care
inspectorate

A Meeting of the Care Inspectorate Board is to take place from
10.30 am-1.00 pm on Thursday 10 August 2023 in Compass House, Dundee

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

AGENDA

PUBLIC SESSION

Item		Time
1.	Welcome and Introductions	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Board Meeting held on 11 May 2023 (paper attached)	10:40
5.	Action Record of Board meeting held on 11 May 2023 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-08-2023/24	10:45
8.	Chief Executive's Report – Report No: B-09-2023/24	10:50
	STRATEGY AND POLICY	
9.	Strategic Risk Register 2023/24 – Report No: B-10-2023/24	11:00
	MONITORING AND GOVERNANCE	
10.	Monitoring our Performance 2023/24 Quarter 1 – Report No: B-11-2023/24	11:20
11.	Complaints About Care Services In Scotland, 2019/20 to 2022/23 - Report No: B-12-2023/24	11:30
12.	Budget Monitoring and Staffing Update – Report No: B-13-2023/24	11:40
	S H O R T B R E A K	11:45

Version: 1.0	Status: FINAL	Date: 03/08/2023

13.	Audit and Risk Committee Meeting held 25 May 2023 – Report No: B-14-2023/24	11:55
14.	Health and Safety Annual Report – Report No: B-15-2-23/24	12:00
15.	Children's Rights Report April 2020-March 2023 - Report No: B-16-2023/24	12:10
	OPERATIONAL ITEMS	
16.	HR Report – Q1 2023/2024- Report No: B-17-2023/24	12:15
17.	Planning for Board Development Events 2023/24 – Report No: B-18-2023/24	12:25
18.	Board and Committee Cycle 2024/25: Proposed Scheduling – Report No: B-19-2023/24	12:30
	STANDING ITEMS	
19.	Strategic Risk Register (covered under item 9 above)	
20.	Board Schedule of Business 2023/24 (paper attached)	
21.	Any Other Competent Business	
22.	Close of Public Meeting and Date of Next Meeting: Thursday 9 November at 10.30 am in Compass House, Dundee	12:35
	PRIVATE ITEMS	
23.	Care Inspectorate Financial Strategy – Report No: B-20-2023/24	12:35
24.	IT and Security Compliance Role – Report No: B-21-2023/24	12:55
25.	Shared Services Annual Update Report – Report No: B-22-2023/24	13:00

BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
Actions from 15 December 2022					
13.0	**COMPLAINTS ACTIVITY MID-YEAR REPORT – REPORT NO: B-41-2022**	Further discussion on the reporting of complaints activity to be held by the Board as part of annual review of Board Governance	**CE / Chair / EDIT&DT / Head of Legal Services**	In time for Board Governance Review on 11.5.23	Open
Actions from 9 February 2023					
8.0	**KEEPING THE PROMISE – AN OVERVIEW OF ACTIVITY 2021/2022: REPORT NO: B-47-2022/23**	Consider options for impact evaluation/assessment for onward reporting to Board	**CE/Chair**		Open

Actions from 30 March 2023					
19.0	**NEW BOARD SCHEDULE OF BUSINESS 2023/24**	• Review the **reporting of employee relations** appeals for inclusion in HR report. • To incorporate a summary of CI **People Management policies** within HR report when policy schedule has been developed and agreed internally. • Discuss a potential BDE session on **Whistle-blowing**.	**ECSM/HoHR** **Chair and Naghat Ahmed**	• For next quarterly report 10 Aug 2023 • On completion of policy schedule • Open	• **Completed** • To be considered along with other potential BDE topics
Actions from 11 May 2023					
4.0	**MINUTES OF BOARD MEETING HELD ON 30 MARCH 2023**	Future minutes to include "Board Members" alongside their list of names on the front sheet.	**ECSM**	Immediate	**Completed**
5.0	**ACTION RECORD OF MEETING HELD ON 30 MARCH 2023**	Action record to be updated to show completed actions in respect of CI position paper on Deprivation of Liberty; and also in respect of Monitoring Performance Q2 report.	**ECSM**	Immediate	**Completed**
9.0	**MONITORING OUR PERFORMANCE 2022/23 QUARTER 4 – REPORT NO: B-03-2023/24**	Comments to be submitted to the Chair and CE on content and format of new style report. These to be collated into a single document and provided to Intelligence and Analysis Manager, for further discussion by Board.	**Board members** **ECSM**	By 26 May 2023 By 30 May 2023	**Completed** Sent to I&AM on 26 May - **Completed**

14.0	HR ANNUAL REPORT 2022/2023- REPORT NO: B-07-2023/24	To include in future quarterly report: • external comparators where appropriate • some narrative on impact • a trend line in respect of the staff age profile (full details in the minutes)	HoHR	For quarterly report going to Board on 10 August 2023	**Completed**
17.0	BOARD SCHEDULE OF BUSINESS 2023/24	• Add to SoB: Annual report on The Promise and progress with action plan to report again in 2024. • Add "Major Policy Developments" as a standing item and to allow sufficient time on a future agenda to discuss the new national care service when this is available.	• **E&CSM** • **E&CSM in discussion with CE and Chair**		• Added - **Completed** Not completed - Internal discussions with Policy Team to review policy and parliamentary information provision to Board

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

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

BOARD MEETING 10 August 2023

Agenda item 7
Report Number: B-08-2023/24

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

EXECUTIVE SUMMARY
This Chair's report will sum up some of my activities since the Board meeting held on 11 May 2023.
The Board is invited to:
1.   Note the information contained in this report.

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

(Note: the row above combines several header cells)

Equality Impact Assessment				
Yes		**Not Yet**		**No** X

Reason: This report is for information only.

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

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

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

CHAIR'S REPORT

1.0   INTRODUCTION

This Chair's report will sum up some of my activities since the Board meeting held on 11 May 2023.

2.0   NHS CHAIRS MEETING WITH THE CABINET SECRETARY – 22 MAY 2023

Focus on delayed discharges across NHS and planning for Autumn/Winter expected NHS demand. Consideration towards further early discharges to Care Homes with capacity in specific geographic locations.

3.0   SSSC COUNCIL MEETING – 25 MAY 2023

Considered organisational structure and resourcing to meet demands of service users. Further network opportunities across Council members and discussion on budgeting pressures for year ahead.

4.0   BOARD MEMBER APPRAISALS MAY/JUNE 2023

Significant activity expended on Board appraisals, particularly keen to ensure sufficient input and quality with these. Looking ahead to completing a full Board member skills and experience matrix which will be a foundation for future appraisals and Board member participation as we pivot towards specific committees, working groups, and ensuring we are ahead of the curve for changing operating environment and emerging opportunities which are available.

5.0   HEALTHCARE IMPROVEMENT SCOTLAND BOARD SEMINAR – 31 MAY 2023

Focus on budgets and managing funding gaps and ensuring operating structure still right for changes in how the organisation will function moving forward.

6.0   NHS 75TH ANNIVERSARY PARLIAMENTARY RECEPTION – 20 JUNE 2023

The event at the Scottish Parliament was very well attended and facilitated and a great tribute to the fantastic work from everyone connected with NHS over the years. It was also a great networking opportunity and various new contacts established across NHS.

7.0   KING'S GARDEN PARTY – 4 JULY 2023

Attended on behalf of Care Inspectorate. Weather was disappointing and adversely impacted on the event, however, very busy and lovely to see the Royal Family and their entourage mingling and enjoying some great Scottish hospitality.

8.0   NATIONAL SERVICE OF THANKS GIVING AND DEDICATION FOR HIS MAJESTY KING CHARLES III – 5 JULY 2023

Very honoured to represent the Care Inspectorate at this very important and prestigious event in Scottish, and British, history. Also had the fortune to sit next to ex-Board member Keith Redpath and this helped facilitate further networking and other discussion opportunities. Additionally, had very in-depth conversations about the environment and climatic impacts across Scotland, and care matters, with Mike Robinson, CEO of Royal Scottish Geographical Society and Rabbi Moshe Rubin.

9.0   JOINT HEALTHCARE IMPROVEMENT SCOTLAND/CARE INSPECTORATE CHAIR AND CHIEF EXECUTIVE MEETING – 25 JULY 2023

Positive feedback on recent joint inspection work undertaken by both HIS and CI inspectors. Discussed ongoing need for a joint CI/HIS Board session, bringing both Boards together to review and discuss the outputs from the imminent IRISR review. This was originally planned to be received in June but has been delayed by up to three months. Agreed that we would first discuss content, once published, with our own respective teams and Boards, and then look to convene a joint Board/management discussion on salient recommendations. This would potentially be extended to SSSC too. These meetings between CI/HIS are very helpful in establishing shared understanding, sharing of common issues and possible solutions, and ensuring both organisations can work together where required for the benefit of all stakeholders. Thank you to Carole Wilkinson and Robbie Pearson for hosting this meeting in Edinburgh.

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

EXECUTIVE SUMMARY
The Chief Executive's report to the Board underpins the successful delivery of the Care Inspectorate's Corporate Plan. This quarterly update highlights significant developments and new or completed activities that directly support the Corporate Plan and its strategic outcomes.
The Board is invited to:
1.   Note the information contained in the report.

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

Equality Impact Assessment			
Yes [ ]	**Not Yet** [ ]	**No** [X]	
		Reason: Not required, this is an update report.	

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

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

	Reasons for Exclusion
a)	Matters relating to named care service providers or local authorities.
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BOARD MEETING 10 AUGUST 2023

Agenda item 8
Report No: B-09-2023/24

CHIEF EXECUTIVE'S REPORT

1.0   POLICY AND STRATEGIC DEVELOPMENT

1.1   Ministerial meetings

In May 2023, I held an introductory meeting with the new Minister for Social Care, Mental Wellbeing and Sport, Maree Todd. This was a useful opportunity to introduce the Care Inspectorate ahead of our quarterly meetings which begin this month. In addition, the Chief Inspector, ELC, held an introductory meeting with Natalie Don, Minister for Children, Young People and Keeping the Promise.

1.2   Key policy developments

We continue to analyse key policy developments that will impact the Care Inspectorate, including:

- Ongoing activity ahead of the research publications relating to the National Care Service as we await the resumption of Stage 1
- the Stage 1 report on the Children (Care and Justice) (Scotland) Bill
- Publications relating to other areas of policy, including The Promise, the Mental Health Law Review and Community Justice

We have submitted a consultation response on the NHS 24 Draft Corporate Strategy 2023 to 2028 and begun developing responses to consultations on Health and Care (Staffing) (Scotland) Act 2019 statutory guidance, and A Human Rights Bill for Scotland.

1.3   National Care Service (Scotland) Bill

The Minister for Social Care, Mental Wellbeing and Sport, Maree Todd, has confirmed that an initial agreement has been reached on accountability arrangements for the National Care Service. Under the agreement, Ministers, local authorities, and NHS boards would share legal accountability, with councils retaining accountability for delivery functions, staff, and assets. The Minister also said new governance arrangements will be introduced to "ensure consistently high levels of service across the country, while building flexibility to meet varying community demands at a local level".

The Bill's Stage 1 deadline has been extended to January 2024 and during this time the following activity is taking place:

- The programme of local co-design forums continues across the summer
- CELCIS intends to publish its final report in October as part of its research on children's services and the NCS
- A final research report relating to justice social work and the NCS is due in September, while dialogue with relevant stakeholders continues

1.4   Independent Review of Inspection, Scrutiny and Regulation

In June 2023, it was confirmed that the Minister for Social Care, Mental Wellbeing and Sport had agreed to a request from the Chair of the Independent Review to an extension of the publication date for the final report from the review. The publication of the final report was originally scheduled for the end of June 2023, and this has now been extended to the end of September 2023.

1.5   Bairns' Hoose Standards

Along with Healthcare Improvement Scotland, we were commissioned by Scottish Government to develop Bairns' Hoose Standards for Scotland. Following an extensive consultation process, the final standards were published at the end of May. I will continue to have strategic oversight of implementation of the standards through the Scottish Government's Governance Group.

1.6   Scottish National Action Plan on Human Rights (SNAP)

The Scottish Government has recently published proposals for the new Human Rights Bill and its second Scottish National Action Plan on Human Rights (SNAP). We have been an influential voice in shaping these and ensuring that the rights of people experiencing care are reflected. I represent the organisation on the Scottish Government's Human Rights Executive Board and the Head of Professional Standards and Practice represents us on the Leadership Panel for SNAP.

1.7   Our ongoing commitment to Children's Rights and Care Experience

As part of our commitment to UNCRC and Corporate Parenting we hosted our first organisational Children's Rights and Corporate Parenting meeting. This has brought together our internal group structures for UNCRC, children's rights and corporate parenting work. Recognising the synergies between the two areas and our commitment to Keeping The Promise.

1.8   ELC Consultation on Shared Framework

We have been working in partnership with Education Scotland to consult with the ELC sector on the new shared framework. We ran in person events across Scotland as well as online webinars and a targeted consultation event for key stakeholder groups. We also delivered a joint event with Scottish Out of School Care Network (SOSCN) to encourage feedback across the school aged childcare sector. Additionally, we offered an in person weekend event for childminders to maximise attendance. We will collaborate with Education Scotland to produce an interim flash report on the key findings from the consultation phase.

1.9   Annual Complaints Review

The annual complaints report with associated data is complete for year 2022/2023 and was released on 1 August 2023. The report can be found here: [Complaints about care services 2019-20 to 2022-23.pdf (careinspectorate.com)](Complaints about care services 2019-20 to 2022-23.pdf)

1.10   Future role of the Care Inspectorate in complaints handling in context of the National Care Service

We have been involved in a number of meetings with Scottish Government policy officials and others to ensure a clear understanding of our legislative responsibility for dealing with complaints about regulated care services which have been well received. We have also attended joint meetings with policy officials, the Scottish Public Service Ombudsman (SPSO) and the Mental Welfare Commission for Scotland. As a result, we have been invited on to the NCS Complaints External Working Group.

2.0   COLLABORATIVE/PARTNERSHIP WORKING

2.1   Carers Network – Partnership with Dundee Carers Centre

As part of ongoing commitment to support unpaid carers who are part of our workforce, we have been working in partnership with Dundee Carers Centre to develop an internal staff network. These network sessions were facilitated by two development workers from the Dundee Carers Centre and directed by the people attending sessions. The group identified the weekly topics, and included managing stress, carers guilt and supporting wellbeing. A total of nine staff attended during the six-week programme.

2.2   Care About Physical Activity (CAPA) programme - Orkney

A Senior Improvement Adviser from the CAPA team recently visited Orkney. This request came directly from services, to work with care staff to improve how they support older people to live active, meaningful lives. Contact was made with a variety of local stakeholders to ensure sustainability of improvement, including linking in with Allied Health Professionals to explore using CAPA principles as part of preventative and proactive work. 56 staff from 17 registered services attended three workshops. One workshop specifically focused on Care at Home provision. The workshops were positively received, and staff left with a personal action plan. Discussions are taking place about mentoring a care worker as a CAPA facilitator for the island to strengthen sustainability.

2.3   Regional and provider Quality Improvement Programmes

The Improvement Support team has commenced the planning and delivery of three large quality improvement programmes. This comprises, two Health and Social Care partnership areas and one social care provider. Two programmes will focus on improvements in self-evaluation, system delivery pressures,

identifying areas for improvement and building quality improvement capacity. One programme will focus on improvements identified through a national report.

2.4   Coalition of Care and Support Providers Scotland (CCPS) – Insight podcast ethical commissioning

A Senior Improvement Advisor and Strategic Inspector supported the CCPS insights podcast series, entitled 'high quality care'. They contributed to one podcast which focused on moving to outcomes-based commissioning and contracting. The podcasts were released in July 2023 and can be accessed through the following link - https://we.tl/t-J6Rx5c3pAl.

2.5   Safer Recruitment Guidance

We have recently completed a review with the SSSC of our joint Safer Recruitment Guidance, which is a well-used practical resource supporting employers to recruit safely, fairly and flexibly to help overcome the ongoing recruitment and retention problems affecting the sector. We also continue to advise the SSSC on redrafting their Codes of Practice in response to the public consultation.

2.6   Unaccompanied Asylum Seeking Children (UASC) Webinar

Together with COSLA, the Scottish Guardianship Service, and the Scottish Refugee Council, the Children and Young People regulated inspection teams worked collaboratively to deliver a webinar to the sector and inspectors on 'Supporting the workforce to meet the needs of unaccompanied asylum-seeking children' with the aim of improving outcomes and experiences for this group of young people.

2.7   Thematic Review (preventing homelessness)

The children's strategic team has been collaborating with Scottish Government colleagues from the Care Experience and Whole Family Wellbeing division about potential thematic scrutiny in inspection year 24/25 focussed on older care experienced young people. This stems from a recommendation made in the 2019 report - Youth Homelessness Prevention Pathway - Improving Care Leavers Housing Pathways.

2.8   Collaboration with Department of Health, Ireland

We have been working with the Department of Health, Ireland, looking at the learning from the development of the CI's Care Homes for Adults - The Design Guide. The Department of Health, Ireland is developing a similar guidance document and we are sharing our knowledge and resources with them as well as feedback from the adult care sector. As part of this process, we have been sharing practice and learning about how Ireland registers and inspects services.

2.9   Adult Support and Protection Phase 2 Activity

We are delighted to report that the full business case for phase 2 of our adult support and protection programme has been commissioned – and fully funded – by Scottish Government. This programme is led by the Care Inspectorate and delivered with our scrutiny partners, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

The 24-month programme begins in August 2023. It blends scrutiny, learning and support to adult support and protection improvement into four priority areas of focus. These are premised on the findings of our phase 1 activity and the work initiated by the Scottish Government following publication of our interim overview report published in May 2022.

2.10   Justice – Prison Based Social Work

Our strategic justice team have notified the sector of our intention to undertake a thematic review of prison-based social work in Scotland during 2023/24.

There has been no specific scrutiny of prison-based social work for over a decade. In the intervening period, there have been many local and national developments, and issues, affecting prison-based social work. Notwithstanding the Care Inspectorate's ongoing contribution to His Majesty's Inspectorate of Prisons in Scotland (HMIPS) standards as part of their scheduled prison inspections, we consider it timely and in the public interest to undertake a thematic review with a specific focus on prison-based social work.

Using a human rights-based approach, the thematic review will consider the strengths and challenges in the governance, leadership, and accountability of prison-based social work services in Scotland.

2.11   Care Home Viability

We have been supporting the National Contingency Planning Group and discussions with certain providers in respect of their negotiations with COSLA about the National Care Home Contract. Agreement was reached on 7 July 2023 to COSLA's proposal for an uplift of 6% on the previous rate and thereby to continue the National Care Home Contract.

2.12   Scottish Child Abuse Inquiry

The next part of the Inquiry's work will consider secure accommodation and services of a similar type or associated with particular secure accommodation services. We are expected to give evidence during this phase of the Inquiry.

BOARD MEETING 10 AUGUST 2023

Agenda item 8
Report No: B-09-2023/24

2.13   Covid-19 Inquiries

The Scottish Covid-19 Inquiry anticipates commencing hearing evidence in Autumn 2023, and hearings are expected to continue (albeit with short breaks from time to time) into 2024, with the exception of January 2024, when the UK Covid-19 Inquiry is expected to be sitting in Scotland. The first phase of the Scottish Inquiry will consider the impact of Covid-19, although the detail of matters to be considered is not yet clear. There will be a preliminary hearing on 28 (and if necessary 29) August, at which more detailed information may be made available.

3.0   WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

3.1   Employee Pulse Survey

Our first employee pulse survey closed on 9 June 2023. The purpose of the pulse survey was to measure progress against the action plan emerging from the full employee survey conducted in 2022. Designed and delivered in partnership with our external specialist survey support partners, DJS Research Services, we achieved a strong response rate of 74%. The results of the pulse survey were shared with all staff at the end of July 2023. Over August 2023 we will engage in feedback discussions with all teams to consider what changes are needed to our employee survey action plan in response to the pulse survey findings.

3.2   Young Inspection Volunteers development day (June 2023)

This development day celebrated the achievements of the young inspection volunteers, giving opportunities to share learning and provide feedback to the young inspection volunteers on key progress, that they had been part of, in relation to The Promise. Five young inspection volunteers have just been recruited. The involvement and equalities team are supporting them through the process of induction and training.

3.3   Adult Inspection Volunteers

The adult inspection volunteers have been working with the Involvement Coordinators to review and coproduce induction and training materials for new volunteers. They have also provided feedback on a new personal development plan for volunteers. New induction resources are now in operation and will be available for all newly recruited volunteers.

3.4   Pay Award

We submitted a revised pay award claim to Scottish Government in May, and they agreed the request. Our recognised Unions are now balloting their members on whether to accept or reject the offer.

The additional changes, if accepted, mean an uplift to salaries backdated to April 2022 for staff on the first four grades.

If the outcome of the ballot is positive, we hope to apply the revised salaries in September payroll.

This is our best and final offer considering economic constraints, budgetary pressures, and guidance from Scottish Government.

4.0   RESOURCES

4.1   Safe staffing programme

The safe staffing programme has received further funding from Scottish Government until the end of March 2024. Recruitment to the team is now complete. The Scottish Government has agreed our objectives for this financial year and the team are working hard to support the sector towards the enactment of the Bill in April 2024.

4.2   Operation Koper

We undertook considerable work to establish a reporting process which we agreed with Police Scotland and COPFS and implemented it from 9 July 2020 until the final submission on 1 June 2023. Almost 5,000 reports were completed in that period.

The second phase is led by the Police and COPFS and is focused on more detailed evidence gathering of individual cases and services with very short deadlines. This includes the provision of witness statements by colleagues. We met with Police Scotland and COPFS to agree a co-ordinated process for our responses which involves inspection, business support and intelligence team resource. We have reallocated workload across various business support teams to enable the co-ordination of this process and the gathering of information from our systems as part of our responses.

Police Scotland and COPFS are also asking for further documentation, including on individual services and providers and there's a clear overlap with the Scottish Covid-19 Public Inquiry.

The wellbeing of staff is important therefore supports have been put in place for staff as part of the process if required.

5.0   ORGANISATIONAL TRANSFORMATION

5.1   Stage 2 Transformation Project

After further discussions with Scottish Government colleagues, we have now been given formal confirmation that Stage 2 transformation project can proceed.

BOARD MEETING 10 AUGUST 2023

Agenda item 8
Report No: B-09-2023/24

Given the additional dialogue and the timing of these it has now been agreed with Scottish Government that we will deliver the project over four financial years rather than the three stated in the business case. The team are currently re-profiling this.

In the weeks ahead we will be moving to implement the Governance structure. I am also very pleased to let you know that Dr Martha Dalton has been appointed as Senior Business Owner – Transformation.

Title:	**STRATEGIC RISK REGISTER**	
Author:	Kenny Dick, Head of Finance and Corporate Governance	
Responsible Director:	Jackie Mackenzie, Executive Director, Corporate and Customer Services	
Appendices:	**1.**	Summary Strategic Risk Register
	2.	Strategic Risk Register Monitoring Statement
	3.	Risk Policy (tracked changes)
Consultation:	**No**	
Resource Implications:	**No**	

EXECUTIVE SUMMARY	
The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 25 May 2023. The risk policy has been reviewed and the Board is requested to approve the revised policy.	
The Board is invited to:	
1.	Consider the current risk monitoring position highlighting any issues that should be brought to the attention of the Board at its meeting of 10 August 2023.
2.	Approve the revisions to the Risk Policy.

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

Equality Impact Assessment					
Yes		**Not Yet**		**No**	**x**
				Reason: Not Required	

BOARD MEETING 10 AUGUST 2023

Agenda item 9
Report No: B-10-2023/24

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

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

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

STRATEGIC RISK REGISTER

1.0   INTRODUCTION

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

2.0   STRATEGIC RISK REGISTER REVIEW

2.1   Strategic Risk 1 – Delivery of Strategy

There is no change to the residual risk score which remains at 8 (medium).

This risk is at its target level.

2.2   Strategic Risk 2 - Financial Sustainability

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

It is likely this risk will remain high until there is more known about National Care Service and the Independent Review of Inspection, Scrutiny and Regulation (IRISR) implications.

This risk exceeds its target level and has now done so for 17 months.   We are working with the Sponsor Department and Health Finance to reduce the risk level.

2.3   Strategic Risk 3 - Workforce Capacity

There is no change to the residual risk score which remains at 6 (medium).

This risk is at its target level.

2.4   Strategic Risk 4 - Partnership Working

There is no change to the residual risk score which remains at 8 (medium).

This risk is at its target level.

2.5   Strategic Risk 5 – IT Data Access & Cyber Security

The residual risk score has reduced from 15 (high) to 12 (high) in recognition of the progress made on the security improvement plan.

The target level for this risk is low and our tolerance has been set at medium. This risk therefore exceeds target and tolerance levels.

The plan to further reduce the risk to medium (within tolerance level) has been delayed. The delay is linked to the deferment of the plan to decommission the legacy Practise Management System (PMS). PMS had to be maintained to support information required for the Historical Child Abuse Inquiry extended works. Plans to migrate Enforcement process management from PMS have also been deferred. It is expected that these works will now complete by end of 2023/2024.

This risk has been above target and tolerance levels for 22 months and therefore the tolerance rating is Red.

2.6   Strategic Risk 6 - Digital Transformation

This risk potential scenario is described as "We do not get agreement and funding to proceed to digital transformation programme Stage 2". We now have confirmed funding of up to £8.6m and therefore this risk is no longer relevant and will be removed for the strategic risk register.

The Executive Team through the Stage 2 Transformation Programme governance arrangements will consider if a new strategic risk related to the delivery of Stage 2 is appropriate.

2.7   Strategic Risk 7 – Shared Service Governance

There is no change to the residual risk score which remains at 6 (medium).

This risk is at its tolerance level.

The risk is above its target level.

2.8   Strategic Risk 8 – Legacy Business Applications

As we progress the Stage 2 transformation, this risk will reduce over time. There will still be a significant period where we rely on our legacy applications after initiation of Stage 2. Our legacy applications continue to age and become more vulnerable and more difficult to support.

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

3.0   RESIDUAL RISK TOLERANCE RATING

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

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

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

4.0   RISK POLICY

The risk policy has been revised and amended mainly to reflect changes in management structure. The Board are requested to consider the amendments (shown as tracked changes in Appendix 3) and approve the revised policy.

5.0   STRATEGIC RISK – BOARD DEVELOPMENT EVENT

The annual Board Development Event to consider risk management and review the strategic risk register in detail is to be arranged for later this financial year.

We now have confirmed funding for Stage 2 and will soon know the outcome of the Independent Review of Inspection, Scrutiny and Regulation (IRISR). Therefore two of the significant contributors to uncertainty have been removed and the risk position has shifted. This event will include a review of our Risk Appetite Statement.

6.0   IMPLICATIONS AND/OR DIRECT BENEFITS

6.1   Resources

There are no resource implications associated with this report.

6.2   Sustainability

There are no sustainability implications associated with this report.

6.3   Policy

There are no policy implications associated with this report.

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

There are no direct or indirect improvements in the provision of care.

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

There are no direct customer implications or benefits.

SUMMARY STRATEGIC RISK REGISTER: 2023/24 (as at 10 August 2023)

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Delivery of Strategy	SO 1,2,3,4	CE	16	High	8	Medium	Medium
2	Financial Sustainability	SO 1,2,3,4	EDCCS	16	High	16	Medium	High
3	Workforce Capacity	SO 4	EDSI & EDCCS	16	High	6	Medium	Medium
4	Partnership Working	SO 1,2,3	EDSA	16	High	8	Medium	Medium
5	ICT Data Access & Cyber Security	Digital Trans	EDIDT	20	Very High	12	High	High
6	Digital Transformation: Funding confirmed and risk no longer relevant	Digital Trans	EDIDT					
7	Shared Service Governance	Value: Efficient	EDCCS	16	High	6	Medium	Medium
8	Legacy Business Applications	Digital Trans	EDIDT	25	Very High	15	High	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
EDS&I	Executive Director Strategy & Improvement
EDIDT	Executive Director ICT and Digital Transformation

Strategic Risk Register Monitoring

Date	for Board 10 August 2023															

Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner
1	**Delivery of Strategy** **What is the Potential Situation?** We are unable to fulfil our core purpose due to our inability to adapt and manage change necessitated by the impact of external factors **What could cause this to arise?** Change to macro environment adversely impacts together with an inability to influence or react / adapt appropriately; ineffective leadership and/or decision making in adapting to the change; insufficient capability or capacity to manage the changes required. The set-up of the National Care Service and the availability of public sector funding are the currently identified external factors that could have a significant impact on the Care Inspectorate **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. Corporate Plan 2022 – 25 in place with supporting operational plans and performance measures and under continuous review ii. Regular Sponsor liaison meetings iii. Regular meetings with the Minister for mental health and wellbeing and other Ministers iv. Attendance at Strategic Scrutiny Group v. Horizon scanning through our policy team vi. Scrutiny and Assurance Plan agreed by Minister vii. Attendance at key national forums viii. Attendance at meetings related to the NCS ix. Improvement and involvement support strategy Action Plan	Further Actions: i. Strengthening use of risk and intelligence to inform our work. ii. Further promotion of the 'improvement offer' of the organisation to be undertaken alongside reporting on improvement work plan to date iii. Implementation of Stage 2 Transformation	Appetite: cautious Target: medium Tolerance: high At target level Rating: Green Response: Accept	CE
2	**Financial Sustainability** **What is the Potential Situation?** Funding level fails to increase in line with inflation, external cost pressures and additional demands **What could cause this to arise?** Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational & workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; current "cost of living crisis". **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. Monthly budget monitoring iii. Positive working relationships maintained with SG iv. Regular liaison meetings with SG Health Finance v. Ongoing review and development of	Further Actions i. Agree financial monitoring process for Stage 2 of Business and Digital Transformation ii. Early consideration of National Care Service financial implications following any announcement by SG	Appetite: cautious Target: medium Tolerance: high Above target for 17 months and at high end of tolerance level Rating: Red Response: Treat	EDCCS

												In Place / Further Actions	Appetite	Owner

Row (top, continuation):

| | | | | | | 🟥 | | | | | | savings and income generation options
vi. Member / Officer Budget Working Group | iii. Revise our Financial Strategy (due for submission to August Board meeting) | |

| 3 | **Workforce Capacity**
What is the Potential Situation?
We are required to curtail our activities to prioritise areas of we identify as highest risk due to a lack of workforce capacity.

What could cause this to arise?
We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process diverts resources from our intended activities.

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 | 3 | 6 | M | Med | ↔ | In Place:
i. Strategic workforce plan
ii. Workload and capacity monitoring
iii. Staff learning and development plan
iv. LEAD process
v. Recognised job evaluation system
vi. Regular salary benchmarking
vii. Partnership working agreement
viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board
ix. Biennial staff survey with PULSE surveys in between
x. Dedicated recruitment team | Further Actions:
i. Develop succession planning
ii. Strengthen use of risk and intelligence
iii. Pay and grading review
iv. Inspector Resources thematic review | Appetite: cautious
Target: medium
Tolerance: medium

At target level

Rating: Green

Response: Accept | EDS&I & EDCCS |

| 4 | **Partnership Working**
What is the Potential Situation?
The Care Inspectorate collaborative working with our key scrutiny and delivery partners is compromised and we are 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?
Scrutiny and delivery partner strategies are not aligned well enough to our own; our ability to fully resource our own or our partners' strategic priorities; unexpected changes in environment (PESTEL); unclear, misaligned or incomplete individual and joint plans; collaborative work does not have or adhere to legal underpinning; inadequate or deficient Information Technology; inaccurate or inappropriate information sharing.

What would the consequences be?
Reputational damage; loss of confidence and credibility, unable to fulfil statutory obligations; damage to relationship with scrutiny and delivery partners. | 4 | 4 | 16 | H | 2 | 4 | 8 | M | Med | ↔ | In Place:
i. Wide consultation and regular meetings at Senior level inter-organisation meetings
ii. Effective external comms strategy in place
iii. Membership of National Strategic Scrutiny Group
iv. MoUs or agreed protocols in place with all relevant partners
v. Chief Executive and Directors monitor and carefully manage relationships with scrutiny and delivery partners
vi. Deputy Chief Exec has specific role to | Further Actions:
i. Continuing engagement with Scottish Government officials and others on the development of a National Care Service, IRIRS and educational reform. | Appetite: cautious
Target: medium
Tolerance: High

At target level

Rating: Green

Response: Accept | EDS&A |

											vii. Inspection Plan for 2023-24 and Scrutiny & Assurance Strategy approved by Board on 9.2.23 includes ongoing commitment to collaborative scrutiny. viii. Improvement Strategy details collaboration with other bodies.				
5	**IT Data Access & Cyber Security** **What is the Potential Situation?** Our systems or data are compromised due to cyber security attack. **What could cause this to arise?** Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats. **What would the consequences be?** Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.	5	4	20	VH	3	4	12	H	High	⬌	In Place: i. IT security protocols and monitoring of compliance with the protocols ii. Trained IT staff iii. Physical security measures iv. Business Continuity plans in place v. Cyber Security assessments (including Cyber Essentials+) to be maintained annually vi. Routine penetration testing vii. Cyber Security Maturity baselined and improvement plan in progress viii. Agreed a temporary (18 month) IT Officer post to focus on security work ix. Specific budget allocated to security x. Security compliance included in the monthly IT Operations report and therefore regularly reviewed and discussed. xi. Established regular vulnerability testing xii. Established Information Security Working Group supporting org-wide security consultation	Further Actions: i. Implementation of cyber security action plan. Phase 2, to develop security maturity towards a managed state ii. Increase organisational cyber security awareness and testing iii. Enhance ICT staff cyber security awareness and technical training iv. Re-run cyber security assessment v. Additional DR plan testing vi. Implement additional security controls and reporting capabilities vii. Projects designed to reduce infrastructure security risks viii. Extend security testing to include end-user awareness ix. Managers versed on supporting a security incident response. x. Implement an Information	Appetite: cautious Target: low Tolerance: medium Has exceeded tolerance for 22 months. A medium risk score will be achieved following completion of the infrastructure risk reduction projects in 2023/24, that were deferred from 2022/23. Rating: Red Response: Treat	EDIT&D

								🟥				xiii. Regular updates to Leadership teams on progress on Cyber Security improvements xiv. Communication plans in place to maintain Security awareness and engagement across organisation xv. Plans established to support recovery of key systems xvi. Multi-Factor authentication is the default for user access to systems xvii. Bi-annual updates to the ARC on progress to security improvement plan. xviii. Confirmed a defined state ofsecurity maturity xix. Established a Managed Detection & Response service with security partners.	Security Management System to evidence that all policy and controls in place are being actively managed. xi. Define a Cyber Security Strategy		
6	**Digital Transformation** **What is the Potential Situation?** We do not get agreement and funding to proceed to digital transformation programme Stage 2. **What could cause this to arise?** SG do not prioritise our business case against other competing funding pressures. There is a significant delay in the business case and/or funding being agreed. Changed SG priorities due to Adult Social Care Review / National Care Service. **What would the consequences be?** We are unable to fully modernise and move to a digitally enabled comprehensive intelligence led approach. Our core business is reliant on end-of-life legacy systems with best endeavours support model. Staff dissatisfaction and negative impact on morale. Reputational damage and adverse public opinion. May result in long term increased unplanned costs. May compromise our ability to collaborate effectively with other organisations.											Funding for digital transformation programme Stage 2 now confirmed. Risk no longer relevant and will be removed from the strategic risk register		6	EDIT&D
7	**Shared Service Governance** **What is the Potential Situation?** The new shared service governance arrangements are ineffective **What could cause this to arise?**	4	4	16	H	2	3	6	M	Med	↔	In Place: i. joint shared services strategy ii. Management agreement	Further Actions: i. Develop assurance maps for Service Review Board	Appetite: Cautious Target: Medium Tolerance: Medium At target level	EDCCS

There is a lack of clarity over the services to be delivered, the standard of service delivery required and the consequences of service failure. Resources are not aligned to service delivery or standards. There is insufficient or ineffective reporting on performance, cost and risk. There is a lack of clarity on accountability and responsibility for decision making.

What would the consequences be?
Failure to secure best value through ineffective deployment of resources and ineffective procurement, non-compliant statutory reporting, employee relations and health & safety issues, customer dissatisfaction, strained SSSC/CI working relationship, failures in physical, cyber and information security, failure to deliver legal obligations and reputational damage

iii. Specifications of Service.
iv. Risk register and risk management process.
v. Performance measures and service standards
vi. Regular meetings of Review Board
vii. Regular meetings of shared service oversight group
viii. Internal audit positive review of arrangements
ix. Board received first annual review report

Rating: Green

Response: Accept

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8 — Legacy Business Applications

Scores: 5 | 5 | 25 | H | 3 | 5 | 15 | H | Med | ↔ | EITD

What is the Potential Situation?
Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The risk is that funding from Government is not achieved to support the digital transformation required.

What could cause this to arise?
- Although independent review has confirmed a compelling business case, the current economic situation means Government budgets are under severe constraints, so the minister may decide to prioritise the limited available funding elsewhere.

What would the consequences be?
- Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate.
- Legacy applications cannot be enhanced to meet internal and external stakeholder needs.
- No capability to support NCS and evolving needs of government and partner organisations.
- Unable to meet statutory requirements and to produce accurate reports on time.
- Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk.
Increasing operational costs required to maintain a basic level of service.

In Place:
xi. Secondary RMS Platform for DR and Security Testing
xii. RMS hardware platform replaced by cloud platform

Further Actions:
v. Identify how risk mitigations can be funded
vi. Document the legacy design to facilitate ongoing support
vii. Provide a capability to provide access to data if legacy systems fail
viii. Define plan/procedures for business continuity in event of legacy system failure
ix. Secure extended support resourcing for legacy systems
x. Enhance legacy system testing

Note:
Mitigations require on-going substantial investment to contain the operational risk

Appetite: Low
Target: Low
Tolerance: Low

Above target and tolerance level for 8 months

Rating: Amber

Response: Treat

Care Inspectorate Risk Policy

Table of Contents

Approved by Board: 17 June 2021

POLICY REVIEW DATE: May/June 2021

1.0 Introduction

This Risk Management Policy forms part of the Care Inspectorate's internal control and corporate governance arrangements. Separate operational documentation exists for risks relating to the inspection process.

This policy sets out how and why the Care Inspectorate carries out risk management, explaining the underlying approach to risk management, documenting the roles and responsibilities of the Board, senior management and other key parties.

2.0 Corporate Statement on Risk

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other regulators to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. We provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of services for people in Scotland.

The Board takes a positive and pro-active approach to managing risk and regards effective risk management as an essential tool in ensuring the successful delivery of the Corporate Plan outcomes.

The Care Inspectorate has adopted the "3 Lines of Defence" model for summarising its governance of risk. The First Line of Defence is the effective day to day management of risk ensuring application of controls and prompt escalation of any issues. The Second Line of Defence is the risk framework, including, financial controls, quality and compliance. The Third Line of defence is Internal and External Audit assurance.

The following principles outline the Care Inspectorate's approach to risk management and internal control:

- The Board has responsibility for overseeing risk management and delegates certain aspects to the Audit and Risk Committee. In carrying out this responsibility, the Board is clear about its appetite for risk and adopts an open and receptive approach to solving risk problems and addressing risk implications.
- The Chief Executive and senior managers support, advise on and implement policies approved by the Board, providing conservative and prudent recognition and disclosure of financial and non-financial implications of risks.
- Managers are responsible for encouraging good risk management practice within their functional areas.

- Key risk indicators will be identified and closely monitored on a regular basis with changes in assessed risk regularly reported to the Strategic ~~Leadership Team~~*Management Group*, Audit and Risk Committee or Board as appropriate.

3.0 Risk Identification

A formal risk identification and review exercise is carried out annually by the Board. Risks can also be identified at any time by the Board, the Audit and Risk Committee or management.

4.0 Risk Escalation Procedures

Risks will be escalated in cases where:

- the controls are not effective in managing a risk to the tolerance level
- the controls are not reflecting the risk velocity

Escalation of Strategic Risks – these will be reviewed periodically by the ~~Strategic Leadership~~*Executive* Team who will decide what to escalate to the Board.

Escalation of Directorate Risks – an Executive Director should escalate risks to the Strategic ~~Leadership Team~~*Management Group* when it is of corporate significance or is outside his/her agreed tolerances. This can require an action plan to be developed to mitigate any identified risks. The Strategic ~~Leadership Team~~*Management Group* will consider any escalated risks for treatment as a ~~s~~Strategic risk under Strategic ~~Leadership Team~~*Management Group* scrutiny.

~~**Escalation of Operational Leadership Team Risks** – the Chair of the Operational Leadership Team (OLT) will escalate risks to the Strategic Leadership Team when it is of corporate significance or is outside the OLT's agreed tolerances. This can require an action plan to be developed to mitigate any identified risks. The Strategic Leadership Team will consider any escalated risks for treatment as a Strategic risk under Strategic Leadership Team scrutiny. OLT maintain a risk register containing significant cross functional operational risks.~~

Escalation of Team Risks – any high graded team risks will be escalated to the Directorate Management Team. It is the Executive Director's role to manage the risk, acknowledging his / her greater level of delegated authority, greater strategic perspective of risk tolerance and ability to flex resources under his/her control. Directors will determine the correct treatment for an escalated risk following discussion with the Directorate Management Team before empowering the Head of Service/Chief Inspector to take action or tolerate an increased level of risk that would not normally be within their discretion.

Escalation of Programme / Project Risks – Programme and Project Risks will be identified by the Programme / Project Manager who will present and review these as appropriate with the Strategic ~~Leadership Team~~*Management Group*. The Strategic ~~Leadership Team~~*Management group* will keep under review the need to escalate any Programme / Project risks for review as a potential strategic risk.

5.0   Roles and Responsibilities

5.1   Role of the Board

The Board has a fundamental role to play in setting the tone and influencing the culture of risk management within the Care Inspectorate. The Board also holds the Chief Executive to account for the effective management of risk. The Board's role includes :-

- Determining the appropriate risk appetite or level of exposure for the Care Inspectorate
- Setting the standards and expectations of staff with respect to conduct and probity
- Approving major decisions affecting the Care Inspectorate's risk profile or exposure
- Monitoring the management of significant risks to reduce their likelihood
- Satisfying itself that risk management is appropriately practiced and embedded throughout the Care Inspectorate
- Through the Audit and Risk Committee, ensuring strategic risk is effectively monitored and appropriate responses are made to changes in assessed levels of risk
- Through the Audit and Risk Committee, annually reviewing the Care Inspectorate's approach to risk management and subsequently approving changes or improvements to key elements of its processes and procedures

5.2   Role of the Chief Executive

The Chief Executive, as Accountable Officer, is required to ensure there are sound and effective arrangements for internal control and risk management.

5.3   Role of Senior Management

Key roles of the Care Inspectorate's senior managers (Strategic Leadership Team) are to:

- Implement policies on risk management and internal control
- Identify, monitor and evaluate the strategic risks faced by the Care Inspectorate for consideration by the Board
- Provide adequate information in a timely manner to the Board and its Committees on the status of risks and controls
- Undertake an annual review of effectiveness of the system of internal control and provide a report to the Audit and Risk Committee and Board
- Ensure operational risks in their areas of responsibility are identified, monitored and controlled, taking appropriate action to mitigate risks and escalating issues as appropriate.
- Carry out a quarterly review of the strategic risks and report at least biannually to the Audit and Risk Committee

6.0   Risk Management as part of the system of internal control

The system of internal control incorporates risk management. This system encompasses a number of elements that together facilitate an effective and efficient operation, enabling the Care Inspectorate to respond to a variety of operational and financial risks. These elements include:

a)   **Policies and Procedures**

Attached to significant risks are a series of policies that underpin the internal control procedures. The policies are set by the Board and implemented and communicated by senior management to staff. Written procedures support the policies where appropriate. Training for staff and Board members is sourced and delivered as required.

b)   **Regular Reporting**

Regular reporting is designed to monitor key risks and their controls. Decisions to rectify problems are made at regular meetings of the Strategic ~~Leadership Team~~*Management Group* (and also the Audit and Risk Committee and Board if appropriate).

c)   **Corporate Planning and Budgeting**

The planning and budgeting process is used to set objectives, agree action plans and allocate resources. Progress towards meeting objectives is monitored regularly.

d)   **Strategic Risk Review (significant risks only)**

A formal annual strategic risk review helps to facilitate the identification, assessment and ongoing monitoring of risks that are of strategic significance to the Care Inspectorate. The risk register is formally appraised annually but emerging risks are assessed and added as required. Risk indicators are monitored regularly to detect changes to risk profile. Improvement actions or risk mitigation actions are taken as appropriate. A similar approach is carried out for operational risks at a Directorate ~~and OLT~~ level.

e)   **Audit and Risk Committee**

The Audit and Risk Committee's remit includes responsibility to evaluate the organisation's risk management and to consider and make recommendations to the Board on the risk register and the measures identified to manage risk. The Audit and Risk Committee is required to report to the Board on internal controls and alert the Board members to any emerging issues. In addition, the Committee oversees internal audit, external audit and management as required in its review of internal controls. The Committee is therefore well placed to provide advice to the Board on the effectiveness of the internal control system, including the Care Inspectorate's system for managing risk. ~~The Committee~~

~~had required that it receives an updated summary risk register on a biannual basis.~~

f) **Internal Audit Programme**

Internal audit is an important element of the internal control process. Apart from its normal programme of work, which is regularly aligned to the strategic risks, internal audit is responsible for aspects of the annual review of the effectiveness of the internal control system within the Care Inspectorate.

g) **External Audit**

External audit provides feedback to the Audit and Risk Committee on the operation of the internal financial controls reviewed as part of the external audit as well as reviewing corporate governance and best value arrangements.

h) **Third Party Reports**

From time to time, the use of external consultants will be necessary in areas such as health and safety and human resources. The use of independent third parties for consulting and reporting can augment the reliability of the internal control system.

7.0 Risk Appetite

Why do we need to determine our risk appetite?

If managers are running the organisation with insufficient guidance on the levels of risk that are legitimate for them to take or are not seizing opportunities due to a perception that taking on additional risk is discouraged then organisational performance will not be maximised and business opportunities will not be taken. At the other end of the scale, an organisation constantly erring on the side of caution, or one that has a risk averse culture, is one that will stifle creativity, not necessarily encourage innovation or exploit opportunities.

Organisations that have not made a formal statement on risk appetite therefore have a control problem. Without such a statement, managers have insufficient guidance on the levels of risk they are permitted to take.

The Board has reviewed and approved a Risk Appetite Statement and this will be kept under annual review as a minimum. The Strategic ~~Leadership Team~~*Management Group* is responsible for developing Risk Tolerance Statements for individual risks in support of the overall Risk Appetite Statement.

8.0 Types of Risk and Response

8.1 Types of Risk

There are four broad classifications of risk as follows:

a) Internal Risk – these are risks over which the organisation has some control, ie risks that can be managed through internal controls and mitigating actions. Examples include fraud, health and safety, capacity and capability and data security.

b) External Risk – this category focussed on big external events and then considers how to make the organisation more resilient. Risks in this category have a very low likelihood but overall, the chance of one out of the many occurring is not low. Examples include cyber attacks, extreme weather, building fire or flood. A tried and tested approach to such risks is through developing a resilience framework or business continuity plan.

c) Strategic Risk – this category focusses on the organisation's raison d'etre and key objectives (as set out in the corporate plan) identifying the principal risks to the achievement of those objectives within a set timeframe. Examples include immediate impact risks such as a sudden loss of case service data as well as slower burning risks that grow and eventually prevent delivery of objectives such as staff turnover or loss of leadership capability.

d) Major Projects – this category focusses on the major projects that need to be considered at Board level in their own right. There is no standard reporting format for this category. Risks could involve shifting requirements, failure to deliver or slippage in delivery timeframes of a major digital project.

8.2 Types of Response

There are four types of responses to risks:

a) tolerate – for unavoidable risks, or those so mild or remote as to make avoidance action disproportionate or unattractive

b) treat – for risks that can be reduced or eliminated by prevention or other control action

c) transfer – where another party can take on some or all of the risk more economically or more effectively e.g. sharing risk with a contractor

d) terminate – for intolerable risks, but only where it is possible for the organisation to exit

9.0   Risk Management Processes

9.1   Identification of New Risks

New Risks can be identified by the Strategic ~~Leadership Team~~*Management Group*, the Audit and Risk Committee or the Board and will be documented using the established pro-forma that captures risk data including : risk owner, ~~,~~situation description, cause and consequences, scoring of raw risk, risk velocity, control

measures, scoring of residual risk, further action required, risk appetite, risk target and risk tolerance .

For a new risk, it is the Raw Risk score that determines how significant a risk is and whether it requires to be included on the Board Strategic Risk Register.

9.2   Review of Risks and Planning and Implementing Actions

The Board, through the Audit and Risk Committee, is responsible for reviewing the effectiveness of internal control of the Care Inspectorate, based on information provided by senior management. Risk is a standing item on the Audit and Risk Committee agenda as well as being a standing item on the Board agenda.

The Audit and Risk Committee hosts a Board Development event annually to review the Strategic Risk Register. This includes examination of the Care Inspectorate's track record on risk management and internal control. In addition, the Board considers the internal and external risk profile for the coming year and considers if current internal control arrangements are likely to be effective.

During the year, the Strategic ~~Leadership Team~~*Management Group* will consider and update in-year changes to the residual risk scores and update the Audit and Risk Committee accordingly. The Audit and Risk Committee *receives*~~has requested a biannual~~ *an* update on the Risk Register *at each of its meetings*.

The diagram below shows the Care Inspectorate's Risk Management Framework:

Board

Strategic Risk Register

Strategic Management Group

Fraud Risk Register

(Fraud Liaison Officer)

Programme / Project Risk Registers

(Programme / Project Boards)

Directorate Risk Registers

(Directorate Management Teams)

Department & Team Risk Registers

(managed at department and team level)
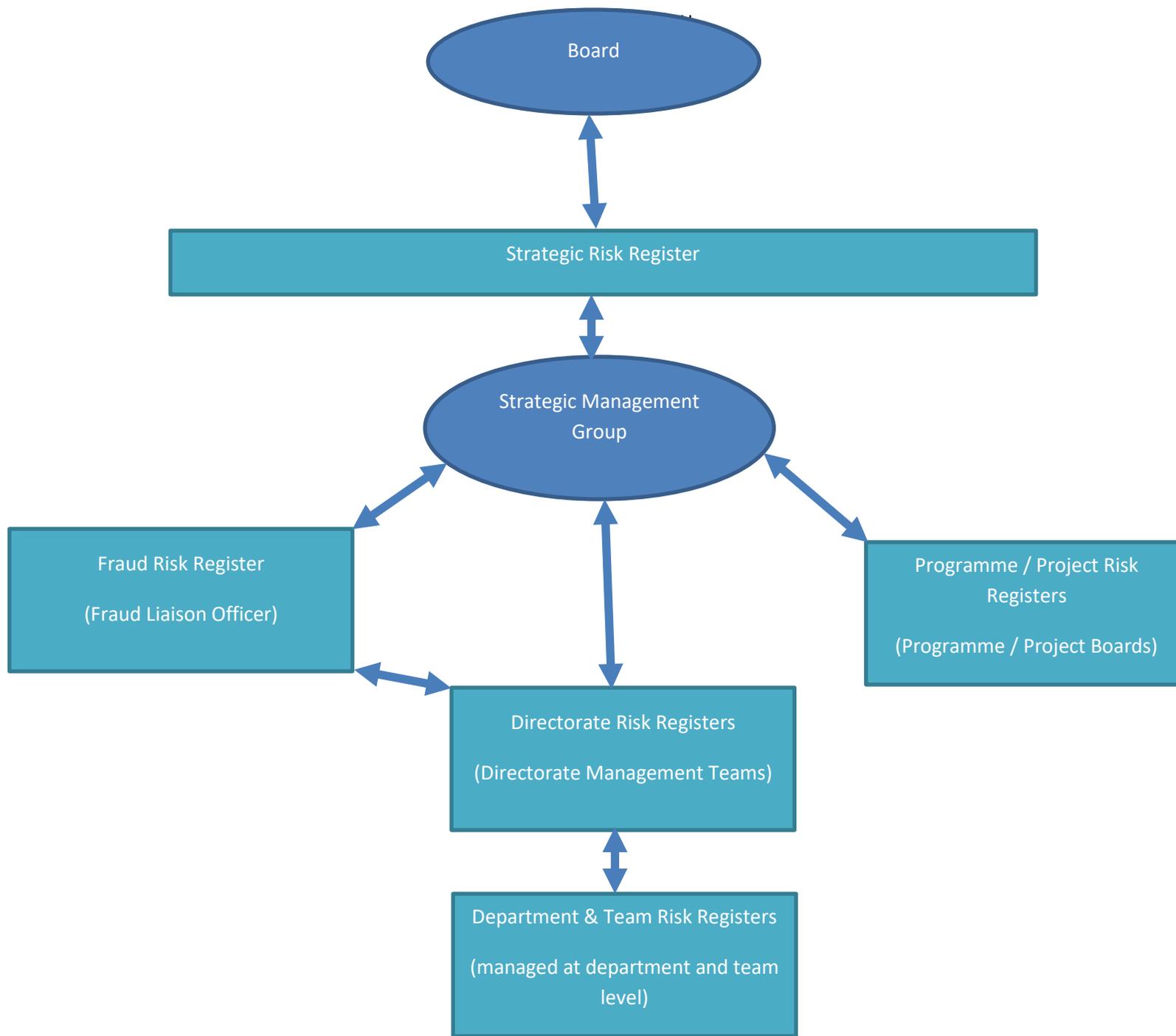
Title:	**MONITORING OUR PERFORMANCE 2023/24 – QUARTER 1 REPORT**
Authors:	Ingrid Gilray, Intelligence and Analysis Manager Al Scougal, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher
Responsible Director:	Gordon Mackie, Executive Director of IT, Transformation & Digital
Appendices:	1. **Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities** 2. **Technical notes**
Consultation:	**N/A**
Resource Implications:	**None**

EXECUTIVE SUMMARY

This report presents the Q1 2023/24 summary report on our performance. This style of performance report focusses primarily on performance against the organisation's KPIs.
 	
Of the 8 Key Performance Indicators (KPIs) detailed in the Corporate Plan 2022-25, at the end of Q1 2023/24:
      6 met or exceeded target
      2 did not meet the target
 	
This report provides a statistical account of performance against our KPIs and KOIs noting any remedial action where performance is below target. A broader account of our work in support of our strategic objectives is set out in the Chief Executive's report.

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

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

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐	**No** ☒ **X** Reason: Screening completed, and full assessment not required.

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

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

BOARD MEETING 10 AUGUST 2023

Agenda item 10
Report No: B-11-2023/24

MONITORING OUR PERFORMANCE 2023/24 - QUARTER 1 REPORT

1.0 INTRODUCTION / BACKGROUND

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

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

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

Types of performance measure
Our performance measures are split into two types: Key Performance Indicators (KPIs) which are specific and quantifiable measures against which the Care Inspectorate's performance can be assessed, and Key Outcome Indicators (KOIs) which are measures that the Care Inspectorate aims to influence by its work, but which it may have limited control over. A summary of performance against our KPIs is in the report below and performance against KOIs and other metrics is in appendix 1.

Detailed notes on the different types of performance measures we use and on how to interpret the charts used in this report are in appendix 2.

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

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
KPI-1: % of people telling us that our scrutiny will improve care **100%**	**KPI-4:** % of people telling us that our quality improvement support will improve care **97.3%**	**KPI-5:** % staff completing core learning **79.4%**
KPI-2: % scrutiny hours spent in high and medium risk services **72.1%**		**KPI-6:** % staff absence **4.4%**
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **80.9%**		**KPI-7:** % staff turnover **10.7%**
		KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work **41 days**
Colour code: **Target achieved**	**Slightly below target**	**Significantly below target**

2.0   SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 JUNE 2023

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Scrutiny & Assurance
Q1 to date (Target 90%)	**100% (31 responses)**	Year to date, 100.0%
KPI/KOI links:	KPI-4	

Analysis:
- Target met. 100% of respondents agreed our scrutiny will improve care in 2023-24.
- Responses still low; especially for inspection feedback. Work to progress an online inspection feedback survey has been impacted by resource constraints.

Actions:
- Increase response rates: Repeated reminders to promote surveys; for inspection feedback an email reminder was issued to service managers at the beginning for May for inspection teams. We also ensured that business support staff were aware that there may be requests coming to them for more questionnaires. A subsequent reminder was issued to service managers and chief inspectors at the start of July.
- Need to deliver online inspection feedback surveys. Discussion held with IT regarding prioritisation of development of digital solution for staff and manager inspection feedback questionnaires. This will be added to the new prioritisation process currently being developed.

KPI-2: % scrutiny hours spent in high and medium risk services		Ex Dir. Scrutiny & Assurance
Q1 to date (Target 60-80%)	**72.1% (42,901 of 59,538 hours)**	Year to date, 72.1%
KPI/KOI links:	KOI-1, KOI-3	

Analysis:
- Performance remains within target range and normal limits.
- We usually spend a higher proportion of time in high-risk services during Q1 as these are prioritised for the start of the inspection year. We expect to see the % of hours in high/medium risk services fall over the year.

Actions:
- We will continue to deliver our scrutiny plan and monitor our performance.

KPI-3: % of complaints about care resolved within relevant timescales		Ex Dir. Scrutiny & Assurance
Q1 to date (Target 80%)	**80.9% (462 of 571)**	Year to date, 80.9%

KPI/KOI links	KPI-2, KPI-6

Analysis:
- At the end of Q1, performance was above target and within normal limits.
- Performance has improved over the quarter after a below target start to Q1.

Actions:
- We continue to support people to raise concerns and assess all concerns and complaints to ensure they are dealt with appropriately.

Strategic outcome: Improving outcomes for all

KPI-4: % of people telling us that our quality improvement support will improve care		Ex Dir. Strategy & Improvement
Q1 to date (Target 90%)	**97.3% (297 responses)**	
KPI/KOI links:	KPI-1	

Analysis:
- Year to date performance is above target of 90%, based on responses from those who have recently undergone some quality improvement support input.

Actions:
- We are undertaking work to check with services four months later, to establish if the quality improvement support work improved care, with the aim of using this metric as future KPI.

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

KPI-5: % staff completing core learning	Ex Dir. Strategy & Improvement
Q1 to date (Target 95%)	79.4%

KPI/KOI links:	KPI-6

Analysis:
- Performance is below target.
- Performance for Q1 is not comparable to performance last year. This is because we can now include Health and Safety along with other core training. In addition, we have refocussed core learning on training mandated by legislation or regulation.
- Performance in most core modules is around or above target level with Data Protection (100%; released October 2021), Equalities (99%; released November 2021), and Cyber Security (93% compliant; released October 2022).
- The most recently released Health and Safety training (which was released to staff on 15/03/2023) has a lower compliance rate at 83% of qualifying staff and we expect this will increase over the next quarter. Because our measure includes staff who have completed all the above training then the lower Health and Safety training compliance rate brings down our overall performance.

Actions:
- Continue to support and encourage staff to complete Health and Safety training as this will have biggest impact on overall compliance.
- We are implementing a new process to automatically reissue core learning to staff ahead of refresher periods due dates, due by Q2.
- We are developing dashboards to give line managers access to summary compliance data to help them support staff to complete core learning, due by Q2.

KPI-6: % staff absence	Ex Dir. Corporate and Customer Services
Q1 to date (Target 2.4-5.7%)	4.4%

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

Analysis:
- Performance remained within the target range.
- Compared to Q4 2022-23, overall absence decreased from 4.8% with long term absence increasing, and mid-term absence and short term absence decreasing.

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

KPI-7: % staff turnover (monthly and rolling)	Ex Dir. Corporate and Customer Services

Q1 to date (Target <10%)	10.7%	

KPI/KOI links:	KPI-2, KPI-3, KPI-6

Analysis:
- Staff turnover was slightly above our target of less than 10% in Q1.
- During Q1, 20 staff left the organisation. Of these, 45% (9 staff) retired.
- This drop in performance was driven by higher than normal retirements; the number of staff retiring was 3 times higher than in Q1 2022/23.
- Note that because our measure is a 12-month rolling average, the higher numbers of staff leaving in both Q4 22/23 and Q1 23/24 will continue to affect our overall performance for the rest of this year.

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

KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work	Ex Dir. Strategy & Improvement

Q1 to date (Target 30 days per month)	41 days

KPI/KOI links:	N/A

Analysis:
- We exceeded our target during Q1 with performance similar to Q1 last year.
- During Q1 inspection volunteers were involved in inspection activity on 80 days and 43 days on other involvement activities. They have also been involved in reviewing our personal development material for inspection volunteers to ensure it is fit for purpose.

Actions:
- Continue to build our on-site inspection activity for 2023/24.
- We are working to increase the number of volunteers who support our work. We are currently recruiting young inspection volunteers and have training planned for next quarter.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

In addition to the performance measures reported here, the following annual reports will be submitted separately to the Board:

- Annual health and safety report
- Annual reporting statement on compliance with information governance responsibilities
- Annual reporting on our progress against the public sector equality duty.
- Budget monitoring, billing of care providers, debt analysis
- Annual procurement performance

3.1   Resources

There are no additional resource implications arising from this report.

3.2   Sustainability

There are no direct sustainability implications arising from this report.

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

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2022-25. This evidences the performance of the organisation in delivering strategic outcomes and as such provides a level of assurance and protection for people who experience care.

3.4   Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.

BOARD MEETING 10 AUGUST 2023

Agenda item 10
Report No: B-11-2023/24

Key Outcome Indicators (KOIs) and Scrutiny & Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)	Ex Dir. Scrutiny & Assurance
Q1 to date **84.6%**	

KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6

Analysis:
- Performance has remained at 84.6% of registered services, unchanged compared with end of Q4 2022/23. This is a change from the ongoing gradual drop in recent years. We will continue to monitor this closely to assess whether this trend is sustained beyond Q1.
- There is variation by type of service: adult daycare, childminding and daycare of children are all a statistically significantly above the average while care homes for older people, adults and children and young people, as well as care at home and housing support services are statistically significantly below average.

Actions:
- Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.

KOI-2: % of services with good or better grades at first inspection following registration	Ex Dir. Scrutiny & Assurance
Q1 to date **73.3%** **(96 of 131)**	

KPI/KOI links:	KOI-1

Analysis:
- Performance remains within the range of expected variation with 73.3% of services having good or better grades at the first inspection following registration.
- This is an improvement from 64.5% at the end of Q4 last year.

Actions:
- We have work planned to investigate any common themes for newly registered services not graded at least good at first inspection.

KOI-3: Average time a service continues to have a grade of less than adequate		**Ex Dir. Scrutiny & Assurance**
Q1 to date	**9.6 months**	

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

Analysis:
- Performance remains within range of expected variation.
- Performance had been gradually declining but improved in last month of Q1.
- The number of services where a service continues to have a grade of less than adequate is low with 259 services at the end of Q1. This is 2.5% of all non-cancelled services with grades at the end of Q1. 44% of services with a grade of less than adequate (113 services) were above the average of 9.6 months. 56% of services with a grade of less than adequate (146 services) were below the average of 9.6 months. 54% of services where a service continues to have a grade of less than adequate were ELC services.
- Inspections continue to be mainly focussed on services where we have concerns which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to decrease especially against the backdrop of financial and staffing pressures in the sector.

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

KOI-4: % of services with expected grades or better	**Ex Dir. Scrutiny & Assurance**
Q1 to date	**96.5% (289 inspections)**

KPI/KOI links:	KPI-2, KOI-1, KOI-3

Analysis:
- Performance remained high during Q1 with 96.5% of services getting good or better grades than expected. The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services.

Actions:
- Continue to monitor this measure to ensure performance does not drop off.

Scrutiny and assurance activity

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

Registered care services

	Number completed Q1 Year to Date 2022/23	Number completed Q1 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed	897	1,180	**32%**
Serious concern letters issued	14	19	**36%**
Improvement notice enforcements	13	9	**-31%**
Notice to cancel enforcements	2	4	**100%**
Total complaints resolved (not inc. concerns logged as intelligence)	431	571	**32%**
New registrations completed	86	112	**30%**
Number of variations completed (not inc. typographical changes)	401	378	**-6%**

Strategic Inspections

	Number completed (published) Q1 Year to Date 2022/23	Number completed (published) Q1 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed	4	6	**50%**
Total staff survey responses	1,755	1,841	**5%**
Total people experiencing care engaged with	17	32	**88%**
Total number of case files read	230	330	**43%**
Number of serious incident reviews, initial or serious case reviews, and learning reviews received	39	38	**-3%**

Strategic outcome: Improving outcomes for all

KOI-5: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Ex Dir. Scrutiny & Assurance
Q1 to date	**90.3% of services (103 services, 1,356 responses)**	
KPI/KOI links:	KOI-7	

Analysis:
- Up to the end of Q1, 90.3% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.
- Performance remained within normal limits.

Actions:
- We will continue our work to increase response rates, including extending our methods for seeking feedback about registered services.

Improvement support and external communications summary year to date

	Number Q1 Year to Date 2022/23	Number Q1 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
External improvement support events	27	40	**48%**
Internal improvement support events	2	3	**50%**
Number of unique services engaged	152	52	**-66%**
Number of individuals engaged	From Q2	1,176	
Website page views – Total / Unique	2,351,537 / 1,630,296	2,608,128 / 1,836,573	**11% / 13%**
Hub page views – Total / Unique	110,918 / 79,190	99,142 / 68,684	**-11% / -13%**

Strategic outcome: Everyone's rights are respected and realised

KOI-6: % services good or better for 'How well do we support people's wellbeing'		Ex Dir. Scrutiny and Assurance
Q1 to date	**90.5%**	

KPI/KOI links:	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5

Analysis:
- The long term trend of gradual decline in this measure has levelled off this quarter.
- Like KOI-1, we have seen the small decline in this measure start to level off so far this year, and we will monitor this closely to establish if this is sustained over time. We have continued to focus on inspecting services where concerns about quality of care are greatest, and the grades of these services are more likely to fall as a result.

Actions:
- Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Scrutiny and Assurance
Q1 to date	**76.5% (102 services, 1,549 respondents)**	

KPI/KOI links:	KOI-5

Analysis:
- 76.5% of services had 90% or more respondents telling us they make decisions about their own care.
- Performance remains within normal limits.

Actions:
- We will continue our work to increase response rates, including extending our methods for seeking feedback about registered services.

Technical Notes

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

Figure 1: Example X chart
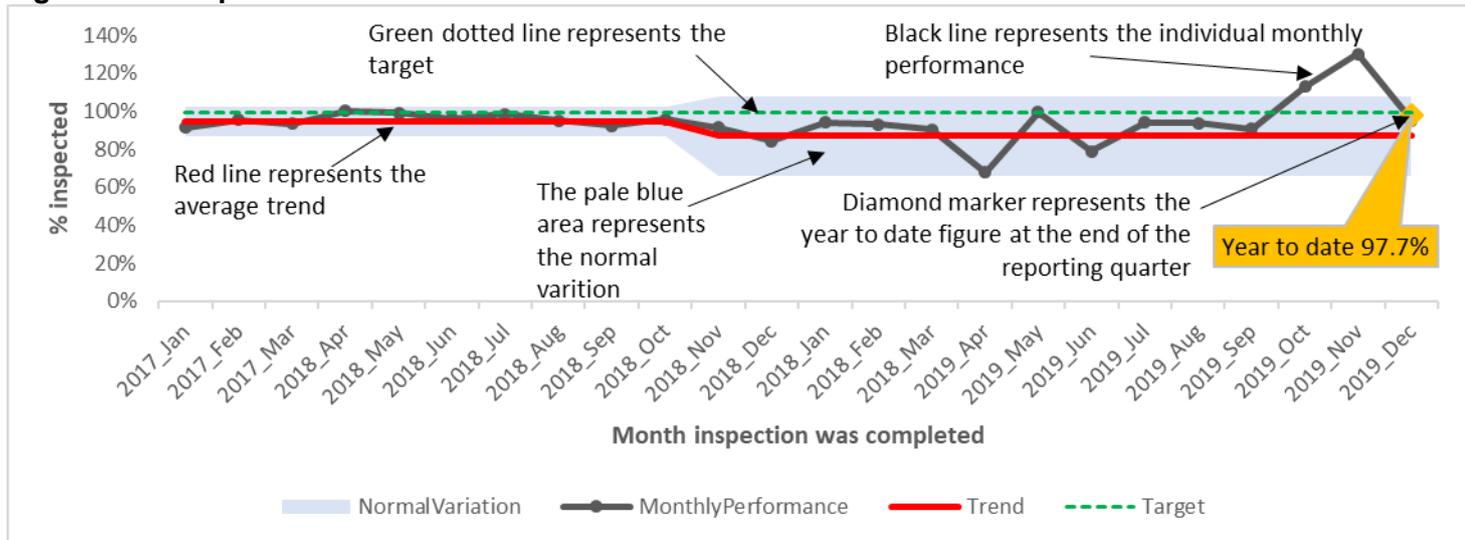
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the quarter. If a measure's performance is consistently above or below the average line (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for 4 consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

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

Title:	**COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2022/23 – A STATISTICAL BULLETIN**	
Author:	John McGurk, Information Analyst Ingrid Gilray, Intelligence and Analysis Manager	
Responsible Director:	Gordon Mackie, Executive Director IT, Transformation & Digital.	
Appendices:	**1.**	Complaints about care services in Scotland, 2019/20 to 2022/23 – a statistical bulletin
Consultation:	Marie Paterson, Chief Inspector Adult Services. Maureen Gunn, Service Manger Complaints.	
Resource Implications:	*~~Yes~~/No	

EXECUTIVE SUMMARY
Our annual complaints statistical summary "Complaints about care services in Scotland 2019/20 to 2022/23" was published on 1 August 2023.

This publication is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. It includes summaries of complaints received and investigated between April 2019 to March 2023, the four years over which both our new complaints procedure and new data collection system have been operating and therefore based on consistent data.

A copy of the full published version of the statistical bulletin is attached at Appendix 1. |

The Board is invited to:
1.	Note the contents of this report.

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

Equality Impact Assessment
Yes [ ]   **Not Ye**t [ ]   **No** [X]

Reason: Not required |

BOARD MEETING 10 AUGUST 2023

Agenda item 11
Report No: B-12-2023/24

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

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

COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2022/23 –
A STATISTICAL BULLETIN

1.0   INTRODUCTION

This statistical bulletin is the latest in our series on complaints about care
services registered with the Care Inspectorate in Scotland. The report includes
complaints received and investigated between April 2019 to March 2023, the
four years over which our current complaints procedure and data collection
system have been operating. The report focuses in particular on the most recent
year 1 April 2022 to 31 March 2023.

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

2.0   IMPLICATIONS AND/OR DIRECT BENEFITS

2.1   Resources

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

2.2   Sustainability

There are no direct sustainability implications arising from this report.

2.3   Policy

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

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

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

2.5   Customers (Internal and/or External)

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

3.0   CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.

Complaints about care services in Scotland, 2019/20 to 2022/23

A statistical bulletin

Published August 2023

HAPPY TO **TRANSLATE**

Executive summary

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 to March 2023, the four years over which our current complaints procedure and data collection system have been operating. The report focuses in particular on the most recent year 1 April 2022 to 31 March 2023.

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

Summary of main points

- We received 5,910 complaints in 2022/23, a continuation of the long-term increasing trend in concerns/complaints received.

- We assess all complaints received to ensure that they are within the remit of the Care Inspectorate to investigate, to ensure we have sufficient information about the complaint and to ensure that the complainant wishes to proceed. If we cannot proceed, then these concerns are revoked. In 2022/23, we revoked 23% of concerns received, an increase from 21% in 2021/22.

- A total of 4,495 complaints were resolved using our four resolution pathways. In 52% of these, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity: 19% were resolved quickly by the service directly; 9% were investigated by the service using their own complaints procedure where we required the provider to investigate; 19% were deemed high risk and were investigated by the Care Inspectorate.

- We upheld 76% of the complaints where the Care Inspectorate conducted an investigation in 2022/23.

- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 28% of care homes for older people had at least one complaint upheld during 2022/23. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.

Contents

1. Introduction

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated over a four-year period between April 2019 to March 2023, focusing on the year 1 April 2022 to 31 March 2023.

Care services operating in Scotland must be registered with the Care Inspectorate and there are currently around 11,300 services on our register. The largest groups of care services in Scotland are childminders, children's daycare (for example nurseries), care homes, care at home and housing support services.

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

External factors impacting on these statistics

We introduced our new digital complaints system in March 2019. This significant change has improved the statistics we can present but has disrupted longer-term trends. For this reason, we have limited the time period of this report to the last four years where we can make meaningful longer-term comparisons.

How we deal with complaints

Our complaints handling procedure is available on our website.

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

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

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

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

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

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

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

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

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

Digital complaints system

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

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

Complaints received

In 2022/23, we received 5,910 complaints about care services. This is an increase of 315 (6%) compared with the previous year and continues the long-term trend for increasing numbers of complaints received over the past 10 years (see Figure 1). This increasing trend in the numbers we receive may indicate greater awareness of our complaints process and a greater awareness amongst people about the standards of care they and others should expect. The decrease in 2020/21 is due to the impact of the pandemic: for example, many services closed (particularly early learning and childcare services) before re-opening in 2021/22. A further breakdown of complaints received by care service type is provided in the Appendix (Table A).

Figure 1: Complaints received 2012/13 to 2022/23
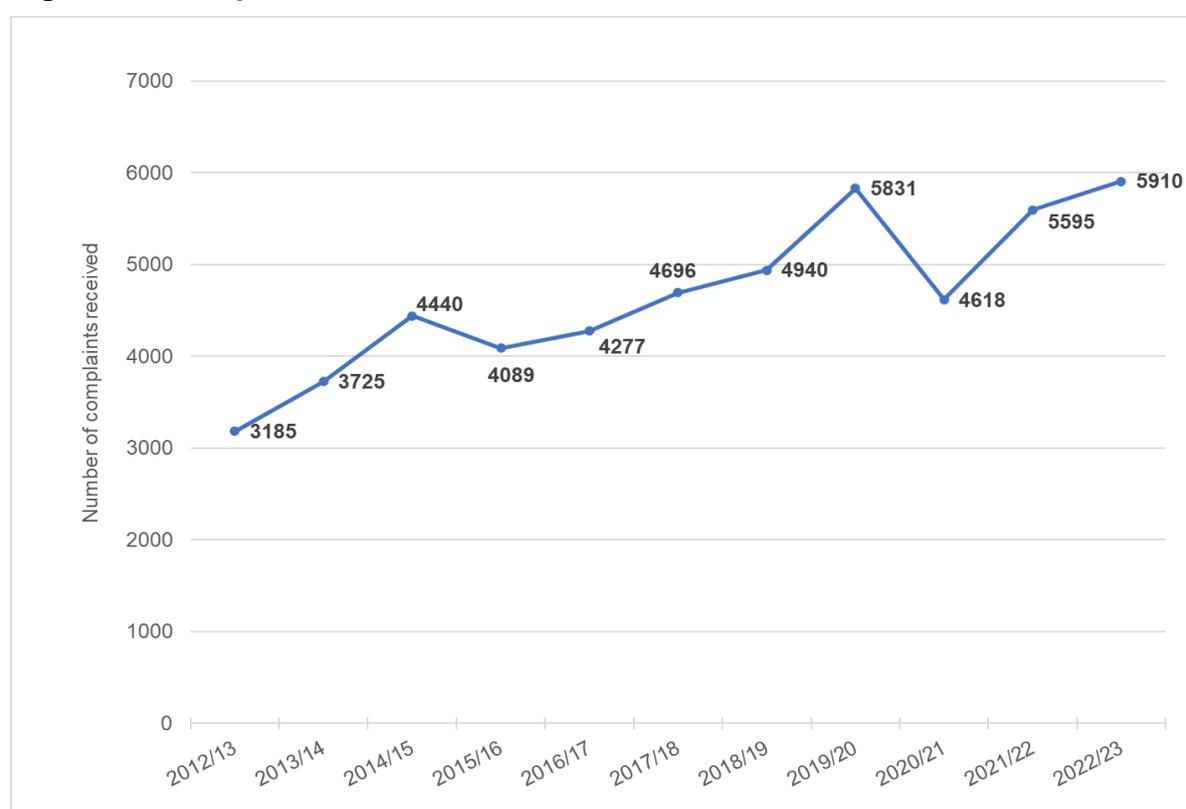
Once we have confirmed that a complaint is within our remit and we have enough information to proceed, we undertake a risk assessment and decide which resolution pathway is the most appropriate course of action. During 2022/23, we resolved 4,495 complaints, which can be broken down as follows:

- **Intelligence:** Use the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity and improvement support. For example, bringing forward a full, unannounced inspection of a service. In 2022/23, we resolved 2,351 (52% of all complaints resolved) as intelligence, a drop compared to 62% of all complaints resolved last year. Over the last four years, 54% of all complaints resolved have been resolved in this way.

- **Direct service action**: In 2022/23, 843 complaints (19% of all complaints resolved) were assessed as suitable to be resolved by the service directly and quickly, an increase compared to 16% of all complaints resolved last year. Over the last four years, 17% of all complaints resolved have been resolved in this way.

- **Investigation by the care provider**: In 2022/23, 427 complaints (9% of all complaints resolved) were assessed as suitable for the complaint to be investigated using the service's complaints procedure and we required the provider to investigate. This is an increase on the 6% of all complaints resolved last year. Over the last four years, 12% of all complaints resolved have been resolved in this way.

- **Investigation by the Care Inspectorate**: Where our initial assessment indicates a higher risk, we may decide that we need to conduct an investigation. In 2022/23, we completed investigations of 874 complaints (19% of all complaints resolved). This is an increase on the 17% of all complaints resolved last year. Over the last four years, 18% of all complaints resolved have been resolved in this way.

Revoked complaints

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

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

Of the 5,910 complaints received in 2022/23, 1,359 were revoked (23% of all case received an increase from 21% last year).

3. Who makes complaints?

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

Of all the complaints we received, 44% came from friends, relatives or visitors of people who experience care with a further 27% from employees (22%) or former employees (5%). Only 7% of complaints made came from people who experience care themselves. There has been minimal change in the categories of complainants over the last four years. Friends, relatives or visitors of people who experience care and employees of the service have consistently been the main relationships between the person making the complaint and the service. Friends, relatives and visitors accounted for 44% of complaints received in 2021/22 and 47% in 2022/23. Similarly employees of the service accounted for 24% in 2021/22 and 22% in 2022/23.

Figure 2: Complaints received 2019/20 to 2022/23, by relationship to service

Relationship	Percentage
Friend, relative or visitor of a service user	44.0%
Employee of the service	22.2%
Other	15.6%
Unknown	7.1%
Person experiencing care	6.6%
Ex-employee of the service	4.6%
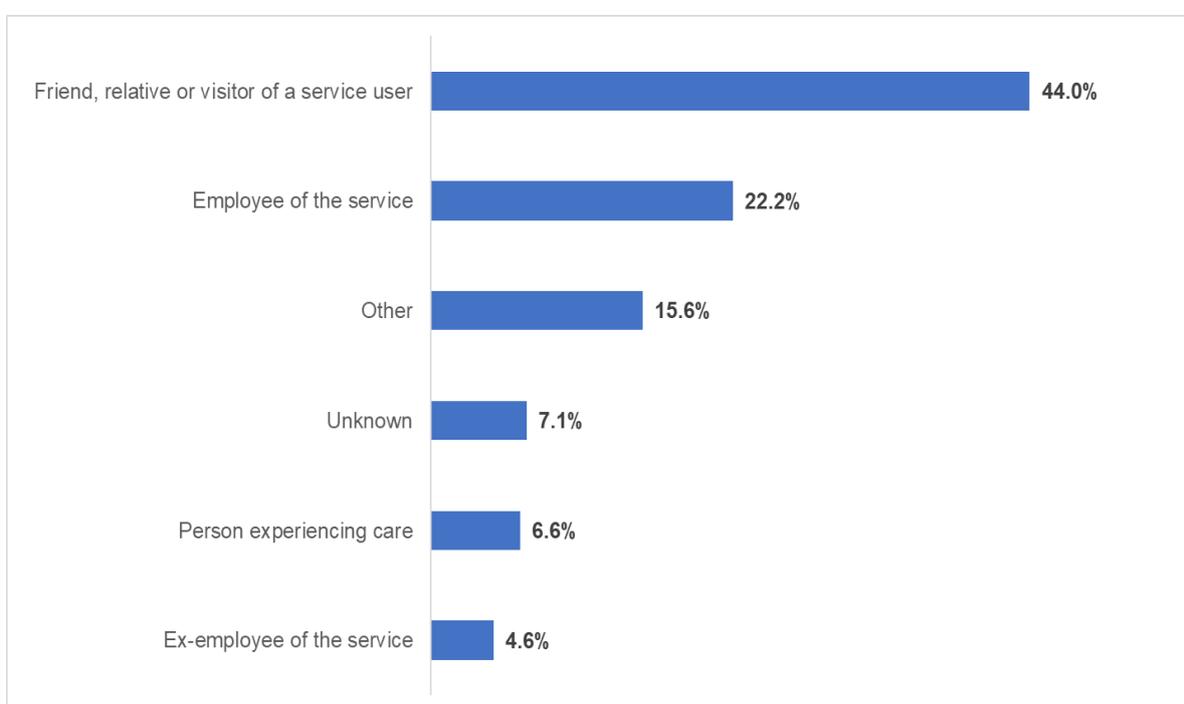
When someone makes a complaint, they can choose to remain completely anonymous. The percentage of complaints received anonymously has remained the same as last year: 67% of all complaints received in both 2022/23 and 2021/22. There have been increases in the proportion of employees and ex-employees wishing to remain anonymous (78% wished to remain anonymous in 2022/23 compared to 73% in 2021/22). Relatives and carers remained the same with 61% wishing to remain anonymous in both 2022/23 and the previous year. Fewer persons experiencing care wished to remain anonymous in 2022/23 (43%) than in 2021/22 (56%).

An anonymous complaint, where we cannot communicate or clarify concerns with the person raising the concern, may limit our assessment of the concerns or any investigation we may undertake. Complainants can remain confidential, where we will not disclose the complainants identify to the service complained against. Over

the next year, we aim to improve communication with people raising concerns at the earliest opportunity in our process to ensure we are informing people of the full range of options which may reduce the overall numbers of anonymous concerns.

Figure 3 below shows the breakdown of anonymous complaints received over the last four years by relationship of the person making the complaint to the service. Based on all the complaints received over this four-year period, the most likely group of people who wished to remain anonymous was those whose relationship to the service was also unknown – 81% did not wish to be named. 74% of employees and ex-employees and 71% of 'other' complainant types wished to remain anonymous. In contrast, 52% of people who experienced care agreed to be named. It is important to note that, in anonymous complaints, the relationship of the complainant to the service is based on the information provided by the complainant and is not verifiable by us.

Figure 3: Complaints received 2019/20 to 2022/23 that were anonymous, by relationship to service.
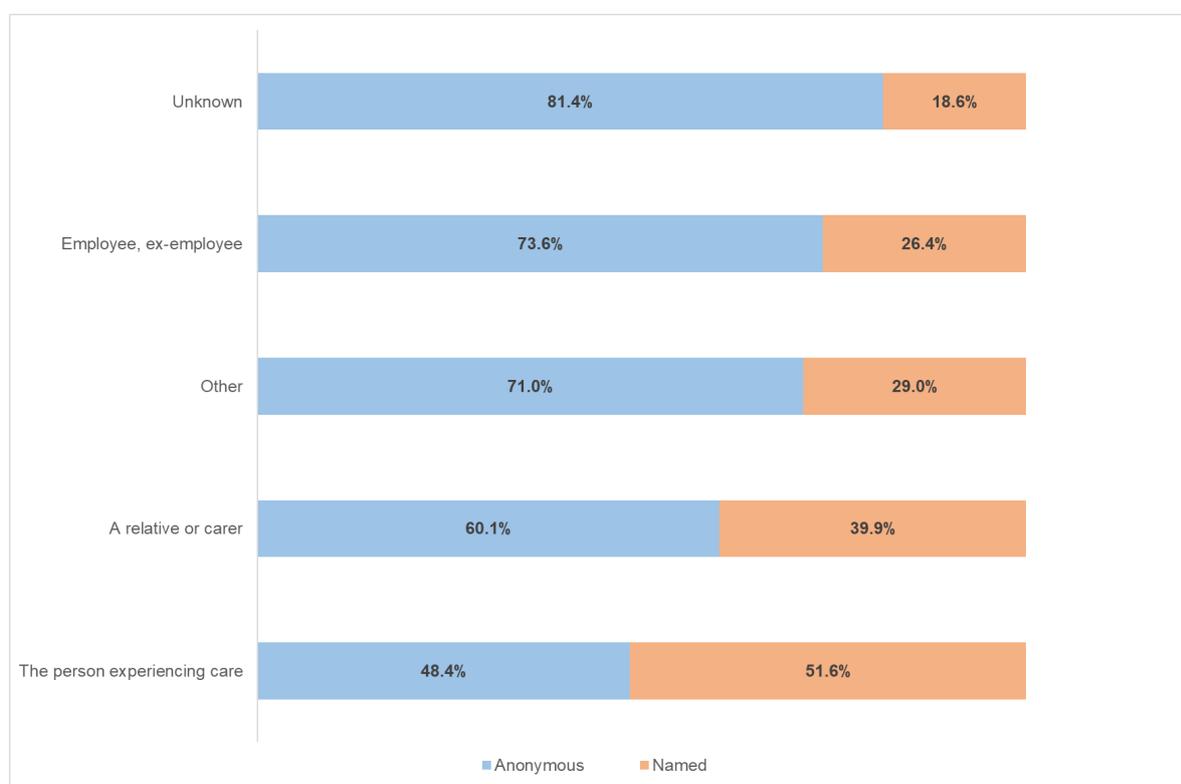
4. What type of care services do people complain about?

The largest number of complaints we received over the four-year period were about care homes. Although making up only 12% of the 11,279[1] registered services, care homes account for 50% of the total number of complaints received – we received a total of 10,908 complaints about care homes for older people over the last four years.

Over the four years, 17% of the complaints received were about a combined housing support and care at home service, 15% were about daycare of children services and 10% were about standalone care at home services.

Figure 4: Complaints received 2019/20-2022/23 by type of service

Type of Service	Percentage
Care Home Service	49.7%
Combined Housing Support/C@H service	17.0%
Day Care of Children	14.7%
Support Service (standalone) - Care at Home	9.7%
Housing Support Service (standalone)	3.5%
Child Minding	3.0%
School Care Accommodation Service	0.8%
Support Service - Other than Care at Home	0.6%
Nurse Agency	0.5%
Fostering Service	0.3%
Secure Accommodation Service	0.2%
Adoption Service	0.1%
Adult Placement	0.1%
Child Care Agency	0.0%
Offender Accommodation Service	0.0%

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[1] Data source: Care Inspectorate service list register as at 31 March 2023.

5. What do people complain about?

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

In 2022/23, 30% of all areas of complaint upheld were about healthcare concerns in a service (for example medication, nutrition or tissue viability), 14% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service), 12% were about wellbeing (behavioural, developmental, emotional or social), and 10% were about staff (such as staff levels, training or recruitment procedures). These have been a consistent top four over time. There is a more detailed list of areas of complaint in the Appendix (Table B and Table C).

Figure 5: All service types, by area of complaint for investigations conducted in 2022/23

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	635	30.2%
Communication	299	14.2%
Wellbeing	261	12.4%
Staff	219	10.4%
Policies and procedures	132	6.3%
Choice	121	5.7%
Protection of people	105	5.0%
Record keeping	79	3.8%
Environment	77	3.7%
Food	49	2.3%
Privacy and dignity	46	2.2%
Property	45	2.1%
Access	18	0.9%
Conditions of registration	12	0.6%
User participation	5	0.2%
Financial issues	2	0.1%
Equality issues	1	0.0%

6. Complaints received – children and young people

Children and young people services include care homes for children and young people, adoption, fostering, school care accommodation and secure accommodation services. In 2022/23, we received 267 complaints about these services, the majority of which (64%) were about care homes for children and young people. This 267 received is 5% of the complaints received across all service types during the year, staying consistent over the four-year period.

The volume of complaints received about care services for children and young people increased by 25% compared to last year..

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

Service type	Care service type	All complaints received 2022/23	All complaints received 2021/22
Children and young people services	Care home service for children and young people	171	157
	Schoolcare accommodation service	55	27
	Fostering service	13	15
	Secure accommodation service	19	13
	Adoption service	9	1
All care service types		267	213

Of the 267 complaints received about services for children and young people in 2022/23, 33% (88) came from a relative or carer the same as in 2021/22. The number of complaints made by young people themselves remains low: only 8% of complaints about services for children and young people came directly from a young person in 2022/23, compared to 4% in 2021/22. We are continuing to carefully monitor and raise the profile of our complaints procedure through our work on meeting The Promise and with our young inspection volunteers.

7. Complaints about care homes for older people

In total, 41% (2,409) of the 5,910 complaints we received in 2022/23 were about care homes for older people, and this is consistently the service type we receive most complaints about. A further breakdown by local authority area is provided in the Appendix (Table D). Over the year, we received at least one complaint about 74% of the 790 care homes for older people registered as at 31 March 2023.

During 2022/23, following our risk assessment process, we resolved 1,906 complaints about care homes for older people using the different pathways as follows.

- **Intelligence:** In 2022/23, there were 1,067 complaints where the information given to us by the complainant was assessed and provided to the inspector for that service to be used to help inform future scrutiny activity. This was 56% of all complaints resolved – a drop from 68% last year (2021/22).

- **Direct service action**: In 2022/23, 281 complaints (15%, up from 11% last year) were able to be resolved by the service directly and quickly.

- **Investigation by the care provider**: In 2022/23, 177 complaints (9%, up from 5% last year) were suitable for the complaint to be investigated using the service's complaints procedure and we required the provider to investigate.

- **Investigation by the Care Inspectorate**: In 2022/23, 381 complaints (20%, up from 17% last year) were deemed serious enough for us to decide that we needed to conduct an investigation. A further breakdown by local authority area is provided in the Appendix (Table E).

Over the year, we conducted an investigation into at least one complaint in 31% of all care homes for older people and went on to uphold a complaint in 28%.

Of the care homes for older people that had a complaint upheld in 2022/23, 68% had one upheld complaint, 21% had two upheld complaints, and the remaining 12% had three or more upheld complaints during the year.

Most care homes for older people are operated by the private sector (76%) with the public sector providing 15% and the remaining 9% provided by voluntary organisations (Figure 7). Rates of complaints received and upheld are highest in the private sector: in 2022/23, we received at least one complaint about 79% of private sector care homes for older people and upheld a complaint about 33% of them (Figure 8).

Figure 7: Proportion of care homes for older people at 31 March 2023 – by sector
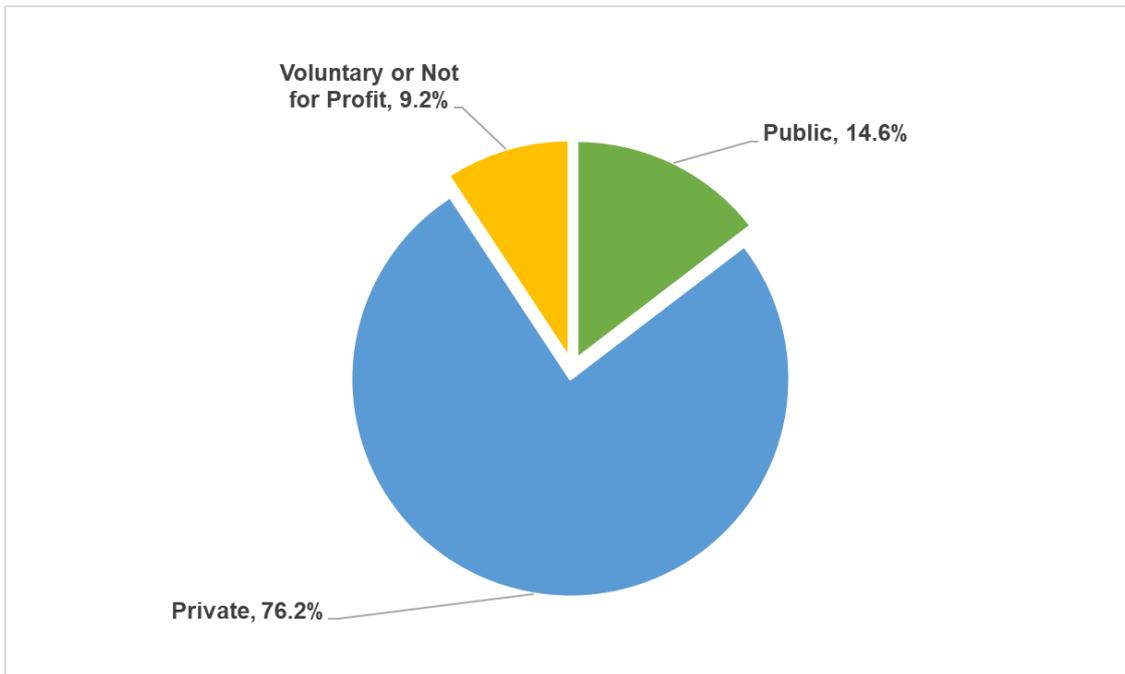
Figure 8: Care homes for older people at 31 March 2023 – % services with a complaint received or upheld about them
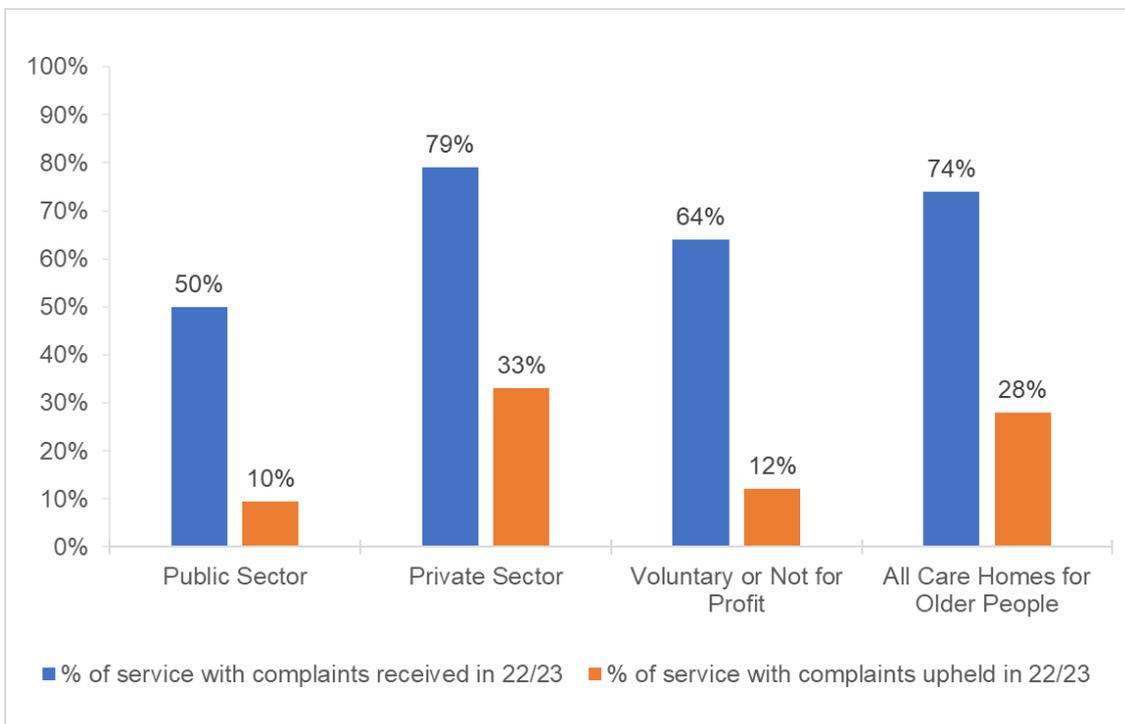
Further breakdown of areas of complaint about care homes for older people (Figure 9) shows that specific healthcare issues formed the largest group of complaints (41%). This includes complaints about nutrition, medication, tissue viability, continence care and inadequate care and treatment. This is consistently the case over time. Full details of this breakdown are in the Appendix (Table F) with a further breakdown by year (Table G).

Figure 9: Care homes for older people – by area of complaint 2022/23

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	479	40.6%
Communication	136	11.5%
Staff	91	7.7%
Choice	88	7.5%
Wellbeing	80	6.8%
Protection of people	58	4.9%
Environment	55	4.7%
Policies and procedures	48	4.1%
Property	42	3.6%
Privacy and dignity	31	2.6%
Food	29	2.5%
Record keeping	25	2.1%
Access	13	1.1%
Conditions of registration	3	0.3%
User participation	2	0.2%
Financial issues	1	0.1%

In 2022/23, 47% of all complaints received about care homes for older people were from relatives and carers of people living in the service, consistent with the percentage for all other types of service (Figure 10). The proportion of complaints received from employees of the service was 8% higher for care homes for older people than for other service types. Only 2% of all complaints about care homes for older people were from people experiencing care, compared with just over 8% for all other types of service.

Figure 10: Complaints received 2022/23 by relationship of the person making the complaint – care homes for older people compared with all other complaints received
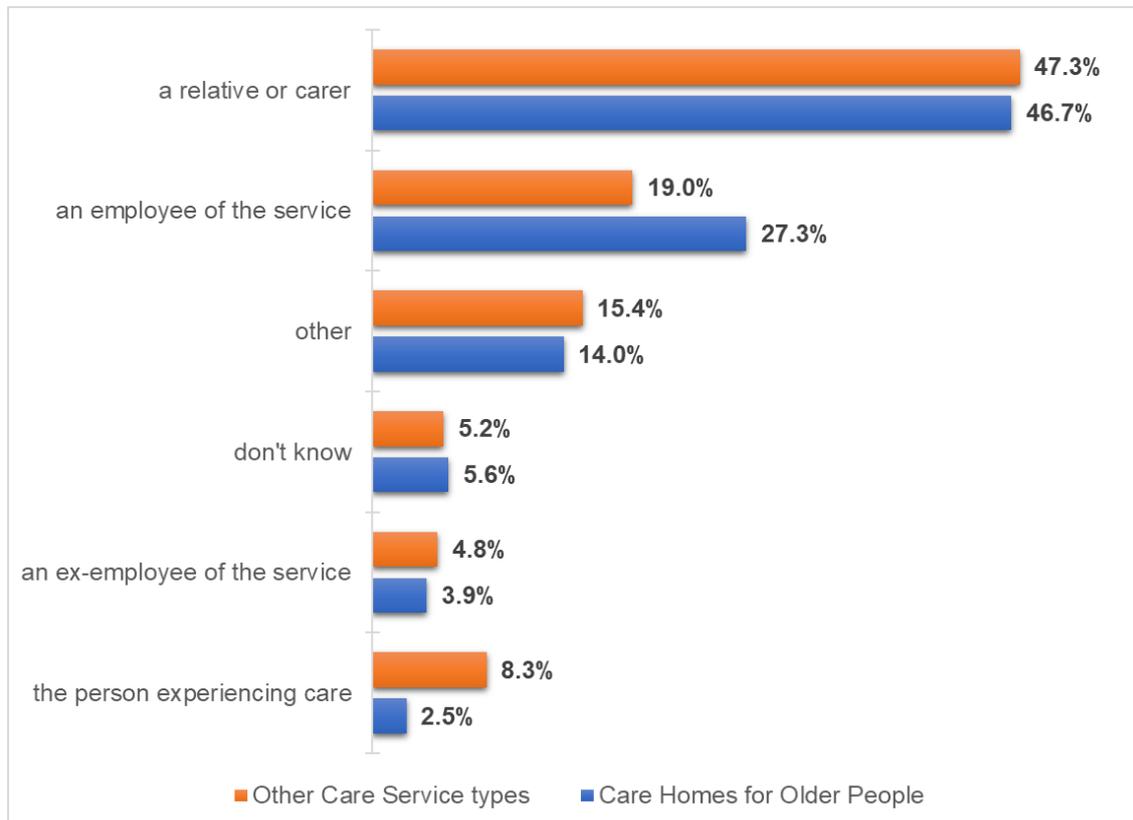
8. What we found when conducting investigations

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

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

Figure 11 below shows that in 2022/23, we upheld 76% of the investigations we conducted, which is the same as last year. This reflects, at least in part, our risk-based procedures. Complaints taken forward for investigation are those that are serious, about failings in care that have led to or are likely to lead to poor outcomes for an individual or individuals. As such, there is an increased likelihood that such cases, where proven, will be upheld.

The percentage of complaints upheld varies by type of service, although percentages based on small numbers of complaints should be interpreted with caution. For those service types with more than 20 complaints investigated this year, the highest proportion of complaints upheld were about care homes for older people (86%). The next highest were standalone care at home services (81%) and combined housing support and care at home services (80%) (figure 12).

Figure 11: The number of complaint investigations conducted by complaint outcome, 2019/20– 2022/23

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

Figure 12: Percentage of complaints upheld by service type, 2022/23

Care service type	Number of complaints where investigation conducted	Number of complaints upheld	% of all complaints upheld
Adoption	1	0	0.0%
Adult placement	0	0	0.0%
Care home	436	356	81.7%
of which, care home for older people	381	329	86.4%
Childminding	25	16	64.0%
Daycare of children	188	119	63.3%
Fostering	0	0	0.0%
Housing support (standalone service)	11	7	63.6%
Nurse agency	1	1	100.0%
Offender accommodation service	0	0	0.0%
School care accommodation	12	5	41.7%
Secure accommodation	4	0	0.0%
Support service (standalone) – care at home	83	67	80.7%
Support service (standalone) – other than care at home	1	1	100.0%
Combined housing support and care at home service	112	89	79.5%
All care service types	**874**	**661**	**75.6%**

9. Supporting improvement following complaints

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

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

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

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

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

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

Our scrutiny and assurance directorate and our improvement team work together to identify improvement support and deploy improvement support activities in the right places, at the right time.

We have an established early learning and childcare improvement programme, which supports services at risk of not meeting the National Standard for Early Learning and Childcare. This provides improvement support at all levels in line with our improvement and involvement strategy, which is available on our website:

https://hub.careinspectorate.com/media/5058/quality_improvement_and_involvement_strategy_2022-25.pdf

In May 2023, we began developing our adult services quality improvement programme.

10. Conclusions

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

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

Summary of main points

- We received 5,910 complaints in 2022/23, continuing the long-term increasing trend in complaints received.

- We resolved a total of 4,495 complaints during 2022/23.
  - In 52%, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity and improvement support.
  - 19% were resolved by the service directly and quickly.
  - 9% were investigated through the service's own complaints procedure where we required the provider to investigate.
  - 19% were assessed as serious enough for us to decide that we needed to conduct an investigation.

- We upheld the majority of the complaints we investigated – 76% of investigations were upheld in 2022/23. As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 28% of care homes for older people had at least one complaint upheld during 2022/23. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people this year.

Appendix: Complaints about care services in Scotland, 2019/20 to 2022/23 – Detailed tables

Table A: Complaints received by service type, 2019/20 to 2022/23

Care service type	2019/20		2020/21		2021/22		2022/23		4-year total		% change comparing 2019/20 to 2022/23
	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	
Adoption	3	0.1%	2	0.0%	1	0.0%	9	0.2%	15	0.1%	200.0%
Adult placement	3	0.1%	3	0.1%	2	0.0%	3	0.1%	11	0.1%	0.0%
Care home service	2718	46.6%	2629	56.9%	2747	49.1%	2814	47.6%	10908	49.7%	3.5%
Childcare agency	0	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	0.0%
Childminding	244	4.2%	126	2.7%	142	2.5%	145	2.5%	657	3.0%	-40.6%
Daycare of children	850	14.6%	426	9.2%	857	15.3%	1084	18.3%	3217	14.7%	27.5%
Fostering	26	0.4%	10	0.2%	15	0.3%	13	0.2%	64	0.3%	-50.0%
Housing support (standalone service)	266	4.6%	171	3.7%	152	2.7%	177	3.0%	766	3.5%	-33.5%
Nurse agency	26	0.4%	29	0.6%	21	0.4%	31	0.5%	107	0.5%	19.2%
Offender accommodation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
School care accommodation	67	1.1%	34	0.7%	27	0.5%	55	0.9%	183	0.8%	-17.9%
Secure accommodation	11	0.2%	9	0.2%	13	0.2%	19	0.3%	52	0.2%	72.7%
Support service (standalone) - care at home	509	8.7%	468	10.1%	598	10.7%	545	9.2%	2120	9.7%	7.1%
Support service (standalone) – other than care at home	58	1.0%	10	0.2%	31	0.6%	30	0.5%	129	0.6%	-48.3%
Combined housing support and care at home service	1050	18.0%	700	15.2%	989	17.7%	985	16.7%	3724	17.0%	-6.2%
All care service types	5831	100.0%	4618	100.0%	5595	100.0%	5910	100.0%	21954	100.0%	1.4%

Table B: All service types by area of complaint, complaints upheld in 2022/23

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	233	11.1%
	Healthcare > Medication issues	110	5.2%
	Healthcare > Other	62	2.9%
	Healthcare > Nutrition	50	2.4%
	Healthcare > Tissue viability	45	2.1%
	Healthcare > Continence care	41	1.9%
	Healthcare > Hydration	37	1.8%
	Healthcare > Infection control issues	24	1.1%
	Healthcare > Oral health	14	0.7%
	Healthcare > Palliative care	13	0.6%
	Healthcare > Clinical governance	4	0.2%
	Healthcare > Mental health care	2	0.1%
Wellbeing	Wellbeing > Other	166	7.9%
	Wellbeing > Emotional	40	1.9%
	Wellbeing > Behaviour	18	0.9%
	Wellbeing > Developmental	18	0.9%
	Wellbeing > Social	12	0.6%
	Wellbeing > Visiting	7	0.3%
Communication	Communication > Between staff and service users/relatives/carers	275	13.1%
	Communication > Information about the service	13	0.6%
	Communication > Other	9	0.4%
	Communication > Language difficulties	2	0.1%
Staff	Staff > Levels	82	3.9%
	Staff > Training / qualifications	80	3.8%
	Staff > Other	35	1.7%
	Staff > Recruitment procedures (including disclosure checks)	11	0.5%
	Staff > Other fitness issues	10	0.5%
	Staff > Registration with professional bodies	1	0.0%
Policies and procedures	Policies and procedures > Complaints procedure	83	3.9%
	Policies and procedures > Other	49	2.3%
Choice	Choice > Care and treatment	68	3.2%
	Choice > Activities	23	1.1%
	Choice > Dignity and privacy	18	0.9%
	Choice > Other	9	0.4%
	Choice > Service not meeting religious, cultural, faith, social needs	3	0.1%

Table B: All service types by area of complaint, complaints upheld in 2022/23 (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	75	3.6%
	Protection of people > Children	19	0.9%
	Protection of people > Policies and procedures	6	0.3%
	Protection of people > Other	5	0.2%
Record keeping	Record keeping > Personal plans/ agreements	61	2.9%
	Record keeping > Other	18	0.9%
Property	Property > Loss of/missing	25	1.2%
	Property > Care of	18	0.9%
	Property > Other	2	0.1%
Privacy and dignity	Privacy and dignity > Privacy and dignity	46	2.2%
Environment	Environment > Fitness of premises/environment	35	1.7%
	Environment > Other	15	0.7%
	Environment > Security	14	0.7%
	Environment > Inadequate facilities	13	0.6%
Food	Food > Other	22	1.0%
	Food > Choice	11	0.5%
	Food > Quality	9	0.4%
	Food > Availability	7	0.3%
User participation	User participation > Other	3	0.1%
	User participation > In managing/developing the service	2	0.1%
Conditions of registration	Conditions of registration > Other	8	0.4%
	Conditions of registration > Exceeding capacity	3	0.1%
	Conditions of registration > Type of service provided	1	0.0%
Financial issues	Financial issues > Financial issues	2	0.1%
Access	Access > To other services, for example advocacy/health	11	0.5%
	Access > Other	7	0.3%
Equality issues	Equality issues > Equality issues	1	0.0%

Table C: Areas of complaint upheld, by type of care service 2022/23

Detailed area of complaint	Care home service		Childminding		Daycare of children		Housing support service (standalone)		Nurse agency		School care 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	%
Healthcare > Inadequate healthcare or healthcare treatment	190	9.0%		0.0%	4	0.2%		0.0%		0.0%		0.0%	12	0.6%		0.0%	27	1.3%
Healthcare > Medication issues	62	2.9%	2	0.1%	5	0.2%	1	0.0%		0.0%		0.0%	21	1.0%		0.0%	19	0.9%
Healthcare > Other	52	2.5%	1	0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	7	0.3%
Healthcare > Nutrition	44	2.1%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%		0.0%	2	0.1%
Healthcare > Tissue viability	38	1.8%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.1%		0.0%	4	0.2%
Healthcare > Hydration	37	1.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Continence care	34	1.6%		0.0%	1	0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%	5	0.2%
Healthcare > Infection control issues	14	0.7%		0.0%		0.0%	1	0.0%		0.0%		0.0%	3	0.1%		0.0%	6	0.3%
Healthcare > Palliative care	12	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%
Healthcare > Oral health	12	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%	1	0.0%
Healthcare > Clinical governance	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Mental health care	1	0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%
Wellbeing > Other	51	2.4%	5	0.2%	70	3.3%	1	0.0%		0.0%	2	0.1%	22	1.0%		0.0%	15	0.7%
Wellbeing > Emotional	14	0.7%	9	0.4%	13	0.6%		0.0%		0.0%		0.0%	2	0.1%		0.0%	2	0.1%
Wellbeing > Developmental		0.0%	3	0.1%	15	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Behaviour	5	0.2%	2	0.1%	10	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Wellbeing > Social	9	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.1%
Wellbeing > Visiting	5	0.2%		0.0%	1	0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Communication > Between staff and service users/relatives/carers	145	6.9%	6	0.3%	41	1.9%	1	0.0%		0.0%	1	0.0%	41	1.9%	1	0.0%	39	1.9%
Communication > Other	6	0.3%		0.0%	1	0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%	1	0.0%
Communication > Information about the service	1	0.0%		0.0%	2	0.1%	1	0.0%		0.0%		0.0%	1	0.0%		0.0%	8	0.4%
Communication > Language difficulties	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%

Table C: Areas of complaint upheld, by type of care service 2022/23 (continued)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Housing support service (standalone)		Nurse agency		School care 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	%
Staff > Levels	47	2.2%		0.0%	11	0.5%		0.0%		0.0%	1	0.0%	7	0.3%		0.0%	16	0.8%
Staff > Training/qualifications	37	1.8%		0.0%	7	0.3%	1	0.0%		0.0%		0.0%	12	0.6%		0.0%	23	1.1%
Staff > Other	9	0.4%	1	0.0%	11	0.5%	1	0.0%		0.0%		0.0%	6	0.3%		0.0%	7	0.3%
Staff > Recruitment procedures (including disclosure checks)	1	0.0%		0.0%	4	0.2%		0.0%		0.0%		0.0%	4	0.2%		0.0%	2	0.1%
Staff > Other fitness issues	5	0.2%	1	0.0%	1	0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	1	0.0%
Staff > Registration with professional bodies	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Policies and procedures > Complaints procedure	41	1.9%		0.0%	7	0.3%	2	0.1%		0.0%		0.0%	13	0.6%		0.0%	20	0.9%
Policies and procedures > Other	15	0.7%	2	0.1%	19	0.9%	2	0.1%		0.0%	1	0.0%	5	0.2%	1	0.0%	4	0.2%
Choice > Care and treatment	48	2.3%		0.0%	2	0.1%	1	0.0%		0.0%		0.0%	11	0.5%		0.0%	6	0.3%
Choice > Activities	18	0.9%		0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Choice > Dignity and privacy	15	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%	2	0.1%
Choice > Other	8	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%
Choice > Service not meeting religious, cultural, faith, social needs	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Protection of people > Adults	56	2.7%		0.0%		0.0%	2	0.1%	1	0.0%		0.0%	8	0.4%		0.0%	8	0.4%
Protection of people > Children	1	0.0%	2	0.1%	15	0.7%		0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%
Protection of people > Policies and procedures	2	0.1%		0.0%	2	0.1%	1	0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Protection of people > Other	2	0.1%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Record keeping > Personal plans/agreements	23	1.1%	2	0.1%	10	0.5%	1	0.0%		0.0%		0.0%	12	0.6%		0.0%	13	0.6%
Record keeping > Other	3	0.1%	2	0.1%	7	0.3%		0.0%		0.0%		0.0%	3	0.1%		0.0%	3	0.1%
Access > To other services, for example advocacy/health	9	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Access > Other	4	0.2%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%

Table C: Areas of complaint upheld, by type of care service 2022/23 (continued)

Detailed area of complaint	Care home service		Childminding		Daycare of children		Housing support service (standalone)		Nurse agency		School care 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	%
Property > Loss of/missing	25	1.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Care of	15	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	1	0.0%
Property > Other	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Privacy and dignity > Privacy and dignity	33	1.6%		0.0%	4	0.2%		0.0%		0.0%		0.0%	3	0.1%		0.0%	6	0.3%
Environment > Fitness of premises/ environment	26	1.2%	2	0.1%	5	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Environment > Other	12	0.6%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Environment > Security	4	0.2%		0.0%	6	0.3%		0.0%		0.0%		0.0%	3	0.1%		0.0%	1	0.0%
Environment > Inadequate facilities	13	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Food > Other	15	0.7%		0.0%	2	0.1%	1	0.0%		0.0%		0.0%	2	0.1%		0.0%	2	0.1%
Food > Choice	7	0.3%		0.0%	3	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Food > Quality	5	0.2%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.1%
Food > Availability	2	0.1%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%
User participation > Other	1	0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
User participation > In managing/developing the service	1	0.0%		0.0%		0.0%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Conditions of registration > Other	3	0.1%	2	0.1%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Conditions of registration > Exceeding capacity		0.0%	2	0.1%	1	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%	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Financial issues > Financial issues	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.0%
Equality issues > Equality issues	1	0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%

Table D: Rate (per 1000 registered places in care homes for older people) and volume of complaints received about care homes for older people, by local authority area. 2019/20 to 2022/23

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

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

Table D: Rate (per 1000 registered places in care homes for older people) and volume of complaints received about care homes for older people, by local authority area. 2019/20 to 2022/23 (continued)

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

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

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

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

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

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

Table F: Care homes for older people, complaints upheld in 2022/23 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	185	15.7%
	Healthcare > Medication issues	55	4.7%
	Healthcare > Other	47	4.0%
	Healthcare > Nutrition	43	3.6%
	Healthcare > Tissue viability	37	3.1%
	Healthcare > Hydration	36	3.0%
	Healthcare > Continence care	33	2.8%
	Healthcare > Infection control issues	14	1.2%
	Healthcare > Palliative care	12	1.0%
	Healthcare > Oral health	12	1.0%
	Healthcare > Clinical governance	4	0.3%
Communication	Communication > Between staff and service users/relatives/carers	129	10.9%
	Communication > Other	5	0.4%
	Communication > Language difficulties	1	0.1%
	Communication > Information about the service	1	0.1%
Wellbeing	Wellbeing > Other	51	4.3%
	Wellbeing > Emotional	13	1.1%
	Wellbeing > Social	9	0.8%
	Wellbeing > Visiting	5	0.4%
	Wellbeing > Behaviour	2	0.2%
Staff	Staff > Levels	42	3.6%
	Staff > Training/qualifications	34	2.9%
	Staff > Other	9	0.8%
	Staff > Other fitness issues	5	0.4%
	Staff > Registration with professional bodies	1	0.1%
Property	Protection of people > Adults	54	4.6%
	Protection of people > Policies and procedures	2	0.2%
	Protection of people > Other	2	0.2%
Choice	Choice > Care and treatment	45	3.8%
	Choice > Activities	18	1.5%
	Choice > Dignity and privacy	14	1.2%
	Choice > Other	8	0.7%
	Choice > Service not meeting religious, cultural, faith, social needs	3	0.3%
Protection of people	Protection of people > Adults	54	4.6%
	Protection of people > Policies and procedures	2	0.2%
	Protection of people > Other	2	0.2%

Table F: Care homes for older people, complaints upheld in 2022/23 by area of complaint (continued)

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Policies and procedures	Policies and procedures > Complaints procedure	38	3.2%
	Policies and procedures > Other	10	0.8%
Privacy and dignity	Privacy and dignity > Privacy and dignity	31	2.6%
Environment	Environment > Fitness of premises/environment	26	2.2%
	Environment > Inadequate facilities	13	1.1%
	Environment > Other	12	1.0%
	Environment > Security	4	0.3%
Food	Food > Other	15	1.3%
	Food > Choice	7	0.6%
	Food > Quality	5	0.4%
	Food > Availability	2	0.2%
Record keeping	Record keeping > Personal plans/agreements	22	1.9%
	Record keeping > Other	3	0.3%
User participation	User participation > Other	1	0.1%
	User participation > In managing/developing the service	1	0.1%
Access	Access > To other services e.g. advocacy/health	9	0.8%
	Access > Other	4	0.3%
Financial issues	Financial issues > Financial issues	1	0.1%
Conditions of registration	Conditions of registration > Other	3	0.3%

Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 20202/23

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

Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 20202/23 (continued)

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

Title:	**BUDGET MONITORING AND STAFFING UPDATE**
Author:	Kenny Dick, Head of Finance and Corporate Governance
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	**1** Stage 2 Digital Transformation programme summary position
Consultation:	
Resource Implications:	**Yes**

EXECUTIVE SUMMARY
This report provides Board with details of the projected 2023/24 financial position and incorporates an update on the staffing position. The projected financial position on our core budget (excluding Stage 2 Digital Transformation and expenditure funded by specific grant) is a deficit of £3.053m. This is £0.545m higher than the budgeted deficit. The general reserve balance as identified in the draft Annual Report and Accounts is £0.793m greater than was anticipated when the 2023/24 budget was set, which will be required to fund expenditure delayed from 2022/23 and the other budget overspends identified in this report. Based on this projected position, we have flexibility of £0.237m to temporarily fund any additional unexpected budget pressures arising during 2023/24. If we use all of this flexibility our general reserve balance will be at the minimum of our target range at the end of 2023/24. A summary of the financial position with regard to the Stage 2 Digital Transformation programme is contained within section 5 and Appendix 1 of this report. The significant risks to the projections in this report are set out in section 6 of this report.

The Board is invited to:	
1.	Consider the projected financial position for 2023/24 and the risks that may affect this position.
2.	Formally approve the additional posts noted in paragraph 3.1 (including those relating to Stage 2 Digital Transformation) to the permanent establishment.
3.	Note the financial position on the Stage 2 Digital Transformation programme (Section 5 and Appendix 1).

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

Equality Impact Assessment		
Yes ☐	**Not Ye**t ☐	**No** ✓ Reason: This report is for information and there is no direct impact on people with protected characteristics.

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

Reason for Confidentiality/Private Report: N/A – this is a public Board report. *(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.

BOARD MEETING 10 AUGUST 2023

Agenda item 12
Report No: B-13-2023/24

FINANCE AND STAFFING UPDATE

1.0   INTRODUCTION

The Board approved a 2023/24 core revenue budget (excluding the specific grant and Stage 2 Digital Transformation programmes) with a deficit of £2.508m, to be funded by additional in-year funding of £2.050m identified by the Scottish Government and the balance of £0.458m by from the general reserve. The projected financial position as at 31 March 2024 projects a deficit of £1.003m which is £0.545m higher than the budgeted deficit. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

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

2.0   SUMMARY FINANCIAL POSITION

2.1   Core Approved Budget

The core approved budget detailed here excludes the specific grant and Stage 2 Business and Digital Transformation programme. This programme is covered in sections 2.2 and 5.0.

The Board approved a core 2023/24 budgeted deficit of £2.508m. This deficit is to be funded by additional in-year funding of £2.050m identified by the Scottish Government (as confirmed in a Letter of Comfort provided by our Sponsor) and the balance of £0.458m by drawing on our general reserve.

The projected deficit of £1.003m detailed in the table below is £0.545m higher than the budgeted position.

Programme Expenditure	Approved Budget £m	Virement & Adjusts £m	Revised Budget £m	Projected Expenditure £m	Variance £m
Staff Costs	36.602		36.602	36.645	0.043
Accommodation	1.937		1.937	2.387	0.450
Administration	2.141		2.141	2.309	0.168
Travel	1.189		1.189	1.189	0.000
Supplies / Services	1.921		1.921	1.921	0.000
Gross Expenditure	**43.790**	**0.000**	**43.790**	**44.451**	**0.661**
Other income	(1.304)		(1.304)	(1.420)	(0.116)
Net Expenditure	**42.486**	**0.000**	**42.486**	**43.031**	**0.545**
Funding:					
Fee income	(11.900)		(11.900)	(11.900)	0.000
Grant in aid	(28.078)		(28.078)	(28.078)	0.000
Letter of comfort	(2.050)		(2.050)	(2.050)	0.000
(Surplus) / Deficit	**0.458**	**0.000**	**0.458**	**1.003**	**0.545**

We budgeted to end the 2022/23 financial year with a general reserve balance of £0.907m which is £0.482m more than the minimum of our planned range of 1% (£0.425m) to 1.5% (£0.637m) of gross expenditure. The draft Annual Report and Accounts for 2022/23 show an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected position:

	2023/24 Budget £m	Projected Position £m	Variance 3m
Opening general reserve balance *	**3.225**	**4.018**	**0.793**
2023/24 projected outturns:			
Surplus / (Deficit) - Core	**(0.458)**	**(1.003)**	**(0.545)**
Surplus / (Deficit) - Stage 2 DT	**(2.000)**	**(1.215)**	**0.785**
Surplus / (Deficit) - Grants	**(0.257)**	**(0.095)**	**0.162**
Projected closing balance	**0.510**	**1.705**	
Less: prepaid specific grant		(0.258)	
Less: Stage 2 Transformation c/fwd		(0.785)	
Available for general core expenditure		**0.662**	
Operational reserve target minimum (1.0%)		**0.425**	
Variance to target balance minimum (1.0%)		**0.237**	
Variance to target balance maximum (1.5%)		**0.025**	

The greater than anticipated general reserve opening balance (per the draft 2022/23 Annual Report and Accounts) is mainly due to additional staff slippage in the last 2 months of 2022/23, the refit of Compass House and public inquiry legal expenses delayed from 2022/23 to 2023/24 and actual travel costs in the last 2 months being lower than projected. The greater than anticipated general reserve opening balance means we may fund the £0.545m projected overspend whilst providing flexibility of up to £0.237m to deal with an increase in net expenditure and/or reduce the letter of comfort funding we require from the Scottish Government.

2.2   Specific Grants

A deficit of £0.095m is currently projected on work funded by specific grants. This is an underspend of £0.158m compared to the budgeted deficit (funded by prepaid grant held in the general reserve). Discussions will require to be held with the Scottish Government funding providers regarding the treatment of projected grant underspends in 2023/24 and prepaid grant.

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

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

3.0   STAFFING UPDATE

3.1   Establishment Changes

The Service Manager roles within Children & Young People and Registration have both increased on a permanent basis from 0.5 FTE to 1.0 FTE, equating to an additional budget requirement of £86,748. This is being funded from a 1.0 FTE reduction in Strategic Inspectors within Strategic Scrutiny Children & Young People.

Our solicitor establishment has increased by 0.2 FTE.

The Stage 2 Digital Transformation business case contained a number of permanent support posts. The position with recruitment to these posts is summarised below.

Business Case		Revisions To Business Case		
Post Title	Grade	Post Title	Grade	Current position
Internal Delivery Project Manager (2 posts)	8	Senior Project Delivery Manager	8	Filled
		Senior Developer	7	Filled
Senior Business Analyst	8	Senior Business Analyst	8	Filled
Systems Analyst	6	Systems Analyst	7	Filled
UI / UX Analyst	6	UI / UX Analyst	6	Filled
Lead Tester	6	Lead Tester	7	Filled
Tester (2 posts)	5	Tester	6	Filled
Project Manager Officer	5	Project Manager Officer	5	Filled
Total FTE	**9**	**Total FTE**	**8**	
Total Annual Cost	**£0.515m**	**Total Annual Cost**	**£0.480m**	

The Board are requested to formally approve the addition of these posts to the permanent establishment.

4.0   BUDGET VARIANCES (CORE PROGRAMME ONLY)

4.1   Staff Costs – projected overspend of £0.043m
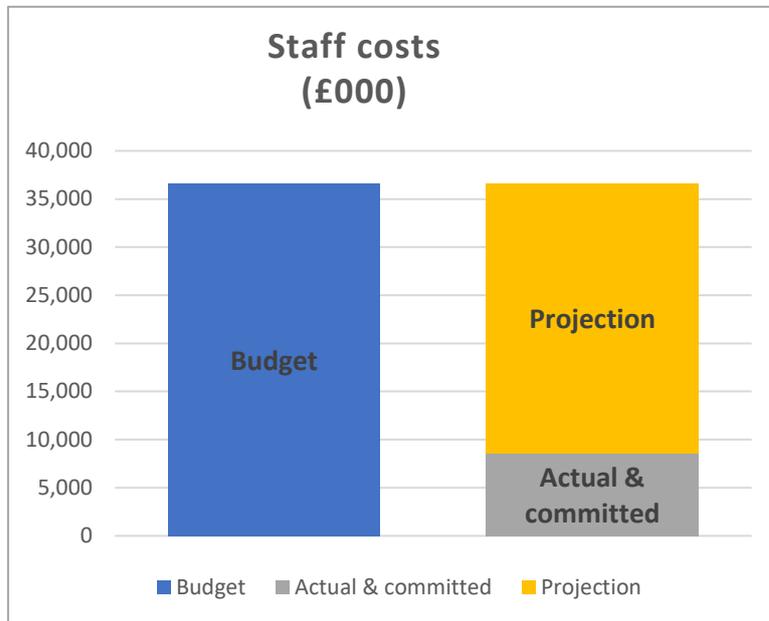
The main areas of variance are:

- Our trade unions are currently balloting their members on acceptance of an improved 2022/23 pay offer. This offer involves enhanced consolidated increases for staff on grades 1 to 4. The projected cost of applying this improved offer is an additional £0.113m.
- We are currently projecting we will exceed our slippage assumption of 3.5% cost savings due to budgeted posts being vacant whilst recruitment processes are underway. Net slippage across the organisation is currently projected to be £0.114m more than the budget assumption.
- The securing of additional grant funding for the CAPA programme with effect from 1 July 2023 has led to a £0.056m underspend within core Improvement Support.
- Additional costs of £0.089m due to the extension of temporary and seconded posts within Communications, OWD, Intelligence and Children & Young People.
- Hired agency costs for an IT Service Support Analyst for a period of 3 months at an additional cost of £0.017m.
- Further net underspends totalling £0.006m across the remainder of the organisation.

4.2 Accommodation costs – projected overspend of £0.450m
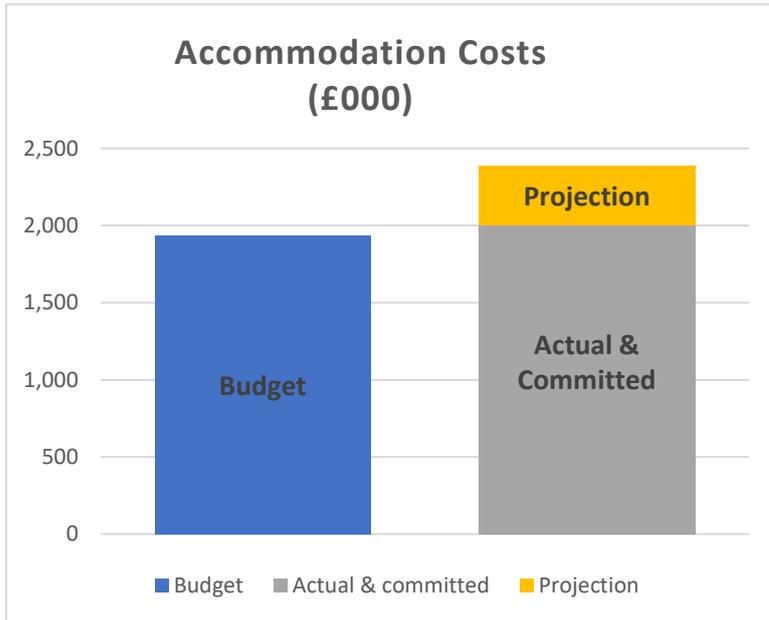
Our plans for the use of Compass House have changed significantly to accommodate additional sharing opportunities with other public sector organisations. At the time the budget was set we planned to occupy significantly more space than we now plan to occupy and it was intended the refit work would be largely completed in 2022/23 (the planned costs for this are included in the increased opening general reserve balance). The changed plan has delayed the start of the refit work and increased cost as we will have to make more changes to make the smaller space work for us. We will make additional recurring savings from 2024/25 as a result of occupying the reduced space.

The refit of Compass House is the main reason for the £0.450m overspend. We are still finalising costs for this year including the funding of vacant space as we await our new partners to take up their space. There are other costs likely to arise through changes to other offices.

4.3   Administration Costs – projected overspend of £0.168m

Administration Costs (£000)
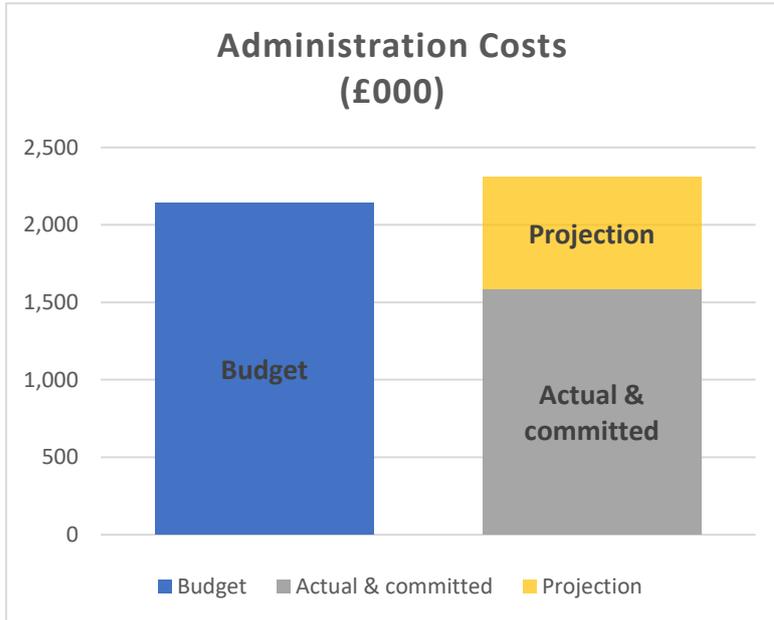
Telephone costs are projected to overspend by £0.048m as a saving made in the 2023/24 budget to reflect a move from Horizon to Microsoft Teams is unlikely to be achieved due to resource availability.

Professional fees are anticipated to overspend by £0.120m largely due to developers' fees within IT (£0.098m), additional payroll service related costs (£0.007m) and planned work within Intelligence that was incomplete in 2022/23 (£0.015m).

4.4   Travel Costs – on budget
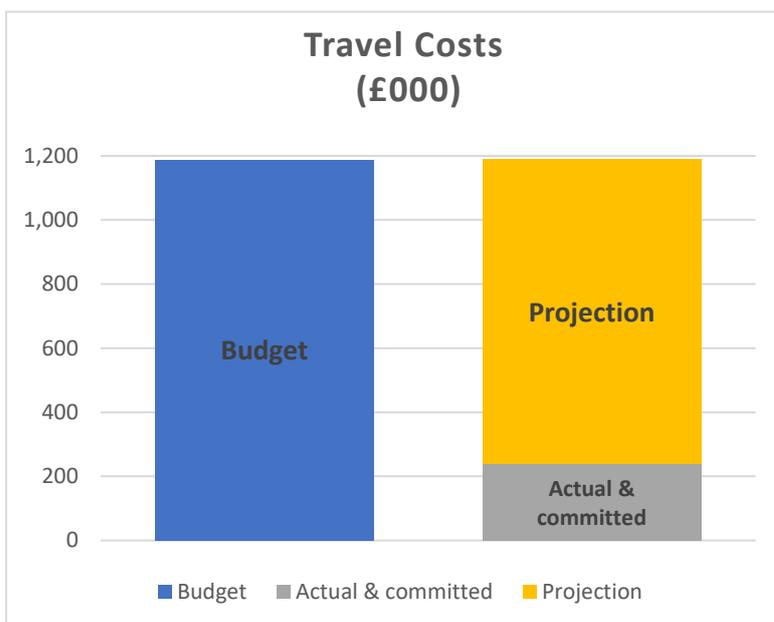
Travel Costs (£000)

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

4.5   Supplies and Services – on budget
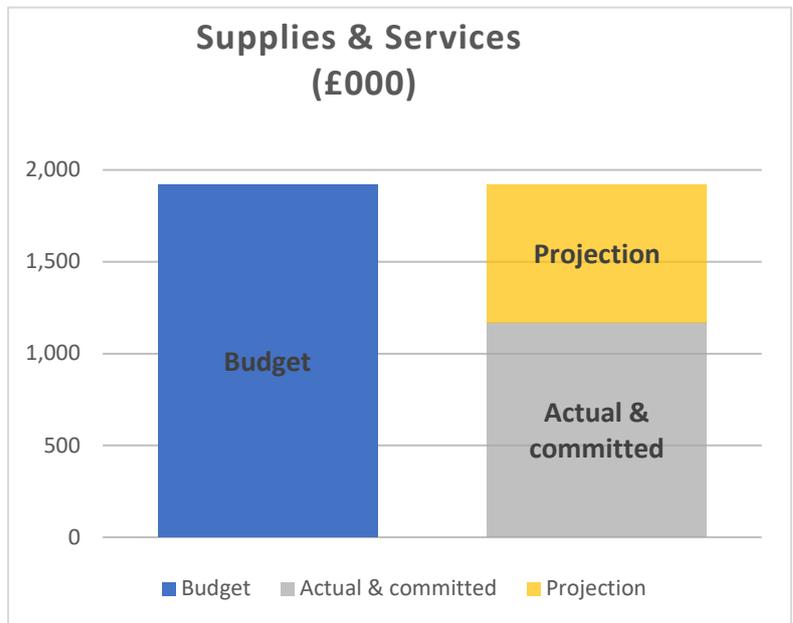
Supplies and services are currently projected to be on budget.

4.6   Funding and Income – projected income increased by £0.116m

Core grant in aid and fee income are currently projected to be as budgeted. The additional funding offered through the Scottish Government's letter of comfort (£2.050m) is anticipated to still be required.

Other income is projected to be £0.116m more than budgeted, due to income from staff on secondment to other organisations and joint inspection travel recharges.

5.0   STAGE 2 DIGITAL TRANSFORMATION

We have received the formal approval for the £8.6m funding. The formal approval took longer than was anticipated with further dialogue required with Scottish Government colleagues over the last few months. The recruitment to the Senior Business Owner post has also taken slightly longer than expected and this has impacted the standing up of the project.

The Stage 2 Digital Transformation business case submitted to the Scottish Government assumed a start date of 1 April 2023. We are re-profiling the budget to account for the above impacts. As part of this we have agreed with the Scottish Government, and this is reflected in our formal letter, that the project will now be delivered over four financial years rather than the three financial years as stated within the original business case.

BOARD MEETING 10 AUGUST 2023

Agenda item 12
Report No: B-13-2023/24

The impact on total programme expenditure for the full period of the programme is shown in the table below. Appendix 1 provides detail of the revised budget to the end of quarter 1 (30 June 2023) and the revised annual budget for 2023/24.

Programme Expenditure	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	TOTAL £m
As per business case	2.746	4.287	1.593	-	8.626
Revised profile	1.195	3.398	3.335	0.698	8.626
Variance	(1.551)	(889)	1.742	0.698	0

Programme expenditure will be monitored over the three areas shown below:

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

1 and 2 above are recurring costs that will require a funding commitment beyond the life of stage 2 of the transformation programme. We hope to agree a position with the Sponsor that the recurring costs are met from an increase in core grant in aid from the originally planned date of October 2025 rather than the revised date of October 2026.

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

	2023/24 Projected Expenditure £m	Programme Funding £m	%age Funding Utilised
Support Costs	0.527	1.337	39.4%
Licensing Costs	0.000	0.890	0.0%
Transformation Costs	0.688	6.399	10.8%
Programme Total	**1.215**	**8.626**	**14.1%**

The Executive Director of IT, Transformation and Digital has confirmed that expenditure is in line with expectations at this stage of programme delivery.

Appendix 1 also provides detail of programme actual and forecast expenditure against budget for 2023/24 and a summary of the financial position for the whole programme.

6.0   RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected staff costs are based on staff in post and known changes. The ongoing cost of living crisis continues to put pressure on pay award settlements across the public sector. As with 2022/23, challenging pay negotiations for 2023/24 are anticipated.	Not quantified Each additional 1% above that already assumed in the 2023/24 budget adds £0.395m to payroll costs.	High High
Accommodation Costs	As we implement our Estates Strategy that incorporates the impact of hybrid working, we are changing the number, size and configuration of our offices. Projections are based on likely scenarios and cost estimates based on these scenarios. Staff consultation and the development of firm plans and costs is continuing.	Projection risk in the range of £0.300m understated to £0.150m overstated.	High
Administration costs – legal fees	The approved budget provides an allowance for costs associated with the Covid-19 Inquiry and Historical Child Abuse Inquiry. Our role in these inquiries will involve additional legal fees for instructing Counsel, the full extent and timing of which is unknown.	The current projection of £0.200m set aside for additional legal fees is the best estimate, however, actual expenditure may be significantly more or less than this, depending on the timing and the demands of the inquiries.	High

Travel costs	Projected costs assume that travel will return to normal pre-pandemic levels for the remainder of the financial year. Spend patterns will require to be analysed as the year progresses to assess if they reflect the assumptions made.	Projection could be overstated by up to £0.175m.	High
Fee income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage. Projected income has been based on average periods to complete a registration. The actual number of services completing their registration by 31 March is uncertain and it's possible the income may either exceed or be less than projected.	Projection risk in the range of £0.100m understated to £0.150m overstated.	High
Stage 2 Digital Transformation	Formal approval of the £8.6m funding has been received, however the phasing of expenditure remains fluid. The risk of delays in recruiting to certain posts or securing contracts for procured services is high. Likewise, a number of the costs in the original business case are based on 'rate card' assumptions and may require to be reviewed. The programme is now anticipated to stretch over four years and will require to be strictly kept within the £8.6m funding available.	Not quantified	High

7.0   IMPLICATIONS AND / OR DIRECT BENEFITS

7.1   Resources

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

7.2   Sustainability

There are no direct sustainability implications arising from this report.

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

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

7.4   Customers (Internal and / or External)

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

8.0   CONCLUSION

An overspend of £0.545m against the 2023/24 budget is currently projected, which can be funded by the greater than budgeted opening general reserve balance. This overspend is largely due to delayed and increased reconfiguration and fit out costs of Compass House and increased IT costs.

The Stage 2 Digital Transformation budget has been reprofiled to reflect delays in receiving formal funding approval and key recruitments taking longer than expected. The work will now be phased over four financial years. Total cost of Stage 2 is expected to remain within the £8.6m put forward in the business case subject to agreement with the Sponsor on the treatment of recurring costs.

The risks to this projected position are set out in section 6.0 of this report. Taking a balanced view of these risks at this stage in the financial year it is more probable the projected overspend will increase between now and the end of the financial year rather than reduce. Our general reserve balance provides flexibility of up to £0.237m to deal with an increase in net expenditure and/or reduce the letter of comfort funding we require from the Scottish Government.

BUSINESS AND DIGITAL TRANSFORMATION

Agenda item 12
Appendix 1

BUDGETED ADJUSTMENTS TO SUBMITTED BUSINESS CASE

	23/24 Budgeted spend per Submitted Business Case £000	Revisions £000	23/24 Revised Annual Budget £000	Profiled Budget to 30 June 2023 £000	Revisions £000	Revised Budget Profile to 30 June 2023 £000
Pre Mobilisation:						
Professional Services	139.7	(139.7)	0.0	69.8	(69.8)	0.0
Development:						
Staff costs	0.0	0.0	0.0	0.0	0.0	0.0
Agency & Contractors	336.4	(336.4)	0.0	0.0	0.0	0.0
Professional Services	326.3	(326.3)	0.0	0.0	0.0	0.0
Business Transformation:						
Staff costs	491.7	(283.9)	207.8	36.4	(36.4)	0.0
Agency & Contractors	423.5	(85.9)	337.6	87.5	(87.5)	0.0
Professional Services	128.0	(74.0)	54.0	23.3	(23.3)	0.0
Licences	115.8	(115.8)	0.0	0.0	0.0	0.0
Stage 1 Support Staff	559.5	(87.0)	472.5	139.9	(68.0)	71.9
TOTAL	**2,520.9**	**(1,449.0)**	**1,071.9**	**356.9**	**(285.0)**	**71.9**
Contingency	225.1	(100.8)	124.3	0.3	0.0	0.3
TOTAL POTENTIAL EXPENDITURE	**2,746.0**	**(1,549.8)**	**1,196.2**	**357.2**	**(285.0)**	**72.2**

2023/24 BUDGET AND PROJECTIONS

	BUDGET PROFILE			2023/24 ANNUAL PROJECTION		
	Revised Budget Profile to 30 June 2023 £000	Actual & Committed Expenditure to 30 June 23 £000	Variance to Profiled Budget £000	23/24 Revised Annual Budget £000	Projected Expenditure as at 31 March 2024 £000	Projected Annual Variance £000
Transformation Costs:						
Staff costs	0.0	0.0	0.0	207.8	194.1	(13.7)
Agency & Contractors	0.0	0.0	0.0	337.6	337.3	(0.3)
Professional Services	0.0	49.0	49.0	54.0	154.9	100.9
Licences	0.0	0.0	0.0	0.0	0.0	0.0
Other costs	0.0	0.0	0.0	0.0	1.5	1.5
Total Transformation Costs	**0.0**	**49.0**	**49.0**	**599.4**	**687.8**	**88.4**
Stage 1 Support Costs:						
Support Staff costs	71.9	86.6	14.7	472.5	515.7	43.2
Other costs	0.0	10.2	10.2	0.0	11.2	11.2
Total Support Costs	**71.9**	**96.8**	**24.9**	**472.5**	**526.9**	**54.4**
TOTAL EXPENDITURE	**71.9**	**145.8**	**73.9**	**1,071.9**	**1,214.7**	**142.8**
FUNDING AVAILABLE:						
General Reserve	(71.9)	(145.8)	(73.9)	(1,071.9)	(1,214.7)	(142.8)
SG in-year additional grant	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL FUNDING	**(71.9)**	**(145.8)**	**(73.9)**	**(1,071.9)**	**(1,214.7)**	**(142.8)**
NET EXPENDITURE	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

PROGRAMME SUMMARY 2023/24 TO 2026/27

	PROGRAMME POSITION				
	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	Total £000
Original Funding Profile					
General reserve	(2,000.0)	0.0	0.0	0.0	(2,000.0)
SG Grant	(746.0)	(4,287.0)	(1,593.0)	0.0	(6,626.0)
Total Original Funding profile	**(2,746.0)**	**(4,287.0)**	**(1,593.0)**	**0.0**	**(8,626.0)**
Revised Funding Profile					
General reserve	(1,214.7)	(785.3)	0.0	0.0	(2,000.0)
SG Grant	0.0	(2,593.0)	(3,335.0)	(698.0)	(6,626.0)
Total Revised Funding profile	**(1,214.7)**	**(3,378.3)**	**(3,335.0)**	**(698.0)**	**(8,626.0)**
Projected Expenditure	1,214.7	3,378.3	3,335.0	698.0	8,626.0
FUNDING REMAINING	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

BOARD MEETING 10 AUGUST 2023

Agenda item 13
Report No: B-14-2023/24

Title:	**AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD**	
Author:	Bill Maxwell, Audit and Risk Committee Convenor	
Responsible Director:	Not Applicable	
Appendices:	**1.**	Audit and Risk Committee Convenor's Narrative to the Board.
	2.	Draft Audit and Risk Committee Minute of 25 May 2023.
Consultation:	Not Applicable	
Resource Implications:	No	

EXECUTIVE SUMMARY
The Convener's update to the Board, following the meeting held on the 25 May 2023, along with a copy of the draft minutes of that meeting.

The Board is invited to:	
1.	Note the Audit and Risk Committee Convenor's narrative to the Board.
2.	Note the Draft Audit and Risk Committee Minute of 25 May 2023.

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

Equality Impact Assessment		
Yes [ ]	**Not Yet** [ ]	**No** [x] Reason: Not Applicable.

BOARD MEETING 10 AUGUST 2023

Agenda item 13
Report No: B-14-2023/24

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

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

BOARD MEETING 10 AUGUST 2023

Agenda item 13
Appendix 1

UPDATE FROM BILL MAXWELL, CONVENER, TO THE BOARD REGARDING THE AUDIT AND RISK COMMITTEE BUSINESS.

A meeting of the Audit and Risk Committee was held on the 25 May 2023.

Key issues discussed at the meeting included:
- The Committee approved the Internal Audit Annual Report 2022/2. The report provided a positive overall opinion on the Care Inspectorate's arrangements for Risk Management, Control and Governance.   - The Committee approved the Annual Internal Audit Plan for 2023/24 subject to the ongoing scheduling discussions of the plan by management and internal audit.   - The Committee discussed with management the outcome of the Internal Audit report on Shared Services. The overall level of assurance was "Satisfactory", with five internal audit objectives and assurance of "Satisfactory" applied to all five objectives. There are four grade 3 recommendations, some of which are primarily for the SSSC. These have been accepted by management. Management noted that they are currently working with the SSSC to implement recommendations.   - The Committee discussed the outcome of the Internal Audit report on Change Management, it was discussed that there was a concentration on the Digital and IT Change Management, management to discuss the potential rolling out across the organisation in due course, with a further audit to take place.   - The Committee has begun the first review of the draft Audit and Risk Committee Annual Report to the Board.   - The Committee considered the high-level risks being addressed through the Strategic Risk Register. Minor changes to the Register were discussed with management and agreed by the Committee.

Issues referred for debate/decision by the Board
None from this meeting

Bill Maxwell
25 May 2023

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

EXECUTIVE SUMMARY
This report reviews the organisation's health and safety performance for 2022-23 and provides comparative information to previous years. The report also summarises Health and Safety plans for 2023-24.

The Board is invited to:	
1.	Note the performance for 2022-23
2.	Note the plans for 2023-24

Links:	Corporate Plan Outcome	4	Risk Register – Y/N	N		
For Noting	✓	**For Discussion**		**For Assurance**		**For Decision**	

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐	**No** ☐ Reason: Not required

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

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

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

HEALTH AND SAFETY ANNUAL REPORT

1.0   INTRODUCTION

The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 place duties on employers to ensure, so far as is reasonably practicable, the health and safety of their employees at work. This report outlines the health and safety performance of the Care Inspectorate for 2022-23.

2.0   ORGANISATION FOR HEALTH AND SAFETY

The joint Health, Safety and Wellbeing Committee with the Scottish Social Services Council (SSSC) was chaired by the Executive Director of Corporate and Customer Services and the SSSC's Director of Finance and Resources on a rotating basis until December 2022. Following a review, a Care Inspectorate only committee was formed which first met in January 2023. The committee meets at least three times a year to review and monitor the overall strategy, policies and procedures, national accidents/incidents and any trends as well as the overall health and safety performance.

3.0   HEALTH AND SAFETY ACHIEVEMENTS DURING 2022-23

3.1   Operations

2022-23 saw the full return to business as usual, with Covid-19 restrictions removed. However, with the commencement of the hybrid working trial, we continued to support staff to work from home. We:

- provided the furniture and equipment required for staff to work at home safely
- delivered the bespoke 'Managing Safely' training to managers in health and safety, including risk assessment training, so they can effectively support their staff
- conducted Display Screen Equipment (DSE) regulations assessments in-person and via Teams
- reviewed our e-learning requirements and let a new contract for the modules.

3.2   Policies, Procedures, Guidance and Risk Assessments

The following policies and procedures were developed, launched or reviewed in 2022-23:

- Fire Safety Policy
- Health and Safety Risk Assessment Policy

BOARD MEETING 10 AUGUST 2023

Agenda item 14
Report No: B-15-2023/24

The review of the Corporate Health and Safety Policy was postponed until 2023-24 for the CI only Health, Safety and Wellbeing Committee to approve and submit to the Board for approval.

4.0   MEASURING PERFORMANCE

4.1   Incident Reporting

4.1.2   Incidents

Incidents with injury

Category	2020-21	2021-22	2022-23
Machinery/Equipment	0	0	0
Trap/Crush	0	0	0
Burns/Scalds	0	0	0
Vehicles/cars/road/traffic	0	0	1
Moving / Falling Object	0	1	0
Slips, Trips and Falls	2	0	0
Cuts	0	0	0
Medical Condition	1	0	0
DSE	2	0	0
Manual Handling	0	0	0
Other	0	0	0
Total	**5**	**1**	**1**

Incidents without injury

Category	2020-21	2021-22	2022-23
Verbal Aggression	12	16	6
Vehicles/cars/road/traffic	0	2	0
Slips/Trips/Falls	0	0	0
Machinery / Equipment	0	0	1
Other	0	0	1
Total	**12**	18	**8**

The 2022-23 the figures continue to reduce. Working at home continues to be a contributory factor in the further reduction of incidents with injury. Further training and raising awareness with staff around safe working practices and DSE at home has had a positive effect in reducing the number and likelihood of DSE incidents with injury. Verbal aggression reported incidents has dropped this year but continues to be our highest incident category.

There were no RIDDOR reportable incidents in 2022-23.

4.2   Risk Assessments

4.2.1   Specific Risk Assessments

Specific Risks assessments completed can be broken down as follows:

Category	2020-21	2021-22	2022-23
Specific	94	32	22
Maternity	7	0	4
Stress/Mental Health	22	3	5
Manual Handling	0	4	5
DSE	60	34	22
Other	4	7	1
Total	**187**	**80**	**59**

There are still issues with risk assessments for specific conditions and stress not being completed. We are working with HR to ensure the need to complete risk assessments is highlighted to managers and staff when the situation requires. We have received feedback that the stress risk assessment template is difficult to complete. This will be addressed in 2023-24 with quarterly case management review meetings, follow-up by the health and safety teams with line managers and a communication campaign. HR are also going to increase their coverage of risk assessments in their policy overview sessions with staff / managers and the inclusion of the need to complete risk assessments in the Maximising Attendance Policy which is currently under review.

Overall, the number of Specific Risk Assessments are dropping back to pre-Covid-19 levels (40 in 2017-18 and 46 in 2018-19).

4.2.2   DSE Risk Assessments

Year	eLearning DSE Assessments	E,H&S Team DSE Assessment	Posturite Referrals
2022-23	317*	22	3
2021-22	22	11	1
2020-21	326	60	4

*There is a new DSE e-learning module available to staff this year. The number of e-learning DSE assessments completed is up to July 2023 as we could not split the completion figure by date and provide a number completed up to 31 March 2023.

When requested, the Estates, Health and Safety team will complete a DSE assessment with a member of staff and provide recommended adjustments and supports. If the staff member has a medical condition that requires more specialist support, they are referred to a specialist contractor (Posturite).

5.0   HEALTH AND SAFETY PLAN 2023-24

5.1   Policies and Procedures

The following policies and procedures will be launched or reviewed in 2023-24:

- Corporate Health and Safety Policy
- Loneworking Policy
- Zero Tolerance Policy
- Fire Evacuation Procedures

5.2   Training and Development for 2023-24

- Review the provision of Health and Safety Training for managers.
- Review the mandatory e-learning module requirements for managers and staff.

6.0   IMPLICATIONS AND/OR DIRECT BENEFITS

6.1   Resources

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

The costs are included in the budget monitoring position.

6.2   Sustainability

Our tCO_2e for 2022-23, including the $0.3tCO_2e$ for home working has increased to $707tCO_2e$, the business travel accounting for $302tCO_2e$ of this, up from the $122tCO_2e$ in 2021-22. This increase is a result in the return to business as usual in terms of inspections and in-person meetings, both internal and external.

6.3   Policy

There are no direct policy implications associated with this paper.

6.4   People Who Experience Care

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

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

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

7.0   **NEXT STEPS**

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

Title:	**DRAFT CHILDRENS RIGHTS REPORT APRIL 2020- MARCH 2023: A REPORT ON OUR PROGRESS**
Author:	Jacqui Duncan, Equalities Professional Adviser
Responsible Director:	Edith Macintosh, Deputy Chief Executive/Executive Director Strategy and Improvement
Appendices:	1. Draft Childrens Rights Report April 2020- March 2023: A Report On Our Progress
Consultation:	The draft wording for the report has been contributed to by the following individuals: • Aileen Nicol, Strategic Inspector Children and Lisa Shine, Workstream Lead the Promise • Amanda Tough, Involvement and Equalities Team • Audrey Donnan, Service Manager Registration • Charlotte Armitage, Board Member • Charlotte Wilson, Service Manager, Children and Young People • Chris Lumb, Service Manager, Children • Henry Mathias, Head of Professional Standards and Practice • Julie Brown, Involvement Adviser • Lisa Kirkbride, Team Manager Early Learning and Childcare • Mary Morris, Team Manager Children Services • Nicky Cronin, Senior Improvement Adviser The draft was also shared with: • Catherine Agnew, Chief Inspector - Regulatory Care (ELC) and Registration • Doreen Watson, Service Manager ELC • Helen Happer, Chief Inspector - Children and Young People • Jacky Gillan, Service Manager ELC • John Elliott, Tutor Assessor, Professional Standards and Practice • Louisa Walker, Service manager ELC • Maureen Gunn, Service manager Complaints • The Operational Leadership Team • The Strategic Leadership Team
Resource Implications:	None

EXECUTIVE SUMMARY
The Children and Young People (Scotland) Act 2014 requires listed public authorities 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.   Appendix 1 sets out the draft report covering the period 1 April 2020 to 31 March 2023. The report uses the UNCRC clusters, an internationally recognised approach to the implementation, monitoring, and reporting of children's rights and follows Scottish Government Guidance. This structure is considered to produce reports that are easier to navigate and therefore easier to understand progress/impact.   The report features examples of co-production from children, young people, and our young inspection volunteers. A child friendly version of the report, written in language that appeals directly to children, young people and their families will also be produced.   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.   This work is also integral to delivering our: • Corporate Plan 2022-25   • Corporate Parenting Plan 2020-2023   • Commitments to The Promise   • Equality, Diversity, and Inclusion Strategy 2021-2025   • Quality Improvement and Involvement Strategy 2022-2025

The Board is invited to:	
1.	Note the positive progress since 1 April 2020 to secure better or further effect the UNCRC requirements.
2.	Approve the report for layout and publication on our website.

Links	Corporate Plan Outcome (Number/s)	1,2 and 3	Risk Register (Yes/No)	No
For Noting		**For Discussion**	X	**For Assurance**		**For Decision**	X

Equality Impact Assessment		
Yes ☐	**Not Ye**t ☐	**No** [X] Reason: There are no discriminatory impacts associated with this report, this is about showcasing our progress. Accessibility requirements will be discussed with the communications team concerning the child friendly version of this report.

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

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

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

DRAFT CHILDRENS RIGHTS REPORT APRIL 2020- MARCH 2023: A REPORT ON OUR PROGRESS

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.

2.0   OUR RESPONSIBILITIES AS A PUBLIC BODY/LEGAL LANDSCAPE

2.1   Part 1 (section 2) of 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.   As a public authority listed in Schedule 1 of the Act, we have a duty to report every 3 years:

- Our first report was published in August 2020 and covered the reporting period 1 April 2017- 31 March 2020.
- This is the second time we have reported. The reporting period is 1 April 2020- 31 March 2023.
- Our next report will be published in 2026 (unless there is a change in legislation).

2.2   On 16 March 2021, the Scottish Parliament unanimously passed the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill ('the bill'). However, two years on the bill has not been incorporated into Scots law as it was ruled incompetent by the UK Supreme Court in October 2021. Justices found it was out with the competence of the Scottish Parliament and encroached on matters reserved to Westminster.

In March 2023, the then Minister for Children and Young People sent a letter to the Convener Equalities, Human Rights and Civil Justice Committee Scottish Parliament, confirming that the Scottish and UK governments were looking at amendments.

Revised amendments were shared with the UK government in March 2023 with a request that any "new and material concerns" be raised "within the next few weeks", with a view to progressing to Reconsideration Stage before summer recess. In June 2023 the Scottish Government's Cabinet Secretary for Social Justice Shirley-Anne Somerville made a further statement updating the Scottish Parliament on the progress with the bill to incorporate the UN Convention on the Rights of the Child into Scots law. The top line for the statement is that amendments to the Act, to ensure that the compatibility duty will only apply when public authorities are delivering duties under powers in an Act of the Scottish Parliament, will be introduced as soon as possible after the summer recess and, Parliamentary timetable permitting, the reconsidered Bill may be passed by Christmas 2023.

BOARD MEETING 10 AUGUST 2023

Agenda item 15
Report No: B-16-2023/24

3.0   HOW OUR WORK SUPPORTS THE ARTICLES OF THE UNCRC

3.1   We have proactively worked to respect, protect, enable, and fulfil children's rights through our work. Involving our eight young inspection volunteers in strategic joint inspections and regulated care inspections has been important to build understanding of what matters to children and young people experiencing care.

Appendix 1 sets out the draft report for publication in September 2023. This outlines how we have met and delivered the articles of the UNCRC through our work since 1 April 2020 to 31 March 2023. Colleagues across the organisation were consulted in developing this report.

Some of our key achievements to highlight include:
- making the changes needed from the Independent Care Review through our Promise workstreams. Highlights of our Promise work, to date include:
    - the internal participation review and recommendations (referred to in appendix 1 in clusters 2, 3 and next steps)
    - the trauma pledge (referred to in appendix 1 in cluster 3)
    - the Promise learning and development framework (referred to in appendix 1 in clusters, 2,3, 6 and next steps)
- continuing to support the growth of early learning and childcare through our ELC improvement programme that focuses on providing targeted support to those settings currently at risk of, not meeting the National Standard
- developing a range of different ways to speak with children, young people and their families
- continuing to share information about children rights and the UNCRC across all areas of the Care Inspectorate
- working with children and young people, their families and advocacy workers to hear their concerns. This includes talking with those who have left care services
- working with Scottish Physical Restraint Action Group (SPRAG) on restrictive practices and good practice in the use of physical restraint and seclusion
- continuing to provide learning and development for our workforce in children and young people's issues and rights
- further embedding the Health and Social Care Standards, through our quality frameworks
- designing resources and guidance and jointly developing standards, such as Bairns Hoose, for professionals who care for children and young people
- involving children and young people in different areas of our work

As an organisation, we will continue to integrate and further embed the UNCRC into our work going forward. Our plan to build on these achievements is detailed under next steps on pages 31 and 32 of appendix 1.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

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

4.2 Sustainability

There are currently no direct sustainability implications arising from this report

4.3 Policy

No policy implications.

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

This supports us to deliver what we express in our corporate plan, we want babies, children and young people, and their families, with experience of care to:
- experience high quality compassionate care and support
- have improved outcomes (from the services which support them)
- feel that their rights have been respected and realised.

We are making the necessary links as a Corporate Parent that is committed to keeping The Promise, along with the implementation of the United Nations Convention on the Rights of the Child (UNCRC) to contribute to making Scotland the best place for children and young people to grow up.

4.4 Customers (Internal and/or External)

This report showcases our progress in respecting and protecting children's rights in our role as a scrutiny and quality improvement body. It will enhance our reputation as a duty bearer as it clearly demonstrates that we respect, uphold, champion, and defend the rights of children and young people who experience care.

The Scottish Government, The Children's and Young People's Commissioner Scotland and other external organisations with a specific interest in children's rights will read this report. Some children and young people, and their families may also read this report, so we need to have a child friendly version of this report.

5.0   CONCLUSIONS/NEXT STEPS

The Board is invited to:

- Note the positive progress since 1 April 2020 to secure better or further effect the UNCRC requirements.
- Approve the report for layout and publication on our website.

Children's Rights Report

April 2020 - March 2023:

This report showcases our progress in respecting and protecting children's rights in our role as a scrutiny and quality improvement support body.

Publish date: September 2023

Contents page

Foreword

"I am proud of all we have achieved to respect, uphold, champion, and defend the rights of children and recognise that their rights are most often realised through relationships with loving, attentive caregivers. We want to ensure all children in Scotland grow up feeling loved, safe, and respected and the incredible young inspection volunteers we work with are helping us to do this. Despite the delay in implementing the United Nations Convention on the Rights of the Child (UNCRC) here in Scotland we continue to make great progress. Please read about what we have achieved over the last three years to protect children and young people's rights and what we plan to do next." Jackie Irvine, Chief executive insert photo.

"Upholding, championing, and defending the rights of our children and young people is the foundation of our role as one of Scotland's corporate parents. As we strive to keep the Promise, we believe that all children in Scotland should be raised in loving and safe environments, where their rights are respected and protected. We remain committed to implementing the rights of children in a way that supports the ability of children and those around them to connect and develop relationships and cultures that uphold their rights as a matter of course. Our young inspection volunteers are key to this commitment. I am proud of what has been achieved over the last three years to uphold the principles of the UNCRC. Please read on to hear about this and our plans for the future." Charlotte Armitage, board member, insert photo.

Acknowledgements

We would like to thank everyone who continues to help us to protect and uphold children's rights and those who have shared their achievements and next steps. This includes our young inspection volunteers and our colleagues in:

- Scrutiny and Assurance
  - Children and young people's services
  - Complaints
  - Regulatory care early learning and childcare services
  - Registration
- Involvement and equalities
- Quality Improvement Keeping The Promise
- Professional Standards and Practice

And our work with external organisations including:

- Aberlour
- Children's and Young People's Commissioner for Scotland
- Each and Every Child
- Electoral Commission
- Learning to Understand Needs and Abilities (LUNA)
- LGBT Youth Scotland
- Love Inc (partnership with Aberlour, Includem, Centre For Excellence for Looked After Children In Scotland)
- The Scottish Guardianship Service
- Three Glasgow City Council care homes mentioned in case study 5
- Who Cares? Scotland

Who are we?

At the Care Inspectorate, we protect and support children and young people's rights. It is important as we are a 'duty bearer' and the law expect us to do this. In this report we will explain how our work supports the UNCRC.

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 everyone gets the best care, opportunities and future possible. These are five standards that set out what your good care should look like. These standards are rights based. <mark>(Insert visual)</mark>

What is the UNCRC?

Children and young people, have a set of rights laid out in the UNCRC. All children and young people have the same rights, which protect them and give them equal opportunities. All the rights are connected, and all are equally important.

- You can read the full convention here.
- You can read a summary here.
- Additional information is available from the Children's and Young People's Commissioner Scotland

Our commitment to The Promise

We agree that "All children and young people growing up in Scotland [should] have their human rights respected, protected and fulfilled." Together Scotland as quoted in the Scottish Government's Children's Rights and the UNCRC in Scotland guidance.

The Independent Care Review helped Scotland make a promise. The Promise call to action is a national strategy and action plan which contributes to the implementation of the UNCRC. Delivering on The Promise by 2030 is an important part of what we do, and we refer to it throughout this report, including our next steps.

The Promise intends to make Scotland's care system one that is more caring and united. To achieve this, it needs children's services across Scotland to change. The views and voice of children and young people must influence the change. We are proud of the progress we are making. Highlights of our Promise work, so far include:

- the internal participation review and recommendations (referred to in clusters 2, 3 and next steps)
- the trauma pledge (referred to in cluster 3)
- the Promise learning and development framework (referred to in clusters, 2,3, 6 and next steps)

<mark>(Insert Promise Workstream wheel to illustrate the 6 workstreams</mark>).
People in our organisation are Keeping The Promise, by building this into their everyday work, this helps to embed children's rights further into everything we do.

The Promise understands the importance of early and sustained support for families and to keep children living with their families. There is a reach across to our work in regulating early years care services – identifying early where a child and their family need help and establishing relationships of trust with parents and family members**.**

As we express in our corporate plan, we want babies, children and young people, and their families, with experience of care to:

- experience high quality compassionate care and support
- have improved outcomes (from the services which support them)
- feel that their rights have been respected and realised.

As a corporate parent we carry out many of the roles a parent would. We have a duty to promote the wellbeing of our children and young people. It is important that, in fulfilling our role as a corporate parent, we enable our children and young people to have their rights protected, realised, upheld, and defended.

Purpose of this report

The Children and Young People (Scotland) Act 2014 requires us to publish a report every three years to show what steps we have taken to put the UNCRC into practice. This report covers our progress during the period 1 April 2020- 31 March 2023 and highlights a range of activities that have been undertaken to protect, promote and defend children's rights.

In our last report we said between 2020-2023 we planned to focus on the following seven areas:

1. make the changes needed from the Independent Care Review
2. continue to support the growth of early learning and childcare
3. develop a range of different ways to speak to children and young people and their families
4. continue to share information across all areas of the Care Inspectorate in the best way
5. work with children and young people, their families and advocacy workers to tell us about concerns. This includes talking to people who have left care services.
6. work with the Mental Welfare Commission on restrictive practices and good practice in the use of physical restraint and seclusion
7. continue to train and develop our workforce in children and young people's issues and rights.

We have made great progress in all these areas. In a change to what we said for number 6, we worked with the Scottish Physical Restraint Action Group (SPRAG) to take forward our work on restrictive practices and the use of physical restraint and seclusion. There is more information about this in Cluster 5.

Why are we using clusters in this report?

Using the UNCRC clusters is an internationally recognised approach to the implementation, monitoring, and reporting of children's rights and it follows Scottish Government Guidance. It also provides a useful approach to use for this report. There are nine UNCRC clusters which cover a wide variety of rights.

Cluster 1: Definition of the Child

Article 1 of the UNCRC defines a child as anyone under the age of 18.

Cluster 2: General Measures of Implementation

Article 4, protection of rights. This cluster deals with structures and resources to implement the UNCRC including legal and non-legal measures.

We use Children's Rights and Wellbeing Impact Assessments (CRWIA) for any new policies or changes to existing ones. This helps to ensure that we have taken account of the UNCRC in our decision-making. The assessment uses the SHANARRI principles (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included) which describe the well-being of children and young people and is part of GIRFEC (Getting It Right For Every Child).

The Promise

Our internal Promise workstreams include:

- the methodologies and quality frameworks we use in our children's work
- our participation, engagement and listening practice to have voice at the heart of all our work
- how we support and equip our internal workforce to be Promise skilled and confident.

Since October 2021 we have raised awareness about The Promise with the following teams:

- early learning and childcare
- children and young people
- children's strategic inspection.

Insert visual of workstream 1?

We have worked with colleagues working in our involvement, registration, methodology and corporate parenting activities to make sure that children's rights and participation is included in current and new practices.

Our Promise work provides our workforce with access to a range of good practice information relating to what matters to babies, children, and young people in order to enable best outcomes.

We do this through our:

- dedicated Promise Yammer community, that has 142 members
- Promise workstream pages on our staff intranet
- working alongside individual teams in the organisation.

This baseline information is obtained from close collaborative collaborating with other stakeholders and agencies such as:

- Each and Every Children Initiative
- Our Hearings Our Voice collaborative
- The Promise Scotland team
- Who Cares? Scotland.

==Insert visual of workstream 2?==

A milestone achievement was the internal review of our current participation activity using the Scottish Approach to Service Design. This included:

- sending out a survey to our workforce to find out more about the current participation methods we use to involve children in our work
- asking specific questions to understand staff confidence levels in relation to working in a participative and trauma informed and responsive way with children.

An internal participation review was informed by a 'community of intent' group. The group is made up of colleagues from:

- strategic and regulatory inspection
- complaints
- methodology
- professional standards
- quality improvement
- involvement and equalities.

The purpose of the group was to discuss and understand our existing participation practice and was to inform a review of participation and to help identify recommendations.

The review also sought the views of our young inspection volunteers. The recommendations from this review were endorsed by our Senior Leadership Team in February 2023. We have an action plan to help us implement the recommendations from the review. The young inspection volunteers and a new internal 'Participation Community' of colleagues from across our children's teams have begun work to integrate the Lundy model of participation across our practice.

==Insert visual of workstream 4?==

During 2022 we developed The Promise learning and development framework to support and equip our children's workforce to be Promise skilled and confident. The framework includes contemporary learning on topics such as:

- child development
- participation and engagement
- trauma informed and responsive practice
- children's rights
- use of language
- permanence (providing stability, including secure and nurturing relationships)
- equalities
- corporate parenting.

This framework will be available to the internal workforce from June 2023.

During 2022 and 2023 Who Cares? Scotland delivered corporate parenting training to our workforce. In March 2023 we invited young people from the Learning to Understand Needs and Abilities (LUNA) project, to lead webinars for our workforce on children with disabilities. They shared their lived experiences and signposted colleagues to helpful resources.

We also work with external organisations to influence the national design of children's rights-based approaches. This includes close working with the:

- Promise Scotland team
- Scottish Social Services Council (SSSC)
- National corporate parenting network led by Who Cares? Scotland.

We worked with the SSSC to review our joint Safer Recruitment guidance to:

- better reflect young people's rights
- reduce discrimination towards people with care experience/ people with convictions
- increase the take up of positive action to recruit more young people.

We are also helping the SSSC to review their Codes of Practice and the Scottish Government's Common Core principles so that they are in line with the:

- UNCRC
- Health and Social Care Standards
- The Promise.

The new model focuses on how children should experience rights and respectful relationships.

We have also worked with Scottish Government and the Scottish Human Rights Commission to ensure that the rights of children and young people with care experience are reflected across the Scottish National Action Plan (SNAP). This is reflected in specific actions for duty bearers.

SNAP also reflects our work to:

- reduce the levels of restraint experienced by children and young people
- enhance support for young carers
- improve children and young people's experience of the justice system.

Early learning and childcare
In Early Learning and Childcare (ELC) we share the Scottish Governments ambition to make Scotland the best place in the world for children to grow up.

All our work contributes to national outcomes to:

- improve education and health for children
- reduce the poverty related attainment gap.

We do this through our scrutiny and quality improvement support work which promotes rights based, high quality, nurturing care, play and learning experiences for all babies, children, and young people.

After consulting with the early learning and childcare sector and the Children's Parliament in February 2022 we published 'A quality framework for day-care of children, childminding and school-aged childcare' (the framework).

The framework:

- uses rights-based language
- takes account of the Health and Social Care Standards

- includes the principles of the UNCRC.

Inspectors use the framework to provide independent assurance about the quality of care, play and learning, to ensure the rights of children are respected. The sector uses it to for self-evaluation and quality improvement work.

A Short Observation Framework for Inspection (SOFI) observation takes place at every inspection, it provides evidence from a child's perspective of their experience in services and evidence of whether children's rights are protected.

We have supported our inspectors to enable them to be skilled, confident, and well supported in carrying out their roles. Training focused on developing knowledge of the framework and the key areas of care:
- play and learning
- the setting
- leadership and care staff team.

Following quality framework training inspectors reported having:
- improved understanding of children's rights
- better understanding of the importance of self-awareness and how powerful rights-based language is.

The training has strengthened professional dialogue and expectations of inspectors having important discussion with care service providers, such as reinforcing the:
- importance of parental engagement
- our values
- role as an advocate for children and families.

The programme gave inspectors greater ability to reflect about issues which may be impacting on children's safety and well-being. They were able to place more emphasis on the environment and on care staff skills and knowledge in understanding child development, so they could more quickly identify the need for additional support. Examples of this were through a greater focus on speech and language development in inspection work and in considering families circumstances such as poverty when providing meals and snacks and ensuring positive experiences for children.

In 2022/23 inspectors carried out approximately **1831** inspections of ELC services. In every inspection carried out, inspectors sought the views of children and young people through discussion and/or SOFI observations, to enable them to share their experiences and views of the quality of the service provided. Children's views and comments are included in inspection reports that we publish on our website.

Children's experiences and the extent to which they are provided with high quality rights-based care and learning is assessed and evaluated through the inspection process and this information is shared with families and communities through published reports. Where inspectors found that children's experiences and outcomes are compromised by poor quality care and support, we take action to require or to enforce quality improvement so that children's rights are protected and advanced.

Children and young people (regulated services)
Since 2019 we have been revising our methodology for inspections of services for children and young people, to increase the focus on their experiences and outcomes, with new quality frameworks published for:
- Care homes for children and young people and school care accommodation (special residential schools)
- Fostering, adoption and adult placement services
- Mainstream boarding school and school hostels
- Secure accommodation services

For 2022-23 inspection year we published **three** new versions of Key Question 7 'How well do we support children's rights and wellbeing?' in the following three quality frameworks:
- Care homes for children and young people and school care accommodation (special residential schools)
- Mainstream boarding schools and school hostels
- Secure accommodation services.

These key questions help to:
- produce a more proportionate regulatory footprint, allowing services space to focus on recovery and development as we transition out of the pandemic
- prioritise the quality of relationships experienced by children, not the "process surrounding their care" as advised by The Promise
- support engagement with more children and young people, through visiting more services.

"We really valued the inspection team's focus on safety and the relationships we have with young people. Creating safety and building trusting relationships are defining principles of therapeutic trauma-informed practice. The use of Key Question 7 meant that these were thoroughly explored, and both our staff and young people welcomed this. The inspection managed to balance scrutiny with an acknowledgement of the real-life challenges faced when creating safety, relationships, and upholding children's rights". Kibble, specialist centre, that provides a range of integrated services to support children and young people.

In 2022 the young inspection volunteers met over **several** online meetings and worked together to write the script for the Key Question 7 animation. By using their own voices, the young inspection volunteers ensured the messages were warm and relatable, encouraging those who were unhappy about the quality of care they received to get in touch by sending a text message. We shared the animation throughout our providers and social media networks. This video demonstrates The Promise in action – by making sure that our young people's voices authentically influence our work. Posters are also displayed in services. More information in case study 1.

In our discussions with young people about this revised approach, this was particularly important to them. We are continuing to use this methodology in inspection year 2023-24.

We surveyed young people who experience care in 2021 about their preferred ways of engaging with us. Following their feedback:

- we created posters that explain what inspections are. Providers can download our poster for residential childcare or our poster for foster care and display this in their service to help young people understand what inspections are and how they can get involved
- our communications team developed a children and young people's specific webpage in 2021, to increase accessibility of information for young people.

In reviewing our engagement with young people, we moved from using paper-based questionnaires, to electronic surveys (using MS forms), with more accessible questions from 2020 onwards. We view this as an interim step, on the way to having a more visual and accessible way of seeking young people's feedback.

Our methodology team revised our inspection report format, to include a summary which may be more accessible to some young people. Again, we view this as an interim step. Our quality improvement support team have been piloting giving feedback directly to young people following an inspection.

Pre-pandemic our young inspection volunteers (you can read more about them on page 14) were central to the review of the existing complaints system and the subsequent identification of a text to complain service for children and young people. They worked alongside staff within the complaints team to consider what was not working well for children and young people. The young inspection volunteers considered the following three areas as important to children and young people:

- accessibility
- confidentiality
- rapid response.

This resulted in a service where children and young people can now text if they are not happy about their care. The young inspection volunteers also co-produced a short video about the text to complain service and designed a poster that is available to print   There is also an online form, email address and telephone number for filing complaints.

Childrens services (strategic)

In November 2022, we published an update to A quality framework for children and young people in need of care and protection. This refresh ensured that our language reflected the UNCRC and The Promise. We took account of the views of children and young people to inform this work.

Cluster 3: General Principles of the UNCRC

There are four guiding principles of the UNCRC:

- Non-discrimination (article 2).
- Best interests of the child (article 3).
- Life survival and development (article 6).

- Respect for children's views (article 12).

The Promise

Our internal Promise work supports the protection, fulfilment, and promotion of each of these four articles for all babies, children, and young people in Scotland. They are implicit in the messages and call to action that is The Promise and at the core of our internal Promise practice development and implementation. Our internal role is to enable this subject knowledge and understanding to be at the heart of practice relating to children's work across the organisation. We include all of the articles in the implementation of our Promise internal participation review recommendations and Promise learning and development framework.

As an organisation we committed to the National Trauma Leadership pledge in November 2022. This pledge is run by NHS Education for Scotland in partnership with the Scottish Government. This means we have:
- four senior leaders as internal trauma champions
- a trauma champions' group
- started the process of internal self-evaluation of the extent to which we are a trauma informed and trauma responsive organisation using the Improvement Service's national Trauma Framework as the basis for this exploration
- included the learning materials developed by the National Trauma Training Programme in The Promise learning and development framework and available to our workforce. These materials contribute to our workforce becoming part of the national ambition to develop *'a trauma informed and responsive workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery and can address inequalities and improve life chances.'* National Trauma Training Programme

Early learning and childcare

We are working in partnership with The Promise leads to ensure we design, develop and deliver approaches to early learning and childcare scrutiny and quality improvement support using The Promises five foundations as a base.

We have developed practice guidance for inspectors and for the ELC sector which supports the application of children's rights as stipulated within the general principles of the UNCRC. During the reporting period this has included guidance in key areas such as safety, health, and well-being.

In partnership with Scottish Government, we published 'My Active World: Move more to nurture happy and healthy children'. The aim of the resource is to inspire and motivate those who work with children to increase opportunities for children to be physically active across their day.

During the period following the pandemic, there was a significant rise in the number of serious incidents experienced by children and young people in ELC and school aged childcare settings. Incidents included children:
- leaving premises unattended
- left unattended or left behind by staff when out on trips

- left on transport.

These incidents had the potential to result in significant harm, or risk to life for children.

<mark>Insert SIMOA image</mark>

We developed our 'SIMOA (Safety, Inspect, Monitor, Observe, Act)' campaign to raise awareness of the risks of these incidents occurring in settings and to provide guidance for practitioners so they could identify and reduce the risks. We published information about SIMOA on our website and inspectors highlight the information through their inspection work. Children of all ages are supported to understand what SIMOA means for them and other children, this means involving them in identifying and considering physical risks. We have been monitoring the data in relation to serious incidents in ELC services and early indicators are that these have significantly reduced following the SIMOA campaign being promoted.

We are building on the way we involve children and families in our inspection work through the use of an electronic survey which will be accessible to most or all families. Inspectors will analyse the responses and consider the views shared in their inspection work. This will be in addition to the discussion and observation work with children and discussion with families and carers during inspection visits and will increase the voice of children in our work.

We have also shared information with local authorities and large provider groups through our relationship meetings with them. In every inspection since the implementation of the framework in June 2022, inspectors have focused on children's experiences of nurturing care and support and play and learning. This key area includes the extent to which children's rights are respected and promoted through effective use of personal plans.

The framework highlights the importance of involving children and their families in decision making about their care and development. It sets out that staff are skilled at building resilience and identifying and supporting children with any additional support needs and in engaging specialist input where required. Where inspectors find that children's rights are not respected in this area, we can require, and in some cases enforce, improvement. We monitor service action to ensure appropriate action is taken to protect children's rights and improve children's experiences and outcomes.

Children and young people (regulated services)

To better support how we engage with children and young people who have English as a second or foreign language, in 2020 we developed a [poster](#) for services to display. This lets children and young people know that we are happy to book an interpreter to chat with them.

We also collaborated with Happy to Translate, to develop a bespoke app that supports inspectors' initial engagement with children and young people who have English as a second or foreign language when out on inspection.

Childrens services (strategic)

In our joint inspections of children's services (with Healthcare Improvement Scotland, Education Scotland, and HM Inspectorate of Constabulary in Scotland) we address four aims:

1. Children and young people are safer because risks have been identified early and responded to effectively.
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
3. Children, young people, and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The first three very much link to the general principles. To gather our evidence, we seek to hear the views of children and young people about their experiences and impact of services on them.

We are successful in getting to hear the voices of children and young people. That said, we recognise that we need to ensure a range of methods and opportunities are available for children and young people to give us their views and keep our approach under review.

In the strategic children's team, we have been developing our focus on relationship-based care and the direct voice and experience of children in gathering evidence during inspections. We have developed the following resources, with our young inspection volunteers, to help us:

- Leaflet
- YIV video
- [Joint inspection of services for children and young people at risk of harm East Renfrewshire](#)

insert images from https://careinspectoratecloud.sharepoint.com/sites/Intranet/SitePages/Developing-our-Participation-Practice.aspx

Respect for children's views: work we do with young inspection volunteers

Our young inspection volunteers are mostly involved in strategic inspections. They also visit care services with our inspectors to check that they are providing good quality care and discuss with them ways to improve. We work with organisations that support children and young people, to develop resources to show services the best way to help children to develop and grow. We also ask young people to get involved in our projects which helps build their skills and confidence.

We currently work with **8** young inspection volunteers, who visit children and young people's services with us when we inspect. Their ages range from 18-26 and they have all experienced care services themselves. We train and support them in engaging with children, families, and professionals to help us to further understand how well or not a service is doing. In the future, we would love to involve more children and young people in our work. Our young inspection volunteers have spoken to hundreds of children and young people to find out about your experience

of care. This is important so that we know what is working well and where things should be better and need to improve in care. What our young inspection volunteers think is important and makes a difference to other young people's lives. Here are some examples of the type of work they do.

Case study 1: Key Question 7 Animation Regulated Children's Inspections Co-design
Over the course of four online and two in person meetings, our group of six young inspection volunteers developed the concepts, script, and key messages for the above animation. The group were keen that the language used was jargon free and accessible for the audience. This was a creative and fun process that everyone contributed to. The group was keen to ensure that the film appealed to children of all ages and that the voiceovers included some younger children. It was agreed that using animations would be the best way to engage all ages and the group were careful to select images which were gender neutral, and inclusive. As pet lovers our volunteers were keen to highlight the benefits that animals can bring to care experienced young people. The group also wanted to give a nuanced approach to the range of emotions felt by those in care settings. We gathered in Kelvin College, where some of our young inspection volunteers are completing their Community Achievement awards for a premiere of the film and to celebrate this brilliant piece of work. Our young people had this to say about the film and their experiences of working on it: "I really enjoyed being part of the animation group and voiceover work especially as this is the first time my son has been involved in a piece of work I have done" *Toni, young inspection volunteer* "It was really fun making the film and I enjoyed all the volunteers coming together and doing all the recordings" *Rosa, young inspection volunteer* "I was able to support the other volunteers during the voice recording sessions which reminded me of my own skills and knowledge around voicework". *Ashley, young inspection volunteer* We strongly believe that co-design and co-production are powerful ways of working. Allowing our young people with lived experience of care to influence and inform how we engage with young people in services, ensures we communicate with our children and young people in the most genuine voice we can. This film will enhance our regulatory work and will be shared widely.

Case study 2: Welcome to your vote webinar and social media
Working alongside the Electoral Commission, Aberlour and the Children's and Young People's Commissioner for Scotland we held a webinar for providers on understanding the challenges around voting faced by care experienced young people. During the process of preparing the content for the webinar we highlighted to the Electoral Commission the importance of providing specific support and guidance to care experienced young people. Working with Aberlour and the Children's Commissioner we identified the main ways in which providers could bridge the gaps in support that might prevent some care experienced young people from voting. The webinar was attended by many care service providers, Care Inspectorate inspectors, and partner organisations. Following the webinar, we worked with Aberlour's care experienced participation workers and our young inspection volunteers over three online meetings to identify some of the myths around the upcoming local council elections. The young people then co-produced a short animation which provided key messages to the care community about their right to vote and how to connect to support through the electoral commission's online guide to voting. We were able to involve all the young people who identified the key messages in the voice work this helped to keep the messages authentic and engaging. The animation was shared widely over social media channels. _"it's so important to ensure care experienced young people know their rights and get the support they need to use their voice" Raysa, young inspection volunteer_ _"I think the animation can inform those who may lack support to vote" Skye, young inspection volunteer_

Case study 3: PDA Event: Young inspection volunteers supporting the learning and development of Care Inspectorate staff

In December 2022 three of our young inspection volunteers attended the in-person Professional Development Accreditation (PDA) event which focused on the importance of applying the Lundy model framework to ensure good participation practice.   They presented their knowledge from the perspective of inspection work to a range of professionals working on their PDA's from ELC, Adult Care, Children and Young People and Justice.

This event provided the opportunity for our young people to share their experiences, build confidence and to learn about various challenges and opportunities to good participation in many different settings further developing their knowledge and expertise.

> "*I felt proud to share our work and skills with Inspectors, and I feel I learned lots too. It was a great event*" Bronny

> "*Although I was nervous with so many inspectors in one room, I am glad I took part, not all professionals know how to help young people to open up*" Rosa, young inspection volunteer.

Case study 4: Young People's Voices Group: The Scottish Guardianship Service

Recently we visited the Young People's Voice's group to talk about what the Care Inspectorate do and to share the opportunity for their members to apply to volunteer with us.

The Involvement Advisor and young inspection volunteer co-presented to the group and learned about how they as a collective are working to have their voices heard about the care unaccompanied children receive.

> "*I am glad that we went to meet them, they were so welcoming…they are such wonderful advocates for unaccompanied young people.*" Shannon young inspection volunteer

The group shared their recent report on their own experiences of care and individually talked about the support they had received from the guardianship, social workers, and key workers.

Shannon was able to talk about her experiences of care and her passion for working to ensure children's and young people's voices are heard on inspection. Shannon also explained the role of young inspection volunteers and described some of the practicalities and training involved. This meeting was an important first step in involving unaccompanied young people in the work of the Care Inspectorate.

> **Case study 5: Care home improvement project: Improving children and young people's involvement in inspection feedback.**
>
> The senior improvement adviser Technologically Enabled Care (TEC) worked with:
>
> - three Glasgow city council care homes
> - the children and young people regulated care team
> - the young inspection volunteers.
>
> This was to improve the involvement of children and young people in inspection feedback.
>
> The work is aligned with our commitment to Keeping The Promise and aspires to make a key contribution to the outcomes identified within our six Promise workstreams.
>
> The project team tested a face-to-face feedback session with children and young people in a Glasgow city council care home. The test was a hugely positive experience with excellent feedback from the children, young people and staff involved.
>
> The second test built on the first introducing technology to record a feedback video/ audio for children and young people. Through robust evaluation the project has been able to evidence increased levels of involvement in inspection feedback.

Cluster 4: Civil Rights and Freedoms

This cluster focuses on children's civil rights and freedoms including children's right to move freely in public space, to access information and to privacy.

- birth registration, name, nationality, care (Article 7).
- protection and preservation of identity (Article 8).
- freedom of expression (Article 13).
- freedom of thought, conscience, and religion (Article 14).
- freedom of association (Article 15).
- right to privacy (Article 16).
- access to information and mass media (Article 17).
- right to education (Article 28).
- inhumane treatment and detention (Article 37).
- recovery and rehabilitation of child victims (Article 39).

The Promise

This is implicit at the heart of our Promise development work. Our organisational methodologies and quality frameworks (Promise workstream 1) are measures against which our inspectors assess the extent to which these rights are experienced by the children in services we inspect.

We will continue to prioritise, develop, and resource practice to address these rights in the design and undertaking of our regulatory, scrutiny and quality assurance role on behalf of babies, children, and young people.

Early learning and childcare
In relation to children's right to education the framework highlights the importance of children's rights being respected and promoted through children having fun as they experience high quality play, learning and development opportunities. And, that children are empowered to be fully involved in their play and learning through the skilled interactions of staff.

In our inspection work we assess how well children's play experiences, indoors and outdoors, develop children's skills in language, literacy, and numeracy. Where we find that children's, development, and outcomes are compromised by the quality of their experiences we require, and in some cases have enforced, improvement action to be carried out by the service provider.

Our notifications and scrutiny work has highlighted that children's safety is at greater risk when understood outings, transitions and children's natural curiosity and exploration are not fully and supported by staff. To support practitioners to keep children safe, we have regarding trips and outings, transitions and supporting positive mealtime experiences in ELC. We developed, published, and promoted, a range of practice notes for the sector.

In February 2023 we hosted webinars for early learning and childcare settings to reflect together on some of the challenges in the sector and to discuss what the future looks like. An important area highlighted in the webinars by practitioners was family engagement. There is acknowledgement of the importance of the relationship between settings and families, supporting family engagement in ELC is crucial to raising awareness of the impact on children's learning and development of good partnership between the setting and children's home life in promoting improved learning and enabling children to reach their potential.

Children and young people (regulated services)
In May 2022 we published '[Guidance for children and young people's services on the inclusion of transgender and non-binary young people](#)', with the aim of supporting care services for children and young people to enhance the inclusion of transgender including non-binary young people. There has been a gap in guidance for the children and young people's care sector, which is why we have developed this resource. We know that the sector has queries as a number of services have approached us asking about how they can best support transgender including non-binary young people. We spoke with care experienced trans young people, and services supporting trans young people, when drafting the guidance and their quotes are included throughout.

Childrens services (strategic)
In June 2022 we notified all local authorities and secure care providers in Scotland of our plans to carry out a review to consider the impact of the [Secure Care Pathway and Standards](#) on young people in/or on the edges of secure care. These standards exist to improve the experiences of children and young people who are in, or on the edges of, secure care. The aim is to lead to better and brighter outcomes for this group of young people. The review we are undertaking is another example of

ongoing rights-based Promise work which the strategic scrutiny team have been developing. We will publish our report in September 2023.

We worked with regulated care colleagues to undertake [a review](#) and provide a snapshot of the range and type of restrictions placed on children and young people on Deprivation of Liberty orders in Scotland. Inspectors conducted face to face meetings with **nine** of the children and young people and had a telephone interview with **one** young person to inform the review.

Cluster 5: Violence Against Children

This cluster focuses on violence against children including abuse and neglect and the right not to be subjected to inhuman or degrading treatment or punishment.

- protect from all forms of violence (Article 19).
- promote physical and psychological recovery (Article 39).
- no child subjected to cruel, inhuman, or degrading treatment (Article 37(a)).
- school approaches to managing behaviour and discipline (Article 28(2)).

The Promise

Our Promise work supports practice development across our children's scrutiny teams to highlight these rights. Examples of specific pieces of work from individual teams for example, attention to trauma informed practice see cluster 3.

Children and young people (regulated services)

We understand that the use of restrictive practices in the promotion of rights, independence and choice for children and young people conflicts with promoting and maintaining a duty of care by taking protective action to keep them safe. We are a member of Restraint Reduction Scotland and have worked with the Scottish Physical Restraint Action Group (SPRAG) to develop a [Self-evaluation tool](#): [The use of restrictive practices](#) which was published in 2022. It is designed to support services to evaluate how well they are doing in using restrictive practices and identify areas where they want to improve.

To support the launch of the self-evaluation tool, we held two webinars in 2022. We worked collaboratively with SPRAG to create definitions in relation to restrictive practices and review our document [Records that all registered children and young people's care services must keep and guidance on notification reporting](#) in 2021. We used these same definitions to create a new notification about restrictive practices in 2022 and replicated the language across our annual returns for 2022. The methodology team are undertaking a review of the impact of the self-evaluation tool.

We were involved in the development of the [Secure Care Pathway and Standards Scotland](#), led by children's services (strategic).

In 2022 we published a [Protocol and procedures for secure accommodation services](#) on the use of registered emergency beds to better support young people's rights and experiences in this area of practice.

We have developed a policy position on 'Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services. This sets out the attitude, expectations, and actions of the Care Inspectorate where children and young people may be deprived of their liberty, where their liberty is

restricted, or where this is a risk, through the design and/or care practices of Secure accommodation services; Care homes for children and young people; School care accommodation services.

We are engaging with the 'reimagining secure care' work being undertaken by Children and Young People's Centre for Justice (CYCJ) and with the development of the Children (Care and Justice) Bill. This includes related aspects such as the removal of under 18s from young offenders' institution and increased regulation of secure transport.

We have recently established a positive working relationship with the Scottish Police Authority and are in the early stages of scoping out work such as:
- increasing both the residential childcare and police workforce understanding of trauma
- considering the use of cells and places of safety for young people
- adjusting responses to children who go missing or self-injure.

Childrens services (strategic)
We have been working on:
- a revised protection policy and procedure (currently in draft)
- joint inspections of services for children at risk of harm mentioned earlier under cluster 3
- the development of the national trauma training program
- our role in the implementation of the national child protection guidance (2021).

Cluster 6: Family Environment and Alternative Care
This cluster focuses on the family environment, the right of children to be well cared for if they live apart from their parents, and the right to be protected from all forms of violence and abuse.
- parental guidance and a child's evolving capacities (Article5).
- separation from parents (Article 9).
- family reunification (Article 10).
- abduction and non-return of children (Article 11).
- parental responsibilities and state assistance (Article 18(1-2)).
- protection from all forms of violence (Article 19).
- children deprived of a family (Article 20).
- adoption (Article 21).
- review of treatment in care (Article 25).
- adequate standard of living (Article 27).
- recovery and rehabilitation of child victims (Article 39).

The Promise
Our Promise work supports the development of internal practice that promotes and supports the fulfilment of these rights. The messages of The Promise are that all children grow up respected and loved in safe, loving families where their individual needs are anticipated and responded to positively.

The topics in our Promise learning and development framework focus on the aspects of voice at the centre of decision making, the importance of access to independent

advocacy, the importance of living with brothers and sisters if families cannot stay together and the impact of trauma on child development (amongst other topics) informing what children need and matters to them.

Our work with different teams across the organisation addresses these rights in different ways through the lens of The Promise. For example, we are working with inspectors who assess applicants who wish to register as child minders or new care provisions or vary their registration for how many children they care for.

We supported our early learning and childcare teams to highlight nurseries nurturing relationships with parents as an early learning and childcare priority this year. This supports The Promise priority of early help for children and families who need this to reduce the risk of children not being able to remain with their family.

We jointly developed the Bairns' Hoose Standards with Healthcare Improvement Scotland, which will be finalised and implemented in June 2023. The aim is to introduce an integrated, holistic system, with all professionals working from the same child-friendly premises and consistent therapeutic support being provided throughout. Children and families frequently report that they experience our current system, in which children have to travel and repeat their story to different professionals, as re-traumatising.

Establishing a network of Bairns' Hoose's should reduce delay and re-trauma and improve how we deal with child protection and justice. With buy-in from social work, health, voluntary sector therapeutic support and aspects of justice, we are on the brink of transformative change in how we collectively respond to children who have been harmed and children under the age of criminal responsibility whose behaviour has caused harm. The Bairns' Hoose will be the key vehicle for upholding the rights of children and families to compassionate and effective intervention and support in line with the UNCRC and Promise principles.

Early learning and childcare
Our framework focuses on engaging with families to support children's care, play and learning, and supports the ambition of The Promise to improve outcomes for care experienced children and their families.

We continue to strengthen and build on our strong connections with the ELC sector through our scrutiny, assurance, and quality improvement activity, sharing and disseminating the best practice documents that we produce.

We have designed a suite of ELC sector practice notes to share. Our most recent publication is 'Growing my potential: Promoting safe, responsive, nurturing care, and learning experiences and environments for babies and young children'. It provides support and guidance to ELC settings, including childminders, caring for children aged 1 and 2 years. It is essential that the connections we make through our scrutiny role reflect the realities of children's lives, while supporting continuous improvement and being responsive to the sector.

Children and young people (regulated services)

In 2022 we published Care Homes for Children and Young People - The Design Guide to support applicants and providers with design, planning and construction considerations for new or converted care homes for children and young people – and ensure that their rights were upheld in this area.

To support with ensuring children's rights were upheld during emergency situations, we published Guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers in 2022.

We have carried out significant work in relation to cross border placements and we are involved in the developments around the Children (Care and Justice) Bill.

Distance placements refer to any child who is placed in a care setting outside of their home community. In 2022 we published our report on 'Distance placements: exploration of practice, outcomes, and children's rights'. The report gives emphasis to issues faced by children placed in Scotland from other parts of the UK.   These are priorities for our organisation which are set out in both Promise Change Programme One and the Scottish Government's recently published Implementation Plan.

The report found that a combination of inadequate planning, poor practice, and limited resources is resulting in some children facing further trauma and negative outcomes. The report highlights concerns about placements to inappropriate settings, away from family, friends, and familiar support networks. The potential discriminatory impact on children living in Scotland and not included in the Scottish care system, is also discussed.

The report found that children often arrived in placements with no clear idea of their rights or anyone to advocate for them. Children were reportedly transported at night, with no familiar adults and no information of their destination, and host authorities were at times unaware young people had been placed in their area until serious issues arose. In response to the findings, we have issued recommendations for use within the organisation, to care providers and to the Scottish Government.

The new notification system that we launched in April 2021, requires Scottish care providers to notify the regulator when a young person from different legal jurisdiction moves in and out of placement. Also, before accepting a distance or cross-border placement, providers should ensure children have a named independent advocate, and their rights to direct contact with parents, carers, brothers, sisters, and friends can be observed.

The report recommends the transportation of children to and from care placements be child-centred, trauma-sensitive and adheres to human rights and UNCRC legislation. The report includes a series of recommendations to improve the lives of children experiencing care in distance placements.

Following our 'Promise in practice' publication on distance placements for children and young people, the centre for excellence for looked after children in Scotland

(CELCIS) invited us to co present a workshop at the Scottish Institute of residential childcare (SIRCC) yearly conference in November.

In January 2022 we carried out a [short thematic review of children and young people placed cross border on Deprivation of Liberty Orders](#). We spoke to nine of the children face to face and had a telephone interview with one young person. We developed an information sharing agreement and protocol with Ofsted in 2021, to allow us to raise concerns about placing authorities where there could be a potential breach of a young people's rights.

We have been supporting the [Staying Put agenda](#) since 2013 and our role as corporate parents under the Children and Young people (Scotland) Act 2014 includes supporting young people moving from care to adulthood and independence.

We developed [Guidance for services on the provision of continuing care in 2022](#), the [Continuing Care and the Welfare Assessment: Practice Note](#) in 2021 and delivered a Continuing Care and the Welfare Assessment Webinar in 2021. We collaborated with Clan Childlaw and CELCIS to produce a [resource](#) for young people about their right to continuing care.

In aspiring to make residential care a positive choice for all children in Scotland who need it, and to promote young people's rights in admissions and matching, we published [Matching looked After Children and Young People: Admissions Guidance for Residential Services.](#) We regularly review and update the guidance (most recently in 2022), particularly in relation to cross border placements.

We will continue to engage with the work around Unaccompanied Asylum-Seeking Young People, and the Children (Care and Justice) Bill – both of which will have an impact on these areas of practice.

We are undertaking a piece of work with social workers, to enhance their understanding of our role and encourage them to share their feedback with us. This will support the right of young people to have positive experiences and outcomes in care settings.

Childrens services (strategic)
We:
- contributed to the development of the Bairns Hoose Standards
- gather evidence relevant to this cluster of rights during our inspections, young inspection volunteers review publicly available information in local authority areas about child protection. This looks at accessibility and clarity from a young person's perspective.

Case study 6- Love Inc

Love Inc is an exciting and dynamic partnership between us and:
- Aberlour
- Includem
- CELCIS

The name Love Inc was suggested by a care experienced young person and sums up what the partnership is about, love in the care system for children and young people.

We have been part of this collaborative partnership since 2019, when the partnership was successful in securing funding from Life Changes Trust.

We wanted to meaningfully gather the views of children and young people about how love and supportive relationships can be a part of a children and young people's care experience. We were open to exploring this in different ways, but in agreement that the voices of children and young people had to be integral to this work.

We supported the recruitment process for participation assistant posts, and we are delighted when one of our former young inspection volunteers, Erin was successful in securing one of the posts. Erin has subsequently been promoted to senior participation assistant. We are incredibly proud of Erin.

The thinking and approach of Love Inc absolutely chimed with the findings of The Promise. There is a recognition that there needs to be more love and less system, jargon, and processes.

The learning and thinking have been on a wide range of issues that make a difference to children and young people. Love Inc has taken a lead from them and tried to go at a pace that is right for them. Time and effort have gone into the project team building relationships with children and young people in some of the Aberlour Children's houses. The approach has sought to get to know children and young people recognising that opening up discussion about love takes time and trust. The pandemic has brought challenges and opportunities. Using technology has meant that Love Inc has been able to get their messages and findings to a much wider audience.

Language what we say, how we say it and how we write about and with young people has been a big theme. Love means different things to different people, but children and young people want to feel loved and want responsive, loving care that allows them to shine.

The project lead and the participation assistants have delivered training sessions to a diverse range of audiences. The Care Inspectorate has benefited from this. Love Inc delivered a stimulating session to the Inspectors in the Children and Young People's team and to our corporate parent group. Love Inc have also helped to deliver and design parts of our Professional Development Award (PDA) qualification for inspectors. For example, when Inspectors on the course were thinking about their graded unit projects, Love Inc gave feedback about

participation and capturing the voices/experiences of people using services. This input was appreciated by the Inspectors who used it to ensure lived experience was at the core of their work. Work is ongoing between the PDA team and Love Inc to take this forward in a genuine co-produced way.

We are delighted that the work of Love Inc has been recognised in being shortlisted for the partnership award of the Scottish Public Sector Awards.

The Health and Social Care Standard 3.10 states "*As a child or young person I feel valued, loved and secure*". We know this is not an easy thing to regulate but we are committed to children and young people feeling loved in the care system. This needs to be the norm, not something that is controversial or ambitious.

Our inspection methodology is evolving in line with this and as part of our organisational commitment to Keep The Promise. Our focus of inspection in services for children and young people this year has children feeling safe and loved at the core. There will be more on this later.

If you want to download a copy of the final report about Love Inc , you can do so [here](#).

Case study 7- Stand Up for Siblings

We are a proud member of the Stand Up for Siblings partnership, a Scotland wide initiative to improve and change legislation, policy, and practice. It is about making sure children and young people live with their siblings, where it is appropriate to do so, and sustain strong and positive lifelong relationships with them. We were involved in the development of [Staying together and connected: getting it right for sisters and brothers: national practice guidance (2021).](#) Our young inspection volunteers made a big contribution to this award-winning work and in 2020 made a film about promoting and supporting sibling relationships for children and young people who experience care.

Cluster 7: Basic Health and Welfare

This cluster focuses on the health and welfare of all children and the consideration of disabled children's rights.

- life, survival, and development (Article 6).
- parental responsibilities and state assistance (Article 18(3)).
- children with disabilities (Article 23).
- health and health services (Article 24).
- social security (Article 26).
- adequate standard of living (Article 27 (1-3)).
- drug abuse (Article 33).
- Convention on the Rights of Persons with Disabilities (CRPD 24).

The Promise

The Promise messages highlight attention to children living in poverty, those with protected characteristics listed under the Equality Act (2010) and marginalised communities who are often not heard. In our Promise development work, we promote this aspect.

The Promise work weaves across the work of several cross organisational teams and groups to promote these rights and help to shape practice developments in our work to further strengthen our day-to-day practice. Examples include children's inspection teams; corporate parenting and family firm subgroup; children's rights and care experience group and policy review group.

Early learning and childcare

We know that the earliest years of life are crucial for every child, and the evidence tells us that if our early learning and childcare offer is to help children fulfil their potential and contribute to closing the poverty-related attainment gap, it must be of high quality. That it is why quality is at the heart of the expansion in funded early learning and childcare entitlement for all 3 and 4 years, and eligible 2-year-olds, to 1140 hours from August 2020. To enable this, a 'provider neutral' Funding Follows the Child approach has been introduced alongside the national roll-out of the expanded entitlement in 2020.

The approach is underpinned by a National Standard that all providers delivering the funded hours –regardless of whether they are in the public, private or third sector, or childminders – will have to meet. This will provide reassurance to parents and carers that any provider offering the funded hours will be able to offer their child a high-quality early learning and childcare experience. It also supports the commitment to provide a free meal to every child attending a funded early learning and childcare session. It will also place choice in parents' and carers' hands, enabling them to access their child's funded entitlement from any provider that meets the new National Standard, has a place available and is willing to enter a contract with their local authority. The National Standard influences our inspection and registration work.

Our ELC improvement programme focuses on providing targeted support to those settings currently at risk of, not meeting the National Standard. The programme provides a range of universal resources to support all settings with improving quality.

We continue to review the quality of experience for children through our inspection and registration work. Intelligence gathered from a variety of sources enables us to target our scrutiny work to ensure children's rights are protected.

We publish our evaluations yearly that supports the development of national childcare policy. The outcome of our scrutiny work is used along with Growing Up in Scotland when conducting the longitudinal research study, tracking the lives of thousands of children and their families from the early years, through childhood and beyond. The main aim of the study is to provide latest information to support policymaking in Scotland, but it is also intended to provide a resource for practitioners, academics, the voluntary sector, and parents.

Children and young people (regulated services)
To support staff in services to develop personal plans for children and young people which uphold their rights, in 2021 we developed a Guide for providers on personal planning: children and young people. We spoke with young people to gather their views on personal planning and included quotes from young people throughout the document.

To support providers to ensure they are assessing and providing staffing levels to meet the needs and uphold the rights of young people in their care, we published in 2020 Guidance for providers on the assessment of staffing levels. This guidance was updated in 2022 and further work is being progressed in this area by the safe staffing team.

We will continue to engage in joint work with strategic, such as the disabled children's thematic review.

Childrens services (strategic)
We contributed to national work on the rights to support for care experienced young people-What Support Can I Get as a Care Leaver or If I'm Care Experienced? This included information on benefits, support, and places to go for help, if you have been in care or are a care leaver in Scotland.

Cluster 8: Education, Leisure, and culture
This cluster focuses on the right of all children to have a right to an education that will help them achieve their potential without discrimination.
- the right to education (Article 28).
- the goals of education (Article 29).
- children of minorities/indigenous groups (Article 30).
- leisure, play and culture (Article 31).

The Promise
The Promise requires the educational, leisure and cultural rights of the child being recognised and met as part of their holistic child centred care.

Early learning and childcare
We continue to develop new approaches to our registration and scrutiny work. We want to make sure that our inspections and registrations are strongly focussed on assessing the extent to which children experience wellbeing. We also want to understand the difference play, care and learning makes to their lives.

Children and young people (regulated services)
We worked with the Registrar of Independent Schools and Education Scotland worked together to produce Guidance on effective safeguarding for boards of governors in independent schools in 2022, to assist with self-evaluation and monitoring of child protection and safeguarding practices.

To set out our approach to regulating guardianship arrangements in boarding schools in 2021 we published Guidance for the regulation of guardianship

arrangements in boarding schools. These help to promote and ensure the young people's right to safety.

We are developing a Design Guide for Mainstream Boarding Schools – keeping in mind learning from the Scottish Child Abuse Inquiry, and ways in which we know young people's rights have been breached.

We are currently undertaking a piece of work to develop a video about our work, for young people living in mainstream boarding schools. We have identified some young people from the sector to work with us on this.

Cluster 9: Special Protection Measures

This cluster focuses on groups of vulnerable and marginalised children who require special protection.

- refugee children (Article 22).
- children of minorities/indigenous (Article 30).
- child labour (Article 32).
- drug abuse (Article 33).
- sexual exploitation (Article 34).
- abduction, sale, and trafficking (Article 35).
- other forms of exploitation (Article 36).
- inhumane treatment and detention (Article 37(a-d)).
- war and armed conflicts (Article 38).
- recovery and rehabilitation of child victims (Article 39).
- juvenile justice (Article 40).

The Promise

Our Promise work interfaces with our strategic justice team's work. The thematic review of secure care pathways currently underway led by children's strategic team is informed by Promise messages. All the special protection measures are considered in the course of the work across children's inspection teams.

Through our scrutiny work, we work in partnership with the different specialisms to ensure we act quickly to respond to any potential risk that young people may be facing for example, we would complete an emergency variation to accommodate a young, unaccompanied asylum seeker.

Children and young people (regulated services)

We have supported services to accommodate Ukrainian refugees through the registration of services to enable them to offer the right support to families. We continue to respond to ever changing needs of children and families to ensure services can meet their needs.

We understand that meeting the needs and upholding the rights of asylum-seeking and refugee children and young people across Scotland is particularly challenging. We all need to work together, to make improvements. To help inform this work, we have been collaborating with COSLA (Convention of Scottish Local Authorities), the Scottish Guardianship Service, the Scottish Refugee Council, and Unaccompanied Asylum-Seeking Young People.

We will co-deliver a <u>webinar</u> on 24 April 2023. The content is relevant for local authorities, social workers, residential childcare staff, fostering services, and foster carers as it will cover:

- The background to unaccompanied asylum-seeking children policy and the National Transfer Scheme.
- Information about what support and services are available.
- The context around why young people are arriving to Scotland, and what their lived experiences have been.
- Any queries or concerns and the sharing of best practice.

Following the Supporting Unaccompanied Asylum-Seeking Children Webinar, we are considering what further work needs to be undertaken for example, further webinars or the development of guidance.

We have heard from local authorities about the impact of the National Transfer Scheme (NTS) and have evidence of this from our inspections and registration work. As mentioned earlier we have developed a policy position on 'Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services. This sets out:

- the attitude, expectations, and actions of the Care Inspectorate where children and young people may be deprived of their liberty
- where their liberty is restricted
- where this is a risk, through the design and/or care practices of Secure accommodation services; Care homes for children and young people; School care accommodation services.

We have been speaking with Scottish Government and COSLA (Convention of Scottish Local Authorities) about how to support the sector, and what services for these young people might look like going forward. We want to ensure that their rights are upheld, and we do not create a two-tier system.

As mentioned in cluster 5 we are involved in the development of the Children (Care and Justice) Bill. This includes related aspects such as the removal of under 18s from young offenders' institution and increased regulation of secure transport.

We have spoken with a group of Unaccompanied Asylum-Seeking Children, called Young Peoples Voices (YPV). We are hoping to work with them to develop resources (for example a card about what we do in a variety of languages), or potentially enlist some of them as Young Inspection Volunteers.

Childrens services (strategic)
We are involved in national work to implement national child protection guidance.

Next steps 2023-2026

The Promise
Continue:

- to prioritise and resource the implementation of the recommendations from our internal participation review to integrate Lundy model participation principles across our work
- our work with the National Trauma Training Programme
- to enhance our internal Promise learning and development framework
- to learn from our scrutiny and regulation work about risks for children in relation to discrimination, survival, and development. We will achieve this by listening carefully to the views of children, their families, and carers
- to increase our collaboration with partners to deliver increased impact on improving outcomes and reducing inequality for all babies, children, and young people.

Early learning and childcare
Continue:

- to use a framework founded on children's rights
- to offer high quality learning and support for our staff to develop our expertise in children's rights. This will enable us to drive improvement within the ELC sector and to deliver on and contribute to national policy
- to prioritise protection and trauma responsive practice
- to develop a shared framework for Early Learning and Childcare sector with Education Scotland, sector representatives, practitioners, teachers, staff, and children, this will ensure the voice of the children is at the centre of our work.

Children and young people (regulated services)

- review our joint guidance for inspectors on the use of restraint with Education Scotland
- launch a revised version of the restrictive practices' notification
- consider publishing national restraint data, and other information from annual returns in an annual 'state of the nation' report
- develop reporting from the restrictive practices' notification, to offer improved comparative data, this will be carried out with support from the intelligence team
- continue to engage with the 'reimagining secure care' work being undertaken by Children and Young People's Centre for Justice (CYCJ), around the development of the Children (Care and Justice) Bill
- engage with His Majesty's Inspectorate of Prisons (HMIP) to explore how we could be involved in increased frequency of inspections of Polmont, whilst under 18s are still detained there
- explore alternative language voiceovers for animation video / develop a specific video for unaccompanied asylum-seeking young people
- identify further work that needs to be undertaken for example, additional webinars or the development of guidance following the Supporting Unaccompanied Asylum-Seeking Children (UASC) webinar
- continue to progress work on the design guide with the Scottish Council of Independent Schools (SCIS)

- support newer colleagues to access the Happy to Translate app as part of the induction process
- develop more visual and accessible ways of both giving and seeking young people's feedback
- plan to use inspection reports to demonstrate strong areas of Promise practice in services
- increase (gradually) the involvement of young inspection volunteers across our inspections in 2023
- plan to review all our questionnaires to ensure we are engaging with the right people and that they are aligned with The Promise
- scope out a number of pieces of work with Scottish Police Authority, such as increasing both the residential childcare and police workforce understanding of trauma; considering the use of cells and places of safety for young people; and adjusting responses to children who go missing or self-injure
- publish our policy position on 'Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services' and use this in our scrutiny activity
- involve five children and young people inspectors in the complaints pilot initial assessments
- implement the changes identified from case study 5 "Care home improvement project: Improving children and young people's involvement in inspection feedback" and incorporate them into inspection methodology. This will initially be in the children and young people's regulated care inspection team.

Childrens services (strategic)
- continue to develop our methods to engage with children and young people through the use of direct engagement, surveys, and the inclusion of young inspection volunteers
- conduct the disabled children's thematic review between May 2023 and May 2024 and publish a national report in Spring 2024
- continue to develop our approaches to ensure we are doing all that we can to hear the voices of children and young people including 'seldom heard voices'
- continue to provide video reports on inspection findings – aimed at children, young people, and their families, we will publish our Joint inspection of services for children and young people at risk of harm Scottish Borders in May 2023
- publish the report of our review in relation to the Secure Care Pathways and Standards (2020).

Complaints
- we will consider the Scottish Public Services Ombudsman (SPSO) child friendly complaints guidance and we will take necessary action.

In 2026, we will publish our next Children's Rights Report and give you an update on the progress we have made with our action plan.

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

EXECUTIVE SUMMARY
HR metrics for the Board covering Quarter One – April 2023 to June 2023. Includes data on staff absence and turnover as well as an overview of recruitment during the period and other relevant HR updates. Appendix 1 outlines additional workforce data.
The Board is invited to:
1.   Note the details in the report.
2.   Consider whether any other information would be relevant to receive in future reports.

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

Equality Impact Assessment		
Yes ☐	**Not Ye**t ☐	**No X** ☐
	One is planned or is already in progress	Reason: Not required as presentation of information only

BOARD MEETING 10 AUGUST 2023

Agenda item 16
Report No: B-17-2023/24

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

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

BOARD MEETING 10 AUGUST 2023

Agenda item 16
Report No: B-17-2023/24

HR QUARTERLY BOARD REPORT

1.0   INTRODUCTION / BACKGROUND

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

This report covers Quarter 1, April to June 2023.

We produced our annual report in May 2023.

1.1   Data Included

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

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

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

At the Board's request following the previous quarterly and the annual report, we have added the following information:

- the number of agency staff in the organisation during this period (added as an additional line to the headcount data in the Appendix)
- trend data on the ageing workforce (this is shown for the last five years in the Appendix)
- ages at which staff left the organisation over the quarter by reason

In addition this report includes:

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

The annual report will include:

- information on exit interviews to determine if there are any recurring themes or trends, particularly with regard to voluntary resignations
- further information on staffing and recruitment by ethnicity and how this links in with work being done on equalities

2.0   PROGRESS MADE APRIL TO JUNE 2023

The new HR structure has now been in place for over a year and the team is working on establishing improved processes and procedures.

3.0   WORKFORCE DATA

3.1   Sickness Absence

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

Month	Long	Medium	Short	Total
April 2023	2.60%	0.46%	0.34%	3.40%
May 2023	3.05%	0.51%	0.31%	3.87%
June 2023	2.56%	0.22%	0.22%	3.00%
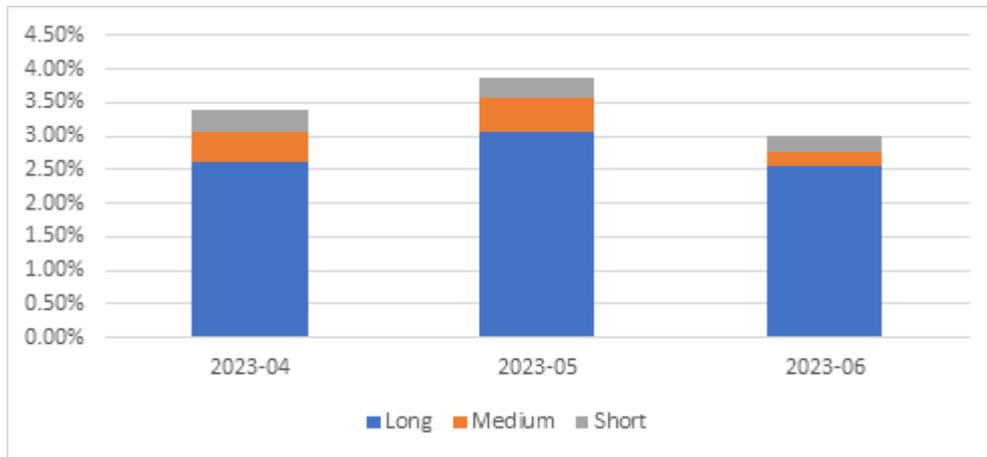
The median figure for the public sector in 2022 (data as at May 2023) was 3.8% with the range between 2.6% to 5.2% so our absence rate is lower than the median for this quarter at an average of 3.4%. The rates for Quarter 1 averaged 3.42%, with a peak of 3.87% in May.

The following chart outlines the reasons given for absence. The largest is the 'mental health' category with 27 employees.

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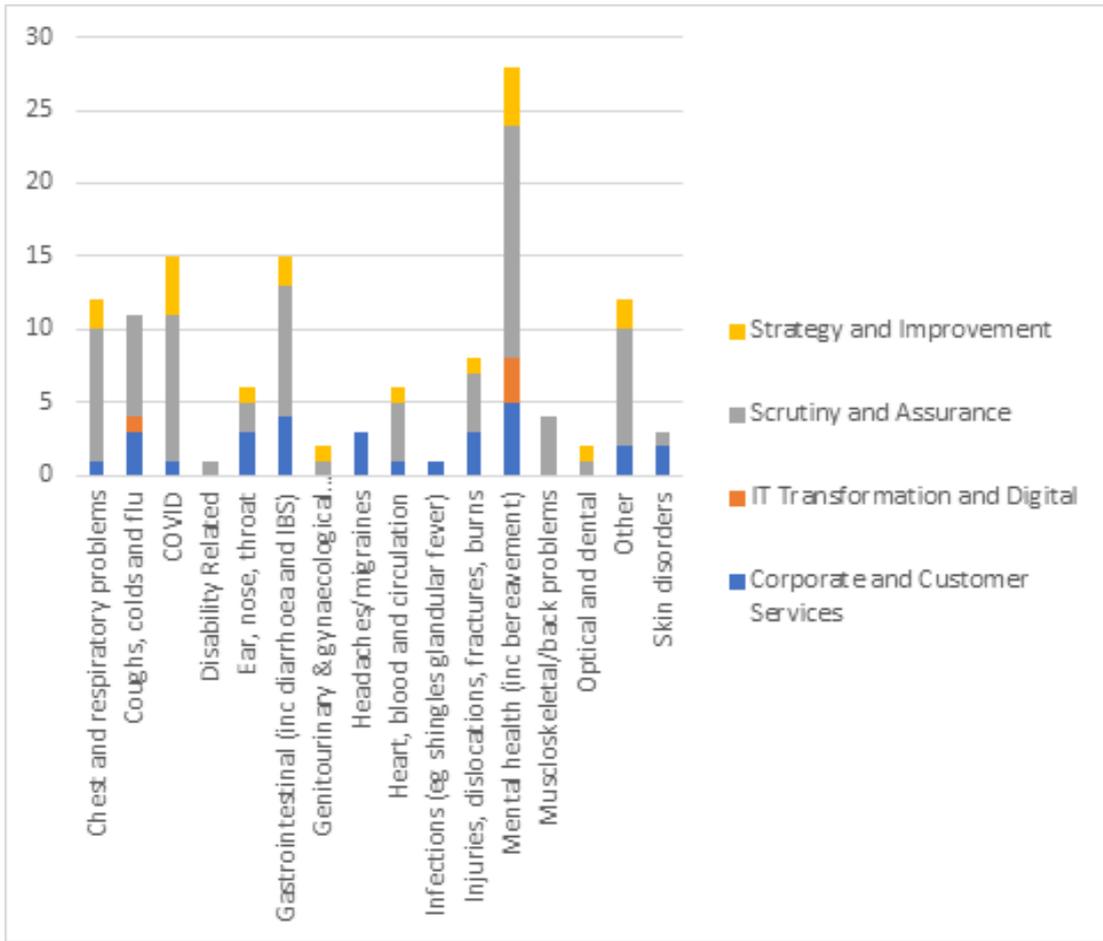
3.2   Staff Turnover

.   The overall turnover rate for April to June 2023 is 10.9%. The public sector median figure for Jan-Dec 2022 was 16.2%, with resignations at 12.7%. The following table shows turnover over the last 12 month period – the highest month was June 2023 and the lowest November 2022:

2022 07 (July 2022)	10.26%
2022 08 (Aug 2022)	11.00%
2022 09 (Sep 2022)	10.01%
2022 10 (Oct 2022)	9.79%
2022 11 (Nov 2022)	9.59%
2022 12 (Dec 2022)	9.72%
2023 01 (Jan 2023)	9.86%
2023 02 (Feb 2023)	10.14%
2023 03 (Mar 2023)	9.95%
2023 04 (Apr 2023)	9.62%
2023 05 (May 2023)	10.22%
2023 06 (Jun 2023)	12.87%

A breakdown of turnover by directorate and by reason for leaving are shown in the following tables. 45% of staff leavers were due to voluntary resignations and 45% due to retirement, with the remaining 10% being for other reasons. There were no leavers during this quarter in IT Transformation and Digital.

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

The figures for Scrutiny and Assurance are 15% for voluntary resignations and 35% for retirement, indicative of the age profile in the Directorate as summarised in Appendix 1.

Directorate	Other	Resignation	Retirement	Total
Corporate & Customer Services	2	2	2	6
Scrutiny & Assurance		3	7	10
Strategy & Improvement		4		4
Total	**2**	**9**	**9**	**20**

Directorate	Other	Resignation	Retirement	Total
Corporate & Customer Services	10%	10%	10%	30%
Scrutiny & Assurance	0%	15%	35%	50%
Strategy & Improvement	0%	20%	0%	20%

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

4.0 RECRUITMENT ACTIVITY

- Between 1 April 2023 and 30 June 2023, we have worked with all directorates to complete 10 recruitment campaigns.
- Over the last three months we have filled 10 vacancies in total. One vacancy was filled by a new employee and nine were internal appointments.
- The vacancy fill rate during this period was 83.3%
- In this period up to 30 June 2023, one agency worker was recruited.

From April 2023 through June 2023 the following recruitment activity has taken place across the Care Inspectorate:

We have run 10 recruitment campaigns of which seven were internal only. There were three campaigns for temporary posts and seven campaigns for permanent posts:

- ➢ Scrutiny and Assurance – 1 in total
- ➢ Corporate and Customer Services – 2 in total
- ➢ Strategy and Improvement – 4 in total
- ➢ ICT and Digital Transformation – 3 in total
- ➢ Executive – 0

We have filled 10 vacancies in total. One vacancy was filled by a new employee and nine were internal appointments.

By Directorate

- Scrutiny and Assurance – 0 externally / 1 internally = 1 in total
- Corporate and Customer Services – 0 externally / 3 internally = 3 in total
- Strategy and Improvement – 0 externally / 5 internally = 5 in total
- ICT and Digital Transformation – 1 externally / 0 internally = 1 in total
- Executive – 0 externally / 0 internally = 0 in total

The average number of days to process a campaign in Q1 is 36 calendar days (from the vacancy going live to the employee's first day not including volume campaigns) - this is particularly low because we've had so many internal only campaigns.

In this quarter we have processed 418 applications in total of which 376 were Inspectors. The average number of applications per campaign, without Inspector applications is four. Again, this can be put down to the large number of internal campaigns.

4.1   Scrutiny and Assurance Recruitment

We are actively recruiting our next tranche of inspectors for Adults, Complaints and Children and Young People. Those who are appointed will join the organisation on 16 October 2023. Currently, we have 14 preferred candidates (11 ELC and 3 Adult) in our talent pool which we will use to backfill vacancies going forward.

4.2   Digital and IT Roles

Unfortunately, we were unable to recruit to two vacancies in this period which reflects the 83.3% fill rate. The Digital Applications Development Manager post was readvertised, with use of an agency to source candidates, and the Senior Business Owner was an internal only campaign that had to be readvertised again internally. We are currently conducting pre-employment for the Digital Applications Development Manager post and selection for the Senior Business Owner is scheduled for 21 July 2023. *(We have now successfully recruited an internal candidate into this role).*

Filling Digital and IT roles continues to be difficult both internally and externally – it is well reported that there are labour shortages across the UK particularly in IT and Analyst roles. We are exploring "growing our own" IT talent to aid succession planning, for example looking at a number of avenues through our connection with the Young Person's Guarantee scheme.

4.3 Value Added Recruitment

As we continue to work in a hybrid way, we have continued to share interview packs electronically or via SharePoint. This practice has seen a reduction in time, savings in printing and courier costs and provided the opportunity cost to work on other priorities/campaigns and allows us to keep up with the pace of recruitment required by the organisation.

We now offer both online and face to face selection assessments. Although, Inclusion Scotland underlines the use of Teams for interviews especially as a reasonable adjustment. We continue to support candidates who identify as having a disability and now actively discuss what reasonable adjustments would be appropriate to tailor and meet the requirements of the individual candidate.

To work towards a more diverse and inclusive workplace, we continue to work on Disability Confident Level 2 and are starting to work with CEMVO [Race for Human Rights Programme (R4HR) – CEMVO Scotland](#) on approaches to encourage future employees from ethnic minority communities.

A firm commitment has now been made to the Young Person's Guarantee [Young Persons guarantee](#) and in alignment with the organisations' Corporate Parenting objectives, we are keen to trial a guaranteed interview scheme for care experienced young people

5.0 POLICY REVIEW

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

- Maximising Attendance
- Family Friendly Policies (includes Maternity, Paternity, Adoption, Parental Leave, Shared Parental Leave and Time off for Dependants)
- Capability Policy
- Flexible Working and Flexi Time

These policies will be now taken through the policy review process before being approved at SLT (SMG) and ratified at Partnership Forum.

6.0   **EMPLOYEE RELATIONS APPEALS**

We have had one appeal against the outcome of a grievance in this quarter.

7.0   **IMPLICATIONS AND/OR DIRECT BENEFITS**

7.1   **Resources**

There are no additional resource implications because of this report.

7.2   **Sustainability**

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

7.3   **Policy**

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

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

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

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

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

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

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

BOARD MEETING 10 AUGUST 2023

Agenda item 16
Report No: B-17-2023/24

6.0   CONCLUSIONS/NEXT STEPS

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

WORKFORCE PROFILE DETAILS

The following detail covers various information on the workforce not included in the main Board report.

HR will update these on a quarterly basis and include any other metrics considered of interest and/or relevance.

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

Headcount and FTE

Directorate	Headcount	FTE
Corporate and Customer Services	129	120.06
Executive Team	5	4.75
IT Transformation and Digital	23	23
Scrutiny and Assurance	403	381.89
Strategy and Improvement	75	71.27
Grand Total	**635**	**600.98**

These figures exclude any locum staff, agency staff and consultants. It includes all staff on payroll whether they are currently at work or not (ie includes staff on maternity leave or absent due to long term sickness).

At the time of this report there were 9 agency workers.

Breakdown by sex

Directorate	Female	Male
Corporate and Customer Services	117	12
Executive Team	3	2
IT Transformation and Digital	8	15
Scrutiny and Assurance	334	69
Strategy and Improvement	56	19
Total	**518**	**117**
% of workforce	**81.57**	**18.43**

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

Staff Locations

The following table shows the office locations where our staff are based – it includes the nearest office location for our contractual homeworkers. Most of our staff are based near to the Dundee or Paisley offices with some offices being much smaller having a small employee base.

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

Office Location	Headcount	%
Aberdeen	43	6.77
Dumfries	11	1.73
Dundee	147	23.15
Dunfermline	49	7.72
Edinburgh	75	11.81
Elgin	7	1.10
Hamilton	62	9.76
Inverness	22	3.46
Oban	5	0.79
Paisley	152	23.94
Selkirk	15	2.36
Shetland	1	0.16
Stirling	44	6.93
Stornoway	2	0.31

Age profile

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

Directorate/Age	Under 25	25-34	35-44	45-54	55-64	65+
Corporate and Customer Services	4	14	24	31	49	7
Exec Team	Fewer than 5 in each category so not listed for data protection					
IT Transformation and Digital		2	6	8	7	
Scrutiny and Assurance		13	75	137	164	14
Strategy and Improvement		10	19	26	19	1
Total	**4**	**39**	**124**	**202**	**239**	**22**
% of workforce	**0.63**	**6.14**	**19.53**	**31.97**	**38.27**	**3.46**

The following table shows the age profile of the organisation on 31 December each year (as at 1 April for 2023).

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

Age Range	2018	2019	2020	2021	2022	2023
Under 25	8	8	6	5	6	4
25 to 34	42	41	38	44	40	39
35 to 44	93	92	96	113	127	124
45 to 54	239	227	202	206	209	203
55 to 64	221	222	228	230	244	243
65+	22	30	33	29	26	22

HR are working with organisational workforce development (OWD) to produce robust workforce data to allow us to plan and future proof for employees' retirement. We are also exploring use of a 'talent pool' for inspectors so we can over recruit to vacancies and have a constant pool of resource to draw from.

Sickness Trends

The following charts show sickness and trends from June 2019 to June 2023.

Number of employees off each month based on length

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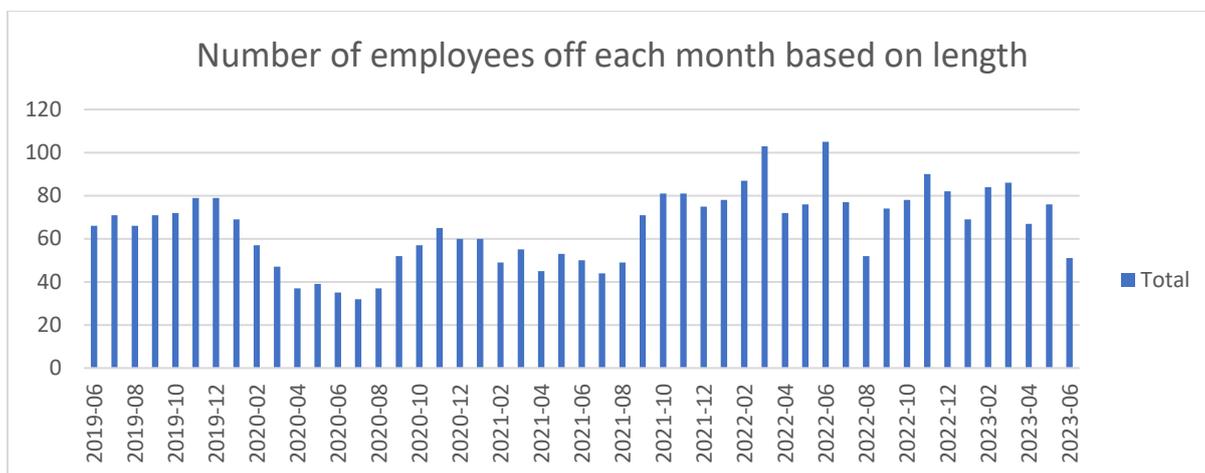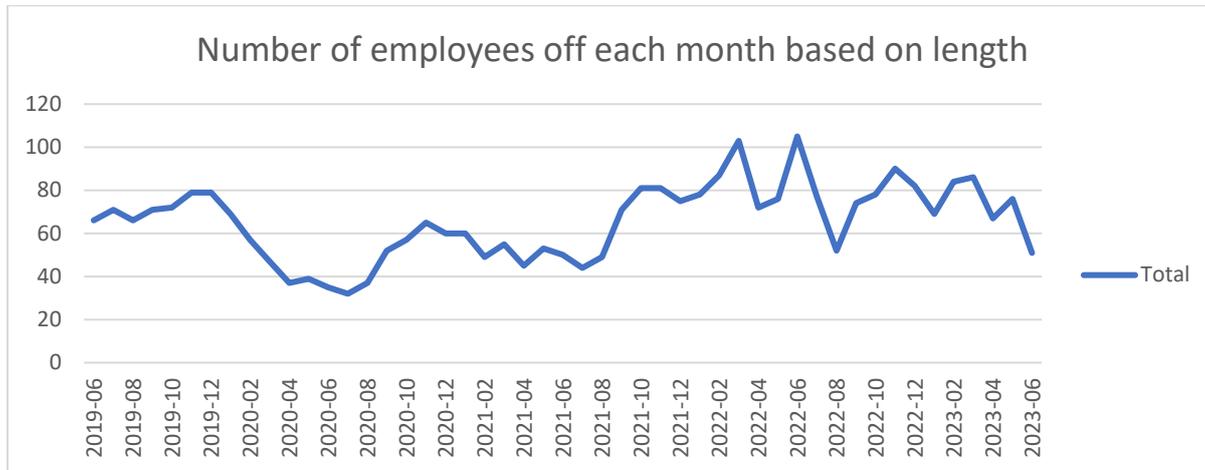
As shown, there are fluctuations in employees absent due to sickness with a high of over 100 in March and June 2022 and a low of about 30 in July 2020.

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Title:	**PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2023/24**
Author:	Fiona McKeand, Executive and Committee Support Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Draft Board Development Event Programme 2023/24
Consultation:	Board Chair (and through the Chair, the Board members) Chief Executive and Executive Directors
Resource Implications:	Please refer to section 4.1 in this report.

EXECUTIVE SUMMARY
At the Board Development Event (BDE) held on 26 January 2023, the Board agreed to the hybrid option of four BDEs per year, i.e. two to be held on the afternoon of a Board meeting, and two to be stand-alone full-day sessions.   This report presents the Board with a proposed outline for the first of the planned Board Development Events, to be held on 31 August 2023, with further dates and tentative topics included in Appendix 1, including proposals for a Board Strategic Event late autumn.
The Board is invited:

1.	To discuss the proposed outline for a Board Development Event to be held on 31 August 2023.
2.	To note the confirmed dates for BDEs covering the remainder of the current Board cycle, and that the topics are indicative at this stage.

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

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

BOARD MEETING 10 AUGUST 2023

Agenda item 17
Report No: B-18-2023/24

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐	**No** [X] Reason: This is not a change to policy or process.

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

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

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

Agenda item 17
Report No: B-18-2023/24

PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2023/24

1.0   BACKGROUND

At the Board Development Event held on 26 January 2023, the Board agreed to the hybrid option of four BDEs per year, ie two to be held on the afternoon of a Board meeting, and two to be stand-alone full-day sessions. Therefore, the breakdown of sessional hours would be:

- **2 hours per half day session x 2 (4 hours).** This allows for a 30 minute lunch break after Board meetings (which run until 1.00 pm) and finishing by 3.30 pm. The two half-day sessions have been confirmed as 9 November 2023 and 8 February 2024.

- **4 hours per full day session x 2 (8 hours).** This assumes a 10.30 am start, finishing by 3.30 pm, with a one hour break for lunch. Holding dates for these two full day sessions have been added to diaries.

2.0   PRIORITISATION OF TOPICS

Some internal discussions have taken place since January and the Chair has provided details from Board members of the sorts of topics that the Board would wish to be included in its BDE annual programme. The extensive list of topics were discussed by the Chair and the Executive and Committee Support Manager when they met on 30 May 2023, with the caveat that a draft outline would need to be provided to the Chief Executive when she had returned from extended leave, as well as to the Exec Directors, since the range of topics would be delivered in-house, therefore staff availability would need to be factored in.

The Chair recognised this and was keen for input by the Chief Executive, particularly taking account of staff availability to support the requests and dates; the content and scope of the sessions; the timing of the sessions around other key dates/milestones and any key items that the Strategic Leadership Team considered should be included.

3.0   DRAFT BDE PROGRAMME FOR 2023/24

The Chief Executive and Executive Directors considered the range of topics and suggested dates when they met on 19 July 2023. Appendix 1 outlines a draft programme for a full day Board Development Event on 31 August 2023. The other development sessions considered to be of key priority are also outlined against suggested dates (which have been added to calendars), but with these topics being indicative at this stage.

The draft BDE programme does not include the additional sessions that have been requested to be held separately with the Scottish Social Services Council and with Healthcare Improvement Scotland. These are subject to further discussions between the respective Chairs, Convener and Chief Executive.

4.0   IMPLICATIONS AND/OR DIRECT BENEFITS

4.1   Resources

The delivery of the topics will mainly be provided by colleagues "in-house" with the exception of the session on cyber security which will require an external provider.

It is proposed that a Board Strategic Event would be better held at an external venue, which will incur additional cost.

4.2   Sustainability

Not applicable.

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

Board Development Events are aimed at supporting members in their professional learning and development, ensuring that the Board is knowledgeable and competent in its governance of the organisation, thereby providing assurance to people who experience care that there is robust and independent scrutiny and improvement of social care and social work in Scotland.

4.4   Customers (Internal and/or External)

These development sessions are designed to be a positive experience for Board members and feedback from members will be sought after each event.

5.0   CONCLUSIONS/NEXT STEPS

The Board is invited to discuss the outline BDE proposed for 31 August 2023 and the plans for a Board Strategic Event to be scheduled for the end of November 2023. Topics for the BDEs scheduled for 9 November and 8 February are outline only at this stage and subject to changing priorities.

DRAFT BOARD DEVELOPMENT EVENT PROGRAMME 2023/24

This is an updated version of a draft that was presented to the Senior Leadership Team at its meeting on 19 July 2023. The SLT agreed to focus on the outline of a session scheduled for 31 August as a priority, with further topics agreed from a comprehensive list to be proposed for the dates scheduled below.

DATE	SESSION *	TOPICS
11 May	Half day	Board Governance Effectiveness Assessment **(completed)**
31 August *(date on hold)*	Full day	*SLT agreed that the Chair's request for a session on the corporate plan on this date should instead be designated to a full-day Board Strategic Event. It was deemed the best timing for this would be end November/beg December 2023. A date is already on hold in SLT and Board members' diaries - see 30 November below.* Therefore, it is proposed that this full day session on 31 August will cover: • Outcome of the staff pulse survey • Transformation • Cyber security (external provider) • Safer Staffing Programme
9 November *(date confirmed)*	Half day	• Review of KPIs • Complaints against the Care Inspectorate
30 November *(date on hold)*	Full day	**Board Strategic Event** To possibly include discussion on the report of the IRISR (pending publication and analysis) • Progress with Corporate Plan (review of what has been going well by each Directorate) • Priorities for final year of Plan (by Directorate) • Strategies that will underpin the Plan • (subject to financial forecasting) Format: Full day at an external venue; breakout groups and feedback

8 February 2024 (date confirmed)	Half day	• Inquiries work (SCAI and Covid Inquiries) • Review of CI Risk Management Framework • Bitesize sessions on areas of scrutiny and assurance work (taken from list of topics provided by Scrutiny and Assurance directorate to include)

There is also an extra Board meeting scheduled for **28 March 2024**, to approve the Budget. Since this is a single item meeting, there is scope to use approximately 1.5-2 hrs for a Board Development session.

This could be used for:

- the additional scrutiny and assurance bitesize sessions
- understanding of the process of internal audit review, annual planning and scheduling (led by internal auditors)

* **Full day = 4.5 hours**
   (1030-1530 with 30 min lunch break)

   Half day = 2 hours
   (1400-1600, after lunch on day of public Board)

BOARD MEETING 10 AUGUST 2023

Agenda item 18
Report No: B-19-2023/24

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Title:	**BOARD AND COMMITTEE CYCLE 2024/25: PROPOSED SCHEDULING**
Author:	Fiona McKeand, Executive and Committee Support Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Draft Schedule of Board, Committee and Board Development Event meetings 2024/25
Consultation:	Executive Director of Corporate and Customer Services Colleagues in Scottish Social Services Council and Healthcare Improvement Scotland
Resource Implications:	None

EXECUTIVE SUMMARY
At its meeting on 29 September 2022, the Board approved the proposals for a new set of Board and Committee dates. These had been prepared following a review of the Care Inspectorate's reporting framework and the corresponding scheduling of leadership and strategic internal meetings.

The proposed months for 2024/25, therefore, follow the same pattern as the current cycle. |

The Board is invited to:
1.	To approve the draft Board, Committee and Board Development dates for 2024/25.

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

Equality Impact Assessment			
Yes		**Not Yet**		**No**	X
				Reason: No change to any policy, therefore not required.

BOARD MEETING 10 AUGUST 2023

Agenda item 18
Report No: B-19-2023/24

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

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

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

BOARD AND COMMITTEE CYCLE 2024/25: PROPOSED SCHEDULING

1.0 BACKGROUND

At its meeting on 29 September 2022, the Board approved the proposals for a new set of Board and Committee dates. These had been prepared following a review of the Care Inspectorate's reporting framework and the corresponding scheduling of leadership and strategic internal meetings.

The proposed meeting dates are normally presented to the Board each year for approval at its September meeting. In line with the revised reporting and scheduling framework, however, the proposed 2024/25 schedule has been prepared slightly earlier, to avoid delaying the discussion until the November 2023 Board meeting.

2.0 BOARD, COMMITTEE AND BOARD DEVELOPMENT EVENT SCHEDULING FOR 2024/25

The improved reporting framework has ensured that the Board is provided with regular, up to date information on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan. It is not proposed, therefore, to make any change to the scheduling of the Board and Committee cycle for 2024/25 and the months that the Board is being asked to agree follow the same pattern as is current.

Proposed dates for the series of Board Development Events have also been included and these have been based on the Board's preference for a hybrid programme, agreed by members on 26 January 2023, namely:

- two half-day BDEs to be held as afternoon sessions on a public Board meeting date; and
- two full day BDEs to be held on dates between meetings of the public Board.

Although it does not appear on the meetings schedule, we can advise the Board that a date in June 2024 has also been identified for an induction day. This might not be required, as it is aimed at new Board members, however, as part of our forward planning process for all Board activities, it means that a date has been secured if - for whatever reason - a new members' induction session is required.

3.0 SYNCHRONISATION WITH SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) AND HEALTHCARE IMPROVEMENT (HIS) SCOTLAND

Due to our respective Chairs and Council Convener holding *ex-oficio* seats, there is a need to ensure that their Board and Council meeting dates do not coincide with those of the Care Inspectorate. Being part of the shared service with SSSC, we also need to take account of the respective Audit and Risk/Assurance Committee dates, due to the required attendance of the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance/Head of Shared Services.

BOARD MEETING 10 AUGUST 2023

Agenda item 18
Report No: B-19-2023/24

We have consulted with SSSC and have received details of their Council and Committee meeting dates for 2024/25 and can confirm that Council will meet in each of the months outlined in the appendix. The actual dates are:

23 May 2024
22 August 2024
21 November 2024
27 February 2025
24 March 2025

The only month where SSSC Audit and Assurance Committee meets which coincides with what we are proposing for our own Audit and Risk Committee is September, when they will meet on the 24th of the month.

Colleagues in Healthcare Improvement Scotland have advised that they have not yet confirmed their meeting dates for 2024/25. We will provide them with our dates, once approved by the Board, to assist with their own forward planning.

4.0   IMPLICATIONS AND/OR DIRECT BENEFITS

4.1   Resources

There are no resources implications for these proposals.

4.2   Sustainability

There are no direct sustainability implications arising from this report.

4.3   Policy

There are no direct policy implications for these proposals.

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

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

4.5   Customers (Internal and/or External)

There are no direct implications on internal or external customers.

5.0   CONCLUSIONS/NEXT STEPS

The Board is invited to approve the new meetings schedule for 2024/25. If approved, the dates will be confirmed in calendars, the Board meeting dates will be added to the website for public information and confirmation will be provided to SSSC, HIS and sponsor department at Scottish Government.

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

MEETINGS	DATE	COMMENTS	Aligned to SMG Meeting *(for admin purposes only)*
Quarter 1			
Public Board (to include Board Governance Assessment)	May 2024 (10.30 am) **(date to be confirmed)**	For reporting of Q4 2023/24 information	
Board Development Event	**May 2024 (pm) (date tbc)**	**Half-day session**	
Audit and Risk Committee	**May 2024 (10.30 am) (date tbc)**	**Reporting to August Board**	
Quarter 2			
Board Development Event	**20 June 2024**	**Full-day session**	
Public Board	August 2024 (10.30 am) (date tbc)	For reporting of Q1 2024/25	
Audit and Risk Committee *	**August 2024 (1.30 pm) (date tbc)**	*** Annual Report and Accounts only Open to all Board members**	
Audit and Risk Committee	**September 2024 (10.30am) (date tbc)**	**Reporting to November Board**	
Quarter 3			
Public Board	November 2024 (10.30 am) (date tbc)	For reporting of Q2	
Board Development Event	**November 2024 (pm) (date tbc)**	**Half-day session**	
Audit and Risk Committee	**December 2024 (10.30 am) (date tbc)**	**Reporting to February Board**	

Version 0.2

Quarter 4			
Board Development Event	**16 January 2025**	**Full-day session**	
Public Board	February 2025 (10.30 am) (date tbc)	For reporting of Q3	
Audit and Risk Committee (including self-evaluation)	**March 2025 (10.30 am) (date tbc)**	**Reporting to May Board**	
Additional Board Meeting			
Public Board	March 2025 (10.30 am) (date tbc)	Discuss and approve Budget	

Version 0.2

Agenda item 20

BOARD

Schedule of Business 2023/24

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
STRATEGY AND POLICY ITEMS					
Approval of Care Inspectorate Strategies on a rolling/as required basis • Customer Engagement Strategy • Communications Strategy • Estates Strategy • Financial Strategy (to August meeting – in private) • Health and Safety Strategy • ICT Strategy • Improvement and Involvement Support Strategy and Delivery Plan (2022-25) • Information Governance Strategy • Intelligence Strategy • Legal Services Strategy • Shared Services Strategy • Workforce Strategy (Plan to Feb 2023 Board, thereafter annual presentation to Board) • Procurement Strategy (3 year cycle, next due 2026-29, to last meeting of Board cycle		✓			
Scrutiny and Assurance Strategy and Plan 2024/25				✓ (Plan)	

Agenda item 20

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
(Plan to be marked as **"Private item"**)					
Budget and Indicative Budgets					✓
Strategic Risk Register 2023/24		✓			
Approval of Risk Appetite and Risk Policy		✓			
MOWG Budget Development – update report	✓(verbal)				
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance Quarterly Report	✓ (Q4)	✓ (Q1)	✓ (Q2)	✓ (Q3)	
Minutes/Report of Audit and Risk Committee	✓ (30 March 2023 meeting)	✓ (25 May meeting)	✓	✓	
Complaints Activity Report *(normally to 1st meeting of Board cycle, but to August meeting in 2023/24)*		✓ (annual)	(mid-year – tbc)		
Annual Accounts 2022/23 Progress Report *(to 1st Quarter meeting of Board)*	✓				
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2022/23 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			(tbc)		
Budget Monitoring and Staffing Update	✓	✓	✓	✓	
Health and Safety Annual Report 2022/23 *(normally to 1st meeting of Board cycle, but to August meeting in 2023/24)*		✓			
UNCRC Report		✓			
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI's Financial Regs				✓	
Annual Procurement Performance Report			✓		
OPERATIONAL ITEMS					
HR Quarterly Update report	✓(Q4)/Annual	✓(Q1)	✓(Q2)	✓(Q3)	
Estates Update Report (Annual - to first meeting of cycle w.e.f 2024/25)	✓				

Agenda item 20

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
	(verbal update)				
Board and Committee Cycle 2023/24: meeting dates		✓			
Corporate Parenting Plan Progress Update				✓	
Approval of Pay Remit for submission to Scottish Government **(tbc)**					
Update on Significant Organisational Restructures *(when required)*					
Approval of Compensation Payments *(when required)*					
STANDING ITEMS					
Identification of Risk **(to be replaced by "Strategic Risk Register" for presentation at every Board meeting, as agreed by Board at BDE held on 11 May 2023)**	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
CI Employee Relations Appeals *(standing item, but only when required)*					
PRIVATE AND CONFIDENTIAL ITEMS					
Scrutiny and Assurance Plan 2024-25				✓	
Shared Services Update Report Annual Report		✓			
Approval of IT Security and Compliance officer role		✓			