



A Meeting of the Care Inspectorate Board is to take place at 10.30 am on Thursday 26 March 2020.

In light of the guidance about minimising social contact issued by the UK government in relation to Covid-19, the meeting will be held remotely by videolink and consequently of the meeting will be open to the public.

The standing orders governing the conduct of Care Inspectorate Board meetings will be suspended by the Board using its emergency powers for this purpose.

AGENDA

PUBLIC SESSION

1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Minute of Board meeting held on 17 December 2020 (paper attached)
5.	Action Record of Board meeting held on 17 December 2020 (paper attached)
6.	Matters Arising
7.	Chair's Report – Report No: B-02-2020
8.	Chief Executive's Report – Report No: B-03-2020
	STRATEGY AND POLICY
9.	2020/21 Draft Budget and Indicative Budgets – Report No: B-04-2020
	MONITORING AND GOVERNANCE
10.	Monitoring our Performance 2019/20 - Quarter 3 - Report No: B-05-2020
11.	Budget Monitoring Quarter 3 – Report No: B-06-2020
12.	Shared Services Update – Report No: B-07-2020
13.	Minute of Audit and Risk Committee meeting held 5 March 2020 (papers attached)

	OPERATIONAL
14.	Digital Programme Update Report – Report No: B-08-2020
15.	Transformation Programme – Phase 2 – Report No: B-09-2020
	STANDING ITEMS
16.	Identification of Risk
17.	Board Schedule of Business 2020/21 (paper attached)
18.	Any Other Competent Business
19.	Date of Next Meeting: Thursday 18 June 2020 at 10.30 am in Compass House, Dundee
	CONFIDENTIAL ITEMS
20.	Standing item: Care Inspectorate Employee Relations Appeals – Report No: B-10-2020
<p>The following scheduled reports are included for information:</p>	
A	Independent Care Review – Report B-11-2020
B	Complaints Mid-Year Report 2012-20 – Report B-12-2020
C	Equality Outcomes Annual Progress Report – Report B-13-2020



Minutes

Meeting:	Board
Date:	17 December 2019
Time:	10.30 am
Venue:	Rooms 0.6 and 0.7, Compass House, Dundee
Present:	Paul Edie, Chair Naghat Ahmed Sandra Campbell Gavin Dayer Anne Houston Bernadette Malone Keith Redpath Carole Wilkinson
In Attendance:	Peter MacLeod, Chief Executive (CE) Gordon Weir, Executive Director of Corporate and Customer Services (EDCCS) Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA) Edith Macintosh, Interim Executive Director of Strategy and Improvement (iEDSI) Clive Pegram, Joint Chair, Partnership Forum Fiona McKeand, Executive and Committee Support Manager (ECSM) Gordon Mackie, Programme Manager (for item 11) Janice Gibson, Head of OWD (for item 12)
Apologies:	Bill Maxwell, Board member Linda Pollock, Board member Ronnie Johnson, Board member Arvind Salwan, Strategic Communications Lead
Observers:	Ingrid Gilray, Intelligence and Analysis Manager Kaisha Wallace, Intelligence Analyst, Fiona Birkin, Vice-Chair (staff-side), Partnership Forum

Item	Action
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1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. He explained that his mentee had planned to attend in order to observe the Board

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discussion but had submitted apologies due to illness. It was hoped they would be able to join a future meeting.

2.0 APOLOGIES

Apologies were received as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTE OF MEETING HELD ON 26 SEPTEMBER 2019

The minute was **approved** as an accurate record.

5.0 ACTION RECORD OF MEETING HELD ON 26 SEPTEMBER 2019

The Board reviewed the action record and noted those actions that had been completed.

6.0 MATTERS ARISING

There were no matters arising.

7.0 CHAIR'S REPORT– Report No: B-42-2019

The Chair presented his report which provided an update on key developments and activities since the September 2019 Board meeting. Members noted the recruitment process for the two Board vacancies which had resulted in a high calibre field of applicants. Interviews had been scheduled for January and it was hoped that this would enable appointments to be made by the time of the next Board meeting on 26 March 2020.

The Chair advised members that a joint session with the Scottish Social Services Council (SSSC) would be held in mid-January to consider the shared services arrangements between the two organisations.

8.0 CHIEF EXECUTIVE'S REPORT - Report No: B-43-2019

The Chief Executive presented his report which provided an update to members on key developments since the Board meeting in September. The Care Inspectorate's national and international presence featured highly, with the Chief Executive having attended several engagements as a guest speaker.

Informal meetings with Care Inspectorate staff had taken place around the country which had provided an opportunity to speak with colleagues directly about issues raised through the staff survey.

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Arising from the report, there was some discussion about the challenges of recruitment of inspection staff and members noted the work that was being carried out to help address these challenges, including a review of pay and grading, the team manager review and development of career pathways.

The Board noted the report.

STRATEGY AND POLICY**9.0 FINANCIAL STRATEGY - VERBAL UPDATE FOLLOWING BOARD DEVELOPMENT EVENT ON 19 NOVEMBER 2019**

The Executive Director of Corporate and Customer Services provided a verbal update to the Board, which followed on from the detailed discussion held at the Board Development Event on 19 November 2019. At the event, the Board had considered the extended timeline for the Scottish Government's budget, impacted by a number of factors, most notably the general election. The Board had also been advised of a possible scenario of emergency budget arrangements.

It had been noted that the business of the member/officer working group on budget development had concluded. The group had reviewed budget scenarios for each year from current up to 2021/22. The group had also considered the financial strategy deficits and potential additional costs pressures and funding sources.

The Care Inspectorate's modelling showed a requirement for additional funding from Scottish Government. The Board noted the positive engagement between the organisation, Health Finance and Sponsor teams with discussions focussing on alternative funding arrangements should additional funding not be forthcoming. Further discussions were planned for January 2020.

There was discussion on the increasing number of short-term projects for which the organisation was being allocated specific funding and agreement on the need for budget reports to differentiate between core and non-core funding.

The Board noted the update and requested that further discussion on the budget should be included at the Special Board meeting on 5 February 2020.

10.0 DRAFT SCRUTINY, ASSURANCE AND IMPROVEMENT SUPPORT PLAN 2020-21– REPORT NO: B-44-2019

The Chief Executive presented an overview of the report and plan which set out the Care Inspectorate's proposed approaches to scrutiny, assurance and improvement for 2020/21. The plan highlighted how the Care Inspectorate planned to develop and implement a new business model and outlined the specific

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commitments for the coming year, including the continued commitment to undertake statutory inspections but with a more flexible, intelligence-led, risk-based approach to certain service types.

The Board was invited to review and approve the plan, subject to any required amendments.

The Board discussed at length the organisation's capacity to deliver the plan, taking account of the resource pressures which the plan had highlighted, and there was some concern amongst members at the Board's ability to approve the plan at a time when the budget position was unknown. This was an area that had also been identified as a strategic risk by the Audit and Risk Committee.

In its detailed review of the plan, the Board discussed the following matters:

- The targets for statutory inspections, which were being achieved year on year;
- the development of a new business model, changes to the frequency framework and discussions around these with the Sponsor team;
- the significant amount of work that the organisation had undertaken on risk management;
- the inclusion of improvement activities within the 2020/21 plan and the resources applied to these;
- the development of a capacity planning tool as part of the new business model.

Having considered all these matters in detail, the Board **approved** the Scrutiny, Assurance and Improvement Plan.

The Board requested that the covering letter to accompany the plan's submission to the Scottish Government should include the caveat that delivery of the plan would be dependent on resources being granted.

CE/EDSA

11.0 DIGITAL UPDATE REPORT AND PRESENTATION – REPORT NO: B-45-2019

The Executive Director of Corporate and Customer Services presented the report which provided a summary update on the progress of the digital programme. The report commented on new governance documentation, the additional specialist staffing resources, the current timescales for the main programme phases and the periodic review of these by the Audit and Risk Committee. It also noted the programme's increasing costs, which were incorporated into the organisation's budget monitoring arrangements.

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The Programme Manager explained the new concept of the Plan on a Page (POAP), which showed the digital “journey” and was used as a tool that enabled monitoring of progress. He explained that visual reporting now took place, rather than narrative, which allowed better transparency and refinement of monitoring and updates.

Members noted that the independent Digital First review report had just been received and a meeting was due to be held the following week to discuss this. It had been agreed, therefore, to delay the “go live” date for the registration app until the report had been considered in more detail. The Board would be kept fully informed.

The Board referred to previous discussions that had taken place around the funding and benefits realisation of the digital transformation programme and sought assurance that this was being reviewed and would be reported on in due course. Members were advised that this was being closely monitored by the Programme Board.

Members welcomed the explanation of the POAP but considered it too high level to enable detailed scrutiny by the Board. Members requested that future updates to Board should cover:

- Strategy
- Budget monitoring, as well as current information on increasing costs
- Benefits
- Clarity about what success looks like
- Monitoring and governance
- More comprehensive oversight of risks and challenges
- A glossary of terminology

It was agreed that the Chair and Chief Executive would review the Board’s comments and agree a Board development session to assess how better to bridge the gap between board scrutiny and operations.

**CE/Chair/
EDCCS**

12.0 EMPLOYEE ENGAGEMENT SURVEY REPORT – REPORT NO: B-46-2019

The Head of Organisational Workforce and Development updated members on progress being made to address the priority areas identified from the results of the employee engagement survey. The Board had previously received a briefing about the results at a development session on 4 September 2019.

The report set out the approach, plan and timetable for working with the Partnership Forum through a number of ways, including a specific short life working group, the organisation’s Culture Group, the pay and grading review and the current best value of learning and development.

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Members welcomed the progress being made and the assurance that action was being taken. The Board noted the report and would be kept fully informed of further developments.

13.0 PROCUREMENT STRATEGY 2020-2023 – REPORT NO: B-47-2019

The Executive Director of Corporate and Customer Services presented the report, which incorporated the Care Inspectorate and SSSC draft procurement strategy and action plan covering the period April 2020 to March 2023 for the Board's comments. The strategy set out how both organisations would plan and manage the procurement process to meet corporate aims and objectives, and the arrangements for monitoring and evaluating its implementation.

Members welcomed the very positive annual procurement report that Board had previously received at its meeting in September 2019. In noting and **agreeing** the strategy, the Board made one recommendation that some information on procurement spend might be included in the introduction section of the strategy.

MONITORING AND GOVERNANCE**14.0 MONITORING OUR PERFORMANCE 2019/20 - QUARTER 2 - REPORT NO: B-48-2019**

The interim Executive Director of Strategy and Improvement presented the quarter 2 performance monitoring report which was the first since the introduction of the corporate plan and associated performance measurement framework. The Board was advised of the changes to the presentation of the information, including a new set of charts designed to help determine whether performance was within normal statistical control limits.

The Executive Director of Scrutiny and Assurance advised the Board on those key performance indicators that related to scrutiny activity that, for the year to date, were below target and which included the completion of statutory inspections. There was discussion on the challenges that were affecting delivery of this KPI, the main one being staffing and capacity. However, the Board was assured that prioritisation was being given to high risk services and that capacity was being utilised in the most efficient and effective ways within current resources.

In respect of the KPI that related to complaints, the reporting period up to 30 September showed a drop in performance, however, the up to date information showed that performance was much improved on the figures from the same period two years previously. Members were advised that, with the introduction of the new complaints procedure, the number of complaints received had increased significantly and those that were being fully investigated were proving to be more complex and time-consuming. The Board was

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assured that actions were being taken to address and monitor this area of performance.

The Board welcomed the new, improved and more detailed statistical presentation of the report.

15.0 MINUTE OF AUDIT COMMITTEE MEETING HELD 28 NOVEMBER

The Committee Convener presented the draft minute of the meeting held on 28 November 2019, which included a summary to highlight specific areas for the Board's attention. These covered:

- the Committee's recommendation in relation to the appointment of internal auditors, which would be covered under item 21;
- the Committee's recommendation for analysis of the multi-year progress report relating to internal audit;
- the Committee's agreement that an additional strategic risk of workforce capacity be added to the risk register; and
- the Committee's support for a letter to the Scottish Government to express the benefits of a three-year budget plan.

The Board noted the minute and accompanying narrative.

16.0 BUDGET MONITORING REPORT 2019/20 – REPORT NO: B-49-2019

The Executive Director of Corporate and Customer Services presented the quarterly budget monitoring report which explained the increase in projected net overspend since the financial position reported to the Board meeting in September 2019. It was noted that the projected overspend could be funded from the general reserve balance.

An additional grant in aid funding totalling £1.113m had been confirmed by the Sponsor department in order to support extra programmes of work.

The Board noted the budget monitoring report.

STANDING ITEMS**17.0 IDENTIFICATION OF RISK**

In line with the Audit and Risk Committee's recommendation, the Board **agreed** to a new strategic risk to cover workforce capacity and the Care Inspectorate's ability to achieve its inspection and complaints targets.

Agenda Item 4**18.0 BOARD SCHEDULE OF BUSINESS 2019/20**

The Board reviewed and noted the schedule of business for the remainder of the 2019/20 cycle.

19.0 ANY OTHER COMPETENT BUSINESS

The Board had recently received further information prepared by the policy team about whistleblowing policies and training and how whistleblowing operated across public bodies in Scotland. Some further detail was also provided by one of the Board members.

It was noted that the Organisational Workforce and Development team would be procuring training for the Board's whistleblowing champion.

20.0 DATE OF NEXT MEETING – 5 FEBRUARY 2020

The date of the next meeting was noted as a Special Board Meeting on 5 February 2020 at 10.30 am in Compass House, Dundee

PRIVATE SESSION**21.0 APPOINTMENT OF INTERNAL AUDITORS – REPORT NUMBER B-50-2019**

The Chief Executive presented the report which advised the Board on the outcome of the internal audit service procurement evaluation. The Audit and Risk Committee had discussed this at its meeting on 28 November 2019 and agreed to make a recommendation to the Board that the preferred bidder be appointed.

The Board agreed with the recommendation and **approved** the appointment of the preferred bidder to provide internal audit services to the Care Inspectorate from 1 April 2020 to 31 March 2023 with an option to extend to a further two 12-month periods.

Signed:

Paul Edie



Board Action Record - Rolling

Item No	Title	Action	Responsibility	Timescale	Status
Actions from 17 December 2019					
10.0	DRAFT SCRUTINY, ASSURANCE AND IMPROVEMENT SUPPORT PLAN 2020-21– Report No: B-44-2019	Covering letter to SG to include the caveat that delivery of the plan is dependent on resources being granted.	CE/EDSA	Immediate	Plan submitted to SG. Completed
11.0	DIGITAL UPDATE REPORT AND PRESENTATION – REPORT B-45-2019	Consideration be given to a Board development session covering how to better to bridge the gap between board scrutiny and operations.	CE/Chair/EDCCS	Start of 2020/21 Board cycle	In development

CE: Chief Executive
 EDSA: Executive Director of Scrutiny and Assurance
 HFCG: Head of Finance and Corporate Governance
 ECSM: Executive and Committee Support Manager

EDCCS: Executive Director of Corporate and Customer Services
 iEDSI: Interim Executive Director of Strategy and Improvement
 HOWD: Head of Organisational Workforce Development
 HLS: Head of Legal Services



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

EXECUTIVE SUMMARY

This report provides an update on key developments and activities since the Chair's report provided to the Board on 17 December 2019.

It also outlines a proposal to appoint two new members to the Audit and Risk Committee.

The Board is invited to:

1. Note the information contained in this report.
2. Approve the appointment of two new members to the Audit and Risk Committee.

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

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

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

This is a public board report.

BOARD MEETING 26 MARCH 2020

Agenda item 7
Report No: B-02-2020

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

1.0 INTRODUCTION

This report sums up some of my activities since our last Board meeting on 17 December 2019.

2.0 LINDA POLLOCK

Linda Pollock has retired from the Board in March following the completion of her second term as a non-executive director. Over her six years as a member, Linda served on both the Audit and Resources Committees of the Care Inspectorate. She brought her long experience as a former Nurse Director of NHS Lothian and as a former Member of the Accounts Commission to the Board. Linda was particularly interested in ensuring the highest standards of Health and Safety for our staff.

I would like to thank Linda for her work on the Board and wish her the very best in her retirement.

3.0 NEW BOARD MEMBERS

I was delighted to participate in the selection process for two new Board members.

Rona Fraser is a Criminal Justice Social Worker who set up the innovative Willow Project in Edinburgh.

Paul Gray is the former Chief Executive of the NHS in Scotland.

I am really excited to have both Rona and Paul on our Board and I am looking forward immensely to working with them.

4.0 AUDIT AND RISK COMMITTEE

Bernadette Malone has indicated that she is stepping aside as Chair of the Audit and Risk Committee. I am pleased to say that Bill Maxwell has agreed to take on this role. Bernadette has done a remarkable job and I would like to thank her.

4.1 Appointment of Two Members to the Audit and Risk Committee

In line with its terms of reference, the membership of the Audit and Risk Committee should consist of a Convener and a minimum of four and a maximum of six members, appointed by the Board.

BOARD MEETING 26 MARCH 2020

Agenda item 7
Report No: B-02-2020

With the retirement of Linda Pollock and the former Convener standing down, the membership currently stands at four. I would like to propose that this is increased to six by appointing two new members of the Board to the Audit and Risk Committee. The approval of the Board is sought on these proposed appointments.

5.0 CROSS PARTY GROUP FOR OLDER PEOPLE AND AGEING - 8 JANUARY 2020

The Cross Party Group for Older People brings together parliamentarians who have an interest in issues surrounding Older People and members of various groups who represent older people. The Chair is Sandra White MSP.

This meeting involved a presentation from Brian Slater, Head of Partnership Support, Health & Social Care Integration Directorate, Scottish Government who spoke about the roll out of Health and Social Care integration. Brian was followed by Karen Geekie, Social Care Support Division, Health & Social Care Integration Directorate, Scottish Government, who spoke about the roll-out of Self Directed Support.

There were several references to findings from the Care Inspectorate throughout the meeting.

6.0 CARE INSPECTORATE AND SCOTTISH SOCIAL SERVICES COUNCIL JOINT BOARD DEVELOPMENT SESSION 20 JANUARY 2020

Members from both Boards gathered in Dundee to hear presentations surrounding our joint Review of Shared Services. This session allowed us to talk about proposals to strengthen the governance of this area of our work.

It also presented an opportunity for both Boards to meet each other and get to know each other better not least as so many members of the SSSC had joined recently. Many thanks to all involved especially Sandra Campbell who chaired the proceedings so effectively.

7.0 NHS CHAIRS MEETING WITH CABINET SECRETARY 27 JANUARY 2020

The regular meeting with Chairs and Ministers took place in Edinburgh.

8.0 ESTONIAN QUALITY ASSOCIATION CONFERENCE AND SEMINAR FOR BALTIC CARE REGULATORS 28 AND 29 JANUARY 2020

I was delighted to be asked to speak to the Annual conference of the Estonian Quality Association about the work of the Care Inspectorate and the development of the National Care Standards.

The conference brought together various people from across a wide range of fields all of whom had quality and improvement at their hearts.

The following day I led a more detailed seminar for care Regulators from across the Baltic States.

The work of the Care Inspectorate and our new Care Standards are receiving a lot of attention internationally. We are seen very much as being at the cutting edge in this area. The costs associated with these events were borne by the Estonian organisers.

9.0 SPECIAL BOARD MEETING 5 FEBRUARY 2020

I convened a Special meeting of the Board to agree a report on our Shared Services arrangements with the Scottish Social Services Council. The timing of this meeting allowed our partners the time to progress hiring a new Director of Finance and put in place the new governance structures recommended by the recent review of this area if work.

10.0 CARE INSPECTORATE BOARD DEVELOPMENT EVENT ON RISK 5 FEBRUARY 2020

I was pleased to chair our annual event looking in depth at Strategic Risk. I am pleased to say that over the years it is good to see how our approach has matured in this area.

11.0 SCOTTISH SOCIAL SERVICES COUNCIL DEVELOPMENT EVENT 13 FEBRUARY 2020

Amongst the issues discussed were Finance and Risk and the findings of the Independent Care Review.

12.0 CARE INSPECTORATE\HEALTHCARE IMPROVEMENT SCOTLAND JOINT BOARD SEMINAR 25 FEBRUARY 2020

I was delighted to co-chair this event with my counterpart Carole Wilkinson. The event brought together both boards and involved presentations from officers from both organisations. It allowed our boards an opportunity to understand better our different roles and also the close partnership working that has been taking place over the years.

13.0 BOARD CHAIRS MENTORING WORKSHOP - 26 FEBRUARY 2020

The Public Appointments team at the Scottish Government has developed a scheme for potential Chairs of Boards aimed at improving the diversity of Board Chairs. I have been taking part in this scheme for second time as a mentor. The workshop involved chairs discussing with mentees the various challenges we face and strategies we deploy to address these.



Title:	CHIEF EXECUTIVE'S REPORT
Author:	Peter Macleod
Appendices:	1. None
Consultation:	Not applicable
Resource Implications:	None

EXECUTIVE SUMMARY	
This report provides the Board with an update on key developments since the Board meeting on 17 December 2019.	
The Board is invited to:	
1.	Note the information contained in this report

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

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

Reason for Sensitivity: <i>(see Reasons for Exclusion)</i> This is a public Board report
Disclosure after: N/A

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

CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

1.1 Since the last Board meeting in December 2019 I have visited most of our offices to meet with staff to discuss the employee survey and the corporate plan. I was accompanied by Executive Directors and colleagues from the Partnership Forum. I have found these visits very insightful in hearing views from colleagues on what it is like to work in the Care Inspectorate and hear ideas on how we might do things differently as part of our organisation's transformation.

1.2 We continue to monitor developments in relation to Covid-19 on an hourly and daily basis and are adhering to all official guidelines in terms of what these mean for the Care Inspectorate both internally and in relation to our work with the sector. We are having daily meetings to plan our response and make key decisions and have established two management groups to coordinate the required actions. I have set up a UK Chief Executive's Forum on Covid-19 which first met on 12 March 2020 by teleconference. We continue to liaise closely with Scottish Government linking into their contingency planning group and we are also linked with a national contingency planning group which includes Scottish Care, COSLA and CCPS. We are also liaising with the relevant public health protection authorities, including NHS Inform and Health Protection Scotland.

Regular updates have been issued to all staff to keep them informed on developments. We continue to consider what may require to happen in terms of our working practices and guidance for staff has been uploaded to our intranet including an FAQ sheet for staff and a Q&A for managers. Homeworking arrangements and contingency plans have been put in place and exercised where required.

Alongside the guidance for colleagues, we have also been giving careful thought to what the situation might mean for our stakeholders and the people they provide care for. Further to Scottish Government advice we are adjusting our inspection approach. Principally, this means we are scaling some of our inspections and putting in place arrangements which will involve gathering information, assessing the level of risk and responding differently to get assurances about the quality of care and the safety and wellbeing of people who are using the service, only making visits to services when that is absolutely necessary. We are also planning to do something similar with complaints and we will be prioritising our registration work that supports the national response to the coronavirus and the sustainability of services.

1.3 Our work with Zellis on the HR/payroll system and associated services is moving forward. While there are still issues with the service, a number of key developments in relation to self-service and reporting have been taking place. We expect to release these to staff within the next few months.

BOARD MEETING 26 MARCH 2020**Agenda item 8****Report No: B-03-2020**

- 1.4** We reached an agreement about the 2019/20 pay award in December 2019 with staff receiving basic awards of between 2% and 4.3%. The agreed uplifts to salaries were backdated to 1 April 2019 and paid in the January 2020 pay.
- 1.5** I attended the Digital Healthcare Awards in January for which I was on the judging panel. The Awards recognise the achievements of individuals and teams working in the health and social care sector. Creativity and innovation in the sector are improving the lives of people across the country and positioning Scotland at the forefront of the digital revolution in health and social care. Along with other public sector organisations I attended a breakfast meeting with the First Minister to discuss the topic Migration: Helping Scotland Prosper.
- 1.6** I presented at the Older People's Wellbeing in Scotland conference in January. The conference examined next steps for improving the wellbeing of older people in Scotland. My keynote contribution was on tackling disparity in quality of care in different areas of Scotland.
- 1.7** I attended a round table discussion chaired by the Permanent Secretary in March. The discussion focused on the key themes including
- leveraging transformational change: what does it take
 - Nothing for me, without me – designing with people
 - How to unlock investment in evidence-based, innovative ideas
- 1.8** The following sections of the report provide details of strategic activities from the Care Inspectorate's three directorates over the previous three months to March 2020.

2.0 COLLABORATION/PARTNERSHIP WORKING**2.1 Procurement**

There are several procurement developments currently underway. To further improve on our sustainability performance, we have added 'Environmental Impact' as an area to be considered when completing procurement exercises. We are reviewing our current procurement thresholds to ensure they are relevant and proportionate. This review includes benchmarking with our Procurement Cluster Group and Scottish Government Procurement Shared Service partners. We are also currently investigating the impact of cyber resilience on the supply chain. This work will evolve to ensure there is the required multi-disciplinary approach to cyber resilience.

2.2 Professional Development Award (PDA)

The PDA in Scrutiny and Improvement is contributing to joined up working with Healthcare Improvement Scotland (HIS). A group of HIS inspectors with a Tutor Assessor from HIS are undertaking cohort 2 and HIS is committed to this joint approach and their inspectors joining future cohorts. We have also been approached by other scrutiny bodies expressing an interest in accessing places on the course.

2.3 Collaborative Working with SSSC

Collaborative working with the SSSC continues to strengthen, with an increasing number of joint communications and guidance being issued through the operational liaison group. February 2020 sees the publication of a significant improvement support resource promoting compassionate care, which has been co-produced with the SSSC in partnership with practitioners and people with lived care experience. The resource contains powerful testimonies from care experienced young people living in a range of registered settings, including secure care, and shows how we are carrying out our scrutiny and improvement support work to contribute to a more compassionate care experience.

2.4 Draft Quality Framework for Early Learning and Childcare Services

Colleagues within Early Learning and Childcare (ELC) teams have completed an initial draft of the quality framework for early learning and childcare services. This work was concluded following the pause to the work with Education Scotland in respect of a shared framework. Operational staff and business transformation colleagues have worked to support the consultation with the sector. Events for ELC providers were held in Glasgow, Aberdeen, Inverness and Edinburgh during October and November 2019. One event has taken place in Dundee for childminders, with another planned.

The Service Manager for ELC also presented at the ADES (Association of Directors of Education in Scotland) meeting in December 2019 to highlight our Quality Framework for ELC. An additional opportunity was provided to the attendees to provide feedback as part of the consultation process. The framework will now be tested before full implementation in October 2020.

3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT

3.1 7 Habits Course

7 Habits of Highly Effective people is a personal effectiveness programme which covers personal responsibility, relationship building and collaborative working, work/life planning, empathic listening and work life balance.

The programme was run by one of our senior colleagues in OWD in December 2019 for 16 staff who came from OWD, Scrutiny and Assurance, Improvement and Business Support. At the end of the two days each member of staff signed up to working through a 7 week "contract" to practise the habits and embed the learning from the two days, the group met again on 17 January 2020 to review the "contract" work and share their experiences of the process. A further two 7 Habits programmes will be offered throughout 2020.

4.0 BUDGET/TRANSFORMATION**4.1 Budget**

I have been regularly engaging with Scottish Government colleagues have set up a Member Officer Budget Development Group given the particular pressures around our budget. As the initial phase of the job evaluation exercise for inspectors and team managers reaches its conclusion, I have made a submission to Scottish Government based on this and other key pressures that we experience. A follow up meeting to this submission was held with Scottish Government.

4.2 Digital Programme

I have been involved in formally reviewing the Digital Programme, some of the conclusions from which have been shared through the Audit Committee. The Gateway Zero review was undertaken during the week of 9 March 2020 and main findings of this are found in the Digital Programme update report to the Board. The Programme is now well managed however we are also dealing with some legacy issues regarding slippage of time and resources against key outputs of the programme. We have begun the process of developing an outlined business case and I have engaged an external agency to assist us with defining that business case.

Further changes are to be considered for the organisation including the structural changes referred to within the Digital Programme update report to the Board. I have officially launched a transformation programme which is being assisted by external consultancy.

4.3 ICT

Work is at an advanced stage to upgrade our telephone system and Wi-Fi infrastructure. We are also upgrading our firewalls to ensure we can continue to communicate by email with bodies such as Police Scotland.

5.0 POLICY AND STRATEGIC DEVELOPMENT**5.1 Health and Sport Committee – inquiry into social care for adults over 18 years**

In December 2019 the Scottish Parliament's Health and Sport Committee announced it would undertake an inquiry into social care for adults over 18 years. The inquiry will explore the future delivery of social care in Scotland and what is required to meet future needs. The Care Inspectorate has submitted written evidence to the inquiry, produced through discussions with colleagues from across the organisation. It is expected that we will be asked to give oral evidence when these sessions begin in late April 2020.

5.2 SINC (Supervision and regulation Innovation Network for Care)

Colleagues from across the Care Inspectorate have been identified to be part of working groups with colleagues from across Europe who are part of SINC. The groups range from data and intelligence to user perspective and participation to E-Health and antimicrobial resistance. The groups are still in the early development phase, but first virtual meetings will be held in Spring.

5.3 Safe Staffing Project

The Chief Inspector Adults and the Head of Improvement Support commenced the Safe Staffing Project which we have been provided funding for by Scottish Government to meet the new legislation. A project lead was appointed, and a work plan put in place. This post will sit between the Scrutiny and Assurance and Strategy and Improvement Directorates and will be jointly led by the Chief Inspector Adults and the Head of Improvement Support. This is to promote strategic joint working in the Care Inspectorate whilst working more aligned towards a common goal.

5.4 Customer Service Strategy

The Customer Service Strategy is being reviewed and will be updated to include outcomes and results-based measures. The updated strategy will be developed in consultation and with input from relevant colleagues across the organisation. An updated Customer Service Strategy which all colleagues can easily understand and relate to will help to lead, facilitate and further embed a customer focused culture across the organisation.



Title:	2020/21 Draft Budget and Indicative Budgets 2021/22 and 2022/23				
Author:	Kenny Dick, Head of Finance & Corporate Governance				
Appendices:	1.	Draft 2020/21 Budget By Funding Stream			
	2.	Draft Detailed 2020/21 Budget			
	3.	Draft Establishment 2020/21			
	4.	Draft Capital Plan			
	5.	Indicative Budgets 2021/22 and 2022/23			
Consultation:					
Resource Implications:	Yes				
Executive Summary:					
<p>This report presents draft budget proposals for 2020/21 to the Board for approval and subsequent submission to the Sponsor Department.</p> <p>The draft 2020/21 budget shows a deficit of £0.162m on core operating expenditure. This deficit can be funded from the general reserve, but this will reduce the general reserve balance to the minimum of our target range. The operating budget includes “extraordinary slippage” of £0.181m which effectively means there is a recurring deficit of £0.343m that needs to be addressed before the start of the 2021/22 financial year.</p> <p>The financial pressure for 2020/21 is exacerbated by the fact that there are several important issues that require significant funding in 2020/21 and beyond that have been excluded from the draft budget on the grounds of not being affordable. A separate paper has been submitted to the Sponsor requesting additional funding of £1.9m. This paper also sets out the risks to our continued ability to provide protection, assurance and drive improvement for people who experience care.</p> <p>This report also presents indicative budgets for the financial years 2021/22 and 2022/23. The indicative budgets highlight the significant financial challenges that lie ahead if the Care Inspectorate is to effectively deliver scrutiny, assurance and improvement for the benefit of people who experience care.</p>					
It is recommended that the Board:					
1.	Agrees the draft 2020/21 budget				
2.	Agrees the draft 2020/21 Capital Plan (Appendix 2).				
3.	Agrees the fee rates to be charged to care service providers in 2020/21				
4.	Notes the high-level projected budget position for 2021/22 and 2022/23				

Links:	Corporate Plan Outcome	All	Risk Register Number		EIA Y/N	N
For Noting		For Discussion		For Assurance		For Decision Y

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

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

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

2020/21 Draft Budget and Indicative Budgets 2021/22 and 2022/23**1.0 INTRODUCTION****1.1 Corporate Plan**

The budget proposals contained in this report have been developed to support the delivery of the Care Inspectorate Corporate Plan 2019 – 2022. The reduced funding (cash and real terms) available to the Care Inspectorate will mean compromises will need to be made on the delivery of our strategic outcomes.

1.2 Background

1.2.1 The Care Inspectorate's new financial year commences on 1 April 2020 and there is a requirement to have in place an agreed budget before that date. This budget is then used as the basis for measuring financial performance throughout the year. The budget must be agreed by the Care Inspectorate Board and by the Sponsor Department for funding purposes.

1.2.2 The draft budget set out in this report is based on a core grant in aid allocation of £21.665mm. This is £0.049m less than the amount provided for 2019/20. It is assumed fee rates remain unchanged. The budget also includes £0.241m specific grant funding for our business / digital transformation programme and a further £1.317m of specific funding for delivering several different workstreams at the request of the Scottish Government.

1.2.3 Our financial strategy sets a target range of 1.0% to 1.5% of gross controlled expenditure for the general reserve balance. In addition, to this we are building an ICT equipment replacement reserve at a rate of £0.100m per annum.

2.0 DRAFT 2019/20 BUDGET COMPILATION

Appendix 1 summarises the draft 2020/21 budget across our core operating budget, business transformation, expenditure funded by specific grant and any significant non-recurring costs.

Appendix 2 compares the 2019/20 and draft 2020/21 detailed budgets showing variances between years in cash and percentage terms.

2.1 Staff Costs**2.1.1 Incremental Progression and Pay Award**

The salary related budget is based on the following:

- The draft budget assumes the Scottish Government pay policy parameters for 2020/21 are applied i.e. a £750 pay uplift for staff earning under £25k, a 3% increase for staff on full time equivalent salaries between £25k and

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£80k and a cash increase of £2.0k for the staff earning in excess of £80k per annum.

- All staff not at the top of their grade (and who perform satisfactorily) will progress by one incremental step with effect from 1 April 2020.

2.1.2 Employer's Pension

Most Care Inspectorate staff contribute to the Tayside local government pension fund administered by Dundee City Council. The results of the latest triennial actuarial valuation set the common employer's contribution rate for financial years 2018/19, 2019/20 and 2020/21 at 17%.

2.1.3 Employers' National Insurance and Apprenticeship Levy

Employers' national insurance contributions are budgeted in accordance with the latest information available from Her Majesty's Revenue and Customs (HMRC).

The Apprenticeship Levy rate is unchanged from 2019/20.

2.1.4 Staff Costs Slippage

Staff cost slippage is a saving that arises through the normal turnover of staff i.e. the salary and on-cost saving associated with the delay between an employee leaving and the vacant post being filled. The draft budget adopts a slippage assumption of 3.50% (2018/19: 3.50%) for all staff excluding the Chief Executive and Directors where no slippage is assumed. This slippage is recognised in the detailed budget against the appropriate staff cost line.

2.1.5 Extraordinary Slippage

Extraordinary slippage of £0.181m is also included in the draft budget and is shown as a separate budget line. Extraordinary slippage is necessary as we have been unable to find enough budget reductions to deliver a balanced operating budget and there are insufficient brought forward reserves to fund the deficit in full.

Extraordinary slippage will be delivered through intentionally not filling or delaying recruitment to posts as they become vacant. This will impact on our operational effectiveness.

2.1.6 Staff Establishment

Appendix 3 details the 2019/20 budgeted establishment and the establishment proposals used for the preparation of the 2020/21 base draft budget.

Included in the 2020/21 draft establishment are all agreed permanent posts and several temporary posts associated with the digital transformation work or previously agreed temporary posts that extend into 2020/21.

2.1.7 Other Staff Costs

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The core budget has reduced by £0.106m compared to 2019/20. This is as a result of a targeted budget reduction exercise reducing the training budget by £0.060m and a £0.046m adjustment to the agency staff budget.

There is £0.460m of other staff costs included in the Business Transformation and Expenditure Funded by Specific Grant budgets.

2.2 Accommodation Costs**2.2.1 Rent and Rates**

The rent and rates arrangements for Care Inspectorate properties have been analysed to set the 2020/21 rent and rates budget at £1.307m (2019/20: £1.249m).

2.2.2 Other Property Costs

The Other Property Costs budget is £1.194m (2019/20: £1.196m).

Included within the accommodation costs are costs that are subsequently recharged to the SSSC, OSCR and the Scottish Government.

2.3 Administration Costs**2.3.1** This core budget of £1.025m has reduced by £0.302m compared to 2019/20.

This is due to:

- Budget provision of £0.100m has been transferred from administration costs to ICT costs to better reflect the new telephony arrangements.
- further savings of £0.065m on telephone costs associated with the new telephone system. (The 2019/20 budget included a saving of £0.206m compared to 2018/19/).
- Funding to “buy in” improvement advice previously held in professional fees is to be used to fund an additional Improvement Adviser post in 2020/21. The professional fees budget has been reduced by £0.053m and the staff costs budget increased accordingly.
- A targeted budget reduction exercise has resulted in a recurring saving of £0.090m
- There has been a re-alignment of the Communications budget resulting in a reduction of £0.012m in the administration costs budget
- There is provision of £0.018m in the budget for the development of phase 1 of a new digital transformation business case. This is a non-recurring cost.

There are administration cost budgets of £0.081m and £0.004m respectively for Business Transformation and Expenditure Funded by Specific Grant.

2.4 Travel and Subsistence Costs

- 2.4.1** Core travel and subsistence costs have been reduced by £0.250m. This is a challenging savings target that will need to be carefully monitored and managed throughout 2020/21. Our new ICT infrastructure with enhanced remote digital meeting capability is intended to be a key contributor to this savings target.

There are travel and subsistence cost budgets of £0.028m and £0.074m respectively for Business Transformation and Expenditure Funded by Specific Grant.

2.5 Supplies & Services Costs

The Supplies & Services core budget has reduced by £0.145m compared to 2019/20.

This is due to:

- £0.100m transferred from telephone costs to ICT costs (see 2.3.1)
- A £0.259m reduction in ICT costs due to efficiencies from the movement from on premises-based infrastructure towards cloud based, reduced support for legacy systems and a winding down of the initial investment in setting up the new infrastructure.
- EG agreed a requirement for a new Information Governance application at a budgeted cost of £0.032m
- The targeted budget reduction exercise has resulted in savings of £0.030m.
- A realignment of the communications budget has added £0.012m to the supplies and services budget.

There is a supplies and services cost budget of £0.035m for Expenditure Funded by Specific Grant.

2.6 Relevant Income

2.6.1 Shared Services Income

Work is underway to agree revised Service Level Agreements (SLAs) with the SSSC and OSCR. The draft budget includes a reduction of £0.036m in shared service income. This reduction in income is associated with the proposed revisions to the shared service arrangements with the SSSC.

2.6.2 Other Income

There are no planned secondments for 2020/21 therefore secondment income has reduced by £0.074m. The draft miscellaneous income remains broadly the same as 2019/20.

3.0 DRAFT 2020/21 BUDGET FUNDING POSITION**3.1 Net Expenditure Funded by Grant in Aid and Regulatory Fees**

Net expenditure represents the amount to be funded by core grant in aid and fees charged to service providers. This is gross budgeted expenditure less income from recharges of shared costs and other income.

We are expecting Scottish Government funding as follows:

	£m
Cash grant in aid per SG Budget	21.340
Funding for Digital Transformation	0.241
Budget per SG level 4 publication	<u>21.581</u>
	£m
Cash grant in aid per SG Budget	21.340
Community Justice funding	0.325
Core Budget Funding	<u>21.665</u>
 Business Transformation	 0.241
ELC Expansion	0.522
Safer Staffing	0.228
ELC Improvement	0.225
Appropriate Adults	0.180
Technology Enabled Care	0.070
Adult Significant Case Reviews	0.056
CAPA 2	0.036
Specific Grant Funding	<u>1.317</u>
 Total Grant Funding	 <u>23.223</u>

The core grant in aid funding of £21.665m is £0.049m less than the core grant in funding provided in 2019/20.

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This grant funding will not be confirmed until the Scottish Government provide a formal grant in aid letter. It is anticipated this will be after the start of the 2020/21 financial year.

It is assumed fee income will remain at the 2019/20 level of £11.850m plus an additional £0.050m from fees associated with early years expansion. This provides a net expenditure funding figure of £35.123m. The draft budget 2020/21 shows net expenditure of £35.931m. Therefore, there is a budget deficit of £0.808m and this will be funded by drawing on our General Reserve balance to the extent that this reduces the general reserve balance to the bottom of our target range. The table below summarises this position:

	Operating Budget £m	Business Transformation £m	Expenditure funded by Specific Grant £m	Total Budget £m
Net Expenditure	33.621	0.943	1.367	35.931
Funding:				
Grant in aid & grants	(21.609)	(0.297)	(1.317)	(23.223)
Fees	(11.850)		(0.050)	(11.900)
Total Funding	(33.459)	(0.297)	(1.367)	(35.123)
Deficit / (Surplus)	0.162	0.646	-	0.808

	General Reserve Position	
	Bottom of Range (1.0% Gross Controlled Expenditure)	Top of Range (1.5% Gross Controlled Expenditure)
Gross Controlled Expenditure	33.756	33.756
General reserve	0.337	0.506
ICT Equipment Replacement	0.200	0.200
C/fwd Specific grant funding	0.207	0.207
General reserve target range	0.744	0.913
Projected Opening general reserve	1.552	1.552
Min and Max of range	0.744	0.913
Available to Fund deficit	0.808	0.639

It is appropriate to fund the non-recurring business transformation deficit of £0.646m from reserves.

The use of reserves to fund a deficit in our operating budget is not sustainable as this draft budget reduces our general reserve to the minimum of our target general reserve range. The Board should note that to deliver this budgeted position the budget includes extraordinary slippage (see 2.1.5) and the true operating budget deficit is therefore £0.343m.

3.2 Fee Income

The fee rates for all service types are currently set at the statutory maximum except for care home fees. The base budget has been prepared on the basis that fee rates will remain unchanged from 2019/20.

4.0 EXPENDITURE EXCLUDED FROM BUDGET DUE TO AFFORDABILITY

The expenditure listed below is important, if not essential, to the continued operation of the Care Inspectorate. However, these are not affordable within the funding currently advised by the Scottish Government.

4.1 Inspector Job Evaluation

As agreed by the CI Board and Sponsor Branch we are conducting a job evaluation exercise for our regulated care service Inspector posts to address 1) significant recruitment and retention difficulties and 2) reduce the risk of potential equal pay issues.

The job evaluation exercise is sufficiently far advanced for Beamans (the JEGS Consultants) to advise the Inspector grade should increase from a grade 5/6 to grade 7. The cost of moving all current Inspector posts to the competency level of grade 7 from 1 April 2020 is £0.737m.

In the following five years commencing 2021/22 there will be pay progression cost pressures of circa £1.543m, an average of £0.309m per annum as this significant tranche of our workforce moves up the new salary scale. This will need to be reflected in future year's budgets.

The Partnership Forum need to be informed of the job evaluation outcome and any failure to implement the revised pay arrangements will be very detrimental to employee relations.

This will also mean our recruitment and retention issues are not addressed and we will continue to be unable to employ the number of Inspectors we require to provide enough capacity to deliver our core scrutiny, assurance and improvement functions. In addition, the COVID 19 outbreak has resulted in planned Inspections being suspended. This means we are unable to directly assess the quality of care and risks will escalate accordingly. We will require adequate staffing to deal with

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the inspection backlog in sufficient time to reduce those risks. This is particularly prevalent for Inspector recruitments but applies across all our scrutiny, assurance, improvement and intelligence staff.

4.2 Team Manager Review Outcome

We have undertaken an Inspection Team Manager review. This was instigated as a result of concerns about Inspection Team Manager's large spans of control and the role becoming unreasonable in terms of volume of work. The large span of control also means Team Managers have a very broad and significant caseload over which to maintain oversight. Each Team Manager is supported by a Senior Inspector – a role which will cease to exist following the Inspector Job Evaluation exercise described above as Inspectors will move onto the same grade. The extent of the caseloads that a single Team Manager must maintain oversight over creates risks of issues being missed, which may impact on the delivery of protection and assurance to people who experience care. We are concerned about the health and wellbeing of our Team Managers.

The review concluded that the number of Team Managers should increase and this in turn would have implications for the number of budgeted Senior Inspectors and Inspectors. The review also makes clear that the Team Manager role is crucial for our operation given increased complexity, changes to regulated care service risk profile, the need for increased oversight as well as the fundamental span of control issue.

The outcome of the Team Manager review in terms of impact on Inspectors and Senior Inspectors is being re-visited as a result of the expected outcome of the Inspector job evaluation which places Inspectors on the same grade as Senior Inspectors (grade 7).

The cost of restructuring our teams following on from the Team Manager review could potentially be up to £0.600m.

The Inspector job evaluation likely outcome will mean there will be less of a differential between Team Manager and Inspector salaries making the Team Manager role relatively less attractive than previously. Unreasonable job demands only compounds this issue. If the job design problems are not addressed, we will find it difficult to fill these very important posts.

4.3 Indexing Archived Records

We are moving to a new supplier for the storage and archiving of our historic records. As part of this process several issues have been identified and the on-going historic child abuse inquiry has highlighted the importance of the accurate indexing of stored records.

Failure to address these issues carries the following risks of non-compliance with:

- the General Data Protection Regulation and Data Protection Act 2018
- the Freedom of Information (Scotland) Act 2002

- the Public Services Reform (Scotland) Act 2010
- our records management obligations as required by National Records of Scotland

We would have difficulty or at worst an inability to identify archive records for legal inquiries / Government reviews and requirements such as Subject Access requests and we could be storing data for which we are not the Data Controller e.g. Social Work Inspection Agency (SWIA) records.

There is also a significant and increasing cost of retaining records that are no longer required.

Cataloguing and indexing our archived records can be completed by our new supplier at a cost of £0.050m.

This will not be a recurring cost and will be required for 2020/21 only.

4.4 Digital Transformation

The final tranche of £0.241m of the £2.3m additional funding for digital transformation is due to be received in 2020/21.

The digital transformation programme has proved to be more complex than envisaged when the original business case was prepared in 2017. Our understanding of our intelligence requirements has also changed significantly since 2017.

The draft transformation budget of £0.943m will deliver enough new functionality to stop our current high-risk reliance on our 20-year-old Practice Management System (PMS). From a recovery from failure perspective, PMS is our riskiest operational system and its failure would be severely detrimental to continued operations.

From this position, we will only be capable of delivering cash releasing savings from our digital transformation programme of £0.352m and further time releasing savings of £0.062m. Of the cash releasing savings £0.264m are already included in the 2020/21 draft operating budget and therefore are now unavailable to meet the requirement to repay the £2.300m additional funding at £0.575m over 4 years commencing 2021/22.

We will still need to use our Regulatory Management System (RMS) to support inspection activity, workload planning and capture of data from service providers. A separate business case is to be prepared to request further additional funding to complete our digital transformation to a revised specification. The draft operating budget includes funding to prepare the initial elements of this business case. The cost of the fully developed business case is estimated at £0.057m and is not included in the draft budget. This will be a non-recurring 2020/21 cost. In addition, to this a Gateway Zero review has identified issues that are likely to require significant additional investment a proportion of which is likely to precede the preparation and agreement of funding from a revised business case.

4.5 Intelligence Capacity

£0.030m is required to extend and make permanent two temporary Intelligence Researcher posts that are due to end on 30 September 2020. This is in line with the intentions of our new business model and becoming more intelligence led in our scrutiny and improvement activity.

4.7 Additional Funding Request

A paper was submitted to the Sponsor Branch setting out the pressures on our operating budget and requesting an additional £1.8m funding for 2020/21 and making it clear that the majority of this request was to fund recurring expenditure and therefore a permanent increase in our baseline budget was required. We are awaiting a response.

5.0 2020/21 CAPITAL PLAN

The Care Inspectorate does not receive any funding specifically for capital expenditure and the capital plan submitted with this report does not infer any additional resources for 2020/21.

Capital expenditure is financed by using an appropriate amount of grant-in-aid intended for revenue purposes to fund the capital expenditure.

There are currently no commitments to any planned capital projects in 2020/21 or subsequent years. ICT and property related alterations and improvements may need to be treated as capital expenditure, requiring a contingency for unplanned expenditure of a capital nature.

Contingency expenditure is intended to provide an allowance to enable the Care Inspectorate to react to events such as equipment failures that require to be capitalised without the need to obtain retrospective approval from the Board and Sponsor Department. The contingency allowance is a reasonable estimate of the expenditure that may be incurred during the year. Expenditure that exceeds the contingent amount agreed in the capital programme would require the appropriate approval.

The Capital Plan for 2020/21 is included as Appendix 4.

6.0 INDICATIVE BUDGETS FOR 2021/22 AND 2022/23

Indicative budgets for 2021/22 and 2022/23, based on the draft operating 2020/21 budget, have been prepared and are shown in Appendix 5.

The significant assumptions used in the preparation of the indicative budgets are detailed in sections 6.1 to 6.6 below.

6.1 Incremental Progression

The indicative budgets assume that all staff not currently at the top of their salary scale will perform satisfactorily and will receive incremental progression.

6.2 Pay Award

The indicative 2021/22 and 2022/23 budgets assume pay awards that are in line with the 2020/21 pay award assumptions set out in section 2.1.1.

6.3 Employers' Charges

The latest actuarial evaluation of the Tayside Pension Fund set the employer contribution rate for 2018/19, 2019/20 and 2020/21 at 17%. It is assumed the employers' pension contribution rate will remain at 17% for 2021/22 and 2022/23. No significant change in employer national insurance rates is assumed for 2021/22 or 2022/23.

The apprentice levy is assumed to be unchanged from 2020/21 assumptions.

6.4 Digital Transformation Costs

The indicative budget includes the cost and grant income profiling agreed with the Scottish Government. 2020/21 was expected to be the final year of the digital transformation project. A business case is to be prepared to request funding to extend the project as all the planned functionality will not be delivered within the remaining resources. The indicative budgets for 2021/22 and 2022/23 do not include any provision of the extension of the project.

The original additional funding agreement sought recovery of the £2.300m funding awarded by the Scottish Government. This was to be achieved through realisation of the anticipated cash releasing savings that the digital transformation project would deliver. As noted in section 4.4 we now anticipate delivering only £0.352m in recurring cash releasing savings by 31 March 2021. Of this figure, £0.264m has already been used to reduce the 2020/21 draft budget deficit. We have made a request to Scottish Government that the requirement to repay the additional funding is removed. We are awaiting confirmation of this. In the absence of confirmation, the Indicative budgets for 2021/22 and 2022/23 assumes repayment will go ahead commencing in 2021/22 at the rate of £0.575m per annum for four years.

6.5 All Other Expenditure, Income and Funding

All other expenditure has been maintained broadly at the 2020/21 draft operating budget level.

It has been assumed that grant in aid and fee rates will be as for 2020/21 less the £0.575m "loan" repayments described in 6.4 above.

6.6 2020/21 Expenditure Excluded on Grounds of Affordability

The impact of recurring expenditure set out in section 4.0 of this report that has been excluded from the draft operating budget is also excluded from the indicative budgets for 2021/22 and 2022/23.

7.0 BALANCING THE 2020/21 AND 2021/22 BUDGETS

Based on this analysis; efficiencies, budget reductions and/or funding increases amounting to £2.567m in 2021/22 and £3.556m in 2022/23 are required to maintain a General Reserve balance of 1%.

The impact of cash preserved funding, increased pay award assumptions, the development of our new business model, the uncertainty over digital transformation progress and the start of the business / digital transformation “loan” in 2021/22 are significant issues to the development of balanced 2021/22 and 2021/22 budgets.

It is not possible to deliver significant budget reduction from estates rationalisation in this period as there are limited lease break and lease end date opportunities. Budget reductions on discretionary spend have been made year on year and opportunities to make further savings are also limited.

The COVID 19 outbreak is likely to delay the work on care service definitions and the associated review of Care Inspectorate fees. It was hoped to introduce changes to the fee regime for 2021/22 that would result in increased fee income as a contributor to reducing the projected budget deficits.

Balancing the 2021/22 and 2022/23 budgets and how progress is to be monitored will be considered in more detail in the revised 2020/21 to 2026/27 Financial Strategy due to be considered by the Board in quarter 1 of 2020/21.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

This report sets out the resource requirements for the Care Inspectorate but does not in itself have any direct resource implications.

4.2 Sustainability

The draft budget has been prepared with both organisational sustainability and our contribution to the wider national sustainability agenda in mind.

4.3 Policy

There are no policy implications.

4.4 People Who Experience Care

Setting a budget and the subsequent monitoring of the budget to actual income and expenditure throughout the year ensures that the resources available to the Care Inspectorate are directed in accordance with corporate plans and objectives, with the ultimate aim of bringing benefits to people who experience care.

4.5 Customers (Internal and/or External)

The budget has been prepared to support the Customer Service Strategy.

5.0 NEXT STEPS

- 5.1** The draft budget as approved by Board will be used as the basis of financial management from 1 April 2020. We await confirmation of funding (including a response to our request for additional funding) from the Scottish Government.

Draft 2020/21 Budget by Grant Funding Stream

	Operating Budget £000	Business Transformation £000	Expenditure funded by Specific Grant £000	Significant Non- Recurring Expenditure £000	Total Budget £000
Staff costs	28,290.7	833.8	1,253.5		30,378.0
Accommodation costs	2,500.3				2,500.3
Administration costs	1,025.1	80.6	3.9		1,109.6
Travel costs	1,203.8	28.4	74.2		1,306.4
Supplies & services	1,538.3		35.4		1,573.7
Gross Expenditure	34,558.2	942.8	1,367.0	0.0	36,868.0
Other income	(937.2)				(937.2)
Net Expenditure	33,621.0	942.8	1,367.0	0.0	35,930.8
2020/21 Core Grant in aid funding	(21,609.1)	(55.9)			(21,665.0)
2020/21 Grant in aid Transformation funding		(241.0)			(241.0)
2020/21 Specific Grant funding			(1,317.0)		(1,317.0)
Fee income	(11,850.0)		(50.0)		(11,900.0)
(Surplus)/Deficit Funded from general reserve	161.9	645.9	0.0	0.0	807.8
Projected opening GR balance					1,552.0
Funded from general reserve					(807.8)
Closing GR Balance					744.2
Minimum of target range					744.0
Further savings required					(0.2)
Not currently included in draft budget:					
Inspector job evaluation					737.0
Team Manager Review					600.0
Outline Digital Business Case (Phase 2)					57.0
Extension of 2 temp intelligence researchers to 31 March 2021					30.0
Storage and Archiving File Structure Coding					50.0
Total budget gap minimum reserve balance					1,473.8

Care Inspectorate**Care Inspectorate Detailed 2020/21 Draft Budget**

	2019/20	2020/21		
	Approved Budget £'000	Draft 2020/21 Budget £'000	Variance to 2019/20 Revised Budget £'000	Variance to 2019/20 Revised Budget %
Staff Costs				
Salaries & Wages				
Board Members	105.0	105.0	-	-
Chief Officers	506.7	517.3	10.6	2.1%
Senior Managers	1,692.6	1,799.1	106.5	6.3%
Admin & Professional Specialists	6,897.2	6,889.8	(7.4)	(0.1%)
Team Managers	312.5	375.5	63.0	20.2%
Senior Inspectors	1,519.6	1,547.1	27.5	1.8%
Inspectors	1,281.3	1,320.7	39.4	3.1%
Practitioner Inspectors	13,192.3	13,220.0	27.7	0.2%
Grant Funded posts	232.6	133.2	(99.4)	(42.7%)
Strategic Inspectors	412.6	1,224.4	811.8	196.8%
Displaced Staff	2,169.3	2,171.5	2.2	0.1%
Child and Adult Protection Locums	113.2	44.8	(68.4)	(60.4%)
Apprentice Levy	-	-	-	-
Secondees	100.0	103.7	3.7	3.7%
Extraordinary Slippage	-	(181.1)	(181.1)	-
Hired Agency Staff	-	-	-	-
Training, Courses & Conferences	226.0	540.0	314.0	138.9%
Other Staff Costs	516.0	477.0	(39.0)	(7.6%)
90.0	90.0	-	-	-
Total Staff Costs	29,366.9	30,378.0	1,011.1	3.4%
Accommodation Costs				
Rents	822.1	845.6	23.5	2.9%
Rates	426.4	461.0	34.6	8.1%
Other Running Costs	1,196.2	1,193.7	(2.5)	(0.2%)
Total Accommodation Costs	2,444.7	2,500.3	55.6	2.3%
Administration Costs				
Printing & Stationery	164.8	167.7	2.9	1.8%
Postages	110.0	110.0	-	-
Telephone Costs	375.0	210.0	(165.0)	(44.0%)
Advertising & Publicity - General	7.3	7.3	-	-
Advertising & Publicity - Conferences	52.0	49.0	(3.0)	(5.8%)
Subscriptions & Publications	25.5	30.0	4.5	17.7%
Professional Fees	818.5	478.8	(339.7)	(41.5%)
Other Administrative Costs	56.8	56.8	-	-
Total Administration Costs	1,609.9	1,109.6	(500.3)	(31.1%)
Transport Costs				
Travel & Subsistence	1,522.2	1,306.4	(215.8)	(14.2%)
Supplies & Services				
Furniture & Equipment	92.0	82.0	(10.0)	(10.9%)
ICT Costs	1,404.3	1,289.0	(115.3)	(8.2%)
Other Supplies & Services	186.7	202.7	16.0	8.6%
Total Supplies & Services	1,683.0	1,573.7	(109.3)	(6.5%)
Gross Expenditure	36,626.7	36,868.0	241.3	0.7%
Income				
Shared Service	(871.4)	(835.6)	35.8	(4.1%)
Seconded Officers	(74.3)	-	74.3	(100.0%)
Miscellaneous	(100.2)	(101.6)	(1.4)	1.4%
Total Income	(1,045.9)	(937.2)	108.7	(10.4%)
Net Expenditure	35,580.8	35,930.8	350.0	1.0%
Funded By:				
Continuation Fee Income	(11,350.0)	(11,400.0)	(50.0)	0.4%
Registration Fee Income	(500.0)	(500.0)	-	-
Core Grant in Aid per Sponsor	(21,714.0)	(21,665.0)	49.0	(0.2%)
Agile Project Funding	(1,089.0)	(241.0)	848.0	(77.9%)
SSSC Adjust	(205.0)	-	205.0	(100.0%)
Project Grant in Aid	(498.7)	(1,317.0)	(818.3)	164.1%
Total Funding	(35,356.7)	(35,123.0)	233.7	(0.7%)
Budget (Surplus) / Deficit	224.1	807.8	583.7	
Transfer from Reserves:				
Specific Grant Funding c/fwd		(207.0)		
ICT Equipment Replacement		(200.0)		
Budget (Surplus) / Deficit		(807.8)		
General Reserve funding needed	(224.1)	(1,214.8)		
Projected GR Balance 31/03/20	1,003.0	1,552.0		
GR Balance after funding requirement	778.9	337.2		
%age of gross controlled expenditure	2.32%	1.00%		
Further Savings Requirement	-	-		

Care Inspectorate Draft Budget Establishment 2020/21

Post	2019/20 Budgeted FTE	2020/21 Draft Budgeted FTE	Movement	Reason for Movement
Chief Officer	4.00	4.00	0.00	
Grant Funded	7.43	23.96	16.54	Increase in grant funded programmes of work
Inspector	271.40	264.67	(6.73)	Reduction of 1 FTE for Union Rep Retiral (replaced by 1 FTE in Admin and Professional) Reduction of 6.33 FTE being diff between 20 Inspectors and Practitioner Inspectors Reduction of 1.5 FTE to offset new Service Manager post Increase of 2.1 FTE for decrease in Practitioner Inspector
Senior Inspector	24.00	24.00	0.00	
Strategic Inspector	26.46	26.46	0.00	
Team Manager	24.00	24.00	0.00	
Displaced Post	2.00	1.00	(1.00)	1 FTE matched to Inspector post
Admin & Professional	202.44	191.99	(10.45)	Reduction of 1.35 FTE in the Agile Team Reduction of 5.0 FTE for Complaints and Registration efficiencies expected from business and digital improvements Reduction of 3 FTE Inspection Assistants following completion of pilot. Reduction of 1 FTE Modern Apprentice Reduction of 1 FTE due to temporary posts ending Other reductions resulting in a net reduction of 1.1 FTE Business Support posts Increase of 1 FTE Improvement Assistant Increase of 1 FTE for Union Rep (offset by reduction of 1 Inspector FTE above)
Senior Managers	20.00	21.00	1.00	New Service Manager - Complaints and Inspection
Prof Advisor	5.00	6.00	1.00	Additional 1 FTE funded from bought-in professional fees budget
Practitioner Inspector	7.00	4.00	(3.00)	Reduction adjusted for in Inspectors above.
Temp Asst Strategic Inspector Adults	0.77	0.77	0.00	
Temp Asst Strategic Inspector CJ	0.77	0.77	0.00	
Total FTE	595.27	592.62	(2.65)	

DRAFT CAPITAL PLAN 2020/21 SUMMARY

Capital Allowances		
1.1	ICT Equipment	100,000
1.2	Estates Strategy development	300,000
Total Capital Allowances		400,000

1. Capital Allowances

1.1 ICT Equipment

The data and telecoms network has hardware that may fail and will require to be replaced. This hardware can be relatively expensive and may require to be capitalised. This draft capital plan contains an allowance of £100k for this equipment.

1.2 Estates Strategy Development

All Care Inspectorate properties are leased and it is intended that the cost of any major fit out work on new and existing properties would be included in lease charges. However, this may not always be possible and there is the potential for office moves to occur during the year as a result of property rationalisation options currently being considered with respect to the Estates Strategy.

In addition to this there is the possibility that existing plant, machinery, fixtures and fittings may have to be replaced.

The draft capital programme contains an allowance of £300k as provision for this potential capital expenditure.

Care Inspectorate**Draft Budget 2020/21 and Indicative Budget 2021/23****Care Inspectorate****Summary**

	2020/21 to 2022/23		
	Draft 2020/21 Budget £'000	Indicative 2021/22 Budget £'000	Indicative 2022/23 Budget £'000
<u>Staff Costs</u>			
Staff Costs	30,378.0	31,089.9	31,955.2
Accommodation Costs	2,500.3	2,428.9	2,464.0
Administration Costs	1,109.6	1,205.7	1,105.7
Transport Costs	1,306.4	1,297.0	1,282.2
Supplies & Services	1,573.7	1,511.8	1,471.7
Gross Expenditure	36,868.0	37,533.3	38,278.8
Income	(937.2)	(951.8)	(971.3)
Net Expenditure	35,930.8	36,581.5	37,307.5
Funded By:			
Continuation Fee Income	(11,400.0)	(11,400.0)	(11,400.0)
Registration Fee Income	(500.0)	(500.0)	(500.0)
Core Grant in Aid per Sponsor	(21,665.0)	(21,665.0)	(21,665.0)
Agile Project Funding	(241.0)	575.0	575.0
Project Grant in Aid	(1,317.0)	(1,224.6)	(1,061.6)
Total Funding	(35,123.0)	(34,214.6)	(34,051.6)
Budget (Surplus) / Deficit	807.8	2,366.9	3,255.9
Transfer from Reserves:			
Reserve Funding Requirements:			
Specific Grant Funding c/fwd	(207.0)		
C/fwd ICT Equipment Replacement	(100.0)	(200.0)	(300.0)
Budget (Surplus) / Deficit	(807.8)	(2,366.9)	(3,255.9)
Projected Opening GR Balance	1,452.0	337.2	337.0
Balance after funding requirements	337.2	(2,229.7)	(3,218.9)
%age of gross controlled expenditure	1.00%	-6.64%	-9.59%
Further Savings Requirement	-	(2,566.7)	(3,555.9)



Title:	Monitoring Our Performance 2019/20 – Quarter 3 Report		
Authors:	<i>Al Scougal, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher</i>		
Appendices:	1.	None	
Consultation:	N/A		
Resource Implications:	None		
EXECUTIVE SUMMARY			
This report presents the quarter 3 2019/20 summary report on performance along with an overview of key achievements and work progressed in quarter 3 2019/20.			
The Board is invited to:			
1.	Discuss and note the report.		

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

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

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

MONITORING OUR PERFORMANCE 2019/20 – QUARTER 2 REPORT

1.0 INTRODUCTION

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

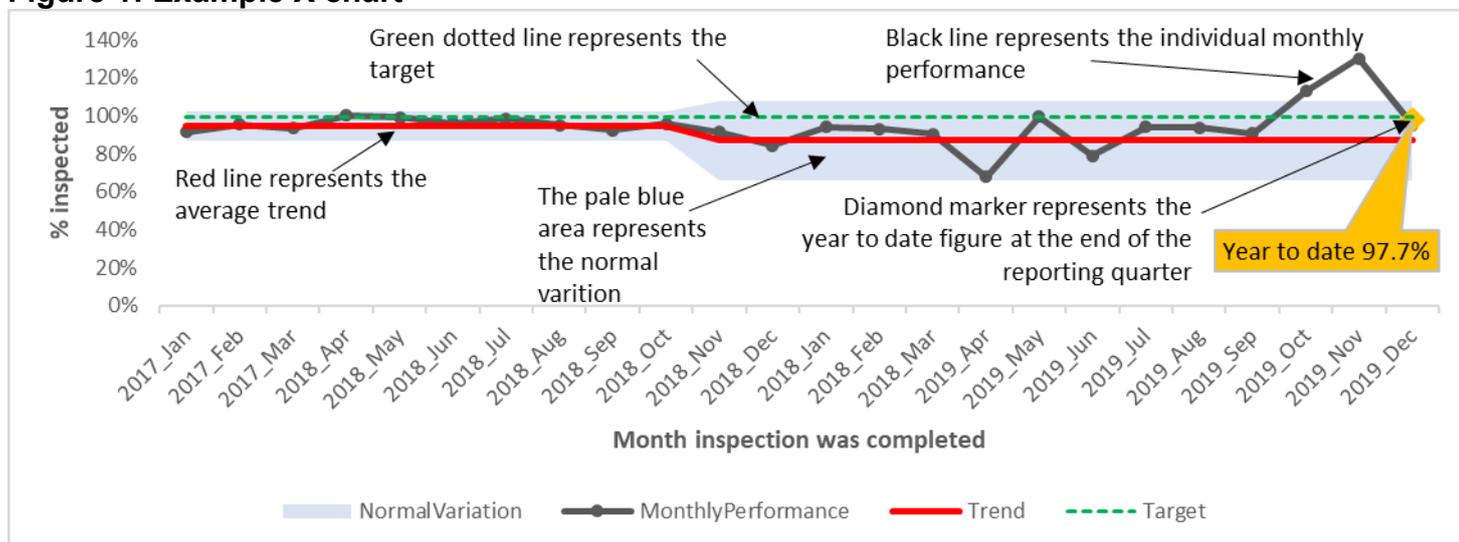
Types of performance Measure

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

Notes on presentation

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

Figure 1: Example X chart



The black line with markers shows a measure’s performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the quarter. If a measure’s performance is consistently above or below the average line (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for 4 consecutive points then we can be confident there has been a real change in performance. The

BOARD MEETING 26 MARCH 2020**Agenda item 10
Report Number B-05-2020**

average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

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

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 2019

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

Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
<p>KPI1: % of people telling us that our scrutiny will improve care. staff: 93% people experiencing care: 99 % [Target 90%]</p>	<p>KPI5: % of registration applications completed within timescales 76.8% [Target 80%]</p>	<p>KPI8: Days per quarter that inspection volunteers and care experienced people are involved in our work.</p>
<p>KPI2: % of statutory inspections completed. 97.7% (1,704 completed out of 1,744 planned) [Target 99%]</p>	<p>KPI6: Level of investment in learning and development for our workforce</p>	<p>KPI9: Number of service types with a new inspection framework. 6 service types [Target 11 service types with a new inspection framework by 31 March 2020]</p> <p>Q1 Target: 3 or more Q2 Target: 4 or more Q3 Target: 6 or more Q4 Target: 9 or more</p>
<p>KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only). 47.9% [Target 80%]</p>	<p>KPI7: % of inspection hours spent in high and medium risk services 29.0% [Target 25%]</p>	<p>Colour code</p> <p>Target achieved Slightly below target Significantly below target Data not available</p>
<p>KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution). 71.9% [Target 80%]</p>		
<p>KPI4: % staff absence. 5.5% [Target 3.8%: Range 2.4% to 5.7%]</p>		

Strategic outcome 1: People experience high-quality care

KOl1: % services with all good or better grades		Executive Director of Scrutiny and Assurance
Target	n/a	KOl1: % services with all good or better grades - position at the end of the month
Q3 Year to Date (see diamond on chart)	87.6%	
Q3 Year to Date 18/19	88.6%	
<p>Notes: The % services with good or better grades remains high with over 87% of registered services having all grades of good or better at the end of Q3. Within that context, the above chart highlights a very slight but statistically significant 1 percentage point (% points) fall from Q3 last year. This slight decline looks to have stabilised (the last 8 months have not exceeded the control limits), but the launch of future inspection frameworks may impact future performance. Please note the scale of the above chart has been adjusted to highlight the small but definite decline in the percentage of services with good or better grades.</p> <p>Reasons for Difference: The new Health and Social Care standards and the introduction of the new inspection framework in care homes for older people has shifted our focus further to evaluating outcomes rather than processes. The % of care homes for older people with good or better grades fell 5.2 % points from Q3 last year. This is a step change in approach, and we will expect to see further changes to this trend as we implement the remaining inspection frameworks.</p> <p>Actions: At present this KOl is stable, but it will be important to monitor the impact that the new inspection frameworks implemented in 2019 (KPI9) may have going forward.</p>		

KPI1: % of people telling us that our scrutiny will improve care		Executive Director of Scrutiny and Assurance
Target	90%	
Q3 Year to Date	93% of staff (421 replies) and 99% of people experiencing care (125 replies)	
Q3 Year to Date 18/19	98% of staff (471 replies) and 98% of people experiencing care (170 replies)	
<p>Notes: The percentage of staff telling us that our scrutiny will improve care was down 5% points from Q3 last year. The percentage of people experiencing care telling us that our scrutiny will improve care was up 1 % point from Q3 last year. Both measures remain above target.</p> <p>*Questionnaires are sent out to a representative sample of services. The KPI is based upon cumulative responses received by the end of the quarter and will be revised in future reports as more questionnaires are submitted</p>		
<p>Reasons for Difference: Whilst the percentage of staff telling us that our scrutiny will improve care was down from last year it still remained within the routine variation for this measure.</p>		
<p>Actions: Reinforce with Business Support staff that these questionnaires must be used for all services in the sample.</p>		

KPI2: % of statutory inspections completed		Executive Director of Scrutiny and Assurance
Target (see green dotted line on chart)	99%	KPI2: % of statutory inspections completed in each month <p>The chart displays the percentage of statutory inspections completed each month from January 2017 to December 2019. A horizontal green dotted line represents the 99% target. A red line shows the trend, which remains relatively stable around 90-100% until late 2018, then shows more volatility. A black line with markers represents the monthly performance, which stays within a narrow blue shaded 'Normal Variation' band until late 2018. From late 2018 onwards, the variation band widens significantly, indicating increased variability. A yellow callout box points to the end of the data series (December 2019), indicating a 'Year to date 97.7%' performance.</p>
Q3 Year to Date (see diamond on chart)	97.7% (1,704 of 1,744 inspections)	
Q3 Year to Date 18/19	102.3% (1,755 of 1,716 inspections)	
<p>Notes: We completed 1,704 statutory inspections up to the end of Q3 this year, 51 fewer than last year. As a % of planned statutory inspections this is a drop of 4.6 % points from Q3 last year. The above chart presents longer term trends and shows from Q4 17/18 to Q2 18/19 the % of statutory inspections was very consistent and the variation remained within tight control limits. From Q2 18/19 the average % of statutory inspections completed has declined and the process has become more variable, as shown by the wider control limits. Q3 19/20 showed a marked improvement in performance with October and November significantly higher than normal. Performance typically drops in December due to holidays but this was still higher than the prior average trend.</p>		
<p>Reasons for Difference: In line with the objectives set out in our corporate plan, we are spending more of our time in high risk services (see KPI7) and this may result in us completing fewer statutory inspections of low risk services. Due to the majority of high risk services being inspected in Q1 and Q2, we saw a fall in the % of time spent in high risk services in Q3 and this has freed up inspection time to complete more statutory inspections during this period. Staff have developed their knowledge and familiarity of the new inspection framework in children and young people (CYP) and are now more comfortable inspecting under this new framework. Our remaining inspection capacity is reduced this year across both adults and childrens inspection teams in order to: support our ambitious business and digital transformation work; to ensure staff can complete the PDA; We have a number of inspection staff on long term sick leave (see also KPI4) and a number of vacancies which we are trying to fill (see below).</p>		
<p>Actions: Children: To support the completion of all statutory inspections on time the following actions have been taken:</p>		

- Teams are not undertaking any further improvement support activities until after the end of the inspection year to focus on statutory inspections.
- There is currently a recruitment campaign aiming to recruit 4 inspectors. No applicants were appointable when recruiting for the CYP teams in Q3.

All planned statutory inspections of children and young people's residential services are expected to be completed by the end of the financial year.

Adults: To support the completion of all statutory inspections on time the following actions have been taken:

- Overtime has been offered to maximise the completion of all statutory inspections on time.
- All non-inspection work must be approved by team managers with priority given to statutory inspection and improvement support work linked to enforcement.
- All non-statutory inspections, unless high risk, have been removed from this year's plan and all follow up inspections are being assessed, based on risk, to determine if they need to be done or if they can be postponed until April.
- Recruitment to vacancies is continuing, the posts are difficult to fill. Those who were recruited were prioritised for the complaints team. Recruitment is particularly difficult in certain areas of the country such as Aberdeen and Edinburgh.

All adult statutory inspections have been allocated and planned for completion by 31 March 2020. The outstanding statutory inspections have been prioritised based on risk and therefore any statutory inspections we do not complete will be for services with low risk and high grades.

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

Target	n/a	<p>KOI2: average time a service continues to have a grade of less than adequate – position at the end of the month</p> <p style="text-align: center;">Average Number of months</p> <p style="text-align: center;">Position at end of the month</p> <p style="text-align: center;"> ■ Normal Variation ● Monthly Performance — Trend </p>
Q3 Year to Date (see diamond on chart)	11 months	
Q3 Year to Date 18/19	10 months	

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

Notes: The average time a service had a grade less than adequate reduced around Q1 18/19 and has remained stable since. After falling from last quarter there has been a slight increase to where at the end of Q3 the length of time is higher than the average trend but remains within control limits. Childminding and day care of children services were all above the average of 11 months. Services for children typically spend a longer time with a grade of less than adequate.

Reasons for Difference: The sustained high performance in KPI7 (time spent in high and medium risk services) over this time does not seem to have resulted in a reduction in time a service continues to have a grade of less than adequate overall. However, it is important to note that the majority of time spent in high and medium risk services has been spent in adult services (76% of all hours in high or medium risk services). For adult services, 41% of inspection hours were spent in high and medium services. This compares with 18% in children and young people services and 14% in Early learning and childcare (ELC) services. Additionally, with the priority being completing statutory inspections (KPI2) any non-statutory inspections in children services have been postponed which means children services with poor grades will have had a poor grade for longer. This impacts children services disproportionately as the majority of statutory inspections are in adult services.

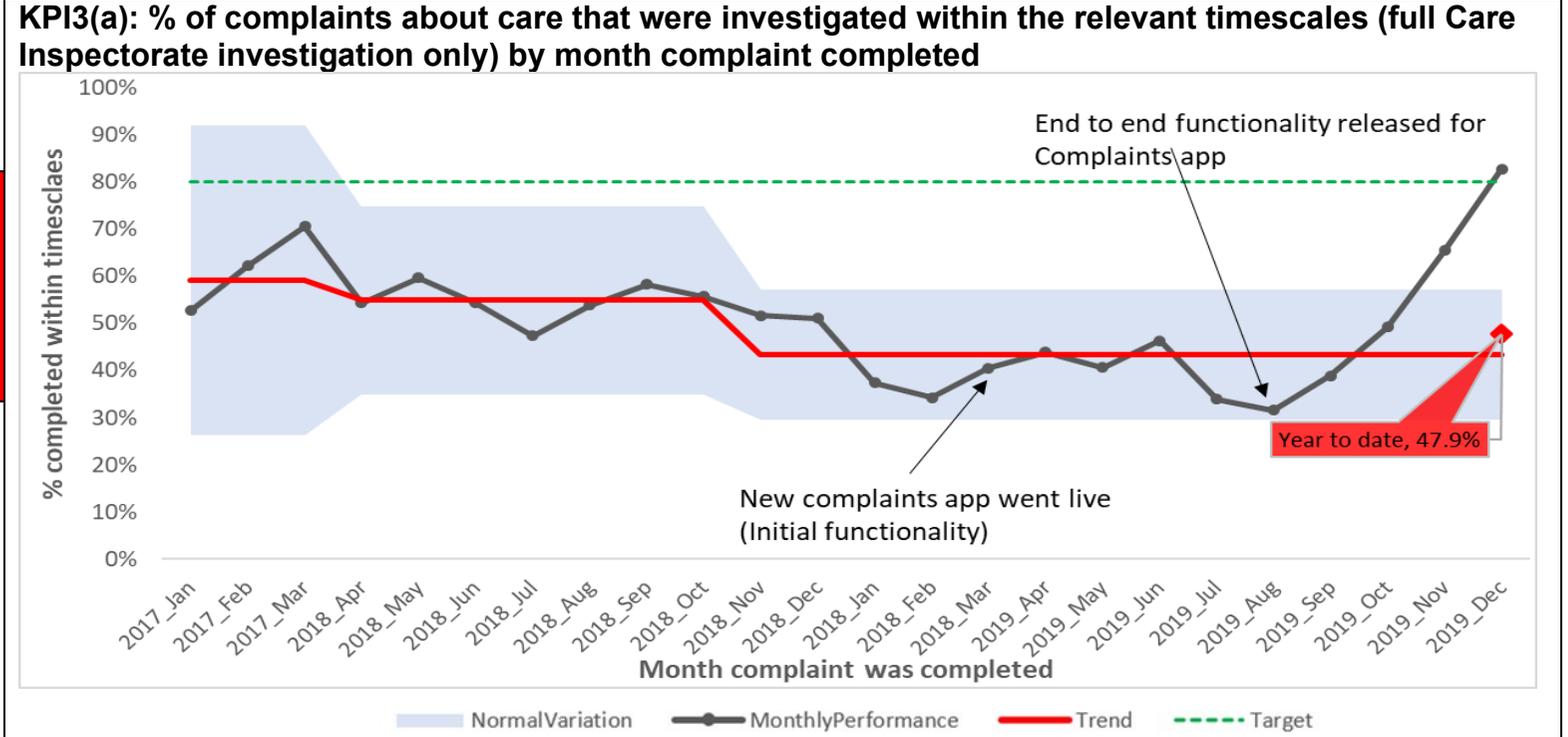
Actions: Continue to monitor the KOI and reassess when non-statutory inspections in services for children have been completed.

KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only) Executive Director of Scrutiny and Assurance

Target
 (see green dotted line on chart)
80%

Q3 Year to Date
 (see diamond on chart)
47.9%
 (560 of 1,169)

Q3 Year to Date 18/19
54.3%
 (571 of 1,051)



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

Notes: Since Q1 18/19 there has been a significant drop in performance and although performance had remained relatively stable since Q3 18/19 it was well below target. Year to date performance is well below target due to performance in the first two quarters of the year. However, in Q3 19/20 performance significantly improved with performance in November and December significantly higher than the previous trend (as shown in the chart by the points outwith the control limits). Performance in December was above target for the first time in over two years.

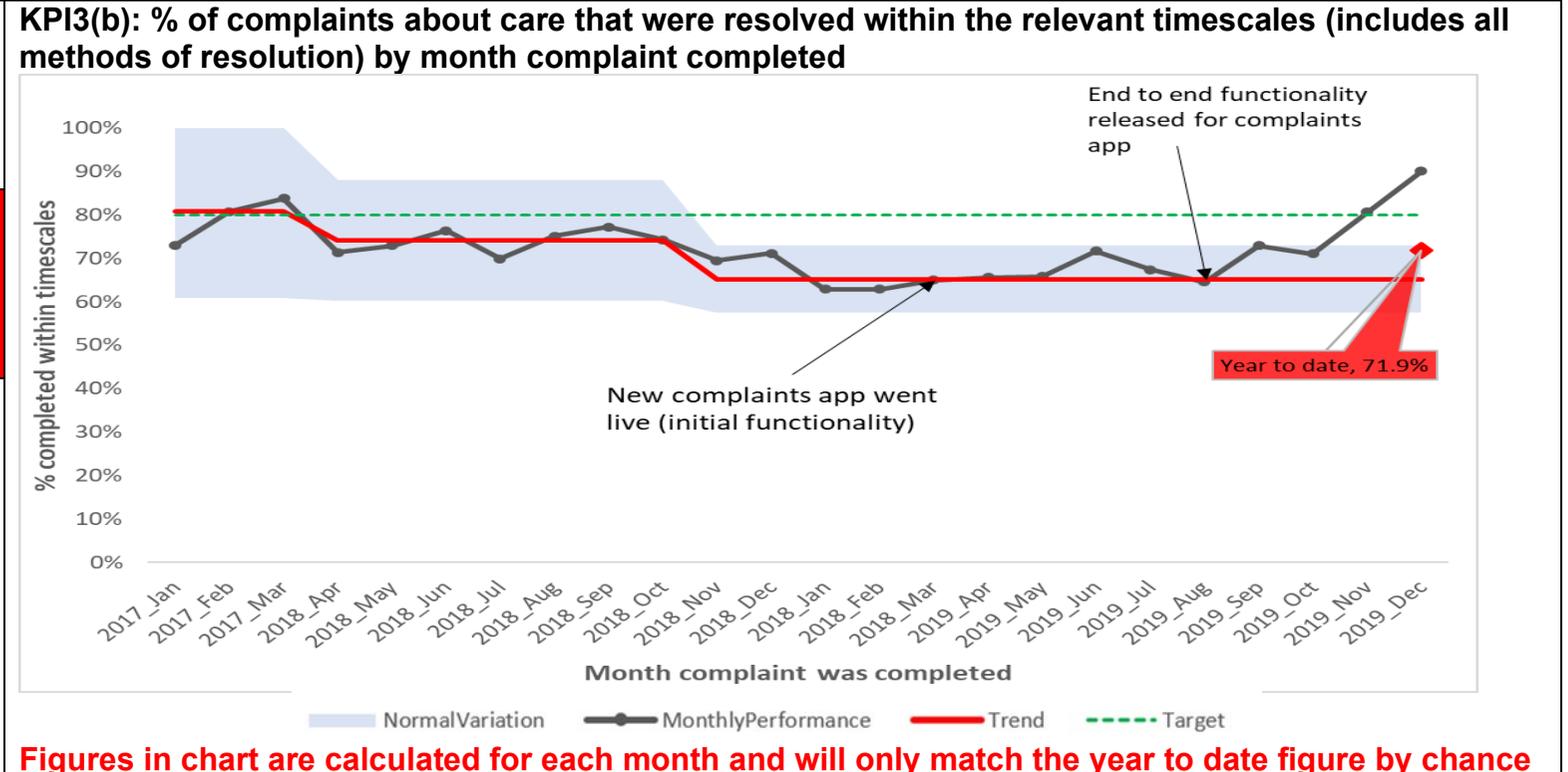
Reasons for Difference: An analyst from the Intelligence team, in collaboration with colleagues from the complaints team, business support and digital team, developed a new reporting facility for local use by the complaints team that allows closer monitoring of complaint investigations. The addition of this reporting tool in combination with the creation of the fourth complaints team has enhanced the

management oversight of the complaints teams and has resulted in improved performance. Furthermore, two new inspectors started in December to help deal with complaint caseloads.

Actions: A dedicated Service manager will be in place in Q4 to oversee all the complaints teams; this will further improve the management oversight of the complaints teams. The Intelligence team will continue to provide real time management reports and are also looking to develop new reporting dashboards to make complaints performance information easier to access to improve performance management in the complaints team. There is ongoing complaint inspector recruitment.

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

Target (see green dotted line on chart)	80%
Q3 Year to Date (see diamond on chart)	71.9% (1,565 of 2,174)
Q3 Year to Date 18/19	72.8% (1,287 of 1,767)

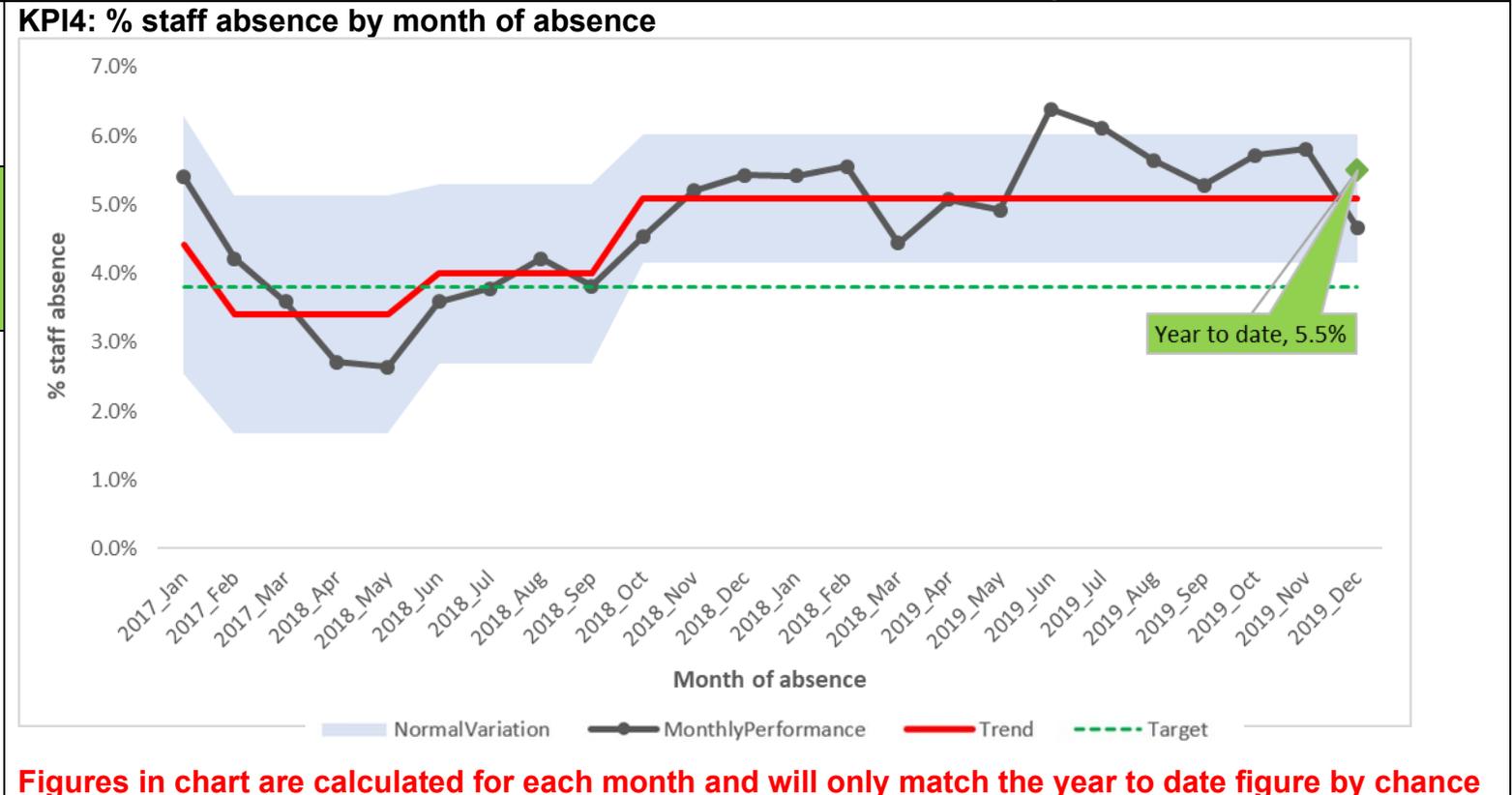


Notes: Over the year to 31 December, 71.9% of all complaints we resolved were completed within 40 days – a 0.9% point decrease from last year, and below target. We resolved a total of 2,174 complaints up to 31 December 2019, an increase of 407 or 23% compared with the same period last year, and of these we resolved 278 or 22% more within the 40-day target than last year. Like KPI3(a), while there is now less variation since Q1 18/19, performance had declined steadily though not to the same extent as KPI3(a). In Q3 19/20 performance significantly improved with performance in November and December significantly higher than the previous average. Performance in December was above 90% for the first time in over two years.

Reasons for Difference: As for KPI3(a)
Actions: As for KPI3(a)

KPI4: % staff absence **Executive Director of Corporate and Customer Services**

Target (see green dotted line on chart)	3.8% Range 2.4% to 5.7%
Q3 Year to Date (see diamond on chart)	5.5% (37,104 out of 674,236 hours)
Q3 Year to Date 18/19	4.0% (26,850 out of 672,904 hours)



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

Notes: Sickness absence has increased 1.5 % points from Q3 18/19. The sickness absence is higher than the CIPD public sector average of 3.8%. While the variance in sickness absence has decreased since Q2 18/19, sickness absence has increased. Performance has remained relatively stable since Q3 18/19 at the high end of our target range.

Please note the data from September 2018 to September 2019 has been revised following a review by HR

Reasons for Difference: The number of people off due to long term absence has fallen since quarter 1 but remains high with 23 absent long term as at the close of quarter 2. This is lower than it was at the start of the quarter, but still higher than usual (typically we have 16 – 19 people absent long term). Long term sickness has the biggest impact on our lost working time rate and because a large number of people continue to be off long term, sickness absence rates are likely to remain high in the coming months.

Adults and Complaints teams and the Children and Registration teams had sickness absence of 4.8% and 8.5% respectively. These sickness absence levels are noted above as having a considerable impact on our capacity to achieve other KPIs, in particular KPI2 (statutory inspections) and KPI3(a) and (b) (complaints completed).

- Actions:**
- HR continue to work with management and employees to reduce our organisational absence levels. The HR team hold monthly case management meetings and present the summary report findings to the Executive Director of Corporate and Customer Services on a monthly basis and discuss an overview of cases at meetings with relevant senior managers.
 - Managers will soon be provided with monthly absence reports to ensure early intervention and support for staff (such as occupational health advice, phased return facilitation plans and appropriate risk assessments)
 - HR are planning a series of promotions on the need for a return to work discussion to take place in 100% of cases. Also ensure health and well-being is discussed at every 1:1 meeting as well as team meetings so that it is kept at the forefront of the business agenda.
 - The Health and Safety (H&S) team have launched an eLearning package for all employees that includes a number of useful resources such as DSE assessments, lone working, resilience and managing conflict sessions – there is a requirement built into the team risk assessments for all staff to complete these.
 - HR will present at the next H&S Committee an overview of our absence statistics and what action we are taking to raise awareness across the organisation
 - We continue to monitor stress/mental health-related illness and will roll out Mentally Healthy Workplace training early next year.
 - We have reviewed our processes on stress risk assessments and the Return to Work form to ensure that line managers complete a stress risk assessment where required and that completion rates are monitored.
 - Further work is being progressed to develop awareness sessions on the Maximising Attendance Policy and we continue to focus on prevention through our Healthy Working Lives work.

Total scrutiny and improvement interventions completed up to 31 December 2019

	Number completed in 2018/19 up to 31 December	Number completed in 2019/20 up to 31 December	Comparison of 2019/20 vs 2018/19 year to date
New registrations completed	604	576	▼
Inspections completed	4,982	4,352	▼
Complaints received	3,801	4,336	▲
Number of variations completed (not including typographical changes to certificates).	1,875	2,504	▲
Total scrutiny interventions completed	11,262	11,768	▲

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

Inspections completed: We have completed fewer inspections overall so far this year compared with last year -down 630 inspections (down 13%). Childminding inspections accounted for most of the drop with 410 fewer inspections from last year (down 33%).

Complaints received: The number of complaints received has increased by 535 or 14% from Q3 last year. Complaints are up across most service types. Although levels of complaints received have risen over this period, the percentage of services graded good, very good or excellent in all evaluations has remained relatively consistent (KOI 1). The increase in complaints may be attributable to the increased awareness of our complaints process and of the standards of care people should expect.

Variations completed: The number of variations completed has increased from Q3 last year largely due to the increase in variations as a result of the early learning and childcare (ELC) expansion work.

Summary of key achievements and work progressed in Q3 2019/20**Strategic Scrutiny**

We have delivered satisfactorily on the inspection plan for this quarter, namely the fieldwork phases of a progress review (services for older people) in Scottish Borders HSCP and a joint inspection of services for children and young people in need of care and protection in Orkney; and publication of an inspection of justice social work in Inverclyde.

We completed additional scrutiny in South Ayrshire, largely focused on the social work duty system, following a critical significant case review. As a result, we are collaborating with the senior team (adult services) to support them in carrying out self-evaluation early in 2020 of the implementation and impact of the changes they have made.

Following a joint effort with colleagues in Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Health Improvement Scotland HIS, we completed the development of methodology for inspection of adult support and protection arrangements (phase 1) and a plan and footprint for the ensuing two years. We submitted a final outline proposal to the Ministerial Strategic Group (MSG) on the effectiveness of health and social care integration in Scotland building on the experience of joint inspections of services for older people and on the recent inspections of strategic planning. This proposal lays out a commitment to a revised methodology that focuses more on what integration arrangements are achieving in terms of experiences and outcomes for people as well as achieving a more balanced focus across health and social services. It also aims to strengthen the connections between joint scrutiny and collaborative improvement support in line with the inspection's findings.

Self-evaluation for improvement guide

The new self-evaluation for improvement guide was provided to every care service in Scotland. This guide underpins every one of the quality frameworks we are producing and is a tool for services to understand and implement their own self-evaluation and improvement journey.

Closure of Elmgrove Care Home (Inverness)

Analysis of intelligence for Elmgrove Care Home (Inverness) led to the identification of indicators of concern that the service was deteriorating quickly following some improvements which had led to them temporarily meeting the requirements of an Improvement Notice. As a result, the potential for significant risk to the life, health and well-being of people who lived at the service was outlined in an application for the emergency cancellation of the service. This application was granted by a Sheriff within 7 days of the increasing level of risk to people's safety being identified by us. Collaboration with NHS Highland (lead agency) led to the co-ordination of actions to protect people living at Elmgrove while the partnership found alternative placements. This co-ordinated approach supported the partnership to mitigate against the risks to people and reduce the disruption experienced by residents.

Care about physical activity (CAPA) programme

Involvement in CAPA programme led to a Shetland service receiving £70,000 grant to purchase adapted bikes. These will improve the care experience of people experiencing care by increasing their activity and will also reduce the carbon footprint of this service. Almost 1,500 staff from 11 partnership areas have attended CAPA learning events and learnt more about providing an individualised service promoting health and wellbeing.

Early learning and childcare expansion (ELC)

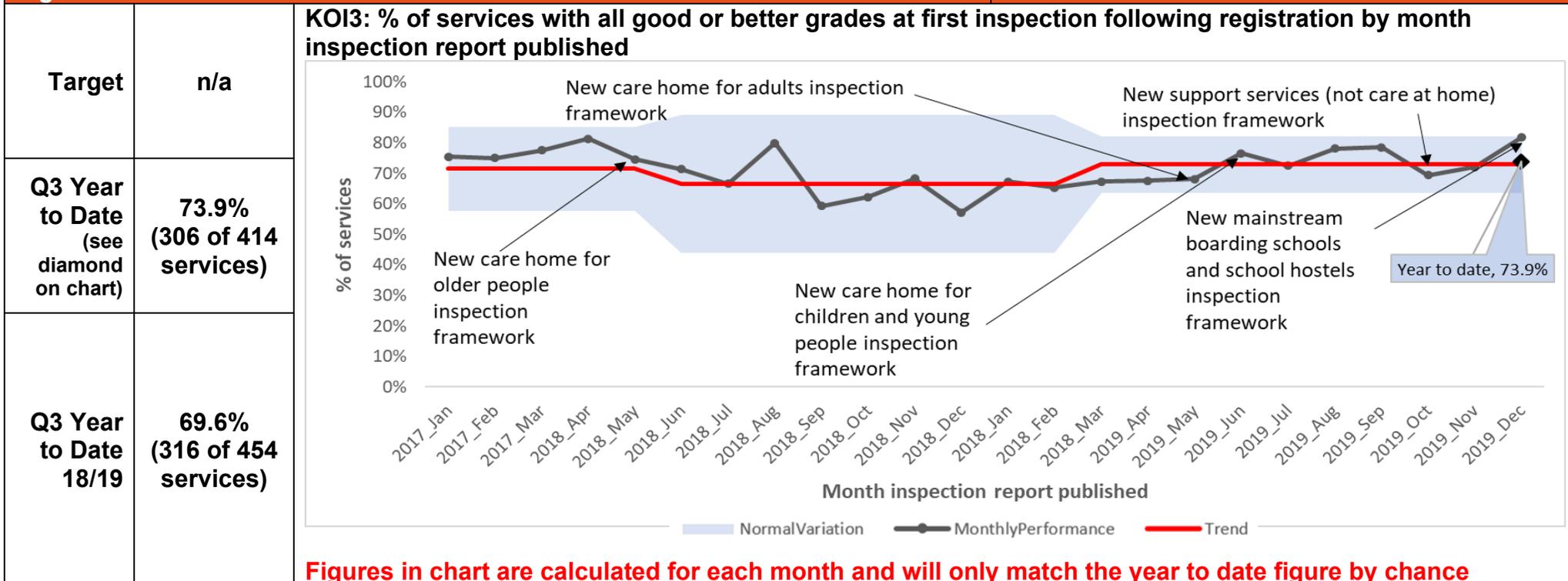
The Care Inspectorate ELC staff continue to support the Scottish Government's key policy of extending the entitlement for all three and four and eligible two-year olds from 600 to 1140 hours by 2020. We are supporting the development of a range of workstreams with Scottish Government staff and other stakeholders to support the expansion.

Equity and excellence lead posts

ELC inspectors are undertaking the focus inspection area in relation to the equity and excellence lead posts, (formally known as additional graduates) for the Scottish Government across our inspection year 2019 -2020. The equity and excellence leads have been appointed within the SIMD areas in Scotland to improve outcomes for some of Scotland's most disadvantaged children. Colleagues are highlighting examples of good practice and barriers in relation to the impact of the graduates in the services.

Strategic outcome 2: People experience positive outcomes

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



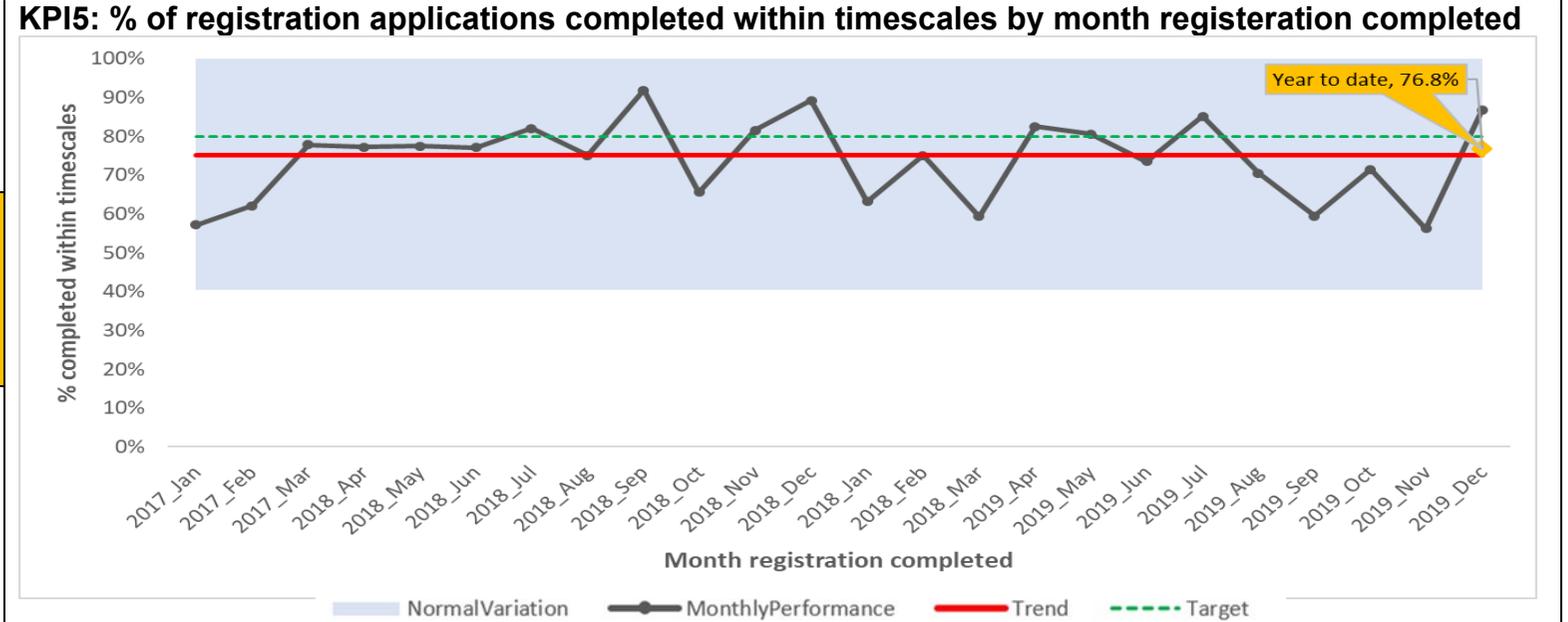
Notes: Our registration process plays a key role in ensuring that people have access to good quality care services. Over the year to date, 73.9% of services inspected for the first-time following registration were found to be good or better across the board – an increase of 4.3 % points compared with the same period last year. It is worth noting that the above chart shows there was a wide range of routine variation in this process from Q1 to Q3 18/19. Since Q4 18/19 the variation has greatly reduced and performance in the last two quarters has been on a run consistently above the revised average.

Reasons for Difference: Performance has improved from Q3 last year and the extremely wide routine variation has decreased considerably which indicates the process is more consistent. Although, the variation has reduced performance for this KOI still remains relatively variable even just within Q3.

Actions: Continue to monitor to see if improved performance is sustained and try to identify reasons for wide routine variation.

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

Target (see green dotted line on chart)	80%
Q3 Year to Date (see diamond on chart)	76.8% (274 of 357 applicable registrations)
Q3 Year to Date 18/19	80.1% (253 of 316 applicable registrations)



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

Notes: Performance is below target and down 3.3 % points on Q3 last year. There continues to be wide variation in performance on this KPI. Although performance fell in November the performance improved in December back above the previous average trend. In October and November of Q3 2019/20 no childminding registrations were completed in time. This was due to delays with protecting vulnerable groups (PVG) applications at Disclosure Scotland. Any completed registrations directly affected by this external delay have been excluded from the reported figures below. Only cases where the delay reason is recorded as 'Internal' have been included.

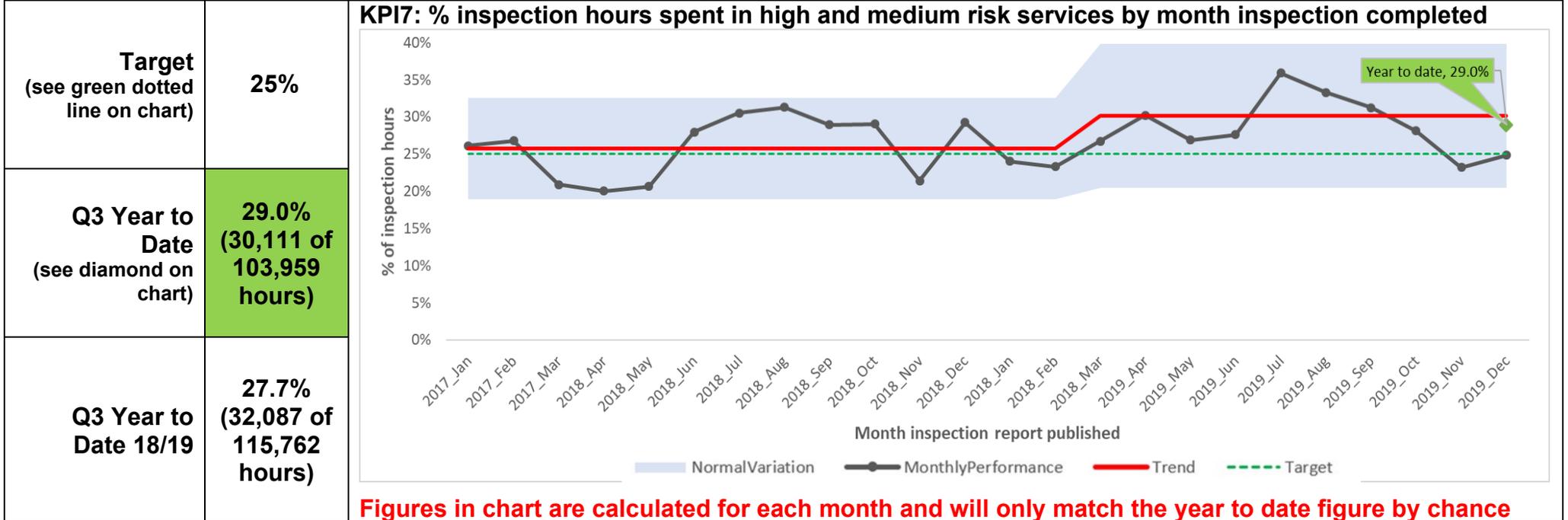
Reasons for Difference: The % of registration applications completed within timescales was down for childminder services (down 51 % points) compared to Q3 last year. Only 17% of childminder registration applications (4 out of 23 applicable applications) were completed within time in Q3 19/20. This is due to the greater number of variations relating to the expansion of ELC hours being prioritised over new registration applications. There have been 92 more daycare of children services variations compared to Q3 last year. The % of registration applications completed within timescales increased for non-childminder services (up 6 % points) compared to Q3 last year. 94% of non-childminder registration applications (90 out of 96 applicable applications) were completed within time in Q3 19/20. In Q2 7 inspectors were seconded from ELC teams to registration to support the expansion work and avoid undue delay

with processing ELC registrations and variations in the future. The % of daycare of children registration applications completed within timescales in Q3 has subsequently increased 19 % points from Q2.

Actions: Completing variations related to the expansion of ELC hours will remain the priority. Once this work starts to decrease performance in the % of childminder registration applications completed within timescales will increase.

KPI6: level of investment in learning & development for our workforce		Interim Executive Director of Strategy and Improvement
Target		First report will be on Quarter 4 (ending 31 March 2020)
Q3 Year to Date		
Q3 Year to Date 18/19		
<p>Notes: Work is underway to create an initial measure which will focus on investment in our staff (development days per staff member), with a view to moving to a measure that focuses on impact of this investment in the final year of this corporate plan.</p> <p>In Q3 a total of 58 face to face learning and development events were offered to our workforce. Events included development days (ELC inspectors and senior inspectors), LEAD sessions (one to one meetings and feedback, LMS demos) and additional training events.</p> <p>PDA in Scrutiny and Improvement: three of the graded units completed by inspectors on cohort 1 have been developed and adopted into operational practice for improving the involvement of care experienced people in regulatory activity.</p> <ul style="list-style-type: none"> • Making the Care Inspectorate's complaints process more accessible to young people living in residential care • How the Care Inspectorate responds to Post Investigation Review Forms (PIRF's) • Registration: the next step towards co-produced regulation 		
Reasons for Difference:		
Actions:		

KPI7: % inspection hours spent in high and medium risk services **Executive Director of Scrutiny and Assurance**



Notes: In the first half of this year we spent almost 104,000 hours on inspection. Of these hours, 29.0% were spent in high or medium risk services, in line with our aim to target our resources where risk is highest. Performance increased 1.3 % points from the year to date Q3 position last year although this increase is not yet a sustained increase. Performance in this KPI declined in Q3 19/20 which was to be expected given the corresponding improvement in % of statutory inspections completed (see KPI2). The majority of time spent in high and medium risk services has been spent in adult services (76% of all hours in high or medium risk services). For adult services, 41% of inspection hours were spent in high and medium services. This compares with 18% in children and young people services and 14% in Early learning and childcare (ELC) services.

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

Actions: Adult teams have now inspected all high-risk services and have spent more time in services that were high risk with poor outcomes for people. As a result, we expect to see a decrease in this KPI next quarter but an increase in KPI2 performance as the priority will be on completing statutory inspections.

Summary of key achievements and work progressed in Q3 2019/20

External communications

We continued to jointly lead (with Healthcare Improvement Scotland) on the development of the proposed Barnahus standards model for Scotland and delivered a workshop presentation at the children in Scotland annual conference. The external communications' newsletter subscription service, continues to grow rapidly, to almost 11,000 subscribers at 31 December 2019. The team has expanded its stable of titles in quarter 3, with the new monthly CAPA update added to the monthly Care News, ad hoc vacancy alerts and the weekly Twitter digest.

Annual report

We completed our work on the care inspectorate annual report and accounts 2018/19, which was laid in the Scottish Parliament and published in December 2019.

CAPA and improvement support team

Promoting partnership working by the CAPA team has led to Elgin drugs and alcohol partnership and Moray housing working with a service to enable tenants to be better supported and to increase their confidence to remain active & connected. The improvement support team in partnership with the SSSC supported a series of workshops targeting the social care sector to signpost and raise awareness of quality improvement learning and resources available in Scotland.

Improvement support

Adult teams have continued to provide improvement support in high risk care services. Improvement activity has included sessions on: staff awareness on Health and Social Care Standards, self-evaluation, areas of practice needing improved. Adult teams have continued to provide improvement support supported by an improvement advisor from the improvement support team to several care homes to improve medication management where issues were identified for these services through notifications or complaints.

Investing in our workforce

One of our information analysts successfully completed their project for the government's data science mentoring programme. The project was focussed on early identification of risk, and the findings were presented to an audience including experts in the field and government ministers.

Childminder Guidance

In December 2019 we published guidance for childminders on applying to increase capacity, and guidance for providers and applicants on aims and objectives.

Strategic outcome 3: People's rights are respected

KOI4: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Executive Director of Scrutiny and Assurance
Target	n/a	
Q3 Year to Date	91% (CSQs received from 4,643 services)	
Q3 Year to Date 18/19	93% (CSQs received from 5,222 services)	
Notes: Performance down 2pp from Q3 last year.		
Reasons for Difference:		
Actions: Ensure that these questionnaires are being provided to services and highlight the importance of this feedback.		

KOI5: % of services with majority of people telling us they make decisions about their own care		Interim Executive Director of Strategy and Improvement
Target		Will be reported on in Quarter 4 and used to develop a baseline for 2020-21.
Q3 Year to Date		
Q3 Year to Date 18/19		
Notes: Work is underway to create a measure which will summarise responses to specific key questions asked in Care Standards Questionnaires and new Care Surveys.		
Reasons for Difference:		
Actions: The intelligence team are developing this measure and preparing to report at the end of Q4.		

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work		Interim Executive Director of Strategy and Improvement
Target		Will be reported on in Quarter 4 and used to develop a target for 2020-21.
Q3 Year to Date		
Q3 Year to Date 18/19		
<p>Notes: Work has commenced in the organisational and workforce development (OWD) team to capture the wide data about involving people with experience of care in our work</p> <p>Involvement Team During quarter 3 involvement activity with care experienced people took place on 198.5 days, across 13 different activities. The total number of days spent on inspection activities were 78.5 for our adult inspection volunteers and 28 for our young inspection volunteers. A total of 16 new volunteers were trained and inducted during this quarter and the total number of inspectors requesting an inspection volunteer was 47 during this period.</p>		
Reasons for Difference:		
Actions: OWD team have begun work to develop this measure and put appropriate data capture mechanisms in place in order to report on by the end of Q4.		

KPI9: number of service types with a new inspection framework		Interim Executive Director of Strategy and Improvement
Target	11 service types covered by 31 March 2020	
	Q1 Target: 3 or more service types Q2 Target: 4 or more service types Q3 Target: 6 or more service types Q4 Target: 9 or more service types	
Q3 Year to Date	6 service types with new inspection framework	
Q3 Year to Date 18/19	1 service type with new inspection framework	
<p>Notes: We remain on target with 6 service types released by the end of Q3. During Q3 two service types were launched (support services and mainstream boarding schools & school hostels) and we had a number of frameworks at different stages of consultation and testing – see action section below.</p> <p>We received feedback from Camphill communities that have been inspected under the new framework. They stated that while some services had been evaluated with lower grades than previously, all feedback from the provider was that this more accurately reflected their performance when measuring against the Health and Social Care Standards and the new framework.</p>		
Reasons for Difference:		
<p>Actions: Colleagues within early learning and childcare teams have completed an initial draft of the quality framework for early learning and childcare services. This work was concluded following the pause to the work with Education Scotland in respect of a shared framework. Operational staff and business transformation colleagues have worked to support the consultation with the sector. Events for ELC providers have taken place in Glasgow, Aberdeen, Inverness and Edinburgh during October and November. One event has taken place in Dundee for childminders. Association of Directors of Education in Scotland (early years), Scottish Childminding Association, Early Years Scotland and five local authorities also requested input on the draft framework providing further consultation opportunities. Events have been supported by an online consultation, all responses from the consultation are now being taken into account in the review of the framework.</p>		

Summary of key achievements and work progressed in Q3 2019/20

Information governance

Following a complaint from a member of the public in relation to a Freedom of Information Scotland Act (FOISA) a Decision Notice from the Office of the Scottish Information Commissioners (OSIC) upheld our FOISA response, which reinforced our solid and professional approach to individual's rights.

External communication

As part of our collaboration with a range of partners, we completed a review of our Memorandum of Understanding with NHS 24 and the interim executive director of strategy and improvement attended a signing event at the Golden Jubilee National Hospital. We continued to support Scottish Government around the implementation of the health and social care standards. This included working with Implementation Steering Group on the publication of new resources to assess the impact of the standards across different parts of Scotland through the work of local partnerships. The Care Inspectorate attended and contributed to the work of Scottish Government Adult Social Care Campaign Advisory Group, in relation to National Workforce Plan Recommendation 5 for a national adult social care recruitment campaign. This campaign is to launch in January 2020.

Young inspection volunteers

Young inspection volunteers have been involved in the joint inspection of services for children and young people in need of care and protection in Orkney.

Collaboration stand

The collaboration stand up for siblings which included work by our young inspection volunteers, supported by a team manager and an OWD assistant has won an award at the Herald Awards for successful partnership working. The work to develop a film highlighting the importance of sibling contact for care experienced children and young people was considered to be a very effective collaboration of partners, public and voluntary sector.

Registered by the Care Inspectorate

In November 2019, external communications launched a widget – an interactive digital logo – that anyone can use on their website, free of charge, that links directly to a service's information on our website. In the period between the launch on 14 November 2019 and 31 December 2019, our website has seen unprecedented engagement, with a 220% increase in webpage views; and 85% more new visitors compared with the previous period.

Summary of supporting activity in Q3 2019/20

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

Legal Training

The legal team provided two days of induction training to new inspectors. The legal team also provided training on different types of legal entities and illegally operating care services at the national registration team day

Scottish Child Abuse Inquiry

The legal team responded to a s21 Notice issued by the Scottish Child Abuse Inquiry requiring production of information relating to a number of boarding schools

Pay award and reward package

Our Partnership Forum accepted our pay offer in December 2019. This will be implemented in January 2020's pay. Our reward package includes a range of family friendly policies, health and wellbeing offerings and continuous professional development /educational opportunities for employees.

Healthy working lives (HWL)

HWL continue to promote and be actively involved in a variety of healthy working lives initiatives. Regular bi-annual blood donation days are scheduled in the calendar, with the next one scheduled for 27 January 2020. These are fully booked up in advance with a waiting list for any last minute spaces. Regular monthly promotions are held in line with key monthly UK campaigns. Examples of the most recent information campaigns are credit union promotion, fitness/healthy eating promotion, cervical cancer prevention week, seasonal affective disorder, dry January. The support for all of our events or information campaigns is tremendous. In every single event, information campaign or activity, we have had excellent employee participation which we hope will continue as we take forward new activities, challenges.

“Follow Me” printing

An updated version of the “Follow Me” print software was delivered and configured which resolved the outstanding issues we were experiencing. The software was then rolled out to a pilot group on the second floor of Compass House, Dundee office to allow us to test the roll-out process and test the performance of the system in real world use. The pilot was successful and planning has now begun to work with our supplier to extend the use of “Follow Me” printing to the rest of the organisation.

ServiceNow

The ServiceNow software went live in late October 2019 with a number of roadshows, Teams sessions and awareness raising activities taking place in the lead up to go live. Since go live a number of changes and improvements have been introduced following feedback from colleagues and users of the software. Work continues to extend the use of ServiceNow beyond our customer facing operations and enhance our internal processes with change management the first new process to go live to coincide with the latest release from the digital team.

Office 365 Migration

The first phase of functional migrations were completed into Teams and SharePoint in quarter 3, completing the first phase of our digital improvement, so all Care Inspectorate teams now have a presence for current work on Office 365. Attendance by the information governance lead at a special National Records Scotland SharePoint meeting provided reassurance that our approach was solid and was being looked at as best practice by some public sector attendees.

Robotic Process Automation

The finance and corporate governance team has created two proofs of concept to automate manual processes. This is the initial stages of a joint venture with Scottish Government's financial services division to develop a business case to take forward automation of routine manual tasks, freeing up resources to focus on value added activities.

Sustainability

To further improve on our sustainability performance, the finance and corporate governance team have added 'environmental impact' as an area to be considered when completing procurement exercises.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

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

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

3.1 Resources

There are no additional resource implications arising from this report.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy

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

Relevant developments in Q3 included:

- parliamentary scrutiny of the proposed Children (Scotland) Bill, which includes provision for the regulation of child contact centres among a range of measures aimed at strengthening the family law system, and the Disclosure (Scotland) Bill, which sets out proposals to modernise and improve the proportionality of the state disclosure system in Scotland
- the launch of a call for evidence by the Health and Sport Committee at the Scottish Parliament as part of its Social Care Inquiry
- publication of the review of learning disability and autism in the Mental Health Act 2003, which recommended that in future, autism and learning disability should not be defined as forms of 'mental disorder' under the Act, and that autism and learning disability should be defined in a new law
- publication of a range of Scottish Government policy documents, including the Adult support and protection improvement plan 2019-2022, an Interim National Framework for Adult Protection Committees for Conducting a

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- Significant Case Review and the Health and Social Care: integrated workforce plan
- the introduction of the Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019, which will place appropriate adult services on a statutory footing and a duty on the Care Inspectorate to assess the quality of provision, and came into force on 10 January 2020
 - the commissioning by the Scottish Government of an independent review of the closure of the New School Butterstone
 - continued discussion around the potential impact of Brexit on health and social care in Scotland.

3.4 People who experience care

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

3.5 Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.



Title:	2019-20 Budget Monitoring		
Author:	Kenny Dick, Head of Finance and Corporate Governance		
Appendices:	1.	Movement In Projected Financial Position from the Position Previously Reported to Board.	
	2.	Care Inspectorate Revenue Budget Monitoring Statement for the Year to 31 March 2020	
	3.	Capital Expenditure for the Year to 31 March 2020.	
Consultation:			
Resource Implications:	None		

EXECUTIVE SUMMARY

Since the Board approved the budget at its meeting of 28 March 2019, additional grant in aid funding totalling £1,064k has been confirmed by the Sponsor Department. This is to support additional programmes of work which are noted in section 1.1 of the report. The revised budget includes this additional funding.

The projected net expenditure to 31 March 2020 is less than the planned net expenditure by £221k. This is a decrease of £779k from the position reported to the Board at its meeting of 17 December. This will increase the General Reserve position to support 2020/21 budget pressures.

A summary of the movement in projected financial position is shown in Appendix 1 of this report.

The Board is invited to:

1.	Note the Movement in Projected financial Position from the position previously reported to Board (appendix 1).
2.	Consider the revenue budget monitoring statement for the year to 31 March 2020 (appendix 2).
3.	Consider the Capital Statement as at 31 January 2020 (appendix 3).
4.	Note the areas that are at significant risk of change in section 3.0.
5.	Note the projected general reserve position described in section 5.1.3.

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

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

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

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

2019-20 BUDGET MONITORING**1.0 INTRODUCTION**

The Care Inspectorate is responsible and accountable for the administration of an annual budget with predicted gross expenditure (revenue and capital) of £37.756m in the current financial year. The Care Inspectorate manages those resources and has in place formal processes for the accurate recording, reporting and effective managerial control of its funds.

- 1.1** Since the Board approved the 2019/20 budget, the Sponsor Department has confirmed additional funding to support several additional programmes of work totalling £1.064m. The delivery of these programmes is projected to slip due to difficulty in recruiting to the additional 30 FTE funded within the programmes. A projected underspend of £199k will be carried forward in the General Reserve balance to fund future programme spend. This comprises:

	Budget £000	Projected Spend £000	Projected Over/(Under) spend £000
Adult Support and Protection Inspection Programme	338	286	(52)
Early Learning and Childcare (ELC) Expansion Programme	259	327	68
Reducing Preventable Child Deaths/National Child Death Review Hub	189	36	(153)
ELC Improvement Programme	98	89	(9)
Child Contact Centres – Feasibility Study	56	27	(29)
Health and Social Care Standards Implementation	50	50	-
Safer Staffing Project	50	26	(24)
Barnahus Standards Project Funding	24	24	-
	1,064	865	(199)

The costs associated with these programmes of work are contained within the main income and expenditure statement (Appendix 2).

1.2 Revenue Budget Monitoring Statement

Attached as Appendix 2 is the 2019/20 revenue budget monitoring statement for the year to 31 March 2020, based on the financial ledger to 31 January 2020.

- Budget virement/additional resources represents the transfer of resources between budget headings to reflect expected changes in income or expenditure patterns and additional grant in aid approved by

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Sponsor Department during the year. Budget virements are subject to compliance with the budget virement policy.

- Revised budget shows the Board approved budget amended for additional grant in aid and budget virements.
- Actual & commitments shows actual and committed expenditure as at the ledger date of 31 January 2020.
- Projected income/expenditure forecasts the expected position at the end of the financial year, based on estimates prepared in conjunction with the budget managers.
- The final 'projected annual variance' column shows the anticipated variance to revised budget at the end of the financial year.

2.0 2019/20 PROJECTED BUDGET OUTTURN

The projected financial position as at 31 March 2020 is an overspend of £3k. This is a decrease of £221k from the planned overspend of £224k.

The core funded expenditure is projected to overspend by £202k. This is partially masked by a projected underspend against additional grant funded work streams as shown in the table below.

	Net Expenditure Funded by Additional		
	Core Funded	Grant in aid	Total Funding
	£000	£000	£000
Planned budget (underspend)/overspend	224	0	224
Unplanned budget (underspend)/overspend	(22)	(199)	(221)
Total projected (under)/overspend	202	(199)	3

2.1 Staff Costs- underspend of £366k

There is an overall underspend of £366k projected in staff costs. Staff cost projections are based on staff currently in post projected to the year end and adjusted for known recruitment and leavers. The budgeted pay costs assumed a pay award settlement in line with Scottish Government pay policy parameters for 2019/20 ie a 3% increase for staff on full time equivalent salaries below £36.5k, a 2% award for staff earning between £36.5k and £80k and a cash increase of £1.6k for staff earning in excess of £80k per annum. The negotiated pay settlement exceeded the budgeted award by £191k.

- 2.1.1** This position also includes a projected underspend of £210k in staff costs relating to the grant funded programmes (see 1.1). The main variances are detailed in paragraphs 2.1.2 to 2.1.14 below.

2.1.2 Board, Chief Officers & Senior Managers – overspend of £25k

The projected overspend is due to budgeted slippage of £47k not yet being achieved and backfill arrangements totalling £19k for a senior manager who was seconded to East Lothian Council until June 2019. These are partially offset by projected savings of £31k in the Improvement Support Team senior manager costs and a projected underspend of £10k in Board fees. The Improvement Support Team saving is being partially used to fund an increase in specialist advice (see 2.1.4).

2.1.2.1 The backfill cost for the outward secondee is fully offset by a projected increase in secondee income (see 2.6.5).

2.1.3 Admin & Professional including Hired Agency Staff – overspend of £10k

The projected overspend is due to the following:

- Further temporary developer posts have been recruited to the Business and Digital Transformation Programme with an estimated increase in expenditure totalling £114k.
- A Head of Transformation has been appointed to lead on the Business and Digital Transformation Programme. This has increased the staff cost projections by £121k.
- Backfill arrangements for the OD Lead for Involvement and Culture seconded to Perth and Kinross Council is projected to be £36k. This is offset in full by an increase in Seconded Officer income (2.6.5).
- The Inspection Assistant posts have been extended to 31 March with an estimated increase in expenditure totalling £43k.
- Interim staffing arrangements in the HR function have increased projected expenditure by £35k.

2.1.3.1 These overspends totalling £349k are partially offset by Business Support staff projected savings of £242k and other projected staff savings of £97k. These savings are being used to offset additional non-recurring digital transformation costs.

2.1.4 Specialists – overspend of £82k

Specialists include projected expenditure of £61k for a senior improvement advisor to support the Technology Enabled Care (TEC) Programme and £19k to fund a temporary Senior Improvement Advisor post. These posts are funded in full by Scottish Government (see 2.6.3). There is also a projected increase in specialist support of £2k which is funded from the Improvement Support Team Senior Manager savings (see 2.1.2).

2.1.5 Team Managers - overspend of £32k

The projected overspend is due to additional 0.4 FTE Team Manager capacity being allocated to the Complaints function.

2.1.6 Senior Inspectors – underspend of £109k

Budgeted slippage has been exceeded by £109k. This is mainly due to Senior Inspectors securing temporary grant funded Team Manager posts and vacant posts remaining unfilled following a recruitment campaign.

2.1.7 Inspectors and Locums – overspend of £8k

Projected costs include the additional grant funded programme staff which are projected to overspend by £44k. This leaves a net projected underspend of £36k in core budgeted expenditure.

Staff cost slippage due to vacant posts being unfilled longer than expected is being masked by other unbudgeted projected expenditure as noted below:

	Delivery of Scrutiny & Improvement Plan £000	Specific Grant Funded Work £000	Seconded to Transformation £000	Other Outward Secondments £000	Other Business Areas £000	TU Full Time Official £000	Total £000
Base budgeted Inspector costs	13,620.4	171.0	0.0	0.0	0.0	50.4	13,841.8
Budgeted slippage (3.5%)	(476.7)					(1.8)	(478.5)
Approved revenue budget inspectors	13,143.7	171.0	0.0	0.0	0.0	48.6	13,363.3
Projected Inspector costs (based on budgeted pay award)	12,315.2	213.3	242.0	114.0		27.0	12,911.5
Overtime	275.1					0.0	275.1
Use of Locums	44.9				25.8		70.7
	12,635.2	213.3	242.0	114.0	25.8	27.0	13,257.3
Variance prior to additional pay award costs	(508.5)	42.3	242.0	114.0	25.8	(21.6)	(106.0)
Additional pay award costs	108.7	1.8	2.1	1.0	0.2	0.2	114.0
Budget variance	(399.8)	44.1	244.1	115.0	26.0	(21.4)	8.0

2.1.8 Practitioner Inspectors – underspend of £201k

There are vacant Practitioner Inspector posts which provides a projected saving of £201k.

2.1.9 Grant Funded – overspend of £22k

The Care About Physical Activity (CAPA) project costs are £29k more than budgeted. This is funded by CAPA grant received in 2018/19 which transferred to the General Reserve at 1 April 2019. This is partially offset by a projected underspend of £7k in the Project Lead – Childminding post.

2.1.10 Strategic Inspectors – underspend of £282k

Budgeted slippage is projected to be exceeded by £282k. This is due to a combination of being unable to recruit to all of the additional grant funded posts within the agreed grant periods, and core funded postholders securing temporary grant funded posts.

2.1.11 Displaced Staff – overspend of £4k

Budgeted slippage has not yet been achieved, resulting in a projected overspend of £4k.

2.1.12 Secondees – overspend of £20k

The projected overspend of £20k is the cost of reimbursing Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) for providing resources to support joint inspections this year.

2.1.13 Training and Development – overspend of £19k

The projected overspend relates to expenditure totalling £43k originally planned for 2018/19 that will now be incurred this financial year. The General Reserve balance includes funding from 2018/19 for this. This is partially offset by a projected decrease of £24k in grant funded expenditure.

2.1.14 Other Staff Costs – overspend of £4k

Other staff costs are projected to overspend by £4k.

2.2 Accommodation Costs – underspend of £62k

Projected expenditure includes costs totalling £13k which were originally planned for 2018/19. The General Reserve balance includes funding from 2018/19 for this. This leaves a projected budget underspend of £75k.

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There is a projected underspend of £7k in rates due to receiving a refund of rates for the Dundee office this financial year. There are also projected underspends totalling £68k in unplanned repairs and maintenance, water rates, and services charges.

2.3 Administration Costs – overspend of £418k

Projected administration costs include £45k of expenditure for work planned to be delivered in 2018/19 but delayed until this financial year and is funded from the General Reserve balance. This leaves a projected budget overspend of £373k due to the following:

- Additional contractor development time has been sourced to support the digital transformation work. This has resulted in a projected overspend of £264k.
- Projected Business and Digital Transformation Programme expenditure includes an additional £45k for the cost of penetration testing, a gateway review, accessibility audit and a content design management service.
- The projected overspend of £42k in Telephone Costs is mainly due to telephony services provided to SSSC projected to continue until 31 March 2020 which is longer than planned. This is offset in full by a corresponding increase in Shared Service Income (see 2.6.4).
- Additional expenditure of £14k was required to support the migration to Office 365.
- Additional legal fees of £15k due to an ongoing court case.
- Additional costs of £12k for the design and delivery of indoor and outdoor setting guidance which is fully funded (See 2.6.3).
- Additional professional fees in Human Resources totalling £51k for ongoing legal cases (£26k) and job evaluation services (£25k).
- Other minor increases in projected expenditure totalling £4k.

2.3.1 These overspends totalling £447k are partially offset by a projected decrease in Improvement Team bought-in specialist advice of £56k and a projected reduction of £18k in printing, stationery and subscriptions expenditure.

2.4 Transport Costs – overspend of £51k

A projected overspend of £51k in travel and subsistence costs mainly relates to an increase in the Business and Digital Transformation Team costs. This is directly related to an increase in staff to support the development of the project.

2.5 Supplies & Services – overspend of £242k

Projected ICT expenditure includes £62k of costs which were originally planned for 2018/19 and that will now take place in 2019/20. This is intended to be funded from the General Reserve. This leaves a projected overspend of £180k as follows:

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- The telephone disengagement project to allow SSSC to have their own telephony network and the telephone support charges conclude this year. The projected cost of this is £81k and is offset by a projected increase in shared service income (2.6.4).
- An additional £22k to purchase headsets as part of the migration to a new cloud-based telephony service.
- Additional expenditure of £11k to replace laptops stolen from the supplier's holding site. The cost of this is being recovered from the supplier (see 2.6.6).
- A new contract has been awarded for storage and archiving services. The exit costs associated with this migration to the new supplier have been agreed at £74k. In addition to this, there is a projected increase of £10k in storage and archiving costs. Charges expected to decrease once all of the files stored are migrated to the new provider.

2.5.1 These projected overspends totalling £198k are partially offset by a projected decrease in furniture and equipment purchases of £10k and a projected underspend of £8k for hospitality and venue hire.

2.6 Income - £505k more than budgeted

Projected income is £505k more than budgeted with the main variances being explained in sections 2.6.1 to 2.6.6 below.

2.6.1 Income from Fees – Increase of £54k

Income from new services completing their registration by 31 March is projected to be £34k more than budgeted.

The actual mix and size of services registered with the Care Inspectorate for 2019/20 is not the same as when the budget was set. An additional £20k of continuation fee income is projected.

2.6.2 Grant in Aid Income – Increase of £1k

2.6.2.1 A sponsor Department rounding adjustment to the grant-in-aid has resulted in an increase in projected income of £1k.

2.6.2.2 As noted in section 1.1, Scottish Government has confirmed additional funding to support several additional programmes of work totalling £1.064m. The expenditure and income of these programmes are reflected in the revised budget. The projected financial position is a budget underspend of £199k in the delivery of these programmes.

2.6.3 Other Grant Income - £156k more than budgeted

An additional £156k of grant income is projected for the year as follows:

- TEC programme funding £67k.
- ELC Evaluation funding of £54k.
- Improvement Advisor grant funding of £23k.
- Funding of £12k for the design and delivery of indoor and outdoor setting guidance.

2.6.4 Shared Services Income - £102k more than budgeted

The telephone disengagement project and telephone support charges for SSSC concludes this year, with projected income of £116k expected. Additional ICT and procurement shared services totalling £5k have also been provided. These increases are partially offset by a reduction in income of £19k largely as a result of a rates revaluation of our Dundee offices resulting in a decreased charge, part of which is due to SSSC and OSCR.

2.6.5 Seconded Officer Income - £107k more than budgeted

Additional secondment income will be received as follows:

- A Service Manager seconded to East Lothian Council (£19k)
- The OD Lead for Involvement and Culture seconded to Perth and Kinross Council (£36k)
- An Inspector secondment to Scottish Government's Early Learning and Childcare Programme (£51k).
- Additional income for an Inspector who was on secondment to SSSC until June 2019 (£1k).

2.6.6 Miscellaneous Income - £85k more than budgeted

Additional income is expected due to:

- £25k being expected from the sale of redundant iPADS.
- Projected recovery of legal expenses totalling £20k following a court case concluding in the Care Inspectorate's favour.
- £11k for recharges to HIS for joint inspections.
- £4k for recharges to the Isle of Man for work undertaken.
- £11k charged to a supplier for the recovery costs of lost equipment.
- An additional £5k of income projected for procurement rebates.
- £9k of rates rebates received for Compass House, Dundee.

3.0 PROJECTIONS AT SIGNIFICANT RISK TO CHANGE

There are several areas in the budget noted below whereby there are financial uncertainties. The table below details the budget headings identified. EG members will regularly discuss these budget issues with their appropriate budget manager.

Budget Heading	Budget Issue	Potential Change to Projected Financial Positions	Responsible
Staff Costs – salaries & wages	Projected staff costs are based on staff in post and known changes. There is a risk of significant costs arising associated with resolving a potential grading issue.	+ or – +	All Executive Director of Corporate and Customer Services
Administration Costs – Telephones	A claim has been lodged with one of our telecoms providers to recover backdated charges for services which have been cancelled. The estimated value of income receivable is £40k.	–	Executive Director of Corporate and Customer Services
Administration Costs – Professional Fees	Projected professional fees are based on what we expect to complete by 31 March and contain very little contingency, particularly in respect of legal fees.	+	Executive Director of Corporate & Customer Services
Travel and Subsistence	The projected travel and subsistence costs are mainly based on historical information and assumes that claims	+ or -	All

4.0 CAPITAL

4.1 The capital plan monitoring statement is attached as Appendix 3.

4.2 The purpose of this statement is to allow monitoring of capital expenditure against authorised expenditure limits. There is no separate funding for capital expenditure which must be met from the revenue account. Any capital costs are included within the revenue monitoring statement.

4.3 It is therefore the revenue budget monitoring statement that remains key to monitoring the Care Inspectorate's financial position. Any underspend in capital expenditure will be used for revenue purposes or will be reported as an underspend on the revenue monitoring statement. An overspend against the capital plan will require to be funded by an underspend on the revenue account. It is anticipated that capital expenditure will be within the limits set out in the capital plan.

4.4

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

Sections 5.1 to 5.4 note the implications and direct benefits arising from this report.

5.1 Resources

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

5.1.1 The opening revenue element of the General Reserve balance is £1,455k. This exceeds the position when the budget was set by £452k. This was intended to fund the budgeted overspend of £224k, expenditure brought forward from 2018/19 of £163k and CAPA grant funded expenditure carried forward from 2018/19 of £50k.

5.1.2 Our funding strategy provides a target for a General Reserve balance of 1% to 1.5% of Gross Controlled Expenditure. Based on the revised budget this is a range of £367k to £551k. We are also building up equipment replacement funding within the General Reserve of £100k per annum. This is the first year of this approach. Therefore, our target range for the General Reserve is £467k to £651k. The current projected net expenditure will mean an uncommitted general reserve balance of £1.245m (3.39% of Gross Controlled Expenditure). This is £878k more than the lower end of the range and can be used to partially alleviate some 2020/21 budget pressures.

5.1.3 The projected impact on the general reserve is as follows:

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	2019/20 Budgeted Position	Projected/Actual Position	Variance
	£000	£000	£000
Opening general reserve balance	1,003	1,455	452
Draw on general reserve:			
Revised budget (over)/under spend	(224)	196	420
To fund 2018/19 b/fwd spend		(163)	(163)
To fund CAPA programme		(36)	(36)
Total (over)/underspend	(224)	(3)	(221)
Transfer to reserves for ICT Equipment Replacement		100	
Projected general reserve balance at 31/03/2020		1,552	
Minimum target General Reserve (1% of gross controlled expenditure)		(367)	
ICT Equipment Replacement		(100)	
Prepaid grant programme funding required		(207)	
Minimum General Reserve balance required		674	
General reserve balance available to support 20/21 budget pressures		878	

5.2 Sustainability

There are no direct sustainability implications arising from this report.

5.3 People Who Experience Care

Formal processes for the accurate recording, reporting and effective managerial control of its funds ensure that the resources available are directed in accordance with corporate plans and objectives, with the aim of bringing benefits to people who experience care.

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Report No: B-06-2020**5.4 Customers**

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

6.0 CONCLUSIONS/NEXT STEPS

The projected financial position assumes all of the additional grant awarded this year will be drawn down in full. However, a combination of receiving notification of the additional grant part way through the financial year, and difficulty in recruiting to scrutiny and assurance roles, means the additional programmes of work will not be fully delivered this year. The projected grant underspend will be carried forward to 2020/21 in the General Reserve.

- 6.1** The Executive Group will respond to changes in the financial position and engage with the Sponsor Department to ensure funding is used to the best possible effect.

Movement In Projected Financial Position from the Position Previously Reported to Board

Budget Area	Increase/ (Decrease) £000	Main Reasons
Staff costs	(731)	<p>Projected staff costs to deliver the grant funded programmes has decreased by £21k. This is mainly related to projected training and development expenditure not being required this financial year.</p> <p>The previous pay award projection included provision for the award of a non-consolidated 1% payment across all grades. The agreed position was that this non-consolidated payment was applied to grade 7 and above. This has reduced the projection by £108k.</p> <p>Staff cost slippage is projected to increase by £602k. Of this, £427k relates to Scrutiny and Assurance. This is mainly due to the number of appointments made to vacant posts being significantly less than projected.</p>
Accommodation costs	(69)	Projected expenditure on unplanned repairs and maintenance, water rates, and services charges are £69k less than previously projected.
Administration costs	52	This is due to a projected increase in professional fees to support the Business and Digital Transformation Programme.
Travel and Subsistence	10	A projected increase of £10k in travel and subsistence expenditure relates to an increase in the Business and Digital Transformation Team costs. This is directly related to an increase in staff to support the development of the project.
Supplies and Services	9	<p>A new telephony system is being procured which provides the option for staff to have headsets. Projected ICT costs have increased by £22k as a result of this.</p> <p>This is partially offset by a projected reduction of £10k on furniture and equipment purchases and £3k in hospitality and venue hire costs.</p>

Budget Area	Increase/ (Decrease) £000	Main Reasons
Fee income	(54)	Income from new services completing their registration by 31 March 2020 is projected to be £34k more than budget. There is also an increase in continuation fee income of £20k projected. This is due to a change in the size and mix of services registered from when the budget was set.
Other income	4	<p>Income from shared services is projected to be £14k less than previously projected. This is mainly due to a rates refund for our Dundee offices being received, reducing the income from rates recharged to SSSC and OSCR for this financial year.</p> <p>A projected increase of £10k in other income relates to the Care Inspectorate's share of the rates refund noted above.</p>
Total	(779)	

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

COST CENTRE=CIORGI (CI- Organisation)

	Approved Budget £'000	Budget Virement £'000	Revised Budget £'000	Actual & Commitments £'000	Projected Income/Expenditure £'000	Projected Annual Variance £'000
Staff Costs						
Board Members	105.0	0.0	105.0	67.4	95.0	(10.0)
Chief Officers	506.7	0.0	506.7	423.5	511.1	4.3
Senior Managers	1,692.6	40.5	1,733.1	1,440.5	1,763.3	30.2
Admin & Professional Specialists	6,897.2	205.0	7,102.2	5,508.9	6,613.0	(489.2)
Team Managers	312.5	82.2	394.7	349.2	477.1	82.4
Senior Inspectors	1,519.6	109.0	1,628.6	1,368.1	1,660.9	32.4
Inspectors	1,281.3	27.0	1,308.3	1,041.3	1,199.2	(109.1)
Practitioner Inspectors	13,192.3	171.0	13,363.3	11,004.9	13,300.6	(62.7)
Grant Funded Posts	232.6	59.0	291.6	71.7	90.7	(200.8)
Strategic Inspectors	412.6	0.0	412.6	328.7	434.6	22.1
Locums	2,169.4	236.0	2,405.4	1,755.4	2,123.1	(282.3)
Displaced Staff	0.0	0.0	0.0	66.6	70.7	70.7
Other Pay	113.2	0.0	113.2	97.7	117.3	4.1
Apprentice Levy	0.0	0.0	0.0	0.3	0.0	0.0
Total Payroll Costs	28,534.9	929.7	29,464.6	23,604.4	28,556.6	(908.0)
Secondees	0.0	31.8	31.8	18.9	51.8	20.0
Hired Agency Staff	226.0	(48.0)	178.0	752.3	677.0	499.0
Training & Development	516.0	54.0	570.0	517.5	589.0	19.0
Other Staff Costs	90.0	0.5	90.5	102.4	94.5	4.0
Total Staff Costs	29,366.9	968.0	30,334.8	24,995.6	29,968.9	(366.0)
Accommodation Costs						
Rent	822.1	33.0	855.1	849.8	855.1	0.0
Rates	426.4	(5.9)	420.5	403.9	414.0	(6.5)
Other Running Costs	1,196.2	(77.9)	1,118.3	966.7	1,062.8	(55.5)
Total Accommodation Costs	2,444.7	(50.8)	2,393.9	2,220.5	2,331.9	(62.0)
Administration Costs						
Printing & Stationery	164.8	22.8	187.6	146.6	174.0	(13.6)
Postages	110.0	0.0	110.0	102.8	110.0	0.0
Telephone Costs	375.0	(72.0)	303.0	296.2	345.0	42.0
Advertising & Publicity - General	7.3	0.0	7.3	4.6	5.0	(2.3)
Advertising & Publicity - Conferences	52.0	0.0	52.0	21.8	65.0	13.0
Subscriptions & Publications	25.5	4.5	30.0	36.2	33.0	3.0
Professional Fees	818.5	12.3	830.8	1,014.9	1,206.8	376.0
Other Administrative Costs	56.8	5.2	62.0	48.1	62.0	0.0
Total Administration costs	1,609.9	(27.2)	1,582.7	1,671.1	2,000.8	418.1
Transport Costs						
Travel & Subsistence Costs	1,522.2	51.9	1,574.1	1,265.8	1,625.0	50.9
Supplies & Services						
Furniture & Equipment	92.0	45.6	137.6	110.1	127.6	(10.0)
ICT Costs	1,404.3	114.1	1,518.4	1,463.6	1,694.1	175.7
Other Supplies & Services	186.7	28.2	214.9	268.6	291.5	76.6
Total Supplies and Services	1,683.0	187.9	1,870.9	1,842.2	2,113.2	242.3
Gross Expenditure	36,626.7	1,129.8	37,756.4	31,995.2	38,039.8	283.4
Income						
Continuation Fees	(11,350.0)	0.0	(11,350.0)	(9,750.0)	(11,370.0)	(20.0)
Registration Fees	(500.0)	(66.0)	(566.0)	(791.7)	(600.0)	(34.0)
Grants - Grant in Aid	(23,008.0)	(1,063.8)	(24,071.8)	(16,913.0)	(24,072.8)	(1.0)
Grants - Specific other	(498.7)	0.0	(498.7)	(632.0)	(654.7)	(156.0)
Shared Services	(871.4)	0.0	(871.4)	(922.6)	(973.0)	(101.6)
Lease Income	(88.4)	0.0	(88.4)	(44.2)	(88.4)	0.0
Seconded Officer	(74.3)	0.0	(74.3)	(114.3)	(181.5)	(107.2)
Miscellaneous	(11.8)	0.0	(11.8)	(47.3)	(96.6)	(84.8)
Total Income	(36,402.6)	(1,129.8)	(37,532.4)	(29,215.2)	(38,036.9)	(504.6)
Net Revenue Expenditure	224.1	0.0	224.1	2,780.0	2.9	(221.2)

CARE INSPECTORATE

Capital Monitoring Statement for the Period to 31 January 2020

	Approved Capital Expenditure Limit 2019/20 £000	Actual & Committed Expenditure at 31/01/20 £000
Capital Allowances:		
ICT Equipment	100	0
Estates Strategy development	300	0
Total Allowances	400	0
Total Capital Expenditure	400	0



Title:	Shared Services Update
Author:	Gordon Weir, Executive Director of Corporate and Customer Services
Appendices:	None
Consultation:	
Resource Implications:	No

EXECUTIVE SUMMARY

This report provides the Board with an update on progress and to confirm the implementation date.

The Board is invited to:

- Note the update and the implementation date.

Links:	Corporate Plan Outcome/Principle	P1 P4 P5 P6	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N
For Noting		For Discussion		For Assurance		For Decision

If the report is marked **Private/Confidential** please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

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

Disclosure after: N/A

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Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

SHARED SERVICES UPDATE

1.0 INTRODUCTION

- 1.1 A joint meeting was held on 20 January 2020 between the Care Inspectorate Board and the SSSC Council to discuss the shared services between the two organisations.

An implementation date for the new operations and governance sign-off of 1 July 2020 was agreed.

- 1.2 This report provides a brief update on the work in progress to develop the shared services arrangements.

2.0 UPDATE

- 2.1 The CIPFA consultants had produced a draft implementation plan targeting 1 July 2020 as the start date as noted above. As noted at the joint Board/Council meeting, there are a number of the workstreams that are resource intensive and represent unplanned work at a time which is already heavily committed by the shared service staff who are leading on the developments.

- 2.2 This situation was compounded by a significant Care Inspectorate budget issue that required additional involvement by the newly designated Head of Shared Services. Once fully up and running, this role will utilise between 10% and 20% of the postholder's time. The remaining balance will be taken up by the postholder's role as the Care Inspectorate's Head of Finance & Corporate Governance.

- 2.3 There are three workstreams that represent the core governance elements that are required to enable the new regime to get up and running.

These are:

- preparing and signing the off the management agreement – complete.
- developing the service specification - underway
- developing the performance framework - underway

- 2.4 Having reviewed the remaining work to be completed, the Head of Shared Service is still targeting a 1 July 2020 commencement date. By this time, the service specification work and performance framework will have been concluded.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

There are no resource implications arising from this update report. The cost of the shared services arrangements has been built into the SSSC 2020-21 budget.

3.2 Sustainability

None.

3.3 Policy

None.

3.4 People Who Experience Care

The effective functioning of the organisation enables us to fulfil our statutory function to protect and embrace the safety and wellbeing of people who experience care.

3.5 Customers (Internal and/or External)

All support services, including shared services, aim to be customer focussed.

4.0 CONCLUSIONS/NEXT STEPS

Satisfactory progress is being made with the preparations for the new shared services arrangements.

Covering Note to the Board in respect of Audit Committee business arising from meeting held on 5 March 2019

Recommendation requiring approval or action by the Board	
Minute no.	Subject (in brief)
	None

The Board may also wish to note the Committee's discussion of the following matters of potential significance or special interest	
Minute no.	Subject (in brief)
12.0	Digital Development Programme Update
17.0	



Title:	Digital Programme Update		
Author:	Gordon Weir, Executive Director of Corporate & Customer Services		
Appendices:	1.	Digital First – Public Beta Assessment Approval Letter	
	2.	Financial Position Summary	
Consultation:	n/a		
Resource Implications:	Yes		

EXECUTIVE SUMMARY

This report provides the Board with an update on recent developments of the Digital Programme including external assurance approval received from Digital First. The report discusses the programme finances and overall progress and advises of a strategic review and further proposed measures to strengthen programme governance and ensure successful delivery of the programme benefits.

The Board is invited to:

1. Discuss the information contained in the report
2. Approve the creation of a temporary post of Director of Transformation and ICT (subject to confirmation of funding)

Links:	Corporate Plan Outcome Key principles 1-7		Risk Register – Y/N	Y	Equality Impact Assessment - Y/N	N
For Noting		For Discussion	X	For Assurance		For Decision

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:

(see Reasons for Exclusion)

Disclosure after:

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Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

DIGITAL PROGRAMME UPDATE

1.0 INTRODUCTION

1.1 Background

This report updates the Board on developments on the Digital Programme. The scope and aspirations of the Digital Programme were set out in a full business case that was initially developed in 2016/17. It covers the development of software applications or “Apps” for our core business processes:

- Complaints
- Registration: Phase 1 (the external facing application form)
Registration: Phase 2 (developing the app to support our internal registration business processes)
- Inspection
- Enforcement

1.2 Purpose

This report and its appendices provides an overview and analysis of the original scope of the programme, the achievements to date, a financial analysis, an update on the benefits realised and an update on the current position on meeting the requirements and recommendations of the external assurance assessments, including our recent Digital First review.

2.0 PROGRAMME DEVELOPMENTS

2.1 Programme Board

A Programme Board was established to provide governance oversight to the Digital Programme and it continues to meet regularly. At its February 2020 meeting, the Programme Board considered a detailed update report which included a financial analysis, a review of the significant programme risks, information on the positive user feedback that has been received, updates on specific software developments to improve functionality (e.g. postcode lookup and the ability to email from within the Complaints app) and a detailed update on staff resources and the key planning milestones.

The Chief Executive has initiated a strategic review of the Digital Programme to develop options for the next phase of developments.

A key recommendation of the 2019 Gateway review was that the business case should be kept under regular review. The business case has been reviewed once already and a further update will be required in line with the Chief Executive’s review. This will be circulated to members at the earliest opportunity.

2.2 The Complaints App

The complaints app initially went live in March 2019. End to end functionality went live in August 2019 and work is continuing on improving the complaints app, with some increased functionality on track to being delivered by the end of March 2020. This will give the users the ability to email within the app rather than coming back to their own business email accounts. This will give greater traceability of all communications relating to a complaint.

2.3 Registration Phase 1

After a very intense period of development and testing of our Registration Phase 1 App, the Care Inspectorate digital team worked directly with the external Digital First assurance team as part of their Public Beta Delivery Assurance process. We were delighted to have received approval for our Registration Phase 1 (our digitised registration form) to proceed to "Public Beta" in January 2020. Public Beta means that the App is live and available for anyone to use but may still need some development.

The App went live on the 28th January 2020 and as at 21 February 2020, there were a total of 116 applications started on our Registration portal. The general feedback from users has been very positive.

2.4 Registration Phase 2

The team have now started scoping & designing Registration Phase 2. This phase will give us an "end to end" Registration Process i.e. it covers our internal processes too. The digital team are working very closely with inspection, business support and other colleagues to ensure there remains a very tight alignment on expectations around scope & design.

3.0 EXTERNAL ASSURANCE ASSESSMENTS

As noted above, we received Digital First approval for our Registration Phase 1 app in late January 2020. The Digital First Assessment Report was received in mid-December 2019. The report identified a number of areas where action or further evidence was required before we could go live. The required work was carried out and supporting evidence was provided within a short period and the letter confirming that Digital First were content that the required actions had been met was received in mid-January 2020. This has been attached as Appendix 1.

We continue to work with Digital First team around future assessments and we are also engaged with the Gateway team to undertake another Gateway assessment in March 2020, with a focus being around the topics of governance and communication. A verbal update on the results of this review will be provided at the March 2020 Board meeting.

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We also seek external assurance about how we support the needs of users with specific access requirements, disabilities or impairments. This is done through external specialist consultancy services who identify accessibility issues, inform us of the impact and advise as to the priority of fixing any issues identified. This is a comprehensive audit process involving a rigorous series of manual checks in conjunction with automated validation tools. Additionally, each page is assessed using assistive technology, such as a screenreader, in order to evaluate how well the site caters to users with specific access needs.

This audit work is reviewed as part of the Digital First process.

4.0 PROGRAMME FINANCES

The budget position for business transformation and the ICT modernisation is managed within the core Care Inspectorate budget monitoring process. The original programme total costs were estimated at £4.988m over the 4 years to 2020/21.

The latest estimates as at January 2020 are for costs of £5.335m i.e. £347k more than originally anticipated. As the Care Inspectorate did not receive all of the funding it requested (£2.3m compared to our request of £3.2m), additional funds have been allocated from within existing budgets. We are seeking £700k of additional funding from Scottish Government for 2020-21 to support the transformation programme. There will be a significant impact on the 2020-21 budget if we do not receive this additional funding for example, we may be required to utilise the majority of our free reserves to fund this work.

The Programme Board considered a paper summarising the financial position at its February 2020 meeting. An updated paper has been included as Appendix 2 for the Committee's information. It sets out the background to the original business case including the anticipated financial benefits and provides an update on the current position (as at 31 January 2020).

The Board has established a member-officer working group to review and guide the development of the Care Inspectorate budget. It last met on 5 March 2020 and the financial implications of the digital programme were fully discussed and reviewed.

5.0 NEXT STEPS: STRATEGIC REVIEW OF THE DIGITAL PROGRAMME

5.1 Strategic Review

As reported at the March 2020 Audit & Risk Committee, the Head of Transformation is reviewing the resource plans and it is no longer anticipated that a complete scrutiny and improvement system will be available within the revised timetable and planned 2020-21 resources.

The current phase of developments is planned to conclude in December 2020 with the completion of Phase 2 of the Registration App and the Register. The original business case had anticipated that the Enforcement and Complain

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Apps would also be concluded by this time. As noted above, this will not be possible.

In light of this and the associated financial position, the Chief Executive has initiated a strategic review of the Digital Programme.

5.2 Options

The remaining elements of the digital programme are to cover our enforcement and inspection activity. These are at opposite ends of the scale of complexity and volume – this therefore presents a different set of potential options for each of the areas.

Enforcement activity: whilst from a public protection viewpoint enforcement is clearly a critical area of the Care Inspectorate's functions, it has relatively low volumes and well-defined processes. We are therefore currently exploring the option of a small-scale development to capture the basic enforcement activity requirements.

Inspection activity: this is a high volume and complex area of activity. It is linked to our improvement regime as well as our aspirations to become more intelligence-led and is at the heart of our ability to develop and implement our business model, that is itself central to the new corporate plan.

The Chief Executive's strategic review has recommended that we draw the current phase of the programme to an end with the conclusion of the Registration Phase 2 App (December 2020). As part of this phase we will also evaluate whether the Enforcement App can be concluded too.

5.3 Conclusions and Next Steps

5.3.1 Board Oversight

The Chair and the Convener of the Audit & Risk Committee have discussed and agreed that a Sub-Committee will be established to oversee the Programme. This action will be taken forward by the Chair.

5.3.2 Outline Business case for Future Developments

We are at the initial stages of planning for a new phase of the Programme to cover our inspection and intelligence requirements. Much has changed since the original business case was developed in 2017 and we are currently seeking consultancy support to assist with produce an initial Outline Business Case that can be presented to the Board and key stakeholders with the option of providing further input for a full business case to be developed.

One of the significant differences between now and 2017, when the original business case was drafted is that we now have a new Business Model as part of the Corporate Plan. As a consequence, one of the risks of proceeding without

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pausing and taking stock of the situation is that we could end up having to re-do a lot of this work. Also, our understanding of the potential to become truly intelligence-led and our knowledge of collaborative opportunities available to us has broadened significantly and therefore it is prudent to re-evaluate what we are trying to achieve.

Whilst there are good reasons for a strategic review, it is important that we do not lose momentum in the programme. For example, one of the original objectives of the 2017 business case was to stop using our legacy systems, the Practice Management System (PMS) and the Regulatory Management System (RMS). Continued use of these outdated systems carries critical strategic and operational risks, with PMS in particular being vulnerable from a failure recovery point of view.

Implementing Registration Phase 2 will enable us to disengage the majority of functions from PMS. Looking forward, it has become apparent that there is a complex set of inter-reliances between other systems and the the RMS system and the development of a new business case would enable this to be fully understood. Were we just to proceed with the originally planned Apps, we may still not have been in the position to decommission RMS.

5.3.3 Increased Capacity in Transformation Leadership

Also, under consideration is the potential to increase our capacity to deliver the required leadership for the transformation programme. The resourcing plan for this requires to be developed. At the time of drafting this report, our budget is still in the process of being finalised and there are ongoing discussions with our Sponsor.

The Chief Executive has decided to create a two year fixed term Director of Transformation, Digital and ICT post to take this work forward. It is envisaged that the post will create the required change and transformation capacity required for our new corporate plan and business operating model. Work is underway to identify the required funding for the fixed term post before moving to recruitment.

6.0 OTHER IMPLICATIONS AND/OR DIRECT BENEFITS**6.1 People Who Experience Care**

By investing in our ICT and digital capabilities, staff will be well equipped to deliver our outcomes for people experiencing care in Scotland.

6.2 Customers (Internal and/or External)

Modernising our ICT and digital capabilities will have a positive impact on both the internal and external customer experience.

Internal Audit and Assurance
Digital Assurance Office



T: 0131 244 6211
E: Linda.Herbert@gov.scot

Gordon Mackie
Head of Transformation
Care Inspectorate

16 January 2020

Dear Gordon

**TECHNOLOGY ASSURANCE – CARE INSPECTORATE – REGISTRATIONS SERVICE -
DIGITAL FIRST BETA ASSESSMENT – FOLLOW UP**

As you know, the Digital First Beta assessment for the Registrations service which took place on 6 December concluded that, at the time, the service was not ready to move into the Public Beta phase. The Assessment Team made a number of essential recommendations which had to be addressed before progressing into Public Beta. These were:

Usable and Accessible

- The Service Team must conduct further usability testing with key user groups including childminders, disabled people and those with low digital skills.

Consistent User Experience

- The Service Team must produce a content strategy that covers the governance of the form content and the overall user journey.

Continuous Improvement

- The Service Team must gain formal commitment at Executive Team level that the service will continue to evolve.

Business Continuity

- The Service Team must produce a single, concise disaster recovery plan. This plan must be current, business approved and have been tested.
- The Service Team must produce business approved test plans. Critical criteria within these plans must be tested and proven successful.

Technology Appraisal

- The Service Team must produce an overarching solution design document.
- The Service Team must document the details of what and how elements of continuous deployment and testing are achieved.
- The Service Team must document support arrangements for the solution.

Information Governance

- The Service Team must document its approach to security and risk management.

Data Hosting and Data Centres

- The Service Team must document the physical and logical infrastructure design.

Operational Acceptance

- The Service Team must provide details of the environments used within the service.
- The Service Team must confirm how any pre-production environments replicate the live environment in a way that best ensures successful release promotion.
- The Service Team must demonstrate successful operation of the service on devices and browsers as articulated in the Non-Functional Requirements.

Thank you for providing the evidence in support of the above recommendations, which has been reviewed and I endorse the Assessment Team's view that the service can now progress into Public Beta.

I would like to thank you and the team again for supporting the process and I wish you well for the next phase. If you have any queries that either myself or Clare Adams can help with please do get in touch.

Yours sincerely

Linda Herbert
Acting Head of the Digital Assurance Office

BUSINESS AND DIGITAL TRANSFORMATION

Financial Position Summary

Original Business Case

A business case was submitted to the Scottish Government in July 2017 to address “the serious, imminent risk to the delivery of existing services, as the underlying technology of the Care Inspectorate’s current systems is no longer supported and is at risk of catastrophic failure – there is no ‘do nothing’ option”. In addition, the position at the time was the CI’s current systems lacked technical capacity and flexibility and this “significantly restricts our ability to deliver world class approaches to risk based, intelligence led scrutiny and improvement and meet the diverse needs of all our stakeholders”.

The business case set out a cost of £4.988m over 30-month period beginning in October 2017 through to 31 March 2020. The business case requested additional funding of £3.218m with the balance of £1.770m being delivered by re-deploying existing CI resources. This was phased as follows:

	2017/18	2018/19	2019/20	2020/21	Total
	£m	£m	£m	£m	£m
Requested additional funding	1.344	0.928	0.946		3.218
CI re-deployed resources	0.394	0.590	0.590	0.196	1.770
	1.738	1.518	1.536	0.196	4.988

The anticipated financial benefits set out in this business case were:

	Time / Cash Releasing Annual Saving £000	
Complaints Inspector efficiencies	29	5% Inspector time efficiency
Registration Inspector efficiencies	26	5% Inspector time efficiency
Inspection Inspector efficiencies	424	10% Inspector time efficiency on inspection preparation and report writing
Intelligence Team efficiencies	33	better system reporting and less data validation
Business Support efficiencies	39	Less work arounds
Staff cost savings	551	

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ICT / Digital cost savings	331 PMS/RMS infrastructure and support no longer needed and efficiencies from sharing NES TURAS digital platform
Total Savings set out in business case	882

At the conclusion of the programme it was expected that all our main regulated care scrutiny and improvement activities (Registration, Inspection, Complaints and Enforcement) would be delivered by new applications and we would be significantly better placed to deliver intelligence led scrutiny and improvement. We would also have no reliance on our legacy systems PMS and RMS which would be archived.

SG Response to Business Case

The SG responded to the business case in December 2017 and provided authorisation for the programme to go ahead but did not agree to the additional £3.218m. Instead the SG authorised funding of £2.300m for the programme (£0.918m less than requested). We subsequently were told that when the business case was being considered our Annual Accounts were referred to and our general reserve balance was considered to be too high and that the CI should be able to fund more of the programme by drawing on general reserves. This must have been a cursory review of the accounts as the higher than usual general reserve balance was explained as being due to Care About Physical Activity (CAPA) funding of £0.914m paid to the CI in 2016/17 but to be used to fund the project into 2018/19. The CI had also built up reserves of £0.474m (with Sponsor agreement) to fund a staff restructure and property rationalisation.

The SG added a further condition to the funding that the £2.300m needed to be repaid from the anticipated efficiency savings in 4 annual instalments of £0.575m commencing in 2021/22. This would be achieved by reducing out grant in aid allocation for the four years. It was decided that due to the perilous position with our main scrutiny and improvement systems that we needed to progress the programme reducing cost where possible and re-deploying further existing resources. The programme commenced in February 2018 and was anticipated to run for 30 months as originally intended and conclude July 2020. This would be phased as follows:

	2017/18	2018/19	2019/20	2020/21	Total
	£m	£m	£m	£m	£m
Approved additional funding	0.300	1.020	0.739	0.241	2.300
CI re-deployed resources	0.444	0.798	0.797	0.649	2.688
	0.744	1.818	1.536	0.890	4.988

Compared to original business case:

Additional CI resources	0.050	0.208	0.207	0.453	0.918
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Current Position as at 31 January 2020

Progress has not been as swift as originally anticipated with a complaint's application and an on-line application form delivered to date. This represents a significant achievement as delivering these applications has been much more complex and challenging than was originally anticipated. In addition, the effort required in maintaining an application after it has gone "live" was not fully considered at the outset.

It has been established the programme must continue beyond July in order to deliver the full functionality of the Complaints and Registrations applications. The costs below assume work will continue into December 2020 to allow for delivery of the full registration application and register in October 2020 and the subsequent intensive post go "live" support for all the fully functioning applications.

The position with delivering Inspection and Enforcement functionality is currently being reviewed.

Actual & Projected Programme Costs as at 31 January 2020:

	2017/18	2018/19	2019/20	2020/21	Total
	£m	£m	£m	£m	£m
Approved additional funding	0.143	0.827	1.089	0.241	2.300
CI re-deployed resources	0.010	0.913	0.897	1.215	3.035
	0.153	1.740	1.986	1.456	5.335

Compared to approved funding position:

Additional CI resources	(0.434)	0.115	0.100	0.566	0.347
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The overall programme costs (and the CI contribution to these costs) are projected to be £0.347m more than anticipated at the outset. The balance of expenditure has moved much more towards 2020/21 where our financial position has tightened considerably. We are seeking additional funding of £700k from Scottish Government for 2020/21 to support the transformation programme.

The programme, as currently resourced, will not deliver inspection or enforcement functionality as originally intended because of the time and resources that have been dedicated to this point to implement the Complaints and Registration functions. This also has a knock-on effect to the cash and time releasing savings the programme is intended to deliver. Our intelligence capability will also not be significantly enhanced. The possibilities for intelligence have changed significantly since the original business case was submitted and in turn our ambition for our intelligence capability and capacity has also increased significantly. We are currently reviewing the position and generating options and identifying costs for taking the remainder of the transformation programme forward.

There was initial success in reducing costs mainly through employing more staff on temporary contracts as opposed to contractor day rates than was originally envisaged. The Chief Executive commissioned a Gateway Review and we are also involved in the Scottish Government Digital First Assessment process. Although this review and assessments have proved useful and have indicated additional resource requirement to assist with the

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delivery, they have added back cost and created delay in the transformation programme. These costs are summarised in the table below:

Gateway Zero / Digital First Assessment and Associated Additional Expenditure	2019/20	2020/21	Total
	£m	£m	£m
Accessibility Audit	0.009		0.009
Data Migration Audit	0.018		0.018
Data Migration Specialist Support	0.099		0.099
Head of Transformation	0.122	0.099	0.221
System Architect	0.053	0.080	0.133
Content Design	0.004	0.007	0.011
	<hr/>		
	0.305	0.186	0.491

In terms of anticipated savings and efficiencies the position has changed as follows:

- Following a review of the business support processes that support scrutiny and improvement activity, significantly more savings are anticipated from business support.
- The 5% efficiency anticipated for registration and complaints still looks achievable, but this needs to be set against a rising volume of activity (particularly for complaints). Time analysis for complaints activity on the new application is about to commence and this will be compared to time recording information already collected for complaints progressed on PMS. This will help define the efficiency cost reduction to be gained.
- The activity profile of an Inspector undertaking regulated care inspections has changed significantly since the original case was submitted. A new business model is being developed and it is not yet clear how scrutiny and improvement interventions will be supported digitally. It is not clear at this point what overall savings / efficiencies can be delivered through the new business model and the digital systems to support this.
- The new digital applications and particularly the new register is expected to provide efficiencies for intelligence analysts but as intelligence is an area we are keen to invest in this will be a time releasing not a cash saving.
- PMS is required to operate until the new register and registration process is “live” with the proviso that enforcements will need to be progressed outwith PMS. RMS is currently used for inspection activity and the timescale for this moving to a new application is not clear at this point. PMS and RMS will therefore need infrastructure, support, maintenance and essential development

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until such time as activity transfers to the new applications / systems. The use of NES's TURAS platform was also a factor in the originally anticipated ICT savings but these will not be realised now.

The Care Inspectorate is closely considering the requirements of the ICT service to support these systems and the new applications for Complaints and Registrations going forward. A transition plan is being developed in relation to PMS and RMS with the intended stance that PMS is decommissioned and that elements of RMS are transferred to the new systems. This will help mitigate some of the risks associated with the old systems that were an initial trigger for this programme.

The following table considers the anticipated benefits realisation in terms of projected efficiencies at this point in the programme compared to those planned in the original business case. It notes that benefits are less than planned due to the factors outlined at the beginning of this report related to complexity and the resource slippage.

	Original Business Case £m	Current Position £m	Variance £m	Comment
Complaints Inspector	29	29	0	Due to increased volume time releasing only
Registration Inspector	26	26	0	Possible cash release assuming ELC expansion is fully funded
Inspection Inspector	424	0	424	Inspection efficiencies not clear at this point (timing and value)
Intelligence Team	33	33	0	Investing in intelligence, so time releasing only
Business Support (overall)	39		39	
Business Support complaints		91	(91)	full year cash releasing from 1 April 2020
Business Support registration		125	(125)	Assuming part year from 1 November 2020; full year 1 April 2021
Business Support inspection			0	Inspection efficiencies not clear at this point (timing and value)
Staff cost savings	551	304	247	
ICT / Digital cost savings	331	110	221	Savings are dependent on PMS / RMS being archived
Total Anticipated Savings	882	414	468	



Title:	Transformation Programme (Phase 2)
Author:	Peter Macleod, Chief Executive
Appendices:	None
Consultation:	
Resource Implications:	Yes – see resources section

EXECUTIVE SUMMARY

This report provides the Board with information about steps that have been taken towards the implementation of our new business operating model – transformation programme (Phase 2).

The report notes the completion of the transformation programme (Phase 1) and the internal and external strategic review.

It describes the steps that have been taken to define and put in place the structures required for scoping the transformation programme (Phase 2). This programme is proposed to be in two stages, the first stage ending in 2022, in line with our corporate plan, with a further next stage ending in 2025.

There are several actions which have taken place and they are identified in section 4.0 of this report. These actions include working with an external consultant to help to gain clarity on the programme management and governance required.

Section 6.0 in this report provides information on what is seen as the immediate next steps for this work. These include staff engagement, Board oversight for this work, establishing a programme lead and programme working group and importantly ensuring there is a change management and communications strategy in place right from the start of this next phase of transformation.

The Board is invited to:

- | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Note the steps that have been taken towards planning for the implementation of the business operating model - transformation programme (Phase 2) |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------|

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

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Report No: B-09-2020

If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:

<i>(see Reasons for Exclusion)</i>

Disclosure after:

Reasons for Exclusion	
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a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

BUSINESS OPERATING MODEL – TRANSFORMATION PROGRAMME (PHASE 2)**1.0 INTRODUCTION**

Our corporate plan 2019 -22 sets out a bold, ambitious and exciting vision for the next few years for the organisation. It clearly articulates our agenda and the way we plan to engage across Scotland to deliver on this important plan. At the core of our Corporate Plan is outcomes for people, based on high quality care that respects rights, is person led, provides choice and supports people to realise their potential and their ambitions.

Our ambition will be achieved through working collaboratively with partnerships, providers, services, local communities and through locality-based approaches and supporting the integration of health and social care. Our ability, through the work we do, to identify good and innovative practice, puts the Care Inspectorate in a position to proactively share, spread and promote improvement in care quality across local partnerships, nationally and internationally.

In order to realise our ambition we require to modernise the way we do our business. A new business model has been developed for the Care Inspectorate which is introduced in our corporate plan. It describes an organisation which is much more collaborative, proactive in shaping and influencing policy, and importantly, one which has a targeted and proportionate approach to scrutiny, assurance and improvement support that is based on risk. Implementing this new business model, and modernising what we do, enables us to be more flexible and responsive to changing models of care, develop our preventative and early intervention role and be able to better address national policy priorities.

2.0 TRANSFORMATION PROGRAMME (PHASE 1)

The current transformation programme (Phase 1) will conclude towards the end of 2020 when the second stage of the work on our registration app will be complete. It is no longer anticipated that a complete scrutiny and improvement support system will be developed through this transformation programme (phase 1). Considering this, and the need to develop the new business operating model, a strategic review has taken place which has included external and internal scrutiny of the current programme and a report will be provided to the Board in March 2020 which this report directly links with.

3.0 BUSINESS OPERATING MODEL – TRANSFORMATION PROGRAMME (PHASE 2)

The new business model which has been developed requires us to be an organisation that is intelligence led, using the evidence we gather and other information, to target our scrutiny, assurance and improvement support activities to the areas of greatest need. Scrutiny, assurance and improvement support will become a continuum where, through the diagnostic of scrutiny, and the

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intelligence we gather, the most appropriate intervention will be identified and delivered. We will promote high quality, evidence based, self-evaluation aimed at

improvement and support providers and local partnerships to be enabled to do this. Through this model we will work in a different way. We will use our resources more effectively, while maintaining our independence as a national scrutiny body, providing public protection and assurance, and driving up the quality of care. The next stage is to develop our business operating model which will require a further transformation programme which we will call Phase 2.

- 3.1** In order to operationalise our new business model we propose to scope out a transformation programme (Phase 2). Phase 2 will be a significant period of organisational and business change. The scoping stage will provide more clarity on the priorities and work required however the aim would be for the initial stage of phase 2 to be completed by 2022, the lifetime of our current corporate plan. A further three years of transformation is anticipated and to be completed by 2025 and would be outlined in our corporate plan 2022 – 25. Strategic reviews will be built into the programme planning in order to take stock at key milestones making every attempt to ensure the programme meets its aims, within timescales and financial framework.
- 3.2** The transformation programme will require to be fully scoped and a detailed road map developed. Key priorities will be identified for the programme along with a financial framework. This work will also require a change management strategy to support the anticipated changes that will impact our workforce. An internal, short life working group will be established to scope out and develop a draft transformation programme (Phase 2) and road map. An identified programme lead will be appointed to do this work and lead the working group. We anticipate this initial scoping work to be done within a period of 3 – 4 months.
- 3.3** This further transformation programme will include greatly developing our intelligence capacity. Alongside that we will review our organisational structure to ensure that the form follows function in a way that delivers on our new business model over the next number of years and importantly takes into consideration our available resources in a time of financial constraint. This will also align with the work around care service definitions and fee structure.

4.0 PROGRESS TO DATE

Several actions have already taken place as follows:

1. Working with an external consultant, the Chief Executive and Executive Directors have defined the structure and processes required to scope out the transformation programme and key priorities.
2. A Business Vision Group comprised of the Chief Executive, Executive Directors and the Head of Transformation has been established to put the

structure, governance and reporting mechanisms in place to enable the scoping phase to begin.

3. The Business Vision Group supported by an external facilitator took time to work together to identify specific actions and immediate next steps which include; reviewing our change management capacity and skill, reviewing our structure in terms of form and function, updating the capacity planning model and internal and external messaging about the transformation programme.
4. The Chief executive and Executive Directors have begun to consider our structure and the functions for each directorate.
5. The Business Vision Group has had a meeting to define suggested priorities for the transformation programme (Phase 2).
6. A strap line has been developed for this current phase of work by our communications team which is 'positive change happens together'
7. We are now working with an external company to develop the outline business case for the transformation programme (Phase 2) which will include our requirements for intelligence and potentially a market oversight function.
8. We are now working with our sponsor branch to develop a business case which will reflect our new operating model and realignment, including frequency framework, which will be presented as our new financial strategy for 2021 -22.
9. The Chief Executive and Executive Directors have updated our Sponsor Branch through regular liaison meetings.
10. We continue to work with UK and European regulators to share good practice and learn from one another.

5.0 IMPLICATIONS AND / OR DIRECT BENEFITS

5.1 Resources

There will inevitably be an impact on resources across the organisation. What that will be will not be clear until the programme of transformation is fully scoped out and priorities identified. It is anticipated it will require a change to the structure of the organisation for the functions of the directorate to work to best effect. Any financial implications for the programme will also require to be identified once the scoping is underway. This will all be detailed in a business case.

5.2 Sustainability

There are no direct sustainability implications arising from this report.

5.3 Policy

Our Corporate Plan 2019 – 2022 sets out the intention to use our information and intelligence to proactively shape local and national policy. As such, over the period of the Transformation Programme we will continue to have a key role in supporting the successful delivery of many developments in what is a complex and changing national policy landscape. In the coming months and years there is likely to be a continued focus on the implementation of health and social care integration and self-directed support and how they are changing how people choose and experience care services and the ways in which services are delivered. Adult social care reform, a new Adult Support and Protection Improvement Plan and the development of staffing methodologies are some of the key developments in which we continue to have a key role in relation to adult social care.

The expansion of funded early learning and childcare (ELC) to 1,140 hours from August 2020 will continue to be an important and high-profile policy driver in Scotland. We have a key role in supporting the expansion, particularly through the centrality of our evaluations in relation to the new National Standard for ELC. We are also working towards developing an action plan to address the recommendations within the recently published Independent Care Review, which makes several calls in relation to regulation and scrutiny.

The prominence of human rights will continue to increase, through the continued implementation of the Health and Social Care Standards and the Scottish Government's plan to introduce legislation to incorporate the UN Convention on the Rights of the Child (UNCRC) into domestic law. Improved compliance with the UNCRC is also a key aim of the recently introduced Children (Scotland) Bill, which is currently being scrutinised in the Scottish Parliament and brings with it the possibility of a new duty on the Care Inspectorate to regulate child contact centres. In addition, plans for a second National Action Plan for Human Rights (SNAP2) are being finalised.

5.4 People Who Experience Care

The transformation programme (Phase 2) to implement our new business operating model will impact positively on people who experience care and the public in general. It is anticipated that in using our resources more effectively, targeted to where the greatest need is, and with the best possible intervention that the quality of care will improve, and poor care can be prevented more often.

5.5 Customers (Internal and / or External)

This transformation programme (Phase 2) will enable a more effective and efficient use of resources. It will provide greater clarity on priorities and modernise our way of working in order for us to respond proactively and appropriately both locally and nationally. It enables us to enhance our locality-based approaches and add value to the work we do.

6.0 CONCLUSIONS/NEXT STEPS

We anticipate transformation programme (Phase 2) to operationalise our new business model will be a significant time of change for the Care Inspectorate requiring strong leadership, direction and focus in order to see success. The new business operating model is critical in order to deliver our core purpose of scrutiny, assurance and improvement support at the right time and in the right place, to drive up the quality of care and promote and spread good practice. Through this transformation programme (phase 2) the position of the Care Inspectorate as an influential public body in Scotland that improves the health and wellbeing of people who experience care, will be strengthened.

The immediate next steps are:

- To implement the Chief Executive's decision to create a two year fixed term Director of Transformation, Digital and ICT post to take this work forward. It is envisaged that the post will create the required change and transformation capacity required for our new corporate plan and business operating model. Work is underway to identify the required funding for the fixed term post before moving to recruitment.
- Staff engagement to further develop the key priorities for the transformation programme (Phase 2) will take place at an Engage in Change event.
- Identification of a programme lead to take forward the scoping of the transformation programme (Phase 2).
- The establishment of the working group to scope the work and the key priorities for the transformation programme (Phase 2), road map and other supporting elements including governance structure and develop a costed proposal for consideration at Executive Group and by the Board.
- Ongoing engagement with the Board through Board member engagement, oversight and reporting.
- Development of a communications plan and messaging for internal and external customers and a change management strategy for the organisation.

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- Engagement with the Partnership Forum.
- Ongoing updates to our Sponsor Branch through liaison meetings.
- We have a staff conference planned for May 2020 where we will continue to engage with staff across the organisation, Board members and the Partnership Forum



Title:	CONFIDENTIAL – Update on Care Inspectorate Employee Relations Appeals
Author:	Gordon Weir, Executive Director of Corporate & Customer Services
Appendices:	1. Staff Survey Update
Consultation:	
Resource Implications:	No

EXECUTIVE SUMMARY

This report advises and updates the Board of HR employee relation appeals that have involved the Appeals Sub Committee.

The Board is invited to:

- | | |
|----|----------------------------------|
| 1. | Note the content of this report. |
| 2. | |
| 3. | |
| 4. | |

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

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:

(see Reasons for Exclusion)

Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.

Disclosure after:

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Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

EMPLOYMENT APPEAL SUB COMMITTEE – OUTCOMES AND RECOMMENDATIONS

1.0 INTRODUCTION

Following discussion with a Board member who chaired a recent Dignity at Work Appeal Sub Committee and the Chief Executive, it was agreed that the full Board be updated on any Appeal Sub Committee cases. This would include an update on any recommendations put forward by the Appeal Sub Committee and how these are implemented and recorded.

It was subsequently agreed with the Board Chair that a confidential item be added on the Board agenda to provide such updates. It was also agreed that details of all employee relation cases that have been raised on a formal basis, together with any appeals and outcomes/ recommendations will be included in the HR Annual Report to the Board.

2.0 EMPLOYEE RELATION CASES

2.1 Since the last Board meeting in December 2019, there has been one employee relation case – a Dignity at Work Appeal Sub Committee. This was held on 18 December 2019. As this is the first of these update reports, an update on an earlier case held in March 2019 has also been included as certain outstanding actions have now been finalised.

2.1.2 Dignity at Work Appeal Sub Committee – December 2019

This relates to two dignity at work allegations raised by a current employee against a former employee.

The outcome of stage 2 of the Dignity at Work process was that both allegations were partially upheld. The employee appealed and an appeals sub committee was convened for December 2019.

The outcome of the Appeal Sub Committee was that allegation 1 was fully upheld and allegation 2 remained as partially upheld.

2.1.3 Recommendations and Actions from the December 2019 Appeal Sub Committee

The Appeals Sub Committee made the following recommendations:

1. Review the Dignity at Work policy to ensure this policy follows the same stages as the Grievance Policy i.e.: Informal, Formal – this includes an investigation, meeting, outcome letter, right of appeal.

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Action – this will be taken forward by HR at the earliest opportunity. The Board will be updated via the HR Annual Report to the Board.

2. Review the Secondment Policy to ensure that this policy is followed for all secondment arrangements i.e. secondment agreement etc., regardless of whether funding is involved or not.

Action - this will be taken forward by HR at the earliest opportunity. The Board will be updated via the HR Annual Report to the Board.

3. If possible, a different HR person should support each step of case management. It was noted that the HR team is a small team and may not be able to resource this at this time. However, legal advice on the best way forward would be sought.

Legal Advice Received - although there is no legal statutory requirement to use a different HR Adviser at each stage of an employee relation case; it is agreed that each case will be considered on its own merits and a balance struck between impartiality and consistency. All case management meetings will have a member of Human Resources in attendance to provide advice and guidance. It is not the function of HR to make or unduly influence the final decision and outcome, which is the responsibility of the Senior Manager/Employment Appeals Sub Committee.

2.2 Dignity at Work Appeal Sub Committee March 2019

An earlier Appeal Sub Committee took place on 8 March 2019 as a result of a Dignity at Work appeal from a former employee in relation to the handling of safeguarding concerns and bullying and harassment concerns against another member of staff.

Both allegations were not upheld by the Appeal Sub Committee.

The Appeals Sub Committee recommended that in future cases concerning professional social work practice, that a social work qualified investigating officer should be appointed rather than someone with senior HR experience. This will be taken on board by HR.

The Appeals Sub-Committee recommended that an independent external validation of actions carried out by the Care Inspectorate be carried out.

An ex-Chief Social Work Officer was procured to undertake the investigation. He concluded that the Care Inspectorate had acted appropriately and made some recommendations to the Whistleblowing Policy for improvements i.e.

1. The Care inspectorate should use this as an opportunity to remind staff of the whistleblowing guidance and that should they have concerns that they

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do not consider are being addressed adequately that these can raise these through this mechanism.

2. The Care Inspectorate should also use the opportunity to clarify within their guidance employee's rights and responsibilities in raising whistle blowing concerns out with the organisation.
3. The Care Inspectorate should strengthen the Whistleblowing Guidance and any other relevant policies or guidance regarding concerns raised by employees so that they receive a clear written conclusion to their concerns.

The recommendations to the Whistleblowing Policy are currently being taken forward.

2.3 Further Information

Dignity at work allegations are taken seriously by the Care Inspectorate. The findings from both cases were considered at a Chief Executive / Directors meeting on 27 February 2020. The recommendations were reviewed and the action plan was ratified.

The meeting also considered other potential sources of evidence that might point to the existence of a bullying culture as this would be clearly unacceptable.

The prime evidence source reviewed was the results of the recent staff survey. Appendix 1 provides further details.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

There are no direct resources implications arising from this report.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy implications

Further discussions are underway in relation to the Care Inspectorate's policies and procedures and where they fit best within the organisational structure.

3.4 People who experience care

The Care Inspectorate is fully committed to ensuring that there are policies and procedures in the organisation that support employees and promote a positive and safe culture and working environment which reflect our values. This in turn ensures that our employees feel safe, valued and well equipped, both emotionally and physically, to achieve the best outcomes for users of care services.

3.5 Customers (internal and/or external)

The Care Inspectorate is committed to providing a positive workplace which supports an environment free from any kind of bullying, harassment, discrimination or victimisation and expects the highest standards of integrity and conduct from all employees.

4. CONCLUSIONS/NEXT STEPS

The action points above are currently being taken forward and regular “temperature checks” will be undertaken across the organisation to ensure that a positive and safe culture is in place which reflects our values.

All future Board meetings will have a standing confidential item on the agenda to update the Board on any HR appeals, recommendations and action points. If there are no appeals in that timeframe, this will be recorded on the Board minute.

Staff Survey - following the employee survey in May 2019, the full report of survey findings was shared with the wider workforce. 12 staff information sessions were delivered by members of the Executive Group and the Partnership Forum across the country throughout June 2019. Following these sessions, the full employee survey report was made available via the intranet to provide access for all staff.

The employee survey report was discussed at Partnership Forum and Executive Group during August and October 2019. Discussion took place on the planned approach to address the improvements identified through the employee survey results at these meetings.

The Board also considered the employee survey at their development day in September 2019. A report and action plan was also presented to the Board in December 2019. Throughout the discussions it was acknowledged that people and partnership working must be key components to successfully address the five key priorities identified in the employee survey.

The five key priorities areas are:

- Access to learning and development
- How we manage and communicate change and support effective working relationships
- How we value and recognise staff in a way they appreciate.
- Pay and Grading
- Awareness and understanding of the Corporate Plan

From the discussions it was agreed to take the work forward to address priority 1 via a best value review of access to learning and development and priorities 2 and 3 through a specific employee survey short life working group and our culture group respectively.

These groups are led by OWD and membership comprises of staff at all levels and includes local union representatives.

An initial update report from the working groups looking at priorities two and three and the Best Value Review group looking at priority one was presented to Partnership Forum in January 2020.

A note of working group meetings and actions arising has been made available to all staff via the Teams page.

A joint meeting of these groups took place on 26 February where work commenced on the development of a consolidated action plan for priorities 1, 2 and 3 with clearly assigned actions.

The consolidated action plan and recommendations will be presented to Executive Group on 1 April and following feedback each directorate will use this plan to further consult and address individual areas through their normal directorate meetings.

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Appendix 1

A 'You Said We Did' progress report and an action plan for longer term solutions will be presented to Executive Group, Partnership Forum and the wider workforce in Spring of 2020.

Regular updates will continue to Executive Group, Partnership Forum and staff will be provided using the following mechanisms: vlogs, blogs, focus groups, communications from the Chief Executive and Partnership Forum Chair.

Two further initiatives are under active consideration :

Respect Me – Scotland's Anti Bullying Service – offer a programme of free training to adults across Scotland. The Chief Executive is currently in discussion with Respect Me.

Training for Board Members – to be discussed with the Chair in respect of the HR appeals process.



Title:	Independent Care Review
Authors:	Claire Neary - Senior Policy Adviser Charlotte Wilson - Service Manager Children's Services, Registration and Inspection Chris Lumb - Service Manager Strategic Inspection (Children), Strategic Scrutiny Children
Appendices:	None
Consultation:	Not applicable
Resource Implications:	Yes

EXECUTIVE SUMMARY

The Independent Care Review was launched in February 2017 to consider the underpinning legislation, practices, culture and ethos of the care system. It was driven by those with experience of care. Fiona Duncan, CEO of the Corra Foundation was appointed as Chair of the Review.

The Review published its final conclusions in February 2020 across six reports: The Promise, The Pinky Promise (for younger readers), The Plan, The Money, Follow the Money and The Rules. It proposes changes to improve both the quality of life and outcomes of young people in care over a ten-year period.

Broadly, the Care Review demands the following changes:

- The balance of power must be upended so that listening to children and young people is always the basis of all decisions made about their lives.
- There must be a focus on building and maintaining life-long relationships – that includes a broader understanding of the risk of not having long term, loving relationships.
- Scotland must parent, not process, children so there is no difference between the lives of children in care and their peers. Care experienced children must not miss out on the kind of childhood that many take for granted and the future that all our young people deserve.
- Families must be kept together wherever it is safe to do so. Families must get the support that is right for them at the earliest opportunity and it must be flexible, consistent, patient and free from stigma. This will mean that more children can live a safe, happy life at home with their families.

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Publishing its final conclusions, Chair of the Review, Fiona Duncan warned that “despite Scotland’s aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling ‘care system’ that operates when children and families are facing crisis.”

Calling for a “radical overhaul” of Scotland’s ‘care system’, the Review has identified five foundations for change, with over 80 specific changes that must be made to transform how Scotland cares for children and families, as well as the unpaid and paid workforce.

The Care Inspectorate has already been working towards addressing some of the issues raised by the Care Review and will now work towards developing an action plan to address the full recommendations, to make a difference and Keep The Promise.

The Board is invited to:

1. Note the findings of the Care Review and the Care Inspectorate’s response

Links:	Corporate Plan Outcome	1.2.3	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N
For Noting	x	For Discussion		For Assurance		For Decision

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: None

(see Reasons for Exclusion)

Disclosure after: Not applicable

Reasons for Exclusion

a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.
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INDEPENDENT CARE REVIEW AND THE CARE INSPECTORATE POSITION

1.0 INTRODUCTION

The Independent Care Review (“the Care Review”) has called for a “radical overhaul” of Scotland’s ‘care system’. Publishing its final conclusions, Chair of the Care Review, Fiona Duncan warned that “despite Scotland’s aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling ‘care system’ that operates when children and families are facing crisis.”

The Review calculates that approximately £875m per year has been spent resolving earlier failures in the system, including on mental health, addiction and homelessness services – which a higher proportion of care leavers require as adults.

In addition, the Review found:

- brothers and sisters have been regularly separated within the system with no say about future contact
- care has become monetised and focused on competition rather than collaboration
- children who have gone through secure care feel restraint has been used as a punishment
- there is an overworked and stressed workforce.

The report has identified five foundations for change, with over 80 specific changes that must be made to transform how Scotland cares for children and families, as well as the unpaid and paid workforce. For the purposes of this report, we will refer to these as recommendations.

This report to the Board will highlight specific recommendations relating to the work of the organisation and what we are doing, or are considering doing, to meet these ambitions and make change happen.

2.0 BACKGROUND

In October 2016, the First Minister made a commitment that Scotland would “come together and love its most vulnerable children to give them the childhood they deserve.” She announced an Independent Root and Branch Review of Care (“the Care Review”), which would be driven by those with experience of care.

It was stated that the Review would look at the underpinning legislation, practices, culture and ethos of the care system and propose changes to improve both the quality of life and outcomes of young people in care.

The National Care Review was launched in February 2017 and ran for three years across four stages – Orientation, Discovery, Journey and Destination. Each stage built on the last to ensure momentum built and the necessary change progressed.

Over the three years, the Review team heard more than 5,500 care experiences - over half of those were children and young people with experience of the 'care system', adults who have lived in care and their families. The rest came from the unpaid and paid workforce. These experiences guided and shaped the Review's conclusions.

The final six reports were published on 5 February 2020 and referred to in section 3.0 of this report.

3.0 THE REPORTS

[The Promise](#) (and [Pinky Promise](#) for younger readers) reflects what care experienced children and adults, families and the paid and unpaid workforce told the Care Review and what Scotland must do to "make sure its most vulnerable children feel loved and have the childhood they deserve."

The Promise is built on the following five foundations, which "must be at the heart of a reorganisation of how Scotland thinks, plans and prioritises for children and their families:

- **Voice** – Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.
- **Family** – Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way.
- **Care** – Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.
- **People** – The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.
- **Scaffolding** – Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsible when it is required.

[The Plan](#) explains how this change must happen, an approach to implementation plotted out over 10 years whilst demanding urgency is maintained in the pace of change.

[The Money](#) and [Follow the Money](#) explains where funding should be invested.

[The Rules](#) outlines the current legislative framework and how it must change.

4.0 CALLS FOR ACTION

The report has identified five foundations for change, with over 80 specific recommendations. Broadly, the Care Review demands the following changes:

- The balance of power must be upended so that listening to children and young people is always the basis of all decisions made about their lives.
- There must be a focus on building and maintaining life-long relationships – that includes a broader understanding of the risk of not having long term, loving relationships.
- Scotland must parent, not process, children so there is no difference between the lives of children in care and their peers. Care experienced children must not miss out on the kind of childhood that many take for granted and the future that all our young people deserve.
- Families must be kept together wherever it is safe to do so. Families must get the support that is right for them at the earliest opportunity and it must be flexible, consistent, patient and free from stigma. This will mean that more children can live a safe, happy life at home with their families.

5.0 IMPLICATIONS FOR THE CARE INSPECTORATE

“There must be a complete overhaul of regulation and scrutiny that centres on listening to children about how they are cared for, their ability to flourish and thrive and that measures the things that matter to them.” (The Promise, Care Review, p27)

There are several areas of action within The Promise that will impact on the work of the Care Inspectorate – either directly or indirectly. The sections on scrutiny and regulation (Chapter 1) and inspection and regulation (Chapter 6) specifically outline where the Review found failings in these areas.

5.1 Scrutiny and Regulation

In Chapter 1 the Review warns that: “Self-evaluation and inspection regimes are overly complex with indicators which are too numerous and focused on the existence of policies and procedures. Evidence of improved outcomes is based on what can be measured rather than what is most important. These processes are driving out a clear focus on relationships.”

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It notes the fear that individuals and organisations often feel, of what might happen when things go wrong and of being held accountable when professional guidelines or procedures have not been adhered to. It also heard that staff can

sometimes feel they are risking disciplinary action if they go ‘above and beyond’ their duties to act in kindness towards children in their care.

In line with this, it calls for the Care Inspectorate, Scottish Social Services Council (SSSC) and other regulators to, “come together to be at the forefront of a shift in culture to enable recovery.” It stresses the need to “significantly declutter and streamline professional codes, procedures and processes with a clear focus on enabling relationships – above anything else.” While, it also calls for “meaningful involvement and collaboration with other key inspectors and regulators across prisons, education and the third sector to ensure all professionals share a language of care and support to uphold the rights and relationships so important to children”.

5.2 Inspection and Regulation

Chapter 6 specifically considers the inspection regime, calling for Scotland to “fundamentally alter the way in which it inspects services for children and the way it regulates and supports its workforce.” It stresses that accountability and what is measured has a significant impact on the way services are run and how staff behave and calls for the Care Inspectorate and the SSSC to come together with other regulators to create a new “holistic framework that values what children and families value”. It stresses that the framework must be totally focussed on children’s experiences and their ability to find and sustain safe and nurturing relationships. It must also apply to the totality of care experience and include aftercare and advocacy services.

5.3 Implications

Depending on the development and details of The Plan – the overhaul of the inspection regime, the phasing out of crisis services, and redesign of the ‘care system’, will all have implications for the Care Inspectorate, as well as for the care workforce, the services we regulate and inspect and our role as a Corporate Parent.

We have started work to consider all the recommendations relating to the work of the organisation and what we are doing, or are considering doing, to meet these ambitions and make change happen.

Over the course of the past two years we have developed and implemented a new approach to our joint inspections of services for children and young people in need of care and protection. This approach, developed in partnership with children and young people, has a greater focus on hearing the voice and experiences of those in need of care and protection and included extensive work with young inspector volunteers.

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We have also worked alongside our joint inspection scrutiny partners, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS), Education Scotland and Healthcare Improvement Scotland (HIS) on development of our approach.

Similarly, the new quality frameworks developed for regulated services have supported us to re-orientate the system of scrutiny, and this has been strengthened by increased use of young inspection volunteers to listen to young people about how they are cared for and the things that matter to them.

We have also been working collaboratively with the Care Quality Commission (CQC), Care Inspectorate Wales, Regulation and Quality Improvement Authority (RQIA), Education Scotland and the SSSC, and are planning further joint work with the Mental Welfare Commission (MWC) and Her Majesty's Inspectorate of Prisons for Scotland (HMIPS). We will continue to build on these relationships going forward.

However, while our direction of travel is broadly in line with the changes called for in scrutiny by the Review, we recognise that we will still need to give extensive further consideration to both our frameworks and methodologies, and collaborative approaches with other scrutiny bodies across all our scrutiny activity of services for children and young people in order to meet the policy ambitions of the Review.

6.0 TIMESCALES AND GOVERNANCE

In her statement to the Scottish Parliament on 5 February, the First Minister noted her determination to move at pace to implement all the recommendations within the report, with practical change at every level and a transformation in the wider culture of care.

An independent oversight body with at least 50% care experienced membership, including the Chair, will be established to ensure a governance structure that will hold to account those responsible for making change. It will also be required to report annually to the Scottish Parliament.

Before the Care Review concludes at the end of March 2020, it will host a planning meeting with agencies with responsibility for delivering the 'care system'. This meeting will identify the changes that require to happen nationally and those that can happen locally and be incorporated effectively into local planning arrangements.

The process of planning will culminate, no later than November 2020, in one cross-sector, multi-agency, collectively owned detailed delivery Plan.

The following timescales have been laid out:

- **Year one – April 2020-March 2021** will allow for the transition from the Care Review to The Plan. It will include:
 - establishment of the independent oversight body

- development of The Plan
- where there is an absence of robust data that reflects what matters to the care community, work with relevant agencies will be carried out to ensure the right data is collected to inform future service improvements.
- **Years two to four – April 2021-March 2024** will be the bedding down of The Plan, as early intervention and prevention will become standard, necessary legislative reform will be underway, and a practice and culture change programme will be embedded.
- **Years five to seven – April 2024-March 2027** will be consolidation, with a midpoint review of The Plan and The Promise will be realised.
- **Years eight to ten – April 2027-March 2030** will be continuous improvement as all targets are achieved, the majority of crisis services will have become obsolete, the Promise will be delivered, and the oversight body will end, giving way to a new standard of care.

7.0 PLEDGES

The Care Review is asking individuals and organisations to make a pledge to say what they would like to do to help the Care Review achieve its goal of delivering real change for children and young people who experience care. These pledges appear on the Care Review website and currently include pledges from partner bodies including Who Cares? Scotland, Scottish Social Services Council (SSSC), Centre for Excellence for Looked After Children in Scotland (CELCIS), Scottish Children's Reporter Administration (SCRA), Children's Hearing Scotland, the Chief Social Work Adviser and representatives from a number of local authorities.

The Care Inspectorate has already outlined its commitment to #KeepThePromise through an interview given by the Chief Executive for the Care Review's Twitter feed. This could be developed into a formal pledge of the organisation's intention to have a central role in acting to make a difference.

8.0 IMPLICATIONS AND/OR DIRECT BENEFITS

8.1 Resources

In her statement to the Scottish Parliament on 5 February, the First Minister noted that "delivering what is needed over a number of years will undoubtedly have financial implications and require investment".

The Plan notes that: "In response to the Care Review, the Scottish Government will resource The Plan starting with establishing a team of planners, public service designers and systems change experts that includes care experienced people to oversee its development."

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The report further notes that “integral to managing the many competing demands will be appropriate allocation of resources. Realising The Promise will require

diagonal budgeting so money does not stay in silo budget heads and is re-allocated or co-allocated, including pooled budgets, to prioritise investment in services with a focus on early intervention.” It is anticipated that The Plan will include a model of The Money over its duration, “quantifying the upfront investment and subsequent savings over time.”

The report recognises that there is a need for “significant investment at the beginning of The Plan to ensure there is the necessary resources to deliver The Promise. The conclusion of The Plan will allow for any financial implication in 2021/22 to be incorporated.”

Although the Scottish Government has indicated that it will “resource The Plan”, the Care Inspectorate will be expected to engage and invest in the consequent actions – this will have implications for our inspectors, inspection framework and where resources are allocated.

8.2 Sustainability

Not applicable.

8.3 Policy

The policy landscape of the ‘care system’ is complex and fragmented. The Care Review itself notes that the current system is underpinned by 44 pieces of primary legislation, 19 pieces of secondary legislation and three international conventions. It also straddles six out of nine Scottish policy areas.

Scotland has an aspiration to be the ‘best place in the world to grow up’ and the National Performance Framework sets out the ambition for children and young people as: “We grow up loved, safe and respected so that we realise our full potential.” These policy ambitions are threaded through and directly align with those of the Care Review.

Section 2 of the Children and Young People (Scotland) Act, 2014 states the duties of public authorities in relation to the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC will underpin all future legislation to ensure children’s rights are respected, upheld, championed and defended as a matter of course. The Review notes that to do this, Scotland must fully and directly incorporate the UNCRC and embed it across the scaffolding and delivery of its services.

As a public authority named in schedule 3 of the Act, the Care Inspectorate must publish a child friendly report on how our work supports the various articles of the UNCRC. The report must be in a format that is accessible for children and their families. This is the first time we have been required to report on this. In future we will need to do so every three years. The focus of the report is the work

that has taken place from April 2017 to March 2020 and the agreed actions from April 2020 to March 2023. The Care Inspectorate is engaging with our Young Inspection Volunteers to support this work.

8.4 People Who Experience Care

The Promise is Scotland's ambition for children and young people. By keeping the Promise, responding positively to the call for changes in the culture of care and the wider system, the Care Inspectorate can help to ensure that this ambition is met for all children and young people.

8.5 Customers (Internal and/or External)

Depending on the development and detail of The Plan – the overhaul of the inspection regime, the phasing out of crisis services, and redesign of the 'care system', will all have implications for the Care Inspectorate and our role as a Corporate Parent, as well as for the care workforce and the services we regulate and inspect.

9.0 CONCLUSIONS/NEXT STEPS

The Care Inspectorate has already been working towards addressing some of the issues raised by the Care Review and will now work towards developing an action plan to address the full recommendations, to make a difference and Keep The Promise.



Title:	Complaints mid-year report – 2019/20
Author:	John McGurk, Information Analyst
Appendices:	1. Complaints mid-year report – 2019/20
Consultation:	Comments and amendments from the Interim Executive Director of Strategy and Improvement and the Chief Inspector, Adults.
Resource Implications:	*Yes/No (*Please provide detailed description in Resources section of report)

EXECUTIVE SUMMARY

This report provides the Board with a statistical mid-year summary for the first 6 months of 2019/20. It reports on trends and patterns in complaints received and investigating, noting any particular variation compared with the same period last year.

The first half of 2019/20 was a time of considerable change in how we deal with complaints, in particular with the introduction of our new complaints app, and the impact of this is reflected in the detailed information and analysis contained in this report.

The key points from this report are noted below.

Complaints received have increased in the first half of 2019/20: we received 2,906 this year, a 13% increase compared to the 2,570 at the same point last year.

The patterns of complaints was overall the same as last year. Most complaints continue to be about care homes (46%) and care homes for older people in particular (40%). Almost half (45%) of the complaints received came from a relative or carer of a person experiencing care while only 8% were from people experiencing care themselves. Healthcare continues to be the most common reason for complaint across all service types (19% of complaints received).

At the request of the Board, we have included a focus on complaints about services for children and young people, where the number of complaints received has increased by 10% since last year. We found that very few of the complaints about services for very vulnerable children come for the children themselves. We asked young people what would make it easier for them to contact us, and from April 2020 they will now be able to get in touch by text.

We completed more complaint investigations compared with last year - an average of 130 per month which is up 17% from 111 per month at the same point last year. However, we completed only 39% of investigations within 40 days of registering the

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complaint (KPI 3a), below our target of 80%. Following this transitional period in the first half of the year, our performance has improved. In the second half of 2019/20 from October 2019 until the end of February 2020 we have completed 64% of our complaints investigations within 40 days of registering for full investigation (KPI 3a) and just over 80% when including complaints resolved by direct service action/investigation by provider (KPI 3b). The Board will be kept apprised of this upturn in performance in their regular quarterly performance updates.

The Board is invited to:

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

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

Reason for Confidentiality/Private Report: not applicable

(see Reasons for Exclusion)

Disclosure after:

Reasons for Exclusion

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

COMPLAINTS MID-YEAR REPORT – 2019-20

1.0 INTRODUCTION

This report provides the Board with a mid-year summary on complaints about care services over the first 6 months of 2019/20. It reports on trends and patterns in complaints received and completed, alongside patterns in the nature of the complaints we investigate about care services.

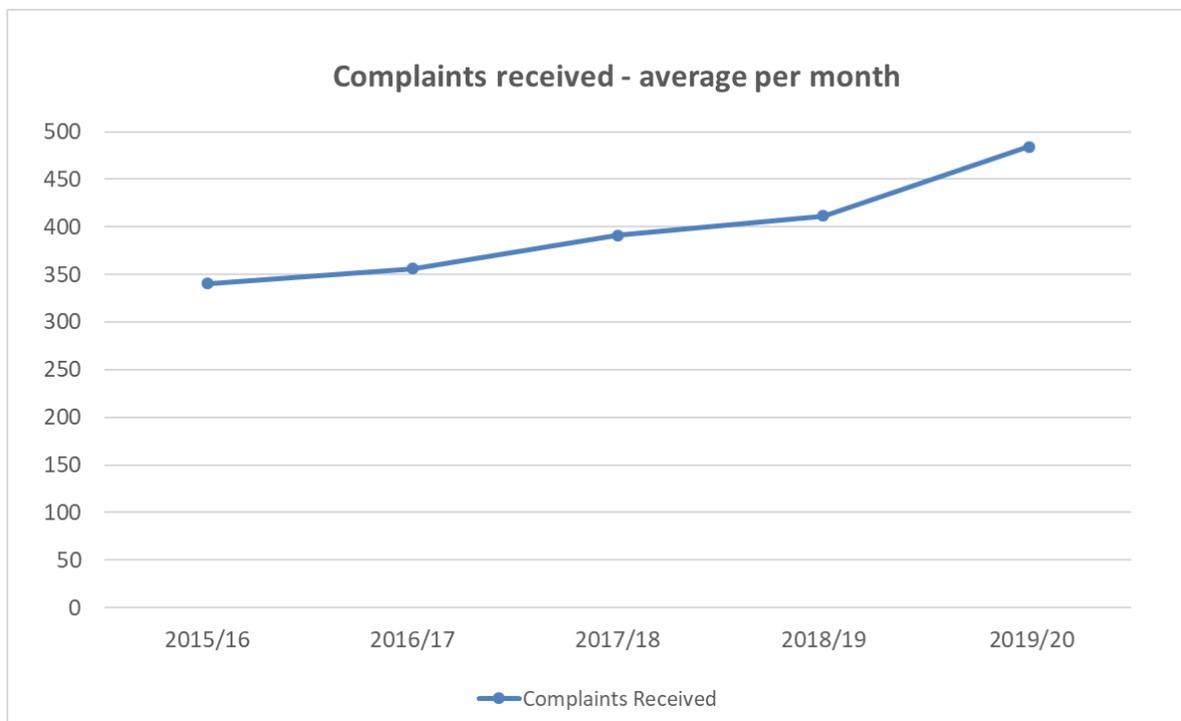
The new complaints digital platform introduced in late March 2019 has had an impact on the statistics presented, and this is noted where relevant in the report. These relate to some differences in how we categorise who makes complaints, the reasons for complaint and our performance against KPIs during that transition period.

2.0 COMPLAINTS ABOUT CARE SERVICES

2.1 Complaints received

We received a total of 2,906 complaints by 30 September 2019, a 13% increase on the 2,570 received at the same point last year. Over the past five years, the average number of complaints received per month has been increasing year on year and this has continued into the first half of 2019/20: between 1 April and 30 September we received an average of 484 complaints per month (Figure 1).

Figure 1

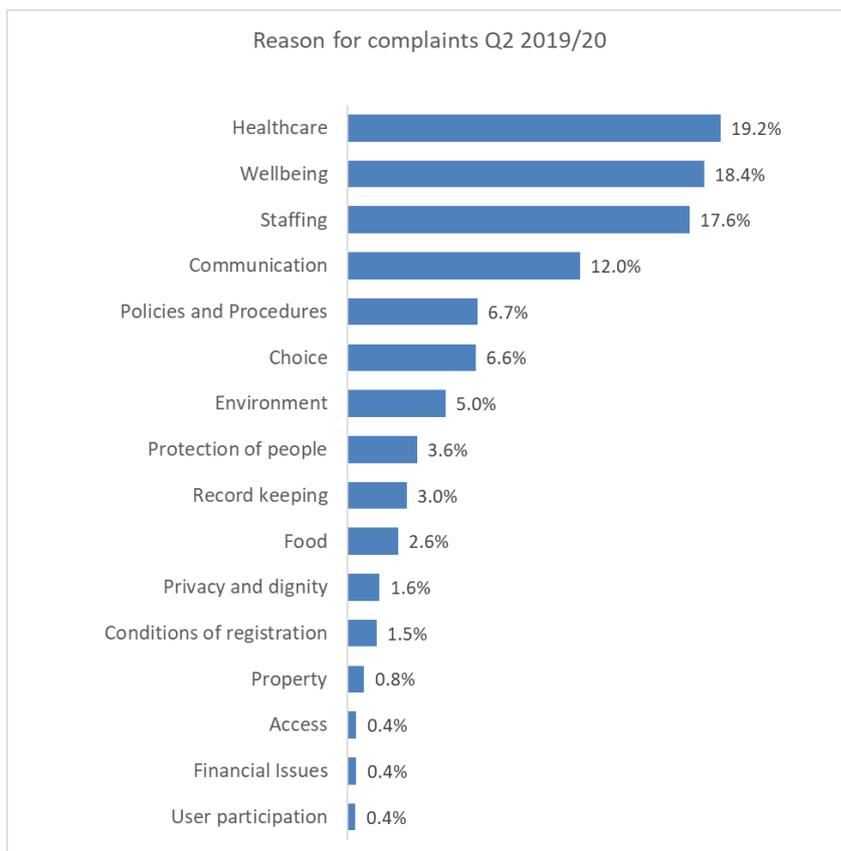


Most of the complaints received were about care homes (46%) and care homes for older people in particular (40% of all complaints received). This is again followed by complaints about combined housing support/support service care at home services (18%) and daycare of children services (14%). This pattern is very similar to that reported over the same period in 2018/19.

2.2 Reasons for complaints – all service types

The most common reasons for complaints completed in the first half of 2019/20 were (figure 2): healthcare (19%) especially medication issues (5%); wellbeing (18%); staffing (18%) in particular staffing levels (6%); and communication issues (12%). This is broadly similar to last year with the only notable change being a drop from 24% to 18% in complaints about wellbeing (previously “general health and wellbeing”). Following the introduction of our new complaints app, we changed some of the categories to encourage more specific recording and to reduce the large number historically recorded under general health and welfare – this reduction indicates an improvement in more specific categorisation of complaints.

Figure 2



When looked at by service type, in almost every type of service excluding care homes, nurse agencies or combined housing support and care at home services the most common reason for complaint in the first six months of 2019/20 remained wellbeing.

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Amongst care home services, the most common reason was healthcare issues (29% of all complaints received about care homes) as was the case at this point last year (27% of complaints received). This was particularly true of care home services for adults such as those for mental health problems (43% of all complaints about this service type related to healthcare issues); care homes for physical and sensory impairment (35%) and care homes for older people (31%).

Amongst combined housing support and care at home services, the most common reason for complaint was staffing (19%) particularly around training and qualifications, followed closely by wellbeing issues (19%), again a similar trend to that reported last year.

2.3 Who makes complaints

Figure 3 below shows the breakdown of all complaints received in the first half of 2019/20 by relationship of complainant to the service. Note that there are fewer categories available to record who made a complaint in the new complaints app than in our previous complaints system. 'Other' is now used in place of some categories which we have historically received fewer complaints, namely health professionals, provider of other service, professional visitor to a person who experiences care, advocacy support service or member of the public. However, the figures remain similar to those reported at the same point last year.

Most (45%) of the complaints we received came from relatives or carers of people who experience care (46% in 2018/19) with a further 24% from employees or former employees and only 8% of complaints made came from people who experience care themselves (both the same as last year). In the new app, we have split the employees or former employees into two separate categories and can see for the first time that the majority of these complaints come from current employees of a service.

Figure 4 shows the number and proportion of complaints received from people experiencing care for each service type. It shows that we receive proportionately more complaints from people experiencing care in housing support and combined services. Despite receiving the largest volume of complaints, only 3.2% of all complaints received about care homes were from people experiencing care. It is also interesting to note that the proportion of complaints received about day care of children services that came from people experiencing care has more than halved from 15% at the same point last year to only 6% this year.

Figure 3

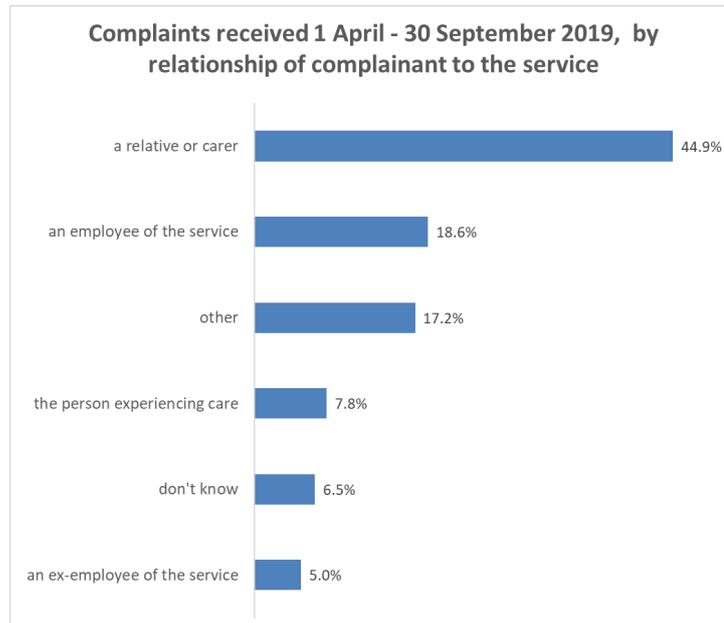


Figure 4: Complaints received in the first half of 2019/20 from people experiencing care, by service type

Care Service Type	Complaints received from people experiencing care	All complaints received	% of all complaints received
Secure Accommodation Service	1	3	33.3%
Housing Support Service (standalone)	30	130	23.1%
Combined Housing Support and C@H	82	533	15.4%
School Care Accommodation Service	4	31	12.9%
Support Service (standalone)	34	289	11.8%
Nurse Agency	1	11	9.1%
Day Care of Children	25	418	6.0%
Child Minding	6	132	4.5%
Care Home Service	43	1345	3.2%
Fostering Service	0	14	0.0%
Adult Placement Service	0	0	0.0%
Adoption Service	0	0	0.0%
All Service Types	226	2906	7.8%

2.4 Complaints received – combined housing support and support services - care at home

In previous reports we noted an increase in the volume of complaints received about combined housing support and care at home services (combined services) and have monitored this over the past few years. This trend had slowed last year (76/month

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compared with 75/month the previous year) but there has been a marked rise again this year so far with 88 complaints received per month on average.

Almost half (43%) of the complaints we received about combined services in the first half of 2019/20 came from a relative or carer of a person experiencing care; 25% were from employees or ex-employees; and 15% were from people experiencing care. The overall pattern remains the same compared to the same periods over the past few years with proportions having changed only slightly.

The main reason for complaints also remained the same as last year with only some slight changes in proportions: complaints about staffing remained the most common reason (19%) followed by complaints about wellbeing (19%) (previously known as general health and welfare) and complaints about communication (18%).

While staffing remained the largest category of complaints received, and also accounted for 17% of upheld complaints, the overall grades received by combined services for the 'Quality of Staffing' have so far remained relatively consistent with last year. At 30 September 2019, 59% of combined services were graded as 'Very Good' or 'Excellent' with only 8% being graded 'Adequate' or lower.

The grading of combined services across all quality themes has also remained relatively consistent compared to the same point last year. 45% of combined services were graded 'Very Good' or 'Excellent' in all themes assessed at September 2019; compared to 44% at the same point last year. Only 15% of combined services had any themes graded at 'Adequate' or lower, compared to 13% at this point last year.

The increase in volume of complaints received about combined housing support and care at home services doesn't appear to be indicative of an overall decline in quality at this time.

2.5 Complaints received – complaints from children and young people

At the request of the Board, we have included a breakdown of complaints received about services for children and young people. This goes on to specifically look at complaints received from children and young people experiencing care in services for looked after children.

The volume of complaints received about care services for children and young people¹ has increased by 20% in the first half of 2019/20 compared to the same point last year from 549 (an average of 92 complaints per month) to 659 (average of 109 complaints per month).

As a proportion of the overall number of complaints received across all service types though it has only increased by 1% (to 22% of all complaints received) when compared to last year.

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

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The majority of the complaints received in the first half of 2019/20 about children and young people services related to early learning and childcare services, namely day care of children services (63%) and childminders (20%).

The remaining 17% (109 complaints) were about services for looked after children, with care homes for children and young people accounting for 9% (61) of all complaints received (figure 5).

Figure 5: Complaints about children and young people services received in the first half of 2019/20

Service Type	Care Service Type	All complaints received	% of all complaints received about children and young people services
Early learning & childcare	Day Care of Children	418	63.4%
	Child Minding	132	20.0%
Looked after children services	Care Home Service for Children & Young People	61	9.3%
	School Care Accommodation Service	31	4.7%
	Fostering Service	14	2.1%
	Secure Accommodation Service	3	0.5%
	Adoption Service	0	0%
All Care Service Types		659	100%

Looking specifically at looked after children's services, 27% (29) of the 109 complaints received about looked after children services in the first half of 2019/20 came from a relative or carer compared to 18% last year.

Fewer than 10 complaints came directly from a child or young person experiencing care although this was a small increase compared to last year. We recognise this is a low number. Following consultation through Who Cares and Young Volunteers, young people told us that this may be down to the methods we have available to make a complaint. As a result, from April 2020 young people will be able to tell us about concerns they have about their care by sending us a text. This will go alongside our other complaint contact options. We have awareness raising sessions about our complaints function planned with advocacy agencies and we are developing leaflets and posters to let young people know about their rights and who they can speak to if they are unhappy with their care. We hope that more young people and advocacy services will use our complaint function but also that services improve how they respond to young peoples' complaints themselves.

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2.6 How we respond to complaints

We aim to acknowledge all complaints about care services within three working days. We achieved this for all of the complaints received in the first half of 2019/20, higher than the 98% we achieved over the same period last year.

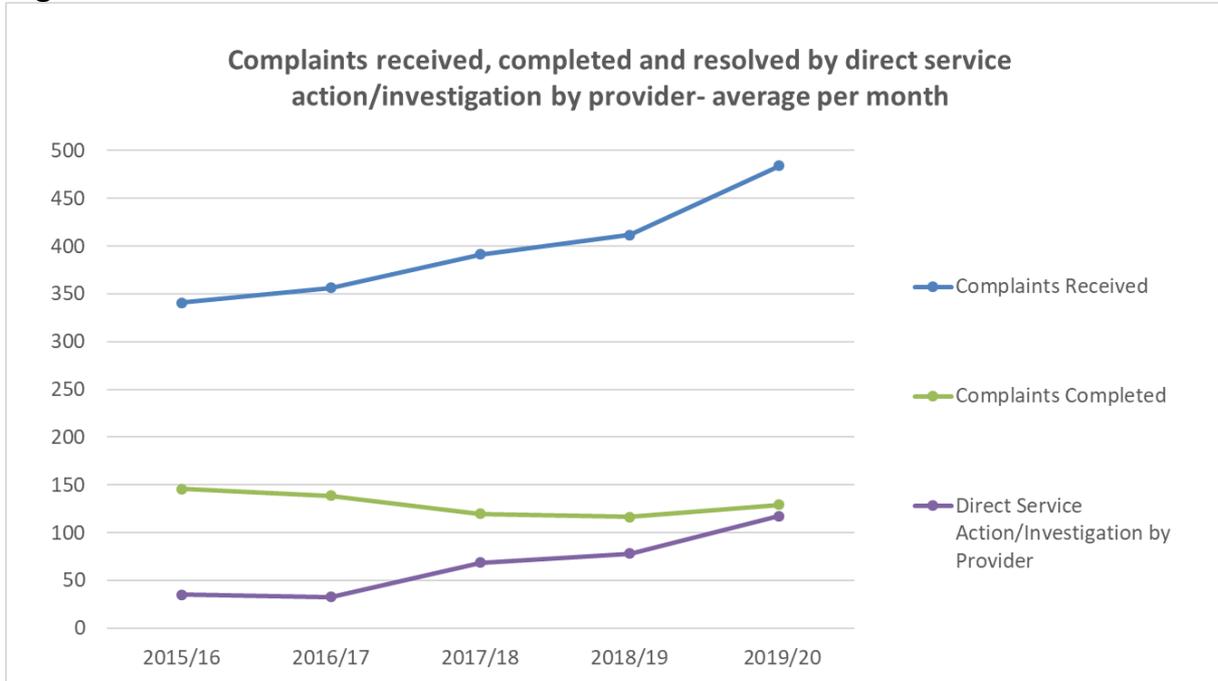
The complaint pathways we introduced in November 2017 were designed so that, following a risk assessment process, we could determine the most appropriate action to resolve a complaint. It allows us flexibility in how we respond and try to resolve simple matters more quickly and to focus more attention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

- *Use the information given by the complainant as intelligence about the service, to help inform future scrutiny activity:* In the first half of 2019/20 we logged 534 concerns as intelligence or an average of 89 per month. This is an increase on the 77 per month in the first half of 2018/19.
- *Direct service action (previously known as front-line resolution), where we contact services and ask them to engage directly with complainants to resolve the complaint:* In the first half of 2019/20, 171 were resolved by direct service action, an average of 28 per month. Since the introduction of the new complaints app we are now able to differentiate between each individual pathway to resolution, therefore, direct comparison with last year is not possible.
- *Investigation by the care provider, where we contact the service and ask them to investigate the concerns and send us written confirmation of the action taken and resolution:* 534 complaints were passed to the provider to investigate. As above, following the introduction of the new app, a direct comparison for last year is not possible.
- *Investigation by the Care Inspectorate; depending on our assessment of risk, we may decide that we need to pass the complaint for full investigation.* Since 2015/16, we have seen a decline in the average number of completed complaints per month including last year where we completed on average 116 cases per month. There has however been an increase in the first half of 2019/20 where we have completed an average of 130 investigations per month (777 investigations in total). This increase is due in part to a drive to complete the complex cases which remained on our previous complaint recording system (PMS) which required full investigation. These amounted to 37% of the cases completed between April and September this year.

The chart below (figure 6) illustrates the trends in the average monthly numbers of complaints received, resolved by direct service action/investigation by provider and completed each year. It shows the complaints received increasing, along with the increase in those resolved by direct service action/investigation by provider. Although the overall trend in investigations completed is decreasing, it shows the recent increase in the first part of this year most likely as a result of the focus on clearing cases on our previous recording system. The figures reported for previous years are for the full 12 months while those reported for 2019/20 are for the first 6 months of the year and could

change in the following 6 months. A full year picture will be available in the end of year report to the Board in June 2020.

Figure 6



Revoked complaints

Many of the complaints we receive about care services are revoked (previously called withdrawn). By revoked, we mean that they are not taken to, or do not complete, a full complaint investigation, instead being directed down one of the other resolution pathways. Common reasons for complaints not being taken to full investigation include: the complaint not being within the remit of the Care Inspectorate to investigate, not being able to investigate as information cannot be obtained from the complainant, and the complainant not wishing to proceed with the complaint.

Historically, the figure for revoked cases has included those that are logged as intelligence. For the purposes of comparison with previous years, if we include the intelligence cases within the revoked figures then of the 2,906 complaints received in the first half of 2019/20, 1,531 were revoked without being taken to full investigation (53% compared to 47% over the same period in 2018/19). This increase is as a result of the new alternative pathways available for resolution.

However, the introduction of the new complaint’s app allows us to record intelligence cases and report them separately as they are regarded as being resolved. With intelligence cases removed from the revoked total, of the 2,906 complaints received in the first half of 2019/20, 786 would now be classed as revoked (27% of all case received).

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

Performance against our KPIs

We completed 39% of our complaint investigations within 40 days of registering the complaint for full investigation (KPI 3a). This is below our target of 80% and lower than the 55% completed within this timescale at the same point in 2018/19.

We also measured our performance in meeting the 40-day completion target by including complaints resolved by direct service action/investigation by provider (KPI3b). This helps to show the overall complainant experience, as complaints resolved by these methods can be dealt with very quickly. With these resolution paths included, the proportion of investigations completed within 40 days increased to 68% by 30 September 2019/20. This is still lower than the 73% recorded at the same point last year and still short of our 80% target.

The ability to record reasons for delay (previously known as reasons for extension) in completing complaints was not available in the complaint app during this period. Therefore, not all cases have a reason for delay recorded having either been closed prior to the functionality being added in the app or being beyond the 6-month time limit on delays. Where reasons were recorded this was largely for those that were still in our old recording system where the functionality was available to do so. Among the reasons recorded for missing the KPI deadlines were: staff leave or absence; the complexity of investigation; delay in response from the service; the complainant being anonymous and unable to provide information; awaiting information from complainant or external agency; and availability of witnesses or specialists.

There were other significant factors may also have had some effect on the performance during this period. The complaints app went live on 21st March 2019 and staff were provided with new ICT equipment in the same week. This resulted in time being lost while inspectors:

- attended training
- familiarised themselves with the new equipment
- worked between two recording systems: existing cases on PMS, new cases on the app
- duplication of effort while awaiting the reporting functionality in the app
- prioritising the completion of cases on our old reporting system, which led to a delay in progressing new cases logged on the app.

Following this transitional period in the first half of the year, our performance has improved. All cases in our previous recording system have now been cleared and staff are now able to focus on new cases logged timeously. Staff are also more familiar with the new equipment and app and reporting functionality is now in place. Work has also been undertaken by the Intelligence Team to provide a management reporting tool which has enabled team managers to monitor and manage performance on a regular

basis. As a result, there has been a demonstrable upturn in performance in the second half of the year. In the second half of 2019/20 from October 2019 until the end of February 2020 we have completed 64% of our complaints investigations within 40 days of registering for full investigation (KPI 3a) and just over 80% over the same period when including complaints resolved by direct service action/investigation by provider (KPI 3b). This upturn in performance will be reported in the upcoming quarterly performance reports.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

No additional resources implications arise from this report and much of the development work in relation to complaints about care services will support the Care Inspectorate being more effective and efficient in its work.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

3.3 Policy

While there are no direct policy implications arising from this report, there have been some broadly relevant developments during the period covered by the report. These include publication of the Scottish Public Services Ombudsman's (SPSO) revised Model Complaints Procedures and the development of new National Whistleblowing Standards ahead of the establishment of the SPSO as the Independent National Whistleblowing Officer from July 2020.

3.4 People Who Experience Care

Robust and responsive complaints investigations support improvement in the quality of care which enables people to experience more positive outcomes.

3.5 Customers (Internal and/or External)

This mid-year report on complaints allows in-year trends to be reported and analysed. This will help to provide the intelligence to focus our scrutiny, assurance and improvement support resources appropriately. This can assist with improving the performance of the organisation in dealing with complaint investigations as well as improving outcomes, assurance and protection for complainants and people experiencing care.

4.0 CONCLUSIONS/NEXT STEPS

The Board will continue to receive quarterly updates on performance against complaints KPIs in their regular performance reports. The annual complaints statistical report will be published in the summer of 2020 and will be included for the Board's discussion at the earliest opportunity.

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Item C
Report No: B-13-2020



Title:	Equality Outcomes Annual Progress Report 2020
Author:	Janice Gibson, Head of Organisation and Workforce Development
Appendices:	1. Equality Outcomes Annual Progress Report 2020
Consultation:	The report has been discussed with the Corporate Equality Group and with colleagues delivering on the actions in the Equality Outcomes and Mainstreaming Report published in April 2019 and the Executive Group.
Resource Implications:	There are no resource implications

EXECUTIVE SUMMARY

This is a progress report following the Equality Outcomes and Mainstreaming Report that was published in April 2019.

This annual report provides an update on the positive progress made in relation to delivering on our four strategic Equality Outcomes for 2019-21 and activities for the next year.

Some key areas of progress to highlight are:

- The achievement of recognised qualifications by our Young Inspection Volunteers who were supported through their work with us to attain a Scottish Higher equivalent award
- The positive impact our work has had in the sector around sexuality particularly in care homes through our LGBT materials, our rights-based approach and our presence at key sector events including Pride
- External recognition of the quality of our work in order to support and encourage a diverse workforce with equality of opportunity for all for example Investors in Young people and Investors in Volunteers

We continue to consider and develop ways that we can improve. There are additional activities some being considered, and some planned for this coming year to support our equality outcomes.

Some areas to highlight are:

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- The involvement of care experienced people has expanded across the organisation into other teams including the justice team and a test of change will take place during 2020 for those with lived experience of the justice system
- Care Home Collaborative work in Highland where through a specific model of approach we are seeking to provide improvement support and equality of opportunity for all care homes in the area.
- A joint strategic inspection pilot of involvement of care experienced people in three distinct areas – complex care, early intervention and repeat hospital admission and discharge
- The development of a project charter with Public Health Scotland to embed the principles of equality and diversity in all joint work and to identify the impact on all groups experiencing care

Since the publication of the Equality Outcomes and Mainstreaming Report 2019 – 21 we have developed and published our Corporate Plan 2019 -22, Improvement Strategy and Strategic Workforce Plan. These key strategies have been significant in driving and further integrating Equality and diversity in all that we do.

The Board is invited to:

- | | |
|----|---------------------------------------------------------------------------------|
| 1. | Note progress made in relation to delivering our Equality Outcomes for 2019-21. |
|----|---------------------------------------------------------------------------------|

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

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection

Regulation 2016/679.

Reason for Confidentiality/Private Report:

(see Reasons for Exclusion)

Disclosure after:

N/A

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Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 1998 or General Data Protection Regulation 2016/679.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

BOARD MEETING 26 MARCH 2020**Item C**
Report No: B-13-2020**EQUALITY OUTCOMES ANNUAL PROGRESS REPORT****1.0 INTRODUCTION**

1.1 This report provides an update on progress made in relation to delivering our Equality Outcomes and Mainstreaming Report for 2019-21. This report sets out progress made during April 2018 to March 2019. As an organisation we have committed to delivering on the following four strategic equality outcomes and we are actively working towards them.

- People from across all protected characteristics find us accessible, have opportunities to get involved and influence our work by telling us about the care and social work services they experience in the future.
- We work with the care service providers we register and regulate to improve awareness and understanding of equality issues for people using care services.
- Our workforce is well informed and engaged around equality issues and are representative of Scotland's diverse population.
- We work in collaboration with external networks and equality organisations to promote awareness of equality issues in care and social work services and raise awareness in these areas.

2.0 OUR RESPONSIBILITIES AS A PUBLIC BODY

2.1 Our responsibilities as a public body are set out in the General Equality Duty (Section 149) of the Equality Act 2010 where we are required to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

2.2 We are also required to carry out specific duties through the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This supports the achievement of the General Equality Duty where we are required to:

- publish equality outcomes and report progress
- equality impact assesses all new and existing policies
- gather and use employee information
- use information on the protected characteristics of our workforce

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- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

2.3 Our internal Corporate Equality group oversees that all that we do takes account of our responsibilities as a public body.

3.0 OUR RESPONSIBILITIES AS A CORPORATE PARENT

3.1 We are also a proud and committed corporate parent. The Children and Young People (Scotland) Act 2014 names the Care Inspectorate as a corporate parenting body. As such we must undertake the following duties.

- Be alert to matters which adversely affect the wellbeing of young people in care and those who have left care.
- Provide opportunities for care experienced young people to promote their wellbeing. Health and Social Care Standards
- Take action to help children and young people to access opportunities and make use of our services and support.
- Promote young people's interests.
- Collaborate with other corporate parents.

3.2 Our internal Corporate Parent group drives and integrates our work around corporate parenting and actively seeks opportunities to raise awareness, work with and support young people experiencing care services.

4.0 OUR RESPONSIBILITIES AS AN EMPLOYER OF CHOICE

4.1 Our Strategic Workforce Plan published in December 2019 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice with effective systems to support talent management and progression in our organisation.

4.2 The plan sets out how we support, equip and develop our workforce in order to deliver successfully on the strategic outcomes of our corporate plan and make a difference to the lives of people experiencing care.

4.3 We have already been externally recognised as an employer with good people management policies, practices and processes in place. This is something we are proud of and want to build on through engaging with our workforce and stakeholders to achieve our outcomes set out in the plan.

BOARD MEETING 26 MARCH 2020**Item C**
Report No: B-13-2020**5.0 PROGRESS ACHIEVED**

5.1 We have achieved solid progress over the past 12 months through a combination of raising awareness, engaging with our workforce, working in partnership with other bodies and with people experiencing care services. Highlights include:

- Working with a range of partners externally to develop key resources such as, working with Healthcare Improvement Scotland (HIS) on the Barnahus standards and with Public Health Scotland to establish a project charter which puts equality and diversity at the heart of all partnership projects
- The positive impact our work has had in the sector around sexuality particularly in care homes through our LGBT materials, our rights-based approach and our presence at key sector events including Pride
- The achievement of recognised qualifications by our Young Inspection Volunteers who were supported through their work with us to attain a Scottish Higher equivalent award
- External recognition of the quality of our work in order to support and encourage a diverse workforce with equality of opportunity for all for example Investors in Young people and Investors in Volunteers

Our drive to be an inclusive employer of choice where we have worked with the workforce internally to raise awareness, provide learning and development and encourage engagement around equality and diversity through a range of means, such as our employee survey, various engagement forums and our Corporate Equality group.

5.2 Our Equality work has an internal and external focus which means that we are focused on balancing the diversity of our current and future workforce, as well as promoting equality of opportunity both internally and externally across the sector in all we do.

5.3 We are already proud of the work we do to involve people who experience care and be an inclusive employer and we continue to strengthen that work. The annual report provides examples of where taking an inclusive approach makes a real difference and impact to the lives of people experiencing care.

5.4 There is clear commitment for continuous improvement in all areas of our Equality focus and the planned work going forward includes reaching out to groups that we may not currently be engaged with This will be done in a variety of ways including conversations with people experiencing care and their carers.

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- 5.5** Our quality conversation event planned for 2020 will also provide an opportunity to share our work and hear from providers and the public. We will also engage our workforce and people who experience care, in the refresh of our Equality Outcomes and Mainstreaming report 2021-23. This will provide a strong influence on what matters to people around our equality and diversity outcomes.
- 5.6** A priority area that we will strengthen is workforce equality information. We will raise awareness through training and articles to stimulate conversations around equality and diversity issues. We will actively monitor this so we can record current Equality workforce data as soon as is possible. This will be supported by the introduction of the module on our self-serve system, Myview. The functionality to support this on the self-serve system has been delayed. Discussions with the provider of Myview are underway to find a solution and deliver this functionality.
- 5.7** We will report progress against our priorities in the Equality Outcomes and Mainstreaming Report to the Executive Group and the Board in April 2021. This will include the proposed new Equality Outcomes and Mainstreaming strategy for 2021 to 2023.

6.0 IMPLICATIONS AND/OR DIRECT BENEFITS**6.1 Resources**

We do not anticipate additional resources above and beyond the current resources deployed in support of this work. The Corporate Equality Group and the LGBT Charter Champion Group both meet quarterly to help mainstream equality and support the achievement of our outcomes. .

6.2 Sustainability

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

6.3 Policy

This paper should be considered in the context of a range of national policy drivers and initiatives aimed at improving equality and human rights outcomes for people across Scotland. For example, the Scottish Government's Programme for Government includes support for the delivery of the work and recommendations of the National Taskforce for Human Rights Leadership and the National Advisory Council on Women and Girls, while action plans on Race Equality, Disabled People's Employment, Fair Work and the Gender Pay Gap continue to be implemented.

Other ongoing developments include a commitment to incorporating the United Nations Convention on the Rights of the Child (UNCRC) into Scots Law in 2020-21 and a consultation on a Gender Recognition Reform (Scotland) Bill, while the Gender Representation on Public Boards (Scotland) Act set a statutory objective

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for equal representation of women on public sector non-executive boards by 2022. Beyond government, plans for a second National Action Plan for Human Rights in Scotland (SNAP2) are being finalised following a period of consultation.

6.4 People Who Experience Care

By investing in our workforce and organisation, staff are well equipped to support positive outcomes for people experiencing care in Scotland. Our workforce will be fully aware of equality and diversity issues, their impact on receiving care and have conversations, internally and externally, which take account of people's rights and health and social care standards. The impact for people who experience care will be assurance that their rights are at the heart of what we do and that we treat people fairly and equitably.

6.5 Customers (Internal and/or External)

Mainstreaming equality has a positive impact for our workforce and for people who experience care services. It is important we support our workforce to understand their roles and responsibilities through learning and development interventions and that there is effective communication and awareness raising. These are built into our equality outcomes and current action plan

7.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note the positive actions and achievements in this annual progress report. From Spring 2020, we will start consulting on new equality outcomes. Our next Equality Outcomes and Mainstreaming Report 2021-2023 will be presented to the Board in March 2021 with a view to it being published in April 2021. This will include information relating to our gender pay gap and occupational segregation (disability, race and sex).

EQUALITY OUTCOMES: ANNUAL PROGRESS REPORT 2020



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INTRODUCTION

This report provides an update on the progress made in relation to delivering on our equality outcomes actions (2019-2021) published in the Equality Outcomes, Mainstreaming Report and Action Plan in April 2019.

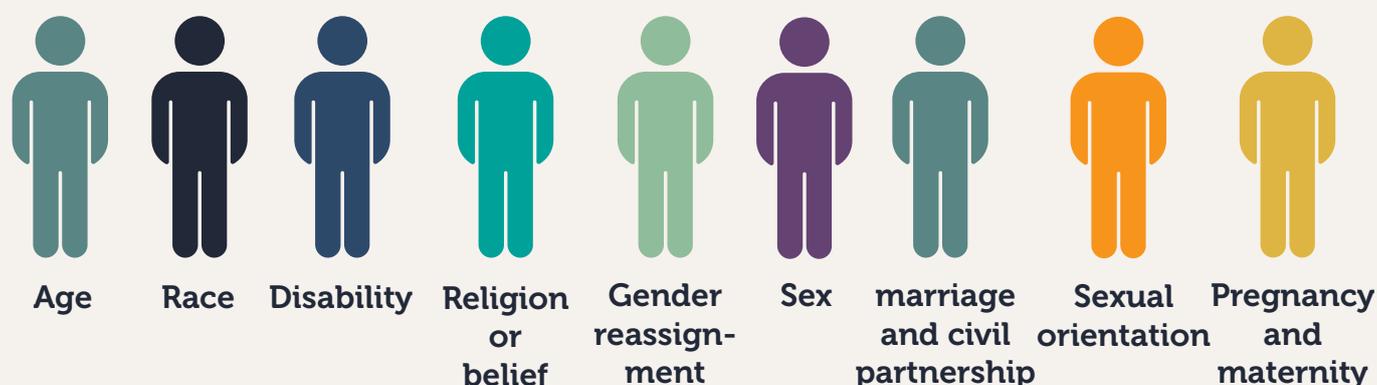
We are actively working towards the following four equality outcomes.

1. People from and across all protected characteristics find us accessible and have opportunities to get involved and influence our work by telling us about the care and social work services they experience and want in future.
2. Care providers have an improved awareness and understanding of equality issues for people experiencing care services because of our work to highlight these issues.
3. Our workforce is well informed and engaged around equality issues and reflects Scotland's diverse population.
4. We promote awareness of equality issues in care and social work services and raise awareness in these areas in collaboration with external networks and equality organisations.



Our responsibilities as a public body

The Equality Act 2010 came into effect in October 2010 and replaced all the existing equality laws at that time. The Act covers nine equality strands which are called 'protected characteristics' and are listed below.



The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, helps to support the better performance of the General Equality Duty. The Specific Duties require public bodies in Scotland, including the Care Inspectorate, to:

- publish equality outcomes and report progress
- equality impact assess all new and existing policies
- gather and use employee information
- use information on the protected characteristics of our workforce
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Specific duties	Reporting cycle	Next report date
1. Report on mainstreaming the equality duty, publish equality outcomes or report progress and publish employee information.	Every two years	April 2021
2. Publish gender pay gap information.	Every two years	April 2021
3. Publish statements on equal pay (from April 2021 this includes sex, race and disability).	Every four years	April 2023

About us

The Care Inspectorate was set up in April 2011 by the Scottish Government as a single regulatory body for social work and social care services, including child protection and the integration of children's services. We are a non-departmental public body (NDPB).

It's our job to check the quality of care in Scotland and help improve care when things are not good enough.

Everyone has the right to high-quality, safe and compassionate care and our work makes a real difference to the lives of many people experiencing care across Scotland.

Our work supports the Scottish Government's National Performance Framework specifically the following six outcomes:



- We are healthy and active.
- We tackle poverty by sharing opportunities, wealth and power more equally.
- We value, enjoy and enhance our environment.
- We live in communities that are inclusive, empowered, resilient and safe.
- Our public services are high-quality, continually improving, effective and responsive to local people's needs.
- We grow up loved, safe and respected so that we realise our full potential.

We regulate **12,888** care and support services and we know, from the thousands of inspections that we carry out each year, that most care services perform well, and people generally experience good-quality care.

People rely on our inspection reports for facts about the services in their areas and our service information helps them make important decisions that can have a huge effect on the quality of their life or the life of someone they love.

We support the voice, choice and independence of people who experience care and we listen. If you have concerns about care, we may be able to help. Last year, we investigated **1,397** complaints and of these we upheld **1,321**.

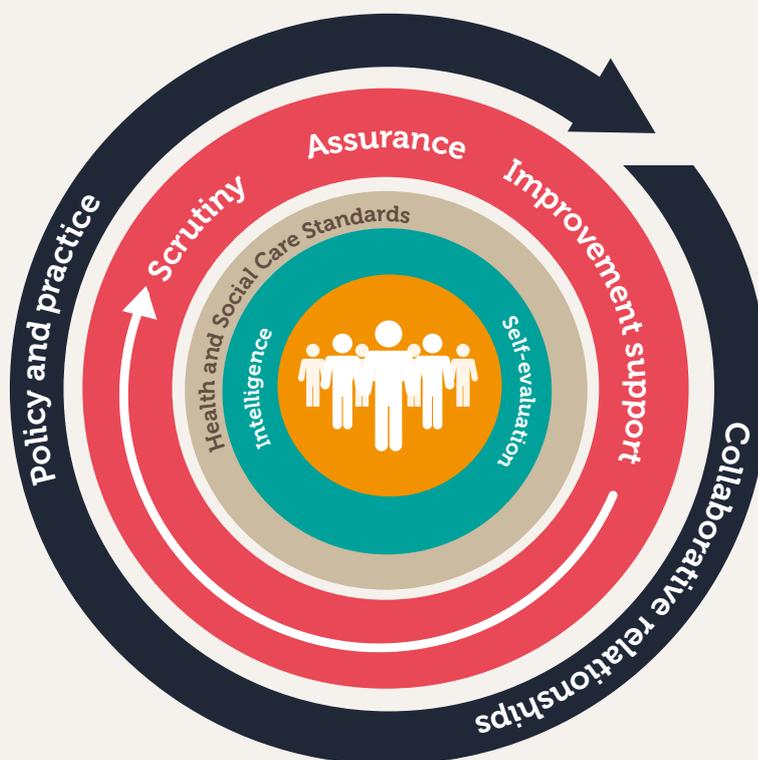
We work with other scrutiny bodies to inspect the social care people experience in local areas. Increasingly, we are working with other organisations to support improvements across public services.

We are driving improvements and innovation in social care and social work across Scotland. We want to see world class care, where everyone experiences good care that meets their needs and wishes, protects their rights and promotes their choices.

Our corporate plan

Our Corporate Plan 2019–22 describes our three strategic outcomes which support our core purpose of contributing to the development of world class care. The Plan shows our commitment to maintain a focus on people’s rights, choices and individual outcomes, the things that matter most to people, as we carry out our work. Equality and diversity is a key principle of the corporate plan. We continue to strive to put equality and diversity at the heart of all we do, and we continue to embed our duties of co-operation, user focus and public sector equality.

- **Strategic outcome one:** People experience high quality care ‘People experience high-quality care services and support where needed.’
- **Strategic outcome two:** People experience positive outcomes ‘Intelligence and evidence gathered from scrutiny, assurance and improvement support work will inform and assure the public and our stakeholders contributing towards addressing health and social inequalities.’
- **Strategic outcome three:** People’s rights are respected ‘People experience person-led, outcome-focused care that respects their rights and reflects the Health and Social Care Standards’.



We continue to embed the Health and Social Care Standards in our work, which puts human rights principles at the heart of what we do.

The Care Inspectorate as a corporate parent

The Children and Young People (Scotland) Act 2014 names the Care Inspectorate as a corporate parenting body. As such we must undertake the following duties.

- Be alert to matters which adversely affect the wellbeing of young people in care and those who have left care.
- Provide opportunities for care experienced young people to promote their wellbeing.

- Take action to help children and young people to access opportunities and make use of our services and support.
- Promote young people's interests.
- Collaborate with other corporate parents.

We have achieved solid progress through raising awareness and delivering on the actions set out in our three-year Corporate Parent Action Plan. This work is everyone's responsibility and is driven by our Corporate Parenting group. The work of the group links closely to Health and Social Care Standards. Full details of the achievements of the group can be found on page 25.

The Care Inspectorate as an employer

Our first ever Strategic Workforce Plan was published in December 2019. It sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice with effective systems to support talent management and progression in our organisation. The purpose of the Strategic Workforce Plan is to set out how we will support, equip and develop our workforce in order to deliver successfully on the strategic outcomes of our corporate plan and make a difference to the lives of people experiencing care.

We have already been externally recognised as an employer with good people management policies, practices and processes in place. This is something we are proud of and want to build on. It also demonstrates that we have met a high standard of commitment and practice as an employer. These include achieving the:



We are also an employer who supports and pays the living wage and we demonstrate our commitment to equality in the workplace by being members of the Disability Confident Committed scheme. This encourages our employees to talk about disabilities that are often non-visible, for instance, hearing loss.

Our values

We have an overall responsibility to comply with the Equality Act 2010 which is designed to protect people's rights. Beyond our legal duties, we strive to promote equality and eliminate unfair treatment wherever we can. This is integral to our organisational values.



WHAT PROGRESS HAVE WE MADE ON DELIVERING OUR EQUALITY OUTCOMES?

Outcome 1 – People from and across all protected characteristics find us accessible and have opportunities to get involved and influence our work by telling us about the care and social work services they experience and want in future.

Involvement of care experienced people

We are proud to have achieved the 'Investing in Volunteers' accreditation for our involvement work at the Care Inspectorate. Work started in January 2020 to review our policies and improve access to information for our volunteers to ensure that this accreditation is maintained.

'[Involving you!](#)', our involvement strategy 2018-2021, outlines how we will involve people who have experienced care and their loved ones in our work over the next three years. It is written for anyone who is experiencing or has experienced care and who wishes to get involved in supporting care services in trying to ensure Scotland provides safe, high quality and outcomes focused care which reflects the rights and choices of people who use them.

Our strategy also guides our work and helps to ensure that we remain focused on hearing the voice of people experiencing care, being influenced by their feedback and acting on it.

Our strategy is divided into three parts:

1. Introduction and overview

About us and our ethos of involving people experiencing care

2. Involving you!

Our commitment to involving people experiencing care and how we do this

3. Moving forward – what we aim to achieve in the next three years

The action plan for the next three years and how success will be measured

At the end of 2019, we reviewed actions in our involvement strategy 'Involving You!' to bring them in line with the strategic outcomes in the Corporate Plan 2019–22. We also reviewed the actions so that they were measurable to evidence improvement. For example: To increase the percentage of scrutiny and improvement support interventions, projects and programmes, which involve people with care experience, year on year.

External groups

We are currently working with around 12 external agencies and community groups across Scotland on eight projects. We are working closely with Healthcare Improvement Scotland (HIS) on the Barnahus Standards which are discussed later in this report. We responded to the Scottish Government's consultation on the 'Carers Strategic Policy Statement' which aims to map the main policies across the Scottish Government which are relevant to carers; and set out the overall approach and outcomes these policies contribute towards. The Care Inspectorate is a member of the European User Perspective and Participation Group which uses intelligence from people who experience care across Europe to shape the improvement support provided to the care sector in Scotland.

Through our work with young people we work regularly with several partner agencies such as Aberlour, Quarriers, Includem and CELCIS (Centre for Excellence for Looked After Children in Scotland).

We provide ongoing support for our young people through Move On Scotland, a third sector organisation who provide mentoring support for vulnerable young people to help them unlock their untapped potential. Move On Scotland staff provide support to our young inspection volunteers on inspection and we have recently put in place a one to one mentoring scheme for all our young inspection volunteers to provide support in their lives beyond their work with the Care Inspectorate, for example supporting access into education and support in managing finances.

We also work closely with Who Cares? Scotland, another third sector organisation who provide advocacy support for children and young people, to deliver our corporate parent training to all our staff. To date, training has been delivered with good feedback, to the Executive Group and our engage in change members, with our Board receiving training in Spring 2020. Planning is underway for delivery across all staff groups from Spring 2020 onwards.

Our involved people

We currently have 75 adult volunteers and 15 Young Inspection Volunteers (these numbers fluctuate due to changing personal circumstances). We aim to recruit between 10-12 new involved people twice a year.

We recognise that we need to increase the diversity of our involved people, particularly in terms of race and sex, almost 90% of adult volunteers are female. During 2020, we will target recruitment to increase male involvement and to increase the numbers of involved people from a black, Asian, and minority ethnic (BAME) background who are care experienced. We plan to do this during 2020 by working with male only community organisations such as Men's Sheds, BAME, faith and cultural groups, to share information on what we do and how they can become involved. We will continue to recruit via traditional carers and volunteer networks across Scotland.

It is important that we undertake this work as research tells us that people's experience of care can differ depending on their sex and race, so we want to try to ensure that we hear experiences from all backgrounds.

During 2019 the involvement team collaborated across the organisation to begin work on developing five new involved people roles.

- **Justice Team** – working with inspectors from the justice team, we are piloting a role for those with lived experience of the justice system to be involved in the inspection of community payback schemes. The pilot will run using professional staff from Turning Point Scotland who have lived experience supported by our volunteer co-ordinators. They will observe, reflect and feedback from a person with lived experience perspective on a community pay back service inspection during March 2020.

We will run a focus group in March 2020, hosted by Vox Luminis with those who have lived experience of the justice system and an interest in supporting our work in this area. They will help us think about how we shape this vital role. Both Turning Point Scotland and Vox Luminis are third sector organisations who specialise in supporting people facing the most complex and challenging situations and, in particular, those coming out of the justice system.

- **Joint Strategic Inspection** – the involvement team are working with our strategic inspectors, strategic inspectors from Healthcare Improvement Scotland and their Patient Public Involvement to develop an appropriate role for involved people for these inspections. This work has arisen as part of the response to the Ministerial Strategic Group's request that inspection samples should seek to identify individuals whose outcomes are likely to be impacted by integrated arrangements, encompass a range of needs and interventions that are relevant to examining the whole partnership and is balanced across health and social care.

Following discussions between ourselves and Healthcare Improvement Scotland, this work will initially focus on individuals whose outcomes are likely to have been impacted by the following functions:

- support to be able to look after their own health and wellbeing
 - interventions and support to reduce the risk of admission to hospital and to facilitate discharge from hospital
 - health and social care support to meet intensive needs to enable people to remain at home or in a setting
 - areas identified by partnerships where integrated arrangements are thought to be achieving good outcomes.
- **Children and young people** – working with inspectors in the children and young people's teams, we have identified two areas which the teams feel would be appropriate and interesting to develop a role for our young inspection volunteers. These are foster care services and placements and independent schools. This work is planned to commence in Q3 2020.
- **Registration process** – early discussions have taken place around developing a role for involved people which would support the registration process from application to approval. This will be a very different role from that of the current inspection volunteer as this approval process takes place over several weeks/months and will need careful consideration and consultation with the teams involved. The consultation and planning for this work is due to begin in Q3 2020.
- **Safe Staffing Project** – the involvement team and our involved people are currently supporting this Scottish Government funded project. The Health and Care (Staffing) (Scotland) Act 2019 legislates the guiding principles for health and care staffing which provides safe and high-quality services and ensures the best health care or care outcomes for people who use services.



So far, our involved people have supported phase one of this project by taking part in two focus groups on 'what constitutes safe staffing' for instance, does the registered nurse role add value in a care home setting?

Phase two of this project will see involved people working in co-production with professionals on the project's 'Special Interest Group', supporting:

- the development of the full project plan
- the development and recruitment of professional project job roles
- discussions around the development of a safe staffing tool or guidance taking part in external engagement activities with service providers.

Involving People Group

We are currently refreshing the membership and terms of reference of the Involving People Group (IPG) with specific focus on supporting those in hard to reach groups.

During 2019, we invited our volunteers to give their views on the existing IPG format and areas of work. From this consultation, a small working group of volunteers and the involving people team are now working to produce the purpose, membership requirements and format of the group. We expect the new group to lead on involvement projects across the organisation and hope that the group will to be chaired or co-chaired by an involved person.

The newly designed Involving People Group will be launched Spring 2020.



Photo: Members of the Involving People Group



Working with equality organisations

During 2019, we collaborated with a wide range of equality organisations. Colleagues from across the organisation have met and worked with a wide range of organisations, including, but not limited to:

Age Scotland

Carer Positive

CELCIS

Children and Young People's Commissioner Scotland

Healthcare Improvement Scotland

LGBT Health and Wellbeing

LGBT Youth Scotland

Move On

National Advisory Council on Women and Girls (NACWG)

Pride

Scottish Throughcare and Aftercare (STAF)

SCVO (Edinburgh)

SSSC Dementia Ambassadors

Stonewall

Who Cares? Scotland

We are building closer links with Age positive, Carer positive, the First Minister's National Advisory Council on Women and Girls (NACWG) and Stonewall. It is our intention to continue to build links with appropriate equality groups throughout 2020.

Our external communications

Our external communications team actively seeks out, supports and promotes equality issues through our various channels. For example, following equalities organisations and groups on social media to share and repost messages and lend support to promote campaigns and national and international days. We are a corporate member of the Plain English Campaign and members of the external communications team hold Plain English Diplomas. We practice a policy of writing in plain English, so our communications are clear and accessible. We are currently working with suppliers to ensure our website complies with the new Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.

The Care Inspectorate was awarded a Certificate of Recognition by Happy to Translate. We achieved our certificate of recognition because we feature the logo on all of our public facing publications and have a long-standing policy of investing well in our translations offer and processes, so that people have easy access to our information in other languages. We offer alternative formats such as British Sign Language (BSL), audio and easy read.

We provide translations and alternative formats on request from people experiencing care and members of the public. In the past year, we fulfilled requests for the following:



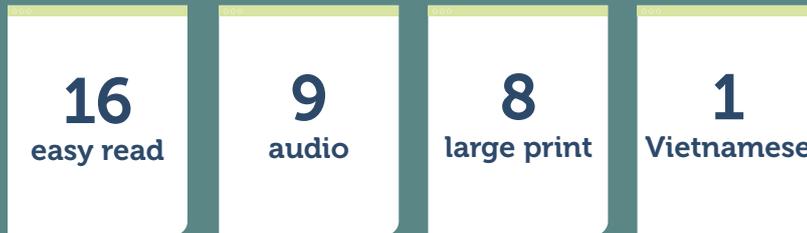
Gender Equal Play Publication into Polish

Questionnaires into; Tigrinya, Somali, Vietnamese and Croatian. We have also had provided them in Braille, Audio, Moon (a system of raised shapes which can help blind people of any age read by touch endorsed by the Royal National Institute of Blind People) and large print.

Comments from returned questionnaires translated back into English from Arabic and Bulgarian.

Health and Social Care Standards into Vietnamese, Sudanese and Arabic.

Inspection reports into



We provide interpreters on request from our inspectors wishing to engage with people experiencing care in the course of our work. We recently arranged for a BSL interpreter to attend a registration meeting between an inspector and a provider.

Events

We have participated in events such as the Connect Us Too Mental Health Summit, an event organised by Deaf Scotland to raise awareness about mental health and deafness.



During June and September 2019, we attended 10 Pride events including Glasgow, Edinburgh, Aberdeen and Dundee. This provided the opportunity to have good conversations with the public about LGBT equality in care services. In turn, this helps to dispel myths, such as, individuals need to hide their sexuality from the care service and it can offer reassurances that they can be themselves and can experience good quality care.



Outcome 2 – Care providers have an improved awareness and understanding of equality issues for people using care services because of our work to highlight these issues.

Discussions with care services

The LGBT Champion Charter Group continues and has been strengthened over the past year. The external communications team are developing helpful resources to share with care service providers. The message on these resources is 'We're here for you' and will include our email address to encourage people to contact us if they have questions or concerns. The resources also act as a visual reminder to care services about the importance of an individual's sexuality, choice and rights, and links to the health and social care standards.



Our work has received positive feedback. These two quotes from care service managers provides a useful insight to how our materials have helped to highlight LGBT and diversity.



'The materials did help to initiate discussion within the team about diversity and our practice as a service. I think that this in conjunction with our training and our participation in the project which seeks to clearly record how each resident wishes to identify has raised awareness within the team which will be reflected in our practice. I continue to use the pen pot for visitors signing in and to display a postcard on the visitors notice board... I feel it may raise awareness and perhaps reassure visitors about our service and the values we hold.'

Care service manager

'They never considered LGBT people in care homes before now, after chats about obstacles that individuals may face when disclosing their individuality, prior or during admission to residential care, this has made the team more considerate and open minded when asking of individuals relationship status... before assumptions may have been made of opposite sex marriage being the same for everyone. On looking at how the care home supported inclusion for everyone this was not apparent or visually obvious in the home, this has brought about change where there are now posters displayed within the home that give confidence to everyone that the care home is supportive to equality diversity and inclusion.'

Care service manager

To further promote awareness within the sector, we will trial wearing rainbow lanyards during a range of inspections across the country. Research shows that wearing rainbow lanyards can help to create an environment where LGBT people feel safe to open up about their sexual orientation / gender identity. It will be entirely voluntary for staff, regardless of sexual orientation and gender identity, to wear the lanyards. The lanyards are a visual aid to indicate that the inspector is a safe listening ear who will offer support without judgement. We will measure the impact of this by gathering anecdotal evidence from inspections where people have engaged the inspector around LGBT related issues.

Sexuality guidance

We will highlight the current available resources and good practice to encourage sexual health and relationships in care plan reviews. This will encourage healthy discussion about sexuality in care services as well as providing an opportunity to disclose abuse, gender-based violence and homophobia.

Improvement support

The Improvement Strategy 2019–2022 supports our new corporate plan and contributes to realising our vision and common purpose of world-class care for everyone in Scotland. It continues to embed the Health and Social Care Standards.

The strategy demonstrates how we have successfully strengthened our improvement support role and function across the Care Inspectorate and celebrates the difference that has been made, to the lives of people experiencing care.

Over the past two years we have further built and nurtured relationships with other improvement bodies and organisations, such as the iHub in Healthcare Improvement Scotland (HIS) and Public Health Scotland, in order to maximise our collective improvement support efforts and develop, share and spread good practice.

Working collaboratively with local communities and local subject matter experts, where we cannot directly provide much needed expertise, is also essential to support sustainable positive change. The cornerstone to supporting improvement is developing and nurturing relationships with all stakeholders.

Outcome 3 – Our workforce is well informed, engaged around equality issues and reflect Scotland’s diverse population



Age Scotland focus groups

We are one of five employers that have secured Scottish Government funding to work with Age Scotland and develop our own Age Inclusive Matrix (AIMS) for 2019-2020. The matrix focuses on different areas that have helped us to develop a prioritised organisational action plan. We have set up a cross organisational steering group that oversees the project. In November 2019, we held a staff focus group to help inform the development of the action plan.

The purpose of this work is to ensure that we provide, amongst other things, an age inclusive environment, where staff feel valued, respected and also feel able to contribute to their full potential at all ages and stages of their career.

The action plan commits us as an employer to:

- run age inclusion training for line managers and employees, linked to our core people management policies
- provide support for employees with caring responsibilities
- run health and wellness campaigns including taboo age-related topics (such as the menopause and prostate health)
- provide quality finance, pension and legal advice to support decision making about retirement, including 'Planning for Your Future' workshops. We have five booked over the next two years
- ensure our recruitment approach is clear in all advertising and communications that we are an inclusive employer.

The steering group will continue to meet during 2020 to implement the action plan.

Youth Employment Strategy

The Care Inspectorate’s Youth Employment Strategy (2020–2023) is currently being updated. Our new strategy re-affirms our commitment to supporting the development of Scotland’s young workforce (16 to 24 year olds) and continues to support the Scottish Government’s Youth Employment Strategy 'Developing the Young Workforce'. It also expressly references our corporate parenting responsibilities which is already referenced in this report.

As an organisation, we continue to provide a wide range of opportunities for young people including modern apprenticeships, internships, work placements and volunteering. We also support young people with their learning and development to help them overcome any barriers they may face to ensure they have fair access to job opportunities at the Care Inspectorate. The 2019 report from our last assessment by Investors in Young People stated that they believe the “Care Inspectorate will go from strength to strength in providing good quality experiences, skills, qualifications and careers for young people based on the evidence provided to them”. The next review is due in May 2020.

First Minister's National Advisory Council on Women and Girls (NACWG)

We were contacted by the First Minister's National Advisory Council on Women and Girls (NACWG) to ask whether the Care Inspectorate are applying a gender focus to our work and what systems we have put in place to ensure that all outputs are gender sensitive. As a result of our communications we have become a 'circle member' organisation. This means we are committed to furthering gender equality and change in Scotland. The feedback received from the circle meetings will help the NACWG as they prepare their end of year report to the First Minister. From Spring 2020 we are looking to take forward 'satellite wee circle events' in our own organisation. We are aware that there are some issues in the care sector that we can influence positively through our work such as promoting gender equality in early learning and childcare settings. This would build on our 'Gender Equal Play' improvement support resource. We will be celebrating 'International Women's Day' on 8 March 2020 and will use this as an opportunity to raise awareness about gender equality both in terms of our workforce and the work we do as a scrutiny and improvement body.



During this last year, we attended a 'Carers Positive' employer event to discuss current best practice. We celebrated 'Carers Rights Day' on 21 November 2019 and circulated a survey to our staff who identify as carers to gain feedback on how they experience our policy and practices. What we found was the following.



Results. Carers Survey November 2019

While awareness is positive, more will be done to actively promote carers rights, connections and the policy through internal engagement.

From April 2020 carers will be entitled to up to five days leave paid. This is in addition to provisions made under other flexible and family leave policies. We will introduce 'carer ambassadors' later this year who will champion the carer positive scheme and provide feedback on how the organisation can continue to support employees with caring responsibilities. The ambassadors will be supported in their roles to study for a carers course through the Open University and attend relevant meetings.

Employee engagement survey

We are committed to engaging, supporting and developing our staff at all levels. Our culture strategy sets out a clear vision for an empowering, engaging and inclusive culture where everyone has support and opportunities to achieve their fullest potential. Our strategic workforce plan also makes a clear statement and commitment to be an inclusive employer of choice and promote equality of opportunity for all within the organisation.

Employee engagement is at the heart of how we work and our recent employee survey in May 2019 provided insight to the areas working well and those that require improvement. In the spirit of inclusiveness, we have worked with keen staff volunteers, through three working groups, across the organisation to understand further the areas to develop and create a focused action plan to address these.

Participants have highly valued this approach, as have the trade unions as they feel it demonstrates collective ownership and problem solving and an inclusive approach. The outcomes of all the work we deliver collectively in response to the employee engagement survey action plan will be reflected in a 'You said We did' report which will outline how we have implemented change required and celebrated success where things are working well.

The strategic workforce plan

Outcome four states 'My organisation is committed to creating a diverse and inclusive workplace'.

We want to attract, retain and develop the best talent and give every individual in our workforce the opportunity to progress. Tackling inequality is a strategic aim and, as an employer, we want to be fully representative of a modern Scotland. Making sure our workforce represents different backgrounds with different experiences and attitudes will give us new approaches, more innovative solutions and better customer service. We need everyone to feel they can be themselves at work, so they thrive personally and perform at their best.

We are currently working to assess how we can achieve a more representative balance in our workforce profile in terms of all the protected characteristics. Work is progressing to develop career pathway roles to attract different skills, experience and backgrounds. Our new approach to recruitment campaigns, currently being tested, will also aim to reach a more diverse pool of talent and encourage them to work for us. Work is also progressing to analyse, understand and support the needs of our unique older workforce to provide support in the best way possible.

We will monitor and measure delivery of outcome four through our employee survey which takes place every two years. We will also use annual temperature check surveys to review progress for equalities.

Corporate Equality Group

The purpose of the Corporate Equality Group is to drive the delivery and progress of the actions from our Equality Outcomes and Mainstreaming Report 2019-2021. We reviewed the group's remit and membership during 2019. The group agreed its refreshed remit on 31 October 2019 and will meet on a quarterly basis.

A key role for the group is to support the mainstreaming of equality in relation to all the protected characteristics listed under the Equality Act (2010). It will achieve this through leading on the delivery of the corporate equality action plan and communications plan to actively promote equality and diversity.

LGBT Charter Champion Group

The LGBT Charter Champion Group is a sub-group of the Corporate Equality Group and has also recently revised their terms of reference. The group also meets on a quarterly basis.

The purpose of the LGBT Charter Champions Group is to support the delivery of the action plan from our Equality Outcomes and Mainstreaming Report 2019-2021 that relate specifically to LGBT equality issues. The group also deliver the LGBT Charter. While the group is focused on LGBT rights, it recognises the importance of inter-sectionality. This is where an individual's identity is made up of many layers, not just their sexuality or gender identity, for instance. age, race, religion and social background.

Since April 2019, the group has helped to raise awareness of LGBT equality to our leaders and managers through delivering presentations to the Executive Group, Partnership Forum and Engage in Change.



Photo: The LGBT Charter Champion Group with our Chief Executive

The group requested feedback from our 'Engage in Change' event in October 2019. This helped to improve the clarity of information about the group, it's work, the importance of raising awareness externally across the sector through attendance at Pride events and, the important role of LGBT allies.

During February 2020 we celebrated LGBT History Month to further raise awareness. This included publishing a blog from our chief executive, a timeline of LGBT history and a personal story from a member of the LGBT group about how this timeline applied to them and their experience.

Faith Group

The Faith Group is a self-organised group which mainly meets in our Edinburgh office. The group focuses on faith issues, faith in the workplace and encourages employees to get together as a community in a social setting. This provides an opportunity for connection and awareness raising.

Learning and development

We have invested in raising awareness and building knowledge of equalities and diversity across our workforce. From 2019, the following learning and development activities have been delivered.

- An easy to access e-learning module 'Diversity 101'.
- Our online Know-how toolkit provides bitesize learning and resources on equalities and diversity.
- Equalities training delivered to 32 new inspection volunteers during their induction.
- LGBT Youth provided a session specifically for our young inspection volunteers.
- LGBT Youth delivered a training session to the Children and Young People's team on transgender issues.
- Delivered 10 training sessions of the Short Observational Framework for Inspectors (SOFI) to support inspectors to consider the perspectives of people with limited communication abilities.
- Promoted a dementia event for people with a learning disability (this event was organised by the Alzheimer's Society and the University of Stirling).
- Equalities is an integral part of our professional development award (PDA) programme for inspectors.

Corporate Parenting training was delivered to the Executive Group in January 2020. A planned session for managers will be delivered in April 2020 and a session for the Board is planned in May 2020. Training for all staff will also begin then.

An equalities and diversity learning and development programme has been developed through consultation with the corporate equalities group and the policy review group. The first phase of the training will be implemented from April 2020.

We are also currently refreshing the content of the equalities information for our corporate induction programme for new staff. This will be launched in Spring 2020.

Mainstreaming our approach through our policies and procedures

An established policy review programme is in place and sets out key reviews until 2023. Our policy review methodology is centred on consulting with colleagues across different teams and offices. The policy review group is a cross representative group of staff that meet twice a year. Their role is to consider the policies under review and provide a steer on what works well, what works less well and any equality issues arising. We value consultation and capture all feedback in our consultation log which is shared with our approval groups (Executive Group and Partnership Forum). All policies are written in plain English and we actively support our staff to understand our policies and their roles and responsibilities.

We assess the equality impact for all new policies and those that have significantly changed. The purpose of the assessment means we are confident that our policies do not disadvantage anyone with a protected characteristic.

We will strengthen our equality impact assessment process in 2020 to include the children's rights and wellbeing impact assessments and the islands impact assessments. We also use Scotland's Equality Evidence Strategy 2017-2021 and evidence finder to help make effective and inclusive decisions about our policies and processes.

Since April 2019 we have carried out the following minor policy reviews:

- carers
- career break
- code of conduct
- discipline
- equality and diversity
- equal pay statement
- grievance
- fostering
- learn, experience, achieve, develop (LEAD)
- local government pension scheme (LGPS) employer discretions
- maternity leave
- ordinary parental leave
- relocation
- retirement
- shared parental leave
- special leave.

Since April 2019, we have carried out the following major policy reviews:

- dignity at work
- capability
- learning and development
- maximising attendance.

The dignity at work policy is an important policy that we reviewed to ensure that we have a support mechanism for colleagues who believe they have experienced bullying, harassment, discrimination or victimisation in the workplace to raise their issues.

In addition to policies, we will also be consulting with our staff to develop our new equality outcomes later this year for our biannual report in April 2021.

Equalities group internal communications and engagement plan

Our internal equalities communication and engagement plan supports raising awareness and building understanding of equalities across the organisation. The plan includes the promotion of significant equalities dates, for example, 'International Women's Day on 8 March 2020'. It means our staff will be well informed to support the delivery of our equalities and mainstreaming duties as a public sector body. We have an exciting staff conference event planned in May 2020. This event will be accessible for all employees and an equalities stand will be present to showcase information and promote awareness.

Healthy Working Lives Gold



In February 2020, the Healthy Working Lives review focused on equality and diversity. The organisation invests in the health and wellbeing of our staff, including mental health. We are promoting mentally healthy workplace training, an introduction to the stress management competencies workshop and resilience and wellbeing workshops.

Outcome 4 – We promote awareness of equality issues in care and social work services and raise awareness in these areas in collaboration with external networks and equality organisations

Joint working across the public and third sector

We meet regularly with colleagues as part of working groups and on a one to one basis to ensure that we can promote awareness of equality issues in care and social work services, learn from our peers, and pull our resources to provide better outcomes for all people in Scotland. We are part of the NDPB (non-departmental public bodies) equality working group and work together in several sub-groups to achieve timely and high-quality work towards our public sector duty as part of the Equality Act 2010.

We provided feedback into the following consultations:

- Gender Representation on Public Boards
- Scotland's Second National Action Plan for Human Rights (SNAP2).

UN convention on the rights of the child

As a public body, we are now required to report on how our work supports the various articles of the 'UN Convention on the Rights of the Child (UNCRC)'. This year, 2020, will be the first time there has been a requirement for us to report on this and we will continue to report on this every three years. The focus of the report will be the work that has taken place from April 2017 to March 2020 and the agreed actions from the summer 2020 to March 2023.

We are working with our young inspection volunteers to develop this report, so that their voices are heard and to find out how our work makes a difference to them. We held our first focus group with our young inspection volunteers in January 2020. They are advising us on the format of the report to ensure it is accessible to children and young people and their families.

We attended the Fire Starter Festival in February 2020, which looked at how co-design approaches to the expressive arts can help care-experienced children access their rights as defined by the UNCRC.

Barnahus Standards

We are co-leading standards with Healthcare Improvement Scotland for a Barnahus response to child victims and witnesses of violence in Scotland. The Barnahus:

- is a child-centred and trauma-informed response to victims and witnesses of violence
- focusses on support for the child, young person, and their families
- reduces harm
- is rooted in multi-agency collaboration and integrated working practices
- enables the pre-recording of the child or young person's initial statement and evidence in an age-appropriate environment.

Exploration of the Barnahus model, as described in the 2018-19 Programme for Government, sits alongside an additional policy intention to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into Scots law.

Corporate parenting

With a focus on planning and reporting, our Corporate Parenting Group considered the practical implementation of our legal responsibilities, as well as the involvement of young people and staff around these areas. We achieved our Investors in Young People's accreditation award in May 2016 and this is currently being reviewed for re-accreditation.



We actively promote and deliver our role as corporate parents through our Corporate Parenting Action Plan, which is reviewed every three years. Being a corporate parent is everyone's responsibility. Part of this plan was to support our young inspection volunteers to develop experience of volunteering and to transfer this learning into a formal qualification.

In Summer 2019, five of our volunteers were presented with their level six Community Achievement Award. This is equivalent to Scottish Higher qualifications. All of the successful candidates will pursue the next level of the award which is an HNC level qualification in 2020. A further three young inspection volunteers will undertake the level six award this year and will be supported by the one to one mentoring with Move On Scotland.



Photo: The young inspection volunteers celebrating their level six Community Achievement Awards with Gemma Watson Involvement Adviser.

We have successfully delivered our Corporate Parenting Action Plan and will be refreshing the plan in 2021. Our achievements include:

- young inspection volunteers representing us on the care review working group
- young inspection volunteers involved in the development of a complaints text service and an easy to read "How to complain" leaflet aimed at care experienced young people
- young inspection volunteers delivered training to inspection staff and will provide awareness raising on the complaints service to service providers from Spring 2020
- young inspection volunteers worked with the strategic inspectors to review methodology and to develop questions and activities to engage children and young people
- we have developed a comprehensive training programme for our young inspection volunteers
- developing a cover competition for strategic inspection reports
- involving young inspection volunteers in the development of the new quality framework for services for children and young people
- working with young people on the development of the Compassionate Care resource for care providers
- young inspection volunteers participating in both regulatory and strategic inspections of children and young people services
- continuing to be active participants in the national corporate parents' collaborative led by Scottish Government.

Stand Up for Siblings

Young inspection volunteers worked with 'Stand up for Siblings' to make a film about the importance of sibling relationships for care experienced children and young people. This work was recognised nationally and won a Herald society award for Partnership working.

This work was also presented at the Care Leavers Covenant conference and the Scottish Institute for Residential Child Care (SIRCC) conference in 2019. The film is now part of our Compassionate Care resource for the sector.



Photo: Stand Up for Siblings (SUFS) which won the Herald Award for partnership working

Carers (Scotland) Act 2016 Implementation Steering Group

The Carers (Scotland) Act Implementation Steering Group (ISG) produced and agreed a National Carers Act Implementation Plan. As a key partner, we are committed to sharing and promoting information and support around the Carers Act/carers rights. This is available to care providers and partnerships. One of the key routes for sharing information is through our knowledge and learning portal, The Hub.

We are represented on the Carers Act implementation group by the executive director of strategy and improvement. We are also a key partner on the development group, which is currently developing a Carers Act Learning and Sharing Event, scheduled to take place on 18 March 2020 in Edinburgh.

LEARNING FROM WORKFORCE EQUALITY MONITORING DATA

We collate data on our workforce by protected characteristic groups. This provides an overview of workforce diversity and helps to inform how we support colleagues across the organisation.

To protect the identities of individuals, we do not publish any values where we have fewer than five individuals (less than 1% of our workforce). The information provided is based on a headcount of 605 employees.

December 2019	April 2019	Difference
605 employees	608 employees	↓ 3 employees
78.7 % are female	79.6% are female	↓ 0.9%
21.3% are male	20.4 % are male	↑ 0.9%
2.6% have a disability	2.8% have a disability	↓ 0.2%
35.9% are married/in a civil partnership	38.3% are married/in a civil partnership	↓ 2.4%
73.2% are aged between 45-64 years	75.5% are aged between 45-64 years	↓ 2.3%
21.3% no religion	23% no religion	↓ 1.7%

We have made progress in recruitment. A new applicant tracker has been developed to assist with the measurement of recruitment activity for example, we can report on all stages of the recruitment process. This will be used to assist with equal opportunities monitoring.

We are also reviewing how we are collecting equality data from job applicants to make the process easier for them.

We are aware this information does not provide a full picture of our employees as some may not have disclosed information on all of their protected characteristics. We will proactively encourage colleagues to provide information on these areas through internal engagement.

Reporting, Monitoring and Review

We will publish a full review of the progress we have made in meeting our equality outcomes and our approach to mainstreaming equality in April 2021, in line with our legislative obligations. The Executive Group, supported by the organisational and workforce development team, will continue to be responsible for driving progress on our equality activity.



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This paper is an addendum to the Q3 Performance Report paper B-05-2020.

Briefing note: Latest end-of-month update for selected indicators.

This summary provides the latest available position on selected scrutiny KPIs, namely:

- KPI2: % of statutory inspections completed
- KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only)
- KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)
- KPI5: % of registration applications completed within timescales

Scrutiny KPIs as at 29 February 2020

KPI	Performance at 29 February 2020
KPI2: % of statutory inspections completed	96%
KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only)	50%
KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)	73%
KPI5: % of registration applications completed within timescales	76%

Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 5 March 2020

Recommendation requiring approval or action by the Board	
Minute no.	Subject (in brief)
12.0	<p>Digital Development Programme Update A detailed report was provided to the Committee. Members agreed that this remained a critical area of risk to the organisation and assurance was required that future risks would be mitigated realistically. Specifically, these were:</p> <ul style="list-style-type: none"> • Planning and governance • Expertise and skills • Ongoing delay to the programme • Efficiency savings not being realised and impact on finances • Ability to pay back Scottish Government loan • Reputational risk <p>The Committee also agreed to recommend to the Board that an oversight group should be established.</p>

The Board may also wish to note the Committee's discussion of the following matters of potential significance or special interest	
Minute no.	Subject (in brief)
13.0	<p>Risk Register Monitoring The Committee discussed some proposed updates to the risk register monitoring document. The main area for discussion was in relation to Strategic Risk 2 - financial sustainability. The Committee agreed to the risk being re-scored and to increase the level of residual risk. The Committee also agreed changes to Strategic Risk 3 (Workforce Planning), Risk 6 (ICT Data Access and Cyber Security and Risk 9 (Staff Capacity).</p> <p>A revised draft Strategic Risk Register will be brought to the Audit and Risk Committee in May, followed by discussion by the Board at its June meeting.</p>



Minutes

Meeting: Audit and Risk Committee

Date: 5 March 2020

Time: 10.30 am

Venue: Room 1.12, Compass House, Dundee

Present: Bernadette Malone, Convener
Gavin Dayer
Ronnie Johnson
Bill Maxwell
Keith Redpath

In Attendance: Peter Macleod, Chief Executive
Paul Edie, Chair
Gordon Weir, Executive Director of Corporate and Customer Services (EDCCS)
Edith Macintosh, Interim Executive Director of Strategy and Improvement
Kevin Mitchell, Executive Director of Scrutiny and Assurance
Kenny Dick, Head of Finance and Corporate Governance (HFCCG)
Fiona McKeand, Executive and Committee Support Manager (ECSM)
Janice Gibson, Head of OWD (Item 8 only)
Gordon Mackie, Programme Manager (Item 12 only)
Rachel Mitchell, Information Governance Manager (Item 14 only)
Gary Devlin, Scott-Moncrieff
Jo Brown, Grant-Thornton
Kenny McClure, Head of Legal Services (Effectiveness and Development session only)

Apologies: Linda Pollock, Board member

Item	Action
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1.0 WELCOME

The Convener welcomed members, officers, staff and auditors to the meeting.

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2.0 APOLOGIES FOR ABSENCE

Apologies for absence were noted from Linda Pollock, who was retiring from the Board on 9 March 202. On behalf of the Committee, the Convener wished to record thanks to Dr Pollock for her contribution and commitment to the work of the committee during her term of office.

3.0 DECLARATION OF INTEREST

There were no declarations of interest.

ITEMS FOR DISCUSSION

4.0 MINUTES OF MEETING HELD ON 28 NOVEMBER 2019

The minute of the meeting held on 28 November 2019 was **approved** as an accurate record.

5.0 ACTION RECORD OF MEETING HELD ON 28 NOVEMBER 2019

The Committee noted the updated action record.

6.0 MATTERS ARISING

The Convener referred to item 17 of the previous meeting; narrative to the Board, specifically the Chief Executive's correspondence to the Scottish Government about the benefits of a three-year funding plan. The Chief Executive advised members of discussions that had been held with the Sponsor branch depute director when it had been indicated unlikely to be able to set a three-year plan. At the time of the Committee meeting, the Scottish budget was still to be confirmed.

7.0 INTERNAL AUDIT PLAN 2019/20 FOLLOW UP REVIEW PAPER

The internal auditors presented the report which summarised the status of the 18 open actions following the previous review in October 2019. Of those actions, nine were due to have been completed as at 31 December 2019. The report concluded that good progress had been made, with seven of the actions having been completed and the remaining two actions being in progress. Revised due dates for those had agreed with management.

The Committee welcomed the auditors' assessment that there was in place improved management oversight and responses in relation to actions. The Committee expressed concern with the actions being carried across audit cycles and encouraged management to ensure that deadlines were being met as far as possible. The Committee also recommended that, where circumstances changed, consideration

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should be given to reviewing recommendations and actions to ensure they remained appropriate and relevant. The Chief Executive advised the Committee that future reports from the new internal auditors would include a Chief Executive Review check.

The Committee noted the contents of the report.

8.0 INTERNAL AUDIT ANNUAL REPORT 2019/20

The internal auditors presented the report which summarised their conclusions and key findings from the internal audit work undertaken during the year ended 31 March 2020. Overall, the internal audit opinion was that the Care Inspectorate's framework of controls provided reasonable assurance regarding the organisation's governance framework, effective and efficient achievement of objectives and the management of key risks. It was noted that "reasonable assurance" was the most that could be provided by the internal audit service. The Committee also noted the external audit assessment summary and was informed of the quality assessment process that was applied.

The Committee noted the contents of the report.

9.0 INTERNAL AUDIT REPORT 2019/20 – RECRUITMENT AND RETENTION

The internal auditors presented their report which summarised the findings of the review of the arrangements in place for the recruitment and retention of staff and succession planning. The report concluded that good arrangements were in place, including a three-year Strategic Workforce Plan to support the delivery of the Corporate Plan. The report made some recommendations in respect of the workforce plan.

The Chief Executive provided some further detail on progress with the workforce plan. One pivotal action was the review of pay and grading which had just completed its first stage. Work was also underway with the Human Resources and Organisational and Workforce Planning teams to ensure that actions were being taken forward. Notably, the recruitment timeline had been reduced by one third.

The Committee was also informed of the development of social media packages aimed at marketing the benefits and opportunities of working with the Care Inspectorate.

The Committee asked for further clarification on the timeline for the recruitment and retention strategy which had been set at 2020/21. The Chief Executive advised that the timescales for the review of pay and grading would be revised with the aim of reducing them.

The Committee noted the contents of the review report.

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EXTERNAL AUDIT ITEMS**10.0 EXTERNAL AUDIT UPDATE**

The main matter in relation to external audit was provided under item 11 below.

11.0 ANNUAL AUDIT PLAN 2019/20 – ANNUAL ACCOUNTS

The external auditors presented the details of the draft audit plan and annual accounts. The Committee noted the draft plan and reminded officers of the recommendation to modify the length of the annual report.

ITEMS FOR DISCUSSION**12.0 DIGITAL DEVELOPMENT PROGRAMME UPDATE – REPORT NUMBER: ARC-01-2020**

The Committee received a report by the Executive Director of Corporate and Customer Services, which provided detailed information on programme developments, a detailed overview and analysis of the original scope of the programme, the achievements to date, a financial analysis and an update on benefits realisation.

The report incorporated two appendices. The first was a letter regarding the findings of the Digital First Assessment follow-up. It highlighted a number of essential recommendations including in the areas of usability and accessibility; consistent user experience; business continuity; continuous improvement; technology appraisal; information governance and operational acceptance.

The second appendix provided a summary of the current financial position as at 31 January 2020 and included information on the arrangements for development of the transformation programme, all of which were noted by the Committee.

The Chief Executive explained the slippage in timescales against delivery of key products, centred around the functionality of the complaints and registration apps. Lessons had been learned from phase 1 of the programme which would be considered in moving towards the next phase.

The Committee welcomed the detailed update report but remained concerned with the programme slippage, the financial implications of this and the capacity of the organisation to manage and deliver this programme in accordance with the revised plan. The Committee also suggested that consideration be given to feedback mechanisms for staff in addition to providers.

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The Committee recommended that **future** reports should also include information on how the programme had been considered in terms of accessibility and a person-led focus and the programme manager provided some details of work in this area. It was agreed that future reports would include this information.

Overall, whilst the Committee welcomed the progress made and commitment to delivery of the programme, it agreed that, notwithstanding the challenges that digital transformation would bring, this remained a critical area of risk for the Care Inspectorate. Assurance was required that future risks would be mitigated realistically. Specifically, these were:

- Planning and governance
- Expertise and skills
- Ongoing delay to the programme
- Efficiency savings not being realised and impact on finances
- Ability to pay back Scottish Government loan
- Reputational risk

The Committee was satisfied that it was fulfilling its monitoring and scrutiny role but it was agreed to recommend to the Board that an oversight group should be established and the Chair would progress this with officers.

13.0 RISK REGISTER MONITORING

The Executive Director of Corporate and Customer Services presented the strategic risk register monitoring document, which the Committee had previously agreed would be considered in detail at each meeting.

Having discussed the digital programme, it was agreed to revisit this strategic risk in light of the Committee's concerns.

The main area for discussion was in relation to Strategic Risk 2 - financial sustainability - and a recommendation was made to the Committee that the risk be re-scored and residual risk increased. Members welcomed the accompanying financial analysis paper and were advised that further discussion would be taking place at the meeting of the member/officer budget working group later that day.

Some further updates to the risk register monitoring document were discussed, specifically risk 3 (Workforce Planning), risk 6 (ICT Data Access and Cyber Security and risk 9 (Staff Capacity).

The Committee **agreed** the changes to the document and the revised risk register would be brought to the Audit and Risk Committee in May, followed by discussion by the Board at its June meeting.

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The Committee also discussed potential risks to the organisation as result of the Covid-19 pandemic. At this point, member Keith Redpath declared an interest in relation to a case that had been announced in the media.

It was agreed that actions arising from this would be reflected in the strategic risk register and the Board would be kept informed of arrangements that would be put in place to address issues arising from Covid-19.

14.0 INFORMATION RISK GOVERNANCE AND REPORTING FRAMEWORK – REPORT NUMBER: ARC-02-2020

The Committee received a report from the Information Governance Manager on the work that had been completed to date with Information Governance risk governance and the reporting framework. It also detailed the further actions needed to be taken to ensure the organisation's records were safer and secure. The Committee was asked if it wished to receive a quarterly Information Risk dashboard report for future meetings.

The Committee agreed the report was very helpful in informing members of a complex area of activity. The work that had been undertaken had ensured greater compliance and assurance for the future and had transformed the risk profile for the organisation.

Members agreed that it would be beneficial to receive a regular report and that this should be on an annual basis, but the Committee should be notified of any serious breaches in information governance.

15.0 NATIONAL FRAUD INITIATIVE UPDATE – REPORT NUMBER: ARC-03-2020

The Head of Finance reported to members on the Care Inspectorate's participation in the 2018/19 National Fraud Initiative exercise and provided opportunity to the Committee to review the response to the NFI self-appraisal document.

The Committee noted the outcome of the exercise, the NFI (July 2018) report and the Care Inspectorate's self-appraisal.

ITEMS FOR INFORMATION

16.0 HORIZON SCANNING

The Committee noted the links featured in the agenda. An additional report published two days previously by Audit Scotland in respect of the expansion of early learning and childcare would be circulated to members.

ECSM

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The Chief Executive also referred to the impact on recruitment within the care sector of government immigration policy following Brexit. It was agreed that the Board would be kept informed of any significant issues.

STANDING ITEMS

17.0 AUDIT COMMITTEE NARRATIVE TO THE BOARD

The Committee agreed that the narrative to the Board should detail the discussion on risks associated with the digital programme and the establishment of a Board oversight group. The Board's attention should also be drawn to the discussion on risk and changes to the risk register.

Convener
/ECSM

18.0 SCHEDULE OF COMMITTEE BUSINESS 2020/21

The Committee noted and agreed its schedule of business for 2020/21.

19.0 AOCB

With the appointment of new internal auditors, the Convener recorded the Committee's thanks to Scott-Moncrieff for the service and contribution they had provided to the work of the Care Inspectorate over the years and wished them every success for the future.

The Convener also informed members of her decision to step down from office and as a member of the Committee, having discussed this with the Chair. She wished to record the progress the Committee had made as a team in developing its role, and with the support of officers.

Both the Chair and the Chief Executive thanked the Convener for her excellent leadership and enhancement of the Committee's role. The Chair had agreed with member William Maxwell appointment as the Committee's new Convener.

20.0 DATE OF NEXT MEETING

This was noted as 21 May 2020, Room 1.12, Compass House, Dundee.

PRIVATE SESSION

21.0 COMMITTEE MEMBERS' PRIVATE MEETING WITH EXTERNAL AUDITORS

The Committee held its scheduled private discussion with the external auditors, Grant-Thornton.

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Signed:

Bernadette Malone
Convener

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BOARD

Schedule of Business 2020/21

BUSINESS TOPIC	18 June 2020	13 Aug 2020 <i>(if req'd)</i>	30 Sept 2020	17 Dec 2020	21 Jan 2021 <i>(if req'd)</i>	25 Mar 2021
OPENING BUSINESS						
Chair's Report	✓		✓	✓		✓
Chief Executive Report	✓		✓	✓		✓
STRATEGY AND POLICY						
Approval of Care Inspectorate Strategies on a rolling/as required basis <ul style="list-style-type: none"> • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy • Health and Safety Strategy • Workforce Strategy 						
Financial Strategy			✓	✓		
Scrutiny and Assurance Plan				✓		
Budget and Indicative Budget						✓

BUSINESS TOPIC	18 June 2020	13 Aug 2020 (if req'd)	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
Strategic Risk Register 2020/21	✓					
Approval of Risk Appetite and Risk Policy	✓					
Annual Review of Procurement Strategy				✓		
MONITORING AND GOVERNANCE						
Budget Monitoring			✓	✓		
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit and Risk Committee	✓		✓	✓		✓
Complaints Activity Report	(annual) ✓			(mid-year) ✓		
Annual Report and Accounts - Audit Committee Annual Report to the Board - Draft Annual Report and Accounts 2018/19 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			✓			
Health and Safety Annual Report	✓					
Equality Duty Reporting – Annual Progress Report						✓
Annual Review of the Care Inspectorate’s Financial Regs						✓
Best Value Report 2019/20 <i>(to 1st Quarter meeting of Board)</i>	✓					
Annual Accounts 2019/20 Progress Report <i>(to 1st Quarter meeting of Board)</i>						
Board and Committee Cycle – 2021/22 draft dates			✓			
Annual Procurement Performance Report			✓			
Shared Services Update Report	✓		✓	✓		✓
OPERATIONAL						
Digital Programme Update Report/Presentation			✓	✓		✓

BUSINESS TOPIC	18 June 2020	13 Aug 2020 (if req'd)	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
HR Annual Report	✓					
Approval of Pay Remit for submission to Scottish Government	✓ (tbc)					
Update on Significant Organisational Restructures <i>(when required)</i>						
Estates Update <i>(when required)</i>						
Approval of Compensation Payments <i>(when required)</i>						
STANDING ITEMS						
Identification of Risk	✓		✓	✓		✓
Schedule of Board Business	✓		✓	✓		✓
CONFIDENTIAL/PRIVATE ITEMS						
CI Employee Relations Appeals <i>(to be standing item)</i>						
OTHER INFORMATION TO BOARD						
	Policy/Parliamentary Tracker and Timetable <i>(email briefings in advance of Board meetings)</i> Work and Policy Direction of UK Regulators <i>(email briefings in advance of Board meetings)</i> Scottish Government Programme for Government <i>(email briefing)</i>					