	
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 2 REPORT****1.0 INTRODUCTION****Impact of Covid-19 on this report and on our work**

Although the pandemic continues to have an impact on our work, the easing of national restrictions and the protections provided by vaccination and testing means we have increased our onsite scrutiny and assurance work in Q2. We continue to target our scrutiny, assurance and improvement support in an intelligence-led way that takes account of services we deem to be most at-risk. We have been able to visit more care services safely and in a way which minimises spreading the virus amongst vulnerable groups.

With continued and sustained pressure on the health and social care sector especially in terms of staffing we continue to carry out our scrutiny and assurance using an intelligence-led and risk based approach using virtual means where appropriate. The ending of Covid-19 restrictions enabled greater scrutiny and quality improvement activity to take place in services than had been previously safe to do. We will continue to review our scrutiny and quality improvement activity in the context of the ongoing Covid-19 pandemic and particularly through the winter period.

**Rapid Review of Performance Measures**

Reflecting the continuing pandemic, the Board commissioned a rapid review of the performance measures which had previously been revised and agreed with the Board. This was completed and our recommendations are set out below. These were approved in advance of the Board meeting through correspondence, as agreed at the previous Board meeting, to allow the inclusion of the revised measures in the Q2 performance report.

In summary, of the eight KPIs and three KOIs which were under review:

- Two measures (KPI3b and KOI2) were unchanged as the reporting process has not been impacted, the proposal is to continue to report on those measures with no change.
- Seven required changes:
  - For four KPIs (KPIs 4, 6, 7 and 8) the proposal is to change the target or benchmark to reflect performance throughout the pandemic and be in line with our new Scrutiny and Assurance Plan 2021/22.
  - For one KPI (KPI1) and 2 KOIs (KOI4 and 5) the proposal is to commence initial reporting related to data captured in online questionnaires around experience of care and impact of our scrutiny activity. Although, responses may be limited initially, this is a positive development and an important step in obtaining the views of others.
- Two KPIs (KPI2 and 3a) We are working in a risk based and intelligence led way, particularly as a result of the pandemic but also reflected in our new scrutiny and assurance plan as our continued way of working. Therefore, alternative reporting for these KPIs is recommended as set out in this report.

**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 SEPTEMBER 2021**

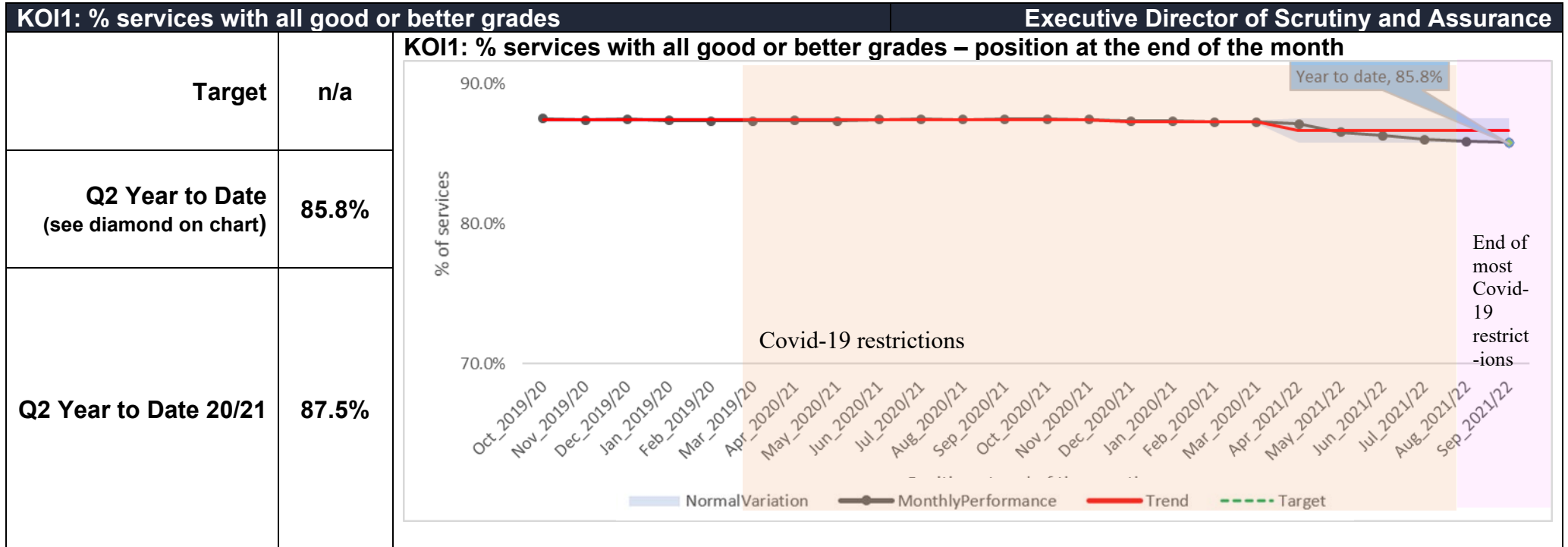
This table shows a summary of performance for the **year to date** for each KPI.

**Key Performance Indicator (KPI) Overview**

<b>Strategic Outcome 1: People experience high-quality care</b>	<b>Strategic Outcome 2: People experience positive outcomes</b>	<b>Strategic Outcome 3: People's rights are respected</b>
<p><b>KPI1:</b> % of people telling us that our scrutiny will improve care</p> <p><b>94% from 16 responses</b></p> <p>[Target 90%]</p>	<p><b>KPI5:</b> % of registration applications completed within timescales</p> <p><b>49.3%</b></p> <p>[Target 80%]</p>	<p><b>KPI8:</b> Days per quarter that inspection volunteers and care experienced people are involved in our work</p> <p><b>99 days (average per quarter)</b></p> <p>[Benchmark 90 days]*</p>
<p><b>KPI 3(b):</b> % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)</p> <p><b>82.9%</b></p> <p>[Target 80%]</p>	<p><b>KPI6:</b> Level of investment in learning and development for our workforce</p> <p><b>2.6 hours on average per employee</b></p> <p>[Benchmark 3.0 hours]*</p>	<p><b>Colour code</b></p> <p><b>Target achieved</b></p> <p><b>Slightly below target</b></p> <p><b>Significantly below target</b></p> <p><b>Affected by pandemic response</b></p>
<p><b>KPI4:</b> % staff absence</p> <p><b>4.2%</b></p> <p>[Target 3.6%: Range 2.4% to 5.7%]*</p>	<p><b>KPI7:</b> % of inspection hours spent in high and medium risk services</p> <p><b>74.6%</b></p> <p>[Target 45%]*</p>	



### Strategic outcome 1: People experience high-quality care



**Notes:** The % of services with good or better grades across all quality indicators has fallen slightly to just under 86% of registered services at the end of Q2 and is 1.7%-points lower than Q2 last year. Note that the axis on the chart above does not start at 0, in order to visualise the very slight decrease.

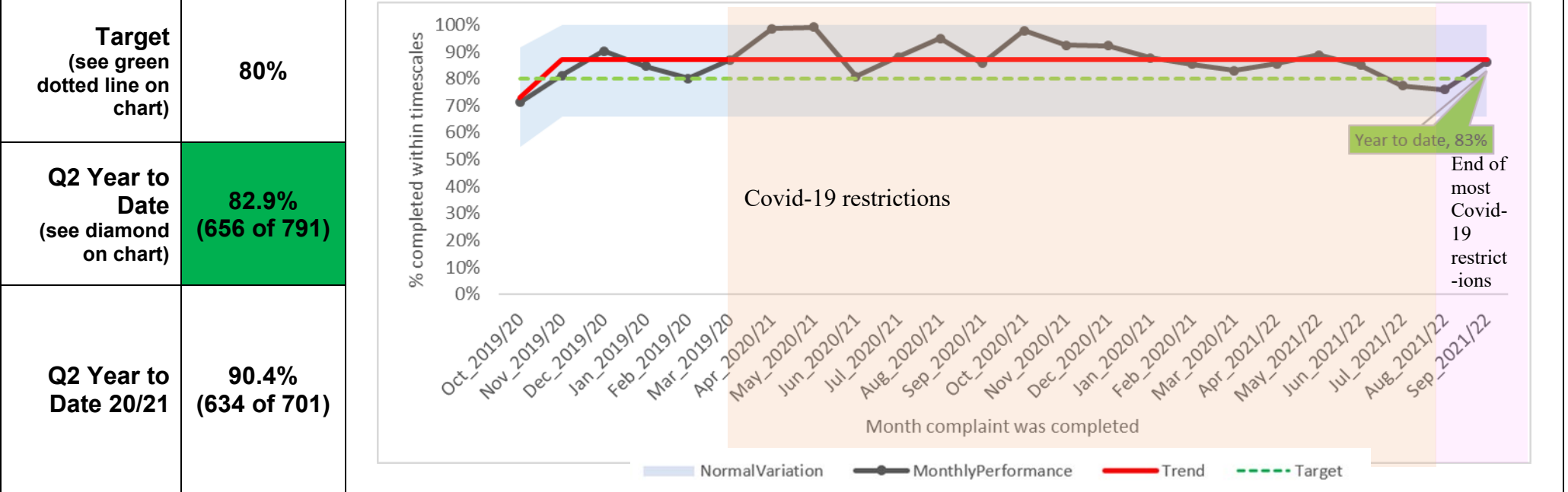
**Reasons for Difference:** We have continued to focus on inspecting services where concerns about quality of care are greatest, and at least one of the grades of these services are more likely to fall as a result. Conversely, in the current circumstances we are less likely to inspect services where quality may have improved over the course of the year, and these improvements will not yet be reflected in this measure. Therefore, we expect that the percentage of services with good or better grades will continue to fall, albeit slightly. This decrease is being driven by care homes for older people, where the majority of our inspections have taken place: with the exception of care homes for older people almost all of the other service types have maintained over 70% of services with grades of good or better and over half of these are above the overall average of 85.8%.

**Actions:** We will continue to focus our inspection activities on high-risk services through a rigorous risk assessment process using the intelligence we have. Although we are increasing inspections of services, we expect this KOI will continue to fall slightly. It is important to note that whilst performance in this measure is declining slightly it appears the focus on services of concern has started to stabilise the length of time services remain with poor grades which had previously been climbing quarter on quarter (KOI2).

KPI1: % of people telling us that our scrutiny will improve care		Executive Director of Scrutiny and Assurance
Target	90%	
Q2 Year to Date	94% of respondents (16 responses)	
	*Not enough responses were received to report against this measure	
Q2 Year to Date 20/21	During Q1 and Q2 2020/21 we were not reporting on this measure.	
<p><b>Notes:</b> Previously, this measure used data captured from paper questionnaires at, and following, our inspections. Due to the increased risk of spreading Covid-19 no paper questionnaires have been used since the onset of the pandemic. As part of our digital transformation programme and phase 2 of the registration app, we developed and released a questionnaire at the end of July to get feedback from applicants that we can integrate into this measure. Although we have had a limited number of responses at the end of Q2 but the initial feedback was good and this development is an extremely positive step forward.</p> <p>Up to the end of Q2, 94% of respondents (15 out of 16 responses) agreed in the registration experience applicant's feedback survey that the registration process helped the applicant provide a better-quality service.</p>		
<p><b>Reasons for Difference:</b> It is important to note the above performance is only from a small sample of responses.</p>		
<p><b>Actions:</b> As detailed above we expect to collect more responses over the remainder of the inspection year to give a robust and representative sample on which we can assess performance. This questionnaire examines satisfaction from a very particular function (registration), we will continue to develop our work to capture views on how effective our scrutiny activity is in other areas to allow us to start reporting on these also.</p>		

<b>KOI2: average time a service continues to have a grade of less than adequate</b>		<b>Executive Director of Scrutiny and Assurance</b>
<b>Target</b>	<b>n/a</b>	<b>KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month</b> 
<b>Q2 Year to Date (see diamond on chart)</b>	<b>16 months</b>	
<b>Q2 Year to Date 20/21</b>	<b>15 months</b>	
<p><b>Notes:</b> The average time a service continues to have a grade of less than adequate has started to stabilise. From the start of the Covid-19 pandemic up to May this year, there was a steady increase in the average time a service continued to have a grade of less than adequate. This was because, in order to limit the spread of infection, many services closed completely or for long periods, and we had to limit onsite inspection to situations of high risk. Since restrictions eased, with more services opening again and we have been able to carry out more inspections, we have seen decreases in the performance of this measure start to slow down with the average time a service had a grade of adequate or less at the end of Q2 21/22 being 16 months on average.</p> <p><b>Reasons for Difference:</b> Following the easing of restrictions more inspections have taken place across a range of service types, and therefore the decline in performance in KOI2 has started to level off. This indicates that some services which had grades of less than adequate, not been of the highest risk or in many cases may not have been open due to the pandemic, had improved when inspected.</p> <p><b>Actions:</b> We will continue to monitor this.</p>		

**KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)** **Executive Director of Scrutiny and Assurance**



**Notes:** Throughout the pandemic, we continued to receive complaints about services. We assess every complaint and the majority are resolved quickly. Up to the end of Q2, 82.9% 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 with the exception of July and August. Performance has started to decline slightly from Q3 2020/21 this is because more complaints started to be resolved through full Care Inspectorate investigations which take longer to complete than frontline resolution methods.

**Reasons for Difference:** 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 where appropriate to make adult and child protection referrals and to make referrals to police. Our complaints team worked with people who made complaints and providers to escalate and resolve complaints quickly.

The number of complaints received increased by 561 (up 24%) from Q2 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 136 complaints in Q2 last year to 410 at the same point this year.

Complaints provide us with important information and data which forms our intelligence about services, and we used this in a number of ways including to inform us about services requiring an inspection. 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 reviewed our complaints procedure to ensure we strengthen and build in feedback from the complainant that change has taken place in a service following a complaint. We aim to keep the good practice established throughout 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.

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%	<b>KPI4: % staff absence by month of absence</b> 
Q2 Year to Date (see diamond on chart)	4.2%	
Q2 Year to Date 20/21	2.9%	
<p><b>Notes:</b> Staff absence decreased to 4.2% (year to date) in Q2 2021/22 following a rise to 4.6% at the end of Q1 2021/22. The chart shows monthly variation, with falls in July and August, but an increase in September. The year-to-date figure was 4.2%, above the target level of 3.6% but below the upper range of acceptability and below the recent average trend performance of this measure.</p> <p><b>Reasons for Difference:</b> Absence is down across all types; with short term absence decreasing the most down 28% from 696 hours in Q1 to 498 hours in Q2. The recent decrease in Q2 overlaps with the peak time for summer holidays and historically we see the percentage of staff absence fall over these months.</p> <p><b>Actions:</b> We would expect extrapolating from previous years that the recent increase in September will continue to rise throughout Q3. The organisation is actively promoting staff health and wellbeing and how we can support people to remain healthy and well at work and at home during the pandemic.</p>		

## Scrutiny and assurance activity breakdown up to 30 September 2021

	Number completed Q2 Year to Date 20/21	Number completed Q2 Year to Date 21/22	Comparison of 2021/22 vs 2020/21 year to date
<b>Inspections completed</b>	<b>222 (in 169 services)</b> 216 in care homes for older people and adults 6 across other service types	<b>1,196 (in 1017 services)</b> 419 in care homes for older people and adults 344 in daycare of children services 207 in childminding services 226 across other service types	▲
<b>Serious concern letters issued</b>	<b>27</b>	<b>33</b>	▲
<b>Improvement notice enforcements</b>	<b>8</b>	<b>27</b>	▲
<b>Notice to cancel enforcements</b>	<b>1</b>	<b>0</b>	▼
<b>Remote contacts</b>	<b>49,732</b>	<b>11,671</b>	▼
<b>Total complaints resolved</b>	<b>701</b>	<b>791</b>	▲
<b>Of which resolved via onsite investigation</b>	<b>74</b>	<b>312</b>	▲
<b>New registrations completed</b>	<b>286</b>	<b>277</b>	▼
<b>Number of variations to registration completed (not including typographical changes to certificates).</b>	<b>1282</b>	<b>1017</b>	▼

**Inspections completed:** Completed inspections increased 439% (974 inspections) compared to Q2 last year. Inspections up to the end of Q2 last year were almost exclusively in high risk care homes for adults and older people as a result of the pandemic. With the relaxation of restrictions, it has been possible for more inspection activity in other service types to occur resulting in the large increase year to year.

**Serious concern letters issued:** There have been six additional serious concern letters issued compared to the same period last year an increase of 22%. As a percentage of inspections completed the number of serious concern letters issued has dropped highlighting again the wider range of services being inspected this year compared to last year.

**Enforcements:** There have been 18 more enforcements issued compared to the same period last year an increase of 200 Enforcement activity remains high due to the prioritisation of high risk services and extra monitoring around requirements made at inspections.

**Total complaints resolved:** Total complaints resolved increased 13% (90 complaints) compared to Q2 last year. There, was a large increase in onsite complaint investigations (up 322%, 238 investigations) compared to Q2 last year. Onsite complaint investigations were carried out in the highest risk cases only up to the end of Q2 last year to minimise risk of spreading Covid-19. With the relaxation of restrictions, it has been possible for more investigation activity to occur resulting in the large increase this year. Onsite complaint investigations are still fewer than before the pandemic, with more complaints being resolved directly and quickly with providers than before the pandemic following best practices from the findings from our review of complaints process.

**Remote contacts:** Remote contacts decreased 38,061 contacts (down 77%) compared to the end of Q2 last year. Remote contacts with services including phone and video calls were established early in the pandemic last year to support services during lockdown. Inspectors had regular, sometimes daily, contact with services to carry out checks, provide support and guidance. As restrictions have been eased and services have returned to more normal operation, we have reduced the frequency of contacts. We expect to see this trend continue throughout the rest of this year.

**New registrations completed:** The number of registrations completed is broadly the same as Q2 last year (down 3%, nine completed registrations). The number of completed registrations may have been higher last year due to registrations relating to the expansion of early learning and childcare provision.

**Variations to registration completed:** Variations completed have decreased 21% compared to Q2 last year (down 265 completed variations). The drop in completed variations is due to the increased variation work last year related to changes in service provision due to Covid-19 and work relating to the expansion of early learning and childcare services. Last year providers had to submit variations to adjust where services could be provided from, and the type of service provided, as a result of the pandemic.



## Summary of key achievements and work progressed in Q2 2021/22

### Adult support and protection (ASP) inspection programme

Despite the ongoing pressures on partnerships, the ASP inspection programme, which resumed in March 2021, remains on target for the delivery of all inspections planned for this year. This has been achieved through a combination of effective adjustment of the inspection approach so that the full inspection can be delivered remotely, an intense inspection schedule for staff and increased communication with the partnerships being inspected. We have made 80% of inspection materials available on the Care Inspectorate website to enable partnerships to prepare for these inspections and bespoke engagement with individual areas has addressed anticipated barriers to inspections. With five ASP inspection reports already published this year we are on target to publish a further five reports in line with our commitment in the scrutiny plan to complete and report on 10 inspections in 2021-22. We also remain on target at this time for completion of the overall programme by March 2023. We have received positive feedback from inspected partnerships about our inspection methodology, and particularly the timely delivery of their joint inspection report, within a shortened thirteen-week inspection footprint.

### Progress review - Orkney

A report on a progress review of services for children in need of care and protection in Orkney was published in August. Partners were making progress but there continues to be fragility given the number of interim senior staffing arrangements and the wider challenges of staff recruitment and retention. The partnership was working more collaboratively but there needs to be greater staff engagement and visibility within NHS Orkney. We will maintain close oversight and continue our monitoring arrangements to ensure that progress is sustained.

### Health and social care improvement team - Allied health professional (AHP) improvement collaborative

The AHP consultant and senior improvement advisers from the health and social care improvement team have run the first improvement collaborative with a range of AHPs from the six Health and Social Care Partnerships in NHS Greater Glasgow and Clyde. From this event, areas of improvement have been identified and AHPs will be testing out change ideas in selected care homes in their partnership areas. Ideas to be tested include a named AHP for a care home and supporting the upkeep and maintenance of walking aids to prevent falls.

### Adult inspection scrutiny and assurance plan

We continue to base our work on risks to people and where we can have greatest impact. We are working in collaboration with oversight teams. We follow up all requirements given in services through complaint and inspection work and ensure that outcomes for people have improved. We have taken action to suspend the registration of three services where the risks to people were serious, and this action is still ongoing. This ensured that people experienced better care with their specific needs being met.

**Justice social work - 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 of the RRT (the 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 the work of the sub-group the Care Inspectorate has 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. The Care Inspectorate's report on this review was published mid-September. The report, the first such scrutiny in this area of practice, has been well received by the sector. Following requests from the sector, we have shared PDF versions of the review file reading template and supporting guidance and plan to share the survey we used with people with lived experience, to support the sector's own quality assurance and continuous improvement activities.

**Joint statement "Open with Care"**

The chief inspector adults, along with Social Work Scotland, Scottish Care and Coalition of Care and Support Providers in Scotland, issued a joint statement supporting implementation of "Open with Care".

**Early learning and childcare (ELC) improvement programme**

Work has commenced to deliver targeted support to cohort 2 of our programme with 69 services not meeting the quality evaluation criteria of the national standard of having evaluations of Good or better. From these 69 services, 102 individuals attended sessions introducing them to quality improvement methodology using the breakthrough series collaborative model<sup>1</sup>. 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. We continued to offer support to services who attended cohort 1 of our programme through monthly project clinics and the offer of 1-1 support. A survey from cohort 1 told us that there has been a 79% increase in confidence of services using quality improvement methodology.

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<sup>1</sup> <http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx>

**Covid-19 flexible response team**

The Covid-19 flexible response team hosted a programme of seven webinars for care providers, managers and inspectors during late August 2021. Five sessions provided participants with an overview of what the Care Inspectorate was finding during scrutiny and assurance activity across early learning and childcare and adult services between October 2020 and end of March 2021. Two sessions were focused on the Scottish Government open with care guidance and its practical implementation. Our inspection volunteers supported the development of these, and our involvement coordinators supported the sessions themselves. All sessions included updates on available guidance and resources that could help. In total, 1074 people attended the seven sessions. Feedback received was positive and attendees welcomed the opportunity to learn from these inspections.

**Operation Koper**

We continued to co-operate and provide support to Police Scotland's Operation Koper - Covid-19 death investigations in adult care homes.

**Professional Standards and Practice**

During Quarter 2, we co-published a report 'Scottish Barnahus – The Foundations' as part of our joint work with Healthcare Improvement Scotland (HIS) to develop national Standards for introducing Barnahus, on behalf of the Scottish Government. This report set out the positive developments in legislation, policy and practice to support child victims of abuse and harm. The report was published to support a public symposium introduced and concluded by two ministers, and extensively discussed at parliament. We also published, jointly with HIS, a good practice self-evaluation tool to support NHS boards, partnerships and local authorities to meet their statutory duties regarding community engagement.

## Strategic outcome 2: People experience positive outcomes

<b>KOI3: % of services with all good or better grades at first inspection following registration</b>		<b>Executive Director of Scrutiny and Assurance</b>
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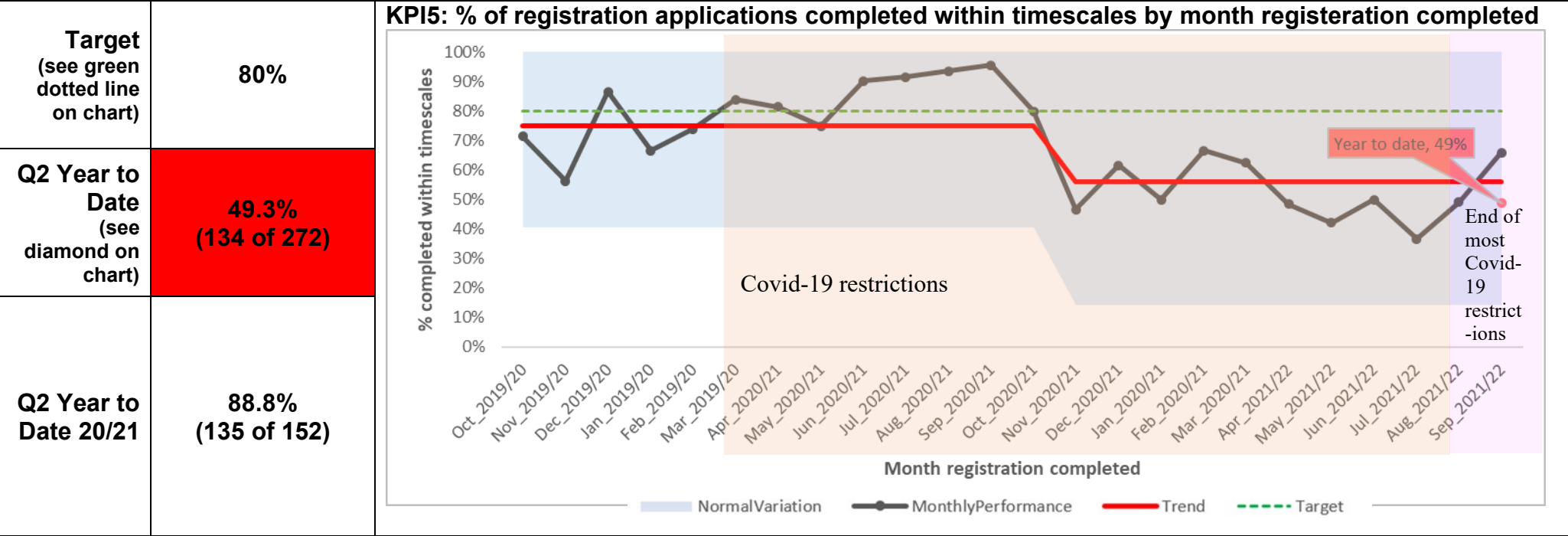
<b>Target</b>	<b>n/a</b>	<p><b>KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published</b></p>
<b>Q2 Year to Date (see diamond on chart)</b>	<b>67.9% (146 of 215)</b>	
<b>Q2 Year to Date 20/21</b>	<b>68.2% (45 of 66)</b>	

**Notes:** The percentage of services with good or better grades at first inspection is broadly similar to Q2 last year. Performance dropped very slightly down 0.3%-points to 67.9% of services however this performance was in the context of an increase in newly registered services that were inspected. By the end of Q2, 215 services had their first inspection report published, a large increase of 149 services (up 226%) from Q2 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. The last six months have seen increased performance at or above the most recent average trend.

**Reasons for Difference:** The introduction of our new transformed registration processes in the second half of 2019/20 was intended to support a streamlined and improved registration process which would ultimately support new services to deliver quality care from the start. There has been a sustained improvement in performance since January 2021.

**Actions:** We will continue to monitor this measure and to see if the increase in performance and the number of qualifying services is sustained.

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



**Notes:** Up to 30 September 21 we completed 49.3% of registrations within timescales. Although still below target, performance increased from 47.3% last quarter. 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:** In terms of the absolute number of registrations completed performance is very similar: 134 in 21/22 compared to 135 completed registrations in 20/21. However, the number of applicable registrations increased 79% from Q2 last year (up 120 applications from last year; 272 compared to 152 applications). Performance for Q2 last year was increased by prioritisation of registrations related to early learning and childcare expansion and also a large number of transfers of registration between groups of providers. The processing of applications when the same provider is registering many services involves substantially less work overall

as the same initial scrutiny work at provider level can be used for all other services compared to starting anew each time. Q2 last year was also the last full quarter before the new registration app launched which has had an impact on the capacity of registration team who have been supporting its launch and familiarising themselves with the new system, especially in the first quarter of this year. Also, there are two full time vacancies in the registration team. Performance has begun to improve month on month throughout Q2 with performance at the end of Q2 at 66% - above the recent average trend. This is primarily due to increased work due to Covid-19 related backlog being completed earlier in the year and work relating to the ELC expansion concluded.

**Actions:** We are undertaking work to use some of our learning, including during the Covid-19 pandemic, to review our design guidance around the registration process. 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.

The registration team is advertising for a temporary service manager solely focussed on registration. It is expected that once they are settled in their new position that this role will have an additional positive impact on registration performance.

KPI6: level of investment in learning & development for our workforce		Executive Director of Strategy and Improvement
<b>Benchmark</b>	<b>3.0 hours on average per quarter*</b> *Revised benchmark as activity changed throughout pandemic.	
<b>Q2 Year to Date</b>	<b>2.6 hours on average per quarter</b>	
<b>Q2 Year to Date 20/21</b>	<b>4.1 hours on average per quarter</b>	
<p><b>Notes:</b> Up to end of Q2, employees had on average had 2.6 hours (based on 595 headcount) of learning and development, down from 2.9 hours recorded in Q1 2021/22. During Q2, there were 487 attendances from employees across 61 learning events. A broad range of learning and development events and resources were offered to support employees including:</p> <p><b>Development for managers</b></p> <ul style="list-style-type: none"> <li>• Induction - Our team manager induction programme, which includes nine modules cover people management responsibilities, was delivered between August and September 2021. The programme is open to all new managers and was completed by eight managers in Quarter 2.</li> </ul>		

- Whistleblowing - A prioritised programme of training was delivered between August and October for colleagues within HR, complaints triage, contact centre, line managers and members of the Strategic Leadership Team (SLT) / Operational Leadership Team (OLT). The session supported our managers and key staff to understand roles and responsibilities for managing both internal and external whistleblowing concerns. A total of 87 employees completed the training, delivered by Protect, the UK's leading whistleblowing charity.
- Information asset owner (IAO) training - Three information asset owner training sessions were delivered to 18 managers between June and August. The session provides a simple overview of IAO's responsibilities and a demonstration of the OneTrust tool.

### **Development for inspectors**

- Regulated care inspector induction - New inspectors joining in Quarter 2 attended our virtual inspector induction programme between June and August 2021. A total of 14 new inspectors from adults, children & young people and early learning & childcare completed the programme, which includes online learning materials, virtual training sessions and virtual peer learning groups.
- Infection, prevention and control (IPC) / personal protective equipment (PPE) update session - To support our risk-based approach to PPE, two information sessions were attended by 46 inspectors.
- Short observational framework for inspection (SOFI), early learning and childcare (ELC) - Training on SOFI continues to be offered to ELC inspectors. During the quarter, five sessions were delivered to 42 ELC inspectors.
- Infant / toddler environment rating scale (ITERS) and the early childhood environment rating scale (ECERS) - The Scottish study of early learning and childcare (SSELC) is a research project established by the Scottish Government to evaluate the expansion of ELC in Scotland. A programme of six sessions has been scheduled to support ELC inspectors to understand more about the project and develop their knowledge of the Infant/Toddler Environment Rating Scale (ITERS) and the Early Childhood Environment Rating Scale (ECERS), which are used as part of our scrutiny toolkit.

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

- The Lens - A series of workshops for managers and staff took place in June/July and applications for the programme closed on 22 July 2021. Following the judges shortlisting in August, seven ideas were selected to go through to the next phase. Over September, our successful intrapreneurs continued to attend a series of workshops and coaching sessions to support their preparation for investment day on 4 November 2021.
- Wellbeing - We have promoted a range of national initiatives during Quarter 2 including the Wellbeing Webinar Programme for Health and Social Care Staff, NHS Education for Scotland wellbeing resources and the National Wellbeing Hub. Internally, we continue to promote support for a range of topical themes, including physical activity, returning to offices and screen free ways to work and learn. In response to staff demand we have also delivered trauma awareness and managing emotional wellbeing and burnout sessions.

**Reasons for Difference:** At the start of the pandemic last year, to support our staff to continue to adapt to the challenges of working remotely, an intensive programme of learning was offered to all staff during Q2 2020. Priority learning themes during this period included specialist support for our inspectors undertaking virtual and onsite scrutiny and improvement work activities, as well as digital skills training and wellbeing support for all staff. We also launched our mandatory core learning programme for all staff, which includes e-learning modules on equalities, data protection and health and safety. When combined, these activities resulted in a higher than usual proportion of employees engaging in learning at the same time. This year, as learning and development activity returns to a more typical level, aligned to our normal planning cycles, we have seen a corresponding reduction in the average hours of learning per employee. We have also seen a reduction in the demand for digital skills training as our staff become more confident using ICT systems and equipment to work from home. 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. We will continue to monitor and evaluate learner feedback to identify improvements and maximise the effectiveness of our learning delivery model and session content. We will also explore how a blended learning model can support our learning and development offer once face to face learning is re-introduced.



KPI7: % inspection hours spent in high and medium risk services		Executive Director of Scrutiny and Assurance																																																																											
<p><b>Target</b> (see green dotted line on chart)</p>	<p><b>45%</b></p>	<p><b>KPI7: % inspection hours spent in high and medium risk services by month inspection completed</b></p> <table border="1"> <caption>Approximate data from the KPI7 chart</caption> <thead> <tr> <th>Month</th> <th>Monthly Performance (%)</th> <th>Trend (%)</th> </tr> </thead> <tbody> <tr><td>Oct_2019/20</td><td>30</td><td>30</td></tr> <tr><td>Nov_2019/20</td><td>25</td><td>30</td></tr> <tr><td>Dec_2019/20</td><td>26</td><td>30</td></tr> <tr><td>Jan_2019/20</td><td>25</td><td>30</td></tr> <tr><td>Feb_2019/20</td><td>26</td><td>30</td></tr> <tr><td>Mar_2019/20</td><td>25</td><td>30</td></tr> <tr><td>Apr_2020/21</td><td>25</td><td>30</td></tr> <tr><td>May_2020/21</td><td>50</td><td>82</td></tr> <tr><td>Jun_2020/21</td><td>82</td><td>82</td></tr> <tr><td>Jul_2020/21</td><td>100</td><td>98</td></tr> <tr><td>Aug_2020/21</td><td>100</td><td>98</td></tr> <tr><td>Sep_2020/21</td><td>100</td><td>98</td></tr> <tr><td>Oct_2020/21</td><td>98</td><td>98</td></tr> <tr><td>Nov_2020/21</td><td>95</td><td>90</td></tr> <tr><td>Dec_2020/21</td><td>95</td><td>90</td></tr> <tr><td>Jan_2020/21</td><td>92</td><td>90</td></tr> <tr><td>Feb_2020/21</td><td>85</td><td>90</td></tr> <tr><td>Mar_2020/21</td><td>92</td><td>90</td></tr> <tr><td>Apr_2021/22</td><td>92</td><td>90</td></tr> <tr><td>May_2021/22</td><td>80</td><td>75</td></tr> <tr><td>Jun_2021/22</td><td>75</td><td>75</td></tr> <tr><td>Jul_2021/22</td><td>72</td><td>75</td></tr> <tr><td>Aug_2021/22</td><td>78</td><td>75</td></tr> <tr><td>Sep_2021/22</td><td>68</td><td>75</td></tr> </tbody> </table>	Month	Monthly Performance (%)	Trend (%)	Oct_2019/20	30	30	Nov_2019/20	25	30	Dec_2019/20	26	30	Jan_2019/20	25	30	Feb_2019/20	26	30	Mar_2019/20	25	30	Apr_2020/21	25	30	May_2020/21	50	82	Jun_2020/21	82	82	Jul_2020/21	100	98	Aug_2020/21	100	98	Sep_2020/21	100	98	Oct_2020/21	98	98	Nov_2020/21	95	90	Dec_2020/21	95	90	Jan_2020/21	92	90	Feb_2020/21	85	90	Mar_2020/21	92	90	Apr_2021/22	92	90	May_2021/22	80	75	Jun_2021/22	75	75	Jul_2021/22	72	75	Aug_2021/22	78	75	Sep_2021/22	68	75
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<p><b>Q2 Year to Date 20/21</b></p>	<p><b>83.3%</b> (2,074 of 2,490 hours)</p>																																																																												
<p><b>Notes:</b> Up to the end of Q2 we recorded 23,656 hours on inspection, an increase of 850% from Q2 20/21 (up 21,166 hours). For Q2 21/22 year to date, 74.6% of inspection hours were spent in high or medium risk services. A decrease of 8.7%-points from Q2 last year but in line with our aim to target our resources where risk is highest. As a result of the rapid review of performance measure the target for this KPI has been increased to 45%.</p>																																																																													
<p><b>Reasons for Difference:</b> This difference is due to our focus on inspecting the highest risk services. There were only slight differences in performance between service types with all service types except childminding services (25%) spending over 70% of inspection hours in high or medium risk services. An increase in inspection hours in a number of 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 overall.</p>																																																																													
<p><b>Actions:</b> Providing there are no fundamental changes to how we are able to inspect we expect that performance in this measure will continue to drop towards the newly revised target for this measure throughout the remainder of the inspection year as a higher proportion of inspection hours are spent in lower risk services.</p>																																																																													

## Summary of key achievements and work progressed in Q2 2021/2

### Care homes for adults - registration

The registration team have drafted a policy position paper on the size of care home for adults with learning disabilities and autistic adults, and a guidance document to support inspectors in their assessment of registration applications. During the next quarter we will engage with key stakeholders to consult on the impact and considerations of the policy which is aimed to deliver a formal policy position in relation to registration, and variation of existing conditions, for services for adults with learning disabilities and/or autistic adults where support is linked to accommodation. It is anticipated this will help stimulate more appropriate care resource within local communities, located and designed in a way that supports active citizenship for people experiencing care.

### Care homes design guide

The children and young people team published our draft of the care homes design guide, for consultation with the sector. We worked collaboratively with our internal communications and policy teams to do this using our new Citizen Lab platform.

### Safe Staffing Project

During Quarter 2 the Safe Staffing Project has had over 162 engagements in our quality improvement collaborative series of events. Care home providers, managers, staff and individuals from six health and social care partnership (HSCP) areas have participated in these events and reported increased knowledge of the Health and Care (Staffing) (Scotland) Act 2019, their responsibilities under the Act relating to their particular care setting, knowledge of using a quality improvement approach when improving staffing methods and the relevant professional quality measures to be referred to when involved in workforce planning. On 28 September we launched an open badge for participants of our quality improvement collaborative events.

### Quality improvement support team

The quality improvement support team (QIST), in collaboration with children's strategic scrutiny, delivered an online quality improvement (QI) workshop to managers from settings across Clackmannanshire health and social care partnership. The workshop provided a simple and user-friendly awareness of QI methodologies.

### Professional standards & practice

We were a key contributor to the Equality and Human Rights Commission (EHRC) race inquiry, with their UK report due to be published in October. We have contributed to the development of the EHRC three-year strategic plan. We continue to lead on the promotion of the rights of whistleblowers across the care sector, which included chairing a strategic workshop with Scottish Public Services Ombudsman / Healthcare Improvement Scotland / Scottish Government.

**Customer Focussed**

A recruitment review of how we recruit inspectors led by Organisational and Workforce Development (OWD) in partnership with HR and service managers. Internal customer focus by ensuring a more streamlined process and a more effective recruitment campaign. External customer focus by reviewing the candidate experience and adapting our advertising and application strategy to enhance this. HR working with Scrutiny and Assurance to explore and implement creative solutions to capacity issues.

**Improvement support sessions**

We carried out improvement support with the provider groups Balhousie Care, HC One, Kingdom Homes and Fife Health and Social Care Partnership (HSCP). This was to share information on inspection, specifically infection prevention and control (IPC), and our different findings throughout the country. These sessions were very well received, and managers told us they found being able to speak with inspectors outwith the 'inspection process' and a safe space to ask questions was very helpful. They said the information they received at the sessions was used to inform their current systems and strengthen their practice which in turn supported better outcomes for all within their homes.

**Issues: children leaving ELC premises**

We developed a tracking and monitoring system to collate sector notifications on children leaving ELC settings unobserved by staff. This is an increasing and concerning trend which we have raised with Scottish Government and key stakeholders. To raise awareness, we have produced a graphic illustration and guidance to the sector to encourage robust preventative actions to raise awareness of the range of dangers (safety, inspect, monitor, observe, act - SIMOA). We are planning a short survey / research project with the sector to further develop understanding of underlying factors that may be contributing to the increase in cases.

**Children's services training and development plan**

ELC staff and Organisational and Workforce Development (OWD) have produced a comprehensive training and development plan linked to strategic priorities and national drivers from Scottish Government for inspectors involved in the scrutiny and improvement of ELC services.

**Digital transformation**

The registration app and the register app both continue to perform as planned. Working in collaboration with the Operational Champions and the Senior Stakeholder group has enabled operational priorities to be delivered regularly as part of the transformation development cycle. This ensures needs are identified and resolved by those using the applications and is business driven rather than technology driven. To date, there are just under 8,000 users registered who are linked to 5,800 services (a service can have more than one user).

**Provision of holidays - registration**

The registration team have published a policy position on the registration of services that support people with additional support needs to go on holiday. The purpose of the policy is to offer clarity around the registration requirements for applicants and service providers who intend to offer support to children, young people, or adults with a disability or additional support needs to go on holiday.

**Strategic outcome 3: People's rights are respected**

<b>KOI4: % of services with &gt;90% of people telling us they are happy with the quality of care and support they receive</b>	<b>Executive Director of Scrutiny and Assurance</b>
<b>KOI5: % of services with majority of people telling us they make decisions about their own care</b>	<b>Executive Director of Scrutiny and Assurance</b>

**Notes:** We have collected several hundred responses from the online feedback questionnaires for children and young people. These questionnaires 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.

<b>Survey Type</b>	<b>Number of services issued to</b>	<b>Responses received</b>
Service user	42	108
Staff	38	191
Professional visitor	31	123
Care giver (Adoption & Fostering services only)	8	57

We are unable to report on the specific KOIs until the inspection reports are finalised, and the relevant questionnaire data can be extracted and analysed for these KOIs.

**Actions:** We will be reporting on the online feedback questionnaires for children and young people services when the inspection reports are finalised in the Q3 report. We are aiming to launch pilot questionnaires for adult services in Q3 with a wider launch expected in Q4. Like children and young people there will be four questionnaires, including ones for: people using the service, relative/carers, staff, and visiting professionals.

Our questionnaires are one way in which we get feedback about services. Throughout the pandemic, our inspectors have continued to ask people who use services, relatives and carers, staff and visiting professionals for their views. This includes face-to-face where it has been possible and safe to do that, as well as by phone or using technology such as near me to talk to people and listen to their experiences.

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work		Executive Director of Strategy and Improvement
<b>Benchmark</b>	<b>90 days per quarter*</b> *Revised benchmark as activity changed throughout pandemic.	
<b>Q2 Year to Date</b>	<b>99 days (no on-site inspection activity possible)</b>	
<b>Q2 Year to Date 20/21</b>	<b>64 days (no on-site inspection activity possible)</b>	
<p><b>Notes:</b> During Q2, care experienced people took part in Care Inspectorate involvement activity on 58.5 days. Performance for the year to date is 55% higher than Q2 last year. Involvement activities in Q2 included:</p> <ul style="list-style-type: none"> <li>• Thirty-seven days of inspection activity which was done remotely by telephone.</li> <li>• Two inspections involving an inspection volunteer were complaint inspections.</li> <li>• Young inspection volunteers preparing for restarting strategic inspections.</li> <li>• Ongoing training for adult inspection volunteers for joint inspections.</li> <li>• An inspection volunteer continues to be on the Lens panel.</li> <li>• The young inspection volunteers were fully involved in the recruitment of the involvement adviser for children and young people.</li> <li>• Young inspection volunteers met with Minister for children and young people in relation to their work with stand up for siblings.</li> <li>• Two inspection volunteers are on the Safe Staffing improvement project reference group.</li> </ul>		
<p><b>Reasons for Difference:</b></p> <ul style="list-style-type: none"> <li>• The involvement adviser for children and young people took up an external secondment in August 2021. Despite this staff change, work has continued to support the young inspection volunteers engage in organisational work activities.</li> </ul>		

- No involvement in on-site inspection activity has been possible due to impact of Covid-19. Regardless, inspection volunteers continue to contribute to a variety of organisational work activities.
- We are continuing to work to develop the role of telephone inspections.

**Actions:**

- Working collaboratively across the organisation, we will assess the position of inspection volunteers going on site on an ongoing basis, in line with national guidance.
- We will continue to facilitate ongoing improvements, adapt our inspection volunteer programme around national Covid-19 guidance and work collaboratively in the allocation of involvement resources to areas of greatest need.
- An involvement adviser for children and young people took up post at the end of October 2021.
- Involvement coordinators are training a further four inspection volunteers who will initially talk to people experiencing care and their families' using telephones.
- The involvement coordinators are continuing to support and develop the skills and knowledge of inspection volunteers.
- We continue to receive positive feedback about the value and contribution of inspection volunteers. Colleagues at all levels in scrutiny and assurance continually give feedback on the Inspection Volunteer contributions and acknowledging the tremendous value they add to delivering organisational commitments, and we make sure this is fed back directly to our inspection volunteers.

## Summary of key achievements and work progressed in Q2 2021/22

### Professional Standards and Practice

The Care Inspectorate is working closely with the Scottish Government regarding the introduction of a new Health and Social Care Standard setting out the right of relatives to visit their loved ones living in residential settings, which will be backed up by 'Anne's Law' legislation.

### New self evaluation framework for adults and older people care homes

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 officer, director of nursing, Scottish Care, Coalition of Care and Support Providers in Scotland (CCPS), Convention of Scottish Local Authorities (COSLA) and people who experience care. It strengthens the rights of people to be connected to loved ones. The framework will be published later this year and implemented from Quarter 4. There will be a webinar for providers to advise them of any changes and to address any questions they might have, and information sessions will be delivered to inspection teams.

### Points of view podcast

The children and young people team have delivered a podcast through the Scottish residential child care workers forum – points of view podcast, covering the work we have been doing around physical restraint and cross border placements. We also contributed to presentations at the Scottish Institute for Residential Child Care (SIRCC) 2021 online conference, on both the work we have been doing around physical restraint, and what makes a great residential manager.

### 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 to travel, we expect some of the positive actions taken because of the Covid-19 pandemic to continue and do not expect the CO2 emissions to return to previous levels.

### Annual report and accounts

Our draft Annual Report and Accounts were submitted to external audit within the agreed timescales, with the audit concluded ahead of the board meeting of 23 September 2021.

**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.

**Policy development**

The remit for HR policy development is transferring to HR from OWD, and the Head of HR will work with the OWD team and Partnership Forum to review and update policies in line with the policy schedule.

**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.

**Effective gathering, analysis and use of intelligence to influence policy and practice**

Progress on the production of HR analytics to inform workforce planning and staff management. Regular feedback in place from director of corporate and customer services on shared service performance. This is shared with teams, reviewed and any relevant action taken to improve the service offered.



### 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.

**TECHNICAL NOTES**

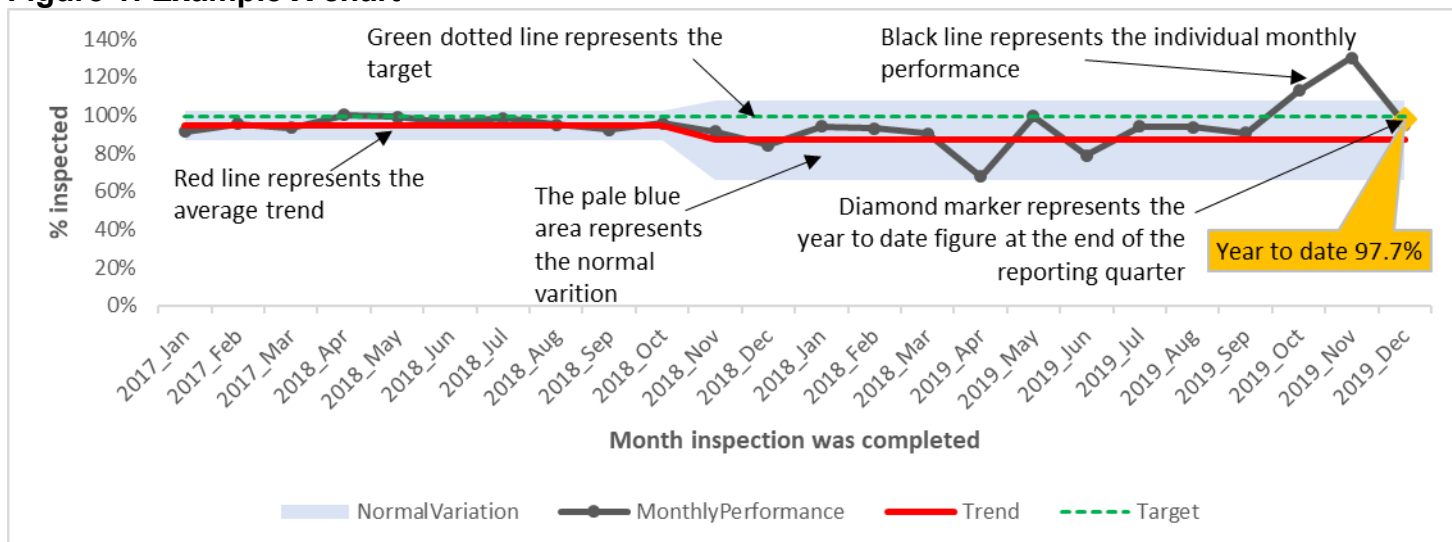
**Types of performance measure**

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

**Agenda item 11**  
**Appendix 1**

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%.

**Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 18 November 2021**

<b>Recommendation requiring approval or action by the Board</b>	
<b>Minute no.</b>	<b>Subject (in brief)</b>
	There are no matters from the Committee that require Board approval.

<b>The Board may also wish to note the Committee's discussion of the following matters of potential significance or special interest</b>	
<b>Minute no.</b>	<b>Subject (in brief)</b>
<b>7.0</b>	<p><b>INTERNAL AUDIT - FOLLOW-UP PROGRESS REPORT</b></p> <p>The Convener has met with the internal auditors and Strategic Leadership team to review in more detail the outstanding internal audit recommendations. As a result of those discussions, the Committee received the follow-up progress report which had been revised with more achievable implementation dates, and the reasons for these. The Committee has received assurance that there are resources in place to deliver the recommendations within the revised timescales and that the adjustments did not pose a significant level of additional risk to the Care Inspectorate.</p> <p>The Convener will receive an interim update report on progress in the early part of the year, in the lead up to the March Committee meeting.</p>
<b>8.0</b>	<p><b>INTERNAL AUDIT REPORT on FRAUD PREVENTION, DETECTION AND RESPONSE</b></p> <p>The Committee was pleased to receive the very positive internal audit report which provides good assurance on the effectiveness of the Care Inspectorate's anti-fraud framework, the arrangements in place to ensure compliance with the Bribery Act 2010 and the organisation's working relationship with NHS Counter Fraud Services.</p>
<b>9.0</b>	<p><b>PROPOSALS FOR CARE INSPECTORATE CARE GOVERNANCE ARRANGEMENTS</b></p> <p>The Committee has made commented and made recommendations on the proposals for care governance arrangements within the organisation.</p> <p>The proposed approach was to establish a new, officer-led care governance committee, whose remit would be to provide</p>

	<p>oversight and assurance to the Strategic Leadership Team and the Board that registered services are safe and provide high quality care, and that the inspectorate has the necessary skills, capacity and evidence to arrive at these judgements robustly. It would also help identify and address poor performance, developing a proactive and informed approach to strategy, improvement and support.</p> <p>The detailed comments are contained within the minute of the meeting and it has been agreed that assurance will be provided to the Board, through reporting via the Audit and Risk Committee.</p>
11.0	<p><b>DIGITAL PROGRAMME</b></p> <p>Through the Member/Officer Assurance and Advisory Group and regular reporting from the Executive Director of IT and Digital Transformation, the Committee continues to monitor and receive assurance of the good progress being made with the programme.</p>
12.0	<p><b>SHARED SERVICES</b></p> <p>The Committee has agreed that the Member/Officer Oversight Group has fulfilled its purpose and that it be drawn to a close.</p> <p>At its last meeting on 25 October, the Group agreed that the new shared service governance arrangements were operating satisfactorily and that two positive internal audits had been carried out. The Committee noted that the Shared Service Review Board now has a full schedule of meetings planned, that the governance of the service is included on the strategic risk register with a “green” status, and that a further internal audit review is planned for 2022/23.</p> <p>The first meeting of the Shared Service Review Board between the Care Inspectorate and the SSSC received a very positive report on service performance against various delivery points. The Committee will be regularly updated on the review board discussions.</p>
14.0	<p><b>PUBLICATION OF AUDIT AND RISK COMMITTEE PAPERS</b></p> <p>The Committee agreed that all papers, except for the private item, should be published on the Care Inspectorate website and these can be viewed here: <a href="#">Audit and Risk Committee papers</a></p>



<b>Title:</b>	<b>COMPLAINTS MID-YEAR REPORT – 2021/22</b>
<b>Author:</b>	<i>John McGurk, Information Analyst</i>
<b>Appendices:</b>	
<b>Consultation:</b>	Comments and amendments from the Executive Director of Strategy and Improvement and Deputy Chief Executive and the Chief Inspector, Adults
<b>Resource Implications:</b>	<b>No</b>

#### **EXECUTIVE SUMMARY**

This report provides the Board with a statistical mid-year summary for the first six months of 2021/22. It reports on trends and patterns in complaints received and investigated noting any particular variation compared with the same period last year.

2020/21 was a time of considerable change across social care as a result of the Covid-19 pandemic and this continued during the first half of 2021/22. There were changes to how care services across Scotland operated and the Care Inspectorate had to change the way we worked to prevent the risk of spreading Covid-19 in care services.

This in turn has affected the statistical trends and patterns we have reported on in previous publications. It is important therefore to give some additional context on the complaint activity over this time.

The Care Inspectorate actioned every complaint that it received and responded appropriately in the context of the pandemic to keep people safe. All intelligence from complaints was assessed and used to inform and focus our wider scrutiny, assurance and quality improvement work. This included whether or not to proceed with an onsite inspection, the majority of which focussed in depth on Covid-19 related issues along with the overall wellbeing of people experiencing care.

Our focus in all areas of our work, including complaints, is on improving the quality of care and outcomes for people who experience care services. We do this both in the course of the investigation and in using intelligence from complaint investigations alongside other sources to help us focus our scrutiny, assurance and improvement support resources.

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**Summary of main points:**

- We received 2,862 complaints in the first half of 2021/22 an increase of 24% compared with the previous year.
- The five-year trend in complaints received has continued to increase overall.
- Over the same period, the quality of care overall has remained consistent with the percentage of services graded good, very good or excellent in all quality themes has remained constant at 86%.
- We introduced our revised complaints procedure in 2017 which sets out a number of ways for resolving a complaint, including resolution directly by providers, which research shows is the most effective approach. Since then, the continued overall trend has been increasing numbers of complaints resolved directly by the service, alongside decreasing numbers resolved by Care Inspectorate investigations.
- The shorter-term trends show more variation, mainly as a result of the impact of the pandemic last year, and the easing of restrictions in the first six months of this year. In the first six months of this year there was a 17% decrease in the volume of complaints dealt with by direct service action; and four times as many onsite investigations completed as at the same point last year. There was a 20% increase in the volume of complaints used as intelligence to inform our risk assessments and decisions on whether an inspection is required or not. The rise in the number of complaints used for intelligence is partly due to the policy decision to deal with anonymous complaints as intelligence to inform risk assessment and subsequent scrutiny of a service - 69% of the complaints which were resolved as intelligence were anonymous. All anonymous complaints are screened first to ensure that serious issues such as protection issues are prioritised. Most anonymous complaints lack detail and could not be investigated as a complaint but they provide a valuable source of intelligence and we use this alongside other sources of intelligence to inform when we inspect or take other scrutiny action.
- We resolved 83% of complaints within 40 days, exceeding our target of 80%.

**The Board is invited to:**

1. Note the contents of this report.

<b>Links:</b>	Corporate Plan Outcome	1	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N
<b>For Noting</b>	<b>X</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Decision</b>

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

**Reason for Confidentiality/Private Report:** Not applicable – this is a public report

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



## COMPLAINTS MID-YEAR REPORT – 2021/22

### 1.0 INTRODUCTION

This report provides the Board with a mid-year summary of complaints about care services over the first six months of 2021/22. It reports on trends and patterns in complaints received and completed, alongside patterns in the nature of the complaints about care services. Part of this involves comparison with 2020/21, a time of considerable change within the Care inspectorate as a result of the Covid-19 pandemic. It is important therefore to provide some context on the complaints activity over this period.

In April 2020, the organisation repurposed the Adult Care and Complaints teams to respond to the changing and challenging demands on services. We had to adapt the way we worked to prevent the risk of spreading Covid-19 in care services. As a result, the role of inspectors in the National Complaints team was adapted. Inspectors were allocated services to case-hold, this provided additional resource to monitor and respond to notifications, gather intelligence and engage with providers as relationship managers. Inspectors also provided enhanced support to services through regular often daily telephone contact. In May 2020, when the program of Covid-19 focussed inspections commenced, inspectors from the Complaints teams worked with colleagues from inspection teams to deliver the inspection plan by carrying out inspections of services identified as high risk.

The Covid-19 pandemic in Scotland resulted in many changes to how services had to operate in order to prevent the spread of Covid-19. Many services closed, whilst others restricted non-essential visitors. This meant that we had to adapt how we responded to any new concerns or complaints we received and identify alternative ways of managing those complaints in progress. The complaints we received provided critical intelligence about potential risk in services and were used to inform priorities for inspection. In addition, the themes emerging from any complaints informed our response to the pandemic and our strategic decision making. Also, inspectors from the complaints triage team were involved in the Covid-19 support team.

An enhanced risk assessment process was implemented to identify specific complaints that required an essential visit to ensure the health and wellbeing needs of people experiencing care were being met. Where a visit to the service was not deemed essential, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate. This is reflected in the information and analysis contained in this report.

### 2.0 COMPLAINTS ABOUT CARE SERVICES

#### 2.1 Complaints received

We received a total of 2,862 complaints by 30 September 2021, a 24% increase on the 2,301 received at the same point last year. As can be seen in Figure 1, over the past five years, the average number of complaints received per month has been

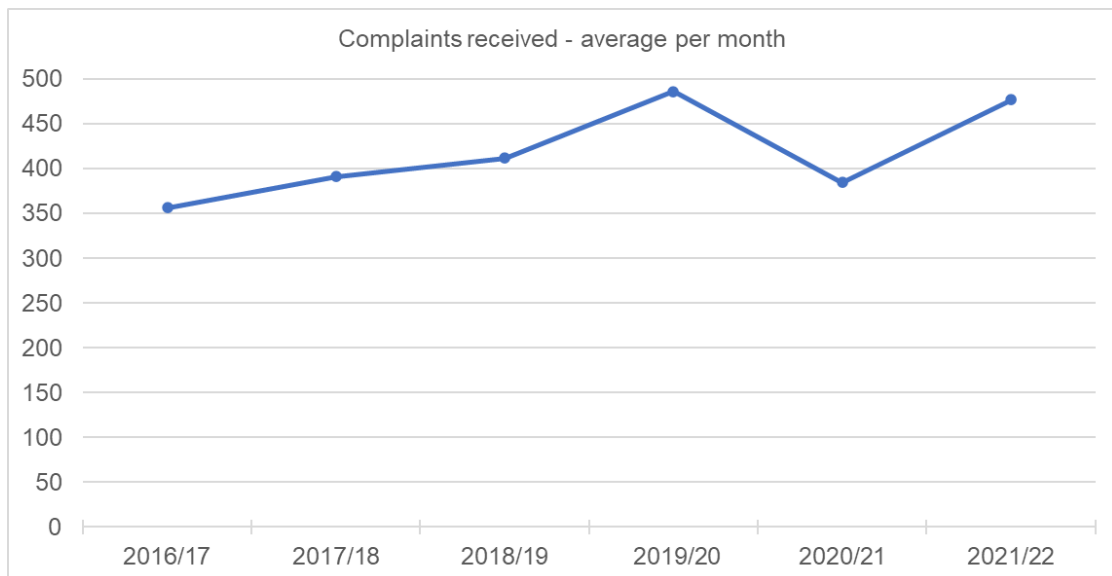
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increasing year on year with the exception of last year (385 per month) where the decrease was most likely because of the impact of the pandemic, with many services closing (particularly early learning and childcare services) to prevent the spread of the virus and keep people safe. The average number of complaints received during the first half of 2021/22 however is more aligned to the increasing trend prior to the pandemic (477 per month).

Although the level of complaints received has increased over time, this is not necessarily an indicator that quality of care is in decline. Comparing 2016/17 to 2021/22, the percentage of services graded good, very good or excellent in all quality themes has remained constant at 86%. This general increase in the number of complaints we received may indicate greater awareness of our complaints process and a greater awareness from people about the standards of care they and others should expect.

**Figure 1**



When looked at by care service type the pattern of complaints received is very similar to that reported in previous years with care homes and combined housing support/care at home services continuing to account for most of the complaints received. The proportions of all complaints received is also similar to pre-pandemic levels for most types of service. This will likely be due to services re-opening and/or returning to more normal practices.

Figure 2 below shows that care home services accounted for 48% of all complaints received in the first half of 2021/22. This is a decrease from 61% of all complaints reported for care homes over the same period in 2020/21 but is more aligned to the levels seen in 2019/20. Care homes for older people in particular received 41% of all complaints this year so far, a decrease from 55% last year. Complaints about day care of children meanwhile saw an increase as a proportion of all complaints received, from 6% of all complaints received in the first half of 2020/21 to 14% of all complaints in 2020/21. This is again similar to the proportion in 2019/20.

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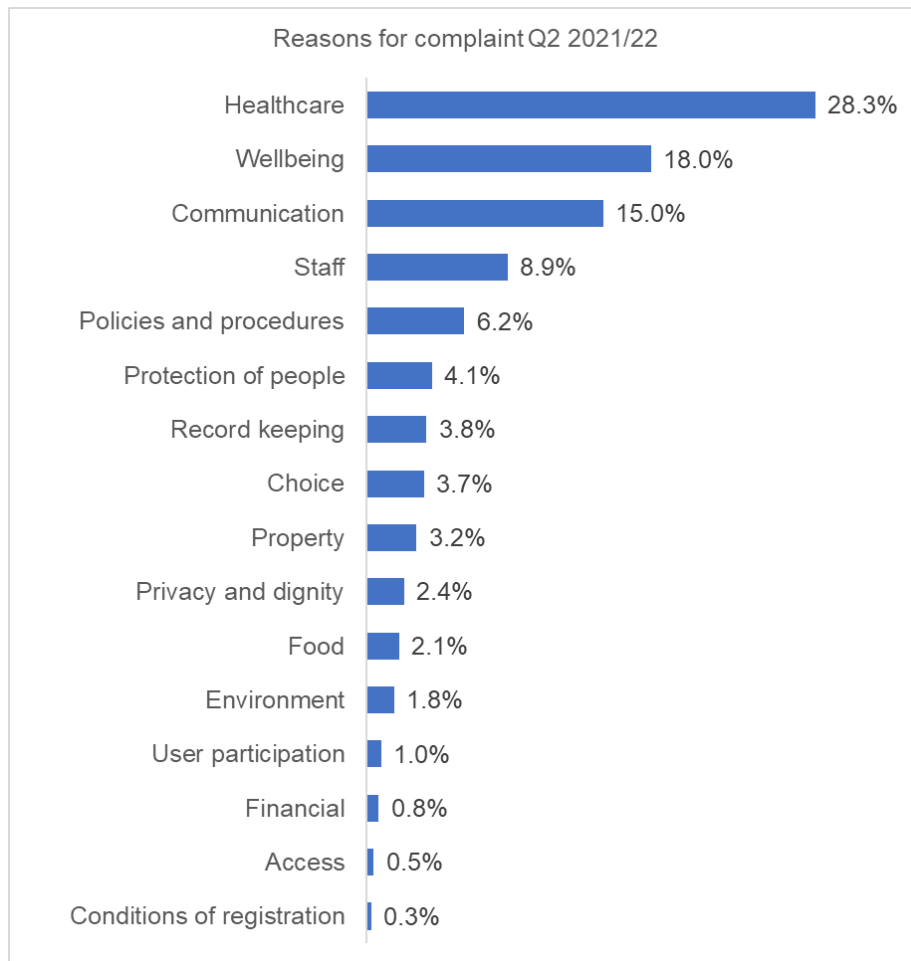
**Figure 2: % of all complaints received in the first half of 2019/20, 2020/21 & 2021/22 by service type**

Care service type	% of all complaints received 2019/20	% of all complaints received 2020/21	% of all complaints received 2021/22
Care Home Service	46.3%	61.0%	48.2%
Of which care homes for children & young people	2.1%	2.9%	2.7%
Of which care homes for adults	44.2%	58.1%	45.5%
Combined Housing Support and Care at Home	18.3%	14.7%	18.0%
Support Service (standalone)	9.9%	9.8%	12.9%
Day Care of Children	14.4%	5.9%	14.3%
Housing Support Service (standalone)	4.5%	3.7%	2.8%
Child Minding	4.5%	3.0%	2.6%
Nurse Agency	0.4%	0.8%	0.3%
School Care Accommodation Service	1.1%	0.7%	0.4%
Fostering Service	0.5%	0.2%	0.3%
Secure Accommodation Service	0.1%	0.1%	0.3%
Adult Placement Service	0.0%	0.04%	0.0%
Child Care Agency	0.0%	0.04%	0.0%
Adoption Service	0.0%	0.0%	0.0%

## 2.2 Reasons for complaints – all service types

Each complaint we complete can be about several different areas and each area will be either upheld or not upheld. In 2021/22, just under 29% of all areas of complaint upheld were about healthcare concerns in a service (for example medication, continence care, tissue viability or nutrition) and 18% were about wellbeing (emotional wellbeing, developmental, or social). This is similar to the figures reported at the same point last year.

Figure 3



Amongst care home services, the most common reason for complaint completed in the first half of 2021/22 was healthcare (34% of complaints about care homes) particularly around inadequate healthcare, medication, tissue viability and nutrition. This was especially true of care home services for older people where 36% of complaints about this service type related to healthcare.

Amongst combined housing support and care at home services, the most common reason for complaints upheld was healthcare (25%), particularly around medication. This was followed by wellbeing issues (12%), and policy and procedure issues (12%), particularly around the services complaints procedures.

**2.3 Who makes complaints**

Figure 4 shows the breakdown of all complaints received in the first half of 2021/22 by relationship of complainant to the service. Trends remain similar to those reported at the same point last year, albeit there has been some fluctuation in the proportions.

Most of the complaints received (41%) came from relatives or carers of people who experience care (an increase from 37% in 2020/21). 23% of complaints were received

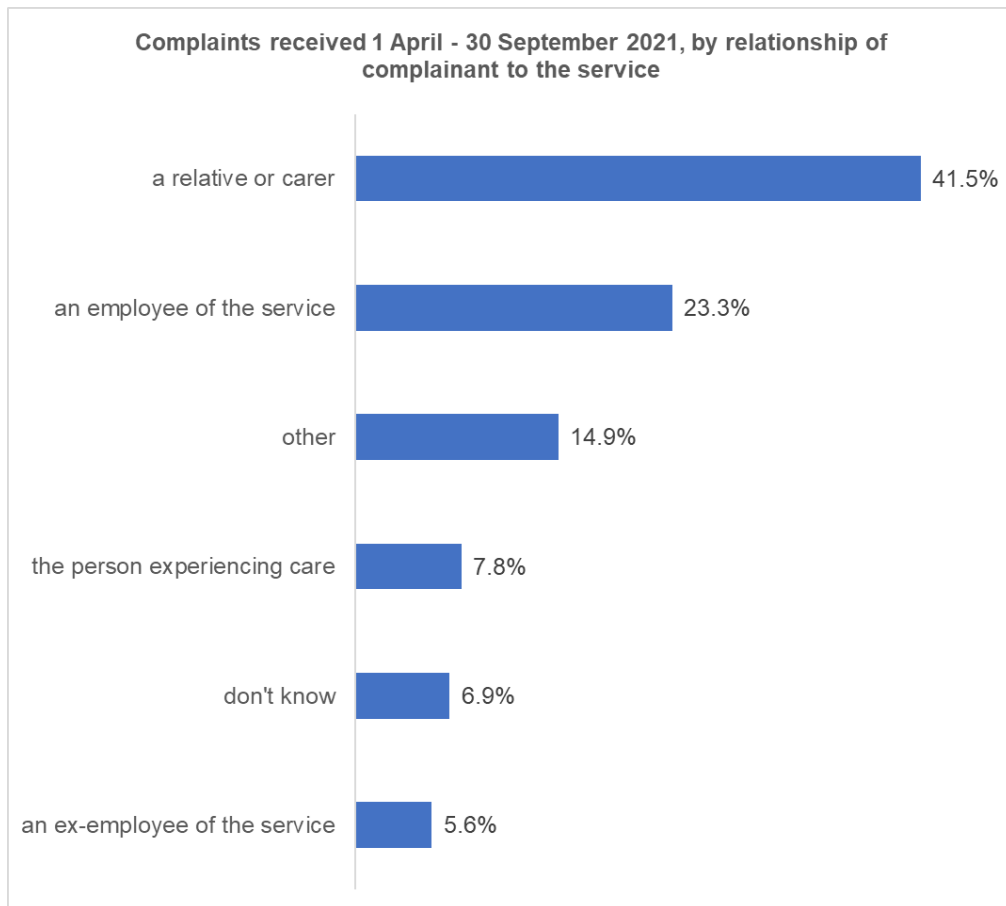
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from employees of the service, the same as last year. Complaints from people who experience care have increased by 3%, from 5% in 2020/21 to 8% this year. It is important to note that these trends are based on the complainant’s willingness to provide their relationship details. Some choose not to do so. Those where we don’t know the relationship of the complainant to the service, have decreased from 11% over the first half of 2020/21 to 7% this year.

Figure 5 shows the number and proportion of complaints received from people experiencing care for each service type. It shows that we receive proportionately more complaints from people experiencing care in housing support and support services. Despite receiving the largest volume of complaints, only 4% of all complaints received about care homes were from people experiencing care (increase from 3% reported last year).

**Figure 4**



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**Figure 5: Complaints received in the first half of 2021/22 from people experiencing care, by service type**

Care Service Type	Complaints received from people experiencing care	All complaints received	% of all complaints received
Housing Support Service (standalone)	14	79	17.7%
Combined Housing Support and C@H	62	515	12.0%
Support Service (standalone)	65	368	17.7%
School Care Accommodation Service	0	12	0.0%
Nurse Agency	1	9	11.1%
Care Home Service	62	1,379	4.5%
Day Care of Children	14	410	3.4%
Child Minding	5	73	6.8%
Adult Placement Service	0	1	0.0%
Child Care Agency	0	0	0.0%
Fostering Service	0	8	0.0%
Secure Accommodation Service	0	8	0.0%
All service types	223	2,862	7.8%

#### **2.4 Complaints received – combined housing support and support services - care at home**

In previous reports we noted an increase in the volume of complaints received about combined housing support and care at home services and have monitored this over the past few years. The trend had fallen to 57 complaints received per month on average over the first six months of 2020/21 from 88/month in 2019/20. This has since risen again to 85/month over the same period in 2021/22.

While the volume of complaints has increased, the overall pattern in terms of who has made complaints about these services remains the same as it has over the past few years with proportions having changed only slightly. The majority (43%) of the complaints we received about combined services in the first half of 2021/22 came from a relative or carer of a person experiencing care, similar to last year (40%). This is followed by complaints from employees of the service (21%) which is again similar to last year to 24%. Complaints from people experiencing care has remained the same at 12%.

The main reason for upheld complaints during the first half of 2021/22 was healthcare (27%), particularly around infection control and medication. This was followed by complaints about wellbeing (13%) and policies and procedures (12%) particularly around the services' complaints procedures.

The quality of combined housing support and care at home services across all quality themes has also remained consistent compared to the same point last year: 43% of combined services were graded 'Very Good' or 'Excellent' in all themes assessed at September 2021; compared to 44% at the same point last year. Only 13% of

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combined services had any themes graded at 'Adequate' or lower, the same as at this point last year.

The volume of complaints received about combined housing support and care at home services does not appear to be indicative of an overall change in quality at this time.

**2.5 Complaints received – complaints from children and young people**

Children and young people services include care home services for children and young people, adoption, fostering, school care accommodation or secure accommodation services. The volume of complaints received about care services for children and young people increased by 19% from 88 in 2020/21 (an average of 19 complaints per month) to 105 in 2021/22 (an average of 16 complaints per month).

This is likely to be due to the closure of some services or restricted access during the initial months of Covid-19 last year.

This is 4% of the complaints received across all service types during the year, the same as in 2020/21.

There were increases in the volume of complaints about all service types except school care accommodation where complaints received decreased by 25% compared to last year. Care Homes for children and young people continued to account for most of the complaints received about children and young people services accounting for 73% (77) of all complaints received about children and young people services (Figure 6).

**Figure 6: Complaints about children and young people services received in 2021/22**

Care Service Type	All complaints received	% of all complaints received about children and young people services
Care Home Service for Children & Young People	77	73.3%
School Care Accommodation Service	12	11.4%
Fostering Service	8	7.6%
Secure Accommodation Service	8	7.6%
All services for children and young people	105	100.0%

Of the 105 complaints received about services for children and young people in 2021/22, 37% (39) came from a relative or carer compared to 25% last year. Three complaints came directly from a child or young person experiencing care. This figure

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should be viewed with caution however as some of the complainants may have wished to remain anonymous and categorised as “other” (20 (19%) of complaints received about services for children and young people were categorised as coming from “other” complainants). Following consultation through Who Cares (a national voluntary organisation, working with care experienced young people and care leavers across Scotland) and Young Inspection Volunteers, young people told us that this may be down to the methods we have available to make a complaint. As a result, we developed a text service that can be used to tell us about concerns.

This service went live in January 2021 and we have undertaken awareness raising sessions with advocate services throughout Scotland as well as other user groups such as The Alliance. The Alliance is a group of service/users/carers etc who work towards improving care and support for people with disabilities. It is planned that this awareness raising work will continue as required in 2022. We have also updated our website <https://www.careinspectorate.com/index.php/children-and-young-people> and we are looking at developing an information animation to explain our complaints process for young people with care experience.

## **2.6 How we respond to complaints**

The complaint pathways we introduced in November 2017 were designed so that, following a risk assessment process, we could determine the most appropriate action to resolve a complaint. It allows us flexibility in how we respond to try to resolve simple matters more quickly and focus more attention on more serious issues.

It is important to note that, following assessment, there are a number of ways we can handle concerns when they are raised with us, and we may use multiple methodologies for one concern. It is imperative that each concern is dealt with through the most appropriate route to ensure that concerns are resolved as quickly and effectively as possible. These routes are:

- Intelligence - where we receive information about a care service, we may use the information as intelligence about the service to help inform our scrutiny, assurance and improvement support activity, such as bringing forward a full, unannounced inspection of a service.
- Direct service action – when issues are straightforward and suitable for quick or immediate action, we contact the service and ask that they engage directly with the person making the complaint to resolve the issues directly with the person. Typically, this is used to intervene quickly and achieve a positive result.
- Investigation by the care provider – when issues are suitable for the complaint to be investigated via the service’s complaint procedure, we obtain consent to share the person’s contact details with the service and we require the service provider and ask them to investigate the concerns and respond to the complaint.



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- Complaint investigation by the Care Inspectorate – following assessment, we investigate serious complaints about failings in care that have led to or are likely to lead to poor outcomes from an individual or individuals.
- Adult and Children support and protection – any concerns which require to be assessed as adult or child protection concerns are referred to the lead agency, the Social Work Department. We keep in touch with the Social Work Department until a decision is made about if an investigation will take place. If a decision is made that no investigation is required by them, the issues will be re-assessed and investigated by the Care Inspectorate if this is appropriate.

We receive information from a range of sources. As referred to above, every concern raised is risk-assessed to determine the seriousness of the concerns and dealt with appropriately and proportionately. If we investigate and uphold a complaint about a care service, the outcome is published on our website.

In response to the pandemic, we developed an enhanced risk assessment process to identify complaints that required us to visit a service to ensure, for example, the health and wellbeing needs of people experiencing care were being met. Where a visit to the service was not appropriate, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate.

This was reflected in the numbers presented for last year's report on our use of the pathways to resolution during 2020/21.

We actioned all complaints received and resolved these using the different pathways as follows:

- **Intelligence: Use the information given by the person making the complaint as intelligence about the service, to inform future scrutiny, assurance and improvement support activity:** In the first half of 2021/22 we referred 1,420 concerns as intelligence, or an average of 237 complaints per month. This is 20% more than the 197 complaints per month in 2020/21. The rise in number of complaints for intelligence is due to the policy decision to deal with anonymous complaints as intelligence to the case holding inspector to inform scrutiny of the service. All anonymous complaints are screened to ensure no serious issues or protection issues. Most of these lack detail and could not be investigated as a complaint but we wanted to ensure we consider them as intelligence and risk level of a service. The case holding inspector will consider the anonymous information with other intelligence and use this to inform when we inspect or other scrutiny action. 69% of the complaints which were referred as intelligence were anonymous.
- **Direct service action (previously known as front-line resolution):** In the first half of 2021/22, 359 complaints were resolved by the service directly, an average of 60 complaints per month. This is a 17% decrease on the average of 72 per month at the same point last year.

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- **Investigation by the care provider:** 122 complaints were passed to the provider to investigate - an average of 20 complaints per month. This is a decrease of 39% on the average of 33 per month last year. This decrease reflects changes since the early stage of the complaint investigation where inspectors were engaging in more dialogue and mediation at initial contact with services to resolve issues via direct service action. This was seen as a supportive way for care service managers who were challenged by the situation they faced during the pandemic and enabled resolution of the complaint quickly and easily.
- **Investigation by the Care Inspectorate: depending on our assessment of risk, we may decide to resolve the complaints with more direct interaction with the service.** Since 2016/17, we have seen a fall in the average number of complaint investigations completed per month. This was at least partially due to the introduction of the risk assessment process and the new complaint pathways which meant fewer complex cases could be resolved quickly and more directly in other ways where appropriate. Service closure and restricted access due to Covid-19 meant there had been greater use of the alternative pathways to resolution where appropriate last year. In the first half of 2021/22 we completed 312 investigations; an average of 52 investigations per month as compared to 12 per month over the same period last year.

Note, that there is not a direct relationship between complaints received in a year and complaints resolved in that year. This is because the processes of resolving a complaint are conducted over a period of time. To ensure that all complaints are counted over time, the date the complaint was resolved is used. This means there is not a direct relationship between numbers of complaints received, and number of complaints resolved.

### Revoked complaints

The gap between the complaints received and the complaints completed or resolved is mainly accounted for by complaints that are revoked, which means we take no further action.

Reasons to revoke a complaint include: the complaint not being within the remit of the Care Inspectorate to investigate; or the complainant not wishing to proceed with the complaint. It may also include the concern raised identifying child or adult protection or criminal issues that are reported to other agencies. Where we do refer a concern on, the lead inspector will follow this up with the relevant agencies and ensure appropriate action is taken.

Of the 2,862 complaints received in 2021/22, 544 were revoked (19% of all case received) which is an increase on the 16% in 2020/21. This is due at least in part to more complaints not being within the remit of the Care Inspectorate; more complainants being resolved through the service providers complaints process; or the concern identifying potential adult/child protection issues and reported to the relevant agency.

**BOARD MEETING 16 DECEMBER 2021****Agenda item 13**  
**Report No: B-45-2021****Performance against our KPIs**

We aim to resolve all complaints within a 40-day completion target. This helps to show the overall complainant experience covering all resolution pathways. The proportion of investigations completed within 40 days was 83% by 30 September 2021, exceeding our 80% target.

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

No additional resources implications arise from this report and much of the development work in relation to complaints about care services will support the Care Inspectorate being more effective and efficient in its work.

**3.2 Sustainability**

There are no direct sustainability implications arising from this report.

**3.3 Policy**

Not applicable for this report as not contained with the strategy and policy agenda.

**3.4 People Who Experience Care**

Robust and responsive complaints investigations support improvement in the quality of care which enables people to experience more positive outcomes.

**3.5 Customers (Internal and/or External)**

This mid-year report on complaints allows in-year trends to be reported and analysed. This will help to provide the intelligence to focus our scrutiny, assurance and improvement support resources appropriately. This can assist with improving the performance of the organisation in dealing with complaint investigations as well as improving outcomes, assurance and protection for complainants and people experiencing care.

We have used our learning from Covid-19 and the themes from inspection in adults to inform our winter plan. We have shared themes with services, provided improvement links and we have run webinars on topics to support services in the improvement journey.

The teams in the improvement support section provide targeted specialist support to clusters of care providers and local partnerships in collaboration with local networks and other organisations, responding to areas and themes for improvement identified through our inspections and data. The newly established Health and Social Care Improvement Team provides timely, targeted and specialist Senior Improvement Advisor quality improvement support, advice and guidance related to key themes

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identified through our scrutiny work and other intelligence. They also provide specialist quality improvement support to our staff internally.

**4.0 CONCLUSIONS/NEXT STEPS**

The Board will continue to receive quarterly updates on performance against complaints KPIs in the regular quarterly performance reports. The annual complaints statistical report will be included for the Board's discussion at the earliest opportunity in the summer of 2022.



<b>Title:</b>	<b>BUDGET DEVELOPMENT SHORT LIFE WORKING GROUP UPDATE</b>
<b>Author:</b>	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
<b>Appendices:</b>	1. Draft Terms of Reference
<b>Consultation:</b>	N/A
<b>Resource Implications:</b>	None

#### Executive Summary:

The Budget Development Working Short Life working group is a member/officer group that met for the first time on 16 November 2021. The group's draft terms of reference are attached and recommended for Board approval.

The group reviewed the latest 2021/22 financial position and considered the 2022/23 indicative budget as reported to the Board on 25 March 2021. The group also considered additional pressures to the budget position identified since the Strategy was prepared.

It is apparent that significant budget reduction options that do not involve curtailing or stopping current activity are very limited. We are therefore very reliant on being successful in securing additional grant funding from the Scottish Government.

#### The Board is invited to:

1. Approve the Budget Development Short Life Working Group Terms of Reference (Appendix 1).
2. Note the update from the group.
3. Identify any specific budget areas or issues that the group should look at in more detail on behalf of the Board.

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

## BOARD MEETING 16 DECEMBER 2021

**Agenda item 14**  
**Report No: B-46-2021**

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

<b>Reason for Confidentiality/Private Report:</b>
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This is a public report.
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<b>Disclosure after: N/A</b>
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Reasons for Exclusion	
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- |    |  |
|----|--|
| 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.   |

**BUDGET DEVELOPMENT SHORT LIFE WORKING GROUP UPDATE****1.0 INTRODUCTION**

- 1.1** The indicative 2022/23 budget submitted to the Board on 25 March 2021 identified a budget deficit of £1.7m. The Board agreed to set up a member/officer short life working group to identify and examine budget deficit reduction options for both the immediate forecasted budget deficit for 2022/23 and into the medium term. The group met for the first time on 16 November 2021.

**2.0 TERMS OF REFERENCE****2.1 Draft Terms of Reference**

The group considered the draft Terms of Reference attached as Appendix 1 and recommends the Board approves these Terms of Reference.

**3.0 MAIN POINTS ARISING****3.1 Latest Forecast Financial Position**

The Annual Report and Accounts have been audited, approved and signed with a lower general reserve balance than was anticipated when the 2021/22 current year budget was agreed. However, this is as a result of including an end of property lease dilapidation provision in the 2020/21 annual accounts. This removes the £0.9m IFRS 16 introduction allowance included in the £1.7m 2022/23 indicative budget deficit. We are also projecting a significant net underspend for the 2021/22 financial year. Officers will raise and discuss with our Sponsor obtaining agreement to carry a general reserve balance more than our agreed Financial Strategy range and to use this to deal with non-recurring expenditure pressures identified for 2022/23 budget deficit.

The 2022/23 indicative budget showed a deficit of £1.7m. This reduces to £0.8m after the allowance for IFRS 16 introduction is removed as described above. Preparation of the detailed 2022/23 budget is at a comparatively early stage but additional budget pressures totalling £2.3m have been identified which increases the potential budget deficit to £3.1m. The additional budget pressures are still to be analysed into recurring and non-recurring expenditure. Dependent on the agreement of the Sponsor non-recurring budget pressures may be funded from our general reserve.

**3.2 Pay Assumptions**

The 2022/23 budget assumes pay policy will be consistent with 2021/22. The group believe this assumption may come under pressure due to pay concerns and higher than expected settlements in other areas of the public sector. The

position will be kept under review. Our expectation is that pay increases will be funded through increases to our grant in aid settlement.

The UK Government have announced a new Health and Social Care levy that will apply across the UK. In 2022/23 this will mean a 1.25% increase in employers' national insurance contributions at an estimated cost to the Care Inspectorate of £0.241m. The expectation is that this cost increase will be funded through grant in aid as the UK Government costing of the new levy included an allowance for compensating public sector employers for the increased paybill cost.

### 3.3 Other Budget Pressures

The Group were provided an overview of other budget pressures identified at this stage:

	<b>£m</b>
Requirement for a permanent transformation team	0.524
Shared service cost rebalancing	0.110
Executive Office structure proposals	0.159
Expanded Intelligence Team	0.461
Requests for additional posts	0.428
Legal fees - Covid 19 Inquiry	0.200
IT Investment	0.528
Identified Savings / Budget Reductions	<b>(0.135)</b>
Grant in aid adjustment for appropriate adults funding	<b>(0.169)</b>
	<b>2.106</b>

### 3.4 Savings

The budget pressures identified above are partially offset by a £0.055m reduction in stationery and postage costs due to increased use of electronic media and a £0.080m reduction in document archiving, indexing and storage costs.

Care Inspectorate funding for non-staff costs has remained broadly static for many years. This represents a significant real terms reduction. As a response to this, non-staff cost budgets have been targeted for efficiency savings to balance previous years' budgets and further savings are extremely difficult to identify.



### 3.5 Resource Models

The Group was advised that work was underway to revise and further develop our resource models used to identify staffing resource requirements across regulated care service and strategic scrutiny.

### 3.6 Budget Risks

Risks to the development of a sustainable 2022/23 budget were identified as:

- Covid-19 Impact
- National Care Service
- Timing of confirmation of funding
- Ongoing Inspector Pay issue

## 4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

### 4.1 Resources

There are no resource implications associated with this report.

### 4.2 Sustainability

There are no sustainability implications associated with this report.

### 4.3 Government Policy

There are no government policy implications associated with this report.

### 4.4 People Who Experience Care

There are no direct benefits for people who experience care.

### 4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

*(To be agreed by the Board in accordance with the Reservation of Powers and Scheme of Delegation)*

## TERMS OF REFERENCE

### MEMBER/OFFICER SHORT LIFE WORKING GROUP: BUDGET DEVELOPMENT

#### Purpose

- To consider the development of the Care Inspectorate budget options in line with its Financial Strategy and Corporate Plan
- To report its work and make recommendations to the Board of the Care Inspectorate

#### Accountability

The Group is accountable to the Board of the Care Inspectorate.

#### Period of Operation

This is a short life working group which will subsist for the period 16 November 2021 until no later than 15 May 2022 unless this is formally extended by the Board.

#### Remit

To support the objectives of the Care Inspectorate's Financial Strategy by considering budget options and efficiency initiatives for inclusion in the 2022/23 budget and to explore medium/long term budget options for the subsequent years covered by the Financial Strategy.

The Group will report progress to each meeting of the Board commencing with the Board meeting of 16 December 2021.

#### Membership

In accordance with section 3.3.1 of the Reservation of Powers and Scheme of Delegation, the Member/Officer Working Group shall have no less than two members, at least one member being a member of the Care Inspectorate's Board and one member who is a member of its executive. The membership of the Member/Officer Working Group – Budget Development will comprise:

- Rognvald Johnson, Board member
- Gavin Dayer, Board member
- Jackie MacKenzie, Executive Director of Corporate and Customer Services
- Kenny Dick, Head of Finance and Corporate Governance

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Other members of staff will be invited to attend where it is required for specific agenda items.

**Quorum**

The quorum will be a minimum of one Board member and two other Group members present.

**Frequency of Meetings**

The Group will meet a minimum of three times during its period of operation. Meetings will be aligned with the reporting timescales for the December 2021, February 2022 and March 2022 meetings of the Board. The Group may meet more frequently if required.

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<b>Title:</b>	<b>BUDGET MONITORING AND STAFFING UPDATE</b>	
<b>Author:</b>	<i>Kenny Dick, Head of Finance and Corporate Governance</i>	
<b>Responsible Officer:</b>	<i>Jackie Mackenzie, Executive Director of Corporate and Customer Services</i>	
<b>Appendices:</b>	<b>1</b>	Movement in Projected Financial Position from September 2021
<b>Consultation:</b>		
<b>Resource Implications:</b>	<b>Yes</b>	

#### **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 £0.633m 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 £1.334m. This projected surplus of £1.334m is a net underspend of £2.086m against the budgeted position of a £0.752m deficit. This will increase the funds held in the General Reserve.

Projected expenditure has decreased by £1.085m and there is less income of £0.019m ie a £1.066m decrease in net expenditure from the previously reported position (Appendix 1).

The significant decrease in net expenditure is mainly due to risks previously identified now materialising. A summary of the movement in projected financial position is shown in Appendix 1 of this report.

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 Movement in Projected Financial Position from the position previously reported to the Board (Appendix 1). |

## BOARD MEETING 16 DECEMBER 2021

**Agenda item 15**  
**Report No: B-47-2021**

<b>Links:</b>	Corporate Plan Outcome		Risk Register - Y/N		Equality Impact Assessment - Y/N	
<b>For Noting</b>	✓	<b>For Discussion</b>	✓	<b>For Assurance</b>		<b>For Decision</b>

**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.**

<b>Reason for Confidentiality/Private Report:</b>
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N/A – This is a public Board report.
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<b>Disclosure after:</b>
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<b>Reasons for Exclusion</b>
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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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f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

**BOARD MEETING 16 DECEMBER 2021****Agenda item 15**  
**Report No: B-47-2021****BUDGET MONITORING 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 £1.334m. 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 Revised 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 b/fwd 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 at 31 October of £1.334m improves reserves by £2.086m compared to the budgeted position shown below.

## BOARD MEETING 16 DECEMBER 2021

Agenda item 15  
Report No: B-47-2021

	Approved 2021/22 Budget	Budget Virement and Adjustments 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	(0.137)	0.186		32.737	31,635	(1.102)
Accommodation costs	2.527	(0.040)			2.487	2.390	(0.097)
Administration costs	1.241	0.031		0.071	1.343	1.403	0.060
Travel costs	1.232	0.000	0.006		1.238	0.450	(0.788)
Supplies and services	1.630	0.040	0.003	0.045	1.718	1.768	0.050
<b>Gross Expenditure</b>	<b>39.318</b>	<b>(0.106)</b>	<b>0.195</b>	<b>0.116</b>	<b>39.523</b>	<b>37,646</b>	<b>(1.877)</b>
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)	(0.853)	0.016
Other income	(0.108)	0.000			(0.108)	(0.333)	(0.225)
<b>Total income</b>	<b>(38.579)</b>	<b>(0.012)</b>	<b>(0.180)</b>	<b>0.000</b>	<b>(38.771)</b>	<b>(38.980)</b>	<b>(0.209)</b>
<b>(Surplus) / Deficit</b>	<b>0.739</b>	<b>(0.118)</b>	<b>0.015</b>	<b>0.116</b>	<b>0.752</b>	<b>(1.334)</b>	<b>(2.086)</b>

The 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 provision for expected property end of lease dilapidation costs. The table below shows the latest projected position:

## BOARD MEETING 16 DECEMBER 2021

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	Budget £000	Actual / Projected £000	Variance £000
<b>Opening general reserve balance</b>	<b>3.642</b>	<b>3.009</b>	<b>(0.633)</b>
<b>2021/22 Projected outturns:</b>			
Operating Surplus / (Deficit)	(0.739)	1.334	2.073
Grant Surplus / (Deficit)	(0.133)	0.193	0.326
<b>Potential 2021/22 use of Reserve:</b>			
Stage 2 Business Transformation	(1.202)	0.000	1.202
Hybrid working trial support		(0.160)	(0.160)
Unallocated but planned for use in 2021/22	(0.402)	0.000	0.402
<b>Projected Closing Available Balance</b>	<b>1.166</b>	<b>4.376</b>	<b>3.210</b>
<b>Operational Reserve Target maximum (1.5%)</b>	<b>0.564</b>	<b>0.567</b>	<b>0.003</b>
<b>Variance to target balance</b>	<b>0.602</b>	<b>3.809</b>	<b>3.207</b>
<b>Analysis of Projected Closing Balance</b>			
Operational Reserve Target maximum (1.5%)		0.567	
<b>Add back balances to be retained:</b>			
Prepaid grant funding 2022/23		0.578	
IT equipment reserve		0.200	
<b>Target balance as per Financial Strategy</b>		<b>1.345</b>	
<b>Planned use of Additional Reserves:</b>			
Stage 2 Business Transformation		1.200	
Retain for Inspector pay transitional costs		0.618	
Retain for temp posts continuing to 22/23		0.285	
Unallocated - available for 2022/23		0.928	
<b>Projected closing general reserve balance</b>		<b>4.376</b>	

## 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 £0.193m is currently projected. Discussions with the various grant providers are on-going.

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



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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****3.3.1 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
<u>Agreed changes to establishment:</u>		
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	-	(0.189)
<b>Unallocated budget available @ 31/10/2021</b>		<b>0.061</b>

This leaves £0.061m of our core grant-in-aid settlement for other budget priorities which are being considered by SLT.

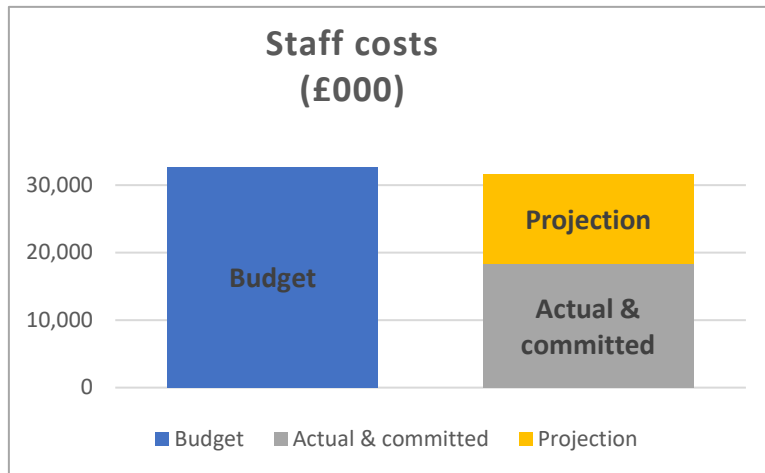
**3.3.2 Temporary Staffing Changes**

Several temporary staff changes have also been agreed. All 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.

Temporary posts have been agreed with an end date after 31 March 2022. The £0.285m projected cost of these posts in future years is included in the "Potential use of reserve" figures as shown in section 2.1 above.

**3.3.3 Extension of Temporary Contracts**

As part of the response to the Covid-19 position some temporary contracts have been further extended to 31 March 2022. The extensions to temporary contracts are being met from the in-year underspend.

**4.0 BUDGET VARIANCES****4.1 Staff Costs – projected underspend of £1.102m**

Projected staff cost slippage is £2.404m more than budgeted. This is largely due to 36.53 FTE Inspector vacancies in the Scrutiny and Assurance Directorate and 20.72 FTE Customer Services vacancies. Of the Inspector vacancies, we are projecting 10.00 FTE will be appointed in January, with the remaining 26.53 not being filled until next financial year. This may have an impact on our ability to deliver on the approved Scrutiny and Improvement Plan

This is partially offset by the following:

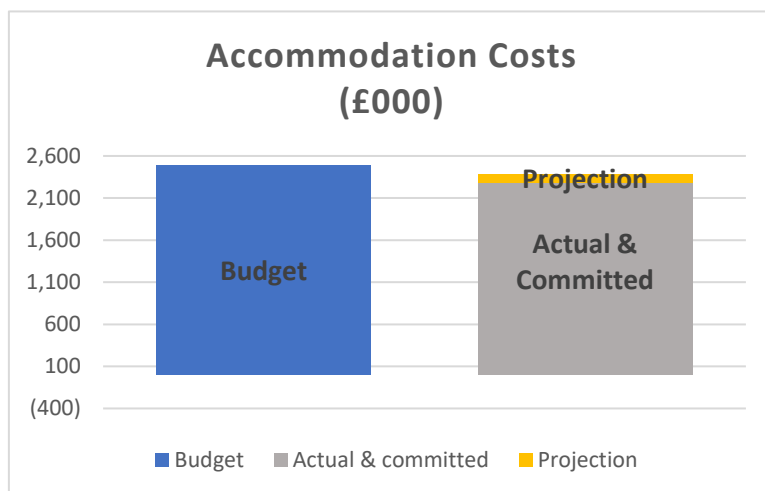
1. The response to the recruitment campaigns to support the Digital Transformation team has been very disappointing. This, as well as additional support being required, means we have had to appoint agency staff at a higher cost. This, alongside extending the temporary posts to 31 March 2022, has increased projected spend by £0.453m.
2. 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 a Data Analyst, two Senior Intelligence Analysts and five Intelligence Analysts at a projected cost of £0.254m.
3. The IT Service Operations team is experiencing acute resource shortages which is being addressed by recruiting an additional four temporary posts to 31 March 2022. The estimated cost of this is £0.137m.
4. A file indexing project budgeted to be completed by our storage and archiving supplier is now being carried out by temporary staff, projected spend has increased by £0.060m with a corresponding underspend projected in Supplies and Services.
5. A number of temporary postholders in the Corporate Policy and Communications team have been extended to 31 March 2022. An increase of £0.167m in expenditure is projected.

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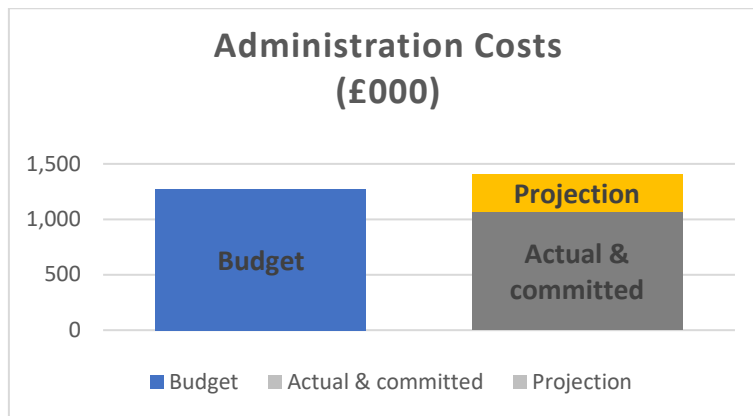
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6. In preparing for the Covid-19 inquiry and the Feeley review, a temporary 12-month post is being recruited to support this at an estimated cost of £0.012m this financial year.
7. A Senior HR Adviser is on secondment to NHS Out of Hours service. Additional backfill of £0.073m is offset in full by Seconded Income.
8. Additional temporary resources are projected to support the shared service HR team with an increase in expenditure of £0.023m.
9. 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.
10. An 18-month temporary Development Officer post has been agreed to support the Care Inspectorate to deliver on 'The Promise' to care experienced children and young people. The projected costs for this financial year are £0.023m
11. Locum Advisers to the Chief Nurse are projected to cost an additional £0.024m.
12. Other staff costs of £0.027m are projected for an increasing demand for occupational health services and ill health retiral costs.
13. An 18-month Temporary IT Officer has been approved to address IT Security concerns. This post is expected to be filled from January with projected costs of £0.008m this financial year.
14. Additional shared service costs of £0.008m are offset in full by a corresponding increase in Shared Service Income.

**4.2 Accommodation costs – projected underspend of £0.097m**



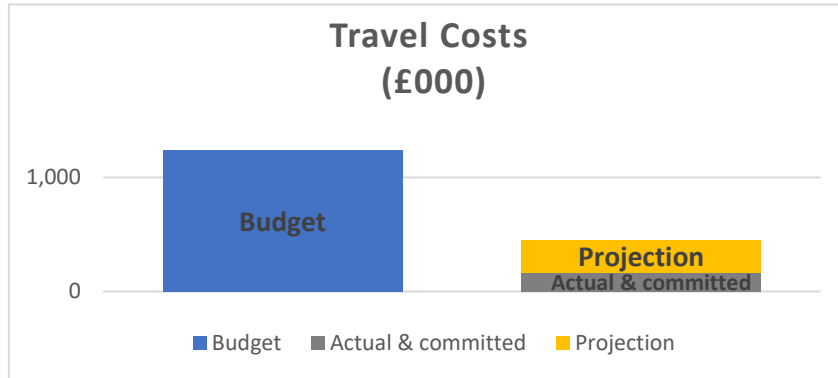
- The budget also included provision of £0.097m for end of lease and possible move costs for the Stirling and Dunfermline offices. The leases have been extended into 2022/23 and this budget is not required this financial year.

**4.3 Administration Costs – projected overspend of £0.060m**

- As noted in staff costs (4.1), we are experiencing difficulties recruiting and retaining digital transformation staff. This has been partially addressed by increasing the volume of services we are receiving through our Enterprise Services Contract. Projected spend to support the digital transformation programme is £0.109m greater than budgeted.
- A gateway review process for the Transformation Programme is estimated to be £0.012m.
- Legal fees are projected to be £0.056m 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 £0.039m 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.
- Professional fees to support our Corporate Policy and Communications team are projected to overspend by £ 0.014m. This is funded from savings in other budget headings.
- A projected overspend in other professional fees totalling £0.007m relates to organisational design services.

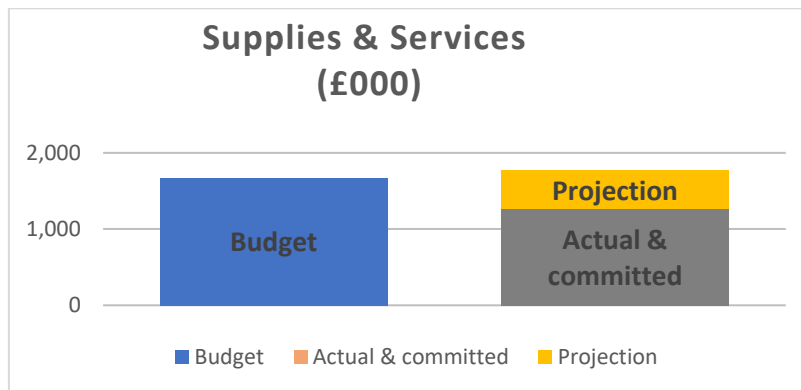
These projected overspends totalling £0.257m are partially offset by:

- Projected savings of £0.177m on printing, postage, stationery and other admin costs due to the Covid-19 position.
- Telecoms expenditure is projected to be £0.020m less than budget with savings in broadband, mobiles and network charges expected.

**4.4 Travel Costs – projected underspend of £0.788m**

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. An element of this is expected to be sustainable even after the Covid-19 restrictions are relaxed.

**4.5 Supplies and Services – projected overspend of £0.050m**

An overspend of £0.147m 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:

1. A planned file indexation project at an estimated cost of £0.060m is now being completed by temporary staff.
2. A projected underspend of £0.020m in hospitality and venue hire as we continue to work predominantly from home.
3. A projected underspend of £0.012m in storage and archiving expenditure.
4. Photocopier lease charges are projected to decrease by £0.005m.

**BOARD MEETING 16 DECEMBER 2021****Agenda item 15****Report No: B-47-2021****4.6 Funding and Income – projected additional income of £0.209m**

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

Other income is projected to be £0.209m more than budgeted. This is due to income from staff on secondment to other organisations totalling £0.208m, 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 is partially offset by income from Shared Services projected to be £0.016m less than budget and rebates from the use of collaborative frameworks being £0.008m less than budgeted as our requirement to use these has decreased during the pandemic.

**5.0 RISKS TO FINANCIAL PROJECTIONS**

<b>Budget Area</b>	<b>Description of Risk</b>	<b>Sensitivity</b>	<b>Likelihood</b>
Staff costs	Projected staff costs are based on staff in post and known changes.	Projection could be overstated by as much as £0.100m	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. £0.189m 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 legal costs associated with the likely Covid-19 enquiry. Our role in the enquiry will involve additional legal fees for instructing Counsel.	Projection risk could be as much as £0.200m understated.	High

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Travel costs	Projected costs assume that we will remain working from home until February 2022. There is still some uncertainty over areas such as a third wave and access to services during the winter period.	Projection risk in the range £0.125m understated to £0.150m overstated.	High
Supplies and Services	As we commence our hybrid working trial, it is likely that additional furniture and IT equipment will need to be purchased to support new ways of working.	It is estimated costs for IT equipment and furniture could be up to £0.300m. Current forecast assumes £0.160m available from General Reserve to fund this (see section 2.1).	Medium
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<sup>2</sup> emissions and increase productivity through reduced time spent travelling.

**BOARD MEETING 16 DECEMBER 2021****Agenda item 15  
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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 service strategic themes.

**7.0 CONCLUSION**

An underspend of £2.086m against the 2021/22 budget is currently projected.

There are risks and emerging issues that will exert pressure on our resources. The risks set out in Section 5 are finely balanced and it is difficult to predict whether the current projected underspend against budget will reduce or increase as the year progresses.

As the year progresses additional expenditure may be identified that will require to be funded from the current year projected underspend and our usable reserves.

Unallocated general reserve funding of £0.928m remains available to contribute to any further non-recurring financial pressures identified in the remainder of the year or emerging 2022/23 budget pressures, whilst maintaining our general reserve balance at the maximum of the target range. A significant general reserve balance of £4.376m is projected for 31 March 2022 including £0.928m that is not allocated to spending plans. This position is currently being reviewed pending discussion with our Sponsor Department.



**Movement in Projected Net Expenditure from the Position Reported as at 31 July 2021**

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.623)	<p>1. Inspector recruitment continues to be challenging with a further increase in projected Inspector vacancies and slippage in expected start dates for vacant posts. This is the main reason for a further projected decrease of £0.793m in Scrutiny and Assurance staff costs.</p> <p>2. Recruitment slippage for other staff is projected to increase by £0.401m. This is mainly due to delays in start dates for vacant posts.</p> <p>3. As we continue to work from home in response to the pandemic, there is very little requirement to travel. The reduction in travel time is the main reason for a projected decrease of £0.020m in Board Members fees.</p> <p>These projected decreases totalling £1.214m are partially offset by:</p> <p>4. The temporary Transformation Team posts have been extended to 31 March 2022 at a projected cost of £0.189m.</p> <p>5. The IT Service Operations Team are experiencing acute resource shortages which is being addressed by recruiting an additional 4 temporary posts to 31 March 2022. The estimated cost if this is £0.152m.</p> <p>6. Additional temporary resources to support the Policy and Comms Team are projected, with an increase in expenditure of £0.089m.</p> <p>7. It was originally intended that the storage and archiving supplier would undertake a file indexing project. This is now being completed by temporary staff with an increased staff cost of £0.055m.</p> <p>8. Locum Advisers to the Chief Nurse are projected to cost an additional £0.024m.</p> <p>9. In preparing for the Covid-19 inquiry and the Feeley review, a temporary 12 post is being recruited to support this at an estimated cost of £0.012m this financial year.</p> <p>10. Other staff costs of £0.031m are projected for an increasing demand for occupational health services and ill health retiral costs.</p>

Budget Area	Increase/ (Decrease) £m	Main Reasons
		<p>11. SLT agreed to increase the legal support within the Care Inspectorate with the appointment of an additional 1.2 FTE solicitors for a period of two years. The increased cost for this financial year is £0.012m.</p> <p>12. An additional temporary Service Manager post to support Children and Young People services has been agreed for a period of 18 months and is projected to be filled from December. The additional cost of this in 2021/22 is £0.027m.</p>
Accommodation costs	(0.040)	13. As staff move towards a hybrid working arrangement in many cases, the anticipated need for furniture and equipment is expected to increase. £0.040m of budget has been vired to Supplies and Services to help fund this.
Administration costs	(0.019)	<p>14. The return to offices is now expected to be slower than we earlier anticipated. This alongside the increased use of e-technology means our requirement for printing, stationery and postages is significantly less than budget with a further projected decrease of £0.083m.</p> <p>15. Telecoms expenditure is projected to be £0.040m less than previously projected with savings in broadband, mobiles and network charges expected.</p> <p>16. These decreases are partially offset by a projected increase of £0.107m in expenditure to support the digital transformation programme. This is partly due to addressing difficulties recruiting and retaining digital transformation staff which means we have had to increase the volume of services we are receiving through our Enterprise Services Contract.</p> <p>17. Other projected variances with a net decrease of £0.003m.</p>
Travel & subsistence	(0.399)	18. The significant decrease in travel and subsistence 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.

Budget Area	Increase/ (Decrease) £m	Main Reasons
		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.
Supplies and services	(0.004)	<p>19. A projected decrease of £0.060m relates to the file indexing project now being completed by temporary staff as noted in staff costs.</p> <p>20. It is also expected there will be a decrease in the storage and archiving contracted costs of £0.012m and hospitality and venue hire spend of £0.007m.</p> <p>21. Photocopier lease charges are projected to decrease by £0.005m.</p> <p>22. We are purchasing audio visual equipment to support the Hybrid working trial. The projected cost of this is £0.040m.</p> <p>23. As noted in Accommodation Costs above, an additional £0.040m is projected for furniture and equipment to support hybrid working arrangements for staff.</p>
Income	0.019	<p>24. Income from shared services is projected to decrease by £0.002m. This is due to delays in vacant shared service posts being filled.</p> <p>25. Income from secondees is £0.009m less than previously projected. This is due to the seconded officer leaving the organisation and the vacancy not expected to be filled this year.</p> <p>26. The Covid-19 pandemic has meant there has been a very limited requirement to travel. This means we aren't using the collaborative travel services framework and have decreased our GPC spend. This, alongside a reduction in recoverable VAT, has resulted in a projected decrease of £0.008m in miscellaneous income.</p>
<b>Total</b>	<b>(1.066)</b>	<b>Increase to general reserve position</b>



<b>Title:</b>	<b>HEALTH AND SAFETY ANNUAL REPORT</b>
<b>Author:</b>	<i>Carole Kennedy – Estates, Health and Safety Manager</i>
<b>Appendices:</b>	
<b>Consultation:</b>	None
<b>Resource Implications:</b>	Yes

### EXECUTIVE SUMMARY

This report reviews the organisation's health and safety performance for 2020-21 and provides comparative information to previous years. The report also summarises Health and Safety plans for 2021-22.

#### The Board is invited to:

1. Note the performance for 2020-21
2. Note the plans for 2021-22

<b>Links:</b>	Corporate Plan Outcome	✓	Risk Register – Y/N	N	Equality Impact Assessment - Y/N	N
<b>For Noting</b>	✓	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Decision</b>

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

#### Reason for Confidentiality/Private Report:

Not applicable – this is a public report.

#### Disclosure after:

N/A

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<b>Reasons for Exclusion</b>	
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.

## HEALTH AND SAFETY ANNUAL REPORT

### 1.0 INTRODUCTION

The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 place duties on employers to ensure, so far as is reasonably practicable, the health and safety of their employees at work. This report outlines the health and safety performance of the Care Inspectorate for 2020-21.

### 2.0 ORGANISATION FOR HEALTH AND SAFETY

The Health, Safety and Wellbeing Committee, chaired by the Executive Director of Corporate and Customer Services, meets at least three times a year to review and monitor the overall strategy, policies and procedures, national accidents/incidents and any trends as well as the overall health and safety performance.

### 3.0 HEALTH AND SAFETY ACHIEVEMENTS DURING 2020-21

#### 3.1 Covid-19

The main focus for the health and safety team for the year was Covid-19 which posed the biggest threat to staff health that the organisation and indeed the world had faced since the Spanish 'Flu in the early 1900's. In line with the agreed Health and Safety Strategy we:

- identified the minimum furniture and equipment requirements to work at home safely and supplied this to staff
- produced a range of risk assessments to allow the safe working of all colleagues whether working at home, in offices or in services
- used Scottish Government approved age risk assessment tool that allowed us to identify and reduce the risk to colleagues with a higher risk of suffering severe symptoms as a result of contracting Covid-19
- worked with landlords to ensure that offices are safe for staff attending these offices
- continued to deliver training to managers in health and safety, including risk assessment training, so they can effectively support their staff
- put in place a process for the recording of Covid-19 testing and vaccination of colleagues
- provided advice to colleagues on support available to them and others
- kept up to date with Scottish Government information, restrictions and guidance on Covid-19, reviewing and updating risk assessments and communicating changes to colleagues
- supported colleagues safe working from home by conducting Display Screen Equipment (DSE) regulations assessments via Teams
- attended and contributed to pandemic response Silver Command group meetings

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- participated with health and safety benchmarking groups with similar public bodies to share experiences, ideas and best practice
- hosted a live DSE event with all staff to support their working at home.
- Worked closely with Organisation and Workforce Development and HR to develop and respond to a staff workforce survey specifically around Covid-19 and the mental health and wellbeing of colleagues

**3.2 Policies, Procedures, Guidance and Risk Assessments**

The following policies and procedures were launched or reviewed in 2020-21:

- progress was made on the office chair replacement programme and only our Oban and Edinburgh offices remain outstanding
- guidance on safely accessing our offices was developed (tailored to each office)
- risk assessments for scrutiny and assurance activity were developed to allow inspections to continue safely. Initially this was on a per inspection basis
- The specific ill health risk assessment was updated to include the impact of Covid-19
- a specific risk assessment was developed to support staff who needed to access to offices to complete tasks that could not be undertaken at home
- DSE assessments were carried out online via Teams, with colleagues collecting or having task chairs delivered from the office if needed. Desks were also provided through our furniture contractor

**4.0 MEASURING PERFORMANCE****4.1 Incident Reporting****4.1.2 Incidents**

Incidents with injury

<b>Category</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Machinery/Equipment	0	0	0
Trap/Crush	0	1	0
Burns/Scalds	1	2	0
Vehicles/cars/road/traffic	1	0	0
Moving / Falling Object	0	1	0
Slips, Trips and Falls	4	4	2
Cuts	0	0	0
Medical Condition	0	0	1
DSE	0	0	2
Manual Handling	2	0	0
Other	0	0	0
<b>Total</b>	<b>8</b>	<b>8</b>	<b>5</b>

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Incidents without injury

<b>Category</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Verbal Aggression	22	12	12
Vehicles/cars/road/traffic	3	0	0
Slips/Trips/Falls	0	0	0
Trap/Crush	0	0	0
Medical Condition	1	0	0
Other	3	0	0
<b>Total</b>	<b>29</b>	<b>12</b>	<b>12</b>

The 2020-21 figures continue to be low as a result of better health and safety awareness and culture. Working at home may also be a contributory factor in the further reduction of incidents with injury with the DSE incidents are around people working in an unsafe manner. These have been addressed with 1-2-1 Teams DSE assessments. Verbal aggression continues to be an issue, but there are good supports in place for staff.

There were no work related Covid-19 infections and no RIDDOR reportable incidents in 2020-21.

## 4.2 Risk Assessments

### 4.2.1 Specific Risk Assessments

Specific Risks assessments completed can be broken down as follows:

<b>Category</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Specific	48	48	94
Loneworking	0	4	0
Maternity	1	7	7
Stress/Mental Health	2	24	22
DSE	23	21	60
Other	0	4	2
<b>Total</b>	<b>74</b>	<b>108</b>	<b>185</b>

There was a significant increase in the number of specific risk assessments carried out this year. This was a result of the Covid-19 Age Risk Assessment Tool whereby anyone with a high or very high Covid-19 age had a specific risk assessment carried out to make sure they could continue to work safely. DSE risk assessments have also increased with colleagues working from home.



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**4.2.2 DSE Risk Assessments**

Year	eLearning DSE Assessments	DSE Assessments		Posturite Referrals
		In Person	Virtual	
2020-21	326	0	60	4
2019-20	58	17	0	14
2018-19	585	23	0	21

As well as the individual DSE assessments carried out this year, a number of colleagues also revisited the online DSE training and assessment.

**5.0 HEALTH AND SAFETY PLAN 2021-22****5.1 Covid-19**

Plans for 2021-22 include:

- the safe reopening of offices, with revised guidance, risk assessments and procedures for their safe operation
- development of an online risk assessment tool for homeworking
- participation in the future working group, looking at how we will be working going forward and supporting colleague choices
- continuing to follow Scottish Government guidance on the mitigations for Covid-19.

**5.2 Policies and Procedures**

The following policies and procedures will be launched or reviewed in 2021-22:

- Review of Health and Safety Risk Assessment Policy
- Preparation of a Fire Safety Policy

**5.3 Training and Development for 2021-22**

- Continued use of E-Learning with five, mandatory modules including Agile Working (DSE), Health and Safety (or a separate module for line managers), Fire Safety, Feelrite (stress awareness) Driver Awareness;
- an introduction of Managing Safely will continue to be provided online for managers; and
- the continuing requirement for the full IOSH Managing safely course for all lines managers will be discussed by the Health, Safety and Wellbeing Committee.

#### **5.4 Health, Safety and Wellbeing Committee**

To provide efficiencies and best practice, the Care Inspectorate and the Scottish Social Services Council will be merging their separate Health, Safety and Wellbeing committees into a joint committee from 2021-22. There will be joint membership and aligning of policies and procedures, risk assessments and guidance where appropriate.

#### **6.0 IMPLICATIONS AND/OR DIRECT BENEFITS**

##### **6.1 Resources**

There will be continued resource implications as a result of the purchase desks, monitors, chairs and other equipment to enable colleagues to work at home safely and the provision of additional cleaning products and physical measures to make our offices Covid-19 secure. The additional costs are included in the Care Inspectorate budget monitoring position.

##### **6.2 Sustainability**

There are no changes to the sustainability position from last year as we continue to use wipes and hand towels. The reduction in colleagues both commuting and driving for work will reduce our direct carbon footprint, but changes in the climate change reporting requirements will mean that we will have to record the impact of people working from home where we did not previously.

##### **6.3 Policy**

There are no direct policy implications associated with this paper. However, it should be noted that the outbreak of Covid-19 has had, and will continue to have, a significant impact on our work and any current and future policy development.

##### **6.4 People Who Experience Care**

Strong health, safety and wellbeing support for our staff will ensure that they have the confidence and support to deliver their roles well. Our staff are our most important asset in the delivery of our strategic aims that are all ultimately intended to bring benefits to people who experience care.

##### **6.5 Customers (Internal and/or External)**

The recommendations support Customer Service Theme 2 – Culture. By improving our staff's wellbeing and our organisation's health and safety culture, we will improve/maintain our professionalism when working with customers.

**7.0 NEXT STEPS**

In the short term, we will continue to respond to the challenges the pandemic presents us. In the medium term we will continue to improve the health and safety performance of the organisation through the revised strategy and associated action plan.



<b>Title:</b>	<b>PROGRESS REPORT ON RACE EQUALITY IN EMPLOYMENT</b>
<b>Author:</b>	<i>Jacqui Duncan, Equalities Professional Adviser</i>
<b>Appendices:</b>	1. Race Equality in Employment Plan
<b>Consultation:</b>	<p>This progress report on race equality in employment was written following discussion with the:</p> <ul style="list-style-type: none"> <li>• Corporate Equality Group</li> <li>• Head of Human Resources</li> <li>• Head of Improvement Support</li> <li>• Involvement and Equalities Team Manager</li> <li>• Operational Leadership Team</li> </ul> <p>The report has also been shared with the Strategic Leadership Team.</p>
<b>Resource Implications:</b>	There are no resource implications.

## EXECUTIVE SUMMARY

At the March 2021 Board meeting, the Board noted that as an employer we need to make further improvements in terms of race equality. This was due to the low numbers of people from minority ethnic communities applying for and being appointed to posts in the Care Inspectorate. To make the necessary improvements, race equality needs to be prioritised at a strategic level and requires strong leadership and accountability.

Since March 2021, we have focussed our efforts on increasing our understanding of the issue. This has involved:

- Undertaking additional diagnostics to understand our internal environment
- Benchmarking with other organisations
- Researching (a literature review and an analysis of the Scottish population)
- Identifying potential issues, barriers and interventions
- Developing a specific Race Equality in Employment Plan (Appendix 1) to support improvements in this area.

This work is also integral to delivering the:

- Corporate Plan 2019 -22
- Strategic Workforce Plan
- Equality, Diversity and Inclusion Strategy
- Improvement Strategy.

## BOARD MEETING 16 DECEMBER 2021

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<b>The Board is invited to:</b>	
1.	Note the progress made since March 2021.

<b>Links:</b>	Corporate Plan Outcome	1,2,3	Risk Register	N	Equality Impact Assessment	N
<b>For Noting</b>	X	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Decision</b>

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

**Regulation 2016/679.**

<b>Reason for Confidentiality/Private Report:</b>
N/A – this is a public Board report.
<b>Disclosure after:</b>
N/A

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

**PROGRESS REPORT ON RACE EQUALITY IN EMPLOYMENT****1.0 INTRODUCTION**

- 1.1 As a public body that delivers a public service there is a need for our workforce to reflect the diversity of the population we serve. When deciding our new equality outcomes for 2021-2025, we agreed to focus our attention on race and disability.

Race equality is both an organisational and national priority. The Scottish Government recently supported the Public Sector Leadership Summit on Race Equality in Employment. This is to encourage public sector organisations to commit to making improvements in this area.

**2.0 OUR RESPONSIBILITIES AS A PUBLIC BODY**

- 2.1 The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

We are a duty bearer under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This means we have a duty to gather and use employee information, particularly, recruitment, development and retention. Through our recent evidence gathering and reporting we identified the need to improve the diversity of our workforce in terms of ethnicity/ race.

**3.0 OUR RESPONSIBILITIES AS AN EMPLOYER OF CHOICE**

- 3.1 Our Strategic Workforce Plan published in December 2019 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice. This commitment is reinforced in our [Equality, Diversity and Inclusion Strategy](#) 2021-2025.

**4.0 PROGRESS ACHIEVED****4.1 SINCE MARCH 2021**

Since presenting the [Equalities Mainstreaming Report](#) to the Board in March 2021 we have focused on building strong foundations for our four-year plan of work. The plan supports positive culture change around equality, diversity and inclusion. We appreciate that culture change takes time, and we are keen to prioritise improvements in this area. As part of laying these foundations, we have:

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- Responded to correspondence from the Fair Work Minister and Public Sector Leadership Summit on Race Equality in Employment and pledged our support to this work on our [website](#) and via social media. The summit resulted in the following three recommendations:
  - those in public authority leadership positions undertake an assessment of their organisation's understanding of racism and the structural barriers that may exist within their organisations. Public authorities should integrate their ambitions into their next strategic plan. Their strategic goal should be underpinned by specific outcomes and supported by timely monitoring. Public authorities should be transparent about their targets and their progress in delivering their outcomes.
  - public authorities should review their recruitment procedures and practice against the Scottish Government's toolkit and make the necessary changes.
  - that all public authorities subject to the Scottish specific Public Sector Equality Duty should, as a minimum, voluntarily record and publish their ethnicity pay gap and produce an action plan to deliver identified outcomes.
- Included these recommendations in the Equality, Diversity and Inclusion Strategy (where appropriate) to ensure it connects to national developments
- Established the plan for our specific focus on race equality
- Published our Equalities Mainstreaming Report with a new equality outcome for 2021-2025 that uses the positive action provisions in the Equality Act 2010 to help increase the number of applicants from the minority ethnic community
- Published our [Equality, Diversity and Inclusion Strategy](#) 2021-2025 that sets out the culture we are working towards. It contains specific actions relating to the above equality outcome and actions relating to; inclusive recruitment, equality, diversity and inclusion (EDI) performance appraisal and objectives, mutual mentoring, improving our EDI data gathering and community engagement which will make improvements for everyone including people from a minority ethnic background. These actions are being addressed
- Published our ethnicity pay gap (there is no pay gap) and action plan in our Equalities Mainstreaming Report
- Agreed a 'Statement of Intent' from our Strategic Leadership Team that is now on our website. It includes an explicit statement about welcoming job applications from people from a minority ethnic background
- Drafted and are consulting on a new organisational value and behaviour framework on equality and diversity. In the future the value will be visible on our website and in our next corporate plan. The value and behavioural framework will be useful for conversations around employee performance and development
- Signed up to the [Business in the Community Race Charter](#) to show our commitment to taking specific action on race equality and sought an executive sponsor (Jackie Mackenzie) for this work
- Begun a review to further improve our recruitment and selection procedures and practice. An equality impact assessment is part of this work
- Started raising awareness about commemorative dates that are important to

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minority ethnic communities through our social media channels. By understanding and embracing difference we can help to create an environment based on the principles of dignity, fairness, equality and respect. We will continue to raise awareness in this way

- A 'Tackling Race Bias at Work' e-learning module is now available for staff to access and to learn more about this topic
- An equality e-learning curriculum which covers equality has been developed and implemented. Currently 50.6% of staff have completed it. All staff have until the end of March 2022 to complete this mandatory training
- Conducted a literature review on race equality in employment and an analysis of the Scottish population
- Completed diagnostics to include job roles. Diagnostics now includes an intersectional approach to analysis and action to widen our information on protected characteristics (working on a suggestion from Public Sector Leadership Summit to use the [Scottish Government minority ethnic toolkit](#))
- Benchmarked our performance with other comparator organisations (Education Scotland, Health Improvement Scotland, Office of the Scottish Charity Regulator and NHS Education for Scotland)
- Drafted a specific Race Equality in Employment Plan (Appendix 1) to support improvements in this area, following consultation with Corporate Equality Group and the Head of Human Resources.

**5.0 NEXT STEPS****5.1** Our specific next steps and are to:

- Work with external race specialists (early 2022) to support us to understand our organisation's understanding of racism and the structural barriers that may exist. Work with them on the draft Race Equality in Employment Plan 2021-2025 (Appendix 1) this will inform the timescales for the rest of the work
- Create more opportunities for internal discussions about race in employment to understand the importance of allyship and being anti-racist
- Investigate the establishment of an internal race employee network to hear lived experience
- Increase awareness of the organisation and the Care Inspectorate's work with minority ethnic groups, specifically nurse agencies (who have a higher percentage of black employees)
- Increase community engagement with minority ethnic communities and the social care sector. Focus on our high-volume recruitment areas and geographic areas with most minority ethnic communities (Glasgow, Edinburgh, Aberdeen and Dundee)
- Continue to work with Human Resources to make changes to the recruitment and selection policy, process, advertising, interview panels and training on recruitment and selection
- Continue to make progress with the Strategic Workforce Plan (which Organisational & Workforce Development will review early next year in line with the new Corporate Plan)
- Improve diagnostics to reduce number of self-identified 'unknowns' in our staff information reports and increase staff disclosure rates



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- Include specific performance and development goals around race and equality in our LEAD (Learn, Experience, Achieve and Develop) process.

**5.2 WHERE WE WANT TO GET TO 2025**

We are working to improve our Care Inspectorate demographics in relation to people from minority ethnic communities. This will be measured by increases in the number of:

- Job applications received
- Shortlisted candidates for interview
- Job offers made
- People employed.

Our aim is set out in equality outcome 3:

*“We will seek to increase the number of Care Inspectorate disabled employees and employees from the minority ethnic community. We will increase applications by 5% for each. We will also increase the number of employees who share their equalities information with us to over 90%.”*

This will:

- Make our organisation more representative of Scotland and the social care sector
- Signal changes to what minority ethnic colleagues see and feel
- Make significant changes to how we recruit
- Build awareness and understanding of senior leaders, action owners, line managers of what it means to be anti-racist and a good ally
- Build clarity and understanding of the barriers and opportunities for change.

Links to key national and local statistics and the Care Inspectorate’s data can be found [here](#).

**5.3 HOW WE WILL ACHIEVE IT**

We will make improvements by taking the actions reflected in the Draft Race Equality in Employment Plan 2021-2025 (Appendix 1). We will provide our annual equalities update to the Board in April 2022 and report publicly on our progress in April 2023, through our next Equalities Mainstreaming Report.

**6.0 IMPLICATIONS AND/OR DIRECT BENEFITS****6.1 Resources**

The plan is to work with external race specialists to support us with the assessment of the Care Inspectorate’s understanding of racism and any structural barriers that may exist within our organisation. This will ensure the plan

identifies the right interventions to advance race equality and promote best practice in terms of equality, diversity and inclusion.

## 6.2 Sustainability

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

## 6.3 Policy

This paper should be considered in the context of a range of national policy drivers and initiatives aimed at improving equality outcomes across Scotland including the following:

- Race Equality Framework 2016-2030
- Race Equality Action Plan 2017 – 2021
- Fair Work Framework 2016 (the Scottish Government is developing a Fair Work position on race)
- Equalities and Human Rights Committee, in its race and employment report (Race Equality, Employment and Skills: Making Progress?)

## 6.4 People Who Experience Care

By investing in our workforce and organisation, staff are well equipped to support the rights of people experiencing care and to champion and seek evidence of equality, diversity, and human rights. The Care Inspectorate's focus on equality and diversity promotes equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination.

## 6.5 Customers (Internal and/or External)

Staff have a variety of ways to specifically get involved with and influence the Care Inspectorate's equality and diversity work including:

- Following our Equality and Diversity Policy and behaving in a way that is consistent with the policy and our values
- Joining the Corporate Equality Group
- Contacting the Equalities Professional Adviser and the Involvement and Equalities Team
- Undertaking equality, diversity and inclusion training that is available through the Learning Management System, joining relevant webinars and conversation cafes
- Carrying out equality impact assessments and taking relevant action
- Completing and updating their equalities information on My View
- Reading the Equality, Diversity and Inclusion (EDI) Strategy to:
  - understand our EDI priorities and action plan
  - work towards the seven commitments.

**7.0 CONCLUSIONS/NEXT STEPS**

The Board is invited to note the positive actions and achievements outlined in this report and the plans to progress this work further.

## Draft Race Equality in Employment Plan 2022-2025

Year	Actions	Outcomes	Lead(s)
Year 1:2022	<p>Find out about the Care Inspectorate's understanding of racism and identify any structural barriers that may exist</p> <p>Data gathering through</p> <ul style="list-style-type: none"> <li>attitude survey to staff, managers, leaders and board members/ interview, focus group.</li> <li>analysis of our recruitment and selection processes, career progression, promotion, performance assessment including views of people from minority communities)</li> </ul> <p>Finalise the Race Equality Employment Plan to ensure we build in an anti- racist approach</p>	<p>Improved understanding of what we mean by racism/ Care Inspectorate's experience of racism</p> <p>Increased understanding of any barriers that are unique to the Care Inspectorate that will result in a plan with the right interventions to address any barriers</p>	<p>Head of HR</p> <p>Equalities Professional Adviser</p>
	<p>Develop a recruitment landing page on our website to include videos and testimonies, with up-to-date imagery of Care Inspectorate employees from minority ethnic backgrounds</p>	<p>Increased engagement from minority ethnic community, increased number of hits on website, more ethnically diverse pool of applicants increased number of applications from minority ethnic community</p>	<p>Head of HR</p> <p>Communications Team</p>
Year 1:2022	<p>Update our Recruitment Policy and action plan (using inclusive toolkit) and complete equality impact assessment</p>	<p>Increased references to equality, diversity and inclusion within the Recruitment Policy to support equality of opportunity and ensure there is no discrimination/ unintended barriers in our process</p>	<p>Head of HR</p>

Year	Actions	Outcomes	Lead(s)
Year 1:2022	Increasing opportunities for/ promoting flexible working/hybrid working and home working	<p>Increased opportunities to work flexibly, will improve our ability to attract applicants from a diverse background/ existing employees choose to continue working with us improvements in:</p> <ul style="list-style-type: none"> <li>• recruitment</li> <li>• flexible working requests are approved</li> <li>• people working flexibly (informally)</li> <li>• staff satisfaction around flexible working</li> <li>• retention</li> </ul>	Head of OWD/ Future Working Group
Year 1:2022	<p>Continue with:</p> <ul style="list-style-type: none"> <li>• Mentoring</li> <li>• Coaching</li> </ul> <p>Review of Strategic Workforce Plan for career pathways, learning and development, talent management and succession planning</p> <p>Introducing:</p> <ul style="list-style-type: none"> <li>• Reciprocal/reverse/ mutual mentoring</li> </ul>	<p>Employees from minority ethnic community feel:</p> <ul style="list-style-type: none"> <li>• Supported to learn and develop, acquire new skills</li> <li>• Valued and listened to by managers and leaders</li> <li>• More confident in existing skills and experience</li> <li>• They have the opportunity and ability to apply for promoted posts</li> </ul> <p>Improvements in:</p> <ul style="list-style-type: none"> <li>• employee engagement</li> <li>• career progression</li> </ul>	Head of OWD

Year	Actions	Outcomes	Lead(s)
		<ul style="list-style-type: none"> <li>retention of employees from minority ethnic background</li> </ul>	
Year 1: 2022	Integrate ambitions into new Corporate Plan, in line with recommendations from the Public Sector Leadership Summit on Race Equality in Employment	Increased references to race within the new Corporate plan (link to commitments on our webpage) and key performance measures	Head of Corporate Policy and Communications. Equalities Professional Adviser
Year 1: 2022	Specific learning and development event with the Board, Strategic Leadership Team and Operational Leadership Team (focus on building inclusive leadership)	Improved understanding of inclusive leadership/ unconscious bias	Equalities Professional Adviser
Year 1: 2022	Visible leadership around this topic/ agreed communication plan	Increased awareness across our workforce of actions taken and impact	Head of Corporate Policy and Communications Strategic Leadership Team
Year 1: 2022	Promote the work through external communications (for example minority ethnic people experiencing care, how inspectors respect ethnicity/ culture/ religion/ prayer, celebrations)	<p>Improved awareness on how we promote race equality in our scrutiny and quality improvement work</p> <p>Increased social media activity around race</p> <p>Increased job applications from minority ethnic communities</p>	Equalities Professional Adviser/ Communications Team
Year 1: 2022	Review of equality related HR policies and procedures	Improvement in policies to reflect good practice that are consistent	Head of HR Equalities Professional Adviser

Year	Actions	Outcomes	Lead(s)
		with Equality, Diversity and Inclusion strategy	
Year 2: 2023	Community engagement (roadshows, blogs, social media, open days with organisations like CEMVO, BEMIS and CRER)	Increased amount of specific events with minority ethnic communities	Equalities Professional Adviser Head of HR Other professional leads
Year 2: 2023	Create opportunities for pre-hire networking and to access an office environment through community open days, school/ college open days	Increased opportunities for people from an ethnic minority background to gain: <ul style="list-style-type: none"> <li>informal work experience/ internships</li> <li>access to a professional network</li> <li>experience of an office environment.</li> </ul> Improvements in: Community engagement, attraction and recruitment	Equalities Professional Adviser Head of HR Head of OWD
Year 2: 2023	Review job profiles/ criteria to determine if qualifications and levels of experience are still considered essential (considering removing minimum requirements where possible barrier identified)	Increased applications from people from a minority ethnic community  Improvements in: Recruitment	Head of HR
Year 2: 2023	Review job adverts/ advertising strategy in line with positive action plan	Increased applications from people from a minority ethnic community	Head of HR

Year	Actions	Outcomes	Lead(s)
		Improvements in: Recruitment	
Year 2: 2023	Target recruitment campaigns e.g. inspectors, business support, strategic inspectors in Glasgow, Edinburgh, Aberdeen, Dundee)	Increased applications from people from a minority ethnic community  Improvements in: Recruitment	Head of HR
Year 2: 2023	Run campaign to encourage employees to complete equality information	Reduced number of 'unknowns' to improve workforce reporting information  Increased employee disclosures to 90% or higher	Equalities Professional Adviser  Senior HR Adviser (Workforce Information)
Year 3: 2024	Publish ethnicity pay gap information, occupational segregation and associated action plans	Sustained 0% ethnicity pay gap	Equalities Professional Adviser  Senior HR Adviser (Workforce Information)
Year 3: 2024	Measure progress against equality outcome 3 and reporting via Mainstreaming Report	Increased number of employees from a minority ethnic community	Equalities Professional Adviser  Senior HR Adviser (Workforce Information)
Year 4:2025	Facilitate opportunities for employee voice through employee networks	Employees from minority ethnic community feel: <ul style="list-style-type: none"> <li>• listened to/ heard by leaders</li> <li>• involved in change</li> <li>• sense of belonging</li> <li>• they can influence change/ decision making and share ideas</li> <li>• safe and respected</li> </ul>	Equalities Professional Adviser



Year	Actions	Outcomes	Lead(s)
		Improvements in: <ul style="list-style-type: none"> <li>• employee engagement</li> <li>• retention of employees from minority ethnic background</li> </ul>	

DRAFT



<b>Title:</b>	<b>CARE INSPECTORATE EMPLOYEE SURVEY 2022</b>
<b>Author:</b>	<i>Kirstine Rankin, Head of Organisation and Workforce Development</i>
<b>Appendices:</b>	1. Care Inspectorate 2022 Employee Survey Timeline
<b>Consultation:</b>	Consultation has been completed with the senior leadership team and Partnership Forum.
<b>Resource Implications:</b>	Yes. There is currently a resource implication for those staff supporting this work. This includes representatives from Partnership Forum, Operational Leadership Team, Organisational Workforce and Development, Human Resources and Internal Communications.

#### **EXECUTIVE SUMMARY**

This report has been developed following discussions with Partnership Forum (PF) and the Strategic Leadership Team (SLT) on the planned approach to deliver our next employee survey. The survey plays an important role in supporting our work to build and develop a positive, supportive and safe culture in which to work. Our commitment to partnership working with our joint trade unions is critical to our success in taking forward this work and our approach to jointly commissioning the employee survey with PF is now well established.

The survey will be delivered against a backdrop of the pandemic which has created a range of complex personal and professional challenges for our staff, as well as the social care sector and society as a whole. The impact of this experience is still emerging and may be felt for many years to come. In the short term, the emotional impact of working under pressure, as a consequence of the pandemic, maybe reflected in reported morale, engagement and wellbeing for our staff.

The report sets out our proposal to develop and deliver our next employee survey. The survey will be our third jointly commissioned partnership forum employee survey, following the most recent survey in 2019. As for previous surveys, the survey will be delivered in partnership with BMG, an external company specialising in research services.

The proposed timescale summarised in the report is based on a survey window in early March 2022. A summary report of the survey results will also be shared with the Board.

#### **The Board is invited to:**

- |    |  |
|----|--|
| 1. | Note the proposal and timescales outlined in this paper. |
|    |  |

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<b>Links:</b>	Corporate Plan Outcome	1,2 & 3	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	Y
<b>For Noting</b>	<b>x</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Decision</b>

**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.**

<b>Reason for Confidentiality/Private Report:</b>
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N/A – this is a public Board report.
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<b>Disclosure after:</b>
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<b>Reasons for Exclusion</b>	
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## CARE INSPECTORATE EMPLOYEE SURVEY 2022

### 1.0 INTRODUCTION

The Care Inspectorate is committed to supporting and developing our workforce to realise their full potential. By investing in our workforce, we are supporting our staff to feel valued, engaged and recognised for their work to deliver our common purpose of contributing to world class care in Scotland. We support our workforce by engaging and consulting with them in a number of ways, including through an employee survey.

The survey plays an important role in supporting our work to build and develop a positive, supportive and safe culture in which to work. Our commitment to partnership working with our joint trade unions is critical to our success in taking forward this work and our approach to jointly commissioning the employee survey with PF is now well established.

A summary of the key objectives for our employee survey is outlined below.

- Measure the level of engagement and satisfaction of all employees
- Determine our employees' understanding of, and belief in, our organisation's vision, purpose and values
- Identify our areas of strength and good practice, as well as potential challenges and opportunities for improvement
- Understand and rank the drivers of engagement, satisfaction and team effectiveness for our employees in order to support our understanding and inform our work to develop our culture and investment in our workforce
- Understand the learning, development and career progression expectations of our employees
- Establish benchmarks to track progress in the future.

The planned 2022 survey will be our third full, jointly commissioned PF employee survey. As for previous surveys, the survey will be delivered in partnership with BMG, an external partner specialising in research services.

The survey will be delivered against a backdrop of the pandemic which has created a range of complex personal and professional challenges for our staff, as well as the social care sector and society as a whole. The impact of this experience is still emerging and may be felt for many years to come. In the short term, the emotional impact of working under pressure, as a consequence of the pandemic, may be reflected in reported morale, engagement and wellbeing for our staff.

### 2.0 SURVEY DESIGN PROCESS

To support the survey design, a short life working group involving representatives from PF, the Operational Leadership Team (OLT), OWD and internal communications will be established. During the drafting process, feedback will also

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be invited from the wider OLT group and SLT. The final draft will be submitted to PF and SLT for sign off by 7 February 2022.

Extensive work has previously been undertaken to develop a comprehensive question set that provides a robust assessment of employee engagement levels. The previous question set was also designed to support internal and external benchmarking and the monitoring of trends over time.

To build on this work, the 2022 survey will be designed around the question set used for the 2019 survey. To support our approach to continuous improvement, we will also review the learning from the last survey to ensure the survey design and structure is as simple and effective as possible in order to meet our survey objectives.

**3.0 STAFF COMMUNICATIONS**

A robust communications plan will be delivered to encourage high levels of employee engagement and participation with the survey. A range of communications activities will be used to:

- generate awareness and understanding of the survey purpose
- remind staff of the survey dates and emphasise the importance of a high response rate to ensure a strong employee voice
- provide assurances of anonymity and confidentiality, including the role of an independent, third-party company for data collection
- reinforce our leadership commitment to sharing and acting on the survey results.

**4.0 SURVEY TIMESCALE**

A summary of the survey timeline is appended to this report. Planning and design activities will commence in early January. The final survey will be approved by 7 February, with the survey window running from 28 February until 18 March 2022.

**5.0 SURVEY RESULTS**

The survey results will be shared with PF, SLT, OLT and the Board. Directorate summaries will be produced to support directorate management teams to jointly explore areas of good practice and opportunities for improvement. As with the previous surveys, a range of communications activities will be used to share the survey results with managers, staff and the Board.

**6.0 IMPLICATIONS AND/OR DIRECT BENEFITS****6.1 Resources**

There is currently a resource implication for those staff supporting this work. This includes representatives from PF, OLT, OWD, HR and internal communications.

**6.2 Sustainability**

There are no sustainability implications.

**6.3 Policy**

There are no policy implications.

**6.4 People Who Experience Care**

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

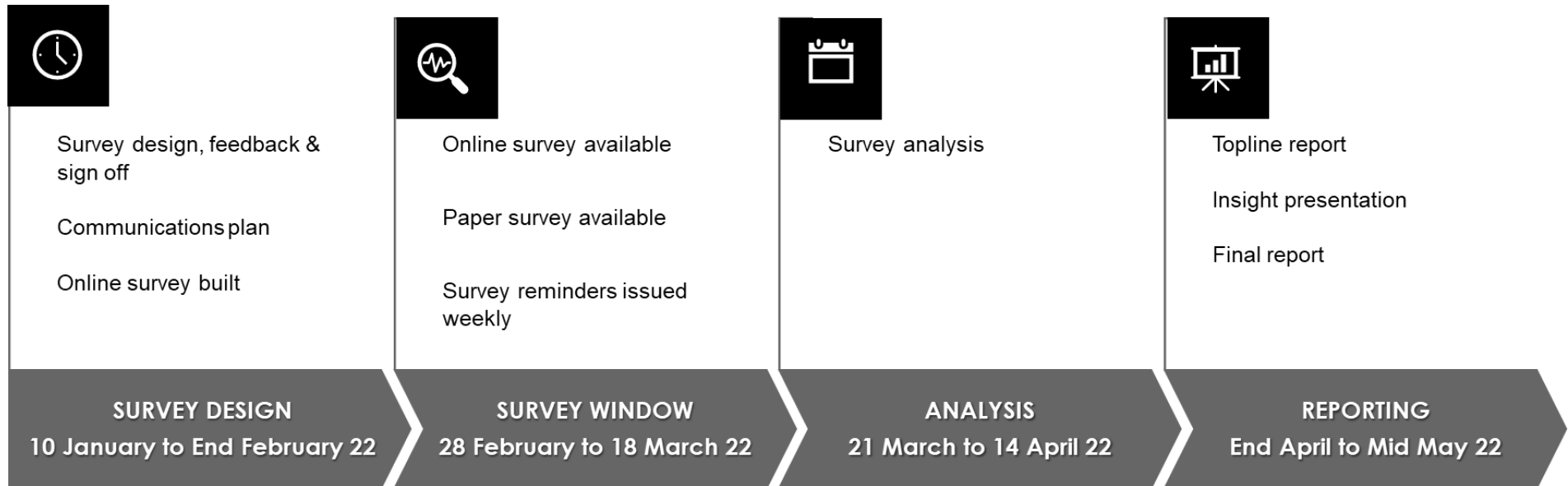
**6.5 Customers (Internal and/or External)**

The employee survey will be jointly developed and delivered with our PF. The survey will be accessible to all employees and available in online and paper-based versions, if requested, to support full participation. The survey results will be shared with PF, SLT, OLT, employees and the Board. The emerging themes will be used to identify the priority areas for improvement to support the continued investment in and development of our workforce.

**7.0 CONCLUSIONS/ NEXT STEPS**

The Board is asked to note the details of this report and plans for the next staff survey.

## CARE INSPECTORATE 2022 EMPLOYEE SURVEY TIMELINE



## Strategic Risk Update

### Strategic Risk 2 – Financial Sustainability

**“Funding level fails to increase in line with inflation, external cost pressures and additional demands”**

#### Context:

The Scottish Government announced the 2022/23 Scottish Budget on 9 December 2021. The Care Inspectorate is shown as having a 0% increase in grant in aid.

This means that we will need to identify budget reductions to cover the estimated costs of:

	<b>£m</b>
Pay award & pay progression	0.710
New health & social care levy	0.245
Continuation of market oversight development	0.306
Full year impact of employing subject matter experts	0.153
Shared service cost rebalancing	0.142
<b>Additional grant in aid requirement (maintain services)</b>	<b>1.556</b>
<b>Budget Growth requests from directorates</b>	<b>1.077</b>

The £1.556m is to maintain services at current levels. Directors have brought forward budget growth proposals of circa £1.1m. SLT is still to prioritise these proposals.

We also receive grant funding from other areas of the Scottish Budget totalling an estimated £2.3m. There is no confirmation of this funding at this stage.

We have put forward a plan to fund non-recurring budget pressures over the next three financial years from our projected significantly above target general reserve balance. We are awaiting confirmation that this plan is acceptable to Health Finance. If the plan is not accepted the outcome is likely to be that we are not permitted to draw down our full grant in aid settlement for 2021/22, the projected general reserve balance at 31 March 2022 will reduce and the non-recurring budget pressures will require to be addressed via the 2022/23 funding settlement (0% increase).

There is therefore significant uncertainty around the availability of funding to meet budget pressures. The scale of these pressures means there will be significant impact on our ability to maintain our services for 2022/23 and beyond.

#### Updates to the Risk Register:

The risk likelihood score has increased to 4 “Likely” and the impact score has increased to 4 “Major”.

The residual risk grade has moved from medium to high. Risk velocity has also increased to high as crucial decisions will need to be made between now and the Board meeting on 31 March where the 2022/23 draft budget will be submitted for approval.

The following further actions have been identified to mitigate the risk:

- i. Discussion with Sponsor with a view to increasing proposed grant in aid settlement and obtain confirmation of specific grant funding
- ii. All budget managers to contribute to a budget reduction and risk exercise
- iii. We will only attempt to fund budget growth requests identified by SLT as essential



**Strategic Risk Register Monitoring**

Date																	
for Audit & Risk Committee 18 November 2021																	
Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner		
2	<p><b>Financial Sustainability</b></p> <p><b>What is the Potential Situation?</b> Funding level fails to increase in line with inflation, external cost pressures and additional demands</p> <p><b>What could cause this to arise?</b> Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational &amp; workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry.</p> <p><b>What would the consequences be?</b> Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.</p>	4	4	16	H	4	4	16	H	High	↑	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Medium term budget and financial strategy are regularly reviewed</li> <li>ii. Monthly budget monitoring</li> <li>iii. Positive working relationships maintained with SG</li> <li>iv. Regular liaison meetings with SG Health Finance</li> <li>v. Ongoing review and development of savings and income generation options</li> </ul>	<p>Further Actions</p> <ul style="list-style-type: none"> <li>iv. Full business case for Stage 2 of Digital Transformation being developed</li> <li>v. Discussion with Sponsor with a view to increasing proposed grant in aid settlement and obtain confirmation of specific grant funding</li> <li>vi. All budget managers to contribute to a budget reduction and risk exercise</li> <li>vii. We will only attempt to fund budget growth requests identified by SLT as essential</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>high</b></p> <p>Above target and at high end of tolerance level</p> <p>Rating: <b>Amber</b></p> <p>Response: <input type="text" value="Treat"/></p>	EDCCS		



# BOARD

## Schedule of Business 2021/22

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022	22 Mar 2022
Chair's Report	✓	✓ Expanded to cover whole term of office	✓	✓		✓
Chief Executive Report	✓	✓ (Verbal)	✓	✓	✓	✓
<b>STRATEGY AND POLICY ITEMS</b>						
<b>Approval of Care Inspectorate Strategies on a rolling/as required basis</b> <ul style="list-style-type: none"> <li>• Financial Strategy</li> <li>• Customer Service Strategy</li> <li>• Legal Services Strategy</li> <li>• ICT Strategy</li> <li>• Intelligence Strategy</li> <li>• Shared Services Strategy</li> <li>• Information Governance Strategy</li> <li>• Communications Strategy</li> <li>• Improvement Strategy</li> <li>• Health and Safety Strategy</li> <li>• Workforce Strategy</li> </ul>	Financial Strategy			Interim Improvement and Involvement 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	22 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			✓			✓
Customer Engagement Strategy - Refreshed						✓
<b>MONITORING AND GOVERNANCE ITEMS</b>						
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit and Risk Committee	✓		✓	✓		✓
Complaints Activity Report	✓ (annual)			✓ (mid-year)		
Revised Counter Fraud, Bribery and Corruption Framework	✓					
Annual Accounts 2020/21 Progress Report <i>(to 1<sup>st</sup> Quarter meeting of Board)</i>	✓					
Board Self-Evaluation Action Plan (arising from Board Governance Review)	✓					
Shared Services Update Report	✓					
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			✓			
Budget Monitoring <i>(Report from MOWG: Budget Development to be presented to December and March Board)</i>			✓	✓ <i>(+ MOWG report)</i>		✓ <i>(+ MOWG report)</i>

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022	22 Mar 2022
Health, Safety and Wellbeing Strategy and Action Plan						✓
Health and Safety Annual Report				✓		
Equality Duty Reporting – Annual Progress Report				Race Equality Progress report		✓
Corporate Parenting Report						✓
Annual Review of the CI's Financial Regs						✓
Annual Procurement Performance Report			✓			
<b>OPERATIONAL ITEMS</b>						
Digital Programme Update Report	✓ (Appendix to Audit & Risk Committee report)		✓		(+ Stage 2 Business Case update – <b>in Private</b> )	
Chief Nurse Update	✓				✓	
Remobilisation Update (Future Working Group)	✓					
Shared Service Update	✓					
HR Annual Report ( <i>normally first meeting of Board</i> )				(postponed to March)		✓
Board and Committee Cycle 2022/23 – proposed meeting dates			✓			
Hybrid Working and Remobilisation (presentation)				✓		
Approval of Pay Remit for submission to Scottish Government ( <b>tbc</b> )						
Update on Significant Organisational Restructures ( <b>when required</b> )						
Estates Update ( <b>when required</b> )						
Approval of Compensation Payments ( <b>when required</b> )						

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022	22 Mar 2022
<b>STANDING ITEMS</b>						
Identification of Risk	✓		✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓
CI Employee Relations Appeals ( <i>standing item, but when required</i> )	✓ (none)		✓ (none)	✓ (none)		✓
<b>PRIVATE AND CONFIDENTIAL ITEMS</b>						
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			✓			
Care Homes Design Guides			✓			
Digital Programme Update Report - (+ Stage 2 Business Case)					✓	