



## DEVELOPING A RISK FRAMEWORK FOR THE CARE INSPECTORATE

### 1. Introduction

The Care Inspectorate has a statutory duty to provide assurance and protection through the regulation of care services and the scrutiny of public services. In order to do this and to ensure improvement we need an organisational risk framework to underpin our work on risk. This will help us to deliver our core objectives, promote widespread understanding of risk, assist staff to effectively assess and mitigate risk, and support continuous improvement.

For the people, carers or families who use, or may want to use the care, social work or social services this means:

- They will have reliable reports on the performance of these services to help make informed choices;
- They can be confident that what we report about a service is accurate and objective;
- They can be confident that where we identify poorly performing services it is based on sound judgement and tangible evidence; and
- They are informed about areas for improvement, which are required to enhance their safety and wellbeing.

For the wider public this means:

- They can be confident that we are identifying how well services are protecting people in the community; and
- That we are identifying improvements that services may need to make to better protect children and adults.

For service providers and local authorities this means:

- They can expect that our recommendations are carefully judged to lead to and secure improvement; and
- They can be confident our assessments and evaluations are fair and consistent.

For inspection staff this means that they can be:

- confident in identifying, analysing and mitigating risk;
- respond well to challenge; and
- more efficient and effective in targeting areas of risk and poorly performing services.

### **Outcomes of adopting a Risk Framework**

In line with the above, we intend that the following outcomes will be achieved in adopting a risk framework;

***1. We identify and address risks as a core aspect of the way we carry out regulatory, scrutiny and improvement work.***

***2. We have a high level of confidence in the way we identify, analyse and mitigate risk.***

***3. The way we assess and mitigate risk is fair.***

***4. We are able to respond well to challenge.***

***5. Our risk assessments promote the rights and views of people who use services, their families and carers.***

***6. We assess and mitigate risk efficiently and effectively.***

***7. We are confident our assessments identify poorly performing services and through our mitigation of risk we support continuous improvement.***

***8. We are able to identify patterns of risk emerging across the services of a corporate provider, within a locality or nationally.***

***9. We adopt and promote a balanced approach to risk where people using services are protected, enabled to make informed choices and reach their full potential.***

## **2. Context**

There has been much written about risk; what it means, how to assess and manage it, and how social care and social work agencies identify and deal with different risk scenarios. In Scotland in recent years, the development of multi-agency approaches to child, adult and public protection has led to the production of national frameworks<sup>1</sup> and guidance to support and improve

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<sup>1</sup> For example, Framework for Risk Assessment, Management and Evaluation (FRAME)

proportionate and meaningful risk practice. This is set within the wider context of key social policy including “Getting it right for every child” (GIRFEC)<sup>2</sup>, self directed support<sup>3</sup> and personalisation<sup>4</sup>, and Reducing Re-offending<sup>5</sup>.

To assist us in determining the frequency and nature of inspection, we are proposing to adopt consistent but not uniform approaches to the identification, analysis and mitigation of risk that are underpinned by a supportive organisational infrastructure. Importantly this approach incorporates a risk enablement approach as we recognise fully that risks are not always negative, especially where people are able to make informed choices.

*“A major inhibiting factor in achieving good outcomes for people in relation to choice and control is operating within a regime where there exists a fear of putting the organisation at risk, both financially, in terms of public relations, reputation or in breach of the law. The most effective organisations are those with good systems in place to support positive approaches rather than defensive ones. The corporate approach to risk that an organisation takes overwhelmingly influences the practices of its workforce.” (Department of Health, 2007)*

### **3. Principles**

The following principles have informed the development of the framework and should continue to underpin our approach to risk. We will review these in the light of work being done to establish organisational values for the Care Inspectorate:

- **Person centred** – we put improving outcomes for people who use services, and carers and families’ at the centre of everything we do;
- **Empowering** – we promote positive and informed decision making, and encourage innovation;
- **Intelligence-led** – we make best use of information and analyse this to drive improvement;

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<sup>2</sup> GIRFEC promotes the National Practice model and an approach whereby all statutory agencies in partnership with local communities collaborate to improve outcomes for children and young people.

<sup>3</sup> *Self-Directed Support (SDS)* is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. It includes a range of options for exercising those choices.

<sup>4</sup> Personalisation fundamentally moves the location of decision making and expertise from the care system to people who may need support

<sup>5</sup> The Scottish Government introduced the Reducing Re-offending Programme in 2009. Phase 1 of the programme has been implemented. It focused on effective alternatives to prison based on tough community sentencing combined with actions to address the root causes of individuals offending. Phase 2 is underway and will include a focus on performance management.

- **Partnership based** – we work with our partners, including the wider public and local communities, to identify, analyse and mitigate risk to ensure best outcomes for people;
- **Transparent** – we ensure that our processes, evidence base and professional judgements are fair and that we are accountable for these;
- **Learning-oriented** – we promote good practice and share information about lessons learned to promote continuous improvement.

#### **4. Purpose of a Risk Framework**

All of our current scrutiny activities, including regulation, inspection of services to protect children and social work services are using risk-based models that help us to target resources effectively and proportionately. However, staff across the Care Inspectorate do not yet share the same reference points or understanding of how to identify and address risk, and are using different terminology and definitions. The proposed framework addresses the need for consistency in our approach to assessing and mitigating risks as a key aspect of our regulatory, scrutiny and improvement activity.

The risk framework is integrally linked to the strategic intelligence framework. Its successful implementation will depend on effective ways of systematically analysing and sharing relevant, core information across the organisation, and with our partners.

This does not mean that we will seek to establish a single means of assessing risk that is applicable across all scrutiny and improvement activity. The framework does, however, establish key principles, begins to develop a shared language and identifies core common practices. It also sets out a process for self-evaluation to drive a continually improving understanding of risk leading to improved scrutiny and risk practice. This will in turn lead to better outcomes for people who use services, their families and carers, local communities and the wider public.

In line with the Care Inspectorate's direction of travel, the framework will enable us to streamline and integrate activities where appropriate. It emphasises the critical importance of staff being able to confidently use their professional knowledge and judgement to address risk in any scrutiny and improvement activity. It also identifies our current risk assessment tools, while not encouraging an over-reliance on them. We are committed to continuous improvement and to developing our framework over time to improve our core business and support scrutiny improvement.

As our scrutiny and improvement activities become increasingly outcome-focused this puts risk in the context of people having choices, reaching their potential, being involved in decisions and exercising control. However, this requires to be balanced by safeguards and clear considerations of safety to

ensure people are protected from harm and prevented from causing harm to others.

Scotland has been at the forefront of developing progressive policy and legislation to protect adults and children at risk, within the wider context of public protection. This framework draws on the extensive evidence-base as well as current research and practice.

## **5. Links to Corporate Plan 2011 - 2014**

In order to be able to achieve the scale of change required for the Care Inspectorate in the challenging financial environment in which we are working, it is essential to improve our core assurance and protection work as we work towards implementing new methodologies for inspecting children's and adults services and new minimum frequencies for certain categories of regulated care services. We also need to keep pace with and respond to the growing public awareness and expectations about individual choice, rights and the need for safeguards. The Corporate Plan identifies significant step changes so that we build on the good work of our predecessor bodies.

The development of a risk framework is one of three step-change programmes. It will contribute to the achievement of corporate outcomes as follows:

➤ **Outcome 1:** *The quality of services in Scotland is improving.*

We are proposing the adoption of a whole-systems approach to support the identification, analysis and mitigation of risk. We will target our resources effectively and proportionately to drive improvement and encourage best practice and innovation, which in turn achieves good outcomes for people. This will mean we will focus on poorly performing social care and social work services, and at the same time develop a wider focus on risk analysis across all of our scrutiny activity.

➤ **Outcome 2:** *People understand the quality of service they should expect and have a good experience of services centred on their needs, rights and risks.*

People have a right to expect that if a social care or social work service falls below the quality or standards expected, this is identified and acted on quickly. We want to have a major impact on improving poorly performing services and those that are not successful in securing sustained improvements. We will identify serious issues by carrying out responsive and regular assessment of risks in the quality and safety of the delivery of care, social work or social services. Our actions will be targeted, proportionate and effective in bringing about the necessary changes to improve outcomes for people.

- **Outcome 3:** *The Care Inspectorate performs effectively and efficiently as an independent scrutiny and improvement body and works well in partnership with other bodies.*

We recognise the key relationships between different aspects of our organisation. If the Board agrees the proposed framework, its successful implementation will not only lie with operational staff but will involve staff throughout the organisation. We also recognise fully the need to work closely with our key scrutiny partners who are developing their own scrutiny practices, and with other key stakeholders. We will clarify roles, responsibilities and accountabilities in our risk practice and governance, while systematically increasing our use of intelligence to reinforce this.

## **6. Definitions of risk**

There are many definitions of risk throughout the research literature on this topic. The International Standards Organisation definition of risk is, “***the effect of uncertainty on objectives***” (ISO 31000). This definition, accepted in 30 countries, benefits from simplicity and universal application. For care, social work and social services, the “objectives” are safe, high quality services that deliver good outcomes for the people that use and depend on them and for the wider public. The risk is the summation of all of the factors, which may result in the forgoing objectives not being achieved. This non-achievement of objectives may result in poor outcomes or serious harm to individuals, groups of individuals and communities.

We currently use the word risk in a variety of ways, including the following:

- The potential for an adverse event to lead to a negative outcome, and by assessing risk we seek to estimate how likely the event is to occur and the nature and seriousness of its impact;
- The gap between the best outcome and the worst outcome;
- Foreseeable potential harm to the individual that may result from identified deficits (hazards) in a service;
- The risk of poor performance by a service or a local authority’s delivery of social work services – poor performance may result in harm to people who use services or to others; and
- Vulnerable people who use services undertaking positive, but risky, activities, which enable them to exercise choice, be included and lead a full life.

## A working definition of risk for the Care Inspectorate

Foreseeable risk is the likelihood that deficits<sup>6</sup> in the performance of a service, found by the Care Inspectorate, may cause adverse outcomes for people who use the service<sup>7</sup>. The impact of an adverse outcome varies, including serious harm<sup>8</sup>, harm or people not achieving the best possible quality of life.

The promotion of service user choice, control and inclusion is fundamental if service users are to achieve the best possible quality of life. Determining the presence of protective factors is crucial. Services require sound processes for the identification, analysis and management of risk.

In addition to considering definitions of risk, we have initiated work on definitions for terms and words used in the proposed framework. We are linking with our partners in Healthcare Improvement Scotland, who have developed a small range of definitions for commonly used terms and we will liaise with other scrutiny partners as we progress with this work.

### 7. Current Care Inspectorate approaches to assessing and mitigating risk

The Crerar review<sup>9</sup> identified that “*External scrutiny cannot eradicate risk and it should not be used to manage risk – that is the business and responsibility of those who manage delivery of public services*”. This must be clearly adopted in our risk approaches within the Care Inspectorate.

Scottish Government in its response to the Crerar review agreed that the primary purpose of scrutiny should be to provide independent public assurance but also emphasised its key role in promoting and sustaining continuous improvement. The review underlined the need for a risk-based approach to scrutiny to ensure a proportionate response and to determine the nature, scope and duration of scrutiny activity.

The Care Inspectorate currently addresses and mitigates risk differently across its inspection programmes and regulatory practices. This reflects the different scrutiny programmes and partnership arrangements of its predecessor organisations and their respective responsibilities for scrutiny of local authorities’ delivery of social work services, regulated care services and joint inspections of services to protect children.

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<sup>6</sup> Possible deficits in a service are far too numerous to specify – one possible deficit in this context could be failure to apply sound procedures for the identification, analysis and management of risk.

<sup>7</sup> Deficits in the performance of a criminal justice service may result in dangerous offenders perpetrating serious harm to members of the wider public.

<sup>8</sup> The FRAME definition of serious harm is, “something that is life threatening and or traumatic and from which recovery, whether physical or psychological may reasonably be expected to be difficult or impossible”.

<sup>9</sup> The Crerar Review, published by the Scottish Government in 2007

Initial scoping of current approaches to identifying and addressing risk in the Care Inspectorate has identified the following operational risk tools and approaches:

- **Risk Assessment Document (RAD)** – is used to identify and rate risks in regulated care services. The risk level is used to help determine the frequency of inspection, and combined with a workload planning tool, to help determine the intensity of any inspection. The Care Commission used an earlier version of this tool in order to gauge *relative* risk within each regulated care service. The tool was used solely at care service-level to direct inspection resources in a proportionate way. The tool needed to be reviewed to ensure that the questions addressed wider areas of risk and needed to be strengthened to take account of changes relating to frequency of inspections and to use wider sources of intelligence. Staff suggested additional questions geared toward gathering intelligence about services in relation to self-improvement and outcomes for people using the service.

This is a strengthened version of the previous tool. It is also more focused on outcomes. The introduction of the new risk tool should enhance our ability to deliver our core business in assessing and managing risk within regulated care services. It is currently being implemented across regulated services and it should allow us to target poorly performing services better and therefore improve the quality of care for people using care services.

The RAD is not used by inspection staff to identify or address risks when they are undertaking inspections of regulated services. The process for planning an inspection of regulated care services is however risk-based, with quality standards and quality themes being selected according to the risk presented. When inspecting against a quality theme, the scope of the evidence sampled in order to make a professional judgement is also weighted according to risk.

- **Registration of regulated care services** – a risk-based approach is taken to the process of registering applicants and varying existing services. This includes a number of standard check and fitness assessments, such as criminal record fitness assessments and GP and social work checks. Where an applicant is already known to the Care Inspectorate, the level of checks and the timescale for registration is informed by their track record as a provider. Similarly, if an existing service is purchased by a new provider, the registration process is expedited in the interests of continuity of care for people using the service. For variation applications, the level of regulatory input and whether to carry out a desk top process is decided in response to risks to people using the service.
- **Complaints** - a risk-based approach is also taken to the allocation and investigation of all complaints received by the Care Inspectorate.

Complaints about registered care services are currently assessed using the most up to date risk assessment and grading information for the service together with other intelligence we may have. The complaints team is currently piloting a risk assessment tool based on 9 questions, which will assess each complaint case to inform their allocation in a timely manner and will ensure serious complaints are fast tracked as necessary.

- **Initial Scrutiny Level Assessment (ISLA)** – this was developed by the Social Work Inspection Agency and its use has continued in the Care Inspectorate in order to complete the inspection programme of all 32 local authority social work services. It is EFQM based. The ISLA is used to determine what level and focus of scrutiny is required for a local authority's delivery of social work service and consists of:
  - a desk-top risk assessment, the basis of which is a set of questions that are applied to information and data gathered on the local authority. This includes national performance data and findings from other scrutiny activity, including of regulated care services
  - case file reading and analysis, using a file reading template designed to focus on risks. This process involves local authority file readers reading files alongside CI senior inspectors. Once the analysis of any file reading has been completed, the results are made available to the local authority. Where urgent issues are identified or matters need attention we report this to managers for action and feedback.
  - focus groups with service users and carers. This is likely to involve CI carer and service user inspectors, working alongside senior inspectors, meeting groups of people who use services. The number of focus groups varies based on the size of the local authority and the level of concern we have about risks.
  - reading and observing good practice. Local authorities submit up to three examples of good practice that they believe to be sector leading, or where there has been considerable improvement in service. Where appropriate, senior inspectors will then meet with key staff to discuss this or visit/observe the good practice example as appropriate.

Local authorities are advised in writing of their overall scrutiny level assessment and the detail of those areas considered as requiring a scrutiny/improvement response along with the proposed scrutiny activity deriving from this. Our plans for scrutiny comprise a prioritised list of targeted activities to investigate and assess risks identified at the ISLA stage. In exceptional cases, we may judge that scrutiny needs to be carried out urgently, as we have identified an aspect of practice that poses a high risk. During the scrutiny phase, the areas of risk or uncertainty are explored through a range of inspection methods including, interviews, focus groups, staff surveys and observing meetings and practice. An assessment is then made of whether the risks identified remain extant or the extent to which these are

effectively being managed and improvements implemented. Following professional dialogue, a scrutiny report is issued to the local authority with recommendations and a requirement for an action plan, which is monitored.

- **Joint inspection of services to protect children and young people (CP2)** - both CP1 and CP2 inspection programmes were cyclical inspection programmes covering all 32 local authority areas. Follow-through inspections took place in areas where risks were determined as high following evaluations of *weak* in key areas of performance. A pre-inspection risk assessment determines the initial scope of the inspection. This starts with a consideration of the partners' joint self-evaluation and supporting evidence. Like the ISLA process, this includes an analysis of key documents and reports and inspections carried out previously by the Care Inspectorate and other scrutiny bodies. A strategic level risk assessment helps to determine if risks can be identified and whether we would judge this likely to have an impact on the protection of children. Identified issues of concern and uncertainty are included in the scope of the inspection and may result in a proportionate scrutiny response to determine the level of scrutiny. Areas of potential risk are aligned to a set of published quality indicators.

Reviewing practice through case file reading determines risk for individual children using the professional judgement of the senior inspector. Where risks to the child are high and current, and action appears to be delayed, details of our concerns will be referred back to the authority under the terms of our code of practice. An analysis of the evidence will result in an evaluation of the extent to which risks for children in the authority area are effectively identified, assessed and addressed to mitigate the risk. Key tools used to assess and determine risk are examples of very good and weak practice and the six point evaluation scale. Professional judgement and the accumulation of scrutiny knowledge are used extensively.

- **Shared Risk Assessment process** – The Care Inspectorate contributes to the shared risk assessment of local authorities, which is co-ordinated by Audit Scotland. Local Area Networks (LANs) have been established for each local authority and bring together all the relevant scrutiny bodies to undertake a shared risk assessment. The findings and judgements of this risk assessment process are published in an annually updated Assurance and Improvement Plan, which identifies all planned scrutiny to be undertaken in relation to identified risks or uncertainties. We are currently in the process of developing a proforma to ensure our contributions are of a consistently high quality and that our input to the LAN is well coordinated.

The following guidance and processes are also used as part of our wider risk approach in the Care Inspectorate:

- **Serious incident reviews** – in January 2012, we wrote to all chief social worker officers advising them that responsibility for analysing serious incident reviews had transferred from the Scottish Government to the Care Inspectorate and that there was new guidance in place. This places a responsibility on a local authority to carry out a review when an offender subject to statutory supervision (excluding a registered sex offender) becomes involved in a serious incident. Local authorities are asked to submit these reviews to the Care Inspectorate which will provide comment and which will aggregate the findings and lessons learned. Separate guidance applies when registered sex offenders become involved in serious incidents. Responsibility for analysing reviews of such incidents does not lie with the Care Inspectorate but with multi-agency public protection strategic oversight groups.
- **Deaths of looked after children reviews** - a local authority is required to notify Scottish Ministers immediately in the event of a death of a child or young person who is looked after by them (whether he or she was living at home or was placed away from home). This is done by advising the Care Inspectorate. This was formally a function delegated by Ministers to the Social Work Inspection Agency and was taken over by the Care Inspectorate from April 2011. The local authority is required to inform the Care Inspectorate of any death of a looked after child within one working day followed by formal written notification and a copy of the death certificate where possible. The local authority then provides a detailed report and supporting information. Following consideration of the information by a representative of Education Scotland and a designated medical advisor, we then review all of the information provided and advise the local authority of our views on their conclusions. The most recent deaths of looked after children bi-annual report for 2009 – 2011 is due to be published by the Care Inspectorate in the near future. This provides a profile of the children who died during this period and comments on the quality of reports received from local authorities. It also identifies the cause of death and explores the issues and themes presented by this work. This work is linked to the Care Inspectorate's responsibility to respond to notifications of deaths of people in regulated care services.
- **Financial viability guidance** – this guidance was introduced in June 2011 and sets out what we expect of operational staff when dealing with contingency planning in care services and new notifiable events and disclosure requirements. It sets these within an overall framework of identifying and responding to financial viability risks. While we have a responsibility to identify and respond to financial viability concerns, it is important to remember that this is a shared responsibility for the wider care sector. Other agencies may have an interest, including

COSLA, the individual local authority or Health Board, Audit Scotland, other UK care regulators and organisations representing providers.

- **Child and adult protection guidance and complex case advisory panel** – this guidance is about to be implemented. It provides guidance on:
  - recording the number and outcome of child and adult protection referrals
  - dealing with other agencies in relation to child and adult protection investigations
  - using voluntary agreements with childminders to temporarily cease providing a service during child protection investigations
  - an advisory panel that will assist in decision making in complex adult and child protection cases.

## **8. Commonality in approaches**

The scoping identified the following common approaches (although these exist to varying degrees) to risk assessment and mitigation in our current practice:

- Initial assessment/scoping of risk to target proportionate scrutiny
- Exercise of professional judgement
- Consideration of the presence or absence of protective factors
- Validation of self-evaluation/assessment leading to effective improvement planning and implementation
- Requirement for an action plan or improvement plan.

For the future, both the ISLA and CP2 programmes will conclude in 2012, only the risk tool for targeting proportionate scrutiny on regulated services will have a shelf life post 2012. The existing commonality between the current programmes and methodologies in respect of risk is important and will need to be carried forward and developed.

The Care Inspectorate is developing a new methodology for the joint inspection of children's services, to be carried out across local authority areas and which will involve Community Planning Partners. The methodology will be underpinned by a framework of quality indicators that is designed to provide a complimentary approach to robust self-evaluation and scrutiny of children's services so that the same quality framework will be used to support a co-ordinated approach to independent inspection of services for children.

In addition, the Care Inspectorate plans to develop a similar model for the joint inspection of adult services. However, Ministerial intentions for joint inspections, beyond those for children's services, are not yet clear.

We are also currently reviewing and developing proposals for validated self-evaluation of local authority social work services in order provide the public with reassurances about the quality of these and to comply with the Cabinet Secretary's statement that:

*‘.the Care Inspectorate has a responsibility to scrutinise local authorities to provide an objective, evidence-based assessment of how well people are being served by their social work services; make a constructive contribution towards the further improvement of these services; help safeguard the interests of people who use services and carers, and help local authorities to develop their own approach to improving services. The Care Inspectorate will publish the findings and recommendations for each local authority....’<sup>10</sup>*

The risk framework will allow us to take a progressive and dynamic approach to enhancing our work on risk, while clarifying roles and responsibilities in both existing and emerging methodologies.

## **9. Review of information to inform risk**

We have undertaken an initial review of information used to inform our identification and analysis of risk. The main findings from the review highlight:

- We have identifiable gaps in our current information that we need to fill e.g. the data and intelligence we have about complaints in other service sectors is incomplete. As we increasingly move to joint scrutiny of integrated services we need to be clear what the key information is that will help us analyse and address risk.
- Not all our information is currently used to best effect to identify or mitigate potential risk. For example, we need to maximise the intelligence we can garner from notifications. At the moment inspectors can find it difficult to access this information, although recent guidance has been issued to improve this. Neither do we link up the information from regulated services sufficiently well to the intelligence we gain from our larger local authority or child protection inspections and vice versa. The risk inherent in this is that we may miss an emergent risk. Implementing the intelligence strategy will begin to improve some of these issues and the developing work on a proforma for staff to streamline the information we can contribute as an integrated organisation to Audit Scotland’s shared risk assessment is a step towards filling this gap, but more needs to be done.
- Child protection research and inquiries<sup>11</sup> have highlighted that it is not the sharing of information that has led to problems but the *lack* of sharing of information. Information ownership and governance must not be allowed to lead to information residing in organisational silos and not being used to best advantage. Information needs to be shared both within and across organisations in a secure manner that protects people’s data and has public confidence. We have high level

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<sup>10</sup> . In its response to the report by the Health and Sport Committee 2011, the Scottish Government pointed to this statement made by the Cabinet Secretary

<sup>11</sup> For example, research studies which informed DOH 2000; NSSPCC/DOH “ The Child’s World” (2005)

Memorandums of Understanding with many of our key partners and scrutiny bodies but we have not identified in these what information our key partners have, which might be critical to assessing risk in an integrated service.

- We need an organisational policy, which sets out how staff should handle 'soft' data. This is not information about people's experiences of care or their use of social work services but more about information that staff may pick up on an anecdotal basis, or be told verbally or on a 'confidential' basis by the public, partners such as the police or the Scottish Social Services Council (SSSC) and other scrutiny bodies.

## **10. Best practice review**

In developing the framework, we reviewed best practice. A major focus of much of the research literature, especially as it relates to social care and social work, is on risks to individuals or caused by individuals, rather than scrutiny, performance or service risks. There is also a growing emphasis and an evidence base, supplemented by practice developments, on enabling positive risk-taking, especially within adult services. This is increasingly recognised as a core aspect of placing people at the centre of their own care and support.

There are a number of useful frameworks, guidance and research that are helpful in considering improving effective delivery of our scrutiny and improvement responsibilities. A common feature across the research literature is clarity that risk cannot be eradicated and indeed is part and parcel of everyday life. Our focus within the Care Inspectorate is on identifying risks that may result from deficits within services, ensuring that these are being managed efficiently and effectively by the organisations we regulate and scrutinise, and being proportionate in our scrutiny response to the level and type of risk identified.

Professor Sparrow's<sup>12</sup> work on the management of risk was influential in considering our approach to risk at the setting up of the Care Inspectorate. A cornerstone of his thesis is "*Pick important problems, fix them, and then tell people about it*". He argues that scrutiny and regulatory organisations should reflect the criticality of the assessment and management of risk in the structure of the organisation and its operations.

In summary, Sparrow advocates a project-team approach for assessing and managing risk. This is compatible with the development of integrated inspections of children's services and services for adults, and the shared risk assessments undertaken by LANs as described above. He also argues that effective data analysis is a critical factor for risk assessment and risk management. Improvements to the way we analysis data and systematically

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<sup>12</sup> The Character of Harms: Operational Challenges in Control, Sparrow M, 2008

use our intelligence has already been recognised as crucial for the accurate risk assessment of social work, social care and services to protect children.

- **Models of evaluating risk policy and practice**

The Alarm National Performance Model for Risk Management in the Public Service<sup>13</sup> sets out a useful model for what constitutes best practice for risk management in a public services organisation. The EFQM<sup>14</sup> based model is compatible with a range of approaches we have adopted in the Care Inspectorate. It identifies what an organisation should look like at different stages of its maturation process towards best practice optimality in respect of the assessment and the management of risk.

The Risk Management Agency's production of the FRAME standards is a useful development and it is congruent with the National Care Standards. The FRAME standards have a focus on the risk assessment of offenders, but they have a wider applicability beyond the criminal justice field.

- **Professional judgement**

Staff exercising sound professional judgement is critical to any effective system for assessing and managing risk. In the Care Inspectorate and in other scrutiny bodies, risk assessment tools and data analysis represent useful frameworks, within which staff use professional knowledge and good judgement to carry out risk assessments. If the information and analysis, which populates such risk assessments, is not a product of sound professional judgements, made by well-trained, well-supported and accountable staff, then these risk assessments will not represent an accurate appraisal and predictor of risk for services we regulate and inspect.

## **11. Developing our Risk Framework**

Figure 1 below (page 15) outlines the proposed risk framework for the Care Inspectorate, which will be used as part of our self-evaluation process focused on taking a closer look at risk. It is capable of being adapted for use by other organisations, but is currently focused on our responsibilities. The model is firmly located within an EFQM approach and has taken into account best practice (outlined above) in order to develop a proposed framework for evaluating and improving risk practice in the Care Inspectorate.

The interdependencies and key relationships between different aspects of the organisation are outlined in the framework. It emphasises the importance of a supportive organisational infrastructure to identifying, analysing and mitigating risk. At its core is a clear focus on improving outcomes for people who use services, carers and families, with aspects of risk aligned to maximising choice and control, balanced by the need for protection, prevention and safeguarding. This is wholly consistent with our corporate objectives. The

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<sup>13</sup> The Public Risk Management Association, 2009

<sup>14</sup> European Foundation for Quality Management

underpinning of the entire framework with quality assurance, monitoring and review is vital.

The intersecting themes are as follows:

➤ **Theme 1: Operational policy and practice**

This theme is about how operational policies support our practice in the effective identification, analysis and mitigation of risk. It considers whether we have the necessary and effective range of tools and approaches in place to assess risk across our responsibilities, and that these are used by well trained staff making sound professional judgements. Where risks are identified we need to decide upon corrective action, make requirements or recommendations and oversee the implementation of such actions. We also emphasise the need to have procedures for recording and sharing information within the organisation, and with our partners. In addition, we also explore the arrangements for monitoring and reviewing our risk analysis and methods by which we rate our own performance.

➤ **Theme 2: Knowledge and information**

This theme is about broadening our organisation's approach to knowledge-gathering. This is linked to the implementation of sound processes of continuous enquiry, analysis and application for understanding and addressing risks. Knowledge of key legal principles, legislation and guidance will assist us in making informed decisions that promote the involvement and interests of service users, their carers, families and communities. An understanding of the statutory regulatory framework is also important. These will support best practice for professional staff and others involved in supporting positive-risk-taking. An intelligence-led organisation will bridge policy and practice for improving service performance and risk governed interventions. The delivery of good outcomes will be supported by developing robust and responsive information systems as well as data analysis. This requires an appropriate infrastructure that supports all of our core business needs.

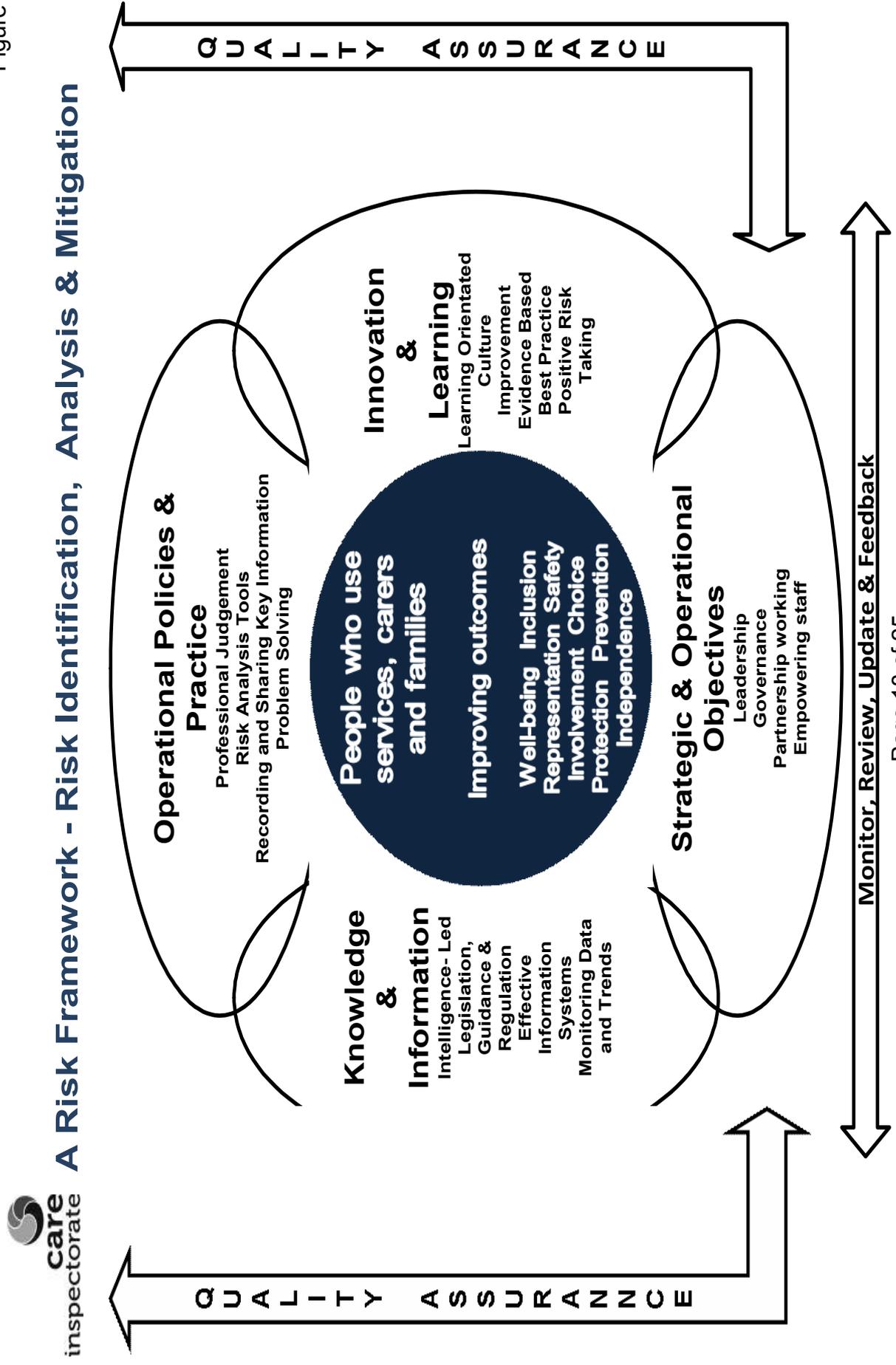
➤ **Theme 3: Innovation and learning**

This covers how innovation and learning inform and improve the identification, analysis and mitigation of risk. It considers whether we enable positive risk taking, and adopt and promote innovative approaches, while maintaining a high level of awareness of national and local trends, opportunities and risks. It asks if there is an open and learning culture, and if there is effective leadership of change and improvement. We emphasise the importance of services discharging their responsibilities for assessing and managing risks to people who use services, staff, and the wider public and our role in scrutinising this.

➤ **Theme 4: Strategic and organisational objectives**

This theme considers how the organisation sets its strategic direction for developing a coherent and inclusive approach to risk that supports a range of objectives and performance targets, which are linked to national objectives. The provision of clear leadership, vision and direction for implementing risk strategies is emphasised. Partnership working over the medium to longer term is also considered within this theme. Close scrutiny and monitoring of resources across service functions is crucial if the organisation is to effectively manage and respond to the protection and preventive needs of vulnerable individuals and families using services and to foster a competent and professional workforce. Clear governance arrangements with lines of accountability that are well-defined and understood throughout the organisation is of fundamental importance. Staff should be encouraged and supported to gain confidence and enhance competencies to exercise professional judgement within established governance arrangements.

Figure 1



## **12. Self-evaluation: taking a closer look at risk**

The Care Inspectorate is committed to securing continuous improvement through a robust approach to self-evaluation. We will take an organisational approach to self-evaluation in order to take a closer look at how we identify, analyse and mitigate risk across the Inspectorate.

### **Staff consultation**

We ran an initial series of staff consultation events during September and October 2011. These introduced staff to the work on both the Risk and Strategic Intelligence Frameworks, and allowed many staff from across the organisation to hear about and contribute to the development of these major projects. A further set of staff events was held during January of 2012. In these, the emphasis was on informing people of progress and inviting comment on the planning and some of the materials produced. These events have helped prepare staff for participation in the self-evaluation process, although further preparation is required.

### **Aim of self-evaluation**

Self-evaluation is a process which can be used by the Care Inspectorate to evaluate and reach a shared understanding of how well we are doing in any aspect of our work. This self-evaluation will help us focus on best practice and ask key questions to help measure effectiveness of current practices. It will help us to recognise the positive work we are doing as well as identifying where we should be taking steps to improve. Self-evaluation links closely to planning for improvement and reporting on our performance.

It is important that we take an organisational approach to our self-evaluation focused on risk and that involves input from staff across the CI. This approach will ensure that we identify the key relationships between operational practice in respect of risk and the significant contributions made by other parts of the organisation, such as ICT and the importance of clear governance arrangements. Otherwise, it will not be possible to develop a comprehensive picture of what is working well and what requires improvement. We also want to model best practice in the wider social work/social care sector and this will be the first time we have undertaken a self-evaluation, so it is key that we take a suitably wide and rigorous approach. It may be possible to adapt our model and promote its use in the wider sector, in order to facilitate improvements on assessing and managing risk.

### **Outline process**

Figure 2 is a flowchart which outlines our approach to evaluating how we identify, analyse and mitigate risk. The process will be undertaken on a tiered basis beginning with teams completing the self-evaluation questionnaire. Teams led by Inspector Managers or equivalent and other managers of

specialist or corporate teams will use existing team meetings to complete their SEQ and will submit this to their manager for compilation into a composite SEQ. For example, in areas, the Inspection Programme Manager (IPM) will compile a composite SEQ for their area. Composite versions of the SEQ will be developed and agreed during the phasing. The compilation of the results from phases 1 - 3 will produce one high-level document with an accompanying improvement plan to be agreed by ET at the final phase.

Each stage of the process will be supported by members of the Risk Framework Project Group, other staff familiar with supported self-evaluation and Employee Development staff. The project lead will maintain oversight of the process throughout and provide direct assistance at stages in the process where composite versions of the SEQ are being completed. We will also include an element of external challenge to our findings and evaluations through our partner agencies that are represented on the Programme Board for improving our core business, which has overseen this work.

### **Phasing and timescales**

The process will take 11 weeks to complete and it is proposed that this will commence in March 2012. It will be phased as follows:

- **Preparatory phase** – to be completed during March
- **Scoping phase** – to be completed during April;
- **Peer challenge phase** – to be completed within 3 weeks of scoping;
- **Consensus phase** – to be completed within 2 weeks of previous phase;
- **Final phase** – to be completed within 2 weeks of previous phase.

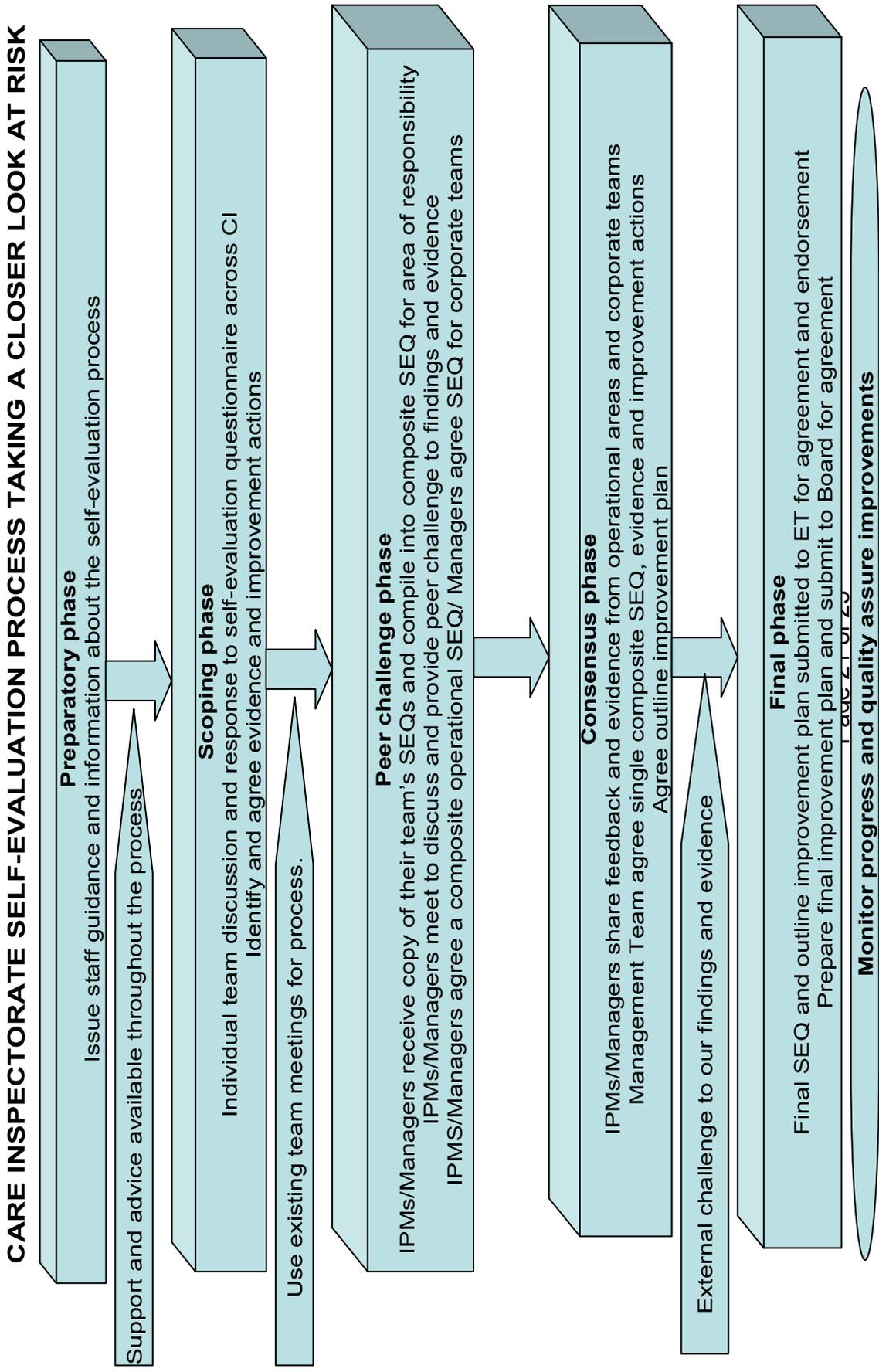
### **Self-evaluation questionnaire and prompts**

A self-evaluation questionnaire (SEQ) and detailed prompts have been developed to facilitate the process. These are tools to encourage staff to ask the right questions, reflect on their work, and work together to reach an evaluation of how well they/we are doing. It is not expected that contributors will be able to answer all questions or sections of the SEQ and it will be for teams to agree and prioritise what they wish to focus on within the timescale, bearing in mind their area of responsibility, as well as specialist knowledge and expertise. Existing team meetings will be used for the process and where none exist IPMs or other managers will arrange these.

### **Improvement planning**

This process will generate an overall improvement plan for the Care Inspectorate, which will be prioritised. Progress with its implementation will be closely monitored. The plan will be reviewed and feedback sought. Where teams identify something that is local to either their team or their area, which could be changed quickly, this should be discussed and agreed with the relevant IPM or other manager, and identified as a local improvement action within a team improvement plan.

Figure 2



### **13. An emerging Improvement Plan**

As described above, our planned self-evaluation will take a closer look at our current practice on risk. It will result in the production of a detailed strategic improvement plan that will have been developed with input from a significant number of staff across the organisation. We will then have to consult more widely to determine priorities and take into account the views of those using services and other stakeholders.

However, the work done to date in considering best practice and in scoping existing practice within the Inspectorate suggests that there are some issues that we can already anticipate as requiring action including:

- Building staff confidence in identifying, assessing and acting promptly to mitigate risk;
- Achieving better quality and consistency in our assessments, recommendations and approaches;
- Accessing and acting on information we receive and identifying potential gaps in data;
- Escalation routes; develop processes to help staff identify important information and escalating these for prompt attention;
- Balancing development of additional tools/guidance with supporting sound professional judgement;
- Up-skilling staff and provision of time for analysis;
- Being mindful of public and other external perceptions of risk being overwhelmingly negative;
- Balancing any improvement work on our approach to risk with delivery of the inspection programme;
- Strengthening existing Quality Assurance arrangements and developing new ones for new methodologies;
- Improving the read across between operational tools;
- Improved and systematic feed through of data between scrutiny programmes and activities;
- Improved time line planning of work;
- Strengthening parts of our infrastructure to ensure it can effectively support operational practice and respond rapidly to changing business needs; and
- Need to have flexible approach for new methodologies.

There are a number of ways of addressing this. At the moment it is proposed to take the Framework forward under four work streams:

- Staff training and development (for example, provide training and guidance materials as appropriate, run half day training events across areas based on real case studies, identifying those in the organisation who already have the required knowledge and skills so they can act as an organisational resource).
- Strengthening Quality Assurance Procedures (for example, strengthened QCAS sampling, building on the QA processes used for

local authority social work services inspections, training for inspector managers, and greater, more objective peer review).

- New organisational policies and procedures (for example, clarifying the organisational decision making process in respect of the handling of soft information).
- Improved ICT facilities so that staff can easily search for and retrieve the relevant information through a combination of good labelling and intelligent search facilities within the constraints of the Data Protection Act, Caldecott principles etc.

#### **14. Governance arrangements**

The continuing development of the risk framework will be a dynamic process, which will necessitate it being updated and augmented as our methodologies and risk practice develop.

We will need to keep abreast of research developments, adapt and learn from the implementation of our improvement plan. Once complete, the improvement plan will need to be monitored and revised each year. It will be important to provide feedback to staff on progress with implementation.

There is likely to be an ongoing role for oversight of the plan so potentially a Risk Framework Implementation group and project lead, accountable to a programme board and the Executive Team, will be required to ensure links in the next stage, both within and outwith the organisation, are maintained. It is likely the current composition of these groups may need to change to reflect this. Ongoing links with the Intelligence Framework also need to be maintained.

#### **15. Resources**

Until the self-evaluation exercise is completed we are not able to finalise the improvement plan and accurately predict what the resource implications for developing this work will be. However, it is already possible to predict there is a need for additional skills development of staff across the organisation to ensure that people are clear and confident about assessing and mitigating risk, as well as strengthened quality assurance processes, the development of new organisational policies, and possible software changes.

Within a tightening financial envelope it will be challenging for us, and for others, to maintain the skills required and there may be scope to explore sharing specialist skills between organisations and benefit from the increasing emphasis on multi-agency working.

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