



A Meeting of the Care Inspectorate Board is to take place from
10.30 am-1.00 pm on Thursday 15 December 2022 in Compass House, Dundee

Arrangements will be in place to enable observers to join by video-link.
 A public notice has been placed on the Care Inspectorate website.

AGENDA

PUBLIC SESSION

Item		Time
1.	Welcome	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Previous Meetings (papers attached) 4.1 29 September 2022 4.2 21 November 2022	10:35
5.	Action Record of Board meetings held on 29 September and 21 November 2022 (paper attached)	
6.	Matters Arising	
7.	Chair's Report (verbal)	10:40
8.	Chief Executive's Report – Report No: B-36-2022	10:50
	STRATEGY AND POLICY	
9.	Estates Strategy – Report No: B-37-2022	11:00
10.	Draft Scrutiny and Assurance Directorate Strategy – Report No: B-38-2022	11:20
11.	Budget Development Short Life Working Group – Terms of Reference – Report No: B-39-2022	11:35

	MONITORING AND GOVERNANCE	
12	Monitoring our Performance 2022/23 Quarter 2 – Report No: B-40-2022	11:40
13.	Complaints Activity Mid-Year Report – Report No: B-41-2022	12:00
14.	Budget Monitoring and Staffing Update – Report No: B-42-2022	12:10
15.	Report of Audit and Risk Committee meeting of 16 November 2022 (papers attached)	12:25
	SHORT BREAK (5 mins)	
16.	Health and Safety Annual Report 2021/22 – Report No: B-43-2022	12:30
	OPERATIONAL ITEMS	
17.	HR Quarterly Report – Report No: B-44-2022	12:40
	STANDING ITEMS	
18.	Identification of Risk 18.1 New Strategic Risk – Report No: B-45-2022	12:50
19.	Board Schedule of Business 2022/23 (paper attached)	
20.	Any Other Competent Business	
21.	Close of Public Meeting and Date of Next Meeting: Thursday 9 February 2023 at 10.30 am in Compass House, Dundee	1.00 pm



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 29 September 2022					
7.0	INTERIM CHIEF EXECUTIVE'S OUTGOING REPORT – Report: B-26-2022	Provide the Board with details of CAPA funding.	Head of Improvement Support	Immediate	Emailed to Board on 30.9.2022 Completed
8.0	STRATEGIC RISK REGISTER MONITORING REPORT – Report: B-27-2022	<ul style="list-style-type: none"> - Modify terminology in SR2 to make it clear that partnership working relates to external partners - Discuss membership of working group set up to consider budget development and wider financial sustainability. 	HoFCG Chair, CE, A&R Committee Convener	Immediate In time to allow first meeting of group to be convened by early December	Completed Agenda item for Dec Board. Completed
11.2	DRAFT REVISED AUDIT AND RISK COMMITTEE TERMS OF REFERENCE - Report: B-30-2022	Changes to Audit and Risk Committee's terms of reference to be incorporated into revised version of current Reservation of Powers and Scheme of Delegation.	HoLS/E&CSM	By 19 Oct 2022	Completed

12.0	HR QUARTERLY REPORT – Report: B-31-2022	<ul style="list-style-type: none"> • Check for a further breakdown of reasons for sickness absence that were listed under “Other”. • Check if trends data could be included under the workforce age profile table, which was outlined in the appendix to the report. • Review the information gleaned from exit interviews in order to identify any themes in relation to reasons for leaving and, if so, to highlight these within an annual HR report. 	Head of HR	<p>In line with the timing for quarterly reports to Board</p> <p>In line with timing for annual report in Sept 2023</p>	<p>Completed</p> <p>Noted for inclusion in annual report Completed</p>
13.0	2021-22 PROCUREMENT UPDATE AND PERFORMANCE REPORT – Report: B-32-2022	A six-monthly summary report to show progress on sustainability targets.	Accounting and Procurement Manager	In line with Board reporting timeframes, commencing 2023/24 cycle	Added to Board Schedule of business. Completed
14.0	REVIEW OF BOARD REPORTING FRAMEWORK AND SCHEDULING OF EXECUTIVE MEETINGS 2023/24 – Report: B-33-2022	Discuss dates for annual programme of Board Development Events for 2023/24 and communicate to members.	Chair, CE, EC&SM	Three-way meeting set up for 11 Nov 2022	Meeting postponed – further discussion required, noting preference for BDEs to be held on same day as Board meetings
18.0	ANY OTHER COMPETENT BUSINESS	Expressions of interest for position of Board Vice-Chair to be submitted to the Chair	Board members	By 7 Oct 2022	Notes of interests received. Action completed

Actions from 21 November 2022					
4.1	Audit and Risk Committee Annual Report to the Board 2021/22 – Report No: B-35-2022	Minor amendments to be made as outlined in the minutes	HoFCG	Immediate	Completed
4.2	Draft Annual Report and Accounts 2021/22	Minor amendments to be made as outlined in the minutes	HoFCG	Immediate	Completed

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

HoFCG: Head of Finance and Corporate Governance
 HoCPC: Head of Corporate Policy and Communications
 HoLS: Head of Legal Services
 E&CSM: Executive and Committee Support Manager



Title:	CHIEF EXECUTIVE'S REPORT
Author:	Jackie Irvine, Chief Executive
Appendices:	None
Consultation:	
Resource Implications:	None

EXECUTIVE SUMMARY

The Chief Executive's report to the Board underpins the successful delivery of the Care Inspectorate's Corporate Plan. This quarterly update highlights significant developments and new or completed activities that directly support the Corporate Plan and its strategic outcomes.

The Board is invited to:

- Note the information contained in the report.

Links	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	No			
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	One is planned or is already in progress	Reason: Not required, this is an update report.

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

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

Disclosure after: N/A

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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.

CHIEF EXECUTIVE'S REPORT**1.0 SECTOR ENGAGEMENT**

This section of my report covers attendance and participation at events, conferences, meetings, working groups, hearings and inquiries.

I have been holding a series of introductory meetings with a range of key regulatory and partner organisations since starting in September.

1.1 Evidence on the National Care Service (Scotland) Bill

Alongside COSLA, CELCIS and Social Work Scotland, I presented evidence to the Scottish Parliament's Education, Children and Young People Committee as part of its consideration of the National Care Service (Scotland) Bill. The session considered the Bill with a particular focus on whether children and young people's services should be part of the NCS. This was an opportunity to highlight that structures need to be considered along with leadership, use of data, engagement with both children and families and the involvement of the third sector to build a system that meets individual needs. I also highlighted the Care Inspectorate's role to undertake scrutiny and provide assurance and quality improvement support within the legislative framework – both current and future. The Executive Director for Scrutiny and Assurance, also gave evidence on the Bill to the Health, Social Care and Sport Committee alongside Healthcare Improvement Scotland, the Mental Welfare Commission, and the Scottish Public Services Ombudsman. This session focused on regulation and we highlighted that this is a framework Bill and we await further legislation, consultation and co-design. We noted that strong leadership, collaborative working, and adequate resourcing is needed for services and outcomes to be delivered successfully and welcomed recognition of the independent scrutiny and assurance functions, and the proposed approach to quality improvement. We also emphasised that the Care Inspectorate is well placed to carry this out, as we already do so across a wide range of social care and social work services as well as ELC and in the context of a variety of structural arrangements. We expressed confidence that we could continue to do that, whatever structure is in place.

1.2 Quality Conversations

I chaired our first Quality Conversation event since the onset of the Covid-19 pandemic. The event was held in Stirling on 22 November for senior and executive representatives from across the adult and older people care sector including those from larger providers, advocacy groups and membership organisations. The event was well attended and provided a useful opportunity for productive and positive discourse and updates on problem-solving, sector staffing, challenges and supports for the sector, collaboration for improvement and our new Film in Care resource, produced in collaboration with University of Dundee. The next event will focus on the children and young people sector.

1.3 Scottish Care - Care Home Conference and Exhibition

I spoke at Scottish Care's Care Home Conference and Exhibition – "More than four walls" - on 18 November in Glasgow. During my speech, I gave my initial reflections since joining the Care Inspectorate and commented on the current significant challenges that exist in the sector and looking ahead to the emerging policy context. I also spoke about the Care Inspectorate's corporate plan, and the forthcoming scrutiny and assurance and improvement and involvement strategies highlighting that collaboration and partnership will continue to be central to our work to both support services and those experiencing care.

2.0 STRATEGIC OUTCOME: HIGH QUALITY CARE FOR ALL

2.1 Enforcement

The Legal Services team supported a significant piece of enforcement work which resulted in the closure of a care home for older people where residents were considered to be at serious risk to their life, health and well-being.

2.2 Scotland Evaluation and Recommendations for Supporting Care Homes

The Chief Inspector Adults has worked as part of a Scottish Government group led by the Chief Nursing and Social Work Officer to review oversight arrangements for adult social care in Scotland. This has recognised what has worked well and what needs to change. A letter will be issued to Directors of Nursing in Scotland to confirm outcomes from this work and the way oversight will move forward based on support and improvement.

The Service Manager Adults has worked with the Mental Welfare Commission to develop a process for information sharing between both organisations to ensure that intelligence is shared, and people protected.

2.3 Tele-Care

Tele-Care has expanded in recent years, and this accelerated over the pandemic with examples of direct care being provided via tele-care. Scottish Government asked for our expertise to scope the sector and provide recommendations on the need for some aspects of tele-care services to be regulated. We have recruited to the post and this work is underway.

2.4 Justice Services

The Adult's team is undertaking a review of justice registered care services. It has already established that these services need to be a stand-alone service type with new quality indicators. A team manager has been seconded to take this work forward and is working closely with methodology, Scottish Government Justice Team and Strategic Justice Team.

2.5 Guidance for Closure of Care Home at Emergency Cancellation

An Adults team manager has worked with sector and statutory agencies to develop guidance for Health and Social Care Partnerships when a home is required to close due to emergency closure action from the Care Inspectorate. We have piloted the guidance and refined it to take learning from Covid and from pilots carried out. This will be published in December 2022.

2.6 Scottish Government's Dementia Strategy Consultation

An Adults service manager and the senior improvement advisor (Dementia) provided an organisational response to the Scottish Government's Dementia Strategy consultation. This set out what we believe to be the key priorities for consideration to better support improved outcomes for people living with dementia, their families, and carers.

2.7 Shared Inspection Framework for Early Learning and Childcare (ELC)

During this quarter, the Scottish Government consultation on the inspection framework closed. Government colleagues have now engaged an organisation to analyse the responses to the consultation. At the time of preparing this report, we were not expecting the feedback from the consultation until mid-December; the initial work has commenced of the workstream for the development of a single shared framework between the Care Inspectorate and Education Scotland.

3.0 STRATEGIC OUTCOME: IMPROVING OUTCOMES FOR ALL**3.1 Scottish Child Abuse Inquiry**

The Legal Services team has continued to engage with the Scottish Child Abuse Inquiry with a view to meeting its requirements for information and reports on its approach to regulation of services for children in a way which is manageable for the Care Inspectorate.

3.2 A return to in-person presence at conferences

Now that restrictions have ended, the communications team has resumed attendance at conferences and events for both sector professionals and the wider public. This provides opportunities to engage with the sector and the public on the work that we do, share information on our most recent work and encourages engagement with those experiencing care. Since May of this year, the organisation has hosted stands and attended events held by a variety of organisations across Scotland.

3.3 National Care Service

In June 2022, the National Care Service (Scotland) Bill was introduced to the Scottish Parliament by the Scottish Government. The policy team has provided

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briefings on the key implications of the Bill, analysis of evidence and developed our response to calls for evidence. Myself and the Executive Director of Scrutiny and Assurance attended committee evidence sessions in November, as detailed above.

3.4 Consultations

The Policy Team has submitted responses to a wide range of formal consultations in Q3, including:

- Scottish Government Equality Evidence Strategy
- Inspection of early learning and childcare and school age childcare services
- Ethical Standards Commission - Investigations Manual

3.5 Bairns' Hoose (Barnahus) Standards – public consultation

The Care Inspectorate continued work on the draft Bairns' Hoose (Barnahus) Standards, a child-centred response for children who are victims or witnesses of serious crime and abuse. Our partnership working to develop the draft standards, with Healthcare Improvement Scotland and Scottish Government/Chief Social Worker Adviser, included the final phase of a 12-week public consultation and survey. The consultation concluded in November and was supported by a successful programme of stakeholder engagement, workshops, seminars and presentations. This included the Children in Scotland, Children's Health Scotland and the Scottish Institute for Residential Child Care annual conferences. A new film was launched to raise awareness of the draft standards and to encourage participation in the consultation. We produced this with the involvement of young people and in collaboration with the Children's and Young People's Centre for Justice. The consultation responses are being reviewed and analysed and this will help to inform further standards development work. It is anticipated that the final standards will be published in early 2023.

3.6 Quality Improvement capacity building – ELC

The Quality Improvement Support Team (QIST) collaborated with Scrutiny and Assurance and ELC Improvement team colleagues to provide ELC provider Thrive with targeted quality improvement workshops, for approximately 50 participants at all levels from across their 25 settings in Scotland. This was the first occasion that QIST has worked with the ELC sector in this way.

Two workshops were held in October 2022, focusing on Self Evaluation/Quality Frameworks, collaborative working, culture and psychological safety for staff, the model for improvement, and personal planning and rights-based care. Staff left with an improvement aim which they could then take forward with their colleagues once back within their own settings.

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Feedback from all participants was overwhelmingly positive, with a 100% response of Strongly Agree or Agree to both KPI Questions. 'Feedback from one manager was that the development day had 'been a catalyst for change and have strengthened senior managers appetite for genuine improvement...One of the best sessions that [she] had attended in her career.'

3.7 ELC Improvement Programme

The ELC Improvement Programme team, on behalf of Scottish Government, commissioned Blake Stephenson to conduct an external independent evaluation of the programme. The evaluation explored the efficacy and impact of the programme on improving outcomes and experiences for children, their families and the settings they attend. Overall, the findings from the report have been overwhelmingly positive with settings, inspectors, and local authorities keen to ensure the programme continues. The evaluation demonstrates and recognises that there is a continuing and potentially ever-growing demand for the support offered through the programme and that settings achieving the lowest grades can struggle to make improvements without this external support. The full report is available [here](#).

3.8 Safe Staffing Programme

The Safe Staffing team continues to collaborate with ten care home test sites, using quality improvement methods, and in preparedness for the implementation of the Health and Care (Staffing) Scotland Act 2019.

3.9 Promoting learning- Technology Enabled Care

Through the Care Inspectorate's representation in the digital social care team within the Scottish Government's Technology Enabled Care (TEC) programme, we supported the digital social care team's test of change showcase events which began on the 6 October 2022 and continue throughout the winter months. This provides professionals with an opportunity to learn about implementing digital solutions through first-hand experience from care providers. We promote these sessions internally via scrutiny and assurance teams and internal media platforms. Learning from key evaluations in digital social care such as the 'Connecting Residents in Scotland's Care Homes' (CRSCH) programme and the stage 2 report for the care homes assessment tool (CHAT) have been shared widely.

3.10 Open Badge

The Safe Staffing Project team worked with the Scottish Social Services Council and have introduced a new Open Badge award for safe and effective staffing. An Open Badge is a digital certificate which recognises learning and achievement. This is awarded to people who read, understand and apply the learning from the materials and resources on The Hub's [Safe Staffing Programme](#) area.

3.11 The Health and Care Staffing Scotland Act 2019 – Guidance chapter development

Scottish Government requested that the Safe Staffing Project team contributes to the development of guidance chapters, relevant to the social care sector, and in preparation for the implementation of the Health and Care (Staffing) Scotland Act 2019.

The Chief Nurse worked with the SSSC Head of Regulatory Improvement and Hearings in the recruitment and selection of candidates to participate in the SSSC fitness panels.

The Chief Nurse and Senior Improvement Advisor have engaged with The Society of Chief Officers of Environmental Health in Scotland to share information and strengthen relationships across sectors in relation to infection prevention and control (IPC).

3.12 Independent Review of Inspection, Scrutiny and Regulation

In September 2022, the Scottish Government announced it had commissioned an Independent Review of Inspection, Scrutiny and Regulation across social care support services. Myself and the Executive Directors met with Dame Sue Bruce and Stewart Currie on 20 October to discuss their approach and the various workstreams we would wish to feed into this. The Policy team continues to monitor developments, providing updates as appropriate, and is working with colleagues to draft our formal response to the Review's consultation.

As part of the preparations for developing the first draft of our response, a whole day session, facilitated by the Executive Director of Scrutiny and Assurance and involving 60 directorate managers, was held on 14 November. There was also representation from the Strategy and Improvement Directorate. The event was well received by managers with positive feedback received in relation to staff engagement in the process. A Teams live event is also being held to involve a wider group staff.

3.13 National Care Service Forum

On 3 October 2022, myself and the Executive Director of Scrutiny and Assurance attended the first meeting of the National Care Service Forum at Perth Concert Hall attended by the Cabinet Secretary for Health and Social Care and the Minister for Mental Wellbeing and Social Care.

3.14 Keeping children safe: supporting positive mealtime experiences in ELC

We have published a practice note to support safe practice in settings for children: positive mealtimes experiences for children in the ELC sector. We developed this resource following identifying areas of concerning practice at mealtimes through our scrutiny work. Since the implementation of the ELC expansion, children attending a setting are entitled to a free meal each day.

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This has resulted in an increase of settings providing meals for children. The practice note has been written with the child's voice at the centre to support practitioners to think about the children in their own settings and what they experience. We have included some case studies that can be used as training tools with staff in their settings for improved outcomes.

3.15 Early Years Scotland

We are regularly approached by Early Years Scotland to request articles from us to be published in their national ELC magazine to the sector. For the most recent publication three ELC staff contributed to two articles highlighting the role of an ELC inspector and developing positive relationships within settings. We also published an article signposting to our new ELC Quality Framework document and scrutiny approaches.

3.16 The Scottish Out of School Care Network – (SOSCN)

SOSCN held its first national conference for four years in November. The title and theme of the conference was 'Reconnecting'. Delegates heard from the Minister for Children and Young People, our Chief Inspector Childrens' Services, and representatives from the Scottish Social Services Council and Inspiring Scotland. A key theme was reconnecting with regulators and policy makers. An ELC team manager and inspectors delivered workshop sessions with delegates to support the use of the ELC quality framework within school aged childcare settings. Feedback highlighted that we increased understanding of how the framework supports improved outcomes for children using school age childcare.

3.17 Provider Improvement Support

The adult inspection team provided support to a service where we had issued an improvement notice and the service was struggling to meet this. The team met with the provider and developed a joint improvement plan and supported this with meeting all staff and leading nine improvement sessions. With increased knowledge, developing relationships and involving all staff the service went on to meet the improvement notice. The service worked with us collaboratively at a challenging time.

3.18 Linking Improvement Support for Services with Improvement Notice

The Chief Inspector Adults has led a request to develop a pathway and link between our scrutiny and assurance work and providing support to services at an individual level to support improvement. This has now been agreed with the two directorates and we are working on pathway and test of change for taking this forward focussing firstly on those services where we issue an improvement notice.

3.19 Complaints – Anonymous Concerns

The national complaints and triage team are currently working with the Contact Centre and business support colleagues to review and revise how we offer an improved customer experience when responding to anonymous concerns. We are working to improve outcomes in supporting improvement in sharing the care issues arising from anonymous concerns.

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

At the time of writing, our report into carers experiences of social work and social care was due to be published on 6 December 2022. This details the findings from a significant piece of work. The Strategic Adults Team undertook ninety sessions, either in individual conversations or focus groups. Two thirds of these sessions were 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.

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

The adult protection team is in the process of finalising a triennial report of initial and significant case reviews. This is due to be published on 17 January 2023. By receiving and reviewing all Significant Case Reviews, the Care Inspectorate can support continuous improvement locally and disseminate common themes to support national learning.

This is the first triennial overview report of case reviews for adults. Our report considers all notifications and completed reviews submitted to us by partnerships between 5 November 2019 and 30 September 2022.

3.22 Scottish Institute for Residential Child Care (SIRCC) Conference 2022

Together with CELCIS and Scottish Government, the Children and Young People regulated inspection teams co-delivered a workshop on 'Upholding the rights of children far from home: Cross-border placements in residential child care' at the SIRCC conference 2022.

3.23 Build productive relationships and collaboration across the sector and within the Care Inspectorate

The children's strategic team engaged in a session at the Child Protection Committee Scotland meeting in October focussed on joint inspections. We updated the audience of child protection committee chairs, lead officers and other stakeholders on our scrutiny approach and acknowledged the significant challenges facing children's service partnerships in their delivery of services to keep children and young people safe and support their wellbeing. Partnership areas that had recently been inspected spoke of their experiences of inspection

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and the impact on improvement. While this was in the main positive, we also noted and acknowledged some learning points to consider for the future.

3.24 The Promise

Steady, incremental progress has been sustained in the development and implementation of foundational work within each of the six Promise workstreams featured in Corporate Plan 2022-2025, with quarterly Governance reporting to OLT/SLT. Examples of the ‘Promise in Practice’ are evident in work across ELC, CYP and strategic children’s teams supported by a growing ‘Promise community’ across the workforce. A full update report on progress during the first 12 months of Promise implementation within the Care Inspectorate will be presented to the Board in February 2023.



4.0 STRATEGIC OUTCOME: EVERYONE’S RIGHTS ARE RESPECTED AND REALISED

4.1 Anne's Law

We have received funding from Scottish Government to prepare the sector for Anne’s Law to ensure visiting continues during an outbreak. The inspectors were recruited and commenced in post at the end of October. Two inspectors for Adult Services have commenced in their seconded post for the Anne’s Law project. The Anne’s Law project aims to support meaningful connection for people living in care homes. Presently, the work plan for the project is being developed to address deliverables and key workstreams. These include sector guidance, review of existing literature, supporting the sector to self-evaluate aligned to meaningful connection, direct service support, the voice of people experiencing care, communication strategy, and regulatory processes. The Chief Nurse and Chief Inspector (Adults) have oversight of the commissioned work and met with care home relatives’ groups, Scottish Government and Public

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Health Scotland to discuss proposed legislation and existing public health legislation.

4.2 Joint Futures Conference

The Service Manager Adults presented at the Joint Futures National Conference about the rights of people receiving care and involvement. This was well received and we were thanked for input and seeing people who experience care as experts in their own care.

4.3 Video for Young People

Together with our Young Inspection Volunteers, Involving People, and Communications Teams, the Children and Young People regulated inspection teams have produced an animated video for young people. This has been designed to help young people understand what inspections are and how they can get involved and help us all to Keep the Promise.

5.0 STRATEGIC OUTCOME: OUR PEOPLE ARE SKILLED, CONFIDENT AND WELL SUPPORTED TO CARRY OUT THEIR ROLES

5.1 Strategic Workforce Plan

Working collaboratively across the organisation, significant progress has made in the development of our new strategic workforce plan which will cover the period from 2023–2026. Taking account of organisational and external factors, the plan is being shaped across three high level strategic themes - living our values, building organisational capacity and capability' and shaping the future. Further consultation is planned in December and sign off from key stakeholders will be sought January to February 2023.

5.2 Employee Survey

The final employee survey 2022 action plan has been published. The Strategic Leadership Team (SLT), the Operational Leadership Team (OLT), the employee survey planning group, trade union representatives and directorate management teams shaped the plan through collaboration and feedback from all staff. The final plan includes three organisational actions and two actions for each directorate. We will continue to monitor and report on progress against the action plan over the coming months. Plans are underway for a pulse survey in May 2023.

5.3 A skilled, knowledgeable and experienced workforce Learning Needs Analysis

Organisational Workforce Development has developed a new approach to our annual learning needs analysis process and began work to progress this in November. The process includes meeting with managers across the organisation and collating and reviewing individual development goals recorded

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in the learning management system (LMS) to identify common themes. This will allow us to identify learning and development priorities which will inform the organisation's learning and development plan for 2023/24.

5.4 Quality Improvement Capacity Building – Completion of International Quality and Safety Fellowship

The Senior Improvement Advisor, Health and Social Care Improvement team recently completed the international Quality and Safety Fellowship (SQS) programme managed by NHS Education for Scotland (NES). The main objectives of the programme are to develop clinical leaders capable of improving the quality and safety of health and healthcare for the people of Scotland and to enhance knowledge of the science and methods for improvement. The Chief Nurse also recently started this coveted improvement programme. In addition, we have several staff who have also recently completed or undertaking both the Scottish Improvement Leaders (SCIL) and Scottish Coaching and Leadership programmes (SCLIP).

5.5 Supporting Unpaid Carers in the Workplace

We have successfully achieved level two in the Carers Positive Award, meaning we are now an Established Carers Positive organisation. Carer Positive is funded by the Scottish Government award that is awarded to employers who can provide evidence that they meet criteria in five areas.

- Identification of carers
- Policy
- Workplace support
- Communication, awareness raising and training
- Peer support

Feedback from Carers Positive stated that it was very evident that the Care Inspectorate has built on the already strong foundations of support to further embed support for carers. This has been achieved through its culture and operation and is well communicated through the range of activities highlighted in from the Yammer group to the intranet, and sessions with the Carers Centre and other partners such as NHS Education Scotland and Healthcare Improvement Scotland.

5.6 Digital Transformation

The digital team continues to work on the Stage 2 business case. Over the last few months, we have been working with Scottish Government Sponsor team responding to additional information requests on our submitted business case. At the time of writing this report, we were preparing for a meeting with the Minister in December 2022 to discuss the Stage 2 business case in more detail as part of the organisation trying to secure the funding needed to deliver this work.

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In November and December, we undertook another round of Digital Conversations with our colleagues across our organisation, giving them an update on current progress and continuing to collaborate on our journey prior to securing any funding. We plan to update Board members in January 2022 at the arranged development day.

5.7 A Motivated and Diverse Workforce

In September 2022 we were assessed under the Investors in Young People standard and have retained accreditation for another three years. The outcome report gives recommendations for us to work on to ensure we continue to support young people in the workplace and we will embed these in our future plans.

5.8 Procurement Savings

We published our Annual Procurement Report showing progress against our seven key strategic priorities. We also realised savings of £0.325m for 2021/22. Other benefits, including sustainability benefits have been reported in the 2021/22 Annual Procurement Report.

5.9 Annual Report and Accounts

We received an unmodified audit opinion on our 2021/22 Annual Report and Accounts.

5.10 Climate Change

We submitted our Public Bodies Climate Change Duties Reporting Template within the agreed timescales. This reports that we have continued to exceed our target carbon emission reduction across all scopes and identifies our plans to develop a net zero plan in the last quarter of this financial year.

5.11 Sustainability Training for Staff

We launched the Scottish Government's Climate Literacy E-Learning training to be completed by members of our Procurement Development Group. This comprises the following three modules to support staff in fulfilling our sustainable procurement duties outlined in the Procurement Reform (Scotland) Act 2014:

1. Introduction to sustainable procurement
2. Climate literacy for procurers
3. Circular procurement and supply

We intend to roll out modules one and two to all staff with a procurement role.

5.12 Scrutiny and Assurance Management Development Day

On Tuesday 4 October 2022 the Executive Director of Scrutiny and Assurance held a management development day attended by around 60 managers from his directorate. The focus of the day was (1) Managing in a changing environment (facilitated by INPD) and (2) Self-evaluation: Exploring methodologies.

5.13 SOFI Training

SOFI trainers in adult services have facilitated eight two-day SOFI training sessions from September for inspectors in Adults, Complaints and Registrations, providing opportunity for 120 staff to attend. This will ensure our staff have the requisite skills and knowledge to make assess the quality of care and support provided to people experiencing care. A further SOFI training session has been scheduled for February for new staff joining the organisation.

5.14 Adults Team Conference

The Adults team held a conference for all staff called ***Onward and Upwards***. The day focussed on rights and hearing from inspectors where rights had been upheld by the care inspectorate and feedback from people experiencing care. This was a powerful day acknowledging work of teams during Covid-19 and the difference we made. The team then spent time looking at different models of inspection and scrutiny.

5.15 SINC European Regulators Forum and Training

The Chief Inspector Adults has taken part in forum and training for regulators in Europe learning of different approaches and theory underpinning regulation.

5.16 Generations Working Together

Lorraine George, Generations Working Together, delivered an interesting session in October to all registration inspectors. This informative session provided an update of the work to date where care homes for older people worked alongside an ELC setting in a truly integrated way. This model has been very successful in some places in England and we have some integrated settings being registered in Scotland. There are huge benefits to both older people and young children and they learn together.

5.17 Champion our workforce, share their expertise

Over the last few years the Care Inspectorate has worked closely with colleagues in Scottish Government and other key stakeholders to support the development of high-quality outdoor care and learning provision for children. This has included an innovative approach to indoor/outdoor settings supported by a number of resources.

BOARD MEETING 15 DECEMBER 2022**Agenda item 8****Report No: B-36-2022**

We were invited to provide an input on outdoor play at a staff conference organised by the Early Years Quality Unit regulators in Dublin as they wish to offer more outdoor experiences for children. This conference was attended by their Minister and 100 ELC delegates. Two of our team managers delivered an input on sharing the Care Inspectorate's Outdoor Play and Learning successes and the journey the organisation has taken to develop approaches and support providers and staff in settings. We will continue to develop and strengthen our relationship with colleagues in Ireland. Inspectors noted that the practical information that was shared was especially useful to them and formed the basis of a lot of their discussions both throughout the day and since the event.



Title:	ESTATES STRATEGY
Author:	Kenny Dick, Head of Finance & Corporate Governance
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate & Customer Services
Appendices:	1. Estates Strategy 2023-2029
Consultation:	Strategic Leadership Team
Resource Implications:	No direct implications from this report

EXECUTIVE SUMMARY

An Estates Strategy for the five-year period 2023-2029 is attached as Appendix 1.

The pandemic has changed the way we work but this is not yet a settled position.

Due to the current uncertainty decisions on our offices will draw on staff consultation, hybrid working trial findings and option appraisal by regional estates working groups. The Estates Strategy provides a framework within which the Strategic Leadership Team (SLT) will make property decisions.

The SLT will consider recommendations from the working groups and decide on the most appropriate property options (subject to Scottish Government approval as necessary).

The Board is requested to consider and approve the draft Estates Strategy 2023-29 (Appendix 1) and delegate decisions on individual offices to be made by SLT within the framework of this strategy.

The Board is invited to:

1. Approve the Estates Strategy 2023-29.
2. Delegate decisions on individual properties to SLT.

Links	Corporate Plan Outcome (Nos)	All	Risk Register (Nos)	
For Noting		For Discussion	For Assurance	For Decision ✓

BOARD MEETING 15 DECEMBER 2022

Agenda item 9
Report No: B-37-2022

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> One is planned or is already in progress	No <input checked="" type="checkbox"/> Reason: Decisions on individual properties will be equality impact assessed. The Hybrid working trial has a separate EQIA.

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. <i>(see Reasons for Exclusion)</i>
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.



ESTATE STRATEGY
2023-2029

Version 1

Date 1 December 2022

1.0 INTRODUCTION

The Care Inspectorate is the independent scrutiny and improvement body responsible for regulation and inspection of care and support services, scrutiny of criminal justice and social work services and joint inspections with other scrutiny partners of services for adults and children.

This Estate Strategy has been developed on the basis of compliance with the Scottish Public Finance Manual, the Scottish Government's "Estate Strategy – Central Estate" and the commitments made in the Scottish Government 2023/24 Spending Review.

The strategy has also been developed within the context of significant uncertainty about future accommodation needs as working patterns evolve following enforced working from home because of the pandemic.

The major driver of the strategy is to deliver best value through excellent management of Care Inspectorate people, assets and finance.

The Strategy

- identifies the criteria against which Care Inspectorate property decisions are made
- covers all the current and future assets and ties their planned use to the known and anticipated operational and support functions of the organisation, and to the wider interests of the Scottish Government
- adheres to Scottish Public Finance Manual principles, and requires the use of the Scottish Public Sector Property website and consultation with Scottish Government's Property and Construction Division to ensure a secure and consistent system for acquiring, managing, rationalising and disposing of property
- includes the maintenance and updating of property information on a single database for the Scottish Government estate (currently e-PIMS)
- defines a core set of output measures on property performance and identifies the requirement for regular performance benchmarking to challenge costs when they appear to exceed recognised agreed parameters/norms
- requires efficiency savings to be made from property costs

The strategy covers the period to 31 March 2029.

2.0 STRATEGIC CONTEXT

2.1 Our Property

The Care Inspectorate regulates and scrutinises care services which are located throughout Scotland and this requirement is a major determinant of the organisation structure which the Estates Strategy supports.

At the creation of the Care Inspectorate on 1 April 2011, the property portfolio comprised 19 offices inherited from predecessor organisations (Care Commission and the Social Work Inspection Agency).

Budgeted full time equivalent staff in 2011/12 was 540 FTE and in 2022/23 it is 648 FTE.

Through a programme of property rationalisation (both disposal and sharing arrangements) as at 30 November 2022 the Care Inspectorate now has 14 offices. This rationalisation has provided an annual budget saving of £0.919m on accommodation costs.

2.2 Current Property Budget

The table below provides details of budgeted property expenditure. Net annual property costs makes up approximately 4% of the Care Inspectorate's total budget.

2022/23 Budgeted Property Costs			
	£000		£000
Compass, Dundee	941.3	Selkirk	54.0
Aberdeen	280.3	Inverness	43.9
Paisley	169.3	Elgin	21.1
Hamilton	133.7	Lerwick	14.8
Dunfermline	131.5	Stornoway	14.4
Edinburgh (VQ)	123.7	Dumfries	12.9
Stirling	85.5	Oban	14.4
Subtotal 1	1,865.3	Subtotal 2	175.5
		General property costs	90.5
		Annual property costs	2,131.3
		Recharges - Compass	(291.8)
		Recharges - Aberdeen	(80.2)
		Net annual property costs	1,759.3

The financial environment for the public sector is extremely tight and real and cash terms budget reductions are common requirements. An effective estates strategy will ensure the limited resources available to the Care Inspectorate are channelled to our "front-line" scrutiny and improvement efforts to improve care and social work services and the quality of life of people using these services.

Historically our properties tended to be leased for periods of 10 to 15 years. Within the context of the uncertainty created by the pandemic as leases are coming up for renewal, we are seeking shorter lease periods with lease breaks available after 5 years. Even with shorter lease periods opportunities to make significant savings and efficiencies are infrequent. It is therefore essential when lease break or lease end dates are becoming due that detailed analysis and options appraisal work is undertaken with the aim of reducing cost, the space we occupy and our carbon footprint whilst at the same time ensuring our estate is effectively aligned to our operational requirements

2.3 Utilising our Office Space

There are 648 FTE budgeted Care Inspectorate staff of whom around 160 are contractual homeworkers, with the remainder currently participating in a hybrid working trial.

Strategic inspectors, inspectors and some other staff spend a significant proportion of their time working away from our offices and their homes. For the remainder of our staff, hybrid working means demand for office space is lower than it was pre-pandemic. Matching the actual demand for office space with its provision is a key factor in identifying our estate requirements.

The Care Inspectorate's strategic workforce plan, homeworking policy, analysis of working patterns and the development of a hybrid working policy will be important influences in Estates Strategy development and revision.

Analysis undertaken pre pandemic highlighted that we significantly under-utilised our office space. This was based on the desking allocation set out below.

Desking Allocation (Staff : Desks)

Staff Group	
Administrative support	1 : 1
Other support staff	1 : 1
Support function managers	1 : 1
Team Managers	1 : 1
Strategic Inspectors	1 : 8
Office based Inspectors	1 : 8
Homeworking Contract Inspectors	1 : 8

The office utilisation study also identified that cellular offices were under-utilised.

Hybrid working will change the way we use our offices and we are working with space design consultants to consider how we reconfigure our offices to accommodate the changed needs of our staff.

In the interim, a dedicated desk will be made available to staff who commit to predominantly being office based. All other desks will be bookable “hot desks”.

Cellular offices will also be bookable at times when the occupier is not attending the office.

Our staff have effectively worked from home to an extent that was not thought possible pre-pandemic. This removes pressure when considering office refurbishment and re-locations as staff can work from home when office space is unavailable.

2.4 Scottish Government Direction

As an NDPB we must comply with the Scottish Public Finance Manual (SPFM). The SPFM currently states:

- Property holdings should be kept to the minimum required to meet current and planned needs.
- The decision to acquire or dispose of property should be part of an overall strategic plan for the organisation's needs in accordance with the Scottish Government's “Estate Strategy – Central Estate”.

The 2023/24 Scottish Government Spending Review expanded on this stating:

This spending review re-affirms the Scottish Government's commitment to minimise cost and maximise best value and introduce changes to property policy under the Scottish Public Finance Manual:

we will:

- Reduce the public sector estate footprint and costs and have fewer, better buildings which support our people and our service delivery to the public;
- Increase co-location, collaboration and the interoperability of offices across the Scottish public sector incorporating flexible location models;
- Reduce public sector office carbon emissions;
- Increase on-site joint administrative services in public sector offices.

When entering new lease arrangements and renewing or exercising lease breaks, we must obtain approval via the Scottish Government Property and Construction Division. There is a strong presumption towards utilising existing public sector properties and against entering into or renewing leases with commercial landlords.

3.0 ESTATES STRATEGY

3.1 Vision for the Estate

Whilst seeking to optimise the use of space and to minimise Care Inspectorate premises related costs, the aim is to have an estate that is both effectively managed and capable of supporting the business needs. It should provide a modern, stimulating and accessible working environment, appropriate to the requirements of the organisation.

The Care Inspectorate is committed to performance improvement through working in partnership with other bodies and will actively seek co-location and on-demand space sharing opportunities with other Scottish and National public sector organisations where this is appropriate and beneficial.

2.4 Estate Review Criteria

Over the period of this Strategy, we intend to maintain an office in Aberdeen, Dundee, Edinburgh and the Glasgow area.

We will set up four regional working groups based around the above cities. These working groups will consider the office requirements for each region including any satellite office requirements and office configuration. This will involve consulting with staff in each of the four regions.

Our property decisions will be evaluated against the following criteria:

- Our accommodation must support our strategic aims.
- Our accommodation needs to be efficiently and effectively used supporting the work we have done on how we use our offices (desk allocation, flexible use of space, homeworking and hybrid working policies and use of cellular offices).
- Our accommodation should have proximity to good transport links to ensure that we are accessible and can work as effectively as possible with our wide range of stakeholders.
- Our accommodation should support the use of information technology to improve integration, efficiency and access.
- Our accommodation should enable us to minimise property costs allowing our limited resources to be channelled towards “front-line” scrutiny and improvement activity.
- Our accommodation should support our commitment to the sustainability agenda and the principles of equality and diversity.

- Our accommodation should be consistent with promoting the safety, health and wellbeing of our staff.
- Our accommodation decisions should be consistent with the Scottish Governments desire to ensure public properties are efficiently and sustainably used. This means sharing accommodation with other public bodies on a fixed term or on an ad hoc on demand basis where appropriate and identifying opportunities for on-site joint administrative services.

3.0 THE ESTATE

All of the Care Inspectorate property is leased, sub-leased or is subject to a Memorandum of Terms of Occupation (MOTO) Agreement, a simplified lease between government organisations. Appendix 1 contains details of all of the Care Inspectorate properties allocated into the four regional working group areas.

Summarised below is the position with the offices within each working group region.

3.1 ABERDEEN REGION

The current Aberdeen office is a five-year lease with a commercial landlord due to end in February 2027. As the lease end is still several years ahead the working group will initially focus on the following offices allocated to the Aberdeen working group.

Lerwick

We currently occupy the Lerwick office via a MOTO with the Scottish Children Reporter Administration (SCRA). This is due to end in March 2023.

We are not currently seeking alternative accommodation on Shetland. The working group will however review this position

Elgin

We currently occupy the Elgin office via a MOTO with SCRA. This is due to end in March 2023. SCRA are reconfiguring their occupation of this building and will no longer have the capacity to accommodate us.

We are currently exploring the option of accessing two desks within the accommodation of another public sector body on a short-term basis pending a review by the working group.

Inverness

We currently occupy the Inverness office via a MOTO with Nature Scotland. This is due to end in April 2024.

Stornoway

We currently occupy the Stornoway office via a MOTO with SCRA. This is due to end in November 2025.

3.2 DUNDEE REGION

We are at advanced negotiation stage of agreeing a 10-year lease with a break option after five years to remain in Compass House. As it is anticipated the lease end will be several years ahead the working group will initially focus on the following offices allocated to the Dundee working group.

Dunfermline

We occupy the Dunfermline office via a commercial lease due to end in October 2023. It will be very difficult to obtain Scottish Government approval to extend our occupancy with a private landlord.

Stirling

We occupy the Stirling office via a commercial lease due to end in October 2023. It will be very difficult to obtain Scottish Government approval to extend our occupancy with a private landlord.

The working group will consider the requirement for office accommodation within the Dundee region recognising the relative proximity of the Dunfermline and Stirling offices.

3.3 EDINBURGH REGION

The current Edinburgh office is within the Scottish Government Victoria Quay building. Our occupancy is expected to continue but there is a one-year notice period should we wish to make a case for ending the agreement.

Selkirk

The only other office within the Edinburgh working group region is Selkirk. We occupy Selkirk through a sub leasing arrangement with Scottish Enterprise. A notice period of 40 days is required to end the arrangement.

3.4 GLASGOW REGION

There are currently two large offices on the Glasgow working group region – Paisley and Hamilton. There are also two small offices within this working group region.

Paisley

We recently reached agreement with Renfrewshire to extend our occupation of the Paisley office on a rolling year basis until 2027. We can end this

agreement by providing 6 months' notice in any year. We are currently seeking Property and Construction Division approval for this agreement. This will provide flexibility in accommodating staff as the working group reviews the accommodation needs in the Glasgow area. As noted below it is unlikely, we will be able to extend our Hamilton office occupation beyond July 2023 and the Paisley office may need to support staff from the Hamilton office for a period.

Hamilton

We currently occupy the Hamilton office via a commercial lease directly with the private landlord. It will be very difficult to obtain Scottish Government approval to extend our occupancy with a private landlord.

Notice of termination of the lease will be served in December 2023 in accordance with the lease terms.

Dumfries

We occupy the Dumfries office via a license to occupy arrangement with the NHS. Six months' notice is required to terminate the arrangement.

Oban

We currently occupy the Oban office via a MOTO with the Scottish Government. This is due to end in September 2023.

4.0 MANAGEMENT AND RESPONSIBILITIES

The four accommodation working groups will make recommendations to the Strategic Leadership Team.

Strategic property decisions are the responsibility of the Chief Executive with the approval of the Board. Approval of new leases / renewal of property leases is sought from the Sponsor Department and the Property and Construction Division.

The Executive Director of Customer and Corporate Service is responsible for the Estates Strategy and has overall responsibility for the management of the estate.

5.0 PERFORMANCE MANAGEMENT

An Estates Update report is submitted periodically to meetings of the Strategic Leadership Team. This report includes:

1. Progress against the Estate Strategy
2. Updated and new issues and opportunities

The main aim of the plan is to optimise our use of space and appropriately accommodate our staff. The following key metrics can be used to monitor progress towards this aim using 2022/23 budget information as a baseline. At the end of the plan period, we would expect the area occupied (Care Inspectorate space) to reduce, the space per budgeted FTE to reduce, cost per square metre to reduce and the percentage of the revenue budget allocated to net accommodation costs to reduce.

	2022/23 Budget Baseline
Net space leased/ rented (NIA)	5,891
CI Space per budgeted FTE	9.09
Cost per square metre	£298.60
Net Accommodation costs as percentage of revenue budget	4.28%

The environmental impact of our offices is also very important. We have a separate carbon management plan and we report on our environmental impact annually through our sustainability report (incorporated as a section of our annual report and accounts).

LIST OF APPENDICES

Appendix 1 Property Summary

PROPERTY SUMMARY

Location:	NIA (m ²)	No. of non-contractual homeworking Staff	No. of Contractual Homeworking Staff	Net Annual Cost After Recharges £000	Tenure	Urgency	Working Group	Lease Break / End	Note
Lerwick (share)	36	1	0	14.8	MOTO with SCRA	1	Aberdeen	March 23	Staff consultation already started. Office is to close March 2023. Island Communities Impact Assessment (ICIA) required but should not be an issue to close this office.
Elgin (share)	30	5	1	21.1	MOTO with SCRA	2	Aberdeen	March 23	SCRA will be reducing their requirement to the ground floor and will not have capacity for us. Office will close March 2023. Exploring short-term option pending working group review
Inverness (share)	89	15	6	43.9	MOTO with Nature Scotland	3	Aberdeen	April 24	Working group review
Stornoway (share)	39	2		14.4	MOTO with SCRA	4	Aberdeen	November 25	Working group review
Aberdeen (share)	514	33	15	200.1	Lease	5	Aberdeen	February 27	Working group review
Dunfermline	264	32	13	131.5	Lease	1	Dundee	October 23	Lease was extended to 17 Oct 2023 with a nine month notice period. Will still look for a new location merging with Stirling in this area. Intended to serve notice to end lease in accordance with lease terms by no later than 16 January 2023.
Stirling	177	29	11	85.5	Lease	1	Dundee	October 23	Notice on lease not required until April 2023 (lease was extended to 20 Oct 2023 with a six month notice period).
Dundee - HQ (share)	2,819	146	19	649.5	Lease	2	Dundee	Expected April 2028	Currently negotiating (advanced stage) a new lease to continue occupation of Compass House.
Selkirk (share)	154	12	2	54.0	Lease with Scottish Enterprise	1	Edinburgh	40 clear days notice in writing	Tacit renewal since August 2017. Can terminate on 30 November, 28 February, 31 May and 31 August in each year by giving not less than 40 days clear notice in writing.
Edinburgh (share)	553	56	23	123.7	MOTO with Scottish Government	2	Edinburgh	one year notice	SG have not issued a new MOTO for VQ. Working on the basis of one year notice as per previous agreement. SG currently keen to Intention is to retain CI as a tenant.
Paisley (share)	680	115	38	169.3	Lease with Renfrewshire Council	1	Glasgow	Rolling annual agreement with 6 months notice to end lease	Recently agreed the rolling annual occupancy year. This is subject to SG Property and Construction Division approval. This will provide flexibility as accommodation needs are reviewed.
Hamilton	442	41	15	133.7	Lease	2	Glasgow	July 23	This is a commercial lease directly between CI and Landlord. Expected to be difficult to obtain SG approval to renew. Working group to review accommodation requirements in wider Glasgow area tying this in with consideration of the future of the Paisley office.
Dumfries (share)	62	10	2	12.9	PSG Licence to Occupy with NHS	3	Glasgow	6 month notice	Despite chasing NHS have not confirmed MOTO. Working on the basis of 6 months notice to end arrangement.
Oban (share)	32	4		14.4	MOTO with Scottish Government	4	Glasgow	September 23	
	5891	501	145						
		646		1,668.8					

BOARD COMMITTEE MEETING 15 DECEMBER 2022

Agenda item 10
Report No: B-38-2022



Title:	DRAFT SCRUTINY AND ASSURANCE DIRECTORATE STRATEGY
Author:	Kevin Mitchell, Executive Director of Scrutiny and Assurance
Responsible Director:	Kevin Mitchell, Executive Director Scrutiny and Assurance
Appendices:	1. Draft Scrutiny and Assurance Directorate Strategy
Consultation:	
Resource Implications:	Yes, but within existing resources

EXECUTIVE SUMMARY

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

The Scrutiny and Assurance Plan for 2023-24 would normally be considered by the Board at the December meeting before submitting it to Scottish Ministers in January 2023 for approval. As a result of the Covid-19 pandemic, the normal planning cycles have been out of alignment for the past two years. The Board approved the current plan for 2022-23 at its meeting on 22 March 2022. It was approved by Scottish Ministers on 27 May 2022 without amendment.

Historically, the annual Scrutiny and Assurance Plan has combined the overarching strategy with the detailed plans for the coming year. Covering such a broad spectrum of work over such a large number of portfolio areas across Scottish Government, each looking to see that their areas of interest are covered appropriately, has meant that it has always been a lengthy document running to around 65 pages in 2021-2022. In June 2021 when approving the 2021-22 plan, the Board asked for the next plan to be significantly reduced in size. As a result the current 2022-23 plan ran to around 26 pages, but in order to achieve that there was much less focus on the strategy. The Board requested that for the coming year, 2023-24 we separate the strategy and the plan to form two separate documents. The draft Scrutiny and Assurance Strategy for 2023-24 and beyond is attached. Potentially this could cover a three year period although, given plans to establish a National Care Service and the ongoing Independent Review of Inspection, Scrutiny and Regulation (IRISR), and the recent announced review of an independent review

BOARD COMMITTEE MEETING 15 DECEMBER 2022

Agenda item 10
Report No: B-38-2022

of the scrutiny and governance of mental health services commissioned by the Minister for Mental Wellbeing and Social Care, it may require to be amended earlier.

If the draft Scrutiny and Assurance Strategy is approved by the Board, it will allow for a very much shorter Scrutiny and Assurance Plan for 2023-24 to be submitted to the Board in February 2023.

The Board is invited to:

- | | |
|----|---|
| 1. | Consider and approve the draft Scrutiny and Assurance Strategy, subject to any amendments that may be required. |
|----|---|

Links	Corporate Plan Outcome (Number/s)		Risk Register (Yes/No)	Yes
For Noting	For Discussion	For Assurance	For Decision	X

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>Reason: It was agreed last year that, as it broadly reflects the Corporate Plan which was subject to an EIA, the Scrutiny and Assurance Strategy and Plan does not require a separate one.</p>		

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 – 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.

Front cover Scrutiny and Assurance Directorate Strategy

Contents

Foreword

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

All our work in the Scrutiny and Assurance Directorate is aligned to the four strategic outcomes of the Care Inspectorate's Corporate Plan: -

- ❖ **High-quality care for all**
- ❖ **Improving outcomes for all**
- ❖ **Everyone's rights are respected and realised**
- ❖ **Our people are skilled, confident and well-supported to carry out their roles**

In support of this, the Scrutiny and Assurance Directorate's overarching aim is to ensure as far as possible the safety, protection and wellbeing of people and promoting and ensuring safe care that upholds and protects human rights. The health and wellbeing of our own staff remains a priority.

We will continue to focus our efforts on doing all that we can through our various scrutiny approaches to provide independent assurance about the care, protection, and wellbeing of people taking account of learning during the Covid-19 pandemic, current pressures on services and where necessary support services to make improvements.

We provide public assurance primarily through the reports that we publish and raising awareness of the actions we have taken in response to how well services are performing, particularly those poorer performing services. We believe that this helps people who use care services, their families or carers, communities and the public in general to have confidence in what we do and that we will act promptly, appropriately and effectively to address any concerns about poor quality care.

We believe that scrutiny and improvement support are not mutually exclusive. Our approaches to inspection and scrutiny are designed to support services to improve by signposting good practice, providing professional advice and encouraging the sharing of experience and good practice. We believe that through every single

contact, visit or inspection by our inspectors we are supporting services to improve as well as providing the necessary independent assurance about the quality of care thereby discharging our responsibility and general duty of furthering improvement in the quality of social services (Section 44(1)(b) of the Public Service Reform 2010 Act). This enables services to adapt, learn and improve practice. We will continue to take this approach and work closely with our colleagues in the Strategy and Improvement Directorate, and where necessary and appropriate our scrutiny and delivery partners, to share our scrutiny findings to enable them to provide targeted improvement support.

Given the breadth of our work in the Scrutiny and Assurance Directorate, we will continue to take account of a wide range of current and emerging policies, in particular considering at an early stage the possible implications of new policies and those being developed or reviewed.

The Covid-19 pandemic continues to be a key feature of policy discussion, both in terms of the ongoing challenges it represents and the reflection and learning that is taking place as well the ongoing public inquiry into the pandemic response in Scotland. The pandemic has had a significant impact on services and those experiencing and providing care that we will continue to reflect on and take account of that and any further learning that is identified.

Plans for a National Care Service will be at the forefront of our work over the next few years and beyond. We will support this in a number of different ways, for example in the provision of scrutiny evidence, through providing professional advice and guidance and in developing our scrutiny approaches. We will also take account of any recommendations arising from the Independent Review of Inspection, Scrutiny and Regulation (IRISR) across social care support services announced by the Scottish Government on Friday 23 September 2022. This review, which arises from a recommendation of the Feeley Review (2021), is chaired by Dame Sue Bruce. We view it positively and are committed to engaging with it in that way.

We will also continue to take account of the Promise Plans that will together set out how Scotland will meet The Promise and its recommendations for the children's care system by 2030.

Other key policy developments include: -

- Education reform as it relates to the work we do in ELC and how we work more collaboratively with Education Scotland and the new Education Inspectorate
- Continued expansion of ELC for one and two-year-olds and school-aged childcare
- Ongoing work to establish the Barnahus ('Bairns Hoose') model in this parliamentary session
- The Children's Care and Justice Bill
- The Scottish Mental Health Review Final Report (2022)

We will continue to be flexible and responsive to the changing landscape and keep the priorities we set under constant review and be mindful that we are uniquely positioned to provide real-time intelligence on services and the experiences of people who use them.

We will continue to focus on evaluating experiences and outcomes to ensure the best possible outcomes for people, their careers, families and communities.

We will continue to work collaboratively with colleagues throughout the Care Inspectorate and with a wide range of organisations and bodies.

We will undoubtedly face many challenges as we move forward, but the professionalism, determination and commitment that our staff are known for, and have demonstrated emphatically over the past 2 years during the COVID pandemic, help us to support services and each other and provide the necessary public assurance and protection that is so critically important.

DRAFT

Section 1 –Mission, Values, and Principles

Mission and Values

Our **Mission** is to provide public assurance about the quality of care, social work and early learning services, promote innovation and support continuous improvement.

We will take action where experiences and outcomes are poor.

Our **Values** are at the heart of all that we do.

- **Person-centred:** we will put people, compassion and kindness at the heart of everything we do.
- **Fair:** we will act fairly and consistently, be transparent and treat everyone Equally.
- **Respectful:** we will be respectful in all that we do.
- **Integrity:** we will be impartial and act to improve care for all those in Scotland.
- **Efficient:** we will provide the best possible quality and public value from our work.
- **Equality:** we will promote and advance equality, diversity and inclusion in all our work and interactions.

In delivering our scrutiny and assurance work we will demonstrate these values by: -

- working hard to develop and maintain professional relationships with all, promoting and supporting dialogue with our delivery and scrutiny partners
- taking seriously our position as an independent scrutiny body, being open, honest, balanced and fair in our dealings with people
- taking time to explain to people what we are doing, why and what we find and using our scrutiny evidence to support our decision-making
- being professional and courteous in all that we do, listening carefully to the views of others, even when we don't necessarily agree
- using our knowledge and understanding of care and social work to highlight and help tackle inequalities and promote better outcomes for people
- using public funds wisely, efficiently, and effectively

- admitting when we don't get things right and apologising if we get things wrong
- trying to reach a resolution when people are unhappy with any aspect of our work or directing them to the appropriate recourse when we cannot

Principles

In developing our approaches, we take account of the relevant legislation and policy including:

- the Public Service Reform (Scotland) Act 2010
- the Health and Social Care Standards (Scottish Government, 2017)
- the Crerar Review: the report of the independent review of regulation, audit, inspection and complaints handling of public services in Scotland (Scottish Government, 2007)
- the Better Regulation Taskforce
- the Scottish Regulators' Strategic Code of Practice (Scottish Government, 2015)

The following principles and approaches will underpin all our work.

We remain committed to ensuring our work aligns to the Crerar review report, which urged scrutiny bodies to ensure activities are **targeted, proportionate, intelligence-led, and risk-based**.

- We will increasingly use **data, information and intelligence** to plan scrutiny interventions designed to provide independent public assurance, improve the quality of life for people who experience care and help support quality improvement and **human rights-based care**.
- The **involvement of people** who experience care – and their families and carers - will be central to all that we do.
- We will focus on **reducing inequalities and working collaboratively** based on the principles outlined in the Christie report on public service reform (people; prevention; partnership; and performance) (Report on the future delivery of public services by the commission chaired by Dr Campbell Christie (Scottish Government, 2011)).
- Through our work, we support the drive to **empower communities and enable public services to be agile and flexible**, and design and deliver services based on need and what works well.
- Through **responsive regulation**, we will continuously develop our approaches to ensure regulation and inspection are powerful tools to improve outcomes for people experiencing care.

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- We will **assess risk**, use **professional judgement** and be proportionate in our response and actions.
- We will deliver all our work with a high level of **professionalism** and with staff who have the requisite **skills, knowledge and experience** to do it well.
- We have in place **good governance** to ensure the work we do is to a high standard.

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Section 2 – The Scrutiny and Assurance Directorate

Who are we and what do we do?

The Care Inspectorate is the independent scrutiny and improvement support body for social care and social work services in Scotland.

The Scrutiny and Assurance Directorate provides that independent assurance and supports improvement across integrated health and social care, social work, early learning and childcare and justice social work. We have responsibility for regulating and inspecting almost 12,000 care services and lead responsibility for the scrutiny of services for children, justice and protection. We also carry out joint inspections of integrated health and care services and services for adults. The Care Inspectorate also has a statutory duty to deal with complaints about registered care services. In Scrutiny and Assurance we currently deal with around 6,000 complaints each year. The Care Inspectorate is uniquely positioned to report on the impact of strategic level planning and commissioning at a service level, and on the experiences of, and outcomes for, people who use services and their families and carers.

Regulated care service profile

(as at 30 September 2022)

38

adoption services

73

adult placement services

3,624

childminders

14

childcare agencies

3,531

day care of children services

59

fostering services

5

offender accommodation services

60

school care accommodation services

5

secure accommodation services

1,058

housing support services

1,380

care home services

1,044 Adults/older people
336 Children and young people

128

nurse agencies

1,496

support services

1,125 Care at home
371 Other than care at home (adult daycare services)

We also carry out scrutiny, assurance and improvement activity for social work services, including joint inspections with partners across services for:

- children and young people
- adults
- older people
- justice services

Across
32
local authorities

31
integration authorities

Current partners in our strategic joint inspection programmes:

- Healthcare Improvement Scotland
- His Majesty's Inspectorate of Constabulary in Scotland
- Education Scotland
- His Majesty's Inspectorate for Prisons in Scotland

In addition, we play a significant role in supporting improvements in the quality of care, and reducing health and social inequalities, in Scotland. In terms of section

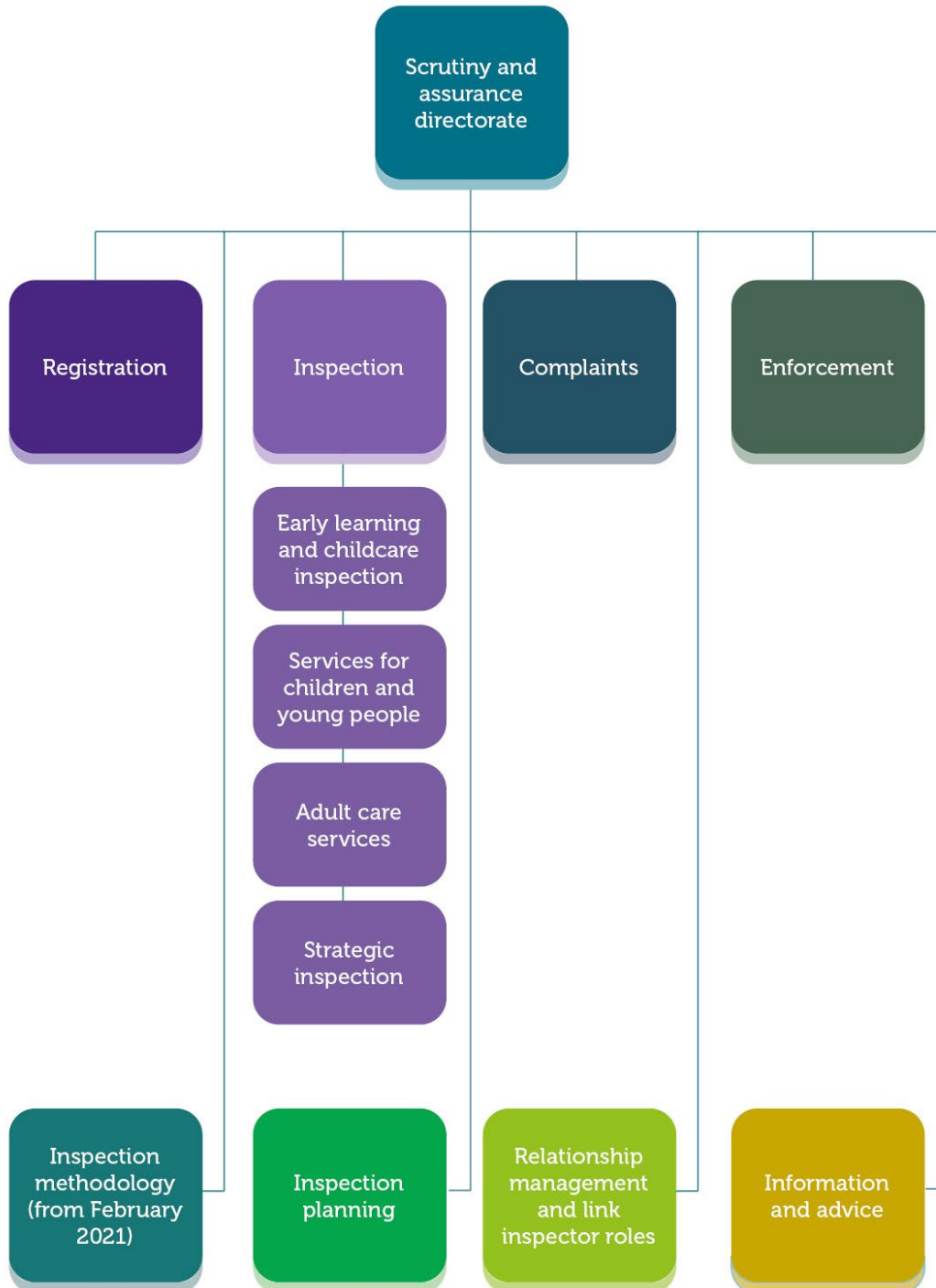
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44(1)(b) of the Public Services Reform (Scotland) Act 2010 we have a general duty of furthering improvement in the quality of social services. We also have general duty to ensure that good practice in the provision of social services is identified, promulgated and promoted (Section 45(5)).

We play a key role in influencing and advising on the development, implementation and review of national policy, including for example the expansion of funded early learning and childcare, the integration of health and social care and public protection and in time through the creation of a National Care Service.

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Directorate structure



Leadership Team (Roles and Responsibilities)

The Scrutiny and Assurance Directorate is led by the Executive Director of Scrutiny and Assurance who is responsible for the overall leadership, direction and development of strategic inspection, all regulated care scrutiny and regulation activities ensuring that the Care Inspectorate meets its responsibilities as defined by the Public Services Reform Act 2010 and other relevant legislation, to inspect and improve the quality of care in Scotland in a collaborative way.

The Executive Director of Scrutiny and Assurance is supported by four Chief Inspectors: -

Chief Inspector (Regulated Care – Adults and Complaints)

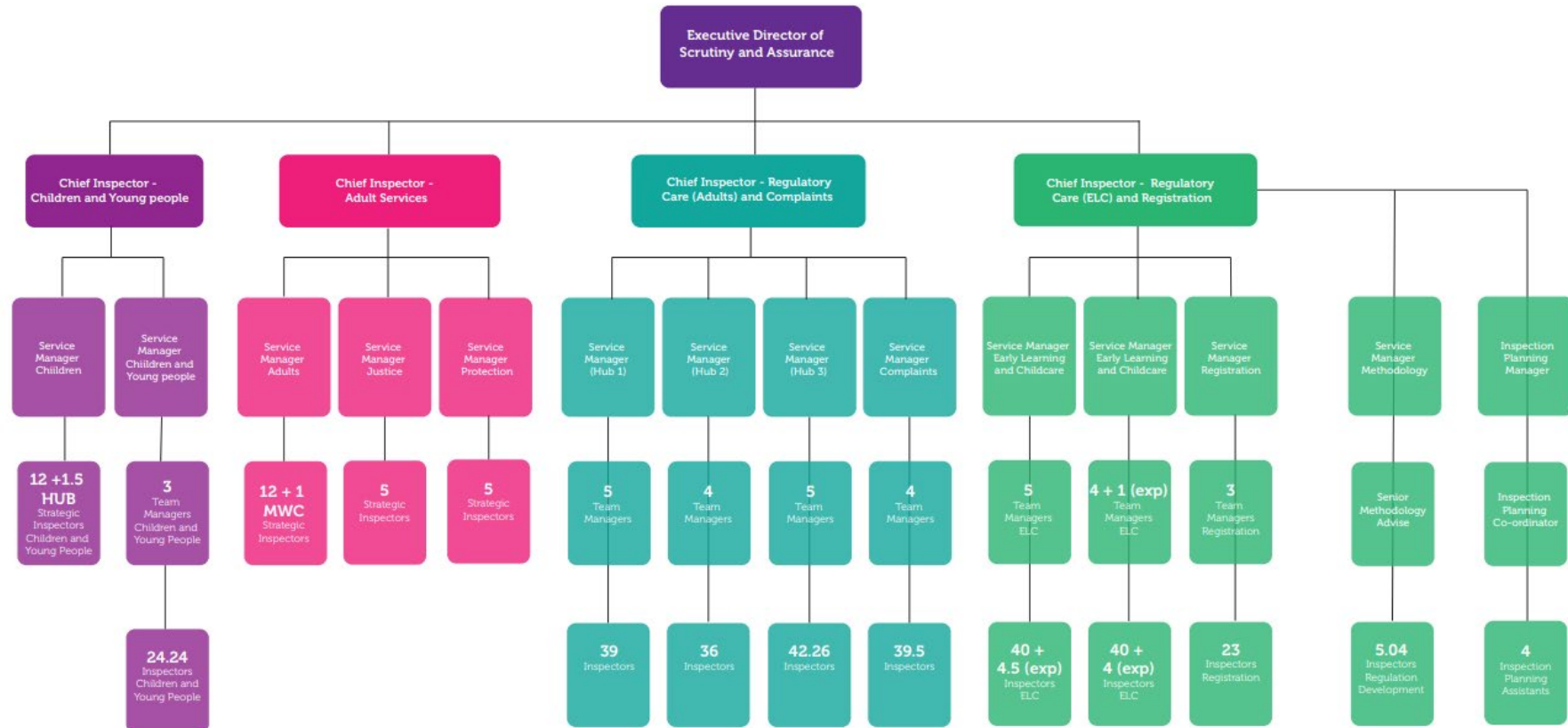
Chief Inspector (Regulated Care – ELC and Registration)

Chief Inspector (Strategic Scrutiny Adult Services)

Chief Inspector (Strategic Security C&YP and Regulated Care C&YP)

Our Directorate

Scrutiny and Assurance structure chart



The Care Inspectorate employs around 640 staff (FTE) of which 392 (FTE) or 61% are in the Scrutiny and Assurance Directorate with remaining spread across the other three Directorates / support functions. Of the 392 (FTE) staff in the Scrutiny and Assurance Directorate there are around 294 (FTE) care service inspectors (including those our complaints and registration teams) and 36 (FTE) strategic inspectors.

Our inspectors are qualified professionals who have substantial experience of the services they inspect. We have inspectors from a range of relevant professional backgrounds, social workers, nurses, allied health professionals, teachers and former managers of regulated care services, all of whom are registered with the appropriate professional regulator. Inspectors also receive additional training in regulation, scrutiny and improvement. Inspectors are registered as 'authorised officers' and undertake the Professional Development Award in Scrutiny and Improvement. The award is a postgraduate level qualification approved by the Scottish Qualifications Authority.

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The journey so far



Section 3 - Functions

Registration

Any person who wishes to provide a care service must apply to the Care Inspectorate to register that service. The Care Inspectorate must consider the application against the statutory test for registration which is set out in Section 60(3) of the 2010 Act i.e., whether the Care Inspectorate is satisfied that the requirements of applicable regulations made under the 2010 Act and of any other enactment which appears to the Care Inspectorate to be relevant, will be complied with. Prior to submitting an application for registration an applicant can ask for pre-registration application advice and support, which we encourage them to do.

The Care Inspectorate may grant or refuse a registration and if granting registration, may do so subject to conditions as it thinks fit (Section 60(2) of the 2010 Act), for example, as to the number of service users who may be cared for, parts of the building which may or may not be used in the provision of the service etc. It is unusual for a registration to be granted without conditions of some kind. Once a service is registered with the Care Inspectorate a provider can apply to vary their conditions of registration for example to increase the numbers of people being cared for in the service. We take a risk-based approach when registering services or assessing applications to vary conditions. This will include consideration of the regulatory history of a service or provider and intelligence gathered from other sources. We will use this information to support our decision-making process.

It is an offence to operate a care service without being registered. Where we receive information that a service is potentially operating without being registered to do so, the registration team will assess this information and if required send a report to the Procurator Fiscal for consideration of prosecution.

The registration function is led by the Chief Inspector (Regulatory Care - ELC and Registration).

Inspection

For those services that we have registered (regulated care services) we carry out inspections at an individual service level across early learning and childcare services, services for children and young people and adults.

We also carry out strategic inspections of the work done by multi-agency partnerships such as health and social care partnerships, child, adult and public protection committees and drug and alcohol partnerships. We mostly carry out these inspections jointly with other inspection bodies.

Early Learning and Childcare

The scrutiny and inspection of **ELC services**, including childminders, daycare of children (playgroups, nurseries, family centres, school aged childcare) and childcare agencies is led and overseen by the Chief Inspector (Regulatory Care – ELC and Registration). The ELC provision in Scotland incorporates the Government funded ELC provision of 1140 hours for all 3- and 4-year-olds and eligible 2-year-olds and also the additional state funded provision and the provision funded by parents in the private and voluntary settings. The team also have responsibility for the inspection of childcare agencies.

The Scottish Government have continued to extend their commitment to ELC to make Scotland the best place in the world to grow up. During this session of Parliament funded provision will be extended to one-year olds and a further commitment to enhancing school aged childcare across Scotland.

Where a service provides funded ELC, they may also be inspected by Education Scotland. Where both organisations intend to inspect the same service within an 18 months period both organisations work collaboratively and will undertake the inspection on a shared basis.

Services for Children and Young People

A range of services for care experienced children and young people is inspected by three teams led by the Chief Inspector (Strategic Scrutiny C&YP and Regulated Care C&YP). Services include care homes for children and young people, secure care, foster care and adoption agencies, adult placement services where these are caring for young people up to the age of 26 years in continuing care, and housing support services for young people, including care leavers. The team also inspects some specialist provision for families, such as refuges for women and children fleeing domestic abuse. The team also carries out inspections of school care accommodation services, sometimes working in conjunction with colleagues from Education Scotland who are accountable for inspecting school provision.

Adult Care Services

The scrutiny and inspection of adult care services covers a range of services provided to adults in the community. This includes specialist services such as justice services, services for older people, services for adults with disabilities, drugs and alcohol services and homelessness services. They include care homes, care at home, housing support, day services, support services and nurse agencies. The work is led and overseen by the Chief Inspector (Regulated Care – Adults and Complaints).

Adult care covers all adults who are in receipt of a registered care service in Scotland and includes those living with disability, dementia, mental health, homelessness or who require support to live their daily lives.

Strategic Inspection

The 2010 Act gives the Care Inspectorate powers to inspect any social service or combination of social services, or the organisation or coordination of any social services, relating to the whole or any part of Scotland. In addition, Section 115 of the 2010 Act details powers to carry out Joint Inspections with other bodies and report to Scottish Ministers on our findings. These inspections are carried out by strategic inspectors based in four teams, leading respectively on:-

- scrutiny of services for children and young people;
- integrated health and care services and services for adults;
- justice services; and
- protection.

Strategic inspection is carried out in an increasingly complex landscape. Since 2016 services for adults have been the responsibility of health and social care partnerships (HSCPs) who share a common purpose of delivering better health and wellbeing outcomes for the people of Scotland. However, there is no standard model for delivery and commissioning of children's social work services and justice social work services. In some areas HSCPs have been delegated responsibility while in others, they remain the responsibility of the local authority. Our strategic inspectors also scrutinise and support improvement in the work of multi-agency partnerships such as community planning partnerships, child, adult and public protection committees and drug and alcohol partnerships. We work collaboratively with other scrutiny bodies to carry out strategic scrutiny activity. We usually lead or co-lead inspection programmes, but sometimes contribute as guest inspectors to programmes on one-off pieces of work led by another organisation, such as His Majesty's Inspectorate of Prisons for Scotland.

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

The Care Inspectorate also has specific responsibilities around a number of serious incidents in social work, such as reviewing the deaths of looked after children, criminal justice social work serious incidents, and learning reviews for children and adults (formerly initial and significant case reviews).

Complaints

The Care Inspectorate has a statutory duty to deal with complaints about registered care services (ELC, children and young people and adult services)(s.79 of the 2010 Act) which is unique in health and social care regulation. The complaints function is led by the Chief Inspector (Regulatory Care – Adults and Complaints).

Our complaints handling procedure was revised in November 2017 and 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. The model complaint handling procedure shows that concerns are best resolved as close to the point of service delivery as possible.

In 2021/22, we received 5,595 complaints about care services. The number of complaints we deal with has risen year on year from 2011 when we dealt with 2,800 complaints.

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.

All complaints are assessed for any protection issues and where these are identified we make immediate referral to the Police Scotland and Social Work as appropriate. We ensure we update the case holding inspector of all protection referrals made to enable them to follow these up.

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 of it. 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.

Complaints are a valuable source of intelligence about how a care service is performing even those that we do not investigate or are out with our remit. It provides a voice to people to ask for support to change the care they or those important to them receive. It enables staff to raise concerns were these have not been acted on with the manager or provider of a service and meets our obligations in whistleblowing legislation. It enables inspection colleagues to use the intelligence to target resources.

Enforcement Action (Care Services)

Enforcement is a powerful and necessary element of regulation. It is central to our aim of protecting people who use services and bringing about improvement in the quality of care services. The 2010 Act gives us legal powers to take **enforcement action** where necessary to protect people's safety and wellbeing.

Three types of formal enforcement action are available to the Care Inspectorate under the Public Services Reform (Scotland) Act 2010 ('the Act'). These are:

- Condition Notices
- Improvement Notices and cancellation of registration where they are not complied with
- Emergency proceedings – for conditions and cancellation of registration

In broad terms, this means that we can change existing conditions of registration or impose new conditions. We can also serve an Improvement Notice on a service to require it to improve within a set timescale. If the service does not make these improvements, we can cancel its registration. We also have the power to make application to the sheriff court for the cancellation of the registration of a care service, if any person would otherwise be at serious risk to their life, health or wellbeing.

There are also a number of offences created under the Act and associated regulations and the Care Inspectorate may, from time to time, require considering reporting such offences. This is not of itself 'enforcement' but there may be instances where we become aware of a provider committing an offence and may need to consider reporting it to the Procurator Fiscal, potentially along with enforcement action being taken.

We carried out a review of our enforcement policy in 2019 and later included learning from enforcement during the pandemic. The new enforcement procedure is based on the identification of risk and the Early Indicators of Harm by Hull University. The new policy and procedure were agreed by our Senior Leadership Team on 13 April 2022.

When we take enforcement action the inspector identifies the risks to people and action required, which our legal team reviews and agrees. Enforcement procedures can end up in court and our staff must give statements and provide evidence in court.

When we take enforcement action, we must work with other agencies including health and social care partners, education departments and chief social work officers to ensure people are safe. We carry out monitoring of the service and outcomes for people as well as supporting improvement. We put in place a clear monitoring and improvement plan agreed with the service and partners.

We must also decide on referrals we make to other agencies and regulators as part of our enforcement action. This may include referrals to Police Scotland to consider prosecution under wilful neglect legislation, child and adult protection

referrals to social work and referrals to regulators of professional staff, including the Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC).

As part of our new procedures all teams will have a risk register which identifies those services we must monitor closely. Each service will have detailed chronologies and have clear monitoring plan in place.

Inspection Methodology

The Scrutiny and Assurance Directorate took over the responsibility for methodology from the Strategy and Improvement Directorate in February 2021. We use the term 'methodology' to describe how we gather evidence and how we support inspectors to make judgments and decisions on the evidence gathered, linked to outcomes for the people using services. It is an important driver to achieving consistency and innovation in our scrutiny and assurance activities, whilst recognising the unique nature of each service type.

The role of the methodology team is to coordinate the development and enhancement of scrutiny and assurance approaches, and to develop and support the implementation of new approaches. This means putting in place frameworks, tools, training and guidance to support our inspectors. The team also have a key role in ensuring that our scrutiny practices evolve to meet the changing health and social care landscape.

The Covid-19 pandemic has accelerated some of these changes, so too have the various independent reviews of care, for example, The Promise, The Independent Review of Adult Social Care and Education Reform for ELC. In time these will see further impact on the delivery of social work and social care services and consequently on how we scrutinise services.

The methodology team will continue to have lead responsibility for inspection procedures which will be reviewed and updated annually, and our quality assurance processes.

The methodology team is committed to taking a collaborative approach to developing methodologies and approaches. In terms of Section 112 of the Public Services Reform (Scotland) act, 2010, we have a duty of **user focus** to involve people who use services in the design and delivery of our scrutiny functions. Our inspection volunteers, including young inspection volunteers have an important role to play in this.

Our methodologies will always be centred on the views and experiences of the people using services, reflecting their quality of life. Our role and commitment is to continue to ensure that the people using services are at the heart of what we do.

The methodology team works across the Directorate and the work is overseen by the four Chief Inspectors.

Inspection Planning

The Care Inspectorate must carry out **inspections** of social services in accordance with an inspection plan agreed with Scottish Ministers (Sections 53 and 54 of the 2010 Act). The plan must be kept under review and may from time to time be reviewed, with the approval of Scottish Ministers. In addition, Scottish Ministers may 'request' that the Care Inspectorate inspect specific social services, or services in the whole of Scotland or any part of it, or specified services in the whole or any part of Scotland, or such of the services provided to a particular individual or individuals as may be specified. The Care Inspectorate must comply with such a request (Section 55 of the 2010 Act).

When inspecting a care service the Care Inspectorate takes account of relevant legislation, particularly The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 (SSI 2011/210) and the Health and Social Care Standards (2017).

The planning team generate an annual inspection plan which takes account of risk based, targeted and proportionate criteria to identify which care services will be inspected by whom and when. As part of this process the planning team consider any collaboration with other scrutiny partners, for example Education Scotland or Health Improvement Scotland, within the inspection plan.

Because risk is dynamic the plan is kept under regular review throughout the year and is amended to take account of new information or when particular risks are identified. This allows for the prioritisation and re-prioritisation of services for inspection on a weekly and monthly basis. Therefore, planned inspections may be brought forward or put back according to identified risk and intelligence.

The planning team support the collation, management and analysis of data in relation to how inspection staff are deployed to support workforce planning through the development, maintenance and oversight of the capacity management tools. Analysis of the information is used to support capacity management at an individual, team, specialist area and national level. This supports managers to make informed and evidence-led decisions around what work is allocated to whom and maximises overall efficiency.

The planning team is led by the Chief Inspector (Regulated Care – ELC and Registration) supported by a planning manager, planning co-ordinator, four planning assistants and one business support officer.

The planning team also work with strategic support officers to ensure the complex work of planning strategic inspections is completed sufficiently early each year to allow our scrutiny partners to plan their own resourcing and deliver on their commitments to the joint inspection programmes. This is particularly challenging as the scheduling of joint inspections needs to take account of competing priorities across a number of different scrutiny partners.

Relationship manager and link inspector

We allocate to each integration authority, health and social care partnership and local authority a relationship manager and a link inspector. They link with social work and health and social care partnership colleagues in relation to practice and quality issues in services. They work with social work leaders and managers and social work teams. They support commissioning, contracts and quality assurance staff where there are quality issues with services, or where they are seeking advice on possible options for future developments for services that may need to be registered.

The relationship manager for each health and social care partnership area manages a team of inspectors of the care services in that area. This relationship manager liaises with partnership staff on service provision and quality, emerging issues and intelligence about areas for improvement that informs local planning and commissioning of services. During the pandemic, relationship managers enhanced the sharing of our intelligence and decision-making processes. Through membership of the local oversight groups, they meet with partnerships on a regular basis.

The link inspector works closely with local strategic leadership teams supporting quality improvement and focusing primarily on the performance of social work services, public protection processes, identifying and sharing good practice, and providing advice. This can include understanding the impact of commissioning decisions and highlighting and sharing good commissioning practice. The relationship manager works closely with the link inspector to ensure we retain an overview of social work and social care services within the context of wider strategic issues and risks for the partnership and to support the partnership in understanding these to inform and support improvement.

Some larger providers of care services are also allocated a relationship manager to facilitate regular contact and sharing of intelligence across the providers' services. We meet to discuss the intelligence on findings from scrutiny, provider governance and to support quality improvement in provider organisation.

We will continue to develop these roles in coming years.

Information and Advice

The Care Inspectorate also has a statutory duty in relation to the provision of **information and advice**. It must provide information to the public about the availability and quality of social services (Section 51(1) of the 2010 Act). We do that primarily through our website and the publication of inspection reports. We must provide, when asked to do so, advice to Scottish Ministers (Section 51(3)(a) of the 2010 Act). We must also, when asked to do so provide advice to: -

- persons who provide, seek to provide or may seek to provide social services,
- persons, or groups of persons, representing those who use, or are eligible to use, social services,

- persons, or groups of persons, representing those who care for those who use, or are eligible to use, social services,
- local authorities,
- health bodies,
- integration joint boards established under Section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014,
- such other persons, or groups of persons, as may be prescribed.

(Section 51(3)(b) of the 2010 Act).

We will continue to play a pivotal role in discharging this responsibility together with our responses to Scottish Government consultations using the evidence from our inspections wherever possible which makes our contributions more compelling.

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Section 4 – The Foundations for Our Scrutiny

The Health and Social Care Standards

The Health and Social Care Standards are published by the Scottish Government and set out the standards of care that people using care services should expect. They are focussed on the experiences of people and their outcomes and apply across health and social care. They aim to ensure that people experiencing care are treated with dignity and respect and that their basic human rights are upheld. They also aim to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. The Care Inspectorate began to take account of these in inspections and in the registration of services from 1 April 2018. The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. The Standards are intended to be used to complement relevant legislation and best practice that support care services to ensure high quality care and continuous improvement. Current best practice guidance can be found on the Care Inspectorate website. All our quality frameworks will be underpinned by the Health and Social Care Standards.

Quality Frameworks

We publish Quality Frameworks for different services and different care settings. The frameworks are informed by the EFQM (European Foundation for Quality Management) model which focusses on key outcomes, stakeholder needs, delivery of services, management, leadership and capacity for improvement. They firmly focus on experiences and outcomes for people and take account of the Health and Social Care Standards (2017) and promote human rights-based care. The primary purpose of the quality frameworks is to support services to self-evaluate and make improvements. The quality frameworks outline quality indicators that sit under a series of key questions. Each quality indicator has related illustrations describing what very good and weak practice looks like. Our inspectors use the same frameworks to make judgments and evaluate the quality of care during inspections which helps achieve greater consistency and supports an open, transparent and collaborative inspection process

We will continue to develop and update our quality frameworks in line with any changes the policy or scrutiny landscape and use these as a key part of our scrutiny work.

Self-evaluation for Improvement

We believe external scrutiny is best applied in conjunction with robust, evidence-based self-evaluation for improvement that is carried out by those providing care. This means managers and leaders considering their own evidence about the extent to which their services are meeting people's needs, rights and wishes

We will continue to strengthen our approaches to self-evaluation, ensuring it is core to our scrutiny. We will recognise when services do this well, principally through proportionality of inspection. We will share good practice to promote learning and improvement.

Core Assurances (regulated care services)

In the same way that we do not expect services to self-evaluate themselves against the whole quality framework at once, neither do we inspect services against the whole framework at each inspection. Instead, we aim to take a **targeted, proportionate, intelligence-led and risk-based approach**. However, we do have 'core assurances' which are the things inspectors will look at on every inspection.

Experience has taught us that when things go wrong in care services, they often relate to key areas. Theory and inquiries undertaken when care goes wrong has highlighted the areas that are important to monitor because these can be identified as early indicators of concern to people using services (Scottish Government 2014, Hull University 2012, Francis Report 2013, Wardhaugh and Wilding 1993). These are the key areas considered during the registration process, and policies and procedures relating to them must be in place before a service is registered.

Because we know, and research tells us, that these key areas are essential to a service being safe, we have called them "core assurances". This checklist of core assurances highlights what inspectors must look at on inspection. They help guide providers on the areas that are important to people's safety and wellbeing. The core assurances span the entire framework, covering elements of several different quality indicators. If we have any concerns arising from our assessment of a particular core assurance, we may decide to focus in on a specific quality indicator.

Evaluating / Grading

Once we have carried out our inspections of care services we evaluate quality themes using a six-point scale: -

- Excellent (Grade 6)
- Very good (Grade 5)
- Good (Grade 4)
- Adequate (Grade 3)
- Weak (Grade 2)
- Unsatisfactory (Grade 1)

We use an evaluation tool and our quality frameworks, to help us make these evaluations and describe what we find during our inspections.

A similar approach is used in our strategic inspections.

Section 5 - Approaches

Focussing on experiences and outcomes for people, their carers, families and communities

We are continually strengthening our focus on experiences and outcomes for people, their carers, families and communities. Ensuring that scrutiny primarily focuses on **evaluating experiences, outcomes and impact**, rather than a disproportionate emphasis on checking inputs, is a central feature of our Scrutiny and Assurance business model.

Responsive Regulation

In recent years **responsive regulation** has been a key feature of our approach. This is a well-researched, evidence-based approach to regulation. Responsive regulation underpins the methodology we use to inspect to ensure it is evidence based. Responsive regulation ensures we understand those we regulate, and we tailor our response based on the outcomes for people and the behaviours of those we regulate rather than simply checking compliance with a policy or procedure. It requires skill and expertise from those who regulate to not only make professional evaluations but to understand the context of the issues and the response of those regulated.

Responsive regulation is described as: -

'...An ethical and fair culture, whether within an organisation or in a regulatory enforcement regime, has to be seen to respond to problems and wrongdoing by distinguishing between people who are basically trying to do the right thing and those who are not ...' (Hodges, 2016).

In all that we do we must focus on outcomes for people and those important to them. Responsive regulation takes account of this and has a focus on the experience and impact on individuals supporting improvement. Responsive regulation is based on intelligence, outcomes and the capacity to improve of those regulated.

Scottish Regulators' Strategic Code of Practice

In discharging our regulatory functions, the Care Inspectorate must have regard to the Scottish Regulators' Strategic Code of Practice (2015). The code requires regulatory functions to be exercised in accordance with the principles of better regulation considering economic and business factors appropriately. The better regulation principles are that regulatory functions should be exercised in a way that is **transparent, accountable, proportionate, consistent** and **targeted** only where necessary.

As required by the code, we will adopt the following high-level approaches: -

- a positive enabling approach in pursuing outcomes that contribute to sustainable economic growth.
- in pursuing our core regulatory remit, be alive to other interests, including relevant community and business interests; taking business factors appropriately and proportionately into account in their decision-making processes; and protecting public health and safety.
- adopt risk and evidence-based protocols which help target action where it's needed and help to ensure the achievement of measurable outcomes.
- develop effective relationships with those we regulate and have clear two-way communication in place.
- tailor our approach depending on the nature of the sector we are regulating and the desired outcomes. This includes a commitment to advice and support for those who seek to comply, allied with robust and effective enforcement when justified.
- recognise, in our policies and practice, a commitment to the five principles of better regulation: regulation should be **transparent, accountable, consistent, proportionate** and **targeted** only where needed.
- pursue continuous improvement in regulatory practice based on the principles of better regulation.

As highlighted in the Code, nothing above should be interpreted as a justification for non-compliance or a signal that we will tolerate that. For example, we will not allow the promotion of economic growth to prevail over the safety, health or wellbeing of persons receiving care services. In other words, the safety and protection and wellbeing of people is paramount.

Collaborative working

We recognise the critical importance of collaborative working internally with Care Inspectorate colleagues and with all our scrutiny and delivery partners.

We will continue to work in partnership with our scrutiny and delivery partners. We will also continue to work collaboratively with the Scottish Government, HSCPs, local authorities, health boards, public health, providers' umbrella organisations and care services.

Intelligence and Risk

During the pandemic, we have strengthened our intelligence gathering. The importance we attach to the development of this intelligence-led, risk-based approach was already increasing at pace before the pandemic as a fundamental strand of our **business model** as outlined in our Corporate Plan 2019-22.

In line with our business model, we have revisited our cycles of inspection and for all well-performing services we will choose different types of scrutiny, assurance, or quality improvement intervention relative to the individual service and how it is performing. This means the specific focus, breadth and depth of each intervention will be driven by the risk profile for that service type and the specific information and

intelligence we hold about individual services, including past performance and robust self-evaluation.

We believe that approaches that are risk-based, outcome-focused, proportionate, and intelligence-led will provide the strongest assurance and protection for people and have the greatest impact on improving the quality of care. In this context, the value of scrutiny is realised by the extent to which inspectors add value to care services and local partnerships through a cycle of self-evaluation, scrutiny and improvement support (or regulatory action where required). Robust, evidence-based scrutiny acts as a diagnostic tool and key driver of improvement in the quality of care. In turn, this supports the safety, protection and wellbeing of people, with additional improvement support resources being deployed as indicated by initial scrutiny.

RAD/SAT

Responsiveness in our scrutiny of care services is closely linked to **proportionality** and **targeting**, with **risk assessment** playing a crucial role in determining our inspection approach. We do this by using a Scrutiny Assessment Tool (SAT) for each service. In simple terms it is a way for the Care Inspectorate to assess which services are in greatest need of a scrutiny and/or improvement support intervention, which can mean an inspection. It could mean other action. It should not be confused with grades awarded following an inspection, which are based on the evidence gathered during and inspection and outlined in an inspection report.

The SAT has been developed as a tool to identify early possibility service failure. The SAT is based on the University of Hull's early indicators of concern (University of Hull, 2012).

The SAT involves a dynamic process of gathering information and intelligence about individual care services, including complaints we receive about services and notifications services make to us as well as the outcomes from inspections and information we receive from others including from the various oversight groups in health and social care partnerships. We also incorporate what is reported to us about adult support and protection or child protection concerns, incidents within services, change of manager and note any marked deviation/variation from national trends for that particular service type e.g., on complaint, medication administration /errors etc. A services overall regularity history, how they respond to complaints and our assessment of their capacity to make improvements is another consideration. It requires professional assessment and oversight from inspectors.

Minimum Frequency of Inspection

As signalled by our new business model outlined in our corporate plan 2019-2022, we have moved away from a cyclical approach to inspection, recognising that there are better ways to provide assurance and make the best use of our finite resources. This means that instead of inspecting services on a fixed frequency basis, we determine when we inspect and what we inspect relative to a dynamic risk

assessment. Some better performing services will not be inspected as frequently as they were previously. This allows us to spend more time supporting poorer performing services or those where specific risks are identified.

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

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

It might be argued that there is a contradiction between a cyclical approach and one which is truly intelligence-led. However, moving forward our Board wishes to establish an ideal period between inspection. To do so, we would need much more sophisticated resource modelling and IT capability to determine what is possible within our current resources as well as for managing, recording and reporting different scrutiny and improvement support interventions. Work on resource modelling is underway and led by our customer and corporate services directorate and this will also be supported by our digital transformation strategy.

Notifications

In terms of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 202/114), all providers are required to maintain certain records and notify certain things to the Care Inspectorate. This includes death, illness or other events (Regulation 21). These are commonly referred to as ‘Notifications’ and are usually submitted to the Care Inspectorate electronically via the Care Inspectorate’s ‘e-forms’ system. They are reviewed, assessed and acted upon in variety of different ways by inspectors and team managers which may include following up with services and others which can sometimes be resource intensive. With these we may also identify child and adult protection matters that need onward referral to police / social work services. In 2021 we received in excess of 340,000 notifications compared to around 71,000 in 2017 representing almost a 500% increase.

The Care Inspectorate publishes on its website guidance on records that all registered care services must keep and guidance on notification reporting. Our inspectors follow these up by contacting the service providing advice or guidance as necessary. Our risk assessment process also takes account of the notifications we receive.

Conclusion

We are absolutely committed to a flexible and response approach to all our scrutiny and assurance work that takes account of the changing policy and practice landscape. Therefore, we will keep this strategy document under regular review to take account of any changes, in particular those arising from the implementation of a National Care Service and the Independent Review of Inspection, Scrutiny and Regulation (IRISR) by Dame Sue Bruce.

DRAFT



Title:	BUDGET DEVELOPMENT SHORT LIFE WORKING GROUP – APPROVAL OF TERMS OF REFERENCE
Author:	Kenny Dick, Head of Finance and Corporate Governance
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Draft Terms of Reference
Consultation:	
Resource Implications:	None

EXECUTIVE SUMMARY

The Board agreed to constitute a Budget Development Member / Officer Short Life Working Group to consider the development of the 2023/24 budget and the future financial position.

The group's draft terms of reference are attached and recommended for Board approval.

The Board is invited to:

1. Approve the Budget Development Short Life Working Group Terms of Reference (Appendix 1).

Links	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes)				
For Noting		For Discussion		For Assurance		For Decision	√

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	One is planned or is already in progress	Reason: Not required.

BOARD MEETING 15 DECEMBER 2022

Agenda item 11

Report No: B-39-2022

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: Not applicable – 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.

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

TERMS OF REFERENCE

MEMBER/OFFICER SHORT LIFE WORKING GROUP: BUDGET DEVELOPMENT

Purpose

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

Accountability

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

Period of Operation

This is a short life working group which will subsist for the period 16 December 2022 until no later than 16 June 2023 unless this is formally extended by the Board.

Remit

To support the objectives of the Care Inspectorate's Financial Strategy by considering budget options and efficiency initiatives for inclusion in the 2023/24 budget and to explore medium/long term budget options for the subsequent years covered by the Financial Strategy.

The Group will report progress to each meeting of the Board commencing with the Board meeting of 9 February 2023.

Membership

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

- Rognvald Johnson, Board member
- Maria McGill, Board member
- Jackie Mackenzie, Executive Director of Corporate and Customer Services
- Kenny Dick, Head of Finance and Corporate Governance
- Gillian Berry, Accounting and Procurement Manager, Finance and Corporate Governance

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

Quorum

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

Frequency of Meetings

The Group will meet a minimum of three times during its period of operation. The Group may meet more frequently if required.

DRAFT



Title:	MONITORING OUR PERFORMANCE 2022/23 – QUARTER 2 REPORT
Authors:	Ingrid Gilray, Intelligence and Analysis Manager Al Scougal, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher
Responsible Director:	Gordon Mackie, Executive Director of IT, Transformation and Digital
Appendices:	1. Technical notes
Consultation:	N/A
Resource Implications:	None

EXECUTIVE SUMMARY

This report presents the 2022/23 Q2 summary report on our performance.

Of the eight Key Performance Indicators (KPIs) detailed in the Corporate Plan 2022-25, at the end of Q2 2022/23:

- Six were measured and compared to target, of which:
 - All six met or exceeded target
- KPI-4 and KPI-5 will not be reported on until Q3 officially, although initial performance has been provided

This report provides a detailed account of our KPIs and work in support of our strategic objectives over the first two quarters of 2022/23.

The Board is invited to:

1. Discuss and note the report.

Links	Corporate Plan Outcome (Number/s)	1,2,3,4	Risk Register (Yes/No)	Yes			
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: Screening completed, and full assessment not required

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. <i>(see Reasons for Exclusion)</i>
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Disclosure after:

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

MONITORING OUR PERFORMANCE 2022/23 – QUARTER 2 REPORT**1.0 INTRODUCTION / BACKGROUND****Impact of Covid-19 on this report and on our work**

At the end of Q1 Covid-19 cases began to increase again due to the Omicron sub-variants BA.4 and BA.5. From mid-July cases declined from an estimated 1 in 15 people to 1 in 45 by the end Q2. In Q2 we continued to target our scrutiny, assurance and improvement support in an intelligence-led way that takes account of services we assessed as being the highest priority.

Structure of this report

Under each of the four strategic outcomes in our Corporate Plan 2022-25, we have set out our performance against our agreed measures and highlighted key areas of work delivered or progressed in the last quarter. These highlights are focussed on the changes we seek to achieve and in particular on the priorities we have set out in our corporate plan.

The director with lead responsibility for action is noted under each measure. Our four strategic outcomes to achieve our vision for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs and wishes are:

- High-quality care for all
- Improving outcomes for all
- Everyone's rights are respected and realised
- Our people are skilled, confident and well supported to carry out their roles

Types of performance measure

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

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

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 SEPTEMBER 2022

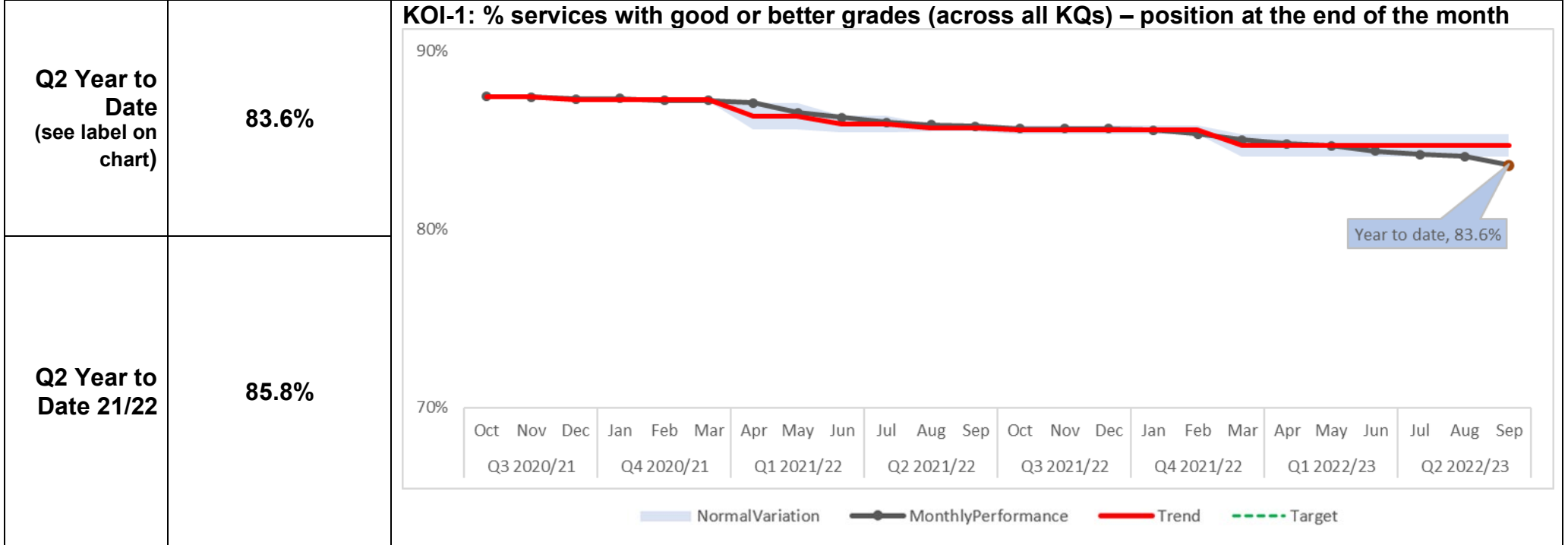
This table shows a summary of performance for the **year to date** for each KPI.

Key Performance Indicator (KPI) Overview

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles	
<p>KPI-1: % of people telling us that our scrutiny will improve care</p> <p>92.1% from 38 responses</p> <p>[Target 90%]</p>	<p>KPI-4: % of people telling us that our quality improvement support will improve care</p> <p>90% from 200 responses</p> <p>[Target - Baseline year]</p>	<p>KPI-5: % staff completing core learning</p> <p>72% for Data Protection and Equalities; 62% - 78% for Health and Safety modules</p> <p>[Target 85%]</p>	
<p>KPI-2: % scrutiny hours spent in high and medium risk services</p> <p>70.6%</p> <p>[Target 50%]</p>		<p>KPI-6: % staff absence</p> <p>4.3%</p> <p>[Target 3.6%, Range 2.4% to 5.7%]</p>	
<p>KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)</p> <p>80.7%</p> <p>[Target 80%]</p>		<p>KPI-7: % staff turnover</p> <p>9.8%</p> <p>[Q2 Target <11%]</p>	
		<p>KPI-8: Days per quarter that inspection volunteers and care experienced people are involved in our work</p> <p>112.5 days (average per quarter)</p> <p>[Benchmark 90 days]</p>	
<p>Colour code: Target achieved</p>	<p>Slightly below target</p>	<p>Significantly below target</p>	<p>Initial reporting</p>

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs) Executive Director of Scrutiny and Assurance



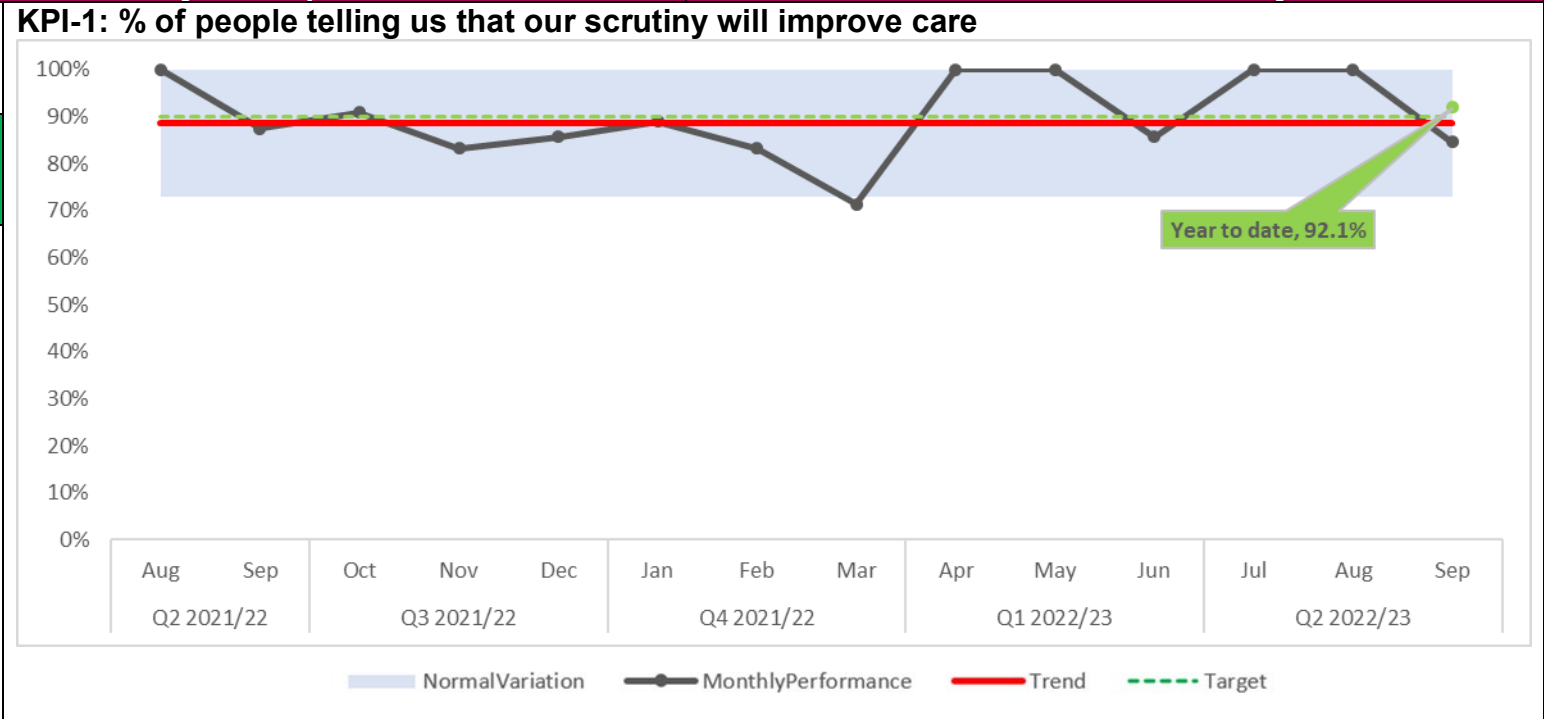
Notes: Up to the end of Q2 the % of services with good or better grades (across all key questions) continued to fall to 83.6% of registered services and is 2.2%-points lower than Q2 last year. Note that the axis on the chart above does not start at 0, to visualise the small but statistically significant decrease. It is important to emphasise that this is a very small change overall.

Reasons for Difference: This small decrease is mainly attributable to the focus of our inspections during the pandemic, where we have targeted services where we have most concerns about the quality of care and support. 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. 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.

Actions: We will continue to implement our inspection plan which has a focus on high-risk services, but also includes some services which are better quality but have not been inspected recently.

KPI-1: % of people telling us that our scrutiny will improve care **Executive Director of Scrutiny and Assurance**

Target	90%
Q2 Year to Date	92.1% of respondents (38 responses)
Q2 Year to Date 21/22	<p>94% of respondents (16 responses)</p> <p>Not enough responses were received to report against this measure.</p>

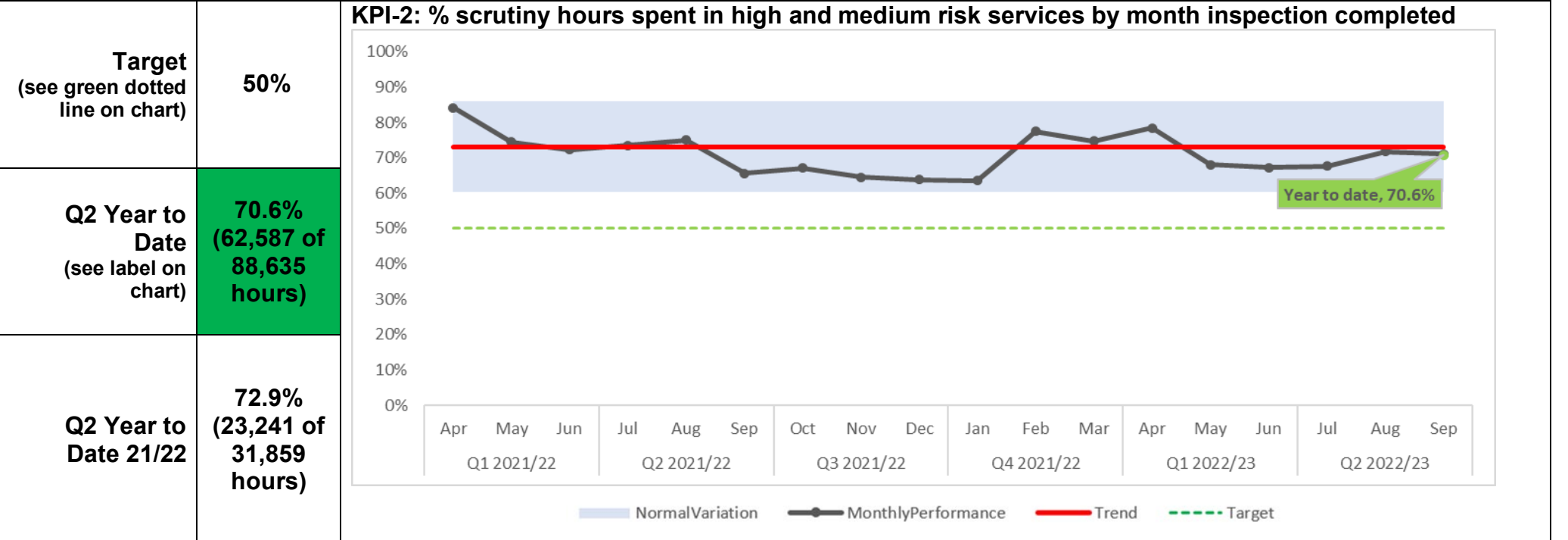


Notes: The % of respondents that agreed the registration process helped the applicant provide a better-quality service remained above target at 92.1% at the end of Q2.

Reasons for Difference: The above performance is only from a small number of responses based on feedback about our registration process and can therefore vary considerably from month to month. Previously, this measure used data captured from paper questionnaires at, and following, our inspections. At the outset of the Covid-19 pandemic, we suspended our paper feedback questionnaires about our inspections.

Actions: During Q2 we re-instated our inspection feedback questionnaires in both paper and online formats and anticipate higher volumes by Q3. Note that, as we have always done, we continue to speak with people at all inspections including people experiencing care and their carers.

KPI-2: % scrutiny hours spent in high and medium risk services **Executive Director of Scrutiny and Assurance**

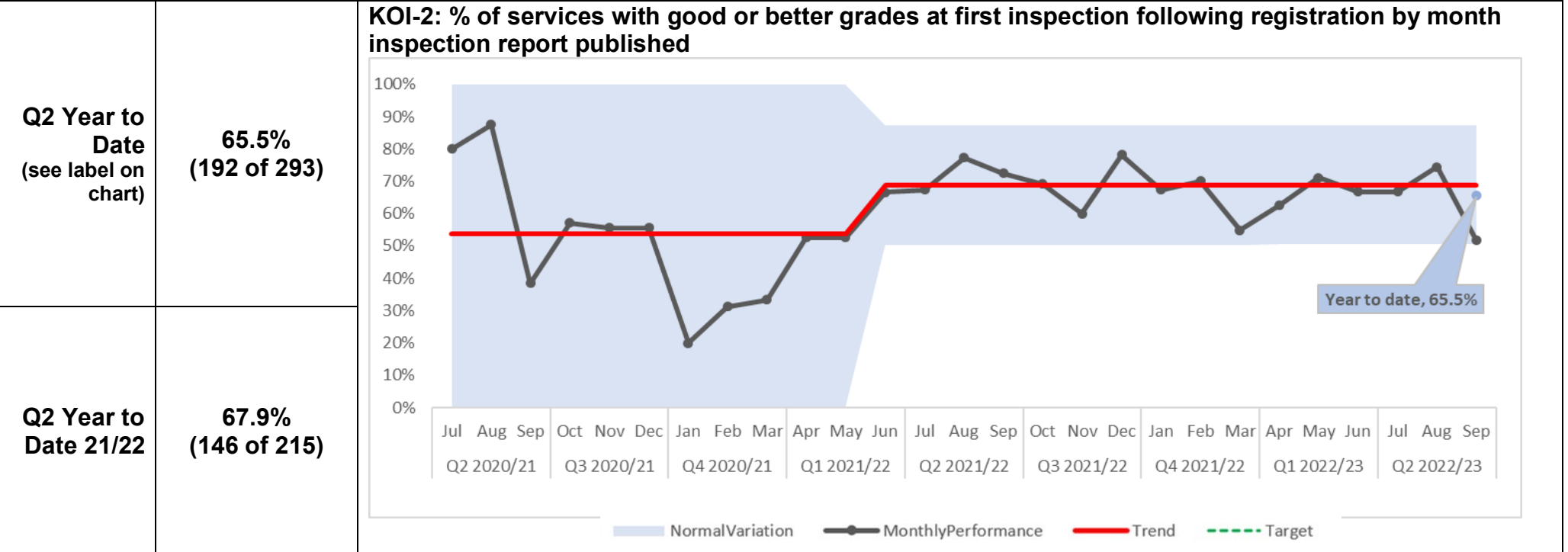


Notes: Performance remains above target. Up to the end of Q2 just over two thirds (70.6%) of scrutiny hours were spent in high or medium risk services, a decrease of 2.3%-points from Q2 last year. For context, up to the end of Q2 we recorded 88,635 hours on scrutiny, an increase of 178% from Q2 21/22 (up 56,776 hours). At the end of Q2 22/23 30% of registered services were classed as medium or high risk.

Reasons for Difference: The % of scrutiny hours spent in medium and high risk services remains above target reflecting the focus of our inspection plan where early learning and childcare (ELC) and children and young people services are prioritising services most at risk. In adult services, although still focussing on higher risk services, our inspection plan includes some better performing services, in particular those that have not had a recent inspection. In line with our inspection plan for 2022/23, and assuming no re-introduction of restrictions, we expect that scrutiny hours spent in medium and high-risk services will drop, especially in adult services, from the very high level seen through 2021/22.

Actions: Continue to implement the inspection plan for 2022/23 and respond to complaints and concerns appropriately.

KOI-2: % of services with good or better grades at first inspection following registration **Executive Director of Scrutiny and Assurance**

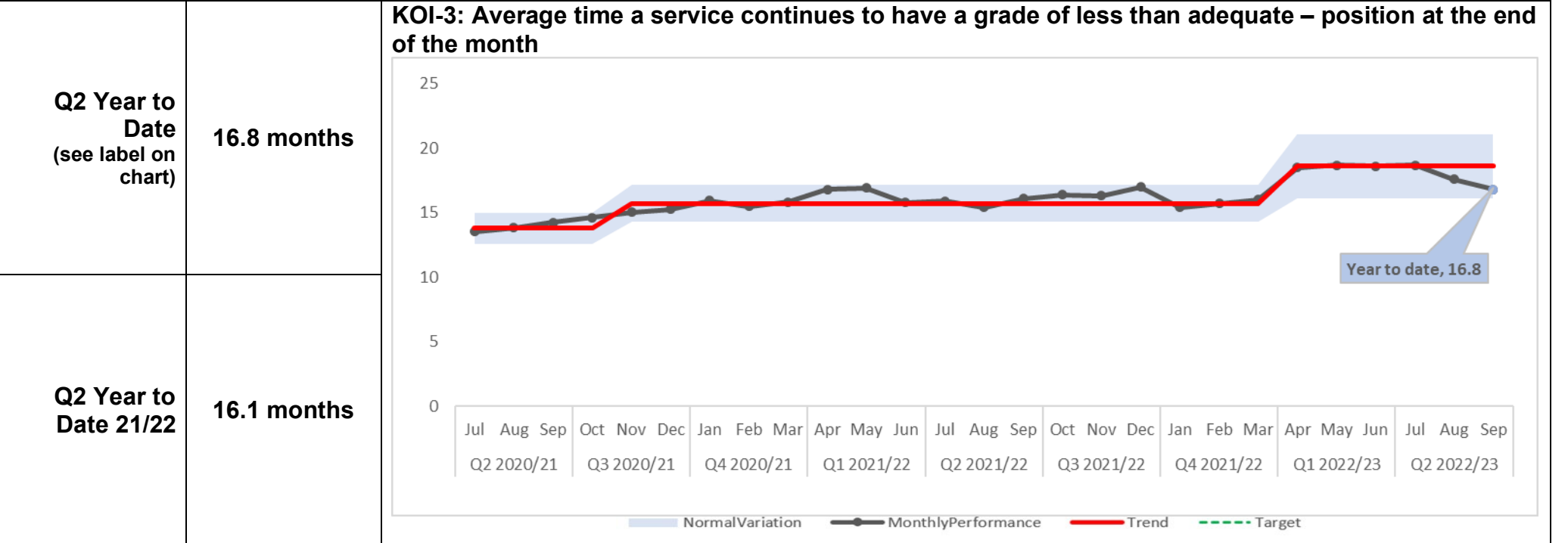


Notes: The percentage of services with good or better grades at first inspection dropped by 2.4%-points since Q2 last year to 65.5% of services, although performance remained within the normal range of variation expected. The chart above illustrates how variable performance has been, especially during the first year of the Covid-19 pandemic period due to the low number of services qualifying for the measure. From Q1 2021-22 to Q2 2022-23 we have seen a sustained and statistically significant increased performance, with variability also decreasing as illustrated by the smaller confidence intervals. Performance on this measure in September (54%) was notably lower than the first two months of the quarter.

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 Q2, 293 services had their first inspection report published, an increase of 78 services (up 36%) from Q2 last year. In September most service types with first inspections published had a lower percentage of services with good or better grades at first inspection than in previous months.

Actions: We will provide information on those services which did not receive good or better grades on their first inspection to the Chief Inspectors so they can monitor the situation and explore further.

KOI-3: Average time a service continues to have a grade of less than adequate **Executive Director of Scrutiny and Assurance**



Notes: While noting exceptions, from the start of the Covid-19 pandemic there has been a steady and statistically significant increase in the average time a service continued to have a grade of less than adequate. However, during Q2 22-23, the average time a service continued to have a grade of less than adequate decreased for two consecutive months for the first time in over two years. The average time a service continued to have a grade of less than adequate decreased to 16.8 months, still up from 16.1 months at the end of Q2 21-22. We do not set a target for KOIs given the number of factors that are outwith our control. However, we do expect to see the average time a service remains with grades of less than adequate stabilise and fall by the end of this year.

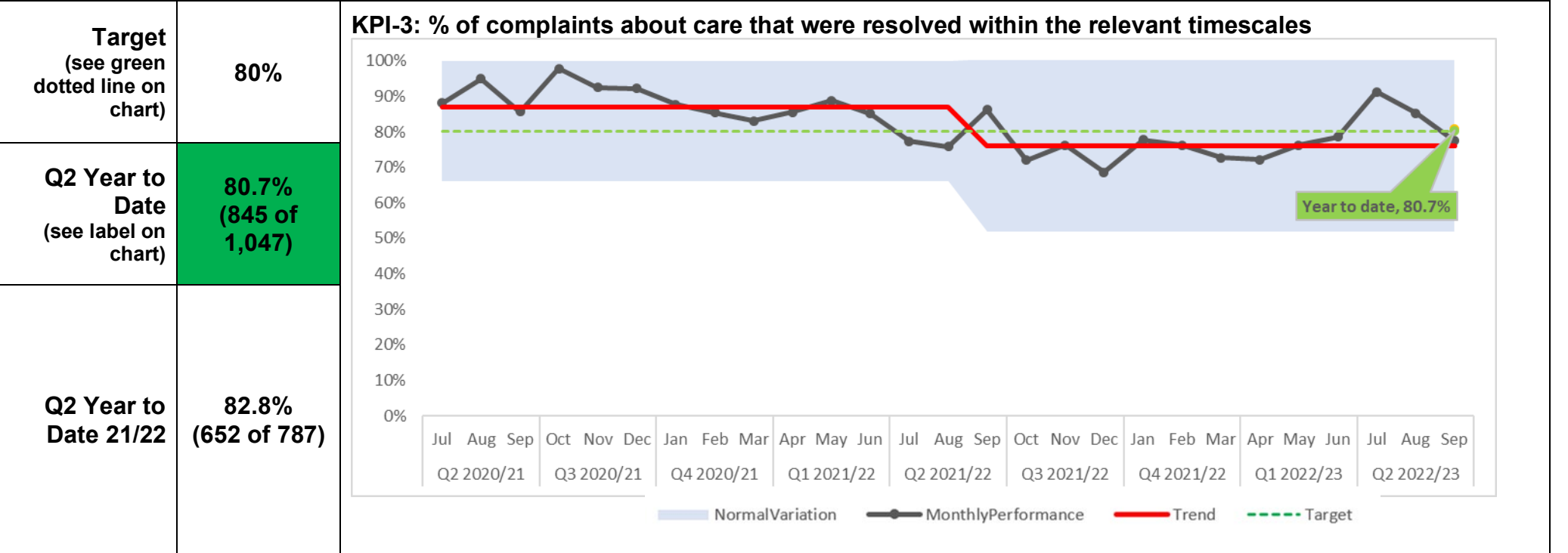
Reasons for Difference: Inspections continue to be mainly focussed on services where we have concerns which are likely to have lower grades following inspection. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to decrease. Early Learning and Childcare (ELC) services, especially childminding services, have high average times with services with grades of less than adequate. Many of these services have been closed for long periods of the pandemic period and therefore have not had the opportunity to be inspected.

The number of services with a grade of less than adequate is low and additional analysis we have undertaken shows that 25% of the total time services have spent with less than adequate grades is attributable to just 28 services which skew the overall average to be much higher than it would otherwise be. These outlier services arise in situations where services remain with poor grades due to circumstances outwith the Care Inspectorate's control such as: where we are taking enforcement action which has been prolonged by action through the courts and the services remain on poor grades throughout the process; where services have closed for long periods during the pandemic, and in some cases remain closed so we are unable to inspect these services; or where services have started making improvements and we extend timescales to enable them to fully meet these.

Actions: We will continue to deliver our inspection plan which prioritises inspections of high risk services and those with poorer grades and therefore provides an opportunity to demonstrate the sustained improvement which must be evident before an increase in grades. Additionally, we follow up all requirements in services to ensure improvements have taken place and do regrade where better outcomes are in place or take enforcement action if appropriate. However, many services may have started improvements and we extend timescales to enable them to fully meet these which will extend the length of time a service has grades of less than adequate.

KOI-4: % of services with expected grades or better		Executive Director of Scrutiny and Assurance
Q2 Year to Date (see label on chart)	64% (based upon 399 inspections)	
Q2 Year to Date 21/22	During 2021/22 we were not reporting on this measure	
<p>Notes: Based on 399 inspections by the end of Q2, 64% of those services expected to have good or better grades at their next inspection achieved this. These are services which have previously been graded good or better, had a low SAT score, and we have received no new information to indicate a decline in quality or newly registered services being inspected for the first time.</p>		
<p>Reasons for Difference: In Q2 we expanded this measure to include a wider range of services including those services receiving their first inspection in order to increase representation from Early Learning & Childcare (ELC) and Children and Young People (CYP) services. As we saw in KOI-2 there was a drop in performance in Q2 for services getting good or better grades in their first inspection and this has impacted on performance in KOI-4. Of those services that did not get expected grades or better, around two thirds (67%) had a minimum grade of adequate.</p>		
<p>Actions: Inspections of ELC and CYP services will continue to increase throughout the year to give a more representative sample of our inspection work. A working group has been set up to look at the factors in the small number of cases where adult services have declined in quality and are no longer good or better and an exploratory piece of work is planned in Q3/Q4 once the initial inspections of these services are finalised to identify any common factors or patterns with a particular focus on early identification of a decline in quality.</p>		

KPI-3: % of complaints about care that were resolved within the relevant timescales (not including complaints logged as intelligence) **Executive Director of Scrutiny and Assurance**



Notes: Performance is above target. Up to the end of Q2, 80.7% of all resolved complaints about care were completed within 40 days, down 2.1%-points from Q2 last year.

Reasons for Difference: Throughout the pandemic, we continued to receive complaints about services. All concerns raised are assessed and dealt with using the most appropriate method. Although performance was below Q2 last year, the number of complaints resolved was higher than Q2 last year overall (up 33%). Performance was improved due to the increased capacity in the complaints team following successful recruitment and induction periods.

Actions: We continue to support people to raise concerns and assess all concerns and complaints to ensure they were dealt with appropriately. We continue, where appropriate, to make adult and child protection referrals and to make referrals to police. Our complaints team continue to work with people who made complaints and providers to escalate and resolve complaints quickly. Complaints provide us with important information and data which forms part of our intelligence about services, and we use this in a number of ways including to inform us about services requiring an inspection.

Scrutiny and assurance of registered care services - activity breakdown up to 30 September 2022

The following figures show the volume and type of activity we undertook at the registered care service level.

	Number completed Q2 Year to Date 21/22	Number completed Q2 Year to Date 22/23	Comparison of 2022/23 vs 2021/22 year to date
Inspections completed	1,196	1,882	▲
Serious concern letters issued	33	27	▼
Improvement notice enforcements	27	23	▼
Notice to cancel enforcements	0	2	▲
Total complaints resolved (not including concerns logged as intelligence)	787	1,047	▲
New registrations completed	277	211	▼
Number of variations to registration completed (not including typographical changes to certificates).	1,017	862	▼

Inspections completed: The number of inspections completed has increased by 57% (up 686 inspections) compared to Q2 last year. This was possible as a result of lifting of restrictions and recruitment of more inspectors.

We completed 1,882 completed inspection visits in 1,762 services (this included inspections of services that have since cancelled):

- 669 in care homes for older people and adults
- 475 in daycare of children services
- 400 in Childminding services
- 338 across other service types

Serious concern letters issued: The number of serious concern letters issued decreased from 33 at end of Q2 21/22 to 27 this year. As a proportion of completed inspections this is lower than Q2 last year, with approximately 1.4% of inspections at the end of Q2 22/23 resulting in a serious concern letter being issued compared to 2.8% last year. 50% of the serious concern letters were in daycare of children services and 36% were in care homes for older people.

Enforcements: The number of improvement notices issued decreased from 27 at end of Q2 21/22 to 23 this year. There have been 2 notice to cancel enforcements at end of Q2 2022/23 compared to none the previous year.

Total complaints resolved (not including those logged as intelligence): All concerns raised are assessed and dealt with using the most appropriate method. Total complaints resolved increased 33% (260 complaints) compared to Q2 last year.

New registrations completed: The number of completed registrations fell compared to last year (down 24%, 66 completed registrations). Registration applications were down 5% from last year. Delays to building work and other processes due to Covid-19 and the increased cost of living may have impacted on the number of applications for new registrations.

Variations to registration completed: Variations completed have also decreased 15% compared to Q2 last year (down 155 completed variations). The drop in completed variations is largely due to drop in variation applications; applications were down 32% from last year mainly due to higher numbers of variations the year before due to Covid-19.

Strategic scrutiny activity breakdown from completed inspections published up to 30 September 2022

The following figures show the volume and type of strategic scrutiny activity we undertook. Strategic Scrutiny focuses on the scrutiny, assurance and improvement of services provided by local authority social work services and partnerships. It covers services for children and families, adults and older people and people involved with the justice system. Strategic scrutiny explores how adults' and children's rights are promoted and upheld, the extent to which they are enabled to exercise choice and control in how their support is provided, and the outcomes they experience. Some of the core functions of Strategic Scrutiny are listed below:

	Number completed (published during 22/23) Q2 Year to Date 22/23
Inspections completed	9
Total staff survey responses	2,857
Total people experiencing care engaged with	115
Total number of case files read	698
Number of serious incident reviews, initial or serious case reviews, and learning reviews received	84

Scrutiny and support for local authorities and partnerships

The adult support and protection inspection programme continues. Three inspection reports were published in this quarter: Moray, Perth & Kinross, and West Lothian. The findings of the Moray report identified important areas of weakness that could adversely affect experiences and outcomes for adults at risk of harm in key processes. Consequently, the link inspector for the Moray partnership has been providing additional support as they seek to develop and implement their improvement plan.

In August 2022 we published a report of joint inspection of services for children and young people at risk of harm in East Renfrewshire.

Our justice team have been involved in an impressive reach of work over the last quarter, encompassing prison inspection (with HMIPS - His Majesty's Inspectorate of Prisons for Scotland), diversion and secure care review. These programmes of work ensure that those receiving a social work service/intervention within the criminal justice system are doing so to a high standard.

The programme of joint inspections of adult services supporting individuals experiencing complex care needs commenced with the Fife partnership area. The programme will determine how integration of services positively supports people's and carers' experiences and outcomes and how health and social care integration arrangements are resulting in good outcomes.

Carer's inquiry

The carer's inquiry is in the final stages of review and will be published in Q3. There has been significant engagement in this inquiry. As well as having a national focus, additional work was undertaken with five volunteer health & social care partnerships (HSCPs). In these areas the inquiry team worked with social work staff and leaders, local carers' organisations, service providers, and carers. This helped to provide a deeper understanding of individual carer experiences at a more local level. The participating areas were Aberdeen City, Dumfries and Galloway, Glasgow City, Highland and North Lanarkshire.

Summary of key achievements and work progressed in Q2 2022/23**Protecting people from significant and serious risk to health and wellbeing**

The Scrutiny & Assurance Directorate have been asked by Scottish Government to undertake a scoping exercise in relation to the possible future scrutiny of telecare services. Funding has been provided to us for this. We have submitted a business case to Scottish Government for the continuation of funding for Early Learning & Childcare (ELC) expansion / funding follows the child for 2022/23 and beyond and to have that included in our core grant.

Enable and empower the voice of care

The Care Inspectorate recently contributed to the Scottish Government's National Leadership Development Programme to support its adaptation from health to social work and social care. As a result of this work a range of leadership development activities are available to the social care sector and the programme has been rebranded as 'Leading to Care', with a Ministerial launch on 3 October 2022.

Financial viability large care provider and impact on services in Scotland

A team manager in Adults, together with finance professional advisor, have undertaken a review of a large provider's services sustainability to inform scrutiny work and prioritisation. This has enabled us to use this information to target our work with them and be clear on the sustainability of services for people and potential risks. This has been discussed with the provider at a national level with the relationship manager from the Care Inspectorate.

Report on the quality of care

In July 2022 we notified all local authorities and secure care providers of our plans to carry out a review to consider the impact of the Secure Care: Pathway and Standards that were published in October 2020. The review will track, listen to, and seek to understand the experiences of 30 young people across Scotland before, during and after experiencing secure care accommodation. The review team includes strategic and regulated care service inspectors. We will report in August 2023 on the young peoples' views, experiences, and consider the extent to which their rights have been respected.

Safeguarding guidance

The Registrar of Independent Schools, the Care Inspectorate and Education Scotland have worked together to produce guidance on effective safeguarding for boards of governors in independent schools, to assist with self-evaluation and monitoring of child protection and safeguarding practices.

Strategic outcome: Improving outcomes for all

KOI-5: % 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
Q2 Year to Date	76.7% of services (responses from 133 services, 2,029 respondents)	
Q2 Year to Date 21/22	During Q1 and Q2 2021/22 we were not reporting on this measure	
Notes: At the end of Q2, the feedback (from 133 services) has been positive with 76.7% 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: Although, 76.7% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive, 93% of all respondents told us they were happy with the quality of care and support they receive. A further 15% of services reported 70% or higher.		
Actions: The above responses are from online questionnaires only. 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.		

KPI-4: % of people telling us that our quality improvement support will improve care		Executive Director of Strategy and Improvement
Benchmark	Baseline year	
Q2 Year to Date	90% of respondents (200 responses)	
Q2 Year to Date 21/22	During 2021/22 we were not reporting on this measure	
Notes: At the end of Q2 90% of people (200 responses) told us that our quality improvement support will improve care.		
Reasons for Difference: This performance is based on improvement support work recorded in the first two quarters of the year. In Q2 this included improvement sessions around infection, prevention and control and learning and development workshops relating to safe staffing.		
Actions: We will expand the scope and number of improvement projects considered for this measure as we progress throughout the year. This new measure looks at participants views immediately following the improvement support work session. We are undertaking further work to check back with services four months later to see if the improvement support work was effective at improving care for people using care service and we are on track to have a small sample at the end of Q3 to provide initial findings from. The improvement team will review events where respondents did not agree that our quality improvement support will improve care to understand what could be improved.		

Improvement support and external communications summary year to date up to 30 September 2022

	Number Q2 Year to Date 22/23
External improvement support events	67
Internal improvement support events	4
Number of unique services engaged	248
Number of individuals engaged (from Q2)	1,077
Website page views – Total / Unique	4,958,031 / 3,459,386
Hub page views – Total / Unique	213,167 / 150,255

External improvement support events: There were 67 external improvement support events recorded by the end of Q2. These improvement support events covered a range of areas including: Childminder self-evaluation toolkit discovery sessions, infection, prevention and control webinars and safe staffing programme events.

Internal improvement support events: 4 internal improvement support events were recorded by the end of Q2 exploring Healthcare Improvement Scotland's new infection prevention and control standards and safe staffing programme updates.

Summary of key achievements and work progressed in Q2 2022/23

Data, information and intelligence to identify themes, priorities and shape policy

In addition to public events our Early Learning & Childcare (ELC) inspectors and team managers have had the opportunity to participate in three Scottish Government consultation events organised specifically for Care Inspectorate staff. These events focussed on the consultation on the future of inspections of early learning and childcare and school age childcare services in Scotland. There was a particular focus on the proposed Care Inspectorate and Education Scotland shared inspection framework for the sector.

Build productive relationships and collaboration across the sector and within the Care Inspectorate

Early Learning & Childcare (ELC) inspectors gave a presentation at the National Day Nurseries Association members event. We were asked to present on our successful SIMOA (Safe, Inspect, Monitor, Observe and Act) keeping children safe campaign and host a Q&A session on our new ELC quality framework. We received positive feedback from the organisers of the event highlighting the opportunity to raise awareness of the quality framework and our inspection processes.

Reflect and learn to build and share good practice

We continued to take a lead agency role in the incident management team that was established to coordinate the recent e-coli outbreak in East Lothian. We contributed to the multi-agency lessons learned review.

New and updated self-evaluation frameworks for services

The adults and methodology teams have published a new self-evaluation framework for nurse agencies. This was the last framework to be published and it was completed through co-production with the sector. It sets the key standards, national care standards, good practice and links to scrutiny and improvement toolbox for services to use. We also updated and published the housing support and support services (care at home) and support services (not care at home) self-evaluation frameworks on the learning from Covid-19. These embed within them core assurances and infection and prevention practice.

Build productive relationships and collaboration across the sector and within the Care Inspectorate

The chief nurse and a senior improvement advisor participated in the development of Health Improvement Scotland Infection Prevention Control Standards published in May 2022. The Care Inspectorate was invited by the Chief Nursing Officer's Directorate (CNOD) to lead the development and delivery of training about the standards to the social care sector. Live learning webinar events were delivered between June and August 2022.

Collaboration and support for improvement and resources

The Safe Staffing Programme (SSP) team has continued to collaborate with the social care sector to support preparedness for the implementation of the Health and Care (Staffing) Scotland Act 2019. An external Programme Board has been set up to provide strategic level guidance and direction to the programme. The group has an external Chair and membership includes senior leaders from a range of social care organisations.

Involvement and equalities

The involvement and equalities team manager attended and contributed to a summit on Care Home Residents Right to Vote. The summit was facilitated Age Scotland, About Dementia and Rights Made Real in Care Homes, and was attended by professionals from the Health and Social Care Sector including Scottish Government, The Electoral Commission, a number of groups supporting people living with dementia and paid or unpaid carers and Scottish Care.

Build productive relationships and collaboration across the sector and within the Care Inspectorate

The Allied Health Professionals (AHP) consultant has set up a local authority occupational therapy Scotland network which is co-chaired by the policy and practice lead for the Royal College of Occupational Therapy in Scotland. The network has 115 occupational therapists signed up for sharing information and 69 people attended the first network meeting. The network will meet quarterly to share good practice, as well as shape and influence policy and practice by responding to consultations and representation on key working groups.

Digital Transformation

The transformation delivery team are focussing on the delivery of new “provider” level functionality for both internal and external users. This is an important step towards decommissioning of our PMS legacy system. This work will conclude later this year. There have been no outages or system issues.

Strategic outcome: Everyone’s rights are respected and realised

KOI-6: % services good or better for ‘How well do we support people’s wellbeing’		Executive Director of Scrutiny and Assurance																		
Q2 Year to Date (see label on chart)	91.7%	<p>KOI-6: % services good or better for ‘How well do we support people’s wellbeing’ – position at the end of the month</p> <table border="1"> <thead> <tr> <th>Q2 2020/21</th> <th>Q3 2020/21</th> <th>Q4 2020/21</th> <th>Q1 2021/22</th> <th>Q2 2021/22</th> <th>Q3 2021/22</th> <th>Q4 2021/22</th> <th>Q1 2022/23</th> <th>Q2 2022/23</th> </tr> </thead> <tbody> <tr> <td>93.3%</td> <td>93.3%</td> <td>93.3%</td> <td>93.3%</td> <td>93.3%</td> <td>93.3%</td> <td>93.3%</td> <td>93.3%</td> <td>91.7%</td> </tr> </tbody> </table>	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	91.7%
Q2 2020/21	Q3 2020/21		Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23											
93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%	91.7%												
Q2 Year to Date 21/22	92.3%																			
<p>Notes: Up to the end of Q2, the % of services with good or better grades for key question ‘how well do we support people’s wellbeing’ continued to fall slightly to 91.7% of registered services and is 0.6%-points lower than Q2 last year. Note that the axis on the chart above does not start at 0, to visualise the small but statistically significant decrease.</p>																				
<p>Reasons for Difference: The majority of services have grades of good or better for how well they support people’s wellbeing, but similar to KOI-1, we have seen a small decline in this measure over the past year. 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. To increase the grade of a service we need to be confident that the improvement can be sustained.</p>																				
<p>Actions: We will continue to focus our inspection activities on high-risk services through a rigorous risk assessment process using the intelligence we have.</p>																				

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Executive Director of Scrutiny and Assurance
Q2 Year to Date	73.5% of services (responses from 155 services, 2,303 respondents)	
Q2 Year to Date 21/22	During Q1 and Q2 2021/22 we were not reporting on this measure	
Notes: At the end of Q2, 73.5% of services (from 155 services) had 90% or more respondents telling us they make decisions about their own care.		
Reasons for Difference: Although, 73.5% of services had 90% or more respondents telling us they make decisions about their own care, 91% of all respondents told us they make decisions about their own care. A further 17% of services reported 70% or higher.		
Actions: The above responses are from online questionnaires only. 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.		

Summary of key achievements and work progressed in Q2 2022/23

Collaborate with partners to support human rights

Together, young people with experience of care, the Centre for Excellence for Children's Care and Protection (CELCIS), the Care Inspectorate and Clan Childlaw have produced a new information resource to help inform care experienced young people about continuing care, available on the CELCIS website. All the designs, stories and illustrations have been co-created with young people with experience of care. Centred around eight stories that explore different scenarios, the materials help to explain what it is important to consider and who continuing care applies to.

Promote the rights of people experiencing care

The chief nurse and chief inspector (Adults) have oversight of commissioned work about Anne's Law. Two seconded posts have been filled with funding received to continue collaborative work with services in preparation for the introduction of Anne's Law. The focus of work is with the relative groups, providers and other stakeholders to promote people's rights to family life and to participate in their communities.

The Promise

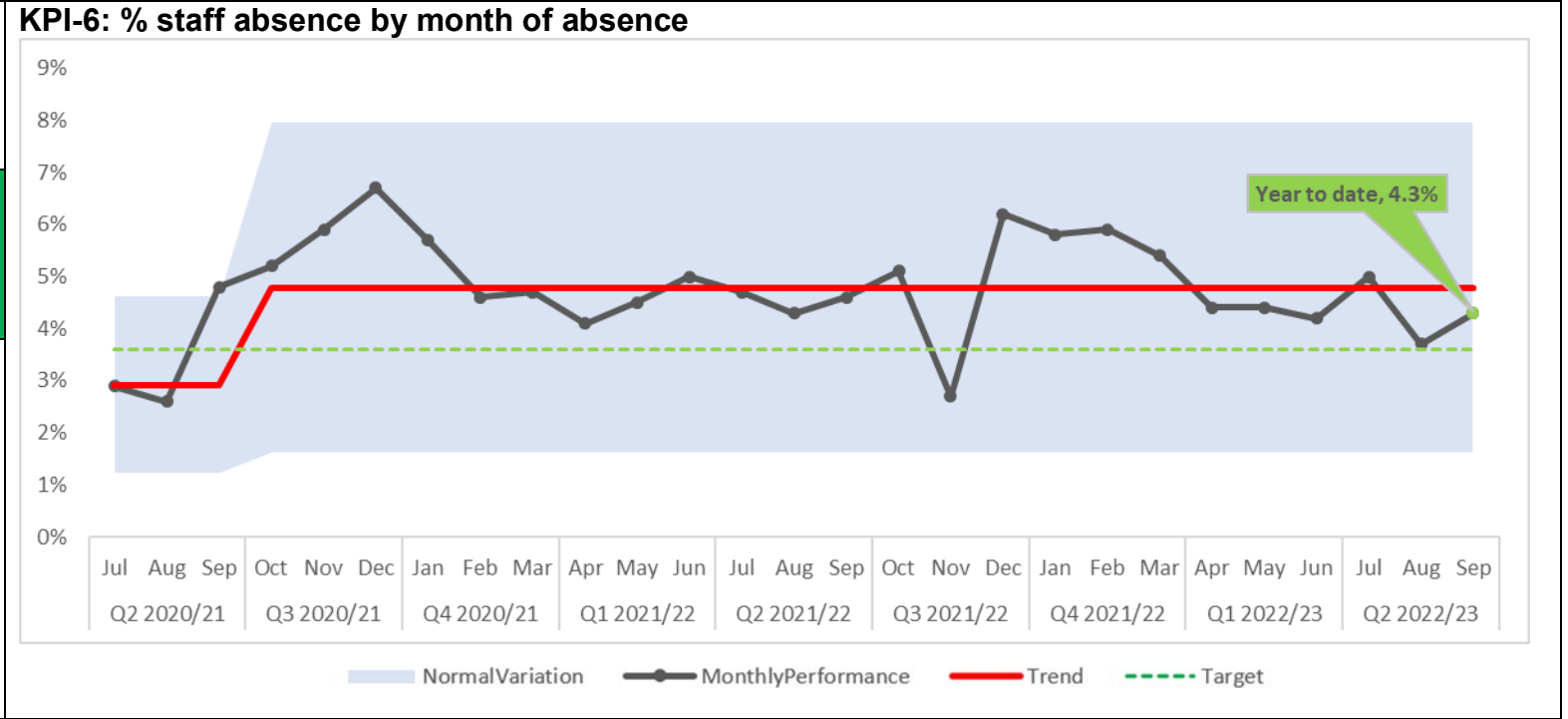
The Promise participation review has been completed and approved by Operational Leadership Team (OLT) to take to the next stage of scoping. The Promise lead officer in collaboration with strategic inspection, methodology, involvement and equalities, corporate parenting group and Care Inspectorate communications team have delivered a paper with significant recommendations and a road map to improve participation practice.

Strategic outcome: Our people are skilled, confident and well supported to carry out their roles

KPI-5: % staff completing core learning		Executive Director of Strategy and Improvement
Target	85%	
Q2 Year to Date	72% for Data Protection and Equalities; 62% - 78% on Health and Safety modules (up to 29 July 2022)	
Q2 Year to Date 21/22	During 2021/22 we were not reporting on this measure	
Notes: We planned to report against target in Q2 for this measure, however this is delayed for the reasons noted below.		
<p>Actions: Our health and safety training content supplier contract ended in August. We are working to procure new content/system which will integrate better with our main learning and development system, with a view to this being available in December. This means that the data will be more consistent, accurate and streamlined enabling us to improve our reporting. When the new Health and Safety content launches, an assessment will be made on the re-completion requirements for staff.</p> <p>We are working to improve the quality of existing data, for example identifying staff who are exempt from training due to long term absence, maternity leave, career breaks etc.</p> <p>In addition, we are working with managers to support staff to complete mandatory training.</p>		

KPI-6: % staff absence **Executive Director of Corporate and Customer Services**

Target (see green dotted line on chart)	3.6% Range 2.4% to 5.7%
Q2 Year to Date (see label on chart)	4.3%
Q2 Year to Date 21/22	4.2%

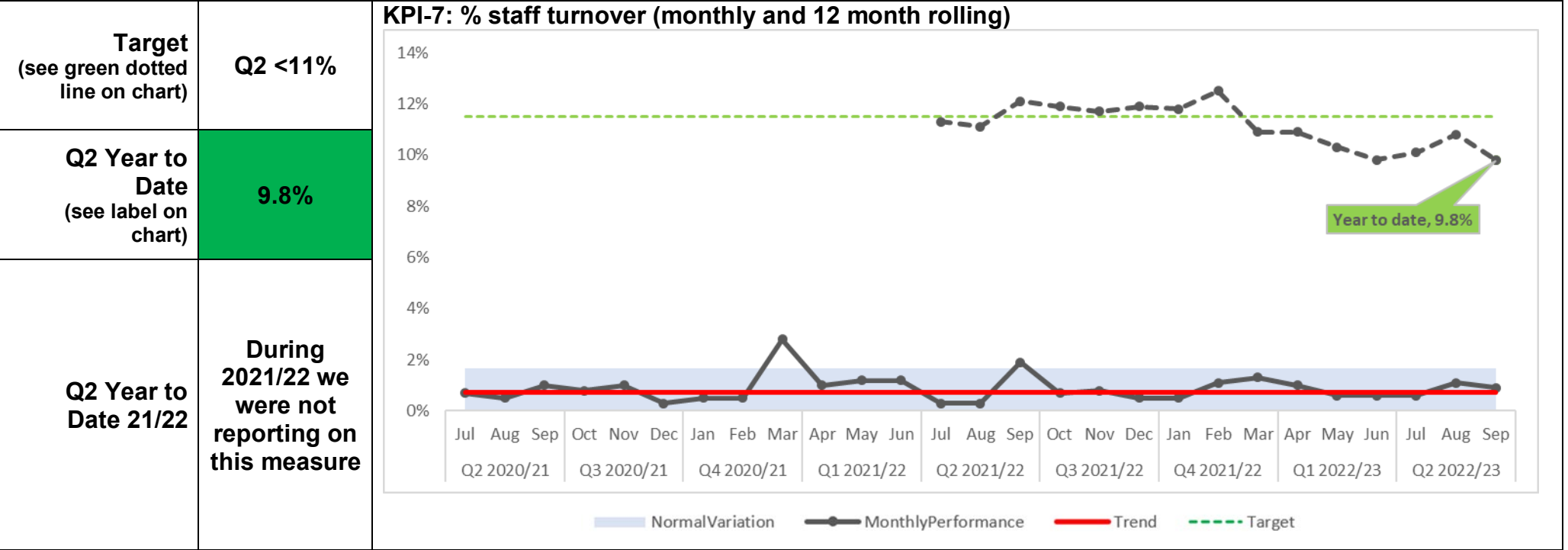


Notes: Performance remained within the acceptable range for this measure. Up to the end of Q2 staff absence was 4.3%, 0.1%-points higher than Q2 last year (4.2%), and within acceptable limits. Monthly absence rates have been falling since December 2021, with the exception of an increase in July and September this year.

Reasons for Difference: Compared to Q1 2022-23, long term absence decreased (down 19%, from 8,149 hours in Q1 to 6,602 hours in Q2) mid-term absence increased (up 65%, from 1,029 hours in Q1 to 1,697 hours in Q2), and short term absence increased (up 86%, from 933 hours in Q1 to 1,739 hours in Q2). This short term absence is the position as at the end of the quarter and a proportion of this absence will go on to become medium or long term absence resulting in the proportional share of absence changing over time.

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.

KPI-7: % staff turnover (month and rolling) **Executive Director of Corporate and Customer Services**



Notes: Up to the end of Q2 staff turnover was 9.8%, below the Q2 target level of less than 11% and is in line with average performance from recent benchmarking data for other public sector organisations. KPI-7 increased through the first two months of Q2 but then dropped back down in the final month of the quarter.

Reasons for Difference: Over the past 2 quarters 31 staff have left the organisation. Of these: 77% (24 staff) have left voluntarily and 23% (7 staff) have retired. There was an increase in staff leaving for voluntary reasons in August and September but this was offset by a large increase in total headcount following the successful inspector recruitment campaign.

Actions: We will continue to monitor this measure.

KPI-8: Days per quarter that inspection volunteers and care experienced people are involved in our work		Executive Director of Strategy and Improvement
Benchmark	90 days per quarter	
Q2 Year to Date	112.5 days	
Q2 Year to Date 21/22	99 days (no on-site inspection activity possible)	
<p>Notes: Q2 performance to date (112.5 days per quarter) was above the target of 90 days, and 14% higher than Q2 2021/22. During Q2 alone, inspection volunteers were involved in our work on 138.5 days.</p>		
<p>Reasons for Difference: We continued to work on building up the capabilities of the volunteers to go back on site via training and group work. Where this was still not possible or suitable, we have supported volunteers to use technology to enable them to be involved with inspections remotely. Involvement activities in Q2 included:</p> <ul style="list-style-type: none"> • 35 care home inspections • 2 care home inspections • 6 housing support inspections • 6 supported living inspections <p>Of these 49 inspections, five were on site and the remainder were through telephone interviews. The inspection volunteers spoke with 217 carers / family members and 104 people experiencing care in regulated inspections.</p> <p>Volunteers continue to return to support on-site inspections in adult care homes, with positive feedback from both volunteers and inspectors. This has been achieved through cross directorate working and we are currently providing training and guidance on infection prevention control best practice.</p> <p>Other activity included:</p> <ul style="list-style-type: none"> • Strategic inspection for children & young people in Highlands (Inverness) • Inspection volunteers group meeting to look at inspection process for going back on site and infection prevention and control training • Involvement from the young inspection volunteers on test of change with tech improvement advisor • Interviews for young inspection volunteers 		

- Young inspection volunteers working on animation projects
- Young inspection volunteers attended trauma informed practice training. This was in response to a request from the young inspection volunteers to enable them to return to regulatory inspection in the next few months.

With support from colleagues in IT all volunteers who are involved in telephone interviews and on-site inspections have a Care Inspectorate email address This has been part of a plan to support digital inclusion for our volunteers. The above figures demonstrate the broad range of work that the inspection volunteers supported the Care Inspectorate with in the last quarter.

Actions: We have successfully supported 5 on-site inspections visits. This was the first on-site activity since the pandemic, and we plan to continue to build on this through the remainder of the inspection year. We are actively working to increase the number of young volunteers who support our work. Our recent recruitment campaign led to 6 potential young inspection volunteers who have been interviewed and accepted to the next stage of the recruitment and training process. Our training plan includes input from the young inspection volunteers.

Summary of key achievements and work progressed in Q2 2022/23

Recruitment

We ran a successful inspector recruitment campaign earlier this year which led to 41 new inspectors joining the organisation through August and September. Our most recent campaign closed on 5 September, and we hope to fill our 11.8 vacancies from this. We will also be developing the talent pool model for inspector recruitment. We have continued to make improvements to our inspector recruitment campaigns, including a move to an online application form for the most recent campaign meaning less manual processing for the recruitment team.

Investors in Young People

We were pleased to receive Investors in Young People reaccreditation demonstrating our commitment to supporting our workforce.

Face-to face sessions

The executive director of scrutiny & assurance, accompanied by one of the chief inspectors, has undertaken a series of face-to-face drop-in sessions at various offices throughout Scotland to allow staff the opportunity to ask questions about anything they want to raise. These have been well received.

The registration team held an all-day development event for staff to review and focus on the priority areas of work. The event included input from The Mudd Partnership focussing on communication internally and externally with providers and partners. Colleagues from The Promise did a presentation exploring the underpinning themes of The Promise in relation to all aspects of registration work. Additionally, there were inputs from IRISS (Institute for Research and Innovation in Social Services) on co-production.

Collaboration with other regulators

The Early Learning & Childcare (ELC) service manager and team managers have been contacted by regulators in Ireland and Wales to ask for further information on our scrutiny and improvement approaches in ELC, in particular the new ELC quality framework. We are working with colleagues in methodologies to structure our feedback. We have been invited to present on our outdoor practice experience in Scotland at a national ELC conference in Ireland.

Enforcement training / workshop for new procedure and on-line resource

Service manager and team manager from adults have held 10 sessions across the country for all scrutiny and assurance managers and inspectors on new enforcement policy and procedure. This enables discussion and examination of how we manage risk and appetite for risk to make this consistent. In addition, an online video has been developed to introduce new policy and procedure that is available in the Care Inspectorate's Learning Management System (LMS) for all staff. These have been very well evaluated and we have produced You Said We Did after each session to show staff how views and contributions have made a difference.

Guidance for staff on attending large scale investigations

Service managers adults and protection have developed guidance for staff on contributing to large scale investigations. This ensures consistency of our role and supports staff to undertake this. It has a focus on risk and intelligence and how we use this and consolidation of learning and examples of practice to share with staff. These have been well received and enabled inspectors to see learning in work that we do. The first session was open to all other national teams.

Support workforce and volunteer wellbeing

We developed a communications plan to encourage awareness of and engagement around colleagues with disabilities at the Care Inspectorate. This includes intranet content, an online engagement forum, and an article written by colleagues about what it is like for them working in the Care Inspectorate wearing cochlea implants.

Employee survey

The organisational and workforce development (OWD) team continued to support the development of our 2022 employee survey action plan over the last quarter. A forum in September brought together all managers from across the organisation to agree the final actions to include in the plan. Executive directors worked with their management teams to draft the directorate actions for inclusion in the final plan. The final plan has now been signed off by Strategic Leadership Team (SLT), Operational Leadership Team (OLT) and Partnership Forum.

Managers forum

In September 2022, our first in-person managers forum took place. The purpose of the forum was to provide an opportunity for all managers to connect, collaborate and contribute to shaping the future direction of the organisation and share learning. 82 managers attended the event and topics covered in the session included speed networking, digital transformation, employee survey and hybrid working. Feedback showed that managers valued the opportunity to connect in person and contribute to key projects. As a follow up to the event all our managers have been invited to attend a managing through change and uncertainty webinar on 9 November 2022.

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 How does this report directly/indirectly improve the provision of care?

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2022-25. 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

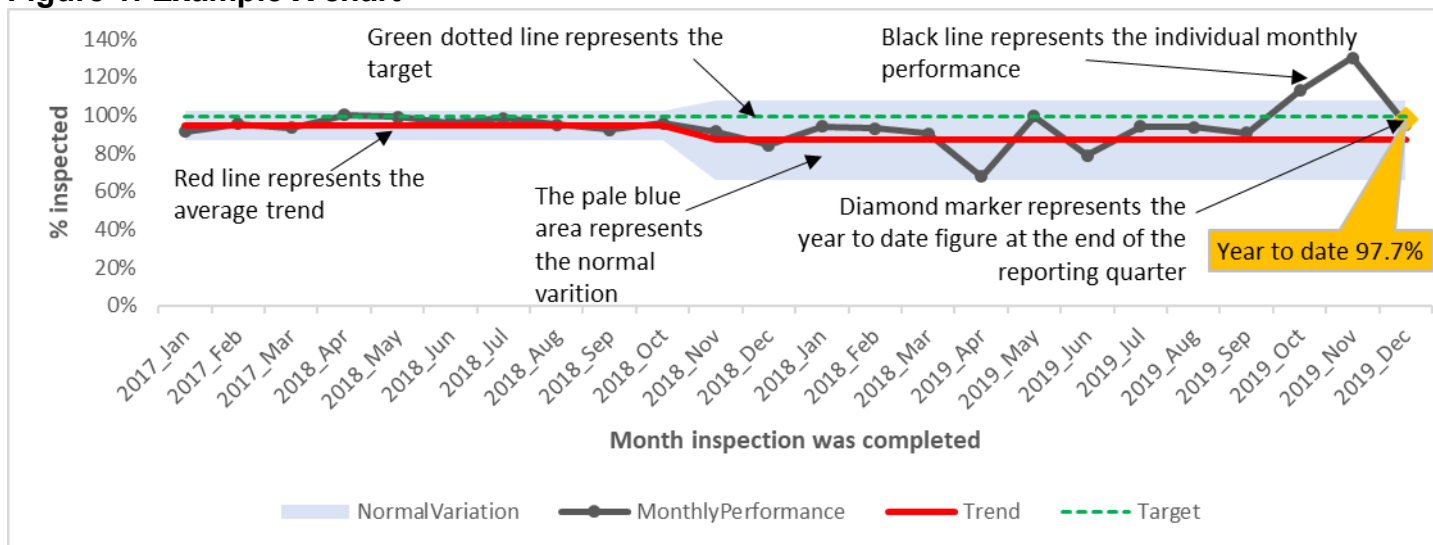
Types of performance measure

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 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the quarter. If a measure’s performance is consistently above or below the average line (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for 4 consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this in order to focus on small

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

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



Title:	COMPLAINTS MID-YEAR REPORT – 2022/23
Author:	John McGurk, Information Analyst
Responsible Director:	Gordon Mackie, Executive Director of IT, Transformation and Digital
Appendices:	None
Consultation:	Comments and amendments from the Executive Director of IT, Transformation and Digital and the Chief Inspector, Adults
Resource Implications:	No

EXECUTIVE SUMMARY

This report provides the Board with a statistical mid-year summary for the first six months of 2022/23. It reports on trends and patterns in complaints received and investigated noting any particular variation compared with the same period last year.

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.

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

Summary of main points:

- We received 2,948 complaints in the first half of 2022/23 an increase of 3% compared with the previous year and a continuation of the long-term increase in complaints received.
- Complaints about care homes, combined housing support/care at home services and day care of children services continue to account for the majority of these complaints received (over 80%).
- We resolved 2,266 complaints in the first half of this year, with 81% resolved within 40 working days, exceeding our target of 80%.

The Board/Committee is invited to:

1. Note the contents of this report.

BOARD MEETING 15 DECEMBER 2022

Agenda item 13
Report No: B-41-2022

Links:	Corporate Plan Outcome (Number/s)	1	Risk Register (Yes/No)	N
For Noting	X	For Discussion	For Assurance	For Decision

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> One is planned or is already in progress	No <input checked="" type="checkbox"/> Reason: no direct equalities implications arising from this report.

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

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

COMPLAINTS MID-YEAR REPORT – 2022/23

1.0 INTRODUCTION

This report provides the Board with a mid-year summary of complaints about care services over the first 6 months of 2022/23. It reports on trends and patterns in complaints received and completed, alongside patterns in the nature of the complaints about care services.

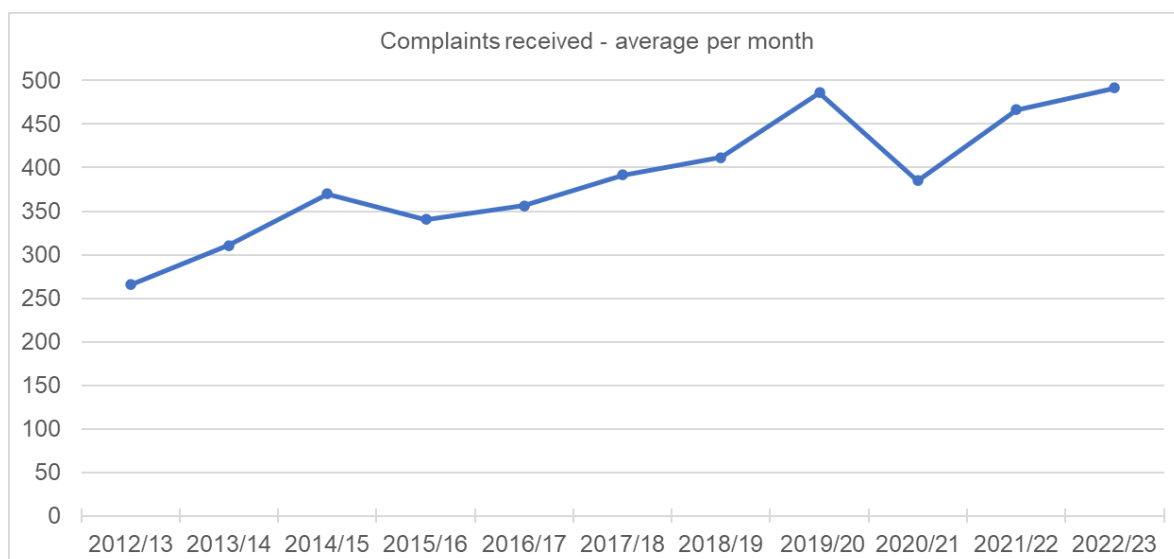
The statistics reflect how the Care Inspectorate actioned every complaint that it received and responded appropriately using our risk-based assessment process to allow us to resolve complaints as quickly as possible for complainants.

2.0 COMPLAINTS ABOUT CARE SERVICES

2.1 Complaints received

By 30 September 2022 we received 2,948 complaints about care services (an average of 491 per month). This continues an overall trend in complaints about services over the past 10 years (see Figure 1). This general increase 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



When looked at by care service type the pattern of complaints received is very similar to that reported in previous years with care homes, combined housing support/care at home services and day care of children services continuing to account for over 80% of complaints received.

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Figure 2 below shows that care home services continued to account for the majority of complaints: 49% of all complaints received in the first half of 2022/23. Care homes for older people in particular received 42% of all complaints this year so far, down from 46% last year. Complaints about day care of children meanwhile saw an increase as a proportion of all complaints received, from 14% of all complaints received in the first half of 2020/21 to 18% of all complaints in 2022/23.

Figure 2: % of all complaints received in the first half of 2021/22, 2022/23 by service type

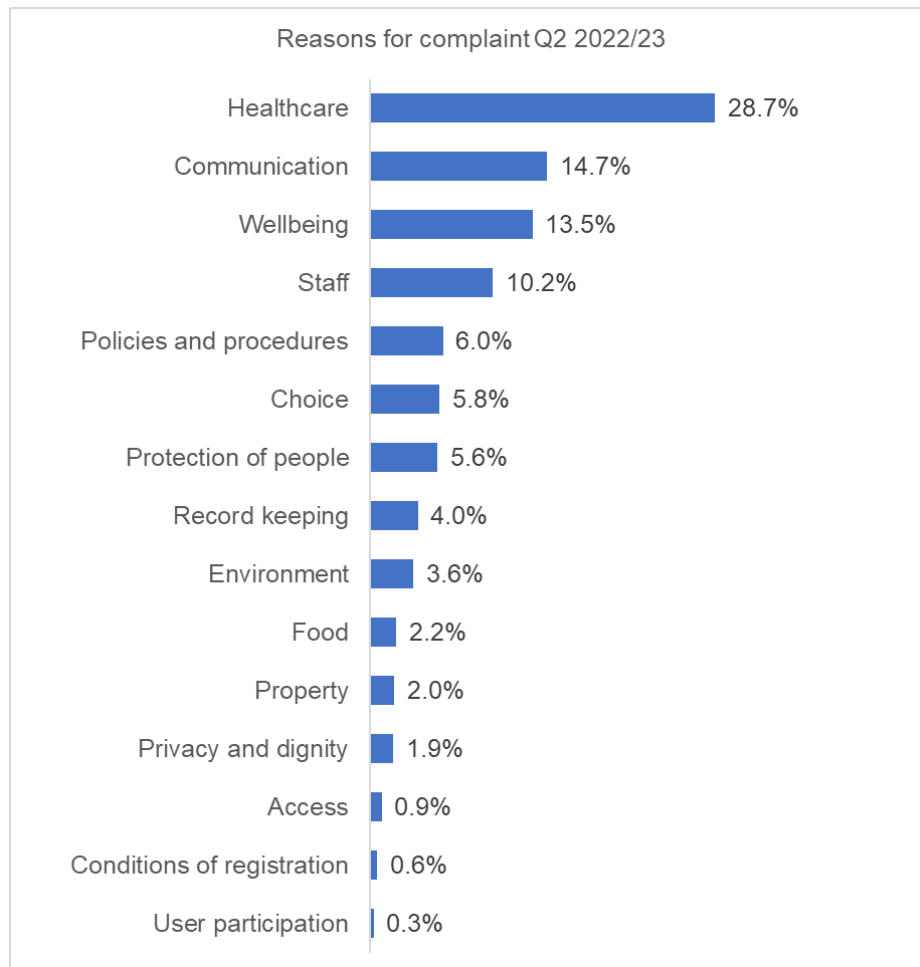
Care service type	% of all complaints received 2021/22	% of all complaints received 2020/21
Care Home Service	48.2%	48.8%
Of which care homes for children & young people	2.7%	3.0%
Of which care homes for adults	45.5%	41.7%
Combined Housing Support and Care at Home	18.0%	15.8%
Day Care of Children	14.3%	18.4%
Support Service (standalone)	12.9%	9.5%
Housing Support Service (standalone)	2.8%	3.1%
Child Minding	2.6%	2.4%
Nurse Agency	0.3%	0.3%
School Care Accommodation Service	0.4%	0.9%
Fostering Service	0.3%	0.1%
Secure Accommodation Service	0.3%	0.3%
Adult Placement Service	0.0%	0.03%
Child Care Agency	0.0%	0.0%
Adoption Service	0.0%	0.2%

2.2 Reasons for complaints – all service types

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 2022/23, just under 29% of all areas of complaint upheld were about healthcare concerns in a service (for example medication, tissue viability, nutrition or hydration) and 15% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service). 14% were about wellbeing (behavioural, developmental, emotional or social), and 10% were about staff (such as staff levels, training or other fitness issues). These have been a consistent top four over time.

Figure 3



2.3 Who makes complaints

Figure 4 shows the breakdown of all complaints received in the first half of 2022/23 by relationship of complainant to the service. Trends remain similar to those reported at the same point last year, albeit there has been some fluctuation in the proportions.

Of all the complaints we received, 47% came from relatives or carers of people who experience care (an increase from 41% in 2021/22). A further 23% came from employees (the same as last year) and 5% from former employees (the same as last year). Only 5% of complaints made came from people who experience care themselves (down from 8% last year).

It is important to note that these trends are based on the complainant’s willingness to provide their relationship details. Some choose not to do so. Those where we don’t know the relationship of the complainant to the service, have decreased from 7% over the first half of 2021/22 to 5% this year.

Figure 4

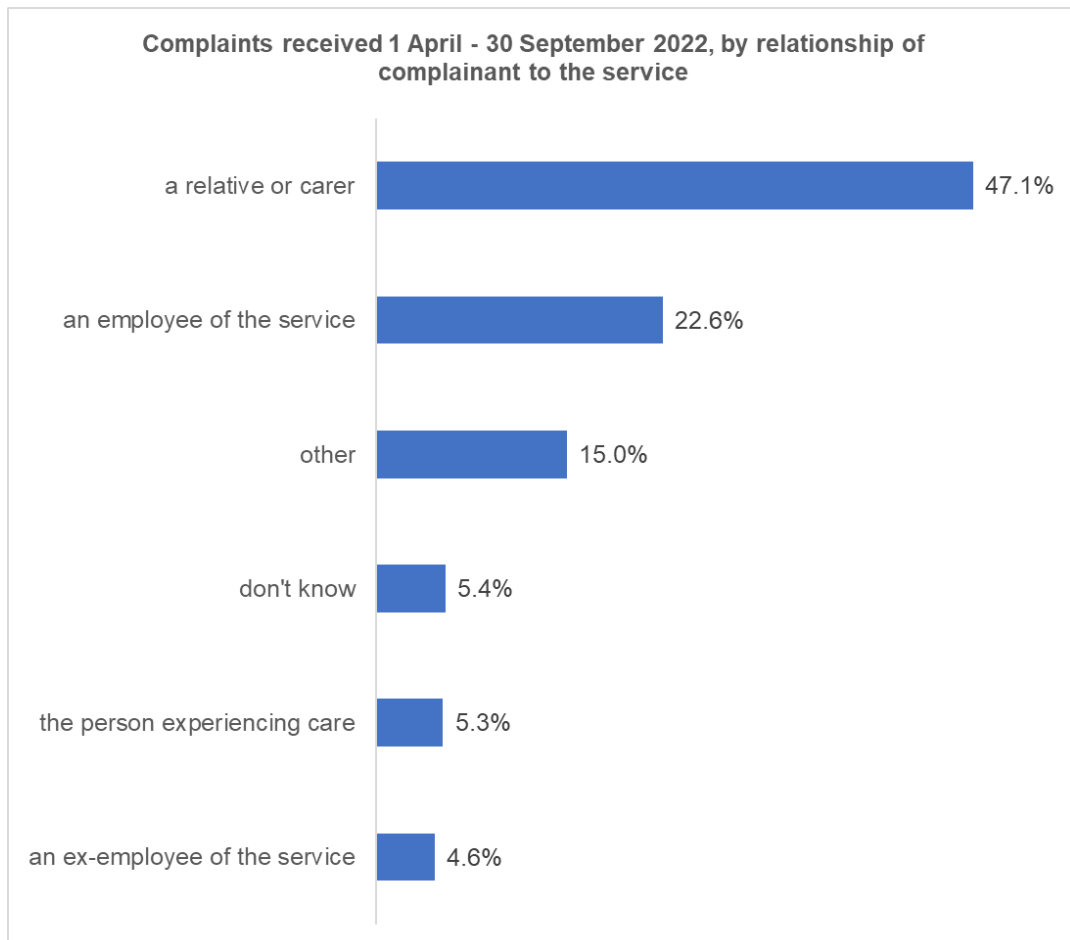


Figure 5 shows the number and proportion of complaints received from people experiencing care for each service type. Where less than five complaints were received this has been anonymised. It shows that we receive proportionately more complaints from people experiencing care in housing support and support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

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Figure 5: Complaints received in the first half of 2022/23 from people experiencing care, by service type

Care Service Type	Complaints received from people experiencing care	All complaints received	% of all complaints received ⁽¹⁾
Child Minding	0	71	0.0%
Nurse Agency	0	10	<i>0.0%</i>
Adoption Service	<5	<5	<i>20.0%</i>
Adult Placement Service	<5	<5	<i>100.0%</i>
Fostering Service	<5	<5	<i>33.3%</i>
Secure Accommodation Service	<5	10	<i>10.0%</i>
School Care Accommodation Service	<5	27	<i>11.1%</i>
Day Care of Children	6	543	<i>1.1%</i>
Housing Support Service (standalone)	15	91	<i>16.5%</i>
Support Service (standalone)	29	281	<i>10.3%</i>
Care Home Service	43	1439	<i>3.0%</i>
Combined Housing Support and Care at Home	55	467	<i>11.8%</i>
All service types	155	2,948	<i>5.3%</i>

⁽¹⁾ percentages in italics are those based on very small numbers of complaints received, therefore should be interpreted with caution.

2.4 How we respond to 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 procedure 2022.pdf](https://www.careinspectorate.com/images/How_we_deal_with_concerns_and_complaints_procedure_2022.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.

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

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 the first half of 2022/23, we resolved 2,266 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 the first half of 2022/23, we resolved 1,219 (54% 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.

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- **Direct service action:** In first half of 2022/23, 418 complaints (18% 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 the first half of 2022/23 196 complaints (9% 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 the first half of 2022/23, following our risk assessment process, 433 complaints (19% of all complaints resolved) were assessed as serious enough for us to conduct an investigation.

Revoked complaints

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 2,948 complaints received in the first half of 2022/23, 682 were revoked (23% of all case received).

2.5 Complaints received – combined housing support and support services - care at home

In previous reports we noted an increase in the volume of complaints received about combined housing support and care at home services and have monitored this over the past few years. The trend has fallen from an average of 85 complaints received per month over the first six months of 2021/22 to 78 per month (467 complaints) over the same period in 2022/23.

While the volume of complaints has decreased, the overall pattern in terms of who has made complaints about these services remains the same as it has over the past few years with proportions having changed only slightly. The majority (45%) of the complaints we received about combined services in the first half of 2022/23 came from a relative or carer of a person experiencing care, similar to last year (43%). This is followed by complaints from employees of the service (21%), which is the same as last year. Complaints from people experiencing care has remained the same at 12%.

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During the first half of 2022/23, following our risk assessment process, we resolved 331 complaints about combined housing support and care at home services using the different pathways as follows.

- **Intelligence:** There were 155 complaints (47% of the 331 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.
- **Direct service action:** 82 complaints (25%) were assessed as straightforward or a simple enough matter to be resolved by the service directly and quickly.
- **Investigation by the care provider:** 33 complaints (10%) 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.** 61 complaints (18%) were deemed serious enough for us to decide that we needed to conduct an investigation.

Where complaints were upheld, the main reason was healthcare (27%), particularly around medication. This was followed by complaints about communication (16%) particularly between staff and the person experiencing care, their relatives, or carers. 16% were also about staff issues, particularly training or qualifications.

Of the 467 complaints received in the first half of 2022/23, 142 were revoked (30% of all case received).

2.6 Complaints received – complaints from children and young people

Children and young people's services include care home services for children and young people, adoption, fostering, school care accommodation and secure accommodation services. In 2022/23, we received 132 complaints about these services, the majority of which (66%) were about care homes for children and young people. This 132 received is 4% of the complaints received across all service types during the year, the same as last year.

The volume of complaints received about care services for children and young people increased by 26% compared to the same period last year. This increase occurred across all children and young people service types with the exception of fostering services. The largest increase was in adoption services and school care accommodation services.

Figure 6: Complaints about children and young people services received in 2022/23

Care Service Type	All complaints received 2021/22	All complaints received 2022/23
Care Home Service for Children & Young People	77	87
School Care Accommodation Service	12	27
Fostering Service	8	<5
Secure Accommodation Service	8	10
Adoption Service	0	<5
All services for children and young people	105	132

Of the 132 complaints received about services for children and young people in 2022/23, 33% (43) came from a relative or carer, down from 37% last year. The number of complaints made by young people themselves remains low: only 10 complaints about services for children and young people came directly from a young person in 2022/23 although this is an increase on the 3 complaints received in 2021/22. We are carefully monitoring this and raising the profile of our complaints procedure through our work on meeting The Promise and with young volunteers.

2.7 Performance against our KPIs

We aim to resolve complaints within a 40-day completion target. The proportion of complaints resolved within 40 days (not including those used as intelligence) was 81% by 30 September 2022, exceeding our 80% target.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

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

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy

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

3.4 How does this report directly/indirectly improve the provision of care?

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

3.5 Customers (Internal and/or External)

This mid-year report on complaints provides in-year trends and analysis for internal and external customers. This will help to provide the intelligence to focus our scrutiny, assurance and improvement support resources appropriately. This can assist with improving the performance of the organisation in dealing with complaint investigations as well as improving outcomes, assurance and protection for complainants and people experiencing care. Following review of our complaints function the complaints team have an improvement plan in place. To date this has focussed on customer experience, raising awareness of the complaints procedure and ways people can complain. As part of this the team worked with young inspection volunteers and introduced an ability for young people to make complaints through text service and to raise awareness of our procedure with young people. The team are currently working on anonymous complaints and how we share all complaints not investigated with providers to support improvement in services.

4.0 CONCLUSIONS/NEXT STEPS

This report has presented a range of statistical information from complaints about care services over the first six months of this year. 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 2,948 complaints in the first half of 2022/23 an increase of 3% compared with the previous year and a continuation of the long-term increase in complaints received.
- Complaints about care homes, combined housing support/care at home services and day care of children services continue to account for the majority of these complaints received (over 80%).
- We resolved 2,266 complaints in the first half of this year, with 81% resolved within 40 working days, exceeding our target of 80%.

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The Board will continue to receive quarterly updates on performance against complaints KPIs in the regular quarterly performance reports. The annual complaints statistical report will be included for the Board's discussion at the earliest opportunity in the summer of 2023.



Title:	BUDGET MONITORING AND STAFFING UPDATE
Author:	Kenny Dick, Head of Finance and Corporate Governance
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1 Movement in Projected Financial Position from July 2022
Consultation:	
Resource Implications:	Yes

EXECUTIVE SUMMARY

This report provides Board with details of the projected 2022/23 financial position and incorporates an update on the staffing position.

The general reserve balance as identified in the approved Annual Report and Accounts is £0.771m greater than was anticipated when the 2022/23 budget was set. Of this, £0.100m is due to expenditure that was expected in late 2021/22 slipping into the 2022/23 financial year. The remainder of the greater than anticipated general reserve balance can fund non-recurring costs identified in-year and temporarily fund any additional unexpected budget pressures arising during 2022/23.

The projected outturns contained in this report reflect the anticipated 2022/23 pay remit recently submitted to the Scottish Government's Pay Policy Unit but which has not yet received final approval.

After expenditure delayed from 2021/22, additional core grant budget and adjustments and virements are accounted for, the projected financial position is a deficit of £3.020m. This is £0.125m higher than the budgeted deficit before calling on the £0.738m in-year funding available from the letter of comfort provided by the Sponsor. By utilising reserves to fund the pay award cost in 2022/23 it is projected we will not need to call on the letter of comfort funding. This will deliver a deficit which is £0.863m higher than the revised budgeted deficit.

Mainly due to the inclusion of the greater than budgeted pay award included in the recently submitted 2022/23 pay remit, the projected net expenditure position has increased by £1.200m from the last position reported. A summary of the movement in projected financial position from the previous reported position is shown in Appendix 1 of this report.

The significant risks to this projection are set out in Section 5 of this report.

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The Board is invited to:	
1.	Consider the projected financial position for 2022/23 and the risks that may affect this position.
2.	Note the movement in projected financial position from that previously reported to the Board (Appendix 1).

Links:	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	Yes			
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> One is planned or is already in progress	No <input checked="" type="checkbox"/> Reason: This report is for information and there is no direct impact on people with protected characteristics.

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. <i>(see Reasons for Exclusion)</i>
Disclosure after:

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

FINANCE AND STAFFING UPDATE

1.0 INTRODUCTION

The Board approved a 2022/23 core revenue budget with a deficit of £2.046m, to be funded from the general reserve balance. This approved budgeted deficit was subsequently revised to £2.157m to include the transfer of Adult Significant Case Reviews grant funding into core grant in aid, expenditure originally planned for 2021/22 that will now be incurred in the current year and the virement of £0.020m which was accrued for the new Inspector pay and grading structure for Inspectors supporting grant funded programmes of work. The projected financial position as at 31 March 2023 projects a deficit of £3.020m which is £0.863m more than the budgeted deficit. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

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

2.0 SUMMARY FINANCIAL POSITION

2.1 Core Approved Budget

2.1.1 Position Summary

The approved 2022/23 budgeted deficit of £2.046m has been amended during the year to give a revised budgeted deficit of £2.157m, as follows:

	£m
Approved 2022/23 budgeted deficit	2.046
Adult Significant Case Review funding (£0.025m) and associated expenditure (£0.056m) transferred as part of core grant in aid	0.031
2021/22 expenditure incomplete before financial year end – funding carried forward in general reserve balance	0.100
Budget virement from core to grant funding in respect of new Inspector grade for Inspectors supporting grant funded programmes	(0.020)
Revised 2022/23 budgeted deficit	<u>2.157</u>

The projected deficit of £3.020m detailed in the table below is £0.863m higher than the budgeted position. This is a significant change from the position previously reported as we recently submitted a pay remit to Scottish Government seeking authority to implement a pay award that is significantly more than budgeted. The estimated additional cost of the pay remit is £1.208m in our core budget and £0.093m within our grant funded programmes. This additional cost of £1.301m has now been reflected in the projected staff cost outturns. We budgeted to end the financial year with a general reserve balance of £0.611m which is at the maximum of our planned range of 1% (£0.407m) to 1.5% (£0.611m) of gross expenditure. Funding the greater than budgeted pay award is projected to reduce our general reserve

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balance to £0.437m which is £0.030m more than the planned range minimum and £0.174m less than the planned range maximum.

	Approved 2022/23 Budget	Budget Virement and Adjustments 2022/23	Additional Core Grant 2022/23	Expenditure b/fwd from 2021/22	Revised 2022/23 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff costs	34.560	(0.280)	0.054	0.021	34.355	34.607	0.252
Accommodation costs	1.746	0.000	0.000	0.000	1.746	1.800	0.054
Administration costs	2.225	0.260	0.000	0.000	2.485	2.865	0.380
Travel costs	1.188	0.000	0.001	0.000	1.189	0.950	(0.239)
Supplies and services	1.952	0.000	0.001	0.079	2.032	1.976	(0.056)
Gross Expenditure	41.671	(0.020)	0.056	0.100	41.807	42.198	0.391
Grant in aid	(25.894)	0.000	(0.025)	0.000	(25.919)	(25.919)	0.000
Fee income	(11.900)	0.000	0.000	0.000	(11.900)	(11.900)	0.000
Shared service income	(0.895)	0.000	0.000	0.000	(0.895)	(0.994)	(0.099)
Other income	(0.198)	0.000	0.000	0.000	(0.198)	(0.365)	(0.167)
Total Income	(38.887)	0.000	(0.025)	0.000	(38.912)	(39.178)	(0.266)
Net Expenditure before Letter of Comfort	2.784	(0.020)	0.031	0.100	2.895	3.020	0.125
Letter of Comfort	(0.738)	0.000	0.000	0.000	(0.738)	0.000	0.738
(Surplus) / Deficit	2.046	(0.020)	0.031	0.100	2.157	3.020	0.863

The approved 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 position:

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	Revised Budget	Projected Position	Variance
	£m	£m	£m
Opening general reserve balance *	3.289	4.060	0.771
2022/23 projected outturns:			
Operating Surplus / (Deficit)	(2.057)	(3.020)	(0.963)
2022/23 Grant Surplus / (Deficit)	(0.537)	(0.336)	0.201
		<hr/>	
Projected closing balance		0.704	
Less prepaid specific grant		(0.267)	
		<hr/>	
Available for general expenditure		0.437	
Operational reserve target minimum (1.0%)		0.407	
Variance to target balance minimum		0.030	
Variance to target balance maximum		(0.174)	

* opening balance for 2022/23 projected position is per the audited 2021/22 Annual Report and Accounts.

The greater than anticipated general reserve opening balance means we can fund projected current year expenditure without the need to draw on the letter of comfort agreed with our Sponsor.

2.2 Specific Grants

A deficit of £0.336m is currently projected on work funded by specific grants. This is an underspend of £0.267m compared to the budgeted deficit (funded by prepaid grant held in the general reserve). Discussions are ongoing with the Scottish Government funding providers regarding the treatment of projected grant underspends in 2022/23 and prepaid grant. Through these discussions it has been confirmed that full funding may be drawn down in 2022/23 for the 3 new programmes of grant funded work that will cross into 2023/24 (Anne's Law, Care About Physical Activity and Meds Care Home). Unspent grant in 2022/23 will be carried forward for use in the following year as part of our general reserve.

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

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

3.0 STAFFING UPDATE

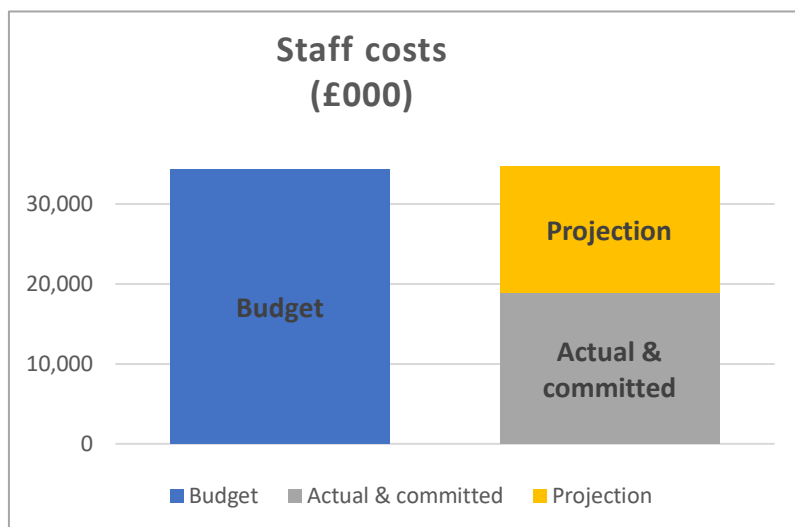
3.1 Establishment Changes

The following permanent changes to the establishment have been approved since the 2022/23 budget was set:

Post (FTE / Grade)	Full Year Impact	Funding
Senior Methodology Adviser (1.0 FTE / Grade 8)	£63,518	Reduction of 1.13 Inspector FTEs within Methodology Team

4.0 BUDGET VARIANCES

4.1 Staff Costs – projected overspend of £0.252m



The inclusion of the estimated additional cost of the pay remit has contributed £1.208m to the overall projected overspend. In addition to this, there are a number of areas of over and underspend.

The main areas of underspend are:

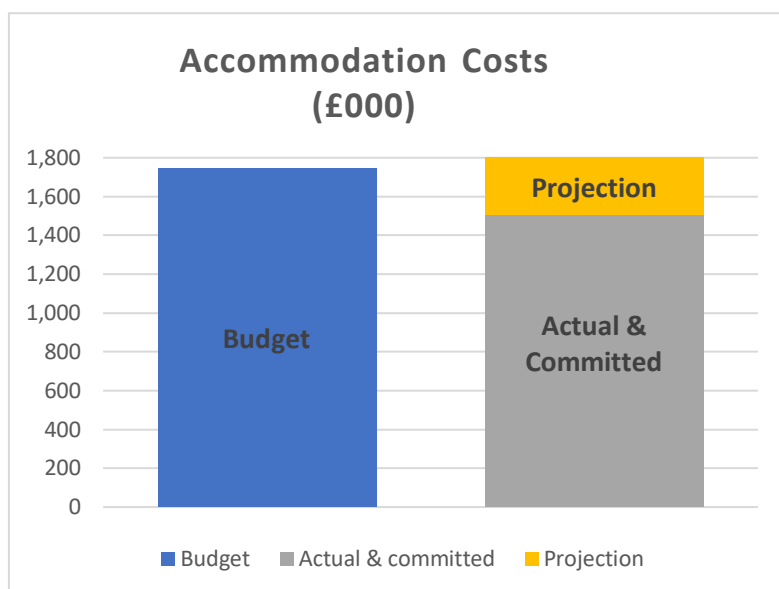
- The cessation of the Health and Social Care Levy (HSCL) provides projected savings of £0.110m.
- Excluding the saving from the cessation of the (HSCL), a net underspend of £0.552m is projected in Scrutiny and Assurance. This is largely due to Inspectors vacancies (currently 19.43 FTE). The majority of these vacancies are not expected to be filled until February and

March 2023. A similar projected underspend of £0.662m is projected for Corporate and Customer Services.

These projected underspends have been partly offset by a projected overspend of £0.368m which comprises:

- A projected overspend of £0.155m which largely relates to the extension of temporary posts in Policy and Communications.
- Backfill costs of £0.074m for Improvement Support staff on external secondments. This is offset in full by secondment income.
- The extension of the temporary Senior Information Analysts to 31 March 2023 at an additional cost of £0.051m.
- The extension of temporary IT and Digital Transformation agency staff to 31 March at an additional projected cost of £0.079m.
- Other budget variances totalling a £0.009m projected net overspend.

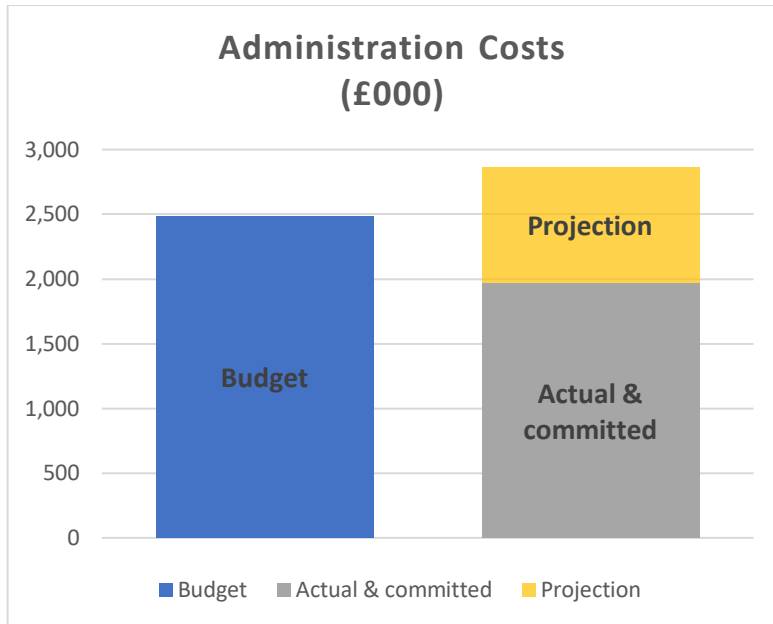
4.2 Accommodation costs – projected overspend of £0.054m



The new lease arrangements for the Dundee offices are with Scottish Government for approval. Projected expenditure has increased by £0.124m to provide for the estimated cost of the work needed to move and reconfigure the revised area occupied by the Care Inspectorate.

The budget set aside for Dunfermline and Stirling office moves is anticipated to underspend by £0.030m. This, along with a managed budget underspend of £0.040m, is to be used to purchase additional furniture and equipment that continues to be required for both new starts and existing employees as the hybrid working trial progresses (see section 4.5).

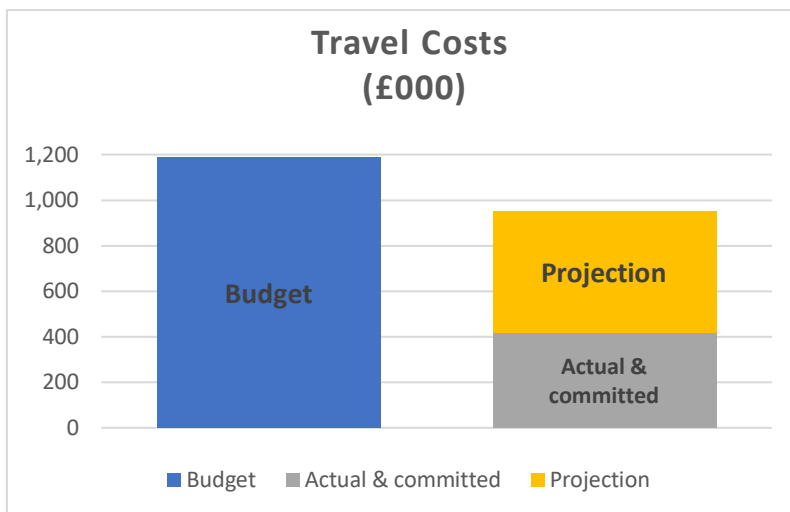
4.3 Administration Costs – projected overspend of £0.380m



The overspend is primarily in professional fees to support the digital transformation programme, including developer, business analyst, Digital Architect and Scrum Master Services at an estimated cost of £0.456m. Projections now assume these services are extended to 31 March 2023.

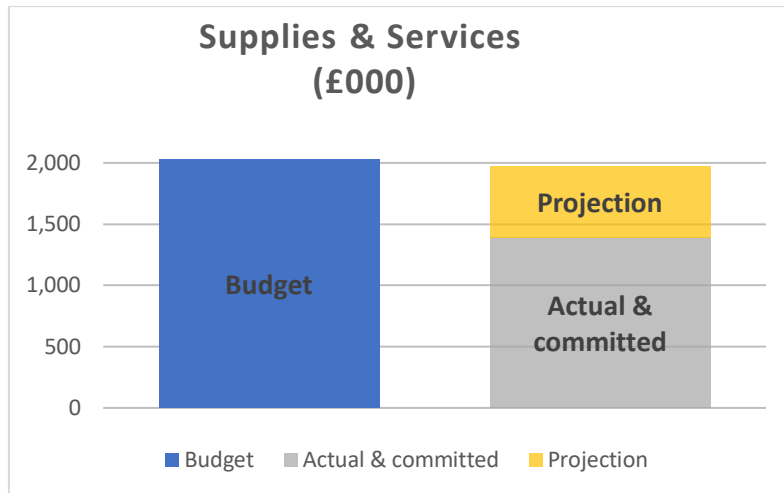
The overspend is partially offset by projected savings of £0.025m in telephony costs, £0.037m in printing, stationery and postages costs and £0.014m in other administrative costs.

4.4 Travel Costs – projected underspend of £0.239m



Whilst travel and in-person meetings and events continue to increase across the organisation, it is still less than at pre-pandemic levels. Analysis of travel and subsistence costs over the first six months of the year suggest an underspend is likely, however this will be closely monitored as the year progresses and more patterns of travel are established.

4.5 Supplies and Services – projected underspend of £0.056m



The main areas of underspend are:

- A managed underspend of £0.051m is being made within ICT costs to compensate for additional professional fees and hired agency costs arising elsewhere within the IT department.
- Compensatory savings are being made within Corporate and Customer Services of £0.052m to fund the increased IT expenditure.
- Compared to pre-pandemic levels, demand for hospitality and venue hire is expected to decrease by £0.019m
- Other savings of £0.008m in Other Supplies and Services are projected.

This is partly offset by:

- An additional £0.070m expenditure being incurred on furniture noted in section 4.2, and a projected overspend of £0.004m in storage and archiving costs.

4.6 Funding and Income – projected income reduced by £0.472m

Core grant-in-aid and fee income are currently projected to be as budgeted. The additional funding offered through the Scottish Government's letter of comfort (0.738m) is no longer required due to the wider outturn position and additional resources carried forward from 2021/22 in the general reserve.

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Other income is projected to be £0.167m more than budgeted, due to income from staff on secondment to other organisations, joint inspection travel recharges and a marginally higher projection for VAT recovery.

Income from shared services is estimated to be £0.099m above budget.

5.0 RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected staff costs are based on staff in post and known changes. Projections are based on the pay remit recently submitted to Scottish Government. The offer we make to staff may not be accepted.	Projection could be overstated by as much as £0.150m assuming our pay offer is accepted or understated should a pay settlement greater than currently projected be eventually agreed.	High
Staff costs – other staff costs	Recruitment advertising (including costs such as assessment centres, etc.) may exceed budget should the number of vacancies continue at the levels experienced over the last year or so. At present it is projected to be largely contained within the wider budget available for other staff costs, however this is dependent on other variable costs such as severance and relocation costs.	Projection could be understated by £0.020m.	Medium

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Accommodation Costs	The leases on Compass and Quadrant Houses where we currently share accommodation with the SSSC and OSCR are due to expire in April 2023. It is very likely reconfiguration of our accommodation within Compass House will be required and fit out costs will be incurred.	The projection could be understated by up to £0.100m.	High
Administration costs – legal fees	The approved budget provides allowance for costs associated with the Covid-19 Inquiry. The delay in progressing the Inquiry may result in an underspend of legal fees.	The current projection of £0.200m set aside for additional legal fees is a best estimate, however actual expenditure may be significantly more or less than this, depending on the timing of the Inquiry.	High
Travel costs	Projected costs assume that travel will return to closer to normal levels following the Covid-19 pandemic. Restrictions may however be put in place once again should further waves of the virus necessitate this.	Projection could be in the range of being £0.100m understated or £0.100m overstated.	Medium
Fee income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage. Projected income has been based on average periods to complete a registration. The actual number of services completing their registration by 31 March is uncertain and it's possible the income may either exceed or be less than projected.	Projection risk in the range of £0.100m understated to £0.150m overstated.	High

6.0 IMPLICATIONS AND / OR DIRECT BENEFITS

6.1 Resources

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

6.2 Sustainability

There are no direct sustainability implications arising from this report.

6.3 How does this report directly / indirectly improve the provision of care?

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

6.4 Customers (Internal and/or External)

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

7.0 CONCLUSION

An overspend of £0.863m against the 2022/23 budget is currently projected after foregoing drawing on the letter of comfort of up to £0.738m supplied by our Sponsor.

The greater than budgeted opening general reserve balance provides funding for the in-year projected deficit of £3.020m. There is very little leeway in our projected financial position to deal with any further budget pressures identified in the remainder of the financial year and the emerging issues set out in Section 5.0 of this report.

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

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	1.105	<p>1. The estimated additional cost of the 2022/23 pay remit to the core budget is £1.208m – this is based on the recent submission to the Scottish Government’s Pay Policy Unit.</p> <p>Other projected increases include:</p> <p>2. A projected increase of £0.044m is due to the approval of an additional temporary Service Manager to support ELC.</p> <p>3. The extension of temporary posts to support the Digital Transformation programme to 31 March has been agreed, increasing projected costs by £0.135m.</p> <p>These projected increases are partially offset by:</p> <p>4. A secondment ended earlier than expected with the secondee leaving the Care Inspectorate. This reduction of £0.034m is offset by a corresponding reduction in income.</p> <p>5. The reversal of the 1.25% Health and Social Care Levy (with effect from 6 November 2022) has decreased staff costs by £0.110m.</p> <p>6. A projected increase in staff cost slippage of £0.138m, with vacant posts predominantly in the Customer Services.</p>
Accommodation costs	0.084	<p>7. The new lease arrangements for the Dundee offices are with Scottish Government for approval. Projected expenditure has increased by £0.124m to provide for the estimated cost of the work needed to move and reconfigure the revised area occupied by the Care Inspectorate.</p> <p>8. Managed underspend of £0.040m to fund furniture and equipment needed for new employees and existing employee requirements (expenditure accounted for under Supplies & Services).</p>
Administration costs	0.258	<p>9. The provision of Scrum Master services and a number of contract extensions to 31 March 2023 for various professional services within IT and Digital Transformation are costing an additional £0.295m.</p> <p>10. This is partially offset by an expected decrease of £0.037m in postages, printing and stationery costs.</p>

Budget Area	Increase/ (Decrease) £m	Main Reasons
Travel & subsistence	(0.239)	11. While travel and subsistence is picking up, it is still less than pre-pandemic levels. An analysis of travel and subsistence suggests an underspend is likely, although this position will continue to be closely monitored going forward.
Supplies and services	(0.004)	<p>12. Compared to pre-pandemic levels demand for hospitality and venue hire is expected to decrease, with a projected reduction in expenditure of £0.019m.</p> <p>13. Managed underspends within the Corporate and Customer Services Directorate of £0.052m have been made to support IT developments.</p> <p>These projected decreases are offset by:</p> <p>14. A net £0.032m increase in spend on furniture and equipment for new starts and to cover existing employee requirements (the £0.040m increase noted within Accommodation Costs is offset by an anticipated £0.008m underspends elsewhere).</p> <p>15. A net £0.035m increase in ICT costs is largely due to one off costs associated with the replacement of Service Now (the £0.051m cost is partly offset by £0.016m savings elsewhere within ICT costs).</p>
Income	(0.004)	<p>16. As noted in staff costs secondment income has reduced by £0.034m due to a secondment ending earlier than previously expected. This is partially offset by increased income of £0.028m from other secondment arrangements.</p> <p>17. This decrease is partially offset by a projected increase of £0.008m in joint inspection recharges and £0.002m in VAT recovered through quarterly returns to HMRC.</p>
Total	1.200	Decrease to general reserve position



Title:	HEALTH AND SAFETY ANNUAL REPORT
Author:	Carole Kennedy – Estates, Health and Safety Manager
Responsible Director:	Jackie MacKenzie, Executive Director of Corporate and Customer Services
Appendices:	None
Consultation:	-
Resource Implications:	Yes

EXECUTIVE SUMMARY

This report reviews the organisation's health and safety performance for 2021-22 and provides comparative information to previous years. The report also summarises Health and Safety plans for 2022-23.

The Board is invited to:

1. Note the performance for 2021-22.
2. Note the plans for 2022-23.

Links	Corporate Plan Outcome (Number/s)		Risk Register	No			
For Noting	X	For Discussion		For Assurance		For Decision	

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> One is planned or is already in progress	No <input checked="" type="checkbox"/> Reason: Update report only.
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If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:

Not applicable – this is a public report.

Disclosure after:

BOARD MEETING 15 DECEMBER 2022

Agenda item 16
Report No: B-43-2022

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.

HEALTH AND SAFETY ANNUAL REPORT

1.0 INTRODUCTION

The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 place duties on employers to ensure, so far as is reasonably practicable, the health and safety of their employees at work. This report outlines the health and safety performance of the Care Inspectorate for 2021-22.

2.0 ORGANISATION FOR HEALTH AND SAFETY

The joint Health, Safety and Wellbeing Committee with the Scottish Social Services Council (SSSC) is chaired by the Executive Director of Corporate and Customer Services and the SSSC's Director of Finance and Resources on a rotating basis. The committee meets at least three times a year to review and monitor the overall strategy, policies and procedures, national accidents/incidents and any trends as well as the overall health and safety performance.

3.0 HEALTH AND SAFETY ACHIEVEMENTS DURING 2021-22

3.1 Covid-19

This year saw the easing of restrictions and increased vaccination, leading to a return to business as usual by the end of the financial year. It also saw the introduction of the Hybrid Working trial, reducing staff need to return to the office on a daily basis and helping to keep the Covid-19 risk low. However, Covid-19 has not gone away and we continue to be vigilant and follow guidance where necessary. In 2021-22 we:

- continued to provide furniture and equipment to staff to support them to work at home safely.
- revised risk assessments to facilitate the safe working of all colleagues whether working at home, in offices or in services
- continued to deliver training to managers in health and safety, including risk assessment training, so they can effectively support their staff
- provided advice to colleagues on support available to them and others
- kept up to date with Scottish Government information, restrictions and guidance on COVID-19, reviewing and updating risk assessments and communicating changes to colleagues when required
- continued to support colleagues safe working from home by conducting Display Screen Equipment (DSE) regulations assessments via Teams

3.2 Policies, Procedures, Guidance and Risk Assessments

The following policies and procedures were developed, launched or reviewed in 2021-22:

- Fire Safety Policy was developed
- First Aid Needs Assessment

4.0 MEASURING PERFORMANCE

4.1 Incident Reporting

4.1.2 Incidents

Incidents with injury

Category	2019-20	2020-21	2021-22
Machinery/Equipment	0	0	0
Trap/Crush	1	0	0
Burns/Scalds	2	0	0
Vehicles/cars/road/traffic	0	0	0
Moving / Falling Object	1	0	1
Slips, Trips and Falls	4	2	0
Cuts	0	0	0
Medical Condition	0	1	0
DSE	0	2	0
Manual Handling	0	0	0
Other	0	0	0
Total	8	5	1

Incidents without injury

Category	2019-20	2020-21	2021-22
Verbal Aggression	12	12	16
Vehicles/cars/road/traffic	0	0	1
Slips/Trips/Falls	0	0	0
Trap/Crush	0	0	0
Medical Condition	0	0	0
Other	0	0	0
Total	12	12	17

The 2021-22 figures continue to be very low. Working at home is a contributory factor in the further reduction of incidents with injury. The DSE incidents are a result of people working in an unsafe manner. This was addressed through individual or Teams DSE assessments. Verbal aggression continues to be an issue, a slight increase since last year, but there are good supports in place for staff.

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There were no RIDDOR reportable incidents in 2021-22.

4.2 Risk Assessments**4.2.1 Specific Risk Assessments**

Specific Risks assessments completed can be broken down as follows:

Category	2019-20	2020-21	2021-22
Specific	48	94	32
Loneworking	4	0	0
Maternity	7	7	0
Stress/Mental Health	24	22	3
Manual Handling	0	0	4
DSE	21	60	34
Other	4	4	7
Total	108	185	80

The number of risk assessments is now dropping back to pre-Covid levels, but there is concern that risk assessments are not being completed. We will address this in 2022-23 through better communication and business partnering with HR.

4.2.2 DSE Risk Assessments

Year	eLearning DSE Assessments	DSE Assessments		Posturite Referrals
		In Person	Virtual	
2021-22	22	0	11	1
2020-21	326	0	60	4
2019-20	58	17	0	14

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

5.0 HEALTH AND SAFETY PLAN 2022-23**5.1 COVID-19**

There are no specific plans in relation to Covid-19 for 2022-23 as we return to business as usual.

5.2 Policies and Procedures

The following policies and procedures will be launched or reviewed in 2022-23:

- Corporate Health and Safety Policy (review)
- Health and Safety Risk Assessment Policy (review)
- Fire Safety Policy (launch)

5.3 Training and Development for 2022-23

- Continued provision of joint Managing Safety training for managers, with a minimum of two cohorts per year.
- Decision on whether we continue with the in-house, half-day training or revert back to the pre-Covid three-day, certified, IOSH Managing Safely course.
- Re-let of e-learning contract.

5.4 Health, Safety and Wellbeing Committee

There were four meetings of the joint committee held in 2021-22. There will be a review of its effectiveness in 2022-23.

6.0 IMPLICATIONS AND/OR DIRECT BENEFITS

6.1 Resources

There will be continued resource implications as a result of the purchase desks, monitors, chairs and other equipment to enable colleagues to work at home safely as part of the hybrid working trial.

The additional costs are included in the Care Inspectorate budget monitoring position.

6.2 Sustainability

There are no direct sustainability impacts as a result of this paper.

6.3 Policy

There are no direct policy implications as a result of this paper.

6.4 How does this report directly/indirectly improve the provision of care?

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

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6.5 Customers (Internal and/or External)

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

7.0 CONCLUSIONS/NEXT STEPS

We will continue to improve the health and safety performance of the organisation through the health and safety strategy and associated action plan.



Title:	HR QUARTERLY REPORT
Author:	Lucy Finn, Head of Human Resources
Responsible Director:	Jacqueline Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Workforce Profile Data
Consultation:	N/A
Resource Implications:	No

EXECUTIVE SUMMARY

HR metrics for the Board covering Quarter 2 - July 2022 to September 2022. Includes data on staff absence and turnover as well as an overview of recruitment during the period and an update on the HR structure.

Appendix 1 outlines additional workforce data.

The Board is invited to:

1. Note the details in the report.
2. Consider whether any other information would be relevant to receive in future reports.

Links	Corporate Plan Outcome (Number/s)	4	Risk Register (Yes/No)	No			
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	One is planned or is already in progress	Reason: Not required as presentation of information only

BOARD MEETING 15 DECEMBER 2022

Agenda item 17
Report No: B-44-2022

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: Not applicable, 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.
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f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

BOARD MEETING 15 DECEMBER 2022**Agenda item 17**
Report No: B-44-2022**HR QUARTERLY REPORT****1.0 INTRODUCTION**

The Human Resources (HR) Quarterly report provides the Board with an update on the activities of the HR team during the previous quarter.

This report covers Quarter 2, July to September 2022.

We will report on Quarter 3, October to December 2022 to March Board and produce our annual report in May 2023 to cover the previous 12 months.

1.1 Data Included

We report on metrics under Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles, specifically staff absence and turnover.

We also report on recruitment information over the period and an update on progress or changes in the HR team.

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

2.0 PROGRESS MADE JULY TO SEPTEMBER 2022

We have filled further key roles in the HR team and are now almost at a full complement of staff. This is positive for both the team and the organisation, although it is important to note that these new staff are still learning the role and are not all working at full capacity yet.

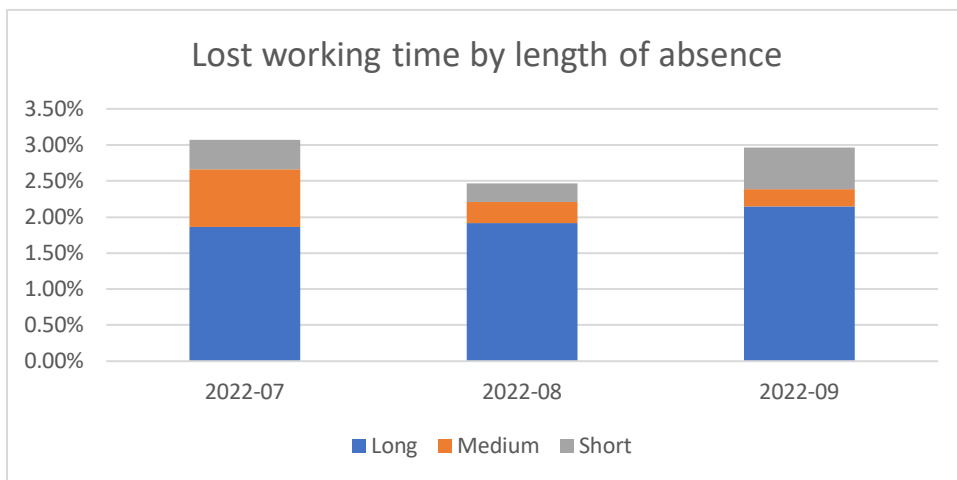
3.0 WORKFORCE DATA

3.1 Sickness Absence

The following table and graph show the relative impact of short, medium and long term absence on working time. As evidenced, most lost working time was due to long term absence.

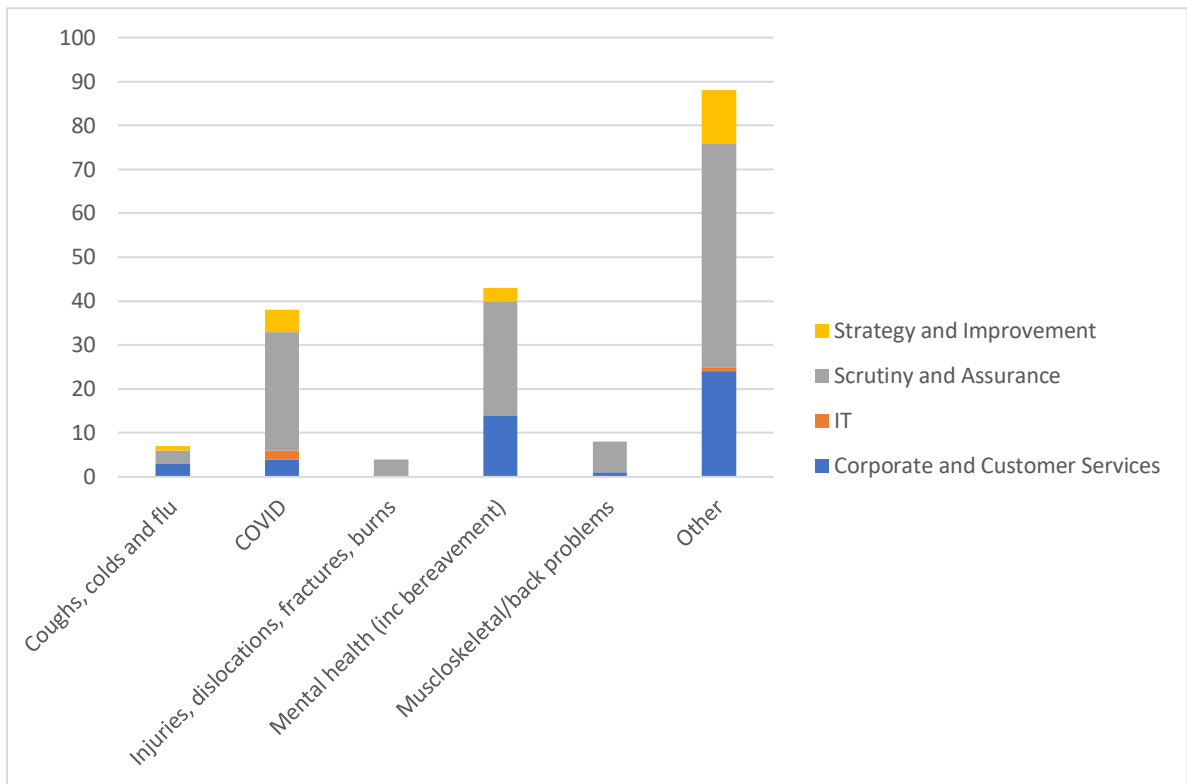
Month	Long	Medium	Short	Total
July 22	1.86%	0.80%	0.41%	3.07%
August 22	1.92%	0.29%	0.25%	2.46%
September 22	2.15%	0.23%	0.58%	2.96%

The median figure for public bodies at April 2022 was 3.6% so our absence rate is lower than this for this quarter. The rates for Quarter 1 averaged 5.13%, with a peak of 5.85% in June. The year to date average for the first 2 quarters is 3.98 which is above the median figure.



The following chart outlines the reasons given for absence by Directorate. The largest is the 'other' category with 88 employees, then Covid-19 and mental health related issues.

The 'other' category covers a number of reasons for absence. These have not been separated out as the numbers for each type are low and therefore there would be a danger of inadvertently identifying individual staff when reporting.



3.2. Staff Turnover

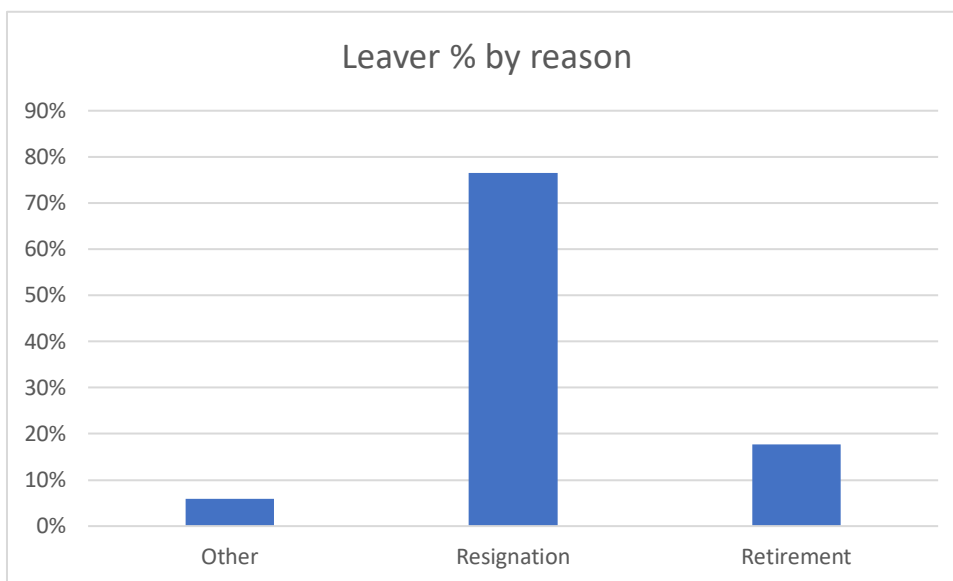
The overall turnover rate for July to September 2022 is 10.4% which is below the public sector median figure in 2021 of 12.4%. The following table shows turnover over the last 12 month period – the highest month was February 2022 and the lowest June 2022:

2021 10 (Oct 2021)	11.94%
2021 11 (Nov 2021)	11.74%
2021 12 (Dec 2021)	11.87%
2022 01 (Jan 2022)	11.83%
2022 02 (Feb 2022)	12.46%
2022 03 (March 2022)	10.93%
2022 04 (April 2022)	10.88%
2022 05 (May 2022)	10.34%
2022 06 (June 2022)	9.97%
2022 07 (July 2022)	10.26%
2022 08 (Aug 2022)	11.00%
2022 09 (Sep 2022)	10.01%

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Report No: B-44-2022**

A breakdown of turnover by directorate and by reason for leaving are shown in the following table and chart. In quarter 2, 76% of staff leavers were due to voluntary resignations and 18% due to retirement.

Directorate	Q2	YTD
Corporate and Customer Services	6	8
ICT & Digital Transformation	2	3
Scrutiny and Assurance	4	13
Strategy and Improvement	4	7
Total	16	31



The figures for Scrutiny and Assurance are 29% for voluntary resignations and 55% for retirement, indicative of the age profile in the directorate as summarised in Appendix 1. We are working on making sure that we have a high completion rates for exit interviews in order to identify reasons for leaving and will highlight any themes in our annual report.

4.0 RECRUITMENT ACTIVITY

- Between 1 July 2022 and 31 September 2022, we have worked with all directorates to complete 22 recruitment campaigns.
- Over the last three months we have filled 38 vacancies in total. 23 vacancies were filled by new employees.
- The vacancy fill rate during this period was 88%.

BOARD MEETING 15 DECEMBER 2022**Agenda item 17**
Report No: B-44-2022

In quarter two, the following recruitment activity has taken place across the Care Inspectorate:

- 22 recruitment campaigns of which 13 were internal only.
- 12 campaigns for temporary posts and 10 campaigns for permanent posts.

By Directorate

- Scrutiny and Assurance – 9 in total
- Corporate and Customer Services – 5 in total
- Strategy and Improvement – 7 in total
- ICT & Digital Transformation – 1 in total
- Executive – 0

External market pressures

We have had to re-run two external campaigns in this period due to the current buoyant recruitment market. We have found it difficult to recruit to niche roles, for example: researcher/analyst, business change, level 3+ IT roles, etc.

We have made recommendations to combat this, including trying to recruit to permanent roles (where possible), having a clear position on hybrid working, clarity in job profiles/person specifications, longer advertising periods and prioritising time to interview with enough notice for candidates to attend.

The average number of days to process a campaign (from vacancy going live to the employee's first day not including volume campaigns) is 74 calendar days. This is a reduction of 12 days on last year. This decrease is due to the online processing of PVG's, electronic checking of right to work documents and a focus during a short hiatus over the summer to conclude on pre-employment.

4.1 Recruitment Processing

There are still some interviews being conducted by Teams although we are seeing a gradual return to face to face assessments. However, Inclusion Scotland has identified best practice which advises that we should still offer a mix of both Teams and face to face interviews and, especially to consider using Teams as a reasonable adjustment (where required).

During Covid-19 we had a special dispensation to check right to work documents electronically and as of 30 September 2022 we have now returned to physical checks.

BOARD MEETING 15 DECEMBER 2022**Agenda item 17**
Report No: B-44-2022**4.2 Scrutiny and Assurance Recruitment**

Following the assessment and selection process of our current inspector campaign, we had 27 successful candidates of which 17 have been appointed. We have started to progress our pre-employment checks and, taking into consideration the holiday close, we are targeting their entry into the organisation from 13 February 2023.

The remaining 10 (ELC candidates) will join our talent pool, which now has 14 successful candidates - we will keep the talent pool warm to backfill vacancies going forward.

On conclusion of the current campaign, we will review and report back to the organisation.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS**5.1 Resources**

There are no additional resource implications because of this report.

5.2 Sustainability

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

5.3 Policy

There are no direct policy implications in relation to this report but, as outlined there has been pressure on recruitment and retention across the social care sector during the period covered by this report and we expect that to be ongoing throughout the coming year. This will have an impact on the HR team in terms of recruitment and workforce planning support.

The ongoing review of health and social care and 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.

5.4 How does this report directly/indirectly improve the provision of care?

HR data reporting is used to support Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles.

The use of HR metrics in these areas allows us to focus our efforts on areas that will ensure our employees are well supported and equipped to deliver their roles and can deliver a high-quality service which will in turn improve the provision of care.

BOARD MEETING 15 DECEMBER 2022**Agenda item 17**
Report No: B-44-2022**5.5 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.

6.0 CONCLUSIONS/NEXT STEPS

This report highlights some of the key HR metrics for the Care Inspectorate which we continue to monitor and review in line with our aims in both the Corporate Plan and the Strategic Workforce Plan. We welcome feedback on this report and any additional or different measures that the Board would like to see in future reports.

WORKFORCE PROFILE DETAILS

The following detail covers various information on the workforce not included in the main Board report. HR will update these on a quarterly basis and include any other metrics considered of interest and/or relevance.

Commentary will be provided to draw out pertinent points and/or to outline any risk or action based on the data.

Headcount and FTE

Directorate	Headcount	FTE	Female	Male
Corporate and Customer Services	127	118.2	113	14
Executive Team	5	4.8	*	
Scrutiny and Assurance	401	379.2	326	75
Strategy and Improvement	81	78	60	21
ICT & Digital Transformation	24	23.7	8	16
Total	638	612.9	80%	20%

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 staff on maternity leave or absent due to long term sickness).

* As there are fewer than 5 employees in the Executive Team sex is not reported due to data protection considerations regarding the identification of individuals.

Age profile

We have an aging workforce – more than 70% of our workforce are over 45, with over a third over 55, this increases to 45% in Scrutiny and Assurance.

HR are working with organisational workforce development (OWD) to produce robust workforce data to allow us to plan and future proof for employees' retirement. We are also now using a 'talent pool' for inspectors so we can over recruit to vacancies and have a constant pool of resource to draw from. We are reviewing whether our workforce profile has changed over recent years and will report on any trends in the HR Annual Report.

Type/Age	Under 25	25-34	35-44	45-54	55-64	65+
Corporate and Customer Services	5	20	20	33	42	7
Exec Team	Fewer than 5 in each category so not listed for data protection					
Scrutiny and Assurance	0	10	73	141	162	15
Strategy and Improvement	0	13	20	25	23	0
ICT and Digital Transformation	0	0	8	9	7	0
% of workforce	0.8%	6.7%	19%	32.8%	37.3%	3.4%

Staff Locations

The following table shows the office locations where our staff are based – it includes the nearest office location for our contractual homeworkers. Most of our staff are based near to the Dundee or Paisley offices with some offices being much smaller having a small employee base. We will continue to monitor this to see whether this changes given the ongoing hybrid working trial.

We will also review the home postcodes for staff to assess whether we are attracting staff who live further away from one of our offices than previously.

Office Location	Staff	%
Aberdeen	47	7
Dumfries	10	1.5
Dundee	151	24
Dunfermline	47	7
Edinburgh	73	12
Elgin	6	1
Hamilton	60	9.4
Inverness	21	3
Oban	5	0.8
Paisley	156	25
Selkirk	15	2
Shetland	1	0.1
Stirling	44	7
Western Isles	2	0.3
Total	638	100



Title:	NEW STRATEGIC RISK
Author:	Kenny Dick, Head of Finance & Corporate Governance
Responsible Director:	Jackie MacKenzie, Executive Director of Corporate & Customer Services
Appendices:	1. Legacy Business Applications Risk
Consultation:	Audit and Risk Committee (16 November 2022)
Resource Implications:	No

EXECUTIVE SUMMARY

The Audit and Risk Committee agreed to recommend to the Board that a risk on the sustainability of our legacy business applications should be added to the Strategic Risk Register. (See item 14 of this Board meeting agenda).

This risk position will then be reviewed at each meeting of the Audit and Risk Committee.

The Board invited to:

1. Approve the addition of the legacy business applications risk to the Strategic Risk Register (Appendix 1).

Links	Corporate Plan Outcome (Number/s)		Risk Register (Yes)				
For Noting		For Discussion		For Assurance		For Decision	√

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> One is planned or is already in progress	No <input checked="" type="checkbox"/> Reason: The monitoring of an identified risk does not have an equalities impact.
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BOARD MEETING 15 DECEMBER 2022

Agenda item 18.1
Report No: B-45-2022

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: 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.

Potential Strategic Risk – Legacy Business Applications

Date	15 December 2022	Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner
3	<p>Legacy Business Applications</p> <p>What is the Potential Situation? Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation.</p> <p>The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The risk is that funding from Government is not achieved to support the digital transformation required.</p> <p>What could cause this to arise?</p> <ul style="list-style-type: none"> Although independent review has confirmed a compelling business case, the current economic situation means Government budgets are under severe constraints, so the minister may decide to prioritise the limited available funding elsewhere. <p>What would the consequences be?</p> <ul style="list-style-type: none"> Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate: <ul style="list-style-type: none"> Providers cannot submit notifications, annual returns and care home census. Inspectors and business support are unable to gather information in preparation for inspections Inspectors cannot record inspection outcomes (ratings, recommendations, requirements and reports) Public website not updated with new services, service updates and inspection reports. Legacy applications cannot be enhanced to meet internal and external stakeholder needs. No capability to support NCS and evolving needs of government and partner organisations. Unable to meet statutory requirements and to produce accurate reports on time. Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk. Increasing operational costs required to maintain a basic level of service. 	5	5	25	VH	3	5	15	H	Med		<p>In Place:</p> <ol style="list-style-type: none"> Secondary RMS Platform for DR and Security Testing RMS hardware platform replaced by cloud platform 	<ol style="list-style-type: none"> Identify how risk mitigations can be funded: Mitigations require on-going substantial investment to contain the operational risk Document the legacy design to facilitate ongoing support Provide a capability to provide access to data if legacy systems fail Define plan/ procedures for business continuity in event of legacy system failure Secure extended support resourcing for legacy systems Enhance legacy system testing 	<p>Appetite: Low Target: Low Tolerance: Low</p> <p>Above target and tolerance level</p> <p>Rating: <input type="text"/></p> <p>Response: <input type="text"/> Treat</p>	EITD



BOARD

Schedule of Business 2022/23

BUSINESS TOPIC	16 June 2022	11 Aug 2022 Quarterly reports not required	29 Sept 2022	15 Dec 2022	9 Feb 2023 Quarterly reports not required	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 <ul style="list-style-type: none"> • Customer Engagement Strategy • Communications Strategy • Estates 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 • Procurement Strategy 2023-26 		✓		✓		✓
Scrutiny and Assurance Strategy and Plan 2023/24				✓ (Strategy)	✓ (Plan)	

BUSINESS TOPIC	16 June 2022	11 Aug 2022 Quarterly reports not required	29 Sept 2022	15 Dec 2022	9 Feb 2023 Quarterly reports not required	30 Mar 2023
Budget and Indicative Budgets						✓
Strategic Risk Register 2022/23			✓			
Approval of Risk Appetite and Risk Policy			✓			
Member/Officer Working Group on Budget Development – approval of Terms of Reference				✓		
MOWG Budget Development – update report					✓	
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 <i>(to 1st Quarter meeting of Board)</i>	✓					
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				✓ <i>(timeline changed year only)</i>		
Revised Code of Conduct for Members: Presentation		✓				
Changes to Terms of Reference: Audit & Risk C'ttee			✓			
Budget Monitoring and Staffing Update		-	✓	✓	-	✓
Health, Safety and Wellbeing Strategy and Action Plan <i>(timing tbc)</i>						
Health and Safety Annual Report				✓		
Equality Duty Reporting – Annual Progress Report						✓
Annual Review of the CI's Financial Regs						✓
Annual Procurement Performance Report			✓			

BUSINESS TOPIC	16 June 2022	11 Aug 2022 Quarterly reports not required	29 Sept 2022	15 Dec 2022	9 Feb 2023 Quarterly reports not required	30 Mar 2023
OPERATIONAL ITEMS						
Chief Nurse Update	✓					
HR Annual Report (<i>normally first meeting of Board</i>)	✓					
HR Quarterly Update report (introduced Sept 2022)		-	✓	✓	-	✓
CI Staff Survey 2022	✓ (High level presentation)	✓ (Detailed action plan)				
Board and Committee Cycle 2023/24: meeting dates			✓			
Keeping The Promise: progress report					✓	
Shared Services Update Report	✓		✓ (Annual report)			
Corporate Parenting Plan Progress Update						✓
Approval of Pay Remit for submission to Scottish Government (tbc)						
Update on Significant Organisational Restructures (<i>when required</i>)						
Estates Update (<i>when required</i>)						
Approval of Compensation Payments (<i>when required</i>)						
STANDING ITEMS						
Identification of Risk	✓		✓	✓ (Report: New Strategic Risk)	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓
CI Employee Relations Appeals (<i>standing item, but only when required</i>)						
PRIVATE AND CONFIDENTIAL ITEMS						