



Scrutiny and Improvement Plan 2015/16

Report to: Board

Date: 19 December 2014

Report by: Annette Bruton, Chief Executive
Karen Anderson, Director of Strategic Development/Depute Chief Executive
Kevin Mitchell, Head of Analysis & Business Planning

Report No: B-27-2014

Agenda Item: 12

PURPOSE OF REPORT

To provide the Board with the Care Inspectorate's Scrutiny and Improvement Planning proposals for 2015/16.

RECOMMENDATIONS

That the Board:

1. Considers and approves in principle the Inspection Plan for 2015/16 on the basis that it can be delivered within budget.

Version Control and Consultation Recording Form

Version	Consultation	Manager	Brief Description of Changes	Date
	Meetings with Heads of Strategic Inspection.		General discussion taken account of.	16/6/14 20/8/145 3.10.14
	Meetings with Healthcare Improvement Scotland (HIS).		General discussion taken account of.	23/4/14 19/8/142 4.7.14 1.9.14
	Cross directorate discussions at the Operational Planning Group (OPG) with Partnership Forum representation.		Discussion on proposed frequency changes and planning hours based on diary exercise.	17.9.14
	ET		Comments arising from discussion taken account of	09.10.14
	Corporate Services Directorate		Initial discussion and comments from K. Dick, Head of Finance and Corporate Governance (also a member of OPG)	17.9.14 20.10.14
	Board Development Day		General discussion /presentation	31.10.14
	Policy Committee		General discussion	28.11.14

Equality Impact Assessment

To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.

Policy Title:

Date of Initial Assessment:

EIA Carried Out

YES

NO

If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.

If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.

Name: A Bruton

Position: CE

Authorised by Director

Name: K Anderson

Date:

1.0 INTRODUCTION

Each year, in accordance with Section 54 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate must prepare a plan for carrying out inspections in line with best regulatory practice and the agreed budget. The plan must set out arrangements for inspections to be carried out (including inspections of those services subject to self-evaluation (S.54 (2) (a)). It may make different provision for different purposes (S. 54(2) (b)). In preparing the plan, the Care Inspectorate must have regard to any guidance issued by Scottish Ministers. The plan must be kept under review and may, from time to time be revised, to reflect risk. The Plan should be subject to appropriate consultation and agreement by Scottish Ministers.

The scrutiny and improvement plan for 2015/16 proposed in this paper builds on previous inspection plans. It also reflects requests from Scottish Government policy teams as well as, wherever possible, joined up scrutiny with other partners under the Duty of Co-operation, s.114 of the Public Services Reform (Scotland) Act 2010.

The plan for 2015/16 builds on feedback from the Board development event on 31 October 2014 to enable the Care Inspectorate to deliver on its new Corporate Plan 2014 – 2018. Although the Board indicated no change was necessary to the Corporate Plan at this stage it did note the implications of national policy on the work of the Care Inspectorate. The relevant national policy implications are taken into account within this proposed Scrutiny and Improvement Plan for 2015/16 and are explained in more detail under section 1.2 below.

1.1 Background

During the past year the Care Inspectorate has continued to deliver inspections of regulated care services in accordance with the statutory minimum frequency and those identified in the inspection plan 2014/15 agreed by Scottish Ministers.

Working with partner scrutiny bodies, we have continued to develop and deliver a model of joint inspection of children's services which focuses on community planning partnerships across Scotland. At the request of Scottish Ministers, we implemented a programme of these inspections in 2013/14.

Working with partner scrutiny bodies we have continued to develop a model for the joint inspection of integrated care and health for adults beginning with older people. Following three pilot inspections in 2012/13, three inspections were planned and delivered in 2013/14. A full programme of these inspections is now being rolled out across Scotland.

In the past year we have continued to work closely with our scrutiny partners, not just in the delivery of more integrated models of strategic inspection, but also in the delivery of regulated care service inspections for children and early years

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services, for example with Education Scotland.

During the past year we have established a process with Healthcare Improvement Scotland to share information more effectively through an integrated health and care assessment to help plan our strategic inspection programmes better. Cognisance is also taken of the work undertaken by the Audit-Scotland led Local Area Networks (LANs) which involve our staff, and the shared risk assessments forming part of the Local Scrutiny Plan for each local authority/community planning partnership area.

We have continued to embed our national approach to inspection planning which provides scrutiny partners and ourselves with a single point of contact to identify risks, share information and plan and coordinate inspections better, particularly those which are carried out under a duty of cooperation.

The Head of Analysis and Business Planning continues to represent the Care Inspectorate on the cross-scrutiny body schedulers and planners forum to ensure the work we are doing is coordinated well and reflected in the National Scrutiny Plan (NSP).

The National Inspection Planning Team continue to be responsible for developing and maintaining a dynamic 5-year scrutiny plan for the Care Inspectorate which includes:

- Regulated care services inspections, including those undertaken in collaboration with Education Scotland;
- Joint inspections of children's services;
- Joint inspections of care and health for adults beginning with older people;
- Criminal justice social work scrutiny and improvement plans;
- Joint inspections of Multi-Agency Public Protection Arrangements (MAPPA);
- Criminal justice social work - Serious Incident Reviews (SIRs);
- Deaths of Looked After Children (LAC);
- Other Significant Case Reviews (SCRs);
- Thematic scrutiny and improvement activities; and
- Any other planned inspections agreed with Scottish Ministers.

1.2 Legislative & Policy Context

The Care Inspectorate's scrutiny and improvement plans must be flexible and responsive to the changing scrutiny and improvement landscape.

During the past year we have seen two significant pieces of legislation enacted that directly impacts on our scrutiny and improvement work: the Public Bodies (Joint Working) (Scotland) Act 2014 and the Children & Young People (Scotland) Act 2014.

The Public Bodies (Joint Working) (Scotland) Act 2014 received royal assent on 1 April 2014 and establishes:

- Nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and local authorities will be held jointly accountable;
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets; and
- A requirement on partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

Health and social care partnerships will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for delivering the nationally agreed outcomes.

This clearly has implications for how we inspect services to provide independent assurance on the quality of care service users receive and the protection of vulnerable people as well as how we support improvement.

The Care Inspectorate and Healthcare Improvement Scotland now have a statutory responsibility under the new act to inspect the planning, organisation and co-ordination of integrated services. In future, this will also include a specific role to scrutinise strategic commissioning by the integration authority.

As a result of the work undertaken jointly with HIS to develop and implement a programme of joint inspections of integrated care and health for adults, beginning with older people, the Care Inspectorate is well placed to meet its responsibilities under the act in 2015/16 and beyond.

The Children & Young People (Scotland) Act 2014 received royal assent on 27 March 2014 and will:

- From August 2014 increase the amount and flexibility of free early Learning and childcare from 475 to a minimum of 600 hours per year for 3 and 4

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year olds, and 15% of Scotland's most vulnerable 2 year olds. From August 2015 this will extend to 27% of the most vulnerable 2 year olds;

- Provide free school lunches to all children in primary 1–3 by January 2015;
- Ensure better permanence planning for looked after children by giving all 16 year olds in care the right to stay in care until the age of 21 from 2015; extend the support available to young people leaving care for longer (up to the age of 26), and support the parenting role of kinship carers;
- Enshrine elements of the *Getting it Right for Every Child (GIRFEC)* approach in law, ensuring there is a single planning approach for children who need additional support from services, providing a single point of contact ['named person'] for every child and providing a holistic understanding of wellbeing;
- Create new duties in relation to the United Nations Convention on the Rights of the Child (UNCRC) and strengthen the Children's Commissioner role;
- Strengthen existing legislation that affects children, including a number of amendments to the process for school closure proposals under the Schools (Consultation) (Scotland) Act 2010.

The act imposes a number of specific duties on the Care Inspectorate, including reporting on steps taken to secure better or further effect within its areas of responsibility of the UNCRC. It also establishes the Care Inspectorate as a 'Corporate Parent' with responsibility to be alert to matters which could adversely affect the wellbeing of children and young people and promoting their interests.

All of this has a direct impact on the registration and our scrutiny and improvement of regulated care services for children and young people as well as our strategic inspections and specific work undertaken by our strategic inspectors.

However, the work we have led over the past three years along with our scrutiny partners, Education Scotland, HIS and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS), to develop and deliver a model of joint inspection of children's services which focuses on community planning partnerships across Scotland, as well as the joint work we do with Education Scotland inspecting regulated care services for children, sees us well-placed to take forward these new responsibilities in 2015/16 and beyond.

There is currently an ongoing review of the National Care Standards (NCS). These were published in 2002 to help people understand what to expect from care services and, services understand the standards they should deliver. The Care Inspectorate and Healthcare Improvement Scotland use the NCS to inspect the quality of care service users receive.

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Since 2002, the way in which services are planned and delivered has changed considerably, not least through the legislative changes detailed above. Services are increasingly working in a more integrated way and focusing on improving outcomes for services users. In recent years there has been a move towards a rights-based approach to planning and delivering services and although the review is ongoing, early indications are that a revision of the Care Standards which reflects this and the changing scrutiny landscape is likely to attract considerable support.

The Care Inspectorate has strongly argued for a rights-based approach to national care standards. Working with a less prescriptive but more outcome-focused standards would allow our inspectors to exercise their professional judgement more and evaluate the difference services are making to improving outcomes and helping to support improvements in the quality of care for people who use services and their carers.

Our new inspection methodology will also take account of the Reshaping Care for Older People (RCOP) 10-year change programme. This was launched by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) in 2010. It is aimed at improving the quality and outcomes of care, and to help meet the challenges of an aging population, including the provision of support to allow people to live independently in their own home for as long as possible.

The self-directed support strategy published by the Scottish Government and COSLA in 2010 builds on this. It represents a fundamental change to the way people with social care needs are supported, and is underpinned by human rights principles of fairness, respect, equality, dignity and autonomy for all. It recognises that people should be equal partners with professionals in determining their social care needs and how their needs are met.

There are other legislative changes that will impact on the work of the Care Inspectorate, including the Regulatory Reform (Scotland) Act 2014 which places a duty on the Care Inspectorate and other regulators to exercise its functions in a way that contributes to achieving sustainable economic growth.

1.3 Developing the Care Inspectorate's Scrutiny & Improvement Plan for 2015/16

Significant work is underway across the Care Inspectorate to develop a new methodology for inspecting frontline regulated care services and supporting improvement.

The Care Inspectorate has a specific duty under section 44(1) (b) of the Public Service Reform (Scotland) Act 2010 of furthering improvement in the quality of social care services. Current regulated care service methodologies have been in place for some considerable time and have served us well. They have been effective in providing public assurance and protection for service users, but now need to change to reflect our statutory duty to support improvement as well as our

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continuing duty to provide assurance and protection. They also need to reflect the shift towards greater integration of health and social care services, self-directed support, and a greater focus on improving outcomes for services users.

In developing the Care Inspectorate's 2015/16 Scrutiny & Improvement plan we aim to begin to strike a better balance between the work we do to provide independent assurance on the quality of care service users receive and the protection of vulnerable people and our general duty to support improvement. We need to do all of this within our finite resources and in a way that we can demonstrate the impact of our work on ensuring that people in Scotland receive high quality, safe and compassionate care.

Central to our thinking is the need to ensure that all our scrutiny and improvement work is targeted, proportionate, evidence led and risk based. Targeting our scarce resources to where we can make the greatest impact is not just proportionate but essential to protect vulnerable people.

A risk-based approach is all about allocating your scarce resources to where you think harm is most likely to occur and if that is to be successful it depends on having the right intelligence in place. A comprehensive review of how the Care Inspectorate gathers uses and shares information and intelligence has recently been completed. Areas for improvement have been identified which will strengthen how we use intelligence to inform our scrutiny and improvement activities in regulated care services and through joint strategic inspections, as well as the work of our link inspectors and contact managers. This work will also inform the development of a new intelligence strategy and risk framework in parallel with the development of new inspection methodologies.

In time we hope to broaden our inspection options for regulated care services which will be geared to risk and intelligence. The importance of getting this right is reflected in the change management approach we are taking which will be overseen by the Executive Team acting as a programme board. It is likely that this will be a 3-5 years programme of carefully planned and coordinated incremental change with tests of change built in. We have already successfully implemented changes in how we inspect child minders and report our findings to make these more outcome focussed and compliant with the principles of 'Getting it right for every child (GIRFEC)'. Some further changes we plan to make this coming year are outlined below.

The Scrutiny and Improvement Plan for 2015/16 has been developed in accordance with our revised Corporate Plan 2014-18. In particular, our commitment to:

- providing **assurance** and **protection** for people who use services and their carers;
- delivering **efficient** and **effective** regulation and inspection that

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meaningfully involves people who use services and their carers;

- supporting **improvement** and **signposting good practice**;
- acting as a **catalyst** for **change** and **innovation**; and
- working in **partnership** with scrutiny, delivery and policy partners and people who use services and their carers.

All of this is aimed at ensuring **every person** in Scotland **receives high quality, safe** and **compassionate** care that reflects their **rights, choices** and **individual needs** through their **whole care experience**.

The proposed scrutiny plan for regulated services continues to be based on a rolling five year inspection planning process introduced fully last year which enables us to more efficiently and effectively manage resources and budgets to deliver assurance, protection, improvement and innovation activities while at the same time providing more responsive approaches to contribute to the rapidly changing health and social care environment.

The recommendations made by the Executive Team as a result of this report will inform the overall budget for 2015-16.

2.0 INSPECTION PLAN 2015/16

2.1 Strategic Inspection Risk Analysis

2.1.1 Children's and Adults Services

The selection of the community planning/health and social care partnership areas that will be subject to a strategic inspection in 2015/16 will be identified by taking an intelligence led, risk based approach.

In 2012 we developed a dynamic list of the areas to be inspected over the period 2012-2018. In prioritising the areas, account is taken of:

- a comprehensive analysis of the findings of the joint child protection inspection programme with an associated risk rating;
- the findings of Initial Scrutiny Level Assessments (ISLAs) of social work services undertaken by the Care Inspectorate and previously by the then Social Work Inspection Agency (SWIA); and
- when an area was last inspected.

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This year we have developed and refined our approach further through:

- better information sharing with HIS in the form of an integrated health and care assessment;
- involvement of our link inspectors who have gathered information and intelligence on child and adult protection arrangements in each community planning partnership area which will inform the overall assessment; and .
- reviewing the work undertaken by the Audit-Scotland led Local Area Networks (LANs) which involve our staff and the shared risk assessments forming part of the Local Scrutiny Plan for each local authority area.

Information is also shared between members of the cross-scrutiny body schedulers and planner's forum to ensure the work we are doing is coordinated well and reflected in the National Scrutiny Plan (NSP).

Meetings involving the Heads of Strategic Inspection (children and adults) and the Head of Analysis and Business Planning have been held and together they will discuss and recommend a revised prioritisation list of strategic inspections covering the period 2015-18, in particular identifying those areas we plan to inspect in 2015/16. This will be considered and approved by the Executive Team in due course and eventually incorporated in the National Scrutiny Plan.

2.1.2 It is important to note the role of the Shared Risk Assessment (SRA) process led by Audit Scotland. Around October/November each year, Local Area Networks (LANs) comprising representation from all of the scrutiny bodies are convened to review performance of each local authority/community planning partnership area and review any other known risks or intelligence as a basis for developing a Local Scrutiny Plan for the coming year. This year it is anticipated that the process will be streamlined with a sharper focus on identifying and assessing risks. The LANs also consider progress made on implementing the public service reform agenda, in particular community planning, health and social care integration, police and fire oversight, and welfare reform.

For this reason the prioritisation list we have developed must be kept under regular review and will be shared at the appropriate times with scrutiny partners and the Local Area Networks (LANs) who are responsible for the SRAs. A final decision on the areas to be inspected in 2015/16 will not be taken until late January 2015, when the SRA process has been concluded.

The final decision on the areas to be inspected will be made available to the Local Area Networks to inform the Local Scrutiny Plan for each local authority/community planning partnership area and, subsequently, the National Scrutiny Plan. The areas identified may be subject to change until the National Scrutiny Plan is formally agreed by all parties.

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2.2 Joint Inspections of Children's Services

At the request of Scottish Ministers, the Care Inspectorate is leading a programme of joint inspections of children's services. During 2012/13 we developed a model for inspection and carried out a number of pilot inspections in conjunction with Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS).

In the current year (2014/15) we are carrying out six inspections in conjunction with our scrutiny partners using the risk analysis approach detailed above.

In 2015/16 the proposal is to carry out a further six inspections. We will as part of these inspections include a focus on child sexual exploitation to inform the work of the national taskforce.

Recommendation 1:

It is recommended that the six children's services inspections are scheduled for 2015/16 and the Executive Team are remitted to identify those areas in accordance with the proposals detailed above and keep those and the prioritisation list for subsequent years under regular review.

The scrutiny footprint for each inspection is spread over 28 weeks (two more than last year). The resource requirement needed to meet the inspection plan of 6 joint inspections of children's services during 2015/16 is detailed below.

Summary of Resource Requirement

918 Strategic Inspector days

147 Team Manager days

150 HMICS days (HMICs charge cost to CI)

150 HIS days (no charge - duty of cooperation)

99 ES days (no charge - duty of cooperation)

60 Young Inspector days (budget required)

144 Associate Assessor days (budget required for accommodation, travelling & subsistence only)

2.3 Joint Inspections of Care and Health for Adults

On 12 December 2011, the Cabinet Secretary announced the Scottish Government's intention to integrate adult health and social care services, principally through the introduction of adult health and social care partnerships.

In line with this policy direction, the Care Inspectorate has been working with Healthcare Improvement Scotland (HIS) to develop a model for the joint inspection of integrated care and health for adults commencing with older people.

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Two pilot inspections took place in (2012/13) and three joint inspections were conducted in 2013/14. Six inspections are being undertaken in the current year (2014/15).

During 2015/16, together with our scrutiny partners HIS, we are planning to develop an evaluation framework for strategic commissioning of services which meet the needs of local communities and delivers good quality care and support.

Recommendation 2:

It is recommended that six adult health and social care joint inspections are scheduled for 2015/16 and the Executive Team are remitted to identify those areas in accordance with the proposals detailed above and keep those and the prioritisation list for subsequent years under regular review

The scrutiny footprint for each inspection is spread over 25 weeks (2 more than 2014/15). The resource requirement needed to meet the inspection plan of six joint inspections of adults during 2015/16 is detailed below.

Summary of Budget Considerations - Total Resource Required

882 Strategic Inspector days.

36 Team Manager days

132 HMICS days (HMICs charge cost to CI)

288 HIS days (no charge – duty of cooperation)

24 Audit Scotland days (budget required)

12 Carer Inspector days (budget required accommodation, travel & subsistence only)

60 Associate Assessor days (budget required for accommodation, travelling & subsistence only)

NB. There is a significant challenge in scheduling both the children and adults footprints due to the extended and fragmented nature of the inspection footprints.

2.3.1 Supporting Improvement at a Strategic Level

The Care Inspectorate have recently committed to supporting the City of Edinburgh Council (CEC) and NHS Lothian tackle a shortage of residential care placements for older people in Edinburgh which is associated with delays in older people being discharged from hospital. Members of the Care Inspectorate's Executive Team are working closely with the Chief Executives of CEC and NHS Lothian to prioritise registration processes and target our scrutiny and improvement activities to where they can have a the greatest impact on securing improvement, building capacity in the sector and reducing delayed discharges from hospital. This innovative, although time-consuming work is consistent with our statutory duty of furthering improvement in the quality of social care services.

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2.4 Follow-through Inspections

So far, three follow-through inspections are being planned in 2015/16. In one community planning partnership area, the inspection report published earlier this year highlighted a number of areas for improvement and concerns for the safety of children. An interim follow-through inspection to check on progress in implementing an action plan for improvement is scheduled for December 2014. The intention is to carry out a further joint inspection of children's services in that area in 2015/16 at the same time as a joint inspection of adult/older people services which will have a particular focus on child and adult protection. These inspections will follow the normal inspection footprint and both will count towards the six of each that we plan to undertake in 2015/16, therefore no additional resources are required to those detailed earlier in this report.

In another two community planning partnership areas, reports published earlier this year also highlighted concerns for the safety and welfare of children. Follow-through inspections are being planned in 2015/16 to check on progress made in implementing an action plan for improvement.

It is possible that findings of inspections in the current year which have still to be completed may identify the need for further follow-through inspections to be scheduled in 2015/16.

Summary of Budget Considerations – Total Resource Required (To be confirmed in due course by the Inspection Directorate)

84 strategic inspector days.

5 HMICS days

0 Young Inspector days

0 Associate Assessor days

2.5 Criminal Justice Social Work (CJSW)

In 2013, the Board approved a supported self-evaluation of the application and effectiveness of the Level of Service/ Case Management Inventory (LS/CMI) tool on the quality of assessment and planning in Criminal Justice Social Work services. This work, which was undertaken in partnership with the Risk Management Authority (RMA) and Association of Directors of Social Work (ADSW) was completed earlier this year. A report of the findings was published on 18 August 2014.

The inspection of criminal justice social work services is a statutory responsibility of the Care Inspectorate under the Public Service Reform (Scotland) Act 2010 and a key priority area that is currently undergoing significant review and change by Scottish Government policy colleagues. Criminal justice social work is an area of high risk and one where Ministers and the public require strong assurance.

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During 2015/16 it is proposed to review and develop further the self-evaluation tools to support services in building capacity for self-evaluation and making further improvements.

The Care Inspectorate will continue to develop its approach to scrutiny of criminal justice social work with partner bodies such as Her Majesty's Inspector of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS) to better evidence outcomes for vulnerable people within the justice system and strengthen public assurance and protection and reflect emerging national policy changes. Cognisance will be taken of developments arising from the Scottish Government's review of community justice in Scotland.

It has been indicated that 40 strategic inspector days will be required to support this work.

Recommendation 3:

To approve the proposal to continue to develop self-evaluation tools to support services in building capacity for self-evaluation and making further improvements and plan for 40 strategic inspector days.

**Summary of Budget Considerations – Total Resource Required
40 strategic inspector days.**

2.6 Criminal Justice Social Work Services – Serious Incident Reviews (SIRs)

Serious Incident Reviews (SIRs) are subject of guidance issued by Scottish Government and together with Multi-Agency Public Protection Arrangements sets out responsibilities of services to conduct a SIR when a registered sex offender or offenders subject to statutory supervision are involved in a serious incident in the community.

In effect, local authorities are required to submit an SIR to Scottish Government in respect of any such offenders who commit serious offences whilst subject to supervision (e.g. on parole or community payback orders).

In January 2012, at the request of the Scottish Government, responsibility for assessing SIRs in relation to the processes that were undertaken by local authority, including their decision-making and quality of practice when the offender became involved in a serious incident, and providing feedback to Scottish Ministers and the local authorities themselves, transferred to the Care Inspectorate.

To date, the work undertaken by the Care Inspectorate has culminated in the publication in August 2013 of an annual report for 2012-13 including identification of good practice. This type of report may well be used by Scottish Government as a valuable source of information to inform policy development in this area.

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In 2015-16 it is proposed to continue to with this work and further enhance the process with a greater focus on identifying, supporting and sharing good practice and ensuring a consistent approach is taken.

Recommendation 4:

To continue to discharge our responsibilities for assessing SIRs, further enhance the process with a greater focus on identifying, supporting and sharing good practice ensuring a consistent approach is taken and to plan for 70 strategic inspector days.

Summary of Budget Considerations – Total Resource Required

70 strategic inspector days.

2.7 Joint Thematic Review of Multi-Agency Public Protection Arrangements (MAPPA)

This work is linked to a wider public protection agenda, in particular adult protection, child protection and wider community safety. It is a high risk, high priority area of work which requires a collaborative approach by a number of scrutiny partners, including HMICS and HIS, to deliver scrutiny which is outcome focussed, risk-based, consistent, targeted and proportionate. The Care Inspectorate's statutory responsibility to inspect criminal justice social work services covers this area of work.

The MAPPA arrangements focus on the management and monitoring of registered sex-offenders in the community, principally by the local authority, police and health services, and in future are also likely to involve the management and monitoring of other high risk, violent offenders.

We have retained and recruited strategic inspectors with the necessary skills and expertise to be able to contribute effectively to this high risk area of scrutiny in line with our statutory responsibilities and ministerial expectations.

The Cabinet Secretary for Justice requested a review. Its aim is to identify good practice, areas for improvement and make recommendations after considering whether any patterns or trends have been developing in the seven years since MAPPA was introduced in Scotland.

In 2014/15 it was agreed that a joint thematic review of MAPPA involving each of the eight Criminal Justice Authority (CJA) areas/thirty-two local authorities would be undertaken by the Care Inspectorate and Her Majesty's Inspectorate of Constabulary. Work has been ongoing during the past year to develop the inspection methodology. The fieldwork phase is likely to take place in the early part of 2015/16.

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It is estimated that completion of this work in 2015-16 may take up to up to 215 strategic inspector days.

Summary of Budget Considerations – Total Resource Required

**215 strategic inspector days.
HMICs (funding themselves)**

Recommendation 5:

To approve the proposal to complete the joint thematic review of MAPPA in partnership with HMICS and to plan for 215 strategic inspector days.

2.8 Prison Inspections

During the past year, the Care Inspectorate has supported two inspections of prisons by Her Majesty's Inspector of Prisons (HMIP) on a similar basis to HIS. This was achieved through the deployment of strategic inspectors. This was very well received by all concerned and the involvement and contribution of the Care Inspectorate was commented upon favourably at the launch of HMIPs annual report in June 2014 with the Cabinet Secretary for Justice in attendance.

The Care Inspectorate has agreed to continue to support inspections of prisons in 2015/16. It is anticipated that 3/4 such inspections will be planned in 2015/16 each involving one strategic inspector for 5 days.

The Care Inspectorate has a statutory responsibility to inspect criminal justice social work services, which includes prison-based social work. This joint work with HMIP may prove helpful in identifying how well prison-based services are working with those in the community which can be picked up through strategic inspections or in our other scrutiny and improvement work with criminal justice services which we are continuing to develop.

This work also supports our commitment to working in partnership with other scrutiny bodies

Note:- HMIP are unlikely to finalise their plans for 2015/16 until around the beginning of January 2015

Recommendation 6:

To approve the proposal to support 4/5 inspections of prisons by HMIPS in 2015/16 and to plan for 20 strategic inspector days.

Summary of Budget Considerations - Total Resource Required

20 strategic inspector days.

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2.9 Isle of Man (IOM) Children’s Services Follow-Through Inspection

At the request of the Chief Minister and the Council of Ministers of the government of the Isle of Man, the Care Inspectorate undertook a joint inspection of their children’s services between August and October 2013.

The Care Inspectorate has been requested to carry out a follow-through inspection of children’s services focussing on looked after children and child protection in 2015/16. The Care Inspectorate will recover the costs of this work.

Summary of Budget Considerations – Total Resource Required (To be confirmed in due course by the Inspection Directorate)

2.10 States of Guernsey – Inspection of Looked after Children & Child Protection

The Care Inspectorate has recently visited the States of Guernsey to discuss the potential of undertaking an inspection of looked after children and child protection. The States of Guernsey are to confirm whether the Care Inspectorate may be invited to tender for this work at full cost recovery.

2.11 Deaths of Looked After Children and other Significant Case Reviews (SCRs)

The Scottish Government requested in Autumn 2011 the Care Inspectorate to assume responsibility as of 1 April 2013 for reviewing the Deaths of Looked after Children. This was previously the responsibility of the Social Work Inspection Agency (SWIA).

Where a child is a ‘looked after child’ the local authority must inform the Care Inspectorate of his/her death within 1 working day. The details of the responsibilities for this are set out in Scottish Government Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2000.

In addition to these regulations, providers have responsibilities to notify the Care Inspectorate of a death of a service user. For children ‘Looked after and accommodated’ we should receive two notifications, one from the LA under regulation 6 and one from the provider under The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011, Regulation 4 which identifies that the Care Inspectorate will specify notifications required . All providers have a copy of the guidance on notifications to be made to the Care Inspectorate, including deaths of service users.

From 27 March 2014, in terms of the Children and Young People (Scotland) Act 2014, local authorities must also contact the Care Inspectorate in the event of a death of a person who is being provided with advice, guidance or assistance in relation to ‘after care’ or a person who is being provided with continuing care.

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In April 2013, the Care Inspectorate published a report into the deaths of looked after children in Scotland between 2009-2011 incorporating work undertaken in part by the former SWIA. This type of report may well be used by Scottish Government as a valuable source of information to inform policy development in this area.

Agreement was reached with Scottish Government that the Care Inspectorate will review all the deaths of Looked after Children since April 2012. Further work on this was undertaken in 2014/15 and aligned to associated scrutiny and improvement functions in children's services. This work will continue in 2015/16

There are other circumstances where local authorities and their partners are required to carry out a Significant Case Review (SCR), for example, where a child on the child protection register or who is known to services dies or is seriously injured. Strategic Inspectors may be deployed to review Significant Case Reviews and Deaths of Looked After Children.

Recommendations 7 & 8:

To continue to discharge our responsibilities for reviewing the deaths of looked after children and aligning this activity to the Care Inspectorates associated scrutiny and improvement functions in children's services and plan for 70 strategic inspector days and 22 sessional inspector days (Paediatrician).

To continue to discharge our responsibilities for other SCRs that may arise throughout the course of 2014/15 and to plan for 70 strategic inspector days.

Summary of Budget Considerations – Total Resource Required

140 strategic inspector days.

22 sessional inspector days.

2.12 Joint Validated Self-Evaluation of Alcohol & Drugs Partnerships (ADPs).

Alcohol and Drug Partnerships across Scotland are responsible for developing local strategies for tackling and reducing problem alcohol and drugs use and in planning and commissioning services to deliver improved core and local outcomes. They also have a key role in delivering the national drugs strategy for Scotland: *The Road to Recovery* and Scotland's national alcohol framework; *Changing Scotland's Relationship with Alcohol: A Framework for Action*.

The Scottish Government's Drug and Alcohol Quality Improvement Framework is the focus of the next phase of delivery of the national drug and alcohol strategies. Its purpose is to ensure quality is embedded within all drug and alcohol services in Scotland and support self-evaluation for improvement.

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The Care Inspectorate has been working with a range of partners, including Healthcare Improvement Scotland, the Scottish Government Drugs and Policy Unit and the Alcohol Policy Team and the Scottish Government National ADP Support Team with a view to developing an approach to support the validation of ADP and services' self-assessment of their performance and progress.

This project is being undertaken over a period of 18 months during the current year and will continue into 2015/16. A period of six months development work is underway which will culminate in fieldwork in 2015/16 expected to involve all thirty-two ADPs across Scotland. It is estimated that it will take 108 strategic inspector days to complete the fieldwork phase, review self-evaluations and produce thirty separate reports.

Recommendation 9:

To approve the proposal to continue to develop and implement a joint approach to a validated self-evaluation of Alcohol and Drugs Partnerships across Scotland and plan for 108 strategic inspector days to complete the fieldwork phase in 2015/16 and publication of reports

Summary of Budget Considerations – Total Resource Required

108 strategic inspector days.

2.13 Link Inspector and Contact Manager Roles

Strategic Inspectors are 'linked' to Community Planning Partnerships (CPPs), health and social care partnerships and relevant strategic planning groups and these are aligned to health board areas to pool expertise. In addition, contact managers (Team Managers) are allocated to all local authorities to conduct liaison concerning the regulation of care services.

The role of the link inspector is to:

- monitor the performance and quality of social work services;
- encourage improvement in social work services; and
- work with strategic partnerships (with a focus on integrated children's services and integrated working in adult health and social care services) to build capacity for outcome focussed joint self-evaluation for improvement;
- Identifying, supporting and sharing good practice;
- Undertake thematic work, for example on child sexual exploitation;
- analyse information about strategic planning and commissioning and operational delivery of services;

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- contribute information and intelligence to the Audit Scotland led Shared Risk Assessment (SRA) process (see para 2.1.2 above); and a
- Significant role in supporting implementation of national policy.

The link inspector is the primary contact for the Chief Social Work Officer (CSWO) in each local authority area.

The contact manager is responsible for:

- challenging registered care service providers to continuously improve the quality of their service;
- monitoring, analysing reporting on and sharing the performance and quality of care services with providers, local authorities (as the commissioners of services) and key external and internal partners;
- working with key partners to influence improvement, share best practice and intelligence about the registered care service sector, and specifically local authorities as the commissioners of services; and a
- Significant role in supporting implementation of national policy.

During the past year we have strengthened further the role of link inspector and contact managers to improve the gathering and sharing of information and intelligence we use to target our scrutiny and improvement activities more effectively and thereby provide stronger assurance and protection.

At a strategic level, we are continuing to work with partner scrutiny bodies, including HIS, Education Scotland and Audit Scotland to review the role of the SRA process in light the rapidly developing scrutiny landscape, in particular the integration of health and social care agenda, joint strategic planning and commissioning, more integrated service delivery and increased partnership working.

In 2015/16 further work will be undertaken to consider whether the SRA process should be formally extended from a local government scrutiny risk assessment into a 'place and partnership' risk assessment and joint scrutiny planning model in line with the Scottish Government's public service reform agenda.

In the meantime, this year's SRA process will continue to focus on community planning and new Single Outcome Agreements (SOAs). Last year more information was sought in relation to how services were preparing for the implementation of health and social care integration and this was helpful in developing our intelligence profiles, assessing risks and developing our scrutiny and improvement plan for 2014/15. This approach will continue for 2015/16.

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The enhanced and re-defined roles for our link inspectors and contact managers means that we are well placed to respond appropriately to the rapidly developing scrutiny landscape and the potential of an enhanced role for the LANs in the SRA process that may develop during 2015/16.

In 2013/14 and 2014/15 we notionally 'allocated' link inspectors thirty-two days per local authority/community planning partnership area recognising that some strategic inspectors have to be linked to two areas. The thirty-two days allocation is essentially a workforce planning assumption and recognises that some areas will need more support than others. The Capacity Planning Tool developed last year (2013/14) is intended to capture the total actual time spent so that we can monitor this in relation to our overall capacity to meet competing priorities and make any adjustments necessary to our workforce planning assumption. For workforce planning purposes it is proposed that this 'allocation' remains the same in 2015/16 and time is allocated to contact managers (team managers) on a similar basis.

Recommendation 10: To support the development of enhanced roles and responsibilities of link inspectors and contact managers and the proposal to allocate the same link inspector resource as last year and a similar amount of time for contact managers.

2.14 Regulated Care Services – Frequency Rules

2.14.1 In September 2011, in response to the Health & Sport Committee concerns about a reduction in the frequency of inspections of better performing services, the Scottish Government announced that the Care Inspectorate is required to undertake, as a minimum, an annual unannounced inspection of all registered services in the following categories:

- Care homes;
- Support services – care at home; and
- Secure accommodation.

Recommendation 11: It is proposed that these minimum frequencies remain unchanged in 2015/16.

As already highlighted in section 1.3 above, significant work is underway across the Care Inspectorate to develop our scrutiny and improvement methodologies.

We will continue to commit to being open and transparent in reporting all our scrutiny and improvement activities and in doing so being very clear about the different types of activities we have undertaken, but where before we simply reported having completed around 8,000 inspections we will now describe them as 'scrutiny and improvement' interventions and be very clear about what these are comprised of. They will include:

- a) follow-up improvement inspections
- b) thematic inspection

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- c) improvement visits
- d) re-classifying large scale complaint investigations as an inspection

Previous inspection plans have outlined a commitment to scrutiny and improvement based solely on the number of inspections we plan to undertake in a given year. In order to more accurately reflect the much broader range of work we do to support improvement in services, and at the same time strengthen our approaches to fulfilling better our statutory responsibility for furthering improvement in social care services, we are planning to broaden our inspection options.

Whilst still adhering to the statutory minimum frequency for what we will increasingly refer to as 'scrutiny and improvement interventions', the specific focus, breadth and depth of each intervention will be driven more by the general risk profile for that service type and the specific information and intelligence we hold about individual services, including past performance and robust self-assessment. So, for example, a better performing care home with grades of very good or better in all four quality themes must be inspected at least once each 12 months. In year 1 we might carry out a 'scrutiny and improvement intervention' in the form of a full in-depth inspection, but in year two the 'scrutiny and improvement intervention' might take the form of a thematic inspection, a specific piece of work to support improvement in that service or to explore further good practice in that service for wider dissemination to the sector i.e. What really makes it such a good service? Of course, this is provided the assessment or risk and intelligence supports that approach, and if it doesn't we revert to a full inspection in year two.

This has a number of advantages over current practice:

- it allows us to make the best use of our finite resources by targeting them to where they can have the greatest impact;
- it demonstrates a greater commitment by the Care Inspectorate to taking a more targeted and proportionate approach and incentivises service providers to place greater emphasis on carrying out regular and robust self-evaluation for improvement;
- gives greater and more effective attention to our statutory duty to further improvement thereby achieving a better balance between scrutiny and improvement work;
- it allows to us to demonstrate a more risk-based, intelligence-led approach to all of our scrutiny and improvement work; and
- we will be able to demonstrate some of the hitherto hidden work that our inspectors have done to support improvement and give them the time to do more of that better.

The plan for 2015/16 is to undertake around 7,900 scrutiny and improvement interventions.

This will include our statutory obligation to inspect care homes for adults, older people and children, secure care and care at home services on an annual basis and more often where risk informs this; undertaking c.500 progressing improvement interventions to build capacity of the care home sector; undertaking scrutiny of other service types based on intelligence; and, supporting unplanned high risk events that occur in the sector. In addition based on performance during the first two quarters of 2014/15 we anticipate spending c.1000 inspector days building the capacity of the sector and supporting improvement in care services. Based on performance over the period 2011 – 2014 we anticipate progressing c.4,400 complaints about regulated care services of which approximately 1,200 will be resolved at initial point of contact or through frontline resolution. In regard to ensuring that new service providers provide high quality care on entry to the social care market we anticipate again based on previous years performance progressing over 1,000 new registrations during 2015/16 and circa. 2,500 variation requests to enable changes to service delivery.

The review of our scrutiny and improvement methodology for regulated care services will take account of the on-going review of the National Care Standards led by the Scottish Government. It will be based around an outcome focussed quality indicator framework which also takes account of national policy development, including self-directed support, rights, 'choice' and health and social care integration. It is envisaged that such a framework would be used first and foremost to support outcome focussed self-evaluation for improvement as well as providing basis for robust scrutiny and improvement activity by the Care Inspectorate.

A comprehensive review of how we gather and share information/intelligence within the Care Inspectorate and with partner scrutiny bodies has now been completed. Areas for improvement have been identified which will strengthen how we use intelligence to inform our scrutiny and improvement activities in regulated care services and through joint strategic inspections, as well as the work of our link inspectors and contact managers.

In parallel with the scrutiny and improvement methodology review, the Head of Analysis and Business Planning is now leading a piece of work to develop an outcome focussed risk framework which supports the Care Inspectorate's strategic objective of delivering scrutiny and improvement which is intelligence led, risk-based, targeted and proportionate. All of this will be geared to support improvement in services to enhance the quality of care people *who use care services and their carers receive*

We will continue to maximise the effectiveness of inspector volunteer involvement in inspections of regulated care services.

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Since 2011 a diary exercise has been ongoing to determine the actual time taken by inspectors on the various stages of inspection of regulated care services. This enables a comparison to be made with the workforce planning hours allocated according to service type, size and assessment of risk. With almost three years of data we are now able to recommend further changes to the workforce planning hours based largely on the diary exercise, but also taking into account our current intelligence and general recognition of the need to provide the strongest possible assurance and protection for the most vulnerable children and adults in our communities and higher risk services. In the medium term, we anticipate that there will be a need to comprehensively review our workforce planning assumptions for regulated care services to take account of new and emerging scrutiny and improvement methodologies to ensure that we continue to make the best use of our resources and maximise the impact we make on improving services and ensuing that people in Scotland receive high quality, safe and compassionate care.

We also anticipate potential benefits in reviewing the statutory frequency of inspection for certain regulated care services as well the frequency of inspection for other regulated care services that we set ourselves to ensure that these continue to be fit for purpose and aligned better to risk and intelligence profiles, and to our new scrutiny and improvement methodologies.

The recommended changes for 2015/16 are detailed below:

2.14.2 Recommendation 12: Care Homes

The statutory minimum frequency for the inspection of care homes is one unannounced inspection each 12 months.

The Care Inspectorate chose to set a minimum inspection frequency for all Care Homes. Currently, those better performing services that are eligible for reduced frequency of inspection are subject to one unannounced inspection each 12 months. Those that are not eligible for reduced frequency of inspection are subject to two unannounced inspections each 12 months.

Tests of Change in 2015/16

Care Homes for Older People

In the coming year, we propose that all care homes for older people will have a full inspection with all four themes evaluated. For those care homes that are not eligible for reduced frequency, the first inspection will be a full inspection with all four themes evaluated. The second inspection will be an improvement inspection the scope of which will be determined by the findings of the first inspection and geared to supporting improvement in particular areas. Inspectors will have sufficient flexibility to exercise professional judgment to broaden the scope of the second inspection at anytime leading up to and during it if there is new

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information/intelligence or the level of risk increases.

Learning Disability Care Homes

In the coming year, we propose to test new methodology in better performing care homes for people with learning disability in a way that demonstrates a clearer commitment to targeted and proportionate scrutiny and improvement. We will also focus on how well these services have responded to Scottish Government policy 'Keys to Life' and the lessons learned from the Winterbourne View Inquiry.

Whilst the form and focus of these scrutiny and improvement interventions/inspections may be different, we will still adhere to the statutory minimum frequency.

Care Homes for Children & Young People

In the coming year, as part of our inspections we will include a focus on the workforce to ensure staff working in residential care are fully aware of issues around child sexual exploitation and are able to recognise and respond appropriately to support vulnerable children and young people who may be at risk.

No changes are proposed to the minimum frequency.

Last year we increased the inspection hours for all care homes in line with diary exercise findings. The latest information from the diary exercise detailed above (para 2.14.1) has provided strong evidence that this was the right thing to do, but a further slight increase in inspection hours for care homes for adults and older people only is merited in 2015/16. This will ensure that we continue to provide the strongest possible assurance and protection, build capacity and support improvement in the sector and thereby make the most effective use of our resources.

The impact of the change from inspection to scrutiny and improvement interventions as described above will be monitored through the diary exercise and adjustments to planned hours may be proposed for subsequent years.

How this contributes to Care Inspectorate outcomes: This proposal recognises the risks associated with this vulnerable care group and the importance of providing the strongest possible assurance and protection through our scrutiny and improvement functions.

Resource requirement: The estimated impact of additional hours for care homes (except children and young people) is an additional 1.27 Inspector FTE will be required. **Total: 1.27 FTE.**

2.14.3 Recommendation 13 - Adoption & Fostering Services

The information from the diary exercise detailed above (para 2.14.1) has provided strong evidence to support an increase in inspection hours for adoption and

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fostering services in 2015/16. This will ensure that we continue to provide the strongest assurance and protection and make the most effective use our resources. It is proposed to increase the overall inspections hours for adoption and fostering services in line with the diary exercise.

How this contributes to Care Inspectorate outcomes: This proposal recognises the risks associated with this vulnerable care group and the importance of providing the strongest possible assurance and protection through our scrutiny and improvement functions.

Resource requirement: The estimated impact of additional hours for adoption and fostering services is an additional 0.67 Inspector FTE will be required.

Total: 0.67 FTE.

2.14.4 Recommendation 14 - Residential Special Schools

There is no statutory minimum frequency for residential special schools. The Care Inspectorate chose to set the minimum frequency for these.

Currently, these services are subject to two unannounced inspections each 12 months with no eligibility for reduced frequency.

This sector has a history of services generally performing quite well. In 2013/14 97% of the services inspected received grades of good or above and 66% were evaluated as very good or excellent across all four themes. In 2014/15 so far 88% have received grades of good or above and 48% evaluated as very good or excellent across all four themes.

It is proposed that better performing services become eligible for reduced frequency of one unannounced inspection each 12 months. Those not eligible for reduced frequency will continue to be subject to two unannounced inspections each 12 months.

There are only forty residential special schools currently registered with the Care Inspectorate

How this contributes to Care Inspectorate outcomes: This proposal recognises the risks associated with this care group, but also the importance of targeting our resources and taking a more proportionate, risk-based approach to providing the strongest possible assurance and protection through our scrutiny and improvement functions.

Resource Saving: residential special schools services a saving of 0.22 Inspector FTE.

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2.14.5 Recommendation 15: Other Services

From 2015/16 the frequency of scrutiny and improvement interventions for other services will increasingly be determined by a process of dynamic risk assessment which is regularly reviewed throughout the year following an inspection or on receipt of a complaint, notification or other information or intelligence. This will also take account of past performance and recognise the inherent risk in particular service types.

2.14.6 Recommendation 16 : Annual Inspection Focus Areas (IFAs)

IFAs measure service performance and are sometimes used to collect information on specific areas of care that could be aggregated for a national report. The review of inspection methodologies currently underway will include future approaches to IFAs.

It will be noted from the information above (para 2.14.2) that in our tests of change in 2015/16, we are proposing to focus on how learning disability care homes responding to Scottish Government policy ‘keys to life’ and the lessons learned from the Winterbourne Inquiry.

2.15 National Complaints and Registration Teams

A review of these two national teams has been completed.

There has been a significant year on year increase in the number of complaints being received by the Care Inspectorate and the resource implications of this are being analysed as part of the budget setting exercise.

No change in the budgeted resources allocated to registration is proposed.

2.16 Flexible Deployment

In the current (2014/15) inspection plan the Board approved a flexible resource pool equivalent to 11.5 FTE to provide capacity for following up recommendations, supporting improvement in high risk services and to provide a flexible response for crises intervention to unexpected but inescapable demands on the Care Inspectorate front line resources.

The impact of unplanned work (scrutiny activity in addition to planned interventions) is currently being analysed using the early results from information recorded in the capacity tool. This early work that will be further progressed prior to the budget being agreed is indicating that adjustments in planned workload may be required. There may also be workload planning changes identified for Registration and Complaints Inspectors as the year progresses. It is proposed to maintain (overall budget position permitting) the total Inspector numbers at the 2014/15 level of 304.5 FTE. To achieve this, the number of FTE available for flexible deployment

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will be adjusted to accommodate other changes in planning assumptions. In the coming year we will explore further how we might use this time better to strengthen our improvement focus.

Recommendation 17: It is recommended that the additional 11.5 FTE is retained to provide flexibility in the achievement of the inspection plan, provide capacity to effectively respond to crisis and urgent situations, support improvement and monitor progress of the implementation of requirements, recommendations and action plans. If required by finalised 2015/16 workload plans and/or budget flexibility is needed then the 11.5 FTE allocation will be reduced.

2.17 Scrutiny and Improvement Plan - Regulated Care Services

The proposed inspection plan for regulated care services incorporating all of these proposed changes is based on a download of information from the Practice Management System (PMS) in October, 2014. It should be noted that this information changes daily as inspections are completed and levels of risk change. However, the new approach to inspection planning is dynamic, allowing information to be updated more effectively at any time throughout the coming year.

There are several variable factors that impact on the inspection plan, these include: additional inspections, registrations, inactive services and services proposing to cancel. This means that it is possible for legitimate reasons that the actual number of scrutiny and improvement intervention may be less or more than the original plan. Good planning and performance management will ensure we achieve our priorities and make most efficient and effective use of resources.

2.18 Workforce Planning

Regulated Care Services

The Care Inspectorate uses average hours for the inspection of each type of service and then applies these average hours to the number of planned inspections to derive the resources required to support these inspections. Through a continuation of the diary exercise, we intend to continue monitor the time taken to complete inspections and use this to inform future workforce planning and inspection methodology reviews. This supports our corporate commitment to maximising the effectiveness and efficiency of our resources.

However, as indicated earlier (para 2.14.1), we also anticipate there will be a need to comprehensively review our approaches to workforce planning for regulated care services in the short/medium term to take account of new and emerging scrutiny and improvement methodologies to ensure that we continue to make the best use of our resources and maximise the impact we make on improving services and ensuring that people in Scotland receive high quality, safe and compassionate care.

Strategic Inspections

Strategic inspections are fewer in number but take place over an extended time frame. The efficient scheduling of inspections is critical to ensuring resource requirements are accurately determined and efficiently and effectively deployed.

Capacity Planning Tools

Over the past year, in consultation with managers and staff, the Inspection Planning Team have continued to develop the Capacity Planning Tool for Inspectors who undertake the regulated care service inspections and a separate tool for strategic inspectors who carry the joint inspections of children's services and integrated care and health for adult inspections. We are also developing a tool for the registration and complaints teams.

Training has been provided to Team Managers for the regulated care services and similar training has been provided to Heads of Strategic Inspection. The Capacity Planning Tool for regulated care services has significantly improved the management information required to support effective and efficient workforce planning and enhancements including the 'pulling through' of actual inspection hours from the Inspection Report Template (IRT) has proved extremely useful. Further work is needed to incorporate accurate and reliable sickness/staff absence as well as co-working.

3.0 RESOURCE IMPLICATIONS

The resources required to support the inspection plan must be considered alongside any competing expenditure priorities as part of the draft budget which will be submitted to the Resources Committee on 4 February 2015.

This report sets out options with **indicative** resources required to implement. The options set out in this report can be delivered on a cost neutral basis by adjusting the number of FTE inspectors available for flexible deployment. Therefore it is likely that most of the options detailed in this report and summarised below can be accommodated within the available budget. The Resources Committee will take account of the Boards decisions when considering the draft budget.

Strategic Inspection Plan

The 2014/15 budgeted establishment is 24 FTE Strategic Inspectors. This is based on a planning assumption that each inspector has a total capacity of approximately 220 working days available after deduction of leave. Time is allowed for professional learning and development and supervision on the same basis as the regulated care service inspectors. The remaining available days are then distributed between planned time allowances as set out in sections 2.2 to 2.13 of this report and then a balance of days available for a range of other activities that are less predictable and this includes policy development, external working groups, internal change projects (e.g. methodology development), sickness and other

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absence contingency and some flexible capacity to cope with scheduling the resource demands of planned inspections that span extended periods of time. In order to deliver the strategic inspection plan and other strategic scrutiny work it is considered that the current establishment of 24 Strategic Inspector FTE is the minimum required.

The Strategic Inspector capacity is geared flexibly to accommodate development work/policy initiatives and where clarity on strategic inspections is yet unknown. Any spare capacity will be used to reduce the need to deploy sessional staff.

It also allows better preparation for an expanded Strategic Inspection Programme in 2016/17. The Strategic Inspection Resource requirements are summarised in table 1 below.

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Table 1

Strategic Inspectors Planned Resource Use 2015/16				
			Average Capacity	
			(days)	
			220	
	FTE	Days per Inspector		
Total Capacity of Budgeted FTE	24.00	220.0	5,280.0	
Less Allowances for:				
Learning/Development/Training		12.0	(288.0)	
Supervision, support & performance management		3.5	(84.0)	
Remaining Productive Capacity			4,908.0	
Planned Activity (Sections 2.2 to 2.14):				
2.2 Children's Services Inspections			918.0	
2.3 Care and Health for Adults Inspections			882.0	
2.4 Follow Through Inspections:				
Dumfries & Galloway			0.0	One of the 6 full inspections
Clackmannanshire			42.0	
Stirling			42.0	
2.5 Criminal Justice Social Work			40.0	
2.6 Thematic Review of MAPPA			215.0	
2.7 Prison Inspections			20.0	
2.8 Isle of Man				no figure available
2.9 States of Guernsey				no figure available
2.10 Serious Incident Reviews			70.0	
2.11 Deaths of Looked After Children & SCRs			140.0	
2.12 Validated SE of Alcohol & Drugs Partnerships			108.0	
2.13 Link Inspector Role (average 32 days per LA)			1,024.0	
Total Planned Strategic Inspector Days			3,501.0	
Allowance for policy development, external working groups, internal change & development projects, sickness/other absence and scheduling contingency.			1,407.0	

The above is based on six joint inspections of children’s services and six integrated care and health for adult inspections being carried out in 2015/16. This is the maximum number of strategic inspections able to be conducted within the resource detailed above. Should the Cabinet Secretary require the Care Inspectorate to undertake more strategic inspections this will have significant resource and budget implication.

Recommendation 18: Executive Team recommend budgeting for 24 FTE Strategic Inspectors in 2015/16 to take account of the flexible deployment needed in strategic inspections and to progress the other workstreams detailed earlier in this report.

Regulated Care Services Inspection Plan

It is anticipated that the 2015/16 budget will accommodate the proposed regulated care service inspection plan.

Options are proposed in this report for reducing the minimum inspection frequency for residential special schools and changing planning criteria for care homes (except those for children and young people) and fostering and adoption services. These options have resource implications when compared to the 2014/15 budget position. The full budgeted resource analysis based on the draft 2015/16 Inspection Plan is still to be completed. The recommended changes and their estimated resource implications are summarised in Table 2 below:

Table 2

		Variance in FTE Due to Inspection Plan Changes
		2015/16
Inspectors:		FTE
Current FTE		304.50
Options for 2015/16		
Care Homes (OP and adults only) (increase in inspection hours) (Para 2.14.2)		1.67
Adoption & Fostering – Increase in planned hours (Para 2.14.3)		0.67
Residential Special Schools - Introducing eligibility for reduced frequency (Para 2.14.4)		(0.22)
Adjustment to flexible deployment		(2.12)
Total Increase in Inspector FTE		0.00

Recommendation 19: The Executive Team recommend budgeting for 304.5 FTE Inspectors in 2015/16. This is subject to further work to finalise the resource/workload implications of the proposed 2015/16 Inspection Plan.

4.0 PLANNING PRIORITIES FOR 2015-18

4.1 Our Corporate Plan explains the outcomes we want to deliver and gives an overview of how we will achieve them over the next three years. The process for identifying and prioritising the objectives for the next three years has included:

- Analysis of essential work which is a statutory requirement or where the work has already been agreed with Scottish Government;
- focussed self-evaluation and planning activity and proposals by the senior staff and working groups across the Care Inspectorate;
- discussion with key external stakeholders;
- prioritisation of policy objectives by colleagues at Scottish Government and a meeting with policy leads to discuss integration of those priorities across social work and social care;
- meetings of the Scottish Government with NDPB Chairs and Chief Executives which set out Government expectations of public bodies;
- meetings of both the National Strategy groups for Regulatory bodies and the operational management group to determine the broad strategic inspection programmes at CPP and local government level;
- the legislation for health and social care integration and for children and young people's services;
- work already agreed by the Board and currently in development which will continue in to next year and/or subsequent years;
- discussion of developing new issues at Board committee and development events throughout the current year; and
- a strategic event with the Board of the Care Inspectorate to discuss the emerging priorities and actions.

4.2 Following on from the Boards agreed set of priorities the Executive Team will revise the three year Operational Improvement Plan which will detail the specific activities, which alongside our maintenance and inspection work, will set out how we will carry out to achieve our corporate outcomes underpinned by implementing programmes of change to build the capacity of the organisation. This detailed plan will set objectives and targets which will be translated into team and individual plans. We will record progress at operational level and report the output and outcomes of that work at a strategic level to the Board.

This action will direct the day to day work of all staff in the Care Inspectorate and will identify the tasks we will be focussing on during the period 2015-2018 as well as the performance and quality indicators we will use to measure our success.

Each year the Executive team will review the effectiveness of the activities detailed

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within this plan to ensure they remain relevant in achieving our corporate outcomes.

5.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

All the proposals in this Inspection Plan are aimed at providing strong assurance and protection and supporting improvement in the quality of care people who use services and their carers receive. Through risk-based, targeted, and proportionate scrutiny and improvement activities and maximising our effectiveness and efficiency, we want to ensure that **high quality, safe and compassionate** care that reflects their **rights, choices** and **individual needs** through their **whole care experience** is at the heart of service delivery.

6.0 CONCLUSION

The proposals set out in this report describe in detail a scrutiny and improvement plan for the Care Inspectorate for 2015/16. The plan takes into account significant Scottish Government policy and legislative developments and the overall objectives set out in the Corporate Plan 2015/18. The report also seeks approval for the further tasks and activities which, along with our core scrutiny and improvement work will form the outline plan of work for the organisation for the next four years. The four year plan will be kept under review and will be updated each year through the corporate planning process.

The proposals developed by the Executive Team are based on an assessment of risk to the organisation, a commitment to the focus on people who use services and their carers and on our best professional judgement and experience. The priority is to direct resources to front line scrutiny and improvement in order to provide strong public assurance about the quality of care in Scotland and protection for some of our most vulnerable children, young people and adults. The proposals also support the statutory duty of co-operation, set out in the Public Services (Scotland) Act 2010.

The inspection plan represents a further significant development of our new approach to inspection planning over a 4-year period and provides a sound basis for the organisation to make an impact on the quality of services, while focussing and targeting scrutiny and improvement activity where it counts.