care inspectorate

A Meeting of the Care Inspectorate Board is to take place at 10.30 am on Thursday 18 June 2020. In light of the guidance about minimising social contact issued by the Scottish Government in relation to Covid-19, the meeting will be held remotely by video-link. Arrangements are in place to enable members of the public to attend the meeting by this method and a public notice has been placed on the Care Inspectorate website.

	AGENDA
	PUBLIC SESSION
1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Minutes of Board meetings held on 26 March and 7 May 2020 (papers attached)
5.	Action Record of Board meetings held on 26 March and 7 May 2020 (paper attached)
6.	Matters Arising
7.	Chair's Report – Report No: B-16-2020
8.	Chief Executive's Report and Covid-19 Update – Report No: B-17-2020
	STRATEGY AND POLICY
9.	Strategic Risk Register – (papers attached)
	MONITORING AND GOVERNANCE
10.	Monitoring our Performance 2019/20 - Quarter 4 - Report No: B-18-2020
11.	Finance Update Report – Report No: B-19-2020
12.	Annual Review of Care Inspectorate Financial Regulations – Report No: B-20-2020
13.	Complaints Activity Annual Report 2019/20 – Report No: B-21-2020

Version: 5.0	Status: Final	Date: 08/06/2020

14.	Code of Corporate Governance – Report No: B-22-2020
15.	Minute of Audit and Risk Committee meeting held 21 May 2020 (papers attached)
16.	UN Convention on the Rights of the Child – Report No: B-23-2020
17.	CAPA 2 Programme Final Report – Report No: B-24-2020
	OPERATIONAL
18.	Digital Programme Update – Report No: B-25-2020
	STANDING ITEMS
19.	Identification of Risk
20.	Board Schedule of Business 2020/21 (paper attached)
21.	Any Other Competent Business
22.	Close of Public Meeting and Date of Next Meeting: 13 August 2020 at 1.30 pm – venue to be confirmed
	SHORT BREAK PRIOR TO BOARD DEVELOPMENT EVENT AT 1.00 PM

Board
Action Record - Rolling

Item No	Title	Action	Responsibility	Timescale	Status
Actions from 17 December 2019					
11.0	**DIGITAL UPDATE REPORT AND PRESENTATION – REPORT B-45-2019**	Consideration be given to a Board development session covering how to better to bridge the gap between board scrutiny and operations.	CE/Chair/EDCCS	Start of 2020/21 Board cycle	In development
Actions from 26 March 2020					
14.0	Digital Programme Update Report – Report No: B-08-2020	Two Board members to be appointed by Chair to Digital Oversight Group	Chair	Immediate	**Completed**
17.0	**Board Schedule of Business 2020/21**	• Add Special Board to be held on 7 May 2020 to cover Covid-19 Update • Staff capacity to support Board during Covid-19 period – Board business to focus on business critical decisions	ECSM Chair/CE	Immediate	**Completed**
Actions from Special Board Meeting on 7 May 2020					
There were no actions					

CE:	Chief Executive	EDCCS:	Executive Director of Corporate and Customer Services
EDSA:	Executive Director of Scrutiny and Assurance	iEDSI:	Interim Executive Director of Strategy and Improvement
HFCG:	Head of Finance and Corporate Governance	HOWD:	Head of Organisational Workforce Development
ECSM:	Executive and Committee Support Manager	HLS:	Head of Legal Services

BOARD MEETING 18 June 2020

Agenda item 7
Report Number: B-16-2020

care inspectorate

Title:	**Chair's Report**
Author:	Paul Edie, Chair
Appendices:	**None**
Consultation:	**N/A**
Resource Implications:	**None**

EXECUTIVE SUMMARY
This report provides an update on key developments and activities since the Chair's report provided to the Board on 26 March 2020.
The Board is invited to:
1.   Note the information contained in this report.

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

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

Reason for Confidentiality/Private Report: (*see Reasons for Exclusion)*
This is a public board report.

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

CHAIR'S REPORT

1.0   INTRODUCTION

This report sums up some of my activities since our last Board meeting on 26 March 2020.

2.0   CORONOVIRUS

The Covid-19 Pandemic has presented the Care Inspectorate with unprecedented challenges both due to the speed of the spread of the virus and also to the impact on our organisation's activities, on the wider care sector and on the people using those services, in particular residents in care homes for older people.

The speed at which the virus spread led, at very short notice, to the March lockdown and presented significant logistical problems to the organisation.

We have had to significantly change the way we seek assurance about the quality of services and inspect for this inspection year. Some of this has involved physical inspection visits from inspectors but other activities have involved using technology to carry out virtual visits and regular contact with care services to gather intelligence and support services as best as we can during this crisis.

Nothing about this moment in time is normal and I would pay tribute to our staff who have worked hard to try to support the wider care sector during this difficult time, with many doing so while themselves 'shielding'.

All that being said, the pandemic has led to a very large number of additional and early deaths particularly in care homes for older people. On behalf of the Care Inspectorate, I offer my deepest condolences to the families and friends of all of those who have passed away due to this terrible virus.

Covid-19 has dominated all of my professional activities since March. Virtually all the meetings I have had involved this issue.

3.0   DAME DR DENISE COIA

I was deeply saddened to hear the news of the death of Dame Dr Denise Coia.

Denise was the first Chair of Healthcare Improvement Scotland and sat on our Board from our foundation in 2011 until her retirement in 2018.

During her time as Chair of HIS she was instrumental in bringing what was a new organisation together and helping to drive improvement within the NHS. The Scottish Patient Safety Program is one of the many legacies that she leaves us with from her work at HIS.

On a personal note I found her to be a hugely supportive colleague and terrific company.

4.0 BERNADETTE MALONE

Today sees Bernadette Malone's last meeting as a member of our Board.

Bernadette joined us in an Advisory capacity three years ago before becoming a substantive Board member in June 2018 following her retirement from a distinguished career in Local Government.

Bernadette has brought a fresh eye and rigour to the Board and has served with distinction as Chair of Audit and also Vice Chair of the Board.

We wish Bernadette all the very best for her future.

5.0 GORDON WEIR

Another departure will see our Executive Director of Corporate and Customer Services Gordon Weir leave the Care Inspectorate for a new role at Abertay University in August.

Gordon has served as an Executive Director since the Care Inspectorate was formed and as Acting Chief Executive in 2018 for six months.

I am so grateful to Gordon for his service to the Care Inspectorate and for his wise counsel over the years and I wish him the very best for his exciting new role.

6.0 BRIEFINGS TO THE BOARD – 16 APRIL AND 27 MAY 2020

While much of the work surrounding our response to the pandemic has been operational and thus focused on our officers, we took the decision to hold regular briefings for the Board over Microsoft Teams to ensure that we were sighted on emerging issues.

This gave members an opportunity to ask questions and assure themselves that everything we could do to address this situation was being done.

7.0 WEEKLY MEETINGS WITH THE MINISTER SINCE 23 APRIL 2020

I have joined a number of non-territorial NHS Board Chairs including the Chair of SSSC in having a weekly meeting with Public Health Minister Joe Fitzpatrick to discuss our various responses to the Covid-19 pandemic.

These have proved to be useful to all concerned and the exchange of information very helpful.

8.0   MEETING WITH THE CABINET SECRETARY - 28 MAY 2020

Together with officers from the Care Inspectorate I met with the Cabinet Secretary for Health and Wellbeing on 28 May. We briefed Ms Freeman on issues surrounding care homes and some of the learning we have had from our inspection and intelligence gathering.

9.0   NHS CHAIRS MEETING WITH CABINET SECRETARY - 18 MAY 2020

The regular meeting with Chairs and Ministers took place virtually. Clearly our responses to the Covid-19 pandemic dominated our discussions.

10.0   SCOTTISH SOCIAL SERVICES COUNCIL DEVELOPMENT SESSION – 2 APRIL 2020

The SSSC Development Session included an update from their Chief Executive regarding the SSSC response to Covid-19 and discussion surrounding the Care Review for Children and Young People.

11.0   NURSING AND MIDWIFERY COUNCIL FOUR-COUNTRY ENGAGEMENT EVENT - 27 APRIL 2020

I was invited to take part in a four-country engagement session with the NMC. Discussion surrounded how different bodies were addressing the different challenges raised by Covid-19.

12.0   HEALTHCARE IMPROVEMENT SCOTLAND (HIS) EXTRAORDINARY BOARD MEETING - 29 APRIL and 27 MAY 2020

The meeting on 29 April involved an update on Covid-19 and detailed report on the Mobilisation Plan for HIS.

On 27 May, discussion involved a further update on Covid-19 and HIS response and also on the Operational Planning beyond Covid.

13.0   SPECIAL BOARD MEETING - 7 MAY 2020

We held a Special meeting of the Board primarily to discuss and ratify any decisions taken by our Chief Executive and Chair under designated powers related to the ongoing emergency situation but also to get an update on our response to the Pandemic.

BOARD MEETING 18 June 2020

Agenda item 7
Report Number: B-16-2020

14.0 SINC MEETING – 7 MAY, 20 MAY AND 3 JUNE 2020

Together with our Chief Executive and other officers I have been participating in regular discussions with other European social care regulators.

These discussions have proved invaluable in broadening our understanding of our various responses to the Covid Pandemic.

15.0 SSSC COUNCIL MEETING AND DEVELOPMENT EVENT - 14 MAY 2020

This meeting involved an update on Covid-19 but also more routine business and included discussion surrounding complaints performance and the Strategic Delivery Plan.

Title:	**CHIEF EXECUTIVE'S REPORT AND COVID-19 UPDATE**	
Author:	Peter Macleod, Chief Executive	
Appendices:	**1.**	Fortnightly report to the Scottish Parliament on Care Inspectorate inspections
Consultation:	Not applicable	
Resource Implications:	None	

EXECUTIVE SUMMARY
This report provides the Board with an update on key developments since the repurposing of the organisation during the Covid-19 pandemic.

The Board is invited to:	
1.	Note the information contained in this report

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

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

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

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

CHIEF EXECUTIVE'S COVID-19 UPDATE REPORT

1.0   INTRODUCTION

Since the last Board meeting in March 2020, there have been significant changes across the organisation including repurposing of teams to support the sector during the Covid-19 pandemic.

We continue to monitor developments in relation to the Covid-19 pandemic on an hourly and daily basis and are adhering to all official guidelines in terms of what these mean for the Care Inspectorate both internally and in relation to our work with the sector. GOLD Group meets twice daily to plan our response and make key decisions. The various management groups, including Silver Tactical Group, Intelligence Development Group and full SILVER Group meet regularly throughout the week to coordinate the required actions. We continue to liaise very closely with Scottish Government, linking into their contingency planning group and we are also linked with a national contingency planning group which includes Scottish Care, COSLA and CCPS.

We have had recent meetings with the Cabinet Secretary and are also liaising with the relevant public health protection authorities, including Directors of Public Health, Healthcare Improvement Scotland, NHS Inform and Health Protection Scotland.

1.1   Covid-19 Activity

Since the beginning of the Covid-19 pandemic, we have significantly increased our levels of contact with care services across Scotland.

We contact every care home directly in Scotland regularly and sometimes daily depending on individual circumstances. Up to 31 May 2020, our 300 inspectors had made 19,047 contacts with services, with 630 of these being virtual meetings.

As agreed with Scottish Government, we rapidly put systems in place requiring services to notify us of cases of Covid-19 and staffing levels affected by Covid-19. This means we are immediately alerted to issues and can provide scrutiny, guidance and support to services directly, along with directing resources to services from other agencies where needed.

Colleagues are working tirelessly to effect swift solutions for care homes and carry out scrutiny checks. We check that infection prevention and control measures are being followed, that there are adequate levels of PPE and that staffing levels are appropriate in services.

We have contacted all residential care providers for older people (over 800 services) to explain and introduce them to the 'Near Me' video consultation system. Care providers have found this support beneficial. We have also started to engage with residential services for children and young people. We have used

this system over 400 times as part of our oversight of older people's care homes, this includes making contact with services and/or individuals and observation that enables us to visually engage and examine services' environments, systems and practice.

1.2 Covid-19 Inspections

We are targeting inspections and taking robust action where the evidence deems it necessary. We are doing this in a strictly risk-assessed way and our inspectors are rigorously following infection prevention and control guidance before, during and after visits to keep care homes safe.

We have been working closely with directors of public health to jointly assess circumstances within every care home in Scotland. We come to joint decisions on targeting those care homes that need further intervention from a range of specialists including infection prevention and control experts, nursing, GP services and inspection. We are also working with other agencies to ensure the rapid and cohesive response that Scotland requires, and we must all deliver. Our approach to scrutiny, intervention and support is balanced against considerable public health risk and has been replicated across all other UK regulators.
At the time of writing, we had completed 24 inspections and 35 visits to services. The reason for there being a higher number of visits than inspections is because of follow-up visits after inspections. Also at the time of writing, we have 10 inspections planned.

All strategic inspection activity continues to be suspended to allow partnerships to focus on the day to day delivery of essential services experiencing increased needs and significant staffing challenges. Staff shortages through illness and self-isolation, school closures and restrictions of movement will have significant impacts on the delivery of health, care and social work services across all sectors. Chief social work officers are under increased pressure to ensure that the needs of the most vulnerable and disadvantaged in communities are met.

1.3 Complaints

We continue to encourage people to raise concerns and complaints with us so that we can take relevant action where needed. The triage team for assessing and handling complaints remains and follows the Scrutiny and Assurance Coronavirus (COVID 19) process for managing complaints.

There were 1,273 complaints received from 1 March 2020 to 31 May 2020; this is fewer than we received for the same period last year (1,280). However, this is against a backdrop of several service types being shut due to Covid-19. There has been a 34% increase in complaints for care homes for older people from 521 complaints between March and May 2019 to 697 complaints between March and May 2020.

The top five breakdown of complaint themes between March and May 2020 was:

Category of complaint	% share
Wellbeing	23.7%
Healthcare	22.3%
Staff	17.9%
Communication	12.0%
Choice	5.1%

1.4 Communication with the sector

We continue to regularly communicate with the sector regarding emerging guidance and information from ourselves and other official bodies including Scottish Government, Health Protection Scotland and NHS. We also publish a daily provider update newsletter which is issued direct to services and subscribers.

1.5 Emergency Coronavirus Legislation

The provisions affecting the Care Inspectorate following the new Coronavirus (Scotland)(No.2) Bill being laid before Parliament are:

- Health boards have been given power to direct care home providers to take steps to reduce the health risk of people at the care home for example, by requiring specified cleaning to take place. If the provider does not comply, the health board may take entry to the care home (with a warrant from the court if entry is refused) and take the necessary steps itself.
- Scottish Ministers can apply to court for an emergency intervention order in respect of a care home service. The order will authorise them to nominate an officer to enter the care home, direct the provision of the care home service and do anything necessary to ensure the service is provided to an appropriate standard. If essential to prevent a serious risk to the life or health of persons at the care home, Ministers can exercise this power provided they make the court application within the following 24 hours.
- A local authority or health body may acquire (by agreement), a provider of a care home service, care at home service, or any assets or liabilities of such a provider. This can happen if the provider is in serious financial difficulty, the local authority or health body is satisfied there is a threat to the life, health or wellbeing of service users, or the provider has recently ceased to provide the service.

- The Care Inspectorate must lay a report before Parliament every two weeks, setting out which care home services we inspected during those two weeks and the findings of those inspections. A copy of the first report is attached as Appendix 1.
- Care home providers must report daily to the Care Inspectorate on the number of deaths of residents from coronavirus, the number of deaths of residents suspected to be attributable to coronavirus, and the total number of deaths irrespective of whether they are attributable to coronavirus.
We must then report the information back to Scottish Ministers every seven days.
- Formal notices issued by the Care Inspectorate to providers can now be sent electronically. Notices are deemed to have been received on the day of transmission unless the contrary is shown.

1.6   Our Workforce and Staff Wellbeing

Regular updates have been issued to all staff to keep them informed on developments. These include regular live Microsoft Teams events, which include whole organisation events, specific team events and specific topic related events; and regular communications including update emails from myself. Guidance for staff continues to be regularly updated and uploaded to our intranet including the FAQ sheet for staff and a Q&A for managers.

Homeworking arrangements and contingency plans continue to be in place and exercised where required. All staff have been given the opportunity to request a mouse, keyboard, monitor and chair for use whilst working at home.

A Wellbeing page has been launched on our intranet to improve access to resources around self-care and resilience of colleagues. Online resources to support mental, emotional, and spiritual wellbeing have also been refreshed.

There has been successful staff engagement via Yammer, with a high level of staff participation and we continue to build on our webinars, communications and promotion of resources available and ensure these are aligned to the themes colleagues are telling us they need support with.

2.0   CARE INSPECTORATE ROUTE MAP TO RECOVERY

We are looking at our recovery 'new normal' phase planning and have created a small group to co-ordinate this. Future plans will build on the seven key principles developed by the group and approved by GOLD. The seven key principles are:

1. We will continue to support our staff to provide high-quality services, recognising staff may be facing increased work and personal challenges.

2. We will support the physical and mental health of our employees and this, supported by our values, will be at the heart of any decisions that we make

3. We will not force anyone to return to office-based work during this pandemic and we will support those who continue to work from home

4. We recognise there will need to be flexibility from both the Care Inspectorate and staff to accommodate different and improved ways of working

5. We will recognise and be flexible in our dealings with staff who have caring responsibilities or other challenges, recognising many staff are working 'above and beyond' and dealing with challenging working environments at home

6. We will focus on staff safety and will implement social distancing and other key safety measures - this may mean that offices will operate at much reduced capacity

7. We will strive to maintain good employment relations with staff and unions during this time of unprecedented change and uncertainty

It is vitally important that all colleagues feel involved in the direction we take moving forward, therefore the group will be making contact with colleagues across the organisation to hear views and ideas in developing our route map.

The Board will be kept updated on this as developments are made.

3.0   CARE INSPECTORATE AND SSSC SHARED SERVICES

Both myself and the Chief Executive of SSSC have continued to work with the Head of Finance and Corporate Governance in his role as Head of Shared Services. The planned date for implementation is 1st July. Staff surveys have been issued and development days have been held with the shared service staff group. Performance indicators have been created and further discussion between me, the Chief Executive of SSSC and the Chair of both organisations on next steps are planned for the coming weeks.

Fortnightly report to the Scottish Parliament on Care Inspectorate inspections

Laid before Parliament 10 June 2020

Introduction

In accordance with Paragraph 22 in Part 9 of Schedule 1 to the Coronavirus (Scotland) (No.2) Act 2020, which came into force on 27 May 2020, the Care Inspectorate must lay before Parliament a report every two weeks setting out:

(a) which care home services it inspected during those two weeks, and

(b) the findings of those inspections.

This is the first such report and it covers inspections we have completed since 27 May 2020.

To meet the duties imposed by the Act and to comply with associated guidance, the Care Inspectorate must focus and report on infection prevention and control, PPE and staffing. Consequently, the Care Inspectorate has amended its quality framework for care homes to support this process. This enables us to focus on these areas while also considering the impact on people's wellbeing. Such a framework supports openness and transparency and helps to ensure a fair and consistent approach, including in any evaluations we make.

To support inspections being undertaken in these circumstances, we have augmented inspection tools on wellbeing, infection prevention and control and staffing that have been agreed with Health Protection Scotland and Healthcare Improvement Scotland. Some of our inspections have been undertaken with inspectors from Healthcare Improvement Scotland and public health staff. We have taken account in all inspections of the scrutiny intelligence we have, including previous inspections, complaints made to us, notifications made by the services, and information shared with us by health and social care partnerships and directors of public health for the relevant area.

We have outlined our high-level findings following oral feedback to the provider. In due course, we will publish more detailed, individual inspection reports that will follow our normal publication protocols.

Whitehills care home – East Kilbride, South Lanarkshire

Whitehills care home is registered to provide care to 106 people. The provider is Thistle Health Care Limited.

We inspected the service along with public health staff on 27 May 2020.

We found staff to be knowledgeable in use of PPE and all staff had received COVID-19 training. The home had a good supply of PPE and this was available throughout the home for staff to access. The service had good infection prevention and control procedures in place and staff were assigned to work with either with those with COVID-19 or with those who were symptom free.

The environment was very clean with good practice in place by domestic staff. Inspectors and public health staff were impressed with the cleanliness in rooms.

We examined personal plans for people and found that people with COVID-19 had an acute care plan in place. We could see some evidence of families being updated on their relative's care. The home had in place methods such as Facetime to enable families to keep in touch, and staff supported this.

An area for improvement was identified around putting in place a protocol for people who do not meet their fluid intake aim for the day and placing jugs of fluid into bedrooms to enable people to help themselves to drinks. Staff monitored people's fluid and food intake.

The home has had a significant outbreak of COVID-19 and many staff have tested positive and been off work. Staff were now returning to work and reported feeling supported by the home management.

Almond View care home – Drumchapel, Glasgow

Almond View care home is registered to provide care to 78 people. The provider is Tower Bridge Homes Care Limited.

Following an inspection of the home on Friday 22 May 2020, which we carried out with colleagues from Greater Glasgow and Clyde Health Board, we issued a serious concerns letter about infection prevention and control practices, and management and leadership.

We carried out an onsite monitoring visit on 28 May 2020. We found the home working very differently and the atmosphere was much calmer and more settled. The home had implemented the infection prevention and control practices we had required them to do. Staff were positive about the changes and stated they felt more in control, and we observed good infection prevention and control practice. PPE stations had been established in the home and these were stocked with the correct equipment. We observed the manager providing good leadership to implement the correct practice. The manager and staff had implemented the changes in practice over the last six days and this had significantly reduced the risks to people.

Spynie care home – Elgin, Moray

Spynie care home is registered to provide care to 56 people. The provider is Intobeige Limited.

We carried out an inspection of the home on 28 May 2020. The service currently has an improvement notice in place, issued by the Care Inspectorate.

We observed compassionate, warm care being given to people living in the home. The environment was clean and safe. The home was making appropriate use of PPE and hand hygiene. Anticipatory care planning was in place and there was good liaison with GPs to support individuals' health.

Staff demonstrated confidence and knowledge about their role and about infection prevention and control.

There was good oversight by management and evidence of the management team working well together.

We consider the home to now be operating to a good standard.

Dummond Grange – Lasswade, Midlothian

Drummond Grange nursing home is registered to provide care to 114 people. The provider is Barchester Healthcare Limited.

We carried out an inspection in the evening of 28 May 2020 with NHS Lothian and Health Improvement Scotland.

We identified significant concerns relating to supply and use of PPE, infection prevention and control practices, including waste and laundry management, and staff knowledge of residents' status relating to COVID-19.

A serious concern letter with requirements was issued to the provider and immediate feedback given to the manager of the home. Following the inspection, the health and social care partnership provided staff to the home to support changes to practice.

We visited again on the evening of 4 June 2020 with NHS Lothian. We found improvements in infection prevention and control practices, and requirements made in the serious concerns letter were met. We saw good interaction between staff and residents; staff knew residents well and people reported feeling well supported by staff. The knowledge of staff about infection prevention and control practices and COVID-19 had increased. We looked at people's wellbeing and met with people who live in the home. The home needs to consider supporting people more to keep in touch with relatives as people told inspectors about the impact that not seeing loved ones was having on them. The home is implementing national policy on visiting in care homes during the COVID-19 outbreak.

Springfield Bank care home - Midlothian

Springfield Bank care home is registered to provide care to 70 people. The provider is HC-One.

We carried out an inspection on 28 May 2020 with Health Improvement Scotland and NHS Lothian.

We found the environment to be clean and well maintained. There was PPE available for staff and they had been made aware by the service of the proper use of PPE. We had concerns over the use of aprons and gloves as these were not being disposed of by staff after single use and in line with guidance.

We observed that the staff prioritised the health and wellbeing of people living in the home. There were positive interactions between people who live in the home and staff. Individuals' health needs were being met and people were being supported to keep in touch with loved ones. The home had good links with district nursing staff in the community and GPs who had been supporting those living in the home.

Staff were fully aware of the need to promote social distancing within the home and had made several adaptations to the environment to achieve this.

Drumbrae care home – Edinburgh

Drumbrae care home is registered to provide care for 60 people. The provider is City of Edinburgh council.

The home has an improvement notice in place issued by the Care Inspectorate.

We inspected the home on 29 May 2020 along with Healthcare Improvement Scotland and NHS Lothian.

We observed compassionate, warm care being given to people living in the home. The home was clean and offered a safe environment. There was appropriate access to and use of PPE, and hand hygiene by staff was good. Personal plans provided good detail on how to care for people and meet individual needs. Staff demonstrated confidence in their role and infection prevention and control practice.

We identified a need to improve anticipatory care planning and the process to be followed.

Drummohr care home - Musselburgh

Drummohr care home is registered to provide care to 60 people. The provider is HC-One.

We carried out an inspection on 29 May 2020 with Healthcare Improvement Scotland and NHS Lothian.

We found that people living in the home were being supported to stay both physically and mentally well and were able to have regular contact with family and friends. The home had put in place appropriate supports for people to maintain social distancing, but also to be able to move around safely and reduce stress and distress. The home

was supporting people well to eat and drink and to engage in physical activities and access the gardens.

There was evidence of good working with other agencies. Good personal plans were in place and identified the support people needed.

The service adhered to current COVID-19 information and guidance, and we observed staff using PPE appropriately and practicing good infection prevention and control. The environment was clean and well maintained. Staff had been trained and were knowledgeable about COVID-19 and infection prevention and control.

Staff reported good support from management in the home.

Caithkin care home – Caithkin, South Lanarkshire

Caithkin House care home is registered to provide care for 44 people. The provider is Care UK Limited.

We inspected on 29 May 2020. We found that people were being cared for well and we observed good interactions between staff and people who live in the home. The home had notified us of an 'amber' status staff shortage but this was in relation to a staff member phoning in sick and one resigning. We found the home had enough staff to care for people. People were being cared for in their rooms and staff responded promptly to people asking for assistance. Staff reported feeling well supported by management.

We found that care staff regularly covered cleaning duties and had not been trained in how to undertake these correctly following the guidance for COVID-19. We found corridors and bedrooms to be clean and clutter free. The home was not using correct cleaning products and we directed them to correct products and Health Protection Scotland guidance. Public health staff visited the home following our inspection to offer support. The home had good supplies of PPE, handwashing products and alcohol gel throughout the home. The home had identified through their own audit the need to add more stations putting on and taking off PPE and more waste disposal bins.

Following our inspection, the public health infection control nurse visited the home and reported that all the improvements we had identified had been put in place.

Kingsgate care home – East Kilbride, South Lanarkshire

Kingsgate care home is registered to provide care to 61 people. The provider is Larchwood Care Limited.

We inspected the home on 1 June 2020 and were joined by Healthcare Improvement Scotland and an infection control nurse from NHS Lanarkshire.

We observed good care and good support for eating and drinking. People were also engaged in meaningful activities and had access to outside space.

Staffing levels were good although we asked that breaks for staff were better organised.

The home had in place policies and procedures for infection prevention and control. The home had adequate supplies of PPE, but we identified a requirement to improve stations for putting on and taking off PPE. We identified the need for deep cleaning and for the home to maintain domestic cover to ensure this was carried out.

Home Farm Care Home – Portree

We carried out a further on-site monitoring visit on 3 June 2020. There is currently an application under Section 65 of the Public Services Reform (Scotland) Act 2010 for cancellation of the service's registration being considered by Inverness Sheriff Court on 10 June 2020. The inspection report will be published on conclusion of the court proceedings.

Almond Court care home – Glasgow

Almond Court care home is registered to provide care to 42 people. The provider is Holmes Care Group.

We carried out an inspection on 4 June 2020 with Healthcare Improvement Scotland.

The home had good leadership and guidance from the new manager. Staff we spoke with were positive and knowledgeable about their role. We observed good interactions between staff and people who live in the home. They had a new template in place for personal planning and assessments of individuals' health needs. We observed good infection prevention and control practice, and PPE was in good supply and used correctly. Areas for improvement that we identified included the need to maintain social distancing and updated training for staff on COVID-19 guidance.

Newcarron Court care home – Falkirk

Newcarron Court care home is registered to provide care to 116 older people. The provider is Advinia Care Homes Limited.

We carried out an inspection on 4 June 2020 with Healthcare Improvement Scotland and the health and social care partnership infection prevention nurse.

We met with the new manager who had been in post for approximately six weeks. They engaged positively with us throughout the inspection and took immediate action in terms of addressing some of the concerns raised at the time of inspection.

We observed kind and compassionate interactions between staff and people who live in the home.

We identified significant concerns about the cleanliness of environment internally and externally, infection prevention and control practices, access to and management of PPE, and management of contaminated waste.

We issued a serious concerns letter with six requirements that the service must meet.

We will be revisiting the service to follow up on requirements.

The health and social care partnership put in place visits and support to the service to address the immediate issues.

Abbeydale Court Care Centre - Hamilton

Abbeydale Court Care Centre is registered to provide care to 109 people. The provider is Abbey Healthcare (Hamilton) Limited.

We carried out an inspection of the home on 5 June 2020 with Healthcare Improvement Scotland and NHS Lanarkshire.

We found people being cared for well by the staff team who were knowledgeable about individuals' needs. We observed good caring interactions between staff and people who live in the home.

People who live in the home told us that they felt the quality of care and support they received was good.

The home environment appeared clean and was a pleasant environment to be in. However, on closer inspection we identified that more deep cleaning was required to reduce the risk of infection.

The home had adequate supplies of PPE and staff had received training on the use of PPE. However, we observed inconsistencies in practice in its use by staff. The PPE stations needed to be clearly identified using signage and the use of instructional posters to support staff practice. Staff had completed training on infection prevention and control and the use of PPE. We did identify that laundry staff had not received training and we asked that this be provided.

We did observe some issue with social distancing by people who live in the home. We reminded the management team of the need to ensure this is in place.

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Risk Register Monitoring   AGENDA ITEM 9

| Date | 14 May 2020 for 21 May 20 Audit & Risk Committee | | | | | | | | | | | | | | |

Risk	Summary of changes: • Re-scored risk #1 due to impact of Covid 19 • Revised wording to risk #8 to reflect the 2017 business case and residual scoring increased accordingly – additional actions identified • New Risk 10 – Covid 19	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 / Tolerance	Risk Owner
1	**Corporate Planning** **What is the Potential Situation?** The Care Inspectorate does not operate effectively to deliver on its core purpose of being a highly credible organisation that drives improvement and innovation in care and positively influence policy and practice. **What could cause this to arise?** The Care Inspectorate corporate plan does not provide clarity of vision and direction. The Care Inspectorate does not monitor the implementation of the corporate plan and measure performance against the related KPIs, the scrutiny and improvement plan and the identified Scottish Government priorities. The Care Inspectorate does not develop and utilise its risk and intelligence led approach. **What would the consequences be?** Inability to provide the desired level of scrutiny, assurance and improvement support. Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Possible reduced SG funding. Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.	4	5	20	VH	~~2~~ 4	~~2~~ 4	16	H	Med	↑	In Place: i. Corporate Plan in place with supporting operational plans and performance measures Link and refer to new Risk #10	Further Actions: ii. Development of performance monitoring iii. Strengthening use of risk and intelligence to inform our work Link and refer to new Risk #10	Appetite: averse Tolerance: Low	EDS&I
2	**Financial Sustainability** **What is the Potential Situation?** The Care Inspectorate is not able to deliver on its Corporate Plan objectives due to lack of financial resources **What could cause this to arise?** The CI does not have up to date, comprehensive, forward looking financial plans aligned to its Corporate Plan. **What would the consequences be?** Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.	4	4	16	H	4	4	16	H	Med	↔	In Place: i. Medium term budget and financial strategy are regularly reviewed ii. Member/officer working group established iii. Positive working relationships maintained with SG Mar 20 Update: Residual likelihood increased to 4 - to be re-scored once 2020-21 funding is finalised. Potential financial risks re pay and grading, Grant-in Aid and savings options to be reviewed at Budget Group 5 Mar 20. May 20 Update: No change from March 20 when risk was re-scored to reflect budget uncertainty	Further Actions i. Revise medium term financial strategy for Jun 20 once 2020-21 budget agreed Further controls Member / Officer budget group to be reconvened Further liaison with SG Health Finance Pay negotiations concluded, Grading review commenced Ongoing review and development of savings options. Ongoing oversight of Digital Programme by Audit & Risk Committee. Sponsor liaison re budget model and risks. All costs and income sources under review Contingency plans being developed for discussion with Sponsor	Appetite: VFM-cautious over med to long term Financial management – averse Tolerance: Low	EDCCS

												In Place:	Further Actions:		
3	**Workforce Planning** **What is the Potential Situation?** The Care Inspectorate is unable to deliver on its Corporate Plan objectives due to a lack of workforce capacity. **What could cause this to arise?** The Care Inspectorate does not have an effective strategic workforce plan to support the delivery of the corporate plan objectives The Care Inspectorate does not have effective workforce planning at Directorate and team level to support the delivery of the corporate plan objectives. The Care Inspectorate does not monitor workload and capacity well enough to identify and mitigate risks in a timely way. The Care Inspectorate does not have an effective staff learning and development plan **What would the consequences be?** Inability to provide the desired level of scrutiny, assurance and improvement support Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation	4	4	16	H	2	4	8	M	Med	↔	In Place: i. Effective strategic workforce plan developed ii. Action plan developed iii. Workload and capacity monitoring Effective staff learning and development plan	Further Actions: i. Implement Strategic Workforce Plan actions ii. Evaluate career pathways iii. Develop succession planning iv. Strengthen use of risk and intel	Appetite: averse Tolerance: Low	EDS&I
4	**Partnership Working** **What is the Potential Situation?** The Care Inspectorate is not able to: • participate in, or progress, work which would help deliver our strategic objectives • deliver public service scrutiny in a joined up and collaborative way • deliver our agreed scrutiny and improvement plan **What could cause this to arise?** Competing priorities of scrutiny and delivery partners and their inability / unwillingness to provide staff with the relevant skills, knowledge and experience or otherwise support our work **What would the consequences be?** Loss of credibility and confidence in our ability to provide scrutiny assurance and support improvement, reduced organisational impact, reduced intelligence, loss of confidence, adverse impact on reputation.	4	4	16	H	2	4	8	M	Med	↔	In Place: i. Wide consultation on our plans Senior level inter-organisation meetings ii. Effective external comms strategy in place	Further Actions: none identified	Appetite: effective collaborative working – averse developing new methodology – open Tolerance-med/low depending on circumstances	EDS&A
5	**Corporate Governance** **What is the Potential Situation?** There is a corporate governance failure – including a failure our best value duty or in our shared service arrangements. **What could cause this to arise?** There are gaps or inadequate coverage in the Care Inspectorate's corporate governance arrangements. **What would the consequences be?** Resulting in loss of stakeholder confidence, inefficiency and effectiveness in delivering and demonstrating public value, likely lack of organisational focus on priorities.	4	4	16	H	2	2	4	L	High	↔	In Place: i. Regular review of code of corporate governance ii. Annual review of Board and committee effectiveness iii. 3 yearly external governance review iv. Audit assurance	Further Actions: i. Full implementation of CIPFA mark of excellence action plan	Appetite: averse Tolerance: Low	EDCCS

#	Risk	L	I	Score		L	I	Score			Trend	In Place	Further Actions	Appetite / Tolerance	Owner
6	**ICT Data Access & Cyber Security** **What is the Potential Situation?** Staff are unable to access or update key systems. **What could cause this to arise?** A failure in our data systems and/or cyber security. **What would the consequences be?** Resulting in serious disruption to activities, inefficient deployment of resources – manual "work-arounds" for e.g. complaints handling or payments, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud.	5	4	20	VH	3	3	9	M	High	↔	In Place: ii. ICT security in place iii. Trained ICT staff iv. Physical security measures v. ICT BC/DR plans in place vi. Cyber Essentials+ certification in place Note: update - following concerns about our remaining ICT technician with experience of our PMS system leaving the CI, a "standby" cover arrangement has been put in place. This reduces the risk of potential disruption. Residual risk score remains unchanged until the system is replaced by the new digital apps.	Further Actions: i. Continue cyber and backup testing. ii. Progress ICT modernisation to point where we can stop using PMS iii. Implement BC/DR plans for new Apps	Appetite: averse re serious disruption recognising occurrences will inevitably arise Tolerance: Low	EDIT&D
7	**Change Management** **What is the Potential Situation?** Required organisational change and development is not delivered within agreed timescales or to the required quality. **What could cause this to arise?** The Care Inspectorate does not carry out essential change management effectively. **What would the consequences be?** Adverse impact on our ability to deliver the corporate plan, poor employee relations, poor delivery of best value.	4	4	16	H	2	2	4	L	Med	↔	In Place: i. Programme governance arrangements in place ii. Board and committee oversight Assurance maps	Further Actions: i. Continue to develop and improve change programme assurance regime	Appetite: averse Tolerance: Low	CE
8	**Digital Transformation** **What is the Potential Situation?** The digital transformation programme as set out in the 2017 business case is not successful. **What could cause this to arise?** There is ineffective implementation of our digital transformation programme. **What would the consequences be?** Resulting in a significant impact on our aspiration to modernise, become intelligence-led and to be more efficient and effective, reputational loss, adverse public opinion, poor targeting of resources, impact on medium term financial strategy.	4	4	16	H	~~3~~ 5	~~3~~ 4	20	H	Med	↑	In Place: i. Business Case regularly updated ii. Full programme governance arrangements iii. Board and Committee oversight iv. External assurance	Further Actions: i. Implement Digital First assessment and continuing assessment recommendations. ii. Implement Gateway 0 Action plan and follow up action plans. iii. Identify source of support and advice to the board on digital leadership iv. Programme scope and budget being revised / funding identified v. Ensure we continue to have the right mix of digital & delivery skills within the team	Appetite: averse Tolerance: Low	EDCCS

9	**Staff Capacity** **What is the Potential Situation?** We are not operating with sufficient staff to deliver our planned inspection and complaints activity. **What could cause this to arise?** Difficulties in recruiting staff, staff deployment to other activities, staff absence. **What would the consequences be?** An impact on our ability to achieve our Inspection and Complaints targets	4	4	16	H	3	4	12	H	Low	↔	KPI 2, 3a and 3b currently below target due to staff capacity issues caused by vacancies, deployment to other duties and long-term sickness Performance report in place and reported quarterly to Board.	Managers are reviewing capacity on a month to month basis Statutory and high-risk inspections are being prioritised Staff overtime arrangements in place Inspector Grading Review underway Additional resources identified (there will be a lead time before impact felt) Advertising for more Inspectors		EDS&A
10	**COVID 19** **What is the Potential Situation?** Failure to maximise and be seen to maximise our ability to protect staff and our stakeholders from the impacts of the COVID 19 virus. **What could cause this to arise?** Not adapting organisation to maximise potential. Note: this was required as based on public health advice, we had to change our business model away from our planned programme of inspections. This has a consequential impact on our overview and assessment of risk across the care sector. Not adapting to required new ways of working Not communicating our role and strategy effectively to stakeholders Unnecessary travel / contact through not using available technology, not communicating to staff and service providers and users the latest expert advice, not following the latest expert advice **What would the consequences be?** As advised by Public Health, not adapting our business model would have a potentially serious impact on staff or service provider/user health, accidental spreading of virus to vulnerable people, reputational risk from spreading virus to vulnerable people. Disruption to business delivery. Reputational damage with Government and other stakeholders, potential legal challenge. Increased staff sickness absence with resulting impact on capacity.	5	5	25	VH	4	4	16	H	Low	New	Re-purposing of CI given operating and public health constraints, regular business review and planning meetings (Gold and Silver structure), forward planning for next phase commenced, effective engagement and partnership working with SG (incl NHS) and other stakeholders such as Directors of Public Health and Health Protection Scotland. Proactive staff capacity monitoring and review, effective staff and stakeholder communications, effective use of technology to enable homeworking, homeworking contingency plans, adherence to advice on travel, social distancing, public health advice, SG advice and policy direction re scrutiny, improvement and assurance activity. Support through health and wellbeing group and resources. Providing timeously any up to date guidance to staff and care services. Use of Near Me for virtual visits.	Further planning for next phases	Appetite: averse Tolerance: Low	CE

SUMMARY RISK REGISTER : 2020/21

No.	Risk Category – refer to Risk Analysis Sheet for detailed description	Strategic Outcome/ Principle	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Revised Residual Grade
1	Corporate Planning	SO 1,2,3	iEDS&I	20	Very High	16↑	Low	High
2	Financial Sustainability	P 6	EDCCS	16	High	16	Medium	High
3	Workforce Planning	SO 1,2,3	iEDS&I	16	High	8	Medium	Medium
4	Partnership Working	SO 1,2,3 P 5	EDS&A	16	High	8	Medium	Medium
5	Corporate Governance	P 6	EDCCS	16	High	4	Low	Low
6	ICT Data Access & Cyber Security	P 6	iEDIT&D	20	Very High	9	Medium	Medium
7	Change Management	P 1 to 7	CE	16	High	4	Low	Low
8	Digital Transformation	P 1 to 7	EDCCS	16	High	20↑	Medium	Very High
9	Staff Capacity	SO 1,2,3	CE	16	High	12	High	High
10	Covid 19	SO 1,2,3	CE	25	Very High	16	High	

SCORING GRID

LIKELIHOOD		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
	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

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
iEDS&I	Interim Executive Director Strategy & Improvement
iEDIT&D	Interim Executive Director IT, Transformation & Digital

BOARD MEETING 18 JUNE 2020

Agenda item 10
Report Number: B-18-2020

Title:	**Monitoring Our Performance 2019/20 – Quarter 4 Report**		
Authors:	***Al Scougal, Senior Intelligence Analyst*** ***Kaisha Wallace, Intelligence Researcher***		
Appendices:	**1.**	**None**	
Consultation:	**N/A**		
Resource Implications:	**None**		
EXECUTIVE SUMMARY			
This report presents the quarter 4 2019/20 summary report on performance along with an overview of key achievements and work progressed in quarter 4 2019/20.			
The Board is invited to:			
1.	Discuss and note the report.		

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

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

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

MONITORING OUR PERFORMANCE 2019/20 – QUARTER 4 REPORT

1.0 INTRODUCTION

Under each of the three strategic outcomes in our Corporate Plan, we have set out our performance against our agreed measures and highlighted key areas of work delivered or progressed in the last quarter. The director with lead responsibility for action is noted under each measure.

Types of performance Measure
Our performance measures are split into two types: Key Performance Indicators (KPIs) which are specific and quantifiable measures against which the Care Inspectorate's performance can be assessed, and Key Outcome Indicators (KOIs) which are measures that the Care Inspectorate aims to influence by its work, but which it may have limited control over. Some of the KPIs and KOIs were reported in previous reports as KPIs and Monitoring Measures (MMs).

Notes on presentation
For some of the KPIs and KOIs a specific type of chart has been used to determine whether performance is within normal statistical control limits. This will help us to understand whether any month-to-month variation in performance is persistent and reflects a real change, or whether it is within an expected range of variation we would expect to see. The chart used is called an XmR chart and typically displays two charts (X chart and mR chart) for a measure. For simplicity and clarity, only X charts are displayed in the report whilst the mR charts have been used internally to aid analysis of performance. An X chart shows performance over time, average over time and upper and lower statistical control limits (see Figure 1 below).

Figure 1: Example X chart
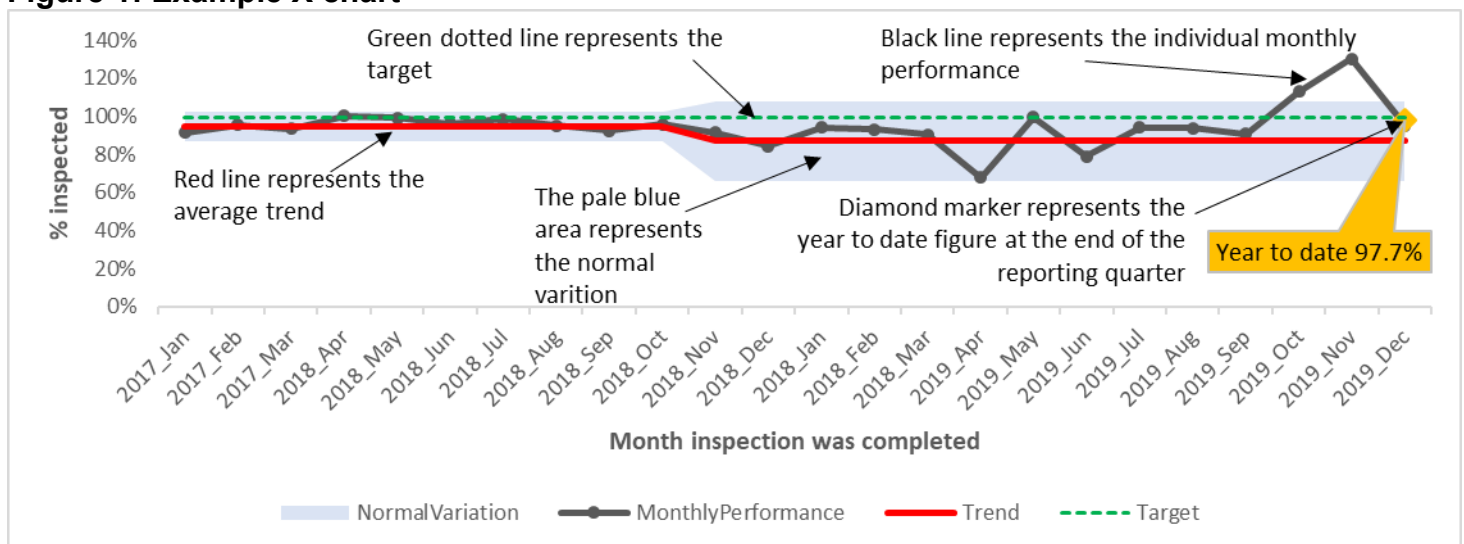
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the

quarter. If a measure's performance is consistently above or below the average line (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for four consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

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%.

This Q4 report includes the period when the COVID-19 pandemic started and the report was prepared during our response to it. Due to this detailed commentary has been reduced as a result of the significant and pressing other priorities. The COVID-19 outbreak impacted our organisation in March with inspections being scaled down on 13 March and our offices being closed on 17 March to staff and public. This has impacted on the KPIs in Q4 as a result of responding to the pandemic and providing scrutiny, guidance and support in a variety of ways not just through inspections We also changed some of our normal processes to support the sector during this time such as registration and how we respond complaints.

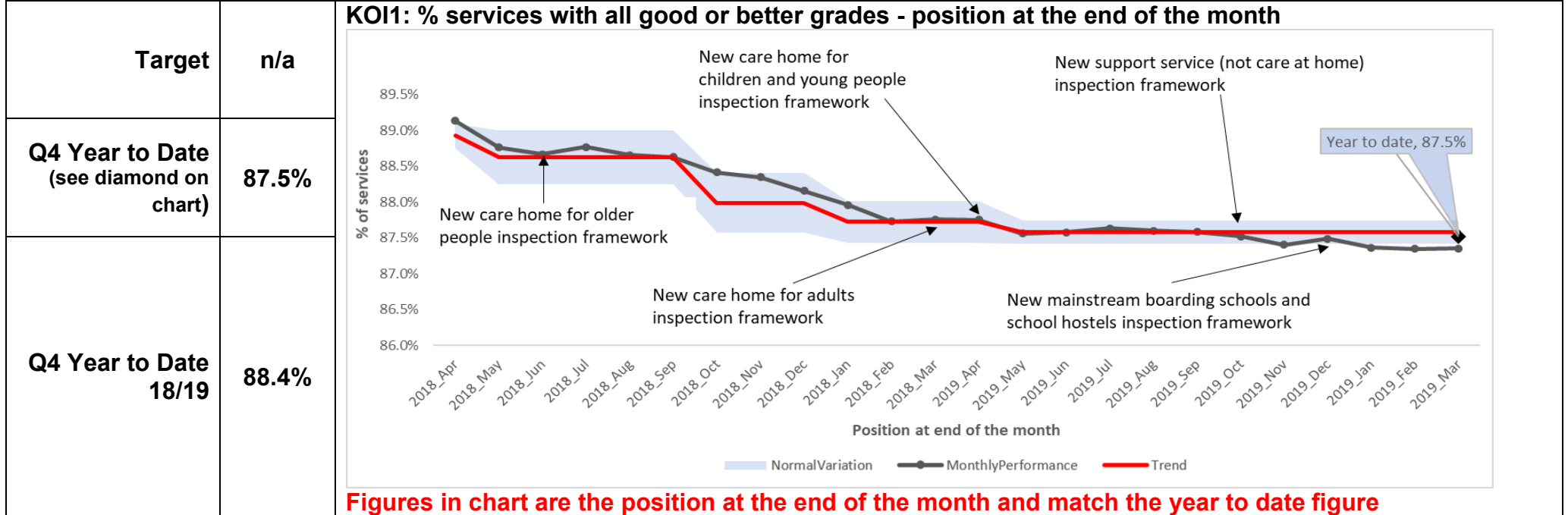## 2.0   SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 MARCH 2020

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

Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
KPI1: % of people telling us that our scrutiny will improve care **staff: 96%** **people experiencing care: 99%** [Target 90%]	**KPI5:** % of registration applications completed within timescales **76.4%** [Target 80%]	**KPI8:** Days per quarter that inspection volunteers and care experienced people are involved in our work **540 days** **135 days (average per quarter)** [Target TBC]
KPI2: % of statutory inspections completed **95.7%** **(2,202 completed out of 2,301 planned)** [Target 99%]	**KPI6:** Level of investment in learning and development for our workforce	**KPI9:** Number of service types with a new inspection framework **10 service types** [Target 11 service types with a new inspection framework by 31 March 2020]
KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only) **51.3%** [Target 80%]	**KPI7:** % of inspection hours spent in high and medium risk services **28.5%** [Target 25%]	Q1 Target: 3 or more Q2 Target: 4 or more Q3 Target: 6 or more Q4 Target: 9 or more
KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **74.7%** [Target 80%]		**Colour code**
KPI4: % staff absence [Target 3.8%: Range 2.4% to 5.7%]		**Target achieved** **Slightly below target** **Significantly below target** **Data not available**

Strategic outcome 1: People experience high-quality care

KOI1: % services with all good or better grades		Executive Director of Scrutiny and Assurance
Target	**n/a**	**KOI1: % services with all good or better grades - position at the end of the month**
Q4 Year to Date (see diamond on chart)	**87.5%**	
Q4 Year to Date 18/19	**88.4%**	

Figures in chart are the position at the end of the month and match the year to date figure
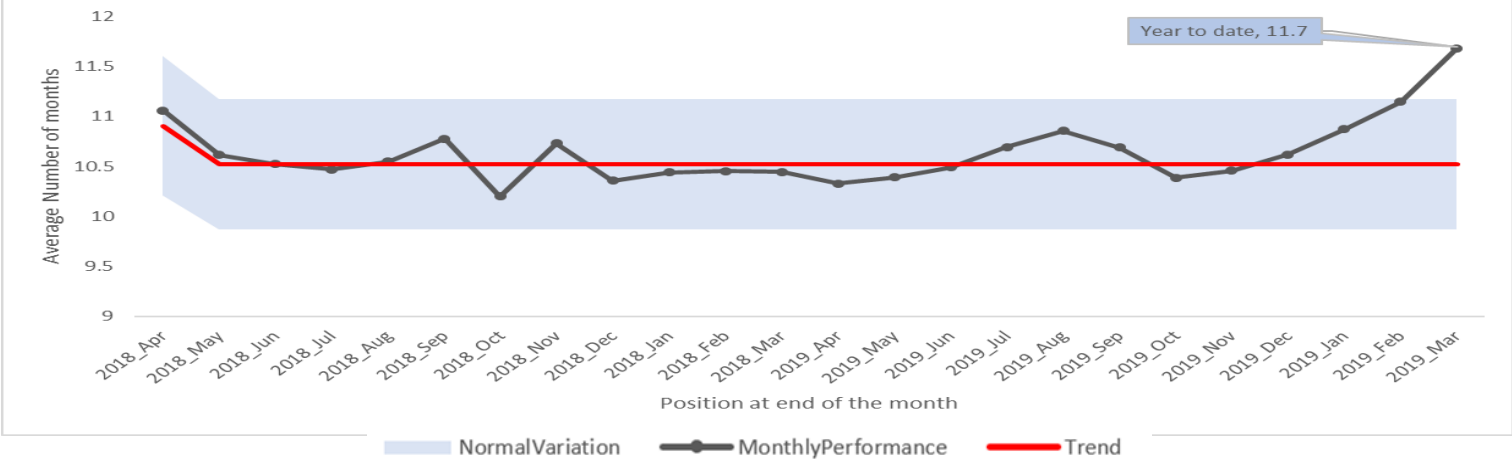
|	
Notes:	The % services with good or better grades remains high with over 87% of registered services having all grades of good or better at the end of Q4. Within that context, the above chart highlights a very slight but statistically significant 1 percentage point (% points) fall from Q4 last year. The launch of future inspection frameworks may continue to impact future performance. Please note the scale of the above chart has been adjusted to highlight the small but definite decline in the percentage of services with good or better grades.
Reasons for Difference:	The new Health and Social Care standards and the introduction of the new inspection framework in care homes for older people has shifted our focus further to evaluating outcomes rather than processes. This is a step change in approach, and we will expect to see further changes to this trend as we implement the remaining inspection frameworks.
Actions:	At present this KOI is stable, but it will be important to monitor the impact that the new inspection frameworks implemented in 2019 (KPI9) may have going forward.

KPI1: % of people telling us that our scrutiny will improve care	Executive Director of Scrutiny and Assurance
Target	90%
Q4 Year to Date	**96%** of staff (783 replies) and **99%** of people experiencing care (168 replies)
Q4 Year to Date 18/19	**98%** of staff (784 replies) and **98%** of people experiencing care (281 replies)

Notes: The percentage of staff telling us that our scrutiny will improve care was down 2 % points from Q4 last year. The percentage of people experiencing care telling us that our scrutiny will improve care was up 1 % point from Q4 last year. Both measures remain above target.

*Questionnaires are sent out to a representative sample of services. The KPI is based upon cumulative responses received by the end of the quarter and will be revised in future reports as more questionnaires are submitted

Reasons for Difference: Whilst the percentage of staff telling us that our scrutiny will improve care was down from last year it still remained within the expected range for this measure.

Actions: Reinforce with Business Support staff that these questionnaires must be used for all services in the sample.

KPI2: % of statutory inspections completed		Executive Director of Scrutiny and Assurance

Target (see green dotted line on chart)	99%	KPI2: % of statutory inspections completed in each month
Q4 Year to Date (see diamond on chart)	**95.7% (2,202 of 2,301 inspections)**	
Q4 Year to Date 18/19	99.9% (2,310 of 2,311 inspections)	

Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: We completed 2,202 statutory inspections up to the end of Q4 this year, 108 fewer than last year. As a % of planned statutory inspections this is a drop of 4.2 % points from Q4 last year. Q4 19/20 showed a drop in performance with January and February below target with March significantly lower than normal due to the COVID-19 outbreak impacting on statutory inspection work.

Reasons for Difference: In line with the objectives set out in our corporate plan, we spent more of our time in high risk services this year (see KPI7) and this will have reduced our capacity to undertake statutory inspections of low risk services. Our remaining inspection capacity was reduced this year across both adults and childrens inspection teams in order to: support our ambitious business and digital transformation work; to ensure staff can complete the PDA; We have a number of inspection staff on long term sick leave (see also KPI4) and a number of vacancies which we are trying to fill. Our policy decision to take another approach to scrutiny as a response to COVID-19 and to prevent our inspectors transmitting the virus in care services in March further impacted our ability to meet our statutory inspection target.

Actions: Our statutory inspections have been paused due to the COVID-19 outbreak. Unannounced inspections will be undertaken on a risk assessed basis and after agreement with the Directors of Public Health.

KOI2: average time a service continues to have a grade of less than adequate		Executive Director of Scrutiny and Assurance

Target	n/a	**KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month**
Q4 Year to Date (see diamond on chart)	**12 months**	
Q4 Year to Date 18/19	**10 months**	

KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month

Figures in chart are the position at the end of the month and match the year to date figure

Notes: The average time a service had a grade less than adequate reduced in Q1 2018/19 and has remained stable since. After increasing slightly last quarter there has been a continued increase during Q4 ending the year at a point significantly higher than the average. Childminding and day care of children services were all above the average of 11 months. Services for children typically spend a longer time with a grade of less than adequate than other service types.

Reasons for Difference: The sustained high performance in KPI7 (time spent in high and medium risk services) over this time does not seem to have resulted in a reduction in time a service continues to have a grade of less than adequate overall. However, it is important to note that the majority of time spent in high and medium risk services has been spent in adult services (73% of all hours in high or medium risk services). For adult services, 39% of inspection hours were spent in high and medium services. This compares with 19% in children and young people services and 16% in Early learning and childcare (ELC) services. Additionally, with the priority being completing statutory inspections (KPI2) any non-statutory inspections in children services have been postponed which means those children's services with poor grades will have had a poor grade for longer. This impacts children's services disproportionately as the majority of statutory inspections are in adult services.

Actions: Until we commence a programme of inspections again this measure will only increase in duration. We will continue to monitor the KOI and in due course will undertake more detailed analysis of the impact COVID-19 has had.

KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only)		Executive Director of Scrutiny and Assurance
Target (see green dotted line on chart)	**80%**	**KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only) by month complaint completed**
Q4 Year to Date (see diamond on chart)	**51.3% (780 of 1,520)**	
Q4 Year to Date 18/19	**50.2% (701 of 1,397)**	
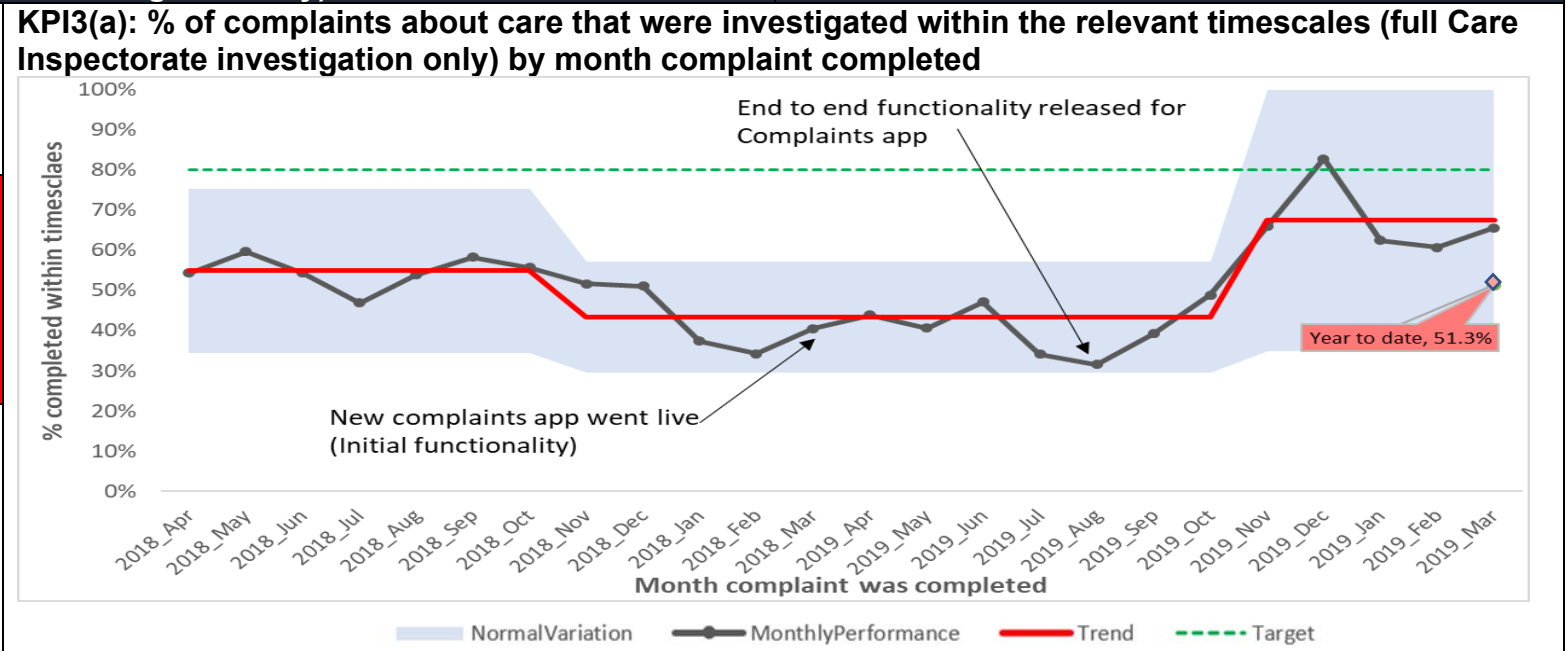
Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Year to date performance was better than the same point last year but was well below target due to performance in the first two quarters of the year. However, month-on-month performance significantly improved in Q3 before dropping off slightly in Q4 although remaining higher than the pre-Q3 levels. Over the year we investigated 123 more complaints than last year and completed 79 more within the timescales.

Reasons for Difference: Capacity within the complaints team has been impacted in Q4. January's performance was affected by staff taking annual leave over the festive period. Throughout the quarter there was a high level of sickness leave (three whole-time-equivalents) as well as vacancies amounting to 1.4 whole-time-equivalents. One new member of staff joined and were undergoing induction during Q4 which will increase future capacity. Existing staff have had to travel more often to cover these shortfalls which further impacted performance. Whilst performance has dropped from December it has remained significantly higher than the preceding quarters. The intelligence team have continued to provide a reporting facility for use by the complaints team that allows closer monitoring of complaint investigations. A dedicated service manager along with the creation of the fourth complaints team has enhanced the management oversight of the complaints teams and has resulted in more consistent performance.

Actions: During the COVID-19 outbreak, we are not visiting services to investigate complaints unless there are serious concerns about the health and wellbeing of people who use the service. The Care Inspectorate will consider complaints and will apply a risk assessment that may result in complaints being referred to the service provider for investigation. Furthermore, to reduce the burden on care services we are not sending out complaint outcomes to services, except in the cases of those services with low grades highlighting serious risks. This will result in reports which normally would have met the KPI deadlines not meeting them.

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

		KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) by month complaint completed
Target (see green dotted line on chart)	**80%**	
Q4 Year to Date (see diamond on chart)	**74.7% (2,182 of 2,922)**	
Q4 Year to Date 18/19	**70.2% (1,639 of 2,335)**	
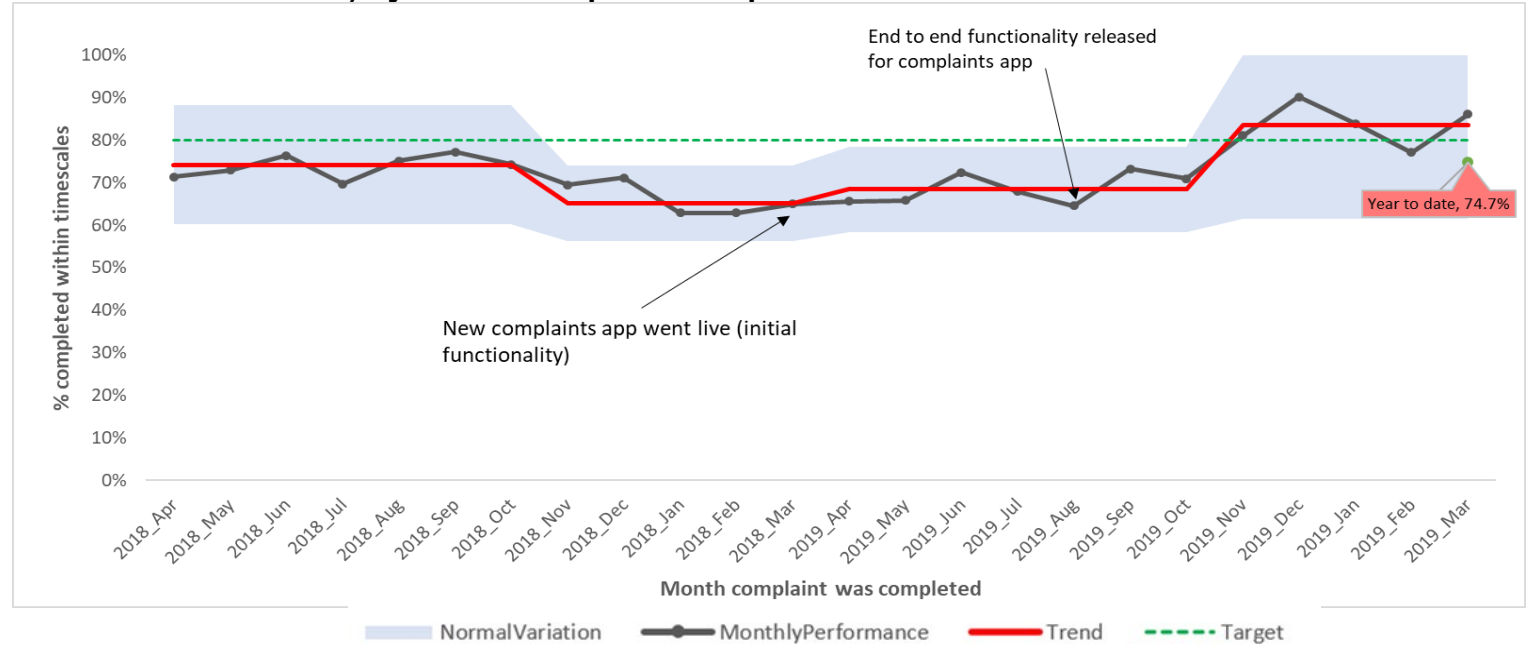
Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Over the year to 31 March, 74.7% of all complaints we resolved were completed within 40 days – a 4.5% point increase from last year. Although still below our 80% target, we achieved this in the context of an increase in our complaints work. We resolved a total of 2,922 complaints up to 31 March, an increase of 587 or 25% compared with the same period last year, and of these we resolved 543 or 33% more within the 40-day target than last year. Like KPI3(a), performance significantly improved in Q3 19/20 with performance in November and December significantly higher than the previous average. Performance declined slightly in Q4 but remained above target for the last month of the inspection year.

Reasons for Difference: As for KPI3(a)

Actions: As for KPI3(a)

KPI4: % staff absence		Executive Director of Corporate and Customer Services
Target (see green dotted line on chart)	**3.8%** **Range 2.4% to 5.7%**	
Q3 Year to Date (see diamond on chart)	**5.5% (37,104 out of 674,236 hours)**	
Q3 Year to Date 18/19	**4.0% (26,850 out of 672,904 hours)**	
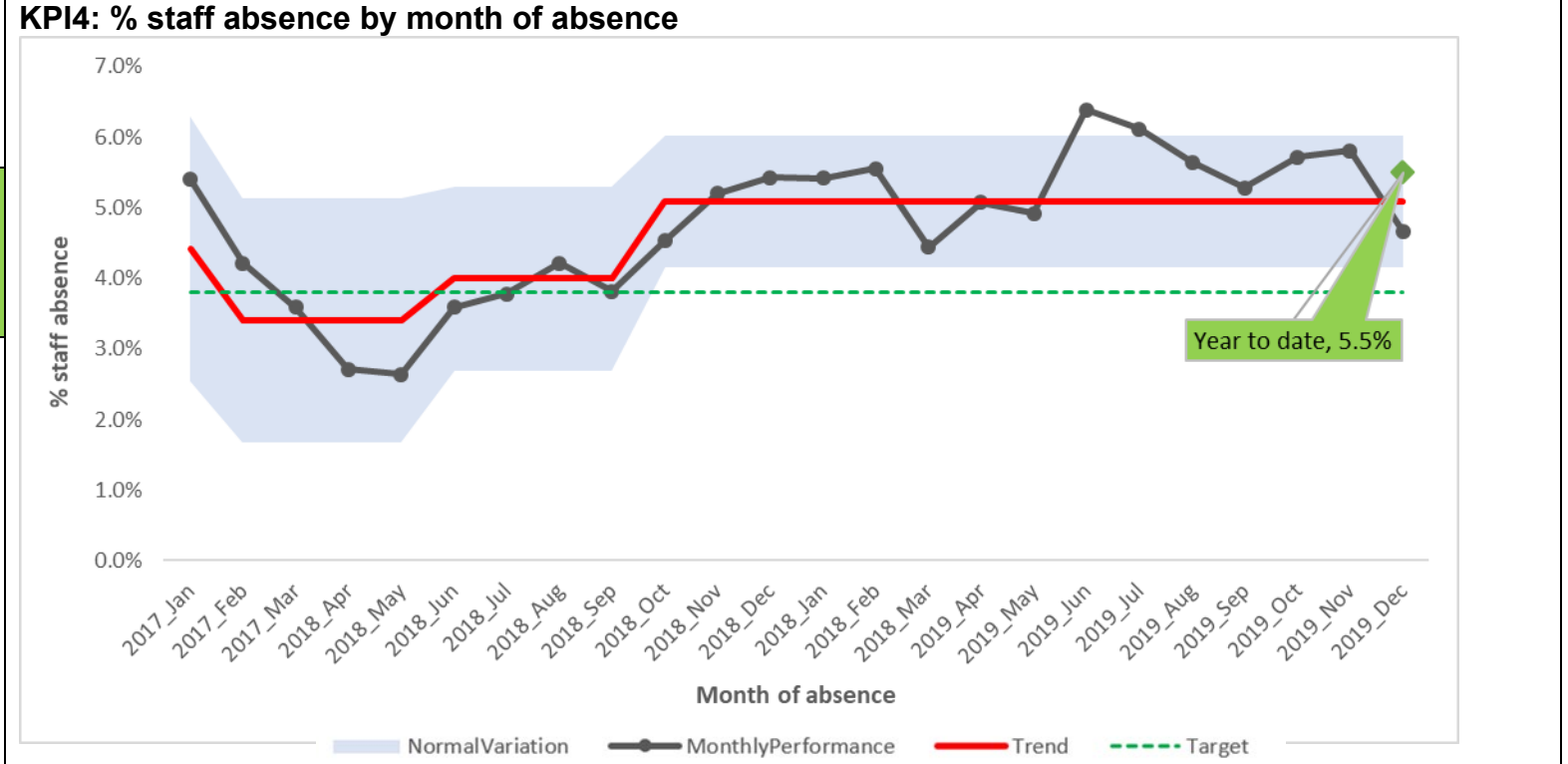
KPI4: % staff absence by month of absence

Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Due to the priority being to determine the status and availability of the workforce in relation to COVID-19 (staff who are shielding; living with someone with an underlying health condition; have symptoms, self-isolating or impacted as a result of childcare or caring responsibilities) to support the social care workforce and inspect high risk care homes HR have not had the capacity to collate the Q4 absence statistics. We would however intend to report both Q4 and Q1 in the next Board report. Anecdotal evidence and the information gathered through the daily staff reporting tool would suggest that the absence rate will have fallen since last reported in Dec 2019.

The information we have available shows:
- Four members of staff who currently have COVID-19 symptoms/live with somebody who does
- Only one of them too sick to work
- Only one of them tested - negative result
- None of them are part of our pool of inspectors volunteering to visit services
- There are nine people currently off long-term sick not related to Covid19

Reasons for Difference:

Actions: Report both Q4 and Q1 in the next Board report.

Total scrutiny and improvement interventions completed up to 31 March 2020

	Number completed in 2018/19 up to 31 March	Number completed in 2019/20 up to 31 March	Comparison of 2019/20 vs 2018/19 year to date
New registrations completed	737	721	▼
Inspections completed	6,781	5,694	▼
Complaints received	4,942	5,831	▲
Number of variations completed (not including typographical changes to certificates).	2,592	3,096	▲
Total scrutiny interventions completed	**15,052**	**15,340**	▲

New registrations completed: Slightly fewer new registrations completed compared to last year.

Inspections completed: We have completed fewer inspections overall so far this year compared with last year - down 1,087 inspections (down 16%). We completed 79% of our annual planned inspections. Of those we did not complete, 72% were due to lack of capacity and 23% were as a result of our response to COVID-19.

Complaints received: The number of complaints received has increased by 889 or 18% from Q4 last year. Complaints increased across most service types. Although levels of complaints received have risen over this period the percentage of services graded good, very good or excellent in all evaluations has remained relatively consistent (KOI 1). The increase in complaints may be attributable to the increased awareness of our complaints process and of the standards of care people should expect.

Variations completed: The number of variations completed has increased from Q4 last year largely due to the early learning and childcare (ELC) expansion work.

Summary of key achievements and work progressed in Q4 2019/20

Strategic Scrutiny

We published a briefing note on supported and validated self-evaluation of community justice. We have asked partnerships to focus their self-evaluation on three key areas: how partners plan together and collaborate to deliver their shared aims; how they manage their resources; and how well partnerships are led. We delivered the publication of an inspection of justice social work services in Dumfries and Galloway. We also published a report on the supported and validated self-evaluation of community justice in East Lothian.

We published reports looking at the joint inspection of services for children and young people in need of care and protection in Orkney and the joint inspection of services for older people in the Scottish Borders - progress review (February 2020).

In collaboration with Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Health Improvement Scotland (HIS), we published the joint inspection of adult support and protection quality indicator framework.

COVID-19 Response

At the beginning of March, like other organisations, we implemented contingency plans to continue to operate effectively. Given the evident risk that our staff could transmit or spread COVID-19 in services, we took the decision that it would have been untenable when the pandemic took hold to carry on business as usual and continue sending inspectors from care home to care home in the normal manner. At the outset, the advice from directors of public health in Scotland was unequivocal in that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes.

Our focus remains the safety and wellbeing of people, and inspection is just one element of the rigorous scrutiny and assurance work we carry out. As agreed with Scottish Government, we put enhanced notification systems in place requiring services to tell us about both suspected and confirmed cases of COVID-19, and staffing levels affected by COVID-19. This means we are immediately alerted to issues and can provide scrutiny, guidance and support to services directly, also directing resources to services from other agencies such as the health and social care partnerships, SSSC recruitment hub, NHS Public Health and Health Protection Scotland where needed.

We are operating oversight seven days a week, with inspectors working tirelessly to carry out scrutiny checks and effect swift solutions for care homes. We check that infection prevention and control measures are being followed, that there are adequate levels of PPE and that staffing levels are appropriate. This oversight includes contacts made with services or individuals through Near Me video consultation and observation that enables us to examine services' environments, systems and practice.

We are targeting inspections and take robust action including enforcement where the evidence deems it necessary. We are doing this in a strictly risk-assessed way and our inspectors are rigorously following infection prevention and control guidance before, during and after visits to keep care homes safe.

Intelligence reporting
To aid our response to COVID-19 we greatly increased the amount and frequency of our reporting in a very short period of time. There was excellent collaboration between colleagues in all directorates in order to allow this reporting to start so quickly. The information provided is used to inform our Gold and Silver response groups and is also shared with other key organisations to aid the overall response.

Strategic outcome 2: People experience positive outcomes

KOI3: % of services with all good or better grades at first inspection following registration		Executive Director of Scrutiny and Assurance

KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published

Target	**n/a**	
Q4 Year to Date (see diamond on chart)	**71.1% (382 of 537 services)**	
Q4 Year to Date 18/19	**69.0% (430 of 623 services)**	

Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Our registration process plays a key role in ensuring that people have access to good quality care services. Over the year to date, 71.1% of services inspected for the first-time following registration were found to be good or better across the board – an increase of 1.1% points compared with the same period last year. It is worth noting that the above chart shows there was a wide range of routine variation in this process from Q1 to Q3 18/19. Since Q4 2018/19 the variation has greatly reduced and performance in Q2 and Q3 was above the revised average. However, performance in Q4 had dropped below the revised trend line.

Reasons for Difference:

Actions: Continue to monitor to see if improved performance is sustained.

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

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

Target (see green dotted line on chart)	**80%**	
Q4 Year to Date (see diamond on chart)	**76.4% (334 of 437 applicable registrations)**	
Q4 Year to Date 18/19	**77.3% (299 of 387 applicable registrations)**	

Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: Performance is slightly below target and down 0.9% points on Q4 last year. There continues to be wide variation in performance on this KPI. Performance improved throughout Q4 and finished in March above the previous average trend and target.

Reasons for Difference: Performance in registering support services decreased from 96% being completed in time in Q3 to only 71% in Q4. Additionally, only 17% of childminding registration applications were completed in time in January similar to the level of performance we saw in Q3. This subsequently improved through the rest of the quarter reaching 50% for Q4 overall.

Actions: Repurpose of registrations for COVID

KPI6: level of investment in learning & development for our workforce	Interim Executive Director of Strategy and Improvement
Target	**TBC**
Q4 Year to Date	**10.7 hours on average per employee for Q3 and Q4** **(6,398 hours per 600 employees)**
Q4 Year to Date 2018/19	**n/a**

Notes: In Q3 and Q4 2019/20 employees on average had 10.7 hours of investment. In Q3 employees on average had 6.9 hours of investment dropping to 3.7 hours per employee in Q4.

Between January and March 2020, there were a total of 35 learning events that took place, attended by 258 employees. The learning events covered a broad range of themes supporting the development of all our workforce. Key themes and learning topics are summarised below:
- ICT training to support office 365
- Personal skills development – resilience, time management, assertiveness and confidence building, managing and resolving conflict, presentation skills
- Inspector CPD – SOFI, Solihull approach and outdoor play and learning

Reasons for Difference: With a focus on meeting our other KPIs especially KPI2 and KPI 3a and 3b there were less hours spent on investment in Q4. Furthermore, several events were cancelled due to COVID-19.

Actions: Following the outbreak of COVID-19, we continue to offer a range of online learning and development activities. Initially online learning has focussed on support for staff wellbeing and effective remote working. We will continue to develop the online learning and development programme available to staff whilst in person learning events are not possible.

KPI7: % inspection hours spent in high and medium risk services	Executive Director of Scrutiny and Assurance
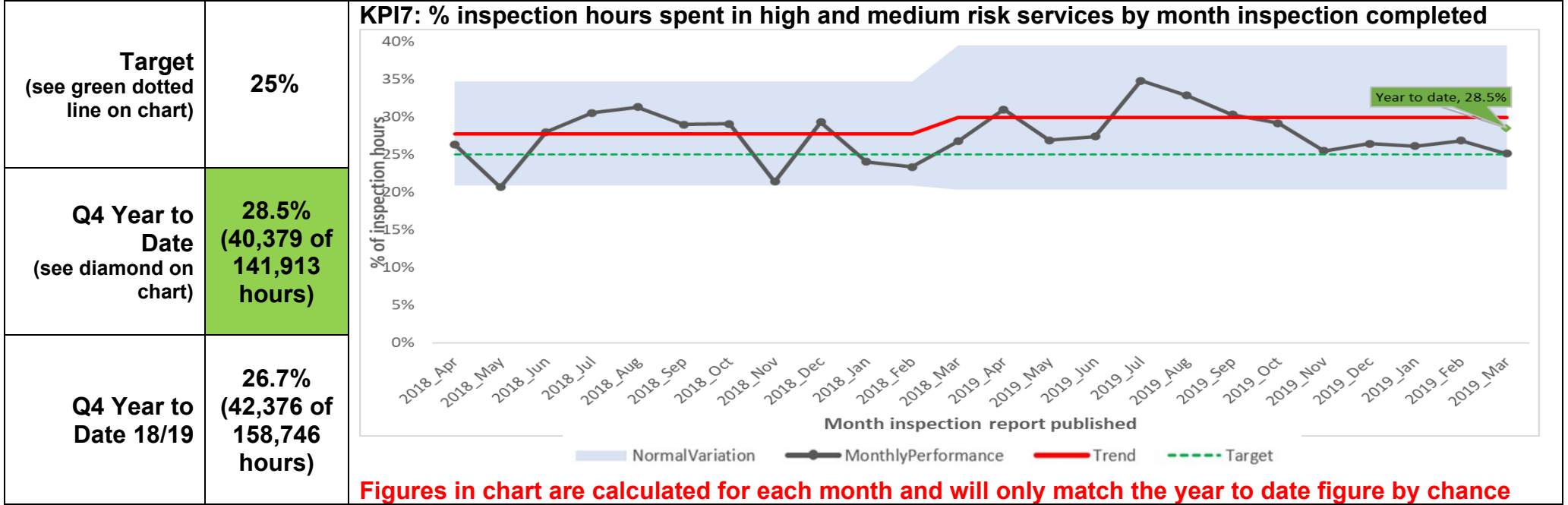
		KPI7: % inspection hours spent in high and medium risk services by month inspection completed
Target (see green dotted line on chart)	**25%**	
Q4 Year to Date (see diamond on chart)	**28.5% (40,379 of 141,913 hours)**	
Q4 Year to Date 18/19	**26.7% (42,376 of 158,746 hours)**	

Figures in chart are calculated for each month and will only match the year to date figure by chance

Notes: In 2019/20 we spent almost 142,000 hours on inspection. Of these hours, 28.5% were spent in high or medium risk services, in line with our aim to target our resources where risk is highest. Performance increased 1.8% points from last year.
Performance in this KPI declined in Q3 and remained lower in Q4 2019/20 which was to be expected given that high risk services were prioritised for the start of the year leaving a higher proportion of low risk services later in the year. The majority of time spent in high and medium risk services has been spent in adult services (73% of all hours in high or medium risk services). For adult services, 39% of inspection hours were spent in high and medium services. This compares with 19% in children and young people services and 16% in early learning and childcare (ELC) services.

Reasons for Difference: Initial focus on high and medium risk services has kept KPI performance high for year to date but potentially at the expense of completing our statutory inspections (KPI2).

Actions: By the end of the year, adult teams had inspected all high-risk services and spent more time in services that were high risk with poor outcomes for people.

Summary of key achievements and work progressed in Q4 2019/20

Staff vacancies in care services 2018
In January 2020, along with the Scottish Social Services Council (SSSC) we jointly published our annual report for 2018/19 looking at staff vacancies in the care sector.

Monitoring and informing policy
Through briefings, tracker documents and urgent updates, the policy team continued to provide comprehensive support and analysis on developments across the policy landscape, including:
- the passage of the Children (Scotland) Bill through Parliament
- the health and sport committee's ongoing social care inquiry
- developments during the initial outbreak of Coronavirus
- a literature review on safe staffing in social care
- contributing to the organisation's UN Convention on the Rights of the Child (UNCRC) progress report.

In Q4, we submitted responses to the following consultations:
- Review into the delivery of forensic mental health services (Independent Review)
- Youth justice standards (Scottish Government)
- Children and young people – participation in decision making (Scottish Government)
- Consultation on the draft right of access guidance (Information Commissioner's Office)
- Social care inquiry (Health and Sport Committee)
- Early learning and childcare – statutory guidance (Scottish Government)
- Race equality, employment and skills inquiry (Equalities and Human Rights Committee)

Records management improvements
Good records management means that inspectors can find the right information at the right time, and reduced information risk. This quarter has seen the onboarding of the hard copy record to the new supplier completed. This, along with role-based training, means that it will be easier and more efficient to request and return records to our off-site archive.

Strategic outcome 3: People's rights are respected

KOI4: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Executive Director of Scrutiny and Assurance
Target	n/a	
Q4 Year to Date	91% (CSQs received from 5,446 services)	
Q4 Year to Date 18/19	93% (CSQs received from 5,891 services)	
Notes: Performance remains above the 90% target, although slightly lower than last year.		
Reasons for Difference:		
Actions: Ensure that these questionnaires are being provided to services and highlight the importance of this feedback.		

KOI5: % of services with majority of people telling us they make decisions about their own care	Interim Executive Director of Strategy and Improvement
Target	n/a
Q4 Year to Date	80%
Q4 Year to Date 18/19	n/a

Notes: This Key Outcome Indicator has been created by summarising responses to specific questions asked in Care Standards Questionnaires and new Care Surveys. In order to be included in the count towards this KOI, services must have had at least 75% of the responses indicate that people who experience care agree or strongly agree that they make decisions about their care. Services with smaller survey responses will be more adversely affected by a negative response than those with larger services.
Overall, 80% of services had a majority of people telling us they make decisions about their care.

Reasons for Difference: Childminding services had the highest percentage of services with the majority of people telling us they make decisions about their own care (99% of services). There was a large difference in care homes for older people between relatives' responses (90%) and people living in the care homes (69%).

Actions: The intelligence team will monitor this measure going forward and continue to report by service type given the differences between services noted above. We may need to modify this measure light of our COVID-19 response.

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work	Interim Executive Director of Strategy and Improvement
Target	TBC
Q4 Year to Date	**135 days (average per quarter)**
Q4 Year to Date 18/19	n/a

Notes: During 2019/20 our care experienced people spent an average of 135 days per quarter on a range of involvement activity. Although our work in Q4 was restricted mainly due to no volunteer activity in March due to COVID-19, we expect to be able to exceed 145 days of involvement activity per quarter.

The total number of days spent on inspection activities during Q4 was 51.5 for our adult inspection volunteers and 13 for our young inspection volunteers. The total number of inspectors requesting an inspection volunteer was 42 during this period.

Reasons for Difference: Activity in Q4 was lower than planned, mainly due to inspections which did not go ahead due to COVID-19 restrictions.

Actions: Based on performance in inspection year 2019/20, we recommend a target of 145 days per quarter of volunteer contribution to our work. However, this is unlikely to be achievable this year due to the COVID-19 restrictions and we recommend delaying the introduction of a target at this point. The involvement team continue to be in touch with the inspection and young inspection volunteers during the COVID-19 restrictions to provide continuity and support where required. A limited number of projects are continuing with our volunteers via various communication tools but we recognise that some of our volunteers have caring responsibilities and have many other commitments at this time. Depending upon the impact of COVID-19 it may not be sensible to progress work on this KPI at present.

KPI9: number of service types with a new inspection framework	Interim Executive Director of Strategy and Improvement
Target	**11 service types covered by 31 March 2020** **Q1 Target: 3 or more service types** **Q2 Target: 4 or more service types** **Q3 Target: 6 or more service types** **Q4 Target: 9 or more service types**
Q4 Year to Date	**10 service types with new inspection framework**
Q4 Year to Date 2018/19	**1 service type with new inspection framework**
Notes: Service types with a new framework for Q4 are secure accommodation services, support service (not care at home), housing support services, offender accommodation services. However, due to COVID-19 pressures on services, it has been agreed to suspend the launch of these frameworks temporarily.	
Reasons for Difference: The frameworks for nurse and childcare agencies will be grouped under one framework. Fostering, adoption and adult placement services frameworks will be grouped under one framework (family-based care).	
Actions: The consultation events for the agencies and family-based care frameworks were postponed due to COVID-19 restrictions. These frameworks will be progressed internally in the interim.	

Summary of key achievements and work progressed in Q4 2019/20

The Hub
In Q4 the site continued to grow in visitor numbers and use, with 38,784 unique visitors (51,638 sessions) across the quarter, compared to 36,439 (47,301 sessions) in Q3. During this time, we have continued to add a range of guidance and improvement resources to the site, including a new section on the early learning and childcare improvement programme.

Records Management Plan
It is a lawful requirement for all public bodies to submit a Records Management Plan (RMP) to the National Records Scotland (NRS) which details our approach to records management. It had been agreed with the NRS that we would redraft our plan in its entirety as it had last been submitted in 2014. The re-draft of RMP for the NRS was completed, shared and a meeting was held to work through the plan and the evidence cited. Feedback was good, and the final plan is now ready for review.

Summary of supporting activity in Q4 2019/20

Below are updates on activities which support our key principles helping us to achieve our strategic objectives.

COVID-19

Since the beginning of March 2020, the HR team's remit has largely focussed on the Care Inspectorate's response to the COVID-19 situation. This work has involved supporting colleagues to work from home; preparing various guidance documents for our employees and managers in conjunction with the Scottish Government's approach; seeking volunteers from our workforce to support front line services in conjunction with NHS Education for Scotland (NES) and the SSSC and supporting the Care Inspectorate Gold and Silver response teams on all HR related matters.

Recruitment

Recruitment activity remained high within Q4. In the Scrutiny and Assurance directorate, we held an assessment centre for locum strategic inspectors followed by an inspector campaign in January which resulted in one locum and 13 inspectors appointed. A further three inspectors and two strategic inspectors were recruited from our reserve list. There were three external campaigns in the Corporate and Customer Services directorate resulting in four successful appointments. In Strategy and Improvement, we had four campaigns with three successful appointments including one internal move to the new permanent post of improvement support officer. In addition to the recruitment activity detailed, 16 individuals on temporary contracts had their secondments extended to 30 September 2020. The Scrutiny and Assurance recruitment working group, produced its report on recommendations for improving the end to end recruitment process for inspectors. The group is proposing an improved assessment centre process which will be put in place when business as usual returns.

Job Evaluation

Phase 3 of job evaluation is nearing completion, this includes inspectors, senior inspectors and team managers. All job evaluation interviews have been completed and job evaluation statements are currently being finalised.

Healthy Working Lives (HWL)

HWL successfully maintained the Gold award in February 2020 and will work towards maintaining this for a further year in February 2021. The criteria for maintaining the award will be agreed at the next Health, Safety and Wellbeing committee.

Procurement threshold review
We have reviewed our procurement thresholds by benchmarking with other central government organisations. This review showed our thresholds are still relevant and proportionate, however the two-tier process is no longer appropriate as risk is addressed throughout the procurement process. The revised thresholds have been reported to the procurement development group and we are updating our guidance as required.

Procurement Strategy April 2020 to March 2023
A new Procurement Strategy has been agreed by the Care Inspectorate's Board and SSSC's Council. The strategy has been equality impact assessed and documents our procurement priorities over this period. An annual report showing progress against achieving our priorities is prepared annually.

Training
The Procurement team has delivered three training sessions during this quarter. The Accounting team delivered finance overview training to Organisational Workforce Development (OWD) and Customer and Business Support colleagues during this quarter.

2020/21 Budget
The Board approved the 2020/21 budget at its meeting of 26 March 2020. Further budget development work is planned with our Sponsor to address ongoing financial pressures.

National Fraud Initiative
A report was presented to Audit and Risk committee, advising of the outcome of the Care Inspectorate's participation in the 2018/19 National Fraud Initiative (NFI) exercise and to give the committee an opportunity to review the management response to the NFI self-appraisal document.

Best Value
The best value review of employee training and development concluded with a report of the findings and recommendations being submitted to the Executive Group for consideration at its meeting on 1 April 2020.

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   Policy

As a public body, we are expected to consider our contribution to Scotland's National Performance Framework. The National Performance Framework is designed to shape how the actions of the public sector will improve the quality of life for people in Scotland. A new National Performance Framework was launched in 2018, consisting of 11 National Outcomes and 81 National Indicators. We seek to deliver our strategic outcomes in the context of a complex policy landscape. The Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion (ELC), as well as reform of both adult and children's social care.

Relevant developments in Q4 included:
- the passing of the Scottish Government's 2020/21 budget in the Scottish Parliament
- the publication of our evidence, alongside all other submissions, to inform the Health and Sport Committee's Social Care Inquiry
- publication of the findings of the Independent Care Review
- continued parliamentary scrutiny of the proposed Children (Scotland) Bill, which includes provision for the regulation of child contact centres among a range of measures aimed at strengthening the family law system, and the Disclosure (Scotland) Bill, which sets out proposals to modernise and improve the proportionality of the state disclosure system in Scotland
- the launch of a consultation to inform the independent Mental Health Law Review, to which we are drafting a response
- continued discussion around the potential impact of Brexit on health and social care in Scotland.

It should be noted that Q4 saw the initial outbreak of COVID-19. This has had, and will continue to have, a significant impact on our work and any current and future policy development. For example, the Scottish Government has announced that the expansion of ELC (originally due to be implemented by August 2020) has been postponed, while evidence sessions to inform the Health and Sport Committee's Social Care Inquiry have been cancelled. The full extent of the impact on policy more broadly remains to be seen.

3.4   **People who experience care**

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2019-22. This evidences the performance of the organisation in delivering strategic outcomes and as such provides assurance and protection for people who experience care.

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

This report includes a number of measures of customer satisfaction.

4.0   **CONCLUSIONS/NEXT STEPS**

The Board is invited to note and discuss this report.

Title:	Finance Update		
Author:	**Kenny Dick, Head of Finance and Corporate Governance**		
Appendices:	**1.**	Care Inspectorate Revenue Budget Monitoring Statement for the Year to 31 March 2020	
	2.	Debt Analysis 2019-20	
	3.	Debt Write Off 2019/20	
Consultation:	**N/A**		
Resource Implications:	**No**		

EXECUTIVE SUMMARY
This report provides an update on the progress of the Annual Report and Accounts and the projected financial position for the year to 31 March 2020. The projected net expenditure to 31 March 2020 is an underspend of £689k. This is £913k less than the budgeted net expenditure of £224k. This is a decrease of £692k from the position reported to the Board at its meeting of 26 March 2020. Of this, £296k is due to some of our planned activities being delayed until 2020/21 due to the Government's response to Covid-19 and £100k is a transfer to the ICT Equipment reserve. The balance of £296k will increase the General Reserve position to support 2020/21 budget pressures. The projected General Reserve position is detailed in section 2.3.1 of the report. The projected financial position is shown in Appendix 1 of this report.

The Board is invited to:	
1.	Note the draft Annual Report and Accounts are expected to be completed and ready for submission to the external auditors on Monday 22 June 2020.
2.	Note the improved projected financial position for the 2019/20 financial year.
3.	Note the effective 2019/20 income collection and debt management activity.
4.	Note the budget position including identified risks for 2020/21.

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

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

Reason for Confidentiality/Private Report: None *(see Reasons for Exclusion)*
Disclosure after: Not applicable

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

FINANCE UPDATE

1.0   INTRODUCTION

This report is to advise the Board on:

- The progress of the Annual Accounts and the latest projected financial position for 2019/20.
- The income collection and debt management position for 2019/20.
- The budget position for 2020/21

2.0   ANNUAL REPORT AND ACCOUNTS PROGRESS

2.1   Submission to External Audit

Responsibility for the preparation of the Annual Report and Accounts is shared between several officers. The preparation of the Annual Report and Accounts is progressing satisfactorily and it is expected that the draft documents will be submitted to Audit Scotland for auditing purposes on 22 June 2020 in accordance with the agreed timetable.

2.2   2019/20 Projected Outturn

As noted in 2.1 above, the preparation of the 2019/20 financial statements is progressing satisfactorily. Based on the work to date, the projected financial outturns have been updated and compared to the projected financial position reported to the Board on 26 March 2020.

2.3   Draft Financial Position

The annual accounts work completed to date projects that there will be a surplus of £0.689m to the core revenue element of the general reserve. Appendix 1 details the position against budget.

Comparison to Position Last Reported to the Board

	Projected Over/(Under)Spend Board 26 March 2020 £000	Latest Projected Over/(Under)Spend Position as at 31 May 2020 £000	Variance £000
Staff Costs	29,969	29,897	(72)
Accommodation Costs	2,332	2,242	(90)
Administrative Costs	2,001	1,832	(169)
Travel & Subsistence	1,625	1,531	(94)
Supplies and Services	2,113	1,952	(161)

Gross Expenditure	38,040	37,454	(586)
Fee Income	(11,970)	(12,063)	(93)
Grant in aid – core operating costs	(22,659)	(22,659)	0
Grant in aid – Business and Digital Transformation	(350)	(350)	0
Other grant income	(1,718)	(1,718)	0
Other income	(1,340)	(1,353)	(13)
Total Income	(38,037)	(38,143)	(106)
Net Expenditure	3	(689)	(692)
Uncommitted General Reserve Balance	1,245	1,737	492
Gen Reserve %age	3.39%	4.73%	

The latest budget monitoring statement is attached as Appendix 1. The main reasons for the change in the projected financial position are detailed in the sections below, with a significant proportion of this being due to being unable to complete some of our planned activities due to the Government's response to Covid-19.

2.3.1 General Reserve Position

Our funding strategy provides a target for a General Reserve balance of 1% to 1.5% of Gross Controlled Expenditure. Based on the revised budget this is a range of £367k to £551k. We are also building up equipment replacement funding within the General Reserve of £100k per annum. This is the first year of this approach. Therefore, our target range for the General Reserve is £467k to £651k. The current projected net expenditure will mean an uncommitted general reserve balance of £1.737m (4.73% of Gross Controlled Expenditure). This is £1.370m more than the lower end of the range and can be used to partially alleviate some 2020/21 budget pressures.

The projected impact on the general reserve is as follows:

	2019/20 Budgeted Position	Projected/Actual Position	Variance
	£000	£000	£000
Opening general reserve balance	1,003	1,455	452
Draw on general reserve:			
Revised budget (over)/under spend	(224)	888	1,112
To fund 2018/19 b/fwd spend		(163)	(163)
To fund CAPA programme		(36)	(36)
Total (over)/underspend	(224)	689	913
Projected general reserve balance at 31/03/2020	**779**	**2,144**	**1,365**
Minimum target General Reserve (1% of gross controlled expenditure)		(367)	
ICT Equipment Replacement		(100)	
Prepaid grant programme funding required		(307)	
Minimum General Reserve balance required		774	
General reserve balance available to support 20/21 budget pressures		**1,370**	

2.4   Staff Costs – Decrease of £72k

The projected decrease in staff costs is mainly due to:
- Board fees being £10k less than previously projected.
- Inspector overtime charges for March were £60k less than anticipated due to a reduction in activity associated with Covid-19 constraints.
- A change in planned training and development activity has resulted in a projected decrease of £69k in expenditure. Of this figure, £22k of grant funded training and development and £36k of core training and development has been delayed until 2020/21 due to Covid-19.
- A projected increase on other staff cost slippage of £20k.
- The Health and Social Care Standards and Barnahus grants have been reprofiled with a projected decrease of £19k in staff costs now shown in Administration Costs.

These decreases totalling £178k are partially offset by a projected increase of £74k in the value of accrued annual leave and flexi balances outstanding at 31 March 2020, and expenditure of £32k for the Senior HR Adviser vired to Staff Costs from Other Supplies and Services.

2.5   Accommodation Costs – Decrease of £90k

£80k of costs previously projected as accommodation costs are now allocated to supplies and services (section 2.8). This is made up of £45k to fund the purchase of additional video conferencing equipment (Surface Hubs) for our offices and £35k for the purchase of office chairs. In addition to this, the projected expenditure for repairs and maintenance is £10k less than previously projected.

2.6   Administration Costs – Decrease of £169k

The projected decrease is partially due to a delay in planned developments due to Covid-19. A summary of these are as follows:

- Additional savings of £18k in telephony expenditure is projected.
- Projected expenditure in advertising and publicity is £19k less than anticipated. This is partially due to exhibition and promotional costs being less than expected.
- Planned business and digital transformation spend of £48k has been postponed until 2020/21.
- The support for Office 365 deployment and the shared service review will complete in 2020/21. This leaves a projected decrease in expenditure of £10k.
- Previous projections included provision for a recharge of £8k from HIS for a joint piece of work. No charge will now be made.
- A planned update to the Hub has been postponed, with a decrease in projected costs of £7k.
- The planned job evaluation exercise did not fully complete due to Covid-19, with services to the value £6k now being concluded in 2020/21.
- Previous projections included £6k for counter fraud services to be provided by the NHS. The service delivery has been delayed and no charges are expected for this year.
- £26k of expenditure associated with grant funded programmes of work has been delayed until 2020/21.
- Other projected reductions in other administration costs across various cost centres totalling £17k.
- Bad and doubtful debt for the year is £6k less than budgeted.

These increases totalling £171k are partially offset by a projected increase in printing, stationery and postages of £2k. This comprises a projected increase in grant funded expenditure of £20k which is being masked by a projected decrease of £18k in core funded expenditure.

2.7   Transport Costs – Decrease of £94k

As travel was substantially limited during March as a result of Covid-19, projected travel and subsistence is significantly less than previously projected.

2.8   Supplies and Services – Decrease of £161k

ICT equipment is expected to have a four-year life span. £100k of expenditure is transferred annually to the ICT equipment reserve to fund the equipment replacement programme. The transfer of this projected expenditure to the general reserve at year end accounts for £100k of the reduction in projection. In addition, a number of planned ICT projects did not conclude by 31 March and £89k of expenditure relating to these will now complete in 2020/21. The delays are largely as a result of Covid-19. A further reduction of £20k is mainly due to a decrease in hospitality and venue hire due to planned events being delayed until 2020/21 as a result of Covid-19 and a projected reduction in storage and archiving expenditure. Previous projected expenditure also included £32k which has now been vired to staff costs (section 2.4)

The projected decreases totalling £241k are partially offset by the purchase of office chairs and video conferencing equipment totalling £80k as noted in Accommodation costs (section 2.5).

2.9   Income – Overall increase of £106k

2.9.1 Fee Income – Increase of £93k

An additional £93k of fee income is projected. £60k of this is a projected increase in continuation fee income due to fewer services cancelling their registration than anticipated, and £33k is due to a projected increase in the number of services who will complete their registration by 31 March 2020.

2.9.2 Other Income – Increase of £13k

Projected income from shared services includes a recharge of £10k for unplanned works completed to the external fabric of the Dundee Offices. There is also an additional £3k of other income projected

3.0   2019/20 INCOME COLLECTION AND DEBT MANAGEMENT

During the year invoices totalling £11.431m were issued. Collection rates remain good.

Appendix 2 provides details of outstanding debt as at 31 March 2020 and compares this to the position as at 31 March 2019.

Appendix 3 provides details of the £0.047m debt written off during 2019/20.
It should be noted that the Executive Framework provides the Chief Executive with delegated authority to approve the write off of debt up to the value of £10,000.

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

4.0   2020/21 BUDGET POSITION

There is no formal budget monitoring in the first quarter of the financial year. However, due to the current position with Covid-19, the Board were given an update on the financial position at the special meeting held 8 May 2020. This updated the Board that at this early stage of the financial year our projected net expenditure was £0.165m lower than anticipated. The Board were also updated on the risks to this position which have not changed.

As noted in section 2.3 our projected general reserve balance is greater than previously predicted providing some additional comfort for dealing with unexpected net expenditure variations. It should be noted that £296k of the improved general reserve balance relates to expenditure originally planned for 2019/20 that will now be incurred in 2020/21. This is primarily due to planned developments having to be postponed due to Covid-19. The table below summarises this position.

	£000
Total improvement in financial position	692
Expenditure delayed until 2020/21:	
Learning and development programme	36
Digital and Business Transformation Programme spend	48
Shared service review	5
O365 deployment project	5
Job Evaluation	6
The Hub update	7
WIFI expansion project	27
Implementation of new telephone system	20
O365 performance testing	18
ICT penetration testing	14
Other ICT developments	10
Specific grant funded programme expenditure	100
Total expenditure delayed until 2019/20	**296**
ICT Equipment Replacement Reserve	100
Total	**396**
Available additional General Reserve funding	**296**

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5.0   2020/21 BUDGET RISKS

5.1   Fees Waived or Reduced

There have been indications from the sector that a reduction or full waiving of fees would be appropriate in the current circumstances. This would need to be a decision by Scottish Government and we would expect any decision on this to be linked to an increase in grant in aid to compensate for any funding shortfall. The fees position is due to be reviewed with Sponsor this month.

5.2   Service Provider Ability to Pay Fees

Within the regulated care service sector there is a mixture of services that have temporarily ceased to operate, services that are incurring additional costs due to staff absence and shortages and services experiencing a decline in the number of people using their services all of which impacts on their financial sustainability. If significant numbers of services are in financial difficulty this could lead to a reduction in fee income and an increase in bad debt.

There will also be a greater reliance on fee income in the latter part of the financial year than would normally be the case with the quarter 1 invoices being delayed until July 2020. The cashflow position will need to be closely monitored.

5.3   Reduction in New Registrations

There may be a reduction in the registration of new permanent care services in the current environment leading to a reduction in new registration fees. The budget for new registration fee income is £0.500m. The longer the COVID-19 crisis continues the more likely it becomes that new registration fee income will be less than budgeted.

5.4   Post COVID-19 Public Sector Finances

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

The Care Inspectorate has a higher than usual general reserve balance as we are funding non-recurring digital transformation costs from the general reserve in 2020/21. We will need to be mindful this position is well understood with our Sponsor and the Scottish Government.

Prior to the scale of COVID-19 problem becoming apparent we were discussing the need for additional recurring funding to support the Care Inspectorate. This included:

- funding the outcome of the Inspector job evaluation exercise
- funding the outcome of the Team Manager review
- securing additional funds for digital transformation following the completion of a business case.

We will re-engage with the Sponsor on our need for additional funding this month at the same time as we review the fees position.

5.5 Specific Grant Funding

The 2020/21 budget includes significant grant funding tied to specific projects and outcomes. The Covid-19 situation significantly constrains the progress that can be made. We will engage with the funding providers to ensure funding remains available for costs incurred.

6.0 IMPLICATIONS AND/OR DIRECT BENEFITS

6.1 Resources

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

6.2 Sustainability

There are no direct sustainability implications arising from this report.

6.3 Policy

The Scottish Government's Budget for 2020-21 was agreed by Parliament in March 2020. Finance Secretary Kate Forbes placed the spending plans in the context of downgraded projections for the UK economy and Brexit uncertainty, but it should now be noted that the Coronavirus (COVID-19) outbreak has since had, and will continue to have, a significant impact on the economy, as well as current and future policy development. The Budget has since been revised upward to take account of this and consequentials resulting from the UK Government's response to the crisis.

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and any additional responsibilities or projects that emerge from these. The Care Inspectorate has a key role in supporting the successful delivery of many ongoing policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care.

When considering this paper, it is also important to be aware of the need to ensure effective governance within the context of public service delivery and reform to the benefit of the people of Scotland. Relevant policy developments in this regard

include the National Performance Framework and the Four Pillars of Public Service Reform: Prevention, Performance, People and Partnership.

6.4 People Who Experience Care

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

6.5 Customers (Internal and/or External)

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

7.0 CONCLUSION

This report details an improvement on the previously projected 2019/20 financial position of circa £296k in usable additional funding held within the General Reserve.

Income collection and debt management performance has been effective.

At this early stage in the financial year there are significant issues associated with Covid-19 that create concerns about significant variance from the 2020/21 budget. These include:

- reduced scrutiny activity impacting on overtime and travel
- staff recruitment difficulties and delays
- resources diverted to Covid-19 issues at the expense of budgeted workstreams (Scrutiny and Assurance senior managers, Digital Transformation and Intelligence teams particularly affected)
- restricted travel and staff working from home for an extended period will mean significantly reduced travel costs
- risks to the collection of fee income

Care Inspectorate Budget Monitoring 2019/20 - as at 31st March 2020

	Approved Budget £'000	Budget Virement £'000	Revised Budget £'000	Actual & Committed Exp £'000	Projection £'000	Variance £'000
Staff Costs						
Board Members	105.0	0.0	105.0	84.8	84.8	(20.2)
Chief Officers	506.7	0.0	506.7	509.0	509.0	2.3
Senior Managers	1,692.6	14.5	1,707.1	1,745.6	1,745.6	38.5
Admin & Professional	6,897.2	238.8	7,136.0	6,634.9	6,634.9	(501.1)
Specialists	312.5	82.2	394.7	511.0	511.0	116.3
Team Managers	1,519.6	109.0	1,628.6	1,679.1	1,679.1	50.5
Senior Inspectors	1,281.3	27.0	1,308.3	1,192.0	1,192.0	(116.3)
Inspectors	13,192.3	171.0	13,363.3	13,289.7	13,289.7	(73.6)
Practitioner Inspectors	232.6	59.0	291.6	92.5	92.5	(199.1)
Grant Funded Posts	412.6	0.0	412.6	426.3	426.3	13.7
Strategic Inspectors	2,169.4	236.0	2,405.4	2,110.3	2,110.3	(295.1)
Locums	0.0	0.0	0.0	98.8	98.8	98.8
Displaced Staff	113.2	0.0	113.2	120.0	120.0	6.8
Other Pay	0.0	0.0	0.0	(2.1)	2.1	(2.1)
Apprentice Levy	100.0	0.0	100.0	96.3	96.3	(3.7)
Total Payroll Costs	**28,534.9**	**937.5**	**29,472.4**	**28,588.1**	**28,588.1**	**(884.3)**
Secondees	0.0	31.8	31.8	18.9	18.9	(12.9)
Hired Agency Staff	226.0	(42.8)	183.2	670.2	670.2	487.0
Training & Development	516.0	54.0	570.0	520.2	520.2	(49.8)
Other Staff Costs	90.0	0.5	90.5	99.2	99.2	8.7
Total Staff Costs	**29,366.9**	**981.0**	**30,347.8**	**29,896.7**	**29,896.7**	**(451.1)**
Accommodation Costs						
Rent	822.1	26.4	848.5	848.4	848.4	(0.1)
Rates	426.4	(2.9)	423.5	417.0	417.0	(6.5)
Other Running Costs	1,196.2	(109.3)	1,086.9	976.1	976.1	(110.8)
Total Accommodation Costs	**2,444.7**	**(85.8)**	**2,358.9**	**2,241.6**	**2,241.6**	**(117.3)**
Administration Costs						
Printing & Stationery	164.8	45.8	210.6	175.3	175.3	(35.3)
Postages	110.0	0.0	110.0	106.5	106.5	(3.5)
Telephone Costs	375.0	(72.0)	303.0	327.4	327.4	24.4
Advertising & Publicity - General	7.3	0.0	7.3	6.6	6.6	(0.7)
Advertising & Publicity - Conferences	52.0	0.0	52.0	30.3	30.3	(21.7)
Subscriptions & Publications	25.5	4.5	30.0	31.6	31.6	1.6
Professional Fees	818.5	2.3	820.8	1,098.4	1,098.4	277.6
Other Administrative Costs	56.8	5.2	62.0	55.8	55.8	(6.2)
Total Administration costs	**1,609.9**	**(14.2)**	**1,595.7**	**1,831.9**	**1,831.9**	**(236.2)**
Transport Costs						
Travel & Subsistance Costs	**1,522.2**	**51.9**	**1,574.1**	**1,530.9**	**1,530.9**	**(43.2)**
Supplies & Services						
Furniture & Equipment	92.0	80.6	172.6	154.5	154.5	18.1
ICT Costs	1,404.3	114.1	1,518.4	1,550.7	1,550.7	32.3
Other Supplies & Services	186.7	2.2	188.9	247.1	247.1	58.2
Total Supplies and Services	**1,683.0**	**196.9**	**1,879.9**	**1,952.4**	**1,952.4**	**72.5**
Gross Expenditure	**36,626.7**	**1,129.8**	**37,756.4**	**37,453.5**	**37,453.5**	**(302.9)**
Income						
Continuation Fees	(11,350.0)	0.0	(11,350.0)	(11,429.5)	(11,429.5)	(79.5)
Registration Fees	(500.0)	(66.0)	(566.0)	(633.4)	(633.4)	(67.4)
Grants - Grant in Aid	(23,008.0)	(1,063.8)	(24,071.8)	(24,072.8)	(24,072.8)	(1.0)
Grants - Specific other	(498.7)	0.0	(498.7)	(654.7)	(654.7)	(156.0)
Shared Services	(871.4)	0.0	(871.4)	(983.0)	(983.0)	(111.6)
Lease Income	(88.4)	0.0	(88.4)	(86.3)	(86.3)	2.1
Seconded Officer	(74.3)	0.0	(74.3)	(184.0)	(184.0)	(109.7)
Miscellaneous	(11.8)	0.0	(11.8)	(98.9)	(98.9)	(87.1)
Total Income	**(36,402.6)**	**(1,129.8)**	**(37,532.4)**	**(38,142.5)**	**(38,142.5)**	**(610.1)**
Net Revenue Expenditure	**224.1**	**0.0**	**224.1**	**(689.0)**	**689.0**	**(913.1)**

DEBT ANALYSIS - 2019/20

Position as at 31 March 2020

Financial Year	Total Debt Outstanding		Referred for Legal Recovery	Balance of Debt Outstanding	%age of Total
	No. Of Invoices	Invoice Value	Invoice Value	Invoice Value	Billed
Care Commission	13	£877	£119	£758	0.00%
2011/12	13	£221	£170	£51	0.00%
2012/13	27	£599	£221	£378	0.01%
2013/14	39	£2,631	£238	£2,393	0.02%
2014/15	45	£2,295	£221	£2,074	0.02%
2015/16	94	£30,629	£3,252	£27,377	0.27%
2016/17	121	£5,135	£226	£4,909	0.05%
2017/18	226	£23,393	£4,982	£18,411	0.21%
2018/19	451	£147,727	£9,730	£137,997	1.31%
2019/20	990	£652,379	£12,850	£639,529	5.71%
Total	2,019	£865,886	£32,009	£833,877	0.46%

Position as at 31 March 2019

Financial Year	Total Debt Outstanding		Referred for Legal Recovery	Balance of Debt Outstanding	%age of Total
	No. Of Invoices	Invoice Value	Invoice Value	Invoice Value	Billed
Care Commission	14	£894	£136	£758	0.00%
2011/12	17	£289	£221	£68	0.00%
2012/13	41	£969	£306	£663	0.01%
2013/14	61	£2,977	£340	£2,637	0.03%
2014/15	80	£3,879	£340	£3,539	0.03%
2015/16	135	£31,752	£3,359	£28,393	0.28%
2016/17	177	£13,902	£7,483	£6,419	0.12%
2017/18	358	£51,548	£17,591	£33,957	0.46%
2018/19	974	£498,480	£198,424	£300,056	4.42%
Total	1,857	£604,690	£228,200	£376,490	0.37%
Movement	**162**	**£261,196**	**£(196,191)**	**£457,387**	

Movement Analysis

Financial Year	Total Debt Outstanding		Referred for Legal Recovery	Balance of Debt Outstanding
	No. Of Invoices	Invoice Value	Invoice Value	Invoice Value
Care Commission	(1)	£(17)	£(17)	£0
2011/12	(4)	£(68)	£(51)	£(17)
2012/13	(14)	£(370)	£(85)	£(285)
2013/14	(22)	£(346)	£(102)	£(244)
2014/15	(35)	£(1,584)	£(119)	£(1,465)
2015/16	(41)	£(1,123)	£(107)	£(1,016)
2016/17	(56)	£(8,767)	£(7,257)	£(1,510)
2017/18	(132)	£(28,155)	£(12,609)	£(15,546)
2018/19	(523)	£(350,753)	£(188,694)	£(162,059)
2019/20	990	£652,379	£12,850	£639,529
Total	**162**	**£261,196**	**£(196,191)**	**£457,387**

Debt Write Off 2019/20 - Summary

Debt Written Off By Service Type and Reason 31 March 2020

Service Type	No. of Invoices	Uneconomic to Pursue £	Legal Advice £	Service Insolvent £	Other £	Total £
Care Home	4		7,802.90	2,512.00		10,314.90
Childcare Agency	1			67.60		67.60
Childminder	360	6,086.00				6,086.00
Day Care of Children	25	1,558.50				1,558.50
Housing Support	5			6,973.60		6,973.60
Nurse Agency	9		489.30	6,011.90		6,501.20
Support Service Care at Home	17	282.80	5,584.27	7,043.40		12,910.47
Support Service Day Care	2			2,425.90		2,425.90
	418	7,927.30	13,876.47	25,034.40	0.00	46,838.17

Debt Written Off By Service Type and Financial Year:

Service Type	SCRC £	2011/12 £	2012/13 £	2013/14 £	2014/15 £	2015/16 £	2016/17 £	2017/18 £	2018/19 £	2019/20 £	Total £
Care home							2,669.00	5,133.90	2,512.00		10,314.90
Childcare Agency										*67.60*	67.60
Childminder	17.00	34.00	51.00	119.00	170.00	323.00	374.00	714.00	1,683.00	2,601.00	6,086.00
Day Care of Children								51.00	267.00	1,240.50	1,558.50
Housing Support									3,833.00	3,140.60	6,973.60
Nurse Agency							489.30	2,097.50	3,914.40		6,501.20
Support Service Care at Home							2,152.00	1,476.00	5,225.27	4,057.20	12,910.47
Support Service Day Care									714.90	1,711.00	2,425.90
	17.00	34.00	51.00	119.00	170.00	323.00	5,684.30	9,472.40	18,149.57	12,817.90	46,838.17

Receipts written off	11	-11.35

Agenda item 12
Report No: B-20-2020

Title:	**Annual Review of Care Inspectorate Financial Regulations**	
Author:	**Kenny Dick, Head of Finance and Corporate Governance**	
Appendices:	**1.**	Draft Financial Regulations (version 7.0)
Consultation:		
Resource Implications:	**No**	

EXECUTIVE SUMMARY
In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1) the annual review of Financial Regulations is now due to be carried out.
The Board is invited to:
1. Approve the Care Inspectorate Financial Regulations to ensure they remain fit for purpose in accordance with corporate governance best practice.

Links:	Corporate Plan Outcome	Principle 6	Risk Register - Y/N	Y - Risk number 5	Equality Impact Assessment - Y/N	N
For Noting		**For Discussion**		**For Assurance**	**For Decision**	**x**

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

| **Reason for Confidentiality/Private Report: None**
(see Reasons for Exclusion) |
|---|
| **Disclosure after: Not applicable** |

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

ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS

1.0   INTRODUCTION

The Financial Regulations were last reviewed in March 2019. In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1) the annual review of the Financial Regulations is now due to be carried out.

1.1   Financial Regulations Revisions

A summary of the proposed amendments is set out in paragraph 7.0 of the Version Control section of the Regulations. The principal changes refer to the amendment of the procurement thresholds (section 8) and the removal of the maximum budget virement value (section 4).

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

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and any additional responsibilities or projects that emerge from these. The Care Inspectorate has a key role in supporting the successful delivery of many ongoing policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care.

When considering this paper, it is also important to be aware of the need to ensure effective governance within the context of public service delivery and reform to the benefit of the people of Scotland. Relevant policy developments in this regard include the National Performance Framework and the Four Pillars of Public Service Reform: Prevention, Performance, People and Partnership.

2.4   People Who Experience Care

Ensuring effective financial governance ensures we maximise the resources available to bring benefits to people who experience care.

2.5   Customers (Internal and/or External)

The monitoring, review and publication of the financial regulations relate to strategic theme five of the Customer Service Strategy.

3.0   CONCLUSIONS/NEXT STEPS

Effective financial regulations, and regular periodic review, are necessary to maintain the effectiveness of financial systems. This annual review demonstrates our commitment to ensuring our financial regulations remain fit for purpose.

Care Inspectorate's Financial Regulations

Publication code (leave blank – comms will complete this)

Lead Director: Executive Director of Corporate and Customer Services

Presented to the Board – 18 June 2020

Approved by the Board -

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	
2.0	Board	• Reference to 'Management Statement and Finance Memorandum' replaced with 'NDPB Executive Framework'. • Finance function renamed as 'Finance & Corporate Governance' • Insurance section updated to refer to 'Scottish Public Finance Manual (paragraph 14.1). • Minor grammatical corrections.	18/12/15
3.0	Head of Finance & Corporate Governance	• Post title changes to reflect current organisational structure. • Alternative Expenditure Proposal paragraph (4.3) updated to clarify that requests must relate to non-recurring spend and that proposals need to conclude by 31 March of the relevant financial year. • Procurement non-competitive action paragraph (8.7) amended to show delegated authority levels in the NDPB Executive Framework. • Inclusion of a new "Grants Awarded to the Care Inspectorate" section • Renumbering as a result of the insertion of the new section described above.	10/11/16
4.0	Head of Finance & Corporate Governance	• Team name changes to reflect current organisational structure. • Para 10 title amended from 'Government Procurement Card' to 'Electronic Purchasing Card (GPC)' • Para 6.2 (b) reference to 'disks' replaced with 'memory devices' • Para 18.3 updated to reflect change in delegated authority for travel and subsistence claims exceeding three months. • Para 13.10 amended to reflect the revised scheme of delegation regarding fee waivers. • Renumbering as a result of the above amendments.	9/11/17
5.0	Head of Legal Services	• Changes to reflect amended Board and Committee structure. • Paragraph 3.3 redrafted to reflect	13/04/18

		Reservation of Powers and Scheme of Relegation • Paragraphs 4.2, 4.3 and 4.5 redrafted to reflect Reservation of Powers and Scheme of Delegation regarding Board authority in respect of changes to establishment • Deletion of "request" and substitution with "require" in Para 6.2(d). • EU Procurement Threshold updated – Para 8.2. • Correction of typographical error in Para 9.2. • References to "Executive Team" changed to "Executive Group". • Amendments to revise arrangements for Executive approval of reports.	
6.0	Head of Finance & Corporate Governance	• Para 1.6 updated to reflect the requirement for reports with resource implications to be submitted to the Director of Corporate and Customer Services no later than 7 days in advance of the issue date of the meeting papers. • Insertion of section 23 to include delegated authority to write off bad debts and/or losses. • Section 15 amended to remove reference to surpluses of deficiencies on stocks and stores as this is now included in the new section 23. • Approval and Revision of the Financial Regulations is now referenced in section 24 to reflect addition of bad debts and losses section above. • Reference to 'receipts and payments' in para 3.4 replaces with 'income and expenditure'. • Para 10.2 updated to include restriction on the use of electronic purchasing card details not being stored on websites. • Para 1.8 amended to remove reference to Resources Committee. • Minor grammatical errors. • Renumbering as a result of the changes added in section 23. • Para 6.3 updated to replace 'Prevention of Fraud Policy' with the updated 'Counter Fraud and Corruption Framework' Para 13.9 updated to include PMS and RMS successor system reference.	13/02/19

| 7.0 | Head of Finance & Corporate Governance | • Para 2.4 updated to note that in addition to the value and length of use, future economic benefits are expected to be realised before an item of expenditure meets the capital definition.
• References to Audit Committee amended to Audit and Risk Committee.
• Amendment to para 4.2 to remove maximum virement value as virement requests will follow the agreed virement policy.
• Amendment to para 8.2 to include the updated procurement thresholds.
• Removal of previous para 8.4 as procurement risk is now addressed through the overarching procurement risk register and the procurement strategy business case for standard and higher risk procurements. Section 8 renumbered following this change.
• Amendment of minor typographical errors. | 11/03/20 |

Financial Regulations

INDEX

Version 7.0

FINANCIAL REGULATION

1.   Introduction

1.1   The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular she/he must act according to the Memorandum to Accountable Officers of other public bodies.

1.2   The Chief Executive will delegate the day to day administration and oversight of these financial regulations to the Executive Director of Corporate and Customer Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate and Customer Services will report directly to the Chief Executive and keep her/him informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate and Customer Services, the Chief Executive will assume responsibility for all functions delegated to her/him under these regulations.

1.3   The Care Inspectorate and all of its officers must observe the Care Inspectorate's financial regulations.

1.4   The Executive Director of Corporate and Customer Services will provide a Draft Budget Report to the Board each financial year for its approval.

1.5   The Executive Director of Corporate and Customer Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees, and will further report to the Board if necessary in the interests of the Care Inspectorate's financial affairs.

1.6   All Board and Committee reports prepared by officers must include a "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate and Customer Services as early as possible in a development to ensure financial, ICT and Human Resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate and Customer Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate and Customer Services or his/her representative must be incorporated into the author's report. In exceptional circumstances the 7-day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate and Customer Services.

1.7   At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.

1.8   As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate and Customer Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Executive Group (EG), but the Chief Executive may ask for an update at any time. The Executive Director of Corporate and Customer Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Board.

1.9   The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate and Customer Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2.   Revenue and capital budgets

2.1   The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate and Customer Services.

2.2   Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate and Customer Services.

2.3   The Executive Director of Corporate and Customer Services will submit the draft Revenue Budget and Capital Plan first to EG and then to the Board to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that EG and the Board can consider the proposed budget and approve as appropriate.

2.4   For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £5k and with a life in excess of one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Senior Accountant can provide advice.

3. Budget monitoring

3.1   The overall responsibility for control of departmental revenue expenditure lies with each relevant Executive Director. Designated budget managers are responsible for the detailed monitoring and control of income and expenditure within the sphere of their delegated responsibility.

3.2   Expenditure will be restricted to that included in the Revenue Budget or Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been followed, or alternatively, proposals for additional expenditure have been approved by the Board.

3.3   The Chief Executive may approve any expenditure which would otherwise require Board approval where she/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 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.

3.4   The Executive Director of Corporate and Customer Services will provide each budget manager regular statements of income and expenditure under each head of approved estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.

3.5   Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate and Customer Services.

3.6   The Executive Director of Corporate and Customer Services will submit regular budget monitoring reports to the Board which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Board can properly monitor the Care Inspectorate's up to date financial position.

4. Budget Flexibility

4.1   Once the Board has approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.

4.2   **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure.   The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to

finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum. All of which need the approval of the Board.

4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for EG to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred in the current financial year. All AEP proposals are considered by EG. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. All of which need the approval of the Board.

4.4 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.

4.5 Board approval is required for:
- All proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year)
- All proposals to start a new area of activity or significantly curtail an existing area of activity
- All proposals that will require changes to existing policy decisions
- Proposals that require a change to the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum.

5. Accounting

5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate and Customer Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate and Customer Services or under his/her direction.

5.2 Each year, the Executive Director of Corporate and Customer Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.

6.2 The Executive Director of Corporate and Customer Services or any member of his/her staff or any other person authorised by him/her for that purpose is authorised to:

(a)   enter all Care Inspectorate offices, establishments or land at any time.

(b)   have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.

(c)   request and receive such explanations as are necessary concerning any matter under examination; and

(d)   require any Care Inspectorate employee to produce cash, stores or any other Care Inspectorate property under his/her control.

6.3   Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the Head of Finance and Corporate Governance (designated Fraud Prevention Officer) should be informed in the first instance. If due to the nature of the suspicion it is not appropriate to inform the Head of Finance & Corporate Governance then one of the following should be informed as appropriate; the Chief Executive, the Executive Director of Corporate and Customer Services or the internal auditors (contact details on the intranet). The Counter Fraud and Corruption Framework and its associated Response Plan, the Prevention of Bribery Policy and the Whistleblowing Guidance are all relevant for consideration in such circumstances.

6.4   All internal audit reports shall be submitted to EG for consideration and agreement of a management response where required.

6.5   All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.

7.   Banking arrangements and control of cheques

7.1   All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate and Customer Services who will operate such banking accounts as he may consider necessary.

7.2   The Executive Director of Corporate and Customer Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.

7.3   Cheques on the Care Inspectorate's banking accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.

7.4   The Executive Director of Corporate and Customer Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.

7.5   The Executive Director of Corporate and Customer Services is responsible for ensuring regular and effective bank account reconciliation procedures are followed.

8.   Procurement

8.1   The Care Inspectorate's Procurement Strategy and Policy are intended to be followed for all procurement and purchasing activity. Guidance and procedural documentation are available for all procurement processes within the procurement area of the Finance & Corporate Governance section on the intranet. All procurement activity must follow the approved procurement procedures and comply with the 'Delegated Authority to Commit & Approve Expenditure' which is also available within the Procurement area of the Finance and Corporate Governance section on the intranet.

8.2   The procurement process to be followed is determined value as follows:

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market — Suitable framework available?		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Yes	**No**		
Low Value	<£1,000	n/a	Min 1 quote	No	No
Basic Value	£1,000-£10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support available if required)
Quick Quote/ Framework	£10,000-£50,000	Direct award or mini competition as per Framework rules	Min 4 quotes through PCS	No	Yes
Standard	£50,000 – OJEU	Direct award or mini competition as per Framework rules	Open competition through PCS with basic ESPD	Yes	Yes
EU Tender Process	>OJEU	Direct award or mini competition as per Framework rules	Open competition through PCS with full ESPD	Yes	Yes

8.3   Where quotes received exceed the originally estimated value of expenditure and this moves the procurement to a new value threshold, the procurement

route for the new value threshold must then be applied. In exceptional circumstances, approval to proceed with the existing process may be granted. Requests for an exception must be submitted to the Finance Procurement Team.

8.4   All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.

8.5   Authority to award competitively procured contracts is delegated to officers as noted in the ['Delegated Authority to Commit & Approve Expenditure'](#) document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Board as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.

8.6   Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for '[Non Competitive Action](#)' with a value of lower than £30,000 total contract value or £10,000 annually may be approved by the Executive Director of Corporate and Customer Services.   Requests for '[Non Competitive Action](#)' with a value exceeding these thresholds require Sponsor Department approval.

8.7   Specific approval is required for the procurement of consultancy services. The definition and approval [requirement for consultancy expenditure](#) is available within the procurement area of the Finance and Corporate Governance section on the intranet.

9.   Orders for works, goods and services

9.1   Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. [Guidance and procedural documentation](#) are available within the purchasing and payment area of the Finance and Corporate Governance section on the intranet.

9.2   Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate except for the following:
- the purchase is being made using an Electronic Purchasing Card,
- supplies of public utility services,
- periodic payments such as rent and rates,
- petty cash purchases,
- postal charges or
- other exceptions as the Executive Director of Corporate and Customer Services may approve.

9.3   In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can

be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.

9.4   No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.

9.5   Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.

9.6   Budget managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the 'Authority to Commit and Approve Expenditure' document.

9.7   The Executive Director of Corporate and Customer Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Senior Accountant.

10.   Electronic Purchasing Card (GPC))

10.1   Designated officers have a GPC card in order to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the Purchasing & Payment area of the Finance and Corporate Governance section of the intranet.

10.2   Purchases using the GPC card are restricted as follows:

a. It cannot be used to withdraw cash.
b. It must not be used for personal expenditure.
c. It must not be used to pay for items already invoiced.
d. Loyalty points cannot be collected
e. Card details must not be stored on internet sites.

10.3   Cardholders are responsible for ensuring the safe, secure storage of their card and card details.

10.4   Budget managers are responsible for all purchases from their budget made by GPC card.

11.   Payment of accounts

11.1   The Care Inspectorate is committed to paying supplier invoices within 10 working days of the invoice(s) being received. Performance against this target is reported in the Annual Report and Accounts each year.

11.2   All invoices should be received by the Transactions Team at Compass House as noted on the approved purchase order.

11.3   Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Purchasing & Payment area of the Finance and Corporate Governance section on the intranet.

11.4   Where budget managers or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:

(a)   the goods received match the order.
(b)   prices, discounts and arithmetic are correct.
(c)   there is no duplication of payments.
(d)   expenditure is within the approved budget.
(e)   the expenditure is coded to an appropriate cost centre and account code and is within their delegated financial authority.
(f)   work has been carried out to a satisfactory level.

11.5   The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Executive Director of Corporate and Customer Services. Approved payment methods are as follows:

(a)   Direct BACS Submission i.e. invoices and non payroll expenses
(b)   Indirect BACS Submission i.e. managed payroll service payments
(c)   Cheque
(d)   Direct Payments via Bank Account
(e)   Petty Cash (see section 17)
(f)   GPC card (see section 10)

Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.

11.6   Payment will not be made on duplicate invoices, statements or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.

11.7   The Executive Director of Corporate and Customer Services may approve compensation payments made under legal obligation, up to the value of £10,000. Any compensation payments exceeding this value must be approved by the Sponsor Department.

11.8   The maximum value of any ex-gratia payment cannot exceed £200 and must be approved by the Executive Director of Corporate and Customer Services.

12.   Payroll administration

12.1   The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees and Board members or former employees and Board members of the Care Inspectorate will be made by the Executive Director of Corporate and Customer Services under arrangements approved

and controlled by him/her.

12.2 The Executive Director of Corporate and Customer Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:

(a) appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.

(b) absences from duty for sickness, holidays or other reason.

(c) changes in remuneration, other than normal increments and pay awards and agreements of general application.

(d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

12.3 All time records or other pay documents will be in a form prescribed or approved by the Executive Director of Corporate and Customer Services and shall be certified in accordance with guidance issued by the Executive Director of Corporate and Customer Services.

12.4 The Executive Director of Corporate and Customer Services will provide through the payroll system any management information as he/she, the Chief Executive, or any Executive Director decide is necessary to achieve value for money and/or compliance with policy and procedures.

13. Income

13.1 The statutory fee rates charged by the Care Inspectorate to care service providers shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Board and shall not be altered without its approval.

13.2 The rate of charge for goods or services supplied by the Care Inspectorate to the public and external organisations will be approved by EG and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.

13.3 It is the Executive Director of Corporate and Customer Services duty to make adequate financial and accounting arrangements to ensure that all monies due to the Care Inspectorate are properly recorded and for the proper collection, custody, control and banking of all cash and cash equivalents in all the Care Inspectorate's departments and locations.

13.4 It is essential that particulars of all charges to be made for services rendered by the Care Inspectorate and of all other amounts due to it shall be promptly notified to the Head of Finance and Corporate Governance in a form approved by him/her. All accounts due to the Care Inspectorate will be issued by, or under arrangements approved by, the Executive Director of Corporate and Customer Services.

13.5 All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Executive Director of Corporate and Customer Services who will be satisfied with the arrangement for the

ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Executive Director of Corporate and Customer Services.

13.6 All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Executive Director of Corporate and Customer Services or the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate and Customer Services. No deduction may be made from such monies. All income must be banked in full.

13.7 Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.

13.8 Where cash is received, the person receiving it will issue a receipt to record the transaction.

13.9 Each Executive Director is responsible for ensuring that all of their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers and that accurate data is held on the Practice Management System and Regulatory Management System for the billing of continuation of registration fees, or their successor system when implemented.

13.10 The "Fee Waiver Policy" must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Transactions Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

14. Insurance

14.1 The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government's policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer's Liability Insurance. Within this context the Executive Director of Corporate and Customer Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.

14.2 Each senior manager must promptly notify the Executive Director of Corporate and Customer Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate and Customer Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss. The Executive Director of Corporate and Customer Services will be responsible for agreeing a position with the

Sponsor Department where losses occur.

15.   Inventories

15.1   The Executive Director of Corporate and Customer Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.

15.2   All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate and Customer Services alone can decide whether these apply. All offers received must be held on file for audit purposes with the inventory records amended as appropriate.

15.3   The Care Inspectorate's property will not be removed unless in the ordinary course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

16.   Security

16.1   Each Executive Director or Senior Manager as appropriate, is responsible for maintaining proper security at all times for all buildings, stock, stores, furniture, equipment, cash, records etc. under their control. They shall consult with the Executive Director of Corporate and Customer Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.

16.2   Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate and Customer Services and shall not be exceeded without his/her express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.

16.3   Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times. The loss of any such keys must be reported to the Executive Director of Corporate and Customer Services immediately. For security purposes, keys should be removed from premises overnight.

17.   Petty Cash Imprest accounts

17.1   The Executive Director of Corporate and Customer Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.

17.2   The Executive Director of Corporate and Customer Services shall issue appropriate instructions to officers to ensure to his/her satisfaction the proper

security of cash advanced in this way. He/she will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.

17.3   The recipient of any advance of petty cash or imprest shall account for this money to the Executive Director of Corporate and Customer Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate and Customer Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the Care Inspectorate's intranet.

18.   Travelling, subsistence and financial loss allowances

18.1   All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate and Customer Services to him/her at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system and authorisation will be through the line management arrangements approved and set up on the payroll/HR system. The names of officers authorised to approve expenses incurred outwith the payroll/HR system process shall be sent to the Executive Director of Corporate and Customer Services by each Executive Director together with specimen signatures and shall be amended on the occasion of any change. The number of officers so authorised shall be determined in agreement with the Executive Director of Corporate and Customer Services.

18.2   The authorisation by or on behalf of an Executive Director shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.

18.3   Employees claims submitted more than three months after the expenses were incurred will not be paid unless the Head of Finance and Corporate Governance is satisfied with the reasons given for the delay.

18.4   Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. The Finance Team conduct regular compliance reviews.

18.5   Whenever possible, travel and accommodation should be arranged by Care Inspectorate administrative staff. This avoids the need for the reimbursement of expenses.

19.   Expenditure on gifts, hospitality and sponsorship

19.1   The Chief Executive, Executive Directors and budget managers may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the Care Inspectorate are meeting with members or officers of other public bodies, Members of Parliament, firms, consultants or others who are assisting or co-operating with the Care

Inspectorate in carrying out its functions. A record of all hospitality granted shall be kept and shall be open to inspection by any member of the Care Inspectorate.

19.2 Where there is a proposal to provide a gift, this must be submitted in writing to the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.

19.3 Payments made to sponsor individuals, groups or events will be subject to the Care Inspectorate Sponsorship Policy and will not exceed £200 in value.

20. Registering and Declaring Interests

20.1 Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.

20.2 Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.

20.3 A register of Board members interests will be maintained and reviewed at least annually.

20.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate and Customer Services or the Head of Finance and Corporate Governance as appropriate.

21. Acceptance of Gifts, Hospitality and Services

21.1 Generally, no employee should accept gifts, gratuities etc from any client or stakeholder other than a token item.

21.2 Any token item which is accepted and has an estimated value of more than £20 should be registered, using the appropriate form.

21.3 Full details of the acceptance of gifts, hospitality and services are contained in the Organisational Development section of the intranet within the Code of Conduct area.

22. Grants Awarded to the Care Inspectorate

22.1 All bids for grant funding must be approved by the Executive Group before being submitted to the grant provider.

22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

22.3   Grants awarded to the Care Inspectorate that exceed £100k in value must be the subject of a report to the Board. This is to provide the Board with information on the nature of the grant and its fit with the Care Inspectorate's strategic objectives. This report must set out the conditions of the grant award, intended outcome, amount awarded, period of funding, key milestones and any significant risks to the Care Inspectorate.

The Board will also receive a report at the conclusion of the grant funded work that provides an assessment of actual against intended outcomes and which confirms funds received and actual expenditure.

23.   Write off of Bad Debts and/or Losses

23.1   The Executive Director of Corporate and Customer Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:

  i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes
  ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.

23.2   Losses exceeding £3,000 must be submitted to the Sponsor Department and will be reported to the Board.

23.3   In accordance with the NDPB Executive Framework, irrecoverable debt with a value of 10,000 or less will be authorised by the Chief Executive and debts to be written off with a value exceeding £10,000 must be authorised by the Sponsor Department.

24.   Approval and Revision of Financial Regulations by the Care Inspectorate

24.1   The Financial Regulations will be reviewed at least annually by the Board and at any time if the circumstances indicate this would be appropriate. The Board must approve any amendments to the Financial Regulations.

Title:	**Complaints about care services in Scotland, 2015/16 to 2019/20 – a statistical bulletin**	
Author:	John McGurk, Information Analyst	
Appendices:	**1.**	Complaints about care services in Scotland, 2015/16 to 2019/20 – detailed tables
Consultation:	Comments and amendments from the Interim Executive Director of Strategy and Improvement and the Chief Inspector, Adults	
Resource Implications:	**None**	

EXECUTIVE SUMMARY

This statistical bulletin is built on last year's Complaints about care services in Scotland 2015/16 to 2018/19 report. The report added data about complaints received and investigated over the last year April 2019 to March 2020. Focus was made on the year 1 April 2019 to 31 March 2020.

Care services operating in Scotland must be registered with the Care Inspectorate and we currently register and inspect almost 12,600 services, supporting improvement where necessary to ensure that the standard of care experienced by people is of high standard and meets their needs. Our complaints procedure allows people who experience care, their friends and families, and others, to raise with us concerns they have about care services in Scotland. We deal with these complaints through our complaints process which also enables us to promote and support improvement and share the learning widely.

Since 2015/16, we have received over 4,000 complaints about care services each year with 2019/20 being the first year where we have received over 5,000. Although levels of complaints received have risen over this period, this is not necessarily an indicator that quality of care is in decline. Comparing 2015/16 to 2019/20, the percentage of services graded good, very good or excellent in all quality themes has remained fairly constant at 88% for 2015/16 and just over 87% in 2019/20. This increase in the number of complaints we received may indicate greater awareness of our complaints process, and/or a greater awareness from people about the standards of care they and others should expect.

Most complaints received (46%) were made by relatives or carers of a person who experiences the care service. The majority of the 1,520 complaints that we investigated in 2019/20 were upheld (61% of completed investigations).

Complaints about services for children and young people, has increased by 23% since last year. We found that very few of the complaints about services for very vulnerable children come for the children themselves. We asked young people what would make it easier for them to contact us, and there are plans to develop our reporting facility to include the ability to get in touch by text. Awareness raising sessions about our complaints function is also planned with advocacy agencies and we are developing leaflets and posters to let young people know about their rights and who they can speak to if they are unhappy with their care.

Care homes account for just under 50% of the total number of complaints investigated – a total of 3,642 completed investigations over the last five years. Over the last five years, 19% of the complaints we investigated were about daycare of children services, 22% about either combined housing support/care at home or standalone care at home services, and 8% were about childminders.

Of the complaints completed in 2019/20, just under a quarter of all areas of complaint were about healthcare issues in a service, 19% were about wellbeing concerns, 15% were about communication and a further 13% related to staffing concerns.

Our focus in all areas of our work, including complaints, is on improving the quality of the care experience and outcomes for people who experience care. We do this during of the investigation process and we use the intelligence from complaint investigations to help us better focus our scrutiny, assurance and improvement support activity.

In March 2020, the emergence of the Covid-19 pandemic in Scotland resulted in changes to how services operate. Many services closed, whilst others restricted non-essential visitors. This meant for the two weeks in March, we were required to change how we responded to any concerns/complaints we received, while also having to deal with complaints already open for investigation in other ways. Using our risk assessment process, discussion with the person making the complaint on how they would like us to proceed and working with the service provider, we were able to utilise the alternative pathways to resolution in our complaints process where appropriate. As this occurred in the final weeks of this reporting period, these changes have had a minimal impact on the trends provided in this report.

The Board is invited to:						
1.	Note the contents of this report.					
Links:	Corporate Plan Outcome	1	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N
For Noting	**X**	**For Discussion**		**For Assurance**		**For Decision**	

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

Reason for Confidentiality/Private Report: not applicable *(see Reasons for Exclusion)*	
Disclosure after:	

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

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COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2015/16 TO 2019/20 – A STATISTICAL BULLETIN

1.0   INTRODUCTION

This statistical bulletin is built on last year's Complaints about care services in Scotland 2015/16 to 2018/19 report. The report added data about complaints received and investigated over the last year April 2019 to March 2020. Focus was made on the year 1 April 2019 to 31 March 2020.

Care services operating in Scotland must be registered with the Care Inspectorate. We register and inspect around 12,600 services, supporting improvement and aiming to ensure that the standard of care provided is high. 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. Where standards fall below acceptable levels, we take enforcement action. We also investigate complaints about care services, including complaints from staff employed in care services.

In many cases, complaints and concerns can be dealt with by staff and managers in care services, but anyone who has concerns or is unhappy with a care service can complain directly to the Care Inspectorate. There are many ways in which a complaint can be made: writing to us, calling us or online through our website. The person making the complaints can choose to remain anonymous if they wish.

We actively promote our complaints function, not only to help people resolve concerns about the quality of care but also because the intelligence from complaints informs our other scrutiny and improvement support activities. Where there is an unexpected pattern of complaints about a service, we may bring forward our next planned inspection to focus on areas of concern highlighted in complaints that we have investigated and we may support specific improvement work with an individual service or a provider of services or partnership area. This active promotion of our complaints function is designed to support people to be more aware of their rights, so they know that they can complain to us if they are unsatisfied with a care service.

Our complaints procedure

In November 2017, we introduced a new procedure for handling complaints about care services. This procedure is designed to be open, transparent, risk-based and focused on people's experiences. The changes give us more flexibility in how we can respond to try to resolve simple matters quickly and focus more attention on more serious issues. Our approach emphasises direct service action, which is where we try to resolve a matter at the first point of contact, without the need for a formal investigation. We use a risk assessment process that allows us to assess the risk identified by a complaint taking into account what else we know about the service. This enables us to decide how we will proceed and what action we need to take to achieve the best outcome for people experiencing care. There are four pathways we can take.

- Intelligence: where we receive information about a care service, we may use the information given by a person as intelligence about the service, to help inform future scrutiny and improvement support activity.
- Direct service action (previously known as front line resolution): where we contact the service and ask them to engage directly with the person making the complaint to resolve the complaint. Typically, this is used for straightforward or simple matters where people are unsatisfied with their experiences and we intervene quickly with a care service to achieve a positive result.
- Investigation by the care provider: where we contact the service provider, ask them to investigate the concerns and respond to the complaint.
- Investigation by the Care Inspectorate: depending on our assessment of risk, we may decide that we need to formally register and investigate the complaint.

Our complaints app

Last year our current digital systems for complaints were reviewed to see how able they were to be safely adapted to meet current and future recording and reporting needs. A decision was made to develop new digital operating system using up to date technology to enable the Care Inspectorate to deliver for the future.   It provides additional functionality to benefit the recording process and the users experience. It enables us to fully report on all complaints work, the different methods used to resolve complaints and provides better intelligence on the nature of complaints. A complaint app was developed and introduced on the 21 March 2019.

The introduction of the new complaints app affected the categorisation of the statistical data we collect about complaints. This is as a result of some changes in categorisation of who person making the complaint is and also the reasons for complaints. The complainant categories were streamlined to include an "Other" category which amalgamated a lot of the previous categories which were rarely used. The reasons for complaint were changed with general, health and welfare becoming wellbeing, within which there are additional subcategories. This encourages more specific recording and reduces the large number historically recorded under a more generic general health and welfare category.

Where changes have affected our data, these are detailed in the body of the report.

Impact of Covid-19

In March 2020, the emergence of the Covid-19 pandemic in Scotland resulted in changes to how services operate. Many services closed, whilst others restricted non-essential visitors. This meant for the two weeks in March, we were required to change how we responded to any concerns/complaints we received, while also having to deal with complaints already open for investigation in other ways. Using our risk assessment process, discussion with the person making the complaint on how they would like us to proceed and working with the service provider, we were able to utilise the alternative pathways to resolution in our complaints process where

appropriate. As this occurred in the final weeks of this reporting period, these changes have had a minimal impact on the trends provided in this report.

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

2.1 Complaints received

In 2019/20 we received 5,831 complaints about care services, an 18% increase when compared to 2018/19. Over the five-year period, we received an average of 486 complaints per month. Although the level of complaints received has increased over time, this is not necessarily an indicator that quality of care is in decline. Comparing 2015/16 to 2019/20, the percentage of services graded good, very good or excellent in all quality themes has remained fairly constant at 88% for 2015/16 and just over 87% in 2019/20. This increase in the number of complaints we received may indicate greater awareness of our complaints process, or a greater awareness from people about the standards of care they and others should expect.

The complaint pathways we introduced in November 2017 were designed so that, following a risk assessment process, we could determine the most appropriate action to resolve a complaint. It allows us flexibility in how we respond and try to resolve simple matters more quickly to focus more attention on more serious issues. Our use of the pathways to resolution during 2019/20 were as follows:

- *Use the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity*: In 2019/20 we logged 1,610 concerns as intelligence, or an average of 134 complaints per month. This is more than double the average of 65 complaints per month in 2018/19. 17 complaints received were re-assessed and dealt with using this pathway due to Covid-19 restrictions on visiting the service.

- *Direct service action (previously known as front-line resolution)*: In 2019/20, 489, or an average of 41 complaints per month, Since the introduction of the new complaints app we are now able to differentiate between each individual pathway to resolution, therefore, direct comparison with last year is not possible but will be in future reports. 27 complaints received were re-assessed and dealt with using this pathway due to Covid-19 restrictions on visiting the service.

- *Investigation by the care provider*: 939 complaints were passed to the provider to investigate, or an average of 78 complaints per month. As above, following the introduction of the new app, a direct comparison for last year is not possible but will be in future reports. 25 complaints received were re-assessed and dealt with using this pathway due to Covid-19 restrictions on visiting the service.

- *Investigation by the Care Inspectorate; depending on our assessment of risk, we may decide that we need to pass the complaint for full investigation*: Since 2015/16, we have seen a decline in the average number of completed complaints per month including last year where we completed on average

116 cases per month. This was partially due to the introduction of the risk assessment process which meant less complex cases could be resolved in other ways where appropriate. There has however been an increase in 2019/20 where we have completed an average of 127 investigations per month (1,520 investigations in total). This increase is due in part to a drive to complete the complex cases which remained on our previous complaint recording platform which required full investigation in the first half of the year. These amounted to just under a fifth of the cases completed in 2019/20.

The chart below (Figure 1) illustrates the trends in the average monthly numbers of complaints received, resolved by direct service action/investigation by provider and completed each year. It shows the complaints received increasing, along with the increase in those resolved by direct service action/investigation by provider. Although the overall trend in investigations completed is decreasing, it shows the recent increase this year most likely as a result of the focus on clearing cases on our previous complaint recording platform.

Figure 1: Complaints received, completed and resolved by direct service action/investigation by provider – average per month
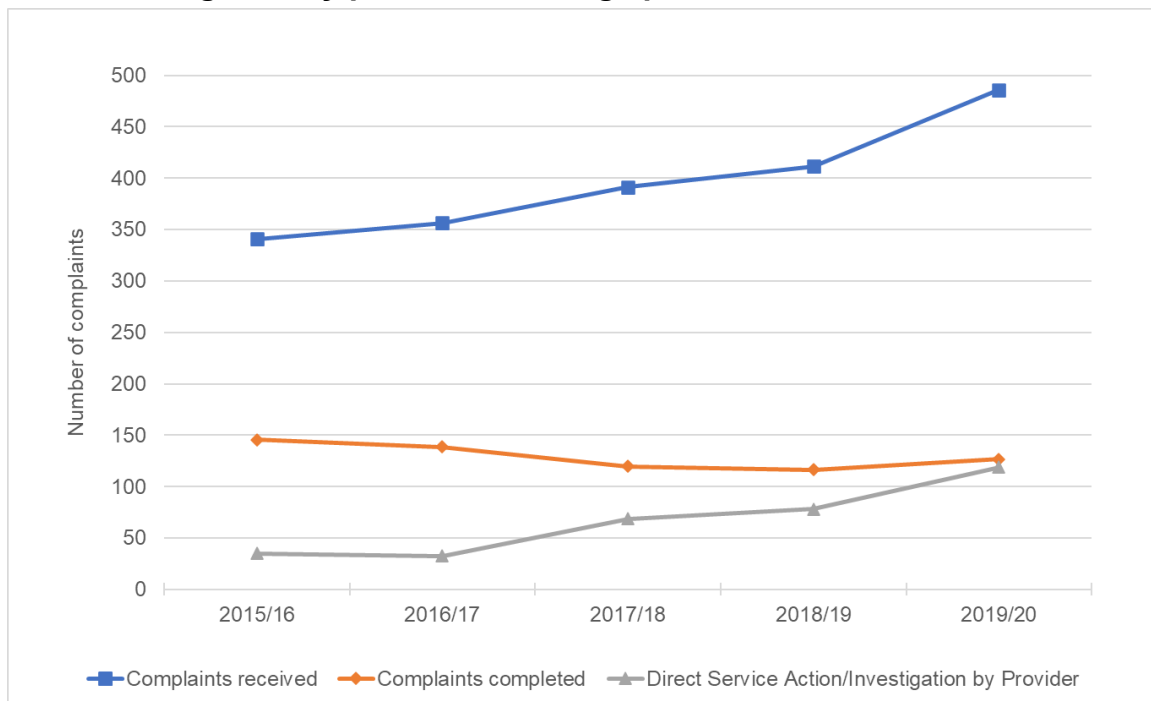
Revoked complaints

The gap between the complaints received and the complaints completed or resolved by direct action is accounted for by complaints that are revoked.

Many of the complaints we receive about care services are revoked (previously called withdrawn). By revoked, we mean that they are not taken to, or do not complete, a full complaint investigation, instead being directed down one of the other resolution pathways. Common reasons for complaints not being taken to full investigation

include: the complaint not being within the remit of the Care Inspectorate to investigate, the person making the complaint not wishing to proceed with their complaint, the person making the complaint deciding to go through the service providers complaints process instead, the concern identifying adult/child protection concerns that were reported to the relevant agencies, and not being able to investigate as information cannot be obtained from the person making the complaint.

Historically, the figure for revoked cases has included those that are logged as intelligence. For the purposes of comparison with previous years, if we include the intelligence cases within the revoked figures then of the 5,831 complaints received in 2019/20, 3,084 were revoked without being taken to full investigation (53%, similar to the 51% in 2018/19).

However, the introduction of the new complaints app allows us to record intelligence cases and report them separately as they are regarded as being resolved. With intelligence cases removed from the revoked total, of the 5,831 complaints received in 2019/20, 1,474 would now be classed as revoked (25% of all case received).

As we are now able to record these cases separately, we will be able to change how we report on this in future reports and be more aligned to the actual resolution process and recording functionality now available to us.

2.2   Who makes complaints?

Figure 2 below shows the breakdown of all complaints received in 2019/20 by relationship of the person making the complaint to the service. Note that there are fewer categories available to record who made a complaint in the new complaints app than in our previous complaints system. 'Other' is now used in place of some categories which we have historically received fewer complaints in, namely health professionals, provider of other service, professional visitor to a person who experiences care, advocacy support service or member of the public. For the purposes of comparison these categories have been amalgamated under "Other" for the years prior to 2019/20. The figures remain similar to those reported at the same point last year.

Most (46%) of the complaints we received came from relatives or carers of people who experience care (the same in 2018/19) with a further 22% from employees or former employees and only 8% of complaints made came from people who experience care themselves (both the same as in 2018/19). In the new app, we are able to split the employees and ex-employees into two separate categories and can see for the first time that the majority of these types of complaints in 2019/20 came from current employees of a service (19%).

Figure 2: Complaints received 2015/16 to 2019/20, by relationship to service
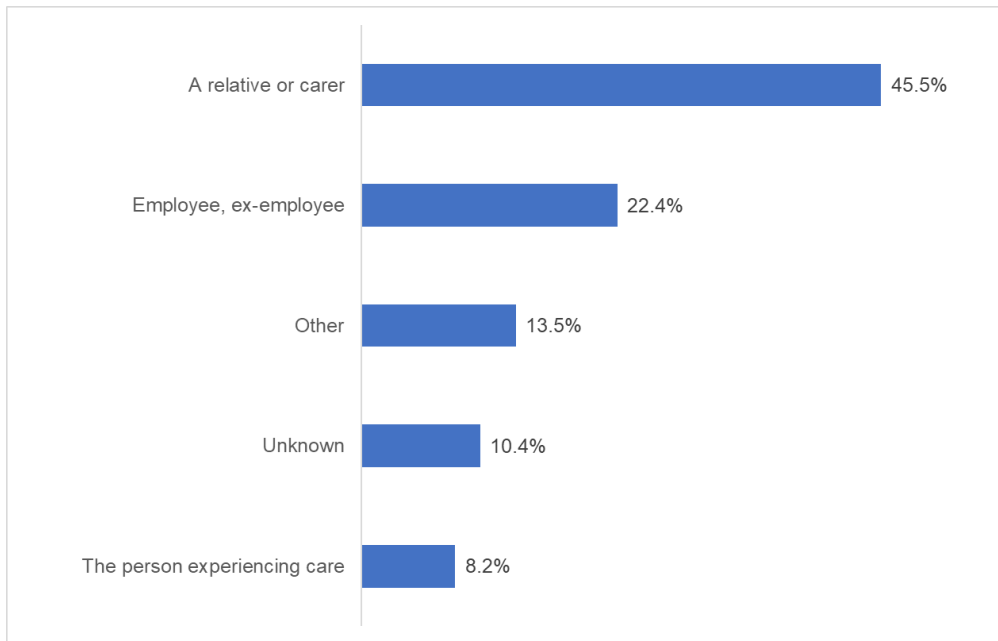
When someone makes a complaint, they can choose to remain completely anonymous. Based on all the complaints received over this five-year period, the most likely group who wished to remain anonymous where those whose relationship to the service was unknown – Over three-quarters (78%) did not wish to be named. Two-thirds of employees and/or ex-employees (66%), and over half "Other" complainant types wished to remain anonymous (59%).

Figure 3: Complaints received 2015/16 to 2019/20 that were anonymous, by relationship to service
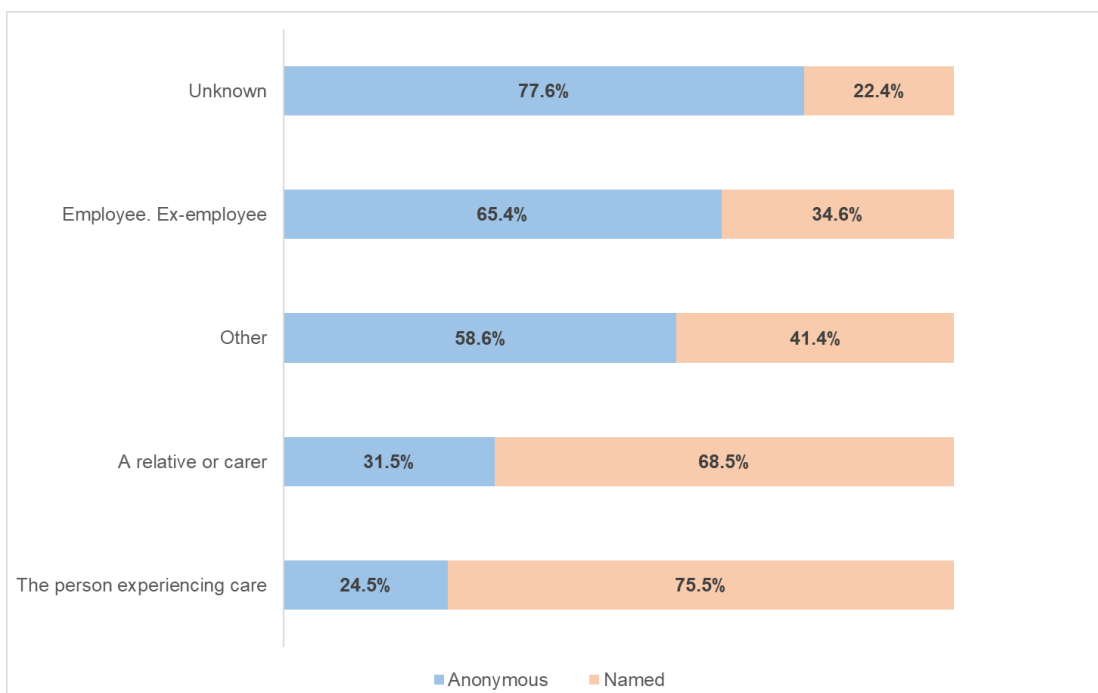
2.3   What type of care services do people complain about?

The largest number of complaints we investigated over the five-year period involved care homes. Although making up only around 11% of the 12,600 or so registered services, care homes account for 47% of the total number of complaints investigated – a total of 3,642 completed investigations over the last five years.

Over the five years, 22% of the complaints we investigated were about either a combined housing support and care at home service or a standalone care at home service, 19% were about daycare of children services and 8% were about childminders.

Figure 4: Complaints investigated 2015/16-2019/20, by type of service
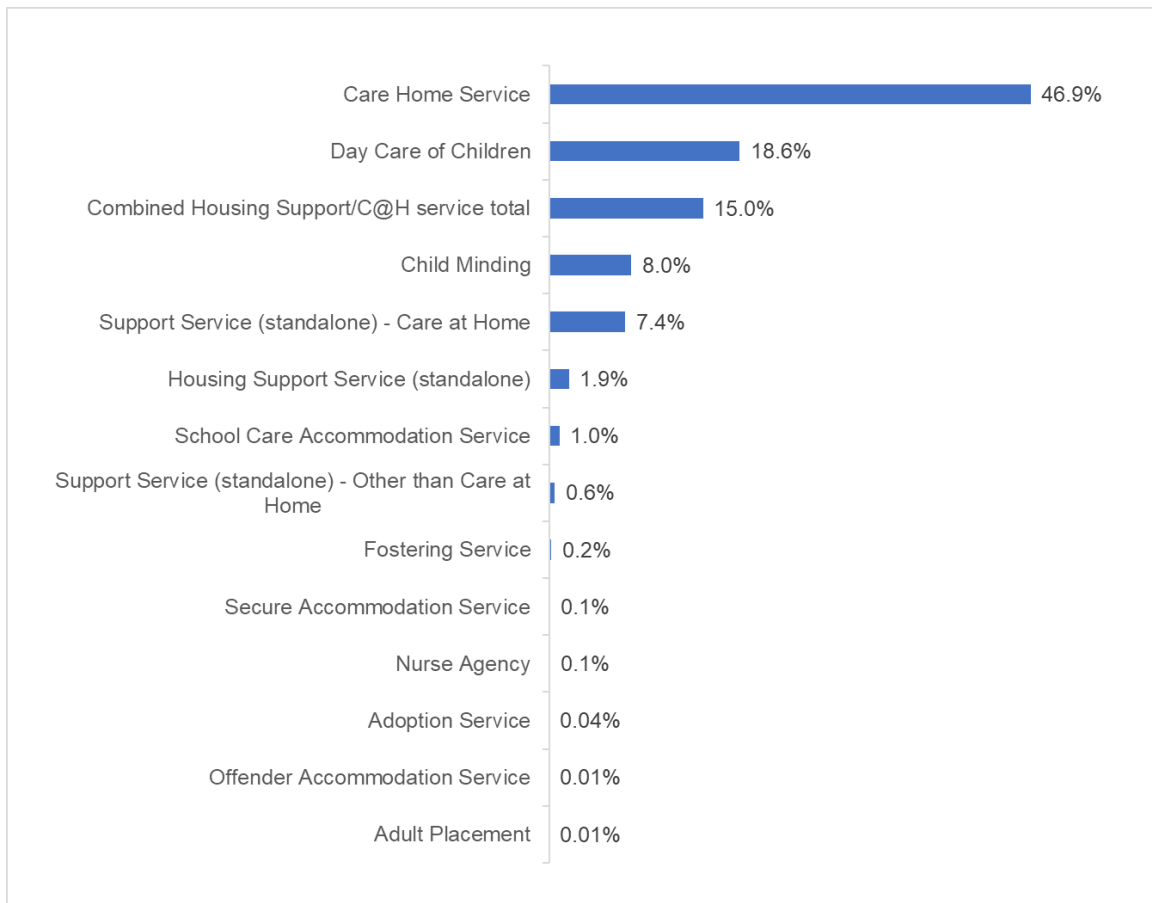
2.4   What do people complain about?

Each complaint we investigate can be about several different areas/reasons, each of which will be either upheld or not upheld. Following the introduction of our new complaints app we changed some of the categories to encourage more specific recording and to reduce the large number historically recorded under general health and welfare.

In 2019/20, just under a quarter of all areas of complaint upheld were about healthcare concerns in a service (for example medication, nutrition or hydration), 19% were about wellbeing (either behavioural, developmental, emotional or social), and a further 15% were related to staffing concerns, such as staffing levels or staff training. There is a more detailed list of areas of complaint in Appendix 1.

Figure 5: All service types, by area of complaint investigations completed in 2019/20

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	466	22.3%
Wellbeing	401	19.2%
Communication	315	15.1%
Staff	276	13.2%
Choice	140	6.7%
Policies and procedures	130	6.2%
Record keeping	80	3.8%
Protection of people	78	3.7%
Environment	74	3.5%
Privacy and dignity	36	1.7%
Food	30	1.4%
Conditions of registration	27	1.3%
Property	16	0.8%
User participation	12	0.6%
Financial	6	0.3%
Access	4	0.2%

2.5 Complaints received – children and young people

The volume of complaints received about care services for children and young people[1] has increased by 23% in 2019/20 compared to the same point last year from 1,072 (an average of 89 complaints per month) to 1,324 (an average of 110 complaints per month.

As a proportion of the overall number of complaints received across all service types though it has only increased by 1% (to 23% of all complaints received) when compared to last year.

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[1] Children and young people services include care home service for children & young people, child minder, day care of children service, adoption, fostering, school care accommodation service or secure accommodation service

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The majority of the complaints received in 2019/20 about children and young people's services related to early learning and childcare services, namely day care of children services (64%) and childminders (18%).

The remaining 17% (230 complaints) were about services for looked after children, with care homes for children and young people accounting for 9% (123) of all complaints received about children and young people services (Figure 6).

Figure 6: Complaints about children and young people services received in 2019/20

Service Type	Care Service Type	All complaints received	% of all complaints received about children and young people services
Early learning & childcare	Day Care of Children	850	64.2%
	Child Minding	244	18.4%
Looked after children services	Care Home Service for Children & Young People	123	9.3%
	School Care Accommodation Service	67	5.1%
	Fostering Service	26	2.0%
	Secure Accommodation Service	11	0.8%
	Adoption Service	3	0.2%
All Care Service Types		1,324	100%

Looking specifically at looked after children's services, 31% (71) of the 230 complaints received about looked after children services in 2019/20 came from a relative or carer compared to 19% last year.

Only 17 complaints came directly from a child or young person experiencing care. While this was almost double the number received last year (nine complaints), we recognise this is still a low number. Following consultation through Who Cares (a national voluntary organisation, working with care experienced young people and care leavers across Scotland) and Young Inspection Volunteers, young people told us that this may be down to the methods we have available to make a complaint. Development work has been planned around this within our new complaints app that would allow young people to be able to tell us about concerns they have about their care by sending us a text. This would go alongside the other ways available to contact us regarding a complaint. Awareness raising sessions about our complaints function is also planned with advocacy agencies and we are developing leaflets and posters to let young people know about their rights and who they can speak to if they are unhappy with their care. Originally due to be undertaken in April and May 2020, this has had to be put on hold due to the Covid-19 pandemic, but we are hopeful to have this implemented in the near future.

2.6   Complaints about care homes for older people

Almost half of all the complaints we investigated in 2019/20 were about care homes and of these, the vast majority (92%) were about care homes for older people. At 31 March 2020, there were 817 care homes for older people registered. During 2019/20:

- we received at least one complaint in 68% of care homes for older people.
- we investigated a complaint in about 40% of care homes for older people.
- we upheld a complaint in about 29% of care homes for older people.

Of the services that had a complaint investigated and upheld in 2019/20, 63% had only one upheld complaint, 23% had two upheld complaints, and the remainder had between three and eight upheld complaints during the year.

Most care homes for older people are operated by the private sector (74%) with local authorities providing 13%, voluntary organisations 11% and the remaining 2% provided by an NHS Board (NHS Highland) (see Figure 7). In 2019/20, we received at least one complaint in 76% of private sector care homes for older people and upheld a complaint in 34% of them. These rates are higher than the proportions of services in other sectors with complaints received and upheld (illustrated in Figure 8)

Figure 7: Proportion of care homes for older people at 31 March 2020 – by sector
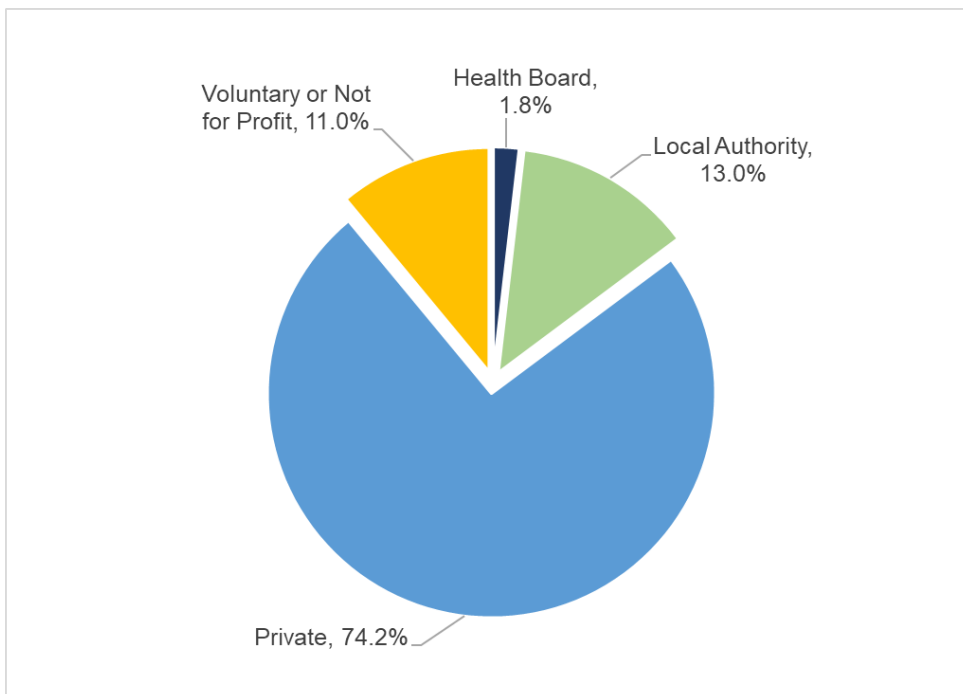
Figure 8: Care homes for older people at 31 March 2020 – % services with a complaint received or upheld about them
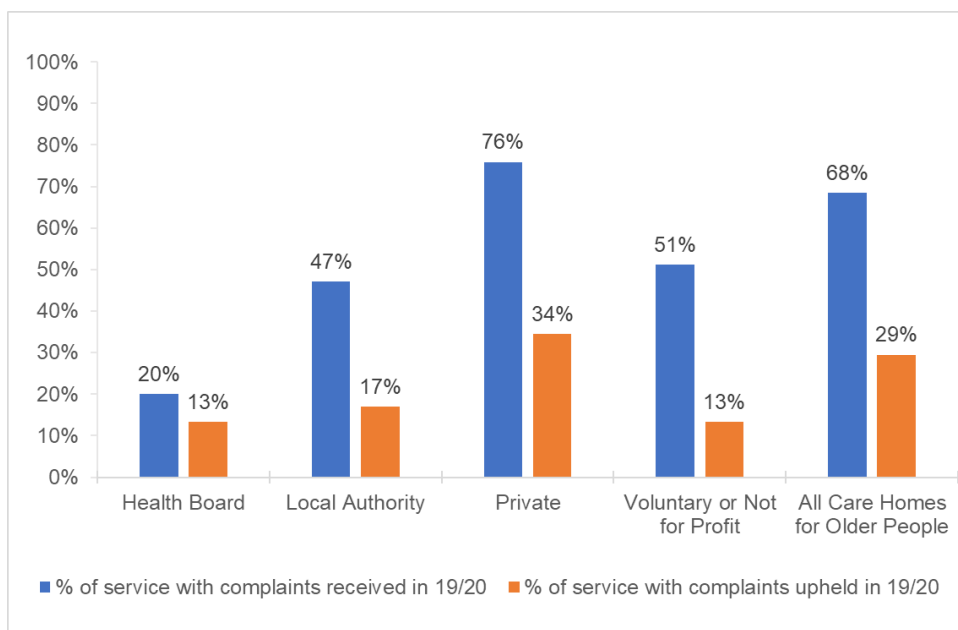
Further breakdown of areas of complaint for care homes for older people (Figure 9) shows that specific healthcare issues formed the largest group of complaints (33%). This includes problems with medication, continence care, tissue viability, nutrition, hydration and inadequate care and treatment. Full details of this breakdown are in Appendix 1.

Figure 9: Care homes for older people – by area of complaint 2019/20

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	304	33.3%
Wellbeing	116	12.7%
Staff	113	12.4%
Communication	102	11.2%
Choice	67	7.3%
Environment	55	6.0%
Policies and procedures	39	4.3%
Protection of people	35	3.8%
Record keeping	26	2.8%
Privacy and dignity	19	2.1%
Food	16	1.8%
Property	13	1.4%
User participation	5	0.5%
Access	4	0.4%

Just over half of all complaints received in 2019/20 about care homes for older people were from relatives and carers of people living in the service – 4% higher than in other types of service (Figure 10). The proportion of complaints received from employees of the service was also higher for care homes for older people than for other service types by around 5%. While complaints from ex-employees was lower for care home for older people than in other service types by just under 1%. People experiencing care made around 3% of all complaints about care homes for older people – compared with almost 11% for all other types of service.

Figure 10: Complaints received 2019/20 by relationship of the person making the complaint – care homes for older people compared with all other complaints received
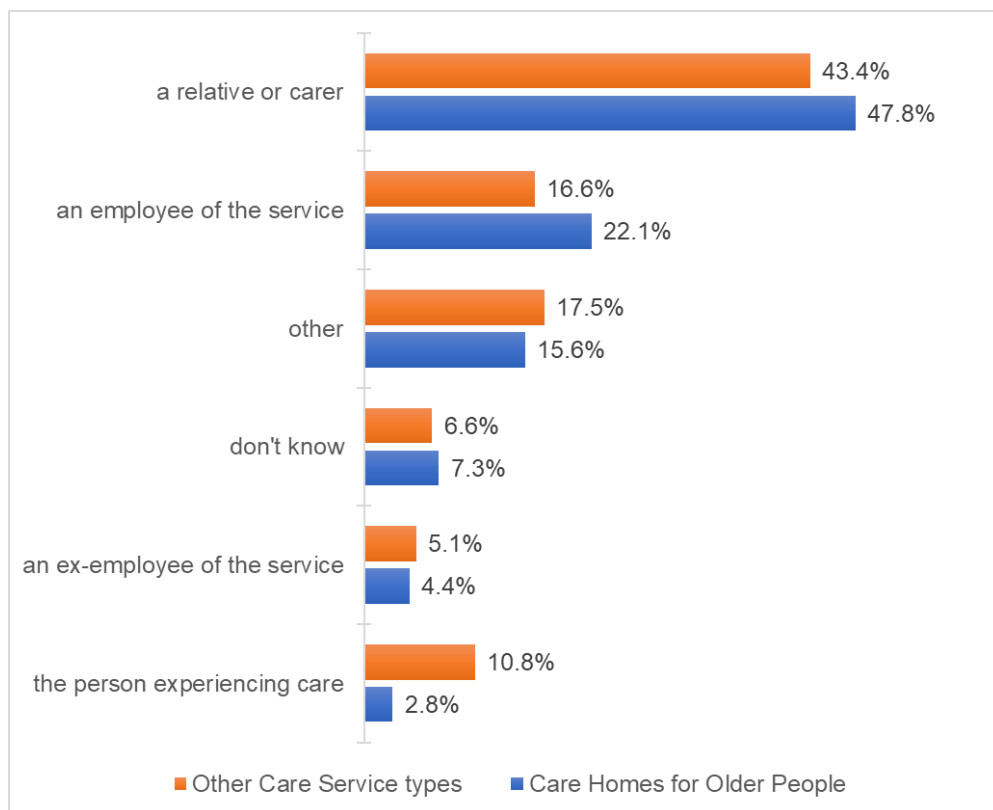
2.7 Complaints about childminders

Childminders are exempt from provider resolution as they are sole providers so, where we receive a complaint about a childminder, most are investigated. At 31 March 2020 there were 4,656 registered childminders. Although this is the largest single category of registered services, during 2019/20 we had received a complaint about only 4% of childminders. We upheld a complaint about 0.9% of these childminders.

Of the childminders with an upheld complaint, 93% had only one upheld complaint during the year with the remainder having two upheld during the year.

Further breakdown of areas of complaint about childminders (Figure 11) shows that wellbeing was the most frequent area of complaint, followed by issues about conditions of registration (in particular exceeding the maximum permitted capacity).

Figure11: Childminders – by area of complaint 2019/20

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Wellbeing	25	34.7%
Conditions of registration	19	26.4%
Communication	6	8.3%
Protection of people	5	6.9%
Environment	4	5.6%
Policies and procedures	3	4.2%
Choice	3	4.2%
Staff	2	2.8%
Record keeping	2	2.8%
Privacy and dignity	2	2.8%
Healthcare	1	1.4%

The proportion of complaints about childminders that came from relatives or carers of a person experiencing care is considerably lower (by 11%) than for other types of services (Figure 12). Compared with other types of service, "Other" complainant types are considerably more likely to complain about a childminder than about any other type of service – 49% of complaints about childminders came from these types of complaints (a third higher than other types of service). These will be members of the public who have been shown historically to be most likely to complain about childminders.

Figure 12: Complaints received 2019/20 by relationship of person making the complaint – childminders compared with all other complaints received
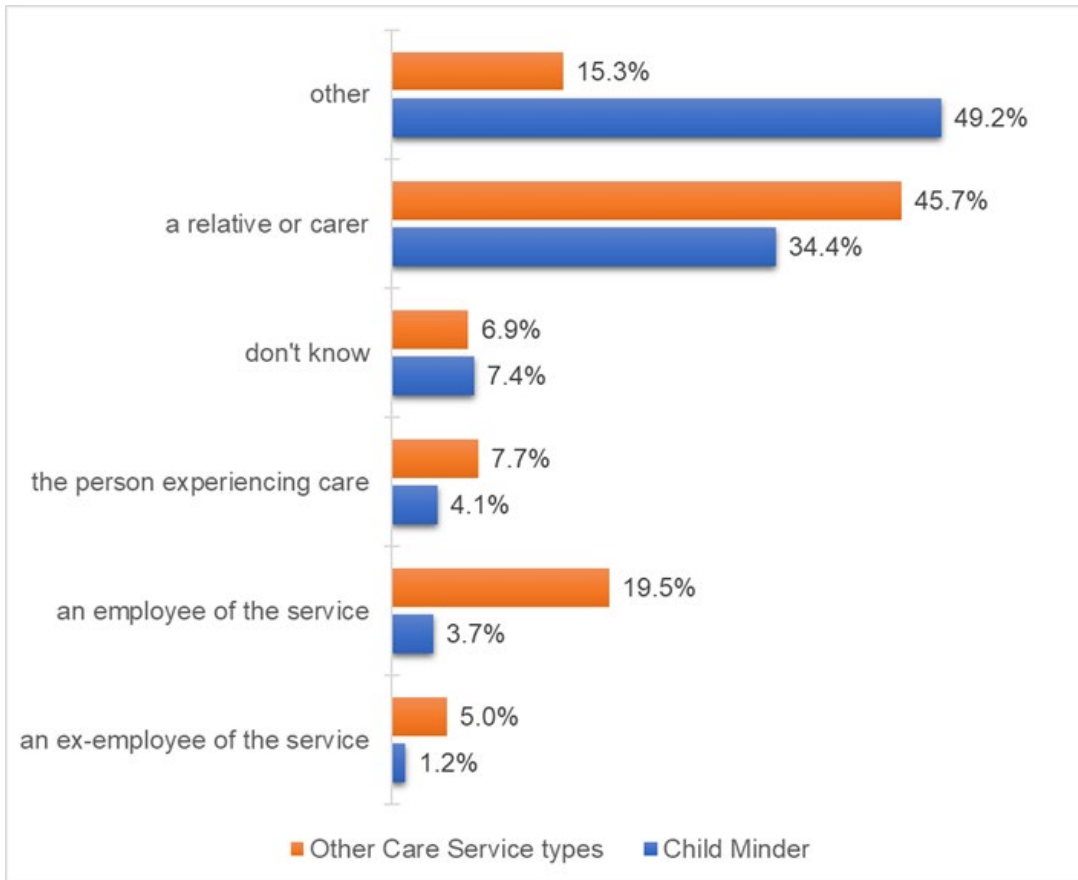
2.8 What we found when investigating complaints

Once our investigation is complete the inspector decides if the complaint should be upheld or not upheld. We say we have not upheld a complaint where we have investigated and found there is a lack of evidence to validate the complaint. Where we have investigated and found evidence that the cause of the complaint is valid, the complaint will be upheld and we will take action, letting both the person making the complaint and the care service know about any requirements or areas for improvement that we have made. It may be that one complaint contains many parts – which we call areas of complaint – each of which may be either upheld or not upheld.

Figure 13 below shows that in 2019/20 we upheld 61% of the 1,520 complaints completed, which is a slight increase from 58% in 2018/19. This may be due to our new procedure as only those complaints that were high-risk were taken forward for investigation.

The percentage of complaints upheld varies by type of service. In 2019/20, 61% of the 679 complaints investigations completed about care home services, 73% of the 209 complaints completed about combined housing support and care at home services, and 76% of the 144 complaints completed about standalone care at home services were upheld. This compares to less than half (45%) of the 218 complaints investigated about daycare of children services and 40% of the 116 complaints investigated about childminders upheld.

Figure 13: The number of completed complaint investigations by complaint outcome, 2015/16– 2019/20

Complaint outcome	Year investigation completed				
	2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
Upheld	59%	57%	56%	58%	61%
Not upheld	41%	43%	44%	42%	39%

Figure 14: Percentage of complaints upheld by service type, 2019/20

Care service type	Number of complaints completed	Number of complaints upheld	% of all complaints upheld
Adoption	0	0	0.0%
Adult placement	0	0	0.0%
Care home	679	415	61.1%
of which, care home for older people	623	390	62.6%
Childminding	116	46	39.7%
Daycare of children	218	97	44.5%
Fostering	4	2	50.0%
Housing support (standalone service)	39	31	79.5%
Nurse agency	3	1	33.3%
Offender accommodation service	0	0	0.0%
School care accommodation	24	13	54.2%
Secure accommodation	2	2	100.0%
Support service (standalone) – care at home	144	110	76.4%
Support service (standalone) – other than care at home	5	2	40.0%
Combined housing support and care at home service	286	209	73.1%
All care service types	**1520**	**928**	**61.1%**

2.9   Supporting improvement following complaints

Complaints give a valuable and personal insight into how services are caring for the thousands of people who use 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 complaints and decide the best way to proceed. This might be through a formal complaint investigation, or we may look at the issues raised during the service's next inspection. Alternatively, we may attempt direct service action, where we communicate with the service and facilitate resolution that the person making the complaint is satisfied with. Or we may pass the complaint to the service provider for them to investigate. Some issues raised with us are the responsibility of other organisations to look at, such as the Scottish Social Services Council or the Nursing and Midwifery Council. In such cases, we refer people to the appropriate organisation, ensuring we are clear how their concerns will be best addressed.

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

Following a complaint investigation where the complaint was 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 an area for improvement; or making a requirement setting out what the service must do to improve and by when. Progress against areas for improvement and requirements is reported on at the next inspection. We may review grades and regrade the service as a result of an upheld complaint and might also consider whether we need to prioritise an inspection of the service to look at wider aspects of care.

Where the complaint identifies very serious concerns, we may serve an improvement notice under Section 62 of the Public Services Reform (Scotland) Act 2010 that may lead to the closure of the service with the agreement of a Sheriff.

However, we also recognise that part of our role is to work with services and providers collaboratively to support improvement. Our inspectors and our improvement support team may spend time with care services and providers to build capacity and capability for improvement and help to make sure the experiences and outcomes for people are the best they can be.

Where we see a number of complaints about the same issue we will meet with the service, support them to identify what changes will lead to improvement and support them to make the improvements.

2.10   Conclusions

This report has presented a range of statistical information from complaints about care services over the past five years. The recent introduction of a new complaint app will have had an impact on how we categorise the statistical information in this report. This is due to some slight changes in how we categorise the person making the complaint to be more streamlined. We also re-categorised the reasons for complaint to encourage more specific recording and to reduce the large number historically recorded under general health and welfare.

The volume of complaints received over the past five years has increased from 4,089 received in 2015/16 to 5,831 in 2019/20. Over the same period, the quality of care overall has remained consistent with the percentage of services graded good, very good or excellent in all quality themes has remained fairly constant at 88% for 2016/17 and just over 87% in 2019/20.

We upheld the majority of the complaints we investigated – 61% of 1,520 complaint investigations completed were upheld in 2019/20. This varies by type of service, with 61% of the 679 complaints investigations completed about care home services and 73% of the 286 complaints about combined housing support and care at home services upheld, while 40% of the 116 complaints investigations completed about childminders, were upheld.

We received, investigated and upheld more complaints about care homes for older people than for any other type of service – 63% of care homes for older people had at least one complaint upheld during 2019/20. Specific healthcare issues such as medication, continence care, inadequate care and treatment, tissue viability, nutrition and hydration are the most frequent types of complaints upheld about care homes for older people.

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

The new complaints app introduced this year enables us to fully report on all complaint work and the different methods used to resolve complaints. It will provide better intelligence on the nature of complaints, the links to our new self-evaluation frameworks and Health and Social Care Standards. Having access to better intelligence on the nature of complaints will enable us to identify where, as an organisation, we need to support improvement for better outcomes for people who experience care services.

In March 2020, the emergence of Covid-19 pandemic in Scotland resulted in changes to how services operate. Many services closed, whilst others restricted non-essential visitors. This meant for the two weeks in March, we were required to change how we responded to any concerns/complaints we received, while also having to deal with complaints already open for investigation in other ways. Using our risk assessment

process, discussion with the person making the complaint on how they would like us to proceed and working with the service provider, we were able to utilise the alternative pathways to resolution in our complaints process where appropriate. As this occurred in the final weeks of this reporting period, these changes have had a minimal impact on the trends provided in this report.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

As complaints grow, we may need to look at resources, however much of the development work in relation to complaints about care services will support the Care Inspectorate being more effective and efficient in its work.

3.2   Sustainability

There are no direct sustainability implications arising from this report.

3.3   Policy

While there are no direct policy implications arising from this report, there have been some broadly relevant developments during the period covered by the report. These include publication of the Scottish Public Services Ombudsman's (SPSO) revised Model Complaints Procedures and the development of new National Whistleblowing Standards ahead of the establishment of the SPSO as the Independent National Whistleblowing Officer. In addition, the Public Petitions Committee at the Scottish Parliament began considering respective petitions calling for the introduction of an independent panel to review social work complaints and for the SPSO to improve complaints handling by taking complaints in any format.

The Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers, including contributing to the National Performance Framework, continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care. We have also contributed to the Health and Sport Committee's ongoing Social Care Inquiry and will continue to do so.

It should also be noted that the latter part of the year 2019/20 saw the initial outbreak of Covid-19. This has had, and will continue to have, a significant impact on our work and any current and future policy development.

3.4   People Who Experience Care

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

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

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

4.0 **CONCLUSIONS/NEXT STEPS**

The Board will receive the six-monthly report for the period up to 30 September 2020 at the Board meeting being held on 17 December 2020

Appendix1: Complaints about care services in Scotland, 2015/16 to 2019/20 – Detailed tables

Table A: Complaints received and completed about care services by relationship of complainant with service

Complaints received

Relationship of complainant	2015/16		2016/17		2017/18		2018/19		2019/20		5-year total		% change compare 15/16 to 19/20
	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	
other	392	9.6%	479	11.2%	669	14.2%	710	14.4%	977	16.8%	3227	13.5%	149.2%
the person experiencing care	312	7.6%	363	8.5%	391	8.3%	442	8.9%	441	7.6%	1949	8.2%	41.3%
unknown	776	19.0%	598	14.0%	365	7.8%	341	6.9%	401	6.9%	2481	10.4%	-48.3%
a relative or carer	1784	43.6%	1932	45.2%	2214	47.1%	2269	45.9%	2635	45.2%	10834	45.5%	47.7%
Employee, ex-employee	825	20.2%	905	21.2%	1057	22.5%	1178	23.8%	1377	23.6%	5342	22.4%	66.9%
All complainant categories	4089	100.0%	4277	100.0%	4696	100.0%	4940	100.0%	5831	100.0%	**23833**	100.0%	42.6%

Complaint investigations completed

Relationship of complainant	2015/16		2016/17		2017/18		2018/19		2019/20		5-year total		% change compare 15/16 to 19/20
	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	
other	161	9.2%	183	11.0%	181	12.6%	164	11.7%	216	26.1%	905	11.7%	34.2%
the person experiencing care	132	7.6%	113	6.8%	87	6.1%	82	5.9%	96	6.3%	510	6.6%	-27.3%
unknown	246	14.1%	208	12.5%	113	7.9%	77	5.5%	62	4.1%	706	9.1%	-74.8%
a relative or carer	895	51.2%	870	52.4%	798	55.6%	784	56.1%	869	45.3%	4216	54.3%	-2.9%
Employee, ex-employee	314	18.0%	288	17.3%	256	17.9%	290	20.8%	277	18.2%	1425	18.4%	-11.8%

| All complainant categories | 1748 | 100.0% | 1662 | 100.0% | 1435 | 100.0% | 1397 | 100.0% | 1520 | 100.0% | 7762 | 100.0% | -13.0% |

Table B: Complaints completed by service type

Care service type	2015/16		2016/17		2017/18		2018/19		2019/20		5-year total		% change comparing 15/16 to 19/20
	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	No. of complnt. complte	% of complnt. complte	
Adoption	2	0.1	0	0.0%	0	0.0%	1	0.1%	0	0.0%	3	0.0%	-100.0%
Adult placement	0	0.0	0	0.0%	0	0.0%	1	0.1%	0	0.0%	1	0.0%	0.0%
Care home	864	49.4	768	46.2%	635	44.3%	696	49.8%	679	44.7%	3642	46.9%	-21.4%
Childminding	145	8.3	132	7.9%	126	8.8%	104	7.4%	116	7.6%	623	8.0%	-20.0%
Daycare of children	336	19.2	365	22.0%	294	20.5%	229	16.4%	218	14.3%	1442	18.6%	-35.1%
Fostering	4	0.2%	4	0.2%	5	0.3%	1	0.1%	4	0.3%	18	0.2%	0.0%
Housing support (standalone service)	30	1.7%	29	1.7%	21	1.5%	31	2.2%	39	2.6%	150	1.9%	30.0%
Nurse agency	2	0.1%	0	0.0%	0	0.0%	2	0.1%	3	0.2%	7	0.1%	50.0%
Offender accommodation	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	-100.0%
School care accommodation	15	0.9%	9	0.5%	18	1.3%	12	0.9%	24	1.6%	78	1.0%	60.0%
Secure accommodation	0	0.0%	0	0.0%	1	0.1%	5	0.4%	2	0.1%	8	0.1%	200.0%
Support service (standalone) - care at home	114	6.5%	107	6.4%	104	7.2%	109	7.8%	144	9.5%	578	7.4%	26.3%
Support service (standalone) – other than care at home	10	0.6%	13	0.8%	12	0.8%	4	0.3%	5	0.3%	44	0.6%	-50.0%
Combined housing support and care at home service	225	12.9%	235	14.1%	219	15.3%	202	14.5%	286	18.8%	1167	15.0%	27.1%
All care service types	**1748**	100.0%	**1662**	100.0%	**1435**	100.0%	**1397**	100.0%	**1520**	100.0%	**7762**	100.0%	**-13.0%**

Note: % change based on fewer than 20 complaints each year should be used with caution.

Agenda item 13
Appendix 1
Table C: All service types by area of complaint, complaints upheld in 2019/20

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	130	6.2%
	Healthcare > Medication issues	114	5.5%
	Healthcare > Continence care	51	2.4%
	Healthcare > Other	43	2.1%
	Healthcare > Nutrition	41	2.0%
	Healthcare > Tissue viability	33	1.6%
	Healthcare > Hydration	21	1.0%
	Healthcare > Infection Control Issues	12	0.6%
	Healthcare > Oral health	10	0.5%
	Healthcare > Palliative care	5	0.2%
	Healthcare > Mental health care	4	0.2%
	Healthcare > Clinical governance	2	0.1%
Wellbeing	Wellbeing > Other	237	11.3%
	General health and welfare[1]	91	4.4%
	Wellbeing > Emotional	34	1.6%
	Wellbeing > Developmental	16	0.8%
	Wellbeing > Behaviour	12	0.6%
	Wellbeing > Social	11	0.5%
Communication	Communication > Between staff and service users/relatives/carers	262	12.5%
	Communication > Other	34	1.6%
	Communication > Information about the service	17	0.8%
	Communication > Language difficulties	2	0.1%
Staff	Staff > Levels	105	5.0%
	Staff > Other	70	3.3%
	Staff > Training / qualifications	66	3.2%
	Staff > Other fitness issues	16	0.8%
	Staff > Recruitment procedures (including disclosure checks)	15	0.7%
	Staff > Unfit to work with vulnerable people	2	0.1%
	Staff > Registration with professional bodies	2	0.1%
Choice	Choice > Care and treatment	86	4.1%
	Choice > Activities	24	1.1%
	Choice > Dignity and privacy	23	1.1%
	Choice > Other	6	0.3%
	Choice > Service not meeting religious,cultural,faith,social needs	1	0.0%
Policies and procedures	Policies and procedures > Complaints procedure	79	3.7%
	Policies and procedures > Other	51	2.4%
Record keeping	Record keeping > Personal plans/ agreements	51	2.4%
	Record keeping > Other	29	1.4%

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[1] General health and welfare category still appears for cases which were received prior to introduction of the new categories in the complaints app.

Table C: All service types by area of complaint, complaints upheld in 2019/20 (continued)

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	45	2.2%
	Protection of people > Children	15	0.7%
	Protection of people > Policies and procedures	8	0.4%
	Protection of people > Other	7	0.3%
	Protection of people > Restraint	3	0.1%
Environment	Environment > Fitness of premises / environment	29	1.4%
	Environment > Other	21	1.0%
	Environment > Inadequate facilities	17	0.8%
	Environment > Security	7	0.3%
Privacy and dignity	Privacy and dignity > Privacy and dignity	36	1.7%
Food	Food > Other	16	0.8%
	Food > Quality	7	0.3%
	Food > Choice	4	0.2%
	Food > Availability	3	0.1%
Conditions of registration	Conditions of registration > Exceeding capacity	13	0.6%
	Conditions of registration > Other	13	0.6%
	Conditions of registration > Type of service provided	1	0.0%
Property	Property > Care of	12	0.6%
	Property > Other	2	0.1%
	Property > Loss of/missing	2	0.1%
Participation	User participation > Other	10	0.4%
	User participation > In managing/developing the service	2	0.1%
Financial	Financial issues > Financial issues	6	0.3%
Access	Access > To other services e.g. advocacy/health	2	0.1%
	Access > Other	2	0.1%

Table D: Areas of complaint upheld, by type of care service 2019/20

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering Service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Healthcare > Inadequate healthcare or healthcare treatment	96	4.6%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	1	0.0%	0	0.0%	0	0.0%	13	0.6%	1	0.0%	17	0.8%
Healthcare > Medication issues	50	2.4%	0	0.0%	1	0.0%	0	0.0%	4	0.2%	0	0.0%	0	0.0%	0	0.0%	29	1.4%	0	0.0%	30	1.4%
Healthcare > Continence care	31	1.5%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	0.3%	0	0.0%	13	0.6%
Healthcare > Other	31	1.5%	1	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.0%	0	0.0%	8	0.4%
Healthcare > Nutrition	29	1.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	9	0.4%
Healthcare > Tissue viability	25	1.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	6	0.3%
Healthcare > Hydration	21	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Oral health	9	0.4%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Infection Control Issues	7	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.2%
Healthcare > Palliative care	5	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Mental health care	4	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Healthcare > Clinical governance	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Wellbeing > Other	72	3.4%	12	0.6%	30	1.4%	0	0.0%	9	0.4%	0	0.0%	2	0.1%	0	0.0%	39	1.9%	0	0.0%	73	3.5%
General health and welfare	37	1.8%	1	0.0%	7	0.3%	0	0.0%	8	0.4%	0	0.0%	1	0.0%	0	0.0%	9	0.4%	1	0.0%	27	1.3%
Wellbeing > Emotional	4	0.2%	10	0.5%	6	0.3%	0	0.0%	1	0.0%	0	0.0%	5	0.2%	2	0.1%	1	0.0%	0	0.0%	5	0.2%
Wellbeing > Developmental	4	0.2%	1	0.0%	6	0.3%	1	0.0%	1	0.0%	0	0.0%	2	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Wellbeing > Behaviour	7	0.3%	1	0.0%	3	0.1%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Wellbeing > Social	8	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	0	0.0%
Communication > Between staff and service users/relatives/carers	87	4.2%	4	0.2%	17	0.8%	1	0.0%	3	0.1%	0	0.0%	2	0.1%	0	0.0%	50	2.4%	1	0.0%	97	4.6%
Communication > Other	13	0.6%	1	0.0%	3	0.1%	0	0.0%	4	0.2%	0	0.0%	0	0.0%	0	0.0%	5	0.2%	0	0.0%	8	0.4%
Communication > Information about the service	3	0.1%	1	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.2%	0	0.0%	7	0.3%
Communication > Language difficulties	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%

Table D: Areas of complaint upheld, by type of care service 2019/20 (continued)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering Service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Staff > Levels	67	3.2%	0	0.0%	13	0.6%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	22	1.1%
Staff > Training / qualifications	29	1.4%	0	0.0%	7	0.3%	0	0.0%	2	0.1%	1	0.0%	0	0.0%	0	0.0%	11	0.5%	0	0.0%	16	0.8%
Staff > Other	10	0.5%	1	0.0%	2	0.1%	0	0.0%	5	0.2%	0	0.0%	0	0.0%	0	0.0%	11	0.5%	1	0.0%	40	1.9%
Staff > Recruitment procedures (including disclosure checks)	5	0.2%	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	4	0.2%
Staff > Other fitness issues	5	0.2%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	6	0.3%
Staff > Unfit to work with vulnerable people	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Staff > Registration with professional bodies	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Choice > Care and treatment	40	1.9%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	29	1.4%	0	0.0%	14	0.7%
Choice > Activities	17	0.8%	3	0.1%	2	0.1%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Choice > Dignity and privacy	12	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	0.4%	0	0.0%	2	0.1%
Choice > Service not meeting religious,cultural,faith,social needs	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Choice > Other	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	3	0.1%
Policies and procedures > Complaints procedure	30	1.4%	1	0.0%	6	0.3%	0	0.0%	3	0.1%	0	0.0%	1	0.0%	0	0.0%	14	0.7%	0	0.0%	24	1.1%
Policies and procedures > Other	12	0.6%	2	0.1%	13	0.6%	1	0.0%	1	0.0%	0	0.0%	1	0.0%	0	0.0%	10	0.5%	0	0.0%	11	0.5%
Environment > Fitness of premises / environment	22	1.1%	3	0.1%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Environment > Other	21	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Environment > Inadequate facilities	12	0.6%	1	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Environment > Security	1	0.0%	0	0.0%	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	2	0.1%
Protection of people > Adults	31	1.5%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.2%	0	0.0%	8	0.4%
Protection of people > Children	0	0.0%	5	0.2%	10	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Protection of people > Other	3	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
Protection of people > Policies and procedures	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	3	0.1%
Protection of people > Restraint	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%

Table D: Areas of complaint upheld, by type of care service 2019/20 (continued)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering Service		Housing support service (standalone)		Nurse agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) - other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Record keeping > Personal plans/agreements	18	0.9%	0	0.0%	2	0.1%	0	0.0%	2	0.1%	0	0.0%	0	0.0%	0	0.0%	10	0.5%	0	0.0%	19	0.9%
Record keeping > Other	9	0.4%	2	0.1%	5	0.2%	0	0.0%	2	0.1%	1	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	8	0.4%
Privacy and dignity > Privacy and dignity	20	1.0%	2	0.1%	0	0.0%	0	0.0%	2	0.1%	1	0.0%	0	0.0%	0	0.0%	5	0.2%	0	0.0%	6	0.3%
Conditions of registration > Other	0	0.0%	7	0.3%	6	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Conditions of registration > Type of service provided	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Conditions of registration > Exceeding capacity	0	0.0%	12	0.6%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Food > Other	6	0.3%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	6	0.3%
Food > Quality	6	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Food > Choice	4	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Food > Availability	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Property > Care of	10	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	0	0.0%
Property > Loss of/missing	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Property > Other	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
User participation > Other	3	0.1%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	0.1%	0	0.0%	3	0.1%
User participation > In managing/developing the service	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Access > To other services e.g. advocacy/health	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Access > Other	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Financial issues > Financial issues	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	0.3%

Table E: Care homes for older people, complaints upheld in 2019/20 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	96	10.5%
	Healthcare > Medication issues	46	5.0%
	Healthcare > Continence care	31	3.4%
	Healthcare > Other	30	3.3%
	Healthcare > Nutrition	28	3.1%
	Healthcare > Tissue viability	25	2.7%
	Healthcare > Hydration	21	2.3%
	Healthcare > Oral health	9	1.0%
	Healthcare > Infection Control Issues	7	0.8%
	Healthcare > Palliative care	5	0.5%
	Healthcare > Mental health care	4	0.4%
	Healthcare > Clinical governance	2	0.2%
Wellbeing	Wellbeing > Other	66	7.2%
	General health and welfare	34	3.7%
	Wellbeing > Social	7	0.8%
	Wellbeing > Behaviour	4	0.4%
	Wellbeing > Emotional	4	0.4%
	Wellbeing > Developmental	1	0.1%
Staff	Staff > Levels	65	7.1%
	Staff > Training / qualifications	27	3.0%
	Staff > Other	10	1.1%
	Staff > Recruitment procedures (including disclosure checks)	5	0.5%
	Staff > Other fitness issues	5	0.5%
	Staff > Registration with professional bodies	1	0.1%
Communication	Communication > Between staff and service users/relatives/carers	86	9.4%
	Communication > Other	12	1.3%
	Communication > Information about the service	3	0.3%
	Communication > Language difficulties	1	0.1%
Choice	Choice > Care and treatment	39	4.3%
	Choice > Activities	16	1.8%
	Choice > Dignity and privacy	11	1.2%
	Choice > Other	1	0.1%
Environment	Environment > Fitness of premises / environment	22	2.4%
	Environment > Other	21	2.3%
	Environment > Inadequate facilities	11	1.2%
	Environment > Security	1	0.1%
Policies and procedures	Policies and procedures > Complaints procedure	30	3.3%
	Policies and procedures > Other	9	1.0%

Table E: Care homes for older people, complaints upheld in 2019/20 by area of complaint (continued)

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Protection of people	Protection of people > Adults	28	3.1%
	Protection of people > Policies and procedures	3	0.3%
	Protection of people > Other	3	0.3%
	Protection of people > Restraint	1	0.1%
Record keeping	Record keeping > Personal plans/ agreements	17	1.9%
	Record keeping > Other	9	1.0%
Privacy and dignity	Privacy and dignity > Privacy and dignity	19	2.1%
Food	Food > Quality	6	0.7%
	Food > Other	5	0.5%
	Food > Choice	4	0.4%
	Food > Availability	1	0.1%
Property	Property > Care of	10	1.1%
	Property > Loss of/missing	2	0.2%
	Property > Other	1	0.1%
User participation	User participation > Other	3	0.3%
	User participation > In managing/developing the service	2	0.2%
Access	Access > To other services e.g. advocacy/health	2	0.2%
	Access > Other	2	0.2%

Table F: Complaints investigated over the past five years by outcome

Year investigation completed	Upheld		Not upheld	
	number of complaints	% of investigations completed	number of complaints	% of investigations completed
2015/16	1027	58.8%	720	41.2%
2016/17	952	57.3%	710	42.7%
2017/18	805	56.1%	630	43.9%
2018/19	809	58.0%	588	42.0%
2019/20	928	61.1%	592	38.9%
All years	**4521**	**58.3%**	**3240**	**41.7%**

Table G: Complaints investigated over the past five years by outcome and service type

Care service	Upheld		Not upheld		Total number
	number of complaints	% of investigations completed	number of complaints	% of investigations completed	
Adoption	1	33.3%	2	66.7%	3
Adult placement	0	0.0%	1	100.0%	1
Care home	2152	59.1%	1489	40.9%	3641
Childminding	258	41.4%	365	58.6%	623
Daycare of children	671	46.5%	771	53.5%	1442
Fostering	10	55.6%	8	44.4%	18
Housing Support (standalone service)	95	63.3%	55	36.7%	150
Nurse agency	5	71.4%	2	28.6%	7
Offender accommodation	0	0.0%	1	100.0%	1
School care accommodation	46	59.0%	32	41.0%	78
Secure accommodation	4	50.0%	4	50.0%	8
Support service (standalone) – care at home	438	75.8%	140	24.2%	578
Support service (standalone) – other than care at home	19	43.2%	25	56.8%	44
Combined housing support and care at home service	822	70.4%	345	29.6%	1167
All care service types	**4521**	**58.3%**	**3240**	**41.7%**	**7761**

Note: excludes a small number of cases that were withdrawn before the investigation was completed.

Title:	**CODE OF CORPORATE GOVERNANCE**
Author:	**Kenny Dick, Head of Finance and Corporate Governance**
Appendices:	A. **Code of Corporate Governance**
Consultation:	n/a
Resource Implications:	**None**

Executive Summary:

The Care Inspectorate meets its corporate governance requirements and expectations in many ways.

A Code of Corporate Governance consolidates corporate governance strands into one overarching framework document that:

- Summarises our key corporate governance efforts
- Can be used as a basis for assessing strengths and/or weaknesses in our corporate governance framework
- Assists in ensuring all key corporate governance documents are regularly reviewed and updated

The Care Inspectorate introduced a Code of Corporate Governance in 2014. This was based on "The Good Governance Standard for Public Services". The Code has been revised to reflect the "CIPFA International Framework: Good Governance in the Public Sector".

It is recommended that the Board:

1.	Reviews and comments on the revised Code.
2.	Approves the revised Code subject to agreed amendments.

Links:	Corporate Plan Outcome	Principle 6: Well Governed	Risk Register Number	5	EIA Y/N	N
For Noting		**For Discussion**		**For Assurance**		**For Decision**	x

BOARD MEETING 18 June 2020

Agenda item 14
Report Number: B-22-2020

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

Reason for Confidentiality/Private Report: N/A *(see Reasons for Exclusion)*	
Disclosure after:	

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

Agenda item 14
Report Number: B-22-2020

INTERIM INTERNAL AUDIT 2020/21

1.0   INTRODUCTION

1.1   The Care Inspectorate Code of Corporate Governance was agreed in 2014. This was based on the "The Good Governance Standard for Public Services".

Since then, our governance framework has been reviewed, the "CIPFA International Framework : Good Governance in the Public Sector" has been implemented and the Care Inspectorate was awarded the CIPFA Excellence in Governance Chartermark in late 2017 and a review of this award is now due.

It is therefore beneficial to revise and update the Code of Corporate Governance in line with the CIPFA International Framework.

2.0   CODE OF CORPORATE GOVERNANCE

2.1   Attached as Appendix A is the revised draft Code of Corporate Governance. The Board is requested to review each section as described in 2.2 to 2.6 below.

2.2   Section 1.0 Introduction

It is intended that this general section clearly introduces the Code and why it is needed.

2.3   Section 2.0 Principles of Good Governance

The principles are taken straight from "The Good Governance Standard for Public Services" and significant amendments are not envisaged for this section.

2.4   Section 3.0 Annual Review and Reporting

This section sets out how the Care Inspectorate will review its corporate governance arrangements annually and report on this review.

2.5   Section 4.0 Applying the Principles of Good Governance

The Board is requested to review this section to ensure it has fairly captured and described our corporate governance arrangements and to identify any significant omissions.

2.6   Appendix 1 Register of Key Corporate Governance Documents

This register is set out in three parts:

1. Key Governance Documents
2. Strategies Approved by Board or Committee
3. Key People Management Policies

For each part the register discloses:

- the Lead officer
- the governance principles associated with the document/ policy / strategy
- the date of the last review
- the date the next review is due
- the governance body at which approval is given

The Board is requested to review the register and in particular check for omissions and to confirm the approval process is appropriate.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are no resource implications associated with this report.

3.2   Sustainability

There are no sustainability implications associated with this report.

3.3   Government Policy

There are no government policy implications associated with this report.

3.4   People Who Experience Care

There are no direct benefits for people who experience care.

3.5   Customers (Internal and/or External)

There are no direct customer implications or benefits.

CODE OF CORPORATE GOVERNANCE

1.0   Introduction

1.1   What is Corporate Governance?

Corporate governance is the way in which organisations are directed, controlled and led. It defines relationships and the distribution of rights and responsibilities among those who work for and with the organisation, determines the rules and procedures through which the organisation's objectives are set, and provides the means of attaining those objectives and monitoring performance. Importantly, it defines where accountability lies throughout the organisation.

1.2   Corporate Governance in the Care Inspectorate

This code provides the framework by which the Care Inspectorate is accountable to people who experience care, other stakeholders and the wider Scottish public. The Code sets out and describes the way in which we carry out our functions through our Board Members, employees, volunteers and the procedures and processes by which we undertake our work.   The aim is to ensure that we can deliver benefits and positive outcomes for people who experience care and to establish and maintain public confidence in the Care Inspectorate as a public body. We are responsible for ensuring that we conduct our business in accordance with the law and proper standards, that we safeguard and properly account for public money and that this money is used in accordance with Best Value principles.

Section 2.0 below sets out the core principles of good governance.

Section 3.0 sets out how compliance with this code is to be monitored, developed and reported on.

Section 4.0 provides details of how we apply the principles of good governance.

Appendix 1 provides a register of our key governance policy documents and how these relate to the principles of good governance.

2.0   Principles of Good Governance

The CIPFA "International Framework: Good Governance in the Public Sector" sets out seven principles for good governance. This Code sets out how we apply this good governance framework to our work.

The fundamental function of good governance in the public sector is to ensure intended outcomes are achieved while acting in the public interest at all times. The CIPFA framework principles are:

Acting in the public interest requires:

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
B. Ensuring openness and comprehensive stakeholder engagement

In addition to these two overarching principles for acting in the public interest, achieving good governance in the public sector also requires effective arrangements for:

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits.
D. Determining the interventions necessary to optimize the achievement of the intended outcomes.
E. Developing the entity's capacity, including the capability of its leadership and the individuals within it.
F. Managing risks and performance through robust internal control and strong public financial management.
G. Implementing good practices in transparency, reporting, and audit, to deliver effective accountability

Section 4 below summarises key points from the CIPFA framework but reference should be made to the published CIPFA framework for more detailed information.

3.0   Annual Review and Reporting

Compliance with this code will be assessed on an annual basis through Board and Committee effectiveness review meetings and by an officer working group on corporate governance.   A representative from internal audit may also be invited to attend meetings of the officer working group to provide advice.

The results of this assessment will be used to:

- Develop an annual action plan to improve and develop corporate governance. This action plan will be submitted each year to the Audit and Risk Committee for approval.
- Review progress against the agreed action plan
- Identify new and emerging governance issues
- Inform the preparation of the annual Governance Statement which is publicly reported in the Annual Report and Accounts.

4.0   Applying the Principles for Good Governance

Principle A:	Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
Rationale:	The public sector is normally responsible for using a significant proportion of resources raised through taxation to provide services to citizens. Public sector entities are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. Public sector entities are accountable to legislative bodies for the exercise of legitimate authority in society. This makes it essential that each entity as a whole can demonstrate the appropriateness of all of its actions and has mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

Supporting Principle A.1	Key Points	Demonstrated through:
Behaving with integrity	The Board should take the lead and be a role model in establishing and living up to specific values expected of the CI and its staff.	• Code of Conduct for Board members • Code of Conduct for staff • Board member appraisal process • Staff performance and development process LEAD (Learn, Experience, Achieve and Develop). • Board member and staff induction • Regular staff survey
	The Board should ensure that "whistleblowing processes", including proper safeguards for whistleblowers, are in place.	• Whistleblowing policy and guidance

	The Board should ensure that appropriate policies are in place so that members and staff take decisions objectively and steps are taken to avoid or deal with any conflicts of interest, whether actual or perceived.	• Register of Interests • Declaration of interest • Guidance on dealing with conflicts of interest

Supporting Principle A.2	**Key Points**	**Demonstrated through:**
Demonstrating strong commitment to ethical values	Ethical values should underpin the personal behaviour of all Board members and staff. It is the role of the Board to ensure that ethical values are embedded throughout the Care Inspectorate.	• Board member appraisal process • Staff performance and development process LEAD (Learn, Experience, Achieve and Develop). • Regular staff survey • Board and Committee effectiveness reviews • Complaints process
	It is the Board's responsibility to ensure that the Board and staff codes of conduct are understood, implemented, adhered to, and reviewed on a regular basis to ensure they remains up to date. Effective codes of conduct for Board members and for staff is one of the key elements of good governance.	• Code of Conduct for Board members • Code of Conduct for staff • Staff performance and development process LEAD (Learn, Experience, Achieve and Develop). • Disciplinary, Dignity at Work and grievance processes

Supporting Principle A.3	**Key Points**	**Demonstrated through:**
Respecting the rule of law	The Board and staff should demonstrate a strong commitment to the rule of law, as well as comply with all relevant laws and regulations. We should also strive to utilise our powers for the full benefit of people who	• Reservation of Powers and Scheme of Delegation • Executive Scheme of Delegation • Executive Framework • Standing Orders • Accountable Officer Memorandum

	experience care and other stakeholders and avoid corruption or any other misuse of power.	• Compliance with Scottish Public Finance Manual • Counter Fraud and Corruption Framework • Corporate Health & Safety Policy • Regulators code of practice

Principle B:	Ensuring openness and comprehensive stakeholder engagement
Rationale:	We are established and run for the public good, the Board should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual care service users and service providers, as well as institutional stakeholders.

Supporting Principle B.1	**Key Points**	**Demonstrated through:**
Openness.	Be as open as possible about all our decisions, actions, plans, resource use, forecasts, outputs, and outcomes. Ideally, the Board should ensure that this commitment is documented and communicated through a formal policy on openness of information.	• Board meetings held in public • Board papers and minutes publicly available on our website • Corporate Plan • Annual Report and Accounts • Freedom of Information request process • Involving People Group • Complaints process • Guidance on confidential matters

Supporting Principle B.2	**Key Points**	**Demonstrated through:**
Engaging stakeholders effectively, including individual citizens and service users.	The Board should ensure there is clear policy on the types of issues they will consult on with all stakeholders (either individually or through representative groups) to ensure that the services provided (or other	• Involvement Strategy • Involving People Group • Inspection volunteers • Customer service strategy

	interventions) are contributing to the achievement of intended outcomes	
	Communication and consultation methods should be balanced and fair, allowing stakeholders to express their views freely and make informed decisions based on unbiased information.	• Quality conversations • Care service questionnaire • Inspection Satisfaction Questionnaires • Error response process • Complaints against CI

Supporting Principle B.3	**Key Points**	**Demonstrated through:**
Engaging comprehensively with institutional stakeholders.	Good governance requires the Board to clarify the purpose, objectives, and defined outcomes for each of relationship with institutional stakeholders. In particular, effective engagement with other stakeholder institutions is vital to the development of defined outcomes if these are to be achieved successfully and sustainably.	• Cross and reciprocal membership of Chair of Board with the Chairs of the Scottish Social Services Council (SSSC)and Healthcare Improvement Scotland (HIS) • Joint Board and executive level meetings with SSSC and HIS • Ministerial direction and expectation • Membership of Strategic Scrutiny Group • MoUs

Principle C: Defining outcomes in terms of sustainable economic, social, and environmental benefits

Rationale: The long-term nature and impact of many of the public sector's responsibilities mean that it should define and plan outcomes and that these should be sustainable. The Board should ensure that its decisions further the entity's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, people who experience care, service providers and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available

Supporting Principle C.1	Key Points	Demonstrated through:
Defining Outcomes	It is essential that the Board develops and articulates a clear vision. This should be a formally agreed-on statement of the CI's purpose and intended outcomes, which should be used as a basis for the Board's overall strategy, planning, and other decisions.	• Vision statement agreed and set out in the Corporate Plan • Strategic outcomes and strategic objectives based on this vision (see Corporate Plan summary "Towards world class care" • Performance measures are identified for each strategic outcome.

Supporting Principle C.2	Key Points	Demonstrated through:
Sustainable economic, social, and environmental benefits	Public sector entities need to consider the combined economic, social, and environmental impact of their policies, plans, and decisions.	• Financial Strategy • Strategic Workforce Plan • Improvement Strategy • Customer Service Strategy • Scrutiny & Improvement Plan • Carbon Management Plan • Business Travel & Subsistence Policy

Principle D: Determining the interventions necessary to optimize the achievement of the intended outcomes

Rationale: The public sector achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of interventions is a critically important strategic choice that the Board needs to make to ensure intended outcomes are achieved. Public sector entities need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

Supporting Principle D.1	Key Points	Demonstrated through:
Determining interventions.	To determine the most appropriate interventions, Board members should receive objective and rigorous analysis of a variety of options, including how the proposed interventions will contribute to the achievement of outcomes and their projected risks and results.	• Board report templates • Board development events • Customer Service Strategy
	The Board needs to decide how value for money is to be achieved and how it can be measured.	• Annual Best Value report • Best Value Programme • Benefits realisation reporting

Supporting Principle D.2	Key Points	Demonstrated through:
Planning interventions.	The Board should decide how the performance of the CI's services and projects are to be measured, establish appropriate KPIs, and make sure that the CI has	• Strategic planning process • Risk management process • Performance monitoring reports • Budget monitoring

	the capacity to generate (capture, process, analyse, and report on) the information needed to review service delivery and quality regularly.	reports • Customer Service Strategy

Supporting Principle D.3	**Key Points**	**Demonstrated through:**
Optimising achievement of intended outcomes.	The Board should ensure there is a strong planning framework that includes processes to ensure budgets and service and project plans are aimed at achieving the intended outcomes, while making the best overall use of scarce resources.	• Financial strategy • Annual budgeting process • Scrutiny & Improvement Plan • Customer Service Strategy

Principle E:	Developing the entity's capacity, including the capability of its leadership and the individuals within it.
Rationale:	Public sector entities need appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. The Board must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that the CI's management has the operational capacity for the CI as a whole. Because both individuals and the environment in which the CI operates will change over time, there is a continuous need to develop capacity as well as the skills and experience of the leadership of individual staff members. Leadership in public sector entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of their communities.

Supporting Principle E.1	Key Points	Demonstrated through:
Developing the CI's capacity	The Board needs to ensure that the CI is and remains fit for purpose. This means considering whether it continues to have the appropriate underlying governance and staffing structures to enable the delivery of planned services.	• Board and Committee effectiveness reviews • Annual governance statement • Maintenance of Excellence in Governance Chartermark
	The capabilities of the Board and senior management must be developed to equip the CI to respond successfully to changing legal and policy demands, as well as to economic, political, and environmental changes and risks.	• Learning and Development Strategy • Board member induction • Board development events • Board member appraisal process • Staff performance and development process LEAD (Learn, Experience, Achieve and Develop).

	The CI's operations and outputs must be reviewed regularly for their effectiveness, as well as in the light of internal and external changes and challenges.	• Internal and external auditors • Strategic Workforce Plan • Procurement strategy and process

Supporting Principle E.2	**Key Points**	**Demonstrated through:**
Developing the CI's leadership	The Board should publish a formal statement that specifies the types of decisions delegated to the executive and those reserved for the Board.	• Reservation of Powers and Scheme of Delegation.
	All members of the Board should have the appropriate skills and knowledge to exercise leadership and to fulfill their roles and responsibilities.	• Board member Induction programme • On-going training opportunities • Individual Board member performance reviews • Board and Committee effectiveness reviews • Board development events • Board and Committee attendance records are published
	Governing bodies need the correct balance of skills and knowledge to perform their roles effectively.	• Staggered termination of appointment dates • Advice to SG appointment panel on skills gaps • Maintenance of Excellence in Governance Chartermark • Board member succession planning

Supporting Principle E.3	Key Points	Demonstrated through:
Developing the capability of individuals.	It is the role of the governing body to ensure an entity has implemented appropriate human resource policies.	• Role of Partnership forum • Structure reviews • Strategic Workforce Plan • Staff performance and development process LEAD (Learn, Experience, Achieve and Develop). • Induction process • Policy review process

Principle F: Managing risks and performance through robust internal control and strong public financial management.

Rationale: The governing bodies of public sector entities need to ensure that the entities they oversee have implemented—and can sustain—an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. They consist of an ongoing process designed to identify and address significant risks involved in achieving an entity's outcomes. A strong system of financial management is essential for the implementation of public sector policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

Supporting Principle F.1	Key Points	Demonstrated through:
Managing Risk	Good governance requires that the notion of risk be embedded into the CI's culture, with Board members, together with managers at all levels, recognising that risk management is integral to all their of activities and must be regarded as a continuous process. The Board should ensure that the CI has effective risk management arrangements in place.	• Risk management framework (policy, risk registers, risk appetite, risk tolerance and risk velocity) – reviewed by Board annually • Risk considered at each Board meeting and all formal management meetings within the Care Inspectorate. • Strategic risk register monitored at each Audit & Risk Committee meeting • Strategic risk register and risks escalated from directorate risk registers monitored at each Executive Group meeting • Annual Governance Statement publicly reports on the

		effectiveness of the risk management system

Supporting Principle F.2	**Key Points**	**Demonstrated through:**
Managing performance.	The Board should ensure that effective mechanisms exist to monitor service delivery throughout all stages in the process, including planning, specification, execution, and independent post-implementation review.	• Monitoring our Performance report to each Board meeting • Budget monitoring report to each Board meeting • Resource implications set out in reports to inform decisions • Project and programme performance reports • Annual Report and Accounts
	From the perspective of maintaining organisational capacity, meaningful financial analysis and robust interpretation of results are key components in performance management.	• Monitoring our Performance report to each Board meeting • Budget monitoring report to each Board meeting • Project and programme performance reports • Annual Report and Accounts • Resource models

Supporting Principle F.3	**Key Points**	**Demonstrated through:**
Robust internal control	Internal control is an integral part of the CI's governance system and risk management arrangements. Internal control should be understood, implemented, and actively monitored by the Board, management, and other staff.	• Reservation of Powers and Scheme of Delegation • Financial regulations • Cyber security / resilience • Physical security controls • Internal audit • Governance Statement
	The internal auditor (and where appropriate other sufficiently independent	• Internal audit plan and internal audit reports • Digital First

		Assessments
	bodies) should provide additional assurance on the adequacy of the risk management framework and processes and the internal controls implemented to manage risk.	- Gateway reviews - Procurement and Commercial Improvement Programme Assessment - Cyber Essentials + Accreditation - CIPFA Excellence in Governance Chartermark - Quality Scotland Committed to Excellence Award
Supporting Principle F.4	**Key Points**	**Demonstrated through:**
Strong public financial management	The Board should ensure that their financial management supports both long-term achievement of outcomes and short-term financial and operational performance.	- Financial Strategy reviewed by Board annually. - Monitoring our Performance report to each Board meeting - Budget monitoring report to each Board meeting - Resource implications set out in reports to inform decisions - Compliance with SPFM and Executive Framework

Principle G: Implementing good practices in transparency, reporting, and audit, to deliver effective accountability.

Rationale: Accountability is about ensuring that those making decisions and delivering services are answerable for them, although the range and strength of different accountability relationships varies for different types of governing bodies. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the entity plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Supporting Principle G.1	Key Points	Demonstrated through:
Implementing good practices in transparency.	The CI should be open and accessible to its various stakeholders, including citizens, people who experience care, service providers, and our staff. Accountability reports should be written and communicated in an open and understandable style appropriate to the intended audience.	- Corporate Plan - Involvement Strategy - Communications events - Annual Report and Accounts - Thematic reports - Public Board Meetings and publication of papers and minutes. - Maintenance of comprehensive information on website - Customer Service Strategy

Supporting Principle G.2	Key Points	Demonstrated through:
Implementing good practices in reporting	The CI needs to report publicly at least annually in a timely manner, so that stakeholders can understand and make judgments on issues such as how we are performing, whether we are delivering value for money, and the soundness of our stewardship of resources	Annual Report and Accounts
	The Board should assess the extent to which they are applying the principles	Annual Governance Statement

	of good governance, as set out in this Framework, and report publicly on this assessment, including an action plan for improvement.	

Supporting Principle G.3	**Key Points**	**Demonstrated through:**
Assurance and effective accountability	The provision of assurance through external audit, performed by qualified professionals, is an essential element of a public sector entity's accountability.	• External auditors appointed by the Auditor General for Scotland • External Audit Plan • External Audit Report
	It is the role of internal audit to provide a range of assurances, including reports on specific systems or work areas, new or developing systems (including how risks in those areas are being managed), partnerships, and an overall annual opinion. This opinion is one of the main objective sources that the chief executive and Board has for preparing the annual governance report.	• Internal audit plan • Internal audit annual report including overall annual opinion

Register of Key Corporate Governance Documents

Type	Internal / External	Description	Lead Officer / Board Member *	Governance Principles	Last Reviewed / Reported	Next Review / Report Due	Board Approval Required (Y/N)	
1. Document or Policy	External	Accountable Officer Memorandum	Ch Exec	A	n/a	n/a	n/a	
1. Document or Policy	Internal	Board Member Appraisal	Chair	A, E	n/a	n/a	n/a	
1. Document or Policy	Internal	Board Members Code of Conduct	HoFCG	A	Board 27/06/14	Scottish Government	Y	
1. Document or Policy	Internal	Complaints (against CI) Procedure	HoRIPS	A, B	Complaints 21/02/17	30/09/2020	Y	
1. Document or Policy	Internal	Corporate Health & Safety Policy	HoFCG	A	Resources 6/06/16	30/09/2020	Y	
1. Document or Policy	External	Executive Framework Agreement	EDCCS	A	Board 26/09/19	Sponsor	Y	
1. Document or Policy	Internal	Financial regulations	HoFCG	F	Board 28/03/19	18/06/2020	Y	
1. Document or Policy	Internal	Counter Fraud & Corruption Framework	HoFCG	A	Audit 25/05/17	10/09/2020	Audit & Risk Cttee	
1. Document or Policy	Internal	Reservation of Powers and Scheme of Delegation	HoL	A, E, F	Board 26/09/19	30/09/2020	Y	as required
1. Document or Policy	External	Scottish Public Finance Manual	HoFCG	A	n/a	n/a		
1. Document or Policy	Internal	Staff Code of Conduct	HoOWD	A	EG Oct 2019	01/10/2022	N	reviewed every 3 years, or earlier if necessary
1. Document or Policy	Internal	Standing Orders	HoL	A	Board 26/06/18	30/09/2020	Y	as required
1. Document or Policy	Internal	Whistleblowing Guidance	HoOWD	A	EG Jan 2020	01/02/2023	N	reviewed every 3 years, or earlier if necessary
1. Document or Policy	External	Regulators Code of Practice	HoL	A	n/a	n/a	For info only	
2. Disclosure	Internal	Register of Gifts & Hospitality	HoFCG	4	continuous	n/a	n/a	
2. Disclosure	Internal	Register of Interests	HoFCG	A	continuous + annual	n/a	n/a	
3. Planning & Performance	Internal	Annual Report and Accounts (including Governance Statement)	HoFCG	B, E, F, G	26/09/2019	30/09/2020	Y	
3. Planning & Performance	Internal	Budget and Capital Plan	HoFCG	D	Board 26/03/20	25/03/2021	Y	
3. Planning & Performance	Internal	Corporate Plan	EDSI	B,C, G	Board 15/08/19	31/03/2022	Y	
3. Planning & Performance	Internal	Perfomance Monitoring Reports	EDSI	D, F	each meeting of Board	n/a	n/a	
3. Planning & Performance	Internal	Budget Monitoring Reports	HoFCG	D, F	each meeting of Board	n/a	n/a	
3. Planning & Performance	Internal	Annual Best Value Report	HoFCG	D	Board 19/06/19	30/09/2020	Y	
3. Planning & Performance	Internal	Internal Audit Plan	Internal Auditor	F	Audit & Risk 12/09/19	10/09/2020	Audit & Risk Cttee	

Register of Key Corporate Governance Documents

Type	Internal / External	Description	Lead Officer / Board Member *	Governance Principles	Last Reviewed / Reported	Next Review / Report Due	Board Approval Required (Y/N)
3. Planning & Performance	Internal	Internal Audit Annual Report (including opinion)	Internal Auditor	G	Audit & Risk 05/03/20	30/09/2020	Y
3. Planning & Performance	External	External Audit Plan	External Auditor	G	Audit & Risk 05/03/20	04/03/2021	Audit & Risk Cttee
3. Planning & Performance	External	External Audit Annual Report (including opinion)	External Auditor	G	Board 26/09/19	30/09/2020	Y
3. Planning & Performance	Internal	Draft Scrutiny, Assurance and Improvement Support Plan	EDSA	C, D	Board 17/12/2020	21/01/2021	Y
3. Planning & Performance	Internal	Risk Policy	EDCCS	D, F	Board 19/06/19	18/06/2020	Y
3. Planning & Performance	Internal	RiskAppetite Statement	EDCCS	D, F	Board 19/06/19	18/06/2020	Y
3. Planning & Performance	Internal	Strategic Risk Register	EDCCS	D, F	each meeting of Board	n/a	Y

Lead Officer / Board Member Key

Chief Executive	Ch Exec
Chair of Board	Chair
Executive Director of Corporate & CustomerService	EDCCS
Executive Director of Strategy & Improvement	EDSI
Executive Director Scrutiny & Assurance	EDSA
Head of Finance & Corporate Governance	HoFCG
Head of Legal	HoL
Head of Organisational & Workforce Development	HoOWD
Head of Risk, Intelligence and Professional Standards	HoRIPS

Register of Strategies Approved by Board or Committee

Type	Description	Lead Officer / Board Member *	Governance Principles	Last Reviewed / Reported	Next Review / Report Due	Board Approval Required (Y / N)
Strategy	Customer Service Strategy	HoCS	C, D	Resources 27/02/17	31/03/2019	N
Strategy	Strategic Workforce Plan	HoOWD	C, E	Board 26/09/19	31/03/2022	Y
Strategy	Financial Strategy	HoF&CG	C, D, F	Board 22/05/18	30/09/2020	Y
Strategy	Involvement Strategy (Involving You)	HoOWD	B, G	Board 18/12/18	31/03/2021	Y
Strategy	Procurement Strategy	HoF&CG	E	Board 17/12/19	31/03/2023	N
Strategy	Improvement Strategy	EDSI	C	Board 15/08/19	31/03/2022	N

Lead Officer / Board Member Key

Executive Director of Customer & Corporate Services	EDCCS
Head of Customer Service	HoCS
Head of Finance & Corporate Governance	HoFCG
Head of Organisation & Workforce Development	HoOWD

Register of Key People Management Policies

Type	Internal / External	Description	Lead Officer / Board Member *	Governance Principles	Last Reviewed / Reported	Next Review / Report Due	Board Approval Required (Y / N)
5. People Management	Internal	LEAD - staff appraisal & performance	HoOWD	A, E	EG 1/8/19 PF Jan 20	01/08/2022	N
5. People Management	Internal	Business Travel and Subsistence Policy	HoOWD	C	Resources 27/02/17 EG Dec 16 PF April 17	01/04/2020	N
5. People Management	Internal	Capability Policy	HoOWD	A, E	EG 22.1.20 PF 23.4.20	1.5.23	N
5. People Management	Internal	Further Study Policy	HoOWD	E	EG 27/3/18 PF Jan 18 Resources 2.3.18	01/03/2021	N
5. People Management	Internal	Dignity at Work Policy	HoOWD	A	EG 22.1.20 PF 23.4.20	01/05/2023	N
5. People Management	Internal	Discipline Procedure	HoOWD	A	PF April 2017 Minor review Oct 2019	01/06/2022	N
5. People Management	Internal	Grievance Policy	HoOWD	A	EG Nov 16 PF April 2017 Minor review Oct 2019	01/06/2022	N
5. People Management	Internal	Homeworking Policy	HoOWD	C	EG May 15 PF Nov 2015 Minor review July 2018	01/08/2020	N
5. People Management	Internal	Maximising Attendance Policy	HoOWD	E, F	EG 22.1.20 PF 23.4.20	01/05/2023	N

Register of Key People Management Policies

Type	Internal / External	Description	Lead Officer / Board Member *	Governance Principles	Last Reviewed / Reported	Next Review / Report Due	Board Approval Required (Y / N)
5. People Management	Internal	Recruitment & Selection Policy	HoHR	E	?	tbc	N
5. People Management	Internal	Relocation Policy	HoOWD	C, E	EG 28/4/16 PF Jan 2017 Minor review June 2019	01/06/2022	N
5. People Management	Internal	Retirement Policy	HoOWD	E	EG Dec 16 PF March 17 Minor review July 19	01/06/2020	N
5. People Management	Internal	Staff Use of Social Media	HoOWD	B, F	EG 2/2/18 PF March 14 Minor review Jan 19	01/02/2022	N

Title:	The United Nations Convention on the Rights of the Child (UNCRC) 2020 Report (Final Draft)
Author:	Janice Gibson, Head of Organisation and Workforce Development
Appendices:	1. The United Nations Convention on the Rights of the Child (UNCRC) 2020 Report (Final Draft)
	2. Final publication design mock-up
Consultation:	This report has been written in consultation with colleagues from; the Policy Team, Improvement Support Team, Intelligence Team, National Planning Team, Regulated Care Inspection, Strategic Inspection, Involvement Team and the Corporate Parenting Group.

The voices of our young people were key in the consultation and we held a focus group with our young inspection volunteers to co-design the report.

The Head of Professional Standards and Practice, the Strategic Communications Adviser and the Head of Legal Services have also made a strong contribution to the report.

The report has been considered by the Executive Group. |
| Resource Implications: | There are no resource implications |

EXECUTIVE SUMMARY

This report has been developed in response to a new legal requirement to publish a triennial report that sets out how our work supports articles of the United Nations Convention on the Rights of the Child (UNCRC). More information about the articles can be found here https://cypcs.org.uk/rights/uncrc/articles

Appendix 1 sets out the first report covering the period April 2017 to March 2020.

In line with guidance and discussions with Scottish Government, the report has been written in language that appeals directly to children, young people and their families. It also reflects the consultation and engagement with young people as part of the writing the report. Appendix 2 sets out the design for the final publication of the report.

This report gives us an opportunity to share our on-going commitment to children's rights and to highlight our positive progress, against the various articles of the UNCRC. As an organisation, we will continue to integrate and further embed the UNCRC into our work going forward. We have achieved this through helping to

further embed the Health and Social Care Standards, through our quality frameworks, designing improvement support resources, guidance and standards for professionals who care for children and young people and we will continue to involve children and young people in our work.

We will build on these achievements and report further in 2023.

This work is also integral to delivering our Corporate Plan 2019-22, Strategic Workforce Plan, Improvement Strategy and Involvement Strategy.

The Board is invited to:	
1.	Note the United Nations Convention on the Rights of the Child (UNCRC) 2020 Report (Final Draft) covering progress achieved between April 2017 to March 2020.

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

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

Reason for Confidentiality/Private Report:
(see Reasons for Exclusion)
Disclosure after:
N/A

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

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC) REPORT 2020 (Final Draft)

1.0   INTRODUCTION

1.1   The Scottish Government is committed to making Scotland the best place for children to grow up, a Scotland where the rights of children and young people are respected, protected, enabled, and fulfilled across our public services and society as a whole.

1.2   To support this aim we are required, as a public body, to publish a report on how our work supports the various articles of the United Nations Convention on the Rights of the Child (UNCRC). This is the first-time public bodies have been asked to report on the UNCRC. The expectation is that we will publish a triennial report thereafter. Our next report will be published in August 2023.

1.3   Colleagues across the organisation were fully involved in developing this report, including our young inspection volunteers. Young inspection volunteers provided an important steer on the design and focus for the report. They advised that the report should engage and be accessible to all children, young people, and their families. We have listened to this advice and written the report in a language that appeals to a younger audience.

2.0   OUR RESPONSIBILITIES AS A PUBLIC BODY

2.1   The Children and Young People (Scotland) Act 2014 names the Care Inspectorate as a 'duty bearer'. As a duty bearer we are expected to do all we can to implement the UNCRC and uphold children's rights.

2.2   Every devolved body, health board, council – and the Scottish Government itself will be legally obliged to respect children's rights. This first report, set out in appendix 1, is a key opportunity for us to provide information about how we support children's rights.

3.0   HOW OUR WORK SUPPORTS THE ARTICLES OF THE UNCRC

3.1   We have proactively aimed to respect, protect, enable and fulfil children's rights through our work. Involving our 15 young inspection volunteers (YIVs) in strategic joint inspections and regulated care inspections has been important to build understanding of what matters to children and young people experiencing care. Our YIVs have met with 2,777 young people during their work and this has made a positive impact on the quality of care experienced and identified improvement.

3.2   Appendix 1 sets out the final draft report for publication in Summer 2020. This outlines how the Care Inspectorate has met and delivered the articles of the UNCRC through our work since April 2017. Some of the key areas include;

- The development of the Health and Social Care Standards with Healthcare Improvement Scotland which reflect rights for all including children and young people

- Our new quality frameworks integrate the rights of the child in our strategic joint inspections, care homes for children and young people, support services and mainstream boarding schools and school hostels.

- Encouraging and supporting our young inspection volunteers to achieve Scottish Higher equivalent qualifications through their work with the Care Inspectorate and move on to further education.

- The development of a text complaints service aimed at young people which will be fully promoted in the Summer 2020. This action was raised by our young inspection volunteers who had identified that making a complaint in the traditional way was a barrier for young people. A text service makes things more accessible and allows young people to exercise their rights.

- Development resources to support improvement for practitioners working with children and young people. A good example of this is the involvement of our young inspection volunteers in 2 high profile pieces of work, Animal Magic and Stand up For Siblings. This work has been well received across the care sector and has made a positive impact to people's lives.

- Developed and will shortly publish the secure care quality framework and fostering and adoption quality framework. These inspection and self-evaluation frameworks have been redesigned to reflect the Standards

- Contributed to the development of the draft Barnahus Standards, influenced by the UNCRC. These will be published later in 2020.

3.3   We will continue to proactively champion the rights of children, young people and their families in all our work and involve the views of young people as we make progress in supporting and implementing the articles of the UNCRC. Our reports on progress against the UNCRC will be written in a format accessible to all children and young people. Appendix 2 sets out an example of how the final report design will look on publication.

4.0   **IMPLICATIONS AND/OR DIRECT BENEFITS**

4.1   **Resources**

We do not anticipate additional resources above and beyond the current ones deployed in support of this work.

4.2   Sustainability

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

4.3   Policy

This paper should be considered in the context of a range of national policy drivers and initiatives aimed at improving human rights outcomes for children and young people across Scotland.

Children (Scotland) Bill
Introduced in September 2019, the Children (Scotland) Bill proposes changes to the law to improve the court process in contact and residence cases and aims to ensure the views of the child are heard. The Bill includes a range of measures, including further protection of vulnerable witnesses in court cases about children, further compliance with the UNCRC in family court cases, regulating child contact centres, and amending the Looked After Children (Scotland) Regulations 2009 to put a duty on local authorities to place siblings under 18 years of age together when they are looked after away from home. The Care Inspectorate undertook a feasibility study into the regulation of child contact centres and published our report in March 2020. The Bill is currently at Stage 1.

Care Review
In 2017, Scottish Ministers established an independent review of the care system for children and young people in Scotland, to help identify how to change the future of the care system for the better and to improve both the quality of life and outcomes of young people in care. The review was shaped by the evidence of care experienced young people. The review published its final report in February 2020. We will now work with services to look at changes needed to improve of the lives of children and young people.

A Blueprint for 2020: The Expansion of Early Learning & Childcare in Scotland – 17-18 Action Plan (2017)
In joint agreement with local government, the Scottish Government is delivering a transformative change in the provision of early learning and childcare (ELC), almost doubling the funded entitlement from 600 to 1140 hours per year for all three and four year olds and for eligible two year olds. A Blueprint for 2020, sets out the Scottish Government's vision for the expansion of ELC, underpinned by four principles of quality, flexibility, accessibility and affordability.

Barnahus
The Scottish Government has commissioned Healthcare Improvement Scotland and the Care Inspectorate to develop Scotland-specific standards for Barnahus, based on the European PROMISE quality standards which outline best practice for countries who wish to develop the model. The Scottish Barnahus Standards will provide a roadmap for a genuinely child-centred approach to delivering justice, care and recovery for children who have experienced trauma.

4.4   People Who Experience Care

Our workforce has a strong awareness and understanding of the rights of children's and young people, the impact rights based care has on the experience of care and of our duties as a Corporate Parent. Our continued engagement with care experienced young people improves our understanding and insight into what high quality care is and the impact this has on children and young people people who experience care.

4.5   Customers (Internal and/or External)

Promoting the rights of the child and implementing the UNCRC is important for children and young people and their families who experience care services. Working with our young inspection volunteers helps further promote these rights and improves our understanding and engagement with children and young people experiencing care services. It also identifies areas for improvement that make a positive impact on the lives of children and young people that experience those services.

5.0   CONCLUSIONS/NEXT STEPS

5.1   The Board is invited to note the work we have done since April 2017 to support the articles of the United Nations Convention on the Rights of the Child (UNCRC) and what has been achieved. The United Nations Convention on the Rights of the Child (UNCRC) 2020 Report will be published on our website in August 2020.

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC) REPORT 2020 (Final Draft)

Message from Peter

At the Care Inspectorate, we do a lot of work to protect and support children and young people's rights.

In this report you will find out how our work supports the United Nations Convention on the Rights of the Child (UNCRC), which protects your human rights.

We work with all care services for children and young people to help them be the best that they can be. We check that they meet the Health and Social Care Standards so that you get the best care, opportunities and future possible. These are five standards that set out what your good care should look like.

Health and Social Care Standards – VISUAL – in box beside this column

We also work with young people like you, and inspection volunteers, aged 18-26, to make sure that you get the care you need. Read about what we have done over the last three years to protect young people's rights and what we plan to do next.

We want to make sure all children in Scotland grow up feeling loved, safe and respected and the incredible young people we work with are helping us to do this.

Comms insert Peter's photo and signature

Work we do with young people

Our young inspection volunteers visit care services with our inspectors to check that they are providing good quality care and show them ways to improve. We work with organisations that support young people to develop resources to show them the best way to help young people develop and grow.

We are also a corporate parent. This means that we ask young people to tell us what life is like, so that we can understand what services or support young people need. They also get involved in our projects which helps build their skills and confidence.

What is the UNCRC?

All children and young people have the same rights, protecting them and giving them equal opportunities. These rights are listed in the UNCRC. All the rights are connected, and all are equally important. Sometimes, we must think about rights in terms of what is the best for you in a situation and what will keep you safe. As you grow up, you will have more responsibility to make your own choices.

Over the last three years we have:

Comms to insert graphic demonstrating the numbers in here.

Registered 1402 new services and inspected 10,066 services to check they have the right things in place to keep you safe, healthy, and happy.

Been involved in 214 joint inspections with Education Scotland to check that all services for children and young people are working together properly to keep you safe and protected.

Met with 2,777 young people to find out what is important to young people and help make things better.

Investigated 33,59 complaints against young people's services where young people's rights and choices were not being met properly.

Investigated and are looking at 338 complaints from young people to fix things when they're not right and make things better.

We met with:

==Comms to add a snapshot of our joint strategic inspection of services for children and young people in need of care and protection work published in February 2020 - lift the graphic from p.8 of the source document: https://www.careinspectorate.com/images/documents/4781/Review%20of%20findings%20joint%20inspection%20services%20for%20children%20and%20young%20people%202012-17.pdf==

Early learning and childcare

We are supporting the Scottish Government with their work on early learning and childcare to make more places for children under 5 years, who go to nurseries, childminders and playgroups. We are speaking to these services to find out is working well and how this makes a difference to children. We will write about what they tell us in a report for Scottish Government, so we can share this with other professionals. This is so that all children will have good early learning and childcare wherever they live.

We had to stop this work because of coronavirus. We will pick this up again when the Scottish Government tells us it is safe to start working again.

We inspect and support care services to improve

We know that lots of children attend a day care or children's service at some point in their life. This might be a childminder or a nursery or an out of school care service, like an after-school club, they attend before or after school or during school holidays.

Our inspectors inspect these services to make sure children get the best care possible. At these inspections, we talk to children and their families to find out what's important to them. We ask staff what they are doing to make sure children have a say about how things are run and discuss ways to make things better. We put all this information into reports which we publish on our website.

Lots of children and young people don't live with their families. They might live with friends, foster carers or in a children's house or residential school. We visit these services too. When we check the services, we ask questions about the care they provide.

As well as checking against the Health and Social Care Standards and the rights of the child, we use SHANARRI which stands for:

<mark>Comms to insert emojos and graphic to replace shannari</mark> list below.

At home, in school or the wider community, every child and young person should be:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

We ask children and families and the people working with them questions about how a child or young person is doing and if they need more support.

These questions are about things like your rights, your happiness, if you feel safe and supported and have choices in your life.

We look at lots of areas when we are on a visit, we will ask questions to find out. If:

- You feel you are being treated equally.
- Your parents, family and other people who are important to you feel supported by staff and carers to continue being part of your life.
- Feel that you understand your rights, that your rights are respected and are considered when planning your care.
- A children's rights plan or personal plan is in place for you.
- You are supported if your needs change.
- Even if you are not living in a family environment, you feel you have the same opportunities as if you do.
- You are a care leaver, we will work with Education Scotland and others, to find out if you feel well supported and encouraged to achieve your potential in education. This includes staying on in school or going to college or university if you want to.
- You have experienced abuse or neglect, we want to know if your service is helping you to stay safe, healthy and to access any support that you may need.

- Your rights are explained to you and considered in all aspects of your care. We make sure that care services record and report any child protection issues.
- You are an asylum seeker; we want to make sure you are protected from people who might want to harm you.
- You have any concerns about your care.

We involve young people in our inspections

We work with 15 young inspection volunteers, who visit children and young people's services with us when we inspect. They are aged between 18-26 years of age and have all experienced care services themselves. We train and support them so that they can speak to young people and professionals to help us understand how well or not a service is doing.

In 2018, Toni was chosen to be the First Minister, Nicola Sturgeon's Mentee of the Year. She had regular meetings with the First Minister and shared what it was like to be a young person with experience of care.

Our young inspection volunteers have spoken to hundreds of children and young people to find out about their experience of care. This is important so that we know what is working well and where things should be better and need to change in care services.

We train our young inspection volunteers. We spend five days together and the young people learn what happens during an inspection before they go out to a service. Then, four times a year, our young volunteers come together to learn new skills, like interview skills. This helps them to have the confidence to ask young people different questions when they are out on a visit.

What our inspection volunteers think is really important and makes a difference to other young people's lives.

Here's what they said about volunteering with us.

Comms to add speech bubbles or in a way they work best

"In our roles we feel safe, cared for and well looked after".

"Our work keeps us focused and on the right path."

"It helps us to feel better about ourselves."

"We feel trusted and important."

"We feel like a family and are supported through our volunteering work."

"We get the opportunity to see Scotland and other countries."

"We get to attend conferences and award ceremonies."

"Children and young people share more information with us, so information about care services is better as they feel more comfortable."

How to tell us if you're not happy with your care

Most care is good, but sometimes things go wrong. Lots of young people don't tell us when they're not happy and we wanted to know why this was.

We worked with our young volunteers and they told us that young people didn't know they could complain and that it wasn't easy to. Some didn't know their rights or that we could help them.

To fix this, our young volunteers helped us to design a new leaflet and poster to let young people know how to complain to us. We will also start a new text messaging service later this year, just for young people, so that they can contact us quickly and easily.

We design resources for professionals who care for children and young people

Here are some examples of the resources we have created.
- Animal Magic
- Stand up for Siblings
- Outdoor Play
- My Creative Journey

Animal Magic
Comms add some animal/child visuals /quote from videos.

Animal Magic, an online resource, was published in September 2018. The short videos show how that being around and caring for animals can make a big difference to children and young people's lives.

Children told us that they like and enjoy being around and caring for animals. Animals can help you to relax and encourage you to be active. Millie, one of the young people in the film, said that caring for her rabbits made her feel happy and more confident.

More care services now have pets so that young people can spend more time with animals.

Link to videos and images.

Raising awareness of the importance of brothers and sisters through Stand Up for Siblings

==Comms to insert visual from the YouTube clip about what a sibling is. https://www.youtube.com/watch?v=kTG0pgYA_cg==

Our young inspection volunteers worked with a group called 'Stand up for Siblings' to make this short film. The film is about how important family life is for everyone and to help young brothers and sisters stay together when it is possible. This project won a Herald Society award in November 2019.

We develop resources to help professionals who care for children and young people

We work with the Scottish Government and other organisations to write guidance and standards to help care services improve the care you receive.

Personal care planning guidance

Children and young people have personal plans which say how their needs, wishes and choices should be met. We met and spoke to 120 care-experienced young people and others and wrote guidance for care services to show how they can develop the best personal plans. This will be published in Summer 2020.

Here are some other guides we have written to help services give young people the best care possible.

- Matching Looked After Children and Young People: Admissions Guidance for Residential Services.

- Guidance for services on the provision of continuing care
- Physical intervention and seclusion principles: considerations for HM Inspectors and the Care Inspectorate

==Comms to add small pics of the covers and hyperlinks to the above.==

Barnahus Standards

Barnahus is an Icelandic word for 'children's house'. Barnahus is a child-friendly way to support victims or witnesses of abuse. It means that children can tell the police and other professionals what happened to them in a comfortable and safe place. Having Barnahus in Scotland will mean that children don't have to tell their story to lots of different people in different places. They will all work together in a building designed for children. It will also mean that children don't have to speak in court. The Care Inspectorate and Healthcare Improvement Scotland are developing these standards for the Scottish Government.

We are proud to be a corporate parent

As a corporate parent since 2015, we have special responsibilities for care experienced young people. Over the past few years, we have worked with lots of young people and with other corporate parents to make sure we improve the safety and wellbeing of children and young people.

It's our job to:

- **Be alert -** to anything that might affect your wellbeing
- **Assess -** what services or support you might need
- **Promote -** your interests with other people who can help you
- **Provide -** opportunities for you to develop your skills and build your confidence
- **Access -** help you take part in these opportunities
- **Improve -** what we do as corporate parents

Our corporate parenting group meets every two months. Lots of different staff and young people are members of this group. Over the past three years we have:
- worked with our young people and other organisations on many different projects, including some you have read about here.
- shared information and training for our staff and Board members.

Young Inspection Volunteers 'Move On' to further education
We supported six young people to return to education. This has been very successful and five of our young inspection volunteers got their level six community achievement award in 2019. Three more young inspection volunteers will start in 2020.

Comms add in photograph of YIV with certificates

All our young people have one to one support to do this from the Move On Scotland team. This is important, as helping young people to move on to further education or into jobs gives them the opportunity to build a better future.

Comms add quote in speech bubble

Move on Scotland told us:

"Accessing or re-engaging with education can be an emotional experience for care experienced young people so having support while working through this qualification is vital. Mentoring support ensures that young inspectors are supported throughout their volunteering journey, and we have seen first-hand how additional support encourages volunteers to successfully re-engage with employment, training, and education opportunities."

What next?
We have achieved so much, but we plan to do much more. You can read about what we have planned here and read all about it in our next report in 2023.

- Make the changes needed from the Independent Care Review.

- Continue to support the growth of early learning and childcare.

- Develop a range of different ways to speak to young people and their families who communicate in different ways, including social media.

- Continue to share information across all areas of the organisation in the best way.

– Work with young people, their families and advocacy workers to tell us about their concerns. This includes talking to young people who have left care services.

– Work with the Mental Welfare Commission on restrictive practices and best practice in the use of physical restraint and seclusion.

– Continue to train and develop our workforce in children and young people's issues and rights.

Find out more about how our work meets the UNCRC (LINK TO SEPARATE DOC BELOW)

Mapping of the UNCRC articles against the work in our report	
Care Inspectorate Report highlights	**Article**

1. Development of Standards
 	
2. Quality Frameworks and how we use them to support inspection and improvement covers the following UNCRC clusters:
 	
   o General measures of implementation
   o General principles of the UNCRC
   o Civil rights and freedoms
   o Violence against children
   o Family environment and alternative care
   o Basic health and welfare
   o Education, leisure and culture
   o Special protection measures
	Article 2: Non discrimination
	Article 3: Best interests of the child
	Article 5: Parental guidance and a child's evolving capacities
	Article 8: Protection and preservation of identity
	Article 9: Separation from parents
	Article 12: Respect for the views of the child
	Article 13: Freedom of expression
	Article 14: Freedom of thought, belief and religion
	Article 15: Freedom of association
	Article 16: Right to privacy
	Article 17: Access to information in the media
	Article 19: Protection from violence, abuse and neglect
	Article 20: Children unable to live with their family
	Article 23: Children with a disability
	Article 24: Health and healthcare
	Article 25: Children receiving healthcare away from home
	Article 27: Adequate standard of living

	Article 28: Education Article 29: Education and children's development Article 30: Minority and indigenous groups Article 31: Play and cultural and artistic activities Article 34: Sexual exploitation Article 36: Other forms of exploitation Article 37: Cruel treatment and detention Article 39: Recovery from trauma and reintegration
Complaints	Article 42: Knowledge of rights
Involving children and young people in our work	Article 2: Non discrimination Article 12: Respect for the views of the child Article 29: Goals of Education
Young Inspection Volunteers Scheme	Article 2: Non discrimination Article 12: Respect for the views of the child Article 29: Goals of Education
Outdoor Play resource	Article 29: Goals of Education
My Creative Journey resource	Article 28: Right to education Article 29: Goals of education Article 31: Play and cultural and artistic activities
Animal Magic resource	Article 12: Respect for the views of the child Article 20: Children unable to live with their family Article 23: Children with a disability
Stand up for siblings	Article 12: Respect for the views of the child Article 16: Right to privacy Article 20: Children unable to live with their family
Barnahus Standards	Article 3: Best interests of the child Article 19: Protection from violence, abuse and neglect Article 39: Recovery from trauma and reintegration

Young people in residential establishments resources	Article 2: Non discrimination Article 3: Best interests of the child Article 9: Separation from parents Article 12: Respect for the views of the child Article 13: Freedom of expression Article 14: Freedom of thought, belief and religion Article 15: Freedom of association Article 16: Right to privacy Article 17: Access to information in the media Article 19: Protection from violence, abuse and neglect Article 20: Children unable to live with their family Article 25: Children receiving healthcare away from home Article 28: Education Article 30: Minority and indigenous groups Article 31: Play and cultural and artistic activities Article 37: Cruel treatment and detention Article 39: Recovery from trauma and reintegration
Corporate Parenting	Article 3: Best interests of the child Article 12: Respect for the views of the child Article 13: Freedom of expression Article 14: Freedom of thought, belief and religion Article 15: Freedom of association Article 28: Education Article 29: Goals of education Article 31: Play and cultural and artistic activities

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC) REPORT 2017-20

care
inspectorate

Foreword

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC) SETS OUT BASIC HUMAN RIGHTS THAT WE ALL SHOULD CELEBRATE AND SUPPORT

Peter Macleod
Chief Executive
Care Inspectorate

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Introduction

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Who we are and what we do

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Title:	Care About Physical Activity (CAPA) Programme Final Evaluation Report	
Author:	*Heather Edwards, Interim Head of Improvement Support*	
Appendices:	1.	Final CAPA Evaluation Report from UK Active
Consultation:	The final evaluation report from UK Active was produced with input from the CAPA team and the Improvement Support team	
Resource Implications:	No	

EXECUTIVE SUMMARY

This evaluation report covers the second phase of the CAPA improvement programme (November 2018 - May 2020). Phase two follows on from the successful first phase (April 2017 – October 2018) which demonstrated improved physiological and psychological health for older people experiencing care. This achievement was reflected in the Scottish Government's Active Scotland Delivery Plan (2018) which includes reference to the significant impact of the CAPA Programme. In addition, the Scottish Government's 2018 strategy to address social isolation notes the impact of physical inactivity, particularly for older people in care, and the role of CAPA in supporting older adults experiencing care to move more.

This initial success resulted in £750K further funding from the Active Scotland Division of the Scottish Government. 18 partnerships areas, approx. 450 care services and over 2,000 care staff participated in the programme across both phases.

This second phase fulfilled its aim of supporting care professionals to help older people experiencing care to make improvements to their movement abilities, wellbeing, independence and quality of life.

The programme evaluation demonstrates statistically significant improvements in both care professional confidence and perceptions and older people's physiological and psychological health. Some key outcomes include:

- physiological test scores demonstrating improved mobility, flexibility, and ability to manoeuvre independently;
- reduced likelihood of falls and rate of falls per person;
- reduced contact with medical services as a result of falls;
- improved health related quality of life;
- improved perceptions of how healthy older people felt;
- older people were doing more of what mattered to them;
- greater numbers of older people feeling that they belonged to their communities;

- fewer older people feeling lonely.
- Improved confidence on the part of care professionals to enable older people to move more often

These health changes noted above are supported by case studies in the report. This clearly shows the impact the programme has had on the whole system of health and care in local areas reducing the need in some cases for intervention from the wider health and social care community.

The Board is invited to:

1.	Note the findings of the independent evaluation of the CAPA programme from UK Active.

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

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

Reason for Confidentiality/Private Report: N/A *(see Reasons for Exclusion)*
Disclosure after:

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

Agenda item 17
Report Number: B-24-2020

CAPA PROGRAMME FINAL EVALUATION REPORT

1.0   INTRODUCTION

1.1   In 2016 the Care Inspectorate was commissioned by the Scottish Government to deliver the Care About Physical Activity (CAPA) improvement programme which aimed to improve the health and wellbeing, independence, and overall quality of life of older people experiencing care across Scotland. This was achieved by empowering care staff with the confidence, knowledge, and skills to promote and enable opportunities for movement for older people experiencing care.

1.2   This evaluation covers the second phase of CAPA (Oct 2018 – May 2020). This CAPA team comprised one support officer, one programme lead, one programme manager and 4.2 FTE improvement advisers.

The Institute of [Healthcare Improvement (IHI) Breakthrough Improvement Series](#) was used as a framework for the programme. .

During this phase the CAPA team worked with 11 Health and Social Care Partnership areas including Shetland and Orkney. The CAPA advisers connected with a lead person identified by each partnership, together with the Scottish Care local national integration leads. These alliances assisted in developing local connections and spreading learning across the partnership.

Services involved included:

- Care at Home
- Sheltered Housing
- Care Home
- Respite Care
- Very sheltered housing
- Day Care

1.3   Measurement and Evaluation Framework

The UK Active Research Institute was commissioned to be the independent evaluators for the CAPA programme. They developed a dynamic, flexible, and multi-tiered framework approach to understand and evidence the impact of the CAPA programme, utilising valid and reliable outcome measures.

The measurement framework reported on three tiers:

Tier 1 Learning - Questionnaires sought to understand social care professionals' perceptions of, and confidence to enable movement of people experiencing care. These were disseminated and completed pre and post the two learning events. Learning events ran from April to June and from September to November 2019.

Tier 2 Translation - The 'translation' tier explored how theoretical learning and sharing of best practice from the first learning event had been applied in practice and translated into change. Qualitative evidence was captured via focus groups with social care professionals and people experiencing care to understand what had been changed and adopted. In addition, case studies and stories were captured that highlight changes in practice.

Tier 3 Impact - The 'impact' tier explored the impact that the learning and translations have had on people experiencing care. This includes data captured from:

1. physiological tests (taken every six-weeks);
2. psychological variables (asked through questionnaire every six-weeks);
3. focus groups with people experiencing care, and improvement stories provided by social care professionals.

2.0   RECOMMENDATIONS AS A RESULT OF THE EVALUATION

2.1   For any further learning and development opportunities or training put in place for social care professionals it is recommended that similar approaches to those of the CAPA programme are adopted, with a focus on improving knowledge together with skills and confidence to enable and promote a new approach.

2.2   Opportunities for people experiencing care to walk regularly, enhance balance, and enhance strength and increasing opportunities to stand up often during the day, should continue to provide individuals the opportunity to build strength and mobility. Continuing opportunities to move may also help mitigate the risk of falls through improving strength and balance and help to support overall health and wellbeing.

2.3   Wider social opportunities often also promoted movement. It is thus recommended that any activities put in place to support continued activity be centred on social interaction and based upon the wants and needs of the individuals.

2.4   It is recommended that health services involved with CAPA share their learnings with local hospital wards to support the hospital staff to enable more everyday movement.

2.5   It is recommended that a similar model be rolled out across other home nations to support care services in England, Wales, and Northern Ireland to incorporate movement into the daily lives of people experiencing care.

2.6   Although the funded CAPA improvement programme has now ended all the CAPA resources are still available for services to access on the Care Inspectorate HUB.

The Improvement Support Team will continue to support the on-line module developed as part of the programme by Professor Dawn Skelton of Glasgow Caledonian University. This free resource is available to all Care Inspectorate staff and others working in health and social care.

2.7   Some members of the CAPA team are still working in the Care Inspectorate and a less formal evaluation report is being finalised to share with the sector. This insight report, aimed at the wider Health and Social Care sector, will highlight what worked well, some of the barriers to change and positive examples of overcoming these obstacles.

2.8   As the COVID-19 pandemic moves into another phase for many people experiencing care there is beginning to be a focus on rehabilitation. The learning from CAPA will be essential for services as people are less restricted by isolation measures. Importantly, CAPA was referenced in version 3 of the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 pandemic as a programme to support people's health and wellbeing. https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are no resource implications attached to this report.

3.2   Sustainability

As the programme ended, the responsibility for sustaining improvements was being confirmed with services and partnership areas. Covid-19 cut short some of the planned events which were designed to focus on spread and sustain. However, work had already been completed to support services to continue to engage in sharing good practice and support each other through existing or new local networks.

Inspectors have a key role in continuing to promote movement as part of a healthy life and to signpost services to the learning resources and good practice that were developed over the course of the programme.

Care inspectors will continue to consider 'How well do we support people's wellbeing?'; 'How good is our setting?' and 'How well is our care planned?' as part of the quality indicator framework. Inspectors will signpost services to CAPA resources/good practice examples designed to help services develop in each of these categories.

3.3 Policy

The National Performance Framework (NPF) is designed to shape how the actions of the public sector will improve the quality of life for people in Scotland. A new NPF was launched in 2018, consisting of 11 National Outcomes and 81 National Indicators. One of the National Outcomes states 'We are healthy and active', while the NPF also establishes an indicator measuring physical activity. Physical activity also forms part of the public health priorities developed and agreed by the Scottish Government and COSLA, signifying its importance for the national policy agenda.

As previously mentioned the Scottish Government's Active Scotland Delivery Plan, published in 2018, sets out actions to be undertaken to encourage and support people in Scotland to be more active, and includes reference to the significant impact of the CAPA Programme. In addition, the Scottish Government's 2018 strategy to address social isolation notes the impact of physical inactivity, particularly for older people in care, and the role of CAPA in supporting older adults experiencing care to move more.

It should be noted that the outbreak of Covid-19) has had, and will continue to have, a significant impact on our work and any current and future policy development.

3.4 People Who Experience Care

People experiencing care benefitted individually and collectively from involvement in the programme.

At the start of the CAPA programme the majority of people experiencing care spent their time sitting. Moving time gradually increased over time.

Doing activities that mattered to people experiencing care significantly improved across the delivery of CAPA, as did their sense of belonging to their community. Feelings of loneliness decreased. People reported that moving more often had ongoing social and psychological benefits

Besides the statistically significant physiological and psychological improvements as previously mentioned, some comments from older people attending focus groups run by the evaluators are as follows:

"I like to walk – it clears my mind. Doing activity is better than just sitting around doing nothing, that gets so boring".

"I feel like I can do more things by myself. Now I walk down the corridor instead of using my zimmer and don't have to wait for help".

Many individual stories which indicate the profound impact on individuals' lives will form part of the general CAPA report. The following is synopsised from the phase 2 evaluation:

"**CAPA Programme Story – social care professionals promoting independence**

Harriet (aged 84) received care at home following a fall. She was reported to decline in her physical ability and also appeared to deteriorate psychologically. Despite this, Harriet was determined to continue living at home. Following attendance at a CAPA event Harriet's carers recognised that they were doing many of the small tasks that Harriet could do for herself. Staff handed responsibility for these tasks back to Harriet and were able to focus more time during their visits on daily exercises, building motivation and social interaction with Harriet. Staff introduced CAPA 'movement sticks' (a choice of lollipop sticks with a suggested movement written on each), which Harriet enjoyed using to prompt movement. Harriet started her own bedtime routine before the carers arrived (closing blinds, preparing her hot water bottle, preparing snacks). This gave Harriet a greater sense of purpose and integrated additional, purposeful movement into her day.

Harriet began to complete exercises outside of the staff visits, and reduced her time spent sitting. After six to eight weeks Harriet was able to reduce her use of pain medication for chronic back pain. She also reported feeling more confident, happier and more independent".

3.5   Customers (Internal and/or External)

Social care professionals found the learning events transformational, in particular in sharing good practice and taking away new ideas which they used and adapted for their individual services. They also spoke about how social networks have been developed between services to support ongoing learning and development and made connections with local community groups.

As a result of these changes, social care professionals started to promote and encourage more movement through activities of daily living (ADL), independence, personal care and local connections. They listened to people's needs and focused on making small steps and changes that would contribute towards people achieving their individual goals. They helped older people to build more movement into their daily routines. They made environmental changes that contributed to more older people being 'nudged' to move more often.

Importantly, through involvement in CAPA, staff were engaged with the Health and Social Care standards as a foundation for promoting movement, supporting independence and choice for people experiencing care.

Staff's confidence to enable movement, and to assess an older person's readiness to move also improved, making it more likely that they would take action against barriers that prevent movement.

Other learnings taken away from the learning events were how to develop action plans and focus on small changes. Attitudes and awareness of other staff and the culture of the service was citied most often as a challenge to enabling movement for people experiencing care.

Social care professionals identified knowledge and practice that helped promote movement including making small cultural changes in their care environments, improving communication and support, taking a more risk enabling approach adverse and being more adaptable.

The evaluation shows statistically significant improvements in how often social care professionals reported that they encouraged movement.

4.0   NEXT STEPS

It is recommended that Board members note the final evaluation report for the second phase of CAPA and the positive outcomes both for people experiencing care and staff who care for them.

Both phases of the CAPA programme have been extremely successful with evidenced improvements in psychological and physiological health. The programme has significantly improved the lives of older people experiencing care across Scotland. In many areas this work continues to be sustained through local supports and connections beyond the life of the programme.

CARE...ABOUT PHYSICAL ACTIVITY (CAPA) IMPROVEMENT PROGRAMME:

PHASE 2 FINAL-EVALUATION REPORT
MARCH 2020

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Executive Summary

Background

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

In 2016 the Care Inspectorate was commissioned by the Scottish Government to deliver the Care…About Physical Activity (CAPA) improvement programme which aimed to improve the health and wellbeing, independence, and overall quality of life of older people experiencing care across Scotland. This is done by empowering care staff with the confidence, knowledge and skills to promote and enable opportunities for movement for older people experiencing care.

From 2018-2019 the programme was initially delivered across eight partnership areas, involving up to 140 care services including care homes, reablement, day care, sheltered housing and care at home services. In the second phase, the programme (2019-2020) was expanded to another eleven partnership areas, bringing the total to 19, and including care services in island locations and local hospital wards.

309 care services and over 2,000 social care professionals, among other professionals, participated in the CAPA programme.

Measurement and Evaluation

The evaluation of CAPA utilises a dynamic, flexible, and multi-tiered framework approach to understand and evidence the impact of the programme. This framework includes:

CAPA Programme Evaluation

Tier 1. Learning — Evaluation of short and long-term behaviour changes of social care staff who attend learning events

Tier 2. Translation — Ongoing measurement of how learning are translated into practice (e.g. movement) in social care environments

Tier 3. Impact — Short and long-term impact of changes on the people experiencing care, and the care services

Findings and Discussion

Tier 1. Learning

Two Learning Events (LEs) took place for social care professionals between April and November 2019. These focused on upskilling professionals to enable daily movement in their care services. Data was captured on 'perceptions of movement' and 'confidence to enable movement' through questions, collected pre (before) and post (after) the LEs. Statistical modelling was used to determine the significances of changes.

Prioritisation of movement
At both LEs social care professionals showed statistically significant improvements ($p<0.001$) in how often they reported encouraging movement and how much of a priority they felt promoting movement was in their role, both in the short (pre to post) and long term (LE1 to LE2). The magnitude of improvement was greatest for 'priority of promoting movement'.

Perceptions of movement
All 'perceptions of movement' showed statistically significant ($p<0.001$) improvements in the short (pre to post) and long term (LE1 to LE2). Short term improvements tended to be greater at LE1 than LE2. This was particularly the case for 'feeling qualified to promote movement', 'feeling knowledgeable to promote movement', and 'having confidence to support an older person to move more'. Areas that saw the smallest improvements were around 'having time in ones role to promote movement' and 'having a movement supportive culture'. The latter factors may only see small changes over time because they take longer to become embedded.

Confidence to enable movement
'Confidence to enable movement' showed statistically significant ($p<0.001$) improvements in the short (pre to post) and long term (LE1 to LE2). This suggests that taking part in LEs boosts the confidence levels of social care professionals in the short term by providing them with knowledge, guidance and best practice of how to enable movement. The areas with the greatest improvement included 'confidence to assess an older person's readiness to move', 'take action again barriers that prevent movement' and 'create an active environment for an older person'. Only small changes were seen from LE1 to LE2 indicating that most of the learning is accumulated at LE1.

Social care professionals were most likely to promote and encourage movement through activities of daily living (ADL), independence and personal care. They focused on making small steps and small changes to the daily routines of people experiencing care by listening to their needs. The greatest challenges to enabling movement were a lack of time, resource, or movement positive attitudes from staff.

Tier 2. Translation

Qualitative data collection (focus groups and case studies shared by care staff) was used to understand how learnings were translated into practice.

Knowledge and understanding

Services learnt…

… about how to support those with dementia by encouraging old hobbies or activities of daily living.

… about making small cultural changes centred around routines that already occur.

… to be adaptable to their care service.

… about the importance of support by spreading the message to other staff.

… about developing an evidence-base to improve buy in from staff and families.

Implementation and practice

Services have…

… started to plan activity into care plans.

… become more risk enabling by re-evaluating risks and understanding some are acceptable.

… gone back to the code of practice and aligned practice to the Health and Social Care standards.

… used communication to explain CAPA.

… use the power of leadership to encourage buy in and support.

Sustainability

Services will…

… start small and think big by continuing feasible and realistic changes.

… maintain links with the local community to host activities and build meaningful relationships.

… continue to share best practice with others.

… continue to utilise and build relationships with other care services.

… upskill social care professionals by providing training, mentoring, and peer learning.

Data collected via questionnaire and physiological tests were used to evaluate the impact of the CAPA programme on the health and wellbeing of people experiencing care.

Physiological & Movement Impact

Physiological data collected through four physiological tests was used to measure the impact of the CAPA programme on the physical health of people experiencing care who took part. Data was collected from up to 254 individuals, aged between 76-96 years. Data was collected every 6-weeks across 6 time points with a baseline for each individual.

No significant changes in hand grip strength across the CAPA programme. → ↔ **Changes in grip strength fluctuated throughout.**

A significant increase in the length of time people experiencing care could balance on one leg across the CAPA programme (p<0.001). → ↑ **Increases in leg balance.**

A significant increase in the number of sit to stands people experiencing care completed across the CAPA programme (p<0.001). → ↑ **Increases in leg strength.**

No significant changes in timed up and go scores across the CAPA programme. → ↔ **No changes in timed get up and go.**

Individuals spent the majority of their time sitting. 1/5 of their time is spent moving. → ↔ **Moving time fluctuated throughout and was between 4-5 hours per day.**

Collectively, the physiological test scores indicate that people experiencing care had the greatest opportunities to improve their mobility, leg endurance and leg strength. They also show a reduced likelihood of falls and rate of falls per person.

Fall risk & number of falls

Data on falls risk, number of falls and number of medical contacts due to falls was measured, alongside five questions that allowed quality-adjusted life years (QALYS) and health related quality of life (HRQoL) to be calculated.

A significant decrease in fall risk and the total number of people falling over the CAPA programme (p<0.001). → ↓ **Reduction in likelihood of falls and rate of falls per person.**

The total number of people experiencing care who had contact with medical services as a result of their falls reduced across the data collected from the CAPA programme. → ↓ **Reduction in contacts with medical services per person.**

The total number of medical service contacts reduced across the data collected from the CAPA programme. → ↓ **Reduction in total number of contacts with medical services.**

QALYs was collected over a period of 0.62 years (across 36-weeks). QALYs was 0.47 years. To have 'perfect health' QALYs has to match of exceed the period of 0.62 years. → ↔ **People experiencing care were not experiencing perfect health.**

There was a small, significant improvement in HRQoL over the CAPA programme (p = 0.003).

The proportion of people experiencing care who rated their health above 61 increased steadily over the course of CAPA (where 0 = worst health possible imagined and 100 = best health possible). → ↑ **The calculated health related quality of life for people experiencing care improved, as did their perceptions of how healthy they felt.**

Psychological Impact

Focus groups were held with people experiencing care and social care professionals. Psychological impacts have been divided into mental wellbeing and individual development.

"I like to walk – it clears my mind. Doing activity is better than just sitting around doing nothing, that gets so boring."

Reduces boredom · **Reduces anxiety** · **Improves peace of mind** · **Mental** · **Reduced loneliness** · **Improve satisfaction**

There was a significant improvement in loneliness scores (p<0.001), measured through a single-item question, over time for people experiencing care taking part in CAPA.

"I like the feeling after I've done the exercise that I have done it, it makes me feel more satisfied with myself".

There was a significant improvement in perceptions of feeling part of ones community over time for people experiencing care taking part in CAPA (p<0.001) .

"I feel like I can do more things by myself. Now I walk down the corridor instead of use my Zimmer and don't have to wait for help."

"I would lose my identity and confidence if I couldn't do things by myself. I am still here and thinking"

Do more for themselves · **Prevents loss of identity** · **Achieve goals** · **Individual development** · **Maintains independence** · **Sense of purpose**

Doing activities that mattered to people experiencing care significantly improved across the delivery of CAPA (p<0.001). This was measured through a question about sense of purpose.

Conclusion & Recommendations

The CAPA programme model was able to fulfil its aim of making changes to the movement, wellbeing, independence and quality of life of people experiencing care. The measurement and evaluation framework put in place was successful at capturing data to evidence changes in these factors.

→ The responsibility of sustaining CAPA is passed back to care services and partnership areas. It is recommended that services continue to share best practice and support.

→ For any further learning and development opportunities for social care professionals it is recommended these adopt similar approaches to those of the CAPA learning event.

→ Opportunities for people experiencing care to walk regularly, enhance balance and enhance strength should continue to maintain improvements.

→ It is recommended that a similar model be rolled out across other home nations to support UK care services to incorporate daily movement into the lives of people experiencing care.

Background

In 2016, the Care Inspectorate was commissioned by the Scottish Government, funded through the Active Scotland division, to design and deliver the 'Care…About Physical Activity' (CAPA) improvement programme. CAPA sought to improve the health and wellbeing, independence, and overall quality of life of older people experiencing care across Scotland. This was achieved through empowering care staff with the confidence, knowledge, and skills to promote and increase movement levels of those experiencing care. CAPA was initially delivered between April 2017 and October 2018, successfully demonstrating improvements in social care professionals' confidence, skills, and attitudes towards enabling movement for people experiencing care, as well as positive physiological and psychological improvements in people experiencing care taking part in the programme (the full evaluation report can be found here[1]).

Based on the success of the initial CAPA programme, the Care Inspectorate received further funding from the Scottish Government to continue the programme, with the second iteration (phase 2) running between January 2019 and March 2020 in 11 partnership areas. Delivery followed the same model as before, while incorporating learnings from the first phase to improve programme quality and engage a wider number of care services across Scotland.

The aim of CAPA is to support care professionals in identifying opportunities for people experiencing care to move more, promoting movement in their services, and developing local networks that support and sustain improvements[2]. The CAPA programme was based on the Institute for Health Care Improvement's Breakthrough series, which sought to improve care through collaborative change at a lower cost[3]. CAPA was developed to bring together relevant stakeholders to learn about, discuss, and apply practical steps to embed movement into care services in a way that facilitates sustainable behavioural change.

Measurement and Evaluation Framework

The ukactive Research Institute are the independent evaluators for the CAPA programme. A dynamic, flexible, and multi-tiered framework approach was developed to understand and evidence the impact of the CAPA programme, utilising valid and reliable outcome measures. This can be seen below.

CAPA Programme Evaluation

Tier 1. Learning

Measurement: Evaluation of short and long-term behaviour changes of staff who attend learning events.

Evaluation: Bespoke LE questionnaires measuring perception of physical activity levels, priority of movement in care, and current perceptions and confidence of enabling movement.

Tier 2. Translation

Measurement: Ongoing measurement of how learnings are translated into practice (e.g. movement) in social care environments.

Evaluation: Improvement stories of what changes have been implemented in care services, with staff and people experiencing care.

Tier 3. Impact

Measurement: Short and long-term impact of changes on the people experiencing care, and the care services.

Evaluation: Bespoke questionnaires measuring psychological and physical behaviour, physiological tests, and focus groups with people experiencing care.

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[1] https://hub.careinspectorate.com/media/1115/capa-evaluation-report-2017-2018.pdf
[2] The CAPA resource pack was originally developed in 2014 by the Care Inspectorate in partnership with the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University (now SSEHS Active)
[3] The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)

Measurement and Evaluation Findings – Tier 1: Learning

The measurement undertaken as part of the 'learning' tier was done through questionnaires which sought to understand social care professionals perceptions of, and confidence to, enable movement of people experiencing care. These were disseminated and completed pre and post the two learning events. Learning events ran from April to June and from September to November 2019 across key partnership areas in South Lanarkshire, North and South Ayrshire, Glasgow, Falkirk, Aberdeen, Dundee, Angus, Moray, Orkney and Shetland. Further mini learning events took place in other partnership areas that were not able to attend the official learning events. Qualitative evidence was captured through open-ended questions to understand what had been learnt and shared.

Key Findings

- ➢ 'Prioritisation of movement' improved from pre learning event 1 to pre learning event 2. The perception of promoting movement as a priority was scored higher than how often it was encouraged, implying a slight disparity between recognition of importance and practice.
- ➢ Perceptions of enabling movement showed moderate to large changes from pre to post learning events, but only small changes between learning event 1 to learning event 2. In particular, the learning events help boost social care professionals 'perceptions of their qualifications' and 'knowledge to support an older adult to move more'.
- ➢ 'Confidence to enable movement' improved from pre to post both learning events, with all changes being large. The largest changes were in statements around social care professionals 'confidence to assess an older person's readiness to move' and to 'take action against barriers that prevent movement'.
- ➢ The majority of care professionals reported being 'fairly active' at both learning events, and the proportion that reported being 'fairly active' increased by 3%.
- ➢ Social care professionals were most likely to encourage and introduce more daily movement or activities of daily living (ADL). Other learnings taken away from the learning events were developing action plans and focusing on small changes. Attitudes and awareness of other staff and the culture of the service was citied most often as a challenge to enabling movement for people experiencing care.

The number of questionnaires collected at both learning events are show below.

Learning Event	Pre	Post
Learning event one	568	508
Learning event two	367	320

Across both learning events, a total of 935 questionnaires were collected pre and 828 were collected post. Social care professionals from 9 of 11 partnership areas provided data from the learning events. South Ayrshire had the highest representation of social care professionals attending (14%), followed by Glasgow (12%) and Falkirk (11%). Social care professionals worked across six types of care, most commonly in care homes (62%), followed by care at home (16%). Attendees also worked across seven types of job roles, with the role of carer / care professional being the most frequently reported (22%). This was closely followed by wellbeing/ activity coordinators (20%) and those in manager / leadership roles (21%).

In addition to social care professionals, Allied Health Professionals and nurses attended the learning events (both 5%). This may be explained by the inclusion of a community hospital in the wider learning events, which was done with the aim of integrating some of the CAPA principles within the hospital to support the promotion of movement within the wards.

Learning event findings

All data collected from the learning events compares scores given around different statements taken pre (before) and post (after) the learning events. Score changes are compared, using statistical analysis known as linear mixed modelling, over the short term (pre to post) and the long term (learning event to learning event). Short term changes refer to changes measured across a short period of time; due to the

short time period between the measures changes cannot be referred to as long lasting. However, long term changes refer to changes measured across a longer period of time, i.e. between the two learning events. These allow us to infer whether the short term changes translate into long term change. Together these are used to understand the impact the learning events had on social care professionals' perceptions of, and confidence to, enable movement. The different statements are explored in the sections below.

Prioritisation of Movement

To determine how social care professionals prioritise movement in a care setting, attendees rated, on a scale of 0 (low) to 10 (high), their agreement with two statements.

Table 1. The pre post means [95% confidence intervals (CI)] for each learning event, with effect sizes, including for learning event 1 to 2.

Statement	Learning Event 1			Learning Event 2			Learning event 1 to 2
	Pre	Post	Effect size of difference	Pre	Post	Effect size of difference	Effect size of difference
How often do you encourage movement with those in your care?	7.79 [7.64-7.93]	8.09* [7.94-8.24]	0.292	8.16 [7.99-8.33]	8.56* [8.38-8.73]	0.387	0.407*
How much of a priority is promoting movement within your current role?	8.30 [8.16-8.44]	8.97* [8.83-9.12]	0.577	8.74 [8.57-8.90]	9.12* [8.94-9.29]	0.329	0.249*

The effect size of the difference indicates the magnitude of change (e.g. how big the change is). Less than 0.3 = trivial change, 0.3-0.5 – small change; 0.5-0.8 – moderate change; 0.8+ = large change.
Confidence intervals (CI) show the precision of this estimate and, where this data collection and analysis replicated would be expected to capture the true population estimate in 95% of replications.
*indicates statistically significant difference from pre to post / learning event 1 to 2, where p≤0.001.

On average, social care professionals scored high on both statements pre both learning events, and an increase in scores was seen from learning event 1 to pre learning event 2 (Table 1). **These improvements were statistically significant both in the short term (pre to post) and in the long term (learning event 1 to 2).**

The magnitude of these improvements varied – for 'priority of promoting movement' the scores changed by a moderate amount from pre to post learning event 1 and a trivial amount across learning events, indicating that a greater shorter term effect exists for this statement. For 'encouraging movement' the opposite was the case, whereby social care professionals rated a small change in this statement over the longer term. This implies a disparity between the recognition of importance of movement and the implementation of it in practice.

Movement in Care

To determine how social care professionals perceive movement in care and their confidence to enable movement in a care setting, attendees rated, on a scale of 0 (low) to 4 (high), their agreement with the statements below (Table 2).

Perceptions of movement

Attendees reported statistically significant improvements in all of these statements from pre to post the learning events (Table 2). They were also all statistically significant from learning event 1 to learning event 2. The magnitude of changes in certain statements were higher than others and changes from pre to post learning event 1 tended to be larger than from pre to post learning event 2. **This was particularly the case for statements around 'feeling qualified to promote movement', 'knowledge around promoting movement' and 'confidence to support an older person to move more', indicating a large short term change**. Longer term changes for all statements tended to be trivial to small, again indicating that there is a greater short term effect of the learning events.

Across both events the greatest improvements were seen in response to questions relating to the perceptions of being knowledgeable and qualified to enable movement.

Areas that saw a positive, significant change that was only trivial or small both in the short and long term included statements focused on having time within ones role to promote movement, and having a culture that supported movement. Coupled with open-ended and focus group data from social care professionals, this can be explained by the time taken for culture and attitudes in a service environment to change. These may be factors that change more in the longer term, beyond the five month gap between learning events.

Table 2. The pre post means [95% confidence intervals (CI)] for each learning event, with effect sizes, including for learning event 1 to 2.

Statement	Learning Event 1			Learning Event 2			Learning event 1 to 2
	Pre	Post	Effect size of difference	Pre	Post	Effect size of difference	Effect size of difference
I feel qualified to promote movement to older people	3.10 [3.05-3.15]	3.65* [3.60-3.71]	1.123	3.36 [3.30-3.43]	3.73* [3.66-3.80]	0.747	0.343*
I know enough about movement to encourage older people to move more	2.96 [2.92-3.01]	3.68* [3.63-3.73]	1.464	3.35 [3.29-3.41]	3.76* [3.69-3.82]	0.833	0.474*
I am confident in my ability to support an older person to move more	3.19 [3.14-3.24]	3.67* [3.62-3.72]	1.005	3.41 [3.35-3.47]	3.75* [3.69-3.81]	0.711	0.317*
I have time within my role to promote movement amongst those in my care	2.88 [2.82-2.95]	3.33* [3.26-3.39]	0.733	3.01 [2.93-3.09]	3.35* [3.26-3.43]	0.558	0.121*
I feel that the current culture within my service supports older people to be regularly active	3.06 [2.99-3.12]	3.28* [3.22-3.35]	0.410	3.13 [3.05-3.20]	3.39* [3.31-3.47]	0.471	0.158*
In general, I support those who experience care to move more on a regular basis	3.17 [3.12-3.22]	3.51* [3.46-3.57]	0.672	3.43 [3.36-3.49]	3.66* [3.59-3.73]	0.444	0.389*

The effect size of the difference indicates the magnitude of change (e.g. how big the change is). Less than 0.3 = trivial change, 0.3-0.5 – small change; 0.5-0.8 – moderate change; 0.8+ = large change.
Confidence intervals (CI) show the precision of this estimate and, where this data collection and analysis replicated would be expected to capture the true population estimate in 95% of replications
*indicates statistically significant difference from pre to post / learning event 1 to 2, where $p \leq 0.001$.

In comparison to answers given to the same questions at the first learning event (2018) in the first phase of the CAPA programme, **it is clear that the learning events across both phases of CAPA are effective in influencing perceptions of qualifications and confidence of social care professionals.**

Confidence to enable movement

On average, all scores of confidence to enable movement improved significantly from pre to post the learning events and from learning event 1 to learning event 2 (Table 3). **This suggests that taking part in the learning events boosts the confidence levels of social care professionals by providing them with further knowledge, guidance, support and ideas of how to enable movement within their care service.**

The magnitude of the change was greater at learning event 1 than learning event 2, however from pre to post at both events there were moderate or large changes to statement scores. Across both learning events, statements which saw the largest change in scores was seen in social care professionals

'confidence to assess an older person's readiness to move', to ''take action against barriers that prevent movement' and 'creating an active environment for an older person to move more'. Social care professionals were least confident in the ability 'to advise an older person on the importance of moving more', which resulted in the smallest change.

Table 3. The pre post means [95% confidence intervals (CI)] for each learning event, with effect sizes, including for learning event 1 to 2.

Statement	Learning Event 1			Learning Event 2			Learning event 1 to 2
	Pre	Post	Effect size of difference	Pre	Post	Effect size of difference	Effect size of difference
Assess an older person's readiness to move	2.87 [2.81-2.92]	3.42* [3.37-3.48]	1.123	3.05 [2.98-3.11]	3.51* [3.44-3.58]	0.939	0.270*
Advise an older person on the importance of moving more	3.22 [3.17-3.27]	3.67* [3.62-3.72]	0.993	3.46 [3.40-3.52]	3.77* [3.71-3.83]	0.682	0.371*
Identify the challenges and barriers that prevent older people from moving more	3.04 [2.99-3.09]	3.56* [3.51-3.61]	1.070	3.33 [3.26-3.39]	3.64* [3.58-3.71]	0.659	0.381*
Take action to address barriers that prevent older people from moving	2.97 [2.92-3.02]	3.54* [3.49-3.60]	1.104	3.19 [3.13-3.26]	3.62* [3.55-3.69]	0.819	0.282*
Support an older person to move more frequently	3.19 [3.14-3.23]	3.66* [3.61-3.71]	1.029	3.41 [3.35-3.47]	3.72* [3.66-3.78]	0.662	0.308*
Create an active environment for an older person to move more	3.07 [3.02-3.12]	3.61* [3.55-3.66]	1.080	3.291 [3.22-3.35]	3.70* [3.63-3.77]	0.832	0.311*

The effect size of the difference indicates the magnitude of change (e.g. how big the change is). Less than 0.3 = trivial change, 0.3-0.5 – small change; 0.5-0.8 – moderate change; 0.8+ = large change.
Confidence intervals (CI) show the precision of this estimate and, where this data collection and analysis replicated would be expected to capture the true population estimate in 95% of replications
*indicates statistically significant difference from pre to post / learning event 1 to 2, where $p \leq 0.001$.

The size of change in scores from learning event 1 to learning event 2 were smaller than the changes from pre to post each learning event, but particularly learning event 1. This implies most of the learning and development in knowledge and confidence to enable movement is accumulated at the first learning event. While scores continued to improve at learning event 2, because these changes were small it implies that the learning events have the most impact the first time an individual attends. When looking at particular statements, **'identifying challenges and barriers that prevent older people from moving more' saw the greatest magnitude of change across learning events.**

Activity Levels and awareness

Care Professionals were asked whether they were aware of the Chief Medical Officer's guidelines around physical activity. Awareness increased from learning event 1 to learning event 2, as seen in Table 4, however social care professionals were most likely to report that they were unsure of the guidelines.

Table 4. Awareness of CMO guidelines

Awareness of CMO guidelines	Learning Event 1	Learning Event 2
Yes	29%	43%
No	18%	8%
Unsure	53%	49%

Activity Levels

Activity Level	Learning Event 1	Learning Event 2
Active	39%	39%
Fairly Active	52%	55%
Inactive	9%	6%

■ Learning Event 1 ■ Learning Event 2
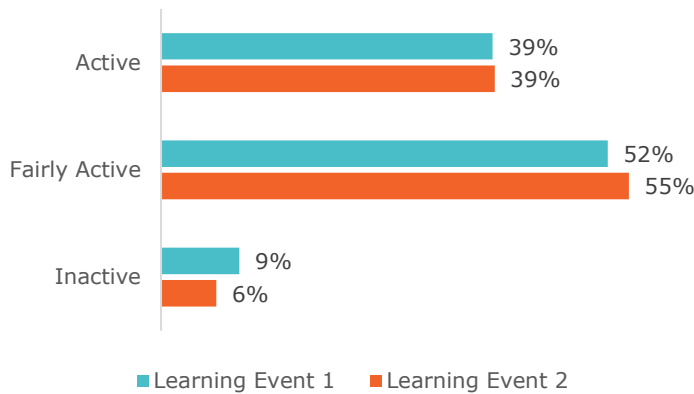
Although the proportion of social care professionals who reported being active remained the same from learning event 1 to learning event 2 (39%), a small proportion moved from inactive to fairly active (3%).

Nonetheless, close to two thirds are not completing the CMO guidelines of physical activity, and there remains scope to engage the 'fairly active' staff in more activity.

CAPA Programme Story – the role of the learning events in idea sharing

After attending the first learning event, a care at home provider began changing their paperwork to include the moving more message in their assessments, support plans and reviews. As a result of what they had learnt from the event, they altered their training approach to include ideas from the learning events about how to enable movement. They also encouraged their staff to feedback about the ideas they had and the steps they were taking.

Social care professionals provided a variety of examples, including encouraging people experiencing care to complete their own personal care (e.g. bringing in their laundry and tying their own shoe laces), and making the outside space more accessible for people who wanted to go for outdoor walks. Feedback from people experiencing care was also gathered – individuals reported feeling happier by the increased social interaction they had with staff and felt more supported to be independent.

Learnings, challenges and ideas around enabling and promoting movement

Attendees of the learning events answered an open-ended question about the challenges that prevent them from enabling movement, actions they are currently doing to support older people in care to move, and new ideas they will take away and apply or translate into practice. Across the two learning events, the proportion of answers to each were calculated. This provides insight into the actions and plans, and also barriers that care services faced throughout the project.

20% provided structured exercises (e.g. chair-based exercise) or personalised care plans

35% encourage daily movement, activities of daily living (ADL), independence and personal care

Current actions to support older people to move more

12% had no current actions in place

11% host active games (carpet bowls)

14% host walking groups and gardening

19% promote dancing and active games

3% train their staff to promote CAPA principles

1% develop 'movement moments' (e.g. movement sticks, hydration stations)

15% reported the attitudes & awareness of staff did not align with promoting movement

61% stated a lack of time or resource

Challenges to enabling movement

11% reported a lack of motivation & confidence from people experiencing care

5% reported having an unsuitable environment (e.g. not safe/ spacious)

6% reported the limited mobility and tiredness of people experiencing care

7% will encourage people to take part in tasks and self-serve at dinner

7% will gather evidence and conduct physiological tests

New ideas to apply into practice to enable movement

12% will listen to what people want more and develop new action plans

12% will introduce movement movements (e.g. movement sticks)

48% will encourage independence and focus on small steps and changes

13% will promote culture change and work with community partners

Measurement and Evaluation Findings – Tier 2: Translation

The 'translation' tier explores how theoretical learning and sharing of best practice from the first learning event has been applied in practice, and translated into change. Qualitative evidence was captured via focus groups with social care professionals and people experiencing care to understand what had been changed and adopted. In addition, case studies and stories were captured that highlight changes in practice.

Key Findings

➢ People experiencing care and social care professionals described a variety of different opportunities to engage in movement. These are classed as 'unstructured movement' (e.g. every day movements and activities of daily living), 'semi-structured movement' (e.g. dancing, day trips) and 'structured exercise' (e.g. exercise classes and games).

➢ Social care professionals identified knowledge and practice that helped promote movement including making small cultural changes in their care environments, improving communication and support, being less risk adverse and being more adaptable.

➢ Areas for sustainability highlighted by social care professionals included cultural change, community partnerships, sharing best practice, and staff training.

Five focus groups were conducted on the 2nd and 3rd of July 2019 and the 3rd and 4th of December 2019 by the ukactive Research Institute. Both people experiencing care (n=27) and social care professionals (e.g. activity coordinators and carers, n=19) took part in the focus groups, from across eight care services in Glasgow, South Lanarkshire, Dundee, Tayside and Aberdeen. People experiencing care described what activities they had the opportunity to take part in and social care professionals explained in detail any changes that had occurred in practice around the care home. These responses were combined into themes and are shown collectively below. Further detail around experiences are explored on page 21.

Structured exercise	Semi-structured movement	Unstructured movement
Activities that are structured or set by care service	*Activities that are unstructured and set by a care service*	*Every day movements and 'stealth activity' (a.k.a. being active without*
› Chair & hand exercises. › Chair yoga and sports (e.g. volleyball). › Games (e.g. charades, carpet bowls, skittles). › Movement moments (e.g. using egg timers, movement sticks, and fortune cookies to prescribe exercises). › Use of pedals and Thera-bands. › Prescribed physiotherapy. › Individual exercise plans with set exercises. › CAPA data collection (e.g. sit to stand, get up and go).	› Dance. › Swimming. › Theatre. › Day trips (e.g. to the beach). › Walking groups. › Events (e.g. Aberdeen 'golden games', themed festivals). › Table tennis club. › Intergenerational visits and activities (e.g. with nursery children). › Therapets.	› Integrating movement into day to day activities that already happen (e.g. adding movement into dominos). › Encouraging individuals to help to complete ADL (e.g. laundry, sweeping, dishes). › Provide buffet lunches that encourage individuals to help themselves. › Deliver newspapers. › Gardening. › Hobbies (e.g. arts and crafts). › Baking. › Assisting others (e.g. helping pour others tea).

As part of translation into practice, social care professionals also spoke about new knowledge they had gained, how they had implemented such knowledge and plans for sustainability of CAPA.

Knowledge and understanding

Services learnt...

… about how to support those with dementia – by suggesting activities and exercises that people used to do and that provides them with routine and focus (e.g. encourage old hobbies or more ADL).

… about making small cultural changes – which are centred around what the care service and staff already do (e.g. changing meal times to encourage more movement), and align with the service identity and mission.

… to be adaptable – with taking ideas and adapting them so it fits in with the care service and peoples capabilities. For example, adapting 'chair boules' for wheelchair users by hand-making a small ramp.

… about the importance of support – to help spread the message of CAPA. Staff took a while to willingly change their behaviour and approaches, but were more likely to do this when supported by other staff.

… about developing an evidence-base – to improve buy in from staff and families. Both are more likely to support CAPA if they can see the benefits for the person experiencing care, both physically and mentally.

Implementation and practice

Services have...

… started to plan – by implementing mobility care plans social care professionals are focusing more on people's strengths and what they can do for themselves, and setting structure and plans to movement opportunities.

… become more risk enabling–– by re-evaluating risks, and understanding that certain risks are acceptable, social care professionals are beginning to support more people take them.

… gone back to the code of practice – social care professionals were reminded, through CAPA, about the Health and Social Care standards, which is to allow independence and choice of those in their care, and so have used this as a foundation for promoting movement.

… used communication – to explain the purpose of CAPA and how it will benefit people experiencing care to staff and families. This has improved social care professionals buy in and supported cultural change.

… used the power of leadership – buy in from staff and cultural change has been more successful when driven by higher level management and supported by talks and training provided by the CAPA advisors.

Sustainability

Services will...

…*start small and think big* – by continuing to think of the small changes that can occur around the care environment, that are feasible and realistic but have a big impact.

… maintain links with the local community - from schools to volunteers and involve them in activities hosted for people experiencing care (e.g. in care home/day care settings) and become members of community clubs (e.g. swim clubs and bowling centres) to build relationships and make connections

… continue to share best practice – through meetings across care services, especially those that share a single overarching body (e.g. Dundee CH).

…*continue to utilise and build relationships* - with other care services, as a result of attending the learning events.

…*upskill social care professionals* – by sending staff on training, supporting staff to share learning, and acting as role models to ensure they have the confidence to support people experiencing care to engage in movement.

CAPA Programme Story – social care professionals giving independence back

Following a fall, Harriet, an 84 woman living at home receiving care at home, was reported to decline in her physical ability, took few opportunities to be social and appeared to deteriorate psychological as a result. Despite this, Harriet was determined to continue living at home.

Home carers identified opportunities for Harriet to be active in order to support her independence and allow her to continue living alone. For example, they recognised that they were doing many of the small tasks that Harriet could do for herself, and they were using the visit time to complete. In handing the responsibility of these tasks back over to Harriet, staff were able to focus more time during their visits on daily exercises, building motivation and social interaction with Harriet. Staff also introduced the use of 'movement sticks', an idea shared through the CAPA learning events and social networks, which helped Harriet to participate in different simple exercises each day in an engaging and fun manner.

In addition to making visits more meaningful for Harriet, staff introduced a bedtime routine which Harriet could complete before the carers arrived; this included closing blinds, preparing her hot water bottle for bed, and setting out what was required for her supper. This gave Harriet a greater sense of purpose and integrated additional, purposeful movement into her day.

Harriet began to complete exercises outside of the staff visits, and reduced her time spent sitting by incorporating these into her daily routine. After 6 to 8 weeks purposeful movement routines Harriet was able to reduce her use of pain medication for chronic back pain. She also reported being more confident, happier and more independent in the tasks she was doing.

CAPA Programme Story – changes to the physical environment to encourage movement

A care home recognised the opportunity to encourage people experiencing care to move more by making changes to the physical environment in the service. This specifically involved increasing the distance between the lounge, where people experiencing care would sit, and the dining room by closing the adjoining door.

This was introduced one meal time, with the positive realisation that this made people experiencing care move further than originally before they sat down for meal time. In order to encourage individuals and provide them with the opportunity to complete this movement, meal time started earlier and activities and songs were introduced as part of the walk to motivate individuals.

Subsequently the door was kept closed for breakfast and dinner and now people experiencing care expect this to remain closed and automatically walk around to the dining areas if they can. It was also noted that prior to this small change a number of people experiencing care (six) required a stand aid for transfers throughout the day, however eight months after the change was implemented none of these people experiencing care required aids to stand up.

Measurement and Evaluation Findings – Tier 3: Impact

The 'impact' tier explores the impact that the learning and translations have had on people experiencing care. This includes data captured from: 1) physiological tests (taken every six-weeks); 2) psychological variables (asked through questionnaire every six-weeks) and 3) focus groups with people experiencing care, and improvement stories provided by social care professionals. Data collected at each time-point from baseline (the first time a measurement was taken), every six-weeks up to 36-weeks (the last data collection time point). Initial baseline data collection could have been taken at any point during the CAPA delivery (a flexible baseline), dependant on the action plan of individual service which impacted the number of data points collected for each individual.

All data collected across all time points is reported, even those with smaller sample sizes, to transparently represent the data collected. Towards the end of the delivery, lower sample sizes are seen, which should be considered when comparing changes to larger sample sizes at the beginning of the programme. However, the drop off in sample sizes is not unusual for a programme of this kind and are not necessarily a reason for concern as they provide important learnings around the feasibility of data collection in a real-world setting. Social care professionals primarily captured data, focusing on collecting as much data as possible, but aiming to collect four data time point measurements for each individual, so as to fit data collection into their full time roles. This will in part explain the loss in follow up over time, in addition to other factors such as people experiencing care moving between or out of care settings or experiencing illness. The latter examples, however, do not mean individuals 'dropped out' of the intervention and did not experience benefits from partaking, but instead that data was not captured from them at these later time points.

All data time points have been included in statistical analysis. Where results are statistically significant, it means that, if we assumed that the intervention had no effect, observing a change at least this large would be unlikely due to chance – and thus we infer it is likely a true change.

Key Findings

➢ There was a significant decrease in the FROP-COM (Falls Risk for Older People in the Community) score of people experiencing care taking part in the CAPA programme over time.

➢ At baseline a majority of people experiencing care spent their time sitting. Moving time gradually increased over time; at baseline 4 hours and 19 minutes per day was spent moving, which increased to 5 hours 2 minutes at 6-weeks and 12-weeks, and reduced to 4 hours 34 minutes at 18-weeks.

➢ Doing activities that mattered to people experiencing care significantly improved across the delivery of CAPA, as did their sense of belonging to their community and feelings of loneliness. People report that moving more often has ongoing social and psychological benefits.

➢ People experiencing care showed improvements in their health-related quality of life (HRQoL) over the programme ($p = 0.003$). The proportion of those who had severe problems or were unable to be mobile and complete usual activities of daily living decreased across the programmes.

Physiological impact on people experiencing care

All physiological measures were selected for their appropriateness to test body strength, movement capability, and balance in older people. Data included in analysis for this report was received by 31st of January 2020. Where available, comparisons are made to national data to provide context to the scores. Data was received from across nine partnership areas, with the most received from South Lanarkshire (24%), North Ayrshire (14%) and South Ayrshire, Dundee City and Angus (all at 13%). Three quarters of people experiencing care (78%) whose data was received were aged between 76 and 96 years.

FROP-COM & Falls

The FROP-COM (Fall Risk for Older People in the Community) screen was used to evaluate fall risk in older adults. **There was a significant decrease in the FROP-COM score of people experiencing care taking part in the CAPA programme completed over time ($p<0.001$).** Significant reductions were seen from the initial data collection time point to each of 6-weeks, 12-weeks, 18-weeks, and 24-

weeks. As there were no other significant interactions between other time points it can be suggested the greatest impact was seen within the first 6-weeks which was then maintained. The mean FROP-COM scores indicate that on average fall risk was considered low, even at baseline.

Table 5. FROP-COM mean scores from across the CAPA programme

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
N	252	161	112	76	48	20	14
Mean (95% CI)	3.38 (3.12-3.64)	2.68 (2.38-2.98)	2.83 (2.49-3.16)	2.94 (2.56-3.31)	2.88 (2.43-3.32)	2.85 (2.22-3.48)	2.89 (2.15-3.64)

A score of 0-3 = low fall risk, a score of 4-9 = high fall risk.

The total number of people experiencing care falling and their total number of falls reduced across the data collected from CAPA. The rate of falling and falls also reduced over time, with the exception of an increase at 18-weeks. It is unclear why there was an increase at this time point. At baseline 60 people were reported to have fallen within the previous six-weeks with a total of 129 falls. This was at a rate of 6.4 people falling and 13.8 falls per 1,000 people days. At 30-weeks this reduced to four people falling within the previous six-weeks with a total of four falls, at a rate of 4.0 people falling and 4.0 falls per 1,000 people days.

Table 6. The total number and rate of people falling across the CAPA delivery

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks
Number of people falling	60	23	22	15	7	4
Falling rate*	6.4	3.3	4.5	4.5	3.7	4.0
Total number of falls	129	38	42	44	13	4
Falls rate *	13.8	5.5	8.6	13.3	6.9	4.0

*rate is calculated based on the event happening per 1,000 people days. For example, the rate would be the same if you observed x number of falls in 1,000 individuals observed for 1 day, or similarly if you observed x number of falls in 1 person for 1,000 days. The rate is therefore calculated based on the number of people falling (not considering the number of falls) or total number of falls per 1,000 people days.

Similar to the falls data, **the total number of people experiencing care who had medical service contacts as a result of their falls and their total number of medical service contacts reduced across the data collected from CAPA.** The medical services contact rate reduced at six-weeks before increasing at 12-weeks and 18-weeks, reducing again at 24-weeks, with a final increase at 30-weeks. This suggests that fewer medical contacts were made across all people experiencing care and implies that participation in the CAPA programme can help provide additional support for reducing falls experienced.

At baseline 20 people were reported to have had contact with medical services as a result of falls within the previous six-weeks with a total of 31 visits. This was at a rate of 2.1 people contact rate and 3.3 contacts per 1,000 people days.

Table 7. The total number and rate of medical service contacts as a result of falls across people experiencing care over CAPA delivery

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks
Number of contacts with medical services as a result of falls	20	9	10	6	2	1
Medical services people contact rate*	2.1	1.3	2.1	1.8	1.1	1.0
Total number of medical services contacts	31	11	10	9	3	2

Medical services contact rate*	3.3	1.6	2.1	2.7	1.6	2.0

*rate is calculated based on the event happening per 1,000 people days. For example, the rate would be the same if you observed x number of medical services contacts in 1,000 individuals observed for 1 day, or similarly if you observed x number of medical services contacts in 1 person for 1,000 days. The rate is therefore calculated based on the number of people having medical services contacts (not considering the number of medical services contacts) or total number of medical services contacts per 1,000 people days.

Hand Grip Strength

Hand grip strength was measured using a hand grip dynamometer, with measurements taken from each hand. The total number of responses at each time-point can be seen in the table below. **There was no significant change in hand grip strength over time.** For the interaction of initial data collection, 6-weeks, and 12-weeks with 18-week data, there were significant reductions in strength however it is unclear on why there was a reduction in strength at this time only.
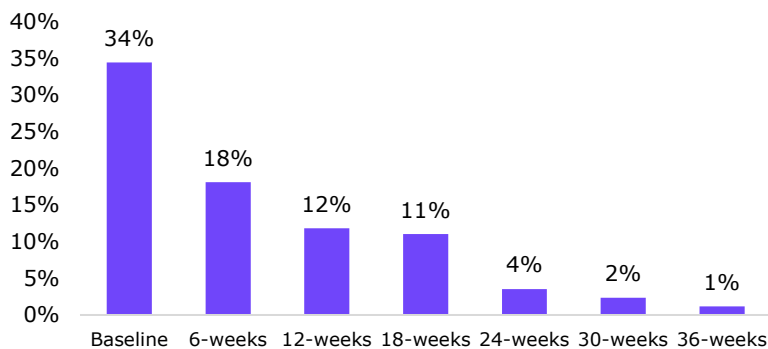
Table 8. The total number of and means of Hand Grip Strength responses

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
N	254	183	133	83	42	20	9
Mean	13.7	13.6	13.6	11.8	13.5	12.5	12.4
(95% CI)	(12.6-14.9)	(12.4-14.8)	(12.2-14.9)	(10.2-13.4)	(11.4-15.6)	(9.6-15.3)	(8.3-16.5)

Standing Balance

Standing Balance was used to evaluate balance ability in older adults. **There was a significant increase in the length of time people experiencing care taking part in the CAPA programme were able to stand on one leg for data completed over time ($p=0.017$).** Significant improvement interactions between baseline, 6-weeks, 12-weeks, and 18-weeks with the data collected at 24-weeks. This suggests that the people experiencing care continued to improve through to 24-weeks, even though there was a lower mean standing balance score at 18-weeks.

Proportion of individuals who could not balance throughout CAPA

When looking at scorings individually, the proportion of people experiencing care who were not able to balance (score of 0 seconds) decreased across the CAPA programme. This may be because being more able to stand independently due to improved strength. This also indicates that individuals are capable of improving their balance scores.

Table 9. The total number of and means of Standing Balance responses

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
n	218	161	109	69	37	19	10
Mean	9.4	12.5	12.1	9.5	19.4	10.6	6.2
(95% CI)	(6.7-12.1)	(9.4-15.5)	(8.5-15.6)	(5.2-13.8)	(13.8-25.1)	(2.8-18.3)	(-4.3-16.6)

Sit to Stand

Sit to stands are the number of complete stands a person can make from a seated position in 30 seconds. This test measures leg strength and endurance. Due to the population, a modified sit to stand test was used whereby people experiencing care were able to use their arms to aid the test. The majority of participants did use their arms.

There was a significant increase in the number of sit to stands people experiencing care taking part in the CAPA programme completed over time (p=0.022). Significant improvements were seen from initial data collection to each of 6-weeks, 12-weeks, 24-weeks, and 36-weeks. As there were no other significant interactions between other time points it can be suggested the greatest impact was seen within the first 6-weeks which was then maintained. This may be explained by the opportunities for people experiencing care to be more mobile, as overall leg endurance is improved by engaging in regular movement.

Table 10. The total number of and means of Sit to Stands responses

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
n	245	164	110	37	55	19	9
Mean (95% CI)	5.9 (5.2-6.5)	6.8 (6.1-7.5)	7.0 (6.2-7.8)	6.2 (5.0-7.5)	6.9 (5.8-7.9)	7.0 (5.4-8.7)	8.2 (5.9-10.4)

Timed Get Up and Go

The Timed Get Up and Go was used to evaluate a person's ability to stand up from a seated position and walk 3 meters, either with or without a walking aid turn around, and walk back and sit back down. **There was no significant change for people experiencing care taking part in CAPA in the timed up and go.** However, there was a significant increase in the timed get up and go between baseline and 6-weeks

Normative data[4] indicates that a score of 10 seconds or less is normal, and a score of 30 or less indicates that the individual requires aid to walk, or has problems walking, but is still able to do so. Compared to the breakdown of scores from people experiencing care, the mean values all indicate that people experiencing care require support when walking. However, the lower confidence intervals indicate that there are participants who score less than 10 seconds. It should be considered that **a score of over 14 seconds has been shown to indicate high risk of falls. Given the average scores at each time point, there is a good opportunity to promote continued movement** to improve gait and the timed get up and go scores and has the potential to decrease the risk of falls.

Table 11. The total number of and means of Timed Get Up and Go responses

	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
n	210	144	100	54	32	13	5
Mean (95% CI)	46.4 (38.8-53.9)	57.0 (48.4-65.5)	49.4 (39.6-59.1)	50.4 (38.2-62.6)	46.8 (31.6-61.9)	53.9 (31.3-76.5)	71.4 (36.3-106.5)

Movement Impact on People Experiencing Care

Individuals were asked to estimate how many hours per day, on an average day, they spent sitting, moving, and sleeping. Movement included movement both in and out of a seated position.

On average, people experiencing care are **spending the majority of their time either sitting or sleeping.** Approximately a fifth of their time is spent moving.

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[4] https://www.thompsonhealth.com/Portals/0/_RehabilitationServices/PT%20Mgmt%20of%20Knee/Functional_Tests.pdf

Movement, sitting and sleeping time
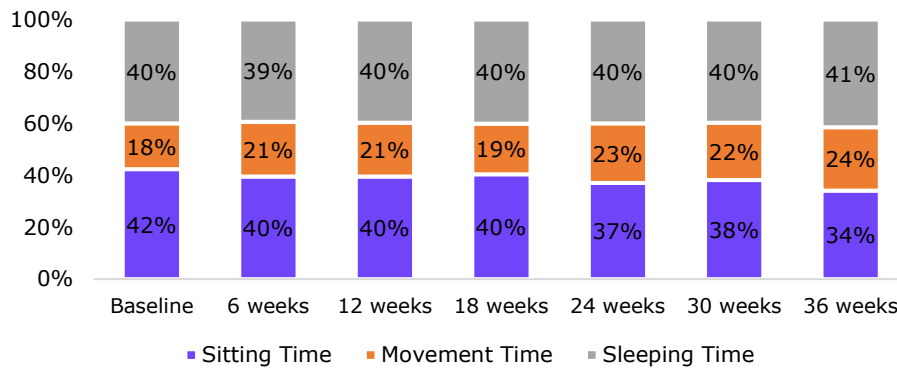
Of the time spend moving, this equates to an average of 4 hours and 19 minutes per day at the initial data collection, increasing to 5 hours 2 minutes at 6-weeks and 12-weeks, before reducing to 4 hours 34 minutes at 18-weeks.

Psychological impact on people experiencing care

People experiencing care answered questionnaires which measured their mental wellbeing, sense of purpose, loneliness, health related quality of life (HRQoL) from which it is possible to calculate quality adjusted life years (QALYs), and self-reported sedentary and movement levels. Data included in analysis was received by 30th January 2020.

Sense of Purpose

Table 12. The proportion of individuals giving each response around their sense of purpose across the CAPA programme

I am doing more of what matters to me...	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
All the time / Often	38%	49%	44%	47%	49%	58%	57%
Sometimes	40%	31%	40%	46%	24%	29%	36%
Not much / not at all	22%	20%	16%	7%	26%	13%	7%

People experiencing care taking part in the CAPA programme reported more positively that what they are doing what matters to them. This was highest at 30-weeks, were 58% of people experiencing care who responded said they were doing activities that mattered to them all the time or often. 6-weeks. Most felt they were doing activities that mattered to them sometimes/often. **Doing activities that mattered to people experiencing care significantly improved across the delivery of CAPA (p<0.001).** There were significant interactions from baseline with all of the follow up time points, suggesting the initial increase was sustained throughout the CAPA delivery. There were also significant interactions from 6-week and 12-week.

Social belonging and Loneliness

Table 13. The proportion of individuals for each response for belonging to their community across the CAPA programme

I feel like I belong to my community...	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
Very / fairly	64%	63%	64%	71%	78%	63%	57%
Somewhat	20%	26%	32%	21%	17%	33%	36%
Not very / not at all	16%	11%	5%	8%	4%	4%	7%

When asked about belonging to their community and if they ever felt lonely people experiencing care responded positively. The majority of people experiencing care felt 'fairly' or 'very' strongly about their belonging to the community at all time points, which remained consistent. **There was a significant improvement in perceptions of feeling part of ones community over time for people experiencing care taking part in CAPA ($p=0.029$).** Significant improvements occurred between baseline and data collected at 24-weeks, 30-weeks, and 36-weeks, as well as both 12-week and 18-week with 36-week data. Similarly, the majority of people experiencing care only rarely or some of the time felt lonely, which was best at 12-weeks. **There was a significant improvement in loneliness scores over time for people experiencing care taking part in CAPA ($p<0.001$).** The interaction between time points revealed significant interactions for loneliness between both baseline and 12-weeks with data collected at 18-weeks, 24-weeks and 30-weeks.

Table 14. The proportion of individuals for each response for feeling lonely across the CAPA programme

During the past week, I have felt lonely...	Baseline	6-weeks	12-weeks	18-weeks	24-weeks	30-weeks	36-weeks
Rarely (e.g. less than 1 day)	43%	45%	51%	49%	54%	25%	43%
Some of the time (e.g. 1-2 days)	32%	30%	31%	37%	33%	42%	29%
Occasionally (e.g. 3-4 days)	20%	19%	16%	12%	11%	25%	21%
All of the time (e.g. 5-7 days(	5%	6%	2%	3%	2%	8%	7%

*Quality adjusted life years (QALYs) and Health-related Quality of Life (HRQoL)*

HRQoL was determined through the EQ-5D questionnaire. This involves five questions assessing an individual's self-rated mobility, self-care, engagement in usual activities, and reported pain, anxiety or depression, and an additional self-rated perceived health question. Collectively this can be used to determine HRQoL which runs on a scale from 0 (dead) to 1 (perfectly healthy). The HRQoL experienced over time can also be utilised to calculate QALYs indicating the life years experienced if adjusted for quality of life during that period.

Calculation of the QALYs over the data collection time points (a total period of 0.62 years) was 0.47 years. Over this period of time if a person was in perfect health they would have experienced 0.62 quality of life years. As such the QALYs score indicates that these people experiencing care were not experiencing perfect health, but given the current population, the QALYs found here is not unusual.

There was a small, significant improvement in HRQoL over time ($p = 0.003$), indicating that people experiencing care's HRQoL improved across the CAPA programme. While individuals HRQoL improved, on average it scores were significantly lower at all time points ($p < 0.005$) than nationally representative data (mean HRQoL=0.728; indicated by the dashed orange line). **However, the average changes in HRQoL were fairly similar to those seen in similar care home resident populations**

undergoing interactive exercise and physical activity classes[5]. The figure below visualises the change over time in average HRQoL as well as individual scores.
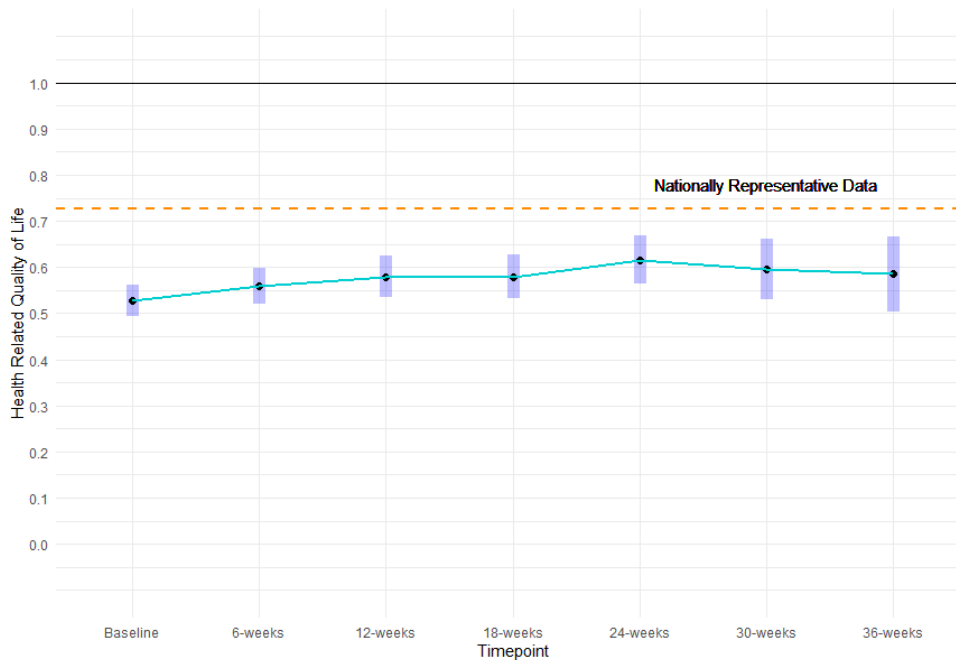
Self-related Health

When people experiencing care rated their health today (where 0 = worst health possibly imagined and 100 = best health possibility imagined), **the proportion of people experiencing care who rated their health above 61 increased steadily over the course of CAPA**, with a slight drop at 24-weeks and 30-weeks. A similar pattern was seen for those reporting scores below 41.
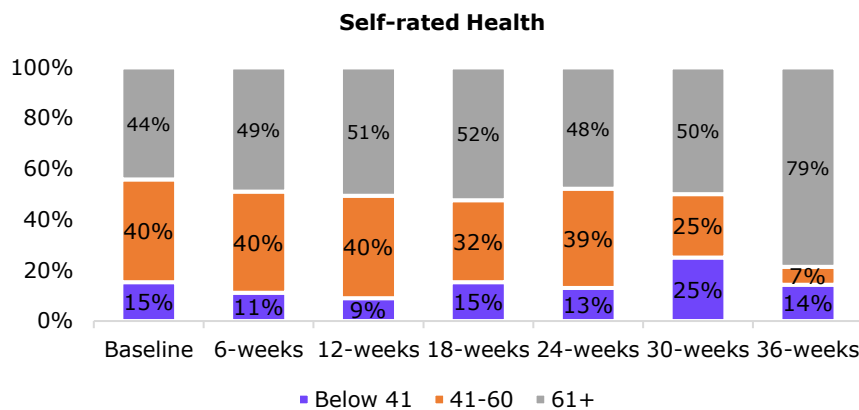
Activities of Daily Living (ADL) and Independent self-care

Out of the six questions, a snap shot is provided into mobility, ability to complete activities of daily living (ADL) and to take part in independent self care.

[5] Verhoef, T.I., Doshi, P., Lehner, D. *et al.* Cost-effectiveness of a physical exercise programme for residents of care homes: a pilot study. *BMC Geriatr* 16, 83 (2016). https://doi.org/10.1186/s12877-016-0261-y

Activities people experiencing care are unable to complete or have severe problems with
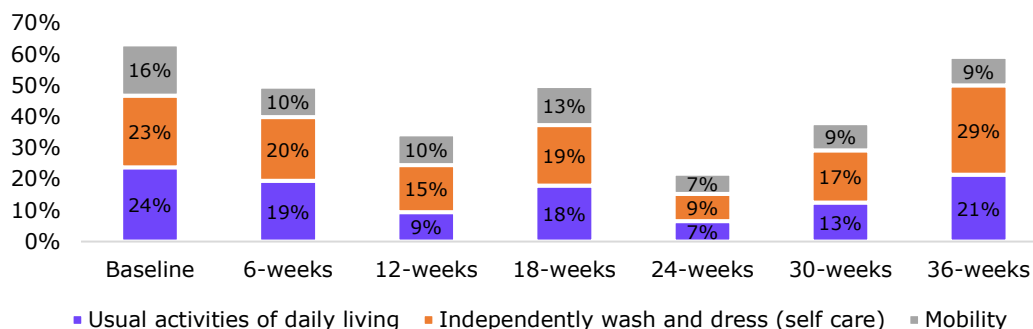
The graph displays the **proportion of responses of people unable to complete or have severe problems with ADL, self-care and mobility. As can be seen this fluctuates across the course of CAPA delivery**. The proportion of people experiencing care reporting being unable to having severe problems in these areas decreased steadily from baseline to 6-weeks to 12-weeks. This increased again for all aspects at 18-weeks, decreased again at 24-weeks, to the lowest proportions yet, but increased again.

CAPA Programme Story – A whole home approach to reducing falls

All care homes monitor and collect data on the number of falls in their service. A care home noted a significant reduction in falls since being involved in the CAPA Programme. Over the 12 months they have seen a gradual decrease in the number of falls, with a noticeable drop after staff attended the CAPA learning event May 2019. In May 2019 the number of falls across the care home was ten, and as of January 2020 this had dropped to one. When comparing January 2020 to December 2018, number of falls had reduced by 15 per month.
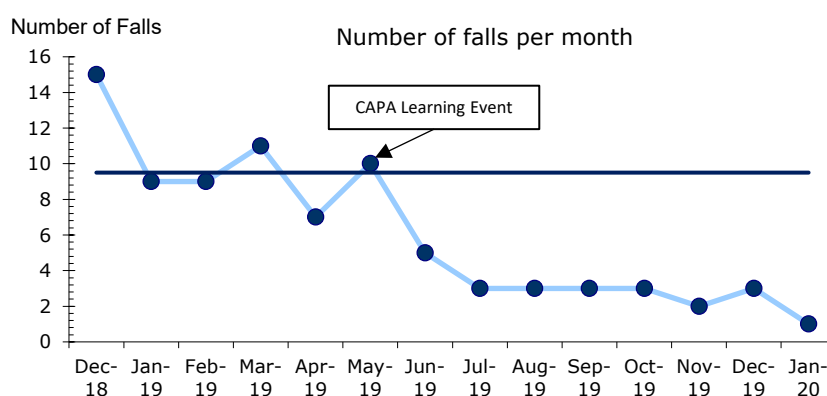
Staff and the care home manager attribute the reduction in falls to a combination of small changes that occurred over time and have contributed to a culture shift within the care home. Firstly, attending the CAPA learning event provided staff with the knowledge they needed to alter their approach and an understanding of the benefit of monitoring and collecting data over time; causing them to integrate this into their daily routines. Below are some of the key steps that the care home took, as a collective, to increase movement opportunities for people experiencing care:

- Involving all staff teams in the 'new' processes to increase movement, and holding open discussions around the role of movement, risks, and benefits in staff inductions, team meetings and supervisory meetings.
- Working across all staff to assess the abilities of people experiencing care and develop ideas that everyone could implement to support movement.
- Listening to the voices and choices of people and developing ideas based on these.
- Integrating physical activity and movement goals into care plans.
- Sharing and celebrating successes and using learnings to make changes when things did not work.
- Aligning activities offered in the care home to the health and social care standards.

Focus groups took place with people experiencing care on the 2nd and 3rd July 2019, and the 3rd and 4th December 2019. A total of 27 individuals contributed to the focus groups. These were analysed using thematic analysis, to understand how taking part in CAPA impacted their wider wellbeing. This has been divided into impacts on mental wellbeing, physical wellbeing and individual development, and is shown below (any names used are pseudonyms).

"I like to walk – it clears my mind. Doing activity is better than just sitting around doing nothing, that gets so boring."

"Jon likes to help out with setting the dinner tables for every meal. It gives him a focus and makes him feel less anxious".

Reduces boredom

Reduces anxiety

Mental

Improve satisfaction

Improves peace of mind

"I like the feeling after I've done the exercise that I have done, it makes me feel more satisfied with myself".

"I like being able to walk and wander through the countryside or outdoors, it makes me healthier, especially with the fresh air."

"I can walk further than I used to. Now I walk down to the living room"

More mobility

Reduces stiffness

Physical

"I enjoy taking part in the chair exercises because it makes me feel less stiff after doing them for a while"

"I feel like I can do more things by myself. Now I walk down the corridor instead of using my Zimmer and don't have to wait for help."

"Walking and moving is very important for my independence. It allows me to continue doing the things I like."

Do more for themselves

Maintains independence

Individual development

Achieve goals

Prevents loss of identity

"I wanted to move more so I could go to my grandsons wedding, so we changed my personalised plan with set exercises that helped me do that"

"I would lose my identity and confidence if I couldn't do things by myself. I am still here and thinking"

Conclusions and Recommendations

The three tiers of the CAPA programme evaluation (learning, translation and impact) were used to demonstrate if the theoretical learnings from the learning events had a translatable and tangible impact on the movement levels of people experiencing care. This impact was measured through physiological tests, mental wellbeing assessments, and was supported by focus groups and case studies. Key findings from this phase of the CAPA project are presented below.

Conclusions

The CAPA programme model was able to fulfil its aim of making changes to the movement, wellbeing, independence and quality of life of people experiencing care. Specifically, the learning events played a successful role in supporting social care professionals to develop new skills, knowledge and confidence around enabling movement in care and share best practice. They acted on opportunities to cascade best practice, allowing new ideas and working practices to be filtered throughout care services, subsequently increasing the opportunities for movement for people experiencing care through these services. **The measurement and evaluation framework put in place was successful at capturing data to evidence changes in people experiencing care's movement, wellbeing, independence and quality of life by utilising a triangulation approach which adopted both quantitative and qualitative methodologies.** Incorporation of the qualitative methodologies also allowed additional information around changes to care services culture and routine practices to be captured.

Key findings gathered through the project are shown below.

➤ There were significant improvements in FROP-COM scores across the CAPA delivery, indicating a reduced risk of falls across the CAPA delivery. Alongside this, the rate of falls and overall falls rate per individual reduced.

➤ People experiencing care and social care professionals described a variety of different opportunities to engage in movement. These are classed as 'structured exercise' (e.g. exercise classes), 'semi-structured movement' (e.g. dance, theatre) and 'unstructured movement' (e.g. activities of daily living, personal care). Of the types of activities and movement that social care professionals reported encouraging or putting in place, activities of daily living (ADL), daily unstructured movement, and personal care were the most frequently cited. These were perceived as the most successful way to enable movement and links into making small changes to service and individual behaviour.

➤ People experiencing care spent a majority of their day (classed as a 24 hour period) sitting or asleep, with moving time increasing from 4 hours 19 minutes at baseline to 5 hours 2 minutes at 6-weeks and 12-weeks, before reducing to 4 hours 34 minutes at 18-weeks.

➤ Whilst hand grip strength remained constant, there were significant improvements in sit to stand and standing balance.

➤ Most of the people experiencing care taking part in the CAPA programme felt that they were doing activities that mattered to them, which significantly improved. There were also significant improvements in feeling part of one's community and a reduction in loneliness.

➤ There was a significant improvement in HRQoL over time, though this was small and on average people experiencing care had significantly lower HRQoL scores at all time points compared to nationally representative data.

➤ People experiencing care tended to engage in opportunities to move because of the wider social and psychological impacts that moving and physical activity had. For example people experiencing care felt more independent, less anxious, and less lonely because of being able to be mobile and spend time with other individuals. Additionally, people experiencing care were more likely to continue to move if they were engaging in meaningful movement, and doing activities that fulfilled their interests (e.g. hobbies).

- Social care professionals found the learning events informative, in particular in sharing best practice and taking away new ideas which they could use and adapt in their individual services. They also spoke about how social networks has been developed between services to support ongoing learning and development.

- The learning events supported social care professionals' confidence to enable movement for people experiencing care, particularly through improving their knowledge of the benefits of movement for older adults, to assess older adults' readiness to move, and to take action against barriers that prevent movement.

- Cultural change, attitudes and awareness of the importance of movement on the part of other social care professionals was cited as a frequent barrier throughout both phases of the project, which also encompassed a lack of staff training and perceptions of a lack of time and resources. However, in the second phase of CAPA social care professionals reported more ideas around how to overcome these challenges, such as making small changes into the routines that social care professionals already do.

- Data captured throughout the CAPA programme indicates that individuals have engaged with the CAPA programme across a variety of care services and other locations, including community hospitals. Changes have been made to the culture of services in order to incorporate movement into the service structure.

Recommendations

As the CAPA programme comes to a close, a variety of recommendations are given to ensure the positive outcomes seen are sustained beyond the programme end.

- As the programme comes to a close, the responsibility of the sustaining the CAPA programme is passed back to the services and partnership areas. It is recommended that services continue to engage in sharing best practice and support each other through networks, and put aside time to regularly meet and discuss challenges, barriers and solutions to overcome these.

- For any further learning and development opportunities or training put in place for social care professionals it is recommended that such training adopt similar approaches to those of the CAPA learning event, with a focus on improving their knowledge around movement and their skills and confidence to enable and promote it.

- Opportunities for people experiencing care to walk regularly, enhance balance, and enhance strength and increasing opportunities to stand up often during the day, should continue to provide individuals the opportunity to build strength and mobility. Continuing opportunities to move may also help mitigate the risk of falls through improving strength and balance, and also help to support overall health and wellbeing wider than what is measured here.

- Wider social opportunities often also promoted movement. It is thus recommended that any activities put in place to support continued activity be centred on social interaction and based upon the wants and needs of the individuals.

- It is recommended that health services involved with CAPA share their learnings with local hospital wards to support the hospital staff to enable movement within their wards.

- It is recommended that a similar model be rolled out across other home nations to support care services in England, Wales and Northern Ireland to incorporate movement into the daily lives of people experiencing care.

Title:	**Digital Programme Update**
Author:	**Gordon Weir, Executive Director of Corporate & Customer Services**
Appendices:	**None**
Consultation:	**n/a**
Resource Implications:	**Yes**

EXECUTIVE SUMMARY
This report provides the Board with an update on recent developments of the Digital Programme noting the report from the Gateway review that took place in early March 2020 was considered by the Audit and Risk Committee at its meeting in May 2020. The report discusses the programme finances and overall progress including the impact of the Covid-19 response. The report also advises of further work underway in preparation for a strategic review of the programme.
The Board is invited to:
1.   Discuss the information contained in the report.

Links:	Corporate Plan Outcome Key principles 1-7		Risk Register – Y/N	Y	Equality Impact Assessment - Y/N		N
For Noting		**For Discussion**	**X**	**For Assurance**		**For Decision**	

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

Reason for Confidentiality/Private Report: N/A
(see Reasons for Exclusion)
Disclosure after:

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

Agenda item 18
Report Number: B-25-2020

DIGITAL PROGRAMME UPDATE

1.0   INTRODUCTION

1.1   Background

This report updates the Board on developments on the Digital Programme. The scope and aspirations of the Digital Programme were set out in a full business case that was initially developed in 2016/17. It covers the development of software applications or "Apps" for our core business processes:

- Complaints
- Registration: Phase 1 (the external facing application form)
  Registration: Phase 2 (developing the app to support our   internal registration business processes)
- Inspection
- Enforcement

1.2   Purpose

This report provides an overview and analysis of the programme, the achievements to date, a financial analysis, an update on the benefits realised and an update on the current position on meeting the requirements and recommendations of the external assurance assessments, including our recent Digital First review.

2.0   PROGRAMME DEVELOPMENTS

2.1   Programme Board

A Programme Board was established to provide governance oversight to the Digital Programme and it continues to meet regularly. At its May 2020 meeting, the Programme Board considered a detailed update report and a review of the 2020-21 budget, a review of the significant programme risks, and a detailed update on programme planning.

As noted at the March 2020 Board meeting, the Chief Executive has initiated a strategic review of the Digital Programme.

The programme business case is currently being reviewed and will be submitted to the Audit and Risk Committee members at the earliest opportunity and will be discussed at the next meeting of the Committee.

2.2   Overall Progress

The Digital Programme continues to make good progress. Over the last number of months, the Digital team has delivered a key piece of functionality for the Complaints App that now allows users to communicate (email) from within the

application. It should be noted that this same functionality will also be used within the Registration process.

The Digital team has also carried out 'deep dive' into Registrations and The Register. This has given further delivery confidence that that work needed can be done from the planned resources as initially identified. This output of this work was shared with Programme Board at its May 2020 meeting to provide additional assurance around the proposed approach and delivery timelines. It has also provided better confidence to the delivery team and has given them a better understanding of the development design.

There is an ongoing review of the data migration workstream. This is a significant and complex area of this phase of the programme. The review is due for completion by the end of June 2020.

2.3 Direct and Indirect Impact of the Covid-19 Response

All aspects of Care Inspectorate activity, including digital, have been impacted by the Covid-19 pandemic. In mid-March there was a decision to require all staff to work remotely. The Digital team has always had a mixture of team members who have partially worked from home, but given this affected the whole team there was some adjustment required to support staff to operate as effectively as possible in a constant remote working basis and this has had an understandable impact on overall productivity.

The Digital team has supported the Care Inspectorate overall response to the Covid-19 situation. The re-purposing of the organisation has required changes and developments in our e-forms in order to support the revised notifications arrangements. To date, the Digital team has undertaken c. 90 hours of such work.

2.4 The Complaints App Update – Additional Functionality Delivered

The Complaints app initially went live in March 2019. End to end functionality went live in August 2019.

We have delivered the email functionality within Complaints, enabling efficiency savings to be released. This gives the users the ability to email within the app rather than coming back to their own business email accounts. An additional benefit arises from greater traceability of all communications relating to a complaint.

This functionality had been delayed as additional work was required to meet business needs that had not been fully scoped, requiring three to four weeks additional development and testing. Lessons have been learned from this and our approach to business analysis has been strengthened.

It is of note that our key developer who was overseeing this piece of work was also pulled onto Covid-19 work during this time.

2.5   Registration Phase 1

As reported at the March 2020 meeting of the Audit and Risk Committee, Phase 1 of the Registration app (the digitised application form) went live on 28 January 2020. The general feedback from users has been very positive.

2.6   Registration Phase 2 (including the Register) - Progress

The design phase for the development of our new Register and the Application for Registration Phase 2 has been progressing well. During April 2020, the team has re-validated the scope and design in line with the initial delivery estimates. As part of this review there has been a blend of "agile" and "traditional" delivery techniques used to determine the confidence levels that we are still in line with our overall timelines for delivery of this element of work. This has involved working closely with operational and support teams along with other sessions with key internal stakeholders.

3.0   EXTERNAL ASSURANCE ASSESSMENTS

Following our Digital First approval for our Registration Phase 1 app in late January 2020 we continue to work with Digital First team around future assessments.

We are also engaged with the Gateway team who undertook another Gateway assessment in March 2020, with a focus being around the topics of governance and communication.

The Gateway report has now been finalised and was considered by the Audit and Risk Committee at its meeting in May 2020.

The Gateway report has many positive aspects. The Gateway reviewers have acknowledged that the programme has taken the Inspectorate on the way to being a digitally enabled organisation, in keeping with our aspirations as expressed in the Corporate Plan.

The report also identifies that the work done by the programme and the approach that it is now taking has the confidence and support of the senior management team and key stakeholders. The governance and oversight of the programme has significantly improved, as has its management reporting. The stakeholder management has also improved and is of a good standard.

However, against these positives, the ability of the programme to achieve its intended outcomes to time and within its current budget has been subject to internal review and challenge within the Inspectorate. Evidence provided to the Review Team shows that the programme, as currently resourced, will not deliver

Inspection or Enforcement functionality as originally intended. For this reason, the Gateway reviewed has assessed the programme as an Amber-Red.

This position was flagged up to the Audit and Risk Committee at its March 2020 meeting and subsequently to the Board in the same month and the Board agreed to a strategic review of the programme in order to "pause and stocktake". The Gateway review team regard this as an advisable and necessary step.

4.0   PROGRAMME FINANCES

The programme finances have not changed since the last update to the March 2020 Board and May 2020 Audit and Risk committee. The budget position for business transformation and the ICT modernisation is managed within the core Care Inspectorate budget monitoring process. The original programme total costs were estimated at £4.988m over the four years to 2020/21.

The latest estimates are for costs of £5.335m i.e. £347k more than originally anticipated. As the Care Inspectorate did not receive all of the funding it requested (£2.3m compared to our request of £3.2m), additional funds have been allocated from within existing budgets and general reserve as reported at the March 2020 Board meeting. We intend to fund £646k of non-recurring development in 2020/21 from our reserves.

5.0   NEXT STEPS: STRATEGIC REVIEW OF THE DIGITAL PROGRAMME

As reported at the May 2020 Audit and Risk Committee and the March 2020 Board, the Interim Director of IT, Transformation and Digital is reviewing the resource plans and it is no longer anticipated that a complete scrutiny and improvement system will be available within the revised timetable and planned 2020/21 resources.

The current phase of developments is planned to conclude in December 2020 with the completion of Phase 2 of the Registration app and the Register. The original business case had anticipated that the Enforcement and Complaints apps would also be concluded by this time. As noted above, this will not be possible.

In light of this and the associated financial position, the Chief Executive has initiated a strategic review of the Digital Programme. This approach was also discussed with the Gateway review team. They noted that the Care Inspectorate may well find a more cost-effective digital solution to support inspections and that this would become clearer during the proposed pause and stocktake.

The solution would need to be articulated in a revised business case. An initial piece of work has commenced with an external specialist consultancy to assist the Care Inspectorate in preparing an outline business case with a focus on risk and intelligence, inspection and enforcement activity. We have also asked

Microsoft to join that work given some recent work they have done with CQC on Inspections. Microsoft has agreed to work with us on a short-term, no-fee basis. We anticipate completing this initial work in early July 2020.   This will give us some early indications on the potential level of investment required. We are aware we will need to look very carefully at our overall business model in light of Covid-19, but this will be the starting point for discussion and engagement with Scottish Government regarding funding.

The Gateway reviewers noted that this approach, together with good progress on the remaining Registration application, would provide the evidence for a more positive delivery confidence rating in future.

6.0   OTHER IMPLICATIONS AND/OR DIRECT BENEFITS

6.1   People Who Experience Care

By investing in our ICT and digital capabilities, staff will be well equipped to deliver our outcomes for people experiencing care in Scotland.

6.2   Customers (Internal and/or External)

Modernising our ICT and digital capabilities will have a positive impact on both the internal and external customer experience.

BOARD

Schedule of Business 2020/21

BUSINESS TOPIC	7 May 2020 (Special)	18 June 2020	13 Aug 2020 (if req'd)	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
OPENING BUSINESS							
Chair's Report		✓		✓	✓		✓
Chief Executive Report		✓		✓	✓		✓
Update on Covid-19 (within CE Report)	✓	✓					
STRATEGY AND POLICY							
Approval of Care Inspectorate Strategies on a rolling/as required basis • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy • Health and Safety Strategy • Workforce Strategy							
Financial Strategy				✓	✓		
Scrutiny and Assurance Plan					✓		
Budget and Indicative Budget							✓

BUSINESS TOPIC	7 May 2020 (Special)	18 June 2020	13 Aug 2020 (if req'd)	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
Strategic Risk Register 2020/21		✓					
Approval of Risk Appetite and Risk Policy							
Annual Review of Procurement Strategy					✓		
MONITORING AND GOVERNANCE							
Budget Monitoring				✓	✓		
Monitoring our Performance Quarterly Report		Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Deferral of Continuation Fees	✓						
2020/21 Financial Position Update	✓	✓					
Board Membership Changes	✓						
Minute of Audit and Risk Committee		✓		✓	✓		✓
Complaints Activity Report		✓ (annual)			✓ (mid-year)		
Annual Report and Accounts - Audit Committee Annual Report to the Board - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit				✓			
Health and Safety Annual Report		Deferred to Sept		✓			
Code of Corporate Governance		✓					
UN Convention on the Rights of the Child – report		✓					
Equality Duty Reporting – Annual Progress Report							✓
Annual Review of the Care Inspectorate's Financial Regs		✓					
CAPA 2 Programme Final Report		✓					

BUSINESS TOPIC	7 May 2020 (Special)	18 June 2020	13 Aug 2020 (if req'd)	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
Best Value Report 2019/20 (*to 1st Quarter meeting of Board*)		Deferred to Sept		✓			
Annual Accounts 2019/20 Progress Report (*to 1st Quarter meeting of Board*)		Contained in Financial Update report					
Board and Committee Cycle – 2021/22 draft dates				✓			
Annual Procurement Performance Report				✓			
Shared Services Update Report		✓		✓	✓		✓
OPERATIONAL							
Digital Programme Update Report		✓		✓	✓		✓
Transformation Programme Update Report				✓	✓		
HR Annual Report		Deferred to Sept		✓			
Approval of Pay Remit for submission to Scottish Government		**(tbc)**					
Update on Significant Organisational Restructures *(when required)*							
Estates Update *(when required)*							
Approval of Compensation Payments *(when required)*							
STANDING ITEMS							
Identification of Risk	✓	✓		✓	✓		✓
Schedule of Board Business		✓		✓	✓		✓
CONFIDENTIAL/PRIVATE ITEMS							
CI Employee Relations Appeals							
INFORMATION ONLY ITEMS (not for business)							
		✓					

BUSINESS TOPIC	7 May 2020 **(Special)**	18 June 2020	13 Aug 2020 **(if req'd)**	30 Sept 2020	17 Dec 2020	21 Jan 2021 **(if req'd)**	25 Mar 2021
OTHER INFORMATION TO BOARD							
Policy/Parliamentary Tracker and Timetable *(email briefings in advance of Board meetings)* Work and Policy Direction of UK Regulators *(email briefings in advance of Board meetings)* Scottish Government Programme for Government *(email briefing)*							

Minute

Meeting: Board

Date: 26 March 2020

Time: 10:30 am

Venue: In light of the guidance about minimising social contact issued by the UK government in relation to Covid-19, the meeting was held remotely by videolink and consequently was not open to the public. The standing orders governing the conduct of Care Inspectorate Board meetings were suspended by the Board using its emergency powers for this purpose.

Present: Paul Edie, Chair
Naghat Ahmed
Sandra Campbell
Gavin Dayer
Paul Gray
Anne Houston
Ronnie Johnson
Bernadette Malone
Bill Maxwell
Keith Redpath
Carole Wilkinson

In attendance Peter MacLeod, Chief Executive (CE)
Gordon Weir, Executive Director of Corporate and Customer Services (EDCCS)
Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA)
Edith Macintosh, interim Executive Director of Strategy and Improvement (iEDSI)
Kenny McClure, Head of Legal Services (HLS)
Arvind Salwan, Strategic Communications Adviser (SCA)
Fiona McKeand, Executive and Committee Support Manager (ECSM)
Fiona Birkin, Staff-side Chair, Partnership Forum
Claire Corbett, Executive Support Officer

Apologies Rona Fraser

Item	Action

1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and extended special welcome to new member Paul Gray.

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The Board agreed the suspension of Standing Orders governing the conduct of Care Inspectorate Board meetings, using its emergency powers for this purpose. In light of the UK Government's guidance about minimising social contact in relation to the Covi-19 pandemic, this allowed the meeting to be held remotely by video-link and consequently no part of the meeting was open to the public.

2.0 APOLOGIES

Apologies were received as noted above. Newly appointed Board member, Rona Fraser, had been unable to attend this meeting.

3.0 DECLARATIONS OF INTEREST

Board member Sandra Campell declared an interest in relation to item 12, Shared Services Update. The Chair judged that there was no requirement on the member to absent herself for that item.

4.0 MINUTE OF BOARD MEETING HELD ON 17 DECEMBER 2019

The Board **approved** the minute of the meeting held on 17 December 2019 as an accurate record.

5.0 ACTION RECORD OF BOARD MEETING HELD ON 17 DECEMBER 2019

The Board noted the updated action record of the meeting held on 17 December 2019.

6.0 MATTERS ARISING

There were no matters arising.

7.0 CHAIR'S REPORT – REPORT NO: B-02-2020

The Chair presented his report, which provided members with an update on key developments and activities since the meeting held on 17 December 2019. The report also outlined the Chair's proposal to appoint a new Convener and two new members to the Audit and Risk Committee.

On behalf of the Board, the Chair extended thanks to the outgoing Convener, Bernadette Malone, for her contribution and commitment to the work of the Committee. The Board agreed the appointment of Bill Maxwell as Convener and Paul Gray and Anne Houston to the membership of the Committee.

8.0 CHIEF EXECUTIVE'S REPORT – REPORT NO: B-03-2020

The Chief Executive presented his quarterly report to the Board, the key areas of which covered the Care Inspectorate's collaborative and

partnership working, staff engagement, policy and strategy developments and updates on budget, digital and transformation.

The main focus of the Chief Executive's update to the Board was on the rapidly changing situation in relation to Covid-19. This covered:

- the required changes to the Care Inspectorate's regulatory scrutiny activity;
- the establishment of command groups at strategic and operational levels, and an Intelligence Development Group to look at the systematic collation of intelligence;
- the close monitoring of the situation around quality of care, protection and other regulatory duties;
- re-directing the capability and capacity of the organisation in making direct contact with services and enabling the gathering of real time information;
- changes introduced to notifications, including daily information on Covid-19 cases and staffing data;
- the use of intelligence to build a "heat map" across the country to help identify early warnings, pre-empt and respond, in partnership working with other agencies, and to help support services as much as possible.

The Board discussed the issues in relation to Covid-19 at length and recognised the extent of the work being carried out by the organisation. It was noted that parts of the workforce who held professional qualifications, including social work and nursing, had expressed interest in volunteering and work was underway to find out how best to deploy them.

In terms of risk assessment, the Board asked what assurance could be provided that the Care Inspectorate would have access to relevant clinical advice on morbidity and mortality to reassure both itself and the public. The Board was advised that, within the parameters the organisation was operating and working with Health Protection Scotland and the NCPG, access could be provided on a case by case basis and there was a baseline from which the sector should be working. However, it was anticipated that this might become more difficult as the sector experienced more serious cases.

There was discussion on the proactive approach that the Care Inspectorate was taking in working with the relevant partners and networks to manage risk collaboratively and collectively. The Care Inspectorate was also engaged in discussions with the Scottish Government directly in relation to the risks inherent to the organisation.

The Chief Executive also outlined the steps taken to look after the organisation's own staff through home working arrangements, factoring in the personal circumstances of some colleagues in having to shield, carry out caring responsibilities and provide home-schooling. The Contact Centre had moved to virtual operation on 23 March and clear communication placed on the website and social media sites to advise

of alternative means of contact.

The Board agreed that a summary of risks was required in relation to Covid-19 and a revision made to the strategic risk register.

There was discussion on the establishment of an emergency committee of the Board, for the purposes of decision making in response to the rapidly changing situation, however, it was agreed that appropriate enabling arrangements were in place. The Board Development Event scheduled for 7 May would instead be convened as a special Board meeting in order to have further discussion specifically on the Covid-19 situation.

The Board noted the report and further updates from the Chief Executive.

STRATEGY AND POLICY

9.0   **2020/21 DRAFT BUDGET AND INDICATIVE BUDGETS –
      REPORT NO: B-04-2020**

The Chief Executive introduced the report by advising the Board of recent discussions with Scottish Government Health Finance and sponsor team about the Care Inspectorate's budget submission. Due to Covid-19, no definitive response was anticipated now for a few months.

The Executive Director of Corporate and Customer Services provided more detail of the organisation's 2020/21 budget submission and indicative budgets for the following two years and the Board was clearly sighted on budgetary issues through the member/officer working group.

The Board remained concerned about the financial position and recurring deficit and were advised that options required to bridge the gap and achieve saving were being fully addressed. This included discussions with Scottish Government about the potential to increase the level of grant provided to the organisation and consideration of the level of registration fees. It was noted that detailed discussions were being held through the working group set up with Health Finance and the sponsor team to scope the budget going forward.

The Board agreed that the Accountable Officer and senior officers were carrying a higher level of risk than would normally be tolerated in these exceptional circumstances.

The Board **approved** the draft 2020/21 budget; the draft 2020/21 Capital Plan and the fee rates to be charged to care service providers in 2020/21. It also noted the high-level projected budget position for 2021/22 and 2022/23.

MONITORING AND GOVERNANCE

10.0 MONITORING OUR PERFORMANCE 2019/20 - QUARTER 3 - REPORT NO: B-05-2020

The Chief Executive presented the report, which set out performance against the corporate plan strategic outcomes and highlighted key areas of work delivered or progressed in the last quarter. The report also featured an addendum which provided the latest end-of-month update for selected indicators.

Members were advised that, due to the organisation's re-purposing and response to Covid-19, the format of the quarterly report would require to change going forward into the passive recovery phase.

The Board acknowledged this and noted the information contained in the report and the addendum.

11.0 BUDGET MONITORING QUARTER 3 – REPORT NO: B-06-2020

The Executive Director of Corporate and Customer Services presented the report which presented information on the movement of the projected financial position. It was noted that additional grant in aid funding totalling £1,064k had been confirmed by the sponsor department to support additional programmes of work, which were outlined in the report. The revised budget included this additional funding. It was also noted that the projected net expenditure to 31 March 2020 was £221k less than the planned net expenditure.

There were no significant issues raised and the Board noted the report.

12.0 SHARED SERVICES UPDATE – REPORT NO: B-07-2020

The Chief Executive introduced the report, which provided the Board with an update on progress and to confirm the implementation date of the shared services arrangements between the Care Inspectorate and the Scottish Social Services Council

The Board noted the information and the implementation date of 1 July 2020.

13.0 MINUTE OF AUDIT AND RISK COMMITTEE MEETING HELD 5 MARCH 2020

The Convener presented the draft minute of the committee meeting held on 5 March and referred to the specific items that required the Board's attention.

In particular, the committee had recommended to the Board that an oversight group should be established in respect of the digital development programme, as this remained a critical area of risk that the Board needed to be clearly sighted on.

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The Committee had also agreed some changes to the strategic risk register, which would be further discussed at its meeting in May, before being presented to the Board for approval.

The Board noted the minute of the Audit and Risk Committee meeting.

OPERATIONAL

14.0 DIGITAL PROGRAMME UPDATE REPORT – REPORT NO: B-08-2020

The Chief Executive introduced report, which provided the Board with an update on recent developments of the digital programme including external assurance approval received from Digital First. The report discussed the programme finances and overall progress and advised of a strategic review and further proposed measures to strengthen programme governance and ensure successful delivery of the programme benefits.

The Board was also asked to approve the creation of a temporary post of Director of Transformation and ICT, subject to confirmation of funding. This position was recommended in order to deliver the required leadership for the transformation programme.

There was detailed discussion around the Board's concerns with some aspects of the programme, including reputational risk, which would be further addressed through the work of the Board oversight group. The **Chair** Chair would appoint members to the new group.

Members also discussed the plans to engage consultancy support to assist with the production of an initial outline business case. This was deemed necessary due to the new business model, as part of the corporate plan, being put in place since the original business case had been developed in 2017. Input from the Board was welcomed and it was agreed that member, Paul Gray, would have some further discussion with the Chief Executive and Chair.

The Board noted the report and **approved** the creation of a temporary director post of Transformation and ICT.

15.0 TRANSFORMATION PROGRAMME – PHASE 2 – REPORT NO: B-09-2020

The Chief Executive presented the report which provided the Board with information about completion of the first phase of the transformation programme and the steps that were being taken towards the implementation of phase 2. These included staff engagement, Board oversight for this work, establishing a programme lead and programme working group and ensuring that a change management and communications strategy was in place.

The Board noted its support for the transformation programme and welcomed the management focus and Board engagement with the process.

STANDING ITEMS

16.0   IDENTIFICATION OF RISK

The Board identified Covid-19 as a new risk to be added to the Strategic Risk Register, as recommended by the Audit and Risk Committee.

17.0   BOARD SCHEDULE OF BUSINESS 2020/21

The Board agreed to add an additional date for a special board meeting on 7 May 2020.   **ECSM**

Members recognised the pressures on the capacity of staff to support the Board and the Audit and Risk Committee during these exceptional times and consideration should be given to agenda items being focussed on business-critical decisions.   **Chair/CE**

18.0   ANY OTHER COMPETENT BUSINESS

There was no other business.

19.0   DATE OF NEXT MEETING

The date of the next meeting was noted as Thursday 18 June 2020 at 10.30 am.

CONFIDENTIAL ITEMS

**20.0   CARE INSPECTORATE EMPLOYEE RELATIONS APPEALS –
          REPORT NO: B-10-2020**

The Chief Executive introduced the confidential report which summarised the actions arising from appeal panel hearings. It was agreed that this would be a regular report to the Board going forward.

The Board noted the information contained in the report.

ITEMS FOR INFORMATION

The Board was provided with the following reports for information:

- Independent Care Review – Report B-11-2020
- Complaints Mid-Year Report 2012-20 – Report B-12-2020
- Equality Outcomes Annual Progress Report – Report B-13-2020

Signed:

Paul Edie, Chair

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