



A Meeting of the Care Inspectorate Board is to take place from  
**11.00 am-1.00 pm on Thursday 9 May 2024**  
 in Meeting Room 1.02/1.03, 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	11:00
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Board Meeting held on 28 March 2024 (paper attached)	11:10
5.	Action Record of Board meeting held on 28 March 2024 (paper attached)	
6.	Matters Arising	
7.	Chair's Quarterly Report – Report No: B-02-2024/25	11:15
8.	Chief Executive's Report – Report No: B-03-2024/25	11:25
	<b>STRATEGY AND POLICY</b>	
9.	Draft Updated Scrutiny and Assurance Plan 2024/25 – Report No: B-04-2024/25	11:35
10.	Strategic Workforce Plan 2023-2026: Year 1 Progress Report – Report No: B-05-2024/25	11:45
11.	Corporate Plan 2025 Onwards – Report No: B-06-2024/25	11:55
	<b>MONITORING AND GOVERNANCE</b>	
12.	Monitoring our Performance 2023/24 – Quarter 4 Report – Report No: B-07-2024/25	12:05

13.	Annual Report and Accounts and Financial Position Update – Report No: B-08-2024/25	12:15
14.	Report of Audit and Risk Committee Meeting held 7 March 2024 – Report No: B-09-2024/25	12:25
15.	Complaints About the Care Inspectorate: Annual Performance Report 2023/24 - Report No: B-10-2024/25	12:30
16.	Health and Safety Annual Report 2023/24 – Report No: B-11-2024/25	12:40
	<b>OPERATIONAL ITEMS</b>	
17.	HR Report: Quarter 4 2023/24 – Report No: B-12-2024/25	12:45
18.	Estates Update Report - Report No: B-13-2024/25	12:50
	<b>STANDING ITEMS</b>	
19.	Strategic Risk Register Monitoring - Report No: B-14-2024/25	12:55
20.	Board Schedule of Business 2024/25 (paper attached)	
21.	Any Other Competent Business	
22.	Close of Public Meeting and Date of Next Meeting: 15 August 2024 at 10.30 am.	13:00



**care**  
inspectorate

## BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
<b>Actions from 11 May 2023</b>					
17.0	<b>BOARD SCHEDULE OF BUSINESS 2023/24</b>	Add "Major Policy Developments" as a standing item and to allow sufficient time on a future agenda to discuss the new national care service when this is available.	<b>ECCSM in discussion with CE and Chair</b>  In collaboration with Policy Team colleagues		<b>Update 24/1/24</b> Planned presentation on "Policy Mind Maps" at BDE on 8 Feb. BDE cancelled and alternative date for presentation to Board to be confirmed. <b>Update 20/3/24:</b> Board consulted on options for policy support by email on 20.3.24. <b>Update 01/05/24</b> Deadline extended and Policy team collating responses.

Actions from 9 November 2023					
18.0	<b>PRIVATE ITEM – CI ANNUAL REPORT AND ACCOUNTS 2022/23 – REPORT NO: B- 31-2023/24</b>	EDCCS and Convener of Audit and Risk Committee to ensure Committee members kept informed of developments on the matter detailed in “Events After the Reporting Period” paper.	<b>A&amp;RC Convener / EDCCS</b>		This matter is ongoing. <b>Update 28/3/24</b> Full report to A&R Committee meeting on 30/5/24
Actions from 8 February 2024					
16.0	<b>STRATEGIC RISK REGISTER – REPORT NO: B-40-2023/24</b>	Additional wording and two new risks to be added to Strategic Risk Register (SRR) (as outlined in minutes); and to be discussed further at the Board’s annual review of the risk register.	<b>HoFCG</b>	For annual review of SRR	For discussion at review of SRR being held on 9 May 2024 <b>Completed</b>
Actions from 28 March 2024					
5.0	<b>ACTION RECORD OF BOARD MEETING HELD ON 8 FEBRUARY 2024</b>	Update to item 18 of 9 November 2023 meeting (as noted above)	<b>EC&amp;CSM</b>	Immediate	<b>Completed</b>
7.0	<b>DRAFT BUDGET 2024/25 AND INDICATIVE BUDGETS 2025/26 AND 2026/27 – REPORT NO: B-42-2023/24</b>	Pending discussions at imminent meeting with Scottish Government Health Finance, final figures to be obtained and circulated to Board members.	<b>EDCCS/HoFCG</b>	Immediate	Information contained in Annual Report and Accounts and Financial Position Update submitted to Board on 09.05.24 <b>Completed</b>
9.0	<b>DRAFT DEBT MANAGEMENT POLICY – REPORT NO: B-44-2023/24</b>	Additional wording to be added to the last sentence under section 5.4 ( <i>as outlined in the minutes</i> )	<b>HoFCG</b>	Immediate	<b>Completed</b>

<b>10.0</b>	<b>BOARD SCHEDULE OF BUSINESS 2023/24</b>	As outlined in minutes	<b>EC&amp;CS in discussion with CE and Chair</b>	Immediate	<b>Completed</b>
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CE: Chief Executive  
 DCE-EDSI: Deputy Chief Executive and Executive Director of Strategy and Improvement  
 EDSA Executive Director of Scrutiny and Assurance  
 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  
 HoHR: Head of Human Resources  
 E&CCSM: Executive and Committee, and Corporate Support Manager



<b>Title:</b>	<b>CHAIR'S QUARTERLY UPDATE</b>
<b>Author:</b>	Doug Moodie, Chair
<b>Appendices:</b>	None
<b>Consultation:</b>	n/a
<b>Resource Implications:</b>	No

<b>EXECUTIVE SUMMARY</b>
This Chair's update will sum up some of my activities since the Board meeting held on 8 February 2024.
<b>The Board is invited to:</b>
1. Note the information contained in this report.

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

<b>Equality Impact Assessment</b>		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: This report is for information only.

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.

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

**BOARD MEETING 9 MAY 2024****Agenda item 7  
Report No: B-02-2024/25**

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

**CHAIR'S QUARTERLY UPDATE**

- 1.0** Discussions with Board members to consider what additional board governance is required to gain oversight and assurance given the budget challenges for 24/25, and to proactively be ahead of the curve for 25/26. So far, a group to focus on Finance and Resources made up of Board and Executive members has been agreed by the Board. I am currently working with management on best route to deliver Boards needs in this respect. Time is of the essence for this now given the budget challenge and needs of Scottish Government per their recent Care Inspectorate 2024/25 Budget Allocation and Monitoring (BAM) letter.
- 2.0** The Board's letter to Scottish Government Minister and Sponsor team has been drafted by myself and comments received from the Chief Executive. This letter also reflected on the final Care Inspectorate 2024/25 BAM letter as received late in April from Scottish Government. Next steps will be to reflect on the Chief Executive's comments and issue a draft to the wider Board for final comment/approval prior to formal issuance in early May.
- 3.0** I completed all preparatory work, notes, and thoughts on Board member performance for the annual CI Board Appraisal process. The appraisals are scheduled to complete in May, with six completed as at end of April. It is always a pleasure meeting my fellow Board members and these appraisals also afford good opportunities to discuss on how we can further develop board governance, raise our collective bar, consider further Board Development opportunities, and for Board members to become even more involved in the strategic operations of the Care Inspectorate by utilising their full suite of skills and experience to greater effect.
- 4.0** I have also commenced the reach out to the Home Nation Care Chairs of RQIA, CQC and Care Inspectorate Wales. So far I spoken with Christine Collins of RQIA, and Ian Dilks of CQC. Ian is particularly enthusiastic about creating a four nations Chairs Group and is something we all consider can help to; share ideas, discuss common challenges/issues, consider emerging opportunities in the UK strategic landscape i.e AI, benchmark where we each are and share best practice particularly in the realms of board governance, risks, committees, and reporting. Ian and I will now work together to move things along at pace and help build closer relationships and collaboration where appropriate.
- 5.0** It was pleasing that the organisation received several invitations to the King's Garden party in 2024 and I'm delighted to update you that the Executive Team has helped me to identify several staff members to receive this year's invitations to attend along with a partner. We look forward to receiving their thoughts, memories and experience of the event in due course.
- 6.0** A joint Care Inspectorate/Healthcare Improvement Scotland Board Development Event was held in April and was a great success seeing both Executive Teams, both Boards and others come together to share common thoughts, challenges and opportunities. It was pleasing to see many of the teams extend hands of friendship and collaboration to one another and both Carole Wilkinson and I



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hope this will help both organisations become even stronger. We look forward to further joint events moving forward.

- 7.0** Whilst undertaking Board appraisal meetings in the Care Inspectorate's Stirling Offices I had the sincere pleasure to speaking with, and learning from, some of the Improvement team who were working on the cohort training programme. I am indebted to the team for taking time out to explain their roles, their current deliveries, and how their work is further benefiting our inspectors and others. It was incredibly beneficial to listen and see the great work being undertaken by the team, and I hope that other Board members can see some of this work presented to us in due course at a Board Development Event.
- 8.0** Together with the Chief Executive and Executive, Committee and Corporate Support Manager, I have been assessing the Board Development programme for 2024/25, and reprioritising certain topics given Board member feedback and thoughts on what would be most beneficial, coupled with the Executive team's availability and timing to support this.



<b>Title:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
<b>Author:</b>	Jackie Irvine, Chief Executive
<b>Appendices:</b>	None
<b>Consultation:</b>	Not applicable
<b>Resource Implications:</b>	None

<b>EXECUTIVE SUMMARY</b>	
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.	
<b>The Board is invited to:</b>	
1.	Note the information contained in the report and please contact the CE by email if you require any further information on any item.

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

<b>Equality Impact Assessment</b>		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.

<b>Reason for Confidentiality/Private Report:</b> Not applicable – this is a public Board report.
<b>Disclosure after:</b> Not applicable

**BOARD MEETING 9 MAY 2024**

**Agenda item 8**  
**Report No: B-03-2024/25**

<b>Reasons for Exclusion</b>	
a)	Matters relating to named care service providers or local authorities.
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## CHIEF EXECUTIVE'S REPORT

### 1.0 INTRODUCTION

My report highlights significant developments and new or completed activities that directly support the Corporate Plan and its strategic outcomes.

Also outlined below are details of some of my engagement activities, covering meetings and events that I have taken part in during February, March and April 2024.

- Webinar “International Perspectives on Developing a Human Rights-based Social Care System”, run by the Scottish Commission for People with Learning Disabilities and Global Leadership Exchange. This event looked at international models of social care with a view to learning what elements might contribute to a National Care Service that is person-led, human rights-informed and meets the support needs of people with learning disabilities.
- Monthly meetings in March and April of the new Partnership Sounding Board, which involves the Executive Team Partnership Forum Representatives
- Live all-staff event in April to provide colleagues with an update on the budget and plans for organisational structure
- Launch of the Care Home Improvement Programme where I highlighted the importance of improvement generally, the focus on targeted improvement and the Care Inspectorate’s role in support to Care Homes with their improvement journey and working alongside them.
- Introductory meetings in April with Cary Rankin, the Chief Executive of Thrive Childcare and Education, and with Nicola Killean, the Children and Young People Commissioner.

### 2.0 POLICY AND STRATEGIC DEVELOPMENT

#### 2.1 Key Policy updates

We continue to analyse and advise on key policy developments, including:

- The National Care Service (Scotland) Bill, with Stage 2 amendments due in June 2024 and evidence taking to follow. This includes engaging with various working groups related to the NCS Bill development.
- Stage 2 consideration of the Children (Care and Justice) (Scotland) Bill, which is due to be passed by the end of April 2024.
- The Independent Review of Inspection, Scrutiny and Regulation – the Scottish Government’s response to the recommendations was published in March 2024 and will see imminent reviews in relation to the Health and Social Care Standards and care service definitions.
- Proposals for a Human Rights Bill, with engagement ongoing in relation to the potentially significant implications for scrutiny bodies.

- Education reform, including any proposed changes to the early learning and childcare scrutiny landscape.
- Key publications and developments relating to other areas of policy, including the Mental Health Scrutiny and Assurance Evidence Review and post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013.

We have submitted consultation responses on:

- a proposed Wellbeing and Sustainable Development (Scotland) Bill
- Child Friendly Complaints Handling Principles
- a proposed Learning Disabilities, Autism and Neurodivergence Bill.

## **2.2 National Care Service Complaints Scottish Government National Workshop**

The Executive Director of Scrutiny and Assurance, Chief Inspector and Service Manager (Complaints) continue to support Scottish Government in the review of complaints in the new National Care Service (NCS). The workshops continue with the Chief Inspector working with Chief Ombudsman to develop what a good complaints system looks like. A presentation was given to wider colleagues and this work is moving forward and will inform other areas of activity.

In addition, the Chief Inspector (Adults and Complaints) presented at a seminar on complaints and for people making complaints across the different services that will form the NCS. The seminar looked at what is working well, what needs to improve, the need for people to be able to make the complaint once, and how the Patient Information Service supports NHS complainants and the role this could play if extended to the NCS.

## **2.3 Consultation on Child Friendly Complaints Principles by Scottish Public Services Ombudsman**

The Chief Inspector (Adults) led the consultation and Care Inspectorate response to child friendly complaints principles. We welcomed principles and links to human rights and provided some feedback on resources to support the voices of children to be heard.

## **2.4 Meaningful Connection Open Badges with Scottish Social Services Council (SSSC)**

The meaningful connections project has worked with the SSSC to develop and launch Open Badges on the importance of connection. These focus on rights, welfare and the support for people whose loved ones are living in care homes and the important role they can play. This suite of Open Badges provides free training to the sector for staff.

## **2.5 Tele-Care Report to Scottish Government**

In January the adults team delivered a well-received presentation to Scottish Government on a review of tele-care and the recommendations for future models of care which included the need to update legislation.

## **2.6 Children and Young People Over the Age of 16**

In response to some variation requests from providers to increase the age limit of a young person over the age of 16, the registration team is developing a policy position. This will provide clarity and guidance for providers and inspectors, when considering a request for a young person to remain at a daycare of children service beyond the age of 16. It will look at whether some services should be registered as a support service for children and young people. The Public Services Reform (Scotland) Act 2010, states that children can attend a daycare of children service up to the age of 16. The United Nations Convention on the Rights of a Child and The Children and Young People (Scotland) Act 2014, describes a child as up to the age of 18. The policy position will support providers to be registered in the correct way and offer better outcomes for children and young people.

## **2.7 Space to Grow**

This was launched in 2017, and is the Scottish design guidance for day care of children settings, including school aged childcare. In recognition of the need to refresh and update this resource, Scottish Government requested that the Care Inspectorate lead and work with stakeholders to develop a revised resource by the end of March 2024. Space to Grow and Thrive, is in the final stages and is due to be launched in May 2024. This will be done in conjunction with the Minister for Children. The resource will provide guidance to providers, architects and others when thinking about building, extending or refurbishing settings and will offer further support to the whole childcare sector.

## **2.8 The Children (Care and Justice)(Scotland) Bill**

We have continued to engage in conversations with Scottish Government and relevant stakeholders on The Children (Care and Justice) (Scotland) Bill, in preparation for Stage 3. The focus of work has been mainly been around cross-border placement arrangements, proposals for clarifying and strengthening standards for care for children in residential settings, and ensuring good experiences for children where secure transport is used.

## **2.9 Notifications of Learning Reviews**

The Children's and Adult's Strategic teams are working to align the approaches to receiving notifications of Learning Reviews from Adult and Child Protection Committees and our quality assurance processes for reviewing reports received. This is in part informed by Scottish Government work to develop a greater joined up approach to all aspects of public protection.

## 2.10 Strategic Public Sector Scrutiny Network (SPSSN) Meeting

On 14 March 2024, along with the Executive Director of Scrutiny and Assurance, I attended a meeting of the SPSSN to discuss the impact of the Human Rights and Wellbeing Bills and future of public sector scrutiny. Further meetings are planned.

## 2.11 Inspection volunteer gathering

In February 2024, we held a gathering for Adult inspection volunteers in Perth. We had attendees from across the country and it was the first time that some inspection volunteers had met in person. It was an opportunity for everyone to meet new team members and we shared an update on the priorities for participation both internally and externally.

## 2.12 Psychoactive Medicines Improvement Programme

A Senior Improvement Adviser (Pharmacy) and colleagues at a large national provider of social care, have collaborated on an improvement project in eight care homes. The aim was to improve dementia care and reduce inappropriate psychoactive medication for people living with dementia.

Cohort one evaluated very well and has now concluded. This cohort recorded an overall reduction (over 50%), for the requirement for psychoactive medicine use and the prescription of inappropriate regular psychoactive medicines. A case study from the work featured in the delivery plan for the Scottish Government's new Dementia Strategy.

The learning from this work was shared at two webinars in March 2024 to the Health Care Implementation Framework group and Age UK. The number of people on webinar ranged from 25-40. Cohort 2 has now commenced.

## 2.13 Antimicrobial Healthcare Acquired Infections (ARHAI) - Sessions for care homes

On 21 February 2024 and 13 March 2024 the Care Inspectorate's Chief Nurse and the Senior Improvement Adviser (Infection Prevention Control (IPC)) took part in a planned series of IPC webinars aimed at care home settings. The IPC session was multi-agency and hosted by ARHAI in which 160 care home sites participated.

## 2.14 Early Learning and Childcare (ELC) improvement programme

The ELC improvement programme has received a funding extension from Scottish Government for the period 2024/25. The programme continues to work with Scottish Government and our own scrutiny and assurance colleagues to review and enhance the improvement offer to the ELC sector.

A bitesize learning resource was developed jointly by the ELC improvement programme and scrutiny and assurance colleagues leading on the Safe, Inspect,

Monitor, Observe, Act (SIMOA) Keeping Children Safe campaign in February 2024. This was designed to be used alongside the ELC Keeping Children Safe practice notes. These resources can be found on both the Care Inspectorate and the ELC Improvement online HUBs.

## 2.15 Care Experience Improvement Model Phase 2

In partnership with Healthcare Improvement Scotland, National Education for Scotland and the SSSC, the Quality Improvement support team has a lead role in supporting phase 2 of development and spread of the Care Experience Improvement Model. To date, 17 practitioners have benefitted. The Care Experience Improvement Model (CEIM) is a framework that supports health and social care teams to make improvements that are directly related to feedback in a person-centred way. More information can be found here: [CEIM](#). The aim for phase 2 is:

- By March 2026, demonstrate measurable improvement in participating health and social services' improvement response to service user, family and carer feedback due to their investment in CEIM Leadership.

## 2.16 Quality improvement Support Team (QIST) support to the ALLIANCE National Collaborative

The QIST is providing improvement advisor support to this national collaborative, the purpose of which is to bring together people with experience of drugs and/or alcohol, service providers and government (local and national) to develop a Charter of Rights. This Charter will show how existing rights, and rights to be included in the forthcoming Human Rights Bill, can be implemented in practice for people affected by drugs and alcohol. Throughout January to June 2024, the National Collaborative is bringing together the Change Team and a group of key duty bearers from relevant fields (health and social care, regulation and scrutiny) to discuss implementation of the Charter of Rights.

## 2.17 Safe Staffing Programme (SSP)

The Safe Staffing Programme met all eight objectives for the year 2023/24. An end of year report will be completed by May 2024. Key highlights of the work are:

- Between April 2023 and March 2024, 218 events were held with 7721 participants.
- Between April 2023 and March 2024, we attended or facilitated 280 meetings with a range of stakeholders.
- Continued consultation on the Staffing Method Framework (SMF) with the care sector and all relevant stakeholders including piloting the SMF with 20 volunteer care homes.



### **3.0 COLLABORATIVE/PARTNERSHIP WORKING**

#### **3.1 Institute for Research and Innovation in Social Services (IRISS) Large Scale Investigation Guidance**

The Service Manager (Adults) has been supporting IRISS and working with 12 social work departments to develop and publish guidance on Large Scale Investigations in line with adult protection guidance. This is to support consistency of approach and ensure positive outcomes for people.

#### **3.2 Care Home Review**

Working closely with Health and Social Care Partnerships, Police Scotland and NHS, the service manager (Adults Services) and a team manager (Regulated Care) are supporting the review and learning arising from the operation of a care home which was subject of emergency cancellation of its registration.

#### **3.3 Justice Review Outcomes Presentation to Scottish Government**

The Chief Inspector (Adults) and a team manager presented to colleagues at Scottish Government Justice and Public Protection Leads on the review and finding into Justice Services in Scotland. This included the need for legislative change and the link to risk management and wider public protection. The feedback was very positive and has informed the discussion around review of schedule 12 of the Public Services Reform (Scotland) Act 2010 which defines care services which is to be a priority for review by Scottish Government in response to the Independent Review of Inspections, Scrutiny and Regulation (IRISR).

#### **3.4 Meaningful connection, visiting and Anne's Law**

The adults team has been successful in our application to Scottish Government for significant additional funding to continue the meaningful connection, visiting and Anne's Law project. This means we will be able to retain two advisors at inspector grade to progress the work of the project until March 2025. In continuing this work, we have established links with the 'Healthcare framework for care homes Scotland' implementation group at Scottish Governments request.

The adults team also received a note of appreciation from the Care Home Relatives Group (CHRG) on the meaningful connection posters that we supplied to care homes. The CHRG also copied it to Scottish Government and shared it on social media.

#### **3.5 Registering and Running a Childminding Service: what you need to know**

The registration team has reviewed and updated this booklet which will be published in May 2024, and will support prospective childminders to understand the process of registration and operating a childminding business. There will be a separate appendix to support registered childminders to know what to expect when they are inspected. The booklet was widely consulted on with the Scottish

Childminder Association, National Day Nursery Association, Care and Learning Alliance and Early Years Scotland and will form part of a range of resources to support Scottish Government's Programme for Government, which includes recruiting an additional 1000 childminders.

Registration colleagues supported the Scottish Childminding Association and representatives from local authority planning departments, to discuss the different requirements placed on childminders from planning departments. On occasion, the requirements placed on prospective childminder by a local authority planning department, can lead to a delay in the registration process. It has been identified that there are inconsistencies in approaches from planning departments. This has been a very positive piece of work and we have discussed with the Scottish Out of School Club Network, rolling out a similar approach for school aged child care settings.

### **3.6 Enable and Empower the Voice of Care**

The practice note: "*Me My Family and Childcare Setting*", ([Me, my family and my childcare setting.pdf \(careinspectorate.com\)](#)) was developed from the findings of our scrutiny activities, which highlighted that some families did not have unrestricted access to their child's settings. The practice note was developed in collaboration with sector providers, families and inspectors. The Communications team is reviewing the note and a launch is planned with myself and the Minister for Children for May 2024.

### **3.7 Collaboration with Ofsted**

We visited two better performing secure children's homes in England, and met with Ofsted to discuss this area of their regulation. The visit was prompted by recognition that the small size of the secure estate in Scotland means the need to ensure we create opportunities to widen learning.

## **4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT**

### **4.1 Short Observation Framework for Inspection (SOFI)**

Adult Services has run three new workshops for staff on SOFI 2 and have been using this methodology at adults inspections. These focus on the importance of connection and approach and hearing the views of people who cannot verbally take part in the inspection.

ELC inspectors have now completed a two-day programme of SOFI training. This will now be expanded as part of core scrutiny and induction training for 2024/25. The Care Inspectorate has licenced use of the SOFI tool framework to enhance observations we already make at inspections to ensure staff interactions with children are appropriate to support their wellbeing and development.

#### 4.2 Enforcement Procedures and Practice

One Service Manager has run further enforcement training for staff to ensure all staff have undergone these sessions. It has also been added to the induction training for new staff and all new staff recruited have been trained in enforcement procedures and practice.

#### 4.3 Effective Feedback and Confidence in Professional Challenge

The Care Inspectorate has delivered sessions on 'effective feedback and confidence in professional challenge' to all ELC inspectors. The session was developed from the initial findings of an ELC inspector's Professional Development Award project. The training "professional challenge and in delivering effective feedback" was delivered in collaboration with the Improvement team. The training will support inspectors to deliver and frame feedback to providers that could be challenging. The training has increased awareness of key concepts of coaching to support scrutiny practice through responsive regulation.

#### 4.4 Celebrating Success Early Learning and Childcare Development Day

An ELC Inspector Development Day was held at the end of February 2024, which celebrated the success of Professional Development Award (PDA) projects and the work of the inspection teams, providing an opportunity to support the development of staff skills and expertise of a wider staff group in a range of regulatory subjects. Topics covered included: opportunities and challenges for improvement within responsive regulation, embedding children's rights in regulation, the voice of the infant best practice guidelines and infant pledge. In addition, the provider of Dregghorn Pre-school and creche attended the day to answer questions about their service improvement journey and the role inspectors had in supporting improvement. Children, families and staff from Dregghorn were part of a video we produced, to demonstrate their improvement journey for their young children. This was a successful piece of collaboration between ourselves and a provider.

As part of the day, we took the opportunity to acknowledge the retirement of our Chief Inspector, Catherine Agnew after 44 years dedicated to children, families and regulation.

#### 4.5 Equally Safe Update

A Participation and Equalities Team Manager, Senior Business Partner from Human Resources and Equalities Professional Advisor, have met with Close the Gap in relation to the Equally Safe at Work programme. This is an employer accreditation programme developed by Close the Gap, an expert policy advocacy organisation working on women's labour market participation in Scotland. Equally Safe supports employers to improve their employment practice to advance gender equality at work and prevent violence against women. There are clear links to our work as a trauma informed organisation.

**Agenda item 8**  
**Report No: B-03-2024/25**

The application process commenced in April 2024, and to support the application, a working group is being developed with representatives across the organisation. Close the Gap will support us to:

- facilitate employee surveys;
- hold focus groups, concentrating on women working in lower-paid roles (a significant amount would be in business support);
- conduct semi-structured interviews with staff leading on Equally Safe at Work;
- offer tailored support in developing gender and violence against women-sensitive employment practice;
- run a gender lens online training session for working group members; and
- provide access to best practice guidance, capacity building, and awareness raising material. This includes eLearning for sexual harassment and violence against women to help upskill line managers.

#### **4.6 Young Inspection Volunteers**

In March 2024, the young volunteers learnt new skills working with filmmakers from Media Education, an Edinburgh based social enterprise. Having skills in media enables the young volunteers to be able to create authentic social media content to communicate information, news and messages relevant to infants, children and young people experiencing care.

Through the intensive sessions, the young volunteers have developed new skills and knowledge, learning about planning scenes, interviews, ethics of filmmaking, storytelling and camera techniques.

Feedback from the volunteers has been positive and they have suggested potential ways to utilise their new skills to support the work of the Care Inspectorate.

#### **4.7 2024 Employee Survey**

Following the 2023 pulse survey, the next full survey to measure staff engagement is scheduled for delivery in September 2024. Planning work has commenced, in conjunction with our external partners, DJS Research Services and our internal planning group which has been reconvened. Survey design and communications are a key focus in this initiation phase.

#### **4.8 Strategic Workforce Plan**

Progress continues to be made delivering the commitments set out in our strategic workforce plan 2023/26. A report summarising progress over the first year of delivery of the plan will be shared with the Board at the May meeting.

#### **4.9 Understanding and managing professional impact through effective communication**

The opportunity to strengthen the existing support available to inspectors has been identified to ensure that they are supported and equipped with the knowledge and skills to understand and feel confident in managing their professional impact on others whilst undertaking inspection duties. A variety of learning opportunities are available throughout an inspector's employment through the inspector induction programme, PDA, self-directed learning and continuous learning offered as part of our internal learning and development programme. Content is therefore dispersed, both in terms of how and when it is accessed. A new integrated model based on existing content and new resources has been scoped and approved. Subject to design and planning, this will be delivered across Quarters 2 and 3 2024/25 by a combination of internal facilitators and external partners.

#### **4.10 Professional Registration Policy**

A new professional registration policy was approved by the Strategic Management Group in February 2024. The policy supports the Care Inspectorate to meet statutory responsibilities for ensuring our staff undertaking care scrutiny activities are appropriately registered, as well as meet our general duty as an employer to comply with the SSSC Codes of Practice for Social Service Employers. It outlines our framework for ensuring that all permanent and temporary employees of the Care Inspectorate meet legal requirements for maintaining their professional registration.

#### **4.11 Scottish Child Abuse Inquiry**

We have engaged with the Inquiry to scope the information it seeks in relation to Phase 9 of its work, seeking to do that in a collaborative way which ensures that the Inquiry receives full and relevant information while keeping its requirements, so far as possible, manageable from the point of view of the Care Inspectorate.

#### **4.12 Covid-19 Inquiries**

The Scottish Covid-19 Inquiry resumed its hearings on 12 March. We are monitoring the evidence being heard for matters relevant to the Care Inspectorate, to enable us to respond as necessary in due course.

The UK Covid-19 Inquiry has granted Core Participant status to the Care Inspectorate in respect of Module 6 of its work, relating to adult social care in all parts of the UK. A Preliminary Hearing was held on 19 March 2024 at which the Care Inspectorate attended. It is anticipated that the substantive hearings in relation to Module 6 will take place in London in the summer of 2025.

#### 4.13 Operation Koper

The adults team continues to provide The Crown Office Procurator Fiscal Service (COPFS) with information on deaths in care homes for adults during Covid-19. We have received 664 requests for reports relating to 907 inspections. In December 2023 and January 2024, 84 inspectors were working on this full time to undertake the reports. To date we have sent to The Crown 265 reports and have 188 pending (awaiting review to be sent). A further 271 are being worked on by inspectors and team managers. In addition we have received 178 requests for detail on complaint investigations and we have sent 166 of these requests to COPFS. This work and associated quality assurance is extensive. We are on course to have the work completed by the end of July 2024. The impact on the adults and complaints work has been substantial.

#### 5.0 ORGANISATIONAL TRANSFORMATION

Stage 2 project mobilisation has continued at pace with the appointment of our Service Design and Data and Architecture partners. They complement our delivery management partners alongside the Care Inspectorate team.

User Research work commenced in April as planned as part of the Service Design journey. The next period will be crucial for the project as we fully engage with key stakeholders both internally and externally on the service design journey.

We have continued to stand up the full project governance structure with Digital Assurance and Advisory Group (DAAG) having now been formed and a Technology board planned for May.



<b>Title:</b>	<b>DRAFT SCRUTINY AND ASSURANCE PLAN 2024-25</b>
<b>Author:</b>	Kevin Mitchell, Executive Director of Scrutiny and Assurance
<b>Responsible Director:</b>	Kevin Mitchell, Executive Director Scrutiny and Assurance
<b>Appendices:</b>	<b>1. Draft Scrutiny and Assurance Plan 2024-25</b>
<b>Consultation:</b>	<b>Strategic Management Group and Executive Team</b>
<b>Resource Implications:</b>	<b>*Yes (outlined in the plan)</b>

### 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. 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 Board approved the plan for 2023-24 at its meeting on 26 January 2023. It was approved by Scottish Ministers on 23 May 2023 without amendment.

This document sets out the detail of our Scrutiny and Assurance Plan for 2024-25 which the Board has already commented on extensively. The only changes are shown in red to enable Board members to focus on these and avoid duplication of work. It was reviewed again by the Board on 8 February 2024 but approval deferred pending clarification of our budget position for the coming year and the impact on resources to deliver the plan.

The Scottish Government budget announcement on Tuesday 19 December 2023 has delayed the submission of this plan until our financial position was clarified. The plan is submitted now for approval on the assumption of a 'standstill' budget for 2024-25. Further discussions with Scottish Government are planned for August 2024. If our budget position is less than anticipated, we shall submit a revised plan to Scottish Ministers.

### The Board is invited to:

1. Consider and approve the draft Scrutiny and Assurance Plan for 2024-25 subject to ongoing review and reconsideration of the plan following further discussion with the Scottish Government in August 2024.

**BOARD MEETING 9 MAY 2024**

**Agenda item 9**  
**REPORT NO: B-04-2024/25**

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

<b>Equality Impact Assessment</b>		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/>  One is planned or is already in progress	<b>No</b> <input checked="" type="checkbox"/>  <b>Reason:</b> It was agreed in 2022/23 that as it broadly reflects the Corporate Plan which was subject of an EIA, the Scrutiny and Assurance Strategy and Plan does not require a separate one.

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

<b>Reason for Confidentiality/Private Report:</b> <i>(see Reasons for Exclusion)</i>  This is a public Board report.
<b>Disclosure after:</b>

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



# Scrutiny and Assurance Plan 2024-2025

## Introduction

Each year, in accordance with Section 54 of the Public Services Reform (Scotland) Act 2010 (the 2010 Act), we must prepare a plan for carrying out inspections in line with best regulatory practice and the agreed budget. 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 will seek ministerial approval for this plan and any updates to it. Scottish Ministers approved our Scrutiny and Assurance Plan for 2023-2024 on 23 May 2023.

The Board approved the Scrutiny and Assurance Directorate Strategy on 9 February 2023. This document sets out the detail of our Scrutiny and Assurance Plan for 2024-25, which was reviewed by the Board on 8 February 2024, but approval deferred pending clarification of our budget position for the coming year and the impact on resources to deliver the plan.

**NB** The Scottish Government budget announcement on Tuesday 19 December 2023 has delayed the submission of this plan until our financial position was clarified. The plan is submitted on the assumption of a 'standstill' budget for 2024-25. Further discussions with Scottish Government are planned for August 2024. If our budget position is less than anticipated, we shall submit a revised plan.

## Regulated care services for adults

During 2024-2025 staff will have a caseload of services across the spectrum of regulated care provision for adults. We will plan regulatory activity based on risk and intelligence. The approach we will take builds on our priorities in 2023-2024 which were focused predominantly on the care home/care at home and nurse agencies.

We will use the following priorities to target our inspection resources:

1. all services with an assessment of 'high risk' or services with grades of adequate and below
2. care at home services not inspected in last four years
3. Nurse agencies not inspected in last four years.
4. 50% of care homes with an assessment of 'low' or 'medium' risk and grades of good and above.

We will continue to follow up all requirements made at inspection within the timescale to ensure the care people experience improves.

We will take forward the learning from the pilot on a new way of providing assurance for better performing services. We will also consider undertaking focussed inspections of areas of practice in services.

We are committed to support services with self-evaluation for improvement and will carry out a test of change to support self-evaluation on Core Assurances in care homes for adults.

We will continue to progress the work preparing the sector for implementation of Anne's Law and safer staffing legislation. In addition, we are working to review regulated justice serves and scoping the regulation of tele-care services at the request of the Scottish Government.

Staff establishment has improved recently with recruitment of new staff. However, we still have recruitment challenges in some parts of Scotland. It is also important to acknowledge that while our staffing complement has increased, new staff need a robust induction to regulation with ongoing mentoring and support from existing and experienced staff.

The demands on inspector and managers' time to engage with multi-agency support for care services in health and social care partnership (HSCP) areas continues and staff will contribute to these forums providing intelligence, improvement support, as well carrying out regulatory activity.

## **Early learning and childcare services**

During 2024-2025, inspectors will have an inspection workload based on the risk and intelligence we hold for individual ELC services. Our inspection plan will build on previous priorities relative to the inspection capacity for the coming year. We will use the following priorities to identify services for inspection:

1. services with evaluations of unsatisfactory or weak or an assessment of 'high risk'
2. services with an evaluation of adequate (this priority will also address the Care Inspectorate's commitment to supporting services meet the National Standard for Funded ELC)
2. any service registered prior to 1 April 2022 which has not yet been inspected
4. the remaining inspection capacity will prioritise inspections according to date of last inspection.

With the current inspector resource and the number of high priority inspections in the inspection plan 2024-25, we will not complete settings that would have been identified through our previous frequency framework.

It is anticipated a new single/shared inspection framework for the ELC sector will be implemented on 1 September 2024. The new framework will be used by both the Care Inspectorate and Education Scotland to evaluate the quality of care and learning across all services whether or not they provide funded ELC.

## **Regulated care services for children and young people**

Demands on inspectors' and managers' time continue to be high in line with increased expectations of our commitment to keeping The Promise and a rise in the number of services where significant improvement input or enforcement action is necessary. Manager resources are also required to service the Scottish Child Abuse Inquiry, phase 3, which will extend into the inspection year 2024-2025, and to lead our plan to implement developments which strengthen our safeguarding practice as a result of learning stimulated by our work for the Inquiry to date

During 2024-2025, we will use the following priorities to target our inspection resources:

1. all services with an assessment of 'high risk'
2. all services with an assessment of 'medium risk' which were also graded adequate, weak or unsatisfactory at the last inspection
3. care homes, schoolcare accommodation, fostering and adoption and housing support/support/care at home services not inspected in, or prior to, inspecting year 2022/2023.
4. allocated planned inspections for secure accommodation services.
5. newly registered care home services that have not been inspected for more than 12 months (by 31 March 2025)
6. sample a selection of better performing care homes, special schoolcare accommodation and combined housing support/care at home services.

Our regulated team is committed to supporting improvement in experiences and outcomes for children and young people at both service and at national level. A priority for 2024-2025 must be to support an effective rights-based response for unaccompanied asylum-seeking and refugee children and young people in Scotland.

## **Complaints**

### **Complaints about regulated care services**

We have a statutory duty to deal with complaints about registered care services (s.79 of the 2010 Act).

We will continue to assess all complaints to determine the most appropriate response in accordance with our complaints handling procedures.

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

We will work to strengthen our complaint work through developing our management of anonymous complaints and gathering feedback on the difference complaint investigations make to improving outcomes for people.

We will continue to follow up all requirements made during complaint investigations within the timescale to ensure the care people experience improves. The follow up of requirements made during complaint investigations will be undertaken as an inspection and an inspection report published.

Staff establishment has improved recently with recruitment of new staff. However, we still have recruitment challenges in some parts of Scotland. It is also important to acknowledge that while our staffing complement has increased, new staff need a robust induction to regulation with ongoing mentoring and support from existing and experienced staff.

## **Registration**

It is a legal requirement that services providing care must register their service with us and, once operational, providers must apply to vary their service's conditions of registration, if necessary, to facilitate changes in the way they operate.

We will continue to deal with applications and variations of registration in accordance with our registration procedures. The team will also continue to provide pre-application advice and respond to allegations of potentially illegally operating services.

During 2023-24 there had been an increased level of applications for registrations and variations. This has resulted in a waiting list for applications to be progressed. It is anticipated that this will continue in 2024-25. In addition, the Programme for Government has a number of areas of expansion for the ELC sector. Timelines for some aspects have still to be confirmed. However, the recruitment of 1,000 new childminders is underway and will involve additional registration work. Likewise, the regulation of child contact centres is planned to commence from April 2024.

We have recently completed a review of how justice (offender) accommodation services have been registered relative to their funding arrangements. Through this work, we have identified a need for legislative change. Until that can be achieved, we have identified a significant number of support services that require to be re-registered and inspected so that their registration and scrutiny arrangements are more closely aligned with a multi-agency / justice approach. This work is being undertaken as a key priority which may impact on other work in both the registration and adult regulated care teams.

## **Strategic scrutiny – children and young people**

During 2024-2025, provided our scrutiny partners Healthcare Improvement Scotland (HIS), Education Scotland and His Majesty's Inspectorate of Constabulary in Scotland (HMICS) are able to make available an appropriate level of resource, we will lead three joint inspections of services for children and young people at risk of harm.

In addition, in response to a request from the Scottish Government, we will carry out a thematic inspection of services for young people experiencing continuing care or throughcare and aftercare services. This request arose from the 2001 report Youth Homeless Prevention Pathway: Improving Care Leavers Housing Pathways. The following recommendation was made in the report:

*The Scottish Government should work with the Care Inspectorate to develop and undertake robust thematic integrated reviews of 'transition services' involving key stakeholders and providers (such as housing and accommodation and further and higher education) and Aftercare engagement up to 26 years.*

Throughout the year we will collaborate with colleagues across the strategic scrutiny teams covering services for children, adults and justice, and with partners including Scottish Government, to develop an approach for future scrutiny which is focussed on public protection. This work acknowledges Recommendation 18 of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland.

We will continue to support the work of the national hub for the review of, and learning from, child deaths through the full-time deployment of a strategic inspector to the hub and through our work to quality assure and promote learning from multi-agency learning reviews.

We remain committed to keeping the Promise to Scotland's children and young people. We will continue to deploy a strategic inspector on a full-time basis to lead and coordinate our organisation's Promise work to ensure we are fulfilling the expectation that we "at the forefront of a shift in culture to enable recovery" (#Keep the Promise, Inspection and Regulation, Autumn 2020).

## **Strategic scrutiny – adults**

The joint inspection of adult's services programme is delivered by the Care Inspectorate, in partnership with Healthcare Improvement Scotland (HIS). It seeks to examine integration through the lens of different care groups which, taken together, allow us to report on the effectiveness and impact of health and social care integration, in particular how this supports good experiences and outcomes for people. Our inspections seek to address the following question:

'How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?'

During 2024-2025, we plan to complete three inspections focussing on how integration of health and social care services improves the lives of people who experience mental ill health. This will be dependent on our scrutiny partners providing an appropriate level of resource.

In addition to this joint inspection programme, we propose to undertake additional inspection activity with a specific focus on social work and social care.

We seek to gain a national perspective on social work governance, tasks and functions, and examine how social work duties are discharged. We will do this by addressing the question:

"What governance and assurance arrangements are in place to ensure statutory social work duties are being effectively discharged?"

Following a test of change, we will expand upon our approach to work collaboratively with inspection colleagues for regulated services to review care at home provision from a strategic and organisational perspective. This 'care at home: one system' approach recognises that outcomes for people who require support in their own homes cannot be improved by solely focusing on how those services are delivered. Instead, an approach is required which recognises that outcomes for people and carers depend on a wider range of interdependent factors such as assessment and care planning processes, terms and conditions of the workforce, the resources available and how services are commissioned.

We also plan to scope a thematic review of the strategic response to gender based violence, with a view to embedding this approach within a broader exploration of public protection. As such, throughout the year we will collaborate with colleagues across the strategic scrutiny teams covering services for children, adults and justice, and with partners including Scottish Government, to develop an approach for future scrutiny which is focussed on public protection. This work acknowledges Recommendation 18 of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland.

### **Adult support and protection**

We lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland (HIS) and His Majesty's Inspectorate of Constabulary in Scotland (HMICS). Collectively, we believe that independent scrutiny is essential for robust public assurance of practice standards, supporting improvement, identifying national themes and priorities, and for enriching and complementing the learning that takes place locally.

Phase two scrutiny and assurance of adult support and protection is currently being undertaken across Scotland.

By August 2024, we will have completed progress reviews of the six partnership areas we last inspected in 2017/18, and – following consultation with the national implementation group – have finalised and published a comprehensive Quality Improvement Framework for Adult Support and Protection.

Provided our scrutiny partners are able to make available an appropriate level of resource, in August 2024 we will commence workstreams three and four of our phase two work. We will review the improvement plan progress in those partnership areas with areas for improvement that outweighed strengths including additional partnerships to provide assurance of improvement activity.

We also aim to use our quality improvement framework to support planned partnership self-evaluation activity around early intervention and prevention.

## **Justice**

The Scottish Government has tasked the Care Inspectorate with providing scrutiny and assurance of justice social work services in Scotland. The legislative basis for the Care Inspectorate's functions sit within the Public Services Reform (Scotland) Act 2010.

To gauge the extent to which the national justice intended outcome of 'More people access services to support desistance and successfully complete community sentences.' is being achieved, we will undertake scrutiny of community payback orders from April 2024. This will build on our initial phase of community payback order inspections undertaken between 2018 and 2020.

Following publication of our refreshed guide to self-evaluation for community justice in Scotland, we will continue to collaborate to 'strengthen the leadership, engagement, and partnership working of local and national community justice partners'. Our offer of support to local areas through a staged approach includes sharing resources, support for self-evaluation, and support and validated self-evaluation, where appropriate.

Our thematic review of prison-based social work in Scotland during 2023/24 focuses on governance, leadership and accountability. The findings will further inform our approach to phase two and the efficiency and effectiveness of prison based social work practice.

We will also continue our ongoing contribution to His Majesty's Inspectorate of Prisons in Scotland (HMIPS) scheduled prison inspections,

Throughout the year we will collaborate with colleagues across the strategic scrutiny teams covering services for children, adults and justice, and with partners including Scottish Government, to develop an approach for future scrutiny which is focussed on public protection. This work acknowledges Recommendation 18 of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland.

## **Implications and conclusions**

### **Policy implications**

This scrutiny and assurance plan should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate over the next year. The Covid-19 recovery and other winter pressures continues to be a major subject of policy discussion, both in terms of the ongoing challenges they represent and the reflection and learning that is taking place through the ongoing Scottish and UK public inquiries. The pandemic has had a significant impact on services and those experiencing and providing care, and we will continue to reflect on and take account of that and any further learning that is identified. Services also continue to face significant staffing and financial pressures.

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 the Scottish Government response to the recommendations of the Independent Review of Inspection, Scrutiny and Regulation (IRISR) published in September 2023.

We will continue demonstrate our commitment to keeping [The Promise to Scotland's children and young people](#). [\[Comms to Insert Link\]](#) .

We will do so by continuing to strengthen our inspection methodology and inspectors' development to ensure we listen to children and young people and focus attention on what is of greatest importance to them. We are committed to amplifying children's voices and to further developing collaborative approaches to support improvements where they are needed. More information about The Promise can be found in our [Corporate Plan 2022-25](#). [\[Comms to Insert Link\]](#) .

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 two-year-olds and school-aged childcare and 1000 additional childminders
- The Children's Care and Justice Bill
- The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (Reconsideration)
- Mental health scrutiny review.

## Resource implications

We have developed this scrutiny and assurance plan for 2024-2025 alongside the 2024-2025 draft budget.

The Board have also taken prior account of the impact of the Care Inspectorate's shift in 2019 from a cyclical frequency framework to inspect regulated care services to one which is based on risk and intelligence and following up requirements to secure sustained improvement more quickly. This approach together with historical year on year underfunding means that the time between inspections of better performing, low risk services has increased and will continue to increase even with a standstill budget and increase more sharply with any budget reduction. The Board have also noted that this intelligence-led, risk-based approach is in line with the Scottish Government's Ministerial Priorities outlined in the Care Inspectorate's Budget Allocation and Monitoring (BAM) letter 2024-25 dated 10 April 2024 which states '*...Based on intelligence, focus scrutiny, assurance and improvement support activity on the highest risk services and to where it will have the greatest impact.*' .

In considering this plan the Board have also reviewed performance data on the number of inspections by service type completed over the last two years and updated resource modelling prepared by the Head of Finance and Corporate Governance.

It is important to note that the ongoing support to the COPFS / Police Scotland 'Operation Koper' and the UK and Scottish Covid public enquiries has required us to commit very significant resources which is having, and will continue to have, significant and direct impact on our scrutiny and assurance work. This work is not funded and



means we will do less inspections in adult services and may result in declining performance in our complaints and registration work.

The proposed resources are contained within the draft budget to support the delivery of this plan and the developments contained within it. We are committed to making the best use of the resources we have to address as many of the priorities as we can. Even in the context of pressured financial resources, we have designed the budget to protect as far as possible our frontline scrutiny, assurance, and quality improvement support activities and to continue providing strong public assurance.

We will closely monitor the key outputs from this plan against our budgetary provision. We will continue to robustly manage arrangements for staff recruitment to undertake the activities outlined in the plan to ensure adequate staffing resources are in place to complete key objectives. Where we identify issues in the delivery of key outputs and any issues where we need to adjust targets, we will take remedial action and advise our Board, as appropriate.

## **Performance reporting**

Performance against this plan we will be reported to senior managers and the Board in accordance with our Performance Measurement Framework 2022-2025, a summary of which can be accessed [\[Comms to Insert Link\]](#) .

## **Conclusion**

This plan has been developed during a period of considerable challenge and uncertainty across health and social care, early learning and childcare, social work and justice services and winter pressures. In this context, the plan sets out an ambitious approach to supporting improved outcomes for people experiencing care during this time. Our programme of work offers assurance and protection for people who experience care. It offers appropriate quality improvement support where that is required, support for innovation, the opportunity to create an evidence base to inform public policy that supports the Scottish Government's ambitions, and that supports people to experience a better quality of care.



<b>Title:</b>	<b>STRATEGIC WORKFORCE PLAN (SWP) 2023-2026: YEAR 1 (2023-24) PROGRESS REPORT</b>
<b>Author:</b>	Kirstine Rankin – Head of Organisation and Workforce Development
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director Corporate and Customer Services
<b>Appendices:</b>	<b>1. None</b>
<b>Consultation:</b>	Lead contributors named in the SWP operational delivery plan have been consulted and their input has informed the development of this report.
<b>Resource Implications:</b>	Delivery of Strategic Workforce Plan activities are incorporated into the workplans of contributing teams and are delivered within existing resources.

#### EXECUTIVE SUMMARY

The [2023-2026 strategic workforce plan](#) defines our future priorities and plans to support our organisation and workforce to deliver the strategic outcomes and objectives defined in our corporate plan and, in particular, strategic outcome 4: 'our people are skilled, confident and well supported to carry out their roles'.

The strategic workforce plan launched in March 2023 is underpinned by an operational delivery plan which defines delivery outputs, leads and timescales across three workforce priorities: living our values, building organisational capacity and capability; and shaping the future.

This is the first annual progress report on delivery of these actions. It recognises the commitment made to regularly review and, where appropriate, reprioritise the actions in our strategic workforce plan to ensure it remains relevant and deliverable within current resources.

This report, which is structured against the three workforce priorities defined in the plan, highlights achievements in Year 1 (2023/2024) of delivery.

#### The Board is invited to:

- Note progress in delivery of the strategic workforce plan to date.

Links	Corporate Plan Outcome (Number/s)		Risk Register (Yes/No)	No
		4		

For Noting	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>
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Equality Impact Assessment		
<b>Yes</b> <input checked="" type="checkbox"/> An EQIA was previously completed for the Strategic Workforce Plan 2023-26.	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input type="checkbox"/> <b>Reason:</b>

Data Protection Impact Assessment Screening		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" type="checkbox"/> <b>Reason:</b> There are no data considerations or no sensitive data is being processed.

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

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

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

## STRATEGIC WORKFORCE PLAN (SWP) 2023-2026: YEAR 1 (2023-24) PROGRESS REPORT

### 1.0 INTRODUCTION

The [2023-2026 strategic workforce](#) plan defines our future priorities and plans to support our organisation and workforce to deliver the strategic outcomes and objectives defined in our corporate plan and, in particular, strategic outcome 4: 'our people are skilled, confident and well supported to carry out their roles'.

The strategic workforce plan launched in March 2023 and is underpinned by an operational delivery plan which defines delivery outputs, leads and timescales across three workforce priorities: living our values, building organisational capacity and capability; and shaping the future.

This is the first annual progress report on delivery of these actions. It recognises the commitment made to regularly review and, where appropriate, reprioritise the actions in our strategic workforce plan to ensure it remains relevant and deliverable within current resources.

This report is structured against the three workforce priorities referenced in the plan and sets out the aims of each workforce priority, for reference, and highlights achievements in Year 1 (2023/2024) of delivery.

Overall, significant progress to deliver on our workforce priorities has been made against a challenging and rapidly evolving backdrop. Where delivery outputs have not been fully delivered in year 1 of the plan, the relevant lead team will work with their Executive Director to consider and agree how this work can be progressed in Year 2, 2024-2025 if appropriate.

### 2.0 WORKFORCE PRIORITY ONE: LIVING OUR VALUES

#### 2.1 Aims

The aims of strategic workforce plan priority one 'Living our values' are to ensure that our:

- values are evident through all aspects of our work and working environment
- people feel valued, recognised and supported as part of our open, honest and trusting culture
- reputation as an inclusive employer helps to ensure our workforce is diverse and representative, with a more balanced age profile

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- commitment to participation is at the heart of our work and our volunteer programme ensures that all aspects of our work involve people with personal experience of care

## 2.2 Delivery Outputs

Seven high level actions aligned to workforce priority one were scheduled to commence in 2023/24, with nine planned delivery outputs. Of these:

- There are seven delivery outputs where work continues to progress in accordance with agreed timescales for delivery
- There are two delivery outputs where work continues to progress and delivery timescales require to be extended. These are extended descriptors of values in practice and the leadership and management development plan.

## 2.3 Highlights

Progress to support delivery of workforce priority one 'Living our values' in year one (2023/24) of the strategic workforce plan can be summarised as follows:

- **Articulation of values** - a proposed approach to refreshing the way we articulate our values and related behaviours, linked to our cultural aspirations, has been developed and approved.
- **Integration of values** - a values assessment has been integrated into the ongoing programme of policy review, which has included recruitment, absence management, workforce change, capability, family friendly provisions and hybrid working.
- **Role modelling of values by leaders and managers** - the deliverables of a leadership and management development plan have been scoped and approved. Early work to develop a new leadership and management development framework is well under way.
- **Recognising and sharing values in practice** - clear mechanisms for recognising and sharing knowledge, expertise and good practice continue to be embedded. This includes blogs and podcasts on areas of expertise and Meet Mondays on social media to showcase our workforce. A staff and leadership communications and engagement plan has been developed. Activities to be delivered over 2024 will support engagement between the leadership and staff and promote information sharing and collaboration between teams.

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- **Collaborative working** - directorate project plans and strategies continue to be informed through collaboration with key stakeholders across the organisation.
- **Increased diversity of our workforce** - delivery of the youth employment and race equality in employment plans continue alongside Corporate Parenting Plan measures on care/lived experience and youth employment. Commitment has been made to the Young Persons Guarantee and a 'guaranteed interview' scheme introduced for young people with lived/care experience who meet the minimum criteria. Four student work placements have been supported. Recruitment and selection processes continue to be reviewed. A care experienced employee network has been established and collaboration is ongoing with external agencies.
- **Understanding barriers and co-creating solutions with our people with lived care experience and experiences relating to, for example, sex, disability and caring responsibilities** – the Carers group was established in May 2023 and meets regularly. The race equality in employment plan has been reviewed and updated through collaboration. A joint disability group has been established and a staff survey sought feedback from staff on experiences with disability inclusion to inform priorities. Blogs have been shared from colleagues with lived experience of disability, long term illness and neurodivergence.

### **3.0 WORKFORCE PRIORITY TWO: BUILDING ORGANISATIONAL CAPACITY AND CAPABILITY**

#### **3.1 Aims**

The aims of strategic workforce plan priority two 'Building organisational capacity and capability' are to ensure that our:

- |   |
|---|
| <ul style="list-style-type: none"> <li>• employer brand is attractive and valued, enabling us to recruit and retain our highly motivated workforce</li> <li>• leaders and managers are highly skilled and confident to lead our organisation, influencing and responding to the changes ahead</li> <li>• staff are highly skilled and confident to apply their professional judgement and are well supported to ensure their knowledge and expertise remain current and relevant</li> <li>• people and ways of working are agile so we can anticipate and respond quickly and flexibly to meet the changing expectations of us</li> </ul> |
|---|

#### **3.2 Delivery outputs**

Six high level actions aligned to workforce priority two were scheduled to commence in 2023/24, with 14 planned delivery outputs. Of these:

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- There are 11 delivery outputs where work to achieve delivery outputs continues to progress in accordance with agreed timescales for delivery
- There are three delivery outputs where work continues to progress and delivery timescales require to be extended. These are the review of organisational structure and operating models, enhanced volunteer development programme aligned to new volunteer roles and the leadership and management development framework (also referenced above under workforce priority one 'Living our values').

### 3.3 Highlights

Progress to support delivery of workforce priority two 'Building organisational capacity and capability' in year one (2023/24) of the strategic workforce plan can be summarised as follows:

**Expansion of volunteer programme** – participation has been embedded into internal structures and is reflected in job titles. The participation community has been developed to include adults. Different ways of attracting volunteers has been tested to increase the diversity of our volunteer workforce, including work with Volunteer Scotland to advertise our vacancies. We continue to be flexible to the needs of those applying for the role in the activities they undertake. A new cohort of five inspection volunteers was enlisted in 2023, bringing lived experience of kinship care, young carers, unaccompanied asylum seekers and greater diversity across several protected characteristics. Four volunteers are testing the LMS as a means of supporting their development needs.

**Effective planning and prioritisation of resources and capacity against demand** – work is ongoing to ensure responsibility and mechanisms for strategic planning processes are defined in our governance structures and reflected in the terms of reference for relevant groups, including, for example, SMG and Directorate Management Teams.

**Skills and confidence to adopt quality improvement approaches** – input and support on quality improvement continues to be provided to colleagues by Improvement Advisors, including through the PDA, team meetings, webinars, drop in sessions, internal mentoring, support for national QI courses and invitations to workshops and other collaboratives. Work with the sector in the design and delivery of QI programmes continues.

**Skills and knowledge frameworks for core roles** – a skills and knowledge framework for regulated care inspectors has been developed through extensive collaboration across the organisation and will be launched in 2024.

**External engagement and collaboration** – Three in-person, half-day events (for the adults and older people, ELC and CYP sectors) were held in November and December 2023. Work continues to monitor and identify

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opportunities to respond to and inform consultations, inquiries, and evidence sessions. Colleagues across the organisation are briefed on relevant policy areas and are able to contribute to them. Work is ongoing to identify speaking opportunities and attendance at events to raise our profile and ensure we are represented in relevant discussions. The list of relationship managers and link inspectors is kept up to date and the meetings with providers and Health and Social Care Partnerships/Local Authorities/Social Work Services continue.

#### **4.0 WORKFORCE PRIORITY THREE: SHAPING THE FUTURE**

##### **4.1 Aims**

The aims of strategic workforce plan priority three 'Shaping our future' are to ensure that our:

- people collaborate widely to drive efficiency, effectiveness, share learning and support quality improvement
- culture of continuous learning means we are all open to new and different ways of working. We are committed to learning through experience and prioritise the gaining and sharing of knowledge across the organisation
- people are skilled and confident and have access to integrated technology, systems and business processes to support their work.

##### **4.2 Delivery outputs**

Five high level actions aligned to workforce priority three were scheduled to commence in 2023/24, with seven planned delivery outputs. Of these:

- There are five areas where work to achieve delivery outputs continues to progress in accordance with agreed timescales for delivery.
- There are two areas where work to achieve delivery outputs continues to progress and delivery timescales require to be extended. These are change toolkits to support leads on good practice and defining future transformational capability requirements to shape learning and development plans.

##### **4.3 Highlights**

Progress to support delivery of workforce priority three 'Shaping our future' in year one (2023/24) of the strategic workforce plan can be summarised as follows:

- 1. Involvement of our people and joint trade unions in shaping new ways of working** – a proposal has been drafted for consideration by SMG in March 2024 which will inform the development of a change toolkit for leads on good practice in involving staff and trade unions.



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- 2. Shared vision for our transformation journey and enabling culture –** regular meetings have been established between the Senior Transformation Business Owner and the Partnership Forum to support a shared vision for transformation.
- 3. Defining and investing in transformational capability requirements –** procurement of a service design process is underway. The outputs of this service will support the definition of future transformational capability requirements and the shaping of future learning and development plans.
- 4. Capacity for transformational change –** governance structures have been established for the transformation project and resourcing of the project is in progress as part of the mobilisation phase.
- 5. People and organisationally focussed approach to transformation –** an engagement strategy is in development. Recruitment is in progress to secure team members with operational experience to help inform deliverables.

## **5.0 LOOKING AHEAD – YEARS 2 AND 3 OF THE STRATEGIC WORKFORCE PLAN**

In light of the financial challenges faced by the organisation, it will be important to review the planned deliverables for years two and three of the strategic workforce plan. This will ensure continued relevance and the organisations capacity to deliver the confirmed priorities within the lifetime of the plan.

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

### **6.1 Resources**

Delivery of strategic workforce plan activities are incorporated into the workplans of contributing teams and are delivered within existing resources.

### **6.2 Sustainability**

There are no sustainability implications.

### **6.3 Policy**

There are no policy implications.

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

Our strategic workforce plan activities are designed to ensure that we retain, attract and develop the right talent to enable the organisation to meet its vision and commitments and therefore contribute to improving care and outcomes for all.

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

By ensuring our people are skilled, confident and well equipped to carry out their roles, our strategic workforce plan activities contribute to a positive employee experience for staff. In turn, our staff are able to apply their strong values, knowledge and professional expertise to the benefit of our external customers.

**7.0 CONCLUSIONS**

The Board is invited to note progress in delivery of the strategic workforce plan to date.



<b>Title:</b>	<b>CORPORATE PLAN 2025 ONWARDS</b>
<b>Author:</b>	Lisa Rooke, Head of Corporate Policy and Communications
<b>Responsible Director:</b>	Edith Macintosh, Executive Director – Strategy and Improvement and Deputy Chief Executive
<b>Appendices:</b>	1.
<b>Consultation:</b>	
<b>Resource Implications:</b>	No

### EXECUTIVE SUMMARY

The current Corporate Plan covers the period 2022 – 2025. Our intention was to consult upon and develop a new version of the Corporate Plan in 2024 and publish this in April 2025.

However, due to the ongoing conversation taking place with staff on a permanent structure for the organisation, as well as awaiting clarity on our budget for the remainder of 2024/25 and beyond, a different approach is now being proposed.

This approach, if agreed, would extend the current corporate plan for an additional year. This would enable robust engagement with staff on the structure to take place and clarity on our budget to be sought. The organisation will also be undertaking significant consultation on our digital transformation work during 2024/25. In addition, in section 2.3 several external policy factors are noted which we are engaged in, many of which shape/impact what we do and require to be considered in the context of developing a new corporate plan.

This revised approach would mean we can ensure that the asks that we make of our staff and of the sector during a time of significant change are staggered and we gain more meaningful engagement and feedback across the board.

During this time, we will continue to focus on the strategic outcomes and key priorities outlined in the current corporate plan. This aligns with the discussion at the Board Strategic Event last year that the strategic outcome headings would likely continue into any new corporate plan but with revised supporting delivery plans.

Work towards a new Corporate Plan, including a full consultation, would then take place over 2025 with a view to developing and publishing a new corporate plan in 2026. A paper will be presented to the Board in Q1 2025 which will lay out the plans for developing a new Corporate Plan with a view to Board engagement in that process during Q2 along with a planned internal and external consultation.

**BOARD MEETING 9 MAY 2024**

**Agenda item 11  
Report No: B-06-2024/25**

<b>The Board is invited to:</b>	
1.	Discuss and approve the proposed approach to extend the current corporate plan for an additional year and timing for the development and consultation on a new Corporate Plan.

<b>Links</b>	Corporate Plan Outcome (Number/s)	1-4	Risk Register (Yes/No)	No
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<b>For Noting</b>		<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Decision</b>	x
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<b>Equality Impact Assessment</b>		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input checked="" type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input type="checkbox"/> <b>Reason:</b>

<b>Data Protection Impact Assessment Screening</b>		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input checked="" type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input type="checkbox"/> <b>Reason below:</b> <i>(for example there are no data considerations or no sensitive data is being processed)</i>

## BOARD MEETING 9 MAY 2024

## Agenda item 11

Report No: B-06-2024/25

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

<b>Reason for Confidentiality/Private Report:</b>
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<i>(see Reasons for Exclusion)</i>
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<b>Disclosure after:</b>
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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.

## CORPORATE PLAN 2025 ONWARDS

### 1.0 BACKGROUND

The current Corporate Plan covers the period 2022 – 2025. Our intention was to consult upon and develop a new version of the Corporate Plan in 2024 and publish this in April 2025.

However, due to the ongoing conversation and potential consultation taking place with staff on the permanent structure of the organisation, as well as awaiting clarity on our budget for the remainder of 2024/25 and beyond, a different approach is now being proposed.

This approach, if agreed, would extend the current corporate plan for an additional year to enable engagement with staff on the new structure to take place and clarity on our budget to be sought. The organisation will also be undertaking significant consultation on our digital transformation work this year so we want to ensure that we stagger the asks that we make of our staff and of the sector in terms of consultation.

A full consultation would then take place in 2025 with a view to developing and publishing a new corporate plan in 2026.

At the Board Strategic Event last year, Board members discussed the strategic priorities for the Care Inspectorate and there was consensus that the vision and strategic outcomes would remain largely the same, but that the key priorities under each would be reviewed as would the supporting delivery plans.

The policy environment in which we are operating is also undergoing significant change (please see policy implications below). This will be further developed by the time we come to engage on the new Corporate Plan next year.

### 2.0 IMPLICATIONS AND/OR DIRECT BENEFITS

#### 2.1 Resources

Our existing resources will be used to develop the Corporate Plan in 2025 and input will be sought from as wide a range of stakeholders as possible.

#### 2.2 Sustainability

The Corporate Plan will reflect our commitment to improving our energy efficiency and adopting more sustainable working practices.

#### 2.3 Policy

There are a range of external influences that affect our work. We need to ensure that we are engaged in the development of these initiatives and able to shape them to ensure our success in achieving our vision. These external factors,

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**Report No: B-06-2024/25**

combined with other operational factors present a significant opportunity for us to shape our future.

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

**These include, but are not limited to:**

**National Care Service:** The framework National Care Service (Scotland) Bill is under consideration at stage 2 in the Scottish Parliament. We are engaged in multiple working groups to try to ensure our role and work is fully understood in the context of the legislation.

**Independent Review of Inspection, Scrutiny and Regulation:** This was published last September and the Scottish Government accepted the full 38 recommendations but with an immediate focus on a review of the Health and Social Care Standards and the care service types/definitions. Recommendations from the [Mental Health Scrutiny and Assurance Evidence Review](#) will be taken forward in parallel, with a framework for mental health scrutiny and assurance to be developed in due course.

**Public inquiries and investigations:** The Scottish and UK Covid Inquiries and the Scottish Child Abuse Inquiry continue alongside Operation Koper. The Care Inspectorate is involved in all of these, which requires a considerable resource and input from colleagues.

**Workforce:** We have a highly skilled workforce and our strategic workforce plan details how we are supporting colleagues to further develop their skills and expertise. We will look at how we can support the sector in attracting the skills and resources it needs to operate successfully taking into account current challenges across the sector. We will continue to fulfil our role under the Health and Care (Staffing) (Scotland) 2019, which was enacted in April 2024 and aims to ensure appropriate staffing levels are in place to support high quality care.

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

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

**Early Learning and Childcare (ELC):** Work is underway with Education Scotland on developing a shared framework for early learning and childcare services, including childminding. A draft was published last year and consultation with the sector continues.

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

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

**Digital transformation:** Stage 2 of our digital transformation is underway to replace our end-of-life digital systems with a digital platform that will support the continued delivery of our day-to-day regulatory business, from pre-inspection to enforcement.

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

It is imperative that the Care Inspectorate's core purpose of scrutiny, assurance and improvement support is set out clearly through a Corporate Plan which is easily understood and accessible to people experiencing care services, our partners and all who we work with. We will ensure that people are made aware that the current corporate plan has been extended. During this time, we will continue to focus on the strategic outcomes and key priorities outlined in the current corporate plan. This aligns with the discussion at the Board Strategic Event last year that the strategic outcome headings would likely continue into any new corporate plan but with revised supporting delivery plans.

In developing our new Corporate Plan in 2025, it will ensure our critical work is carried out in a way that focuses on safety and outcomes for people, paying particular attention to overall health and well-being of people experiencing care. It is also essential that we seek the views of those who experience care when we



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develop the Corporate Plan to ensure that it is relevant to and understood by this important stakeholder group.

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

The new Corporate Plan will be developed through a consultative process which will include internal colleagues, external partners and people experiencing care. The feedback will be analysed and will inform and refine the final publication. Carrying this out in 2025 will reduce our asks of our staff and of the sector in 2024 when we are carrying out considerable engagement in a number of different areas.

**3.0 CONCLUSIONS/NEXT STEPS**

The Board is invited to discuss and approve the proposed approach.



<b>Title:</b>	<b>MONITORING OUR PERFORMANCE 2023/24 – QUARTER 4 REPORT</b>		
<b>Authors:</b>	<i>Ingrid Gilray, Intelligence and Analysis Manager</i> <i>Sophie Siegel, Information Analyst</i> <i>Kaisha Wallace, Intelligence Researcher</i>		
<b>Responsible Director:</b>	Gordon Mackie, Executive Director of IT, Transformation and Digital		
<b>Appendices:</b>	<b>1.</b>	<b>Key Outcome Indicators (KOIs) and Scrutiny &amp; Assurance activities</b>	
	<b>2.</b>	<b>Technical notes</b>	
<b>Consultation:</b>	N/A		
<b>Resource Implications:</b>	None		

#### EXECUTIVE SUMMARY

This report presents the Q4 2023/24 summary report on our performance and focusses on performance against the organisation's Key Performance Indicators (KPIs).

Of the 8 KPIs detailed in the Corporate Plan 2022-25, at the end of Q4 2023/24:

7 met or exceeded target  
1 did not meet the target

This report provides a statistical account of performance against our KPIs and Key Outcome Indicators (KOIs) noting any remedial action where performance is below target. A broader account of our work in support of our strategic objectives is set out in the Chief Executive's report.

#### The Board is invited to:

1. Discuss and note the report.

<b>Links</b>	Corporate Plan Outcome (Number/s)	1,2,3,4	Risk Register (Yes/No)	Yes	
<b>For Noting</b>	<b>X</b>	<b>For Discussion</b>	<b>X</b>	<b>For Assurance</b>	<b>For Decision</b>

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.

Data Protection Impact Assessment Screening		
Yes <input checked="" type="checkbox"/> Full DPIA completed	Not Yet <input type="checkbox"/>	No <input type="checkbox"/> Reason:

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

<b>Reason for Confidentiality/Private Report:</b> N/A – This is a public Board report. <i>(see Reasons for Exclusion)</i>
<b>Disclosure after:</b>

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

**MONITORING OUR PERFORMANCE 2023/24 - QUARTER 4 REPORT**

**1.0 INTRODUCTION**

**Structure of this report**

This report sets out our performance against our agreed performance measures, under each of the four strategic outcomes in our Corporate Plan 2022-25. Further information on the work we have undertaken to deliver our strategic outcomes can be found in the Chief Executive’s report to the Board.

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. A summary of performance against our KPIs is in the report below and performance against KOIs and other metrics is in appendix 1.

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 2.

**Summary of performance**

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

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
<b>KPI-1:</b> % of people telling us that our scrutiny will improve care <b>96.0%</b>	<b>KPI-4:</b> % of people telling us that our quality improvement support will improve care <b>90.2%</b>	<b>KPI-5:</b> % staff completing core learning <b>51.0%</b>
<b>KPI-2:</b> % scrutiny hours spent in high and medium risk services <b>72.8%</b>		<b>KPI-6:</b> % staff absence <b>5.0%</b>
<b>KPI-3:</b> % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) <b>87.6%</b>		<b>KPI-7:</b> % staff turnover <b>9.1%</b>
		<b>KPI-8:</b> Days per month that inspection volunteers and care experienced people are involved in our work <b>33.6 days</b>
<b>Colour code: Target achieved</b>	<b>Slightly below target</b>	<b>Significantly below target</b>

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 MARCH 2024

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Scrutiny & Assurance
<p><b>Q4 year to date (Target 90%)</b></p>	<p><b>96.0% (321 responses)</b></p>	
<p>KPI/KOI links: KPI-4</p>		
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Target met. 96.0% of respondents agreed our scrutiny will improve care in 2023-24.</li> <li>During Q4 responses started to increase (from less than 20/month to over 90/month) following the introduction of an online form for staff and managers implemented during Q4.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Increase response rates: inspection staff have been reminded to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit.</li> <li>Improve online inspection feedback surveys. On 25 January 2024, we implemented an interim online survey for staff and managers, and their responses are now being included in this measure. We have further work in progress to replace this with a longer term solution that will enable more detailed analysis and reporting of responses.</li> </ul>		

KPI-2: % scrutiny hours spent in high and medium risk services		Ex Dir. Scrutiny & Assurance
<p><b>Q4 year to date (Target 60-80%)</b></p>	<p><b>72.8% (149,554 of 205,390 hours)</b></p>	
<p>KPI/KOI links: KOI-1, KOI-3</p>		
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Performance remains within target range and normal limits.</li> <li>In previous years we have spent a higher proportion of time in high-risk services at the start of the year. However this year the trend is flatter overall, and sitting slightly higher than last year for most months of the year.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>We will continue to deliver our scrutiny plan and monitor our performance.</li> </ul>		

KPI-3: % of complaints about care resolved within relevant timescales		Ex Dir. Scrutiny & Assurance																																
<p><b>Q4 year to date (Target 80%)</b></p>	<p><b>87.6% (1,913 of 2,184 complaints)</b></p>	<table border="1"> <caption>Monthly Performance Data for KPI-3</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Jan 2022/23</td><td>80</td></tr> <tr><td>Feb 2022/23</td><td>80</td></tr> <tr><td>Mar 2022/23</td><td>80</td></tr> <tr><td>Apr 2022/23</td><td>78</td></tr> <tr><td>May 2022/23</td><td>80</td></tr> <tr><td>Jun 2022/23</td><td>80</td></tr> <tr><td>Jul 2022/23</td><td>82</td></tr> <tr><td>Aug 2022/23</td><td>85</td></tr> <tr><td>Sep 2022/23</td><td>85</td></tr> <tr><td>Oct 2022/23</td><td>85</td></tr> <tr><td>Nov 2022/23</td><td>85</td></tr> <tr><td>Dec 2022/23</td><td>85</td></tr> <tr><td>Jan 2023/24</td><td>85</td></tr> <tr><td>Feb 2023/24</td><td>85</td></tr> <tr><td>Mar 2023/24</td><td>87.6</td></tr> </tbody> </table>	Month	Performance (%)	Jan 2022/23	80	Feb 2022/23	80	Mar 2022/23	80	Apr 2022/23	78	May 2022/23	80	Jun 2022/23	80	Jul 2022/23	82	Aug 2022/23	85	Sep 2022/23	85	Oct 2022/23	85	Nov 2022/23	85	Dec 2022/23	85	Jan 2023/24	85	Feb 2023/24	85	Mar 2023/24	87.6
Month	Performance (%)																																	
Jan 2022/23	80																																	
Feb 2022/23	80																																	
Mar 2022/23	80																																	
Apr 2022/23	78																																	
May 2022/23	80																																	
Jun 2022/23	80																																	
Jul 2022/23	82																																	
Aug 2022/23	85																																	
Sep 2022/23	85																																	
Oct 2022/23	85																																	
Nov 2022/23	85																																	
Dec 2022/23	85																																	
Jan 2023/24	85																																	
Feb 2023/24	85																																	
Mar 2023/24	87.6																																	
<i>KPI/KOI links</i>	KPI-2, KPI-6																																	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>At the end of Q4, performance was above target and within normal limits, maintaining the improvement observed in Q2 and Q3 this year.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>We continue to support people to raise concerns and assess all concerns and complaints to ensure they are dealt with appropriately.</li> </ul>																																		

**Strategic outcome: Improving outcomes for all**

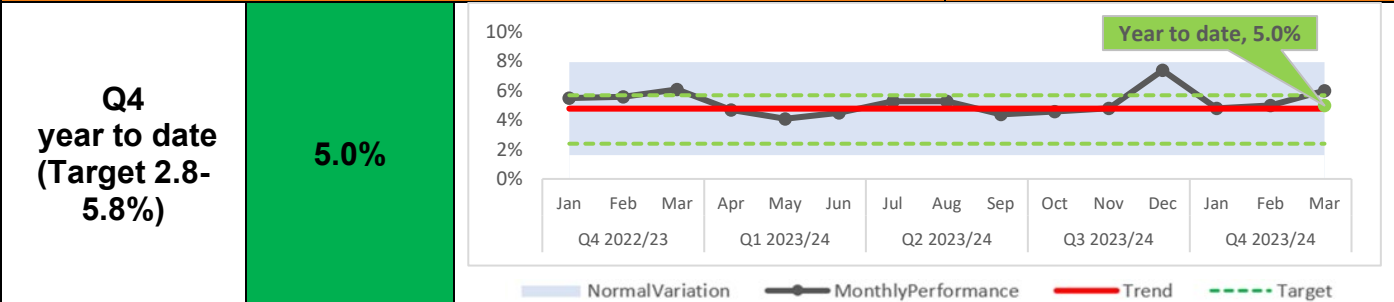
KPI-4: % of people telling us that our quality improvement support will improve care		Ex Dir. Strategy & Improvement
<p><b>Q4 year to date (Target 90%)</b></p>	<p><b>90.2% (1,383 responses)</b></p>	
<i>KPI/KOI links:</i>	KPI-1	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Year to date performance is above target of 90%, based on responses from those who have recently undergone some quality improvement support input.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>We will continue to monitor performance at a monthly frequency.</li> </ul>		

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

KPI-5: % staff completing core learning		Ex Dir. Strategy & Improvement
Q4 year to date (Target 95%)	51.0%	
KPI/KOI links:	KPI-6	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Performance is below target at 51.0%.</li> <li>• This measure only includes staff who have completed all required core learning in the current reporting quarter. The learning required in each quarter changes considerably due to fluctuations across expiry dates.</li> <li>• Performance for Q4 is not comparable to performance last year. This is because we now include Health and Safety along with other core training. In addition, we have refocused core learning on training mandated by legislation or regulation.</li> <li>• Performance dropped from Q3 for two types of core learning: Equalities fell from 91% to 69% and Cyber Security fell from 82% to 72%. Data Protection training completion has increased from 81% to 86%. Health and Safety training remained on a similar level at 87% compared to 88% in Q3.</li> <li>• The large volume of staff with learning modules that expired in Q4 has contributed to the decrease in compliance. 78% of staff were required to complete Cyber Security training and 74% Equalities training, between December 2023 and March 2024. This means that around three quarter of staff had to complete these training modules during the busy end-of-year period.</li> <li>• It is important to note that colleagues across the organisation continue to refocus their work to support the ongoing inquiries and Operation Koper. This is impacting on staff capacity to undertake core learning.</li> <li>• Our measure only includes staff who have completed all of the core learning, which means that lower compliance rates for Cyber Security and Equalities in Q4 brings down our overall performance, despite Health and Safety and Data Protection having more than 80% completion rates.</li> <li>• Data does not include employees who are currently exempt from the training due to long term absence which includes maternity leave, career breaks and external secondments.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• An organisational wide message was shared from the executive team to highlight the importance of timely completion of core learning as well as the risks associated with non-compliance. Staff have been asked to prioritise completion of outstanding core learning by 30 April 2024.</li> <li>• Executive directors have been provided with compliance reports for each business area and continue to provide support to drive compliance in their areas of responsibility through a targeted approach.</li> <li>• Core learning topics continue to be highlighted through the regular Organisational and Workforce Development (OWD) update email to all staff.</li> <li>• Actions have been taken within the Learning Management System (LMS) and core learning intranet page to support staff to identify and prioritise core learning modules.</li> </ul>		

- As part of the OWD stakeholder meetings, managers were provided with compliance reports for each business area and support was requested from line managers to drive compliance.
- Manager dashboards will launch in Q4/Q1 to enable managers to monitor compliance across their teams and provide the necessary support required for staff to complete core learning.
- A performance dashboard is shared with heads of service and executive directors each month to monitor performance across their areas of responsibility.
- Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue.
- The OWD team continues to work with internal stakeholders to ensure accuracy of core learning data.

**KPI-6: % staff absence** **Ex Dir. Corporate and Customer Services**



**KPI/KOI links:** KPI-2, KPI-3, KPI-5, KPI-7

**Analysis:**

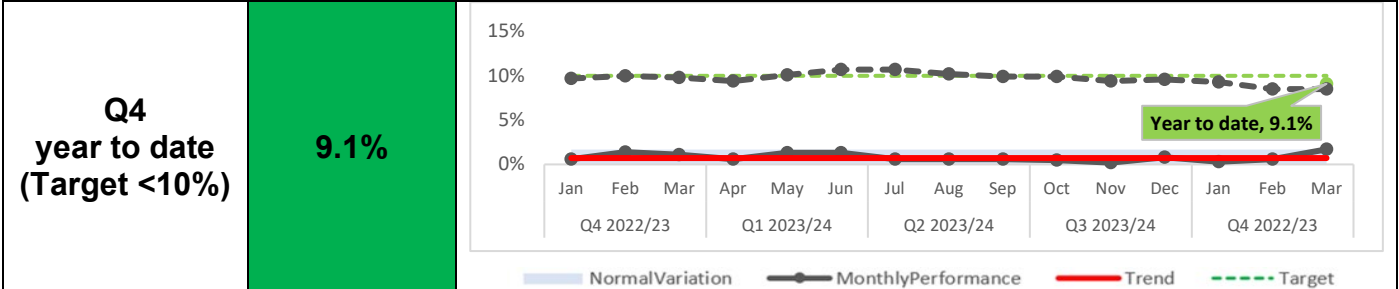
- Performance remained within the target range.
- Compared to Q3 2023-24, overall absence increased from 4.8%. Absence in December and March both exceeded the upper limit of the target range.
- Long term absence had been increasing in Q3 2023-24 with a slight decrease over December and January and has been increasing again in February and March 2024. Medium term absence has seen a decrease since January and short term absence saw a spike in December 2023 but has been decreasing since.

**Actions:**

- We are actively promoting staff health and wellbeing and supporting managers to manage absence effectively.



<b>KPI-7: % staff turnover (monthly and rolling)</b>	<b>Ex Dir. Corporate and Customer Services</b>
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**KPI/KOI links:** KPI-2, KPI-3, KPI-6

**Analysis:**

- Staff turnover met target and was within normal limits.
- During Q4 23/24 alone, 17 staff left the organisation, 10 retired and the remaining 7 left voluntarily.
- Higher numbers of staff leaving in both Q1 and Q4 23/24 have affected our overall performance for this measure. March 24 had the highest number of leavers in 2023/24 due to 7 people retiring.

**Actions:**

- Performance remains within control limits and we will continue to monitor performance at a monthly frequency.

<b>KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work</b>	<b>Ex Dir. Strategy &amp; Improvement</b>
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**KPI/KOI links:** N/A

**Analysis:**

- Year to date performance is above target of 30 days per month, although lower than Q4 last year (40.7 days per month).
- During Q4 alone, inspection volunteers were involved in inspection activity on 35 days and other involvement activities on 34.5 days. The inspection volunteers continue to be involved in a range of work across the Care Inspectorate.

**Actions:**

- We have a recruitment campaign for inspection volunteers currently happening, and it is the intention to hold interviews in May 2024. Any successful applicants for the role will be trained between May and June 2024.
- The involvement coordinators will link in with team managers in scrutiny and assurance to discuss shadow inspections for newly recruited inspection volunteers and how to involve them based on their experience of care.
- The involvement advisor is in the early stages of planning out a recruitment campaign for young inspection volunteers. This will be adapted to fit in with the needs of young people, as we know they may have other commitments such as university or work.

### 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 discuss and note the report.

Key Outcome Indicators (KOIs) and Scrutiny & Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)		Ex Dir. Scrutiny & Assurance
Q4 year to date	85.2%	
KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance is 85.2% of registered services with grades of good or better, almost the same as at the end of Q3 2023/24 (85.3%). Performance has improved overall this year following a gradual drop over recent years, and has been above 85% for the past 6 months. We will continue to monitor this trend closely.</li> <li>There is variation by type of service: adult daycare (94%), childminding (92%) and daycare of children (88%) are all statistically significantly above the average while care homes for older people (60%), care homes for adults (72%), as well as care at home (80%) and housing support services (83%) are statistically significantly below average.</li> <li>Care homes for older people and for adults, although significantly below the average, have both increased over the year by 8.0 and 3.1 percentage points respectively.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.</li> </ul>		

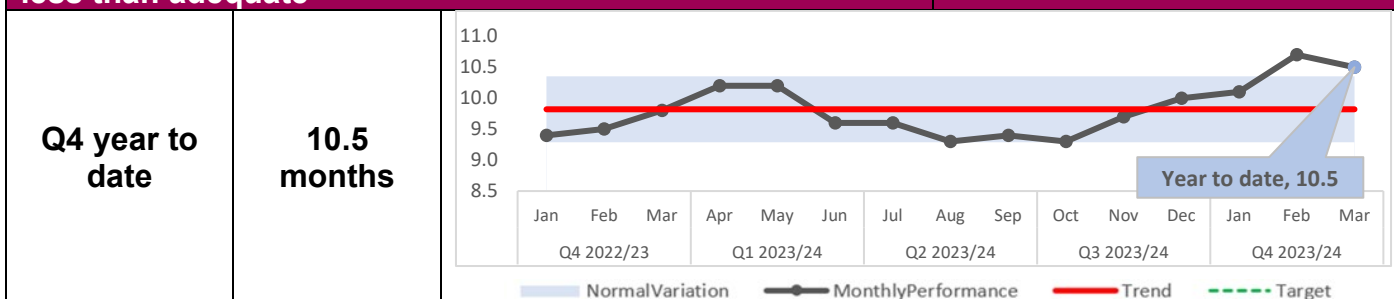
KOI-2: % of services with good or better grades at first inspection following registration		Ex Dir. Scrutiny & Assurance
Q4 year to date	67.3% (268 of 398 inspections)	
KPI/KOI links:	KOI-1	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance remains within the range of expected variation with 67.3% of services having good or better grades at the first inspection following registration.</li> <li>Performance dipped in December 2023 and again decreased to a similar level in March 2024, although still within normal variation for this measure. We will continue to monitor this closely.</li> </ul>		

**Actions:**

- We are continuing a focussed investigation into common themes for newly registered services not graded at least good at first inspection.
- As part of this, we carried out an initial explorative analysis of grading at first inspection of services that registered between April 2018 and May 2023. Findings showed that there are differences in grading patterns between those services that were registered as part of a de-reg – re-reg (for example when an existing service is re-registered under a new provider). 49% of de-reg – re-reg services had at least one grade of adequate at their first inspection following registration, compared to 31% of new services.
- The analysis also showed that services inspected within the first year following registration had the highest proportion of services with minimum grades of adequate or lower at their first inspection, indicating that our processes to prioritise higher risk and lower quality services’ inspections also apply to first inspections following registration.

**KOI-3: Average time a service continues to have a grade of less than adequate**

Ex Dir. Scrutiny & Assurance



**KPI/KOI links:** KPI-2, KOI-1

**Analysis:**

- Performance has declined again from 10 months at the end of Q3 to 10.5 months at the end of Q4 and is slightly above the range of expected variation. However, this decline is balanced by a drop in the number of services that continued to have a grade of less than adequate. This has fallen over the year from 259 at the end of Q1, 251 at the end of Q2, 230 services at the end of Q3, to 213 at the end of the year 2023/24. This is a small and reducing proportion of services: 2.1% (previously 2.3% at Q3) of all non-cancelled services with grades of less than adequate at the end of Q4.
- At the end of Q4 most services (67%) have had these grades for less than the average of 10.5 months. Of the 213 services:
  - 33% (70 services) were equal to or above the average of 10.5 months.
  - 67% (143 services) were below the average of 10.5 months.
  - 50% were ELC services.
- Inspections continue to be mainly focussed on services where we have concerns (see KPI-2), which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. 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 improve especially against the backdrop of financial and staffing pressures in the sector.

**Actions:**

- Continue to focus on higher risk services as evidenced by KPI-2.
- Continue to use new performance dashboard to ensure that scrutiny managers have clear oversight of services with grades of less than adequate.

KOI-4: % of services with expected grades or better		Ex Dir. Scrutiny & Assurance
Q4 year to date	97.0% (1,114 of 1,149 inspections)	
KPI/KOI links:	KPI-2, KOI-1, KOI-3	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance remained high during Q4 with 97.0% of services getting expected grades or better. The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>Continue to monitor this measure to ensure performance does not fall.</li> </ul>		

**Scrutiny and assurance activity**

The following tables show the volume of key scrutiny and assurance activities.

**Registered care services**

	Number completed Q4 Year to Date 2022/23	Number completed Q4 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed	4,079	4,583	12%
Serious concern letters issued	46	48	4%
Improvement notice enforcements	45	32	-29%
Notice to cancel enforcements	8	4	-50%
Total complaints resolved (not inc. concerns logged as intelligence)	2,163	2,184	1%
New registrations completed	403	452	12%
Number of variations completed (not inc. typographical changes)	1,615	1,593	-1%

Note: Percentages based on small numbers (<20) are highlighted, and should be interpreted with caution.

## Strategic Inspections

	Number during Q4 Year to Date 2022/23	Number during Q4 Year to Date 2023/24
Inspections completed (published)	23	21
Total staff survey responses received	10,056	5,759
Total people experiencing care engaged with	1,201	649
Total number of case files read	2,282	1,397
Number of serious incident reviews, learning reviews received and learning review notifications received	141	140

Please note that not all the figures are directly comparable to previous year. This is due to changes in methods of calculation, reporting methodology, schedules of inspections that vary from year to year, as do size and set up of partnerships (which has an impact on staff survey responses, engagement with people experiencing care and numbers of case files read). Additionally if a partnership already has good impact information that is well evidenced, there is less need for inspectors to get the evidence first hand.

## 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		Ex Dir. Scrutiny & Assurance
<b>Q4 year to date</b>	<b>95.1% of services (1,329 of 1,398 services, based on 17,948 responses in total)</b>	
<i>KPI/KOI links:</i>	KOI-7	
<b>Analysis:</b>		
<ul style="list-style-type: none"> <li>Up to the end of Q4, 95.1% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.</li> <li>Over the course of 2023/24 we received 17,948 questionnaires, an increase of 145% on the 7,340 we received last year.</li> </ul>		
<b>Actions:</b>		
<ul style="list-style-type: none"> <li>We have continued our work to develop questionnaires, including in a wider range of formats.</li> <li>Since launching our revised surveys for care homes for adults in September 2023, we have received more than 1,300 completed questionnaires (included in the analysis are only those where inspections have been finalised). These surveys are in paper and online formats, and are for people who use services, carers, relatives, staff and other professionals who help to support people in care homes.</li> <li>We have developed a new paper survey for people who use care at home and care at home &amp; housing support combined services. We plan to launch this in May together with online surveys for staff and professional visitors. We are working on an accessible version of the paper survey for people who use the service and working towards making this available at the same time.</li> </ul>		

Improvement support and external communications summary year to date

	Number Q4 Year to Date 2022/23	Number Q4 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
External improvement support events	132	215	63%
Internal improvement support events	6	12	100%
Number of unique services engaged	371	112	-70%*
Number of individuals engaged	3,307 (from Q2)	6,638	101%

Note: Percentages based on small numbers (<20) are highlighted, and should be interpreted with caution.

\*This year, Quality Improvement Support have run fewer webinars and has focussed on collaborative events with provider groups rather than individual services. This has resulted in the drop in individual services engaged, although the overall number of improvement support events and the number of individuals engaged has increased.

Due to migrating our web analytics reporting to a new provider we do not currently have year to date reporting figures for website and Hub views, and are working with the provider to restore this.

Strategic outcome: Everyone’s rights are respected and realised

KOI-6: % services good or better for ‘How well do we support people’s wellbeing’		Ex Dir. Scrutiny and Assurance
Q4 year to date	91.3%	<p>Year to date, 91.3%</p>
KPI/KOI links:	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5	
<b>Analysis:</b>	<ul style="list-style-type: none"> <li>The increase in performance since the start of this year was sustained in Q4.</li> <li>Similar to KOI-1, we have seen the slight but sustained long term decline in this measure start to reverse this year, and we will monitor this closely to establish if this is sustained over time.</li> </ul>	
<b>Actions:</b>	<ul style="list-style-type: none"> <li>Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.</li> </ul>	

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Scrutiny and Assurance
Q4 year to date	97.7% (1,340 of 1,372 services, from 17,548 respondents in total)	
KPI/KOI links:	KOI-5	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>97.7% of services had 90% or more respondents telling us they make decisions about their own care.</li> <li>Performance remained within normal limits.</li> <li>Over the course of 2023/24 we received 17,548 questionnaires, an increase of 161% on the 6,727 we received last year.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>We have continued our work to develop questionnaires, including in a wider range of formats. See KOI-5 for further detail.</li> </ul>		

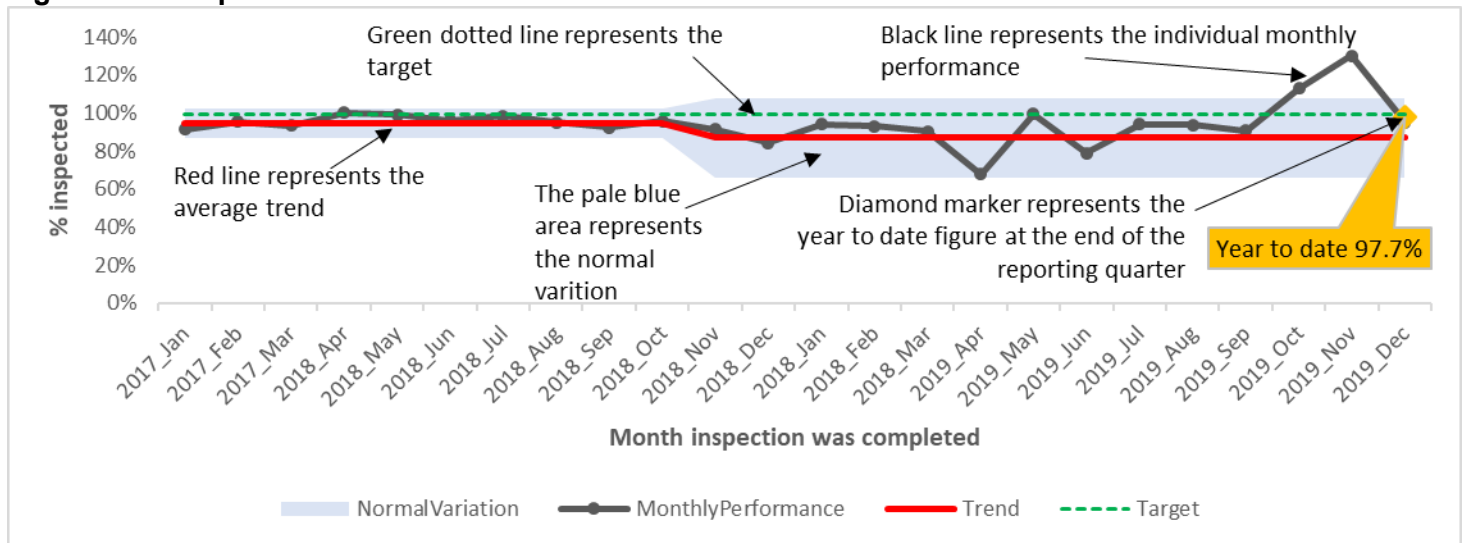


Technical Notes

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%.



<b>Title:</b>	<b>ANNUAL REPORT AND ACCOUNTS AND FINANCIAL POSITION UPDATE</b>								
<b>Author:</b>	<i>Kenny Dick, Head of Finance and Corporate Governance</i>								
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services								
<b>Appendices:</b>	<table border="1"> <tr> <td>1.</td> <td>Debt Analysis 2023/24</td> </tr> <tr> <td>2.</td> <td>Debt Write Off 2023/24</td> </tr> <tr> <td>3.</td> <td>Revised 2024/25 Detailed Budget</td> </tr> <tr> <td>4.</td> <td>Revised 3-year Budget</td> </tr> </table>	1.	Debt Analysis 2023/24	2.	Debt Write Off 2023/24	3.	Revised 2024/25 Detailed Budget	4.	Revised 3-year Budget
1.	Debt Analysis 2023/24								
2.	Debt Write Off 2023/24								
3.	Revised 2024/25 Detailed Budget								
4.	Revised 3-year Budget								
<b>Consultation:</b>									
<b>Resource Implications:</b>	<b>Yes</b>								

#### EXECUTIVE SUMMARY

This report provides an update on the progress of the 2023/24 Annual Report and Accounts and the projected financial position for the year to 31 March 2024.

We are progressing the preparation of the 2023/24 Annual Report and Accounts, and we are on track to submit to external auditors in accordance with the agreed timescales.

As we are still preparing and reviewing the final year end transactions, the projected financial position is based on our ledger position at the end of February 2023 which was reported to the Board at their meeting of 28 March 2024. This reported a projected financial position on our core budget (excluding Stage 2 Digital Transformation and expenditure funded by specific grant) of a £0.864m deficit.

This report also provides the annual update on the Care Inspectorate's income collection debt position. It is concluded that income collection rates remain good and debt management continues to be effective.

#### The Board is invited to:

- |    |   |
|----|---|
| 1. | Note the draft Annual Report and Accounts are expected to be completed and ready for submission to the external auditors on 10 July 2024. |
| 2. | Note the projected financial position for the 2023/24 financial year.   |
| 3. | Note the effective 2023/24 income collection and debt management activity.  |
| 4. | Note the budget position including identified risks for 2024/25.  |

<b>Links:</b>	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	Yes			
<b>For Noting</b>	✓	<b>For Discussion</b>	✓	<b>For Assurance</b>		<b>For Decision</b>	

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

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> <b>Reason:</b> There are no data considerations in this 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.

<b>Reason for Confidentiality/Private Report:</b> N/A – this is a public Board report. <i>(see Reasons for Exclusion)</i>
<b>Disclosure after:</b>

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 UPDATE

### 1.0 INTRODUCTION

This report is to advise the Board on:

- The progress of the Annual Accounts and the latest projected financial position for 2023/24
- The income collection and debt management position for 2023/24
- The budget position for 2024/25

### 2.0 ANNUAL REPORT AND ACCOUNTS PROGRESS

#### 2.1 Submission to External Audit

Responsibility for the preparation of the Annual Report and Accounts is shared between several officers. The preparation of the Annual Report and Accounts is progressing satisfactorily, and it is expected that the draft documents will be submitted to our external auditors (Deloitte) for auditing purposes on 10 July 2024 in accordance with the agreed timetable.

#### 2.2 2023/24 Projected Outturn

As noted in 2.1 above, the preparation of the 2023/24 financial statements is progressing satisfactorily. Given this Board meeting is taking place early in the annual accounts process, the projected financial outturns are based on the ledger as at 28 February 2024. This is a projected deficit before letter of comfort funding of £2.122m which is an underspend of £0.386m compared to the budgeted deficit of £2.508m.

We have drawn down £1.258m of the £2.050m letter of comfort funding available to reduce the 2023/24 deficit to £0.864m. On this basis, the projected available general reserve balance as at 31 March 2024 is projected to be £0.843m.

#### 2.3 Draft Summary Financial Position

As noted in 2.2 above, our projected general reserve balance for core operating expenditure is projected to be £0.843m. This figure is unchanged to the opening 2024/25 reserve position set out in the 2024/25 budget approved by the Board on 28 March 2024.

### 3.0 2023/24 INCOME COLLECTION AND DEBT MANAGEMENT

During the year invoices totalling £11.588m were issued. Collection rates remain good.

Appendix 1 provides details of outstanding debt as at 31 March 2024 and compares this to the position as at 31 March 2023.

Appendix 2 provides details of the £0.027m debt written off during 2023/24.

**BOARD MEETING 9 MAY 2024****Agenda item 13****Report Number: B-08-2024/25**

It should be noted that the Executive Framework provides the Chief Executive with delegated authority to approve the write off of debt up to the value of £10,000.

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

**4.0 2024/25 BUDGET POSITION****4.1 Confirmation of Grant in Aid Funding**

We have received confirmation of our core grant in aid funding from the Sponsor. The approved funding is £0.505m more than anticipated than when the Board approved the budget. The “path to balance in-year savings” have reduced accordingly from £2.530m to £2.025m.

The budget allocation and monitoring letter states:

*“Scottish Government recognise that a core operating pressure of £2.3 million has been identified against the 2024-25 budget. The Care Inspectorate are asked to continue to seek efficiencies wherever possible to minimise the additional budget requirement. This is in line with the steps being taken within the rest of the Scottish Government whereby savings are required of all Directorates as part of a path to balance exercise.*

*On the basis that the Care Inspectorate are willing to continue these efforts and provide updates on efficiencies realised through the year, it is my intention to undertake an in year review to discuss the overall position in early August 2024 with a view to allocating additional budget up to a maximum of £2.3 million in line with your updated forecast at that time.”*

The impact of cost reduction measures and in particular the recruitment freeze introduced in the latter part of 2023/24 will continue to have an impact on actual expenditure into 2024/25.

The revised path to balance figure of £2.025m and the impact of cost reduction measures described above will mean we will require less than the maximum £2.300m set out in the budget allocation and monitoring letter as we move towards the August 2024 budget review.

**4.2 2024/25 Budget**

There is no formal budget monitoring in the first quarter of the financial year, however, there is no reason to predict a significant budget variance at this stage in the financial year.

As noted in section 2.3 our projected general reserve balance is greater than the upper limit of our target range and this provides additional comfort for dealing with unexpected net expenditure variations.

**BOARD MEETING 9 MAY 2024****Agenda item 13****Report Number: B-08-2024/25**

The detailed and 3-year budget appendices considered by the Board at its March 2024 meeting have been revised to reflect the additional grant in aid funding. The revised appendices are included as Appendix 3 (Detailed 2024/25 budget) and Appendix 4 (3-year Budget).

**5.0 2024/25 BUDGET RISKS****5.1 Staff Recruitment**

A recruitment freeze was implemented in the latter part of 2023/24 and the impact of this will continue into 2024/25. This is likely to mean we are likely to significantly exceed the staff slippage allowed for in our budget assumptions. Our largest recruitment area is Inspectors and there is a significant lead time between advertising Inspector posts and Inspectors becoming effective in their roles this poses a significant risk to our ability to deliver the Scrutiny and Assurance Plan.

Our budget is based on the staffing establishment we need to fully deliver the service outlined in our Scrutiny and Assurance Plan. There is a risk the staffing underspend due to vacancies and recruitment delays masks the extent of our funding deficit and our capacity to provide protection, assurance and improvements to people who experience care is compromised into the long term.

**5.2 Public Inquiries**

The 2024/25 agreed budget and indicative budgets for 2025/26 and 2026/27 include provision for up to £0.200m each year for additional legal fees arising from supporting public inquiries. This provision is an estimate that could change significantly. There is no provision for the additional staff time that is being directed towards supporting inquiries.

**5.3 National Care Service Change (NCS)**

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

**5.4 Stage 2 Transformation included in Core Funding**

The Stage 2 Transformation project is a project spanning the next three financial years. The total budget for the project is £8.626m. The profile of this expenditure has been estimated as robustly as possible, but the nature of the project means the expenditure profile may change over the life of the project with either delays or expenditure requiring to be brought forward earlier than planned both possible. The funding for this project has been included in our core grant in aid. We will work with our Sponsor Department to agree flexibility should expenditure need to be brought forward or delayed and that this flexibility will not impact on our core operational activities.

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

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

**6.2 Sustainability**

There are no direct sustainability implications arising from this report.

**6.3 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**

The greater than budgeted opening general reserve balance together with the projected budget deficit being less than expected means we are projecting our closing general reserve balance will be £0.843m. This is the figure used for the 2024/25 approved budget.

Income collection and debt management performance has been effective.

**DEBT ANALYSIS - 2023/24**

Position as at 31 March 2024

Financial Year	Total Debt Outstanding		Referred for Legal Recovery Invoice Value	Balance of Debt Outstanding Invoice Value	%age of Total Billed
	No. Of Invoices	Invoice Value			
Care Commission	3	£215	£34	£181	0.00%
2011/12	3	£51	£51	£0	0.00%
2012/13	7	£119	£119	£0	0.00%
2013/14	19	£2,127	£205	£1,922	0.02%
2014/15	26	£1,873	£221	£1,652	0.02%
2015/16	47	£26,853	£221	£26,632	0.24%
2016/17	50	£3,959	£221	£3,738	0.04%
2017/18	74	£1,648	£411	£1,237	0.01%
2018/19	125	£5,730	£221	£5,509	0.05%
2019/20	130	£34,545	£1,043	£33,502	0.30%
2020/21	266	£77,118	£2,852	£74,266	0.68%
2021/22	461	£178,744	£15,196	£163,548	1.55%
2022/23	683	£346,510	£9,438	£337,072	3.02%
2023/24	1,384	£1,245,311	£255	£1,245,056	10.75%
<b>Total</b>	<b>3,278</b>	<b>1,924,802</b>	<b>30,488</b>	<b>1,894,314</b>	<b>0.82%</b>

Position as at 31 March 2023

Financial Year	Total Debt Outstanding		Referred for Legal Recovery Invoice Value	Balance of Debt Outstanding Invoice Value	%age of Total Billed
	No. Of Invoices	Invoice Value			
Care Commission	4	£232	£34	£198	0.00%
2011/12	5	£85	£34	£51	0.00%
2012/13	12	£204	£34	£170	0.00%
2013/14	23	£2,211	£34	£2,177	0.02%
2014/15	31	£1,958	£34	£1,924	0.02%
2015/16	53	£26,955	£34	£26,921	0.24%
2016/17	62	£4,139	£34	£4,105	0.04%
2017/18	99	£3,759	£199	£3,560	0.03%
2018/19	168	£8,169	£865	£7,304	0.07%
2019/20	174	£41,394	£1,880	£39,514	0.36%
2020/21	394	£86,048	£4,107	£81,941	0.76%
2021/22	779	£323,243	£3,561	£319,682	2.81%
2022/23	1,200	£904,386	£2,152	£902,234	7.86%
<b>Total</b>	<b>3,004</b>	<b>£1,402,783</b>	<b>£13,002</b>	<b>£1,389,781</b>	<b>0.67%</b>
<b>Movement</b>	<b>274</b>	<b>£522,019</b>	<b>£17,486</b>	<b>£504,533</b>	

Movement Analysis

Financial Year	Total Debt Outstanding		Referred for Legal Recovery Invoice Value	Balance of Debt Outstanding Invoice Value
	No. Of Invoices	Invoice Value		
Care Commission	(1)	£(17)	£0	£(17)
2011/12	(2)	£(34)	£17	£(51)
2012/13	(5)	£(85)	£85	£(170)
2013/14	(4)	£(84)	£171	£(255)
2014/15	(5)	£(85)	£187	£(272)
2015/16	(6)	£(102)	£187	£(289)
2016/17	(12)	£(180)	£187	£(367)
2017/18	(25)	£(2,111)	£212	£(2,323)
2018/19	(43)	£(2,439)	£(644)	£(1,795)
2019/20	(44)	£(6,849)	£(837)	£(6,012)
2020/21	(128)	£(8,930)	£(1,255)	£(7,675)
2021/22	(318)	£(144,500)	£11,635	£(156,135)
2022/23	(517)	£(557,876)	£7,286	£(565,162)
2023/24	1,384	1,245,311	255	1,245,056
<b>Total</b>	<b>274</b>	<b>£522,019</b>	<b>17,486</b>	<b>504,533</b>



**Debt Write Off 2023/24 - Summary****Debt Written Off By Service Type and Reason 31 March 2024**

<b>Service Type</b>	<b>No. of Invoices</b>	<b>Uneconomic to Pursue £</b>	<b>Legal Advice £</b>	<b>Service Insolvent £</b>	<b>Other £</b>	<b>Total £</b>
Care Home	3			14,820.80		14,820.80
Childminder	457	7,746.50				7,746.50
Day Care of Children	9	1,089.00		198.00		1,287.00
Support Service Care at Home	4			2,084.40	608.40	2,692.80
Other	2			2,175.00		2,175.00
	<b>475</b>	<b>8,835.50</b>	<b>0.00</b>	<b>19,278.20</b>	<b>608.40</b>	<b>28,722.10</b>

**Debt Written Off By Service Type and Financial Year:**

<b>Service Type</b>	<b>SCRC £</b>	<b>5 years 2011/16 £</b>	<b>5 years 2016/21 £</b>	<b>2021/22 £</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>Total £</b>
Care home				3,925.00	4,396.00	6,499.80	14,820.80
Childminder		187.00	2,257.00	1,410.00	2,447.50	1,445.00	7,746.50
Day Care of Children					528.00	759.00	1,287.00
Support Service Care at Home				608.40	1,476.00	608.40	2,692.80
Other					2,175.00		2,175.00
	<b>0.00</b>	<b>187.00</b>	<b>2,257.00</b>	<b>5,943.40</b>	<b>11,022.50</b>	<b>9,312.20</b>	<b>28,722.10</b>

**Care Inspectorate****Draft Detailed Budget 2024/25****Care Inspectorate**

	2023/24		2024/25					
	Total Revised Core Operating Budget £'000	2024/25 Core Operating Budget £'000	Stage 2 Business & Digital Transformation £'000	Total To Be funded from Grant In aid £'000	Core Budget Change £'000	Core Budget Change %	Specific Grant Funding £'000	Care Inspectorate Total Budget £'000
<b>Staff Costs</b>								
Board Members	105.0	105.0		105.0	-	0.0%		105.0
Chief Officers	688.9	716.3		716.3	27.4	4.0%		716.3
Senior Managers	2,785.1	2,976.8	187.4	3,164.2	191.7	6.9%	141.1	3,305.3
Admin & Professional	8,154.4	8,925.4	791.8	9,717.2	771.0	9.5%	534.9	10,252.1
Specialists	1,101.3	837.4		837.4	(263.9)	(24.0)%		216.0
Team Managers	2,273.9	2,418.9		2,418.9	145.0	6.4%	148.1	2,567.0
Inspectors	17,958.2	18,931.8	103.9	19,035.7	973.6	5.4%	627.8	19,663.5
Practitioner Strategic Inspectors	-	-		-	-	-		140.4
Strategic Inspectors	2,718.7	2,726.0		2,726.0	7.3	0.3%	206.8	2,932.8
Displaced Staff	124.5	135.0		135.0	10.5	8.4%		135.0
Grant Funded Posts	-	-		-	-	-		-
Locums	-	-		-	-	-		-
Apprentice Levy	136.4	-		-	(136.4)	(100.0)%		-
<b>Total Payroll Costs</b>	<b>36,046.4</b>	<b>37,772.6</b>	<b>1,083.1</b>	<b>38,855.7</b>	<b>1,726.2</b>	<b>4.8%</b>	<b>2,015.1</b>	<b>40,870.8</b>
Hired Agency Staff	-	-		-	-	-		-
Training & Development	456.0	456.0	19.8	475.8	-	0.0%	7.0	482.8
Other Staff Costs	100.0	100.0		100.0	-	0.0%	2.0	102.0
<b>Total Staff Costs</b>	<b>36,602.4</b>	<b>38,328.6</b>	<b>1,102.9</b>	<b>39,431.5</b>	<b>1,726.2</b>	<b>4.7%</b>	<b>2,024.1</b>	<b>41,455.6</b>
<b>Accommodation Costs</b>								
Rents	-	731.4		731.4	731.4			731.4
Rates	474.6	480.8		480.8	6.2	1.3%		480.8
Other Running Costs	1,461.9	1,258.2		1,258.2	(203.7)	(13.9)%		1,258.2
<b>Total Accommodation Costs</b>	<b>1,936.5</b>	<b>2,470.4</b>	<b>-</b>	<b>2,470.4</b>	<b>533.9</b>	<b>27.6%</b>	<b>-</b>	<b>2,470.4</b>
<b>Administration Costs</b>								
Printing & Stationery	91.7	94.7		94.7	3.0	3.3%		94.7
Postages	80.0	50.0		50.0	(30.0)	(37.5)%		50.0
Telephone Costs	280.0	141.0		141.0	(139.0)	(49.6)%		141.0
Advertising & Publicity - General	7.3	7.3		7.3	-	0.0%		7.3
Advertising & Publicity - Conferences	22.0	22.0		22.0	-	0.0%		22.0
Subscriptions & Publications	35.0	41.0		41.0	6.0	17.1%		41.0
Professional Fees	630.7	703.7	1,539.4	2,243.1	73.0	11.6%	35.0	2,278.1
Depreciation (non-cash)	-	537.0		537.0	537.0			537.0
Other Administrative Costs	994.3	115.8	469.5	585.3	(878.5)	(88.4)%		585.3
<b>Total Administration Costs</b>	<b>2,141.0</b>	<b>1,712.5</b>	<b>2,008.9</b>	<b>3,721.4</b>	<b>(428.5)</b>	<b>(20.0)%</b>	<b>35.0</b>	<b>3,756.4</b>
<b>Transport Costs</b>								
Travel & Subsistence	1,188.7	1,065.0	25.9	1,090.9	(123.7)	(10.4)%	46.5	1,137.4
<b>Supplies &amp; Services</b>								
Furniture & Equipment	77.0	117.0		117.0	40.0	51.9%		117.0
IT Costs	1,724.3	1,777.4	119.3	1,896.7	53.1	3.1%	13.9	1,910.6
Other Supplies & Services	119.9	119.9		119.9	-	0.0%	42.4	162.3
<b>Total Supplies &amp; Services</b>	<b>1,921.2</b>	<b>2,014.3</b>	<b>119.3</b>	<b>2,133.6</b>	<b>93.1</b>	<b>4.8%</b>	<b>56.3</b>	<b>2,189.9</b>
<b>Path to Balance in-year savings</b>		<b>(2,025.3)</b>		<b>(2,025.3)</b>	<b>(2,025.3)</b>			<b>(2,025.3)</b>
<b>Gross Expenditure</b>	<b>43,789.8</b>	<b>43,565.5</b>	<b>3,257.0</b>	<b>46,822.5</b>	<b>(224.3)</b>	<b>(0.5)%</b>	<b>2,161.9</b>	<b>48,984.4</b>
<b>Income</b>								
Shared service	(1,196.7)	(305.6)		(305.6)	891.1	(74.5)%		(305.6)
Lease income	-	(1,455.5)		(1,455.5)	(1,455.5)			(1,455.5)
Miscellaneous	(107.5)	(7.4)		(7.4)	100.1	(93.1)%		(7.4)
<b>Total Income</b>	<b>(1,304.2)</b>	<b>(1,768.5)</b>	<b>-</b>	<b>(1,768.5)</b>	<b>(464.3)</b>	<b>35.6%</b>	<b>-</b>	<b>(1,768.5)</b>
<b>Net Expenditure</b>	<b>42,485.6</b>	<b>41,797.0</b>	<b>3,257.0</b>	<b>45,054.0</b>	<b>(688.6)</b>	<b>(1.6)%</b>	<b>2,161.9</b>	<b>47,215.9</b>
<b>Funded By:</b>								
Continuation Fee Income	(11,400.0)	(11,400.0)		(11,400.0)	-	0.0%		(11,400.0)
Registration Fee Income	(500.0)	(500.0)		(500.0)	-	0.0%		(500.0)
SG Grant in Aid and Grant (cash)	(28,078.0)	(29,163.0)	(2,222.0)	(31,385.0)	(1,085.0)	3.9%		(31,385.0)
SG Grant in Aid and Grant (non-cash)	-	(537.0)		(537.0)	(537.0)	0.0%		(537.0)
Specific Grant Funding	-	-		-	-	-	(2,127.8)	(2,127.8)
Letter of Comfort	(2,050.0)	-		-	2,050.0	(100.0)%		-
<b>Total Funding</b>	<b>(42,028.0)</b>	<b>(41,600.0)</b>	<b>(2,222.0)</b>	<b>(43,822.0)</b>	<b>428.0</b>	<b>(1.0)%</b>	<b>(2,127.8)</b>	<b>(45,949.8)</b>
<b>Budget (Surplus) / Deficit</b>	<b>457.6</b>	<b>197.0</b>	<b>1,035.0</b>	<b>1,232.0</b>			<b>34.1</b>	<b>1,266.1</b>

**Care Inspectorate****Draft Budget 2024/25 and Indicative Budgets 2025/26 and 2026/27*****Care Inspectorate***

	<b>2024/25 to 2026/27</b>		
	<b>Draft 2024/25 Budget £'000</b>	<b>Indicative 2025/26 Budget £'000</b>	<b>Indicative 2026/27 Budget £'000</b>
Staff Costs	38,328.6	40,059.0	41,597.0
Accommodation Costs	2,470.4	2,575.6	2,863.0
Administration Costs	1,712.5	1,559.7	1,320.7
Transport Costs	1,065.0	1,065.0	1,065.0
Supplies & Services	2,014.3	2,010.9	2,492.6
Stage 2 Transformation costs	3,257.0	3,543.0	861.0
2024/25 Path to Balance / in-year savings	(2,025.3)	(2,025.3)	(2,025.3)
<b>Gross Expenditure</b>	<b>46,822.5</b>	<b>48,787.9</b>	<b>48,174.0</b>
Income	(1,768.5)	(1,768.5)	(1,768.5)
<b>Net Expenditure</b>	<b>45,054.0</b>	<b>47,019.4</b>	<b>46,405.5</b>
<b>Funded By:</b>			
Continuation Fee Income	(11,400.0)	(11,400.0)	(11,400.0)
Registration Fee Income	(500.0)	(500.0)	(500.0)
Core Activity Grant in Aid	(29,700.0)	(28,379.0)	(31,061.0)
Stage 2 Transformation Grant in Aid	(2,222.0)	(3,543.0)	(861.0)
<b>Total Funding</b>	<b>(43,822.0)</b>	<b>(43,822.0)</b>	<b>(43,822.0)</b>
<b>Budget (Surplus) / Deficit</b>	<b>1,232.0</b>	<b>3,197.4</b>	<b>2,583.5</b>



<b>Title:</b>	<b>REPORT OF AUDIT AND RISK COMMITTEE MEETING HELD 7 MARCH 2024</b>				
<b>Author:</b>	Bill Maxwell, Committee Convener				
<b>Responsible Director:</b>	Not Applicable				
<b>Appendices:</b>	<table border="1"> <tr> <td>1.</td> <td>Quarterly Update to the Board on Business undertaken by the Audit and Risk Committee</td> </tr> <tr> <td>2.</td> <td>Draft Minutes of Audit and Risk Committee of 7 March 2024</td> </tr> </table>	1.	Quarterly Update to the Board on Business undertaken by the Audit and Risk Committee	2.	Draft Minutes of Audit and Risk Committee of 7 March 2024
1.	Quarterly Update to the Board on Business undertaken by the Audit and Risk Committee				
2.	Draft Minutes of Audit and Risk Committee of 7 March 2024				
<b>Consultation:</b>	Not Applicable				
<b>Resource Implications:</b>	No				

#### EXECUTIVE SUMMARY

This report is the Convener's quarterly update to the Board, following the meeting of the Audit and Risk Committee of 7 March 2024, summarising the business undertaken by the Committee at that meeting and any matters being referred to the Board for consideration and decision. A copy of the full draft minutes of that meeting is also provided for reference.

#### The Board is invited to:

- |    |   |
|----|---|
| 1. | Note the contents of the Audit and Risk Committee Convener's quarterly report to the Board and the draft minutes. |
|----|---|

<b>Links</b>	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No			
<b>For Noting</b>	X	<b>For Discussion</b>	X	<b>For Assurance</b>		<b>For Decision</b>	

#### Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: Not Applicable.

Data Protection Impact Assessment Screening		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" type="checkbox"/> <b>Reason:</b> Not Applicable.

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

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

**QUARTERLY UPDATE TO THE BOARD ON BUSINESS UNDERTAKEN BY THE  
AUDIT AND RISK COMMITTEE**

A meeting of the Audit and Risk Committee was held on 7 March 2024.

**Key issues discussed at the meeting included:**

- The Committee's agreement to the revised implementation dates of the outstanding internal audit recommendations.
- The very positive internal audit received on Digital Stage 2 Governance.
- The Committee's provisional approval of the internal audit plan for 24/25 and positive engagement with the external auditors on the external audit plan for the current year.
- The Committee's view that the annual review of the Strategic Risk Register should specifically consider how issues of workforce capacity are included in the register, whilst also specifically reviewing the rationale for continuing to include, at strategic level, any items which were being successfully maintained at target level.

**Issues referred for discussion/decision by the Board**

The Board is invited to:

- consider the Committee's recommendation that strategic risks 1-4 should be reviewed by the Board in the near future to take account of anticipated developments in the operating environment and that specific consideration should be given to the status of risks that are being successfully maintained at target level.

Bill Maxwell  
27 March 2024



<b>Title:</b>	<b>COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL PERFORMANCE REPORT 2023/24</b>
<b>Author:</b>	<i>Kirstine Rankin, Head of Organisation and Workforce Development</i>
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1. Complaints About The Care Inspectorate: Annual Performance Report 2023/24
<b>Consultation:</b>	N/a
<b>Resource Implications:</b>	None

#### EXECUTIVE SUMMARY

Our reporting model for complaints about the Care Inspectorate is based directly on the requirements of the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure (MCHP) and complaints key performance indicators (KPIs).

The SPSO require public bodies, including the Care Inspectorate, to publish an annual performance report. Appendix 1 is the draft Complaints Annual Performance Report presenting information regarding how we have managed complaints about the Care Inspectorate between 1 April 2022 and 31 March 2023. The report is structured to include content meeting the SPSO reporting requirements.

The purpose of this report is to update the Board on performance data relating to complaints about the Care Inspectorate over 2023/24.

#### The Board is invited to:

- |    |  |
|----|--|
| 1. | Note the Annual Performance Report for Complaints about the Care Inspectorate over 2023/24.                      |
| 2. | Note the internal KPI performance reporting information for Complaints about the Care Inspectorate over 2023/24. |

<b>Links</b>	Corporate Plan Outcome (Number/s)	2	Risk Register (Yes/No)	
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<b>For Noting</b>	x	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Decision</b>	
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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"/> <b>Reason:</b> An EQIA is not required for this statistical report.

Data Protection Impact Assessment Screening		
Yes <input checked="" type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input type="checkbox"/> <b>Reason:</b>

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

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



**COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL PERFORMANCE REPORT 2023/24****1.0 INTRODUCTION**

Our reporting model for complaints about the Care Inspectorate is based directly on the requirements of the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure (MCHP) and complaints key performance indicators (KPIs).

The SPSO require public bodies, including the Care Inspectorate, to publish an annual performance report. Appendix 1 is the draft Complaints Annual Performance Report presenting information regarding how we have managed complaints about the Care Inspectorate between 1 April 2022 and 31 March 2023. The report is structured to include content meeting the SPSO reporting requirements.

The purpose of this report is to update the Board on performance data relating to complaints about the Care Inspectorate over 2023/24.

**2.0 ADDITIONAL PERFORMANCE INFORMATION RELATING TO COMPLAINTS ABOUT THE CARE INSPECTORATE**

In addition to our reporting against the SPSO complaints key performance indicators (KPIs) we also have a number of internal KPIs to support complaints monitoring. Profiling complaints in this way supports our organisational understanding and learning from complaints about the Care Inspectorate.

The internal KPIs are summarised in table 1.

**Table 1**

<b>Internal KPI</b>	<b>Description</b>
<b>Type of complaint</b>	Areas of practice or policy being complained about
<b>Profile of complaints received by Directorate/ specialism</b>	Profile of complaints relating to the work of different Directorates and teams across the organisation
<b>Profile of revoked complaints</b>	Profile of revoked complaints

**2.1 Profile of complaints about the Care Inspectorate 2023/24**

The tables below summarise the internal KPIs relating to all complaints received and concluded over the period 1 April 2023 to 31 March 2024.

<b>Type of complaint</b>		
<b>Complaint Type</b>	<b>Number of complaints received</b>	<b>% of all complaints received</b>
Communications with the Care Inspectorate	4	4%
Variation process	6	7%
Inspection process	36	40%
Regulatory complaints process	34	38%
Registration process	6	7%
Enforcement	1	1%
Information handling	3	3%
Total	90	100%

<b>Profile of complaints received by Directorate/ Specialism</b>		
<b>Directorate/ Specialism</b>	<b>Number of complaints received</b>	<b>% of all complaints received</b>
IT&DT	1	1%
S&A – ELC	23	26%
S&A – Adults	26	29%
S&A – CYP	4	4%
S&A – Complaints	25	28%
S&A – Registration	10	11%
Care Inspectorate	1	1%
Total	90	100%

<b>Profile of revoked complaints</b>		
<b>Revoked complaint reason</b>	<b>Number of revoked complaints</b>	<b>% of all revoked complaints</b>
Out of scope of policy	15	60%
Complaint withdrawn by the complainant	8	32%
No response from complainant	2	8%
Total	25	100%

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

#### **3.1 Resources**

There are no additional resource implications from this report.

#### **3.2 Sustainability**

There are no sustainability implications arising from this report.

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

The consistent application and reporting of performance against the SPSO key performance indicators (KPIs) helps us to understand and report on our performance in line with the Model Complaints Handling Procedure (MCHP). We also use this information to compare, contrast and benchmark complaints handling with other organisations in order to share learning and improve standards of complaints handling performance. The Care Inspectorate also uses learning from complaints to inform improvement and this in turn directly benefits those who experience care.

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

Improving our handling of complaints about the Care Inspectorate and ensuring robust reporting and monitoring arrangements supports us to improve what we do through our learning and subsequent actions. This in turn can improve relationships with stakeholders and customers and enhance the public perception of the Care Inspectorate. It also keeps people experiencing care and our stakeholders at the heart of what we do.

### **4.0 CONCLUSIONS/NEXT STEPS**

The Board is invited to:

1. note the Annual Performance Report for Complaints about the Care Inspectorate
2. note the internal KPI performance reporting information for Complaints about the Care Inspectorate over 2023/24.



# Annual Complaints Performance Report

Publication date: (to be added by Comms)

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Part 2: Key Performance Indicators – Qualitative: Learning from complaints	7

## **Introduction**

### **About the Care Inspectorate**

Everyone in Scotland has the right to access high-quality, safe and compassionate social care and social work services that make a real and positive difference to their lives. The Care Inspectorate is responsible for regulating care services including services for adults, early learning and childcare, children's services, and community justice. This includes registration, inspection, complaints, enforcement and supporting quality improvement. Our role is to ensure that services meet the right standards, provide the quality of care that meets the needs of people experiencing care and support and to support them to improve if needed. We work in partnership with other scrutiny and improvement bodies, looking at how care is provided by community planning partnerships and health and social care partnerships across local authority areas. This helps all stakeholders understand how well services are working together to support positive experiences and outcomes for people.

Our job is not just to inspect care but to support improvement in the quality of care where it is needed. This means we work with care providers, offering advice and guidance and sharing good practice, to support them to develop and deliver improved care. If we find that care isn't good enough, we take action. We identify areas for improvement and can issue requirements for change and check these are met. If we believe there is a serious and immediate risk to life, health or wellbeing, we can impose an improvement notice or apply to the Sheriff court for emergency cancellation of a service's registration.

We support people to raise concerns and we handle complaints made to us about registered care services. We robustly challenge poor-quality care and we are independent, impartial and fair. We have a duty to protect people and will refer adult and child protection concerns to the relevant social work agencies or Police Scotland. We influence social care policy and development both nationally and internationally, sharing our learning with others, contributing to the transformation of social care in Scotland.

### **Complaints about the Care Inspectorate**

The policy and procedure for complaints about the Care Inspectorate reflect our commitment to valuing complaints as a source information to improve how we work. Our policy and procedure are based on the Scottish Public Services Ombudsman's (SPSO) Model Complaints Handling Procedure (MCHP).

We monitor and report on our performance managing complaints about the Care Inspectorate in line with the requirements set by the SPSO. The consistent application and reporting of performance against the SPSO key performance indicators (KPIs) helps us to understand and report on our performance in line with the Model Complaints Handling Procedure (MCHP). We also use this information to compare, contrast and benchmark complaints handling with other organisations in order to share learning and improve standards of complaints handling performance.

This report relates to complaints about the work of the Care Inspectorate. Complaints about care services are managed and reported separately.

Our reporting model is based directly on the requirements of the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure (MCHP) and their complaints key performance indicators (KPIs). Under this framework we and other public bodies are expected to report against the following KPIs:

- SPSO KPI 1: The total number of complaints received
- SPSO KPI 2: The number and percentage of complaints at each stage that were closed in full within the set timescales of five and 20 working days
- SPSO KPI 3: The average time in working days for a full response to complaints at each stage
- SPSO KPI 4: The outcome of complaints at each stage

This year's Complaints Annual Performance Report presents information about the way we have managed complaints about the Care Inspectorate between 1 April 2022 and 31 March 2023.

**Part 1: Key Performance Indicators – Quantitative data****KPI 1: The total number of complaints received**

<b>The total number of complaints received</b>	<b>1 April 2023 to 31 March 2024</b>
	90

The rate of complaints received between 1 April 2023 and 31 March 2024 is broadly consistent with the trend recorded over previous years. A total of 25 complaints were revoked in the last year. This includes complaints assessed by the Care Inspectorate as not falling within the definition of a complaint and complaints withdrawn by the complainant at any stage.

**KPI 2: The percentage of complaints at each stage that were closed in full within the set timescales of 5 and 20 working days**

<b>The number of complaints closed in full at stage 1 within five working days as a percentage of all Stage 1 complaints responded to in full</b>	<b>2023/24 Number</b>	<b>2023/24 %</b>
	37	74%

<b>The number of complaints closed in full at Stage 2 within 20 working days as a percentage of all Stage 2 complaints responded to in full</b>	<b>2023/24 Number</b>	<b>2023/24 %</b>
	24	82%

<b>The number of complaints closed in full after escalation to Stage 2 within 20 working days as a percentage</b>	<b>2023/24 Number</b>	<b>2023/24 %</b>
	4	100%

The data for the current reporting period provides evidence that complaints continue to be managed broadly in line of the SPSO target timescales. It is important to note that percentage variations appear larger due to the relatively smaller number of complaints received.

A range of factors can influence compliance with the SPSO timescales for completing complaints. These include the personal circumstances of individual complainants and staff absence.



**SPSO KPI 3: The average time in working days for a full response to complaints at each stage**

<b>Average (mean) time in working days to respond to complaints at Stage 1</b>	<b>2023/24</b>
	<b>Q3</b>
	<b>5.8</b>

<b>Average (mean) time in working days to respond to complaints at Stage 2</b>	<b>2023/24</b>
	<b>Q3</b>
	<b>20.4</b>

<b>Average (mean) time in working days to respond to complaints after escalation to Stage 2</b>	<b>2023/24</b>
	<b>Q3</b>
	<b>13.25</b>

The data for the current reporting period provides evidence that complaints continue to be managed broadly in line of the SPSO target timescales.

**SPSO KPI 4: The outcome of complaints at each stage**

<b>Number of complaints received at Stage 1 which were upheld, not upheld and resolved as a percentage of all complaints closed at Stage 1</b>	<b>2023/24</b>
	<b>Upheld: 0%</b>
	<b>Not upheld: 0%</b>
	<b>Resolved: 100%</b>

<b>Number of complaints at Stage 2 which were upheld and not upheld as a percentage of all complaints closed at Stage 2</b>	<b>2023/24</b>
	<b>Upheld: 34%</b>
	<b>Not upheld: 66%</b>

<b>Number of complaints upheld and not upheld after escalation as a percentage of all complaints closed after escalation to Stage 2</b>	<b>2023/24</b>
	<b>Upheld: 25%</b>
	<b>Not upheld: 75%</b>

## **Part 2: Key Performance Indicators – Qualitative: Learning from complaints**

The Care Inspectorate uses learning from complaints to inform improvement. Learning from complaints in 2023/24 has informed the following improvements in four broad areas of activity.

### **1. Complaints process and experience**

We continue to regularly review and update our policy and procedure for complaints about the Care Inspectorate. Feedback from stakeholders is central to this work and we continue to refine and strengthen how we gather feedback about our procedure in practice. Over the past year, learning from complaints has been used to review and improve how we communicate with complainants.

### **2. Staff awareness and training**

Our complaints procedure and guidance is available for all staff on the Care Inspectorate intranet. Training on the complaints about the Care Inspectorate procedure is provided to new staff through our induction programme and we continue to refine and strengthen our approach to ensure all staff are aware of the procedure and the principles of good complaints handling. Enhanced support is also provided to complaints investigators.

### **3. Learning from complaints**

A review has been undertaken to strengthen our approach to how learning from complaints is identified. Learning themes are identified during the management of complaints and information is shared with relevant teams to consider and develop an action or improvement plan. In every case we aim to maximise the learning for individual staff involved in the process irrespective of the outcome of the complaint.

### **4. Complaints recording and reporting**

A review has been undertaken to strengthen our approach to recording complaints. Our new systems have resulted in improvements to how information is recorded to support effective reporting on complaints performance and trends.



<b>Title:</b>	<b>HEALTH AND SAFETY ANNUAL REPORT 2023/24</b>
<b>Author:</b>	Carole Kennedy – Estates, Health and Safety Manager
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1. None
<b>Consultation:</b>	None
<b>Resource Implications:</b>	Yes

### EXECUTIVE SUMMARY

This report reviews the organisation's health and safety performance for 2023/24 and provides comparative information to previous years. The report also summarises Health and Safety plans for 2024/25.

Health and safety considerations are paramount for the Care Inspectorate and although we strive for continuous improvement, there are no areas of concern to be highlighted to the Board.

#### The Board is invited to:

1. Note the performance for 2023/24
2. Note the plans for 2024/25.

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

<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input checked="" type="checkbox"/> <b>Reason:</b> Not required
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Data Protection Impact Assessment Screening		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" type="checkbox"/> <b>Reason:</b> There are no data considerations or no sensitive data is being processed.

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

<b>Reason for Confidentiality/Private Report:</b> <i>(see Reasons for Exclusion)</i>  Not applicable – this is a public Board report.
<b>Disclosure after:</b> 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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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 2023/24****1.0 INTRODUCTION / BACKGROUND**

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 2023/24.

**2.0 ORGANISING FOR HEALTH AND SAFETY**

The Care Inspectorate has a Health, Safety and Wellbeing Committee which is chaired by the Executive Director of Corporate and Customer Services. 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 2023/24****3.1 Operations**

2023/24 saw the continuation of hybrid working, with us continuing to support staff to work from home. We:

- provided the furniture and equipment required for staff to work at home safely;
- reviewed our core learning requirement for staff both in terms of e-learning and in person training;
- reviewed our e-learning requirements and let a new contract for the module; and
- reviewed the volunteer duty holder roles.

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

The following policies and procedures were developed, launched or reviewed in 2023/24:

- Fire Evacuation Procedure

The review of the Corporate Health and Safety Policy was postponed until 2024/25 for the Care Inspectorate-only Health, Safety and Wellbeing Committee to approve and submit to the Board for approval at the next meeting.

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

There have been 16 reported incidents during 2023/24, three with injury. The majority of incidents (nine) are related to aggressive or intimidating behaviour or media. One of the injury incidents required RIDDOR reporting, two involved hospital attendances.

Incidents with injury:

<b>Category</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Machinery/Equipment	0	0	0
Trap/Crush	0	0	1
Burns/Scalds	0	0	0
Vehicles/cars/road/traffic	0	1	0
Moving / Falling Object	1	0	0
Slips, Trips and Falls	0	0	2
Cuts	0	0	0
Medical Condition	0	0	0
DSE	0	0	0
Manual Handling	0	0	0
Other	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>

Incidents without injury:

<b>Category</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Verbal Aggression	16	6	9
Vehicles/cars/road/traffic	2	0	1
Machinery / Equipment	0	1	0
Medical Conditions	0	0	1
Other	0	1	2
<b>Total</b>	<b>18</b>	<b>8</b>	<b>13</b>

**4.2 Risk Assessments****4.2.1 Specific Risk Assessments**

Specific Risks assessments completed can be broken down as follows:

<b>Category</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Specific	32	22	33
Maternity	0	4	7
Stress/Mental Health	3	5	9
Manual Handling	4	5	3

**Agenda item 16**  
**Report No: B-11-2024/25**

DSE	34	22	30
Other	7	1	0
<b>Total</b>	<b>80</b>	<b>59</b>	<b>82</b>

Working with HR, we are developing a Mental Health Workplan which will promote the organisation's commitment to mental health and wellbeing. The completion of stress risk assessments is only when someone is suffering from work related stress, but reasons for stress can be blurred in that stress that may be being caused outside the workplace and may impact on workplace performance.

## 5.0 INFORMATION, INSTRUCTION, TRAINING AND SUPERVISION

### 5.1 Health and Safety e-Learning statistics

<b>Course</b>	<b>Number of EEs required to complete the course.</b>	<b>Number of EEs that completed the course</b>	<b>% completed based upon course registrations</b>
Stress awareness (M)	610	570	93%
H&S Essentials (M)	610	542	89%
DSE (M)	610	543	89%
H&S for Managers and Supervisors (M)	149	130	87%
Mental Health Awareness for Managers	121	121	100%
Risk Assessment		12	Not mandatory
Menopause awareness		4	Not mandatory

Figures provided by OWD.

Overall, the completion rates for the mandatory courses are acceptable, with the rate for Mental Health Awareness for Managers being exceptional at 100%. This demonstrates the interest our managers have in maintaining and improving the mental health and wellbeing of those that work with them. Due to the success of this module, we are considering making the mental health awareness module for staff mandatory in 2024/25.

## 6.0 HEALTH AND SAFETY PLAN 2024/25

### 6.1 Policies and Procedures

The following policies and procedures will be reviewed in 2024/25:

- Corporate Health and Safety Policy
- Loneworking Policy
- Zero Tolerance Policy

There has been a slight delay in completing this work due to staff vacancies and other priorities but it will be completed in 2024/25.

## 6.2 Training and Development for 2024/25

- Tendering of the specified requirement for bespoke Health and Safety training for Managers.
- Review the mandatory e-learning module requirements for managers and staff to ensure that there is no overlap between modules.

## 7.0 IMPLICATIONS AND/OR DIRECT BENEFITS

### 7.1 Resources

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

The purchase of specialist DSE equipment is supported by a specific risk assessment, Posturite Assessment and OH referral to ensure resources are being used for necessary, reasonable adjustments.

### 7.2 Sustainability

The 2023/24 sustainability figures are not available at the time of writing as not all utility and travel figures have been received. Those directly attributable to the health and safety function relate to the delivery and collection of staff furniture which is not included in the reported figures.

### 7.3 Policy

There are no direct policy implications associated with this paper.

### 7.4 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.

### 7.5 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.



**8.0 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.



<b>Title:</b>	<b>HR REPORT – QUARTER 4 2023/24</b>
<b>Author:</b>	<i>Louise Maxwell, Senior HR Business Partner</i>
<b>Responsible Director:</b>	Jacqueline Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1. Workforce Profile Data
<b>Consultation:</b>	<b>N/A</b>
<b>Resource Implications:</b>	<b>No</b>

<b>EXECUTIVE SUMMARY</b>	
<p>HR metrics for the Board covering Quarter 4 – January 2024 to March 2024.</p> <p>Includes data on staff absence and turnover as well as an overview of recruitment during the period and other relevant HR updates.</p> <p>Appendix 1 outlines additional workforce data.</p>	
<b>The Board is invited to:</b>	
1.	Note the details in the report.
2.	Consider whether any other information would be relevant to receive in future reports.

<b>Links</b>	Corporate Plan Outcome (Number/s)	4	Risk Register (Yes/No)	No
<b>For Noting</b>		<b>For Discussion</b>	<b>For Assurance</b>	<b>For Decision</b>

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

## BOARD MEETING 9 MAY 2024

**Agenda Item 17**  
**Report Number: B-12-2024/25**

**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.**

<p><b>Reason for Confidentiality/Private Report:</b> <i>(see Reasons for Exclusion)</i></p> <p>Not applicable – this is a public Board report.</p>
<p><b>Disclosure after: N/A</b></p>

<b>Reasons for Exclusion</b>	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

**HR REPORT – QUARTER 4 2023/24****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 4, January to March 2024.

**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.

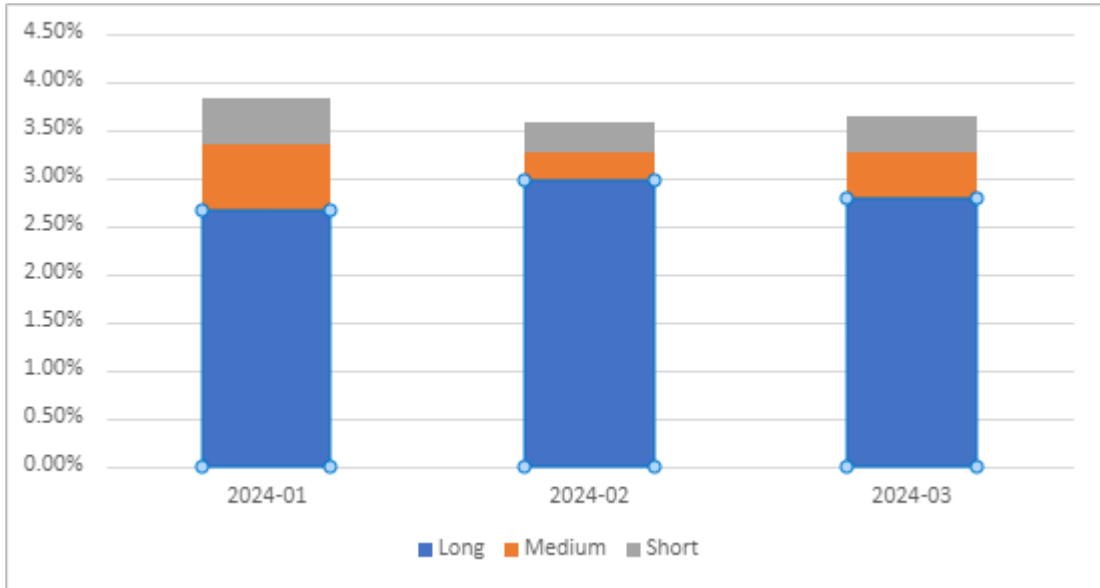
**2.0 PROGRESS MADE JANUARY TO MARCH 2024**

During this period, we have collaborated closely on refining processes to facilitate the change to shared services and the HR structure. The transition has been successful, with the team working closely on any remaining actions to ensure there is no impact on service delivery.

**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. The median figure for public bodies in 2023 (as reported in February 2024 by the Office of National Statistics (ONS)) was 3.60% (from a range of 1.02% to 5.24%). Private sector rates are due to be announced on 26 April 2023.

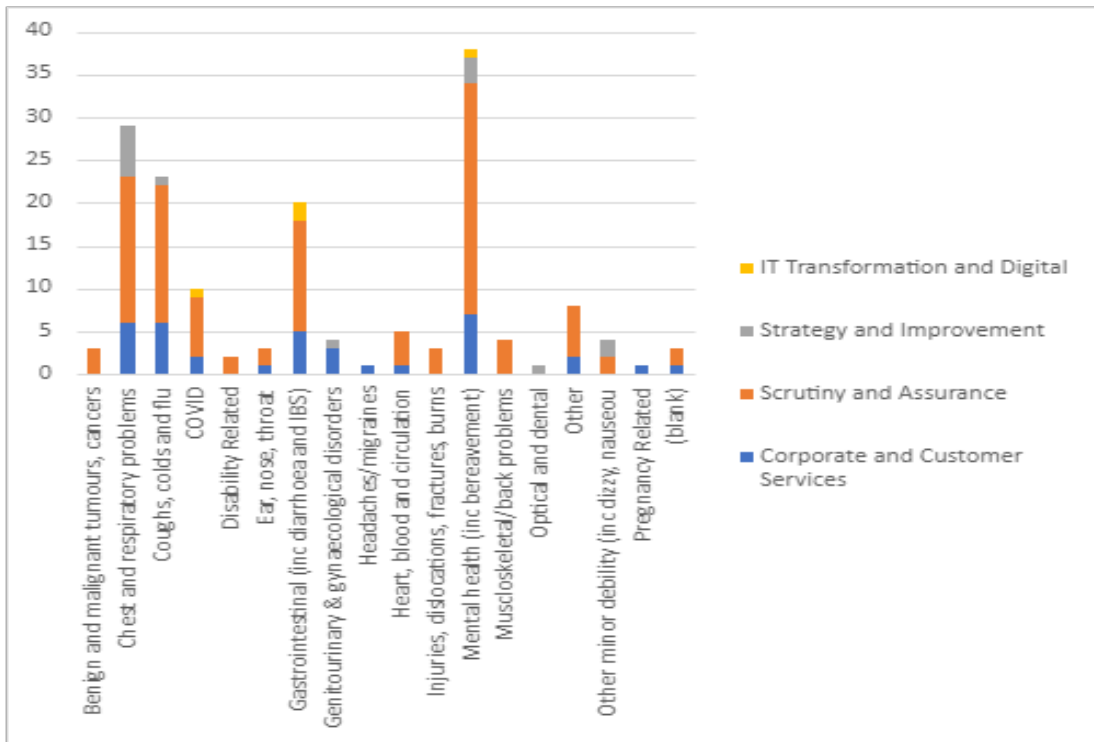
<b>MONTH</b>	<b>Long</b>	<b>Medium</b>	<b>Short</b>	<b>Total</b>
2024-01	2.65%	0.70%	0.49%	3.84%
2024-02	2.98%	0.28%	0.33%	3.58%
2024-03	2.78%	0.49%	0.38%	3.65%



The median figure for public bodies at February 2024 was 3.60% so our absence rate is slightly higher than this for this quarter at an average of 3.69%. The rates for Quarter 4 averaged 3.69%, with a peak of 3.84% in January 24.

The following chart outlines the reasons given for absence. The largest is the 'Mental Health Including Bereavement' category with 38 employees.

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.

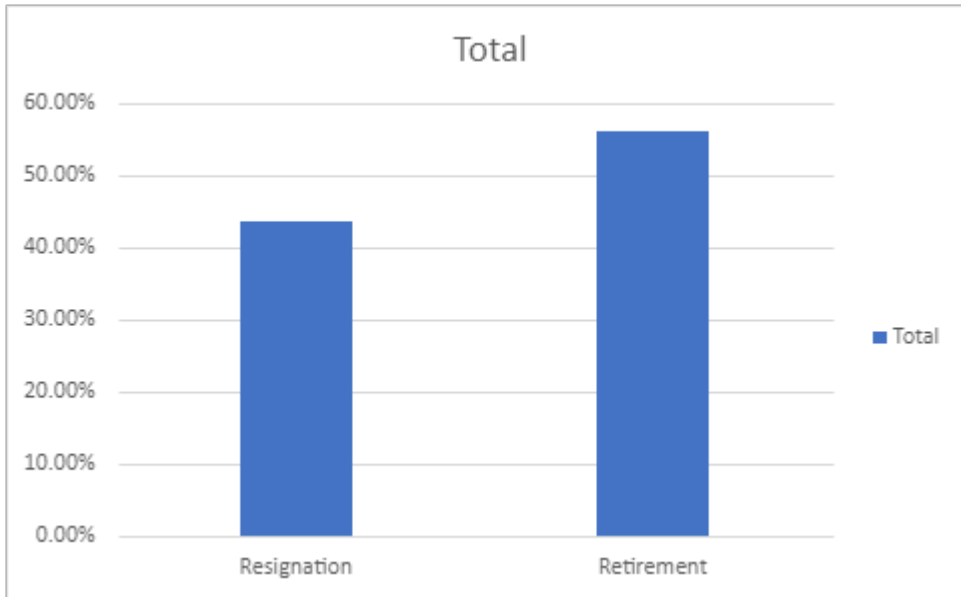


### 3.2. Staff Turnover

The overall turnover rate for March 23 to March 24 is 9.76% which is below the public sector median figure in March 2022 of 13.60% (as reported by the ONS). The following table shows turnover over the last 12-month period – the highest month was June 2023 and the lowest February 2024:

2023 04 (Apr 2023)	9.62%
2023 05 (May 2023)	10.22%
2023 06 (June 23)	10.68%
2023 07 (Jul 2023)	10.67%
2023 08 (Aug 2023)	10.22%
2023 09 (Sep 2023)	9.92%
2023 10 (Oct 2023)	9.92%
2023 11 (Nov 2023)	9.44%
2023 12 (Dec 2023)	9.59%
2024 01 (Jan 2024)	9.27%
2024 02 (Feb 2024)	8.49%
2024 03 (Mar 2024)	9.12%

A breakdown of turnover by Directorate and by reason for leaving are shown in the following chart and table. 44% of staff leavers were due to voluntary resignations and 56% due to retirement.



Directorate	Other	Retirement	Resignation	Grand Total
Corporate and Customer Services	0	1	3	4
IT, Transformation and Digital	0	0	0	0
Scrutiny and Assurance	0	6	4	10
Strategy and Improvement	0	2	0	2
<b>Total</b>	<b>0</b>	<b>9</b>	<b>7</b>	<b>16</b>

Directorate	Other	Retirement	Resignation	Grand Total
Corporate and Customer Services	0.00%	6.25%	18.75%	25.00%
IT, Transformation and Digital	0.00%	0.00%	0.00%	0.00%
Scrutiny and Assurance	0.00%	37.50%	25.00%	62.50%
Strategy and Improvement	0.00%	12.50%	0.00%	12.50%

We completed exit interviews for 12 leavers during this period. Exit interviews are voluntary, however, we endeavour to conduct interviews with all departing employees to gather valuable insights and feedback. We are actively working to enhance participation rates in exit interviews through increased communication and streamlined processes.

#### 4.0 RECRUITMENT ACTIVITY

- Between 1 January 2024 and 31 March 2024, we have worked with all directorates to complete eight recruitment campaigns.
- Over the last three months we have filled eight vacancies in total. Two vacancies were filled by new employees and six were internal appointments.
- The vacancy fill rate during this period was 88.8%.
- In this period up to 31 March 2024, no agency workers were recruited.
- The recruitment numbers reflect the recruitment freeze throughout this quarter.

##### By Directorate

From January 2024 through March 2024 the following recruitment activity has taken place across the Care Inspectorate:

- Eight recruitment campaigns of which five were internal only.
  - Six campaigns for temporary posts and two campaigns for permanent posts.
- Scrutiny and Assurance – 1 in total
  - Corporate and Customer Services – 1 in total
  - Strategy and Improvement – 2 in total
  - ICT and Digital Transformation – 4 in total
  - Executive – 0

The number of vacancies filled by directorate was:

- Scrutiny and Assurance – 1 externally / 7 internally = 8 in total
- Corporate and Customer Services – 2 externally / 1 internally = 3 in total
- Strategy and Improvement – 2 externally / 0 internally = 2 in total
- ICT and Digital Transformation – 1 externally / 2 internally = 3 in total
- Executive – 0 externally / 0 internally = 0 in total

We were looking to recruit two Inspectors to the Transformation team but only one was appointed during this campaign and was re-advertised in April.

We have processed 14 applications in total this quarter. The average number of applications received per campaign is two.

The recruitment figures in this quarter reflect the recruitment freeze announced in early January. In particular, the numbers account for the pre-employment for roles we started to recruit to in the previous quarter and approved business critical posts.



#### 4.1 Scrutiny and Assurance Recruitment

We currently have an inspector talent pool of 11 successful candidates. Seven are for ELC (Early Learning and Childcare), three are for Adults and one for CYP (Children and Young People) that are ready to backfill any vacancies although this is complicated by geographic location. The talent pool is kept warm by communicating every quarter on updates about our work and tailored to each specialism.

The recruitment team are currently planning to run the next inspector campaign and a campaign timeline will shortly be agreed with all specialisms.

#### 4.2 Value Added Recruitment

At the beginning of this quarter, recruitment manager guidance was added to the intranet. This page has a 5-step process for managers on recruiting to their teams including campaign planning, advertising, shortlisting, preparing for interview and selection and notifying preferred candidates. [Recruitment guidance for managers \(sharepoint.com\)](#)

Following our recruitment and retention audit last August, it was recommended that we communicate consistent messaging about the benefits of working at the Care Inspectorate. To this end, we have added a Total Reward Package page to the recruitment section of our website. This page outlines a comprehensive and strategic approach to employee compensation and benefits. It encompasses various elements that contribute to the overall employee experience, including compensation, benefits, work-life balance, and development. [Total rewards package \(careinspectorate.com\)](#)

#### 5.0 POLICY REVIEW

As previously noted, many of our People Management Policies have not been updated in line with review dates due to Covid and resourcing challenges. Progress continues to be made with the HR Business Partnering team committed to ensuring all policies are reviewed and updated with all new review dates then adhered to.

The following policies were approved by the Strategic Management group in this quarter and presented to Partnership Forum for final ratification:

- Dignity at Work
- Grievance
- Capability

The Strategic Management Group approved the Equality and Diversity Policy in February 2024, and this will progress to Partnership Forum for final ratification in Q1.

The following policies will be progressed in Quarter 1 and Quarter 2:

- Business Travel and Subsistence
- Discipline
- Flexible Working and Flexi Time Guidance
- Care Inspectorate Leave (this includes Carers Leave, Special Leave, Annual Leave and Bereavement Guidance)
- Code of Conduct (now includes Dress Code Guidance following feedback from the Policy Review Group)
- Equal Pay Policy Statement

## **6.0 EMPLOYEE RELATIONS APPEALS**

One Dignity at Work appeal was received and heard during this quarter.

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

### **7.1 Resources**

There are no additional resource implications because of this report.

### **7.2 Sustainability**

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

### **7.3 Policy**

There are no direct policy implications in relation to this report, but the lifting of the recruitment freeze will create an initial impact on workforce planning support.

### **7.4 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.

**7.5 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.

**8.0 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.

The Human Resources Annual Report will be presented to the next meeting and will provide updates on the activities of the HR team during 2023/24, the key areas for development in 2024/25 together with further information and analysis of our workforce profile.

## 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
Corporate and Customer Services	129	110.77
Executive Team	5	4.75
IT Transformation and Digital	33	30
Scrutiny and Assurance	406	371.72
Strategy and Improvement	70	62.18
<b>Grand Total</b>	<b>643</b>	<b>579.42</b>

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).

At the time of this report there were two agency workers.

### Breakdown by sex

Directorate	Female	Male
Corporate and Customer Services	117	12
Executive Team	3	2
IT Transformation and Digital	16	17
Scrutiny and Assurance	338	68
Strategy and Improvement	54	16
<b>Total</b>	<b>528</b>	<b>115</b>
<b>% of workforce</b>	<b>79</b>	<b>21</b>

Our workforce data also informs work in other ways – for example given the fact we are a 4/5 female workforce and have a high level of staff in the 45-54 age bracket, we are establishing a menopause policy and toolkit, engaging employee representatives in a working group as this area is of relevance to staff.

## 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 have been able to attract employees who live further away from one of our offices due to the hybrid working trial we were undertaking and will report on home postcodes at the next quarterly report.

Office Location	Headcount	%
Aberdeen	50	7.77
Dumfries	10	1.55
Dundee	164	25.51
Edinburgh	105	16.34
Hamilton	69	10.73
Inverness	29	4.52
Oban	4	0.62
Paisley	143	22.24
Selkirk	15	2.33
Stirling	52	8.08
Stornoway	2	0.31

## Age profile

More than 70% of our current workforce are over 45, with 41% over 55.

Directorate/Age	Under 25	25-34	35-44	45-54	55-64	65+
Corporate and Customer Services	2	19	23	35	49	5
Exec Team	Fewer than 5 in each category so not listed for data protection					
IT Transformation and Digital		2	7	12	9	
Scrutiny and Assurance		15	83	140	152	18
Strategy and Improvement		7	18	28	17	1
<b>Total</b>	<b>2</b>	<b>42</b>	<b>129</b>	<b>212</b>	<b>233</b>	<b>24</b>
<b>% of workforce</b>	<b>0.31</b>	<b>6.69</b>	<b>20.06</b>	<b>32.97</b>	<b>36.24</b>	<b>3.73</b>

The following table shows the age profile of the organisation on 31 December each year.

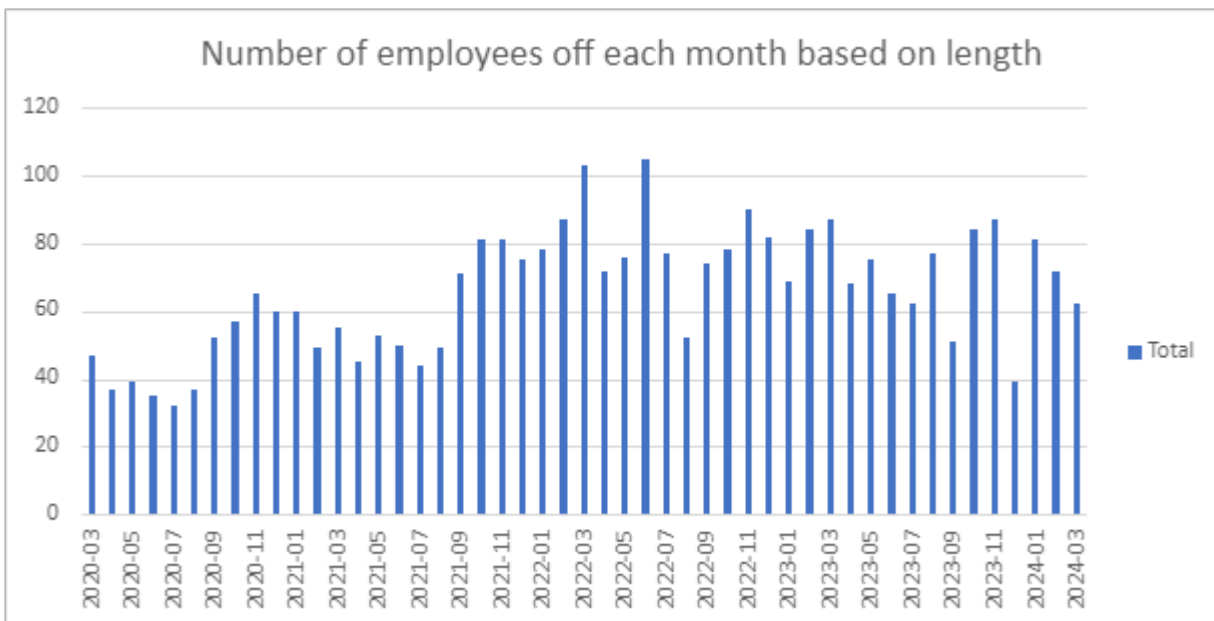
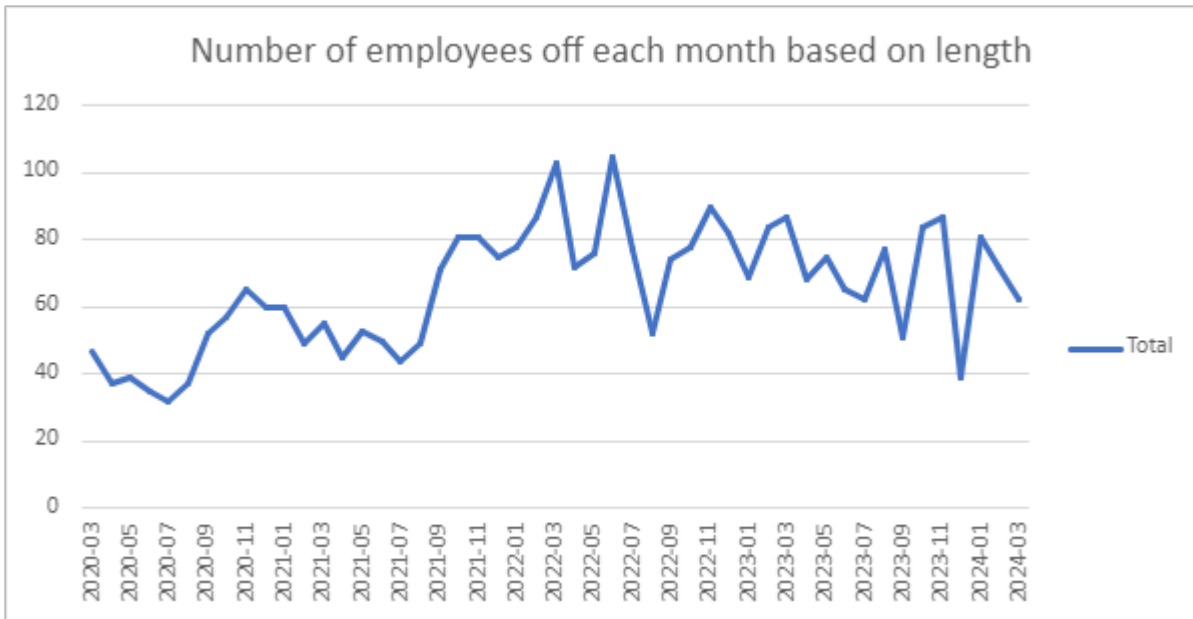
There has been a gradual increase of staff aged 55 to 64 but the most significant increase is in the 35 to 44 age range.

Age Range	2018	2019	2020	2021	2022	2023
<b>Under 25</b>	8	8	6	5	6	3
<b>25 to 34</b>	42	41	38	44	40	42
<b>35 to 44</b>	93	92	96	113	127	129
<b>45 to 54</b>	239	227	202	206	209	210
<b>55 to 64</b>	221	222	228	230	244	239
<b>65+</b>	22	30	33	29	26	27

HR is 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 exploring use of a 'talent pool' for inspectors so we can over recruit to vacancies and have a constant pool of resource to draw from.

**Sickness Trends**

The following charts show sickness and trends from March 2020 to March 2024.



As shown, there are fluctuations in employees absent due to sickness with a high of over 100 in March and June 2022 and a low of about 30 in July 2020.



<b>Title:</b>	<b>ESTATES UPDATE REPORT 2023-24</b>
<b>Author:</b>	Carole Kennedy, Estates, Health and Safety Manager
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	None
<b>Consultation:</b>	
<b>Resource Implications:</b>	No direct implications from this report

**EXECUTIVE SUMMARY**

This report provides an update on the implementation of our estates strategy. During 2023/24 we agreed reduced space and upgraded our Dundee Headquarters to better suit hybrid working.

Since the strategy was approved we have closed offices in Dunfermline, Elgin and Lerwick.

Our accommodation review process will continue in 2024/25 including three of our larger offices: Hamilton, Paisley and Stirling

**The Board is invited to:**

- Note the content of this report.

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

<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input checked="" type="checkbox"/> <b>Reason:</b> Decisions on individual properties will be equality impact assessed.
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Data Protection Impact Assessment Screening		
<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>Not Yet</b> <input type="checkbox"/></p> <p>(One is planned or is already in progress, but Info Gov is aware)</p>	<p><b>No</b> <input checked="" type="checkbox"/></p> <p><b>Reason:</b> There are no data considerations or no sensitive data is being processed as part of this report.</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.

<p><b>Reason for Confidentiality/Private Report:</b> <i>(see Reasons for Exclusion)</i></p> <p>Not applicable – this is a public Board report.</p>
<p><b>Disclosure after:</b> N/A</p>

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.

## ESTATES UPDATE REPORT 2023-24

### 1.0 INTRODUCTION / BACKGROUND

The Estates Strategy 2023-29 was approved by the Board at the Board meeting of 15 December 2022. This report is the first of these annual update reports on the implementation of the strategy.

### 2.0 ESTATE REVIEW

The strategy envisaged the operation of four geographic area working groups. Upon further consideration, it was decided to split the areas into three, not four working groups. With the position with our Dundee, Edinburgh and Aberdeen locations will remain as is over the majority of the strategy, the working groups for the West and East coasts were prioritised for 2023-24. The offices covered by the working groups is:

1. **North**; covering our current Aberdeen, Inverness, Elgin, Lerwick and Stornoway offices.
2. **East**; covering our current Dundee, Dunfermline, Edinburgh, Selkirk and Stirling offices
3. **West**; covering our current Dumfries, Hamilton, Oban and Paisley offices.

The results of the working groups is detailed below.

#### 2.1 NORTH OF SCOTLAND

##### 2.1.1 Closures

As indicated in the strategy, the Lerwick office closed on 24 March 2023 and the Elgin office closed on 31 March 2023.

##### 2.1.2 Lease Break/End Dates

The lease break/end dates for the other North of Scotland offices are:

- Aberdeen – February 2027
- Inverness – April 2025 – MOTU agreement with annual renewal
- Stornoway – November 2025

##### 2.1.3 Staff Consultation

The Estates, Health and Safety Manager met all staff based in our Elgin and Lerwick office prior to closure and HR met with staff on an individual basis..

The Strategic Leadership Team (SLT) agreed homeworking allowances will be payable to staff affected by an office closure who live in excess of 30 miles from their nearest Care Inspectorate office.

### 2.1.4 Drop-in Space

We are in discussion with Moray Council for the possible provision of two desks and the use of a meeting room as required in response to the consultation with staff formerly based at the Elgin office. There has been no timescale provided by the Council as they are still reviewing their own accommodation requirements post pandemic.

## 2.2 WEST OF SCOTLAND

### 2.2.1 Closures

The lease break for the Hamilton office was exercised. However, in response to the staff consultation, and with the approval of SLT and Scottish Government, the lease was extended for nine months to 31 March 2024 and then further extended to 31 March 2026 with a break option at twelve and eighteen months. This will give a co-terminus date for both Paisley and Hamilton leases.

### 2.2.2 Lease Break/End Dates

The lease break/end dates for the West of Scotland offices are:

- Dumfries – three months' notice of termination
- Hamilton – March 2026 (break options as twelve and eighteen months)
- Oban – September 2025 (MOTU Agreement with annual renewal)
- Paisley – March 2025 – annual break option.

### 2.2.3 Staff Consultation

There were six meetings of the West of Scotland Accommodation group with a report having been prepared and submitted to the Executive Director or Corporate and Customer service. However, with changes made from the draft to the approved Hybrid Working Policy requiring staff to collaborate two days a week, the report's recommendations need to be reviewed. There will be a new West Coast Accommodation group formed in 2024-25 to review the requirements of the Hamilton, Stirling and Paisley offices.

## 2.3 EAST OF SCOTLAND

### 2.3.1 Closures

The leases of both Dunfermline and Stirling were due to end in October 2023. The Dunfermline office was closed as planned but the Stirling office has been extended in line with the Hamilton office until 31 March 2026 with a break at twelve and eighteen months.

**2.3.2 Lease Break / End Dates**

The lease break/end dates for the East of Scotland offices are:

- Dundee – April 2038 (with a break opportunity at five and ten years)
- Edinburgh – twelve months' notice of termination
- Selkirk – forty days' notice of termination
- Stirling – 31 March 2026 (with a break opportunity at twelve and eighteen months)

**2.3.2 Staff Consultation**

The East of Scotland Accommodation group did meet and provide a report to the Executive Director for consideration but as with the West of Scotland report, it will need to be revisited. However, the Dunfermline office is closed, Dundee has been extended to 2038, we are unlikely to be able to move from Victoria Quay and Stirling is going to be reviewed as part of the 2024-25 West Coast Review (due to its proximity to Hamilton and Glasgow), leaving Selkirk. This office will be reviewed separately during 2024-25

**3.0 DUNDEE****3.1 Lease Arrangement**

The Minute of Variation to extend the leases of both Compass and Quadrant House was signed and completed in May 2023. The Care Inspectorate are lead tenants for the buildings, with responsibility devolved by Scottish Government to collect the rents from the other occupiers and manage the buildings. The buildings are now occupied as follows:

	<b>Compass House</b>		<b>Quadrant House</b>
<b>Ground</b>	<b>Education Scotland/ Scottish Government</b>	<b>SSSC Hearings</b>	<b>Scottish Courts and Tribunal Service (SCTS)</b>
<b>First</b>	<b>Care Inspectorate</b>		<b>SSSC</b>
<b>Second</b>	<b>Crown Office and Procurator Fiscal Service (CoPFS)</b>	<b>Care Inspectorate</b>	<b>OSCR</b>

There has been a mop-up report prepared by Avison Young (our Estates Professional Services contractor) on the Scottish Government's behalf to review the process and financial outcome of the co-location in the buildings. Their report, still in draft, demonstrates a saving in the order of £6.325m to the public purse.

**3.2 Care Inspectorate Space**

The Care Inspectorate have reduced their occupation of Compass House from 1,450m<sup>2</sup> to 1,174m<sup>2</sup>, a reduction of 19%. There was an extensive refurbishment of the first floor completed, providing a large meeting room which can accommodate

## BOARD MEETING 9 MAY 2024

**Agenda item 18**  
**Report No: B-13-2024/25**

Board meetings and large training events when at capacity. The room can be split in two, providing separate meeting spaces with audio visual equipment to allow for hybrid meetings.

With hybrid working and an increasing use of Microsoft Teams, self-contained Teams pods have been built to reduce the impact these calls can have if held in an open office. There are also new executive offices which are available to staff when not in use by the executive team and desking of various sizes, locations for quiet working, sit/stand desks and desks with double monitors to allow for maximum flexibility when in the office.

Feedback so far has been very positive to both the spaces and amenities.

#### 4.0 ACCOMMODATION SUMMARY

The table below provides a summary of our current accommodation position.

Office	2024/25 Review	Baseline cost	Projected 2024/25 Cost	Variance
		£000	£000	£000
Compass, Dundee	No	710	440	(270)
Paisley	Yes	190	201	11
Aberdeen	No	180	225	45
Dunfermline	Closed	151	0	(151)
Hamilton	Yes	129	172	43
Edinburgh (VQ)	No	128	128	0
Stirling	Yes	93	93	0
Selkirk	Yes	52	53	1
Inverness	Yes	47	50	3
Elgin	Closed	20	0	(20)
Lerwick	Closed	14	0	(14)
Stornoway	Yes	14	15	1
Dumfries	Yes	12	19	7
Oban	Yes	11	12	1
<b>Total</b>		<b>1,751</b>	<b>1,408</b>	<b>(343)</b>

## 5.0 DESK BOOKING SYSTEM

Since the return to business as usual and with the reduction in desks spaces across the estate, there has been concern that there would not be desks available for staff when they attend an office. We had been using Outlook to provide a rudimentary desk booking system but it was limited, not well used and did not provide the best experience for staff.

After a selection process, through an IT framework, we purchased the Robin desk booking system. This is a cloud-based, visual, live desk and meeting room booking system that was rolled out successfully across all offices and staff in March.

Robin will be able to provide us with live, accurate occupancy data which we will be able to report on and use to support evidence-based estates decisions going forward.

## 6.0 IMPLICATIONS AND/OR DIRECT BENEFITS

### 6.1 Resources

There are no direct resource implications as a result of this report.

### 6.2 Sustainability

The reduction in the size of our estate will impact on our carbon management figures for property going forward. The impact of this should be reflected in the 2024-25 sustainability report and carbon management return.

### 6.3 Policy

There are no direct policy implications associated with this paper.

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

Provision of suitable accommodation to allow our staff to work together, meet and collaborate effectively is important to the delivery of our strategic objectives which are intended to deliver improvement to the provision of care. Ensuring our estate is efficient means our limited resources can be better targeted to delivery of work that directly impacts on improving the provision of care.

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

This report impacts mainly on internal customers.

## 6.0 CONCLUSIONS/NEXT STEPS

The estate is being managed in line with the approved Estates Strategy



<b>Title:</b>	<b>STRATEGIC RISK REGISTER MONITORING REPORT</b>		
<b>Author:</b>	Kenny Dick, Head of Finance & Corporate Governance		
<b>Responsible Officer:</b>	Kenny Dick, Head of Finance & Corporate Governance		
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director Corporate and Customer Services		
<b>Appendices:</b>	1.	Summary Strategic Risk Register	
	2.	Strategic Risk Register Monitoring Statement	
<b>Consultation:</b>	N/a		
<b>Resource Implications:</b>	No		

**EXECUTIVE SUMMARY**

The Strategic Risk Register monitoring position is presented for the Board’s consideration. The Audit and Risk Committee reviewed the position at its meeting of 7 March 2024.

The Audit and Risk Committee did not propose any changes to the current risk position but raised some points that will be considered at the annual review of risk scheduled for the Board Development Event on 9 May 2024.

**The Board is invited to:**

1. Consider the current risk monitoring position.

<b>Links</b>	Corporate Plan Outcome (Number/s)		Risk Register (Yes)	
<b>For Noting</b>		<b>For Discussion</b>	<b>x</b>	<b>For Assurance</b>
				<b>For Decision</b>
				<b>X</b>

**Equality Impact Assessment**

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

Data Protection Impact Assessment Screening		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" type="checkbox"/> <b>Reason:</b> No sensitive data is being processed

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

<b>Reason for Confidentiality/Private Report:</b> <i>(see Reasons for Exclusion)</i> Not applicable – this is a public Board report.
<b>Disclosure after:</b> 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.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.



**STRATEGIC RISK REGISTER MONITORING REPORT****1.0 INTRODUCTION / BACKGROUND**

The Care Inspectorate's Strategic Risk Register is reviewed at each meeting of the Audit and Risk Committee (ARC) and the Board.

**2.0 STRATEGIC RISK REVIEW****2.1 Strategic Risk 1 – Delivery of Strategy  
Risk Owner – Chief Executive**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 8 (medium).

This risk is at its target level.

**2.2 Strategic Risk 2 - Financial Sustainability  
Risk Owner – Executive Director Corporate and Customer Services (CCS)**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 16 (high).

It is likely this risk will remain high until we have concluded the 2024/25 in-year funding discussions with the Scottish Government, there is more known about National Care Service implications and we have more detail on how the budget deficits set out in our financial strategy are to be addressed.

This risk exceeds its target level and has now done so for 27 months. We are working with the Sponsor Department and Health Finance to reduce the risk level.

**2.3 Strategic Risk 3 - Workforce Capacity  
Risk Owner – Executive Director CCS/Exec Director Strategy and Improvement (S&I)**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 12 (high).

This risk has been above its target level for five months.

**2.4 Strategic Risk 4 - Partnership Working  
Risk Owner – Executive Director Scrutiny and Assurance (S&A)**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 8 (medium).

This risk is at its target level.

**2.5 Strategic Risk 5 – IT Data Access & Cyber Security**  
**Risk Owner – Executive Director IT and Digital Transformation (IT&DT)**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 12 (high).

The target level for this risk is low and our tolerance has been set at medium. This risk therefore exceeds target and tolerance levels. This risk has been above target and tolerance levels for 32 months and therefore the tolerance rating is Red.

We are managing risk with respect to legacy infrastructure and lack of historical investment. It is this that keeps the risk scoring at High. This should stay at this level until we have addressed the legacy infrastructure risk and brought all systems into a “managed state” where our software and hardware components are in a supportable state. A “supportable state” means that we can proactively patch (maintain) our systems to reduce risk, or react quickly with an emergency patch, if/when an exploit is discovered. It would be misleading to reduce our risk score to anything lower than High until these risks are addressed. Work is continuing on addressing these risks; however this is subject to our capacity and not having to redirect resource to other unplanned projects.

**2.6 Strategic Risk 6 – Legacy Business Applications**  
**Risk Owner – Executive Director IT&DT**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 15 (high).

The residual risk score is 15 (high) and has been above target and tolerance levels (which are both low) for 17 months. The further actions to mitigate this risk require investment but with our core budget already showing a significant funding gap there is no funding currently identified to support the required investment.

**2.7 Strategic Risk 7 – Capacity Diverted to Inquiries and Operation Koper**  
**Risk Owner – Exec Director S&A**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 15 (high).

This risk has been above its target level for three months.

**2.8 Strategic Risk 8 – Modern Day Slavery**  
**Risk Owner – Exec Director S&A & Exec Director S&I**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 9 (medium).

This risk is at its target level.

**3.0 RESIDUAL RISK TOLERANCE RATING**

**3.1** The residual risk to risk tolerance rating highlights how long there has been a mismatch between the residual risk score compared to the Board’s stated risk tolerance level. The table below shows the basis of this rating:

<b>Rating</b>	<b>Descriptor</b>
Green	Residual risk is at or lower than the tolerance level.
Amber	Residual risk has been higher than the stated risk tolerance for up to six months.
Red	Residual risk has been higher than the stated risk tolerance for more than six months.

The Audit and Risk Committee may decide to rate as “Red” a risk that has been different to the stated tolerance for less than six months if this is considered appropriate.

**4.0 IMPLICATIONS AND/OR DIRECT BENEFITS**

**4.1 Resources**

There are no resource implications associated with this report.

**4.2 Sustainability**

There are no sustainability implications associated with this report.

**4.3 Policy**

There are no policy implications associated with this report.

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

The management of risk is essential to the successful delivery of our strategic outcomes (as set out in our [Corporate Plan](#)) all of which are intended to improve the provision of care.

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

There are no direct customer implications or benefits.

**5.0 CONCLUSIONS/NEXT STEPS**

The Board is requested to review the Strategic Risk Register.

**SUMMARY STRATEGIC RISK REGISTER: 2024/25 (as at 9 May 2024)**

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Delivery of Strategy	SO 1,2,3,4	CE	16	High	8	Medium	Medium
2	Financial Sustainability	SO 1,2,3,4	EDCCS	16	High	16	Medium	High
3	Workforce Capacity	SO 4	EDSI & EDCCS	16	High	12	Medium	High
4	Partnership Working	SO 1,2,3	EDSA	16	High	8	Medium	Medium
5	ICT Data Access & Cyber Security	Digital Trans	EDIDT	20	Very High	12	High	High
6	Legacy Business Applications	Digital Trans	EDIDT	25	Very High	15	High	High
7	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDSA	20	Very High	15	High	High
8	Modern Day Slavery	SO 1,2,3	EDSA & EDSI	12	High	9	Medium	Medium

**SCORING GRID**

<b>LIKELIHOOD</b>	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic

**IMPACT**

**Black = Very High**

**Red = High**

**Amber = Medium**

**Green = Low**

**White = Very Low**

**Lead Officers**

- CE Chief Executive
- EDS&A Executive Director Scrutiny & Assurance
- EDCCS Executive Director Corporate & Customer Services
- EDS&I Executive Director Strategy & Improvement
- EDIDT Executive Director ICT and Digital Transformation

Strategic Risk Register Monitoring

Date	Board Meeting 9 May 2024																		
Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance					Risk Owner
1	<p><b>Delivery of Strategy</b></p> <p><b>What is the Potential Situation?</b> We are unable to fulfil our core purpose due to our inability to adapt and manage change necessitated by the impact of external factors</p> <p><b>What could cause this to arise?</b> Change to macro environment adversely impacts together with an inability to influence or react / adapt appropriately; ineffective leadership and/or decision making in adapting to the change; insufficient capability or capacity to manage the changes required. The set-up of the National Care Service, the Independent Review of Inspection, Scrutiny and Regulation (IRISR) and the availability of public sector funding are the currently identified external factors that could have a significant impact on the Care Inspectorate</p> <p><b>What would the consequences be?</b> Inability to provide the desired level of scrutiny, assurance and improvement support. Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Possible reduced SG funding. Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Corporate Plan 2022 – 25 in place with supporting operational plans and performance measures and under continuous review</li> <li>ii. Regular Sponsor liaison meetings</li> <li>iii. Regular meetings with the Minister for mental health and wellbeing and other Ministers</li> <li>iv. Attendance at Strategic Scrutiny Group</li> <li>v. Horizon scanning through our policy team</li> <li>vi. Scrutiny and Assurance Plan agreed by Minister</li> <li>vii. Attendance at key national forums</li> <li>viii. Attendance at meetings related to the NCS</li> <li>ix. Improvement and involvement support strategy Action Plan</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Strengthening use of risk and intelligence to inform our work.</li> <li>ii. Further promotion of the ‘improvement offer’ of the organisation to be undertaken alongside reporting on improvement work plan to date</li> <li>iii. Implementation of Stage 2 Transformation</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>high</b></p> <p>At target level</p> <p>Rating: <b>Green</b></p> <p>Response: <input type="text" value="Accept"/></p>			CE		
2	<p><b>Financial Sustainability</b></p> <p><b>What is the Potential Situation?</b> Funding level fails to increase in line with inflation, external cost pressures and additional demands</p> <p><b>What could cause this to arise?</b> Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational &amp; workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; current “cost of living crisis”.</p> <p><b>What would the consequences be?</b> Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.</p>	4	4	16	H	4	4	16	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Medium term budget and financial strategy are regularly reviewed</li> <li>ii. Monthly budget monitoring. This includes specific monitoring of the Stage 2 Transformation project budget.</li> <li>iii. Positive working relationships maintained with SG</li> </ul>	<p>Further Actions</p> <ul style="list-style-type: none"> <li>i. Agree financial monitoring process for Stage 2 of Business and Digital Transformation</li> <li>ii. Early consideration of National Care Service financial implications following any announcement by SG</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>high</b></p> <p>Above target for 27 months and at high end of tolerance level</p> <p>Rating: <b>Red</b></p> <p>Response: <input type="text" value="Treat"/></p>			EDCCS		

												<ul style="list-style-type: none"> <li>iv. Regular liaison meetings with SG Health Finance</li> <li>v. Ongoing review and development of savings and income generation options</li> <li>vi. Digital Transformation Stage 2 budget monitoring reported to Board</li> </ul>			
3	<p><b>Workforce Capacity</b> <b>What is the Potential Situation?</b> We are required to curtail our activities to prioritise areas we identify as highest risk due to a lack of workforce capacity.</p> <p><b>What could cause this to arise?</b> We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process diverts resources from our intended activities. Our funding is insufficient to deliver the workforce capacity we need.</p> <p><b>What would the consequences be?</b> Inability to provide the desired level of scrutiny, assurance and improvement support Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation Significant delays for new services applying to register becoming operational (may become a barrier to registering new services) Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.</p>	4	4	16	H	4	3	12	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Strategic workforce plan</li> <li>ii. Workload and capacity monitoring</li> <li>iii. Staff learning and development plan</li> <li>iv. LEAD process</li> <li>v. Recognised job evaluation system</li> <li>vi. Regular salary benchmarking</li> <li>vii. Partnership working agreement</li> <li>viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board</li> <li>ix. Biennial staff survey with PULSE surveys in between</li> <li>x. Dedicated recruitment team</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Develop succession planning</li> <li>ii. Strengthen use of risk and intelligence</li> <li>iii. Pay and grading review</li> <li>iv. Inspector Resources thematic review</li> <li>v. Increase Sponsor awareness of impact of inquiry workload demands</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: yellow;">medium</span> Tolerance: <span style="background-color: yellow;">medium</span></p> <p>Above target level for 5 months</p> <p>Rating: <span style="background-color: yellow;">Amber</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Treat</span></p>	EDS&I & EDCCS
4	<p><b>Partnership Working</b> <b>What is the Potential Situation?</b> The Care Inspectorate collaborative working with our key scrutiny and delivery partners is compromised and we are not able to:</p> <ul style="list-style-type: none"> <li>• participate in, or progress, work which would help deliver our strategic objectives</li> <li>• deliver public service scrutiny in a joined up and collaborative way</li> <li>• deliver our agreed scrutiny and improvement plan</li> </ul> <p><b>What could cause this to arise?</b> Scrutiny and delivery partner strategies are not aligned well enough to our own; our ability to fully resource our own or our partners' strategic priorities; unexpected changes in environment (PESTEL); unclear, misaligned or incomplete individual and joint plans; collaborative work does not have or adhere to legal underpinning; inadequate or deficient Information Technology; inaccurate or inappropriate information sharing.</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Wide consultation and regular meetings at Senior level inter-organisation meetings</li> <li>ii. Effective external comms strategy in place</li> <li>iii. Membership of National Strategic Scrutiny Group</li> <li>iv. MoUs or agreed protocols in place with all relevant partners</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Continuing engagement with Scottish Government officials and others on the development of a National Care Service, IRIRS and educational reform.</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: yellow;">medium</span> Tolerance: <span style="background-color: red;">High</span></p> <p>At target level</p> <p>Rating: <span style="background-color: green;">Green</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Accept</span></p>	EDS&A



	<p><b>What would the consequences be?</b> Reputational damage; loss of confidence and credibility, unable to fulfil statutory obligations; damage to relationship with scrutiny and delivery partners.</p>											<ul style="list-style-type: none"> <li>v. Chief Executive and Directors monitor and carefully manage relationships with scrutiny and delivery partners</li> <li>vi. Deputy Chief Exec has specific role to promote parentship working with other scrutiny/public bodies/provider groups</li> <li>vii. Inspection Plan for 2023-24 and Scrutiny &amp; Assurance Strategy approved by Board on 9.2.23 includes ongoing commitment to collaborative scrutiny.</li> <li>viii. Improvement Strategy details collaboration with other bodies.</li> </ul>			
5	<p><b>IT Data Access &amp; Cyber Security</b> <b>What is the Potential Situation?</b> Our systems or data are compromised due to cyber security attack.</p> <p><b>What could cause this to arise?</b> Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p><b>What would the consequences be?</b> Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. IT security protocols and monitoring of compliance with the protocols</li> <li>ii. Trained IT staff</li> <li>iii. Physical security measures</li> <li>iv. Business Continuity plans in place</li> <li>v. Cyber Security assessments (including Cyber Essentials+) to be maintained annually</li> <li>vi. Routine penetration testing</li> <li>vii. Cyber Security Maturity baselined and improvement plan in progress</li> <li>viii. Specific budget allocated to security</li> <li>ix. Security compliance included in the monthly IT Operations report and therefore regularly reviewed and discussed.</li> <li>x. Established regular vulnerability testing</li> <li>xi. Established Information Security</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Implement Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state</li> <li>ii. Enhance IT staff cyber security awareness and technical training</li> <li>iii. Implement additional security controls and reporting capabilities</li> <li>iv. Projects designed to reduce infrastructure security risks</li> <li>v. Extend security testing to include end-user awareness</li> <li>vi. Managers versed on supporting a security incident response.</li> <li>vii. Implement an Information Security</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: green; color: white;">low</span> Tolerance: <span style="background-color: yellow; color: black;">medium</span></p> <p>Has exceeded tolerance for 32 months. It is expected that these risks will be addressed during 23/24, however this is subject to our capacity and not having to redirect resource to other unplanned projects..</p> <p>Rating: <span style="background-color: red; color: white;">Red</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Treat</span></p>	EDIT&D

												<ul style="list-style-type: none"> <li>xii. Working Group supporting org-wide security consultation</li> <li>xiii. Regular updates to Leadership teams on progress on Cyber Security improvements</li> <li>xiv. Communication plans in place to maintain Security awareness and engagement across organisation</li> <li>xv. Plans established to support recovery of key systems</li> <li>xvi. Multi-Factor authentication is the default for user access to systems</li> <li>xvii. Bi-annual updates to the ARC on progress to security improvement plan.</li> <li>xviii. Confirmed a Defined state of security maturity</li> <li>xix. Established a Managed Detection &amp; Response service with security partners.</li> <li>xx. Established a permanent role to support Cyber Security maintenance and development.</li> <li>xx. Cyber Security training is mandatory, to be refreshed on an annual basis, for all staff</li> </ul>	<ul style="list-style-type: none"> <li>viii. Management System to evidence that all policy and controls in place are being actively managed.</li> <li>ix. Define a Cyber Security Strategy</li> <li>x. Establish a Cyber Security sponsor at Board level.</li> <li>xi. DR plans are developed and tested as part of planned Infrastructure upgrade works</li> <li>xii. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation</li> </ul>		
6	<p><b>Legacy Business Applications</b> <b>What is the Potential Situation?</b> 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. 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 the legacy systems fail prior to the</p>	5	5	25	H	3	5	15	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>xi. Secondary RMS Platform for DR and Security Testing</li> <li>xii. RMS hardware platform replaced by cloud platform</li> <li>xiii. Market appraisal suggests that a 3<sup>rd</sup> party support service is a feasible option.</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>vi. Document the legacy design to facilitate ongoing support (linked to Managed Service Procurement activity)</li> <li>vii. Provide a capability to provide access to data if legacy systems fail</li> <li>viii. Define plan/procedures for business continuity in</li> </ul>	<p>Appetite: Cautious Target: <span style="background-color: #90EE90;">Low</span> Tolerance: <span style="background-color: #90EE90;">Low</span></p> <p>Above target and tolerance level for 17 months</p> <p>Rating: <span style="background-color: #FF0000;">Red</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Treat</span></p>	EITD

	<p>replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.</p> <p><b>What could cause this to arise?</b> Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.</p> <p><b>What would the consequences be?</b></p> <ul style="list-style-type: none"> <li>• Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate.</li> <li>• Legacy applications cannot be enhanced to meet internal and external stakeholder needs.</li> <li>• No capability to support NCS and evolving needs of government and partner organisations.</li> <li>• Unable to meet statutory requirements and to produce accurate reports on time.</li> <li>• 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.</li> <li>• Increasing operational costs required to maintain a basic level of service.</li> </ul>													<p>ix. event of legacy system failure Secure extended support resourcing for legacy systems</p> <p>x. Enhance legacy system testing. Upgrade cloud hosting platform and develop DR capability with 3<sup>rd</sup> party partners.</p> <p>Note: Mitigations require on-going substantial investment to contain the operational risk</p>		
7	<p><b>Capacity Diverted to Inquiries and Operation Koper</b> <b>What is the Potential Situation?</b> Our staff are required to devote a significant proportion of their available capacity towards responding effectively to the demands of Operation Koper, the UK Covid Inquiry, the Scottish Covid Inquiry and the Historical Abuse Inquiry. This is at the expense of our core scrutiny and quality improvement work.</p> <p><b>What could cause this to arise?</b> The Inquiries and Operation Koper are important and in order to make an effective, timely and competent contribution significant time is required of our Inspectors, Team Managers, Service Managers, Chief Inspectors, our legal team, Improvement Advisers, business support and the Executive Director of Scrutiny and Assurance to provide the information demanded, prepare witness statements and otherwise support the demands of the inquiries / Koper. This is at a point in time when our workforce capacity is already under pressure.</p> <p><b>What would the consequences be?</b> Inability to provide the required level of scrutiny, assurance and improvement support as set out in our Scrutiny and Assurance Plan Inability to take enforcement action in a timely manner Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</p>	5	4	20	VH	5	3	15	H	High	↔		<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Modelled time commitment for Operation Koper activity</li> <li>ii. Sponsor informed of this risk</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Staff involved to record time spent on Inquiry / Koper work</li> <li>ii. Report on planned scrutiny activity not undertaken</li> <li>iii. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>medium</b></p> <p>Above target and tolerance level for 3 months</p> <p>Rating: <b>Amber</b></p> <p>Response: <b>Treat</b></p>	EDSA
8	<p><b>Modern Day Slavery</b> <b>What is the Potential Situation?</b> We do not respond appropriately or effectively to the threat of modern day slavery existing within the care sector. (The financial and staff recruitment and retention pressures within the care sector makes care services an attractive target for Modern Day Slavery).</p> <p><b>What could cause this to arise?</b> We have intelligence gaps on this emerging threat Our scrutiny approach is not designed to identify modern slavery</p>	4	3	12	H	3	3	9	M	M	↔		<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Inspection framework updated to include 2 MDS related key questions</li> <li>ii. All adult registered services inspectors have received training from the home office</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Identify executive lead.</li> <li>ii. Implementation of action plan agreed by the Executive Team</li> </ul>	<p>Appetite: Cautious Target: <b>Medium</b> Tolerance: <b>High</b></p> <p>At target level</p> <p>Rating: <b>Green</b></p> <p>Response: <b>treat</b></p>	EDSA & EDSI

<p>There is ambiguity in our role and responsibilities for identifying modern slavery and the interventions we should take when identified</p> <p><b>What would the consequences be?</b> Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Damage to relationships with partners such as Police Scotland and Home Office</p>												regarding modern day slavery			
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# BOARD

## Schedule of Business 2024/25

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
<b>STRATEGY AND POLICY ITEMS</b>					
<b>Approval of Care Inspectorate Strategies on a rolling/as required basis</b> <ul style="list-style-type: none"> <li>• Customer Engagement Strategy</li> <li>• Communications Strategy</li> <li>• Estates Strategy</li> <li>• Financial Strategy</li> <li>• Health and Safety Strategy</li> <li>• ICT Strategy</li> <li>• Improvement and Involvement Support Strategy and Delivery Plan (2022-25)</li> <li>• Information Governance Strategy</li> <li>• Intelligence Strategy</li> <li>• Legal Services Strategy</li> <li>• Shared Services Strategy</li> <li>• Workforce Strategy</li> <li>• Procurement Strategy <i>(3 year cycle, next due 2026-29, to last meeting of Board cycle)</i></li> </ul>					
Updated Scrutiny and Assurance Plan 2024/25	✓				
Strategic Workforce Plan 2023-2026: Annual Progress Report	✓				
Corporate Plan 2025 Onwards	✓				

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Scrutiny and Assurance Strategy and Plan 2025/26 (Plan to be marked as <b>“Private item”</b> )				✓ (Plan)	
Budget and Indicative Budgets					✓
Strategic Risk Register 2024/25 (for approval)		✓			
Approval of Risk Appetite and Risk Policy		✓			
<b>MONITORING AND GOVERNANCE ITEMS</b>					
Monitoring our Performance Quarterly Report	Q4	Q1	Q2	Q3	
Minutes/Report of Audit and Risk Committee	✓ (7/3/24 meeting)	✓ (30/5/24 meeting)	✓ (3/10/24 meeting)	✓ (19/12/24 meeting)	
Complaints Activity Annual Report (about the CI)	✓				
Complaints Activity Annual Report (services)		✓			
Annual Report and Accounts and Financial Position Update <i>(to 1<sup>st</sup> Quarter meeting of Board)</i>	✓				
Budget Monitoring and Staffing Quarterly Update		✓	✓	✓	✓
Health and Safety Annual Report 2022/23 <i>(normally to 1<sup>st</sup> meeting of Board cycle)</i>	✓				
UNCRC and Care Experience Annual Report <i>(to Q4 meeting of each Board cycle. Triennial report due in Q4 2027.)</i>				✓	
Corporate Parenting Plan 2024-2027		✓			
Annual Procurement Performance Report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI’s Financial Regs				✓	
<b>OPERATIONAL ITEMS</b>					
HR Quarterly Update report	Q4/ <b>Annual</b>	Q1	Q2	Q3	
Estates Update Report (Annual - to first meeting of cycle w.e.f 2024/25)	✓				
Board and Committee Cycle 2025/26: meeting dates		✓			
Shared Services Update Report Annual Report		✓			
Approval of Pay Remit for submission to Scottish Government <b>(tbc)</b>					

<b>BUSINESS TOPIC</b>	<b>9 May 2024</b>	<b>15 Aug 2024</b>	<b>14 Nov 2024</b>	<b>13 Feb 2025</b>	<b>27 Mar 2025 (Budget Only)</b>
Update on Significant Organisational Restructures ( <i>when required</i> )					
Approval of Compensation Payments ( <i>when required</i> )					
<b>STANDING ITEMS</b>					
Strategic Risk Register Monitoring	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
CI Employee Relations Appeals ( <i>standing item, but only when required</i> )					
<b>PRIVATE AND CONFIDENTIAL ITEMS</b>					
Updated Scrutiny and Assurance Plan 2024/25	✓				
Scrutiny and Assurance Plan 2025-26 ( <i>see also page 1</i> )				✓	
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2023/24 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit - Letter of Representation			✓		