



A Meeting of the Care Inspectorate Board is to take place from  
**10.30 am-1.00 pm on Thursday 15 August 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	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Board Meetings held on 9 May 2024  4.1 Minutes of Private Board Meeting ( <i>circulated to Board members and Executive Team only</i> ) 4.2 Minutes of Public Board Meeting ( <i>paper attached</i> )	
5.	Action Record of Board meeting held on 9 May 2024 ( <i>paper attached</i> )	
6.	Matters Arising	
7.	Chair's Quarterly Report – Report No: B-16-2024/25 ( <i>for noting</i> )	10:40
8.	Chief Executive's Report – Report No: B-17-2024/25 ( <i>for noting</i> )	10:45
	<b>STRATEGY AND POLICY</b>	
	No items for this meeting	
	<b>MONITORING AND GOVERNANCE</b>	
9.	Monitoring our Performance 2024/25: Quarter 1 Report – Report No: B-18-2024/25 ( <i>for discussion and noting</i> )	10:50

10.	Complaints About Care Services in Scotland, 2019/20 to 2023/24: A Statistical Bulletin - Report No: B-19-2024/25 <i>(for noting)</i>	11:20
11.	Budget Monitoring and Staffing Update – Report No: B-20-2024/25 <i>(for discussion and noting)</i>	11:35
12.	Audit and Risk Committee Update to the Board – Report No: B-21-2024/25 <i>(for decision)</i>	11:50
13.	Strategic Risk Register Monitoring - Report No: B-22-2024/25 <i>(for decision)</i>	12:00
<b>B R E A K</b>		5 mins
14.	Establishment of Finance and Resources Committee - Report No: B-23-2024/25 <i>(for decision)</i>	12:15
15.	Children’s Rights, Care Experience and Corporate Parenting Plan 2024–2027 - Report No: B-24-2024/25 <i>(for decision)</i>	12:30
<b>OPERATIONAL ITEMS</b>		
16.	HR Quarterly Report – Report No: B-25-2024/25 <i>(for noting)</i>	12:50
17.	Revised Board And Committee Schedule 2024/25 - Report No: B-26-2024/25 <i>(for decision)</i>	12:55
<b>STANDING ITEMS</b>		
18.	Strategic Risk Register Monitoring (covered under item 13)	
19.	Board Schedule of Business 2024/25 (paper attached)	
20.	Any Other Competent Business	12:55
21.	Close of Public Meeting and Date of Next Meeting: 14 November 2024 at 10.30 am.	13:00



<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 9 May 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>	<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"/>

<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.

<b>Data Protection Impact Assessment Screening</b>		
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"/> Reason: There are no data considerations or no sensitive data is being processed.

## BOARD MEETING 15 AUGUST 2024

**Agenda item 7**  
**Report No: B-16-2024/25**

**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>
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Not applicable - this is a public board report.
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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.

**CHAIR'S QUARTERLY UPDATE**

- 1.0** A Board development session was held on 8 July 2024 to scope out the modus operandi for the new Finance and Resources committee, membership, proposed Audrey Cowie as convener and frequency of meetings. Worked with the Executive Team to diarise meetings and ensure adherence to governance process for the creation of the new committee.
- 2.0** On 12 June, along with the Executive Team, I met with the Minister for Social Care, Mental Wellbeing and Sport, Maree Todd, and the Sponsor team to discuss the Board's letter regarding ongoing funding for the Care Inspectorate, and the minister's response. We have agreed to consider funding further once the joint Executive Team and Health Finance Team meeting is held later in August to review the organisation's spend in 2024/25, and longer term spend profile.
- 3.0** I attended the inaugural meeting of the Home Nation Care Chairs, which provided a good background of who's who and current challenges. We have agreed to meet quarterly, to include key challenges, common approaches, review of the Home Nation Chief Executives' agenda items/further discussion, and to identify areas where we can work collaboratively going forward. It was a very helpful and positive meeting which I envisage will bring further benefits to the Care Inspectorate into the future.
- 4.0** We had a very successful Board Development Event on 20 June which was well attended, some very interesting topics covered, and plenty of questions raised and learning and development opportunities gained. I have been further assessing the Board Development programme for 2024/25 with Fiona McKeand and Jackie Irvine, and reprioritising certain topics given Board member feedback and thoughts on what would be most beneficial, coupled with Executive Team availability and timing to support this.
- 5.0** I have been undertaking Board governance review *vis-a-vis* developments in public sector reform, and how the Care Inspectorate might better prepare for potential reform down the line.



<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

**EXECUTIVE SUMMARY**

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

**The Board is invited to:**

- Note the information contained in the report and please contact the Chief Executive 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>	<input type="checkbox"/>	<b>For Decision</b>	<input type="checkbox"/>

**Equality Impact Assessment**

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: Not required, this is an update report.

**Data Protection Impact Assessment Screening**

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: There are no data considerations or no sensitive data is being processed.

## BOARD MEETING 15 AUGUST 2024

**Agenda item 8**  
**Report No: B-17-2024/25**

**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> Not applicable – this is a public Board report.
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<b>Disclosure after:</b> Not applicable
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<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.

Below are details of some of my engagement activities, covering meetings and events that I have taken part in during May, June and July 2024.

- Roundtable event at the Regulation and Quality Improvement Authority (RQIA) in Belfast. The topic for this event was Developing an 'Open, Just and Learning Culture' for Health and Social Care in Northern Ireland.
- An evening Parliamentary event celebrating the true value of Social Care with Coalition of Care and Support Providers in Scotland (CCPS).
- On-going work and meetings with consultants Human Engine to review the top line organisational structure.
- Weekly Collaborative Response and Assurance Group (CRAG) meetings on delayed discharge improvement and performance. These are chaired by the Minister for Social Care, Mental Wellbeing and Sport.

### 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 draft Stage 2 amendments now published and a call for evidence issued by the Health, Social Care and Sport Committee
- The Children (Care and Justice) Bill, which was passed in April
- Proposals for a Human Rights Bill, with engagement ongoing in relation to the potentially significant implications for scrutiny bodies
- A new Education (Scotland) Bill to create a new office of His Majesty's Chief Inspector of Education in Scotland
- The Promise and the recently published Plan 2024-30
- Key publications and developments relating to other areas of policy, including post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013 and proposed changes to National Outcomes.

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
- a consultation on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024: Statutory Guidance on Part 2 and 3, section 18
- National Performance Framework: Inquiry into proposed National Outcomes



## 2.2 School-Aged Childcare (SACC) Regulation

We are working with colleagues from the School Age Childcare Directorate at Scottish Government to lead and deliver on a six month fully funded feasibility study to explore the future direction for School-aged childcare (SACC) regulation. The proposed study will identify options for what future regulation and quality assurance and improvement support of school age childcare could look like, including full costs to deliver.

## 2.3 Education Scotland Shared Inspection Framework

The work on the Early Learning and Childcare (ELC) shared inspection framework with Education Scotland is on track, with an embargoed draft copy shared with stakeholder groups and Scottish Government. We are planning to have a soft launch this September and have a pilot phase in January 2025 with the aim of inspecting against the framework in September 2025. The framework will be a digital resource with sector specific content.

## 2.4 Space to Grow and Thrive

On 15 May we officially launched the Space to Grow and Thrive resource for the sector. The Executive Director of Scrutiny and Assurance joined the Minister for Children, Young People and the Promise, Natalie Don for the launch at Cairellot Nursery in Bishopton. This resource incorporates relevant Care Inspectorate guidance around planning, designing and delivering high-quality experiences and environments for children attending ELC and SACC settings.

## 2.5 Childcare Forum

We have re-established the national Early Years Forum; re-naming it the Childcare Forum. This national group will meet quarterly to discuss key themes from inspection and national trends with key stakeholder groups.

## 2.6 Review of Care Service Definitions and Health and Social Care Standards

The Scottish Government has established a Steering Group to restart the review of care service definitions work which had commenced pre-pandemic, but which has been largely paused since 2020, and in addition, to progress a review of the Health and Social Care Standards which were drafted in 2017. A wide range of stakeholders, including the Care Inspectorate are represented on the Group. It is hoped that the Group will have developed proposals for wider consultation by Spring 2025, but it is acknowledged by all that this is an ambitious target, having regard to the likely magnitude of the group's work.

## 2.7 Pay Award

All due aspects of the 2023/24 to 2024/25 pay award have been successfully implemented.

## 2.8 Complaints Anonymous

The Complaint's team has been working closely with the Digital team regarding changes to the Complaints App, with particular regard to how we process and resolve anonymous complaints, whereby we will notify services of all complaints raised anonymously. The technical element for this was successfully released on 9 July 2024. To better inform the public when raising a complaint, we have reviewed and updated the public website including all our leaflets and information provided to complainants.

## 2.9 Child Rights Regulation and Improvement Working Group

This Working Group forms part of the UNCRC Implementation Group chaired by the Scottish Government Embedding Children's Rights in Public Services Children's Rights Unit. The aim of the Group is to share rights advancing practices and developments between the regulatory bodies, in relation to being ready for UNCRC implementation.

A young inspection volunteer and the Participation Advisor attended the working group in May, to deliver a presentation entitled 'Involving children and young people in our work'. The presentation covered how the Care Inspectorate involve children, young people and their families from the planning stage through to report writing in inspections of Early Learning and Childcare services. The young inspection volunteer spoke about how we involve young inspectors in our Children and Young People (CYP) and strategic inspections, and in our corporate and policy development work more widely across the organisation.

## 2.10 Recruitment of Inspection Volunteers

There have been two recruitment campaigns for Inspection Volunteers to support participation in both Adults, and Children and Young People strategic and regulatory inspections. Four have been taken forward to the next stage of induction for adult work, and eight for children and young people work. The aim will be to have our new Inspection Volunteers shadowing inspections by the end of September.

## 2.11 Modern Apprenticeships for Care Experienced Young People

As part of our commitment to corporate parenting and the Promise, a subgroup was set up to progress employment and development opportunities for care experienced young people. Over the past 18 months this subgroup has involved working with other corporate parents such as Skills Development Scotland, Police Scotland, Who Cares Scotland and the Scottish Qualifications Authority, to develop recruitment and induction guidance for the care experienced young people.

In June, we gained approval to recruit two modern apprentices. One will be based in Human Resources (HR) and Organisational Workforce Development (OWD), and another will be based within the Participation and Equalities Team.

## **2.12 Modern Day Slavery**

The Chief Inspector for Adults and the Head of Intelligence have led on a new Modern Day Slavery policy, procedure, and training for staff. A site has also been developed on the intranet for staff to access the guidance and information. We plan to contribute to a roundtable discussion with partners on Modern Day Slavery in Scotland.

## **2.13 Meaningful Connection Guidance and Visiting Factsheet for Services**

The Meaningful Connections project has developed guidance for services to support the provision of opportunities for good meaningful connections for people in care homes. This includes visiting guidance and a factsheet to ensure that visiting people who experience care is not restricted, in line with the Health and Social Care Standards. People who experience care, relatives, care staff, colleagues in Scottish Government and Public Health have been consulted and have contributed to this work. This publication will be available soon.

## **2.14 Enforcement Procedures and Practice**

To support the implementation of the policy and procedures for Enforcement and to strengthen the approach, an operational group has been established. This Group will have an overview of Enforcement in the Care Inspectorate, ensuring any improvements from the internal Audit are implemented, develop further training for staff and undertake a quality assurance role for Enforcement work.

## **3.0 COLLABORATIVE/PARTNERSHIP WORKING**

### **3.1 Learning Review Community of Practice**

The Strategic Scrutiny team has been working with Scottish Government policy colleagues to establish a Learning Review Community of Practice. This is a further development of the previous Learning Review Liaison Group that comprised Care Inspectorate, Scottish Government and Child Protection Committees Scotland staff. The revised Group will support Child Protection Committees and Adult Protection Committees to share local learning and exchange information on recommendations and findings from Child Protection and Adult Protection learning reviews. The Group will be key in supporting the proposed Case Review Oversight Group to understand local learning from reviews to inform their strategic oversight advice to the newly formed National Public Protection Leadership Group (NPPLG) which I will attend to represent the Care Inspectorate and our scrutiny partners.

### **3.2 Social Work Governance and Assurance National Review**

Following a letter of intent being issued to Chief Executives, Health and Social Care Partnership Chief Officers and Chief Social Work Officers in May 2024, Local Authorities were formally notified of the commencement of a review of social work governance and assurance in Scotland. This will take place until December 2024,

reporting in Spring 2025. It is being undertaken by a team of Strategic Inspectors across Adults, Children's and Justice Strategic Scrutiny teams. It will comprise of a review of key documents, a staff survey, structured interviews with Chief Social Work Officers and some other senior staff and focus groups. It aims to address the following question:

How well do social work governance and assurance arrangements support leaders to:

- Ensure statutory duties are carried out safely and effectively?
- Enable social work staff to be supported, accountable and effective in their practice?
- Assist social work staff to uphold core social work values?

### **3.3 Covid-19 Inquiries**

The Scottish Covid-19 Inquiry has concluded its health and social care impact hearings. There were no significant criticisms of the Care Inspectorate in evidence or in the closing submissions of core participants.

We have received a formal request for information in relation to Module 6 of the UK Covid-19 Inquiry (Adult Social Care) and are working to compile our response within the requested timescale. This may be challenging due to the nature and volume of information requested, and the fact that it comes at a time when many of our staff have planned annual leave.

### **3.4 Scottish Child Abuse Inquiry**

We have now received a formal notice requiring production of the information sought by the Inquiry in respect of Phase 9 of its work. The timescale for that is 30 September 2024. As a result of the preparatory work undertaken in advance of receipt of the formal notice, this timescale should be readily achievable. The Inquiry has recently published its findings in relation to Gordonstoun School. These can be accessed [here](#).

### **3.5 Operation Koper**

Staff across many teams have processed all received requests for Operation Koper providing The Crown Office and Procurator Fiscal Service (COPFS) with 644 reports on 939 inspections. This work impacted significantly on Adults inspection staff and Business Support who required to make responding to these requests a priority over other work.

The next stage of Operation Koper is where staff may be interviewed by Police Scotland in cases where further investigation is required. A new process for managing these requests and supporting Inspectors is now in place.

The feedback from COPFS has been that the Care Inspectorate has provided high quality information and worked professionally and cooperatively with them.

### 3.6 Psychoactive Medicines Improvement Programme

A [podcast series](#) of this programme of work has now been launched and released on the Care Inspectorate website to very positive feedback. Cohort 2 of this work includes a small number of care homes in Scotland and Cohort 3 includes 10 care homes from Scotland, and three from each of England and Wales.

### 3.7 Technology Enabled Care (TEC)

The TEC workstream has had a focus on adult social care since its inception in 2015, building on the earlier national telecare programme and in support of wider health and social care integration. From August 2022, this had broadened to include early learning and childcare, children and young people and adult services. For example, we published the [Technology Good Practice guide](#) in March 2023. The TEC quality improvement projects have impact across the lifespan and fit strategically as part of the national Digital Health and Social Care strategy.

Currently, the phase 2 test of change to introduce facial recognition technology to assess pain in adults (PainChek) will consider different service types, user groups, and geographical areas of Scotland. Furthermore, supporting the aspirations of the [independent care review](#), and the Promise, we have introduced technology to help Inspectors meaningfully feedback to children and young people post inspection.

### 3.8 Care Home Improvement Programme (CHIP) Cohorts 1 and 2

Cohort 1 of the Care Home Improvement Programme (CHIP) commenced in April 2024. The Care Inspectorate, working with the Scottish Social Services Council, supported adult care homes in Scotland through designing and delivering a national quality improvement programme. The programme is for care homes with an Inspection outcome evaluation of adequate. The first cohort concludes this month.

From the 30 services invited to attend the programme from NHS Greater Glasgow and Clyde and NHS Forth Valley, 28 have remained throughout. Resulting in 28 improvement aims that directly related to the service's most recent inspection activity.

Evaluations from cohort 1 continue to be excellent with positive feedback received from services attending. Some Link Inspectors have recorded early improvements as a result of the learning that has taken place, direct and indirect quality improvement advice and support and developing the capability to make changes that are measurable improvements. Planning for CHIP 2 has commenced and it is anticipated this will involve adult care homes in Tayside and Fife that fit the criteria for the quality improvement programme.

### 3.9 ELC Practice Note on Family Engagement

We published a practice note for ELC services along with a guide for families emphasising the critical importance of meaningful relationships and strong connections beginning with families accessing their childcare setting. Both publications are designed to highlight the importance of families being physically present in their child's setting as part of their daily experiences.

In the practice note, [Me, my family and my childcare setting](#), we share practice examples and insights from childminders, early learning and school-aged childcare staff, that outline their own experience of supporting a family centred culture within their childcare settings. We promote relevant childcare research and policy as a powerful tool for fostering a positive, family-centred culture. Families have also contributed their views and experiences in the development of [Connecting with your childcare setting: A guide for families](#).

### 3.10 Safe Staffing Programme (SSP)

The strong focus on engagement and consultation as part of the Safe Staffing Programme has led to the co-production and publication of a Staffing Method Framework (SMF) [Staffing method framework | Care Inspectorate Hub](#).

An app of the Staffing Method Framework is in development and will be published soon, with the support of the Digital Health and Care Innovation Centre.

## 4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

### 4.1 Partnership Agreement

We have been working to review the partnership agreement with our joint trade unions and I have agreed and signed an updated version with the Joint Chair. We are now working with staff side on partnership developmental work, defining further how we work together positively.

We have positively engaged with partnership staff side on how best to impact assess our hybrid working arrangements and have agreed to work with our staff survey partners DJS to include a hybrid working survey as an annex to our staff survey in September.

### 4.2 Values and Culture

Work is now at an advanced stage to review and refresh our organisational values. An organisation wide consultation is currently in progress to finalise our cultural aspirations as well as minor updates to our values. By investing in this area, we will strengthen our work to ensure our values are evident through all aspects of our work and working environment and that our people feel valued, recognised and supported as part of our open, honest and trusting culture.

### 4.3 Leadership and Management Development

Work is currently in progress to support delivery of our Strategic Workforce Plan commitment to develop the skills of our leaders and managers to role model our values, support our cultural objectives, manage change and lead our workforce and organisation. The first phase of this work will deliver a leadership and management framework that clearly defines the knowledge, skills and behaviours required at each level of our management and leadership structure.

During phase 2, the framework will be used to inform the development of a range of leadership and management development activities, designed to equip our leaders and managers with the necessary tools and expertise to effectively carry out their roles.

### 4.4 PDA

Our Assessment Centre and PDA qualification were inspected by the SQA through an External Verification event in June 2024. Both the PDA and Assessment Centre were rated with 'high confidence' by the SQA, which reflects their highest confidence rating. Graded unit project development, and their impact on organisational developments, were identified as an area of excellence.

### 4.5 LGBT Youth Scotland Charter Work

The Care Inspectorate made a commitment last year to sign up to the foundation level of the LGBT Youth Scotland's Charter. This initiative aimed at fostering inclusive and supportive environments for young LGBT individuals. Through the LGBT Charter, we will work with LGBT Youth Scotland to promote equality and tackle discrimination. The Charter process involves training, policy reviews, and the creation of an action plan to ensure sustainable change. This program will not only educate and raise awareness but will empower the Care Inspectorate workforce to engage effectively with and support LGBT people, through its regulatory, quality improvement and participation work.

## 5.0 ORGANISATIONAL TRANSFORMATION

### 5.1 Digital Stage 2 Project

The Digital Stage 2 project continues to make progress with Service Design. Over the last period the project team have been playing back the outcomes of the Service Design to colleagues across the organisation. In September we will sign off the Service Design and complete the work to allow us to move into procurement of the new digital platform.

In June the team undertook a voluntary health check of the Stage 2 project carried out by external reviewers on behalf of the Scottish Government Digital Assurance Office. The project received an AMBER / GREEN delivery confidence which was the highest confidence we could achieve at this point in the project. The external reviewers also fed back very positively on the governance and reporting of the

project along with the great sense of organisational buy in to what the project is trying to deliver against. This health check has been discussed and shared with the Executive Team, Project Board and the Digital Assurance and Advisory Group. This good review is in recognition of the Stage 2 delivery team along with colleagues across the organisation that are engaging in the work that's being undertaken.

## **5.2 Whole System Assessment of our Registration Function**

The Chief Inspector for Registration and Complaints has commenced an assessment of our registration function aligned to the known organisational risk and current backlog. The aim of this is to uncover opportunities for enhancing our processes, leading to greater levels of efficiency. In support of this, focus groups with providers have been completed to gain sector feedback. A Registration Development Day was held on 8 August 2024, whereby Registration and associated Business Support teams looked to develop change ideas aligned with the top five key priorities, and how our success in these areas will be measured.





<b>Title:</b>	<b>MONITORING OUR PERFORMANCE 2024/25 – QUARTER 1 REPORT</b>		
<b>Authors:</b>	<i>Ingrid Gilray, Intelligence and Analysis Manager Sophie Siegel, Information Analyst Kaisha Wallace, Intelligence Researcher</i>		
<b>Responsible Director:</b>	Gordon Mackie, Executive Director of IT, Transformation and Digital		
<b>Appendices:</b>	1.	Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities	
	2.	Technical notes	
<b>Consultation:</b>	N/A		
<b>Resource Implications:</b>	None		

<b>EXECUTIVE SUMMARY</b>	
<p>This report presents the Q1 2024/25 summary report on our performance and focusses on performance against the organisation’s Key Performance Indicators (KPIs).</p> <p>Of the eight KPIs detailed in the Corporate Plan 2022-25, at the end of Q1 2024/25:</p> <p style="padding-left: 40px;">7 met or exceeded target; 1 did not meet the target.</p> <p>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.</p> <p>Every year, we review our targets to ensure they remain relevant. We have updated one target for KPI-6 (staff absence) as a result.</p>	
<b>The Board is invited to:</b>	
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.
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**MONITORING OUR PERFORMANCE 2024/25 - QUARTER 1 REPORT****1.0 INTRODUCTION / BACKGROUND****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 executive 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.

**Annual review of performance targets**

It is good practice to routinely review the targets for our performance measures to ensure they remain relevant. We have reviewed the targets for all measures to ensure they remain both achievable and challenging, and to take account of next year's scrutiny and assurance priorities. Lead officers were included in this consultation. This review identified a minor update to a target for one KPI (KPI-6) to reflect wider public sector benchmarks. See proposed change below which SMG are asked to approve, and which will go to the Board for final approval.

<b>Measure</b>	<b>Current target/benchmark</b>	<b>Proposed target/benchmark 24/25</b>	<b>comments</b>
KPI-6: % staff absence by month of absence	Xpert HR public sector benchmark of 3.6 with Range of 2.8% to 5.8%	Update to Xpert HR public sector benchmark of 3.8 with Range of 2.6% to 5.2%	Change to both median (from 3.6 to 3.8) and range reduced, in line with public sector benchmark.

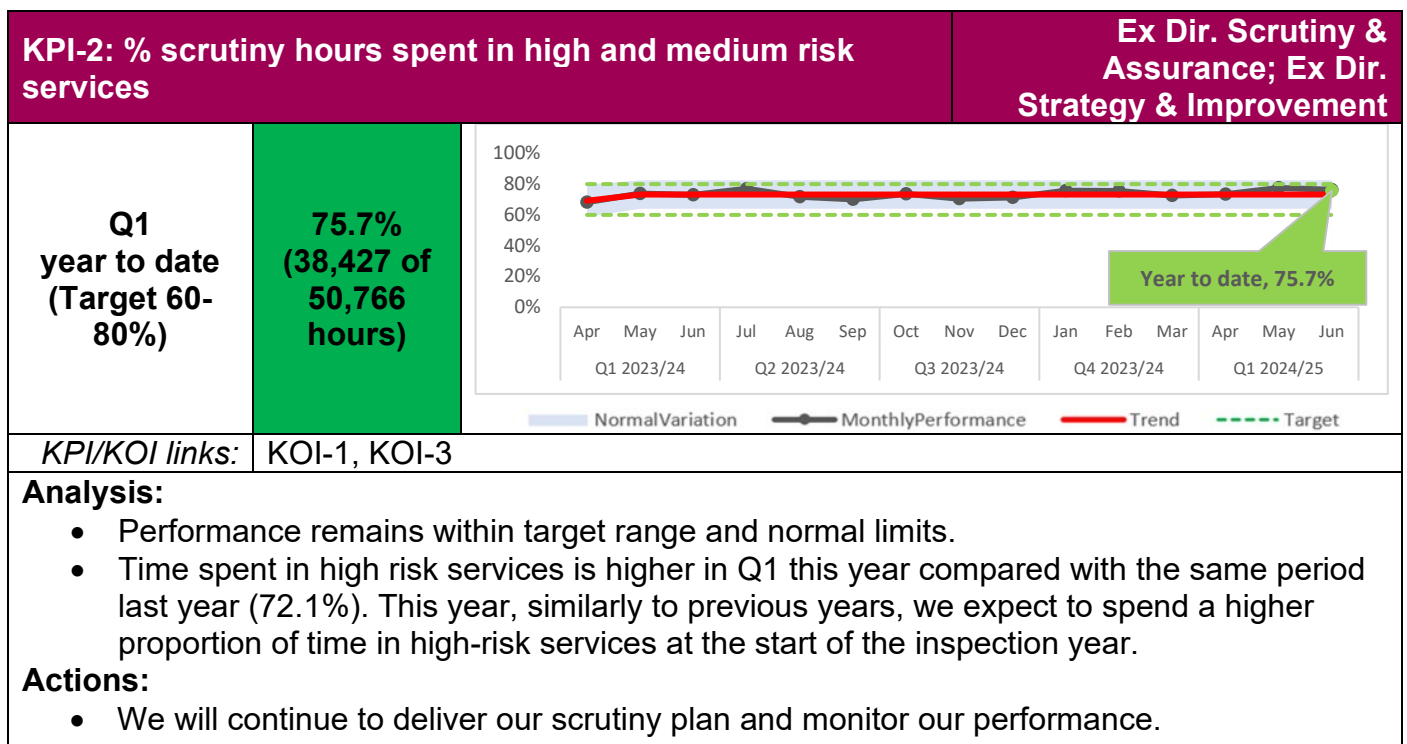
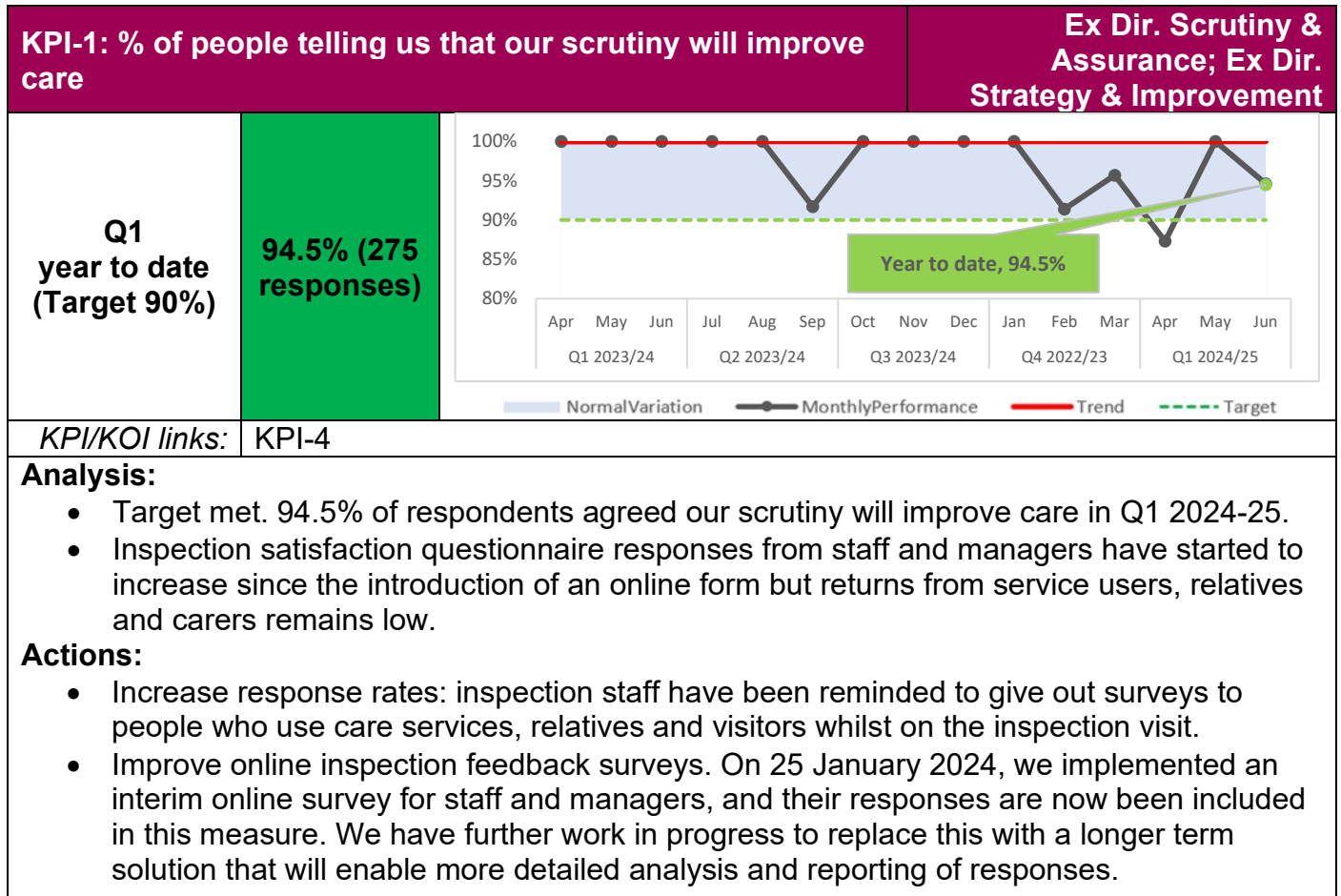
**Summary of performance**

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
<p><b>KPI-1:</b> % of people telling us that our scrutiny will improve care</p> <p style="text-align: center;"><b>94.5%</b></p>	<p><b>KPI-4:</b> % of people telling us that our quality improvement support will improve care</p> <p style="text-align: center;"><b>90.9%</b></p>	<p><b>KPI-5:</b> % staff completing core learning</p> <p style="text-align: center;"><b>65.3%</b></p>
<p><b>KPI-2:</b> % scrutiny hours spent in high and medium risk services</p> <p style="text-align: center;"><b>75.7%</b></p>		<p><b>KPI-6:</b> % staff absence</p> <p style="text-align: center;"><b>4.8%</b></p>
<p><b>KPI-3:</b> % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)</p> <p style="text-align: center;"><b>91.2%</b></p>		<p><b>KPI-7:</b> % staff turnover</p> <p style="text-align: center;"><b>7.4%</b></p>
		<p><b>KPI-8:</b> Days per month that inspection volunteers and care experienced people are involved in our work</p> <p style="text-align: center;"><b>35.7 days</b></p>
<p><b>Colour code:</b> <span style="color: green;">Target achieved</span>      <span style="color: orange;">Slightly below target</span>      <span style="color: red;">Significantly below target</span></p>		

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 JUNE 2024

Strategic outcome: High-quality care for all



KPI-3: % of complaints about care resolved within relevant timescales		Ex Dir. Strategy & Improvement
<p><b>Q1 year to date (Target 80%)</b></p>	<p><b>91.2% (499 of 547 complaints)</b></p>	
<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 Q1, performance was above target and within normal limits, maintaining the improvement observed last 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**

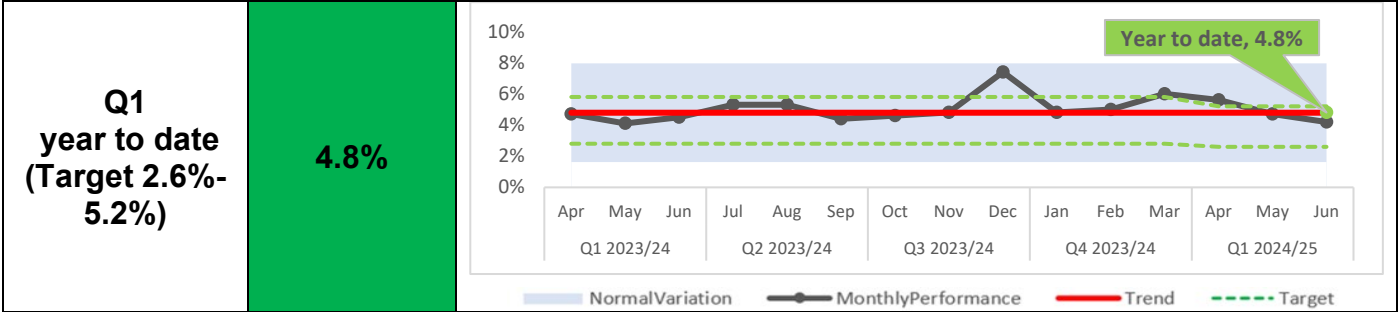
KPI-4: % of people telling us that our quality improvement support will improve care		Ex Dir. Strategy & Improvement
<p><b>Q1 year to date (Target 90%)</b></p>	<p><b>90.9% (503 responses)</b></p>	
<i>KPI/KOI links:</i>	KPI-1	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Q1 2024-25 performance is slightly 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

<b>KPI-5: % staff completing core learning</b>		<b>Ex Dir. Corporate &amp; Customer Services</b>
<b>Q1 year to date (Target 95%)</b>	<b>65.3%</b>	
<i>KPI/KOI links:</i>	KPI-6	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Performance is below target at 65.3%, although this is an increase compared with the 51.0% reported for Q4 2023/24.</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>• In comparison to Q4 23/24, compliance against all of the existing core learning modules has increased. Health and Safety has increased from 87% to 92%, Data Protection has increased from 86% to 90%, Cyber Security has increased from 72% to 87%, and Equalities has increased from 69% to 81%.</li> <li>• Performance for Q1 is not directly comparable to last year's performance because we recently launched Level 1 Protection training, which has now been included in the core learning reporting for the first time. This training is the first of a five module program, with levels 2 and 3 to be rolled out over the course of this year.</li> <li>• Protection Level 1 was introduced to the core learning suite in March 2024, and was rolled out to all staff in support functions who require an awareness level of knowledge, such as those in Business Support, OWD, and Finance. Staff had a period of three months to complete this training before it is included in the reporting. The level of compliance for protection training by the end of Q1 was 57.9%. This has affected the overall compliance rate.</li> <li>• It is important to note that colleagues across the organisation continue to refocus their work due to the impact of recent inquiries and Operation Koper. This has impacted on staff capacity to undertake core learning.</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>• Core learning topics continue to be highlighted through the regular OWD update email to all staff</li> <li>• Actions have been taken within the LMS and core learning intranet page to support staff to identify and prioritise core learning modules.</li> <li>• As part of the OWD stakeholder meetings, core learning continues to be a topic of discussion to provide support and encourage compliance</li> <li>• Manager dashboards to support managers to proactively manage compliance within their teams are currently being tested.</li> <li>• OWD continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation</li> <li>• A performance dashboard is shared with Heads of Service and Executive Directors each month to monitor performance across their areas of responsibility.</li> <li>• Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue.</li> </ul>		

KPI-6: % staff absence

Ex Dir. Corporate & Customer Services



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

**Analysis:**

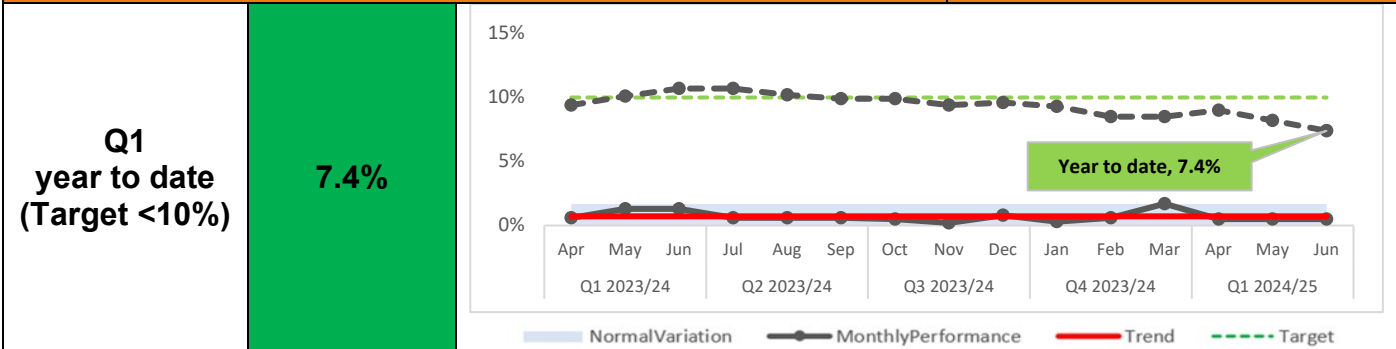
- The target range for KPI-6 has been updated in line with public sector benchmark to between 2.6% and 5.2% with a median of 3.8%
- Performance remained within the target range.
- Compared to Q4 2023-24, overall absence decreased from 5.0% to 4.8%. Absence in April slightly exceeded the upper limit of the target range while May and June were both within the target range.
- Long term absence had been increasing in Q4 2023-24 and into April 2024 but has decreased in May and further in June 2024. Medium term absence has seen a decrease in April and May but an increase again in June 2024. Short term absence has been at a very low level in June 2024.

**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 &amp; Customer Services</b>
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*KPI/KOI links:* KPI-2, KPI-3, KPI-6

**Analysis:**

- Staff turnover met the target and was within normal limits.
- During Q1 2024/25, 9 staff left the organisation, 3 retired and the remaining 6 left voluntarily.
- This is lower than in Q1 last year (20 leavers).

**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>
--	---



*KPI/KOI links:* N/A

**Analysis:**

- Year to date performance is above target of 30 days per month, although lower than Q1 last year (41 days per month).
- During Q1, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 64.5 days and other involvement activities on 42.5 days. The inspection volunteers continue to be involved in a range of work across the Care Inspectorate, during Q1:
  - A young inspection volunteer gave a presentation at a children’s rights and regulators webinar and feedback was very positive
  - Adult inspection volunteers were involved in the recruitment of a service manager and chief inspector
  - Young inspection volunteers were involved in a children and young people’s webinar providing information on their role as volunteers
  - 2 young inspection volunteers have been involved in the development of material for a strategic thematic review.

**Actions:**

- Two recruitment campaigns are underway, with induction dates planned in for both.
- We plan to review our recruitment approaches, including our application form.
- The participation and equalities team will continue to work with the children and young people team to plan availability and suitability of inspection.

### 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.

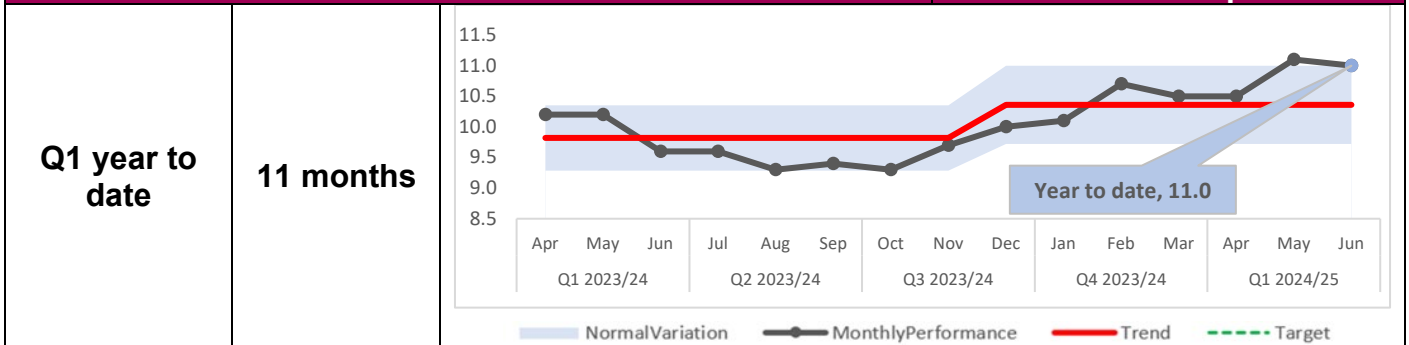
Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)		Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q1 year to date	85.4%	
KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>85.4% of registered services had grades of good or better, almost the same as at the end of Q4 2023/24 (85.2%). Performance has improved over the past year and has been above 85% since October 2023 (with a one-month drop to 84.9% in April 2024). We will continue to monitor this trend closely.</li> <li>There is variation by type of service: adult daycare (93%), childminding (92%) and daycare of children (88%) are all statistically significantly above the average while care homes for older people (62%), care homes for adults (75%), care at home services (81%) as well as Fostering services (74%) and Adoption services (70%) 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 first quarter by 2.2 percentage points each between end of Q4 2023/24 and end of Q1 2024/25. Compared to the end of Q1 last year Care homes for older people with good or better grades have increased by 6.8 percentage points and care homes for adults by 4.7 percentage points.</li> </ul> <p><b>Actions:</b></p> <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. Strategy & Improvement
Q1 year to date	65.6% (61 of 93 inspections)	
KPI/KOI links:	KOI-1	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Performance remains within the range of expected variation with 65.6% of services having good or better grades at the first inspection following registration.</li> <li>• Performance decreased for three consecutive months between February and April, although still within normal variation for this measure. It has increased again over May and June to around the central line. We will continue to monitor this closely.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• We are continuing a focussed investigation and analysis into common themes and reasons for newly registered services not graded at least good at first inspection.</li> <li>• Following our initial explorative analysis of grading at first inspection of services undertaken last year, we will be updating this analysis with a focus on services that are being re-registered and their specific themes and valuations under key questions in the frameworks.</li> <li>• We will continue to prioritise higher risk and lower quality services' inspections following registration.</li> </ul>		

**KOI-3: Average time a service continues to have a grade of less than adequate** **Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement**



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

**Analysis:**

- Performance has declined again from 10.5 months at the end of Q4 2023/24 to 11 months at the end of Q1 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 from 259 at the end of Q1 last year to 205 services at the end of June 2024. The number of services with these poor grades is a small and reducing proportion of services: 1.9% of all non-cancelled services at the end of Q1 compared to 2.5% of service at the end of Q1 last year.
- At the end of Q1 most services (62%) had these grades for less than the average of 11 months. Of the 205 services:
  - 38% (77 services) were equal to or above the average of 11 months.
  - 62% (128 services) were below the average of 11 months.
  - 35% (72 services) had the grades for less than 6 months
  - 46% were early learning and childcare services, 36% were adult services and 18% were children and young people services.
  - 6 services were inactive 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 the 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; Ex Dir. Strategy & Improvement
Q1 year to date	99.5% (185 of 186 inspections)	
KPI/KOI links:	KPI-2, KOI-1, KOI-3	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance remained high during Q1 with 99.5% 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.</li> </ul>		

**Scrutiny and assurance activity**

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

**Registered care services**

	Number completed Q1 Year to Date 2023/24	Number completed Q1 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
Inspections completed	1,180	1,064	-10%
Serious concern letters issued	19	8	-58%
Improvement notice enforcements	9	11	22%
Notice to cancel enforcements	4	1	-75%
Total complaints resolved (not inc. concerns logged as intelligence)	571	547	-4%
New registrations completed	112	122	9%
Number of variations completed (not inc. typographical changes)	378	461	22%

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

**Strategic Inspections**

	Number during Q1 Year to Date 2023/24	Number during Q1 Year to Date 2024/25
Inspections completed (published)	6	6
Total staff survey responses received	1,841	1,253
Total people experiencing care engaged with	32	51
Total number of case files read	330	240
Number of serious incident reviews received	Please see note below*	20
Learning reviews received		5
Learning review notifications received		23
Other review reports received		2

\*The figures for reviews were previously reported as one figure for all reviews. We have separated these for more meaningful reporting and comparisons in the future.

A new grouping called “other review reports received” has been included from Q1 2024-25 to capture alternative reports received for work undertaken when the learning review is not proceeding. This is a new requirement. The inclusion of this, along with a change in reporting methodology in Q3 last year and the separation of the figures, means the figures are not comparable to last year.

## Strategic outcome: Improving outcomes for all

<b>KOI-5: % of services with &gt;90% of people telling us they are happy with the quality of care and support they receive</b>		<b>Ex Dir. Scrutiny &amp; Assurance; Ex Dir. Strategy &amp; Improvement</b>
<b>Q1 year to date</b>	<b>91.1% of services (470 of 516 services, based on 7,250 responses in total)</b>	
<b>KPI/KOI links:</b>	KOI-7	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Up to the end of Q1, 91.1% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.</li> <li>Up to the end of Q1 we received 7,250 questionnaires.</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.</li> <li>Surveys for people who use services are available in paper and online formats, while surveys for relatives, staff and other professionals are available as online versions only.</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. These were launched in May together with online surveys for staff and professional visitors. Following feedback from Care Inspectorate staff, it has been agreed that the same surveys will also be used for standalone Housing Support Services going forward.</li> <li>We have successfully developed an accessible document using the recommended photo symbols. It is our intention to pilot these and seek feedback from a wider audience in Q2. The questions were consulted on with two external organisations, in the development of the form, but we would like to hear from other CAH/HS services who support people with a learning disability before being rolled out more widely.</li> </ul>		

## Improvement support and external communications summary year to date

	<b>Number Q1 Year to Date 2023/24</b>	<b>Number Q1 Year to Date 2024/25</b>	<b>2024/25 vs 2023/24 year to date % change</b>
External improvement support events	40	30	<b>-25%</b>
Internal improvement support events	3	1	<b>-67%</b>
Number of unique services engaged	52	50	<b>-4%</b>
Number of individuals engaged	1,176	931	<b>-21%</b>
Website page views – Total	Please see note below*	Not available until Q2	<b>N/A</b>
Hub page views – Total		82,422	<b>N/A</b>

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

Due to upgrading our web analytics reporting on 01 July 2023, the figures are not comparable to last year. The website was not moved over automatically, meaning the data was not recorded for a



duration of time. The Hub was moved over automatically, however differences vary based on filters meaning the figures are not comparable.

Strategic outcome: Everyone’s rights are respected and realised

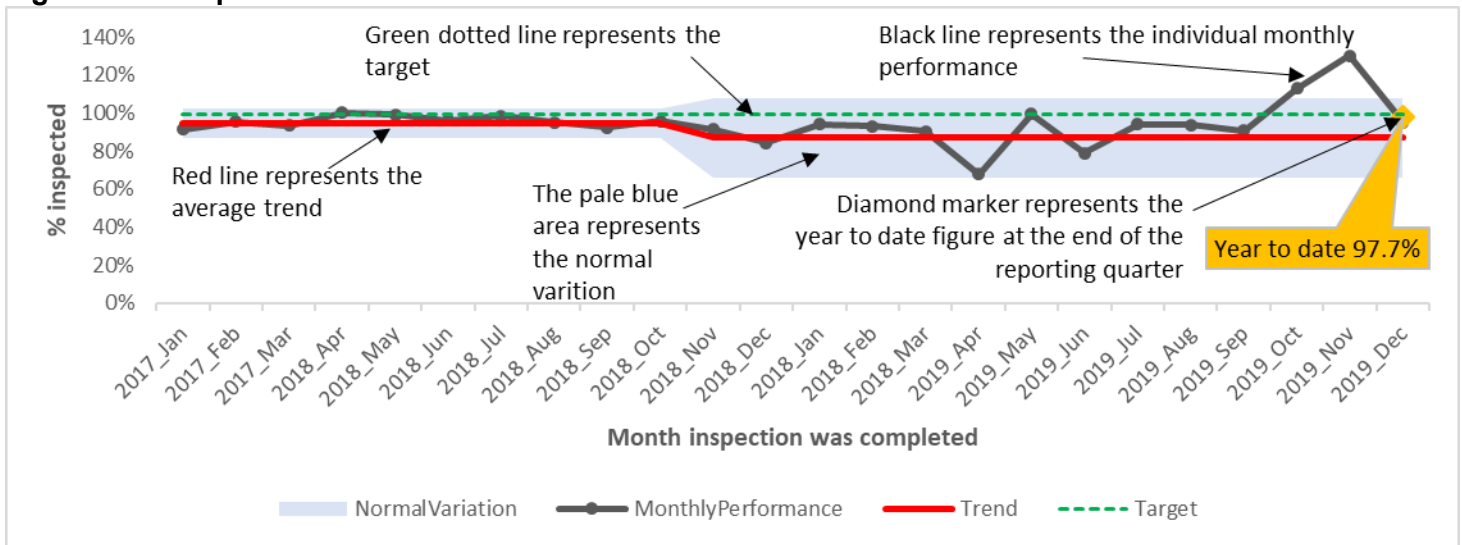
<b>KOI-6: % services good or better for ‘How well do we support people's wellbeing’</b>		<b>Ex Dir. Scrutiny and Assurance &amp; Ex Dir. Strategy &amp; Improvement</b>
<b>Q1 year to date</b>	<b>91.6%</b>	
<b>KPI/KOI links:</b>	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>The increase in performance reported over the last year was sustained in Q1 2024/25.</li> <li>Similar to KOI-1, performance has improved overall this year and has been above 91% since October 2023.</li> </ul> <p><b>Actions:</b></p> <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>		
<b>KOI-7: % of services with &gt;90% of people telling us they make decisions about their own care</b>		<b>Ex Dir. Scrutiny &amp; Assurance; Ex Dir. Strategy &amp; Improvement</b>
<b>Q1 year to date</b>	<b>84.3% (431 of 511 services, from 6,919 respondents in total)</b>	
<b>KPI/KOI links:</b>	KOI-5	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>84.3% 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 Q1 2024/25 we received 6,919 questionnaires</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>COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2023/24 – A STATISTICAL BULLETIN</b>		
<b>Author:</b>	John McGurk, Information Analyst Ingrid Gilray, Intelligence and Analysis Manager		
<b>Responsible Director:</b>	Gordon Mackie, Executive Director IT, Transformation and Digital		
<b>Appendices:</b>	<b>1.</b>	Complaints about care services in Scotland, 2019/20 to 2023/24 – a statistical bulletin	
<b>Consultation:</b>	Gareth Hammond, Chief Inspector (Registration and Complaints).		
<b>Resource Implications:</b>	*Yes/No		

#### EXECUTIVE SUMMARY

Our annual complaints statistical summary “Complaints about care services in Scotland 2019/20 to 2023/24” was published on 6 August 2024.

This publication is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. It includes summaries of complaints received and investigated between April 2019 to March 2024, the five years over which both our new complaints procedure and new data collection system have been operating and therefore based on consistent data.

A copy of the full published version of the statistical bulletin is attached in the appendices.

#### The Board is invited to:

- Note the contents of this report.

<b>Links</b>	Corporate Plan Outcome (Number/s)	1	Risk Register (Yes/No)	N
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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>

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> <b>Reason below:</b> <i>no data considerations or no sensitive data is being processed.</i>

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.
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 CARE SERVICES IN SCOTLAND, 2019/20 TO 2023/24 –  
A STATISTICAL BULLETIN****1.0 INTRODUCTION / BACKGROUND**

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 to March 2024, the five years over which our current complaints procedure and data collection system have been operating. The report focuses in particular on the most recent year 1 April 2023 to 31 March 2024. The statistics reflect how the Care Inspectorate actioned every complaint that it received, using our risk-based assessment process to resolve complaints as quickly as possible for complainants.

**2.0 IMPLICATIONS AND/OR DIRECT BENEFITS****2.1 Resources**

There are no direct resource implications arising from this report.

**2.2 Sustainability**

There are no direct sustainability implications arising from this report.

**2.3 Policy**

Not applicable for this report.

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

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

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

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

**3.0 CONCLUSIONS/NEXT STEPS**

The Board is invited to note and discuss this report.



# Complaints about care services in Scotland, 2019/20 to 2023/24

A statistical bulletin

Published August 2024

## Executive summary

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 to March 2024, the five years over which our current complaints procedure and data collection system have been operating. The report focusses in particular on the most recent year 1 April 2023 to 31 March 2024.

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

### Summary of main points

- We received 5,646 complaints in 2023/24, a 4% decrease on last year but still reflecting a long-term increasing trend.
- We assess all complaints received to ensure that they are within the remit of the Care Inspectorate to investigate, to ensure we have sufficient information about the complaint and to ensure that the complainant wishes to proceed. If we cannot proceed, then these complaints are revoked. In 2023/24 we revoked 22% of complaints received, a decrease from 23% in 2022/23.
- A total of 4,467 complaints were resolved using our four resolution pathways. In 50% of these, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity; 18% were resolved quickly by the service directly; in 11% we required the service to investigate via their own complaints procedure; 20% were deemed high risk and were investigated by the Care Inspectorate.
- We upheld 73% of the complaints where the Care Inspectorate conducted an investigation in 2023/24.
- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 27% of care homes for older people had at least one complaint upheld during 2023/24. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.



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## 1. Introduction

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated over a five-year period between April 2019 to March 2024, focussing on the year 1 April 2023 to 31 March 2024.

Care services operating in Scotland must be registered with the Care Inspectorate and there are currently 10,915 services on our register. The largest groups of care services in Scotland are childminders, children's daycare (for example nurseries), care homes, care at home and housing support services.

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

### External factors impacting on these statistics

We introduced our current digital complaints system in March 2019. This change has improved the statistics we can present but has disrupted longer-term trends. For this reason, we have limited the period of this report to the last five years where we can make meaningful comparisons, which we can build on in future reports.

### How we deal with complaints

Our complaints handling procedure is available on our website.

[How we deal with complaints about care \(careinspectorate.com\)](https://www.careinspectorate.com)

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

We use a risk assessment process that considers what else we know about the service, including findings from our regulatory activity like inspections and intelligence logged from previous complaints, to help us decide how to proceed and what action we need to take to achieve the best outcome for people experiencing care.

Before we act on complaints, we assess them to ensure that they fall within our remit to investigate and that we have enough information to understand the substance of

the complaints raised. If the complainant has provided contact details, we clarify the substance of the complaint with them and get agreement that they wish us to proceed. If there is any reason we cannot proceed, the complaint is **revoked** which means no further action is taken. All revoked complaints are still shared with the inspector of the service as intelligence. All complaints (including those that were revoked) are logged and included in the count of **complaints received**. We assess all complaints for any child or adult protection issues. We log and report any protection concerns to the relevant statutory body for example social work or Police Scotland. This means we revoke that element of the complaint.

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

- **Intelligence:** where we record the information given to us and highlight that to the inspector for that service. This approach is only used for lower-risk complaints and/or complaints where we may not have enough information to proceed. This helps our inspectors develop a broad overview of complaints about a service, which in turn informs the timing and focus of our inspections. For example, additional intelligence from one or several complaints may result in the inspector bringing forward an inspection.
- **Direct service action:** where we contact the service and ask them to engage directly with the person making the complaint to resolve the complaint. Typically, this is used for straightforward or simple matters where people are unsatisfied with their experiences, and we intervene quickly with a care service to achieve a positive outcome.
- **Investigation by the care provider:** where the risk assessment suggests the issue is suitable for the complaint to be investigated via the service's own complaints procedure. Where possible, we obtain consent to share the person's contact details with the service. We contact the service provider and require them to investigate and respond to the complaint, with a copy of their response sent to the Care Inspectorate.
- **Investigation by the Care Inspectorate:** where our risk assessment identifies more serious complaints, we conduct an investigation.

### **Digital complaints system**

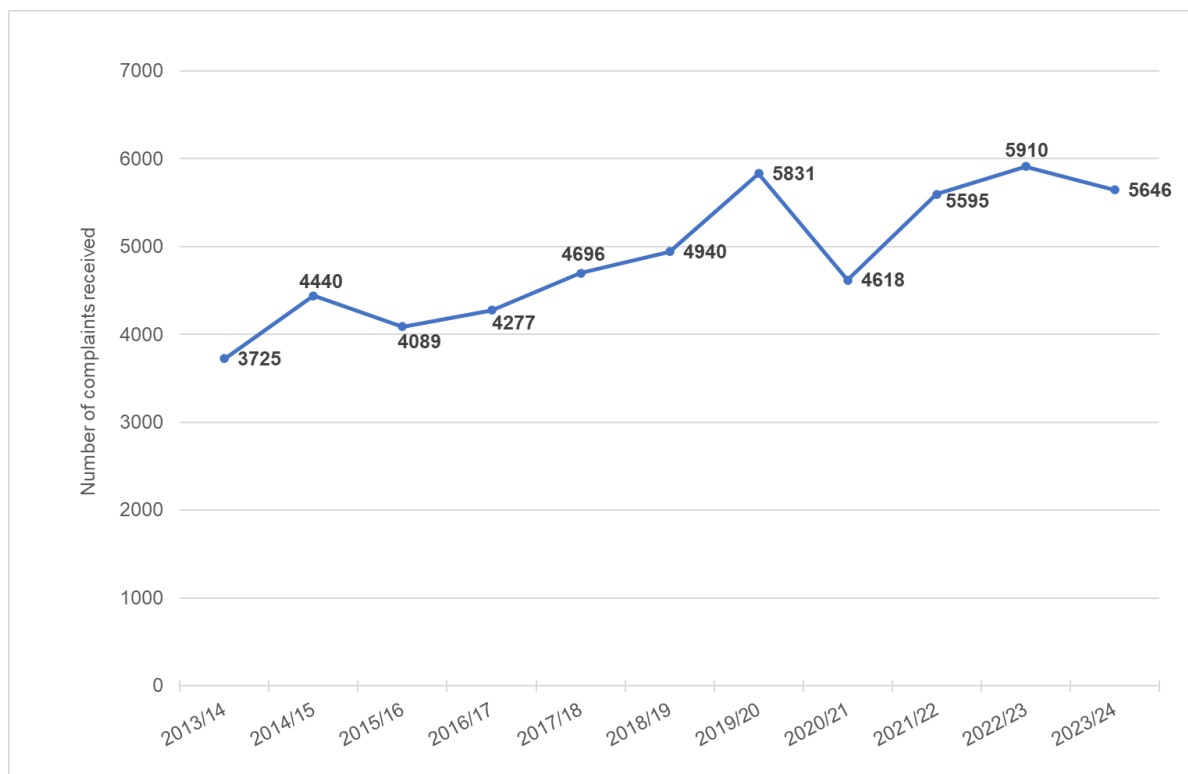
In March 2019, we introduced a digital complaints system, which is used to record complaints including progress and outcomes. This recording system has resulted in improvements to the quality and definition of the data presented. As a result, we can provide a clear account of how complaints have been resolved using our pathways over the past five years.

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

### Complaints received

In 2023/24, we received 5,646 complaints about care services. This is a decrease of 264 (4%) compared with the previous year but continues the long-term trend for increasing numbers of complaints received over the past 10 years (see Figure 1). This increasing trend in the numbers we receive may indicate greater awareness of our complaints process and a greater awareness amongst people about the standards of care they and others should expect. The decrease in 2020/21 is due to the impact of the pandemic: for example, many services closed (particularly early learning and childcare services) before re-opening in 2021/22. A further breakdown of complaints received by care service type is provided in the Appendix (Table A).

**Figure 1: Complaints received 2013/14 to 2023/24**



Once we have confirmed that a complaint is within our remit and we have enough information to proceed, we undertake a risk assessment and decide which resolution pathway is the most appropriate course of action. During 2023/24, we resolved 4,467 complaints, which can be broken down as follows:

- **Intelligence:** Use of the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity and improvement support. For example, bringing forward a full, unannounced inspection of a service. In 2023/24, we resolved 2,255 (50% of all complaints resolved) as intelligence, a drop compared to 52% of all complaints resolved last year. Over the last five years 53% of all complaints resolved have been resolved in this way.

- **Direct service action:** In 2023/24, 806 complaints (18% of all complaints resolved) were assessed as suitable to be resolved by the service directly and quickly, a decrease compared to 19% of all complaints resolved last year. Over the last five years 17% of all complaints resolved have been resolved in this way.
- **Investigation by the care provider:** In 2023/24 513 complaints (11% of all complaints resolved) were assessed as suitable for the complaint to be investigated via the service's complaints procedure and we required the provider to investigate. This is an increase on the 9% of all complaints resolved last year. Over the last five years 12% of all complaints resolved have been resolved in this way.
- **Investigation by the Care Inspectorate:** Where our initial assessment indicates a higher risk, we may decide that we need to conduct an investigation. In 2023/24, we completed investigations of 893 complaints (20% of all complaints resolved). This is an increase on the 19% of all complaints resolved last year. Over the last five years 18% of all complaints resolved have been resolved in this way.

### Revoked complaints

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

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

Of the 5,646 complaints received in 2023/24, by the end of the year 1,240 were revoked<sup>1</sup> (22% of all case received a decrease from 23% last year).

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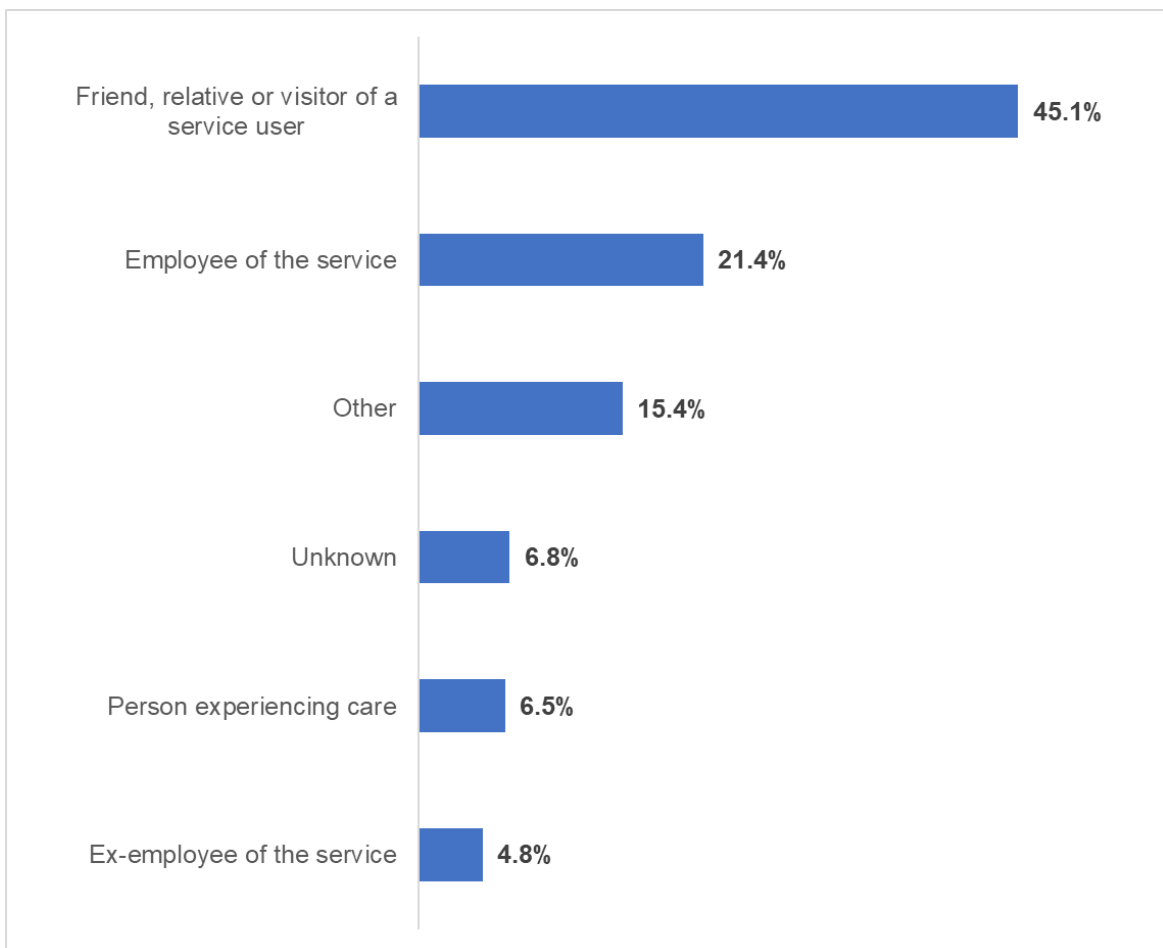
<sup>1</sup> Some complaints received may have remained unresolved by 31 March 2024 and subsequently be revoked after the end of the year.

### 3. Who makes complaints?

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

Of all the complaints we received, 45% came from friends, relatives or visitors of people who experience care with a further 26% from employees (21%) or former employees (5%). Only 7% of complaints made came from people who experience care themselves. There has been minimal change in this over the last five years. Friends, relatives or visitors of people who experience care and employees of the service have consistently made the highest numbers of complaints. Friends, relatives and visitors continue to account for the majority of complainants with for 47% of complaints received in 2022/23 and 50% in 2023/24. This was followed by employees of the service who accounted for 22% in 2022/23 and 18% in 2023/24.

**Figure 2: Complaints received 2019/20 to 2023/24, by relationship to service**

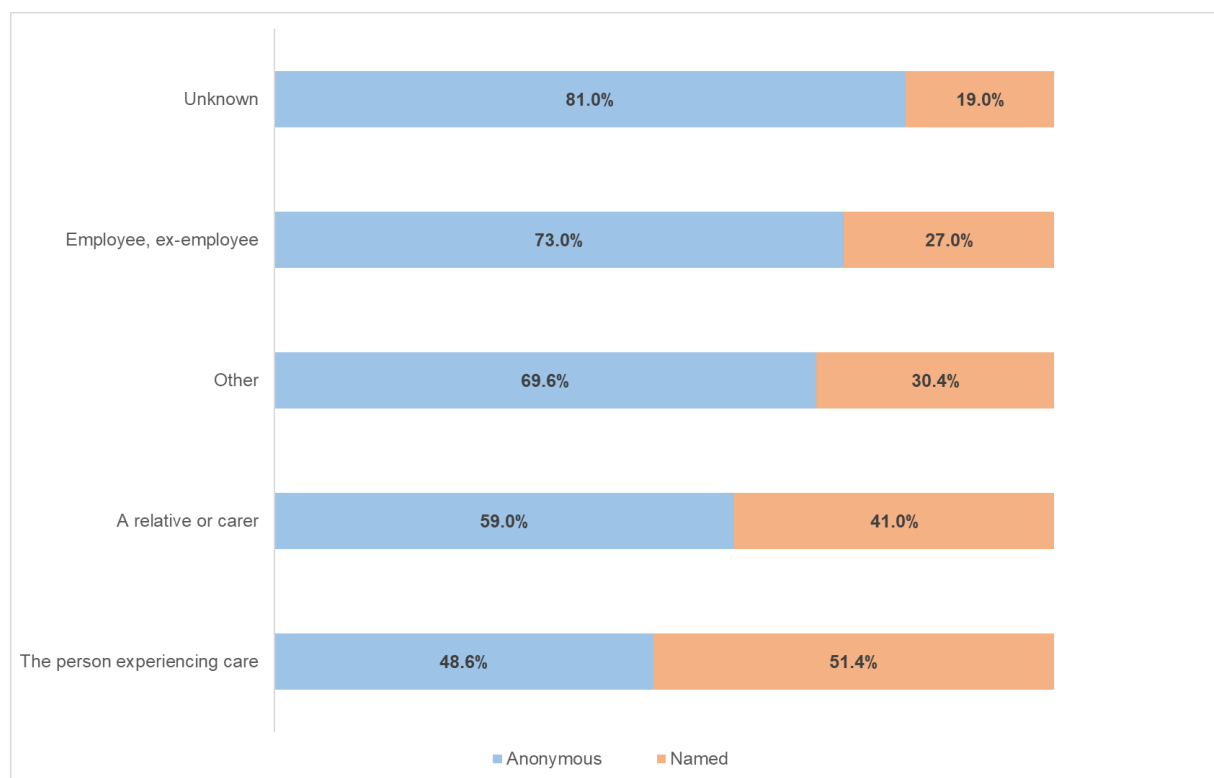


When someone makes a complaint, they can choose to remain completely anonymous. An anonymous complaint, where we cannot communicate or clarify complaints with the person raising the complaint, may limit our assessment of the complaint or any investigation we may undertake. Complainants can remain confidential, where we will not disclose the complainants identify to the service complained against, but we can contact them if we need to.

The percentage of complaints received anonymously has decreased since last year: 61% of all complaints received in 2023/24 compared to 67% in 2022/23. There was a decrease in the proportion of employees and ex-employees wishing to remain anonymous (71% wished to remain anonymous in 2023/24 compared to 78% in 2022/23). Relatives and carers also decreased with 55% wishing to remain anonymous in 2023/24 compared to 61% the previous year. More people experiencing care wished to remain anonymous in 2023/24 (49%) than in 2022/23 (43%).

Figure 3 below shows the breakdown of anonymous complaints received over the last five years by relationship of the person making the complaint to the service. Based on all the complaints received over this five-year period, the most likely group who wished to remain anonymous was those whose relationship to the service was also unknown – 81% did not wish to be named. 73% of employees and ex-employees and 70% of ‘other’ complainant types wished to remain anonymous. In contrast, 51% of people who experienced care agreed to be named. It is important to note that, in anonymous complaints, the relationship of the complainant to the service is based on the information provided by the complainant and is not verifiable by us.

**Figure 3: Complaints received 2019/20 to 2023/24 that were anonymous, by relationship to service.**

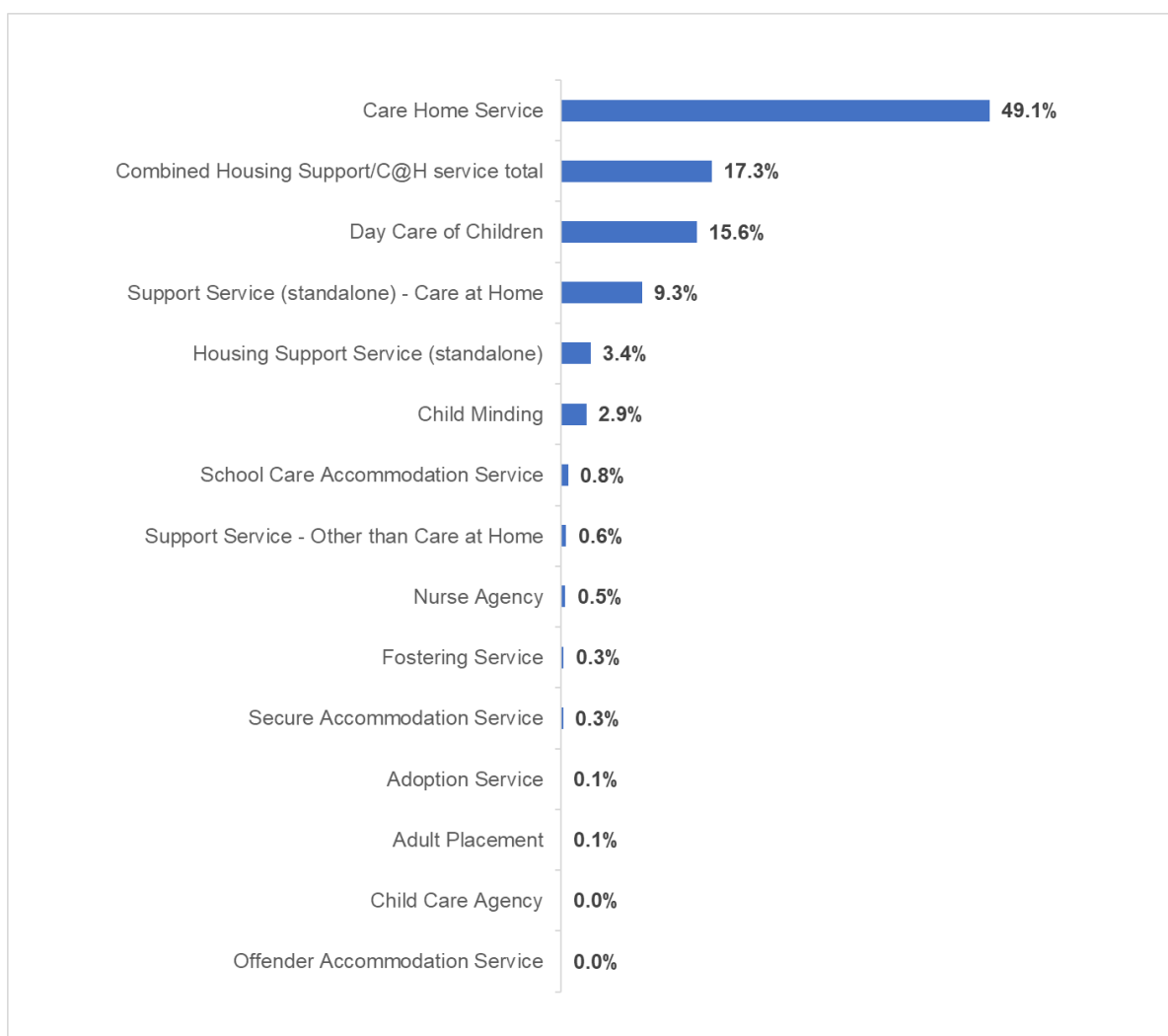


#### 4. What type of care services do people complain about?

The largest number of complaints we received over the five-year period were about care homes. Although making up only 13% of the 10,915<sup>2</sup> registered services, care homes account for 49% of the total number of complaints received – we received a total of 13,544 complaints about care homes over the last five years.

Over the five years, 17% of the complaints received were about combined housing support and care at home services, 16% were about daycare of children services and 9% were about standalone care at home services.

**Figure 4: Complaints received 2019/20-2023/24 by type of service**



<sup>2</sup> Data source: Care Inspectorate service list register as of 31 March 2024.



## 5. What do people complain about?

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

In 2023/24, 33% of all areas of complaints upheld were about healthcare concerns in a service (for example medication, nutrition or tissue viability), 13% were about wellbeing (stress/distress, developmental, emotional or social), 13% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service) and 11% were about staff (such as staff levels, training or recruitment procedures). These have been a consistent top four over time. There is more detailed list of areas of complaint in the Appendix (Table B and Table C).

### Figure 5: All service types, by area of complaint for investigations conducted in 2023/24

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

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	725	33.4%
Wellbeing	291	13.4%
Communication	275	12.7%
Staff	234	10.8%
Policies and procedures	129	6.0%
Choice	109	5.0%
Record keeping	99	4.6%
Protection of people	89	4.1%
Environment	71	3.3%
Property	48	2.2%
Food	39	1.8%
Privacy and dignity	31	1.4%
Access	15	0.7%
User participation	6	0.3%
Conditions of registration	6	0.3%
Equality	1	0.0%

## 6. Complaints received – children and young people

Children and young people’s services include care home services for children and young people, adoption, fostering, school care accommodation and secure accommodation services. In 2023/24, we received 277 complaints about these services, the majority of which (70%) were about care homes for children and young people. This 277 received is 5% of the complaints received across all service types during the year, staying consistent over the five-year period.

The volume of complaints received about care homes for children and young people increased by 13% (23 complaints) compared to last year while we received an additional 10 complaints (4%) across all types of service for children and young people.

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

Service type	Care service type	All complaints received 2023/24	All complaints received 2022/23
Children and young people services	Care home service for children and young people	194	171
	Schoolcare accommodation service	40	55
	Fostering service	20	13
	Secure accommodation service	19	19
	Adoption service	4	9
All care service types		277	267

Of the 277 complaints received about services for children and young people in 2023/24, 30% (83) came from an employee of the service, an increase from 23% in 2022/23. Complaints received from relatives or carers decreased from 33% (88) in 2022/23 to 25% (69) in 2023/24. The number of complaints made by young people themselves remains low: only 7% of complaints about services for children and young people came directly from a young person in 2023/24, compared to 8% in 2022/23. We are continuing to monitor and raise the profile of our complaints procedure through our work on meeting The Promise and with young volunteers.

## 7. Complaints about care homes for older people

In total, 40% (2,249) of the 5,646 complaints we received in 2023/24 were about care homes for older people, and this is consistently the service type we receive most complaints about. A further breakdown by local authority area is provided in the Appendix (Table D). Over the year, we received at least one complaint about 75% of the 772 care homes for older people registered as of 31 March 2024.

During 2023/24, following our risk assessment process, we resolved 1,821 complaints about care homes for older people using the different pathways as follows.

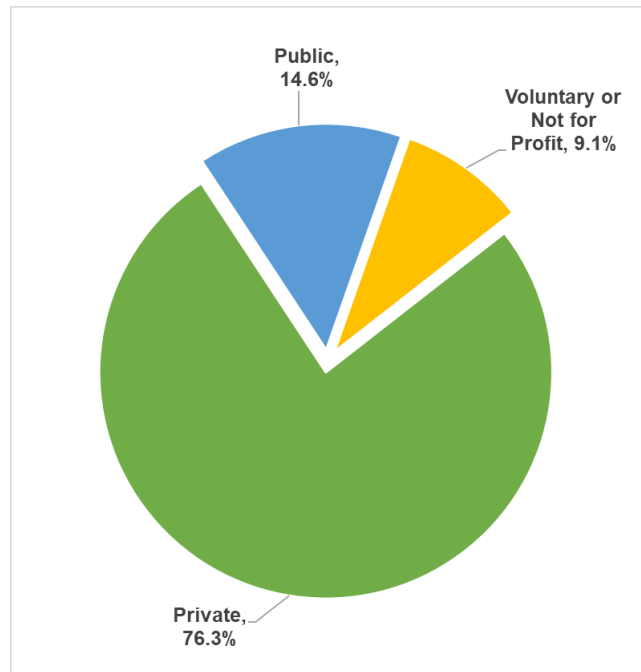
- **Intelligence:** In 2023/24, there were 945 complaints where the information given to us by the complainant was assessed and provided to the inspector for that service to be used to help inform future scrutiny activity. This was 52% of all complaints resolved – a drop from 56% last year (2022/23).
- **Direct service action:** In 2023/24, 256 complaints (14%, down from 15% last year) were able to be resolved by the service directly and quickly.
- **Investigation by the care provider:** In 2023/24, 215 complaints (12%, up from 9% last year) were suitable for the complaint to be investigated via the service's complaints procedure and we required the provider to investigate.
- **Investigation by the Care Inspectorate:** In 2023/24, 405 complaints (22%, up from 20% last year) were deemed serious enough for us to decide that we needed to conduct an investigation. A further breakdown by local authority area is provided in the Appendix (Table E).

Over the year, we conducted an investigation into at least one complaint in 32% of all care homes for older people and went on to uphold a complaint in 27%.

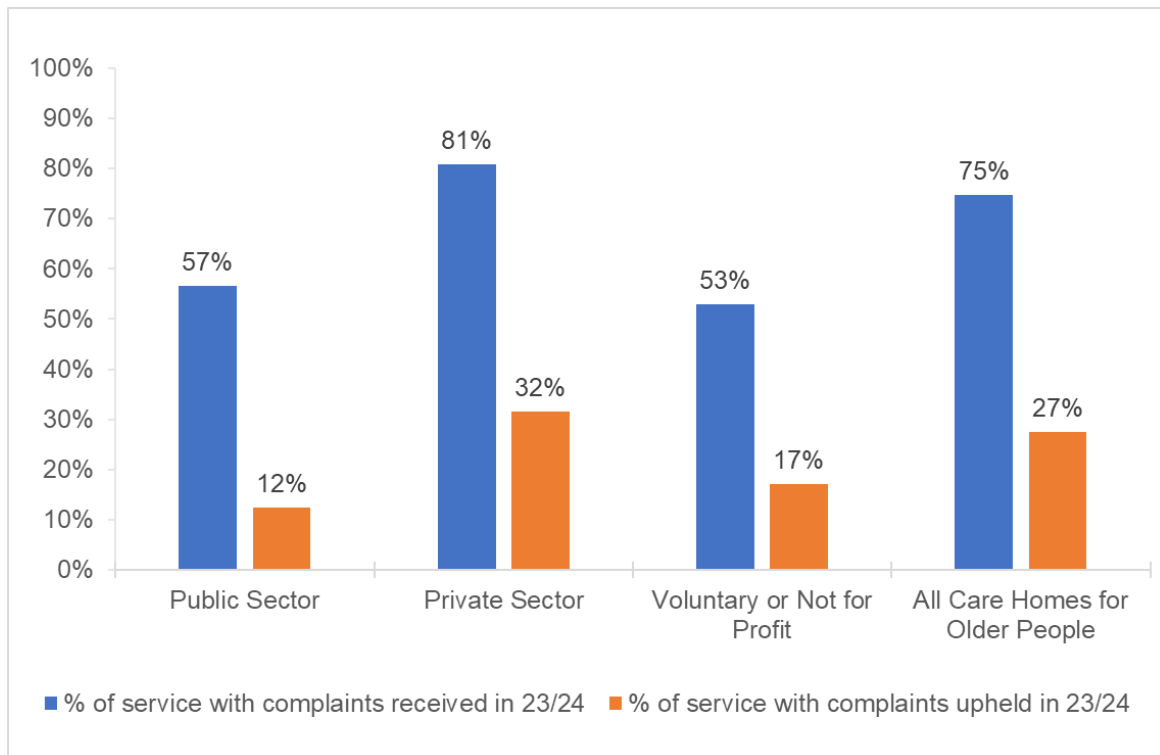
Of the care homes for older people that had a complaint upheld in 2023/24, 64% had one upheld complaint, 24% had two upheld complaints, and the remaining 12% had three or more upheld complaints during the year.

Most care homes for older people are operated by the private sector (76%) with the public sector providing 15% and the remaining 9% provided by voluntary organisations (Figure 7). Rates of complaints received and upheld are highest in the private sector: in 2023/24, we received at least one complaint about 81% of private sector care homes for older people and upheld a complaint about 32% of them (Figure 8).

**Figure 7: Proportion of care homes for older people on 31 March 2024 – by sector**



**Figure 8: Care homes for older people on 31 March 2024 – % services with a complaint received or upheld about them**



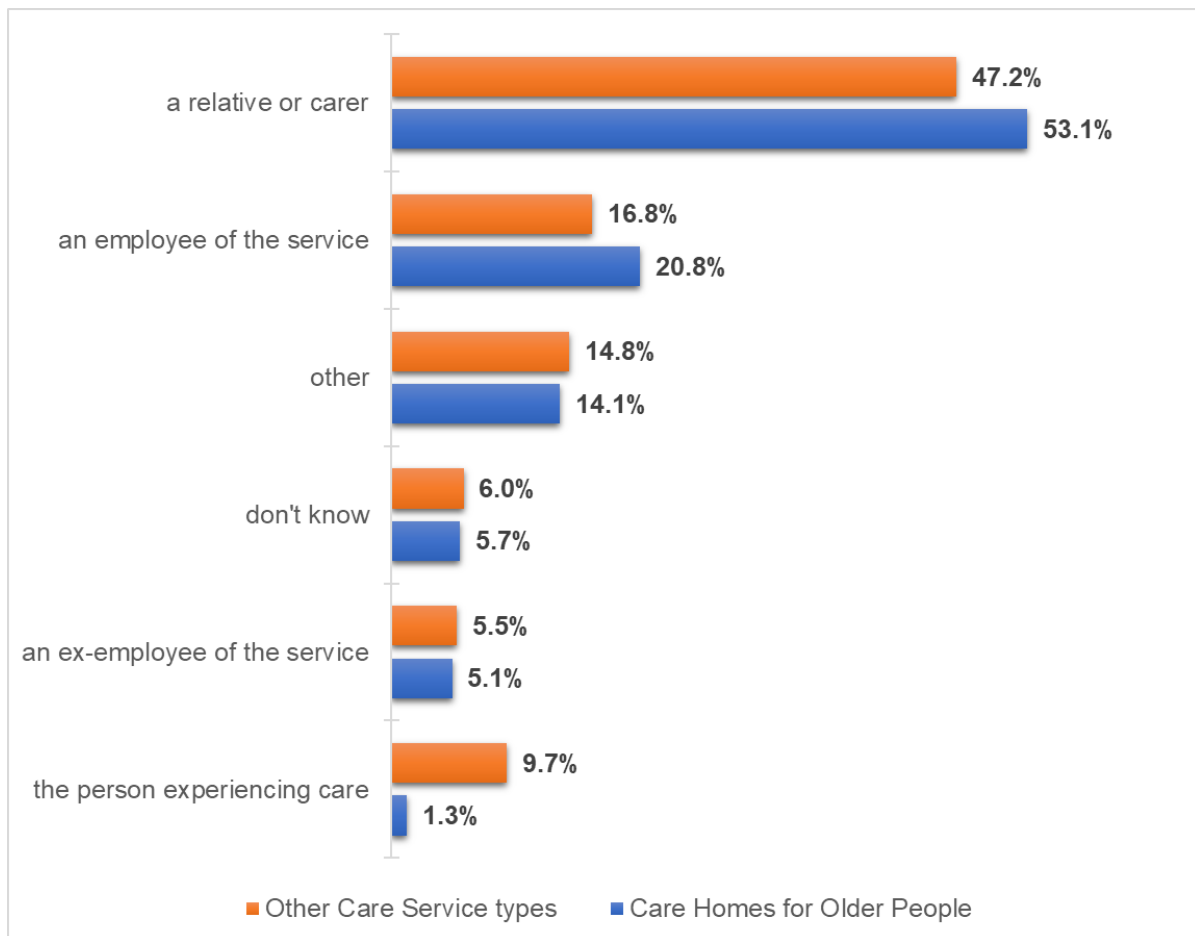
Further breakdown of areas of complaint about care homes for older people (Figure 9) shows that specific healthcare issues formed the largest group of complaints (44%). This includes complaints about nutrition, medication, tissue viability, continence care and inadequate care and treatment. This is consistently the case over time. Full details of this breakdown are in the Appendix (Table F) with a further breakdown by year (Table G).

**Figure 9: Care homes for older people – by area of complaint 2023/24**

<b>Summary area of complaint</b>	<b>Number of areas of complaint upheld</b>	<b>% of all upheld areas of complaint</b>
Healthcare	575	43.8%
Communication	144	11.0%
Staff	108	8.2%
Wellbeing	100	7.6%
Choice	78	5.9%
Policies and procedures	60	4.6%
Environment	50	3.8%
Property	45	3.4%
Record keeping	43	3.3%
Protection of people	41	3.1%
Food	30	2.3%
Privacy and dignity	20	1.5%
Access	12	0.9%
User participation	5	0.4%
Equality issues	1	0.1%
Conditions of registration	1	0.1%

In 2023/24, the majority of all complaints received about care homes for older people continued to be from relatives and carers of people living in the service, 47% compared to 53% for all other types of service (Figure 10). The proportion of complaints received from employees of the service was 4% higher for care homes for older people than for other service types. Only 1% of all complaints about care homes for older people were from people experiencing care, compared with almost 10% for all other types of service.

**Figure 10: Complaints received 2023/24 by relationship of the person making the complaint – care homes for older people compared with all other complaints received**



## 8. What we found when conducting investigations

Following our risk assessment process, we may, due to the nature and seriousness of the complaint, decide that an investigation is required. Once that investigation is complete the inspector decides if the complaint should be upheld or not upheld. Where we have investigated and found evidence that supports the complaint, the complaint will be upheld, otherwise the complaint will be not upheld. It may be that one complaint contains many parts – which we call areas of complaint – each of which may be either upheld or not upheld.

When we uphold a complaint, we inform both the person making the complaint and the care service about any requirements or areas for improvement. Where a complaint is upheld and we make requirements, the complaint inspector follows this up by inspecting the service against the set requirements and produces a public inspection report.

Figure 11 below shows that in 2023/24, we upheld 73% of the investigations we conducted, which is a decrease from 76% last year. This proportion reflects, at least in part, our risk-based procedures. Complaints taken forward for investigation are those that are serious, about failings in care that have led to or are likely to lead to poor outcomes for an individual or individuals. As such, where proven, these are more likely to be upheld.

The percentage of complaints upheld varies by type of service, although percentages based on small numbers of complaints should be interpreted with caution. For those service types with more than 20 complaints investigated this year, the highest proportion of complaints upheld were about combined housing support and care at home services (85%). The next highest were care homes for older people (81%) and then standalone care at home services (78%) (figure 12).

**Figure 11: The number of complaint investigations conducted by complaint outcome, 2019/20 – 2023/24**

Complaint outcome	Year investigation conducted				
	2019/20	2020/21	2021/22	2022/23	2023/24
Upheld	61%	76%	76%	76%	73%
Not upheld	39%	24%	24%	24%	27%

**Figure 12: Percentage of complaints upheld by service type, 2023/24**

<b>Care service type</b>	<b>Number of complaints where investigation conducted</b>	<b>Number of complaints upheld</b>	<b>% of all complaints upheld</b>
Adoption	1	1	*100.0%
Adult placement	0	0	
Care home	446	348	78.0%
of which, care home for older people	405	330	81.5%
Childminding	42	23	54.8%
Daycare of children	212	128	60.4%
Fostering	3	2	*66.7%
Housing support (standalone service)	10	9	*90.0%
Nurse agency	0	0	
Offender accommodation service	0	0	
School care accommodation	10	5	*50.0%
Secure accommodation	3	2	*66.7%
Support service (standalone) – care at home	65	51	78.5%
Support service (standalone) – other than care at home	1	0	*0.0%
Combined housing support and care at home service	100	85	85.0%
<b>All care service types</b>	<b>893</b>	<b>654</b>	<b>73.2%</b>

\*Based on fewer than 20 investigations



## 9. Supporting improvement following complaints

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

We look carefully at all the information we receive from all complaints and decide the best way to proceed. Some issues raised with us are the responsibility of other organisations to look at, such as the Scottish Social Services Council or the Nursing and Midwifery Council. In such cases, we refer people to the appropriate organisation, ensuring we are clear why we think this is how their complaints will be best addressed.

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

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

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

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

Our scrutiny and assurance and quality improvement teams, work together to identify areas for improvement. These areas for improvement are identified through our scrutiny work, including complaints. We prioritise the areas of greatest need and target our resources to support quality improvement interventions and programmes of work. This includes the following:

- Supporting providers at risk of, or during, enforcement through targeted quality improvement.

- A national early learning and childcare improvement programme.
- Care home improvement programme.
- National and local targeted quality improvement collaboratives, working with groups of services to support improvement in identified areas, for example dementia care and the use of psychoactive medicines.

This is in line with our quality improvement and involvement strategy.

## 10. Conclusions

This report has presented a range of statistical information from complaints about care services over the past five years. The statistics show the numbers of complaints received and how they have been resolved using our risk-based assessment process.

Our focus in all areas of our work, including complaints, is on improving the quality of care and outcomes for people who experience care services. We do this resolving complaints quickly and by using all the intelligence we gather to focus our inspections as well as the wider scrutiny, assurance and improvement support work we carry out across all care services.

### Summary of main points

- We received 5,646 complaints in 2023/24, a 4% drop from the previous year although still reflecting a long-term increasing trend.
- We resolved a total of 4,467 complaints during 2023/24.
  - In 50%, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity and improvement support.
  - 18% were resolved by the service directly and quickly.
  - 11% were investigated through the service's own complaints procedure where we required the provider to investigate.
  - 20% were assessed as serious enough for us to decide that we needed to conduct an investigation.
- We upheld the majority of the complaints we investigated – 73% of investigations were upheld in 2023/24.
- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 27% of care homes for older people had at least one complaint upheld during 2023/24. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.

## Appendix: Complaints about care services in Scotland, 2019/20 to 2023/24– Detailed tables

**Table A: Complaints received by service type, 2019/20 to 2023/24**

Care service type	2019/20		2020/21		2021/22		2022/23		2023/24		5-year total		% change comparing 2019/20 to 2023/24
	No. of complt. received	% of complt. received	No. of complt. received	% of complt. received	No. of complt. received	% of complt. received	No. of complt. received	% of complt. received	No. of complt. received	% of complt. received	No. of complt. received	% of complt. received	
Adoption	3	0.1%	2	0.0%	1	0.0%	9	0.2%	4	0.1%	19	0.1%	33.3%
Adult placement	3	0.1%	3	0.1%	2	0.0%	3	0.1%	5	0.1%	16	0.1%	66.7%
Care home service	2718	46.6%	2629	56.9%	2747	49.1%	2814	47.6%	2636	46.7%	13544	49.1%	-3.0%
Child care agency	0	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	2	0.0%	100.0%
Childminding	244	4.2%	126	2.7%	142	2.5%	145	2.5%	146	2.6%	803	2.9%	-40.2%
Daycare of children	850	14.6%	426	9.2%	857	15.3%	1084	18.3%	1076	19.1%	4293	15.6%	26.6%
Fostering	26	0.4%	10	0.2%	15	0.3%	13	0.2%	20	0.4%	84	0.3%	-23.1%
Housing support (standalone)	266	4.6%	171	3.7%	152	2.7%	177	3.0%	162	2.9%	928	3.4%	-39.1%
Nurse agency	26	0.4%	29	0.6%	21	0.4%	31	0.5%	26	0.5%	133	0.5%	0.0%
Offender accommodation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
School care accommodation	67	1.1%	34	0.7%	27	0.5%	55	0.9%	40	0.7%	223	0.8%	-40.3%
Secure accommodation	11	0.2%	9	0.2%	13	0.2%	19	0.3%	19	0.3%	71	0.3%	72.7%
Support service (standalone) - care at home	509	8.7%	468	10.1%	598	10.7%	545	9.2%	435	7.7%	2555	9.3%	-14.5%
Support service (standalone) – other than care at home	58	1.0%	10	0.2%	31	0.6%	30	0.5%	35	0.6%	164	0.6%	-39.7%
Combined housing support and care at home service	1050	18.0%	700	15.2%	989	17.7%	985	16.7%	1041	18.4%	4765	17.3%	-0.9%
<b>All care service types</b>	<b>5831</b>	<b>100.0%</b>	<b>4618</b>	<b>100.0%</b>	<b>5595</b>	<b>100.0%</b>	<b>5910</b>	<b>100.0%</b>	<b>5646</b>	<b>100.0%</b>	<b>27600</b>	<b>100.0%</b>	<b>-3.2%</b>

**Table B: All service types by area of complaint, complaints upheld in 2023/24**

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

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	256	11.8%
	Healthcare > Medication issues	123	5.7%
	Healthcare > Nutrition	66	3.0%
	Healthcare > Continence care	60	2.8%
	Healthcare > Other	54	2.5%
	Healthcare > Tissue viability	53	2.4%
	Healthcare > Hydration	41	1.9%
	Healthcare > Infection control issues	29	1.3%
	Healthcare > Palliative care	17	0.8%
	Healthcare > Oral health	13	0.6%
	Healthcare > Mental health care	8	0.4%
Healthcare > Clinical governance	5	0.2%	
Wellbeing	Wellbeing > Other	171	7.9%
	Wellbeing > Emotional	62	2.9%
	Wellbeing > Social	20	0.9%
	Wellbeing > Developmental	18	0.8%
	Wellbeing > Behaviour	13	0.6%
	Wellbeing > Visiting	7	0.3%
Communication	Communication > Between staff and service users/relatives/carers	244	11.3%
	Communication > Other	20	0.9%
	Communication > Information about the service	10	0.5%
	Communication > Language difficulties	1	0.0%
Staff	Staff > Training / qualifications	100	4.6%
	Staff > Levels	87	4.0%
	Staff > Other	29	1.3%
	Staff > Other fitness issues	9	0.4%
	Staff > Recruitment procedures (including disclosure checks)	7	0.3%
	Staff > Registration with professional bodies	2	0.1%
Policies and Procedures	Policies and procedures > Complaints procedure	85	3.9%
	Policies and procedures > Other	44	2.0%
Choice	Choice > Care and treatment	59	2.7%
	Choice > Activities	34	1.6%
	Choice > Dignity and privacy	9	0.4%
	Choice > Other	5	0.2%
	Choice > Service not meeting religious,cultural,faith,social needs	2	0.1%

**Table B: All service types by area of complaint, complaints upheld in 2023/24 (cont.)**

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Protection of people	Protection of people > Adults	62	2.9%
	Protection of people > Children	17	0.8%
	Protection of people > Other	5	0.2%
	Protection of people > Restraint	3	0.1%
	Protection of people > Policies and procedures	2	0.1%
Record keeping	Record keeping > Personal plans/ agreements	68	3.1%
	Record keeping > Other	31	1.4%
Property	Property > Loss of/missing	34	1.6%
	Property > Care of	9	0.4%
	Property > Other	5	0.2%
Privacy and dignity	Privacy and dignity > Privacy and dignity	31	1.4%
Environment	Environment > Fitness of premises / environment	35	1.6%
	Environment > Other	13	0.6%
	Environment > Inadequate facilities	13	0.6%
	Environment > Security	10	0.5%
Food	Food > Other	15	0.7%
	Food > Quality	10	0.5%
	Food > Choice	9	0.4%
	Food > Availability	5	0.2%
User participation	User participation > Other	6	0.3%
Conditions of registration	Conditions of registration > Exceeding capacity	3	0.1%
	Conditions of registration > Other	2	0.1%
	Conditions of registration > Type of service provided	1	0.0%
Financial issues	Financial issues > Financial issues	2	0.1%
Access	Access > To other services e.g. advocacy/health	8	0.4%
	Access > Other	7	0.3%
Equality issues	Equality issues > Equality issues	1	0.0%

**Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2023/24.**

Detailed area of complaint	Adoption Service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Healthcare > Inadequate healthcare or healthcare treatment		0.0%	216	10.0%		0.0%	1	0.0%		0.0%	6	0.3%		0.0%		0.0%	13	0.6%	20	0.9%
Healthcare > Medication issues		0.0%	76	3.5%		0.0%	4	0.2%		0.0%	2	0.1%		0.0%		0.0%	15	0.7%	26	1.2%
Healthcare > Nutrition		0.0%	54	2.5%		0.0%	4	0.2%		0.0%		0.0%		0.0%		0.0%	1	0.0%	7	0.3%
Healthcare > Continence care		0.0%	53	2.4%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%	1	0.0%	4	0.2%
Healthcare > Tissue viability		0.0%	47	2.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%	2	0.1%
Healthcare > Other		0.0%	45	2.1%	1	0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.0%	4	0.2%
Healthcare > Hydration		0.0%	37	1.7%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Healthcare > Infection control issues		0.0%	14	0.6%		0.0%	6	0.3%		0.0%		0.0%		0.0%		0.0%	2	0.1%	7	0.3%
Healthcare > Palliative care		0.0%	17	0.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Oral health		0.0%	12	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Healthcare > Mental health care		0.0%	8	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Clinical governance		0.0%	5	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Other		0.0%	63	2.9%	8	0.4%	62	2.9%	1	0.0%	1	0.0%	1	0.0%	1	0.0%	17	0.8%	17	0.8%
Wellbeing > Emotional		0.0%	18	0.8%	8	0.4%	27	1.2%		0.0%	1	0.0%	2	0.1%	1	0.0%		0.0%	5	0.2%
Wellbeing > Social		0.0%	16	0.7%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%	3	0.1%
Wellbeing > Developmental		0.0%		0.0%	2	0.1%	13	0.6%		0.0%		0.0%	1	0.0%		0.0%		0.0%	2	0.1%
Wellbeing > Behaviour		0.0%	5	0.2%	1	0.0%	7	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Visiting		0.0%	3	0.1%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%	1	0.0%
Communication > Between staff and service users/relatives/carers		0.0%	136	6.3%	5	0.2%	34	1.6%		0.0%	3	0.1%		0.0%	1	0.0%	31	1.4%	34	1.6%
Communication > Other		0.0%	12	0.6%	1	0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.0%	4	0.2%
Communication > Information about the service		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.1%	5	0.2%
Communication > Language difficulties		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%

**Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2023/24. (cont.)**

Detailed area of complaint	Adoption Service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Staff > Training / qualifications		0.0%	54	2.5%		0.0%	7	0.3%		0.0%	2	0.1%	1	0.0%	1	0.0%	16	0.7%	19	0.9%
Staff > Levels		0.0%	52	2.4%		0.0%	17	0.8%		0.0%		0.0%	1	0.0%		0.0%	5	0.2%	12	0.6%
Staff > Other		0.0%	7	0.3%	1	0.0%	16	0.7%		0.0%		0.0%		0.0%		0.0%	2	0.1%	3	0.1%
Staff > Other fitness issues		0.0%	5	0.2%		0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Staff > Recruitment procedures (including disclosure checks)		0.0%	2	0.1%	2	0.1%	2	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%
Staff > Registration with professional bodies		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%
Policies and procedures > Complaints procedure		0.0%	44	2.0%	2	0.1%	10	0.5%	1	0.0%	3	0.1%		0.0%		0.0%	7	0.3%	18	0.8%
Policies and procedures > Other	1	0.0%	19	0.9%	5	0.2%	13	0.6%		0.0%		0.0%		0.0%		0.0%	4	0.2%	2	0.1%
Choice > Care and treatment		0.0%	44	2.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%	11	0.5%
Choice > Activities		0.0%	24	1.1%	2	0.1%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	5	0.2%
Choice > Dignity and privacy		0.0%	7	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%	1	0.0%
Choice > Other		0.0%	3	0.1%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Choice > Service not meeting religious,cultural,faith,social needs		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Record keeping > Personal plans/ agreements		0.0%	34	1.6%		0.0%	4	0.2%		0.0%		0.0%		0.0%		0.0%	8	0.4%	22	1.0%
Record keeping > Other		0.0%	13	0.6%	1	0.0%	6	0.3%		0.0%	1	0.0%		0.0%		0.0%	4	0.2%	6	0.3%
Protection of people > Adults		0.0%	37	1.7%		0.0%		0.0%		0.0%	3	0.1%		0.0%		0.0%	6	0.3%	16	0.7%
Protection of people > Children		0.0%	2	0.1%	5	0.2%	9	0.4%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%
Protection of people > Other		0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Protection of people > Restraint		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Protection of people > Policies and procedures		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%

**Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2023/24. (cont.)**

Detailed area of complaint	Adoption Service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Environment > Fitness of premises / environment		0.0%	21	1.0%	4	0.2%	9	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Environment > Other		0.0%	12	0.6%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Environment > Inadequate facilities		0.0%	13	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Environment > Security		0.0%	6	0.3%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	1	0.0%	1	0.0%
Property > Loss of/missing		0.0%	34	1.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Care of		0.0%	7	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Property > Other		0.0%	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Food > Other		0.0%	10	0.5%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	2	0.1%	1	0.0%
Food > Quality		0.0%	8	0.4%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%	1	0.0%		0.0%
Food > Choice		0.0%	7	0.3%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Food > Availability		0.0%	5	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Privacy and dignity > Privacy and dignity		0.0%	21	1.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%	5	0.2%	4	0.2%
Access > To other services e.g. advocacy/health		0.0%	8	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Access > Other		0.0%	4	0.2%		0.0%	1	0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%	1	0.0%
Conditions of registration > Exceeding capacity		0.0%		0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Conditions of registration > Other		0.0%	1	0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Conditions of registration > Type of service provided		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
User participation > Other		0.0%	5	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Equality issues > Equality issues		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%



**Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2023/24**

Note: Local authority areas where fewer than five complaints were received have been suppressed to maintain anonymity.

Local Authority area	2019/20			2020/21			2021/22			2022/23			2023/24		
	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places
Aberdeen City	66	1344	49.1	81	1336	60.6	79	1316	60.0	68	1400	48.6	70	1372	51.0
Aberdeenshire	75	1748	42.9	68	1683	40.4	92	1672	55.0	119	1660	71.7	100	1611	62.1
Angus	80	1070	74.8	98	1068	91.8	86	1067	80.6	98	1051	93.2	89	1049	84.8
Argyll & Bute	54	502	107.6	32	503	63.6	29	564	51.4	23	523	44.0	43	515	83.5
City of Edinburgh	169	3171	53.3	149	3079	48.4	142	3042	46.7	133	3005	44.3	84	3000	28.0
Clackmannanshire	12	282	42.6	21	282	74.5	21	282	74.5	8	282	28.4	20	282	70.9
Dumfries & Galloway	73	1050	69.5	108	1050	102.9	96	1005	95.5	92	1038	88.6	111	1040	106.7
Dundee City	54	1046	51.6	68	1028	66.1	48	1005	47.8	85	1005	84.6	60	948	63.3
East Ayrshire	65	887	73.3	67	880	76.1	52	880	59.1	48	851	56.4	52	851	61.1
East Dunbartonshire	82	895	91.6	90	840	107.1	66	840	78.6	101	920	109.8	47	920	51.1
East Lothian	41	671	61.1	31	724	42.8	22	711	30.9	43	781	55.1	81	761	106.4
East Renfrewshire	46	735	62.6	37	769	48.1	44	603	73.0	41	603	68.0	37	670	55.2
Falkirk	52	953	54.6	58	962	60.3	82	962	85.2	65	962	67.6	100	957	104.5
Fife	228	2990	76.3	162	2950	54.9	259	2950	87.8	219	2945	74.4	190	2980	63.8
Glasgow City	254	4178	60.8	270	4150	65.1	236	4123	57.2	211	4016	52.5	234	3935	59.5
Highland	92	1782	51.6	97	1774	54.7	91	1858	49.0	93	1777	52.3	82	1670	49.1
Inverclyde	38	735	51.7	44	688	64.0	45	688	65.4	45	688	65.4	28	683	41.0
Midlothian	39	555	70.3	41	523	78.4	46	523	88.0	43	523	82.2	38	523	72.7
Moray	48	584	82.2	36	584	61.6	21	584	36.0	35	588	59.5	36	587	61.3
Na h-Eileanan Siar	9	214	42.1	5	214	23.4	<5	214	-	11	214	51.4	<5	210	-
North Ayrshire	61	1002	60.9	52	942	55.2	69	954	72.3	64	939	68.2	67	894	74.9

**Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2023/24 (cont.)**

Local Authority area	2019/20			2020/21			2021/22			2022/23			2023/24		
	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaints received	No. of registered places available	Rate of complaint received per 1000 places
North Lanarkshire	95	1718	55.3	98	1719	57.0	120	1719	69.8	110	1697	64.8	80	1656	48.3
Orkney Islands	<5	110	-		109	0.0	<5	109	-	<5	109	-	<5	109	-
Perth & Kinross	73	1330	54.9	70	1329	52.7	96	1375	69.8	92	1339	68.7	89	1339	66.5
Renfrewshire	82	1387	59.1	98	1407	69.7	83	1462	56.8	106	1462	72.5	117	1422	82.3
Scottish Borders	63	739	85.3	68	746	91.2	54	747	72.3	60	748	80.2	64	746	85.8
Shetland Islands	<5	149	-		149	0.0	<5	149	-	<5	149	-	<5	149	-
South Ayrshire	108	1111	97.2	77	1107	69.6	65	1155	56.3	79	1204	65.6	76	1201	63.3
South Lanarkshire	165	2525	65.3	164	2521	65.1	184	2483	74.1	162	2482	65.3	130	2390	54.4
Stirling	39	546	71.4	35	546	64.1	24	625	38.4	15	607	24.7	28	672	41.7
West Dunbartonshire	31	647	47.9	40	665	60.2	27	665	40.6	48	648	74.1	43	648	66.4
West Lothian	55	861	63.9	55	861	63.9	86	920	93.5	89	920	96.7	43	920	46.7

**Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2023/24**

Note: Local authority areas where fewer than five complaint investigations have been completed have been suppressed to maintain anonymity.

Local Authority area	2019/20			2020/21			2021/22			2022/23			2023/24		
	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places
Aberdeen City	17	1344	12.6	8	1336	6.0	11	1316	8.4	17	1400	12.1	13	1372	9.5
Aberdeenshire	8	1748	4.6	<5	1683	-	6	1672	3.6	12	1660	7.2	22	1611	13.7
Angus	19	1070	17.8	7	1068	6.6	20	1067	18.7	16	1051	15.2	18	1049	17.2
Argyll & Bute	8	502	15.9	<5	503	2.0	5	564	8.9	<5	523	-	<5	515	-
City of Edinburgh	39	3171	12.3	10	3079	3.2	16	3042	5.3	27	3005	9.0	22	3000	7.3
Clackmannanshire	<5	282	-		282	0.0	<5	282	-	<5	282	-	<5	282	-
Dumfries & Galloway	17	1050	16.2	<5	1050	-	11	1005	10.9	6	1038	5.8	9	1040	8.7
Dundee City	10	1046	9.6	9	1028	8.8	12	1005	11.9	17	1005	16.9	19	948	20.0
East Ayrshire	10	887	11.3	<5	880	-	<5	880	-	9	851	10.6	10	851	11.8
East Dunbartonshire	16	895	17.9	<5	840	-	9	840	10.7	9	920	9.8	9	920	9.8
East Lothian	5	671	7.5	<5	724	-	5	711	7.0	6	781	7.7	15	761	19.7
East Renfrewshire	9	735	12.2	<5	769	-	<5	603	-	<5	603	-	<5	670	-
Falkirk	6	953	6.3	<5	962	-	11	962	11.4	12	962	12.5	15	957	15.7
Fife	59	2990	19.7	13	2950	4.4	26	2950	8.8	50	2945	17.0	42	2980	14.1
Glasgow City	38	4178	9.1	23	4150	5.5	30	4123	7.3	36	4016	9.0	35	3935	8.9
Highland	18	1782	10.1	7	1774	3.9	8	1858	4.3	11	1777	6.2	<5	1670	-
Inverclyde	13	735	17.7	<5	688	-	5	688	7.3	6	688	8.7	<5	683	-
Midlothian	10	555	18.0	7	523	13.4	8	523	15.3	7	523	13.4	7	523	13.4
Moray	13	584	22.3	<5	584	-	<5	584	-	5	588	8.5	7	587	11.9
Na h-Eileanan Siar	<5	214	-	<5	214	-	<5	214	-	<5	214	-		210	0.0

**Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2022/23 (cont.)**

Local Authority area	2019/20			2020/21			2021/22			2022/23			2023/24		
	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places	No. of complaint investigate completed	No. of registered places available	Rate of complaint investigate completed per 1000 places
North Ayrshire	10	1002	10.0		942	0.0	11	954	11.5	14	939	14.9	8	894	8.9
North Lanarkshire	11	1718	6.4	11	1719	6.4	16	1719	9.3	20	1697	11.8	18	1656	10.9
Orkney Islands		110	0.0	<5	109	-		109	0.0		109	0.0		109	0.0
Perth & Kinross	12	1330	9.0	7	1329	5.3	14	1375	10.2	11	1339	8.2	28	1339	20.9
Renfrewshire	6	1387	4.3	7	1407	5.0	9	1462	6.2	11	1462	7.5	15	1422	10.5
Scottish Borders	10	739	13.5	5	746	6.7	<5	747	-	6	748	8.0	10	746	13.4
Shetland Islands		149	0.0		149	0.0		149	0.0		149	0.0	<5	149	-
South Ayrshire	27	1111	24.3	<5	1107	-	8	1155	6.9	9	1204	7.5	18	1201	15.0
South Lanarkshire	30	2525	11.9	7	2521	2.8	36	2483	14.5	26	2482	10.5	27	2390	11.3
Stirling	9	546	16.5	<5	546	-	<5	625	-	5	607	8.2	5	672	7.4
West Dunbartonshire	6	647	9.3	<5	665	-	<5	665	-	11	648	17.0	7	648	10.8
West Lothian	9	861	10.5	<5	861	-	17	920	18.5	14	920	15.2	9	920	9.8

**Table F: Care homes for older people, complaints upheld in 2023/24 by area of complaint**

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

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	214	16.3%
	Healthcare > Medication issues	73	5.6%
	Healthcare > Nutrition	54	4.1%
	Healthcare > Continence care	52	4.0%
	Healthcare > Tissue viability	47	3.6%
	Healthcare > Other	45	3.4%
	Healthcare > Hydration	37	2.8%
	Healthcare > Palliative care	17	1.3%
	Healthcare > Infection control issues	14	1.1%
	Healthcare > Oral health	11	0.8%
	Healthcare > Mental health care	7	0.5%
	Healthcare > Clinical governance	4	0.3%
Communication	Communication > Between staff and service users/relatives/carers	129	9.8%
	Communication > Other	12	0.9%
	Communication > Information about the service	2	0.2%
	Communication > Language difficulties	1	0.1%
Wellbeing	Wellbeing > Other	62	4.7%
	Wellbeing > Emotional	17	1.3%
	Wellbeing > Social	15	1.1%
	Wellbeing > Visiting	3	0.2%
	Wellbeing > Behaviour	3	0.2%
Staff	Staff > Levels	48	3.7%
	Staff > Training / qualifications	47	3.6%
	Staff > Other	6	0.5%
	Staff > Other fitness issues	5	0.4%
	Staff > Recruitment procedures (including disclosure checks)	2	0.2%
Property	Property > Loss of/missing	34	2.6%
	Property > Care of	7	0.5%
	Property > Other	4	0.3%
Choice	Choice > Care and treatment	44	3.4%
	Choice > Activities	23	1.8%
	Choice > Dignity and privacy	7	0.5%
	Choice > Other	3	0.2%
	Choice > Service not meeting religious,cultural,faith,social needs	1	0.1%
Protection of people	Protection of people > Adults	36	2.7%
	Protection of people > Other	3	0.2%
	Protection of people > Restraint	2	0.2%

**Table F: Care homes for older people, complaints upheld in 2023/24 by area of complaint (cont.)**

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Policies and procedures	Policies and procedures > Complaints procedure	41	3.1%
	Policies and procedures > Other	19	1.4%
Privacy and dignity	Privacy and dignity > Privacy and dignity	20	1.5%
Environment	Environment > Fitness of premises / environment	20	1.5%
	Environment > Inadequate facilities	13	1.0%
	Environment > Other	11	0.8%
	Environment > Security	6	0.5%
Food	Food > Other	10	0.8%
	Food > Quality	8	0.6%
	Food > Choice	7	0.5%
	Food > Availability	5	0.4%
Record keeping	Record keeping > Personal plans/ agreements	32	2.4%
	Record keeping > Other	11	0.8%
User participation	User participation > Other	5	0.4%
Access	Access > To other services e.g. advocacy/health	8	0.6%
	Access > Other	4	0.3%
Equality issues	Equality issues > Equality issues	1	0.1%
Conditions of registration	Conditions of registration > Other	1	0.1%

**Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 20203/24**

Detailed area of complaint	2019/20	2020/21	2021/22	2022/23	2023/24
Access > Other		2	3	4	4
Access > To other services e.g. advocacy/health	2		1	9	8
Choice > Activities	9	7	6	18	23
Choice > Care and treatment	26	14	23	45	44
Choice > Dignity and privacy	8	6	9	14	7
Choice > Other		2	1	8	3
Choice > Service not meeting religious, cultural, faith, social needs		1		3	1
Communication > Between staff and service users/relatives/carers	61	55	111	129	129
Communication > Information about the service		2	3	1	2
Communication > Language difficulties	1		1	1	1
Communication > Other	9	4	6	5	12
Conditions of registration > Other				3	1
Environment > Fitness of premises / environment	21	3	16	26	20
Environment > Inadequate facilities	11	1	3	13	13
Environment > Other	12	1	6	12	11
Environment > Security	1			4	6
Equality issues > Equality issues					1
Financial issues > Financial issues		2	1	1	
Food > Availability	1	1	5	2	5
Food > Choice	3	1	1	7	7
Food > Other	4	3	5	15	10
Food > Quality	5		3	5	8
Healthcare > Clinical governance	2	3	4	4	4
Healthcare > Continence care	23	10	17	33	52
Healthcare > Hydration	15	9	20	36	37
Healthcare > Inadequate healthcare or healthcare treatment	76	35	104	185	214
Healthcare > Infection control issues	6	7	17	14	14
Healthcare > Medication issues	35	13	25	55	73
Healthcare > Mental health care	4		2	1	7
Healthcare > Nutrition	20	18	26	43	54
Healthcare > Oral health	4	7	9	12	11
Healthcare > Other	25	20	30	47	45
Healthcare > Palliative care	3	3	7	12	17
Healthcare > Tissue viability	18	10	22	37	47
Policies and procedures > Complaints procedure	19	14	12	38	41
Policies and procedures > Other	9	4	15	10	19
Privacy and dignity > Privacy and dignity	14	8	24	31	20

**Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 2023/24 (cont.)**

Detailed area of complaint	2019/20	2020/21	2021/22	2022/23	2023/24
Property > Care of	7	3	15	15	7
Property > Loss of/missing		6	28	25	34
Property > Other		1	4	2	4
Protection of people > Adults	23	11	31	54	36
Protection of people > Other	2	1	1	2	3
Protection of people > Policies and procedures	2	1		2	
Protection of people > Restraint					2
Record keeping > Other	7	5	5	3	11
Record keeping > Personal plans/ agreements	13	4	9	22	32
Staff > Levels	52	19	24	42	48
Staff > Other	7	2	3	9	6
Staff > Other fitness issues	3	4	4	5	5
Staff > Recruitment procedures (including disclosure checks)	3	1	1		2
Staff > Registration with professional bodies	1			1	
Staff > Training / qualifications	13	9	11	34	47
Staff > Unfit to work with vulnerable people			1		
User participation > In managing/developing the service		2		1	
User participation > Other	3	2	6	1	5
Wellbeing > Behaviour	4	1	6	2	3
Wellbeing > Developmental	1				
Wellbeing > Emotional	4	2	9	13	17
Wellbeing > Other	58	28	51	51	62
Wellbeing > Social	6	1	6	9	15
Wellbeing > Visiting			17	5	3



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<b>Title:</b>	<b>BUDGET MONITORING AND STAFFING UPDATE</b>
<b>Author:</b>	Kenny Dick, Head of Finance and Corporate Governance
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1   Stage 2 Digital Transformation project summary position
<b>Consultation:</b>	Meetings with budget holders and considered by SMG 31 August 2024
<b>Resource Implications:</b>	No

#### EXECUTIVE SUMMARY

This report provides Board with details of the projected 2024/25 financial position and incorporates an update on the staffing position.

The projected financial position on our core budget (excluding expenditure funded by specific grants) is a deficit of £1.307m which is £0.075m more than the budgeted deficit. This position is achieved by requiring a projected draw on additional in year funding of £1.553m, which is £0.472m less than budgeted.

The general reserve balance as identified in the draft Annual Report and Accounts is £0.484m greater than was anticipated when the 2024/25 budget was set. This is mainly due to unplanned repairs and maintenance and lease extensions resulting in costs set aside for office moves not being required, legal fees in respect of the Covid-19 inquiry being less than expected, an expected increase in travel costs not being realised and IT hardware savings. After adjusting the target reserve balance range to reflect the revised 2024/25 budgeted gross expenditure and the planned IT expenditure of £0.075m, there is an additional available reserve balance of £0.322m. This will initially be directed towards addressing the risk set out in Section 6 (6.3) which notes investment is very likely to be required in our website.

A summary of the financial position regarding the Stage 2 Digital Transformation project is contained within section 5.0 and appendix 1 of this report.

The significant risks to the projections in this report are set out in section 6.0 of this report.

#### The Board is invited to:

1. Consider the projected financial position for 2024/25 and the risks that may affect this position.
2. Note the financial position on the Stage 2 Digital Transformation project (section 5.0 and appendix 1).

**BOARD MEETING 15 AUGUST 2024**

**Agenda item 11  
Report No: B-20-2024/25**

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

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

## FINANCE AND STAFFING UPDATE

### 1.0 INTRODUCTION

The Board approved a 2024/25 core revenue budget (excluding the specific grant) with a deficit of £3.257m, to be funded by an additional £2.025m in-year funding from Scottish Government and £1.232m from the general reserve.

The projected financial position as at 31 March 2025 projects a deficit of £1.307m which is £0.075m more than the budgeted deficit. The projected variance of £0.075m is intended to be funded from savings realised from IT hardware savings contributing to the higher than budgeted general reserve balance. This position is achieved by requiring additional in year funding of £1.553m which is £0.472m less than budgeted. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

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

### 2.0 SUMMARY FINANCIAL POSITION

#### 2.1 Core Approved Budget

The core approved budget detailed here excludes the specific grant work streams.

Section 2.2 provides a summary of the position on specific grant work streams and section 5.0 provides details of the Stage 2 transformation project budget position.

The Board approved a core 2024/25 budgeted deficit of £3.257m. This deficit is to be funded by additional in-year funding of up to £2.025m identified by the Scottish Government (as confirmed in our grant in aid letter) and the balance of £1.232m by drawing on our general reserve.

The table below shows the projected variances to budget including a variance showing a reduction of £0.472m in the additional in-year funding requirement.

## BOARD MEETING 15 AUGUST 2024

Agenda item 11  
Report No: B-20-2024/25

	Approved 2024/25 Budget	Budget Virement and Adjustments 2024/25	Revised 2024/25 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m
Staff costs	38.329	0.000	38.329	37.935	(0.394)
Accommodation costs	2.470	0.000	2.470	2.470	0.000
Administration costs	1.712	0.000	1.712	1.683	(0.029)
Travel costs	1.065	0.000	1.065	1.065	0.000
Supplies and services	2.014	0.000	2.014	2.089	0.075
<b>Gross Expenditure (excluding Stage 2 Transformation and path to balance)</b>	<b>45.590</b>	<b>0.000</b>	<b>45.590</b>	<b>45.242</b>	<b>(0.348)</b>
Stage 2 Transformation costs	3.257	0.000	3.257	3.257	0.000
<b>Total Gross Expenditure</b>	<b>48.847</b>	<b>0.000</b>	<b>48.847</b>	<b>48.499</b>	<b>(0.348)</b>
Grant in aid	(31.417)	(0.505)	(31.922)	(31.922)	0.000
Additional in-year funding	(2.530)	0.505	(2.025)	(1.553)	0.472
Fee income	(11.900)	0.000	(11.900)	(11.900)	0.000
Shared service income	(0.305)	0.000	(0.305)	(0.311)	(0.006)
Other income	(1.463)	0.000	(1.463)	(1.506)	(0.043)
<b>Total Income</b>	<b>(47.615)</b>	<b>0.000</b>	<b>(47.615)</b>	<b>(47.192)</b>	<b>0.423</b>
<b>Projected Net Expenditure</b>	<b>1.232</b>	<b>0.000</b>	<b>1.232</b>	<b>1.307</b>	<b>0.075</b>

We budgeted to end the 2023/24 financial year with a general reserve balance available to fund core activity of £1.878m.

The draft Annual Report and Accounts for 2023/24 show an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected position:

	Revised Budget £m	Projected Position £m	Variance £m
<b>Opening general reserve balance</b>	<b>2.151</b>	<b>2.640</b>	<b>0.489</b>
Less: specific grant balances	(0.273)	(0.278)	(0.005)
<b>General reserve available for core</b>	<b>1.878</b>	<b>2.362</b>	<b>0.484</b>
<b>2024/25 projected outturns:</b>			
Surplus / (Deficit) - Core	(0.197)	(0.272)	(0.075)
Surplus / (Deficit) - Stage 2 DT	(1.035)	(1.035)	0.000
<b>Projected closing balance</b>	<b>0.646</b>	<b>1.055</b>	<b>0.409</b>
Less: Stage 2 Transformation c/fwd		0.000	
Less: revised reserve target maximum (1.5%)		(0.733)	
<b>Available for general core expenditure</b>		<b>0.322</b>	
<b>Variance to target balance minimum (1.0%)</b>		<b>0.567</b>	
<b>Variance to target balance maximum (1.5%)</b>		<b>0.322</b>	

The greater than anticipated general reserve opening balance (per the unaudited 2023/24 Annual Report and Accounts) is mainly due to additional staff slippage, unplanned repairs and maintenance and expenditure set aside for the new lease extensions and office moves not being required, public inquiry legal expenses delayed from 2023/24 to 2024/25, travel costs being lower than projected and IT hardware savings.

## 2.2 Specific Grants

A deficit of £0.029m is currently projected on work funded by specific grants which is funded by prepaid grant held in the general reserve. Discussions are ongoing with the Scottish Government funding providers regarding the treatment of projected grant underspends in 2024/25 and prepaid grant.

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

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

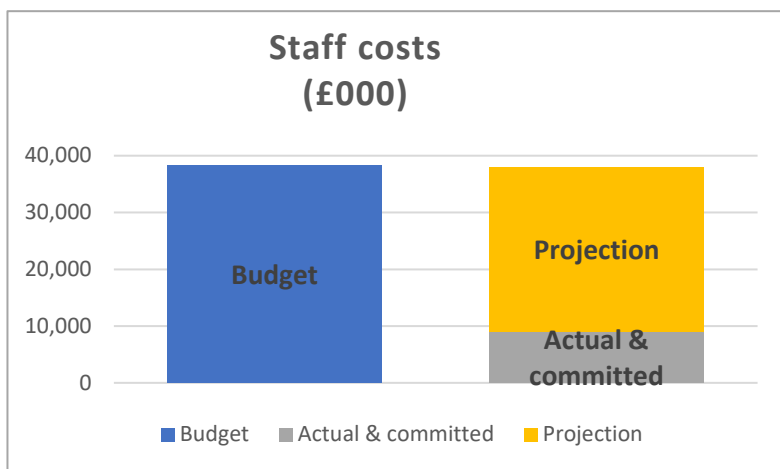
**3.0 STAFFING UPDATE**

**3.1 Establishment Changes**

No permanent changes to the staffing establishment have been approved since the budget was set.

**4.0 BUDGET VARIANCES (CORE PROGRAMME EXCLUDING STAGE 2 DIGITAL TRANSFORMATION)**

**4.1 Staff Costs – projected underspend of £0.394m**



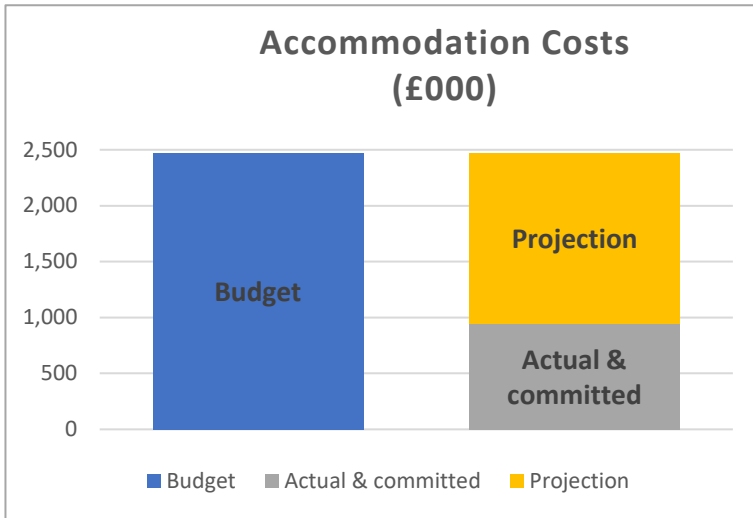
The main areas of variance are:

- Greater than budgeted slippage of £0.353m, particularly within the Corporate and Customer Services Directorate.
- Projected savings of £0.065m which are mainly due to pension savings from prepaying the pension costs on 1 April 2024. This allows earlier investment by the pension fund with savings from this being shared with participating bodies.
- A projected reduction of £0.049m in ELC expansion costs due to core staff supporting the project.

These underspends totalling £0.467m are partially offset by the following projected overspends:

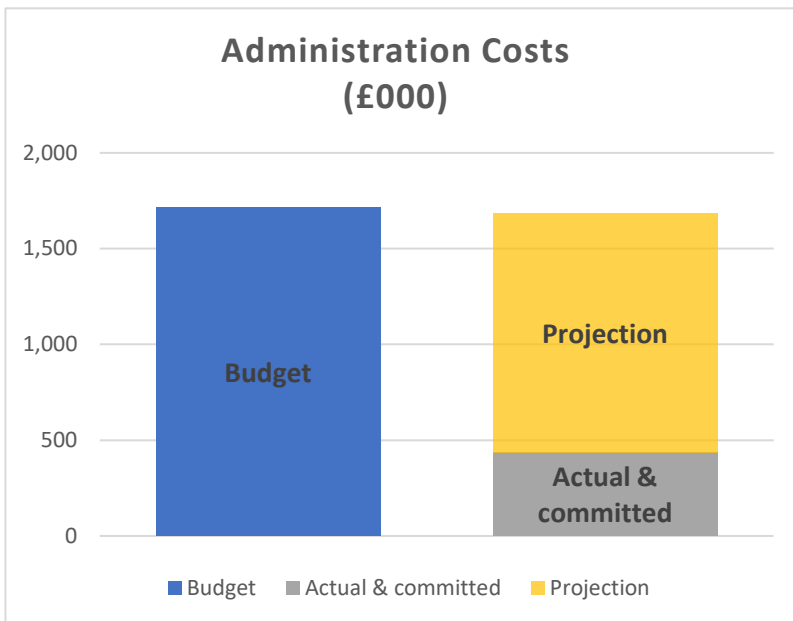
- A temporary resource to support the development, testing and implementation of the new Oracle Cloud ERP system, which is expected to go live 1 October 2024. The projected cost of £0.012m is being jointly funded by SSSC, reflected in an increase in shared service income.
- Backfill for staff on secondment of £0.043m which is offset in full by a corresponding increase in income.
- A projected overspend of £0.018m to support Operation Koper.

**4.2 Accommodation costs – on budget**



Accommodation costs are currently projected to be on budget.

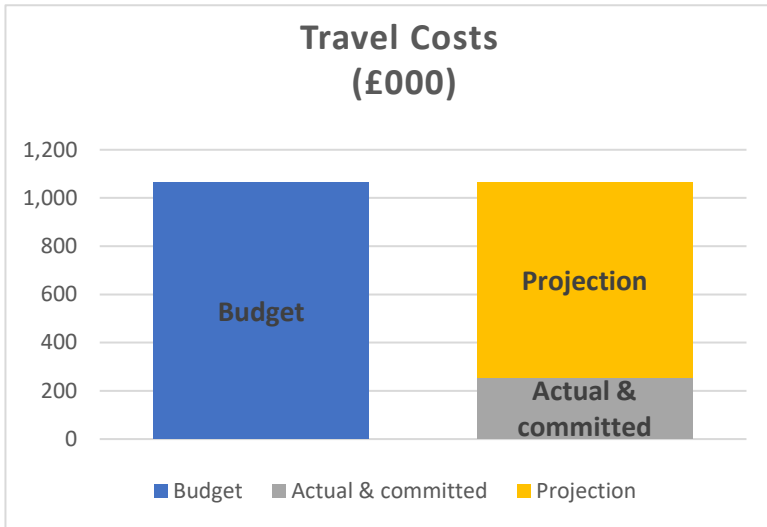
**4.3 Administration Costs – projected underspend of £0.029m**



A budgeted increase in stationery and postages from changes in work practices is not expected to materialise.

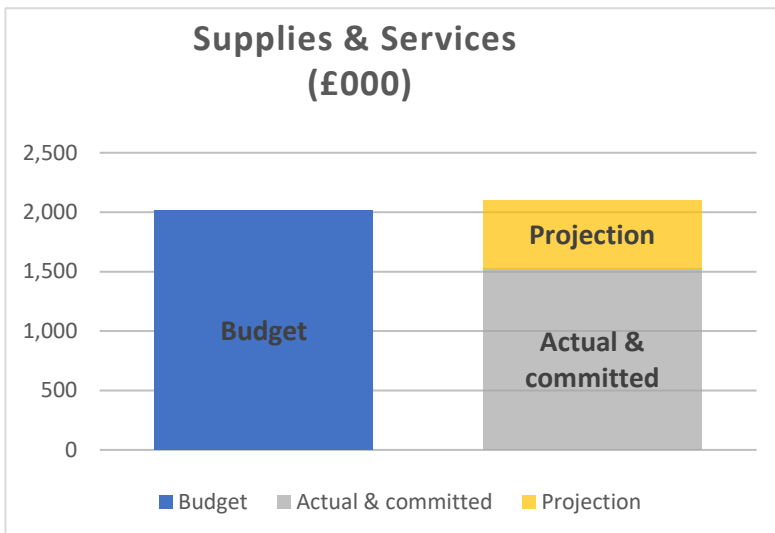


**4.4 Travel Costs – on budget**



Travel costs are currently projected to be on budget. Analysis of travel and subsistence costs will be closely monitored as the year progresses and better patterns of travel are established.

**4.5 Supplies and Services – projected overspend of £0.075m**



An element of IT expenditure is intended to be funded from the general reserve. This is reflected in the projected spend being £0.075m more than budget.

It should be noted risk 6.3 (see Section 6.0) identifies a very high likelihood of significant investment being required to re-design our website. Work is currently underway to develop a reliable estimate of the value of the required investment.

**4.6 Funding and Income – projected income reduced by £0.423m**

Core grant in aid is currently projected to be as budgeted. We are projecting £1.553m of additional funding to be required. This is £0.472m less than the budgeted requirement of £2.025m. Our grant in aid letter indicates a maximum of £2.300m additional in-year funding could be made available.

Other income is projected to be £0.049m more than budgeted due to income from staff on secondment to other organisations (£0.043m, see section 4.1) and additional shared services income of £0.006m.

**5.0 STAGE 2 DIGITAL TRANSFORMATION**

The Stage 2 Digital Transformation project is continuing to pick up pace and appendix 1 provides detail of the profiled budget to 30 June 2024 and the annual budget for 2024/25.

Stage 2 project expenditure is monitored over the three areas shown below:

1. Support costs (recurring) – costs associated with supporting existing applications and new applications as these come on stream as part of the transformation work.
2. Licensing costs (recurring) – cost of software and service licenses procured to support new digital applications.
3. Transformation costs (non-recurring) – costs of work to analyse and develop new business processes and to develop and implement the new digital platform and applications to support these processes.

1 and 2 above are recurring costs that will require a funding commitment beyond the life of stage 2 of the transformation project and were outlined as recurring costs beyond the lifetime of the business case agreed with the Scottish Government. We have submitted revised project grant and recurring grant in aid cash flow profiles to the Sponsor.

Transformation costs will not continue beyond the end of the project period and are not affected by the revised project timeframe. The monitoring position is summarised below:

	<b>2024/25 Budget £m</b>	<b>2024/25 Projected Expenditure £m</b>	<b>Variance £m</b>
Support Costs	0.578	0.596	0.018
Licensing Costs	0.119	0.119	0.000
Transformation Costs	2.560	2.542	(0.018)
<b>Project Total</b>	<b>3.257</b>	<b>3.257</b>	<b>0.000</b>

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The anticipated total cost of the project remains within the £8.626m projected cost approved as part of the business case.

Appendix 1 also provides detail of Stage 2 Project actual and forecast expenditure against budget for 2024/25 and a summary of the financial position for the whole project period.

**6.0 RISKS TO FINANCIAL PROJECTIONS**

	<b>Budget Area</b>	<b>Description of Risk</b>	<b>Sensitivity</b>	<b>Likelihood</b>
6.1	Staff costs	Projected staff costs are based on staff in post and known changes. Based on historical spend information, an underspend in this area is possible.	Not quantified	High
6.2	Travel costs	The impact on travel and subsistence due to our hybrid working arrangement is not yet known. Spend patterns will require to be analysed as the year progresses to assess if they reflect the assumptions made.	Not quantified	Medium

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6.3	Supplies & services	<p>We were aware of a need for expenditure to develop our websites. However, following a more detailed assessment, it is now clear we need to replace our websites to address a wider range of concerns, namely:</p> <ul style="list-style-type: none"> <li>• Functionality</li> <li>• Services</li> <li>• Performance</li> <li>• Accessibility</li> <li>• Extensibility</li> <li>• Content and platform management.</li> </ul> <p>This will require significantly more investment than originally envisaged.</p>	Up to £320k Work is underway to provide a reliable cost estimate.	Very High
6.4	Fee income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage.	Projection risk in the range of £0.100m understated to £0.100m overstated.	Medium

**7.0 IMPLICATIONS AND / OR DIRECT BENEFITS****7.1 Resources**

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

**7.2 Sustainability**

There are no direct sustainability implications arising from this report.

**7.3 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.

#### 7.4 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.

#### 8.0 CONCLUSION

An overspend of £0.075m is currently projected.

This projection includes projected additional in-year funding of £1.553m. This is £0.472m less than the budgeted requirement of £2.025m. Our "Budget Allocation and Monitoring (BAM) 2024-25" letter from the Scottish Government indicates a maximum of £2.3m additional funding may be made available in 2024/25.

Our opening available general reserve balance is £0.397m greater than the budgeted balance. This will fund the £0.075m planned budget variance and provide flexibility to deal with the risks to the budget position set out in Section 6 of this report.

Taking a balanced view of the risks set out in Section 6 at this stage in the financial year it is expected that the additional investment in our website will be required but this risk aside, the final outturn is likely to be less than currently disclosed in this report and further reductions to the amount of in-year funding required may be possible.

We are meeting with our Sponsor Department to review our financial position on 22 August 2024.

## 2024/25 BUDGET AND PROJECTIONS

	BUDGET PROFILE			2024/25 ANNUAL PROJECTION		
	Budget Profile to 30 June 2024 £000	Actual Expenditure to 30 June 2024 £000	Variance to Profiled Budget £000	24/25 Revised Annual Budget £000	Projected Expenditure as at 31 March 2025 £000	Projected Annual Variance £000
<b>Transformation Costs:</b>						
Staff costs	123.9	125.4	1.5	520.9	557.5	36.6
Professional Services	261.1	253.4	(7.7)	1,539.4	1,681.0	141.6
Licences	0.0	0.0	0.0	119.2	119.2	0.0
Other costs	12.3	2.3	(10.0)	30.0	30.0	0.0
<b>Total Transformation Costs</b>	<b>397.3</b>	<b>381.1</b>	<b>(16.2)</b>	<b>2,209.5</b>	<b>2,387.7</b>	<b>178.2</b>
<b>Stage 1 Support Costs:</b>						
Support Staff costs	139.1	143.3	4.2	562.2	580.6	18.4
Other costs	4.0	1.2	(2.8)	15.7	15.7	0.0
<b>Total Support Costs</b>	<b>143.1</b>	<b>144.5</b>	<b>1.4</b>	<b>577.9</b>	<b>596.3</b>	<b>18.4</b>
<b>TOTAL EXPENDITURE</b>	<b>540.4</b>	<b>525.6</b>	<b>(14.8)</b>	<b>2,787.4</b>	<b>2,984.0</b>	<b>196.6</b>
Contingency	47.4	0.0	(47.4)	469.5	272.9	(196.6)
<b>TOTAL INCLUDING CONTINGENCY</b>	<b>587.8</b>	<b>525.6</b>	<b>(62.2)</b>	<b>3,256.9</b>	<b>3,256.9</b>	<b>0.0</b>
<b>FUNDING AVAILABLE:</b>						
General Reserve	0.0	0.0	0.0	(1,034.9)	(1,034.9)	0.0
SG in-year grant-in-aid	(587.8)	(525.6)	62.2	(2,222.0)	(2,222.0)	0.0
<b>TOTAL FUNDING</b>	<b>(587.8)</b>	<b>(525.6)</b>	<b>62.2</b>	<b>(3,256.9)</b>	<b>(3,256.9)</b>	<b>0.0</b>
<b>NET EXPENDITURE</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## PROJECT SUMMARY 2023/24 TO 2026/27

	PROJECT POSITION				
	Actual 2023/24 £000	Projection 2024/25 £000	Projection 2025/26 £000	Projection 2026/27 £000	Project Total £000
<b>Funding Profile</b>					
General reserve	(921.8)	(1,034.9)	(43.3)	0.0	(2,000.0)
SG Grant	0.0	(2,222.0)	(3,499.7)	(904.3)	(6,626.0)
<b>Total Funding profile</b>	<b>(921.8)</b>	<b>(3,256.9)</b>	<b>(3,543.0)</b>	<b>(904.3)</b>	<b>(8,626.0)</b>
Projected Expenditure	921.8	3,256.9	3,543.0	904.3	8,626.0
<b>FUNDING REMAINING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>



<b>Title:</b>	<b>AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD</b>		
<b>Author:</b>	Bill Maxwell, Committee Convener		
<b>Responsible Director:</b>	Not Applicable		
<b>Appendices:</b>	1.	Quarterly Update to the Board on business undertaken by the Audit and Risk Committee	
	2.	Draft Minute of Audit and Risk Committee of 30 May 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 30 May 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. Approve the Strategic Risk Register updates based on the recommendation from the Audit and Risk Committee, as presented under Board agenda item 13.
2. Approve the re-appointment of Henderson Loggie LLP as internal auditor.
3. Note the contents of the Audit and Risk Committee draft minute.

<b>Links</b>	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No			
<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 checked="" type="checkbox"/>

#### Equality Impact Assessment

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

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 below:</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 30 May 2024.

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

- Positive internal audit reports on Estates Management and Quality Improvement.
- The draft 2023/24 Annual Report update to the Board.
- The Audit and Risk Committee approval of the 2024/25 Audit Plan, subject to agreeing the scheduling of the Hybrid Working internal audit.
- Approval of the Strategic Risk Register updates and recommendation to the Board for approval.
- A reminder to all Board members of how they can access Audit and Risk documentation if they wish to do so.
- First report from the Stage 2 Business Transformation DAAG meeting.
- Recommendation to the Board of the re-appointment of Henderson Loggie LLP as internal auditor.
- Completion of the Annual Review of Effectiveness.

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

The Board is invited to:

- Approve the Strategic Risk Register updates based on the recommendation from the Audit and Risk Committee.
- Approve the re-appointment of Henderson Loggie LLP as internal auditor.
- Note a reminder to all Board members of their access to Audit and Risk documentation.

Bill Maxwell  
15 July 2024



<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>	<b>1.</b>	<b>Summary Strategic Risk Register</b>	
	<b>2.</b>	<b>Strategic Risk Register Monitoring Statement</b>	
<b>Consultation:</b>	N/a		
<b>Resource Implications:</b>	No		

**EXECUTIVE SUMMARY**

The Board conducted its annual review of the strategic risk register at a Board development event on 9 May 2024. The Audit and Risk Committee reviewed the revised 2024/25 strategic risk register to ensure the changes advised by the Board had been incorporated at its meeting of 30 May 2024.

The Audit and Risk Committee approved the changes to the Strategic Risk Register and recommend to the Board that the revised strategic risk register is adopted for risk management purposes for 2024/25.

**The Board is invited to:**

1. Agree the revised Strategic Risk Register is adopted for risk management purposes for 2024/25.
2. Consider the current risk monitoring position (Appendix 2).

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

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: 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: N/A – this is a public Board report.</b> <i>(see Reasons for Exclusion)</i>
<b>Disclosure after: N/A</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 RISK REGISTER MONITORING REPORT

### 1.0 INTRODUCTION / BACKGROUND

The Board annual review of the Strategic Risk Register was completed on 9 May 2024.

The Audit and Risk Committee reviewed the revised 2024/25 strategic risk register to ensure the changes advised by the Board had been incorporated at its meeting of 30 May 2024. Following this review, the Committee approved the changes to the Strategic Risk Register and were content to recommend to the Board that the revised strategic risk register is adopted for risk management purposes for 2024/25.

The revised Summary Strategic Risk Register and the detailed Strategic Risk Register Monitoring statement are attached as Appendix 1 and 2.

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

### 2.0 2024/25 STRATEGIC RISK REGISTER

#### 2.1 Strategic Risk 1 - Financial Sustainability Risk Owner – Executive Director CCS

The Board agreed to retain this risk on the 2024/25 Risk Register. The risk title has been amended to reflect the risk refers to financial sustainability being concerned with our ability to fund our statutory and core functions and not referring to a “going concern” assessment in terms of financial accounting position.

There is no change to the residual risk score which remains at 16 (high).

It is likely this risk will remain high until 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 29 months. We are working with the Sponsor Department and Health Finance to reduce the risk level. A budget review meeting is scheduled for 22 August 2024.

#### 2.2 Strategic Risk 2 - Workforce Capacity Risk Owner – Executive Director CCS

The Board agreed to retain this risk on the 2024/25 Risk Register and to expand the remit of this risk to include the wider workforce (ie all staff, not just inspection

activity). The Board requested to make it explicit that consequences can be on internal corporate functions as well as outward operational functions.

It was agreed the Executive Director of Corporate Services is the risk owner.

There is no change to the residual risk score which remains at 12 (high).

This risk has been above its target level for 7 months.

### **2.3 Strategic Risk 3 – IT Data Access & Cyber Security** **Risk Owner – Executive Director IT, T&D**

The Board agreed to retain this risk on the 2024/25 Risk Register. The risk has been reviewed and updated.

There is no change to the residual risk score which remains 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 34 months and therefore the tolerance rating is Red..

### **2.4 Strategic Risk 4 – Legacy Business Applications** **Risk Owner – Exec Director IT, T & D**

The Board agreed to retain this risk on the 2024/25 Risk Register. The risk has been reviewed and updated.

There is no change to the residual risk score which remains at 15 (high) which is above the target and tolerance levels which are both low.

This risk has been above its target level for 19 months.

### **2.5 Strategic Risk 5 – Capacity Diverted to Inquiries and Operation Koper** **Risk Owner – Exec Director S&A**

The Board agreed inclusion of the new risk on the strategic risk register at the Board meeting of 8 February 2024 and agreed at the annual review this risk should be retained on the 2024/25 Strategic Risk Register.

There is no change to the residual risk score which remains at 15 (high) which is above the target and tolerance levels which are both low.

This risk has been above its target level for 5 months.

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**3.0 FORMER STRATEGIC RISKS TO BE MANAGED AT DIRECTORATE LEVEL**

**3.1** The following risks were included on the 2023/24 strategic risk register but following the Board and Audit and Risk Committee review, these will now be monitored and managed at directorate level:

- Delivery of Strategy
- Partnership Working
- Modern Day Slavery

**4.0 RESIDUAL RISK TOLERANCE RATING**

**4.1** 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.

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

There are no resource implications associated with this report.

**5.2 Sustainability**

There are no sustainability implications associated with this report.

**5.3 Policy**

There are no policy implications associated with this report.

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

Our risk management process is intended to support the delivery of our strategic objectives which have the aim of delivering improvements in the provision of care.

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

There are no direct customer implications or benefits.

**6.0 CONCLUSIONS/NEXT STEPS**

**6.1** The Board is requested to review the Strategic Risk Register.

**SUMMARY STRATEGIC RISK REGISTER: 2024/25 (as at 15 August 2024)**

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



**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 15 August 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>Financial Sustainability (our continuing ability to fund our core activities)</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; inflationary pressures.</p> <p><b>What would the consequences be?</b> Resulting in adverse impact on our ability to deliver the scrutiny and assurance 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> <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>	<p>Further Actions</p> <ul style="list-style-type: none"> <li>i. Early consideration of National Care Service financial implications following any announcement by SG</li> <li>ii. A budget review meeting with Sponsor and Health Finance to discuss sustainable budget funding arranged for 22 August 24</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>high</b></p> <p>Above target for 29 months and at high end of tolerance level</p> <p>Rating: <b>Red</b></p> <p>Response: <b>Treat</b></p>	EDCCS			
2	<p><b>Workforce Capacity</b></p> <p><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; our HR policies are ineffective or inappropriately applied, we have high levels of unplanned absence; 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></p> <ul style="list-style-type: none"> <li>• Inability to provide the desired level of scrutiny, assurance and improvement support</li> </ul>	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> </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 incorporated into 2025/26 pay remit</li> <li>iv. Inspector Resources thematic review</li> <li>v.</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>medium</b></p> <p>Above target level for 7 months</p> <p>Rating: <b>Amber</b></p> <p>Response: <b>Treat</b></p>	EDCCS			

	<ul style="list-style-type: none"> <li>Inability to deliver good governance and provide reliable internal corporate services to support the efficient and effective running of the organisation</li> <li>Reduction in the quality of care and protection for vulnerable people across Scotland</li> <li>Reputational damage with reduced public and political confidence</li> <li>Possible reduced SG funding</li> <li>Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</li> <li>Significant delays for new services applying to register becoming operational (may become a barrier to registering new services)</li> <li>Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system</li> <li>Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.</li> </ul>												<ul style="list-style-type: none"> <li>ix. Biennial staff survey with PULSE surveys in between</li> <li>x. Dedicated recruitment team</li> <li>xi. Sponsor have awareness of the impact of inquiry workload demands</li> </ul>			
3	<p><b>IT Data Access &amp; Cyber Security</b></p> <p><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 Working Group supporting org-wide security consultation</li> <li>xii. Regular updates to Leadership teams on progress on Cyber Security improvements</li> <li>xiii. Communication plans in place to maintain Security awareness</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 Management System to evidence that all policy and controls in place are being actively managed.</li> <li>viii. DR plans are developed and tested as part of</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: green; color: white;">low</span> Tolerance: <span style="background-color: orange; color: black;">medium</span></p> <p>Has exceeded tolerance for 34 months. The Residual Risk Score is expected to reduce across 24/25 once the ISMS is in place and the improvement project can evidence the target state of Managed for Cyber Security Maturity.</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>xiv. 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>xiv. Cyber Security training is mandatory, to be refreshed on an annual basis, for all staff</li> <li>xv. Cyber Champion role established to sponsor Cyber initiatives at Board level.</li> <li>xx. Upgraded all application infrastructure to supportable state.</li> </ul>	<ul style="list-style-type: none"> <li>ix. planned Infrastructure upgrade works</li> <li>x. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation</li> <li>xi. Projects established to improve Cyber Security of existing Cloud infrastructure.</li> <li>xii. Divest of custom bespoke applications.</li> <li>xiii. Achieve a Managed state of Cyber Security Maturity.</li> <li>xiv. Develop the Cyber Security Strategy through engagement with the wider organisation.</li> </ul>		
4	<p><b>Legacy Business Applications</b> <b>What is the Potential Situation?</b></p> <p>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>xii. Secondary RMS Platform for DR and Security Testing</li> <li>xiii. RMS hardware platform replaced by cloud platform</li> <li>xiv. New managed service contract in place to provide additional capacity and reduce the dependency on incumbent resource.</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 19 months. Risk profile is expected to reduce when there is evidence that the 3<sup>rd</sup> party support partner is able to provide support for issues and changes, via the new managed service arrangement.</p> <p>Rating: <span style="background-color: #FF0000; color: white;">Red</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 Enhance legacy system testing. Develop DR capability with 3<sup>rd</sup> party partners. Develop changes to bespoke system with new managed service partner, to support knowledge transfer and demonstrate a reduced dependency.</p> <p>Note: Mitigations require on-going substantial investment to contain the operational risk</p>	<p>Response: Treat</p>	
5	<p><b>Capacity Diverted to Inquiries and Operation Koper</b></p> <p><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	↔	In Place:	<p>i. Modelled time commitment for Operation Koper activity</p> <p>ii. Sponsor informed of this risk</p>	<p>Further Actions:</p> <p>i. Staff involved to record time spent on Inquiry / Koper work</p> <p>ii. Report on planned scrutiny activity not undertaken</p> <p>iii. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken</p>	<p>Appetite: cautious Target: medium Tolerance: medium</p> <p>Above target and tolerance level for 5 months</p> <p>Rating: Amber</p> <p>Response: Treat</p>	EDSA



<b>Title:</b>	<b>ESTABLISHMENT OF FINANCE AND RESOURCES COMMITTEE</b>
<b>Author:</b>	Kenny Dick, Head of Finance and Corporate Governance
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director Corporate and Customer Services
<b>Appendices:</b>	<ol style="list-style-type: none"> <li>1. Revised RoPSoD (tracked changes)</li> <li>2. Revised RoPSoD (changes accepted)</li> <li>3. Approval routes</li> </ol>
<b>Consultation:</b>	Not applicable
<b>Resource Implications:</b>	Yes

<b>EXECUTIVE SUMMARY</b>	
<p>The Board has agreed to introduce a new Finance and Resources Committee. This report sets out recommended changes to the Reservation of Powers and Scheme of Delegation (RoPSoD) to formally establish this Committee.</p> <p>The draft revised RoPSoD incorporates the Terms of Reference for the new Finance and Resources Committee.</p> <p>The Board is also requested to appoint a Convener and members to the new Committee.</p>	
<b>The Board is invited to:</b>	
1.	Consider and approve the revised RoPSoD.
2.	Approve the appointment of Audrey Cowie as Convener of the Finance and Resources Committee. (see section 3.2)
3.	Approve membership of the Committee (see section 3.3)
4.	Agree the approval route for governance documents, policies and strategies (appendix 3)

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

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: Not required, this is an update report.

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

## **ESTABLISHMENT OF FINANCE AND RESOURCES COMMITTEE**

### **1.0 INTRODUCTION**

The Board has agreed to establish a Finance and Resources Committee. Committee terms of reference are included in the Reservation of Powers and Scheme of Delegation (RoPSoD). The Board held a development event on 8 July 2024 to consider in detail the role of this new Committee. The draft revised RoPSoD includes a proposed terms of reference for the new Finance and Resources Committee which is based on Board members' discussion at the 8 July development event.

### **2.0 REVISED RESERVATION OF POWERS AND SCHEME OF DELEGATION**

#### **2.1 Rationale for New Finance and Resources Committee**

The purpose of the 'Finance and Resources' Committee is to seek assurance, report, and make recommendations, to the wider Care Inspectorate Board. There will be formal links with the Audit and Risk Committee through shared membership of at least one member.

#### **2.2 Delegation of Powers to the Finance and Resources Committee**

The draft revised RoPSoD contains proposals to delegate the following powers previously reserved to the Board to the Finance and Resources Committee:

- Approval of staff disciplinary procedure
- Approval of specified operational policies
- Approval of the let of single tender, restricted, novel/contentious contracts or those that exceed delegated limits set out in the Executive Framework
- Approval of capital contracts greater than £25k in value not previously approved in the Capital Plan (included in annual budget)
- Approval of pay remit

#### **2.3 Finance and Resources Committee – Terms of Reference**

The proposed terms of reference for the new Finance and Resources Committee are contained in Section 6 of the draft revised RoPSoD.

#### **2.4 Approval Routes**

Appendix 3 lists key governance documents, policies and strategies and sets out whether these are delegated to officers to review and maintain, delegated to Committees or are reserved to the Board. Where an item has a "Y" in the Board and Committee column then this means the Committee will consider and make a recommendation to the Board. The Board retains the power to approve.



### 3.0 PROPOSED MEMBERSHIP

3.1 The establishment and appointment of Committee convener and membership is a matter reserved to the Board for decision. The Board is asked to approve a convener and Committee members as set out in sections 3.2 and 3.3 below.

3.2 It is proposed that Board member Audrey Cowie is the convener of the Finance and Resources Committee.

3.3 It is proposed Committee membership is as follows:

- Audrey Cowie (Convener; subject to separate approval (see 3.2 above)
- Bill Maxwell (Audit and Risk Committee Convener)
- Ed McGrachan
- Charlotte Armitage
- Jenny Trott
- Naghat Ahmed

### 4.0 REVIEW OF RoPSoD

4.1 The opportunity afforded by the creation of the new Finance and Resources Committee to review the RoPSoD as a whole has been taken. This review has resulted in one recommended change (see 4.2 below).

4.2 It is recommended that paragraph 2.7.7 (formerly 2.7.10) is amended to clarify the Chief Executive has authority to amend the permanent staffing establishment up to a full year cost of £200k in any single financial year. This authority is on a cumulative basis should the chief executive wish to make more than one change to the permanent staffing establishment during a financial year.

### 5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

#### 5.1 Resources

It is estimated that the establishment of the Finance and Resources Committee will mean an increase in Board member fee and expenses costs of circa £6k per annum.

The assumed officer time required to support and service the new Committee will be achieved through the re-prioritisation of existing work and no additional resource will be required.

#### 5.2 Sustainability

There are no sustainability implications.

**5.3 Policy**

There are no policy implications.

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

The increased strategic focus the new Finance and Resources Committee will bring to our use of resources will help make sure the resources available to us are deployed effectively to deliver our aim of improving care and outcomes for all.

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

There are no customer implications.

**6.0 CONCLUSIONS**

- 6.1** The Board is requested to consider and approve the revised RoPSoD which will enable the establishment of a Finance and Resources Committee.
- 6.2** The Board is requested to approve the Convener and membership of the Finance and Resources Committee.
- 6.3** Following the establishment of the Finance and Resources Committee and agreement of membership, committee meeting dates can be scheduled.

CORPORATE GOVERNANCE

SOCIAL CARE AND SOCIAL WORK IMPROVEMENT SCOTLAND

**RESERVATION OF POWERS  
AND SCHEME OF DELEGATION**

Lead Officer: Head of Legal Services

Approved by the Board:

**SOCIAL CARE AND SOCIAL WORK IMPROVEMENT SCOTLAND ('THE CARE INSPECTORATE')**  
**RESERVATION OF POWERS AND SCHEME OF DELEGATION**

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## **SCHEME OF DELEGATION AND RESERVATION OF POWERS**

### **1. INTRODUCTION**

This Scheme of Delegation and Reservation of Powers has been developed by Social Care and Social Work Improvement Scotland (hereinafter referred to as 'the Care Inspectorate') constituted under Section 44 of the Public Services Reform (Scotland) Act 2010 (hereinafter referred to as 'the Act').

The Framework agreement with the Scottish Government's Sponsor Directorate and the Scottish Public Finance Manual have been taken into account and are reflected in the terms of the Scheme. The Care Inspectorate's Board will review the Scheme biennially.

#### **1.1 General**

The purpose of this document is to set out those powers reserved to the Board of the Care Inspectorate for decision collectively at its Board meetings and those powers which are delegated to a committee, officer or member. For the avoidance of doubt, any reference in this document to a committee of the Care Inspectorate's Board also includes any sub-committee established in terms of Paragraph 3.1 hereof. Paragraph 12(1) of Schedule 11 to the Act states that the Care Inspectorate may delegate any of its functions to the Chief Executive, any other employee or any of its committees, save that it may not authorise any other person to either approve annual reports and accounts nor approve any budget or financial plan. The Board of the Care Inspectorate remains accountable for all of its functions, notwithstanding any such delegation. The Care Inspectorate must ensure that it is satisfied that adequate arrangements have been made in respect of the accountability of the delegated body/individual and that adequate reporting arrangements are in place to allow it to oversee the exercise of those delegated powers. The Care Inspectorate has a statutory duty to co-operate with a range of other bodies in its work, and these are detailed in Appendix 1.

#### **1.2 The Functions, Duties and Powers of The Care Inspectorate**

The Act gives the Care Inspectorate the following functions, duties and powers:

- 1.2.1** To further the improvement in the quality of social services.
- 1.2.2** To provide information to the public about the availability and quality of social services.
- 1.2.3** To provide advice to the Scottish Ministers.

- 1.2.4** To provide advice when asked to do so, about any matter relevant to the functions of the Care Inspectorate to:
- (a) persons who provide, seek to provide, or may seek to provide social services;
  - (b) persons, or groups of persons, representing those who use, or are eligible to use, social services;
  - (c) persons, or groups of persons, representing those who care for those who use, or are eligible to use, social services;
  - (d) local authorities;
  - (e) health bodies; and
  - (f) such other persons, or groups of persons, as may be prescribed.
- 1.2.5** To consider applications for registration according to the terms of the Act and relevant regulations, and to grant or refuse registration on that basis.
- 1.2.6** To grant applications for registration subject to such conditions as the Care Inspectorate thinks fit to impose.
- 1.2.7** To consult on, prepare and keep under review, and from time to time, revise (with the approval of the Scottish Ministers) a plan for carrying out inspections of social services in accordance with best regulatory practice.
- 1.2.8** To carry out inspections of any social service, or the organisation or co-ordination of any social services in accordance with its inspection plan.
- 1.2.9** To take into account the national care standards and the Scottish Social Services Council's codes of conduct and practice in making decisions and in any appeals or criminal proceedings under the Act.
- 1.2.10** To issue condition notices, to vary or remove existing conditions on the registration of care services, or to impose new conditions when necessary.
- 1.2.11** To issue emergency condition notices to impose new conditions on the registration of care services where there is a serious risk to the life, health or well-being of any person.
- 1.2.12** To issue improvement notices when necessary to those providing registered services, requiring significant improvement in the provision of the care service, of a specified nature and within a specified period.
- 1.2.13** To cancel the registration of a registered service where at any time after the expiry of the period specified in an improvement notice, the service is not



being carried out in accordance with the relevant requirements on the ground that any person is convicted of a relevant offence in relation to the service; or for other prescribed reasons.

- 1.2.14** To take immediate court action seeking cancellation of registration in situations where unless the registration is cancelled there will be a serious risk to the life health or wellbeing of persons.
- 1.2.15** To establish, following consultation (including consultation with the Scottish Public Services Ombudsman) a complaints procedure for complaints about the provision of a care service.
- 1.2.16** The Care Inspectorate must, in exercising its functions, make arrangements which both secure continuous improvement in user focus in the exercise of its scrutiny functions, and demonstrate that improvement.
- 1.2.17** The Care Inspectorate is subject to a statutory duty under s114 of the Act, to co-operate and co-ordinate activity with a range of other bodies (specified in Appendix 1 hereto) and, where appropriate, with the Scottish Ministers with a view to improving the exercise of its scrutiny functions in relation to social work, child protection and children's services and care services, having regard to efficiency, effectiveness and economy.
- 1.2.18** The Care Inspectorate must, at the request of Scottish Ministers, and in accordance with directions given by and a timetable approved by them, conduct inspections of children's or other services, or both, jointly with a range of other persons or bodies (specified in Appendix 2 hereto).

**1.2.19 General Principles**

The Care Inspectorate is required to exercise its functions in accordance with the following principles:

The safety and welfare of all persons who use, or are eligible to use, care services are to be protected and enhanced;

The independence of those persons is to be promoted;

Diversity in the provision of care services is to be promoted with a view to those persons being afforded choice;

Good practice in the provision of social services is to be identified, promulgated and promoted.

**1.2.20 Scottish Regulators' Strategic Code of Practice**

The Care Inspectorate is obliged to have regard to The Scottish Regulators' Strategic Code of Practice, made under the Regulatory Reform

(Scotland) Act 2014 in determining any general policy or principles by reference to which it exercises any regulatory functions to which the code applies, and in exercising those regulatory functions.

### **1.3 The Chair of The Care Inspectorate**

**1.3.1** The Chair is personally responsible to the Scottish Ministers for ensuring that the Care Inspectorate's policies are compatible with those of the Scottish Ministers and for ensuring probity in the conduct of the Care Inspectorate's affairs. Communications between the Board and the Scottish Ministers shall normally be through the Chair. The Chair shall ensure that the other Board members are kept informed of such communications.

**1.3.2** The Chair has a particular responsibility for providing effective strategic leadership on the following matters:

- (a) formulating the Care Inspectorate's strategy for discharging its statutory duties;
- (b) encouraging high standards of propriety and promoting the efficient and effective use of staff and other resources throughout the Care Inspectorate
- (c) ensuring that, in reaching decisions, the Care Inspectorate takes proper account of guidance provided by Scottish Ministers or the Sponsor Directorate;
- (d) representing the views of the Care Inspectorate to the general public; and
- (e) annual assessment of the performance of individual Board members and the Chief Executive and reporting thereon to the Sponsor Directorate.

**1.3.3** The Chair must ensure that all Board members of the Care Inspectorate, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, (including those arising from the Code of Conduct for Members of the Care Inspectorate) and must ensure that they receive appropriate induction training, including training in the financial management and reporting requirements of public sector bodies and on any differences which may exist between private and public sector practice.

**1.3.4** The Chair may nominate any Board member to represent the interests of the Care Inspectorate at any external meeting or event.

**1.3.5** The Care Inspectorate may appoint one of its members to be Vice Chair. The Vice Chair (if one be appointed) shall exercise all of the functions of

the Chair, during any period when the post of Chair shall be (for whatever reason) vacant, during any period of absence on the part of the Chair, either exceeding 28 days, or following intimation of incapacity by the Chair. In addition, the Vice Chair shall exercise all of the functions of the Chair whether for the purposes of a particular meeting or event, or generally, during a specified period, when requested to do so by the Chair. The member nominated as Vice Chair shall receive no additional remuneration in respect thereof. The term 'Chair' wherever occurring in this Scheme of Delegation and Reservation of Powers, and in the Care Inspectorate's Standing Orders shall be interpreted in accordance with this paragraph.

#### **1.4 The Care Inspectorate's Board**

**1.4.1** The Board has corporate responsibility for ensuring that the Care Inspectorate fulfils its aims and objectives, for promoting the efficient and effective use of staff and other resources and for identifying and managing risk. To this end, and in pursuit of its wider corporate responsibilities, the Board shall, under the leadership of the Chair:

- (a) ensure that high standards of corporate governance are observed at all times, including establishing and using an audit committee to help the Board address the key financial and other risks facing the Care Inspectorate, and for which the Board retains responsibility;
- (b) establish the overall strategic direction of the Care Inspectorate within the policy and resources framework agreed with Scottish Ministers;
- (c) ensure that the Care Inspectorate operates within the limits of its statutory authority and any delegated authority agreed with its Sponsor Directorate, and in accordance with any other conditions relating to the use of public funds;
- (d) scrutinise the work of its committees and hold them to account for their decision-making;
- (e) ensure that, in reaching decisions, the Care Inspectorate takes into account any guidance issued by the Sponsor Directorate;
- (f) ensure that equalities are central to the policies and practice of the Care Inspectorate;
- (g) ensure that Scottish Ministers are kept informed of any changes which are likely to impact on the strategic direction of the Care Inspectorate or on the attainability of its targets, and determine the steps needed to deal with such changes;
- (h) ensure that the Board receives and reviews regular financial information concerning the management of the Care Inspectorate;

is informed in a timely manner about any concerns about the activities of the Care Inspectorate; and provides positive assurance to the responsible Scottish Government Directorate that appropriate action has been taken on such concerns;

- (i) provide commitment and leadership in the development and promotion of Best Value principles throughout the organisation;
- (j) appoint (with the approval of Scottish Ministers) and monitor the performance of, the Chief Executive;
- (k) Individual Board members must at all times:
  - (i) comply with the Care Inspectorate's Code of Conduct and with the rules relating to the use of public funds, conflicts of interest and confidentiality;
  - (ii) not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations;
  - (iii) act in good faith and in the best interests of the Care Inspectorate.

## **1.5 The Chief Executive**

**1.5.1** All powers of the Care Inspectorate which have not been reserved to its Board or delegated to a committee of the Board shall be exercised on behalf of the Care Inspectorate by the Chief Executive. This Scheme of Delegation identifies which functions (s)he shall perform personally and which functions may be delegated to directors within the organisation, together with the accompanying reporting arrangements, save that the Chief Executive (or director deputising for the Chief Executive) may take any action, whether or not delegated to him / her in terms of this Reservation of Powers and Scheme of Delegation where (s)he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the Board at its next meeting following the taking of the action, in terms of paragraph 2.3.9 hereof.

**1.5.2** The Chief Executive of the Care Inspectorate is designated by the Principal Accountable Officer of the Scottish Administration as the Care Inspectorate's Accountable Officer in accordance with Section 15 of the Public Finance and Accountability (Scotland) Act 2000.

**1.5.3** As the Care Inspectorate's Accountable Officer, the Chief Executive is personally responsible for safeguarding the use of public funds within the stewardship of the Care Inspectorate for which (s)he has charge; for ensuring propriety and regularity in the management of those public funds and for the day-to-day operations and management of the Care Inspectorate. (S)he should act in accordance with the terms of the Executive Framework and within the instructions and guidance in the Scottish Public Finance Manual and other instructions and guidance issued from time to time by Scottish Ministers. In particular, (s)he should act in accordance with the Memorandum to Accountable Officers of Other Public Bodies.

The Chief Executive, as Accountable Officer, has a duty to secure Best Value, which includes the concepts of good corporate governance, performance management and continuous improvement.

Members of the Care Inspectorate's Board (including the Chair) must not give the Chief Executive instructions which conflict with his/her duties as the Care Inspectorate's Accountable Officer. Should such instructions be issued, the Chief Executive is required to send a copy to the Auditor General.

**1.5.4** As the Care Inspectorate's Accountable Officer, the Chief Executive shall, in particular:

- (a) Advise the Board on the discharge of its responsibilities.
- (b) Ensure that appropriate financial systems are in place and applied and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major change.
- (c) Sign the annual accounts - and the associated governance statement - for the Care Inspectorate, and in doing so accept personal responsibility for their proper presentation as prescribed in legislation and/or in the relevant Accounts Direction issued by the Scottish Ministers.
- (d) Ensure that proper financial procedures are followed and that accounting records are maintained in the form prescribed for published accounts.
- (e) Ensure that the public funds for which (s)he is responsible are properly managed and safeguarded, including independent and effective checks of any cash balances in the hands of any official.
- (f) Ensure that assets for which (s)he is responsible such as land, buildings or other property, including stores and equipment, are

controlled and safeguarded with similar care, and with checks as appropriate.

- (g) Ensure that, in the consideration of policy proposals relating to the resources for which (s)he has responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and where appropriate brought to the attention of the body.
- (h) Ensure that procurement activity is conducted in accordance with the requirements in the Procurement section of the Scottish Public Finance Manual.
- (i) Ensure that delegation of responsibility is accompanied by clear lines of control and accountability together with reporting arrangements.
- (j) Ensure that effective management systems appropriate for the achievement of the Care Inspectorate's objectives, including financial monitoring and control systems, have been put in place.
- (k) Ensure that risks, whether to achievement of business objectives, regularity, propriety or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all relevant areas to manage them.
- (l) Ensure that arrangements have been made to secure Best Value as set out in the Scottish Public Finance Manual. Ensure that managers at all levels have a clear view of their objectives, and the means to assess and measure outputs, outcomes and performance in relation to those objectives.
- (m) Ensure that managers at all levels are assigned well defined responsibilities for making the best use of resources (both those consumed by their own commands and any made available to third parties) including a critical scrutiny of outputs, outcomes and value for money.
- (n) Ensure that managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively
- (p) Take action as set out in paragraphs 5.1 to 5.4 of the Memorandum to Accountable Officers of Other Public Bodies if the Care Inspectorate or its Chair, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety (financial or otherwise) or regularity, or does not represent prudent or economical administration or efficiency or effectiveness.

- (q) Give evidence when summoned before Committees of the Scottish Parliament, on the use and stewardship of public funds by the Care Inspectorate.
- (r) Ensure that an effective complaints procedure is established and made widely known, including reference to the Scottish Public Services Ombudsman where applicable, and inform the Directorate Accountable Officer about any complaints about the Care Inspectorate accepted by the Scottish Public Services Ombudsman for investigation, and about the Care Inspectorate's proposed response to any subsequent recommendations from the Ombudsman.
- (s) Approve and review any Memoranda of Understanding or protocols with other scrutiny bodies and organisations.
- (t) Ensure that the Care Inspectorate's banking arrangements are consistent with the provisions contained in the Scottish Public Finance Manual, and review these arrangements every two years.

The Chief Executive may delegate the day-to-day administration of his/her Accountable Officer responsibilities to other employees of the Care Inspectorate. However, (s)he shall not assign absolutely to any other person any of the responsibilities set out in this document.

#### **1.5.5 Directors' Power to Delegate their own Delegated Powers**

In so far as powers are delegated to any director or officer, he or she shall be free to further delegate those powers to any member of his/her staff, but the director or officer shall remain accountable to the Chief Executive and to the Board for all aspects of the exercise of those powers.

The Operations Scheme of Delegation and any other Scheme of Delegation put in place by a director is to be operated in accordance with the Standing Orders, the Management Statement and Financial Memorandum, the Financial Regulations and all other corporate governance procedures relevant to the Care Inspectorate.

#### **1.5.6 Absence of directors or officers to whom powers have been delegated**

In the absence of a director or officer to whom powers have been delegated, those powers shall be exercised by that director's or officer's superior or by another director or by an officer appointed by the Chief Executive or another director to exercise those powers. If the Chief Executive is absent, powers delegated to him/her may be exercised by a director acting on behalf of Chief Executive, taking advice as necessary, from other appropriate directors and officers.

## **2. RESERVATION OF POWERS TO THE CARE INSPECTORATE**

### **2.1 Reserved Powers**

The Care Inspectorate must determine those matters on which decisions are reserved, i.e. decisions which are reserved to the Board of the Care Inspectorate in formal session for decision. The reserved matters are set out in paragraphs 2.2 to 2.8 below.

### **2.2 General Enabling Provision**

The Board sitting in formal session may determine any matter it wishes, within its statutory powers, specifically including (but without prejudice to the generality of the foregoing) the following matters:

### **2.3 Regulation and Control**

**2.3.1** The approval of Standing Orders, the Code of Conduct for Members, the Reservation of Powers and Scheme of Delegation and the Financial Regulations, including any alterations, deletions or additions thereto; the agreement of changes to the Executive Framework, or any similar document setting out the relationship between the Care Inspectorate and the Scottish Ministers or the Sponsor Directorate.

**2.3.2** Requiring and receiving declarations of interests from members of the Board.

**2.3.3** Determination of any conflict arising between a member's declared interests and those of the Care Inspectorate by reference to the Care Inspectorate's Code of Conduct and Standing Orders.

**2.3.4** Approval of the Care Inspectorate's statutory Complaints Procedure.

**2.3.5** Monitoring progress and performance in all functions of the Care Inspectorate, including, but not limited to:

- Monitoring the performance of the Care Inspectorate against its Corporate Plan and Operational Plans
- Approving and monitoring progress against the Care Inspectorate's Communications Strategy
- Approving and monitoring performance against the Care Inspectorate's strategy for participation of key stakeholders in its work (particularly people who use social services and their carers)
- Approving and monitoring performance against any plan or plans related to the development and implementation of the Care Inspectorate's scrutiny improvement function



- Approving and monitoring performance against any plan or plans related to the discharge of the Care Inspectorate's statutory Duty of Co-operation
- Monitoring the performance of the Care Inspectorate's Duty of Co-operation with other scrutiny bodies
- Approving and monitoring performance against the Care Inspectorate's Intelligence Strategy
- Approving and monitoring performance against the Care Inspectorate's Public Reporting Strategy

**2.3.6** Receiving reports from any committees and taking appropriate action thereon.

**2.3.7** Establishing terms of reference and reporting arrangements for any committees or sub-committees and approval of changes thereto.

**2.3.8** Receiving reports of any urgent, necessary and expedient action which would otherwise have been contrary to this Reservation of Powers and Scheme of Delegation, which has been taken by the Chief Executive or director deputising for the Chief Executive.

## **2.4 Appointments**

**2.4.1** The establishment and dissolution of any committees of the Board, including the appointment of committee conveners.

**2.4.2** The appointment, and co-option in terms of paragraph 3.5.3 hereof, of members to any committee, save that the Chair may at any time appoint additional members to, and /or remove members from, a committee of the Board, (whether generally, or for a single meeting of the committee concerned) subject to ratification of such appointment, and / or removal at the next full meeting of the Board, provided that such appointment or removal does not make the committee concerned non-compliant with its Terms of Reference. In the event that such an appointment, removal or substitution shall not be ratified by the Board at its next full meeting, the appointment or removal shall be of no effect, save for the period between its making and its consideration by the Board when it shall be regarded as having had full force and effect, and any decision taken by any committee concerned during the period between the appointment or removal concerned and its consideration by the Board shall have full force and effect.

**2.4.3** The Board may seek to secure the attendance as advisers of persons who are not members of the Board of the Care Inspectorate but hold relevant experience or skills which are considered necessary to advise the Board in the fulfillment of its responsibilities. Any remuneration payable to any such adviser shall not exceed such allowances as may be specified by Scottish Ministers in respect of Board members. For the avoidance of doubt, any

such adviser shall not be a member of the Board, shall not be counted in establishing a quorum, and shall not be entitled to be present during discussion of any item of business deemed confidential or to be taken in private, nor shall they be entitled to vote.

## **2.5 Policy Determination**

**2.5.1** The approval, subject to any guidance or direction from Scottish Ministers, of the organisational structure of the Care Inspectorate or its strategic management or organisational development policies, unless otherwise stated within this Scheme of Delegation.

## **2.6 Strategy, Corporate Plan and Budget**

**2.6.1** The approval of the statement of strategic aims and objectives of the Care Inspectorate within its Corporate Plan.

**2.6.2** The approval of the Corporate Plan, Annual Report and Accounts and budget for each financial year.

## **2.7 Specific Matters Requiring Board Approval**

**2.7.1** The introduction or discontinuance of any significant activity or operation.

**2.7.2** The adoption or revisal of key policies relating to the operation of the Care Inspectorate.

**2.7.3** Any expenditure for any purpose which is or might be considered novel or contentious, or which has or could have significant future cost implications, including on staff benefits.

**2.7.4** Any significant change in the scale of operation or funding of any initiative or particular scheme previously approved.

**2.7.5** Any change of policy or practice which has wider financial implications (e.g. because it might prove repercussive among other public sector bodies) or which might significantly affect the future level of resources required.

**2.7.6** Any changes in the fees chargeable to registered care services (where regulations allow the Care Inspectorate to set these)

**2.7.7** The approval of any change to the Care Inspectorate's organisational structure which taken on its own or cumulatively with any other structural change(s) in a single financial year results in a change to established permanent staffing having a full year cost exceeding £200k *per annum*.

**2.7.8** The adoption, amendment or renewal of any significant policy adopted or proposed to be adopted by the Care Inspectorate where that policy addresses the interaction of the Care Inspectorate with members of its own staff or with any third parties, or where such policy can be regarded as novel or contentious.

**2.7.9** The matters set out at paragraphs 2.7.3 and 2.7.6 above may also be subject to Sponsor Directorate authorisation requirements in terms of the Scottish Public Finance Manual or the Framework agreement with the Sponsor Department.

## **2.8 Audit Arrangements**

**2.8.1** To approve the appointment of internal auditors to the Care Inspectorate.

**2.8.2** To note the receipt of the annual management letter from the external auditor and to note the actions of and to consider and where appropriate, adopt, the recommendations of Audit Committee.

**2.8.3** To make recommendations to the Audit Committee as to matters which appear to be appropriate for its consideration.

**2.8.4** To note the receipt of the annual report from the internal auditor and the action taken where appropriate on the recommendations by the Audit Committee.

## **2.9 The Care Inspectorate as an Employer**

**2.9.1** To receive and consider reports on the monitoring of the performance of the Chief Executive. Such reports will be considered in private session in terms of Standing Order 3.2.

## **3. DELEGATION OF POWERS TO COMMITTEES AND MEMBER / OFFICER WORKING GROUPS**

**3.1** The Board may delegate responsibility for specified matters to committees which may, with the approval of the Board, further delegate specified matters which fall within their terms of reference to sub-committees.

**3.2** Details of the committee currently established by the Care Inspectorate and its terms of reference are set out at Section 4 of this document.

### **3.3 Member / Officer Working Groups**

**3.3.1** The Board or any Committee thereof may delegate specific pieces of work to working groups composed of members of the Care Inspectorate and members of its executive.

**3.3.1** The purpose of any working group composed of both members of the Care Inspectorate and members of its executive shall be to consider a particular issue or proposal in detail, and to report to the Board or establishing Committee, with recommendations, all of which shall be specified in detail in Terms of Reference which shall be specified by the Board or committee concerned at the point of establishing the working group.

**3.3.2** Any working group established under para 3.3.1 above shall have no less than two members, and shall have at least one member who is a member of the Care Inspectorate's Board and one member who is a member of its executive.

**3.3.3** Any working group established under para 3.3.1 above shall report to the Board, or its establishing committee or no more than six months from the date of its inception, or by such earlier date as their Terms of Reference may specify. A working group established under para 3.3.1 above shall not subsist for longer than 6 months, which period may not be extended, save with the specific authority of the Board or the group's establishing committee.

### **3.4 Interpretation**

**3.4.1** In any situation of uncertainty, it is for the Chair to determine which Committee is empowered to exercise authority which has been delegated by the Board.

### **3.5 Committees**

#### **3.5.1 Authority**

All committees are authorised by the Board to undertake any activity within their Terms of Reference. A committee (and any sub-committee thereof) must comply with any directions given to it by the Board of the Care Inspectorate. Any committee may seek information it requires from any other committee and from any employee of the Care Inspectorate through the appropriate director or officer and all employees are expected to co-operate with any such request.

**3.5.2** All committees are authorised by the Board to obtain legal or other independent professional advice, subject to the approval of the Board (or in a case of urgency, the Chair and at least one other Board member, who must certify that the situation is one of urgency such that it would be impracticable for the matter to be considered by the Board, at its next meeting) in respect of any resources required.

**3.5.3** All committees may, subject to the approval of the Board in terms of paragraph 2.4.2 above, seek to secure the attendance of persons who are not members of the Board of the Care Inspectorate but hold relevant

experience or skills which are considered necessary. Any remuneration payable to any such person co-opted as a member of a committee shall not exceed such allowances as may be specified by Scottish Ministers.

**3.5.4** Persons co-opted to any committee in accordance with paragraph 3.5.3 above shall not be regarded as members of the Board of the Care Inspectorate and for the avoidance of doubt, shall not be regarded as members of the committee to which they are co-opted, but as advisers who are not vested with voting rights and whose attendance shall not be counted in establishing a quorum.

**3.5.5** The terms of reference of all committees shall be subject to periodic review whether at the instance of the committee concerned (subject to any proposed alterations being approved by the Board) or by the Board. Such reviews shall be carried out at intervals not exceeding two years.

### **3.6 Quorum**

**3.6.1** The quorum of the Board of the Care Inspectorate shall be as provided in Standing Order 18. The quorum of any committee of the Care Inspectorate shall be as specified in the Terms of Reference of that committee.

### **3.7 Reporting Mechanism**

**3.7.1** Minutes shall be drawn up of meetings of the Care Inspectorate's Board and committee(s). The minutes referred to in this clause shall be prepared, distributed and published in accordance with Standing Order 15.

## **4. COMMITTEES**

**4.1** The Care Inspectorate shall have an Audit & Risk Committee, which shall conduct its business in accordance with Paragraphs 5.1-5.7.1 hereof. The Audit and Risk Committee will support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

**4.2** The Care Inspectorate shall have a Finance & Resources Committee, which shall conduct its business in accordance with Paragraphs 6.1-6.8.3 hereof.

**5. AUDIT & RISK COMMITTEE****5.1 Membership**

**5.1.1** The Committee shall have a Convener and in addition a minimum of three and a maximum of five additional members, all appointed by the Board

**5.1.2** The Convener will be appointed for a fixed term of no more than three years duration. A Board member may be re-appointed to the Convener role for a second term. No further re-appointments will be permitted.

**5.1.3** Board members may be appointed as members of the Audit and Risk Committee without restriction on duration of appointment.

**5.1.4** At least one member of the Audit and Risk Committee must have financial experience in terms of Para 3.2 of the Scottish Government's Audit and Assurance committee handbook.

**5.1.5** Meetings of the committee will be chaired by its Convener or any substitute, as provided for in terms of Standing Order 20, and in addition not less than two members of the Committee shall be required to form a quorum.

**5.1.6** The committee will be provided with a secretariat function by the Executive and Committee Support Manager.

**5.2 Reporting**

**5.2.1** The committee will formally report in writing to the Board and Accountable Officer after each meeting. A copy of minutes of the meeting may form the basis of the report.

**5.2.2** The Convener will provide the Chair of the Board with a report on individual Audit and Risk Committee members' performance at least annually.

**5.2.3** The committee will provide the Board and Accountable Officer with an Annual Report, timed to support finalisation of the accounts and the governance statement, summarising its conclusions from the work it has done during the year.

### **5.3 Responsibilities**

**5.3.1** The committee will advise the Board and Accountable Officer on:

- the strategic processes for risk, control and governance and the governance statement;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- the planned activity and results of both internal and external audit;
- the adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
- the effectiveness of the internal control environment;
- assurances relating to the corporate governance requirements for the organisation;
- proposals for tendering for either internal or external audit services or for purchase of non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations
- suggested, key performance indicators, quality indicators and monitoring measures in respect of the Care Inspectorate's activities, financial and non-financial.

The Audit and Risk Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

### **5.4 Rights**

**5.4.1** The committee may:

- co-opt additional persons (jn terms of Paragraph 3.5.3 and subject to the restrictions set out in Paragraph 3.5.4 hereof) for a period not exceeding a year to provide specialist skills, knowledge and experience; and
- procure specialist ad-hoc advice at the expense of the organisation, in terms of Paragraph 3.5.2 hereof.

**5.5 Access**

**5.5.1** The Head of Internal Audit and the representative of External Audit will have free and confidential access to the Convener of the Committee.

**5.6 Meetings**

**5.6.1** The procedures for meetings are:

- the committee will meet at least four times a year. The Convener of the Committee may convene additional meetings, as he/she deems necessary;
- committee meetings will normally be attended by the Chief Executive, Executive Director of Corporate and Customer Services, Director of Corporate Services, the Head of Internal Audit, other Executive Directors as appropriate and a representative of External Audit
- the committee may ask any other officers of the organisation to attend to assist it with its discussions on any particular matter;
- the committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters;
- the Board or Accountable Officer may ask the committee to convene further meetings to discuss particular issues on which they want the committee's advice.
- The Chair will attend meetings of the committee from time to time, but is not expected to attend at every meeting. The Chair does so as an observer and not as a participant, shall not be regarded as a member of the committee, shall not be entitled to vote and is not party to decisions taken by the committee.
- With the permission of the Convener, Board members who are not members of the Audit & Risk Committee may attend Committee meetings. However, they do so as observers, not participants, shall not be regarded as members of the committee, shall not be entitled to vote and are not party to decisions taken by the Committee.

**5.7 Information Requirements**

**5.7.1** For each meeting the committee will be provided with:

- a report summarising any significant changes to the organisation's Risk Register;



- a progress report from the Head of Internal Audit summarising:
  - work performed (and a comparison with work planned);
  - key issues emerging from Internal Audit work;
  - management response to audit recommendations;
  - significant changes to the audit plan;
  - any resourcing issues affecting the delivery of Internal Audit objectives;

- a progress report from the External Audit representative summarising work done and emerging findings.

As and when appropriate, the committee will also be provided with:

- business update reports from the Accountable Officer;
- the Charter / Terms of Reference of the Internal Audit Directorate;
- the Internal Audit Strategy;
- the annual Internal Audit Plan
- the Head of Internal Audit's Annual Opinion and Report;
- quality assurance reports on the Internal Audit function;
- the draft accounts of the organisation;
- the draft governance statement;
- a report on any changes to accounting policies;
- External Audit's management letter/report;
- a report on any proposals to tender for audit functions;
- a report on co-operation between Internal and External Audit;
- a report on the Counter Fraud and Bribery arrangements and performance;
- reports from other sources within the "three lines of assurance" integrated assurance framework (e.g. Best Value self-assessment Reviews, Gateway Reviews, Health Check Reviews, ICT Assurance Reviews, Digital 1st Service Standard Reviews, Procurement Capability Reviews, Procurement Key Stage Reviews).

**5.8 Interpretation**

**5.8.1** All references within these Terms of Reference to the Head of Internal Audit are to be taken as references to the lead officer, for the time being, of the Care Inspectorate's appointed internal auditors.

**6. FINANCE & RESOURCES COMMITTEE****6.1 Membership**

**6.1.1** The Committee shall have a Convener and in addition a minimum of three and a maximum of five additional members, all appointed by the Board.

**6.1.2** The Convener will be appointed for a fixed term of no more than three years duration. A Board member may be re-appointed to the Convener role for a second term. No further re-appointments will be permitted. The Convener will be a Board member with an understanding of both financial and people governance.

**6.1.3** Board members may be appointed as members of the Finance and Resources Committee without restriction on duration of appointment.

**6.1.4** At least one member of the Finance and Resources Committee must also be a member of the Audit and Risk Committee.

**6.1.5** At least one member of the Finance and Resources Committee must have financial experience in terms of Para 3.2 of the Scottish Government's Audit and Assurance committee handbook.

**6.1.6** At least one member of the Finance and Resources Committee must have workforce governance experience.

**6.1.7** Meetings of the committee will be chaired by its Convener or any substitute, as provided for in terms of Standing Order 20, and in addition not less than two members of the Committee shall be required to form a quorum.

**6.1.8** The committee will be provided with a secretariat function by the Executive and Committee Support Manager.

**6.2 Reporting**

**6.2.1** The committee will formally report in writing to the Board and Accountable Officer after each meeting. A copy of minutes of the meeting may form the basis of the report.

**6.2.2** The Convener will provide the Chair of the Board with a report on individual Finance and Resources Committee members' performance at least annually.

**6.2.3** The committee will provide the Board and Accountable Officer with an Annual Report summarising its conclusions from the work it has done during the year. This report will be submitted to the first Board meeting of each financial year.

### **6.3 Delegated Authority**

**6.3.1** The Board has delegated authority to the committee to decide the following (6.3.2 to 6.3.6).

**6.3.2** Approval of the disciplinary procedure for directors/officers of the Care Inspectorate, including any alterations, deletions or additions thereto.

**6.3.3** Proposals to let single-tender or restricted contracts including any which could be seen as novel or contentious or which exceed the delegated limit set out in the Financial Memorandum.

**6.3.4** All individual contracts of a capital nature that exceed £25,000 (exclusive of VAT) and which either are not included in the approved capital programme or exceed the expenditure limit agreed in the approved capital programme.

**6.3.5** Approval of the Care Inspectorate's pay remit in accordance with the current public pay policy guidance.

**6.3.6** To determine appeals (in accordance with procedures laid down by the Care Inspectorate) by any member of staff in relation to any grievance concerning their terms and conditions of employment, the Care Inspectorate "Dignity at Work" policy or in relation to disciplinary matters. This committee will also provide a forum for review where the Chief Executive disagrees with the conclusions of his / her annual performance development review.

**6.3.7** The matters set out at paragraphs 6.3.3, 6.3.4 and 6.3.5 above may also be subject to Sponsor Directorate authorisation requirements in terms of the Scottish Public Finance Manual or the Framework agreement with the Sponsor Department.

### **6.4 Responsibilities**

**6.4.1** The committee will advise the Board and Accountable Officer on:

- Financial strategy, financial management and budget monitoring
- Financial Regulations
- Human Resources strategy and policies
- Strategic Workforce Plan
- Staff wellbeing

- Staff learning and development (LEAD and Learning and development policy)
- Staff survey
- Partnership working with Trade Unions / Professional Associations
- Estates strategy, premises and equipment
- Procurement strategy and performance
- Business continuity management system and disaster recovery planning
- Net zero plan, environmental impact and sustainability
- Health and Safety policy and performance
- Shared services strategy and performance
- Changes to organisational or strategic management structure
- Development of the Annual Budget
- Proposals for expenditure which are / may be novel or contentious or which have significant future cost implications
- Proposals which will mean significant changes to funding or scale of operation or funding of any previously approved initiative or particular scheme
- Changes of policy or practice which have wider financial implications
- Proposals to change fees chargeable to regulated care services
- Proposals to changes the staffing establishment during a financial year with a cumulative recurring cost of > £200k per annum
- Any other items delegated by the Board

**6.4.2** Establish and oversee any Employment Appeals sub-committees and consider lessons learned from hearings for employment practises and procedures.

## **6.5 Rights**

**6.5.1** The committee may:

- co-opt additional persons (in terms of Paragraph 3.5.3 and subject to the restrictions set out in Paragraph 3.5.4 hereof) for a period not exceeding one year to provide specialist skills, knowledge and experience; and may procure specialist ad-hoc advice at the expense of the organisation, in terms of Paragraph 3.5.2 hereof.

## **6.6 Access**

**6.6.1** The Executive Director of Corporate and Customer Services will have free and confidential access to the Convener of the Committee.

## **6.7 Meetings**

**6.7.1** The procedures for meetings are:

- the committee will meet at least four times a year. The Convener of the Committee may convene additional meetings, as he/she deems necessary;
- The agenda will be formed by a Part A, for all Committee members and those in attendance and a Part B where all, a group of or individual attendees may be excluded. Any exclusions for Part B of the meeting should be identified in the cover paper for specific items, and the rationale given.
- the committee may ask any or all of those who normally attend (either for Part A or Part B of the meeting) but who are not members to withdraw to facilitate open and frank discussion of particular matters;
- committee meetings will normally be attended by the Chief Executive, Executive Director of Corporate and Customer Services, Executive Director of Scrutiny and Assurance, Executive Director of Strategy and Improvement, Executive Director of IT, Transformation and Digital, Head of Finance and Corporate Governance, Head of Human Resources, Head of Organisational Development and the staff side co-chair of the Partnership Forum
- the committee may ask any other officers of the organisation to attend to assist it with its discussions on any particular matter;
- the Board or Accountable Officer may ask the committee to convene further meetings to discuss particular issues on which they seek the committee's advice.
- The Chair will attend meetings of the committee from time to time, but is not expected to attend at every meeting. The Chair does so as an observer and not as a participant, shall not be regarded as a member of the committee, shall not be entitled to vote and is not a party to decisions taken by the committee.
- With the permission of the Convener, Board members who are not members of the Finance and Resources Committee may attend Committee meetings. However, they do so as observers, not participants, shall not be regarded as members of the committee, shall not be entitled to vote and are not parties to decisions taken by the Committee

## **6.8 Information Requirements**

**6.8.1** For each meeting the committee will be provided with:

- A budget monitoring report
- Quarterly Human Resources Update Report
- Policy review and approval tracking report

**6.8.2** At least annually the committee will be provided with:

- A report on the review of the Financial Regulations
- A report on the draft annual budget and capital plan

- An estates update report
- A Human Resources Annual Report
- Strategic Workforce Plan – Progress Report
- Health & Safety Report
- Procurement Performance Report

**6.8.3** The Committee may request further information and reports as required

## **7. THE CARE INSPECTORATE SCHEME OF DELEGATION TO OFFICERS**

### **7.1 Scheme of Delegation to Officers**

**7.1.1** The Care Inspectorate's Financial Regulations set out in some detail the financial responsibilities of the Chief Executive and the Executive Director of Corporate and Customer Services.

**7.1.2** The Care Inspectorate shall produce an Executive Scheme of Delegation addressing the further delegation to officers of matters delegated by the Care Inspectorate to directors in relation to specific day to day decision making and the discharge of statutory scrutiny functions detailed in the Act. The Executive Scheme of Delegation shall be approved by the Chief Executive.

**APPENDIX 1**

**Persons and Bodies with whom the Care Inspectorate is subject to a Duty of Co-operation (Para 1.2.17) In terms of s114 of, and Schedule 20 to, the Act**

Accounts Commission for Scotland

Food Standards Scotland

Healthcare Improvement Scotland

Her Majesty's Inspectors of Constabulary appointed under s71 of the Police and Fire Reform (Scotland) Act 2012

Her Majesty's Chief Inspector of Prisons for Scotland

Her Majesty's Chief Inspector of Prosecution in Scotland

Her Majesty's inspectors of schools

Mental Welfare Commission for Scotland

The Scottish Housing Regulator

**APPENDIX 2**

**Persons and Bodies with whom Scottish Ministers may request that the Care Inspectorate undertakes Joint Inspections of Children's or Other Services (Para 1.2.18), in terms of s115(6) of the Act**

Healthcare Improvement Scotland

Her Majesty's Inspectors of Constabulary appointed under s71 of the Police and Fire Reform (Scotland) Act 2012

Her Majesty's Chief Inspector of Prisons for Scotland

Her Majesty's Chief Inspector of Prosecution in Scotland

Her Majesty's inspectors of schools

Mental Welfare Commission for Scotland

The Scottish Housing Regulator

Any Special Health Board



## Governance Documents, Policy and Strategy Approval Routes

Type	Description	Lead Officer	CURRENT APPROVAL & REPORTING		NEW COMMITTEE RECOMMENDED POSITION			
			Board Item Required per RoPSoD / Y / N	Currently Reported to ARC (Y / N)	Board Item (Y / N)	ARC Item (Y / N)	F&R Committee Item (Y / N)	Delegated to Officers (Y / N)
1. Board	Board Members Code of Conduct	HoFCG	Y	N	Y	N	N	N
2. Governance	Annual Report and Accounts (including Governance Statement)	HoFCG	RoPSoD	Y	Y	Y	N	N
2. Governance	Complaints (against CI) Procedure	HoOWD	RoPSoD	N	Y	N	N	N
2. Governance	Corporate Plan	EDSI	RoPSoD	N	Y	N	N	N
2. Governance	Counter Fraud & Corruption Framework	HoFCG	N	Y	N	Y	N	N
2. Governance	Executive Framework Agreement	EDCCS	RoPSoD	N	Y	N	N	N
2. Governance	Reservation of Powers and Scheme of Delegation	HoLS	RoPSoD	N	Y	N	N	N
2. Governance	Risk - Strategic Risk Register	EDCCS	Y	Y	Y	Y	N	N
2. Governance	Risk Appetite Statement	EDCCS	Y	Y	Y	Y	N	N
2. Governance	Risk Policy	EDCCS	Y	Y	Y	Y	N	N
2. Governance	Scrutiny and Improvement Plan	EDSA	RoPSoD	N	Y	N	N	N
2. Governance	Standing Orders	HoLS	RoPSoD	N	Y	N	N	N
2. Governance	Whistleblowing Guidance	HoOWD	Y	N	Y	N	Y	N
3. Finance	Budget and Capital Plan	HoFCG	RoPSoD	N	Y	N	Y	N
3. Finance	Financial regulations	HoFCG	RoPSoD	N	Y	N	N	N
4. Audit	External Audit Annual Report (including External Audit Plan)	External Auditor	RoPSoD	Y	Y	Y	N	N
4. Audit	Internal Audit Annual Report (including opinion)	Internal Auditor	N	Y	N	Y	N	N
4. Audit	Internal Audit Plan	Internal Auditor	N	Y	N	Y	N	N
5. Staff	Alcohol & Drugs	HoHR	N	N	N	N	N	Y
5. Staff	Business Travel and Subsistence Policy	HoHR	N	N	N	N	N	Y
5. Staff	Capability Policy	HoHR	N	N	N	N	N	Y
5. Staff	Confidentiality agreement	HoHR	N	N	N	N	N	Y
5. Staff	Corporate Health & Safety Policy	HoFCG	Y	N	Y	N	Y	N
5. Staff	Death in service	HoHR	N	N	N	N	N	Y
5. Staff	Dignity at Work Policy	HoHR	N	N	N	N	N	Y
5. Staff	Discipline Procedure	HoHR	RoPSoD	N	Y	N	Y	N
5. Staff	Equality & Diversity	HoHR	N	N	N	N	N	Y
5. Staff	Family Friendly Policy	HoHR	N	N	N	N	N	Y
5. Staff	Flexible Working and Flexi Time Guidance	HoHR	N	N	N	N	N	Y
5. Staff	Grievance Policy	HoHR	N	N	N	N	N	Y
5. Staff	Hybrid working Policy	HoHR	N	N	N	N	N	Y
5. Staff	LEAD - staff appraisal & performance	HoOWD	N	N	N	N	Y	N
5. Staff	Learning & Development Policy	HoOWD	N	N	N	N	Y	N

## Governance Documents, Policy and Strategy Approval Routes

Type	Description	Lead Officer	CURRENT APPROVAL & REPORTING		NEW COMMITTEE RECOMMENDED POSITION			
			Board Item Required per RoPSoD / Y / N	Currently Reported to ARC (Y / N)	Board Item (Y / N)	ARC Item (Y / N)	F&R Committee Item (Y / N)	Delegated to Officers (Y / N)
5. Staff	Maximising Attendance Policy	HoHR	N	N	N	N	N	Y
5. Staff	Mental Health and Wellbeing	HoHR	N	N	N	N	N	Y
5. Staff	Overtime and Additional Hours Guidance	HoHR	N	N	N	N	N	Y
5. Staff	Recruitment & Selection Policy	HoHR	N	N	N	N	N	Y
5. Staff	Redeployment	HoHR	N	N	N	N	N	Y
5. Staff	Relocation Policy	HoHR	N	N	N	N	N	Y
5. Staff	Retirement Policy	HoHR	N	N	N	N	N	Y
5. Staff	Right to Disconnect	HoHR	N	N	N	N	N	Y
5. Staff	Salary Protection	HoHR	N	N	N	N	N	Y
5. Staff	Secondary Employment	HoHR	N	N	N	N	N	Y
5. Staff	Staff Code of Conduct	HoHR	N	N	N	N	N	Y
5. Staff	Staff Use of Social Media	HoHR	N	N	N	N	N	Y
5. Staff	Time off for Trade Unions	HoHR	N	N	N	N	N	Y
5. Staff	Transgender and Equal Pay Policy Statement	HoHR	N	N	N	N	N	Y
5. Staff	Workforce Change Policy	HoHR	N	N	N	N	N	Y
6. Strategy	Communications Strategy	EDSI	Y	N	Y	N	N	N
6. Strategy	Corporate Parenting Plan	HoQI&IS	Y	N	Y	N	N	N
6. Strategy	Customer Engagement Strategy	HoCS	N	N	Y	N	N	N
6. Strategy	Estates Strategy	HoFCG	Y	N	Y	N	Y	N
6. Strategy	Financial Strategy	HoFCG	Y	N	Y	N	Y	N
6. Strategy	Improvement and Involvement Support Strategy and Delivery Plan	HoQI&IS	Y	N	Y	N	N	N
6. Strategy	Improvement Strategy	EDSI	N	N	Y	N	N	N
6. Strategy	Information Governance Strategy	EDITD	Y	N	Y	N	N	N
6. Strategy	Intelligence Strategy	EDITD	Y	N	Y	N	N	N
6. Strategy	IT Strategy	HoITSD	Y	N	Y	N	N	N
6. Strategy	Legal Strategy	HoLS	N	N	Y	N	N	N
6. Strategy	Procurement Strategy	HoFCG	Y	N	Y	N	N	N
6. Strategy	Shared Services Strategy	HoFCG	Y	N	Y	N	N	N
6. Strategy	Strategic Workforce Plan	HoOWD	Y	N	Y	N	Y	N
7. Report	Annual Estates Update Report	HoFCG	Y	N	Y	N	Y	N
7. Report	Annual External Audit Plan	External Auditor	N	Y	N	Y	N	N
7. Report	Annual Fraud Bribery & Corruption Report	HoFCG	N	Y	N	Y	N	N
7. Report	ARC Annual Report to Board	ARC Convener	Y	Y	Y	N	N	N
7. Report	Budget Monitoring Reports	HoFCG	RoPSoD	N	Y	N	Y	N

## Governance Documents, Policy and Strategy Approval Routes

Type	Description	Lead Officer	CURRENT APPROVAL & REPORTING		NEW COMMITTEE RECOMMENDED POSITION			
			Board Item Required per RoPSoD / Y / N	Currently Reported to ARC (Y / N)	Board Item (Y / N)	ARC Item (Y / N)	F&R Committee Item (Y / N)	Delegated to Officers (Y / N)
7. Report	Complaints (against CI) Annual Report	HoOWD	Y	N	Y	N	N	N
7. Report	Complaints (services) Annual Report	SM Complaints	Y	N	Y	N	N	N
7. Report	Corporate Health & Safety Annual Report	HoFCG	Y	N	Y	N	N	N
7. Report	Cyber Security Assessment Update	HoITSD	N	Y	N	Y	N	N
7. Report	Digital Stage 1 Update	EDITD	N	Y	N	Y	N	N
7. Report	Digital Stage 2 Update	EDITD	N	Y	N	Y	N	N
7. Report	Enforcement Activity Annual Report	CIA	N	Y	N	Y	N	N
7. Report	Equality Duty- Annual Progress Report	HoQI&IS	Y	N	Y	N	N	N
7. Report	HR Annual Report	HoHR	Y	N	Y	N	Y	N
7. Report	HR Quarterly Update Report	HoHR	Y	N	N	N	Y	N
7. Report	Internal Audit Annual & Strategic Plan	Internal Auditor	N	Y	N	Y	N	N
7. Report	Internal Audit Follow Up Review	Internal Auditor	N	Y	N	Y	N	N
7. Report	IT Stewardship Annual Report	HoITSD	N	Y	N	Y	N	N
7. Report	NFI Update Report	HoFCG	N	Y	N	Y	N	N
7. Report	Performance Monitoring Reports	EDSI	RoPSoD	N	Y	N	N	N
7. Report	Procurement Performance Annual Report	HoFCG	Y	N	Y	N	N	N
7. Report	Shared Services Annual report	HoFCG	Y	N	Y	N	N	N
7. Report	SIRO Annual Report	EDITD	N	Y	N	Y	N	N
7. Report	Strategic Workforce Plan - Annual Progress	HoOWD	Y	N	Y	N	Y	N
7. Report	UNCRC& Care Experience Annual Report	HoQI&IS	Y	N	Y	N	N	N
7. Report	Policy Review and Approval Tracking Report	HoHR	N	N	N	N	Y	N

**Lead Officer / Board Member Key**

Audit & Risk Committee Convener  
Chief Inspector Adults

## ARC Convener

CIA  
EDBDT

Governance Documents, Policy and Strategy Approval Routes

Type	Description	Lead Officer	CURRENT APPROVAL & REPORTING		NEW COMMITTEE RECOMMENDED POSITION			
			Board Item Required per RoPSoD / Y / N	Currently Reported to ARC (Y / N)	Board Item (Y / N)	ARC Item (Y / N)	F&R Committee Item (Y / N)	Delegated to Officers (Y / N)
	Executive Director IT, Transformation & Digital	EDITD						
	Executive Director of Scrutiny & Assurance	EDSA						
	Executive Director of Strategy & Improvement	EDSI						
	Head of Customer Service	HoCS						
	Head of Finance & Corporate Governance	HoFCG						
	Head of Human Resources	HoHR						
	Head of IT Service Delivery	HoITSD						
	Head of Legal Services	HoLS						
	Head of Organisational & Workforce Development	HoOWD						
	Head of Quality Improvement & Improvement Support	HoQI&IS						
	Service Manager Complaints	SM Complaints						



<b>Title:</b>	<b>CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN 2024-2027</b>	
<b>Author:</b>	Craig Morris - Head of Quality Improvement and Participation, Organisational Lead for Children's Rights and Corporate Parenting Responsibilities	
<b>Responsible Director:</b>	Edith Macintosh – Executive Director for Strategy and Improvement, Deputy Chief Executive	
<b>Appendices:</b>	<b>1.</b>	Children's Rights, Care Experience and Corporate Parenting Plan 2024 – 2027
	<b>2.</b>	Children's Rights, Care Experience and Corporate Parenting Plan 2024 – 2027 Consultation
<b>Consultation:</b>	A two-month period of consultation led by representatives in the Participation and Equalities team was facilitated. The findings are presented in Appendix 2 and key themes influenced the commitments of the 2024-2027.	
<b>Resource Implications:</b>	<b>No.</b> The plan will be delivered through existing resources.	

## EXECUTIVE SUMMARY

The Children's Rights, Care Experience and Corporate Parenting Plan 2024-2027, provides assurance on how the organisation will

- meet its statutory Corporate Parenting duties and responsibilities
- promote, protect, and uphold Children's Rights
- ensure synergies between several policy areas (Keeping the Promise)
- demonstrate our commitment to improving outcomes for the care experience community.

The Corporate Parenting triennial report, covering the period 2021-2023, was approved by the Board in February 2024. This report noted that a high number of actions contained in the 2021-2023 plan have been embedded as part of work elsewhere (e.g. through Keeping the Promise workstreams), concluded or integrated into everyday business, roles and responsibilities.

The consultation on the 2024-2027 plan, identified seven themed areas for consideration. These, along with themes identified in the triennial report, were then developed into three broad commitments. Key themes of 2024-2027 plan include:

- a commitment to continue acknowledging Care Experience as a protected characteristic

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<ul style="list-style-type: none"> <li>• support for the continuation and further development of the highly successful and impactful volunteer programme</li> <li>• to promote an approach that reduces the use, and eliminates the misuse, of restraint and restrictive practice.</li> </ul>
<b>The Board is invited to:</b>
1. Discuss and agree the Children’s Rights, Care Experience and Corporate Parenting Plan 2024-2027.

<b>Links</b>	Corporate Plan Outcome (Number/s)	1, 2, 3 & 4	Risk Register (Yes/No)	No
<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"/> One is planned or is already in progress	<b>No</b> <input checked="" type="checkbox"/> Reason: A screening assessment determined a full assessment was not required.

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

<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.

## CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN 2024 - 2027

### 1.0 INTRODUCTION/BACKGROUND

Corporate parenting represents the principles and duties on which improvements can be made for care experienced young people. Corporate parenting refers to an organisation's actions to uphold the rights of care experienced young people, secure their wellbeing, and promote their physical, emotional, spiritual, social and educational development.

### 1.1 Our roles, responsibilities and duties around Children's Rights, Care Experience and as Corporate Parents

#### 1.1.1 Children's Rights

As a public body, we play a role to promote, uphold and fulfil children's rights and wellbeing across policy and practice for all children and young people, and in particular people where we have responsibility as a Corporate Parent.

Article 20 of the UNCRC highlights the importance of: *"If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion"*.

All children and young people have the same rights, which protect them and give them equal opportunities. All the rights are connected, and all are equally important. Fulfilling children's rights is also critical to our commitment to #KeepThePromise.

#### 1.1.2 Care Experience

The Children and Young People (Scotland) Act 2014 provide legal definitions for the terms 'looked-after' and 'care-leaver'. Throughout this plan we will use the term 'care experienced'. This language is more inclusive and preferred by many in the care experienced community. This term includes those looked after at home, or away from home in kinship, foster, residential or secure care.

As an organisation we have taken the decision to include those who are also adopted. This plan covers babies, infants, children and young people. We also acknowledge care experience as being lifelong.

#### 1.1.3 Corporate Parenting

The Care Inspectorate (Social Care and Social Work Improvement Scotland) is named as a corporate parent in part 9 of the Children and Young People (Scotland) Act, 2014. Corporate parenting responsibilities do not sit with one group or individual within our organisation. Each employee of the Care

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Inspectorate is a corporate parent. As such, we must all understand our statutory duties and be supported and enabled to fulfil them.

***“As corporate parenting is a corporate responsibility, an organisation’s most senior corporate management will be held responsible for ensuring that the duties set out in Part 9 are met. Moreover, senior corporate management will be held accountable for an organisation’s performance in respect to corporate parenting. Individuals involved in the governance of organisations (i.e. councillors and independent Board members) have an important role in scrutinising the activity of senior management”<sup>1</sup>***

As corporate parents, we are expected to carry out many of the roles any parent should. Section 60 of the Children and Young People (Scotland) Act, 2014 sets out our duty to collaborate with other corporate parents, to best meet our collective responsibilities to promote the wellbeing of our children and young people and to help keep them safe from harm. This may include funding activities jointly, sharing responsibilities to support our children and young people, providing opportunities for education and employment, and providing advice and assistance.

In recognition of our corporate values and our duties, responsibilities and commitments as corporate parents, we refer to care experienced children and young people as “our children and young people”.

## **1.2 Children’s Rights, Care Experience and Corporate Parenting**

- 1.2.1** Previously the Care Inspectorate agreed to merge the groups for Children’s Rights and Corporate Parenting. This strengthened the synergies between Children’s Rights, Keeping the Promise, Corporate Parenting and our equalities and diversity work.

## **2.0 THE 2024-2027 PLAN**

This plan covers the calendar years 2024 to 2027. There is an internal Improvement Plan with measurable actions, timescales and lead teams/individuals assigned to take forward the work. The Chair of the Children’s Rights and Corporate Parenting group will oversee the delivery of this plan.

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

### **3.1 Resources**

The 2024 – 2027 will be delivered within existing resources

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<sup>1</sup> [\(s.44 Children and Young People \(Scotland\) Act 2014: Statutory Guidance on part 9, Corporate Parenting\).](#)



### 3.2 Sustainability

Embedding Children's Rights and Corporate Parenting responsibilities across the organisation, will continue to be a key priority of the 2024-2027 plan. This ensures longer term support towards meeting our statutory responsibilities.

### 3.3 Policy

This plan should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate over the period covered and planned. Major drivers will include ongoing development of the National Care Service, human and specifically children's rights promotion, early learning and childcare expansion, education inspection and improvement reform.

Organisational strategy includes the:

- Corporate Plan (2022 – 2025) and
- Equalities Diversity and Inclusion strategy (2021 – 2025)

There are several areas of legislation, statutory and policy, which have informed our corporate parenting plan and report, including.

[Children and Young People \(Scotland\) Act, 2014](#)

[Children and Young People \(Scotland\) Act 2014: Statutory Guidance on part 9, Corporate Parenting\).](#)

[United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#)

[The Promise](#)

[Getting it Right for Every Child \(GIRFEC\)](#)

Due diligence will continue to be given to developing areas of policy, guidance, and legislation throughout the life of this 2024-2027 plan.

Of note:

- Ongoing work of The Promise, including a potential Promise Bill in the Scottish Parliament, dedicated Cabinet sub-committee, and future consultation on legislating for a "universal and inclusive" definition of 'care experienced'.
- Children (Care and Justice) (Scotland) Bill progressing through the Scottish Parliament.

### 3.4 How will this directly benefit those who experience care?

The commitments in the plan 2024-27 will play an important role in supporting and improving outcomes for the care experienced community.

**3.5 Customers (Internal/External)**

The 2024-2027 plan demonstrates a whole systems approach to our children's rights and corporate parenting responsibilities. We will work collaboratively, with national stakeholders to learn and reflect during the lifespan of this plan. This includes regular contact and collaboration with organisations such as the Scottish Social Services Council, Disclosure Scotland and Who Cares Scotland.

**4.0 CONCLUSIONS/NEXT STEPS**

The Board is requested to discuss and agree the Children's Rights, Care Experience and Corporate Parenting Plan, 2024-2027.

# Children's Rights, Care Experience and Corporate Parenting Plan

**2024 -2027**

<sup>1</sup> [https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC\\_summary-1\\_1.pdf](https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf)

## What is Corporate Parenting?

A corporate parent is an organisation or person who has special responsibilities **to care experienced babies, infants, children, and young people**. The Care Inspectorate is a corporate parent. This means we should understand and respond to your needs as any parent should. We will do as much as we can to make sure you feel in control of your life and able to overcome any barriers you face. We must publish detailed corporate parenting plans and reports, collaborate with other corporate parents, follow direction, and provide relevant information to Scottish Ministers.

### Care experience.

The Children and Young People (Scotland) Act 2014 provides legal definitions for the terms 'looked-after' and 'care-leaver'. Throughout this plan we will use the term 'care experienced'. This is more inclusive language which many in the care experienced community prefer, as it speaks to the diverse range of experiences and the lifelong impact of care experience. This term includes those looked after at home, or away from home in kinship, foster, residential or secure care. We made the decision to include,

- those who are adopted.
- a lifelong recognition of care experience by removing the age 26 barrier for care experienced individuals being involved in opportunities with the organisation.

### Children's Rights.

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that covers all aspects of children's lives. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was passed by the Scottish Parliament in 2023 and will be law on 16<sup>th</sup> July 2024. This means that after the completion of all procedures, the UNCRC will become part of Scottish law.

<sup>1</sup> [https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC\\_summary-1\\_1.pdf](https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf)

As a public body, we play a role in supporting the Scottish Government to promote, uphold and fulfil children’s rights and wellbeing across policy and practice for all children and young people, and in particular people where we have responsibility as a Corporate Parent.

Article 20 of the UNCRC highlights the importance of: *“If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child’s culture, language and religion”*<sup>1</sup>.

## The Plan 2024 - 2027

This high-level plan will cover the period April 2024 to December 2027. It details our commitments and recognises that all staff at the Care Inspectorate are Corporate Parents. The priority actions and commitments in this plan, were consulted on with our young volunteers with care experience, children’s rights and care experienced group, national organisations and with care experienced adults. They also come from the development areas, noted in the 2021 – 2023 Corporate Parenting triennial report.

To achieve everything set in this plan, we will.

- **Work in partnership**
- **Be trauma informed**
- **Be rights based**
- **Engage in meaningful participation**
- **Promote young people's right to continuing care and enduring relationships**

To help us achieve the commitments in the plan and meet our responsibilities, under section 58 of the act, are:

- alert to all matters that affect the wellbeing of our children and young people
- strong when challenging the disadvantages that our children and young people face
- leaders by driving improvements and working with other corporate parents to raise society’s expectations for our children and young people

<sup>1</sup> [https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC\\_summary-1\\_1.pdf](https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf)

- responsive in how we assess the needs of our children and young people, or any service or support provided
- active in providing our children and young people with real opportunities within our organisation, so that they grow and develop skills for the future.

<sup>1</sup> [https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC\\_summary-1\\_1.pdf](https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf)

**SMG MEETING [DATE]****Commitment 1: Children's Rights**

**Promote, uphold, and fulfil Children's Rights for all connected by our work, particularly those where we have Corporate Parenting responsibilities – We will**

Promote an approach that reduces the use, and eliminates the misuse, of restraint and restrictive practice

Improve the ways children and young people who are connected by our work, can offer / receive feedback and access independent advocacy

Use accessible and inclusive communication with all infants, children and young people

**Commitment 2: Participation**

**Strengthen our participation and equalities practice to support care experienced individuals – We will**

Work towards acknowledging Care Experience as a protected characteristic

Work closely with other Corporate Parents and participate in national groups to share good practice and learning

Use the Lundy model of participation to inform how we meaningfully involve individuals

**Commitment 3: Development**

**Provide flexible and supportive development, volunteering, and employment opportunities for care experienced individuals – We will**

Deliver a volunteer development scheme

Provide accessible, supportive, and tailored development opportunities

## Appendix 2

### Consultation –

## Children’s Rights, Care Experience and Corporate Parenting 2024 - 2027

### Introduction

This report summarises focus group findings conducted as part of a corporate parenting consultation. Findings are based on focus groups that were conducted by the Participation and Equalities Team on Microsoft Teams in February 2024. Focus groups explored people’s views on the family firm approach with the Care Inspectorate and hearing the voices of care experienced children and young people.

### Background

The Care Inspectorate are committed to corporate parenting, and our 2021-2023 plan supported us to develop our culture, practice, and structures in relation to how we support care experienced young people who are involved in our work. In 2023-24, we have reviewed our current plan and decided to simplify it, building on our current successes, and further strengthening our approach to corporate parenting.

To ensure that we are not working in isolation, we wanted to:

- verify our thinking with people who understand our role
- show that we have an awareness of the needs of care experienced young people, with organisations who are strong advocates for corporate parenting.

We are very clear that this was not an attempt to co-design or co-produce our plan, but a genuine opportunity to hear what matters to young people who are care experienced. We are extremely grateful for the honesty and invaluable input from the care experienced staff group, the Young Inspection Volunteers, Who Cares? Scotland and Move On. They supported us to affirm our thinking and identify themes, which will be reflected in 2024-2026 corporate parenting plan.

### Our approach (methodology)

We were very aware of the pressures in the health and social care sector, and hearing in other settings that there is consultation burnout. We wanted to take a realistic approach, building on what has already been achieved, what could be strengthened and how this could be developed into commitments for the 2024-2026 corporate parenting plan.

We spoke with:

- Three staff from our internal care experienced staff network
- Two representatives from Who Cares? Scotland
- One staff member from Move On
- Young inspection volunteers.

1) **Questions asked around:** Listening to the voice of care experienced people



## 2) The Family Firm approach.

We held discussions around the following questions regarding both priorities:

- 1) What actions should we put in place to make sure we do this well?
- 2) How will we know we have got there?

This allows us to build on earlier feedback received from our corporate parenting group which identified these areas as the two main priorities for our next plan.

And finally, we asked our groups to consider:

From your own experiences, what are the conditions needed for success? This will ensure we understand what is required to help us achieve what is required and remove known barriers that may negatively impact on achieving our goals.

## Results

Qualitative data analysis revealed **seven** overarching themes across the three focus groups. Themes address both family firm approach working as corporate parents to provide the support needed for young care experienced young people to have positive destinations, as well as how we continue to demonstrate competence in hearing the voices of care experienced children and young people.

### **Theme 1: Communication that is accessible, inclusive and rights based**

Across two focus groups, participants reported that they feel that the Care Inspectorate could support better communication about their role. Participants discussed that when they are in touch with care experienced young people, they get feedback that the children and young people do not know what the Care Inspectorate's function is. One participant mentioned that translators were not available to support a person to express their views. It was identified that the environment had to be safe, private, and inclusive for children and young people (CYP) to be able to feel confident to communicate. One participant suggested that volunteers should be trained in British Sign Language (BSL). All groups reiterated that a person-centred approach was vital to ensure all communication needs are met for all CYP.

One focus group mentioned the role of advocacy in supporting CYP to express their views. There was a suggestion that we develop better relationships and promote what advocacy is. Reference was made to our role in corporate parenting to promote the interests of care experienced (CE) children and young people. It was also suggested that the Care Inspectorate could scrutinise how well care providers advise CYP on accessing transitional support, social work records, and care leavers statements.

There were discussions in two focus groups in relation to the positive work done by the Care Inspectorate in relation to child friendly animations and text to complain service and what to expect from the Care Inspectorate. Young Inspection Volunteers shared that they have observed inconsistencies in terms of providers sharing the films with CYP and noted the importance of properly preparing the CYP for inspection visits.

A prominent sub-theme was the need to include young people in feedback and making suggestions on how their support could be improved. Feedback was highlighted in two

focus groups, with it being emphasised that children and young people need to know what is happening after they have shared their views. There is a need to reach kinship carers this can be achieved through targeting communications to schools/ champ boards etc.

## **Theme 2: Rights based practice**

All discussions considered our role as a regulator in ensuring providers uphold the rights of CYP, noting the importance of good participation practices to ensure that CYP participate in meaningful ways. Key themes highlighted by participants included adhering to the Lundy model of participation. We need to remember that we are seen as an authority figure and need to check if CYP want us in their space, as we need to pay attention to the power balance and the environment we are in), we need to think about the language we use, and we need to ensure that CYP are fully involved in processes relating to their care. It was also acknowledged that care experience is life-long and therefore individuals must have opportunities to have their voices heard and acted on in meaningful ways throughout their care experience.

Participants discussed existing obstacles/ barriers for CYP making complaints to the Care Inspectorate (CI). It was noted that these included a lack of awareness of how to make a complaint, closed cultures and CYP not being aware of their rights. Additionally, highlighted by our young inspection volunteers, many CYP have little to no awareness of what the Care Inspectorate does. This is a barrier to full participation in terms CYP being able to exercise their rights. Some CYP might be worried about their phone/ device being checked and their right to privacy not being respected.

One group suggested that the CI should adopt the stance of considering care experience as a protected characteristic, in line with other partners. Another group highlighted a belief that for rights to be fully realised for care experienced CYP, the practice of using restraint must end.

## **Theme 3: Leadership at all levels who understand and promote unconditional positive regard**

Across two focus groups all highlighted the importance of leadership promoting positive approaches to supporting care experienced young people. This covered a wide range of leadership capabilities and ways of working such as understanding the experiences of children and young people through a trauma informed lens. It was also highlighting the importance of supporting teams working in pressured environments and creating inclusive working environments where staff understood the importance of why they do their job. An example given was that staff are often anxious during inspection process, and young people sense the tension.

Highlighted by two groups was the importance of leadership in challenging stigmas and transforming the narrative around care experience.

A subtheme was recruitment of staff with the right values, skills, and knowledge.

## **Theme 4: Trauma informed practice**

All discussions highlighted working in a trauma informed way was a crucial aspect of good practice. Key components identified in the discussion relating to trauma informed practice included ensuring CYP have safe spaces to meet staff who they

have built trusting relationships with, and how vital it is to meet CYP in their spaces wherever possible. Our young inspection volunteers also noted staff must be empathic and be available during inspection to comfort CYP when needed. It was acknowledged in all discussions that staff in services need to be better equipped and trauma informed to be able to understand and provide comfort.

Every participant agreed that we should be open in our approach and really listen to the matters close to the hearts and minds of CYP, considering cultures, care settings and the health and wellbeing opportunities provided.

A subtheme of ensuring equality of opportunity and not 'othering' was prevalent in all discussions.

### **Theme 5: Development opportunities**

Every group discussion identified the importance of offering flexible pathways to employment for care experienced people widely promoted in the right places. Additionally, participants expressed feeling employers often don't understand or value the 'distance travelled' by care experienced people. In other words, it was crucial to acknowledge a care experienced young person may not have qualifications, however they may have many other skills and exceptional strengths as a result of their experiences. It was also recognised that specific additional supports around preparing for interviews, childcare, and the application processes must be given consideration. It was also suggested that work experience/ short term work placements/ assignments be offered to care experienced people at a living wage. Everyone who participated agreed that the CI should offer modern apprenticeships. A subtheme of development opportunities was working with other relevant corporate parenting partners for example, SSSC, Skills Development Scotland, Local Authorities etc.

### **Theme 6: Skills development**

Our focus group with care experience colleagues identified the need to build skills around understanding the need to remove/ reduce stigma.

More work needs to be done to create a feeling of safety and control over for example, who has knowledge about their identity. One suggestion was training, another was a practical suggestion around a hide button on Care Inspectorate internal engagement channels so people can quickly shut down the screen, so others do not see when they are accessing resources related to this topic.

Skills development is also required to understand that the care experienced community is not homogenous- sometimes we focus on residential care, and forget about kinship carers, foster carers, and specific targeted provisions of care.

### **Theme 7: Partnerships**

Participants commented on the importance of collaborating with other corporate parents to achieve better outcomes and opportunities for care experienced young people. It was suggested that the CI could link with SSSC regarding their roles in supporting registrants to develop skills in the care experienced workforce.

Groups additionally identified that a collaborative and relational approach was fundamental in hearing the voices and that partnership working was a vital foundation, having the potential to lead to improved communication and increased levels of opportunity, trust and understanding.



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

**EXECUTIVE SUMMARY**

This report sets out HR activity undertaken in quarter 1 of 2024-25 and provides details of key HR metrics and workforce data..

The HR team continues to develop even though we have had to deal with changing personnel and structures and we are now embedding professional HR processes and practices.

We are now working more effectively on casework and have a robust and consistent approach to managing absence and employee relations cases. Long term absence is higher in this quarter compared to the same period in 2023 but we have found that managers are engaging with HR more proactively in supporting staff with absences and we are able to manage these more effectively than previously.

There have been some positive developments made in recruitment – such as success in utilising the Inspector talent pool initiative to fill vacancies and our added value work on being an Inclusive Recruiter and our pledge to the Young Person’s Guarantee.

The new structure enables HR leadership to focus on the Care Inspectorate more fully. This will support the HR team to continue to mature in their roles and build on the good work highlighted.

**The Board is invited to:**

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

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

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<b>Equality Impact Assessment</b>		
<b>Yes</b> <input type="checkbox"/>	<del><b>Not Yet</b></del> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>  Reason: Not required as presentation of information only

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

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

Not applicable – this is a public Board report.

**Disclosure after:**

N/A

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

## HR QUARTERLY BOARD REPORT

### 1.0 INTRODUCTION / BACKGROUND

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 1, April to June 2024.

We presented our annual report to the Board in August 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.

In addition this report includes:

- a summary of people management policies currently under review
- details of any employee relations appeals during the previous quarter

### 2.0 PROGRESS MADE APRIL TO JUNE 2024

The new HR structure was established as of 1 April 2024 and, as of this date, Business Partnering was removed from the shared services structure and Payroll moved to the Finance function. The Head of HR role which was previously servicing both the Care Inspectorate and the Scottish Social Services Council (SSSC) moved to the Care Inspectorate only, other than being responsible for providing a recruitment service to the SSSC under shared service arrangements.

The HR team and recruitment teams therefore spent some of this quarter working on implementing this new structure and the process changes required to support this.

### 3.0 WORKFORCE DATA

The data in this Q1 report is based on the interim directorate structure and so the numbers of employees shown in the directorates will be different from previous reports. For example it reflects the move of Organisational and Workforce Development (OWD) from Strategy and Improvement to Corporate and Customer Services and the relocation of some inspection services from Scrutiny and Assurance to Strategy and Improvement.

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HR work with OWD to produce robust workforce data to allow us to plan and future proof for employees' retirement. We are now using an established 'talent pool' for inspectors which has allowed us to over recruit to vacancies as evidenced in section on Recruitment.

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 have written menopause guidance and have engaged employee representatives in a working group on this. Our commitment to the Young Persons Guarantee Scheme and pledge to recruit Modern Apprentices is in response to the low numbers of employees we have in the under 25 age category.

### 3.1 Sickiness Absence

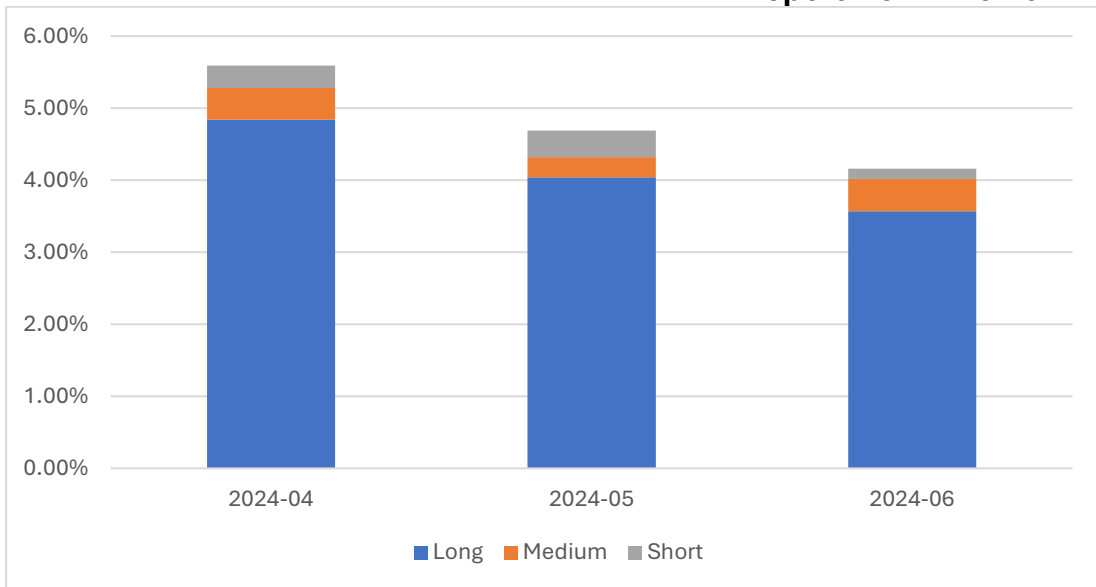
The following table and graph show the relative impact of short, medium and long term absence on working time. As evidenced, most lost working time was due to long term absence.

Month	Long	Medium	Short	Total
April 2024	4.84%	0.44%	0.31%	5.59%
May 2024	4.04%	0.28%	0.37%	4.69%
June 2024	3.57%	0.45%	0.14%	4.17%

#### Comparative Data from Q1 2023

Month	Long	Medium	Short	Total
April 2023	2.60%	0.46%	0.34%	3.40%
May 2023	3.05%	0.51%	0.31%	3.87%
June 2023	2.56%	0.22%	0.22%	3.00%





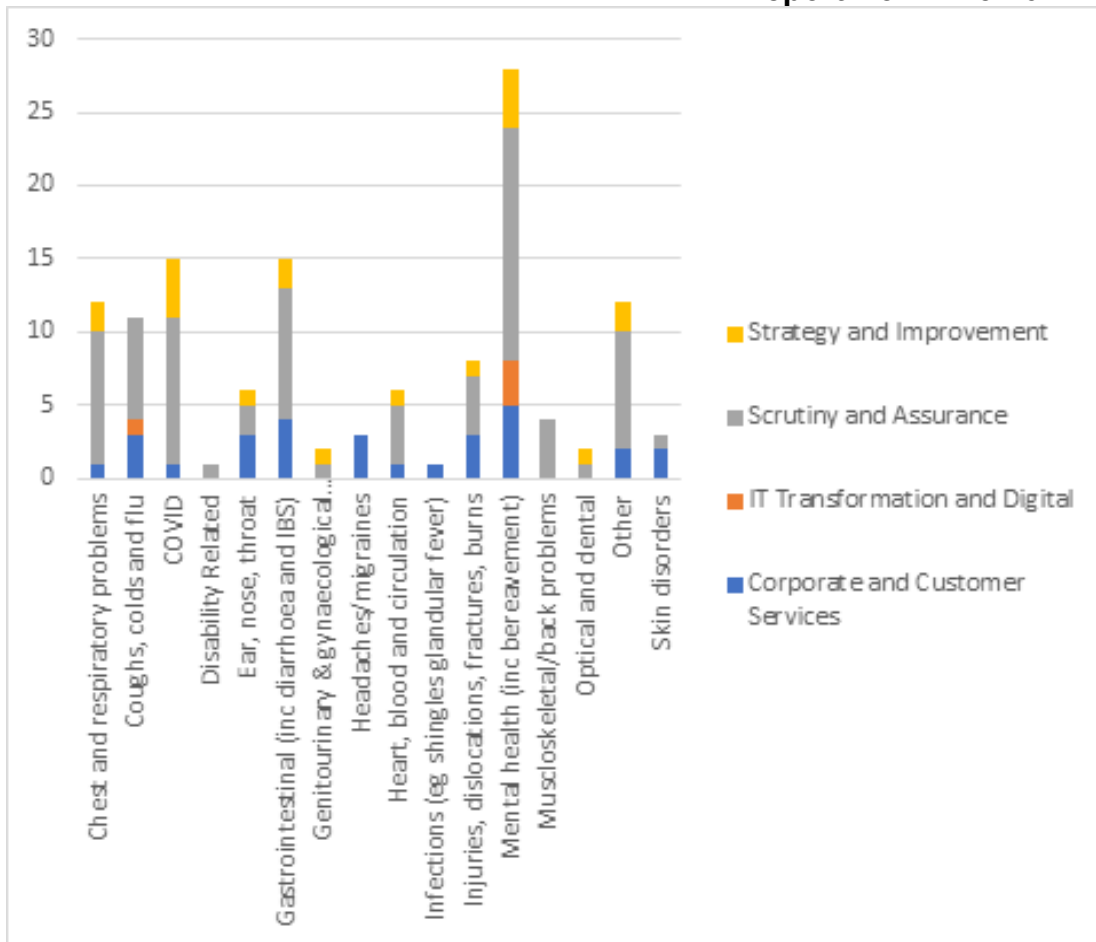
The median figure for the public sector in 2022 (data as at May 2023) was 3.8% with the range between 2.6% to 5.2% (this is the latest data available and we will update this when able). Our absence rate is higher than the median for this quarter at an average of 4.82%. The rates for Quarter 1 averaged a peak of 5.59% in April.

The comparative data shows an increase in long term (and short and medium term for some periods) absence in 2024 compared to the same period in Q1 2023. It is difficult to note any specific reason for this, but one element may be closer attention from HR to absence which means better recording and monitoring of absence where previously this was not always attended to.

The following chart outlines the reasons given for absence. The largest is the 'mental health' category with 23 employees. This covers many reasons for absence from employees experiencing stress to diagnosed mental health conditions – some are also connected to employee relations cases and performance management situations.

HR have been supporting managers with these cases and are using occupational health referrals and recommending the Employee Assistance Programme as appropriate. We are also carrying out training sessions with managers on managing absence.

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 April to June 2024 is 8.68%. The public sector median figure for Jan-Dec 2022 was 16.2%, with resignations at 12.7%. The following table shows turnover over the last 12 month period – the highest month was July 2023 and the lowest June 2024:

Jul 2023	10.67%
Aug 2023	10.22%
Sep 2023	9.92%
Oct 2023	9.92%
Nov 2023	9.44%
Dec 2023	9.59%
Jan 2024	9.27%
Feb 2024	8.49%
Mar 2024	9.12%
Apr 2024	9.52%
May 2024	8.67%
June 2024	7.86%

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A breakdown of turnover by Directorate and by reason for leaving are shown in the following tables. 70% of staff leavers were due to voluntary resignations and 30% due to retirement There were no leavers during this quarter in IT Transformation and Digital.

The average age of leavers over the last quarter was 56, decreasing to 51 for employees who resigned and increasing to 66 for those who retired.

The figures for Scrutiny and Assurance are 25% for voluntary resignations and 75% for retirement, indicative of the age profile in the Directorate as summarised in Appendix 1.

<b>Directorate</b>	<b>Other</b>	<b>Resignation</b>	<b>Retirement</b>	<b>Total</b>
Corporate & Customer Services	0	1	0	1
Scrutiny & Assurance	0	1	3	4
Strategy & Improvement	0	5	0	5
<b>Total</b>	<b>0</b>	<b>7</b>	<b>3</b>	<b>10</b>

<b>Directorate</b>	<b>Other</b>	<b>Resignation</b>	<b>Retirement</b>	<b>Total</b>
Corporate & Customer Services	0%	10%	0%	10%
Scrutiny & Assurance	0%	10%	30%	40%
Strategy & Improvement	0%	50%	0%	50%

We are working on making sure that we have high completion rates for exit interviews in order to identify reasons for leaving and will highlight any themes in our annual report.

#### **4.0 RECRUITMENT ACTIVITY**

Due to being unable to backfill maternity leave in the team due to the recruitment freeze, Q1 recruitment was challenging. This was then compounded by the lifting of the freeze and dealing with the subsequent backlog of recruitment.

Despite these challenges, the team managed the following Care Inspectorate recruitment activity between April 2024 and June 2024:

##### **Campaigns**

14 recruitment campaigns (4 up on the same period last year) of which 7 were internal only.

There were 7 campaigns for temporary posts and 7 campaigns for permanent posts:

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Scrutiny and Assurance	4
Corporate and Customer Services	3
Strategy and Improvement	6
ICT and Digital Transformation	1
Executive Team	0

In addition, we are currently moving to the pre-employment stage of an external volume campaign for inspectors in Adults and ELC.

**Vacancies**

We have filled 11 vacancies in total. 2 vacancies were filled by a new employee and 9 were filled by internal appointments.

Directorate	External	Internal	Total
Scrutiny and Assurance	0	5	5
Corporate and Customer Services	1	0	1
Strategy and Improvement	1	5	5
ICT and Digital Transformation	0	0	0
Executive Team	0	0	0

The vacancy fill rate during this period was 78.5% - this can be attributed to 2 campaigns being pulled: one where the leaver being backfilled chose to go back to their substantive post and so recruitment was no longer needed and a change in the requirement for an Information Analyst role.

One campaign did not progress with any applicants, and another external candidate did not accept the offer.

The average number of days to process a campaign in Q1 was 36 calendar days (from the vacancy going live to the employee's first day not including volume campaigns) - this is particularly low because we've had so many internal only campaigns. As reported in the annual report 2023-24, the average number of days to process a campaign was 74 calendar days throughout the previous year.

In this quarter we have processed 648 applications in total of which 544 were Inspectors. The average number of applications per campaign, without Inspector applications is 7.4 due to the large number of internal campaigns. For the same quarter in 2023 we processed 418 applications in total of which 376 were Inspectors. The average number of applications per campaign, without Inspector applications was 4 – again, this can be put down to the large number of internal campaigns.

In this period up to 30 June 2024, 1 new agency worker was recruited.

#### 4.1 Inspector Recruitment

We have recently concluded the interviews for our annual inspector campaign, yielding 11 appointable ELC candidates. Among them, two are situated in Argyll and Bute and Aberdeenshire, regions typically challenging to attract candidates from. For Adults, there were 16 appointable candidates. All will join the organisation on 23 September 2024, while the remaining successful candidates will be added to our talent pool for future vacancy backfill.

We think we will only require one campaign this year – as noted above we have immediately appointable candidates for both Adults and ELC and we hope to have 14 candidates for the talent pool (six for adults and eight for ELC) which should cover recruitment until Spring 2025. CYP elected not to recruit but will potentially review some applications and do some assessments before the end of the year so that they have some talent in the pool also.

Currently, we have two preferred candidates (1 CYP and 1 Adult) in our talent pool. Seven ELC talent pool candidates have recently been used to backfill vacancies, all are starting in August 2024

This recruitment has been to budget (core) as opposed to projects which are funded.

#### 4.2 Value Added Recruitment

We have begun implementing the SCQF Inclusive Recruiter approach, which allows us to recognise, describe, and compare the difficulty and estimated time required to achieve various qualifications and learning programmes. Alongside mainstream qualifications, the SCQF encompasses vocational and skills-based credentials, as well as workplace or community-based learning programmes. We will revise our person specifications when collaborating with recruiting managers on their campaigns, aiming to encourage more inclusive recruitment practices and recognise comparable skills and experience where feasible. [SCQF Inclusive Recruiter | Scottish Credit and Qualifications Framework](#)

We have renewed our pledge to the Young Person's Guarantee which is crucial for the following reasons:

1. Preparing Young People for the World of Work:
2. Investing in a Skilled Workforce:
3. Creating an Inclusive and Fair Workplace:
4. Championing the Young Person's Guarantee

Our pledge matters, it is more than just creating opportunities - it is about supporting meaningful, sustainable jobs. Any directorate/team can get

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involved – such as mentoring, offering work placements and promoting fair working practices. Our commitment contributes to a brighter future for young individuals entering the world of work! [Home | Young Persons guarantee](#)

## 5.0 POLICY REVIEW

The following policies were presented at the Policy Review Working Group in June:

- Discipline Policy
- Code of Conduct
- Care Inspectorate Leave
- Transgender Policy
- Equal Pay Statement

These have since been shared with Partnership Forum staff side and, once feedback is received, will be progressed to Strategic Management Group and Partnership Forum (PF) for approval. The following policies were shared and discussed with the Group and have also been shared with PF (staff side):

The following policies have been discussed at the Policy Review Group for initial comments prior to a full review now being completed and to also incorporate benchmarking data:

- Business Travel and Subsistence
- Flexible Working (changes have been made to the policy following recent legislative changes and updated version communicated)
- Flexi Time Guidance

## 6.0 EMPLOYEE RELATIONS APPEALS

No employee relations appeals have been received or heard over 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, as outlined there has been pressure on recruitment and retention across the social care sector during the period covered by this report and we expect that to be

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ongoing throughout the coming year. This will have an impact on the HR team in terms of recruitment and workforce planning support.

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

**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.

**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. As noted in the main report, the data in this Appendix is based on the interim directorate structure and so the numbers of employees shown in the directorates will be different from previous reports.

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

**Headcount and FTE**

<b>Directorate</b>	<b>Headcount</b>	<b>FTE</b>
<b>Corporate and Customer Services</b>	<b>142</b>	<b>132.37</b>
<b>Executive Team</b>	<b>5</b>	<b>5.00</b>
<b>IT Transformation and Digital</b>	<b>55</b>	<b>54.06</b>
<b>Scrutiny and Assurance</b>	<b>180</b>	<b>168.49</b>
<b>Strategy and Improvement</b>	<b>253</b>	<b>242.49</b>
<b>Grand Total</b>	<b>635</b>	<b>602.40</b>
<b>Budgeted FTE</b>		<b>654.63</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 was one agency worker.

**Breakdown by sex**

<b>Directorate</b>	<b>Female</b>	<b>Male</b>
Corporate and Customer Services	128	14
Executive Team	3	2
IT Transformation and Digital	31	24
Scrutiny and Assurance	153	27
Strategy and Improvement	205	48
<b>Total</b>	<b>520</b>	<b>115</b>
<b>% of workforce</b>	<b>82.12</b>	<b>17.88</b>



**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 our hybrid working arrangements which makes our offer more attractive to prospective employees.

<b>Office Location</b>	<b>Headcount</b>	<b>%</b>
<b>Aberdeen</b>	47	7.40
<b>Dumfries</b>	10	1.57
<b>Dundee</b>	167	26.30
<b>Edinburgh</b>	97	15.27
<b>Hamilton</b>	67	10.55
<b>Inverness</b>	28	4.41
<b>Oban</b>	3	0.47
<b>Paisley</b>	144	22.70
<b>Selkirk</b>	16	2.52
<b>Stirling</b>	53	8.34
<b>Stornoway</b>	3	0.47

**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	<5	21	24	33	54	7
Exec Team	Fewer than 5 in each category so not listed for data protection					
IT Transformation and Digital	<5	8	14	17	14	<5
Scrutiny and Assurance	<5	<5	45	57	69	5
Strategy and Improvement	<5	9	44	93	94	13
<b>Total</b>	<b>&lt;5</b>	<b>42</b>	<b>127</b>	<b>200</b>	<b>231</b>	<b>27</b>
<b>% of workforce</b>	<b>&lt;5</b>	<b>7.25</b>	<b>20</b>	<b>31.49</b>	<b>36.37</b>	<b>4.21</b>

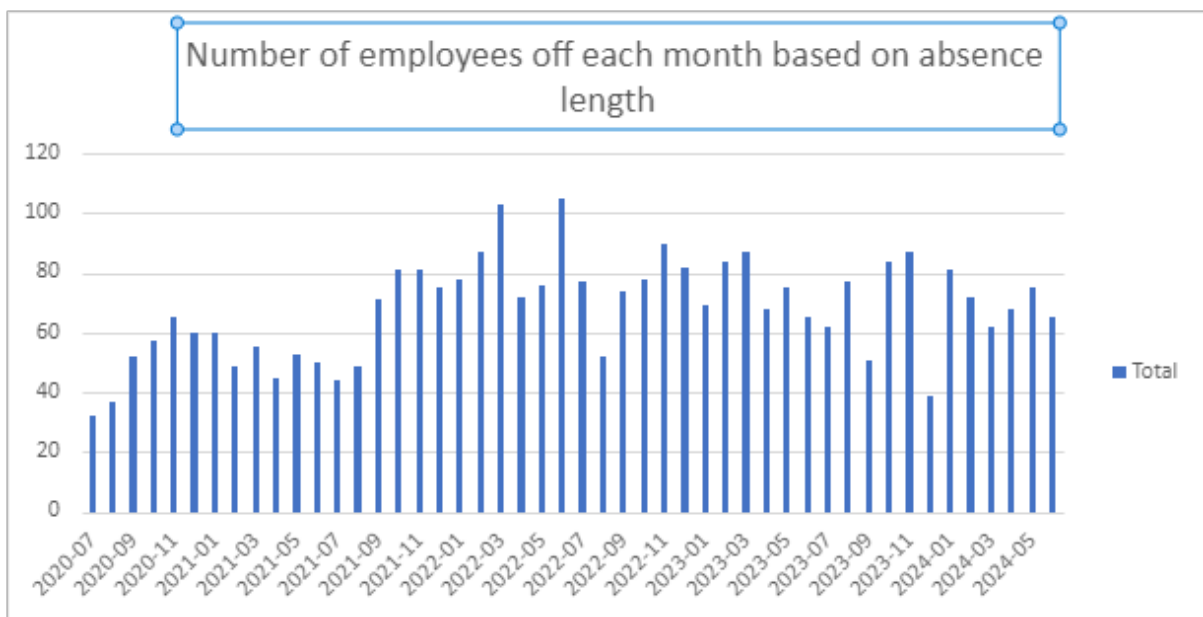
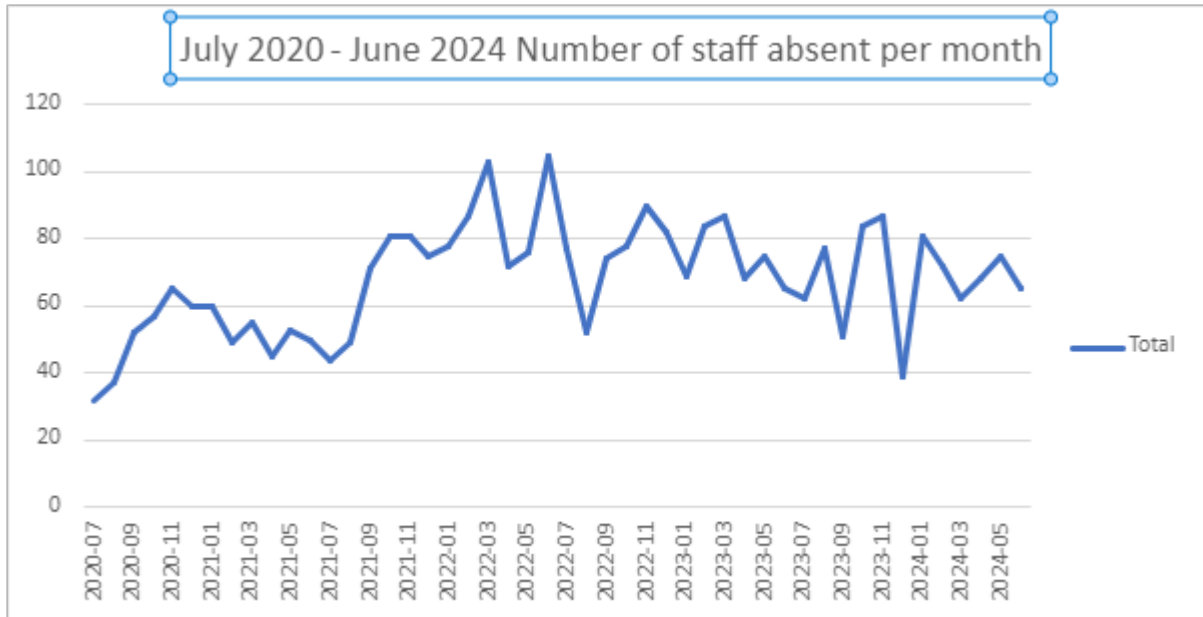
The following table shows the age profile of the organisation on 31 December each year (as at 1 April for 2024).

The most significant increase is in the 35 to 44 age range.

Age Range	2019	2020	2021	2022	2023	2024
<b>Under 25</b>	8	6	5	6	<5	<5
<b>25 to 34</b>	41	38	44	40	39	42
<b>35 to 44</b>	92	96	113	127	124	127
<b>45 to 54</b>	227	202	206	209	203	200
<b>55 to 64</b>	222	228	230	244	243	231
<b>65+</b>	30	33	29	26	22	27

### Sickness Trends

The following charts show sickness and trends from July 2020 to June 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>REVISED BOARD AND COMMITTEE SCHEDULE 2024/25</b>
<b>Author:</b>	Fiona McKeand, Executive, Committee and Corporate Support Manager
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1. Current Schedule of Board, Committee and Board Development Event meetings 2024/25 – updated to include new Finance and Resources Committee meetings
<b>Consultation:</b>	Colleagues in HR and Finance teams
<b>Resource Implications:</b>	To be confirmed.

<b>EXECUTIVE SUMMARY</b>	
<p>In May 2024, the Board formally requested the establishment of a new Committee, to be called the Finance and Resources Committee, and a Board Development Event was held on 8 July 2024, attended by those Board members who it is anticipated will form the membership of the new Committee, and senior officers. As part of the discussions at that meeting, the reporting requirements of the new Committee were confirmed. The outcome is that quarterly reports covering budget monitoring, staffing and HR updates will first be received by the Committee, which will therefore require to meet before and thereafter report to Board.</p> <p>The current schedule of Board and Committee meetings has been revised by adding in proposed dates for the Finance and Resources Committee to meet prior to the remaining two Board meetings in 2024/25.</p>	
<b>The Board is invited to:</b>	
1.	To approve the meeting dates of the new Finance and Resources Committee for the remainder of the 2024/25 cycle.

<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> <b>X</b>

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: No change to any policy, therefore not required.

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> <b>Reason below:</b> No data considerations and 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> 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.

**REVISED BOARD AND COMMITTEE SCHEDULE 2024/25****1.0 INTRODUCTION**

Subject to the Board's approval of the establishment of a Finance and Resources Committee, two meeting dates have been added to the current cycle. These have been planned to allow for quarterly reports to be presented to the Strategic Management Group meetings in October 2024 and January 2025, and to enable the Committee to meet as soon as possible thereafter, for onward reporting to Board in November 2024 and February 2025. Appendix 1 is the current 2024/25 Schedule, which has been updated to include the new Finance and Resources Committee, being subject to Board approval.

It should be noted that the proposed date of 30 January 2025 comes with the caveat that the provision of a full set of financial information is unlikely due to the Christmas and New Year break, but HR reporting will be available.

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

To be confirmed.

**5.2 Sustainability**

There are no direct sustainability implications arising from this report.

**5.3 Policy**

There are no direct policy implications for these proposals.

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

The meetings cycle has been set around the Care Inspectorate's operational and strategic reporting framework, providing the Board and its Committees with regular, up to date information on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan. The detailed scrutiny of this information by the Board will demonstrate to people who experience care that the organisation is committed to fulfilling its mission to provide public assurance about the quality of social care, social work and early learning services.

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

There are no direct implications on internal or external customers.

**BOARD MEETING 15 AUGUST 2024****Agenda item 17**  
**Report No: B-26-2024/25****6.0 NEXT STEPS**

The Board is invited to approve the revised meetings schedule for 2024/25, following which dates will be added to calendars and reporting timelines communicated to relevant colleagues.

Further work on the preparation of the 2025/26 Schedule of Board and Committee meetings is currently underway, including discussions with the external auditors around reporting timeframes. A proposed schedule will be prepared in advance of the autumn Board meeting.

**CARE INSPECTORATE BOARD, AUDIT AND RISK COMMITTEE and BOARD DEVELOPMENT EVENT  
MEETING DATES 2024/25**

MEETINGS	DATE (Thursdays)	COMMENTS	Aligned to SMG Meeting (admin only)
<b>QUARTER 1</b>			
<b>Joint CI/HIS BDE</b>	<b>21 April 2024</b>	<b>Full day</b>	<b>Extra meeting</b>
<b>Public Board</b>	9 May 2024 (10.30 am)	For reporting of Q4 2023/24	10 April 2024
<b>Board Development Event</b>	9 May 2024 (1.30 pm-3.30 pm)	Half-day session	
<b>Audit and Risk Committee</b>	30 May 2024 (10.30 am)	Reporting to <b>August</b> Board	
<b>QUARTER 2</b>			
<b>Board Development Event</b>	<b>20 June 2024 (10.30 am-3.30 pm)</b>	Full-day session	
<b>Public Board</b>	15 August 2024 (10.30 am)	For reporting of Q1 2024/25	31 July 2024
<b>Audit and Risk Committee *</b>	15 August 2024 (1.30 pm)	* Annual Report & Accounts only - Open to all Board members	
<b>Audit and Risk Committee</b>	3 October 2024 (10.30am)	Reporting to <b>November</b> Board	
<b>QUARTER 3</b>			
<b>Board Development Event</b>	30 October 2024 (10.30am-3.30pm)	Full-day, including Board Governance/Self-Evaluation	
<b>Finance and Resources Committee</b>	<b>31 Oct 2024 (10.30 am)</b>	Reporting to <b>14 November</b> Board (Q2 reports)	23 October 2024
<b>Public Board</b>	14 November 2024 (10.30 am)	For reporting of Q2 2024/25	23 October 2024
<b>Board Development Event</b>	14 November 2024 (1.30 pm-3.30 pm)	Half-day session	N/A
<b>Audit and Risk Committee</b>	19 December 2024 (10.30 am)	Reporting to <b>February</b> Board	



<b>QUARTER 4</b>			
<b>Board Development Event</b>	23 January 2025 (10.30 am-3.30 pm)	Full-day session	N/A
<b>Finance and Resources Committee</b>	30 January 2025 (10.30 am)	Reporting to <b>13 February Board</b> (Q3 reports)	15 Jan 2024
<b>Public Board</b>	13 February 2025 (10.30 am)	For reporting of Q3	15 January 2024
<b>Audit and Risk Committee</b> (including self-evaluation)	13 March 2025 (10.30 am)	Reporting to <b>June Board</b>	
<b>Additional Board Meeting</b>			
<b>Public Board</b>	27 March 2025 (10.30 am)	Discuss and approve <b>Budget</b>	12 March 2024



# 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	✓				

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Corporate Plan 2025 Onwards	✓				
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	
Audit and Risk Committee Update to the Board	✓ (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>	✓				
Establishment of Finance and Resources Committee		✓			
Corporate Parenting Plan 2024-2027		✓			
Annual Procurement Performance Report			✓		
<b>Finance and Resources Committee Update to the Board</b>			✓	✓	
UNCRC and Care Experience Annual Report <i>(to Q4 meeting of each Board cycle. Triennial report due in Q4 2027.)</i>				✓	
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)	✓				

<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>
Board and Committee Cycle 2025/26: meeting dates		✓			
Approval of Pay Remit for submission to Scottish Government <b>(tbc)</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>				✓	
Model Of Operation – Update Of Approach, Progress And Next Steps		✓ (private meeting)			
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			✓		