A Meeting of the Care Inspectorate Board is to take place from **11.00 am – 1.30 pm on Thursday 16 June 2022.** Arrangements will be in place to enable attendees and observers to join by video-link. 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 Board meeting held on 22 March 2022 (paper attached)
5.	Action Record of Board meeting held on 22 March 2022 (paper attached)
6.	Matters Arising
7.	Chair's Report – Report No: B-16-2022
8.	Chief Executive's Report - Report No: B-17-2022
	STRATEGY AND POLICY
	There are no items for this meeting.
	MONITORING AND GOVERNANCE
9.	Monitoring our Performance 9.1 Monitoring Our Performance 2021/22 Quarter 4 - Report No: B-18-2022 9.2 Performance Targets 2022-25 - Report No: B-19-2022
10.	Report of Audit and Risk Committee (papers attached)
11.	Complaints about Care Services in Scotland, 2019/20 to 2021/22 - A statistical bulletin – Report No: B-20-2022

Version: 4.0	Status: FINAL	Date: 08/06/2022

12.	2021-22 Annual Report and Accounts Progress Report – Report No: B-21-2022
	OPERATIONAL ITEMS
13.	HR Annual Report 2021/22 – Report No: B-22-2022
14.	Presentation: Chief Nurse Update
15.	Presentation: Care Inspectorate Staff Survey High Level Update
16.	Shared Services Update (verbal update)
	STANDING ITEMS
17.	Identification of Risk
18.	Board Schedule of Business 2022/23 (paper attached)
19.	Any Other Competent Business
20.	Close of Public Meeting and Date of Next Meeting: Thursday 11 August 2022 at 1.30 pm in Compass House, Dundee

Minutes

Meeting:	Public Board
Date:	22 March 2022
Time:	10.30 – 11.00 am (private session)
	11.00 am (public meeting)
Venue:	By Teams video-conference
Present:	Paul Edie, Chair
	Naghat Ahmed
	Sandra Campbell
	Gavin Dayer
	Rona Fraser
	Paul Gray
	Ronnie Johnson
	Bill Maxwell
	Keith Redpath
	Carole Wilkinson
In Attendance:	Edith Macintosh, interim Chief Executive (iCE)
	Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA)
	Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS)
	Gordon Mackie, Executive Director of IT and Digital Transformation (EDIDT)
	Craig Morris, Interim Executive Director of Strategy and Improvement (iEDSI)
	Lisa Rooke, Head of Corporate Policy and Communications (HoCPC)
	Fiona McKeand, Executive and Committee Support Manager (ECSM)
	Ingrid Gilray, Intelligence and Analysis Manager (I&AM)
	Al Scougal, Senior Intelligence Analyst
	Alison Cooke, Senior Solicitor
	Jacqui Duncan, Equalities Professional Adviser *(item 16 only)*
	Sean Byrne, Strategic Inspector *(item 17 only)*
	Marie Paterson, Chief Inspector, Adult Services *(private item 9 only)*

Observers: Fiona Birkin, Joint Chair - Partnership Forum
Claire Brown, Executive and Committee Support Officer
Abby McKay)
Chandni Butt) OWD team
Debbie Murray)

Apologies: None

Item		Action

1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, noting that this was the first public Board meeting for Edith Macintosh and Craig Morris in their new roles as interim Chief Executive and interim Executive Director of Strategy and Improvement respectively.

2.0 APOLOGIES

There were no apologies.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTES OF BOARD MEETING HELD ON 10 FEBRUARY 2022

The minutes of the meeting held on 10 February 2022 were **approved** as an accurate record.

5.0 ACTION RECORD OF BOARD MEETING HELD ON 10 FEBRUARY 2022

The Board reviewed the action record and noted, in relation to the report on race equality, that Board member Naghat Ahmed had been working with the Equalities Professional Adviser as critical mentor. Further progress had been made in setting up an online race group, learning material had been shared with staff and the 2022 staff survey included protected characteristics question. The equalities duty action plan would be finalised in April and shared with Board members in due course.

6.0 MATTERS ARISING

There were no matters arising.

7.0 CHAIR'S REPORT – REPORT NO: B-05-2022

The Board noted the report, which summarised the Chair's activities since the last quarterly Board meeting in December 2021. These included discussions with the Minister for Social Care and the Cabinet Secretary and meeting with the European Health and Social Care

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Regulator. The Chair also updated members on progress being made in the recruitment of new Board members and the start of the recruitment process for a new Chief Executive.

8.0 CHIEF EXECUTIVE'S REPORT TO BOARD – REPORT NO: B-06-2022

The interim Chief Executive presented her first report which provided the Board with information on key strategic areas of work and developments for the Care Inspectorate since the last quarterly report to the Board in December 2021. She wished the Board to note the privileged interim role she held and her responsibilities as Accountable Officer, particularly at a time of major reform in the areas of social care and education.

The report outlined a number of key speaking engagements that the interim CE had attended in recent weeks, and these had provided good opportunity to re-engage and re-profile the organisation post-Covid. The Board was pleased to note the wider engagement activity that the interim CE was carrying out as a means of positioning the organisation and building influence. Members were advised that the networking would extend into education and early learning, notably around a shared framework for early learning and childcare (ELC).

It was also agreed that the Care Inspectorate's newly appointed Chief Nurse would be asked to provide an update on her work at a Board meeting before the end of June.

iEDSI/Chief Nurse

The Board asked if any further progress had been made on the public Covid-19 inquiry at UK level and was advised that draft terms of reference were being considered. Although formal hearings were planned to take place in 2023 no definite timing had been set. It was planned to publish interim reports throughout the duration of the inquiry.

The Board was pleased to note the extension of the funding for ELC improvement and technology enabled care and requested details of the figures.

iEDSI

The Board welcomed the work that the Strategic Scrutiny Adults team was undertaking into unpaid carer experiences of specifically social work and social care. Full engagement was underway with national and local carers organisations and experiences would inform the design and timing of the work.

The Board noted the report.

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STRATEGY AND POLICY

9.0 **SCRUTINY AND ASSURANCE PLAN – REPORT NO: B-07-2022**
(This item was discussed in private session, prior to the commencement of the public meeting)

The Executive Director of Scrutiny and Assurance presented the draft scrutiny and assurance plan for 2022-23 to the Board, and invited members to discuss and approve, subject to any amendments, for submission to Scottish Government.

The Board discussed the plan and recommended some modifications in respect of its structure, some additional explanatory notes on what was meant by a "risk-based approach", some reference to the work that had taken place with oversight teams and the learning from this in terms of responding to Covid.

EDSA

The Board **approved** the draft Scrutiny and Assurance Plan, subject to some minor modifications, for submission to the Minister.

10.0 **CORPORATE PLAN 2022–2025 – REPORT NO: B-08-2022**

The interim Executive Director of Strategy and Improvement presented the report which outlined the extensive consultation that had taken place throughout October 2021 to February 2022 to gather feedback and views to inform the development of this new Corporate Plan. The feedback, from a wide range of individuals and organisations, had shaped the development of the new plan and the Board was invited to approve the final draft.

The Head of Corporate Policy and Communications advised members that a positive meeting had taken place with the Sponsor team the previous week.

Members noted the timetable, pending approval, to publish the plan by mid-April, taking account of the pre-election period. It was then intended that directorates and team plans would be developed and that the Board would hold regular review of the new performance measures, once agreed.

The Chair thanked Bill Maxwell, the Board member who had been appointed to the consultative group, for his input.

There was discussion on target setting and it was noted that draft targets for the agreed performance measures would be brought to the June meeting of the Board for further discussion and approval.

With one recommendation that pages 13-17 be moved to sit immediately after the section on the Care Inspectorate's vision, purpose, values, and some minor changes to language and descriptions, the Board **approved** the Corporate Plan.

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11.0 BUDGET AND INDICATIVE BUDGETS - REPORT NO: B--09-2022

The Executive Director of Corporate Services presented the report, which presented the Care Inspectorate's draft budget proposals for 2022/23 to the Board for approval and subsequent submission to the Sponsor Department.

The extensive preparation of the proposals had been carried out in consultation with the member/officer working group and ongoing discussions with Sponsor and Scottish Government Health Finance. The position statements from Health Finance were set out in the report.

There was discussion on the need for the organisation to prioritise its activities and align these with the scrutiny and assurance plan.

The Board was supportive of the proactive work that was being carried out through the organisation's continued engagement with the sponsor department.

The Board noted the high-level projected budget position for 2023/24 and 2024/25 and **agreed**:

- the draft 2022/23 budget;
- the draft 2022/23 Capital Plan; and
- the fee rates to be charged to care service providers in 2022/23 (which would be unchanged from 2021/22)

12.0 MONITORING OUR PERFORMANCE 2021/22 QUARTER 3 – REPORT NO: B-10-2022

The Intelligence and Analysis Manager presented the quarter 3 report which informed the Board that, overall, the Care Inspectorate was meeting or exceeding targets on six of its seven key performance indicators (KPIs), and was just slightly below target for the remaining one. The report provided a detailed account of each KPI and the work carried out to support the strategic objectives.

The Board welcomed the very positive report and recommended that an explanatory note could be added alongside KPI 7 to provide information on the proportion of services that fell into high and medium risk categories.

I&AM

Under KPI 1, the Board asked for further information on the numbers of questionnaires that had been sent out as part of the registration experience applicant's feedback survey, in order to compare with the number of responses received.

I&AM

On behalf of the Board, the Chair recorded congratulations to staff on performance during last quarter.

13.0 REPORT OF AUDIT AND RISK COMMITTEE

The Committee Convener reported on the meeting that had been held on 10 March 2022, and that there were no matters that required the Board's approval.

Members noted that the Committee had approved the annual internal audit plan for 2022/23.

The Board also noted:

- the very positive report on the internal audit carried out on the Care Inspectorate's equality and diversity policies and procedures;
- the positive outcome of the National Fraud Initiative exercise, and the assurance this had provided to the Audit and Risk Committee that the Care Inspectorate's internal controls for payroll, purchasing and payments were operating effectively; and
- that there had been no significant change to the strategic risk position since last reported to the Board in December 2021. Three strategic risks – financial sustainability, IT data access and security, and digital transformation - remained above target level and the Committee had been advised of the actions being taken to try to mitigate these risks.

The Board had no further questions and noted the report.

14.0 BUDGET MONITORING AND STAFFING UPDATE– REPORT NO: B-11-2022

The Executive Director of Corporate and Customer Services presented the report which provided the Board with details of the projected 2021/22 financial position from that previously reported to members on 16 December 2021. The Board was advised that most of the detail had also been covered in the budget report under item 11.

The Board had no further questions and noted the report.

15.0 MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES – REPORT NO: B-12-2022

The Senior Solicitor presented the report, which provided the Board with details of the new Model Code of Conduct for Members of Devolved Public Bodies, and which required to be adopted by the Care Inspectorate. The report also highlighted the key changes from the existing Code of Conduct.

The main changes related to the declaration of interest category, which was wider than the current definition. There was detailed discussion around this, particularly around the new stage,

"connection". The Board was advised that the legal team had proposed an amendment to section 5.4 in order to take account of the fact that the Chair, the Chair of Healthcare Improvement Scotland and the Convener of the Scottish Social Services Council all sit on each other's Boards by operation of law, and not because of any personal appointment or nomination.

The Board **agreed** to the adoption of the revised Code of Conduct for submission to the Sponsor team for ministerial approval.

16.0 EQUALITY DUTY REPORTING - ANNUAL PROGRESS REPORT – REPORT NO: B-13-2022

The interim Executive Director of Strategy and Improvement presented the report which provided the Board with information on progress with the action plan aligned to the Equality, Diversity and Inclusion Strategy, approved by the Board in March 2021. He also referred to the very positive internal audit report presented to the Audit and Risk Committee earlier in the month.

The Board noted the progress that had been made across seven main commitments outlined in the report and the accompanying action plan provided detailed information on the links with other strategic work and legal duties, timelines and each action's red/amber/green status.

The Board was pleased to note the sustained progress that was being made and noted the report.

17.0 CORPORATE PARENTING PLAN: PROGRESS UPDATE – REPORT NO: B-14-2022

The interim Executive Director of Strategy and Improvement presented the report, which provided the Board with the first annual overview of progress against the corporate parenting plan. The Board was invited to note and comment.

The summarised action plan highlighted the red/amber/green status of each of the actions. The Board noted that there had been more training and improved engagement with young inspection volunteers and revised governance on corporate parenting.

The Board was pleased to learn of the clear strategic direction and continued alignment of the plan with the United Nations Convention on the Rights of the Child and The Promise, and it was agreed that the full action plan would be circulated to the Board, and ongoing annual review.

iEDSI/ECSM

18.0 ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS – REPORT NO: B-15-2022

In line with the required annual review of the financial regulations, the Executive Director of Corporate and Customer Services presented the report, which invited the Board to approve the Care Inspectorate Financial Regulations to ensure they remained fit for purpose in accordance with corporate governance best practice.

Noting the minor modifications that were highlighted, the Board **approved** the financial regulations.

STANDING ITEMS

19.0 IDENTIFICATION OF RISK

The Board agreed that there were no additional risks.

20.0 BOARD SCHEDULE OF BUSINESS 2022/23

The Board noted the schedule of business 2022/23.

21.0 ANY OTHER COMPETENT BUSINESS

The Chair advised the Board that he would take into consideration the skill set of the new members once appointed in order to identify membership of the Member Officer Assurance and Advisory Group for the digital programme, and for the vacancy on the Audit and Risk Committee.

22.0 Close of public meeting and date of next meeting: 16 June 2022 at 10.30 am

Signed:

Paul Edie, Chair

Version: 2.0	Status: *APPROVED – 16.06.22*	Date: 19.04.2.22

Agenda item 5

care inspectorate

BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 22 March 2022					
8.0	**Chief Executive's Report - B-06-2022**	Staff Survey to be added to agenda for June Board meeting	**ECSM**		**Completed**
		Arrange for Chief Nurse to provide update to members at a BDE/Board meeting	**iEDSI/Chief Nurse**		For June Board meeting **Completed**
		Circulate funding figures to Board for ELC improvement programme and Technology Enabled Care.	**iEDSI**		Figures email to Board 4/5/22 **Completed**
9.0	**Scrutiny And Assurance Plan – B-07-2022**	Some additions/modifications to be made to plan, as outlined in minutes, prior to submission to SG.

Further consideration of a two-part plan (split strategic and operational) for future years. | **EDSA** | Immediate | Modifications made and plan submitted to SG. Plan approved and available to view under Scrutiny and Assurance section of intranet. **Completed** |

12.0	**Monitoring Our Performance 2021/22 Quarter 3 – B-10-2022**	Explanatory note alongside chart under KPI 7 to provide information on the proportion of services that fell into high and medium risk categories. Further information on the numbers of questionnaires issued under the registration experience applicant's feedback survey, in order to compare with the number of responses received.	Intelligence and Analysis Manager	For Q4 report	**Completed**
17.0	**Corporate Parenting Plan: Progress Update - B-14-2022**	Circulate the full action plan to Board.	**iEDSI**	Following the review of the action plan by the Corp Parenting Group on 7 June.	**Update: 8/6/2022** Information emailed to Board to advise of further review of action plan and next steps.

iCE:	interim Chief Executive		
EDSA:	Executive Director of Scrutiny and Assurance		
iEDSI:	interim Executive Director of Strategy and Improvement	HoFCG:	Head of Finance and Corporate Governance
EDCCS:	Executive Director of Corporate and Customer Services	HoCPC:	Head of Corporate Policy and Communications
EDITD	Executive Director of IT and Digital Transformation	ECSM:	Executive and Committee Support Manager

BOARD MEETING 16 JUNE 2022

Agenda item 7
Report Number: B-16-2022

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

EXECUTIVE SUMMARY
This report outlines some of my activities since the Board last met in March.

The Board is invited to:

1.	Note the information contained in this report.

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

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

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

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

Agenda item 7
Report Number: B-16-2022

CHAIR'S REPORT

1.0   New Board Members

I was delighted to participate in the selection process for new Board members earlier in the year. In April four new members of the Board started their terms. Audrey Cowie recently served on the SSSC and has a long and distinguished nursing background. Maria McGill is also a nurse but has Children and Families expertise and recently served as Chief Executive of the Children's Hospice Association. Charlotte Armitage and Rosie Moore bring their lived experience of the care system from a young person's perspective.

I would like to welcome them to the Board and look forward to seeing them make their mark over the next few years.

2.0   Board Member Reappointments

As well as new Board members, I was delighted to see both Bill Maxwell and Ronnie Johnson reappointed to the Board for second terms. Both have made immense contributions to the Board's work and I congratulate them on their reappointment.

3.0   New Board Chair Selection Process

My term of office will come to an end at the end of August and the search is on for a new Board Chair. At the time of writing the advertising process is coming to an end and I am looking forward to working with the successful candidate on transition.

4.0   Board Development Event – 18 May

Our Board Development session in May was our first face to face meeting for two years. Items we focused on included the Board's first sight of the outcomes of our staff survey and also I was very grateful to Fiona Duncan Chair of The Promise who came to discuss progress and what more the CI can do to help.

5.0   Annual Review of Shared services

Together with our counterparts in SSSC, Edith MacIntosh and I met to review the progress and workings of our Shared Services with SSSC. We will have an update at the Board on this topic but I am pleased to say the meeting was very positive about the way the services are now running, though identified one or two areas for fine tuning.

6.0   Meeting with Minister for Mental Wellbeing and Social Care – 12 May

This was the regular meeting with Mr Kevin Stewart in which we discussed among other issues recruitment of inspectors.

7.0   NHS Chairs Meeting 30th of May

This quarterly meeting between NHS Chairs and the Cabinet Secretary was largely based on where we are now with the pandemic.

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Title:	**CHIEF EXECUTIVES REPORT**
Author:	*Edith Macintosh, interim Chief Executive*
Appendices:	None
Consultation:	Not applicable
Resource Implications:	Not applicable

EXECUTIVE SUMMARY
This report presents the Board with information on key strategic areas of work and developments for the Care Inspectorate since the last quarterly report to the Board in March 2022.
The Board is invited to:
1.   Note the information contained in the report.

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

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

Reason for Sensitivity: Not applicable. This is a public Board report.
Disclosure after: Not applicable.

	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.

Agenda item 8
Report No: B-17-2022

CHIEF EXECUTIVE'S REPORT

1.0   INTRODUCTION

This is my second report to the Board during my time as interim Chief Executive and this section outlines the key activities and engagements I have carried out since the end of March.

The other parts of my report outline some of the key developments and areas of work that the Care Inspectorate has been involved in during the previous three months.

1.1   Engagement Activity

As reported to members in March, much of my activity has been to focus on re-engaging and re-profiling the Care Inspectorate post-Covid. This has included meetings with the Chief Executives of the Coalition of Care and Support Providers Scotland, Education Scotland, the Mental Welfare Commission and the Scottish Private Nursery Association. I have also met with Val De Souza who has been appointed Chair for the Bairns Hoose Governance Group.

1.2   Regular Meetings

Along with colleagues, I continue to attend regular meetings with Healthcare Improvement Scotland, NHS Education Scotland, Scottish Care, SSSC, Sponsor Team and other Scottish Government colleagues for example with the ELC. I have also taken part in the quarterly meeting of the Chief Executives of the UK and Ireland regulatory bodies.

1.3   Conference Speaking

Along with colleagues from Adults Services, I attended the Scottish Care National Care at Home Conference and Awards. I had the pleasure of speaking on the subject of regulation and its future in homecare. This had a positive response and many providers spoke with me during the conference to share some of their challenges and also some innovative work.

1.4   Love Inc Project

At the end of April, I attended the launch of the Love Inc Project event "Power of Partnership 'Relationships are key'". The aims of the Love Inc Project are to work collaboratively with partners and other key stakeholders and organisations; to gather the views of children and young people on their experience of love and relationships within the care system and to develop an approach which ensures love is an integral and fundamental aspect of any child or young person's care experience. The Care Inspectorate, along with the Aberlour Trust, Includem and CELCIS received funding from The Life Changes Trust Workforce Development Initiative to develop a partnership project to explore this. More information can be viewed on our intranet here: Love InC - launch of final report (sharepoint.com)

Early Learning and Childcare Event

1.5   I was interviewed by Maisie, who was 7 years old, for the ELC staff event that is taking place on 21 June. She asked me several questions about my childhood and what I enjoyed. This will be shown at the event along with other similar clips. Maisie is the granddaughter of one of our Inspectors, Christina Jones.

2.0   COLLABORATION/PARTNERSHIP WORKING

2.1   **Keeping the Promise**

Activities across our six Promise workstreams have continued at pace. The presentation to the Board development day in May 2022 from the Chair of the Promise Oversight Board, Fiona Duncan, was an insightful and useful opportunity for us to further prioritise and shape how we will contribute to and influence the national practice changes required to realise The Promise.

2.2   **Proud Scotland Employer Award**

On 3 June 2022, the start of Pride Month, we won the [Proud Scotland Employer Award - Large Employer](#) (over 500 employees). The Care Inspectorate is the first regulator to ever achieve such an award or recognition. This award recognises employers who have led the way in creating a culture conductive to happiness and security within the workplace for employees who identify as LGBTQI+. The award means a great deal as we were nominated for the award, which means our work has made a difference to someone from the LGBTQI+ community, and we were considered the best even though we were shortlisted alongside other major well-known organisations who have an impressive track record when it comes to equality, diversity, and inclusion. There is always more work to do, and we will continue to make improvements and be a proud ally.

2.3   **Scottish Improvement Foundation Skills programme**

In October 2021, the Quality Improvement Support Team (QIST) and Organisational Workforce Development (OWD) undertook a survey to establish a baseline of organisational QI capability. The analysis demonstrated the need to increase foundation level QI skills and knowledge in the Care Inspectorate. In response, the Quality Improvement Support Team (QIST) working with National Education for Scotland (NES), have taken devolved delivery of the Scottish Improvement Foundation Skills programme (SIFS).

A paper was taken to Operational Leadership Team in March 2022, where it was agreed that planning would commence for the delivery of SIFS internally within the Care Inspectorate. QIST will lead on delivery of this programme but also work in partnership with the Professional Development Award team and OWD to coordinate activity and support. Planning has begun for the delivery of this programme later in 2022.

2.4   New notification on the use of restraint and restrictive practices

The children and young people regulated inspection teams have worked with the **Scottish Physical Restraint Action Group (SPRAG)** to develop a specific notification for children and young people's services on the use of restraint and restrictive practices. The new notification is accessed through our eForms system, and our updated **Records that all registered children and young people's care services must keep and guidance on notification reporting** **provides details on when it should be used**. The new notification will offer a more streamlined process for care services, as well as providing us with better data about the use of restraint and restrictive practices, helping us all to **Keep the Promise**.

2.5   Response to the Ukraine crisis

Due to the limited availability of foster carers, and in order to augment the number of placements available by utilising individuals who are both PVG checked and registered with a professional regulatory body as primary carers, the children and young people regulated inspection teams published a position on **Emergency foster care placements in response to the Ukraine crisis.** These contingency arrangements apply to children from Ukraine only, where there is no alternative placement available. We also issued a reminder to providers of our **Guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers**, to support individual local authority and independent care homes for children and young people who may need, on rare occasions, to accommodate any child or young person in an emergency and go above the numbers of children which they are registered to care for.

2.6   Joint Inspection of adult support and protection

The programme, led by the Care Inspectorate, and delivered in partnership with HMICS and HIS, continues at pace. Inspection 17 of 26 has been announced, with this first phase of the programme expected to conclude in July 2023. This programme established the systems and processes to allow for strategic inspection to be undertaken via digital means. All inspections have been undertaken during the Covid pandemic. An interim overview report was published in May 2022. Consequently, the Scottish Government's ASP policy team have commissioned IRISS to progress work on chronologies. We are pleased that the findings of the inspection programme are influencing the national improvement agenda for adult support and protection.

2.7   Self-Directed Support

As noted in previous Board reports, Social Work Scotland have funding from the Scottish Government to support the implementation and evaluation of the SDS standards.

A 'project board' has been established to support this next phase of work and the Care Inspectorate are represented on this. Alongside the board, is a 'national SDS collaborative' of stakeholders – including some of our strategic inspectors – which will identify themes for progression. Finally, there is 'community of practice', which will involve all HSCPs. In time, our improvement team will become involved in this work. We have asked the SWS lead for the project to deliver a session for strategic inspectors on the project, as there will be key opportunities for us to support all of this work through our link inspector arrangements.

2.8   Adult Protection: Initial/ Significant Case Reviews and Learning Reviews

The National Guidance for Adult Protection Committees Undertaking Learning Reviews was published on 26 May 2022. The Care Inspectorate, on behalf of Scottish Government, acts as a central collation point for all Significant Case - and now Learning – Reviews completed across Scotland at the point at which they are concluded. It is recognised that due to on-going reviews there will be overlap between the 2 review processes. Therefore, the care inspectorate will for the foreseeable future accept all reviews. A triennial report of Initial and Significant Case Reviews is due to be published in late 2022.

Aligned to this work, the Scottish Government commissioned the Care Inspectorate and Healthcare Improvement Scotland to provide independent oversight and assurance further to the publication of the Significant Case Review P19 by a particular adult protection committee. We continue to engage with relevant parties to ensure that their action plan to deliver on the report's recommendations is developed and is appropriately prioritised and credible.

2.9   Residential Rehab Programme Board

We have had initial discussions with Scottish Government and partners around the work being carried out in relation to residential rehabilitation. There is a commitment from Scottish Government to tackle drug and alcohol related deaths. The Care Inspectorate will support this work and ensure the correct registration for settings to protect people who use services.

2.10   MJ awards - Care and Health Integration

There have been examples of highly successful initiatives relating to integrating health and social care.   North Lanarkshire Local Authority are nominated for the above award for their collaborative and innovative approach in bringing together care and health services. Care Inspectorate have been invited to join North Lanarkshire at the award ceremony on 24 June 2022, London, in recognition of the support provided to improve healthcare for adults and older people living in care homes in Lanarkshire through working collaboratively and the support of the inspection teams. The Senior Inspector most closely involved will be attending the event to represent the Care Inspectorate.

3.0   STAFF/PARTNERSHIP FORUM ENGAGEMENT

3.1   Hybrid working

As we continue to experiment with new working arrangements as part of our one-year hybrid working trial, we have produced and signposted a range of resources to support staff. Over June and July 2022, a series of evaluation activities will also be delivered to understand the impact of the trial in quarter 1 and inform the design of targeting of support to be provided in quarter 2.

3.2   Strategic Workforce Plan

Work to shape our new strategic workforce plan has now begun. The plan will define our future organisation and workforce requirements to deliver our new corporate plan. Building on the recent positive internal audit of our approach to strategic workforce planning, the plan will be developed using a best practice methodology, drawing widely on input from senior leaders, managers, trade union representatives and all staff. A nominated Board lead will also support the development of the plan, which will be submitted to the Board for final approval by the end of 2022.

3.3   Recruitment

We ran a successful inspector campaign in the Spring which resulted in offers to 40 candidates. Some of the learning from the recruitment review was incorporated into this and recommendations for longer term changes to recruitment processes will be reviewed on an ongoing basis.

4.0   BUDGET/TRANSFORMATION

4.1   Digital Transformation

The digital team formally submitted the Stage 2 Business Case to Scottish Government at end of April 2022 as part of the next stage of the Care Inspectorate's digital transformation journey. We are now liaising with Scottish Government on their feedback, and we continue to work with Scottish Government colleagues in trying to secure the funding needed to deliver this transformation.

We have aligned the corporate plan to the work we are doing in digital to ensure our colleagues gain a greater understanding of our focus and priorities in the coming years and are now delivering our 'digital conversations' across the organisation, with colleagues from Comms team.

In May we launched a major enhancement to the case communication log within the Registrations functionality. We also worked with operational colleagues on developing a step-by-step business process on enforcements. This collective collaboration was a good example of cross directorate working.

4.2   Information Technology (IT)

The IT team has been rolling out Multi Factor Authentication (MFA) over the last few months as part of our IT security improvement plan. This is a very important security change for the organisation, and we are pleased to report that over 70% of the organisation is now using MFA with a targeted plan for the remaining 30% in the coming weeks.

4.3   Business Intelligence and Analysis

From the outset of the Covid-19 pandemic, the Intelligence and Analysis team has developed and delivered effective monitoring and reporting on the impact of Covid-19 on care services to inform and target the Care Inspectorate's work as well as to share with external colleagues, in particular Scottish Government.

In May, following the removal of remaining restrictions and reduction of routine testing, the Intelligence and Analysis team reviewed the 30 or so routine reports, consulted with internal and external customers, and have stood down two thirds of the regular reports. The team continues to share relevant data and information to support the Scottish Government including the ongoing pandemic response, providing data on staff vacancies to help target recruitment campaigns, running the latest care home census on behalf of Scottish Government and providing expertise on social care data to support the development of the National Care Service. We also continue to support the information requirements of Operation Koper (the Crown Office and Procurator Fiscal Service investigation into deaths in care homes).

As the Board is aware, the team has led on the development of performance measures for the new corporate plan which was approved by the Board in March 2022. Since then, they have worked with colleagues to develop new data collection where required, updated the detailed operational Performance Framework and are working on delivering new performance reporting for Care Inspectorate colleagues and the Board that will reflect the new suite of measures.

5.0   POLICY AND STRATEGIC DEVELOPMENT

5.1   National Care Service

We await the Scottish Government's announcement on the proposals for the National Care Service, which is expected to be published in June before the summer recess. We understand that the framework legislation will also be tabled in the Scottish Parliament at the same time. A period of co-design will then follow in the coming months involving consultation with various groups on the detail of the proposals.

5.2   **Consultation Responses**

We continue to engage with the Scottish Government on a number of policy developments relating to the Children's Care and Justice Bill and the development of a National Care Service. Since March 2022 the organisation has responded to the following consultations:

- Public Sector Equality Duty Review (Scottish Government)
- National Strategy for Community Justice: Revision Consultation (Scottish Government)
- Scottish Mental Health Law Review (Scottish Government)
- Who Cares? Scotland: What Next? (Who Cares? Scotland)
- Healthcare Improvement Scotland Draft Strategy (Healthcare Improvement Scotland)
- Guidance on Proving Community Equipment and Housing Adaptations (Scottish Government)
- Disclosure Process in Scotland (Disclosure Scotland)

5.3   **Public Inquiry – Scotland**

The Scottish Covid-19 Public Inquiry was publicly launched on 25 May 2022 with the launch of its website. In terms of an indicative timeline, it stated that a listening project will be undertaken, an interim factual record of the key strategic elements of the handling of the pandemic will be prepared, and structured calls for evidence and written submission will take place, but no dates are provided. Later stages will include oral hearings, finalisation of the draft factual record of the key strategic elements of the handling of the pandemic, and ultimately publication of reports on lessons learned, implications for the future, and recommendations.

On 9 June 2022, Deputy First Minister John Swinney delivered a statement on the Scottish Covid-19 Public Inquiry announcing three amendments to the Inquiry's terms of reference:

- To expressly include social care and the experiences of unpaid carers in the terms of references. He noted that social care was always intended to be in the scope of the inquiry, but this was not clear enough. Paragraph 2H as amended will now task the inquiry to investigate the strategic elements of the handling of the pandemic related to provision of healthcare services and social care support including the management and support of staff and the recognition, involvement and support of unpaid carers
- The second amendment includes the statement that the inquiry will, as the chair sees appropriate, consider any disparities in the strategic elements of handling the pandemic including unequal impacts on people.
- The final amendment involves clarification of the wording in terms of investigation to lockdown and to impose other restrictions.

5.4   **Public Inquiry – UK**

The UK Covid-19 Inquiry has been set up. The Inquiry consulted on its draft Terms of Reference until 7 April 2022 and the Care Inspectorate took part in their consultation attending one of their roundtable discussions. The Inquiry Chair, Baroness Hallett, has submitted recommendations to the Prime Minister on the final Terms of Reference, which will set the topics for the Inquiry's investigations into the UK's pandemic response. No timetable has been provided but formal hearings are not expected to begin until next year (2023) and the Inquiry is looking to undertaking a nationwide "listening project" to enable people to give evidence in a less formal setting.

5.5   **Corporate Plan and supporting strategic plans**

We published the Corporate Plan 2022-25 in May 2022. Strategic plans for directorates, programmes and project teams will follow. To ensure these strategic plans clearly and directly align with the strategic outcomes of the Corporate Plan, a template has been developed that directorates and project/programme teams will use. This will help teams and directorates focus their aims and activities appropriately, and deliver a consistent, coherent suite of plans that will strengthen and support successful delivery of the overall Corporate Plan.

5.6   **Bairns' Hoose**

The Bairns' Hoose Standards (Barnahus Standards) Development Group met in June 2022, to consider the development of the draft standards and broader partnership working. The detailed work to shape the draft standards will continue over the coming months and will be published for consultation in September 2022, led jointly by the Care Inspectorate and NHS Healthcare Improvement Scotland. The Development Group comprises the Care Inspectorate, Scottish Government, Healthcare Improvement Scotland, NHS Scotland, Social Work Scotland, Cosla, Scottish Children's Reporter Administration, Scottish Courts, Crown Office and Procurator Fiscal Service, Police Scotland, NSPCC, Children 1st, Kibble, Includem and other voluntary sector organisations.

5.7   **Supporting visiting rights**

Further to the update in my report to the March Board, the Scottish Government has published two new Health and Social Care Standards for Scotland's adult care homes that put Anne's Law into practical effect, while legislation is being prepared. The Standards should be reflected by care homes in their policies, and we will consider whether they are being met when registering, inspecting and supporting homes. To support this, we have published guidance for providers on how services should ensure they are meeting these new Standards. In addition, we are updating our quality frameworks accordingly.

The new Standards set out the expectation that people living in care homes should have the right to see someone who is dear to them, even during a Covid-

19 outbreak, and be able to name a person or persons who can directly participate in meeting their care needs. The Scottish Government has awarded funding to enhance our role in supporting visiting rights. This additional resource will enable us to proactively champion the implementation of the new standards and rigorously monitor its progress.

5.8   Complaints against the Care Inspectorate

Joint work with the Scottish Public Services Ombudsman and Healthcare Improvement Scotland has recently been completed to clarify the responsibilities of scrutiny bodies for complaints regarding health and social care, including whistleblowing. This has resulted in practice guidance and a flowchart mapping the current system, which have been shared with Scottish Government colleagues designing the National Care Service. The team is currently drafting a report for OLT on organisational learning from complaints about the Care Inspectorate.

5.9   Human Rights

The Equality and Human Rights Commission's public inquiry into the experience of minority ethnic care workers across the UK during the pandemic has recently been published. Leadership teams are being briefed on the inquiry findings, with a view to preparing our public response to the recommendations relating to the Care Inspectorate. We also continue to influence national policy on human rights and the development of the forthcoming human rights legislation. I sit on the Scottish Government's Human Rights Executive Board and the Head of Professional Standards and Practice is on the Leadership Panel for Scotland's National Action Plan on human rights.

5.10   Inspection methodology for children and young people's services: 2022-23

The children and young people regulated inspection teams have published three new versions of Key Question 7 'How well do we support children's rights and wellbeing?' which replaced the previous Key Question 7 for **care homes for children and young people and school care accommodation (special residential schools)**, **mainstream boarding schools and school hostels**, and **secure accommodation services.** These key questions have been designed to produce a more proportionate regulatory footprint, affording services space to focus on recovery and development as we transition out of the pandemic; prioritise the quality of relationships experienced by children, note "the process surrounding their care" as advised by **The Promise**; and support engagement with more children and young people, through visiting more services. In our discussions with young people about this revised approach, this was particularly important to them. Our inspection teams are using these now as part of their inspections of regulated services and we expect services to use them as part of their self-evaluation work. Each key question augments its corresponding quality framework.

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5.11   Report on distance placements

The children and young people regulated inspection teams have published a report on **Distance placements: exploration of practice, outcomes, and children's rights**, with a series of recommendations to improve the lives of children experiencing care in distance placements.   Distance placements refer to any child placed in a care setting outwith their home community, but the report gives emphasis to issues faced by children placed in Scotland from other parts of the UK. The report found that a combination of inadequate planning, poor practice, and limited resources is resulting in some children facing further trauma and negative outcomes. Concerns about placements to inappropriate settings, away from family, friends and familiar support networks are highlighted in the report.

5.12   Admissions guidance

Following the publication of our paper on **Distance placements: exploration of practice, outcomes, and children's rights**, the children and young people regulated inspection teams have updated our **Admissions Guidance for Residential Services** to provide clearer expectations in relation to the admission of young people placed at a distance from home, including those placed cross border. We hope that this will help providers to uphold children's rights and ensure that young people have more positive experiences.

5.13   Thematic inquiry of carers experiences of social work and social care

The inquiry aims to understand unpaid carers' experiences of adult social work and social care services in supporting them to maintain or improve their quality of life and to support their ability to continue to care. From this, to learn how the future support of carers can be delivered and improved.
The strategic adults' team has now undertaken 90 sessions, through individual conversations or focus groups. Two thirds of these sessions have been with unpaid carers and the remainder with HSCP staff and leaders, and local carer organisation staff and managers. The national unpaid carers survey had almost 1500 responses. Analysis is now underway, with the report due to be published in mid-August 2022.

5.14   Secure Care Pathway Review: The experiences of young people in – or on the edges of – secure care accommodation

Between August 2022 and August 2023, we will carry out a review that will focus on young people up to the age of 18 who are placed - or are at risk of being placed - by Scottish local authorities, in secure care accommodation. We will track the experiences of up to 30 young people before, during and after the stages of a young person's secure care journey. At three points over a nine-month period, we will ask young people, their families and the team of staff supporting them about their experiences. We will also be gathering information from all 32 local authority areas and consider progress in relation to

implementing the secure care pathway and standards, building on the evidence that we already gather from registered secure accommodation providers.

5.15   ELC Quality Framework

ELC staff from across inspection, registration and complaints attended four development sessions in Glasgow, Stirling, Dundee and Aberdeen to support the implementation of the Quality Framework for daycare of children, childminding and school aged childcare. The sessions were delivered by team managers and the inspectors involved in the pilot inspections. Providers involved in the pilot inspections contributed to the content by video. The face-to-face events were very well received and were managed safely with no incidents of Covid as a result.

Two inspectors from ELC have recorded a presentation about the Quality Framework, which is available online for the sector, along with frequently asked questions. This presentation is also supported by video content from provider representative groups showing their support for the Framework and highlighting how this has been used with their sector. There are also a range of in person or on-line events, meetings and conferences to promote the quality framework.
On the 1 June 2022, the ELC inspection teams introduced the quality framework for daycare of children, childminding and school aged childcare as our methodology and we look forward to capturing the impact on experiences and outcomes for children.

The methodology team developing an assessment framework for ELC to support inspectors in gathering evidence when evaluating a service by setting out key lines of enquiry (KLOEs) to follow under each quality indicator within the quality framework.

5.16   Quality Framework for care at home

The revised quality framework for care at home was published on 1 June alongside a self-evaluation toolkit. The methodology team also delivered a webinar for the sector to advise them of any changes and to address any questions they have. A new quality indicator on IPC has been added to the framework.

5.17   Enforcement Procedures

In April, the Strategic Leadership Team approved revised Enforcement Procedures, following a comprehensive review, involving Scrutiny and Assurance staff, our legal team and HSCP colleagues, which commenced prior to the pandemic. These now include a new structure to enforcement decision-making, strengthened executive oversight of high-profile enforcements and quality assurance of decision-making.

We are working very closely with a particular Health and Social Care Partnership around higher risk services, in terms of care provision, financial resilience and

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staffing across care homes. This includes oversight of services going into administration and supporting improvement and sector overview across the area.

Following a recent enforcement and closure of a care home which has been very distressing for those involved we have implemented a programme of support for staff. This includes independent trauma session for staff and a series of debriefing sessions to support wellbeing. Feedback from staff has been positive and we have incorporated the inclusion of staff wellbeing and debrief as part of our new Enforcement Policy and Procedure.

Title:	**MONITORING OUR PERFORMANCE 2021/22 – QUARTER 4 REPORT**	
Authors:	*Ingrid Gilray, Intelligence and Analysis Manager* *Al Scougal, Senior Intelligence Analyst* *Kaisha Wallace, Intelligence Researcher*	
Appendices:	**1.** Technical notes	
Consultation:	**N/A**	
Resource Implications:	**None**	
EXECUTIVE SUMMARY		

This report presents the 2021/22 Q4 summary report on our performance.

Overall, we have met or exceeded targets on four of our seven KPIs, and were slightly below target on the remaining three. This report provides a detailed account of our KPIs & work in support of our strategic objectives over the final quarter of 2021/22.

In December 2021, Covid-19 cases began to increase rapidly due to the Omicron variant. Q4 saw the highest recorded levels of Covid-19 cases across Scotland, and we therefore adapted our scrutiny approach by using increased virtual methods of scrutiny and assurance to protect people in services and our staff. 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.

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

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

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

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Agenda item 9.1
Report No B-18-2022

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

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

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

Agenda item 9.1
Report No B-18-2022

MONITORING OUR PERFORMANCE 2021/22 – QUARTER 4 REPORT

1.0 INTRODUCTION

Impact of Covid-19 on this report and on our work
This is the last performance report under our Corporate Plan 2019-2022. Following approval at the March 2022 Board meeting we will be reporting against the agreed performance measures detailed in our Corporate Plan 2022-2025 for Q1 2022/23.

In December 2021, Covid-19 cases began to increase rapidly again due to the Omicron variant. Q4 saw the highest recorded levels of Covid-19 cases across Scotland, and we therefore adapted our scrutiny approaches by increasing the use of virtual methods of scrutiny and assurance to protect people in services and our staff. We continued to target our scrutiny, assurance and improvement support in an intelligence-led way that takes account of services we assessed as most at-risk.

The ending of Covid-19 restrictions enabled greater scrutiny and quality improvement activity to take place in services than had been previously possible. We will continue to review our scrutiny and quality improvement activity in the context of the ongoing Covid-19 pandemic and particularly as restrictions and regulations change in Q1 2022/23.

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.

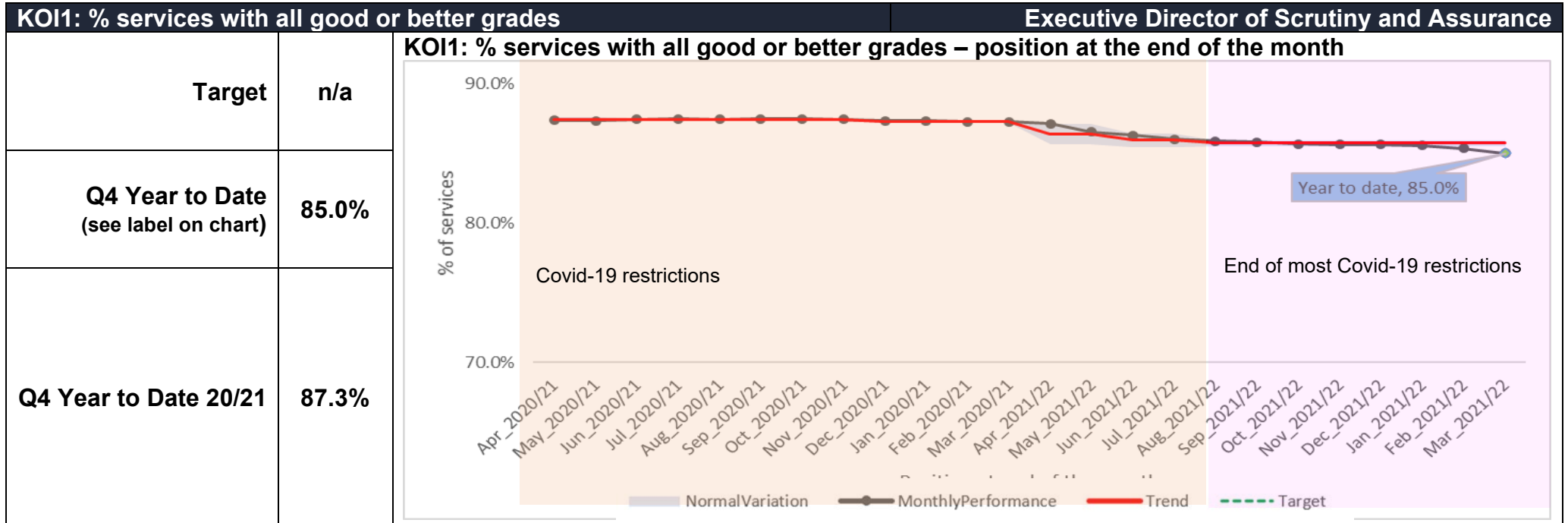## 2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 MARCH 2022

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

Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
KPI1: % of people telling us that our scrutiny will improve care **87% from 62 responses** [Target 90%]	**KPI5:** % of registration applications completed within timescales **75.2%** [Target 80%]	**KPI8:** Days per quarter that inspection volunteers and care experienced people are involved in our work **104 days (average per quarter)** [Benchmark 90 days]
KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **78.3%** [Target 80%]	**KPI6:** Level of investment in learning and development for our workforce **4.3 hours on average per employee** [Benchmark 3.0 hours]	**Colour code** **Target achieved** **Slightly below target** **Significantly below target** **Affected by pandemic response**
KPI4: % staff absence **4.8%** [Target 3.6%: Range 2.4% to 5.7%]	**KPI7:** % of inspection hours spent in high and medium risk services **72.5%** [Target 45%]	

Strategic outcome 1: People experience high-quality care

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

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

Target	**n/a**
Q4 Year to Date (see label on chart)	**85.0%**
Q4 Year to Date 20/21	**87.3%**

Notes: The % of services with good or better grades across all quality indicators has fallen slightly to 85% of registered services at the end of Q4 and is 2.3%-points lower than Q4 last year. Note that the axis on the chart above does not start at 0, to visualise the small but statistically significant decrease.

Reasons for Difference: We have continued to focus on inspecting services where concerns about quality of care are greatest, and the grades of these services are more likely to fall as a result. In order to increase the grade of a service we need to be confident that the improvement can be sustained. 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. We expect that the percentage of services with good or better grades will continue to fall, albeit slowly. The drop in this measure is driven by the fall in % of care homes for older people with good or better grades. The percentage of care homes with good or better grades in care homes for older people has fallen 17% points from March 2019/20 the highest decrease of all service types with more than five services. Most other service types have remained relatively unchanged since March 2019/20 with a change of less than 3% points in either direction.

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. While this measure is falling slightly our focus on services of concern has slowed the rate of increase in the length of time services remain with poor grades which had been quickly rising quarter on quarter in the first year of the Covid-19 pandemic (KOI2).	

KPI1: % of people telling us that our scrutiny will improve care	Executive Director of Scrutiny and Assurance
Target	90%
Q4 Year to Date	**87% of respondents (62 responses)**
Q4 Year to Date 20/21	**During 2020/21 we were not reporting on this measure**

Notes: Performance in this measure is largely positive and just below target (87%), however this is based upon a limited number of responses.
Reasons for Difference: The above performance is only from a small number of responses based on feedback about our registration process. 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.
Actions: This questionnaire examines satisfaction from a very particular function (registration), and 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. We plan to re-introduce our inspection feedback processes in 2022/23 which will improve the size and quality of the sample on which we assess performance. Note that, as we have always done, we continue to speak with people at all inspections including people using the service and their carers.

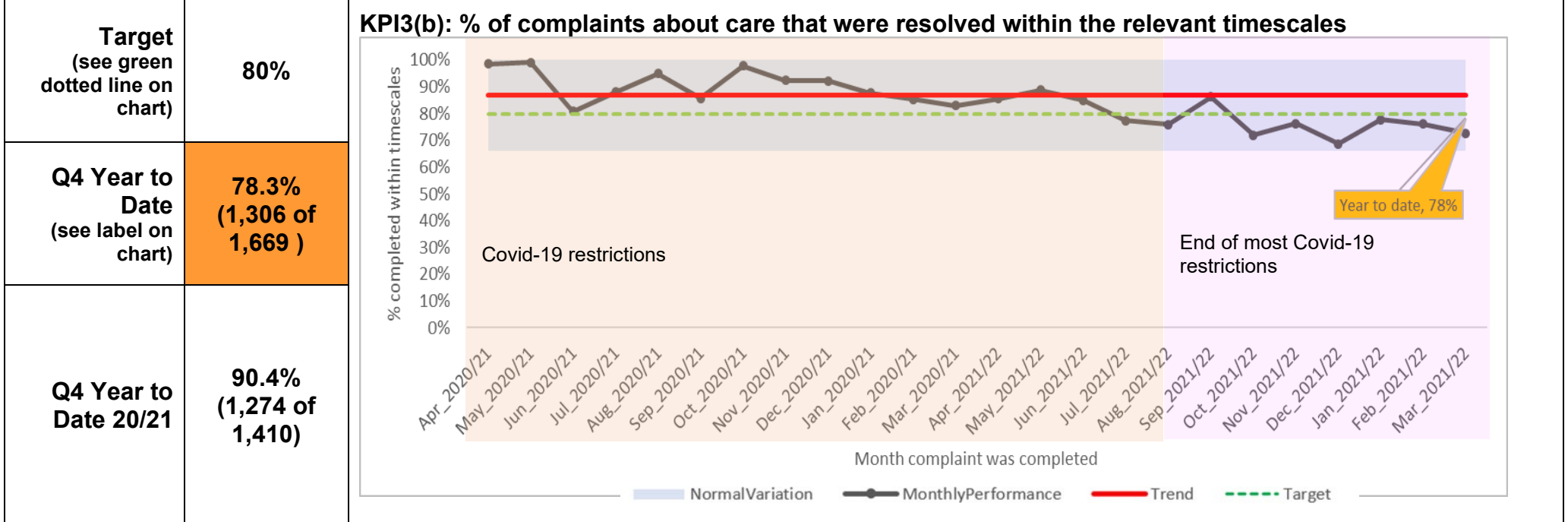| KOI2: average time a service continues to have a grade of less than adequate		Executive Director of Scrutiny and Assurance
Target	**n/a**	**KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month**
Q4 Year to Date (see label on chart)	**16 months**	
Q4 Year to Date 20/21	**16 months**	

Notes: From the start of the Covid-19 pandemic up to May 2021, there was a steady increase in the average time a service continued to have a grade of less than adequate. The average time a service continues to have a grade of less than adequate fell by one month compared to last quarter (17 months) and is the same as Q4 20/21.

Reasons for Difference: The average time a service continues to have a grade of less than adequate remains high. Inspections continue to be mainly focussed on services where we have concerns which are likely to have lower grades following inspection.

Actions: We will continue to monitor this.

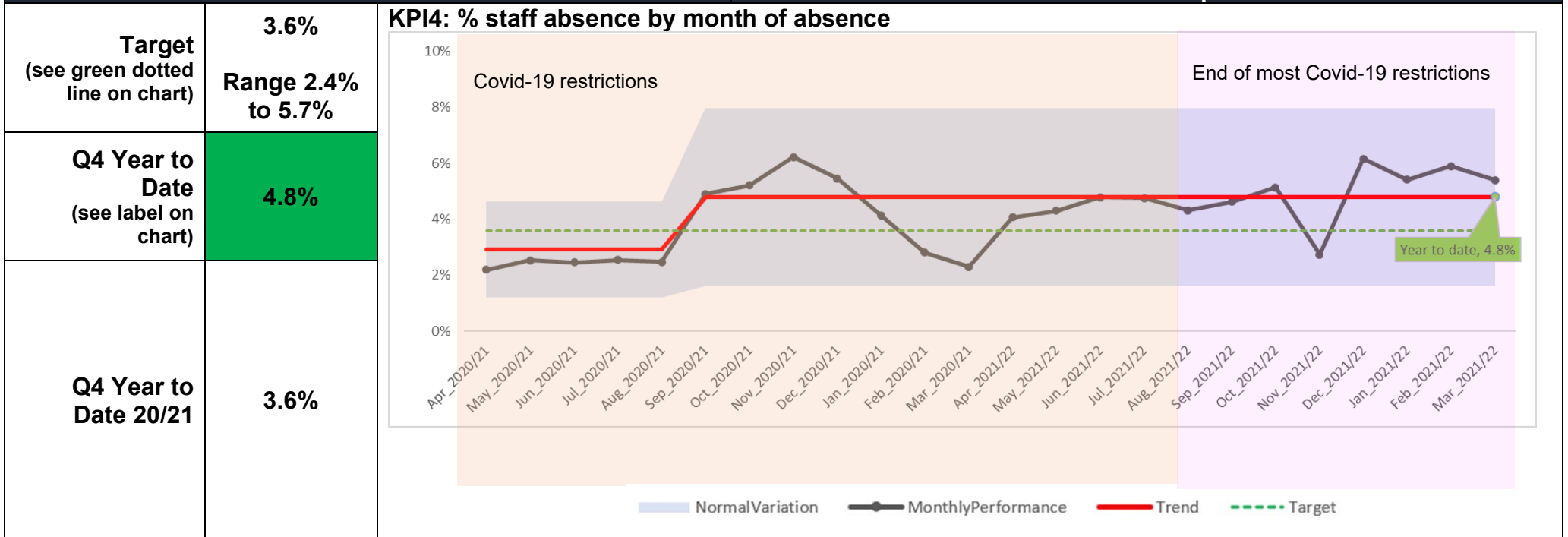| KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)		Executive Director of Scrutiny and Assurance
Target (see green dotted line on chart)	**80%**	
Q4 Year to Date (see label on chart)	**78.3% (1,306 of 1,669)**	
Q4 Year to Date 20/21	**90.4% (1,274 of 1,410)**	

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

Notes: Throughout the pandemic, we continued to receive complaints about services. We assess every complaint, and most are resolved within target. Up to the end of Q4, 78% of all complaints we resolved were completed within 40 days, with performance falling slightly below target (80%).

Reasons for Difference: All concerns raised are assessed and dealt with using the most appropriate method. From Q3 2020/21 fewer complaints were resolved through frontline resolution and more by Care Inspectorate investigation, with the latter approach tending to take longer to resolve. The complaints team have also been running with vacancies throughout the year and this has impacted on performance in this measure.

Actions: We continue to support people to raise concerns and assessed all concerns and complaints to ensure they were dealt with appropriately. 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.

We have revisited 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. This change in process will be implemented in our complaints process due in 2022/23. We plan 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. Complaints provide us with important information and data which forms part of 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 include directors of public health and health and social care partnerships, to inform risk assessments of services and the subsequent actions taken.

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%	
Q4 Year to Date (see label on chart)	**4.8%**	
Q4 Year to Date 20/21	**3.6%**	

KPI4: % staff absence by month of absence

Notes: Staff absence is currently 1.2% points higher than Q4 last year (4.8% in 2021/22 compared to 3.6 in 20/21) but is still within acceptable limits. Most recently, during Q4, the rate continued to increase until February before dropping slightly in March. The year-to-date figure (4.8%) was above the target level of 3.6% and above the recent average trend performance but remains below the upper range of acceptability for this measure.

Reasons for Difference: Compared to Q3, absence increased across all defined types; long term absence increased (up 34%, from 6,902 hours in Q3 to 9,223 hours in Q4) and midterm absence increased again (up 8%, from 1,6365 hours in Q3 to 1,763 hours in Q4). Short term absence decreased 2% (down from 1,456 hours in Q3 to 1,434 hours in Q4). Absence in February was the highest of 2021/22 with short term absence especially high driven by a number of staff being off with positive Covid-19 results or unwell following vaccination.

Actions: 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.

Scrutiny and assurance activity breakdown up to 31 March 2022

	Number completed Q4 Year to Date 20/21	Number completed Q4 Year to Date 21/22	Comparison of 2021/22 vs 2020/21 year to date
Inspections completed	835	2,424	▲
Serious concern letters issued	85	56	▼
Improvement notice enforcements	29	36	▲
Notice to cancel enforcements	8	6	▼
Remote contacts	74,368	21,287	▼
Total complaints resolved	1,410	1,669	▲
New registrations completed	477	456	▼
Number of variations to registration completed (not including typographical changes to certificates).	2,425	1,699	▼

Inspections completed: Completed inspections increased 190% (1,589 inspections) compared to Q4 last year. Inspections up to the end of Q4 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 increase year to year.

- 2,424 completed inspection visits in 1,875 services (this included inspections of services that have since cancelled)
- 758 in care homes for older people and adults
- 642 in daycare of children services
- 1,024 across other service types

Serious concern letters issued: We issued 29 fewer serious concern letters compared to the same period last year, a decrease of 34%. 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: We issued seven more improvement notice enforcements and two fewer cancellation notices compared to the same period last year. Enforcement activity remains high due to the prioritisation of high-risk services and extra monitoring around requirements made at inspections.

Remote contacts: Remote contacts decreased 53,081 (down 71%) compared to the end of Q4 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 as we have returned more to onsite inspections and support. Additionally, as functionality has continued to increase in the registrations app, more regular contact with services has been conducted via the app. Work is ongoing to capture and report on the number of contacts taking place in the registrations app.

Total complaints resolved: All concerns raised are assessed and dealt with using the most appropriate method. Total complaints resolved increased 18% (259 complaints) compared to Q4 last year.

New registrations completed: We completed around the same number of registrations as last year (down 4%, 21 completed registrations). The emergence of the Omicron variant and widespread cases across the country may have impacted on the number of applications for new registration. Additionally, 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 30% compared to Q4 last year (down 726 completed variations). The drop in completed variations is due to the increased variation work in 2020/21 related to changes in service provision due to Covid-19 (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) and to the expansion of early learning and childcare services.

Summary of key achievements and work progressed in Q4 2021/22

Strategic inspection children and young people
In Q4 we published our report of a joint inspection of services for children and young people at risk of harm in Dundee City. We conducted this inspection with Education Scotland, Healthcare Improvement Scotland and Her Majesty's (HM) Inspectorate of Constabulary in Scotland.
We also published an update on the outcomes of supported improvement work in Clackmannanshire.

Strategic scrutiny- joint inspection of adult services (JIAS)
We established a programme reference group for the JIAS, including health and social care partnership (HSCP) and Scottish Government leads for health and social care, to support, inform and promote the joint inspection programme in adult services. Regrettably, the resumption of the joint inspection programme itself had to be deferred further due to Covid-19 related staffing and hospital pressures in adult service between January and March. The restart is now planned for Q1 2022-23.

Thematic inquiry of carers experiences of social work and social care
The strategic scrutiny adults team is undertaking a national inquiry into unpaid carer experiences of social work and social care. This is an important area of work, with the number of unpaid carers in Scotland estimated to have risen to more than one million during the Covid-19 pandemic. This inquiry will give carers the opportunity to tell us about their experiences with the aim of identifying national learning and ultimately improving the social work experiences of carers across Scotland.

Joint review of diversion from prosecution
The strategic team - justice is currently involved in a joint review to assess the operation and impact of diversion from prosecution in Scotland. This will provide an overview of diversion practice from a policing, prosecution and justice social work perspective, highlight what is working well and exploring any barriers to the more effective use of diversion. The review is being carried out in partnership by the Care Inspectorate, HM Inspectorate of Constabulary in Scotland, HM Inspectorate of Prosecution in Scotland and HM Inspectorate of Prisons for Scotland.

Strategic adult support and protection inspections
Three inspection reports were published in the reporting period (Stirling, Falkirk and Clackmannanshire). These were well received by the public protection partnerships and wider sector.

People in care homes being supported to stay connected with people important to them
We continue work to address issues raised about ensuring people are supported to stay connected to people important to them including visiting and ensuring that people's rights are protected. We supported the Scottish Government in the development of the new Health and Social Care Standards about connection and visiting and developed guidance for services to implement new standards. We have also developed a suite of

improvement tools and pathways to support care homes to promote visiting and connection with people important to them. This ensures people's human rights are upheld. This was presented to Clinical and Professional Advisory Group on Care Homes (CPAG) and has been well received. We published an article on the improvement made in a care home by a care home manager who supported improvement and how practice could be changed from their perspective. We are also working on an animation for people who use services and their families called 'Having a good visit'.

A quality framework for care homes for adults and older people
We have published 'A quality framework for care homes for adults and older people' which covers both care homes for adults and older people after consulting widely with the sector. In addition to merging the two frameworks, we have made important updates to reflect the changing practice and policy context in which care and support is now provided. These updates include:

- removing key question 7: How good is our care and support during the COVID-19 pandemic? and adding a new quality indicator 1.5, 'People's health and wellbeing benefits from safe infection prevention and control practice and procedure', which reflects the introduction of the infection-prevention and control manual for older people and adult care homes.
- changing the focus of quality indicator 1.4, 'People experience meaningful contact that meets their outcomes, needs and wishes', to reflect the importance of meaningful contact and relationships as set out in Scottish Government's 'Open with Care' guidance. Information from the previous quality indicator 1.4 is now incorporated into the rest of the framework.
- introducing 'core assurances'. These are some things we will always look at on our inspections because they are key areas that are essential to a service being safe.

The framework supports services to evaluate their own performance and we have updated the self-evaluation guidance and toolkit, making it applicable across the whole framework.

Early learning and childcare (ELC) quality framework
Following a successful pilot and positive feedback from stakeholders, the ELC quality framework was published on 21 March 2022. The framework has been written with children's rights at the heart of the framework incorporating UNCRC (United Nations Convention on the Rights of Children) in the document. The focus for the ELC management team now is to deliver training to all staff and to deliver sessions to all partners and stakeholders. This will be done through team managers delivering a presentation as part of their relationship manager meetings. We will support the sector to develop an understanding of expectations in relation to key quality indicators and promote self-evaluation.

Guidance for secure accommodation and care homes (Children and Young People)
The quarter, we published a protocol and procedures for secure accommodation services on the use of registered emergency beds; and guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers in response to the Age of Criminal Responsibility (Scotland) Act 2019 which prescribes duties to provide places of safety to children in certain circumstances. Both of these guidance documents are designed to ensure consistent practice, expectations, and outcomes, and uphold the rights of children and young people using care services in Scotland as part of our commitment to keeping "The Promise".

Targeted quality improvement (QI) support
We are providing targeted QI support for two large provider organisations of older people's and adults' services. This support is intelligence driven, focussing on poorly performing services with the aim of facilitating culture change and building QI capabilities. We are supporting an individual service that is under an improvement notice. We formed a multidisciplinary team to provide targeted and specialist support around the identified areas for improvement.

Webinars
We delivered two webinars to nurse agencies in February 2022 with a focus on adult support and protection, managing medication incidents and infection prevention and control updates.

The health and social care improvement team were joined by podiatrists to deliver two foot health webinars in February. The first webinar focused on personal footcare, and the second webinar focused on the CPR (check, protect and refer) for feet campaign, with 425 people attended over the two webinars.

Strategic outcome 2: People experience positive outcomes

KOI3: % of services with all good or better grades at first inspection following registration		Executive Director of Scrutiny and Assurance
Target	n/a	**KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published**
Q4 Year to Date (see label on chart)	**67.5% (305 of 452)**	
Q4 Year to Date 20/21	**60.5% (52 of 86)**	

Notes: The percentage of services with good or better grades at first inspection has risen since Q4 last year by 7%-points to 67.5% of services. The chart above illustrates how variable performance was especially in the first year of the Covid-19 pandemic period due to the low number of services qualifying for the measure. Overall, during 2021/22 we have seen sustained and statistically significant increased performance compared to previous year, with variability also decreasing as illustrated by the smaller confidence intervals.

Reasons for Difference: This performance was in the context of an increase in newly registered services that were inspected due to the relaxation of restrictions. By the end of Q4, 452 services had their first inspection report published, a large increase of 366 services (up 426%) from Q4 last year.
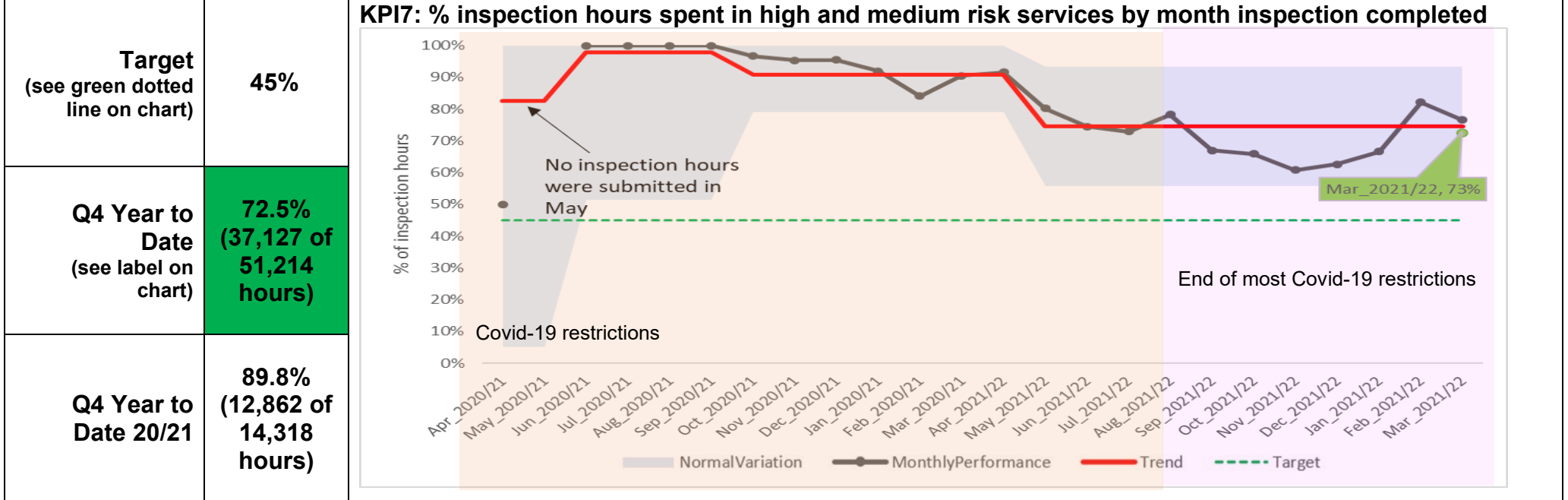
Actions: We will continue to monitor this measure and to see if the increase in performance and the number of qualifying services is sustained.

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

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

Target (see green dotted line on chart)	**80%**	
Q4 Year to Date (see label on chart)	**75.2% (218 of 290)**	
Q4 Year to Date 20/21	**78.3% (191 of 244)**	

Mar_2021/22, 75%

Covid-19 restrictions

End of most Covid-19 restrictions

Legend: NormalVariation — MonthlyPerformance — Trend - - - - Target

Notes: Up to 31 March 22 we completed 75.2% of registrations within timescales, slightly below target level and performance at the end of Q4 last year. There continues to be wide variation in performance on this KPI as illustrated by the shaded area in the chart.

Reasons for Difference: Performance in this KPI was generally above target in Q1 and Q2. There has been a drop in performance over Q3 and Q4 which has resulted in the year-to-date performance falling slightly below target. The emergence of the Omicron variant changed some of the priorities within registration towards helping services with the pandemic response over the winter months. There were also some capacity issues within the registration team during last two quarters.

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

KPI6: level of investment in learning & development for our workforce	Interim Executive Director of Strategy and Improvement
Benchmark	**3.0 hours on average per quarter***
Q4 Year to Date	**4.3 hours on average per quarter**
Q4 Year to Date 20/21	**3.8 hours on average per quarter**

Notes: Up to end of Q4, employees (based on 606 headcount) had on average 4.3 hours of learning and development per quarter, up from 3.6 hours recorded in Q3 2021/22, and up 13% compared to Q4 year to date 2020/21.

During Q4, there were 1,212 attendances from employees across 131 learning events. A broad range of learning and development events and resources were offered to support employees including:

- Development for all staff included corporate inductions, planning for retirement, ICT skills, appreciative inquiry training and introduction to service design.
- Development for inspectors included induction sessions for new staff, Short Observational Framework for Inspection (SOFI), Restore2, ELC workshops covering legislation, and information sessions for inspectors on the new adult quality framework.

The Lens
- We engaged with intrapreneurs and managers so there is a shared understanding of the next steps and the organisation's commitment to supporting the programme. Intrapreneurs have now undertaken a one-hour focused planning session with The Lens, to create a detailed plan that identifies the key stakeholders, resources, and time required to develop their idea. The next stage is focussed on the prototyping of ideas and is an experimental part of the process where intrapreneurs will use feedback from the judges to test ideas and further develop them.

Reasons for Difference: In Q4 2021/22 we relaunched our mandatory core learning programme for all staff, which includes e-learning modules on equalities, data protection and health and safety. Staff were required to complete the programme before the end of March 2022, and this is likely to have contributed to the increase in learning hours and a higher than usual proportion of employees engaging in learning at the same time. We have also delivered a programme of mandatory events for ELC inspectors which further accounts for the increase this year.

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. As face-to-face learning has now returned, we will explore how a blended learning model can maximise our learning and development offering.

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

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

Target (see green dotted line on chart)	**45%**	
Q4 Year to Date (see label on chart)	**72.5% (37,127 of 51,214 hours)**	
Q4 Year to Date 20/21	**89.8% (12,862 of 14,318 hours)**	

Notes: Up to the end of Q4 we recorded 51,214 hours on inspection, an increase of 258% from Q4 2020/21 (up 36,896 hours). For Q4 2021/22 year to date, 72.5% of inspection hours were spent in high or medium risk services. A decrease of 17.3%-points from Q4 last year but in line with our aim to target our resources where risk is highest. For context, at the end of Q4 2021/22 22% of registered services were classed as medium or high risk.

Reasons for Difference: The overall percentage of inspection hours spent in high or medium risk services remains high due to our focus on inspecting the highest risk services. Following a decrease in this measure across previous two quarters, the increase in Covid-19 cases due to Omicron variant saw a return to focussing on services at most risk which resulted in an increase in the % of inspection hours in high or medium risk services overall.

Actions: As we move to a new phase in this pandemic, we expect that inspection hours spent in medium and high-risk services will start to drop again from the high level seen through 2021/22.

Summary of key achievements and work progressed in Q4 2021/2

Safe staffing project
Our work on the Safe Staffing project included delivery of a number of events including: quality improvement events to support readiness for the implementation of the Health and Care Staffing Scotland Act 2019; leadership; staff training; assessing workload and workforce planning; changes to skill mix on shift; staff induction; and events for our staff, to raise awareness of the duties and responsibilities that will come with enactment and the repeal of Regulation 15.

Deprivation of liberty orders
At the request of Scottish Government, the children and young people regulated, and strategic inspection teams completed research on Deprivation of Liberty (DoL) orders; including an analysis of data we hold on young people placed on Deprivation of Liberty (DoL) orders and listening to the experiences of children and young people. Our report will be used to inform future legislative changes.

Launch of self-evaluation tool
Following the pilot of our self-evaluation tool on the use of restrictive practices in services for children and young people in December 2021, we launched the self-evaluation tool in January 2022 and supported this launch with the delivery of webinars. The webinars were co-produced with CELCIS (Centre for Excellence for Children's Care and Protection), and providers who took part in the pilot. Feedback on the webinars, and the self-evaluation tool, has been very positive, and shows our commitment as an organisation to "Keeping The Promise".

Supporting action – Ukraine crisis
Inspectors from across several areas have responded quickly to support action coordinated by Scottish Government to welcome women, children and vulnerable adults fleeing the war in Ukraine.

Collaboration with allied health professionals
The early learning and childcare (ELC) management team collaborated with partners in national AHP (Allied Health Professionals) to deliver an integrated development and learning training programme for all ELC staff. This training and development programme was delivered to support the full roll out of our new ELC quality framework. we reviewed current and emerging practice in AHP, focussing on speech and language development, dietetics, physiotherapy, and occupational therapy.

The health and social care improvement team (H&SCIT)
The H&SCIT has been commissioned by Scottish Government to take forward two pieces of quality improvement work. The first project is a study to examine the use and review of psychoactive medication in care homes during the pandemic. This project will run for one year and 160 care homes who met the inclusion criteria for the study will be involved. The second initiative is focused on supporting the Scottish Government's Rehabilitation Framework in Social Care. The Rehabilitation Framework specifically identifies in its scope the rehabilitation of those people who have had Covid-19, as well as those who have experienced a negative impact because of lockdown restrictions.

Supporting older people to live active healthy lives
A revised on-line course titled Supporting Older People to Live Active Healthy Lives is now hosted on TURAS (a nationally recognised learning platform). It enables wider access for those supporting older people in social care and health to complete targeted learning relating to the connection between health and wellbeing for older adults and moving more often. Materials were revised from the previous care about physical activity (CAPA) programme.

Building Quality Improvement capacity at the Care Inspectorate
In partnership with organisational workforce development (OWD), the quality improvement support team is planning to deliver the Scottish Improvement Foundation programme (SIFs) to Care Inspectorate staff. SIFs is a foundation level quality improvement programme delivered by NHS Education for Scotland.

Early learning and childcare statistics 2020 report published
In March 2022, we published our annual Early Learning and Childcare Statistics report. This report helps to inform local and national policy as well as the general public.

QI support resources
We are working on several improvement resources with partner organisations, such as Film in Care with Dundee University, which highlights good practice and social benefits of watching films together for people living in care homes, and Animal Care with the Scottish Society of Prevention of Cruelty to Animals. This work will augment the previous Animal Magic resource with practical guidance and advice on how therapeutic animals and pets can be supported within social care settings.

Digital transformation
During Quarter 4, the digital transformation team released a range of functionality which included enhancements to the existing registration and register app and other functionality which benefited users. The main focus of the team has been a review and enhance existing communications

log which will deliver improved user experience. The team introduced new time recording functionality as part of the registration process to better inform operational capacity management and therefore the costs, of each part of the process. Work was carried out work to resolve historical issues from the old system PMS which was pre-Care Inspectorate. This was a significant effort which delivered an improved level of functionality for our staff to manage inactive services which reduced the volume of manual work business support colleagues had to do.

Strategic outcome 3: People's rights are respected

KOI4: % of services with >90% of people telling us they are happy with the quality of care and support they receive	Executive Director of Scrutiny and Assurance
Target	n/a
Q4 Year to Date	**78% of services (responses from 23 services, 311 respondents)**
Q4 Year to Date 20/21	**During 2020/21 we were not reporting on this measure**

Notes: From the limited number of services with completed responses at the end of Q4, the initial feedback has been broadly positive with 78% of services having more than 90% of people telling us they were happy with the quality of care and support they receive.

Reasons for Difference: It is important to note the above performance is only from a small sample of responses from children and young people's services. Furthermore, there are also many surveys waiting to be extracted or waiting on the report being finalised before they can extract the data.

Actions: We are actively working on questionnaires for adult and ELC services. We are planning that the adults survey will launch later in Q1 after the new inspection notebook has been launched. The ELC survey will be launched later in the year once the new inspection framework has been finalised. 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, Zoom and texting to talk to people and listen to their experiences.

KOI5: % of services with majority of people telling us they make decisions about their own care	Executive Director of Scrutiny and Assurance
Target	n/a
Q4 Year to Date	**79% of services (responses from 57 services, 347 respondents)**
Q4 Year to Date 20/21	**During 2020/21 we were not reporting on this measure**

Notes: From the limited number of services with completed responses at the end of Q4, 79% of services had 90% or more respondents telling us they make decisions about their own care. This result is based on surveys where the respondent has indicated they either strongly agree, agree, disagree, or strongly disagree that they make decisions about their own care. Where a respondent answered 'sometimes' or 'not applicable' these have been excluded so they are consistent with our original questionnaire format.

Reasons for Difference: It is important to note the above performance is only from a small sample of responses from only children and young people's services. In the new survey there is now an option to answer "sometimes" for this question when this was not previously an option in the previous paper questionnaire. Whilst this level of detail is important to understand the extent to which people feel they make decisions about all aspects of their care it is important to note that it will likely lead to lower performance in this KOI than under the previous methodology. Furthermore, there are also many surveys waiting to be extracted or waiting on the report being finalised before they can extract the data.

Actions: We are actively working on questionnaires for adult and ELC services. We are planning that the adults survey will launch later in Q1 after the new inspection notebook has been launched. The ELC survey will be launched later in the year once the new inspection framework has been finalised. 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, Zoom and texting 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	Interim Executive Director of Strategy and Improvement
Benchmark	**90 days per quarter***
Q4 Year to Date	**104 days (no on-site inspection activity possible)**
Q4 Year to Date 20/21	**62 days (no on-site inspection activity possible)**

Notes: Q4 year to date performance (104 days per quarter) was above the target of 90 days. Performance for 2021/22 was 68% higher than 2020/21 (62 days per quarter).

During Q4 alone, care experienced people took part in Care Inspectorate involvement activity on 96 days. Involvement activities in Q4 included:

- 48 days on inspection activity (39 completed inspections) which were done remotely by telephone. We conducted 279 telephone interviews.
- Volunteers have been involved in the induction training for inspectors in children and young people, early learning and childcare and adults.
- Young inspection volunteers made a text to complain animation and preparing to make Welcome to Your Vote animation in partnership with the Electoral Commission, a provider, and Who Cares Scotland.
- Provided training for telephone interviews and recruited new volunteers for telephone interviews.
- Young inspection volunteers
- Volunteers involved in the recruitment for both the interim Executive Director of Strategy and Improvement and interim Head of Improvement Support.
- Created a database for those who wish to be involved in any other Care Inspectorate activities / consultations.

Reasons for Difference: Although no involvement in on-site inspection activity has been possible due to Covid-19 guidance, the above illustrates the broad range of work that our volunteers have supported the organisation in the last quarter. We are developing the role of telephone inspections and the young inspection volunteer review is ongoing. Inspection volunteers continue to contribute to a variety of organisational activities, and we continue review additional ways in which their involvement can be further enhanced.
Actions: Continue to review, expand and enhance the role of a volunteer in all organisational activities. We continue to plan for the reintroduction of inspection volunteers in face-to-face organisational inspection activities. Additionally, the young inspection volunteer review is in discovery phase and being led by the Promise lead. In adult services a plan is in place to re-introduce volunteer inspectors to onsite inspections from April 2022.

Summary of key achievements and work progressed in Q4 2021/22

Partnership Forum working
Following externally facilitated development sessions, we have established a Partnership Forum short life working group to review how staff and management side can work together effectively. We are considering new structures to forum meetings and how we can interact most positively.

Human resources (HR)
We are moving to a new HR structure with permanent roles for all staff, thereby ending the temporary and acting up arrangements that have been in place and leading to more stability. We have recruited three new senior HR staff, two business partners in the Care Inspectorate and Scottish Social Services Council (SSSC) respectively and a senior advisor to manage the transactional services and payroll interface across the team. We have also recruited to a recruitment advisor role to lead a recruitment team for the Care Inspectorate and SSSC and finalised the structure for HR advisor and HR assistant roles across the team with a commitment to have all posts filled by the end of March.

Recruitment
During 2021, the HR team collaborated with organisational workforce development on a project to review inspector recruitment. Following this work, a campaign was run in September 2021 to test several changes. Our current inspector campaign (advert 18 February) is being managed on a similar basis and will allow us to further review and evaluate outcomes. Learning from this work will also be transferred to improve other campaigns where relevant.

Procurement and accounts process
During quarter 4 we have continued to review and improve our business processes in accounting and procurement to improve the customer experience and realise process efficiencies across disciplines. We have completed the annual review of the procurement strategy which has

been updated to include the seven principles of Fair Work First into our sustainability duties. We have also published 12 procurement notices on Public Contracts Scotland procurement portal and have awarded 15 contracts with a combined contract value of £1.278m.

The learning review liaison group

The learning review liaison group has now been fully established between the Child Protection Committees Scotland (CPC Scotland), Scottish Government and the Care Inspectorate. The group was primarily established to consider recommendations from learning reviews (previously initial case reviews and significant case reviews) where national recommendations have been made and to better coordinate improvement action. It will also ensure feedback is given to the respective child protection committees in respect of the recommendation made and consider key themes and improvements required drawn from the Care Inspectorate's annual reports.

Inspection volunteers

Adult teams have put in place a reintroduction programme for inspection volunteers into care homes. This strengthens the voice of people who receive care being heard and people being able to be spoken to on site rather than by virtual means. This had to be postponed during the pandemic due to appropriate guidance.

Procurement flexible framework

The Scottish Government's flexible framework sustainability tool was completed to assess our current level of performance and the actions required to embed good procurement practice to realise intended sustainable outcomes. An action plan is being developed from the outcomes of this.

National fraud initiative

The outcomes from the 2020/21 National Fraud Initiative (NFI) were reported to the Audit and Risk Committee at its meeting of 10 March 2022. The NFI is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. There were no areas of concern identified.

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 a level of 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
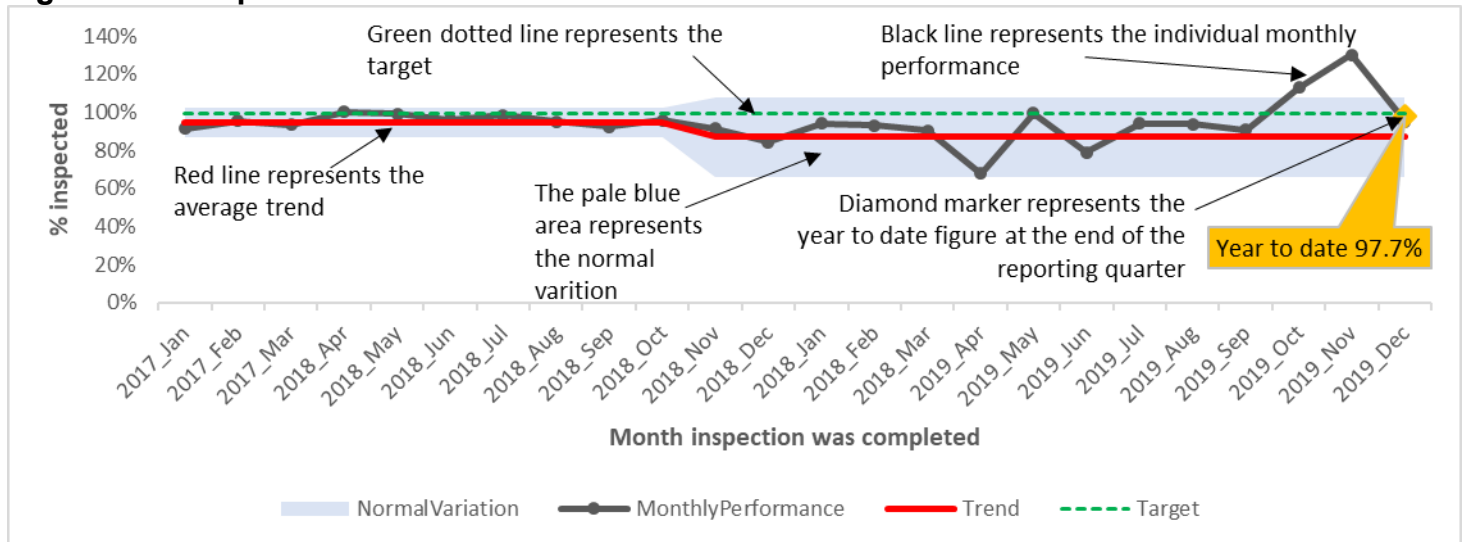
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first six time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the quarter. If a measure's performance is consistently above or below the average line (eight consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for four consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this

in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

This report generally uses percentage points (%-points) to illustrate changes in performance. Percentage points reflect an absolute change (the difference in performance between two time periods) e.g. if the % of complaints investigated in relevant timescales was 40% in Q1 and 50% in Q2 the percentage points change would be 10 percentage points (%-points). This is different to percentage change which shows the relative change in performance (the difference in performance between two time periods as a percentage of performance in the earlier time period) e.g. if the % of complaints investigated in relevant timescales was 40% in Q1 and 50% in Q2 the percentage change would be 25%.

BOARD MEETING 16 JUNE 2022

Agenda item 9.2
Report No: B-19-2022

Title:	**PERFORMANCE TARGETS, 2022-25**
Author:	*Ingrid Gilray, Intelligence and Analysis Manager* *Al Scougal, Senior Intelligence Analyst*
Appendices:	None
Consultation:	Development of the performance measures to date has included consultation with the corporate plan development group which included officers and a Board member, the Strategic Leadership Team (SLT), and a Board development session on 10 March 2022. The Corporate Plan and associated performance measures were approved at the Board meeting on 22 March 2022. Further detailed discussions have taken place with officers to develop the detail around the new measures, including proposed targets for the KPIs. This work has been approved by OLT and SLT, pending approval of the targets by the Board.
Resource Implications:	Yes

EXECUTIVE SUMMARY
The Board approved our Corporate Plan and associated performance measures on 22 March 2022. This paper sets out the targets for each Key Performance Indicator (KPI) which the Board is asked to approve.
The Board is invited to:
1.   Discuss and approve the targets for each KPI.

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

BOARD MEETING 16 JUNE 2022

Agenda item 9.2
Report No: B-19-2022

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

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)* Not applicable – 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.

Agenda item 9.2
Report No: B-19-2022

PERFORMANCE TARGETS 2022-25

1.0   INTRODUCTION

The Corporate Plan 2022-25 and associated performance measures were agreed by the Board on 22 March 2022.

Following that, further work has been undertaken to develop the necessary detail around each measure, and any associated actions to enable us to report on each measure. The operational detail, including our system of reporting performance, detailed definitions of each measure and targets for KPIs, is set out in our Performance Measurement Framework 2022-25 (the PMF), which was approved by our Operational Leadership Team (OLT) on 26 May 2022 and our Strategic Leadership Team (SLT) on 7 June 2022, subject to Board approval of the targets for each KPI.

2.0   PROPOSED TARGETS FOR KPIs

The following table sets out the proposed target for each KPI along with some additional detail on the rationale.

Figure 1: Proposed targets for each KPI

Ref New Existing	Measure	Target (KPIs only)	Comment on target	Implementation timescale
KPI-1	% of people telling us that our scrutiny will improve care	90%	No change. This is a long-standing target that remains challenging but achievable. Therefore no change proposed.	Immediate for registration Plans are underway to implement for inspections during Q2.
KPI-2	% scrutiny hours spent in high and medium risk services	increase from 45% to 50%	We have reviewed this target in light of both inclusion of complaints hours and the focus of the scrutiny plan which prioritises higher risk services – these factors in isolation would both work to increase the hours spent in high-risk services. At the same time some services that have not been inspected recently will also be prioritised this year, and these would reduce the % hours spent in higher risk	Immediate

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Ref New Existing	Measure	Target (KPIs only)	Comment on target	Implementation timescale
			services. Our detailed analysis of historic data, coupled with our expectations given the changes above, and based on the assumption that the current approach to living with Covid-19 persists, indicate that we should expect to spend over 50% of hours in high-risk services.	
KPI-3	% of complaints about care that were resolved within the relevant timescales	80%	No change. This is a long-standing target that remains challenging but achievable. Therefore no change proposed.	Immediate
KPI-4	% of people telling us that our quality improvement support will improve care	baseline year	This is a new measure and there is no existing data to base a target on. We propose to capture and report on baseline data in year 1 and use this to set a target for year 2.	From Q2 22/23
KPI-5	% staff completing core learning	85%	This is a new measure and there is a degree of uncertainty when setting the target. We expect 85% to be achievable initially.	From Q2 22/23.
KPI-6	% staff absence	3.6% (Range of 2.4-5.7%)	We propose using the CIPD public sector benchmark for external comparison (currently 3.6%), and periodically review our expected range (currently 2.4% to 5.7%).	Immediate
KPI-7	% staff turnover	<10% by 31March 2023	There is considerable variation in turnover rates in the public sector. Overall public sector median was 14.1% in 2020 (Source: Xpert HR). No figure is available yet for 2021.	Immediate

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Ref New Existing	Measure	Target (KPIs only)	Comment on target	Implementation timescale
			Comparison between other Scottish NDPBs with >100 staff gives a range between 5.45% and 9.75%. Turnover rate in CI was elevated during 2021/22, and we expect it will be challenging to return to below 10% over the course of this year. Our proposed target of less than 10% is below the overall public sector rate and will bring us back in line with other national NDPBs. We aim to achieve this by the end of the year, and therefore propose to step the decrease over the year: higher in Q1 and steadily declining to <10% by end of the year. Q1 target would be <11.5%, Q2 would be <11%, Q3 <10.5% and Q4 <10%.	
KPI-8	Days per quarter that inspection volunteers and care experienced people are involved in our work	benchmark 90 days	No change. This is a relatively new measure, introduced during 2020. Initially levels were low due to Covid-19 restrictions, however we increased our benchmark during 2021/22 to reflect an increase in opportunities to involve people in our work and expect to continue to meet or exceed this benchmark this year.	Immediate

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are several actions associated with the developments required to capture data for some of the agreed measures. The majority will be met within existing resources. Where additional resources are required, then proposals will be brought back to the SLT for approval.

3.2   Sustainability

There are no direct sustainability implications arising from this report.

3.3   Policy

Not applicable.

3.4   People Who Experience Care

Our measures and associated systems of reporting will help us deliver the strategic outcomes in our Corporate Plan 2022-25, which are focussed on people experiencing high quality care, improving outcomes and respecting peoples' rights.

3.5   Customers (Internal and/or External)

Consultation on these measures has involved internal colleagues across all directorates and Board members.

By using a balanced scorecard approach, we have ensured the inclusion of performance measures that focus on, and are informed by, the experiences of our key customers.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to:
  • approve the targets for each KPI set out in table 1 above.

BOARD MEETING 16 JUNE 2022

Agenda item 11
Report No: B-20-2022

Title:	**COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2021/22 – A STATISTICAL BULLETIN**	
Author:	*John McGurk, Information Analyst* *Ingrid Gilray, Intelligence and Analysis Manager*	
Appendices:	1.	Complaints about care services in Scotland, 2019/20 to 2021/22 – a statistical bulletin
Consultation:	Comments and amendments from the members of SLT	
Resource Implications:	**None**	

EXECUTIVE SUMMARY
Our annual complaints statistical summary "Complaints about care services in Scotland 2019/20 to 2021/22" was published on 9 June 2022.
This publication is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. It includes summaries of complaints received and investigated between April 2019 to March 2022, the three years over which both our new complaints procedure and new data collection system have been operating and therefore based on consistent data.
A copy of the full published version of the statistical bulletin is attached as appendix 1.

The Board is invited to:						
1.	Note the contents of this report.					
Links:	Corporate Plan Outcome	1	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N

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

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

Reason for Confidentiality/Private Report: not applicable *(see Reasons for Exclusion)*
Not applicable – this is a public Board report.
Disclosure after:

BOARD MEETING 16 JUNE 2022

Agenda item 11
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	Reasons for Exclusion
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

BOARD MEETING 16 JUNE 2022

Agenda item 11
Report No: B-20-2022

COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2021/22 –
A STATISTICAL BULLETIN

1.0   INTRODUCTION

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated over a 3-year period between April 2019 to March 2022, focussing on the year 1 April 2021 to 31 March 2022.

The statistics reflect how the Care Inspectorate actioned every concern or complaint that it received and responded appropriately using our risk-based assessment process to allow us to resolve complaints as quickly as possible for complainants.

The Covid-19 pandemic affected the statistics presented in many ways, especially the statistics for 2020/21 when restrictions were in place for long periods of time and many services were closed. Our interpretation of trends over time therefore focuses on the overall three-year trends or where appropriate, longer-term trends, rather than the most recent year-on-year changes.

The following is summary of the main points highlighted in the report:

- We received 5,595 complaints in 2021/22, a continuation of the long-term increase in concerns/complaints received.

- We assess all complaints received to ensure that they are within the remit of the Care Inspectorate to investigate, to ensure we have sufficient information about the complaint and to ensure that the complainant wishes to proceed. If we cannot proceed, then these concerns are revoked. In 2021/22 we revoked 21% of concerns received, a decrease from 25% in 2019/20.

- A total of 4,357 complaints were resolved using the four resolution pathways we have available in 2021/22. In 62% of these, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity; 16% were resolved quickly by the service directly; 6% were investigated by the service via their own complaints procedure and we required the provider to investigate; 17% were deemed serious and were investigated by the Care Inspectorate.

- We upheld 76% of the complaints where the Care Inspectorate conducted an investigation in 2021/22.

- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 24% of care homes for older people had at least one complaint upheld during 2021/22. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

As complaints increase this does impact on our resources, however much of the development work in relation to complaints about care services will support the Care Inspectorate being more effective and efficient in its work.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy

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

3.4 People Who Experience Care

Robust and responsive complaints investigations allow people to experience better quality of care by finding solutions to problems, securing improvement, and identifying improvement which supports better outcomes generally, as well as for the person making the complaint.

3.5 Customers (Internal and/or External)

This detailed annual report on complaints will allow longer-term trends to be reported and analysed which will help focus improvement within the Care Inspectorate in terms of our complaints function. This will assist with delivering improved performance of the organisation in dealing with complaint investigations as well as improving outcomes, assurance and protection for people making the complaints and people experiencing care.

4.0 CONCLUSIONS/NEXT STEPS

The Board will receive the six-monthly report for the period up to 30 September 2022 at the 15 December Board meeting.

care
inspectorate

Complaints about care services in Scotland, 2019/20 to 2021/22

A statistical bulletin

Published June 2022

HAPPY TO **TRANSLATE**

Executive summary

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 to March 2022, the three years over which our new complaints procedure and data collection system have been operating and therefore based on consistent data. The report focusses in particular on the most recent year 1 April 2021 to 31 March 2022.

The statistics reflect how the Care Inspectorate actioned every concern or complaint that it received and responded appropriately using our risk-based assessment process to allow us to resolve complaints as quickly as possible for complainants.

The Covid-19 pandemic affected the statistics presented in many ways, especially the statistics for 2020/21 when restrictions were in place for long periods of time and many services were closed. Our interpretation of trends over time therefore focuses on the overall three-year trends or where appropriate, longer-term trends, rather than the most recent year-on-year changes.

Summary of main points

- We received 5,595 complaints in 2021/22, a continuation of the long-term increase in concerns/complaints received.

- We assess all complaints received to ensure that they are within the remit of the Care Inspectorate to investigate, to ensure we have sufficient information about the complaint and to ensure that the complainant wishes to proceed. If we cannot proceed, then these concerns are revoked. In 2021/22 we revoked 21% of concerns received, a decrease from 25% in 2019/20.

- A total of 4,357 complaints were resolved using the four resolution pathways we have available in 2021/22. In 62% of these, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity; 16% were resolved quickly by the service directly; 6% were investigated by the service via their own complaints procedure and we required the provider to investigate; 17% were deemed serious and were investigated by the Care Inspectorate.

- We upheld 76% of the complaints where the Care Inspectorate conducted an investigation in 2021/22.

- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 24% of care homes for older people had at least one complaint upheld during 2021/22. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.

Contents

1. Introduction

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated over a 3-year period between April 2019 to March 2022, focussing on the year 1 April 2021 to 31 March 2022.

Care services operating in Scotland must be registered with the Care Inspectorate and there are currently around 11,700 services on our register. The largest groups of care services in Scotland are childminders, children's daycare (for example nurseries) care homes, care at home and housing support services.

We register, inspect and provide quality improvement support across these care services, aiming to ensure that the standard of care provided is high. Where standards fall below acceptable levels, we take enforcement action. Anyone who has concerns or is unhappy about a care service can complain directly to the Care Inspectorate. We have a complaints procedure which sets out how we handle each complaint raised with us.

External factors impacting on these statistics

Before using and interpreting the statistics presented, it is important to understand the administrative context in which the statistics have been collected as set out in our complaints procedure which was significantly revised in November 2017, and our new digital complaints system which we introduced in March 2019. Together these significant changes have improved the statistics we can present but have disrupted longer-term trends. For this reason, we have limited the time period of this report to the last three years with limited exceptions where we can make meaningful longer-term comparisons.

The impact of Covid-19 on the statistics is also evident especially during 2020/21, with service closures and restrictions on how we and services could operate having a material impact on the statistics both in terms of volume and nature.

How we deal with complaints

Our complaints handling procedure was revised in November 2017 and is available on our website

https://www.careinspectorate.com/images/How_we_deal_with_concerns_and_complaints.pdf

In summary, our complaints procedure is designed to be open, transparent, risk-based and focused on peoples' experiences. We aim to resolve simple matters quickly and focus our attention on more serious issues. This approach is based on complaint handling guidance from the Scottish Public Services Ombudsman, in its Model Complaints Handling Procedure. The aim of this model is to standardise and streamline complaints handling procedures across all sectors. The guidance shows that concerns about a service are best resolved as close to the point of service delivery as possible. Therefore, our approach includes direct service action or

investigation by the provider, where we encourage the service to resolve the concerns directly.

We use a risk assessment process that takes into account what else we know about the service, including intelligence logged from previous complaints, to help us decide how to proceed and what action we need to take to achieve the best outcome for people experiencing care.

Before we act on a complaint, we assess it to ensure that it falls within our remit to investigate; and that we have enough information to understand the substance. If the complainant has provided contact details, we clarify the substance of the complaint with them and get agreement that they wish us to proceed. If there is any reason we cannot proceed, the complaint is **revoked** which means no further action is taken. All revoked complaints are still shared with the inspector of the service as intelligence. All potential complaints (including those that were revoked) are logged and included in the count of **complaints received**.

Once we decide to proceed, there are four pathways we can take to reach a complaint resolution.

- Intelligence: where we record the information given to us and highlight that to the inspector for that service. This approach would only be used for lower-risk complaints and/or complaints where we may not have enough information. This helps our inspectors develop a broader overview of concerns about a service, which in turn informs the timing and focus of our inspections. For example additional intelligence from one or several complaints may result in the inspector bringing forward a full, unannounced inspection of a service.

- Direct service action: where we contact the service and ask them to engage directly with the person making the complaint to resolve the complaint. Typically, this is used for straightforward or simple matters where people are unsatisfied with their experiences, and we intervene quickly with a care service to achieve a positive result.

- Investigation by the care provider: where the risk assessment suggests the issue is suitable for the complaint to be investigated via the service's own complaints procedure, we obtain consent to share the person's contact details with the service. We contact the service provider and require them to investigate and respond to the complaint.

- Investigation by the Care Inspectorate: where our risk assessment identifies more serious complaints, we conduct an investigation.

New digital complaints system

In March 2019, we introduced a new digital complaints system, which is used to record complaints including progress and outcomes. This new recording system has resulted in improvements to the quality and definition of the data presented. By being developed to go alongside our complaints procedure pathways, it has allowed us to provide a clear account of how complaints have been resolved over the past three years in this report.

2. How many complaints were received and how did we respond to them?

Complaints received

In 2021/22, we received 5,595 complaints about care services and this continues an overall trend for increasing numbers of complaints about services over the past 10 years (see Figure 1). This general increase in the numbers we received may indicate greater awareness of our complaints process and a greater awareness amongst people about the standards of care they and others should expect. The decrease in 2020/21 is due to the impact of the pandemic: for example, many services closed (particularly early learning and childcare services) to prevent the spread of the virus and keep people safe, before re-opening in 2021/22.

Figure 1: Complaints received 2011/12 to 2021/22
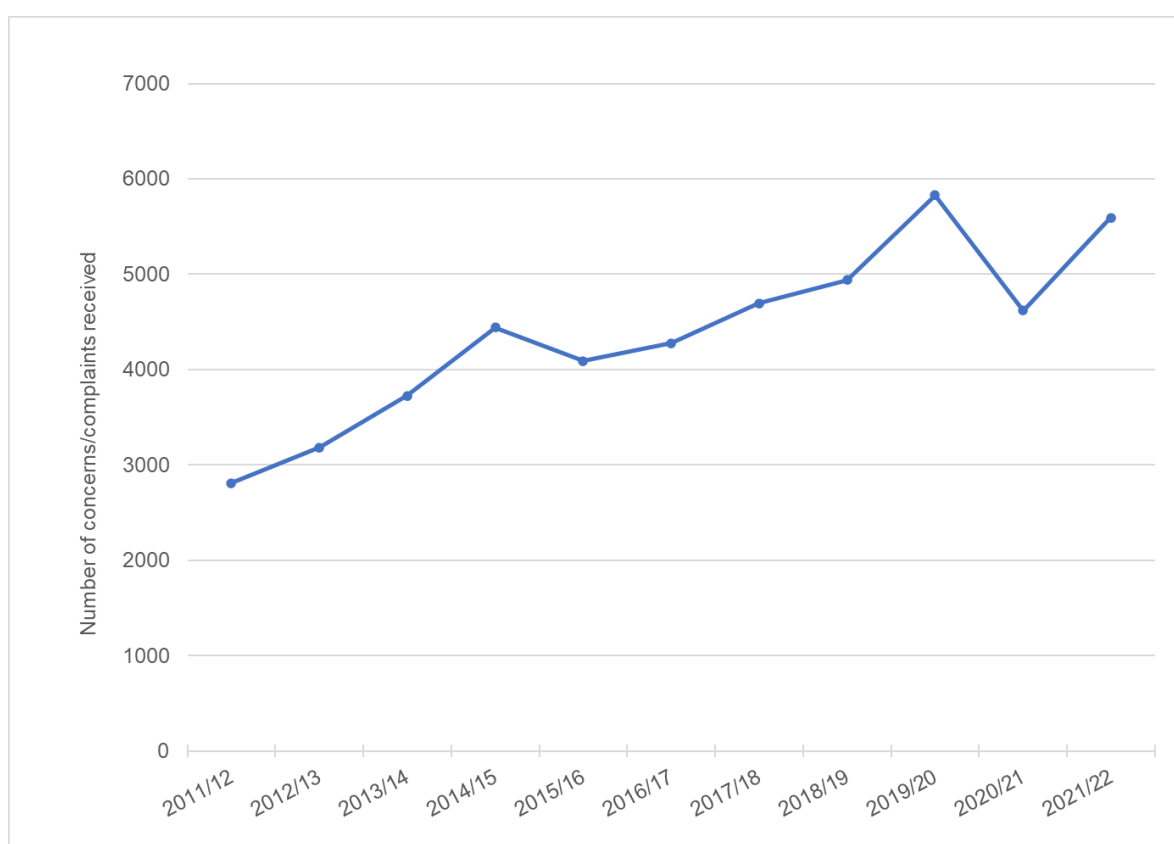
Once we have confirmed that a complaint is within our remit and we have enough information to proceed, we undertake a risk assessment and decide which resolution pathway is the most appropriate course of action. During 2021/22, we resolved 4,357 complaints, which can be broken down as follows:

- **Intelligence: Use the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity and improvement support. For example bringing forward a full, unannounced inspection of a service**: In 2021/22, we resolved 2,688 (62% of all complaints resolved) as intelligence, sharing our assessment of the information provided to the inspector for that service, who in turn used it alongside all other intelligence to help prioritise and inform

future scrutiny activity. This approach is used in lower risk complaints and allows the inspector to discuss issues directly with the service in question.

- **Direct service action**: In 2021/22, 694 complaints (16% of all complaints resolved) were assessed as suitable to be resolved by the service directly and quickly.

- **Investigation by the care provider**: Following the risk assessment, in 2021/22 251 complaints (6% of all complaints resolved) were assessed as suitable for the complaint to be investigated via the service's complaints procedure and we required the provider to investigate.

- **Investigation by the Care Inspectorate**: **depending on our assessment of risk, we may decide that we need to conduct an investigation**. In 2021/22, following our risk assessment process, 724 complaints (17% of all complaints resolved) were assessed as serious enough for us to conduct an investigation.

Revoked concerns

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

Reasons to revoke a complaint include: the complaint not being within the remit of the Care Inspectorate to investigate; the complainant not wishing to proceed with the complaint; the complainant wishing to go through the service provider's complaints process; or the complaint identifying child or adult protection or criminal issues that are reported to other agencies. The lead inspector will follow this up with relevant agencies and ensure action is taken by the service. All information from revoked complaints is shared with the lead inspector of the service for intelligence. We also provide advice to complainants on the correct agency to take their complaint to, for example the NHS or health and social care partnerships, and on how to do this.

Of the 5,595 complaints received in 2021/22, 1,154 were revoked (21% of all case received).

3. Who makes complaints?

Figure 2 below shows the breakdown of all complaints received over the last three years by relationship of the person making the complaint to the service.

Of all the complaints we received, 43% came from friends, relatives or visitors of people who experience care with a further 27% from employees (22%) or former employees (5%). Only 7% of complaints made came from people who experience care themselves.

Figure 2: Complaints received 2019/20 to 2021/22, by relationship to service
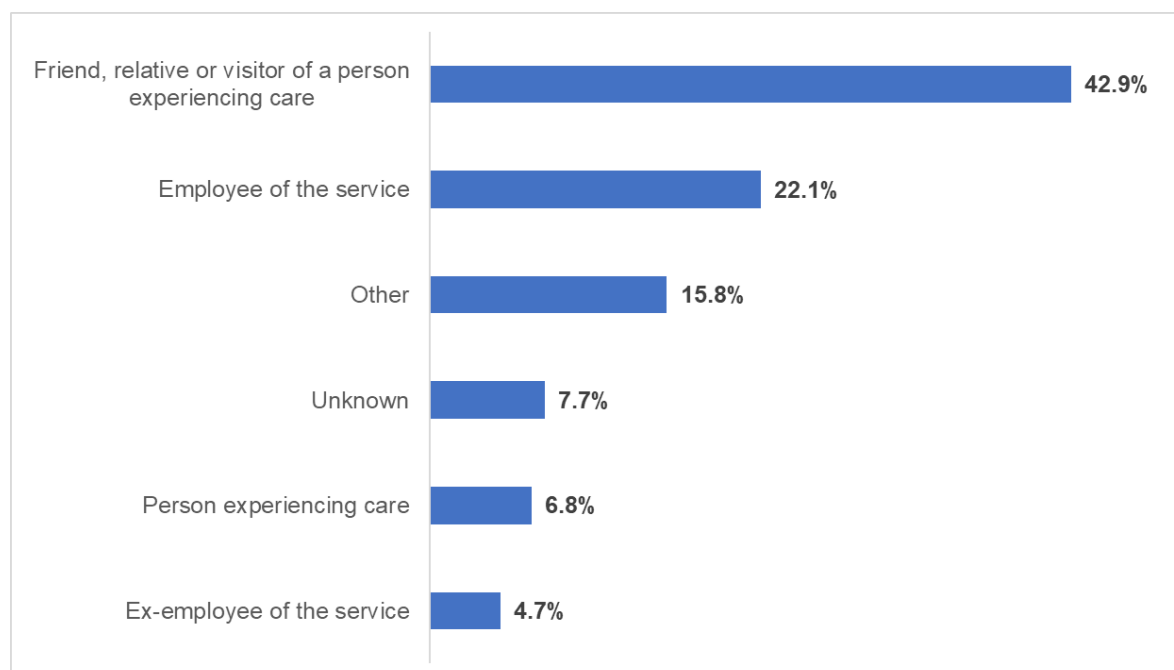
When someone makes a complaint, they can choose to remain completely anonymous. Over the past three years, the percentage of complaints received anonymously has increased: 67% of all complaints received this year compared with 64% in 2019/20.

Figure 3 below shows the breakdown of anonymous complaints received over the last three years by relationship of the person making the complaint to the service. Based on all the complaints received over this three-year period, the most likely group who wished to remain anonymous was those whose relationship to the service was also unknown – 81% did not wish to be named. 72% of employees and/or ex-employees and 70% of 'other' complaint types wished to remain anonymous. In contrast, 50% of people who experienced care were happy to be named. It is important to note that, in anonymous complaints, the relationship of the complainant to the service is based on the information provided by the complainant and is not verifiable by us.

Figure 3: Complaints received 2019/20 to 2021/22 that were anonymous, by relationship to service.
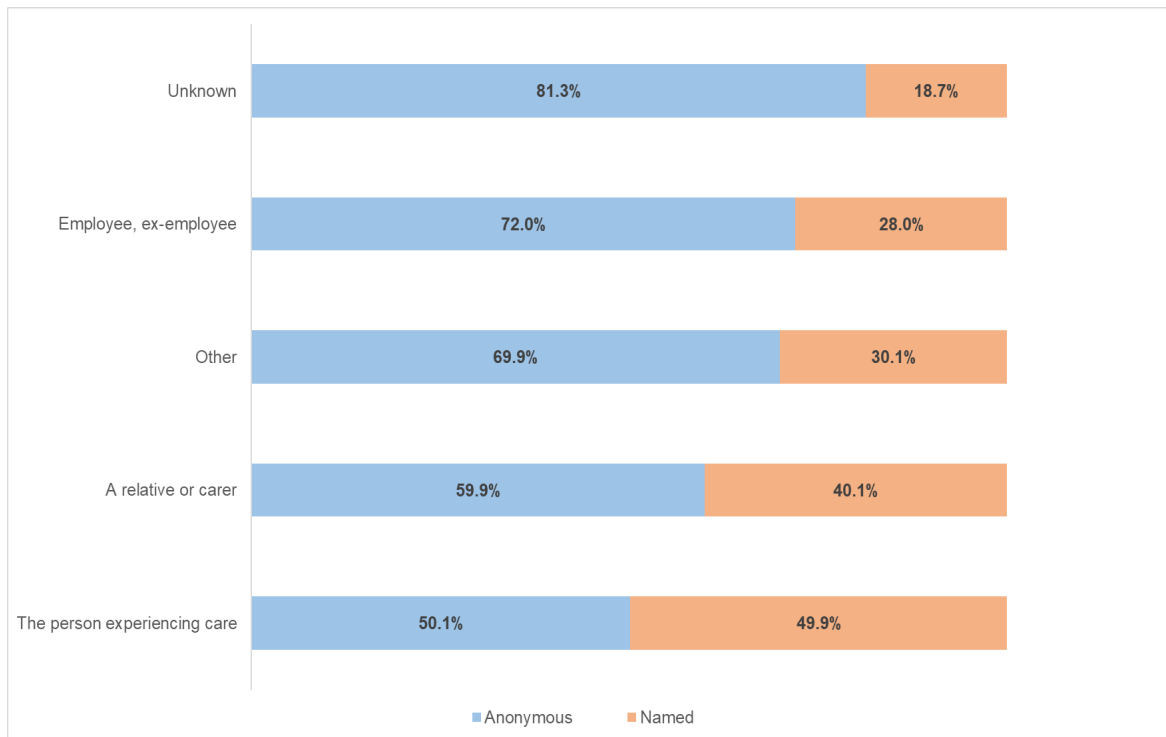
4. What type of care services do people complain about?

The largest number of complaints we received over the three-year period were about care homes. Although making up only around 12% of the 11,700 or so registered services, care homes account for 50% of the total number of complaints received – a total of 8,094 complaints received over the last three years.

Over the three years, 17% of the complaints received were about a combined housing support and care at home service, 13% were about daycare of children services and 10% were about standalone care at home services.

Figure 4: Complaints received 2019/20-2021/22 by type of service

Type of Service	Percentage
Care Home Service	50.4%
Combined Housing Support/C@H service	17.1%
Day Care of Children	13.3%
Support Service (standalone) - Care at Home	9.8%
Housing Support Service (standalone)	3.7%
Child Minding	3.2%
School Care Accommodation Service	0.8%
Support Service - Other than Care at Home	0.6%
Nurse Agency	0.5%
Fostering Service	0.3%
Secure Accommodation Service	0.2%
Adult Placement	0.05%
Adoption Service	0.04%
Child Care Agency	0.01%
Offender Accommodation Service	0.00%

5. What do people complain about?

When we investigate a complaint, we capture detailed information about what we investigated. Each complaint investigated can be about several different areas, each of which will be either upheld or not upheld.

In 2021/22, 29% of all areas of complaint upheld were about healthcare concerns in a service (for example medication, infection control or nutrition), 15% were about wellbeing (behavioural, developmental, emotional or social),14% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service) and 8% were about staff (such as staff levels, training or other fitness issues). These have been a consistent top four over time. There is a more detailed list of areas of complaint in the Appendix (Table A and Table B).

Figure 5: All service types, by area of complaint for investigations conducted in 2021/22

Note: each overall complaint can have several areas of complaint – this table only includes those areas that were upheld.

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	426	29.3%
Wellbeing	223	15.3%
Communication	203	14.0%
Staff	121	8.3%
Policies and procedures	85	5.8%
Choice	85	5.8%
Protection of people	71	4.9%
Record keeping	55	3.8%
Property	55	3.8%
Privacy and dignity	38	2.6%
Environment	35	2.4%
Food	28	1.9%
User participation	9	0.6%
Conditions of registration	7	0.5%
Financial issues	6	0.4%
Access	6	0.4%
Equality issues	1	0.1%

6. Complaints received – 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. In 2021/22, we received 213 complaints about these services, the majority of which (74%) were about care homes for children and young people. This 213 received is 4% of the complaints received across all service types during the year, staying consistent over the three-year period.

The volume of complaints received about care services for children and young people fell by 7% over the three-year period: the largest drop was in schoolcare accommodation services while the largest increase was in care homes for children and young people.

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

Service type	Care service type	All complaints received 2021/22	All complaints received 2019/20
Children and young people services	Care home service for children and young people	157	123
	Schoolcare accommodation service	27	67
	Fostering service	15	26
	Secure accommodation service	13	11
	Adoption service	1	3
All care service types		213	230

Of the 213 complaints received about services for children and young people in 2021/22, 33% (70) came from a relative or carer an overall increase on the 31% in 2019/20. The number of complaints made by young people themselves remains low: only eight complaints about services for children and young people came directly from a young person in 2021/22, and this has fallen over the three years (17 in 2019/20). We are carefully monitoring this and raising the profile of our complaints procedure through our work on meeting The Promise and with young volunteers.

7. Complaints about care homes for older people

In total, 42% (2,374) of the 5,595 complaints we received in 2021/22 were about care homes for older people, and this is the consistently the service type we receive most complaints about. Over the year, we received at least one complaint about 73% of the 799 care homes for older people registered as at 31 March 2022.

During 2021/22, following our risk assessment process, we resolved 1,941 complaints about care homes for older people using the different pathways as follows.

- **Intelligence:** In 2021/22, there were 1,319 complaints (68% of all complaints resolved) where the information given to us by the complainant was assessed and provided to the inspector for that service to be used to help inform future scrutiny activity. This accounted for 68% of the 1,941 complaints about care homes for older people which were resolved in 2021/22.

- **Direct service action**: In 2021/22, 207 complaints (11%) were assessed as straightforward or a simple enough matter to be resolved by the service directly and quickly.

- **Investigation by the care provider**: In 2021/22, 89 complaints (5%) were suitable for the complaint to be investigated via the service's complaints procedure and we required the provider to investigate.

- **Investigation by the Care Inspectorate**: **depending on our assessment of risk, we may decide that we need to conduct an investigation**. In 2021/22, 326 complaints (17%) were deemed serious enough for us to decide that we needed to conduct an investigation.

Over the year, we conducted an investigation into at least one complaint in 28% of all care homes for older people and went on to uphold a complaint in 24%.

Of the care homes for older people that had a complaint upheld in 2021/22, 70% had one upheld complaint, 23% had two upheld complaints, and the remaining 7% had three upheld complaints during the year.

Most care homes for older people are operated by the private sector (76%) with the public sector providing 15% and the remaining 10% provided by voluntary organisations (Figure 7). Rates of complaints received and upheld are highest in the private sector: in 2021/22, we received at least one complaint about 80% of private sector care homes for older people and upheld a complaint about 28% of them (Figure 8).

Figure 7: Proportion of care homes for older people at 31 March 2022 – by sector
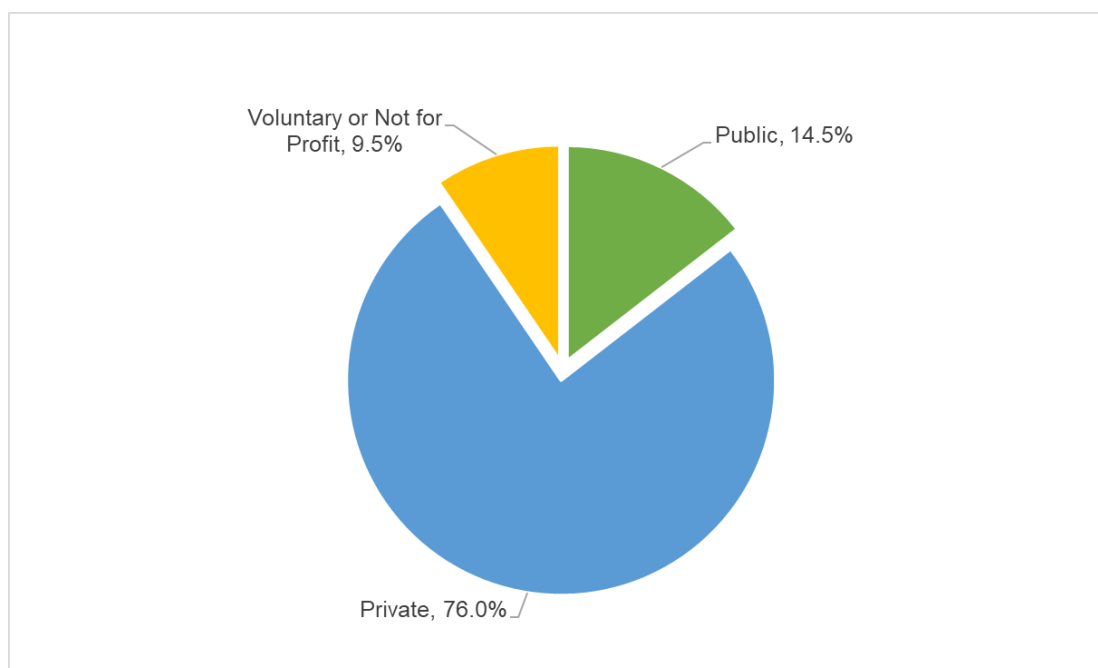
Figure 8: Care homes for older people at 31 March 2022 – % services with a complaint received or upheld about them
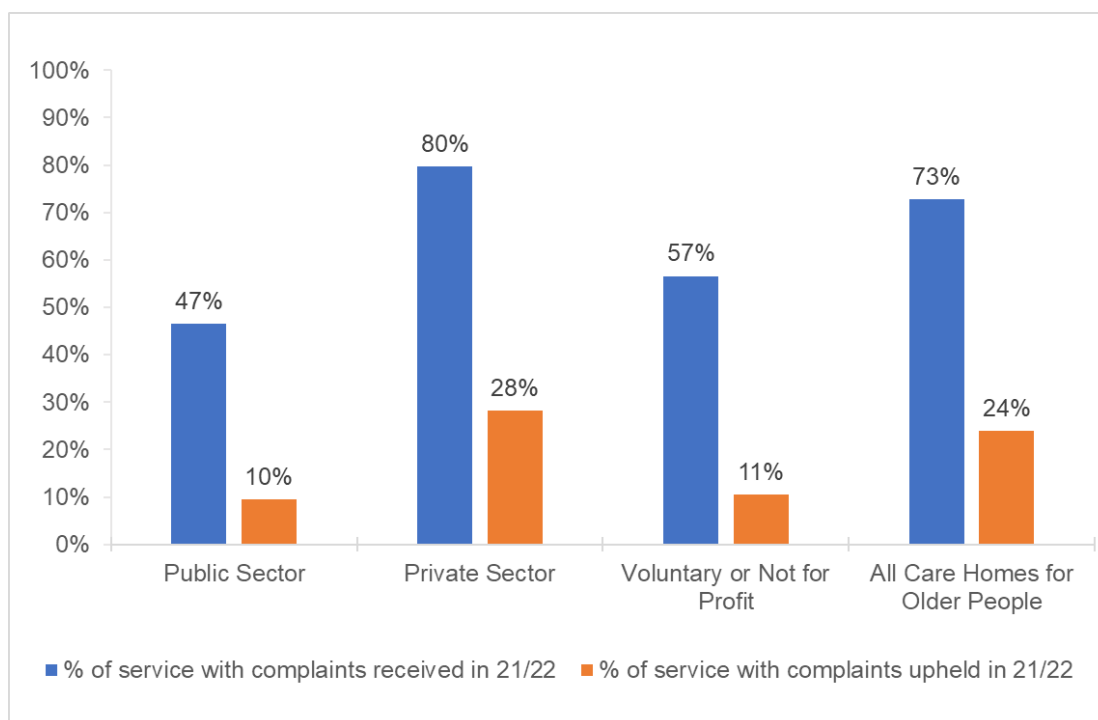
Further breakdown of areas of complaint about care homes for older people (Figure 9) shows that specific healthcare issues formed the largest group of complaints (38%). This includes complaints about nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment. This is consistently the case over time. Full details of this breakdown are in the Appendix (Table C).

Figure 9: Care homes for older people – by area of complaint 2021/22

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	310	38.0%
Communication	117	14.4%
Wellbeing	87	10.7%
Staff	50	6.1%
Property	49	6.0%
Choice	46	5.6%
Protection of people	33	4.0%
Policies and procedures	28	3.4%
Privacy and dignity	26	3.2%
Environment	25	3.1%
Food	17	2.1%
Record keeping	16	2.0%
User participation	6	0.7%
Access	4	0.5%
Financial issues	1	0.1%

In 2021/22, 44% of all complaints received about care homes for older people were from relatives and carers of people living in the service, consistent with the percentage for all other types of service (Figure 10). The proportion of complaints received from employees of the service was 6% higher for care homes for older people than for other service types. Only 4% of all complaints about care homes for older people were from people experiencing care, compared with just over 9% for all other types of service.

Figure 10: Complaints received 2021/22 by relationship of the person making the complaint – care homes for older people compared with all other complaints received
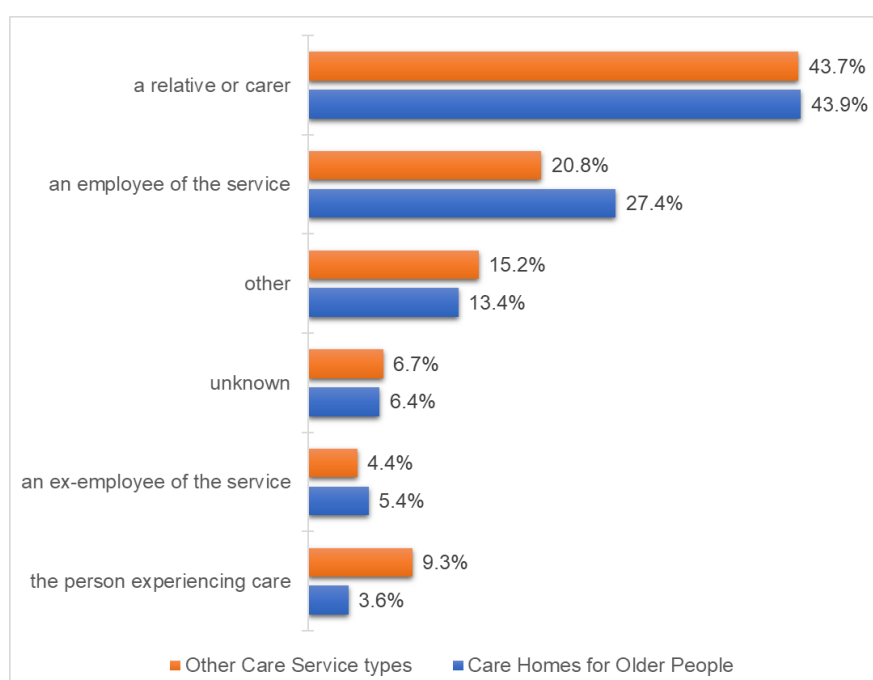
8. What we found when conducting investigations

Following our risk assessment process, we may decide due to the nature and seriousness of the complaint that an investigation is required. Once that investigation is complete the inspector decides if the complaint should be upheld or not upheld. Where we have investigated and found evidence that supports the complaint, the complaint will be upheld, otherwise the outcome will be not upheld. When we uphold a complaint, we inform both the person making the complaint and the care service about any requirements or areas for improvement. Where a complaint is upheld and we make requirements, the complaint inspector follows this up in timescale and produces a public inspection report. It may be that one complaint contains many parts – which we call areas of complaint – each of which may be either upheld or not upheld.

Figure 11 below shows that in 2021/22, we upheld 76% of the investigations we conducted, which is the same as last year but an increase from 61% in 2019/20. This reflects, at least in part, our risk-based procedures. Complaints taken forward for investigation are those that are serious, about failings in care that have led to or are likely to lead to poor outcomes for an individual or individuals. As such, there is an increased likelihood that such cases, where proven, will be upheld.

The percentage of complaints upheld varies by type of service, although percentages based on small numbers of complaints should be interpreted with caution. For those service types with more than 20 complaints investigated this year, the highest proportion of complaints upheld were about care homes for older people (84%), 82% across all care home types. This is compared to the 79% of standalone care at home services and 78% of combined housing support care at home services (figure 12).

Figure 11: The number of complaint investigations conducted by complaint outcome, 2019/20– 2021/22

Complaint outcome	Year investigation conducted		
	2019/20	2020/21	2021/22
Upheld	61%	76%	76%
Not upheld	39%	24%	24%

Figure 12: Percentage of complaints upheld by service type, 2021/22

Care service type	Number of complaints where investigation conducted	Number of complaints upheld	% of all complaints upheld
Adoption	0	0	0.0%
Adult placement	0	0	0.0%
Care home	365	299	81.9%
of which, care home for older people	326	273	83.7%
Childminding	36	15	41.7%
Daycare of children	109	69	63.3%
Fostering	3	2	66.7%
Housing support (standalone service)	10	8	80.0%
Nurse agency	0	0	0.0%
Offender accommodation service	0	0	0.0%
School care accommodation	7	4	57.1%
Secure accommodation	2	2	100.0%
Support service (standalone) – care at home	88	70	79.5%
Support service (standalone) – other than care at home	0	0	0.0%
Combined housing support and care at home service	104	81	77.9%
All care service types	**724**	**550**	**76.0%**

9. Supporting improvement following complaints

Complaints give a valuable insight into how services are caring for the thousands of people who experience them every day. We realise that, for many people, making a complaint to us can be a big step and indicates that there is something not right that really matters to them.

We look carefully at all the information we receive from all complaints and decide the best way to proceed. This might be through an investigation, or we may look at the issues raised during the service's next inspection. Alternatively, we may support direct service action, where we communicate with the service and facilitate resolution that the person making the complaint is satisfied with. Or we may ask the service provider to investigate the complaint. Some issues raised with us are the responsibility of other organisations to look at, such as the Scottish Social Services Council or the Nursing and Midwifery Council. In such cases, we refer people to the appropriate organisation, ensuring we are clear how their concerns will be best addressed.

Where we do investigate formally, the purpose is not just to establish the facts and determine whether the care provided was good enough but also to seek to improve the quality of care provided to the person making the complaint and other people. It is essential that our investigations lead to meaningful change and improvements that provide positive outcomes for people experiencing care.

Following a complaint investigation where the complaint is upheld, our inspectors consider how we can support a service to make improvements. Depending on the seriousness of what we have found during our investigation, actions might include signposting to good practice; advising on an area for improvement; or making a requirement setting out what the service must do to improve and by when. Where requirements are given, the complaints inspector will follow this up in timescale and do a follow-up inspection. We may evaluate the service as a result of an upheld complaint and might also consider whether we need to prioritise an inspection of the service to look at wider aspects of care.

Where the complaint identifies very serious concerns, we may issue a letter of serious concern, which we share with relevant partners such as local health and social care partnerships to ensure services receive support for improvement. We may also serve an improvement notice under Section 62 of the Public Services Reform (Scotland) Act 2010 if we are not satisfied that sufficient improvement is achieved and sustained through the courts

A key part of our role is to work with services and providers collaboratively to support improvement. Our inspectors, our improvement support team and the Health and Social Care Improvement Team may spend time with care services and providers to build capacity and capability for quality improvement and help to make sure the experiences and outcomes for people are the best they can be.

The main areas about complaints we receive are taken forward by our improvement team and scrutiny and assurance staff to develop an improvement programme to support the sector. We regularly send to services the common themes we identify with links to good practice resources in order to support improvement. From the themes identified in 21/22 we are working on a quality improvement programme.

10. Conclusions

This report has presented a range of statistical information from complaints about care services over the past three years. The statistics reflect how the Care Inspectorate actioned every complaint received and responded appropriately using our risk-based assessment process to allow us to resolve complaints as quickly as possible for complainants. Crucially, all intelligence from complaints was assessed and used to inform what we do and focus our work on areas of greatest need.

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 through the resolution and the investigation of complaints and by using all the intelligence we gather to focus our inspections as well as the wider scrutiny, assurance and improvement support work we carry out across all care services.

Summary of main points

- We received 5,595 complaints in 2021/22, a continuation of the long-term increase in complaints received.

- We resolved a total of 4,357 complaints during 2021/22.
    - In 62%, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity and improvement support.
    - 16% were resolved by the service directly and quickly.
    - 6% were investigated through the service's own complaints procedure where we required the provider to investigate.
    - 17% were assessed as serious enough for us to decide that we needed to conduct an investigation.

- We upheld the majority of the complaints we investigated – 76% of investigations were upheld in 2021/22. This reflects at least in part our risk-based procedures where all high-risk complaints were taken forward for investigation. As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 24% of care homes for older people had at least one complaint upheld during 2021/22. Specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.

Appendix: Complaints about care services in Scotland, 2019/20 to 2021/22– Detailed tables

Table A: All service types by area of complaint, complaints upheld in 2021/22

Each complaint can have many areas, each of which has a separate outcome recorded. This table includes only those areas where the outcome was upheld.

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Healthcare	Healthcare > Clinical governance	5	0.3%
	Healthcare > Continence care	25	1.7%
	Healthcare > Hydration	26	1.8%
	Healthcare > Inadequate healthcare or healthcare treatment	147	10.1%
	Healthcare > Infection control issues	36	2.5%
	Healthcare > Medication issues	58	4.0%
	Healthcare > Mental health care	3	0.2%
	Healthcare > Nutrition	33	2.3%
	Healthcare > Oral health	11	0.8%
	Healthcare > Other	45	3.1%
	Healthcare > Palliative care	7	0.5%
	Healthcare > Tissue viability	30	2.1%
Wellbeing	Wellbeing > Behaviour	15	1.0%
	Wellbeing > Developmental	16	1.1%
	Wellbeing > Emotional	31	2.1%
	Wellbeing > Other	136	9.4%
	Wellbeing > Social	7	0.5%
	Wellbeing > Visiting	18	1.2%
Communication	Communication > Between staff and service users/relatives/carers	184	12.7%
	Communication > Information about the service	9	0.6%
	Communication > Language difficulties	2	0.1%
	Communication > Other	8	0.6%
Staff	Staff > Levels	52	3.6%
	Staff > Other	19	1.3%
	Staff > Other fitness issues	7	0.5%
	Staff > Recruitment procedures (including disclosure checks)	6	0.4%
	Staff > Registration with professional bodies	2	0.1%
	Staff > Training / qualifications	34	2.3%
	Staff > Unfit to work with vulnerable people	1	0.1%
Policies and procedures	Policies and procedures > Complaints procedure	57	3.9%
	Policies and procedures > Other	28	1.9%
Choice	Choice > Activities	13	0.9%
	Choice > Care and treatment	56	3.9%
	Choice > Dignity and privacy	14	1.0%
	Choice > Other	2	0.1%

Table A: All service types by area of complaint, complaints upheld in 2021/22 (cont.)

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Protection of people	Protection of people > Adults	56	3.9%
	Protection of people > Children	11	0.8%
	Protection of people > Other	3	0.2%
	Protection of people > Policies and procedures	1	0.1%
Record keeping	Record keeping > Other	23	1.6%
	Record keeping > Personal plans/ agreements	32	2.2%
Property	Property > Care of	19	1.3%
	Property > Loss of/missing	31	2.1%
	Property > Other	5	0.3%
Privacy and dignity	Privacy and dignity > Privacy and dignity	38	2.6%
Environment	Environment > Fitness of premises / environment	20	1.4%
	Environment > Inadequate facilities	5	0.3%
	Environment > Other	7	0.5%
	Environment > Security	3	0.2%
Food	Food > Availability	7	0.5%
	Food > Choice	5	0.3%
	Food > Other	11	0.8%
	Food > Quality	5	0.3%
User participation	User participation > Other	9	0.6%
Conditions of registration	Conditions of registration > Exceeding capacity	5	0.3%
	Conditions of registration > Other	2	0.1%
Financial issues	Financial issues > Financial issues	6	0.4%
Access	Access > Other	4	0.3%
	Access > To other services e.g. advocacy/health	2	0.1%
Equality issues	Equality issues > Equality issues	1	0.1%

Table B: Areas of complaint upheld, by type of care service 2021/22

Detailed area of complaint	Care home service No	%	Childminding No	%	Daycare of children No	%	Fostering service No	%	Housing support service (standalone) No	%	Nurse agency No	%	School care accommodation service No	%	Secure accommodation service No	%	Support service (standalone) - care at home No	%	Support service (standalone) - other than care at home No	%	Combined housing support/care at home service No	%
Healthcare > Clinical governance	4	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Healthcare > Continence care	18	1.2%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	3	0.2%		0.0%	3	0.2%
Healthcare > Hydration	23	1.6%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Healthcare > Inadequate healthcare or healthcare treatment	114	7.8%		0.0%	3	0.2%		0.0%	1	0.1%		0.0%		0.0%		0.0%	16	1.1%		0.0%	13	0.9%
Healthcare > Infection control issues	19	1.3%		0.0%	2	0.1%		0.0%	3	0.2%		0.0%	1	0.1%		0.0%	7	0.5%		0.0%	4	0.3%
Healthcare > Medication issues	27	1.9%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	13	0.9%		0.0%	16	1.1%
Healthcare > Mental health care	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Healthcare > Nutrition	32	2.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Oral health	11	0.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Other	32	2.2%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.1%	5	0.3%		0.0%	5	0.3%
Healthcare > Palliative care	6	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Healthcare > Tissue viability	26	1.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	3	0.2%
Wellbeing > Behaviour	6	0.4%		0.0%	9	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Developmental	5	0.3%	2	0.1%	4	0.3%	1	0.1%	1	0.1%		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Emotional	19	1.3%	3	0.2%	7	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Wellbeing > Other	50	3.4%	4	0.3%	32	2.2%		0.0%		0.0%		0.0%		0.0%		0.0%	21	1.4%		0.0%	29	2.0%
Wellbeing > Social	7	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Visiting	17	1.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Communication > Between staff and service users/relatives/carers	114	7.8%	2	0.1%	13	0.9%	2	0.1%	2	0.1%		0.0%		0.0%		0.0%	23	1.6%		0.0%	28	1.9%
Communication > Information about the service	3	0.2%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%		0.0%	1	0.1%		0.0%	3	0.2%
Communication > Language difficulties	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Communication > Other	6	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%

Table B: Areas of complaint upheld, by type of care service 2021/22 (cont.)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Staff > Levels	31	2.1%		0.0%	4	0.3%		0.0%		0.0%		0.0%	1	0.1%	1	0.1%	12	0.8%		0.0%	3	0.2%
Staff > Other	5	0.3%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.1%	9	0.6%		0.0%	2	0.1%
Staff > Other fitness issues	4	0.3%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Staff > Recruitment procedures (including disclosure checks)	1	0.1%		0.0%	4	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Staff > Registration with professional bodies		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%
Staff > Training / qualifications	12	0.8%		0.0%	6	0.4%		0.0%	1	0.1%		0.0%		0.0%		0.0%	8	0.6%		0.0%	7	0.5%
Staff > Unfit to work with vulnerable people	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Policies and procedures > Complaints procedure	16	1.1%		0.0%	8	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%	12	0.8%		0.0%	21	1.4%
Policies and procedures > Other	17	1.2%	1	0.1%	5	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.3%		0.0%	1	0.1%
Choice > Activities	8	0.6%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.2%
Choice > Care and treatment	31	2.1%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%	13	0.9%		0.0%	11	0.8%
Choice > Dignity and privacy	9	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	4	0.3%
Choice > Other		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Protection of people > Adults	36	2.5%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%	6	0.4%		0.0%	13	0.9%
Protection of people > Children	1	0.1%		0.0%	9	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Protection of people > Other	1	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Protection of people > Policies and procedures		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Record keeping > Other	5	0.3%		0.0%	10	0.7%		0.0%	2	0.1%		0.0%		0.0%		0.0%	3	0.2%		0.0%	3	0.2%
Record keeping > Personal plans/ agreements	12	0.8%		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%	8	0.6%		0.0%	9	0.6%

Table B: Areas of complaint upheld, by type of care service 2021/22 (cont.)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Property > Care of	15	1.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.3%
Property > Loss of/missing	30	2.1%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Other	5	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Privacy and dignity > Privacy and dignity	28	1.9%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	6	0.4%		0.0%	4	0.3%
Environment > Fitness of premises / environment	18	1.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Environment > Inadequate facilities	3	0.2%		0.0%	1	0.1%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%
Environment > Other	6	0.4%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Environment > Security		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%
Food > Availability	6	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Food > Choice	2	0.1%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Food > Other	7	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.3%
Food > Quality	4	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
User participation > Other	6	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	2	0.1%
Conditions of registration > Exceeding capacity		0.0%	5	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Conditions of registration > Other		0.0%	1	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Financial issues > Financial issues	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.3%
Access > Other	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Access > To other services e.g. advocacy/health	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Equality issues > Equality issues	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%

Table C: Care homes for older people, complaints upheld in 2021/22 by area of complaint

Note: each overall complaint can have several areas - this table only includes those areas that were upheld.

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	112	13.7%
	Healthcare > Nutrition	32	3.9%
	Healthcare > Other	32	3.9%
	Healthcare > Medication issues	27	3.3%
	Healthcare > Tissue viability	25	3.1%
	Healthcare > Hydration	23	2.8%
	Healthcare > Continence care	18	2.2%
	Healthcare > Infection control issues	18	2.2%
	Healthcare > Oral health	11	1.3%
	Healthcare > Palliative care	6	0.7%
	Healthcare > Clinical governance	4	0.5%
	Healthcare > Mental health care	2	0.2%
Communication	Communication > Between staff and service users/relatives/carers	107	13.1%
	Communication > Other	6	0.7%
	Communication > Information about the service	3	0.4%
	Communication > Language difficulties	1	0.1%
Wellbeing	Wellbeing > Other	47	5.8%
	Wellbeing > Visiting	17	2.1%
	Wellbeing > Emotional	10	1.2%
	Wellbeing > Social	7	0.9%
	Wellbeing > Behaviour	6	0.7%
Staff	Staff > Levels	28	3.4%
	Staff > Training / qualifications	12	1.5%
	Staff > Other	4	0.5%
	Staff > Other fitness issues	4	0.5%
	Staff > Unfit to work with vulnerable people	1	0.1%
	Staff > Recruitment procedures (including disclosure checks)	1	0.1%
Property	Property > Loss of/missing	30	3.7%
	Property > Care of	14	1.7%
	Property > Other	5	0.6%
Choice	Choice > Care and treatment	29	3.6%
	Choice > Dignity and privacy	9	1.1%
	Choice > Activities	8	1.0%
Protection of people	Protection of people > Adults	32	3.9%
	Protection of people > Other	1	0.1%
Policies and procedures	Policies and procedures > Complaints procedure	14	1.7%
	Policies and procedures > Other	14	1.7%

Table C: Care homes for older people, complaints upheld in 2021/22 by area of complaint (cont.)

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Privacy and dignity	Privacy and dignity > Privacy and dignity	26	3.2%
Environment	Environment > Fitness of premises / environment	16	2.0%
	Environment > Other	6	0.7%
	Environment > Inadequate facilities	3	0.4%
Food	Food > Other	7	0.8%
	Food > Availability	6	0.7%
	Food > Quality	3	0.4%
	Food > Choice	1	0.1%
Record keeping	Record keeping > Personal plans/ agreements	11	1.3%
	Record keeping > Other	5	0.6%
User participation	User participation > Other	6	0.7%
Access	Access > Other	3	0.4%
	Access > To other services e.g. advocacy/health	1	0.1%
Financial issues	Financial issues > Financial issues	1	0.1%

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care
inspectorate

Title:	2021-22 ANNUAL REPORT AND ACCOUNTS PROGRESS REPORT	
Author:	*Kenny Dick, Head of Finance and Corporate Governance*	
Appendices:	1.	Movement in Projected Financial Position from last report to Board
	2.	Grant Funding Summary March 2022
	3.	Debt Analysis 2021/22
	4.	Debt Write Off 2021/22
Consultation:	N/A	
Resource Implications:	Yes	

EXECUTIVE SUMMARY
This report provides an update on the progress of the 2021/22 Annual Report and Accounts and the projected financial position for the year to 31 March 2022. There is good progress on the preparation of the 2021/22 Annual Report and Accounts and we are on track to submit to external auditors in accordance with the agreed timescales. After expenditure delayed from 2021/22 is accounted for, the projected financial position is an underspend against revised budget of £1.337m. This is a decrease of £0.585m in projected net expenditure from the position reported to the Board at its meeting of 22 March 2022 (based on ledger to 31 January 2021). A summary of the movement in projected financial position is shown in Appendix 1 of this report.

The Board is invited to:

1.	Note the draft Annual Report and Accounts are expected to be completed and ready for submission to the external auditors on Monday 20 June 2022.
2.	Note the projected financial position for the 2021/22 financial year.
3.	Note the effective 2021/22 income collection and debt management activity.
4.	Note the budget position including identified risks for 2022/23.

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

BOARD MEETING 16 JUNE 2022

Agenda item 12
Report Number: B-21-2022

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

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)*
Not applicable – this is a public Board report.
Disclosure after: Not applicable

	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.

2021-22 ANNUAL REPORT AND ACCOUNTS PROGRESS REPORT

1.0   INTRODUCTION

This report is to advise the Board on:

- The progress of the Annual Accounts and the latest projected financial position for 2021/22
- The income collection and debt management position for 2021/22
- The budget position for 2022/23

2.0   ANNUAL REPORT AND ACCOUNTS PROGRESS

2.1   Submission to External Audit

Responsibility for the preparation of the Annual Report and Accounts is shared between several officers. The preparation of the Annual Report and Accounts is progressing satisfactorily, and it is expected that the draft documents will be submitted to Audit Scotland for auditing purposes on 20 June 2022 in accordance with the agreed timetable.

2.2   2021/22 Projected Outturn

As noted in 2.1 above, the preparation of the 2021/22 financial statements is progressing satisfactorily. Based on the work to date, the projected financial outturns have been updated and compared to the projected financial position reported to the Board on 22 March 2022. These movements are explained in Appendix 1.

2.3   Draft Financial Position

The approved 2021/22 budgeted deficit of £0.739m was amended for the following during the year to give a revised budgeted deficit of £0.752m:

	£m
Approved 2021/22 budgeted deficit	0.739
Post of Executive Director of IT and Digital Transformation - change from temporary to permanent (approved by Board of 17 June 2021)	(0.118)
Appropriate Adults funding (£0.180m) and associated expenditure (£0.195m) transferred as part of core grant in aid	0.015
2020/21 expenditure delayed due to COVID-19 – funding carried forward in general reserve balance for expenditure incurred in 2021/22	0.116
Revised 2021/22 budgeted deficit	**0.752**

Our net expenditure before grant in aid funding shows an underspend of £3.004m against budget. We have drawdown £1.667m less grant in aid than our approved amount. This was to match our funding to our projected net expenditure requirement at the time of completing the final grant in aid claim for 2022/23. After accounting for the planned deficit of £0.752m, our general reserve will increase by £0.585m.

BOARD MEETING 16 JUNE 2022

Agenda item 12
Report Number: B-21-2022

	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	30.678	(2.059)
Accommodation costs	2.527	(0.040)			2.487	2.162	(0.325)
Administration costs	1.241	0.031		0.071	1.343	1.329	(0.014)
Travel costs	1.232	0.000	0.006		1.238	0.296	(0.942)
Supplies and services	1.630	0.040	0.003	0.045	1.718	2.213	0.495
Gross Expenditure	**39.318**	**(0.106)**	**0.195**	**0.116**	**39.523**	**36.678**	**(2.845)**
Grant in aid	(25.725)	0.011	(0.180)		(25.894)	(24.227)	1.667
Fee Income	(11.900)				(11.900)	(11.891)	0.009
Shared service income	(0.846)	(0.023)			(0.869)	(0.829)	0.040
Other income	(0.108)				(0.108)	(0.316)	(0.208)
Total income	**(38.579)**	**(0.012)**	**(0.180)**	**0.000**	**(38.771)**	**(37.263)**	**1.508**
(Surplus) / Deficit	**0.739**	**(0.118)**	**0.015**	**0.116**	**0.752**	**(0.585)**	**(1.337)**

2.3.1 General Reserve Position

Our funding strategy provides a target for a General Reserve balance of 1.0% to 1.5% of Gross Controlled Expenditure. Based on the 2022/23 approved budget this is a range of £0.406m to £0.609m. The current projected net expenditure will mean an uncommitted general reserve balance of £0.585m as shown below. This can be used to fund 2021/22 non-recurring cost pressures.

The annual report and accounts for 2021/22 shows an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected general reserve position:

The projected impact on the general reserve is as follows:

	Approved Budget	Projected Position	Variance
	£m	£m	£m
Opening general reserve balance	**3.642**	**3.009**	**(0.633)**
2021/22 Projected outturns:			
Operating Surplus / (Deficit)	(0.739)	0.585	1.324
Specific Grant Surplus / (Deficit)	(0.133)	0.466	0.599
Potential 2021/22 use of Reserve:			
Stage 2 Business Transformation	(1.202)	0.000	1.202
Unallocated but planned for use in 2021/22	(0.402)	0.000	0.402
Projected Closing Balance	**1.166**	**4.060**	**2.894**
Operational Reserve Target maximum (1.5%)	**0.564**	**0.567**	**0.003**
Variance to target balance	**0.602**	**3.493**	**2.891**
Analysis of Projected Closing Balance			
Operational Reserve Target maximum (1.5%)		0.609	
Prepaid grant funding b/fwd 2020/21		0.354	
Specific grant surplus 2021/22		0.466	
Target balance as per Financial Strategy		**1.429**	
Planned use of Additional Reserves:			
Agreed 2022/23 budget pressures		2.046	
To fund other non-recurring 2022/23 spend		0.585	
Projected closing general reserve balance		**4.060**	

2.3 Specific Grants

The projected expenditure on work funded by specific grants has been affected by the Covid-19 position. The position was reviewed with the various grant providers and revised grants were agreed for 2021/22. Appendix 2 provides the specific grant position, with an overall underspend of £0.466m projected. This will be carried forward in the general reserve to fund future programme expenditure and includes prepaid grant of £0.145m for the Technology Enabled Care programme for spend which will be incurred in 2022/23 and 2023/24.

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

3.0   2021/22 INCOME COLLECTION AND DEBT MANAGEMENT

During the year invoices totalling £11.505m were issued. Collection rates remain good.

Appendix 3 provides details of outstanding debt as at 31 March 2022 and compares this to the position as at 31 March 2021.

Appendix 4 provides details of the £0.038m debt written off during 2021/22.
It should be noted that the Executive Framework provides the Chief Executive with delegated authority to approve the write off of debt up to the value of £10,000.

The Sponsor Department must approve any debt write off in excess of this figure.
For the purposes of these authority limits it is the accumulated debt due from a service provider that is considered and not individual invoice values.

4.0   2022/23 BUDGET POSITION

4.1   Confirmation of Grant in Aid Funding

We have received confirmation of our core grant in aid funding from the Sponsor. This includes the approved budgeted grant in aid and the transfer of the Adult Significant Case Review specific grant to core grant. We also have confirmation of funding for some specific grant funded programmes.

4.2   2022/23 Budget

There is no formal budget monitoring in the first quarter of the financial year, however there are a significant number of Scrutiny and Assurance vacancies which will not be filled until at least the second quarter of the year, and travel and accommodation costs are expected to continue to be less than pre Covid-19 levels during the first quarter of the year. We have a letter of comfort from Scottish Government to fund a planned budget deficit, however, due to continued Covid-19 restrictions following the spread of the Omicron variant, our projected spend for 2021/22 is less than estimated at the time the budget was agreed, therefore, the projected deficit will be less than budgeted.

As noted in section 2.3.1 our projected general reserve balance is greater than previously predicted providing some additional comfort for dealing with unexpected net expenditure variations.

5.0   2022/23 BUDGET RISKS

5.1   Pay Award

The approved budget provided for a pay award to staff based on the key metrics allowed for by Scottish Government and assume incremental progression for all staff subject to satisfactory performance. Any award greater than this will create a budget pressure.

5.2   Inflation

Over recent years inflation has been consistently low and to a significant extent pay and general inflation has been absorbed into the Care Inspectorate budget over several years. This has proved increasingly difficult to do and if inflation increases to the levels currently predicted the budget will come under significant pressure.

5.3   Inspector Resource

We started 2022/23 with significant Inspector vacancies and the age profile of Inspectors means retaining Inspector resource will remain an issue.

This creates a situation where we need the resource budgeted to effectively deliver the Scrutiny and Assurance Plan, but we have difficulty in recruiting and retaining Inspectors to reach the budgeted level. Efforts are continuing to resolve this issue but historically this has created a succession of budget underspends when our budget should be at much more risk of overspend.

5.4   Business and Digital Transformation

A business case to obtain funding for Stage 2 Transformation Programme has been submitted to Scottish Government and we are waiting on their response. The approved budget does not provide for this beyond October 2022 and the indicative budgets for 2023/24 and 2024/25 do not include any provision for stage 2 work as this is dependent on additional funding to progress.

5.5   Hybrid Working Trial

Hybrid working is currently being trialled and this will have an impact on staff productivity, our estates strategy, travel, ICT and other furniture and equipment costs.

5.6   Public Inquiries

The 2022/23 agreed budget and 2023/24 and 2024/25 indicative budgets include provision for up to £0.200m each year for additional legal fees arising from supporting public inquiries. This provision is an estimate that could change significantly. There is no provision for additional staff time that may require to be directed towards supporting inquiries.

5.7   National Care Service Change

It is not yet known what impact the introduction of the proposed national care service will have on the Care Inspectorate. There is little capacity and no funding for additional resources if preparatory work is required.

5.8   Post Covid-19 Public Sector Finances

Very significant sums of public money were used to support the economy during Covid-19 restrictions. This put pressure on overall public finances. The Scottish Government may be in the position where budgets will be reviewed during the year and cuts implemented.

5.9   Specific Grant Funding

The 2022/23 budget includes significant grant funding tied to specific projects and outcomes. We have confirmed funding for these projects / workstreams except requested funding of circa £0.9m to support ELC expansion.   We continue to engage with the funding provider to confirm funding.

6.0   IMPLICATIONS AND/OR DIRECT BENEFITS

6.1   Resources

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

6.2   Sustainability

There are no direct sustainability implications arising from this report.

6.3   People Who Experience Care

This report considers how the Care Inspectorate uses and reports on the use of the funds entrusted to it. This is a key element of public accountability and corporate governance. Public accountability and the governance framework are key drivers towards ensuring that the resources available are directed in accordance with corporate plans and objectives, with the ultimate aim of bringing benefits to people who use care services and their carers.

6.4   Customers (Internal and/or External)

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

7.0   CONCLUSION

This report details an improvement on the previously projected 2021/22 financial position of circa £0.585m. The projected General Reserve balance as at 31 March 2022 is projected to be £4.060m providing £0.585m in usable additional funding to support non-recurring cost pressures in the 2022/23 financial year.

Income collection and debt management performance has been effective.

At this early stage in the financial year formal budget monitoring does not take place but there are significant Scrutiny and Assurance vacancies, and travel costs in the early part of the financial year remain supressed, therefore a projected underspend against budget is probable.

Movement in Projected Net Expenditure from the Position Reported as at 31 January 2022

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.286)	1. An overall reduction of £0.071m in the value of accrued annual leave and flexi balances held at 31 March 2022. 2. Projected Board fees have decreased by £0.015m. This is mainly due to the continued decrease in travel as we respond to Covid-19 restrictions. 3. Further staff cost slippage of £0.133m is expected. This is due to a combination of vacancy slippage, new vacancies and Inspector uptake of overtime being less than previously projected. 4. Training and development activities are projected to decrease of £0.044m as training planned for February and March 2022 has been deferred to 2022/23. 5. There is a projected decrease of £0.023m in other staff costs as advertising costs relating to the recruitment of the Chief Executive will now largely be incurred in 2022/23.
Accommodation costs	(0.078)	6. Previous projections included an estimate for unplanned repairs and maintenance which have been less than previously projected.
Administration costs	(0.059)	7. Enterprise Architect costs to support the Digital Transformation Programme are projected to decrease by £0.019m. 8. The review of debt deemed to be impaired at 31 March is £0.010m less than in 2020/21. In addition to this, the value of bad debts during the year were less than budgeted, contributing to a further decrease of £0.016m in projected professional fees. 9. A return to the office was expected in March with a corresponding increase in administration costs. As the Covid-19 restrictions continue, there is a further decrease of £0.014m projected for printing, stationery, postages and advertising costs. 10. Not all of the planned HR developments were delivered by 31 March, which is the main reason for a further decrease in projected professional fees of £0.013m. 11. HR legal fees are expected to be £0.005m less than previously projected.

Budget Area	Increase/ (Decrease) £m	Main Reasons
		12. Debt collection, audit and tax advisory services are projected to be £0.008m less than previously projected. 13. Projected telephone expenditure has decreased by £0.005m. 14. The specialist input to evaluate developing quality assurance approaches to support self-evaluation of services is now projected to be £0.002m less than previously estimated. 15. These decreases are partially offset by an increase in legal cases and legal fees relating to the Historic Child Abuse Inquiry of £0.033m.
Travel and subsistence	(0.094)	16. Previous projections assumed we would return to normal activity in March. This was not the case and a further decrease of £0.094m in travel and subsistence is projected.
Supplies and services	(0.100)	17. Not all of our orders for IT kit, furniture and equipment to support Hybrid Working were received by 31 March. Projected expenditure for 2021/22 has decreased by £0.074m but this will be incurred in 2022/23. 18. Similarly, some planned IT developments were not completed by 31 March 2022 and projected spend of £0.026m will move from 2021/22 to be incurred in 2022/23.
Fee income	0.052	19. A projected reduction of £0.052m in fee income is mainly due to the extended Covid-19 restrictions which meant that registrations could not be completed as planned.
Other income	(0.020)	20. Income from shared services is now £0.018m more than previously projected. This is mainly due to a recharge for union support and IT software for shared service staff. 21. Other income is projected to increase by £0.002m.
Total	(0.585)	**(Increase) / Decrease in general reserve position**

Projected Grant Funded Programme of Expenditure as at 31 March 2022.

	Technology Enabled Care & Other £000	ELC Improvement £000	ELC Expansion £000	Adult Support and Protection[1] £000	National Child Death Review Hub £000	Adult Significant Case Reviews £000	Safer Staffing £000	Total £000
Grant Income	(222.6)	(249.0)	(738.0)	(473.0)	(130.0)	(56.0)	(425.0)	(2,293.6)
Projected Fee Income	0.0	0.0	(7.5)	0	0.0	0	0.0	(7.5)
Projected Expenditure	67.1	211.5	681.8	538.7	97.7	41.3	197.4	1,835.5
Projected deficit/(surplus) at 31 March 2022	**(155.5)**	**(37.5)**	**(63.7)**	**65.7**	**(32.3)**	**(14.7)**	**(227.6)**	**(465.6)**

1 The projected deficit in Adult Support and Protection is a a budgeted deficit and is funded by prepaid grant held in the General Reserve.

DEBT ANALYSIS - 2021/22

Position as at 31 March 2022

Financial Year	Total Debt Outstanding		Referred for Legal Recovery	Balance of Debt Outstanding	%age of Total
	No. Of Invoices	Invoice Value	Invoice Value	Invoice Value	Billed
Care Commission	5	£744	£51	£693	0.00%
2011/12	8	£119	£51	£68	0.00%
2012/13	18	£306	£51	£255	0.00%
2013/14	28	£2,444	£65	£2,379	0.02%
2014/15	36	£2,043	£68	£1,975	0.02%
2015/16	62	£26,932	£68	£26,864	0.24%
2016/17	73	£4,326	£68	£4,258	0.04%
2017/18	125	£9,269	£1,097	£8,172	0.08%
2018/19	211	£18,123	£4,481	£13,642	0.16%
2019/20	293	£75,964	£16,394	£59,570	0.66%
2020/21	544	£117,269	£58,576	£58,693	1.04%
2021/22	1,618	£1,024,800	£91,481	£933,319	9.07%
Total	3,021	£1,282,339	£172,451	£1,109,888	0.61%

Position as at 31 March 2021

Financial Year	Total Debt Outstanding		Referred for Legal Recovery	Balance of Debt Outstanding	%age of Total
	No. Of Invoices	Invoice Value	Invoice Value	Invoice Value	Billed
Care Commission	9	£809	£0	£809	0.00%
2011/12	11	£187	£0	£187	0.00%
2012/13	24	£408	£0	£408	0.00%
2013/14	36	£2,580	£0	£2,580	0.02%
2014/15	46	£2,213	£0	£2,213	0.02%
2015/16	81	£30,422	£3,014	£27,408	0.27%
2016/17	103	£5,724	£920	£4,804	0.05%
2017/18	180	£19,961	£789	£19,172	0.18%
2018/19	339	£80,365	£418	£79,947	0.71%
2019/20	506	£215,152	£0	£215,152	1.88%
2020/21	1,417	£1,098,550	£0	£1,098,550	9.72%
Total	2,752	£1,456,371	£5,141	£1,451,230	0.78%
Movement	**269**	**£174,032**	**£167,310**	**£(341,342)**	

Movement Analysis

Financial Year	Total Debt Outstanding		Referred for Legal Recovery	Balance of Debt Outstanding
	No. Of Invoices	Invoice Value	Invoice Value	Invoice Value
Care Commission	(4)	£(65)	£51	£(116)
2011/12	(3)	£(68)	£51	£(119)
2012/13	(6)	£(102)	£51	£(153)
2013/14	(8)	£(136)	£65	£(201)
2014/15	(10)	£(170)	£68	£(238)
2015/16	(19)	£(3,490)	£(2,946)	£(544)
2016/17	(30)	£(1,398)	£(852)	£(546)
2017/18	(55)	£(10,692)	£308	£(11,000)
2018/19	(128)	£(62,242)	£4,063	£(66,305)
2019/20	(213)	£(139,188)	£16,394	£(155,582)
2020/21	(873)	£(981,281)	£58,576	£(1,039,857)
2021/22	1,618	£1,024,800	£91,481	£933,319
Total	269	**£174,032**	**£167,310**	**£(341,342)**

Debt Write Off 2021/22 - Summary

Debt Written Off By Service Type and Reason 31 March 2022

Service Type	No. of Invoices	Uneconomic to Pursue £	Legal Advice £	Service Insolvent £	Other £	Total £
Care Home	4			18,662.10		18,662.10
Childminder	378	6,305.00				6,305.00
Day Care of Children	49	2,146.76				2,146.76
Support Service Care at Home	1	147.60				147.60
Other	1				242.02	242.02
Other - non invoice[1]					11,118.00	11,118.00
	429	8,599.36	0.00	18,662.10	11,360.02	38,621.48

Debt Written Off By Service Type and Financial Year:

Service Type	SCRC £	2011/12 £	2012/13 £	2013/14 £	2014/15 £	2015/16 £	2016/17 £	2017/18 £	2018/19 £	2019/20 £	2020/21 £	2021/22 £	Total £
Care home						3,014.40		1,240.30	12,335.00		2,072.40		18,662.10
Childminder		17.00	17.00	34.00	51.00	102.00	204.00	323.00	527.00	935.00	1,732.00	2,363.00	6,305.00
Day Care of Children									17.00	17.00	352.00	1,760.76	2,146.76
Support Service Care at Home												147.60	147.60
Other							242.02						242.02
Other - non invoice[1]									2,920.43	8,129.31	68.26		11,118.00
	0.00	17.00	17.00	34.00	51.00	3,116.40	446.02	1,563.30	15,799.43	9,081.31	4,224.66	4,271.36	38,621.48

[1] Non invoiced debt written off relates to supplier relief given under SPPN 5/20 which allows public bodies to provide supplier relief to their suppliers to ensure continuity of service during the Covid-19 pandemic. This was approved by our Sponsor department.

Title:	**HR ANNUAL REPORT 2021/2022**	
Author:	*Lucy Finn, Head of Human Resources*	
Appendices:	**1.**	Workforce profile
Consultation:	Jackie Mackenzie, Executive Director of Corporate and Customer Services for content	
Resource Implications:	None	

EXECUTIVE SUMMARY
The purpose of this report is to outline: • An overview of the activity and progress achieved during the period April 2021 to March 2022. • The key priorities for human resources during 2022/2023. • The current workforce profile. HR continue to make positive changes in the way the team works, supporting both the Care Inspectorate and SSSC to meet organisational strategic objectives. The aim is to ensure the workforce are fully engaged and supported to deliver their roles appropriately. The priorities for HR are designed and delivered to reflect both HR and the organisation's continuous drive to maintain an employer of choice status as set out in our Strategic Workforce Plan. The key focus for the HR team is to support the organisation to attract and retain people with talent and experience from a range of sectors and all walks of life; to be an employer of choice; to develop cost-effective and flexible reward structures; to create a healthy working environment and actively encourage healthy working lives to enable our staff to flourish and achieve their full potential for the benefit of themselves and our organisation.

The Board is invited to:	
1.	Note the contents of this update report.
2.	Advise on any format or content changes required for future annual reports.

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

Agenda item 13
Report No: B-22-2022

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

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

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

HR ANNUAL REPORT 2021/2022

1.0   INTRODUCTION

1.1   The Human Resources (HR) Annual report provides the Board with an update on the activities of the HR team during 2021-22. It also sets out the key areas for development for the coming year.

We have provided information and analysis on the organisation's workforce profile as Appendix 1.

1.2   The HR team is a shared service between the Care Inspectorate and the Scottish Social Services Council (SSSC), ensuring that we provide an effective HR service to our managers and employees across both organisations.

2.0   PROGRESS MADE 2021/2022

2.1   The new Head of HR has designed a new structure across the HR team, to support the best use of resources and deliver an efficient and effective shared service to both the SSSC and the CI. The basic principles that support this are:

1. To realise the system efficiencies in a shared service through transactions and recruitment processes

2. Introduction of an HR business partnering approach in the CI and SSSC to allow HR to work more closely with managers to support the achievement of strategic aims and organisational objectives.

3. Ending temporary arrangements in the team and placing HR staff in permanent, substantive roles.

4. Scope for project and development work should be introduced

This new structure is still being implemented and the team is not up to full complement and must work to balance the competing demands from the Care Inspectorate and the SSSC. However, the changes so far are positive, including the recruitment of new team members and we feel it will provide a more focussed service and support us to effect change.

2.2   The key achievements in the previous year are summarised below with further details provided later in the report:

2.2.1 Accreditations

- Maintained the Gold Healthy Working Lives award and continued to provide several health initiatives and benefits to employees.

- Achieved Disability Confident Level 2 status (The Employer Award), recognising our commitments regarding the recruitment, employment, retention and career development of disabled people.

2.2.2 Shared Service developments

- A shared services agreement between both organisations has now been approved and an oversight group established to give feedback on performance on a quarterly basis.

2.2.3 Recruitment

- Between April 2021 and March 2022, we worked with all directorates to manage 102 recruitment campaigns, equating to over 8 campaigns per month.
- In total we filled 118 vacancies, with 79 new employees. 38 of these were inspectors and 39 were internal appointments.
- We handled 13 more campaigns this year compared to last, an increase of 14%. This increase is accounted for by some internal movement and a significant growth in Strategy and Improvement inclusive of several funded projects/new posts.

2.2.4 Case Management

- Supported 13 employee relations cases – capability (4), dignity at work (2), grievances (7) and disciplinaries (0) through to resolution. In more than half of the cases we successfully supported resolution at the informal stage
- Continued to provide support to managers managing 46 long term sickness absence cases, 12 at work with health condition cases and 3 short term sickness absence cases where employees met short term triggers.
- There was a significant reduction in short term absence during the Covid-19 pandemic.

2.2.5 People management policy development

- At the start of the period, we continued to support policy development with the Organisational and Workforce Development (OWD) and Health and Safety (H&S) teams for all policies as part of the policy review process
- We are now progressing moving HR policies back into the HR team for development and will establish clear review and consultation processes over this year
- Supported organisational working groups such as the Staff Survey group, Joint Health and Safety Committee, Corporate Equalities Group and Future Working Group.

2.2.6 Pay and Grading including payroll

- We have been working with Partnership Forum and our Sponsor to try and reach a solution to the Inspector pay and grading issue and are hopeful of a positive outcome soon.

2.2.7 Covid-19 Response

- Supported staff to continue to work from home as Covid-19 continued with further lockdowns. This included updating Q and A documents and reviewing policies where required as well as supporting individual staff and managers with advice.
- We have also been working on the next steps for the organisation with regards to the return to offices and hybrid working through representation at the Future Working Group, the Cross Directorate Rapid Response Group and with other inputs as required.

3.0   HR STRUCTURE AND SHARED SERVICES

3.1   We have now ended the long term temporary and acting up arrangements that have been in place in the HR team and all staff now have permanent roles as we transition to a new structure. As part of this, we have recruited three new Senior HR staff representing a Business Partner in the Care Inspectorate and SSSC respectively to provide dedicated HR support for each organisation and a Senior Advisor to manage the transactional services and payroll interface across the team.

3.2   We have recruited to a Recruitment Advisor role to lead a dedicated recruitment team for the CI and SSSC. This change in structure from March 2022 will give us a recruitment service with the ability to better plan for campaigns and give a more value-added service to recruiting managers. We have also finalised the structure for HR Advisor roles with two positions in the CI and one in the SSSC.

3.3   The new structure has allowed current staff development opportunities with a temporary team member taking up the permanent Recruitment Advisor role and an employee who was acting up to an HR Advisor taking up this position substantively. We are hopeful that the HR Assistant roles will also be filled by those in temporary roles with us currently.

A robust recruitment process has been carried out to recruit to the permanent posts.

4.0   HR/PAYROLL SYSTEM AND ASSOCIATED SERVICES

4.1   The majority of work this year has been focussed on making continuous improvements to our systems regarding HR and payroll processes.

We hold regular operational payroll meetings with Zellis staff performing outsourced services and regular service meetings with Zellis account managers to discuss service provision and address any system issues proactively.

BOARD MEETING 16 JUNE 2022

Agenda item 13
Report No: B-22-2022

5.0   WORKFORCE DATA

5.1   Appendix 1 provides an analysis of our current workforce profile including details of our headcount, age and gender profiles, length of service, geographical spread and flexible working details.

 5.2   Our overall turnover rate for 2021-22 so far is 11.5%. A breakdown of turnover by type for the last four years is shown in figure A. Rates observed in 2021-2022 for other reasons for turnover* (1.8%) remained relatively the same, while voluntary turnover (3.8%) has decreased slightly, and retirement (5.9% - 23 employees) has increased.

5.2.1   Figure A – all turnover by type
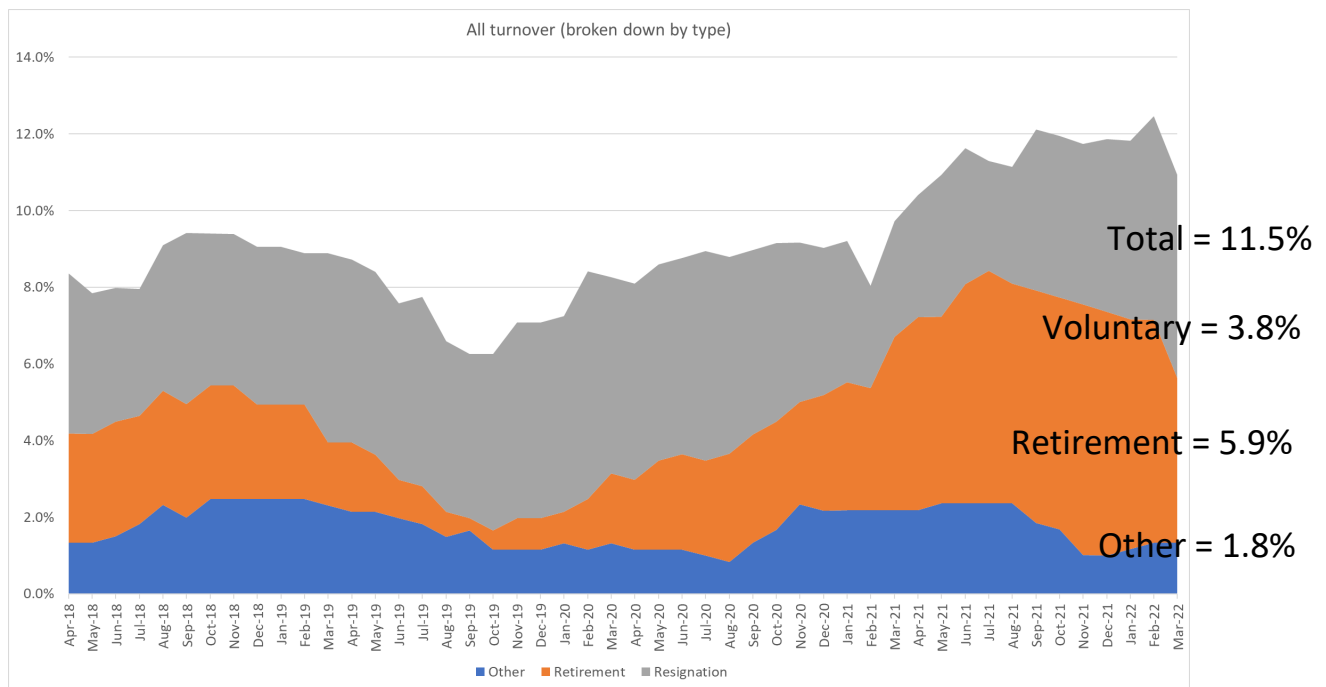
* Other reasons for turnover include ending of fixed term contracts, ill health retirement, dismissals and in previous years voluntary severance.

5.2.2   Figure B - Voluntary turnover
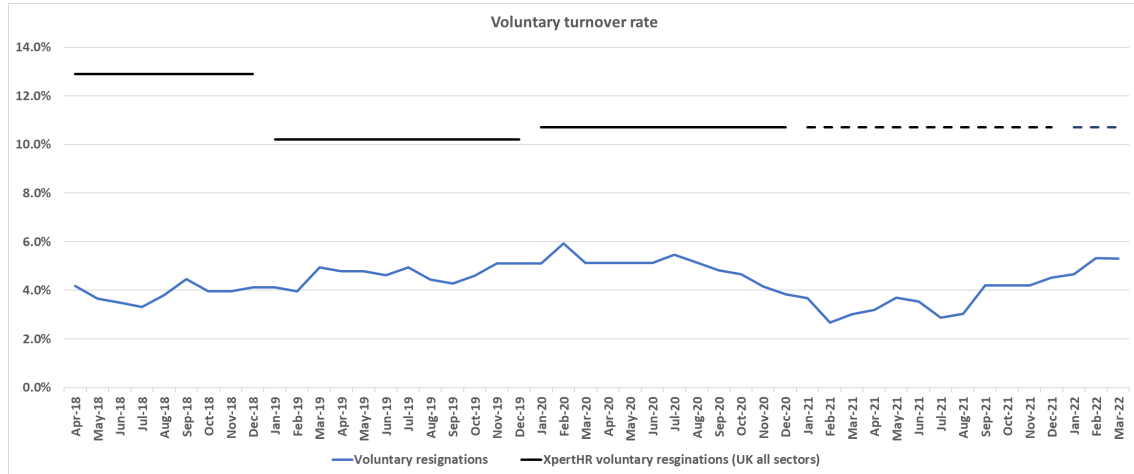
Exit interview data was received for 22.4% of voluntary leavers in 2021/22. We are currently undertaking a review of our Exit Interview process to encourage a greater uptake.

5.3   Flexible Working arrangements

Appendix 1 identifies the proportion of flexible working (including flexible retirement) contracts across our organisation. Flexible working comprises arrangements such as term time working, reduced hours, part time and condensed hours.

We use the 'Happy to talk Flexible Working' logo on our job adverts and support flexible working opportunities providing that the arrangements will continue to meet the operational needs of the organisation.

In addition to our Flexible Working policy, we have a separate Homeworking Policy which allows Inspectors and Strategic Inspectors to request a Homeworking Contract.

As of 1 April 2022, we are undertaking a hybrid working trial and are supporting more agile working arrangements as part of this. Policies and procedures are being reviewed as part of this trial.

5.4   Sickness Absence

Around 4.7% of working time was lost to sickness absence in 2021/22. This is a mean average of around 10 working days per employee per year which is similar to what we experienced in the previous financial year (see figure C), but still higher than the most recent XpertHR and CIPD benchmarks (2.6%).

5.4.1   Figure C – Lost working time to sickness (2018 – 2022)

Figure C – Lost working time to sickness
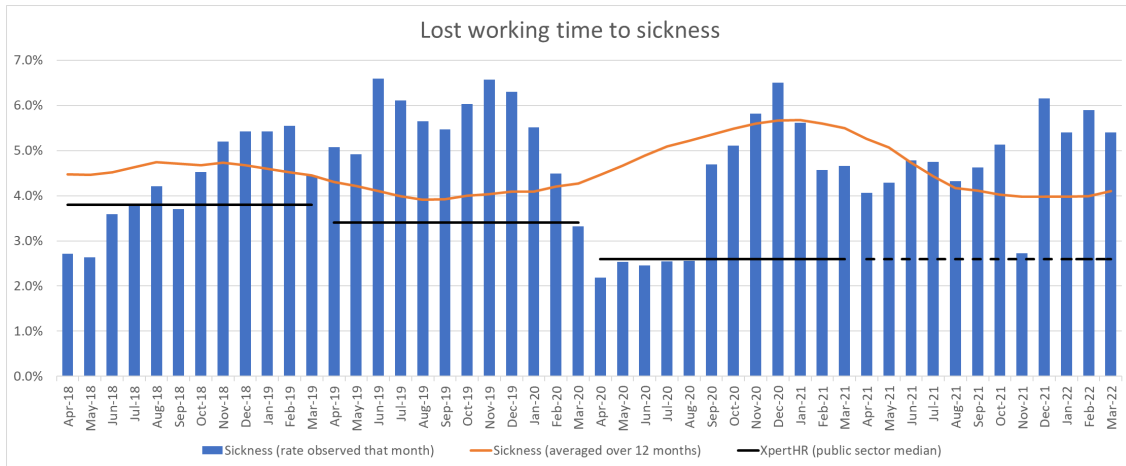
Long term sickness (4 weeks or more) has increased slightly over the financial year compared to the previous year. While around 3.6% of working time was lost to long term sickness, rates of short-term sickness (up to a week) at 0.4% and medium term sickness (1 to 4 weeks) at 0.7% remained similar to previous years (see figure D).

Figure D – Lost working time to sickness by length

Figure D – Lost working time to sickness by length
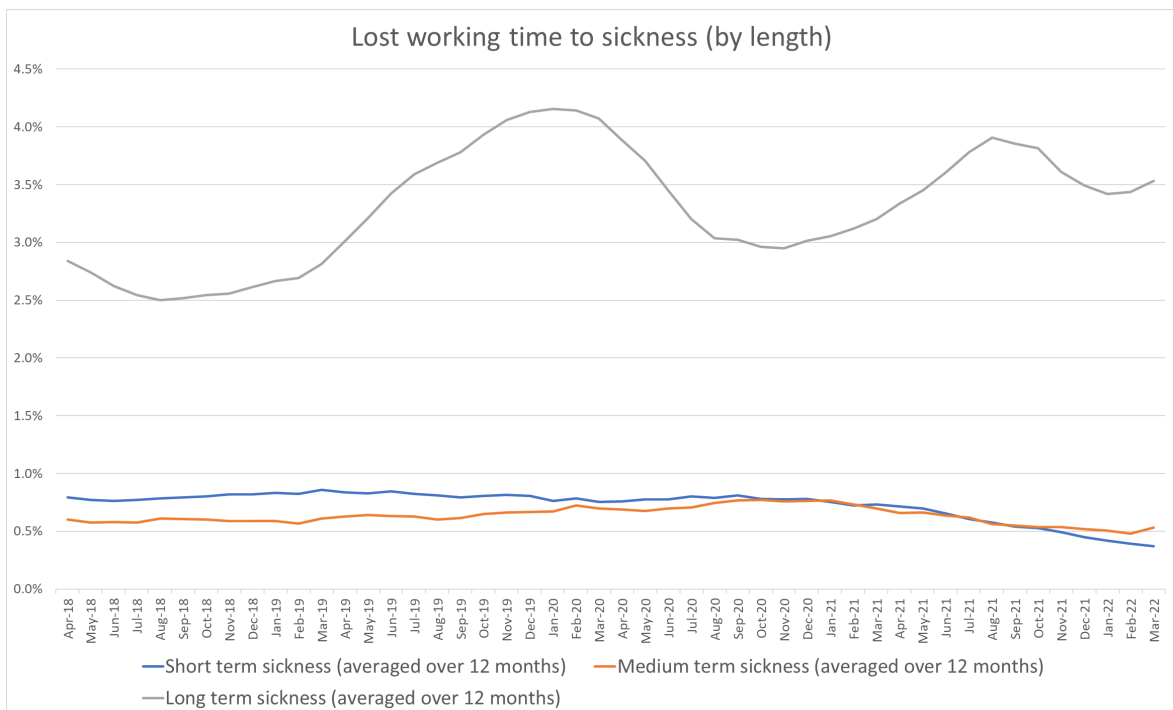
5.4.2 The following support measures were provided to our staff to support those who were absence and facilitate a quicker return to work:

- *Occupational Health (OH) support:* a total of 39 OH referrals were undertaken, 64% related to mental health reasons, 5% for musculoskeletal conditions and 31% for other reasons such as chronic conditions.
- *Return to work interviews:* During 2021/2022 we had an 88.3% return rate for return-to-work meeting paperwork. We will work to improve this figure in 2022/2023.
- *Carers Leave:* This was increased to 5 days in the 2019/20 pay remit and in 2021-22, 12% of special leave days taken were for carer's leave.
- *Risk Assessments:* Within 2021-2022, we supported 33 risk assessments to be put in place.
- *Monthly case management meetings:* We hold monthly case management meetings as an HR team to ensure consistency of approach with absence management and to share any learning across the team.
- *Other support measures:* we have supported the work of the wellbeing group during the Covid-19 pandemic and have organised specific inputs from our Occupational Health provider. We also signpost all employees to the Employee Assistance Programme on a regular basis.

6.0   RECRUITMENT ACTIVITY

During this financial year (and since the conception of the shared services HR team) recruitment activity has been dispersed throughout the team. Despite reliance on short-term temporary staff who resourced recruitment we have delivered a significant recruitment service. Going forward, the dedicated recruitment team will provide more consistency and efficiency to recruitment delivery.

6.1 In April 2021 – March 2022 the following recruitment activity took place across the Care Inspectorate:

There were 102 recruitment campaigns (including 32 internal only campaigns): 56 for temporary posts and 46 for permanent posts.

The number of campaigns by directorate were:
- Scrutiny and Assurance – 24 in total
- Corporate and Customer Services – 31 in total
- Strategy and Improvement – 34 in total
- ICT & Digital Transformation – 13 in total

In total we filled 118 vacancies which was made up of 79 new starts (of which 38 were inspectors) and 39 were internal appointments.

The number of vacancies filled by directorate was:
- Scrutiny and Assurance – 53 externally / 12 internally = 65 in total
- Corporate and Customer Services – 13 externally / 12 internally = 25 in total
- Strategy and Improvement – 9 externally / 13 internally = 22 in total

- ICT & Digital Transformation – 4 externally / 2 internally = 6 in total

A considerable headcount has been added to Scrutiny and Assurance however this has not stemmed the number of inspector vacancies that we are carrying which reflect the difficulty to recruit and the number of retirements and/or flexible retirements.

The figures also identify growth in both Corporate and Customer Services and Strategy and Improvement and a sizeable number of internal appointments in Scrutiny and Assurance and Strategy and Improvement.

We processed 1,064 applications during this period with the average number of applications per campaign being 10.43. The average campaign timescale was 86 days from vacancy going live to the employee's first day (not including volume campaigns)

The number of applications is impressive especially when they are logged manually - this took the team 507 hours across the year. Although the average number of applications received is relatively unchanged, it is proving more expensive to attract enough applications to fill posts.

6.1.1 Recruitment During Covid

The organisation adapted very quickly to use Teams for interviews and although this was strange initially, the organisation has built in confidence to assess and select candidates using this method.

Latterly, we have been using SharePoint to share interview packs (or elements of, for example - a link to shortlisted applications) lessening the need to send attachments via email or pre-Covid to send hard copy via courier. This practice has seen a reduction in time, savings in courier costs and assessor travel. It has also allowed HR to support several panels for varying posts on the same day and meet the needs of recruiting managers sharing the same timescales to recruit.

6.1.2 Scrutiny and Assurance Recruitment

During 2021, the HR team collaborated with Organisational Workforce Development on a project to review inspector recruitment. Following this work, a campaign was run in September 2021 to test several changes, these included:

- Advertising – new job adverts, trailing new jobs boards, social media and CI (Care Inspectorate) recruitment web pages - Click here to view
- New application process – we trialled the use of several questions (powered by smart survey) including the submission of an applicant's CV (Curriculum Vitas) and personal statement.
- Updated Job Profile and Person Specification for shortlisting – reducing the absolute need for three years management experience.

- Updated 2 stage process:
  a. Stage 1: re-designed the written exercise and used a virtual platform to create administration savings.
  b. Stage 2: presentation (based on written exercise) and interview (covering skills, knowledge, experience, and competencies)

We have recently launched another inspector advert and will re-run a similar campaign (although both CYP (Children and Young People) and ELC (Early Learning and Childcare) have reverted to a previous written exercise) to further review and evaluate outcomes over a longer period. Learning from this work will also be transferred to improve individual recruitment where relevant.

6.2   Disability Confident

The Care Inspectorate has achieved Disability Confident Level 2 status (The Employer Award). We are continuing to take steps to help disabled people to fulfil their potential.

In practical terms this means, if a candidate is disabled and meets our essential criteria for a job, they are eligible through the guaranteed interview scheme and would automatically be shortlisted for interview. It also means that we will plan for, and make reasonable adjustments to, the assessment and interview process – for example, small things such as allowing candidates to complete a written test using a computer or by giving more time can make a substantial difference to how well a candidate can perform at interview. We will also, make sure that people involved in the interviewing process understand the Disability Confident commitment and know how to offer and make adjustments.

Our action plan will be collaborated on and shared to ensure we commit to the level 2 status. The logo and branding guidelines will also be shared with Comms to update our careers site. Further information about the Disability Confident Award is available from their website.

7.0   DATA PROTECTION IMPACT ASSESSMENT (DPIA)

We have been working with Information Governance to identify and mitigate risks by completing a DPIA for recruitment. This assessment will help us manage personal data within the recruitment process and was completed by the end of March 2022.

8.0   EMPLOYEE RELATIONS

HR supported the following employee relations cases in 2021/22:

- 4 capability cases
- 2 dignity at work cases
- 7 grievances
- We had no disciplinary cases

In more than half of these cases we were able to reach resolution at the informal stage.

9.0   TERMS AND CONDITIONS

9.1   We have undertaken job evaluation exercises as required in various roles and departments and work to implement any changes arising from these.

9.2   Pay is only one element of the overall benefit package available to our staff and we have highlighted this more extensively in recent recruitment campaigns as part of our attraction strategy.

9.3   We have reviewed those policies and processes that support home and flexible working throughout the Covid-19 pandemic and will continue to do so as we move into hybrid working to ensure they support the organisation and staff to deliver our objectives.

10.0   HEALTHY WORKING LIVES (HWL)

10.1   We successfully maintained the Healthy Working Lives Gold Award level for another year in February 2020. The next review would have been in February 2021 however, due to Covid-19, Public Health Scotland and Healthy Working Lives decided that award reviews, registrations and assessment site visits would be put on hold until September 2022.

10.2   HWL continue to promote a variety of healthy working lives initiatives. The annual Spring Step Count Challenge went ahead in May 2021 and 6 teams took part. The Autumn challenge took place from 25 October 2021 until 22 November 2021. The next Spring Step Count Challenge will run from 2 May to 25 June 2022.

10.3   We have continued to raise awareness of many topics throughout the year including: No Smoking Day, Eating Disorders Awareness Week, Stress Awareness Month, National Walking Month, Dementia Awareness Week, Bowel Cancer Awareness Month, Mental Health Awareness Week, Men's Health Week, World Breastfeeding Week, Sun Awareness, Back Care Awareness Week, World Menopause Day, Alcohol Awareness Week, Movember and 16 Days of Action Against Domestic Violence. Upcoming promotions include National Walking Month, Sun Awareness Week and Women's Health Week

10.4   We reminded staff of the importance of the 'flu vaccination and that they can get this for free by claiming the cost back through expenses on MyView. In March 2022 we reminded employees that although we cannot hold blood donation sessions in the Dundee office, they can still donate at their local donation centre.

10.5   We have worked with our Occupational Health provider, Optima, and OWD, to provide many useful webinars and factsheets for our staff during the pandemic. Topics include managing anxiety, managing fatigue, issues arising from the gradual exit from lockdown and supporting homeworking amongst others. In January 2021

the following webinars were promoted: Parenting and Remote Working, Sleep and Mental Health Awareness.

11.0   KEY PRIORITIES FOR HR 2021/202

The main priority for the team is to embed the new HR structure and settle staff into permanent roles. The function-specific structure will enable us to be more proactive and provide an added value service. We will be able to realise the benefits of shared services efficiencies more fully such as reviewing HR policies across both organisations to ensure consistency.

Specific priorities include:

11.1   Recruitment and Retention

- A revised recruitment policy and process – this will ensure we are employing the right people, with the right skills, values and motivation.
- Use all media channels and opportunities to promote our organisation as an
- employer of choice and ensure we are recruiting the very best people into roles, secondments, placements, apprenticeships and traineeships.
- Invest in the skills and confidence of our managers as recruiters through training and induction. This will include training on shortlisting techniques and unconscious bias training
- Implement learning from the inspector recruitment review

11.2   Pay and Grading

- Finalise the Inspector pay and grading issue.
- Continue to benchmark against developments in other sectors which may impact on our ability to recruit from these sectors or our appeal as an employer of choice.
- Finalise the pay award for 2021/222 and implement an award that is affordable and sustainable for 2022/23

11.3   Wellbeing

- Continue to invest in and maintain our Healthy Working Lives gold award by offering a range of health promotion activities to our staff, including health and safety, occupational health, health in the community, employability, health and the environment, and mental health and wellbeing.
- Continue to support our managers and employees to reduce work related stress and absence through our people management policies, healthy working lives initiatives and training.
- HR support to hybrid working including FAQs for staff and amendments to policies to support hybrid working

11.4   HR Systems and Analytics

- Continued review of the analytics we produce through the HR/payroll system and Power BI so that our stakeholders value the information and analysis we provide.
- Launch of new onboarding module in Myview which will enhance the experience of new starters to the organisation and streamline processes in HR, enabling us to focus on more added value work.
- Roll out self-service absence dashboards in Myview, producing more accurate date on absence, empowering managers and staff to control their own information and reducing manual tasks in the HR function.
- Support Corporate and Directorate improvement initiatives across the organisation by having "One source of truth" by ensuring data accuracy and working closely with Finance colleagues.

11.5   Business Partnering

- Establish a fully functioning business partnering model to support managers and staff in the organisation
- Use HR analytics to support proactive inputs on case work, absence and restructures
- Progress management training in HR processes and procedures

12.0   IMPLICATIONS AND/OR DIRECT BENEFITS

12.1   Resources

There are no additional resource implications as a result of this report. The revised HR structure will support the delivery of an effective HR service to meet the shared services model on a permanent basis.

12.2   Sustainability

This report is for information only and there are no sustainability issues or benefits because of it.

12.3   Policy

There are few direct policy implications in relation to this report but issues around recruitment and pay should be considered within the context of the Scottish Government's Budget for 2022-23, and the ongoing impact of the Coronavirus (COVID-19) outbreak on the economy, as well as current and future policy development. We have seen pressure on recruitment, retention and employment conditions across the social care sector during the period covered by this report and expect that to be ongoing throughout the coming year.

The implementation of the National Care Service remains an unknown in terms of the impact on the CI and SSSC and therefore the support that will be required from HR. We will keep a close eye on developments and resource plan accordingly.

12.4   People Who Experience Care

It is important that the organisation is in good shape and our employees are well supported and equipped to deliver their roles in line with the objectives set in our Corporate Plan. A committed and well skilled workforce will deliver a high-quality service which will in turn benefit people who use care services and their carers.

12.5   Customers (Internal and/or External)

This report is for information only and there are no direct customer issues or benefits because of it. However, customer service remains a key priority for HR and we will seek customer feedback as appropriate to inform and improve our service.

13.0   NEXT STEPS

This report highlights some of the key tasks and HR metrics for the Care Inspectorate which we continue to monitor and review in line with our aims of the Strategic Workforce Plan.

Looking ahead, HR plan to continue to meet our objectives in the strategic workforce plan, to transform the way we recruit, create a healthy working environment to allow staff to flourish, continue to proactively manage employee relation cases including absence and provide training and guidance to line managers to deal with people related issues through a structured plan of training activities.

WORKFORCE PROFILE DETAILS

Headcount and FTE

Type	Headcount	FTE
Corporate and Customer Services	129	119.1
Executive Team	4	4.0
IT	25	24.7
Scrutiny and Assurance	381	359.8
Strategy and Improvement	82	79.7
Grand Total	621	587.3

*These figures exclude any locum staff, agency staff and consultants. It includes all staff on payroll whether they are currently at work or not (ie includes maternities, long term sick, etc).

Locum and Agency

Type	Agency Headcount	Locum Headcount
Corporate and Customer Services	2	0
Executive Team	0	0
IT	6	0
Scrutiny and Assurance	0	8
Strategy and Improvement	5	0
Grand Total	13	8

Age profile

We have an aging workforce – particularly in our Scrutiny and Assurance area (17 of the S&A staff are 65 or over, with a further 15 staff turning 65 within the next 2 years). Around 45% of the Scrutiny and Assurance workforce are 55 or over.

The age range of our other staff is more diverse and includes 4 staff below the age of 25.

S&A

Corporate and Customer Services

Executive Team

IT

Strategy and Improvement
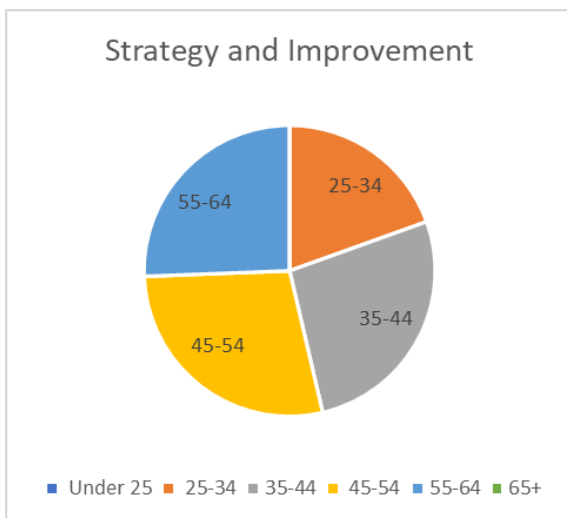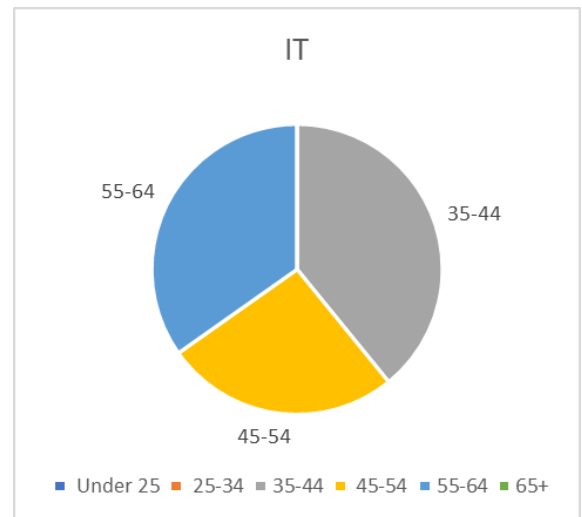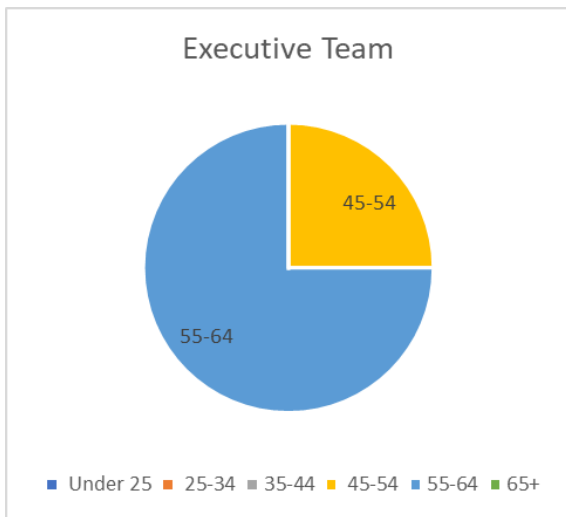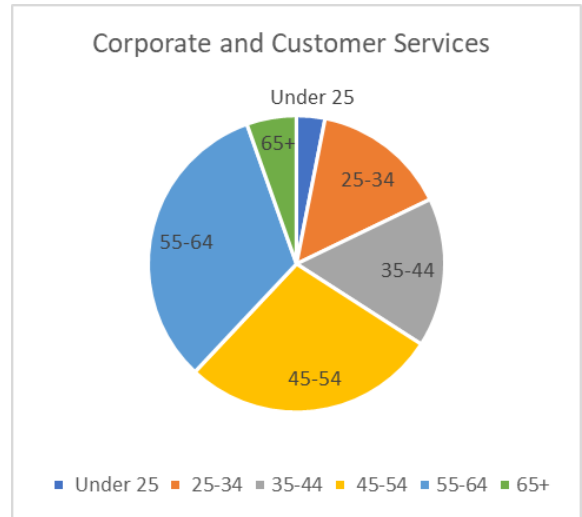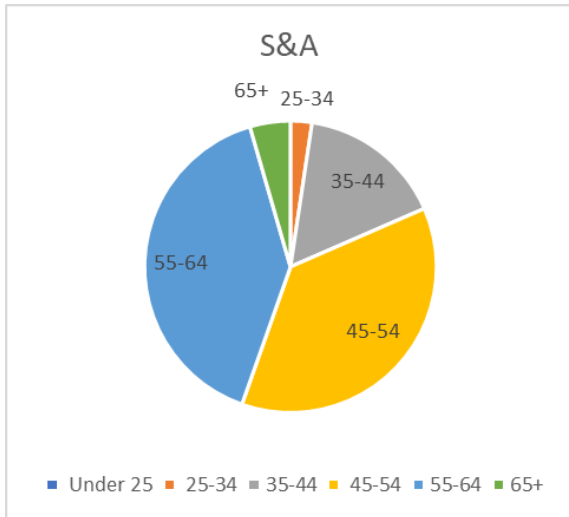
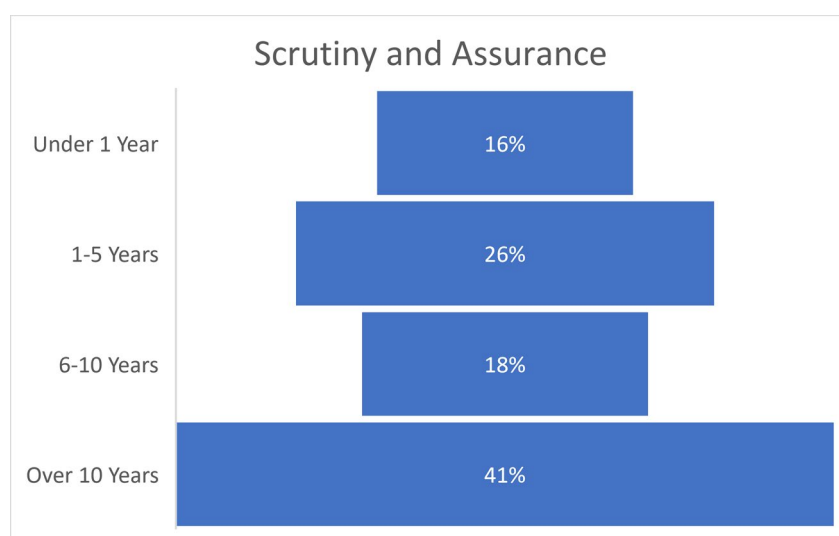| Type/Age	Under 25	25-34	35-44	45-54	55-64	65+
Corporate and Customer Services	0.64%	3.06%	3.38%	5.80%	6.76%	1.13%
Executive Team	0.00%	0.00%	0.00%	0.16%	0.48%	0.00%
IT	0.00%	0.32%	1.45%	0.97%	1.29%	0.00%
S&A	0.00%	1.45%	9.82%	22.71%	24.64%	2.74%
Strategy and Improvement	0.00%	2.58%	3.54%	3.70%	3.38%	0.00%
Total	**0.64%**	**7.41%**	**18.20%**	**33.33%**	**36.55%**	**3.86%**

Gender profile

Over three quarters of the workforce are female.
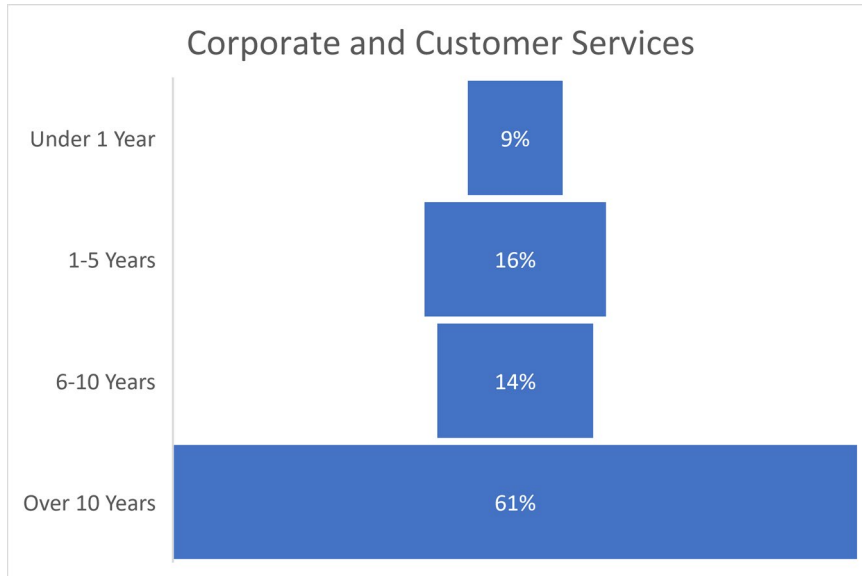
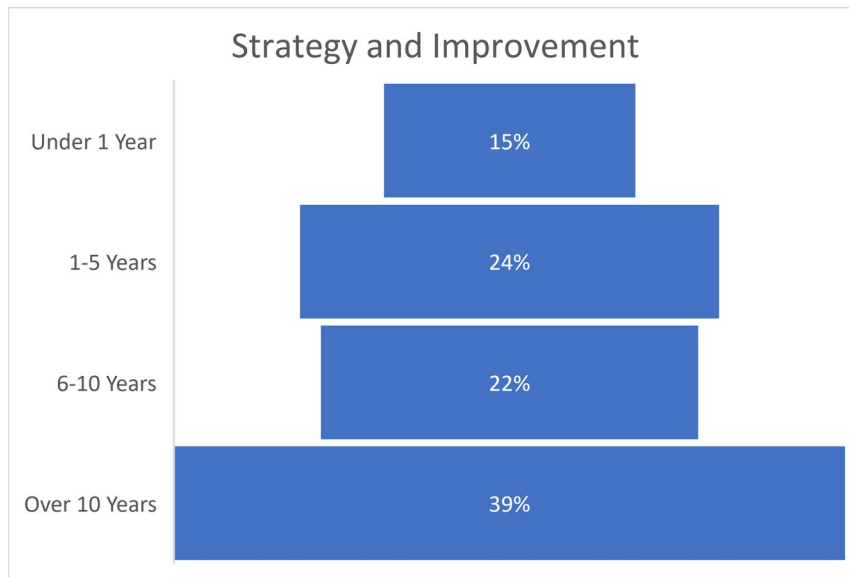| Type/Sex	Female	Male
Corporate and Customer Services	18.68%	2.09%
Executive Team	0.32%	0.32%
IT	1.13%	2.90%
Scrutiny and Assurance	49.60%	11.76%
Strategy and Improvement	9.82%	3.38%
Total	**79.55%**	**20.45%**

Length of service

Just under half of the workforce have been with the Care Inspectorate (or the Care Commission) for more than 10 years.

However, we have had 95 new starters within the last 12 months (64 in Scrutiny and Assurance and 31 in the other Directorates).

Scrutiny and Assurance

Under 1 Year — 16%
1-5 Years — 26%
6-10 Years — 18%
Over 10 Years — 41%

Corporate and Customer Services

Under 1 Year	9%
1-5 Years	16%
6-10 Years	14%
Over 10 Years	61%

Executive Team

Under 1 Year	
1-5 Years	50%
6-10 Years	
Over 10 Years	50%

IT

Under 1 Year	12%
1-5 Years	24%
6-10 Years	24%
Over 10 Years	40%

Strategy and Improvement

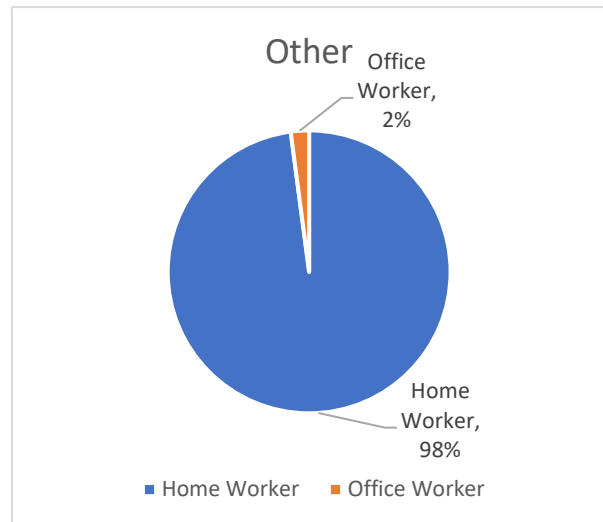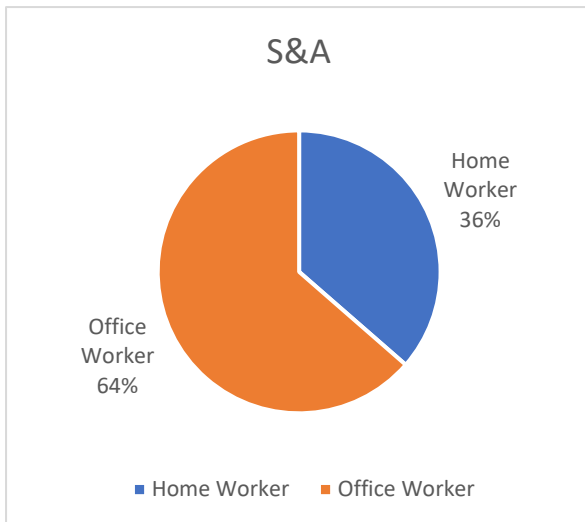| Under 1 Year | 15% |
1-5 Years	24%
6-10 Years	22%
Over 10 Years	39%
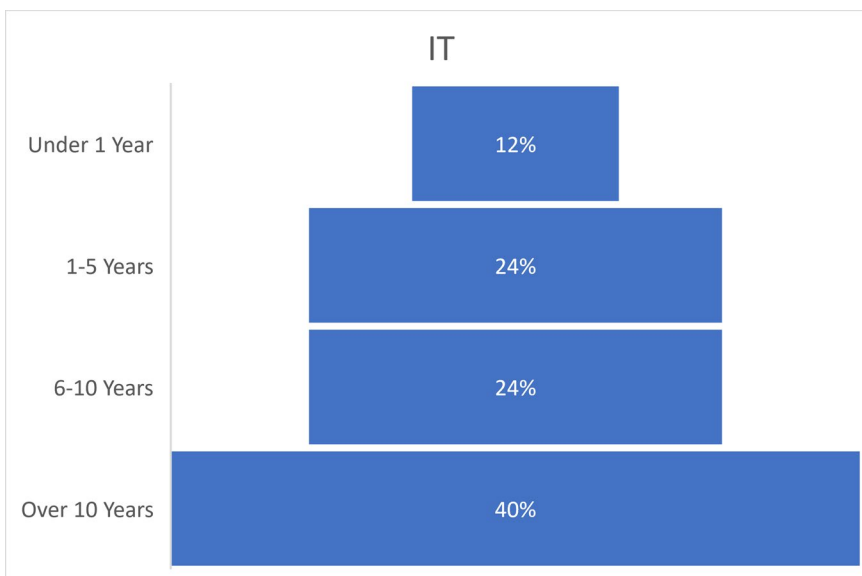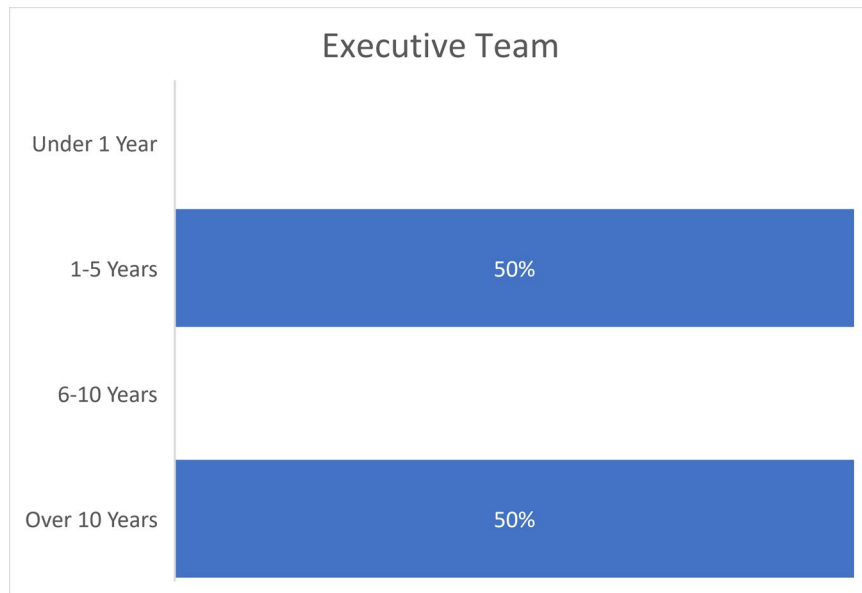
Geographic spread

We have 478 staff based in one of our offices and 143 who are contractual home workers. Dundee is by far our biggest office base. The tables below show where office staff are located and do not include homeworkers.

Type/Office	Aber	Dumfries	Dundee	Dunferm	Edin	Elgin	Hamil	Inver
Corporate & Customer Services	8	3	53	3	9	1	8	5
Executive Team			1		1			
IT	1	1	17	1	1		2	1
Scrutiny & Assurance	35	7	43	33	55	5	38	14
Strategy & Improvement	4	1	31	7	11		8	
Grand Total	**33**	**10**	**128**	**31**	**54**	**5**	**40**	**15**

Type/Office	Oban	Paisley	Selkirk	Shetland	Stirling	West Isles
Corporate & Customer Services	1	25	5	1	6	1
Executive Team			1		1	
IT					1	
Scrutiny & Assurance	3	113	8		24	1
Strategy & Improvement		13			7	
Grand Total	**4**	**114**	**13**	**1**	**28**	**2**

S&A

Home Worker 36%

Office Worker 64%

Home Worker ■ Office Worker

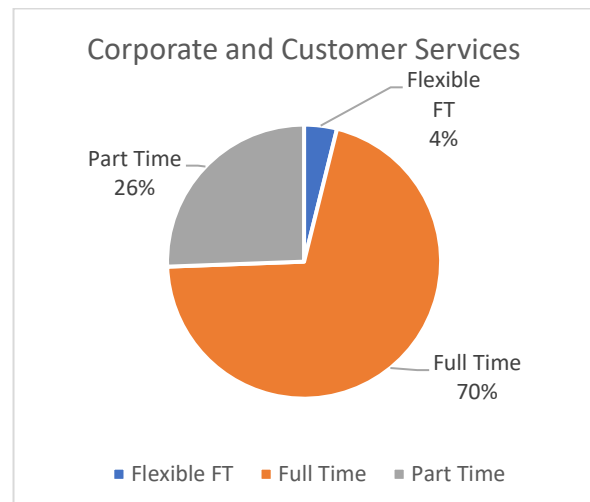Other

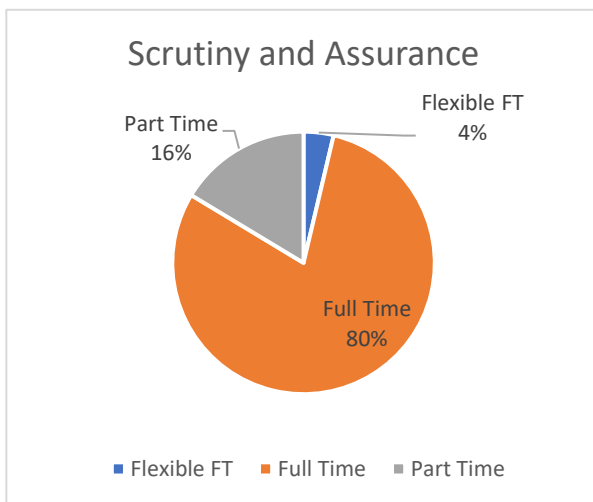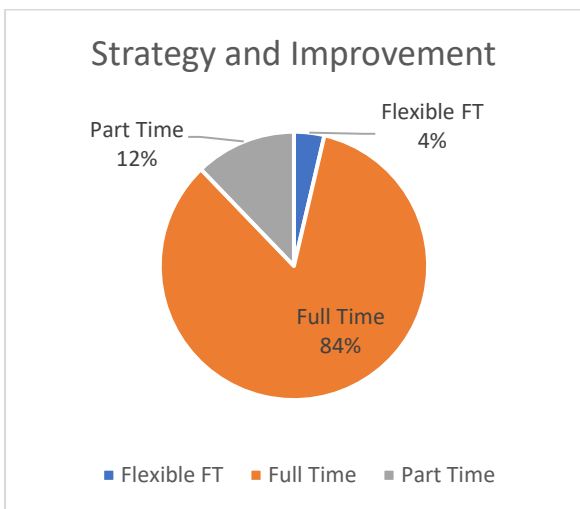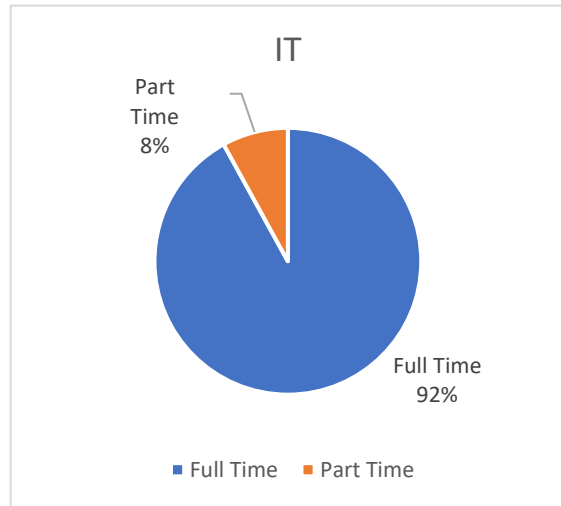Office Worker, 2%

Home Worker, 98%

Home Worker ■ Office Worker

*Other - 5 Home Workers in Strategy and Improvement

Flexible working

Our staff have a lot of flexibility around when they work (eg 140 hours over 4 weeks for Scrutiny and Assurance staff and flexi time scheme for all others). Over and above this though, we have several formalised flexible working arrangements (part time and full time).

17.2% of our staff are part time (16.4% of Scrutiny and Assurance and 18.6% of other). A significant proportion of our part time workforce are 55 or over – particularly in Scrutiny and Assurance (where just under a third of those 55-64 are part time and two thirds of those 65+).

Scrutiny and Assurance

Part Time 16%

Flexible FT 4%

Full Time 80%

■ Flexible FT ■ Full Time ■ Part Time

Corporate and Customer Services

Flexible FT 4%

Part Time 26%

Full Time 70%

■ Flexible FT ■ Full Time ■ Part Time

Executive Team

Full Time
100%

■ Full Time

IT

Part
Time
8%

Full Time
92%

■ Full Time   ■ Part Time

Strategy and Improvement

Flexible FT
4%

Part Time
12%

Full Time
84%

■ Flexible FT   ■ Full Time   ■ Part Time

Agenda item 18

BOARD

Schedule of Business 2022/23

BUSINESS TOPIC	16 June 2022	11 Aug 2022	22 Sept 2022	15 Dec 2022	9 Feb 2023	30 Mar 2023
Chair's Report (quarterly)	✓		✓	✓		✓
Chief Executive Report (quarterly)	✓		✓	✓		✓
STRATEGY AND POLICY ITEMS						
Approval of Care Inspectorate Strategies on a rolling/as required basis • Customer Service Strategy • Communications Strategy • Financial Strategy • Health and Safety Strategy • ICT Strategy • **Improvement and Involvement Support Strategy and Delivery Plan (2022-25)** • Information Governance Strategy • Intelligence Strategy • Legal Services Strategy • Shared Services Strategy • Workforce Strategy		✓				
Scrutiny and Assurance Plan					✓ (Draft)	✓
Budget and Indicative Budgets						✓
Strategic Risk Register 2022/23			✓			
Approval of Risk Appetite and Risk Policy			✓			
Annual Review of Procurement Strategy			✓			

BUSINESS TOPIC	16 June 2022	11 Aug 2022	22 Sept 2022	15 Dec 2022	9 Feb 2023	30 Mar 2023
Customer Engagement Strategy – Refreshed *(to be added to the 2022/23 Board cycle – timing tbc)*						
MONITORING AND GOVERNANCE ITEMS						
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minutes/Report of Audit and Risk Committee	✓		✓	✓		✓
Complaints Activity Report	✓ (annual)			✓(mid-year)		
Annual Accounts 2021/22 Progress Report *(to 1st Quarter meeting of Board)*	✓					
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			✓			✓
Health, Safety and Wellbeing Strategy and Action Plan *(timing tbc)*						
Health and Safety Annual Report				✓		
Equality Duty Reporting – Annual Progress Report						✓
Annual Review of the CI's Financial Regs						✓
Annual Procurement Performance Report			✓			
OPERATIONAL ITEMS						
Chief Nurse Update	✓ (presentation)					
HR Annual Report *(normally first meeting of Board)*	✓					
CI Staff Survey 2022	✓ (High level presentation)	✓ (Detailed action plan				
Shared Services Update Report	✓					

Agenda item 18

BUSINESS TOPIC	16 June 2022	11 Aug 2022	22 Sept 2022	15 Dec 2022	9 Feb 2023	30 Mar 2023
Board and Committee Cycle 2022/23 – proposed meeting dates			✓			
Corporate Parenting Plan Progress Update						✓
Approval of Pay Remit for submission to Scottish Government **(tbc)**						
Update on Significant Organisational Restructures **(when required)**						
Estates Update **(when required)**						
Approval of Compensation Payments **(when required)**						
STANDING ITEMS						
Identification of Risk	✓		✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓
CI Employee Relations Appeals **(standing item, but only when required)**						
PRIVATE AND CONFIDENTIAL ITEMS						