



A Meeting of the Care Inspectorate Board is to take place at **10.30 am on Thursday 17 December 2020**.

In light of the guidance about minimising social contact issued by the Scottish Government in relation to COVID-19, the meeting will be held remotely by video-link. Arrangements are in place to enable members of the public to attend the meeting by this method and a public notice has been placed on the Care Inspectorate website.

AGENDA

PUBLIC SESSION

1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Presentation: NHS Counter Fraud Services
5.	Minute of Board meeting held on 30 September 2020 (<i>paper attached</i>)
6.	Action Record of Board meeting held on 30 September 2020 (<i>paper attached</i>)
7.	Matters Arising
8.	Chair's Report – Report No: B-46-2020
9.	Chief Executive's Report – Report No: B-47-2020
	STRATEGY AND POLICY
10.	Presentation: Care Inspectorate Wellbeing Survey
11.	Health and Safety Annual Report and Strategy – Report No: B-48-2020
12.	Strategic Risk Register Monitoring – Report No: B-49-2020
	MONITORING AND GOVERNANCE
13.	Monitoring our Performance 2020/21 - Quarter 2 - Report No: B-50-2020

14.	Complaints Activity: Mid-Year Report – Report No: B-51-2020
15.	Minute of Audit and Risk Committee meeting held 19 November 2020 (<i>papers attached</i>)
16.	Budget 16.1 Budget Monitoring – Report No: B-52-2020 16.2 Budget Development Short Life Working Group Update – Report No: B-53-2020
	OPERATIONAL
	There are no operational items for this meeting.
	STANDING ITEMS
17.	Identification of Risk
18.	Board Schedule of Business 2020/21 (<i>paper attached</i>)
19.	Any Other Competent Business
20.	Close of Public Meeting and Date of Next Meeting: 21 January 2020 at 10.30 am by Teams video-call.
	PRIVATE ITEMS
	There are no items to be held in private session.



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 30 September 2020					
8.0	CHIEF EXECUTIVE'S REPORT	Arrange meeting of the Board with Derek Feeley, Chair of Review of Adult Social Care Services in Scotland, before end October 2020.	ECSM	Immediate	Meeting held 26.10.20 Completed
12.0	STRATEGIC RISK REGISTER	Risk #1 to be further discussed/reviewed through Audit and Risk Committee (ARC), in alignment with development of new Corporate Plan	HFCG	For ARC meeting 19.11.20	Board strategic session on new Corporate Plan on 28.10.2020 Discussed by Audit and Risk Committee 19.11.20 Agenda item for Board discussion on 17.12.20 Completed
24.0	SCRUTINY, ASSURANCE AND IMPROVEMENT PLAN	Low number of complaints from children's services noted by Board. CE to raise awareness at Covid Children and Families Leadership Group meeting	CE		Completed

CE: Chief Executive
 EDSI-DCE: Executive Director of Strategy and Improvement & Deputy Chief Executive
 EDSA: Executive Director of Scrutiny and Assurance
 EDCCS: Executive Director of Corporate and Customer Services
 iEDITD Interim Executive Director of IT and Digital Transformation
 HFCG: Head of Finance and Corporate Governance
 ECSM: Executive and Committee Support Manager
 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 highlights some of the Chair's activities since the Board last met publicly on 30 September 2020.

The Board is invited to:

- Note the information contained in this report.

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

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

Reason for Confidentiality/Private Report: Not applicable. This is a public board report.

Reasons for Exclusion

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

CHAIR'S REPORT

1.0 INTRODUCTION

This report summarises some of my activities over the last few weeks since the Board last publicly met on 30 September 2020. These include the regular briefing meetings with the Cabinet Secretary for Health and Sport, and the fortnightly meetings with the Minister for Public Health, Sport and Wellbeing.

2.0 EXECUTIVE DIRECTOR OF CORPORATE AND CUSTOMER SERVICES

I was pleased to participate in the recruitment and selection process for our new Executive Director of Corporate and Customer Services, Jackie MacKenzie. Jackie comes to us with a wealth of experience in the finance field in public bodies having worked for Napier University and most recently Glasgow School of Art. I was delighted that she was able to start with us quickly and has already begun to make her presence felt within the organisation.

3.0 BRIEFINGS WITH CABINET SECRETARY FOR HEALTH AND SPORT: 7 AND 29 OCTOBER and 25 NOVEMBER

The briefing meetings with the Cabinet Secretary regarding our response to COVID-19 and within the care sector have continued over the autumn. These meetings allow us to share some of the learning we have about how best to address the pandemic within the services we register and inspect and some of the statistical data that we have drawn together.

4.0 BRIEFINGS WITH MINISTER FOR PUBLIC HEALTH, SPORT AND WELLBEING: 8 AND 22 OCTOBER, 5 AND 19 NOVEMBER and 3 DECEMBER

Together with Chairs of the Scottish Social Services Council (SSSC) and some of the non-Territorial Health Boards, I have met with Mr Fitzpatrick fortnightly to update him on issues surrounding our response to the pandemic.

5.0 MEETING WITH PUBLIC HEALTH SCOTLAND: 21 OCTOBER

Together with our Chief Executive, Peter MacLeod, I met with Public Health Scotland's Chair, Jim McGoldrick and with their Chief Executive Officer, Angela Leitch, to discuss how we could work effectively with this new body.

6.0 MEETING WITH CHAIR OF INDEPENDENT REVIEW OF ADULT SOCIAL CARE - DEREK FEELEY: 26 OCTOBER

Derek Feeley, the former Chief Executive of NHS Scotland and head of the Institute for Healthcare Improvement in Boston, is leading the independent review of Adult Social Care in Scotland.

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Report No: B-46-2020**

While the Care Inspectorate fed into this both through documentary submissions and via our Chief Executive, I felt it was important that our Board members also fed in directly, if that were possible. I was, therefore, delighted when Mr Feeley agreed to meet with us. The Board was able to give him our vision of how care should be reformed, drawing on our collective experience and also on lived experience from Board members. I am very grateful to Mr Feeley for making the time to speak with us.

7.0 JOINT DEVELOPMENT SESSION WITH SSSC: 28 OCTOBER

Our most recent joint development session with our neighbours and close partners involved discussion surrounding our shared services.

8.0 CI BOARD STRATEGIC DEVELOPMENT SESSION: 28 OCTOBER

This was the Board's annual strategy day at which we discussed the review of our corporate plan especially in light of our learning from the COVID-19 pandemic.

9.0 HEALTHCARE IMPROVEMENT SCOTLAND BOARD DEVELOPMENT SESSION: 18 NOVEMBER

This development session focused on strategic planning.

10.0 SCOTTISH SOCIAL SERVICES COUNCIL, COUNCIL MEETING: 19 NOVEMBER

This was the regular quarterly Council meeting and items discussed included the UN Convention on the Rights of the Child.

11.0 CI BOARD DEVELOPMENT SESSION: 19 NOVEMBER

We held a development session which was largely focused on our Corporate Parenting responsibilities and involved presentations from Who Cares?, Scotland.

12.0 STRATEGIC SCRUTINY GROUP: 24 NOVEMBER

This body brings together the main strategic players in scrutiny to discuss issues of common interest and to plan strategic inspections. Among the topics discussed was child poverty and the work of the Poverty and Inequality Commission Group.

13.0 BOARD CHAIRS MENTORING WORKSHOP: 26 NOVEMBER

I have been acting as a mentor to an aspiring Board Chair and this was the final workshop of what has been a very promising project.

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14.0 NHS CHAIRS MEETING: 30 NOVEMBER

This meeting was the regular catch-up with the Cabinet Secretary and other Ministers and focused largely on the proposed roll out of the new vaccine for COVID-19.



Title:	CHIEF EXECUTIVE'S REPORT
Author:	<i>Peter Macleod, Chief Executive</i>
Appendices:	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 30 September 2020.	
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

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Reason for Sensitivity:	N/A - This is a public Board report
Disclosure after:	N/A
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CHIEF EXECUTIVE'S REPORT**1.0 INTRODUCTION**

This report updates the Board on some of the key activities of the Care Inspectorate since the previous Board meeting in September. The information relates to areas of partnership working, staff engagement, budget and transformation and policy and strategic development.

A number of my Chief Executive engagements during October and November are also outlined below. Some of these are regular meetings with a range of partners and stakeholders in order to review, plan and learn from our activities in relation to the pandemic.

- 1.1** Along with the Chair and senior colleagues, I have attended our fortnightly meetings with the Cabinet Secretary for Health and Sport as part of our briefings to the Scottish Government.
- 1.2** I met with the Chief Executives of the UK and Ireland social care regulators on 27 October, which gave us the opportunity to discuss collectively our activities in response to COVID-19.
- 1.3** As a member of the Pandemic Response in Adult Social Care Group (PRASCG), jointly chaired by the Scottish Government and COSLA, I attend the weekly meetings of the Group, which are planned to take place for the next six months. As outlined in the [Adult social care and winter preparedness plan](#), the Group acts as an early warning for emerging delivery issues and challenges.
- 1.4** On 2 December, I accepted an invitation to chair a panel discussion at Scotland's Digital Health and Care Event - DigiFest2020. The event was an opportunity to reflect and learn about how digital solutions in Scotland and internationally have been grown and adopted.
- 1.5** Other meetings I have attended since the previous public Board meeting have included the Mobilisation Recovery Group, the Care Home Working Group and the Definitions of Care Steering Group.

2.0 COLLABORATION/PARTNERSHIP WORKING**2.1 Winter Preparedness Webinars**

The Improvement Support Team working with the COVID Flexible Response Team has started to deliver a series of winter preparedness webinars to care homes and care at home services across the country. The webinars started on the 17 November 2020 and will run to March 2021. During this period, we have the capacity to engage with over 2000 services. The webinars will be organised on three levels. Level one, will focus on signposting to all the relevant guidance and good practice related to COVID-19 as well as key resources to maintain and

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improve wellbeing for people experiencing care. Level two will focus on self-evaluation and will support services to identify their strengths and areas for improvement, and level three will be a series of national webinars on key topics which have been highlighted by the sector.

2.2 Early Learning and Childcare Improvement Programme

The Early Learning and Childcare (ELC) Improvement Programme is continuing to re-establish work with the sector to support improvement, which will in turn increase the sector capacity to deliver on 1140. Since starting the programme in March 2020, out of 275 services highlighted to work with the programme, 221 have engaged in various capacities. Nine ELC Bitesize resources have generated approximately 2,700 YouTube views and 6,000 social media interactions. These aim to help to implement easy improvements that will have a positive impact. We recognise the additional pressures on the ELC sector, and this work is enabling learning through flexible means and the changes can be delivered quickly, with minimal effort. All resources developed to date have been specifically pushed to identified ELC settings but are universally available for the sector throughout Scotland. The programme has also supported over 40 ELC internal colleagues between August and October 2020 through focussed workshops on key question 5/self-evaluation.

2.3 Professional standards and practice

We are working jointly with Healthcare Improvement Scotland (HIS) leading the development of Barnahus Standards on behalf of Scottish Government and work has resumed after being put on hold during the first wave of COVID-19.

2.4 Review of “Building Better Care Homes for Adults”

The experience and ongoing learning from the pandemic have provided some key factors that relate to how staffing and the environment could assist services better mitigate the spread of infection wherever possible. However, this learning needs to be carefully balanced against the significant financial implications for the revised design and layout of care homes. We have continued with the multi-disciplinary working group to support us in the review of ‘Building Better Care Homes for Adults’, with the next meeting for this scheduled in December 2020 when we will agree the next steps in our project plan.

2.5 ELC COVID-19 Guidance

We have continued to work closely with Scottish Government and key stakeholders across the early learning and childcare sector to revise practice guidance for the sector to support the safe provision of services to children.

In addition to the guidance, the Care Inspectorate is taking part in four webinars, two for managers of settings and two events for childminders. These events provide opportunities to engage with the sector and share information about our

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scrutiny approaches and support setting understand the national guidance and expectation to mitigate the spread of infection.

2.6 Joint Inspections

In September we published a report summarising the findings from joint inspections of services for children and young people in need of care and protection, undertaken in eight community planning partnership areas. The work to analyse the findings to draw out key messages was done, like the inspections themselves, in partnership with colleagues from Her Majesty's Inspectorate of Constabulary in Scotland (HMICS), Healthcare Improvement Scotland (HIS) and Education Scotland. A key finding is that, while improvements have clearly been made across most partnerships since the last programme of inspections in relation to how staff work together to protect children, approaches of partnerships across the country in relation to their responsibilities as corporate parents are not as robust and not yet having as positive an impact on securing positive outcomes for care experienced children and young people.

Collaborative leadership and governance arrangements for corporate parenting were not yet as effective as exist for child protection. This insight is useful as we work with a range of organisations, including those represented on the national vulnerable children's leadership group, to develop options for a revised approach to scrutiny focusing on children at risk of harm and delivering on The Promise to care experienced children and young people.

2.7 Joint Inspections – Adult Support and Protection Programme

The multi-agency Adult Support and Protection (ASP) team, led by the Care Inspectorate, completed a redesign of the ASP inspection methodology to facilitate a restart of the ASP inspection programme. A test of concept from offsite reading of ASP records was conducted with the Inverclyde partnership in November 2020 allowing for the inspection team to remotely access police and social work records via secure digital platforms. Health records are to be made available for testing in December. All risk assessments and data sharing protocols were completed to facilitate these activities. This is an important breakthrough that will support not only the ASP inspection programme but potentially other scrutiny during the pandemic and beyond. Notification of the resumption of the Inverclyde partnership inspection was issued in November with a view to completing this first ASP inspection in March 2020.

2.8 Strategic Inspection – Justice

The strategic justice team resumed the inspection of justice social work services in Aberdeen city. This inspection had been suspended in March 2020. The team worked with the Aberdeen city council and justice services there to develop a programme of scrutiny activity that was delivered remotely. This included focus groups and individual scrutiny meetings with managers and staff and with people subject to community payback orders. The focus of the inspection is on

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community payback orders, how well national outcomes and standards are being applied and what difference community payback orders are making to the lives of individuals who are subject to them.

2.9 Prison Inspections

Following an invitation from Her Majesty's Inspectorate of Prisons in Scotland (HMIPS), the strategic team met with the prison inspection service and subsequently developed an updated methodology for the Care Inspectorate to support the joint inspections of prisons during this pandemic. In the first week in December two strategic inspectors joined the multi-agency inspection team for a blended inspection including remote activities plus on-site activity to engage with prisoners and key members of staff.

2.10 National Standards for Secure Care

The Children and Young People (CYP) regulated service teams worked collaboratively with Scottish Government, Children's and Young People's Centre for Justice (CYCJ), secure care experienced young people, and secure accommodation services to co-produce new national standards for secure care. Published in October 2020, the Secure Care Pathway and Standards Scotland set out what support children should expect from professionals when in the community or secure care, and will ensure support is provided before, during and after care and that the rights of children and young people, facing extreme vulnerabilities and risks in their lives, are respected.

2.11 Guidance on Welfare Assessments

The CYP regulated service teams have worked jointly with CELCIS and Clan Childlaw to produce guidance on Welfare Assessments; including the legal framework and what needs to be considered and covered in an assessment. Published in November 2020, the guidance emphasises the importance of the involvement of the young person and, if required, their entitlement to advocacy. We hope that this guidance will support the assessment process and the rights of looked after young people who are entitled to continuing care.

2.12 Inspections of Care Homes for Older People

As at 1 December we had completed 465 inspection visits in 258 Services.

In September 2020 the Care Inspectorate and HIS agreed that a review of these joint working arrangements would be helpful and provide staff with an opportunity to reflect on their experiences to date and share learning, identify good practice, what is working well and what opportunities there are for any improvements.

The Chief Executives of both organisations are firmly committed to this review with the overall aim of strengthening collaborative working.

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More recently, a Scottish Government-led root cause analysis of the introduction into and spread of coronavirus in four care homes concluded. In the report published on 3 November 2020 the following recommendations were made:

- Undertake a thorough review of the joint inspection process to ensure a truly integrated approach to inspection in care homes is in place.
- Ensure that relevant professional national IPC expertise is at the centre of the process, to provide a consistent level of expertise and support.
- At present the operation of the wider company structure is outwith the scope of Care Inspectorate scrutiny, and consideration should be given to extending its remit to corporate entities.

Given that plans for such a review were already underway, it is clear that the work proposed in September will address these also.

Richard Fowles, a retired strategic inspector with the Care Inspectorate, has been appointed to undertake this work. Richard has significant experience in inspection and adult services in particular. It is hoped that he will be in position to report before the end of the year.

Richard has met with both Chief Executives for a short discussion prior to commencing the review. Kevin Mitchell, Executive Director of Scrutiny and Assurance at the Care Inspectorate and Ann Gow, NMAHP Director and Deputy Chief Executive, Healthcare Improvement Scotland were also at that meeting. It is proposed that on completion of Richard's work, HIS will arrange a facilitated joint learning/development event which we expect to take place in January 2020 and will involve Care Inspectorate and HIS colleagues.

2.13 Presentation to the Cabinet Secretary Health and Sport

On 25 November 2020, during one of our regular meetings with the Cabinet Secretary, Shona Adams and Simon Deveney, Team Managers, provided a comprehensive presentation to the Cabinet Secretary on the work the adults team in the Scrutiny and Assurance Directorate has been doing throughout the pandemic. It is fair to say that this presentation was very well received and led to a discussion about the usefulness of a report that would be published to demonstrate the breadth and depth of this work to key stakeholders. Work is now underway to draft the report which we hope to publish early in the new year.

3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT**3.1 Job Evaluation**

The post of Senior Inspector was subject to a job evaluation group appeal hearing on 22 October 2020. It was heard by the Job Evaluation Appeals Panel who fully considered the reasons for the appeal together with the supporting information provided, the information contained in the appeal notification form

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and the finalised job capsules as agreed by the line managers for the post. As a result of the review, the post of Senior Inspector remained within the salary banding of Grade 7. There is no further right of appeal. There is ongoing discussion with the trade unions as they do not agree with the placement of Inspectors on the starting point of grade 7. We are waiting to hear what, if any, action they may take.

3.2 HR Analytics for Managers

We moved forward significantly with Myview and now have some interactive dashboards published for managers. These allow managers to see up to date information for their teams including sickness, annual leave and demographics. As these enable managers to view their overall span of control, it will help to keep track of sickness and annual leave update within the organisation.

3.3 Inspector Recruitment

We are running another recruitment campaign for regulated care inspectors, following the last campaign in August. The inspector establishment is currently 296.67 FTE and we were looking to fill 23 vacancies, however only managed to fill nine (one in CYP, five in ELC and four in Adults). Although the campaign attracted an increased number of applications (267), the quality did not meet our requirements. It seems that although there was an increase in salary this has not yet permeated the market and we anticipate an improved return in the current campaign. The job advert now also includes specialism profiles so that applicants can see more definitively if they are a fit to the role. We had anticipated that some of the vacancies would be filled with existing Senior Inspectors, after the Team Manager review proposed the removal of this post. Through negotiations with the trade unions, feedback from Scrutiny and Assurance and the changes to the role during COVID, this has resulted in the role being extended until March 2022.

We are also currently in the process of another internal recruitment campaign for registration inspectors, with the advert for this closing on 30 November 2020.

3.4 Professional Development Award in Scrutiny and Improvement

The PDA in Scrutiny and Improvement is having a positive impact on scrutiny practice and achieving our strategic outcomes. Since the last report, the PDA has been of subject verification and compliance assessments from the SQA and SSSC.

3.5 Corporate induction

We launched our virtual, bitesize corporate induction session in August 2020. The session is focussed on connecting new colleagues to the organisation, whilst working remotely. The virtual session is supported by an online programme of

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learning. The online programme has been designed to share essential information and resources during the first few weeks of employment. Nine individuals, from all directorates, completed the first programme. Evaluation feedback showed that 100% of participants enjoyed the virtual event. Respondents shared that they feel very well supported by the organisation, they welcome the opportunity to meet with new colleagues and the programme enabled them to feel connected to the organisation. Another session is planned for December 2020.

3.6 Adult scrutiny staff Development Week Summary

During the period 2–6 November 2020, all adult scrutiny staff were invited to participate in a week of specialist learning and development activities. The week was focused on increasing confidence, promoting an understanding of best practice, and supporting colleagues with all aspects of the inspection process during the COVID-19 pandemic. A total of 180 colleagues from adult inspection, complaints and registration teams were invited to participate in the development activities. Topics included: evaluative report writing, living well and keeping well in care homes, virtual scrutiny, quality frameworks for care at home and updated inspection guidance. Evaluation data is currently being gathered and a report summarising the impact of this learning and follow-up training requirements will be available from mid-December 2020.

4.0 BUDGET/TRANSFORMATION**4.1 Digital Programme and ICT updates**

The registration and digital teams have continued to work collaboratively on the development of the registration app which launched on 2 December. The Register will be delivered in January 2021.

Work continues on the Digital Transformation Stage 2 final business case and is expected to complete in February 2021. A new Senior Service Delivery Manager was appointed to the organisation and took up post on 7 December 2020.

The transitioning of our mobile phone services from EE to Vodafone has been carried out during the month of December.

4.2 Internal Audit of Bank, Cash and Treasury Management

An internal audit of the Care Inspectorate's bank, cash and treasury management process was graded as good, with no control weaknesses identified and no recommendations for improvements made.

4.3 Contract and Supplier Management Handbook

The procurement team has developed a Contract and Supplier Management Handbook to provide further support and guidance to staff who have a role in

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managing contracts and suppliers. This is based on Scottish Government best practice and is being rolled out to staff over the coming weeks.

4.4 Sustainability and Process

The Climate Change (Scotland) Act 2009 requires us to submit an annual report showing the impact our business has on the environment, and our plans to deliver further environmental efficiencies and improvement. The Care Inspectorate submitted the 2019/20 report within the agreed timescales.

5.0 POLICY AND STRATEGIC DEVELOPMENT**5.1 Revision of the Corporate Plan**

Further to the Board agreeing to revise our current Corporate Plan in September a facilitated visioning session took place with the Board in October. A further facilitated session took place with the Strategic Leadership Team and the Operational Leadership Team during November. Currently, a co-production and consultation plan is being developed by policy and communications colleagues. This will include Quality Conversation-style events with our staff, our volunteers and externally with other agencies, national bodies and the sector over the next few months. It is anticipated a paper will come to the Board meeting in January which will provide more detail on the development of the Plan.

5.2 Proud Scotland Employer Award

We were delighted to have been nominated for the Proud Scotland Employer award which recognises an employer who has led the way in creating a culture conducive to happiness and security within the workplace despite not making it to the final.

5.3 Complaints about the Care Inspectorate

A review of Complaints about the Care Inspectorate has been completed, with Partnership Forum involvement and considering learning from previous complaints and SPSO guidance. Implementation of the review is now taking place and a report being prepared for the Operational Leadership Team setting out the actions that require to be taken.

5.4 Clinical Care Governance Committee

Consideration is being given to the establishment of a Clinical Care Governance Committee, composed of members of the executive, and having the function of considering risk and practice in relation to clinical care. This committee will have particular relevance to care homes for older people and it is anticipated that in due course it will be chaired by the Chief Nurse.

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5.5 Quality Framework for Secure Accommodation Services

The Children and Young People regulated services teams have continued with the review of inspection methodology, with the quality framework for secure accommodation services being published in November 2020, and work on the quality framework for the resumption of inspections of family based care



Title:	HEALTH AND SAFETY ANNUAL REPORT
Author:	<i>Carole Kennedy – Estates, Health and Safety Manager</i>
Appendices:	1. 2020–23 Health & Safety Strategy
Consultation:	None
Resource Implications:	Yes

EXECUTIVE SUMMARY

This report reviews the organisation's health and safety performance for 2019-20 and provides comparative information to previous years. The report also summarises Health and Safety plans for 2020-21.

The 2020-23 Health and Safety Strategy is presented as Appendix 1 for the Board to consider and approve.

The Board is invited to:

1. Note the performance for 2019-20
2. Note the plans for 2020-21
3. Approve the 2020-23 Health and Safety Strategy

Links:	Corporate Plan Outcome	✓	Risk Register – Y/N	N	Equality Impact Assessment - Y/N	N	
For Noting	✓	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 – this is a public report.

Disclosure after:

N/A

BOARD MEETING 17 DECEMBER 2020**Agenda item 11****Report No: B-48-2020**

Reasons for Exclusion	
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HEALTH AND SAFETY ANNUAL REPORT

1.0 INTRODUCTION

The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 place duties on employers to ensure, so far as is reasonably practicable, the health and safety of their employees at work. This report outlines the health and safety performance of the Care Inspectorate for 2019-20.

2.0 ORGANISATION FOR HEALTH AND SAFETY

The Health, Safety and Wellbeing Committee, chaired by the Executive Director of Corporate and Customer Services, meets at least three times a year to review and monitor the overall strategy, policies and procedures, national accidents/incidents and any trends as well as the overall health and safety performance.

3.0 HEALTH AND SAFETY ACHIEVEMENTS DURING 2019-20

3.1 Policies, Procedures, Guidance and Risk Assessments

The following policies and procedures were launched or reviewed in 2019-20:

- The 2020-23 Health and Safety Strategy was approved by the Health, Safety and Wellbeing Committee and is now presented with this report for Board approval.
- Management of Road Risk (MoRR) Policy was reviewed in light of new guidance on the use of mobile phones while driving, even with legal handsfree devices.
- Lone Working Policy was updated.
- Zero Tolerance Policy was reviewed to include the use of technology and social media and the definitions of unacceptable or abusive behaviours were updated.
- The office chair replacement programme started during the year with Edinburgh and Paisley completed. The delivery of replacements was planned for late March for Aberdeen, Elgin, Inverness, Oban, Selkirk and Hamilton but this was delayed until 2020-21 due to the COVID-19 pandemic.

4.0 MEASURING PERFORMANCE

4.1 Incident Reporting

4.1.2 Incidents

Incident Category	Total in 2017-18	Total in 2018-19	Total in 2019-20
Verbal Aggression	10	23	12
Machinery/Equipment	1	0	0
Trap/Crush	0	0	1
Burns/Scalds	1	1	2
Vehicles/Cars/Road/Traffic	9	4	0
Moving/Falling Object	1	0	1
Slips, Trips and Falls	7	4	4
Cuts	1	0	0
Medical Condition		1	0
Other	4	4	0
Total	24	37	20

2019-20 saw a significant reduction in the number of incidents reported. There was a review of the Zero Tolerance Policy, additional communication around it and training for staff has resulted in the reduction in verbal aggression. As for the reduced number of incidents overall, this is indicative of the improvement in the overall health and safety culture of the organisation, thinking safety and behaving in a safer way.

These have been reviewed for patterns and the possibility of recurring events. No incidents required hospital attendance, absence from work or to be reported under RIDDOR in 2019-20.

There were also four near misses recorded.

4.2 Risk Assessments

Risk assessments completed are as follows:

Risk Assessment	Total in 2017-18	Total in 2018-19	Total in 2019-20
Office	14	12	10
Fire Safety	14	9	12
Team	4	90	71
Specific	40	46	107

4.2.1 Specific Risk Assessments

Specific Risks assessments completed can be broken down as follows:

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Type of Specific Risk Assessment	Total in 2017-18	Total in 2018-19	Total in 2019-20	OH*
Disability	0	1	0	0
Ill Health	31	42	48	5
Loneworking	0	0	4	0
Manual Handling	1	0	0	0
Maternity	2	1	7	0
Mobile Devices	0	0	0	0
Stress/Mental Health	4	2	23	7
Young Person	0	0	0	0
DSE			21	2
Other	2	0	4	0
Total	40	46	107	14

OH – stands for Occupation Health. In some cases of specific ill health, we will arrange an independent occupational health risk assessment to assess a colleague's ability to work and additional supports that we can consider putting in place to allow them either to remain at work or return to work.

DSE Risk Assessments were not previously reported.

This is a significant increase on previous years mainly being around stress/mental health and the inclusion on manual DSE assessments. Stress and mental health have been a focus nationally. During the managers' training, it has been emphasised the importance and benefit of carrying out a stress risk assessment whenever any colleague refers to stress as part of their role. The risk assessment is being promoted as a positive tool to enable colleagues to remain at work or return sooner following a period of absence where stress has been the cause. There has also been an increase in maternity risk assessments.

5.0 HEALTH AND SAFETY PLAN 2020-21

5.1 COVID-19

Plans for 2020-21 have been overtaken by the coronavirus pandemic. This has resulted in an unprecedented degree of change in how we live and work. The Care Inspectorate's Estates, Health and Safety Team's response has included:

- The closure of all the offices except for emergency, essential access.
- Working with the Health and Improvement Team to identify and provide all necessary PPE for Scrutiny and Assurance colleagues.
- Preparation of a new risk assessment and associated process for safe emergency inspection of care homes.
- Delivery of a live online DSE event for all staff.
- Provision of new ICT equipment, desks and chairs for colleagues to enable safe working from home.
- Adapting DSE assessments to be completed online via Teams.

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- Undertaking a staff workforce survey specifically around COVID-19 and the mental health and wellbeing of colleagues.
- Incorporation of COVID-19 into the specific ill health risk assessment ensuring completion for any staff shielding with an underlying health condition or with a COVID age greater than 70.
- Developing a number of specific risk assessments to allow essential tasks to be completed safely in Compass House and other offices when necessary.
- Developing and continually reviewing a path for recovery and a return to offices in line with Scottish Government guidance.
- Working with Landlords to develop office specific risk assessments and guidance for staff.
- Making each office COVID-19 safe with the introduction of sanitiser, signage, additional cleaning and other measures including the reintroduction of hand towels in Compass House (the only office where we are directly responsible for the toilets).

5.2 Policies and Procedures

The following policies and procedures will be launched or reviewed in 2020-21:

- Development of an Agile Working Policy in conjunction with HR, with clearly defined supports for staff.

5.3 Training and Development for 2020-21

- Continued use of e-learning including AgileRite, a DSE module more in line with new working methods. There is capacity to develop our own e-learning modules. Consideration will be given to developing our own COVID-19 module.
- Mentally Healthy Workplace for Managers will be delivered to all line managers online.
- IOSH Managing Safety will continue to be provided for staff recruited or promoted into line management roles.

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

There will be resource implications as a result of the purchase of desks, monitors, chairs and other equipment to enable colleagues to work at home safely. There will also be the provision of additional cleaning products and physical measures to make our offices COVID secure. There will also be costs for the provision of the Managing Safely training and the completion of the chair replacement programme.

The additional costs are included in the Care Inspectorate budget monitoring position.

6.2 Sustainability

There are negative impacts on sustainability in that there will be the use of wipes and the reintroduction of hand towels however it has reduced the driving colleagues are doing for work, reducing our carbon footprint and will continue to change the way we work and provide training going forward.

6.3 Policy

There are no direct policy implications associated with this paper. However, it should be noted that the outbreak of COVID-19 has had, and will continue to have, a significant impact on our work and any current and future policy development.

6.4 People Who Experience Care

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

6.5 Customers (Internal and/or External)

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

7.0 NEXT STEPS

In the short term, continue to meet the challenges the pandemic has presented us with.

In the medium term, continue to improve the health and safety performance of the organisation through the new strategy and associated action plan.

HEALTH, SAFETY AND WELLBEING STRATEGY OBJECTIVES 2020 – 2023**Introduction**

Following on from the successful completion of the previous strategy, we will continue to base our Health, Safety and Wellbeing Strategy on our corporate principle of staff wellbeing and development and workforce development strategy. the Health and Safety Executive's 'Helping Great Britain Work Well' strategy and focusses on three of their strategic themes.

The Health, Safety and Wellbeing Strategy will be supported by an action plan.

Our objectives and outcomes for the next three years are:

Objective 1 – Improving Employee Health

We will:

Have realistic and informed, sickness absence reduction targets.

Identify sickness absence issues and use this intelligence to deal with the underlying causes.

Have appropriate policies, guidance and support mechanisms in place to reduce the likelihood and length of absences.

Work with our staff to support them to continue to work where possible when there are health related issues.

Outcomes:

Our sickness absence levels are below the sector average.

Our workforce feels supported if and when they experience ill health.

We are recognised as an employer that cares about the health, safety and wellbeing of its workforce.

Maintain our Healthy Working Lives Gold award.

Objective 2 – We Manage Our Risks Well

We will:

Train all our managers with IOSH Managing Safely.

Train all our staff in their responsibilities regarding health and safety.

Use risk assessments for all instances of specific ill health, stress, DSE, manual handling, new and expectant mothers and young persons.

Complete annual team health and safety risk assessments.

Complete risk assessments where new health and safety risks are identified.

Review all incidents and near misses and act based on our learning.

Outcomes:

Our managers can lead by example in health, safety and wellbeing matters.

Our staff are engaged in the improvement of their health, safety and wellbeing.

Our workforce is consulted in the identification and assessment of risks that affect them and are actively engaged in the management of those risks.

All our identified risks are managed to our tolerance.

Objective 3 – We Keep Pace with Change

We will:

Design-in health and safety at the start of any change process, rather than dealing with the unplanned consequences of that change.

Use technology to improve health, safety and wellbeing where reasonably practical, for example through the online completion of training, incident forms or technology enabled meetings, to reduce the risks of travel.

Support flexible working arrangements and new ways of working because of new ICT equipment.

Keep abreast of health and safety best practice.

Outcomes:

We are an organisation that embeds the health, safety and wellbeing needs of our staff in our change process.

Our staff know and understand the importance of the completion and return of health and safety documentation.

Our workforce can work anywhere safely.

Objective 4 – Effective Communication and Engagement

We will:

Develop and maintain internal communications strategy that supports and informs best practice on health, safety and wellbeing, including but not limited to:

- Staff communications,
- Web pages,
- Publications,
- Webinars,

to support the sharing of information and best practice on health, safety and wellbeing with the workforce.

Publish all minutes of the Health, Safety and Wellbeing Committee on our intranet.

Outcomes:

Our health, safety and wellbeing leadership is visible and transparent.

Our knowledge base that is accessible to all.



Title:	STRATEGIC RISK REGISTER MONITORING
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
Appendices:	1. Summary Risk Register
	2. Detailed Risk Register
Consultation:	N/A
Resource Implications:	None

Executive Summary:

The revised Strategic Risk Register is presented for the Board's consideration.

There has been no significant change to the strategic risk position since the most recent public Board meeting on 30 September 2020.

The Audit and Risk Committee considered the strategic risk register at its meeting of 19 November 2020.

The Board is invited to:

1. Review and comment on the Strategic Risk Register.
2. Approve the revised wording to Strategic Risk 1 – Corporate Planning as set out in section 2.1.

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

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

Reason for Confidentiality/Private Report:

N/A – This is a public Board report.

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.

RISK MONITORING REPORT

1.0 INTRODUCTION

- 1.1** The Care Inspectorate's Strategic Risk Register is reviewed at each meeting of the Audit and Risk Committee and the Board. This report highlights changes in the risk position or risk management issues identified by the Audit and Risk Committee to assist the Board with this review.

2.0 CHANGES TO THE RISK REGISTER

2.1 Strategic Risk 1 – Corporate Planning

The Audit and Risk Committee agreed to the residual risk score being increased from 4 (low) to 16 (high) at its meeting of 21 May 2020. This was due to the impact of COVID-19 on corporate planning. The revised risk score remains at 16 as the COVID-19 situation is continuing and the impact this will have on future planning remains unclear. The narrative on controls and further actions has been amended to cross refer to the new Strategic Risk 10 which specifically considers COVID-19.

The Audit and Risk Committee recommends a revision to the risk description to make it clearer this potential risk relates to corporate planning, as set out below.

“Due to ineffective design and implementation of the corporate planning process the Care Inspectorate does not operate effectively to deliver on its core purpose of being a highly credible organisation that drives improvement and innovation in care and positively influence policy and practice.”

Further actions have been updated to recognise progress on planning the review of the Corporate Plan due to be reported to Board in June 2021. A return to a permanent governance and decision-making structure is also noted.

Tolerance is rated as amber. Residual risk has exceeded appetite and tolerance for six months.

2.2 Strategic Risk 2 - Financial Sustainability

The is no change to the residual risk score which remains at 12 (high).

Tolerance is rated as red.

2.3 Strategic Risk 3 - Workforce Planning

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

Tolerance is rated as red.

2.4 Strategic Risk 4 - Partnership Working

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

Tolerance is rated as green. Please note that the tolerance is stated as being low/medium dependent on circumstances. The green rating is provided based on the tolerance being medium.

2.5 Strategic Risk 5 - Corporate Governance

There is no change to the residual risk score which remains at 4 (low).

Tolerance is rated as green.

2.6 Strategic Risk 6 - ICT Data Access & Cyber Security

There is no change to the residual risk score which remains at 9 (high).

Tolerance is rated as red.

2.7 Strategic Risk 7 - Change Management

There is no change to the residual risk score which remains at 4 (low).

Tolerance is rated as green.

2.8 Strategic Risk 8 - Digital Transformation

The Board agreed a revised strategic risk 8 - Digital Transformation - at its meeting of 30 September 2020.

The nature of the risk is now focussed on the consequences of not being successful in attracting additional funding to progress to stage 2 of our business and digital transformation.

There will still be heavy reliance on the Regulatory Management System (RMS) until Inspection is delivered in stage 2.

There is likely to be a gap in significant development activity until agreement for funding stage 2 is reached.

The residual risk score of 16 (high) is unchanged to the position reported to the Board in September 2020.

The tolerance rating will be reviewed after three months but the residual risk currently exceeds Board risk appetite and tolerance levels.

2.9 Strategic Risk 9 - Staff Capacity

The is no change to the residual risk score which remains at 12 (high).

This is a relatively new addition to the Strategic Risk Register and the risk appetite and tolerance was agreed by the Board on 30 September as an appetite of “averse” and a tolerance “low”. The tolerance rating will be revised after three months.

2.10 Strategic Risk 10 – Covid-19

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

Tolerance is rated as amber.

3.0 RESIDUAL RISK Vs RISK APPETITE / TOLERANCE RATING

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

Rating	Descriptor
Green	Residual risk is in line with tolerance. Alternatively, the residual risk is lower than the tolerance, but the Audit and Risk Committee is satisfied that there is no benefit to changing the controls or further actions that delivers a residual risk lower than the stated tolerance.
Amber	Residual risk has been different to the stated risk tolerance for up to six months.
Red	Residual risk has been different to the stated risk tolerance for more than six months. The Audit and Risk Committee may decide to rate as “Red” a risk that has been different to the stated tolerance for less than six months if this is considered appropriate.

The Board may decide to change the risk tolerance if this is considered appropriate.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS**4.1 Resources**

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Government Policy

There are no government policy implications associated with this report.

4.4 People Who Experience Care

There are no direct benefits for people who experience care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

SUMMARY RISK REGISTER : 2020/21 (as at 19 November 2020)

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

SCORING GRID

LIKELIHOOD	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic

IMPACT

Black = Very High

Red = High

Amber = Medium

Green = Low

White = Very Low

Lead Officers

- CE Chief Executive
- EDS&A Executive Director Scrutiny & Assurance
- EDCCS Executive Director Corporate & Customer Services
- EDS&I Executive Director Strategy & Improvement
- iEDIDT Interim Executive Director ICT and Digital Transformation

Risk Register Monitoring

Date	19 November Audit & Risk Committee																	
Risk	Changes to previous version are in red text.	Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Tolerance	Risk Owner			
1	<p>Corporate Planning</p> <p>What is the Potential Situation? Due to ineffective design and implementation of the corporate planning process the Care Inspectorate does not operate effectively to deliver on its core purpose of being a highly credible organisation that drives improvement and innovation in care and positively influence policy and practice.</p> <p>What could cause this to arise? The Care Inspectorate corporate plan does not provide clarity of vision and direction. The Care Inspectorate does not monitor the implementation of the corporate plan and measure performance against the related KPIs, the scrutiny and improvement plan and the identified Scottish Government priorities. The Care Inspectorate does not develop and utilise its risk and intelligence led approach.</p> <p>What would the consequences be? Inability to provide the desired level of scrutiny, assurance and improvement support. Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Possible reduced SG funding. Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.</p>	4	5	20	VH	4	4	16	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Corporate Plan in place with supporting operational plans and performance measures ii. This risk is affected by Covid-19. Strategic risk 10 specifically deals with Covid-19 and the key controls in place for risk 10 have relevance for this risk. iii. This risk is affected by Covid-19. Strategic risk 10 specifically deals with Covid-19 and the further actions identified for risk 10 have relevance for this risk. iv. Revised governance and decision making in place (Strategic Leadership Team and Operational Leadership Team) v. The Board has agreed revised performance measures to reflect the impact of Covid-19 on our work 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Planning for a review of the current Corporate Plan 2019-22 towards the 2022-26 Corporate Plan including further development of performance monitoring is underway with revised Corporate Plan intended to be considered by the Board in June 2021 ii. Strengthening use of risk and intelligence to inform our work. A full business case is being prepared for stage 2 of business and digital transformation and this is critical to the development of our intelligence capability iii. 	<p>Appetite: averse Tolerance: Low</p> <p>Residual risk has been greater than tolerance for 6 months.</p> <p>Rating: Amber</p>	EDS&I			
2	<p>Financial Sustainability</p> <p>What is the Potential Situation? The Care Inspectorate is not able to deliver on its Corporate Plan objectives due to lack of financial resources</p> <p>What could cause this to arise? The CI does not have up to date, comprehensive, forward looking financial plans aligned to its Corporate Plan.</p> <p>What would the consequences be? Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.</p>	4	4	16	H	3	4	12	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Medium term budget and financial strategy are regularly reviewed ii. Positive working relationships maintained with SG iii. Financial Strategy reviewed and agreed at Board meeting 30 September 20 iv. Regular liaison meetings with SG Health Finance are set up 	<p>Further Actions</p> <ul style="list-style-type: none"> i. Member / Officer budget group reconvened (first meeting November 20) ii. Senior Inspector Job evaluation appeal and team structure review to be concluded. iii. Contingency plans being developed for discussion with Sponsor 	<p>Appetite: VFM-cautious over med to long term Financial management – averse</p> <p>Tolerance: Low</p> <p>Residual risk has been greater than tolerance</p>	EDCCS			

											<p>v. Ongoing review and development of savings and income generation options</p> <p>vi. Ongoing oversight of Digital Programme by Audit & Risk Committee</p>	<p>iv. Full business case for Stage 2 of Digital Transformation being developed (expected January 21)</p>	<p>for more than 6 months.</p> <p>Rating: Red</p>		
3	<p>Workforce Planning</p> <p>What is the Potential Situation? The Care Inspectorate is unable to deliver on its Corporate Plan objectives due to a lack of workforce capacity.</p> <p>What could cause this to arise? The Care Inspectorate does not have an effective strategic workforce plan to support the delivery of the corporate plan objectives The Care Inspectorate does not have effective workforce planning at Directorate and team level to support the delivery of the corporate plan objectives. The Care Inspectorate does not monitor workload and capacity well enough to identify and mitigate risks in a timely way.</p> <p>The Care Inspectorate does not have an effective staff learning and development plan</p> <p>What would the consequences be? Inability to provide the desired level of scrutiny, assurance and improvement support Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <p>i. Effective strategic workforce plan developed</p> <p>ii. Action plan developed</p> <p>iii. Workload and capacity monitoring Effective staff learning and development plan</p>	<p>Further Actions:</p> <p>i. Implement Strategic Workforce Plan actions</p> <p>ii. Develop succession planning</p> <p>iii. Strengthen use of risk and intelligence</p>	<p>Appetite: averse Tolerance: Low</p> <p>Residual risk has been greater than tolerance for more than 12 months.</p> <p>Rating: Red</p>	EDS&I
4	<p>Partnership Working</p> <p>What is the Potential Situation? The Care Inspectorate is not able to:</p> <ul style="list-style-type: none"> participate in, or progress, work which would help deliver our strategic objectives deliver public service scrutiny in a joined up and collaborative way deliver our agreed scrutiny and improvement plan <p>What could cause this to arise? Competing priorities of scrutiny and delivery partners and their inability / unwillingness to provide staff with the relevant skills, knowledge and experience or otherwise support our work</p> <p>What would the consequences be? Loss of credibility and confidence in our ability to provide scrutiny assurance and support improvement, reduced organisational impact, reduced intelligence, loss of confidence, adverse impact on reputation.</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <p>i. Wide consultation on our plans Senior level inter-organisation meetings</p> <p>ii. Effective external comms strategy in place</p>	<p>Further Actions: none identified</p>	<p>Appetite: effective collaborative working – averse</p> <p>developing new methodology – open</p> <p>Tolerance-med/low depending on circumstances</p> <p>Rating: Green</p>	EDS&A
5	<p>Corporate Governance</p> <p>What is the Potential Situation? There is a corporate governance failure – including a failure our best value duty or in our shared service arrangements.</p>	4	4	16	H	2	2	4	L	High	↔	<p>In Place:</p> <p>i. Regular review of code of corporate governance</p>	<p>Further Actions:</p>	<p>Appetite: averse Tolerance: Low</p> <p>Rating: Green</p>	EDCCS

	<p>What could cause this to arise? There are gaps or inadequate coverage in the Care Inspectorate’s corporate governance arrangements.</p> <p>What would the consequences be?</p> <p>Resulting in loss of stakeholder confidence, inefficiency and effectiveness in delivering and demonstrating public value, likely lack of organisational focus on priorities.</p>										<ul style="list-style-type: none"> ii. Annual review of Board and committee effectiveness iii. 3 yearly external governance review iv. Audit assurance v. Revised governance and decision making in place (Strategic Leadership Team and Operational Leadership Team) vi. 	<ul style="list-style-type: none"> i. Refresh our Governance Mark of Excellence 			
6	<p>ICT Data Access & Cyber Security</p> <p>What is the Potential Situation? Staff are unable to access or update key systems.</p> <p>What could cause this to arise? A failure in our data systems and/or cyber security.</p> <p>What would the consequences be?</p> <p>Resulting in serious disruption to activities, inefficient deployment of resources – manual “work-arounds” for e.g. complaints handling or payments, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud.</p>	5	4	20	VH	3	3	9	M	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> ii. ICT security in place iii. Trained ICT staff iv. Physical security measures v. ICT BC/DR plans in place vi. Cyber Essentials+ certification in place vii. Penetration test and resulting remedial actions implemented for RMS (September 20) <p>Note: update - following concerns about our remaining ICT technician with experience of our PMS system leaving the CI, a “standby” cover arrangement has been put in place. This reduces the risk of potential disruption. Residual risk score remains unchanged until the system is replaced by the new digital apps.</p>	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Continue cyber and backup testing. ii. Progress ICT modernisation to point where we can stop using PMS iii. Implement BC/DR plans for new Apps iv. A cyber security control assessment has been commissioned this will lead to a cyber improvement plan that will be reviewed on a bi-annual basis 	<p>Appetite: averse re serious disruption recognising occurrences will inevitably arise</p> <p>Tolerance: Low</p> <p>Residual risk has been greater than tolerance for more than 12 months.</p> <p>Rating: Red</p>	iEDIT&D
7	<p>Change Management</p> <p>What is the Potential Situation? Required organisational change and development is not delivered within agreed timescales or to the required quality.</p> <p>What could cause this to arise? The Care Inspectorate does not carry out essential change management effectively.</p>	4	4	16	H	2	2	4	L	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Programme governance arrangements in place ii. Board and committee oversight Assurance maps 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Continue to develop and improve change programme assurance regime 	<p>Appetite: averse</p> <p>Tolerance: Low</p> <p>Rating: Green</p>	CE

	<p>What would the consequences be?</p> <p>Adverse impact on our ability to deliver the corporate plan, poor employee relations, poor delivery of best value.</p>														
8	<p>Digital Transformation</p> <p>What is the Potential Situation? We are unable to continue our digital transformation programme to Stage 2.</p> <p>What could cause this to arise? We are unsuccessful in attracting sufficient funding from the Scottish Government to allow us to commit to stage 2 of the digital transformation programme. There is a significant delay in funding being agreed. There is ineffective implementation of our digital transformation programme.</p> <p>What would the consequences be? Resulting in a significant impact on our aspiration to modernise and move to a digitally enabled comprehensive intelligence led approach. Our ability to focus workload and resource effectively and to influence policy would be compromised. Continued long term reliance and investment in RMS a legacy system, which is rated as red, red business application. Staff dissatisfaction, reputational loss, adverse public opinion and a detrimental impact on medium term financial strategy.</p>	4	5	20	VH	4	4	16	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Investment in a developing a comprehensive business case ii. Full programme governance arrangements iii. Board and Committee oversight iv. External assurance v. 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Ensure completion of stage 1 and archiving of PMS (most at risk system) ii. Develop contingency plans for reduced or no additional funding. 	<p>Appetite: averse Tolerance: Low</p> <p>This revised risk added to Strategic Risk register 30 September 2020.</p> <p>Rating: <input type="text"/></p>	iEDIT&D
9	<p>Staff Capacity</p> <p>What is the Potential Situation? We are not operating with sufficient staff to deliver our planned inspection and complaints activity.</p> <p>What could cause this to arise? Difficulties in recruiting staff, staff deployment to other activities, staff absence.</p> <p>What would the consequences be? An impact on our ability to achieve our Inspection and Complaints targets</p>	4	4	16	H	3	4	12	H	Low	↔	<p>KPI 2, 3a and 3b currently below target due to staff capacity issues caused by vacancies, deployment to other duties and long-term sickness</p> <p>Performance report in place and reported quarterly to Board.</p> <p>Inspector job evaluation outcome increases Inspectors to a grade 7. This will be more competitive for the recruitment of Inspectors.</p> <p>Managers are reviewing capacity on a month to month basis</p> <p>Inspections are being prioritised according to the level of risk and intelligence we hold and in line with our Revised Scrutiny, Assurance & Improvement Plan</p>	<p>Additional resources identified (there will be a lead time before impact felt)</p> <p>Advertising for more Inspectors although numbers recently recruited have been less than we had hoped for and together with higher-than-normal staff absences, this remains a high risk.</p>	<p>Appetite: averse Tolerance: Low</p> <p>Rating: <input type="text"/></p>	EDS&A

											2020-21 approved by Ministers on 5.11.20 Staff overtime arrangements in place				
10	<p>COVID 19 What is the Potential Situation? Failure to maximise and be seen to maximise our ability to protect staff and our stakeholders from the impacts of the COVID 19 virus.</p> <p>What could cause this to arise? Not adapting organisation to maximise potential. Note: this was required as based on public health advice, we had to change our business model away from our planned programme of inspections. This has a consequential impact on our overview and assessment of risk across the care sector. Not adapting to required new ways of working Not communicating our role and strategy effectively to stakeholders Unnecessary travel / contact through not using available technology, not communicating to staff and service providers and users the latest expert advice, not following the latest expert advice</p> <p>What would the consequences be? As advised by Public Health, not adapting our business model would have a potentially serious impact on staff or service provider/user health, accidental spreading of virus to vulnerable people, reputational risk from spreading virus to vulnerable people. Disruption to business delivery. Reputational damage with Government and other stakeholders, potential legal challenge. Increased staff sickness absence with resulting impact on capacity.</p>	5	5	25	VH	4	4	16	H	Low	↔	<p>i. Re-purposing of CI given operating and public health constraints, regular business review and planning meetings (Gold and Silver structure), forward planning for next phase commenced, effective engagement and partnership working with SG (incl NHS) and other stakeholders such as Directors of Public Health and Health Protection Scotland.</p> <p>ii. Proactive staff capacity monitoring and review, effective staff and stakeholder communications, effective use of technology to enable homeworking, homeworking contingency plans, adherence to advice on travel, social distancing, public health advice, SG advice and policy direction re scrutiny, improvement and assurance activity.</p> <p>iii. Support through health and wellbeing group and resources. Providing timeously any up to date guidance to staff and care services. Use of Near Me for virtual visits.</p>	Further planning for next phases	<p>Appetite: averse Tolerance: Low</p> <p>Residual risk has been greater than tolerance for 5 months.</p> <p>Rating: Amber</p>	CE



Title:	MONITORING OUR PERFORMANCE 2020/21 – QUARTER 2 REPORT
Authors:	<i>Ingrid Gilray, Intelligence and Analysis Manager</i> <i>Al Scougal, Senior Intelligence Analyst</i> <i>Kaisha Wallace, Intelligence Researcher</i>
Appendices:	1. Technical notes
Consultation:	N/A
Resource Implications:	None
EXECUTIVE SUMMARY	
<p>This report presents the 2020/21 Quarter 2 summary report on our performance. Over this period the way that we work has continued to be impacted by the ongoing COVID-19 pandemic and the critical importance of adhering to specific measures to reduce the risk of spreading COVID-19. This report demonstrates how we have continued to provide critical and significant scrutiny, assurance and improvement support to the social care sector during this extremely challenging and unprecedented time.</p> <p>As we have adapted the way that we work during the pandemic we have revised some of our measures for a period of time and the way we are reporting on our measures reflects this. At the September 2020 Board meeting, proposals for interim revisions to our performance measures were approved. The measures affected are those dependent on frequent on-site visits to care services or on the use of paper questionnaires, both of which present a risk of spreading COVID-19 in the care sector. The measures affected are highlighted in the detail of this report.</p>	
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

BOARD MEETING 17 DECEMBER 2020

Agenda item 13
Report No: B-50-2020

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

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

MONITORING OUR PERFORMANCE 2020/21 – QUARTER 2 REPORT**1.0 INTRODUCTION****Impact of COVID-19 on this report and on our work**

- As part of our response to the pandemic we quickly adapted our operating model and this is reflected in the way that we are now reporting on our performance. At an early stage of the pandemic, advice from Public Health partners was that onsite inspections posed a significant risk of spreading COVID-19. Following agreement with Scottish Government and our Board, we took the decision to refocus much of our work to mitigate that risk. In order to carry out our duties while restricting our physical presence in services and our offices to limit the spread of the virus, we quickly adapted our way of working and intensified our oversight of services in a number of ways, making regular contact with services to carry out checks, provide support and guidance and including the following:
- We continued to make regular contact with services and our inspectors made almost 20,000 contacts during Q2 to carry out checks. For care homes in particular, this contact was weekly and sometimes daily depending on individual risk, notifications received, intelligence and support needs.
- We used “Near-me” video consultation, which enabled us to use technology to virtually view aspects of services that we would usually only see through a site visit. This included supporting services to set up ‘Near Me’ and use this new technology.
- We worked with Directors of Public Health and partner agencies in each health and social care partnership area to ensure that services were supported, and that we were aware of any emerging concerns.
- We continue to base all our scrutiny activity on risk and intelligence. We have an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of public health of care homes, and local intelligence from daily huddles and multi-agency meetings.
- We continued on-site inspections focusing on services where our intelligence has indicated areas of high risk, joined by colleagues from Healthcare Improvement Scotland and at times Public Health. Following the enactment of the Coronavirus (Scotland) (No2) Act 2020 we continued to publish fortnightly reports outlining our findings of these inspections including the quality of care. Once we decide to inspect, the process of inspection through to sharing findings in the fortnightly report is rapid, with each report containing details of all inspections undertaken in the previous two weeks.
- We continued our regular communications with providers via our daily Provider Update newsletters, making sure services were aware of the latest guidance and support from the Care Inspectorate, Scottish Government and other national agencies, to help them manage in the pandemic.
- We had membership on all relevant national groups to ensure we retained strategic oversight of the social care sector and remained connected with partners at the national level.
- We reviewed the information that services routinely report to us about any outbreaks of infectious diseases and deaths to ensure that we could monitor the impact of the pandemic, and shared that information with Scottish Government, Public Health teams and other partners to help coordinate support for frontline services.

The above is not an exhaustive list but gives an overview of our rapid and targeted response to the pandemic.

Structure of this report

As in previous reports, 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.

Detailed notes on the different types of performance measures we use and on how to interpret the charts used in this report are in appendix 1.

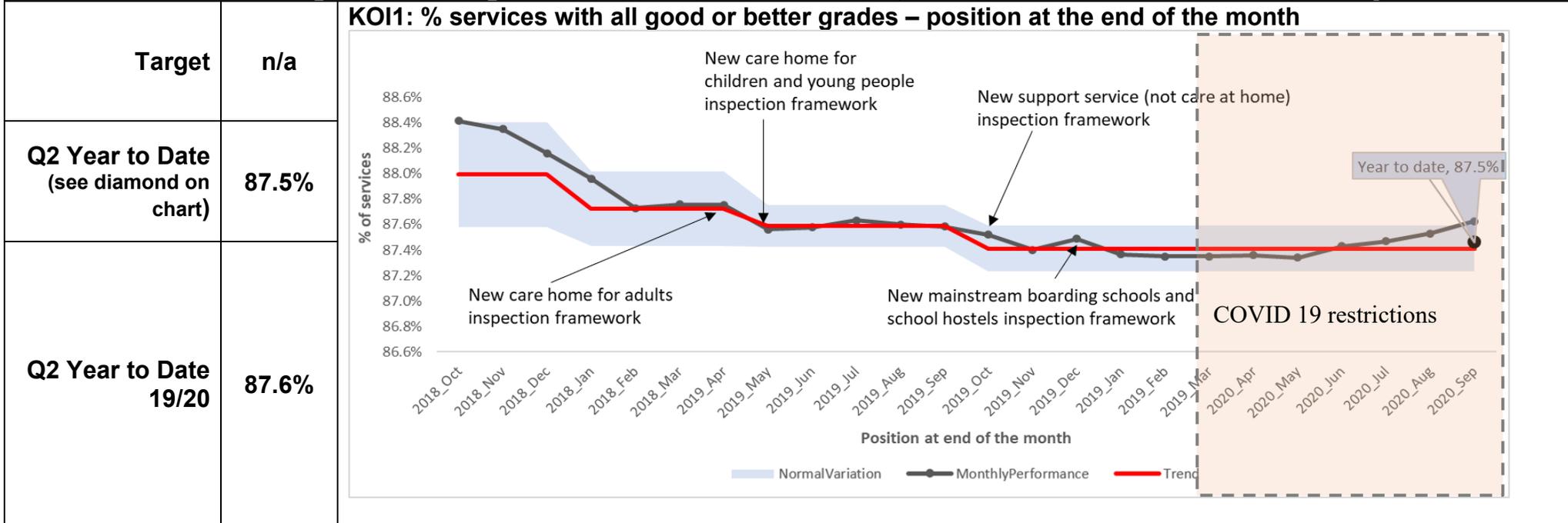
2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 SEPTEMBER 2020

This table shows a summary of performance for the **year to date** for each KPI.
Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
<p>KPI1: % of people telling us that our scrutiny will improve care</p>	<p>KPI5: % of registration applications completed within timescales 88.8% [Target 80%]</p>	<p>KPI8: Days per quarter that inspection volunteers and care experienced people are involved in our work 64 days (average per quarter) [Benchmark 65 days]</p>
<p>KPI2: % of statutory inspections completed</p>	<p>KPI6: Level of investment in learning and development for our workforce 4.1 hours on average per employee (2,478 hours per 598 employees) [Benchmark 4.6 hours]</p>	<p>Colour code</p> <p>Target achieved</p> <p>Slightly below target</p> <p>Significantly below target</p> <p>Target to be set</p> <p>Affected by pandemic response</p>
<p>KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only)</p>	<p>KPI7: % of inspection hours spent in high and medium risk services 83.3% [Target 25%]</p>	
<p>KPI 3b: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) 90.4% [Target 80%]</p>		
<p>KPI4: % staff absence 2.9% [Target 3.8%: Range 2.4% to 5.7%]</p>		

Strategic outcome 1: People experience high-quality care

KO1: % services with all good or better grades Executive Director of Scrutiny and Assurance



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 Q2. Within that context, the above chart highlights a very slight fall from Q2 last year. 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. There was a very slight increase throughout Q2 due to a number of services with poorer grades cancelling resulting in the proportion of services with all grades of good or better to increase.

Reasons for Difference: The COVID-19 pandemic has and will continue to affect this measure. In order to reduce the risk of spreading the coronavirus infection, we adapted the way that we worked and in terms of the number of inspections, prioritising those where we had assessed an on-site inspection was essential to do because of the level of risk we had identified. As the number of inspections we have completed this year to date, as a result of the risks related to the pandemic, is lower than normal then the overall % of services with good grades is likely to change slower than it would otherwise.

Actions: In order to limit the spread of the virus and taking account of the advice from Government and public health colleagues, we will continue to focus our inspection activities on high risk services through a rigorous risk assessment process and using our intelligence. In the short term, while we inspect fewer services, we expect this KOI will remain relatively stable.

KPI1: % of people telling us that our scrutiny will improve care

Executive Director of Scrutiny and Assurance

We are not currently reporting on this measure due to less frequent on-site inspections taking place during this time because of the increased risk of spreading COVID-19 and because paper questionnaires would also present an infection risk, no paper questionnaires have been used since the onset of the pandemic. This measure uses data captured from paper questionnaires at and following our inspections. This is a temporary position and will be kept under review.

Actions: We are currently giving careful consideration to how we capture this type of feedback in future. As part of our digital transformation programme and phase 2 of the registration app, we are working on a questionnaire to get feedback from applicants that we can integrate into this measure.

KPI2: % of statutory inspections completed

Executive Director of Scrutiny and Assurance

We are not currently reporting on this measure however, the following sets out the range and scale of the significant scrutiny, assurance and improvement support work we have undertaken, the ongoing oversight, and the different and innovative ways of working over this unprecedented period.

In order to limit the spread COVID-19, and with agreement from Scottish Government and our Board, we restricted our presence in our offices and in services. Advice from directors of public health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. As a consequence, we intensified our oversight using a range of remote and virtual approaches as outlined below.

We continue to base all our scrutiny activity on risk and intelligence. We have an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of public health of care homes, and local intelligence from daily huddles and multi-agency meetings.

From May, we carried out on-site inspections of services focussing on those that were of particular concern based on the intelligence available to us and following careful risk assessment. We had completed 222 inspections by the end of the Q2 for the year to date with 172 of these completed in Q2 alone. 94% of completed inspections to date have been in care homes for older people.

Information on performance for a quarter is normally provided as at the end of the quarter. However, some of the information presented below was only available as at 8 October – to ensure consistency the information is provided as at this date. As of 8 October we had completed 305 inspections as well as carrying out 61 follow-up visits to ensure improvements have been made, and we have taken robust action including enforcement where we deemed it necessary to do so based on the evidence available. These consisted of:

- 305 completed inspection visits in 214 Services (this included 7 inspections of services that have since cancelled)
 - 302 in Care Homes for older people and adults
 - 3 in Nurse Agency services
- 61 completed follow ups (included in the 305 completed inspections)
- 58 continuation visits (included in the 305 completed inspections)
- 27 Serious Concerns letters have been issued to date
- 8 Improvement notice enforcements
- 1 Notice to cancel enforcement
- We continued to make regular contact with services by phone and video conferencing to: carry out checks and ensure we were aware of and could support any emerging concerns; to ensure that services had access to information, guidance and any additional support including signposting to resources such as Health Protection Scotland Guidance, Personal Protective Equipment (PPE) and staffing portals. For most of the services that would be included in our statutory inspections, this contact was at least weekly, in some cases more frequently. We recorded almost 20,000 contacts during the quarter.

- We introduced the use of Near-me video consultation in care homes, which enabled us to view aspects of the service online in real time. It enabled us to virtually visit services and to meet with staff.
- We reviewed, revised and made full use of the information that services routinely provide to us and implemented new notifications about cases and staffing, as well as capturing intelligence from partners, to ensure that we could identify and target services that were in particular need of support.
- We worked with partner agencies locally and nationally, sharing expertise and information focussed on supporting the care sector during this pandemic.
- We were able to intervene by escalating concerns to ensure services received PPE supplies through our work with Scottish Government.
- We made daily contact and reports to Health Protection Scotland, Local Public Health Teams and Health and Social Care Partnerships (HSCP) to ensure they were aware of suspected or actual COVID 19 outbreaks in services.
- Our staff achieved this through continuously adapting to new ways of working including adjusting to cover a seven-day week over some of this period and adapt to working from home

Actions: As previously noted, our response to the pandemic has meant we have adapted the way that we carry out our work. Under this measure we will continue to report on the range and scale of the scrutiny, assurance and improvement support work we have undertaken and the ongoing and significant oversight and innovative way of working during the current pandemic

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>
Q2 Year to Date (see diamond on chart)	15 months	
Q2 Year to Date 19/20	11 months	

Notes: The reduction in inspections completed in Q1 due to the risk of spreading COVID-19 has had an impact on this measure. The average time a service had a grade less than adequate has increased from Q4 last year to a point significantly higher than the average. This statistically significant increase is shown by the red line in the chart above which shifted from an average of 11.5 to 14.4 during Q2.

Reasons for Difference: The reduction in on-site inspections and the temporary closure of some services such as childminders and daycare services for children and adults means that some services with a grade of less than adequate have not been inspected and have therefore not had the opportunity to be graded higher.

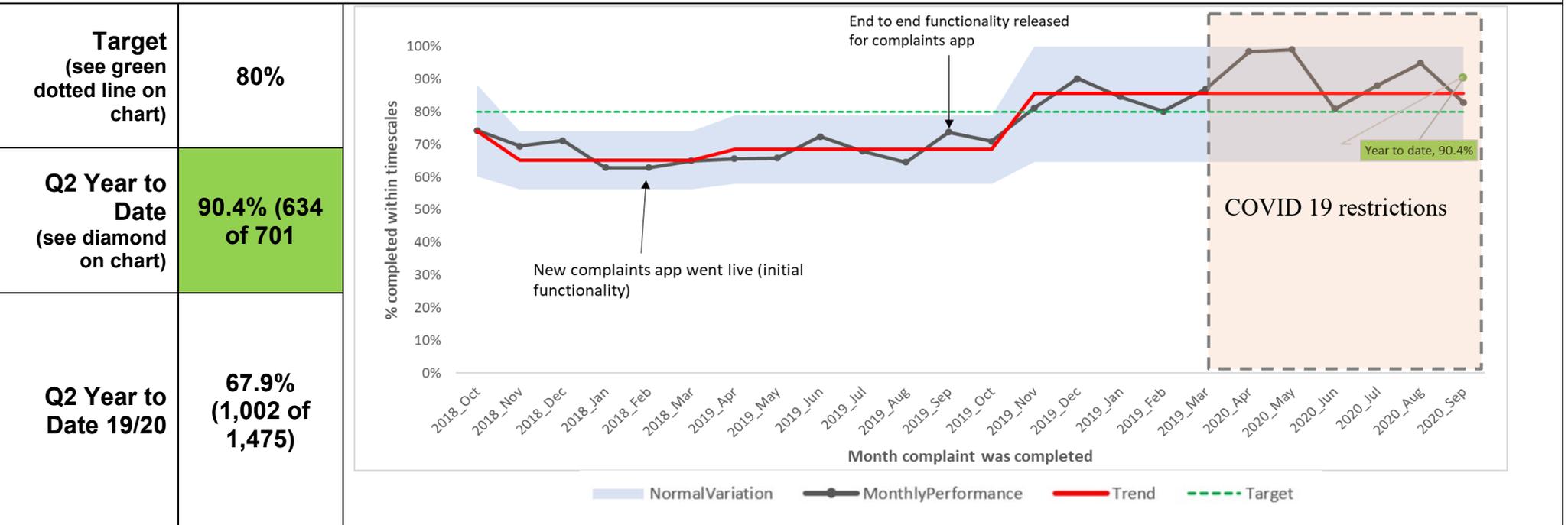
Actions: This increase will continue while the number of graded inspections remains lower. Currently our inspections are focused on services which are assessed as high risk and that our intelligence indicates are of most concern. We are not proposing to make any changes to this measure and will continue to monitor it.

KPI3: complaints resolved within the relevant timescales **Executive Director of Scrutiny and Assurance**

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

We are not currently reporting on this measure. During the pandemic we have adapted the way we work in order to restrict our physical presence in services based on a rigorous risk assessment process to prevent the spread of COVID-19. This includes how we resolve and address complaints- see below under 3a Reasons for difference. We will keep this position under review.

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



Notes: Throughout the pandemic, we continued to receive complaints about services and resolved them quickly. Over the year to 30 September, 90.4% of all complaints we resolved were completed within 40 days – a 22.5 %-point increase from Q2 last year. This performance is above the target of 80% and is a statistically significant improvement from last year. This improvement started following the full implementation of the complaints app.

Our response to the pandemic has affected both KPI3 measures: both through our work to increase the early resolution of complaints not requiring on-site investigation and also due to the reduction in complaint investigations, which have been taken forward as inspections instead. Further detail on both of these aspects is set out below.

Reasons for Difference:

Under KPI3a, we would under normal circumstances report about complaint inspections completed. However, during the pandemic where a complaint was serious, the complaint inspector would assess where an on-site visit was essential through a risk assessment process, and these were then prioritised for an inspection focusing on Question 7 of our quality framework which includes wellbeing, infection prevention and control, and staffing. As such we are not reporting on this KPI until such time as on-site complaint investigations resume fully. In Q2 the complaints team commenced a limited number of on-site complaint investigations with a focus on older people's care:

In Q2, 43 complaints were investigated onsite in this fashion.

- 7 of these were completed in Q2 and all were upheld.

KPI3b shows that we resolved complaints quickly, and to achieve this we assigned more staff to support people raising concerns, assess complaints, support resolution by providers and ensure we made relevant authorities aware of complaints. We continued to make adult and child protection referrals and to make referrals to police. Our complaints team has worked with people and providers to resolve complaints and escalated issues for resolution, such as getting services access to PPE.

The overall number of complaints received decreased by 605 from Q2 last year (down 21%). Several service types such as childminding, daycare of children and adult daycare had most of their services closed due to COVID-19. Childminder complaints fell by 48% compared to the same time last year and daycare of children by 68%. While there has been a drop in number of complaints received overall, there has been an increase in complaints about care homes. Complaints about all types of care homes increased by 4.4% compared to the same period last year with care homes for older people having a 9% increase. Additionally, in those services that were open, visitors were not allowed to visit due to the risk of spreading COVID-19. While the largest proportion of complaints are still made by relatives or carers, this has decreased by more than a third (35%) compared to Q2 last year. These factors will have contributed to the decline in overall complaints received.

Complaints provide us with important intelligence about services, and we used this in a number of ways as well as to inform us about those requiring an inspection. All complaints about COVID-19 that were related to PPE or staffing were referred to the case holding inspector who contacted the service to undertake a telephone interview or a Near Me video consultation. We shared information about

complaints with the local partnership meetings which included directors of public health and health and social care partnerships to inform risk assessments of services.

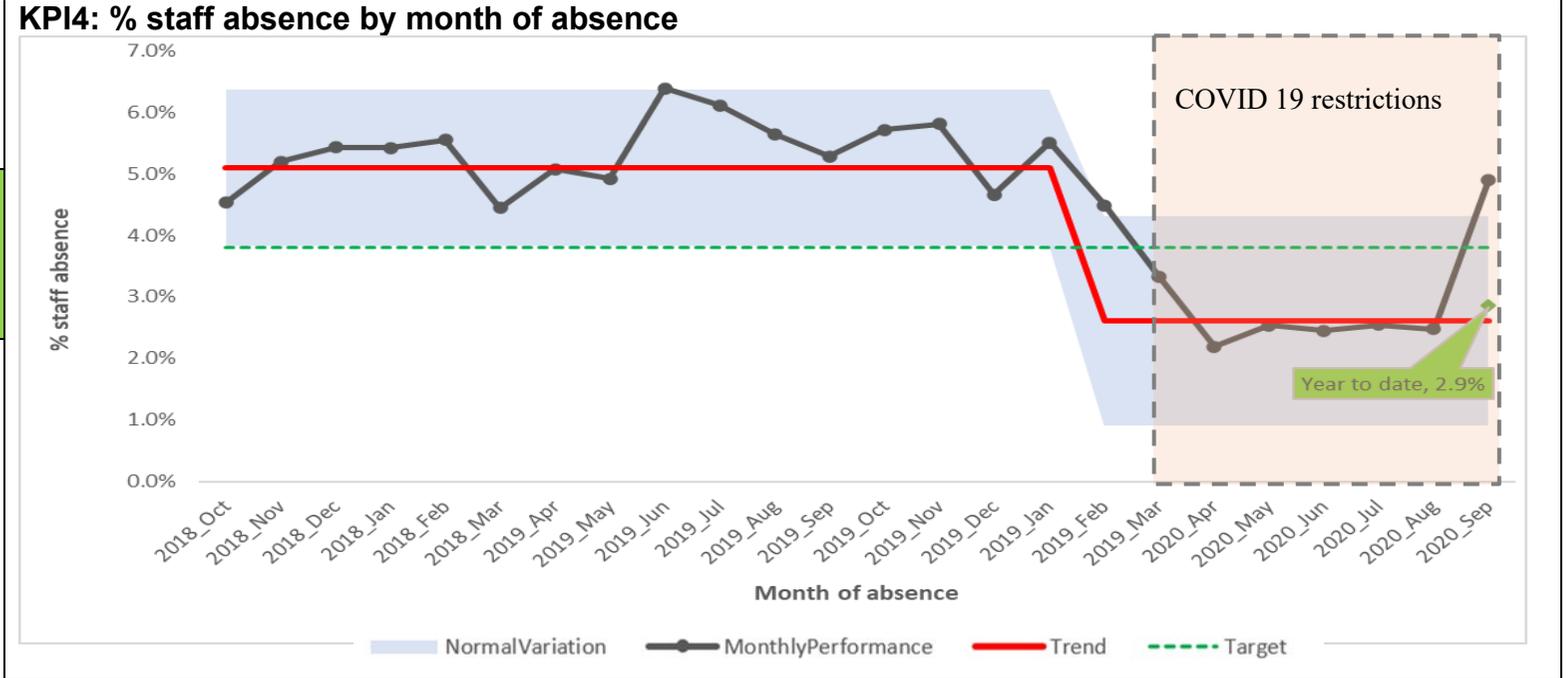
Actions:

Until normal complaint investigation activity resumes, we will focus on KPI3b as a more comprehensive reflection of the experience of those that make a complaint to the Care Inspectorate. We have increased the volume of complaints resolved directly between complainants and providers including making use of Near Me, and we are exploring how to better capture these for future reporting. Note that if the proportion of complaints resolved via methods other than investigation remains high, this KPI will remain high although we will expect this to fall as we return to undertaking more on-site complaint investigations.

The complaints team commenced a limited number of on-site complaint investigations in Quarter 2 with a focus on older people's care and this will continue going forward. During these investigations, inspectors assess the service using Key Indicator 7.2 relating to Infection Prevention and Control in all care home visits, ensuring we have completed this assessment in as many services as possible. This activity supports our winter planning plan for scrutiny and assurance.

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%
Q2 Year to Date (see diamond on chart)	2.9%
Q2 Year to Date 19/20	5.5%



Notes: The percentage of our staff absent has fallen since February 2020 with a statistically significant drop in the average (red line on chart) from 5.1% to 2.6%. This low level of absence continued throughout the summer but there was a sharp increase in staff absence in September – driven by an increase in long term sickness.

Reasons for Difference: The sharp drop in sickness at the start of the year coincided with the emergence of COVID-19 and the introduction of home working. The reduction is spread across all types of absence (short, medium and long term) but the measure has been especially impacted by a reduction in long-term absence where we lost around half the amount of working time compared to the year leading up to lockdown. This pattern continued through most of Q2 before an increase in long term sickness drove a return to higher absence levels similar to before COVID-19 restrictions. This increase coincided as the second wave of COVID-19 began to increase across Scotland.

Actions: We will monitor whether this recent increase continues to rise or whether it flattens off in Q3.

Total scrutiny and improvement interventions completed up to 30 September 2020

	Number completed up to 30 September 2019	Number completed up to 30 September 2020	Comparison of 2020/21 vs 2019/20 year to date
New registrations completed	381	286	▼
Inspections completed	2805	222	▼
Complaints received	2906	2301	▼
Number of variations to registration completed (not including typographical changes to certificates).	1905	1282	▼
Total scrutiny interventions completed	7997	4091	▼

New registrations completed: The number of registrations completed fell slightly from Q2 last year (down 95 completed registrations). Work has been delayed due to COVID-19 restrictions. Staff were unable to get out on-site visits to conclude registrations. Additionally, construction work was halted during Q1 which meant in some cases registrations could not progress. In Q2 site visits were being made (where we couldn't assess these remotely), and as restrictions have eased and building works have progressed, we have been dealing with the backlog of work that had been put on hold.

Inspections completed: In order to limit the spread of COVID-19 our routine inspection plans were affected and the number of inspections completed was lower than in previous years. However, we have significantly increased our scrutiny activity in other ways: Up to the end of Q2 there were 47 additional continuation visits and 1 monitoring visit made to care homes for older people and almost 50,000 contacts with services including 289 'Near Me' calls.

Complaints received: The overall number of complaints received decreased by 605 or 21% from Q2 last year. Several service types such as childminding, daycare of children and adult daycare had most of their services closed due to COVID-19. Childminder complaints fell by 48% compared to the same time last year and day care of children by 68%. While there has been a drop in number of complaints received overall, there has been an increase in complaints about care homes. Complaints about care homes increased by 4.4% compared to the same period last year with a larger 9% increase in complaints about care homes for older people.

Variations to registration completed: The number of variations completed decreased by 623 from Q2 last year largely due to increased numbers in Q1 19/20 following a project to implement new ways of managing conditions of registration. We have continued with adapted practice

during the pandemic to make it easier for services to adapt to meet peoples' needs, for example adult day care providing home care support to people by introducing a service update notification when previously a variation would have been required.

Summary of key achievements and work progressed in Q2 2020/21

Strategic scrutiny

We completed a joint inspection in the Midlothian Community Planning Partnership area which had commenced earlier in the year. Having done most of the fieldwork before lockdown, we were able to resume engagement with partners virtually to provide feedback and manage the drafting and quality assurance process for the report, which was published on 1 September.

Care Inspectorate Evidence to Health and Sport Committee

The Chief Executive gave evidence to the Health and Sport Committee on 25 August 2020 along with the Executive Director of Scrutiny and Assurance as part of its pre-budget scrutiny, while also considering the impact of COVID-19.

Local Health and Social Care Partnership (HSCP) Care Home Huddle Groups and Multi Agency Support Groups for Care Homes

Team Managers in the adult teams continue to attend daily care home huddles in HSCP areas and weekly multi-agency support groups for care homes, helping to ensure early identification of concerns and targeting support for services. We are obtaining more intelligence on services as members of the group include directors of public health who have up to date testing and outbreak information. The groups identify the best action to be taken to support services in response to outbreaks and they discuss and agree support/scrutiny actions in homes where there are concerns.

Inspection based on Risk and Intelligence

We continue to base all our scrutiny activity on risk and intelligence. We have an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of public health of care homes, and local intelligence from daily huddles and multi-agency meetings.

Strategic partnerships

We also continue to work with other bodies and strategic groups, including Scottish Government, the National Contingency Planning Group, the Chief Medical Officer's clinical and professional advisory group, the Care Home Rapid Action and Intelligence Group (CHRAG), health and social care partnerships, Scottish Care and Coalition of Care and Support Providers in Scotland (CCPS).

Inquiry into Care at Home and Housing Support Services

A cross-directorate group has been involved in a significant piece of work undertaking an inquiry into care at home and housing support services during the COVID-19 pandemic. This has involved all 31 health and social care partnerships in Scotland. We produced a report on our findings which was published on 24 September 2020 'Delivering care at home and housing support services during the COVID-19 pandemic' which was well received.

Police Scotland Investigation

We continue to support the Crown Office Procurator Fiscal Service (COPFS) and Police Scotland investigation of COVID-19 or suspected COVID-19 deaths through the submission of evidence which is extremely resource intensive across directorates. The investigation is looking into where the deceased might have contracted the virus in the course of their employment or occupation, or where the deceased was resident in a care home when the virus was contracted.

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
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Target	n/a	<p>KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published</p>
Q2 Year to Date (see diamond on chart)	68.2% (45 of 66)	
Q2 Year to Date 19/20	73.9% (139 of 188)	

Notes: Due to COVID-19 restrictions, there were fewer newly registered services inspected. The % of services with good or better grades at first inspection fell 5.7 %-points to 68.2% of services. However, only 66 services had their first inspection report published up to the end of Q2; a reduction of 122 services from Q2 last year.

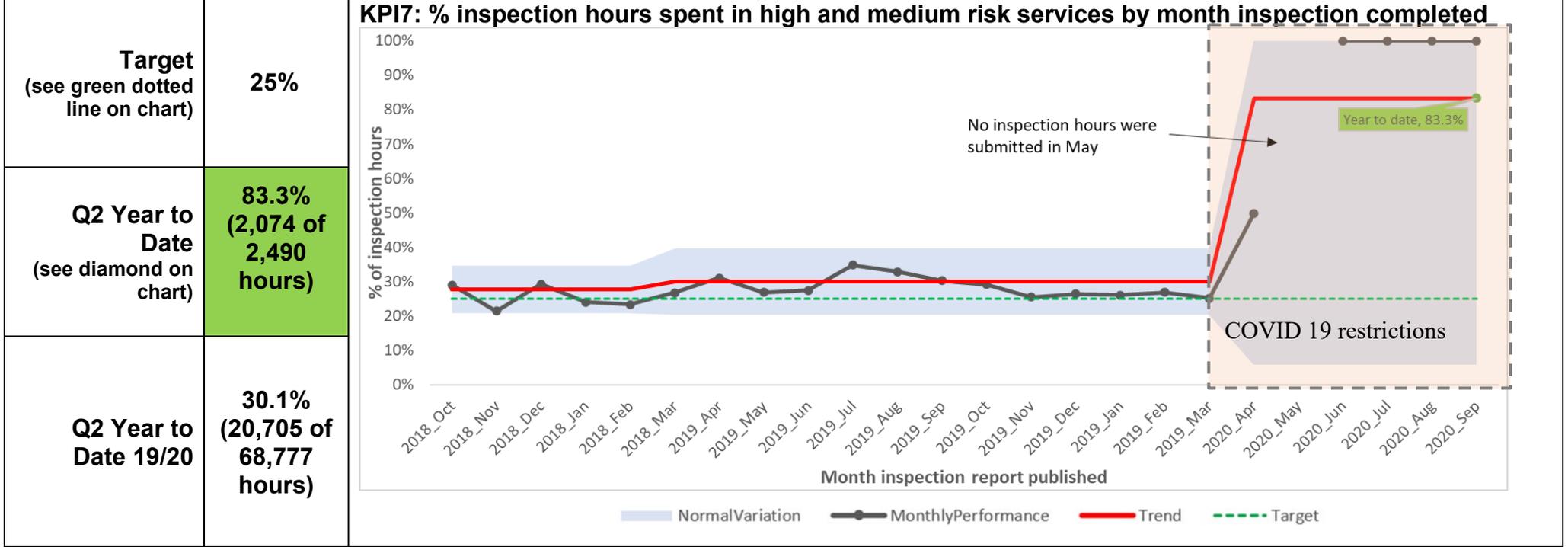
Reasons for Difference: Due to the reduction in inspections, the number of qualifying services for this KOI remains low. This low number of qualifying services means percentages can vary greatly (as seen in the chart above).

Actions: We do not propose to change this measure but will continue to remind readers that this increased variability due to low number of services will continue while the number of inspections is low.

KPI5: % of registration applications completed within timescales		Executive Director of Scrutiny and Assurance
Target (see green dotted line on chart)	80%	KPI5: % of registration applications completed within timescales by month registration completed
Q2 Year to Date (see diamond on chart)	88.8% (135 of 152)	
Q2 Year to Date 19/20	73.9% (178 of 241)	
<p>Notes: Performance is above target and up 14.9 %-points on Q2 last year. There continues to be wide variation in performance on this KPI as illustrated by the grey shaded area in the chart, mainly due to the small number of applications completed every month. Performance improved overall in Q1 and finished in June above the previous average trend and target.</p>		
<p>Reasons for Difference: The number of applicable registrations was down 89 applications from Q2 last year (152 compared to 241 applications). The number of applications in Q2 (78 applications) was slightly higher than Q1 (74 applications). Whilst there were more applications, performance has improved with 94% of applicable applications completed within timescales in Q2 compared to 84% in Q1.</p>		
<p>Actions: We are undertaking work to use some of our learning, including during the COVID-19 pandemic, to consider what services should be registered in the future. With the uncertainty caused by COVID-19 it is anticipated that registrations will remain lower than normal. Our performance in this KPI should remain high as long as restrictions due to COVID-19 do not impact on our registration process. We are finalising our new digital registration application form which may also have an impact on our performance when it is launched later in the year.</p>		

KPI6: level of investment in learning & development for our workforce		Executive Director of Strategy and Improvement
Benchmark	4.6 hours on average per quarter	
Q2 Year to Date	4.1 hours on average per quarter	
Q2 Year to Date 19/20	n/a (reporting commenced in 2020/21)	
<p>Notes: In Q2 employees on average had 3.7 hours of learning and development down from 4.6 recorded in Q1 – resulting in 4.1 hours on average for Q2 year to date.</p> <p>During Q2, there were 1,382 attendances from employees across 46 learning events. A broad range of learning and development events and resources were offered to support employees to effectively transition to working from home. Webinars to support mental health and wellbeing also proved to be popular and were well evaluated by staff. Learning topics included:</p> <ul style="list-style-type: none"> • ICT – Office 365 webinars. • Online resources and webinars to support mental health and wellbeing and working from home: mindfulness, reducing anxiety, psychological impact of working from home, parenting and remote working, selfcare and resilience. • Core e-learning for all staff: stay safe online, environmental awareness and equalities. • COVID-19 inspections: refresher professional training as well as preparing for, carrying out and recording inspections during COVID-19. 		
<p>Reasons for Difference: As we returned to more regular working there was less opportunity than in Q1 for training and investment. With a focus on our ongoing response to COVID-19 the majority of development in Q2 continued to be related to our COVID-19 response including inspector training for COVID-19, ICT refresher training, PPE sessions and supporting colleagues to work at home effectively and healthily. A large proportion of training in Q2 was also spent on our equalities mandatory training programme for managers and staff.</p>		
<p>Actions: Following the outbreak of COVID-19, we continued to offer a range of online learning and development activities. Initially, online learning has focussed on support for staff wellbeing and effective remote working. We will continue to develop the online learning and development programme available to staff whilst in person learning events are not possible. We will continue to use our Q1 performance as a benchmark for the time being and will develop a target based on what online learning and development looks like as we come out of the peak of the COVID-19 pandemic.</p>		

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



Notes: Up to the end of Q2 we recorded 2,490 hours on inspection. Of these hours, 83% were spent in high or medium risk services, in line with our aim to target our resources where risk is highest - an increase of 53% points from last year.

Reasons for Difference: 100% of the inspection hours recorded up to the end of Q2 were in high/medium risk services with the majority mainly for care home services identified as being at high risk due to the COVID-19 situation. Several inspections were carried out with no recording of hours due to the urgent priority of inspecting the service.

Actions: We will continue to highlight that performance in this measure will remain high if inspections are prioritised on a risk-based intelligence led approach and other inspections of low risk services do not occur.

Summary of key achievements and work progressed in Q2 2020/21**Scottish Fire & Rescue Service**

The Registration team have worked closely with the Scottish Fire & Rescue Service to review the content of all fire documentation and associated guidance which is used at the point of registration.

Staff Development

Staff from the various scrutiny teams have worked collaboratively with OWD to develop staff development modules related to COVID-19. This will support the registration team to carry out on site visits in a safe manner when required. There has also been a specific module developed for early learning and childcare based on the national COVID-19 guidance.

Workforce Survey

To fully understand how the lockdown has impacted our staff we carried out a full workforce survey in July 2020. We used a series of questions to determine how the current situation impacted the employee's ability to perform the full extent of their role and considered their wellbeing and thoughts on returning to the workplace. The survey informed us that:

- Most colleagues are now able to work their full contractual hours (or more), due to schools and other childcare options becoming available after lockdown, and therefore there was little reduction in workforce capacity in terms of hours worked.
- Low demand for returning to offices currently.

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
KOI5: % of services with majority of people telling us they make decisions about their own care	Executive Director of Strategy and Improvement
<p>We are not currently reporting on these measures as both rely on use of paper questionnaires which we are unable to use due to the risk of spreading COVID-19. This position will be kept under review.</p>	
<p>Actions: We will carefully consider use of paper questionnaires in future and whether we might do this more routinely online instead.</p>	

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work		Executive Director of Strategy and Improvement
Benchmark	65 days per quarter	
Q2 Year to Date	64 days – (no on-site inspection activity possible)	
Q2 Year to Date 19/20	132 days – inspection activity only	
<p>Notes: During Q2, despite being unable to participate in inspections, 32 care experienced people took part in Care Inspectorate involvement activity on 64 days across 23 different activities including:</p> <ul style="list-style-type: none"> • Senior staff interviews. • Consultations on “Building Better Care Homes” and “Investors in Volunteers”. • Virtual inspection discussions. • Filming of Midlothian inspection key findings for children and young people 		

All three co-ordinators worked with the improvement support team on the care staff COVID-19 reference group, speaking to 100 care staff during this time. Our co-ordinators have worked with an identified group of volunteers to support them in the use of Microsoft (MS) Teams to enable them to take part in cross organisation focus groups and meetings. Using MS Teams with our volunteers enabled us to provide training and support as our volunteers begin to undertake telephone inspections – a very different role to that of accompanying inspectors on physical inspections. Our volunteers have fed back how much they have appreciated being able to continue their volunteering work with us and how very well supported they feel.

Our volunteers have been heavily involved during this period in supporting the work around re-accreditation of our Investing in Volunteers award. They have provided consultation support for the new and revised volunteer policies and guidance and have supported the information gathering interviews held by Volunteer Scotland. Two board members also took part in this process.

Some of our young inspection volunteers have worked with the communications team to record the key messages for the Midlothian joint inspection video for children and young people. And young inspection volunteers are supporting the consultation work on the corporate parent report and are involved in the planning and development of the new corporate parent action plan.

Reasons for Difference: Compared to Q2 19/20 the number of volunteer days was reduced as inspection volunteers were unable to be involved in any inspection activity during Q2 2020 due to COVID-19. However, as outlined above, there were a number of other activities where our volunteers made a valuable contribution over the quarter.

Actions: The involvement team is actively seeking appropriate opportunities for our volunteers to be involved with our work remotely during this unprecedented time. The involvement team continues to be in touch with the adult and young inspection volunteers during the COVID-19 restrictions to provide support where required. A limited number of appropriate projects are continuing with our volunteers but we recognise that some of our volunteers have caring responsibilities at this time.

Summary of key achievements and work progressed in Q2 2020/21

Proud Scotland Employer Award

We are delighted to have been nominated for the Proud Scotland Employer award which recognises an employer who has led the way in creating a culture conducive to happiness and security within the workplace despite not making it to the final.

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.

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; and
- 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 will continue to have a key role in supporting the successful delivery of many existing policy drivers, including what is likely to be a renewed focus on 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.

It should also be noted that the Coronavirus (COVID-19) outbreak has since had, and will continue to have, a significant impact on current and future policy development. In Q1, emergency Coronavirus legislation was introduced in both the UK and Scottish Parliaments, including provisions relating to care homes and duties for the Care Inspectorate in the Coronavirus (Scotland) (No. 2) Act. In Q2 the Scottish Parliament agreed that the Coronavirus (Scotland) Acts (Amendment of Expiry Dates) Regulations 2020 be approved, meaning the legislation will now expire on 31 March 2021.

Other relevant developments in Q2 included:

- the Review of Adult Social Care in Scotland was announced by the First Minister on 1 September. It will be chaired by Derek Feeley and report by January 2021, making a series of recommendations. The Review will take a human rights approach, with the views of people with lived experience of using social care, carers, families, the workforce and local communities at its core;

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- the introduction of the UNCRC (Incorporation) Bill, which aims to further embed the rights of children and young people as enshrined in the United Nations Convention on the Rights of the Child. The Bill will incorporate the UNCRC into domestic law so that children and their representatives can vindicate their rights set out in international law in domestic courts;
- Peter Macleod and Kevin Mitchell appeared before the Scottish Parliament's Health and Sport Committee on 25 August to answer questions on the role and purpose of the Care Inspectorate, as well as our response to COVID-19; and
- the Children (Scotland) Bill was passed. The Bill includes provision for the regulation of child contact centres among a range of measures aimed at strengthening the family law system.

The Scottish Government announced its programme for the remainder of the current parliamentary session in Q2. The Programme for Government includes a number of relevant commitments including:

- a new stakeholder group to govern the Scottish Government's approach to adult social care recovery and remobilisation following COVID-19;
- the use of Near Me in social care will be developed, with an initial priority on use in care homes;
- plans for a new national body to strengthen infection prevention and control in the built environment, to be established in spring 2021;
- a date for full roll-out of the duty to provide 1140 hours of funded ELC will be jointly agreed by Scottish Government and councils and an assessment of readiness provided by December 2020; and
- consultation on and publication of revised National Guidance for Child Protection, in addition to developing a new approach to reviewing significant protection cases by April 2021.

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.

TECHNICAL NOTES

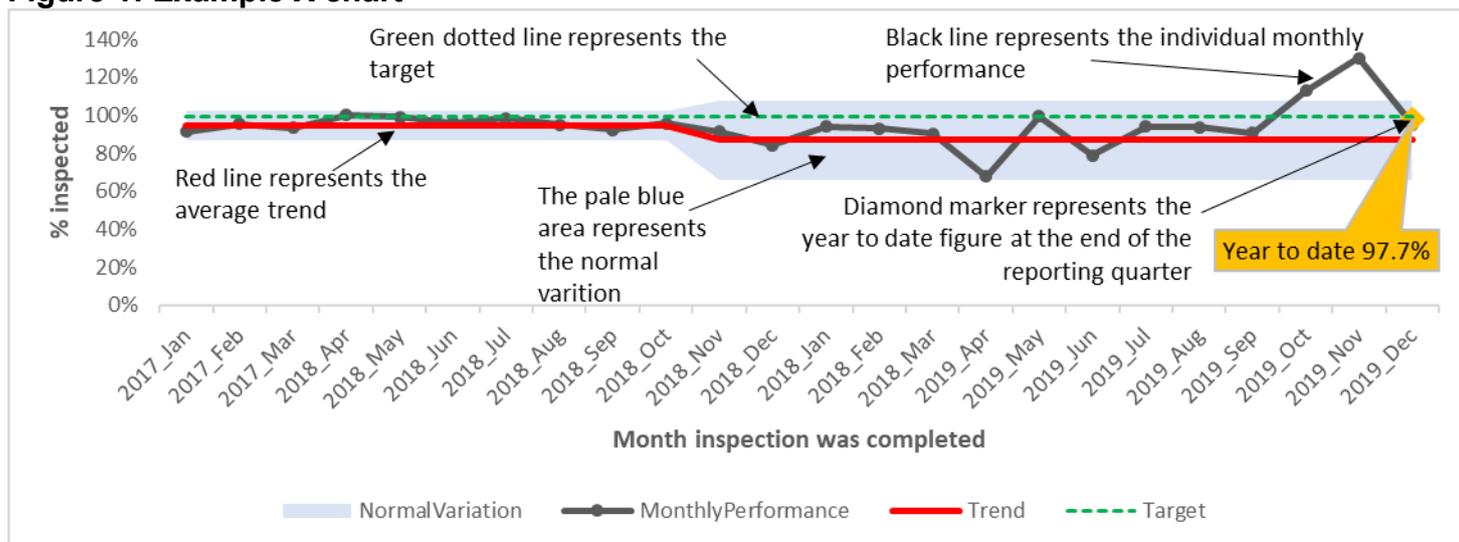
Types of performance measure

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

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



Title:	COMPLAINTS MID-YEAR REPORT – 2020/21
Author:	<i>John McGurk, Information Analyst</i>
Appendices:	1. Complaints mid-year report – 2020/21.
Consultation:	Comments and amendments from the Executive Director of Strategy and Improvement/Deputy Chief Executive and the Chief Inspector, Adults.
Resource Implications:	No

EXECUTIVE SUMMARY

This report provides the Board with a statistical mid-year summary for the first six months of 2020/21. It reports on trends and patterns in complaints received and investigated noting any particular variation compared with the same period last year.

The first half of 2020/21 was a time of considerable change within the Care Inspectorate as a result of the COVID-19 pandemic. We had to adapt the way we worked to prevent the risk of spreading COVID-19 in care services and not carry out non-essential visits, this included non-essential visits to investigate complaints. As a result, the role of Inspectors in the National Complaints Team was adapted with Inspectors acting as case-holders to monitor and respond to notifications, gather intelligence and engage with providers as relationship managers. Inspectors also worked with colleagues from inspection teams to deliver the inspection plan by carrying out inspections of services identified as high risk. The COVID-19 pandemic also resulted in changes to how services operated. Many closed, whilst others restricted non-essential visitors. An enhanced risk assessment process was implemented to identify complaints that did require a visit to ensure the health and wellbeing needs of people experiencing care were being met. Where a visit to the service was not appropriate, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate. This is reflected in the information and analysis contained in this report.

The key points from this report are noted below.

Complaints received have decreased in the first half of 2020/21: we received 2,301 this year, a 21% decrease compared to the 2,906 at the same point last year. This decrease is most likely because of the COVID-19 pandemic with many services closing (particularly day care of children services) in order to prevent the spread of the virus and keep people safe.

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The pattern of complaints was overall the same as last year. Most complaints continue to be about care homes (61%) and care homes for older people in particular (55%). The proportion of complaints about day care of children services reduced from 14% last year to 6% this year, again due to most of these services having to close during the first few months of the COVID-19 pandemic. The majority of the complaints received (37%) came from a relative or carer of a person experiencing care while only 5% were from people experiencing care themselves. Healthcare continues to be the most common reason for completed complaints across all service types (21% of complaints received) in particular inadequate healthcare or healthcare treatment, medication and continence care.

The number of complaints received about services for children and young people has decreased by 55% since last year. This is due to the closure of early learning and childcare services during the initial months of the COVID-19 pandemic. We have previously found that very few of the complaints about services for very vulnerable children come from the children themselves. We asked young people what would make it easier for them to contact us, and development work had been planned which will allow them to get in touch by text. Originally due to be undertaken in April and May 2020, this has had to be put on hold due to the COVID-19 pandemic. The decision has now been made for the text service to go live in January and work is being done to ensure all the relevant aspects of this work are addressed.

We completed fewer complaint investigations compared with last year - an average of 12 per month which is down 91% from an average of 127 per month at the same point last year. This is as a result of the COVID-19 pandemic when both the Care Inspectorate and care services have had to adapt how we operate to keep people safe and prevent the spread of the virus. Service closure and restricted access have meant greater use of the alternative pathways to resolution where appropriate with:

- complaints passed for intelligence purposes increasing (average of 197 per month compared to 89 per month last year). This information is used to help inform future scrutiny activity and help direct the inspection plan.
- complaints passed for direct service action increasing (average of 72 per month compared to 28 per month last year).
- complaints passed for investigation by provider decreasing (average of 33 per month compared to 89 per month last year). This decrease may be due to the fact that triage inspectors were engaging in far more dialogue and mediation with services to resolve issues. This was seen as a supportive way for care service managers who were challenged by the situation they faced during the pandemic to prevent them having to undertake formal investigations.

Our performance for KPI3a for the first half of this year has been affected due to COVID-19 with only the issues identified through risk assessment as the most serious being investigated through visits to services and we have used alternative pathways to resolution. The closures and other measures and restrictions also meant delays in finalising complaint investigations already begun prior to the beginning of the pandemic. As a result of all of these matters, and in agreement with the Board, KPI3a has been suspended temporarily for a period of time during COVID-19. This suspension was approved by the Board following a short-life

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working group (including 2 Board members) looking at how best to report on all our performance measures in light of the impact of COVID-19.

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 overleaf to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: Not applicable – this is a public report

Disclosure after:

Reasons for Exclusion

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

BOARD MEETING 17 DECEMBER 2020**Agenda item 14**
Report No: B-51-2020**COMPLAINTS MID-YEAR REPORT – 2020/21****1.0 INTRODUCTION**

This report provides the Board with a mid-year summary of complaints about care services over the first six months of 2020/21. 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 first half of 2020/21 was a time of considerable change within the Care Inspectorate as a result of the COVID-19 pandemic. In April 2020, the organisation repurposed the Adult Care and Complaint Teams to respond to the changing and challenging demands on services. We had to adapt the way we worked to prevent the risk of spreading COVID-19 in care services and not carry out non-essential visits, this included non-essential visits to investigate complaints. As a result, the role of Inspectors in the National Complaints Team was adapted. Inspectors were allocated services to case-hold, this provided additional resource to offer monitor and respond to notifications, gather intelligence and engage with providers as relationship managers. Inspectors also provided enhanced support to services through regular often daily telephone contact. In May 2020, when the program of COVID-19 focussed inspections commenced, inspectors from the complaints teams worked with colleagues from inspection teams to deliver the inspection plan by carrying out inspections of services identified as high risk.

The COVID-19 pandemic in Scotland resulted in many changes to how services had to operate in order to keep people safe and prevent the spread of COVID-19. Many services closed, whilst others restricted non-essential visitors. This meant that we had to adapt how we responded to any new concerns or complaints we received and identify alternative ways of managing those complaints we already had in progress. The complaints we received provided critical intelligence about potential risk in services and were used to inform priorities for inspection. In addition, the themes emerging from any complaints were shared regularly with the Gold command group to inform our response and strategic decision making. Also, inspectors from the complaints triage team were identified to be involved in the COVID-19 support team. An enhanced risk assessment process was implemented to identify specific complaints that required an essential visit to ensure the health and wellbeing needs of service users were being met. Where a visit to the service was not deemed essential, we engaged with complainants, providers and other partners to resolve issues at service level, using the alternative pathways to resolution in our complaints process where appropriate. This is reflected in the information and analysis contained in this report.

2.0 COMPLAINTS ABOUT CARE SERVICES**2.1 Complaints received**

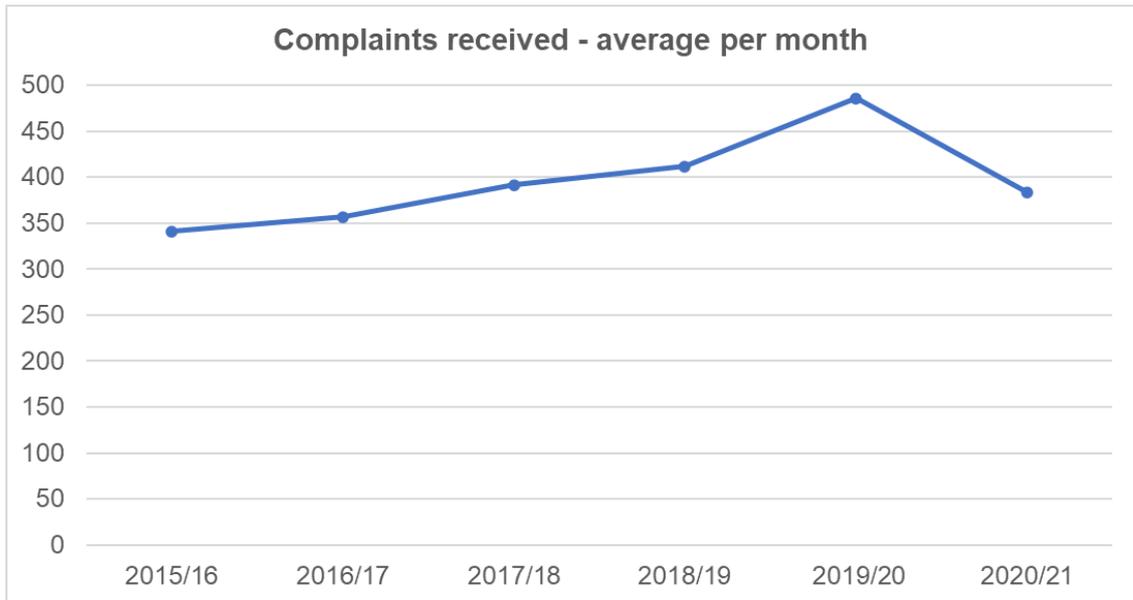
We received a total of 2,301 complaints by 30 September 2020, a 21% decrease on the 2,906 received at the same point last year. Over the past five years, the average number of complaints received per month has been increasing year on year.

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However, between 1 April and 30 September this has reduced to an average of 384 complaints per month (Figure 1). This decrease is most likely because of the impact of the COVID-19 pandemic, with many services either closing (particularly early learning and childcare services) to prevent the spread of the virus and keep people safe.

Figure 1



When looked at by care service type the pattern of complaints received is very similar to that reported over the same period in 2019/20 with care homes and combined housing support/care at home services continuing to account for most of the complaints received. There were differences between service types in the proportions of all complaints received.

Figure 2 below shows that care home services accounted for 61% of all complaints received in the first half of 2020/21. This is an increase from 46% of all complaints reported for care homes over the same period in 2019/20. Care homes for older people in particular received 55% of all complaints received this year so far, which is an increase from 40% last year. Complaints about day care of children meanwhile saw a reduction as a proportion of all complaints received, reducing from 14% of all complaints received in the first half of 2019//20 to 6% of all complaints in 2020/21.

This may be largely attributed to the effect of the COVID-19 pandemic and the resultant required changes to operating practices amongst service types. Several service types such as day care of children and adult daycare services had most of their services closed due to the pandemic which will have impacted on the decline in the complaints received for these services. Care homes, housing support and care at home support services meanwhile remained open during lockdown which may account for the increased proportion of complaints received for these service types.

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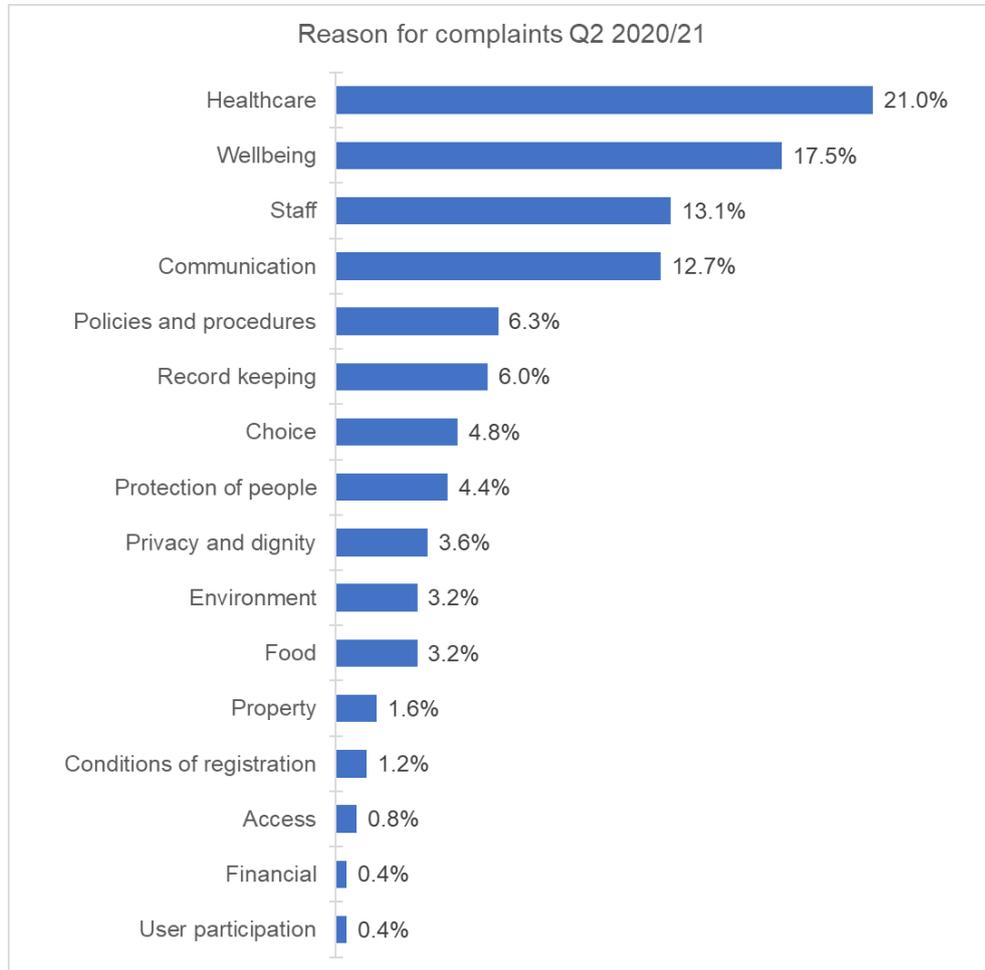
Figure 2: % of all complaints received in the first half of 2019/20 & 2020/21 by service type

Care service type	% of all complaints received 2019/20	% of all complaints received 2020/21
Care Home Service	46.3%	61.0%
Combined Housing Support and Care at Home	18.3%	14.7%
Support Service (standalone)	9.9%	9.8%
Day Care of Children	14.4%	5.9%
Housing Support Service (standalone)	4.5%	3.7%
Child Minding	4.5%	3.0%
Nurse Agency	0.4%	0.8%
School Care Accommodation Service	1.1%	0.7%
Fostering Service	0.5%	0.2%
Secure Accommodation Service	0.1%	0.1%
Adult Placement Service	0.0%	0.04%
Child Care Agency	0.0%	0.04%
Adoption Service	0.0%	0.0%

2.2 Reasons for complaints – all service types

The most common reasons for complaints completed in the first half of 2020/21 were (Figure 3): healthcare (21%) especially inadequate healthcare or healthcare treatment issues (5%), medication (3.2%) and continence care (2.8%); wellbeing (18%); staffing (13%) in particular staffing levels (3%) and staff training/qualifications (3%); and communication issues (13%). This is similar to the figures reported at the same point last year.

Figure 3



Amongst care home services, the most common reason for complaint completed in the first half of 2020/21 was healthcare issues (19% of complaints about care homes) particularly around inadequate healthcare, medication and continence care. This was especially true of care home services for older people where 37% of complaints about this service type related to healthcare issues .

Amongst combined housing support and care at home services, the most common reason for complaint was staffing (28%), followed closely by wellbeing issues (25%), and communication between staff and persons experiencing care their relatives or carers.

2.3 Who makes complaints

Figure 4 below shows the breakdown of all complaints received in the first half of 2020/21 by relationship of complainant to the service. Trends remain similar to those

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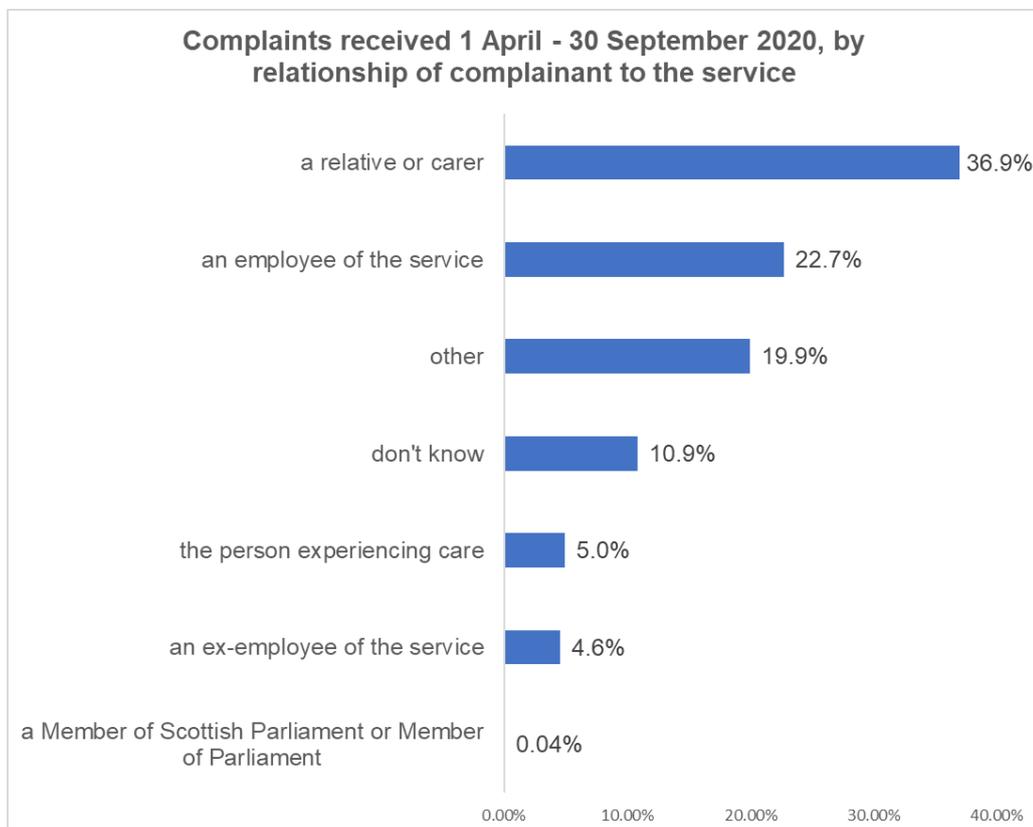
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reported at the same point last year, albeit there has been some fluctuation in the proportions.

Most of the complaints received (37%) came from relatives or carers of people who experience care (this is down from 45% in 2019/20). 23% of complaints were received from employees of the service, an increase of 4% on the same period last year (19%) while the proportion from ex-employees has remained the same as last year (5%). Complaints from people who experience care have decreased by 3% compared to last year, reducing from 8% in 2019/20 to 5% this year.

Figure 5 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% of all complaints received about care homes were from people experiencing care (the same as reported last year). 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 6% at the same point last year to just over 2% this year. This is also the case with child minding services which reduced from just below 5% last year to just over 1% this year. This will be as a result of these service types being closed for a good proportion of the first half of 2020/21 due to the COVID-19 pandemic.

Figure 4



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Figure 5: Complaints received in the first half of 2020/21 from people experiencing care, by service type

Care Service Type	Complaints received from people experiencing care	All complaints received	% of all complaints received
Housing Support Service (standalone)	13	85	15.3%
Combined Housing Support and C@H	39	339	11.5%
Support Service (standalone)	15	225	6.7%
School Care Accommodation Service	1	16	6.3%
Nurse Agency	1	19	5.3%
Care Home Service	41	1404	2.9%
Day Care of Children	3	136	2.2%
Child Minding	1	69	1.4%
Adult Placement Service	0	1	0.0%
Child Care Agency	0	1	0.0%
Fostering Service	0	4	0.0%
Secure Accommodation Service	0	2	0.0%
All service types	114	2301	5.0%

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 and have monitored this over the past few years. This trend had risen slightly last year to 88 complaints received per month on average over the first six months of 2019/20 from 76 per month in 2018/19 but there has been a marked decline again this year to date with 57 complaints received per month on average.

This decline is mirrored across all complainant types. In particular, the number of complaints from persons experiencing care reduced by more than 50% compared to the same point last year (82 at midpoint 2019/20 to 39 in 2020/21). Complaints from relatives or carers reduced by 42% (230 in 2019/20 to 134 in 2020/21) and complaints from employees decreased by 11% (92 in 2019/20 to 82 in 2020/21).

While the volume of complaints has decreased, the overall pattern in terms of who has made complaints about combined services remains the same compared to the same periods over the past few years with proportions having changed only slightly. The majority (40%) of the complaints we received about combined services in the first half of 2020/21 came from a relative or carer of a person experiencing care, similar to last year (43%). The proportion of complaints which came from employees has increased by 7 percentage points from 17% last year to almost a quarter (24%) at the midpoint of 2020/21. Complaints from people experiencing care has fallen from 15% in 2019/20 to 12% in 2020/21.

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The main reason for completed complaint investigations also remained the same as last year with some changes in proportions: complaints about staffing remained the most common reason (28%) followed by complaints about wellbeing (26%) and complaints about communication (26%).

Staffing has been the largest category of complaints received historically and continues to be so also accounting for 26% of upheld complaints. While this is the case the overall grades received by combined services for the 'Quality of Staffing' have so far remained relatively consistent with last year. At 30 September 2020, 62% of combined services were graded as 'Very Good' or 'Excellent' with only 6% 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. 44% of combined services were graded 'Very Good' or 'Excellent' in all themes assessed at September 2020; compared to 45% at the same point last year. Only 13% of combined services had any themes graded at 'Adequate' or lower, compared to 15% at this point last year. It should be noted though that in order to reduce the risk of spreading the coronavirus infection, we adapted the way that we worked prioritising those where we had assessed an on-site inspection was essential to do because of the level of risk we had identified. As the number of inspections we have completed this year to date, as a result of the risks related to the pandemic, is lower than normal the % of services with good or better grades remains relatively unchanged.

The volume of complaints received about combined housing support and care at home services does not appear to be indicative of an overall change in quality at this time. While the decrease in the volume of complaints may be positive, the findings may most likely be due to the impact of COVID-19 pandemic on service provision, be that closure or reduced provision.

2.5 Complaints received – complaints from children and young people

In our previous report we 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 decreased by 55% in the first half of 2020/21 compared to the same point last year from 659 (an average of 109 complaints per month) to 294 (average of 49 complaints per month). This is likely to be due to the closure of early learning and childcare services during the initial months of the COVID-19 pandemic. Complaints about daycare of children services decreased by 67% and childminders by 48% 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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As a proportion of the overall number of complaints received across all service types, complaints received by services for children and young people decreased by 9% (to 13% of all complaints received) when compared to last year.

Despite the fall in the volume of complaints received about day care of children and childminder services, the majority of the complaints received about children and young people services in the first half of 2020/21 still related to early learning and childcare; day care of children services (46%) and childminders (24%). The complaint investigations completed into day care of children and childminders mostly related to policies and procedures (for day care of children) or conditions of registration (childminders).

The remaining 30% (89 complaints) were about services for looked after children, with care homes for children and young people accounting for 22% (66) of all complaints received (Figure 6).

Figure 6: Complaints about children and young people services received in the first half of 2020/21

Care Service Type	All complaints received	% of all complaints received about children and young people services
Day Care of Children	136	46.3%
Child Minding	69	23.5%
Care Home Service for Children & Young People	66	22.4%
School Care Accommodation Service	16	5.4%
Fostering Service	4	1.4%
Secure Accommodation Service	2	0.7%
Childcare Agency	1	0.3%

Looking specifically at looked after children's services, 29% (26) of the 89 complaints received about looked after children services in the first half of 2020/21 came from an employee of the service, an increase on 24% last year.

As with last year, fewer than 10 complaints came directly from a child or young person experiencing care. We recognise this is a low number. We are aware from consultation with young people through Who Cares and Young Volunteers, that this may be down to the methods we have available to make a complaint. Development work has been planned around this within our new complaints app that would allow young people to be able to tell us about concerns they have about their care by sending us a text. This would go alongside the other ways available to contact us regarding a complaint. Originally due to be undertaken in April and May 2020, this has had to be put on hold due to the COVID-19 pandemic. The decision has now been made for the text service to go live in January.

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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 the complaints received in the first half of 2020/21, as with 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 from a risk assessment perspective.

In March 2020, the emergence of COVID-19 pandemic in Scotland resulted in changes to how services operated. Many services closed, whilst others restricted non-essential visitors. This meant that we had to adapt how we responded to any concerns or complaints we received, while also having to deal with complaints already open for investigation in other ways. Using our risk assessment process, discussion with the person making the complaint on how they would like us to proceed and working with the service provider, we were able to utilise the alternative pathways to resolution in our complaints process where appropriate. This is reflected in the following figures and it is important to consider the context we have been working in over the period of time of this report where comparing to the previous year.

Our use of the pathways to resolution during the first half of 2020/21 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 2020/21 we logged 1,181 concerns as intelligence or an average of 197 per month. This is an increase on the average of 89 per month in the first half of 2019/20.
- *Direct service action, where we contact services and ask them to engage directly with complainants to resolve the complaint:* In the first half of 2020/21, 430 were resolved by direct service action, an average of 72 per month. This is an increase on the average of 28 per month at the same point last year.
- *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:* 197 complaints were passed to the provider to investigate, an average of 33 per month compared to an average of 89 per month last year. This decrease may be due to the fact that triage inspectors were engaging in far more dialogue and mediation with services to resolve issues. This was seen as a supportive way for care service managers who were challenged by the situation they faced during the pandemic to prevent them having to undertake formal investigations.
- *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 general decline in the average number of complaint investigations completed by the Care Inspectorate per month. This is partially due to the introduction of the risk assessment process which has meant less complex

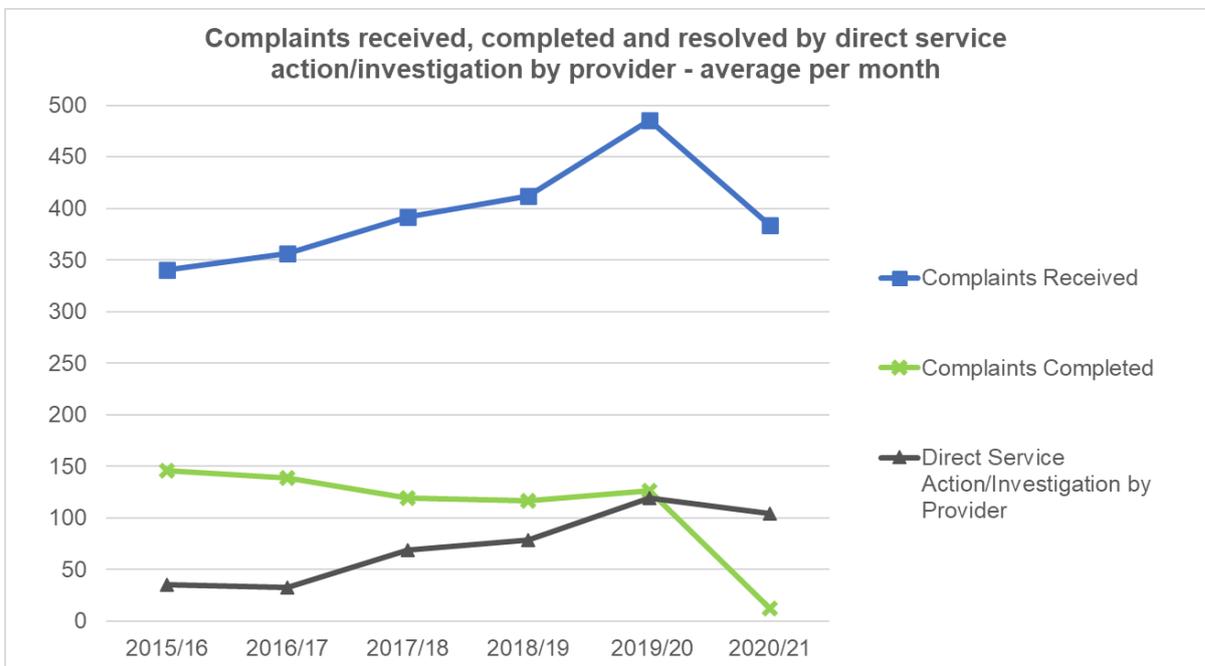
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cases being resolved in other ways where appropriate. There was a slight increase last year where we completed on average 127 investigations per month but still below levels recorded in 2015/16. Due to COVID-19 both we and care services have had to adapt how we operate. Service closure and restricted access has meant there has been greater use of the alternative pathways to resolution where appropriate. The result has been a decrease in the volume of complaints which completed full investigation in the first half of 2020/21 when compared to last year. In the first half of 2020/21, we have completed an average of 12 investigations per month, 74 investigations in total.

The chart below (Figure 7) 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, then decreasing to date this year. Also, the complaints completed and those resolved by direct service action/investigation by provider. Although the overall trend in investigations completed is decreasing, the fall for the first half of 20/21 should be viewed with caution as it reflects the impact of COVID-19 on how we have had to adapt how we operate. The figures reported for previous years are for the full 12 months while those reported for 2020/21 are for the first 6 months of the year and could change in the following six months. A full year picture will be available in the end of year report to the Board in June 2021.

Figure 7



Revoked complaints

The gap between the complaints received and the complaints completed or resolved by using one of our other pathways is accounted for by complaints that are revoked. Many of the complaints we receive about care services are revoked. Common reasons include: the complaint not being within the remit of the Care Inspectorate to

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investigate, the complainant not wishing to proceed with the complaint or the concern identifying child or adult protection issues that are reported to the relevant agencies. Of the 2,301 complaints received in the first half of 2020/21, 16% (366) were revoked. This is a decrease on the 27% (786) reported at the same point last year. This may be due to fewer complainants withdrawing their complaint as they no longer wanted to proceed (12% of revoked complaints last year were a result of the complainant not looking to proceed, compared to 10% this year). It may also be due to fewer complainants not responding to requests for more information (4% revoked for this reason in 2019/20 compared to 1% in 2020/21) or fewer complainants withdrawing in order to use the service provider's complaints process (4% last year compared to 3% this year).

Performance against our KPIs

Our performance in KPI3a (% of complaint investigations completed within 40 days of registering the complaint) for the first half of this year has been impacted due to COVID-19.

Several service types such as childminding, daycare of children and adult daycare had closed most of their services. Additionally, in those services that were open, visitors were not restricted or not permitted. This has resulted in fewer complaints having been received and also fewer taken to full investigation, and only the most serious issues investigated through carrying out visits due to the risks related to the pandemic and we have used alternative pathways to resolution. These closures and restrictions also meant delays in finalising complaint investigations which had already begun prior to the beginning of the pandemic.

As a result, KPI3a has been suspended temporarily during COVID-19 due to changes in the way we require to currently deal with complaints. This was approved by the Board following a short-life working group (including two Board members) looking at how best to report on our performance measures in light of the impact of COVID-19 on our work.

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 pathways included, the proportion of investigations completed within 40 days was 91% by 30 September 2020/21. This is higher than the 68% recorded at the same point last year and higher than our 80% target.

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, it should be noted that the establishment of the Scottish Public Services Ombudsman's (SPSO) as the Independent National Whistleblowing Officer, originally planned for July 2020, was pushed back to 1 April 2021. This is an example of the major impact COVID-19 has had during the period covered by the report and it is clear that the pandemic continues to have significant ramifications for policy development more broadly. Most notably, events during the pandemic have led the Scottish Government to establish an independent review into adult social care, which is due to report by January 2021. It should be noted that 'Regulation, scrutiny, quality assessment and quality improvement capacity and capability' are included within the remit of the review.

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

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 the regular quarterly performance reports. The annual complaints statistical report will be included for the Board's discussion at the earliest opportunity in the summer of 2021.

Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 19 November 2020

Recommendation requiring approval or action by the Board	
Minute no.	Subject (in brief)
10.0	<p>STRATEGIC RISK REGISTER MONITORING The Committee recommends that the Board considers further refinement of the strategic risk register, specifically in relation to the wording of the description of strategic risk 1 - Corporate Planning.</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)
7.0	<p>ANNUAL INTERNAL AUDIT PLAN Having approved the three year Strategic Internal Audit Plan at its meeting on 10 September, the Committee has now discussed and approved the annual internal audit plan for 2020/21. It has been agreed that the Audit Needs Assessment will be refined to make clear the priority ranking of some of the reviews, so that there is clear distinction made between audits being carried out on a routine cyclical basis, and those being carried out in response to an identified area of heightened risk</p>
9.0	<p>REVIEW REPORT ON CASH AND BANK/TREASURY The Committee received a very positive report on the internal audit carried out on Cash, Bank and Treasury Management and has extended its thanks to all finance team staff involved in the review.</p>
11.0	<p>SHARED SERVICE ARRANGEMENTS The Committee has been assured of the progress being made in establishing the shared service with SSSC, although all issues are not yet resolved. Discussions are being held with the internal auditors to undertake internal audit of the shared service in order to provide assurance to the Board and the Scottish Social Services Council. The Committee has welcomed this development and expressed its continuing concern to ensure that the full shared service functionality is implemented as intended, with the formal commencement date scheduled for the start of the next financial year.</p>

12.0	<p>DIGITAL PROGRAMME UPDATE</p> <p>Having received detailed information on the latest programme finances and overall progress, including the impact of the Covid-19 response, the Committee is assured that good progress is being made with the digital programme. This is also supported by the member/officer assurance and advisory group.</p> <p><i>Matters discussed in private session, not appearing in the Audit and Risk Committee draft minute for Public Board.</i></p>
19.0	<p>COVID-19 DECISION LOG AND TIMELINE</p> <p>The Committee received a clear and comprehensive report and accompanying documentation which assures the Committee that the Care Inspectorate's decision-making rationale and record-keeping will enable it to respond positively to any future inquiries or reviews. Future updates will be provided to the Committee, as required.</p>
20.0	<p>PMS/RMS APPLICATIONS</p> <p>Having been assured of the risk mitigation action that is being taken in respect of the organisation's legacy systems, it has been agreed that a clear outline of actions will be developed and brought to the March meeting of the Committee, specifically in relation to the Regulatory Management System.</p>



Title:	2020/21 BUDGET MONITORING
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
Appendices:	1. Movement in Projected Financial Position
Consultation:	N/A
Resource Implications:	Yes

EXECUTIVE SUMMARY

This report provides the Board with details of the projected 2020/21 financial position based on the ledger to 31 October 2020.

After expenditure delayed from 2019/20 is accounted for, the projected financial position is an underspend against revised budget of £1.466m. This is a decrease of £1.262m in projected expenditure from the position based on the ledger to 31 July 2020.

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

The significant risks to this projection are set out in Section 4 of this report.

This level of underspend means we need to consider all the points below:

- Discuss ending 2020/21 with a higher General Reserve balance than previously projected with the Sponsor
- Generate and consider additional expenditure options that align with our strategic objectives
- Consider if there are areas of expenditure planned for 2021/22 that can be brought forward to this financial year.
- Informing the Sponsor we will not require our full approved grant in aid allocation

The Board is invited to:

1.	Note the projected financial position for 2020/21 and the risks and emerging issues that may affect this position.
2.	Note the Movement in Projected Financial Position from the position previously reported to Board (appendix 1).

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

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

Reason for Confidentiality/Private Report:

N/A- 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.

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2020/21 BUDGET MONITORING

1.0 INTRODUCTION

The Board approved a 2020/21 revenue budget with a deficit of £0.808m to be funded from the general reserve balance. Since then, the agreed grant in aid position reinstated the anticipated baseline reduction of £0.049m and additional funding of £1.1m was provided to fund the costs of Job Evaluation and the Team Manager review. The revised budget deficit is now £0.759m which increases to £0.955m once expenditure brought forward from 2019/20 is included.

The projected financial position as at 31 March 2021 projects a surplus of £0.511m which is £1.466m less than the budgeted deficit of £0.955m. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

2.0 SUMMARY FINANCIAL POSITION

2.1 Core Approved Budget

There was £0.196m of expenditure budgeted to be spent in 2019/20 that was delayed due to the COVID-19 position. The funding for this expenditure has been carried forward in the general reserve balance and this expenditure will now be incurred in 2020/21.

This, when added to the 2020/21 revised budgeted deficit of £0.759m, provides an expected deficit of £0.955m. The projected surplus of £0.511m is a difference of £1.466m to the expected position as shown below.

	Approved 2020/21 Budget	Budget Virement 2020/21	Expenditure b/fwd from 2019/20	Additional Core Grant 2020/21	Revised 2020/21 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff cost	29.125	(0.015)	0.036	1.100	30.246	29.388	(0.858)
Accommodation costs	2.500	(0.004)			2.496	2.394	(0.102)
Administration costs	1.106	0.200	0.071		1.377	1.493	0.116
Travel costs	1.232	0.000			1.232	0.250	(0.982)
Supplies and services	1.538	(0.181)	0.089		1.446	1.712	0.266
Gross Expenditure	35.501	0.000	0.196	1.100	36.797	35.237	(1.560)
Grant in aid	(21.906)			(1.149)	(23.055)	(23.055)	0.000
Fee Income	(11.850)				(11.850)	(11.750)	0.100
Shared service income	(0.836)				(0.836)	(0.806)	0.030
Other income	(0.101)				(0.101)	(0.137)	(0.036)
Total income	(34.693)		0.000	(1.149)	(35.842)	(35.748)	0.094
(Surplus) / Deficit	0.808	0.000	0.196	(0.049)	0.955	(0.511)	(1.466)

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The Annual Report and Accounts for 2019/20 shows an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected general reserve position:

	Budgeted General Reserve Position	Projected General Reserve Position
	£m	£m
Opening general reserve	1.552	2.140
Surplus / (Deficit)	(0.808)	0.511
Projected closing general reserve	0.744	2.651
Minimum of target range	0.744	0.744
Maximum of target range	0.913	0.913
		Exceeds Target Range by £1.738m

2.2 Specific Grants

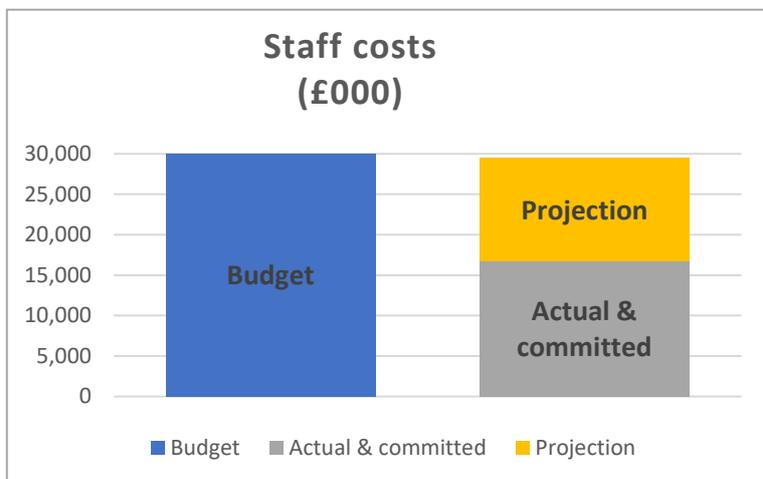
The projected expenditure on work funded by specific grants has been affected by the COVID-19 position. An underspend of £0.148m is currently projected. Discussions with the various grant providers are on-going.

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

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

3.0 BUDGET VARIANCES

3.1 Staff Costs – projected underspend of £0.858m



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The revised budget includes £1.100m as the cost of implementing the Inspector job evaluation and Team Manager review.

Temporary arrangements were put in place to provide additional senior management and flexible response capacity due to the impact of the COVID-19 crisis. This is at a projected cost of £0.189m.

The Chief Executive used his delegated authority to approve the creation of an additional Chief Inspector post (2020/21 projected spend £0.053m) and a Transformation Lead post (2020/21 projected spend £0.034m).

The Board approved the establishment of an additional Service Manager to support the increase in the number of Team Managers required through the expansion of ELC and the Team Manager Review. The projected cost for 2020/21 is £0.027m.

Projected expenditure includes the costs of two new proposed temporary senior posts (Chief Nursing Officer and Head of Corporate Policy and Communications) at a cost of £0.035m. This assumes a February start date.

An additional Team Manager has been allocated to support Complaints ahead of the implementation of the Team Manager review at a projected cost of £0.041m.

The Digital Transformation Programme is an ongoing area of development and temporary staff posts have been extended to 31 March to allow time for the Stage 2 Transformation business case to be developed and considered. Additional costs of £0.108m are projected.

A revised ICT team structure is planned with additional costs of £0.033m projected this financial year.

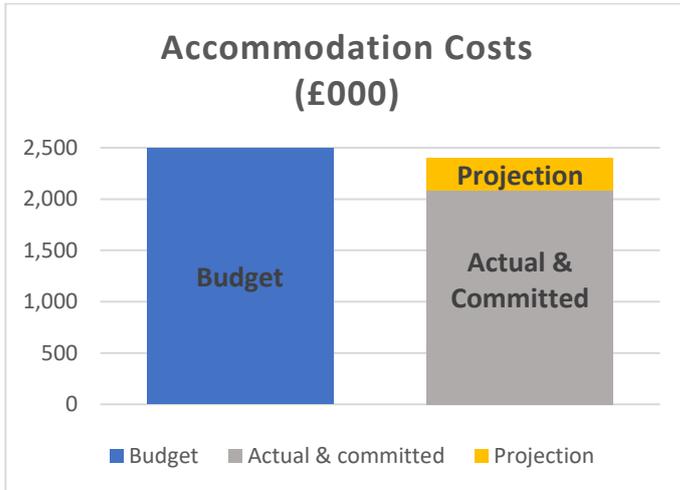
Projected expenditure also includes £0.035m for two temporary Intelligence Researcher posts with contracts budgeted to end on 30 September that are now agreed as permanent posts.

Staff advertising costs are £0.057m greater than budgeted which is largely due to outsourcing the recruitment process for senior posts.

Planned training and development activity for 2020/21 has been restricted by the COVID-19 restrictions and all of the training has been delivered remotely. An underspend of £140k is projected.

Mainly due to the impact of COVID-19 on recruitment, the budgeted ordinary and extraordinary slippage saving is projected to be exceeded by £1.330m. This, alongside the projected underspend in training and development expenditure more than offsets the additional expenditure identified above.

3.2 Accommodation costs – projected underspend of £0.102m

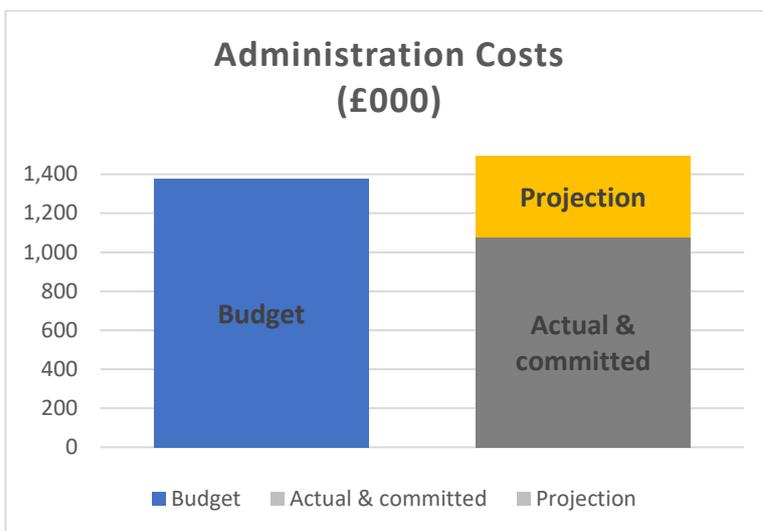


The budget included provision of £0.097m for end of lease and possible move costs for the Stirling and Dunfermline offices. The leases have been extended into 2021/22 and this budget will not be required this financial year. This will become a financial pressure for next year’s budget.

The projected operating costs of our Dundee and Aberdeen Offices have decreased by 0.054m due to Covid-19. £0.019m has been reinvested in other accommodation activities and £0.035m is offset by a corresponding reduction in lease income and income from shared services.

In response to the COVID-19 pandemic and preparing for returning to some degree of office-based working, additional cleaning will be required to reduce the risk of spreading the virus. The estimated cost of £0.030m partially offsets the savings from the move costs.

3.3 Administration Costs – projected overspend of £0.116m



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The £0.057m cost of developing the business case for stage 2 of our transformation work is included in the projected costs. Additional funding was requested from the Scottish Government, but it has subsequently been agreed that this will be funded from the improved general reserve balance (see Section 2.1 above).

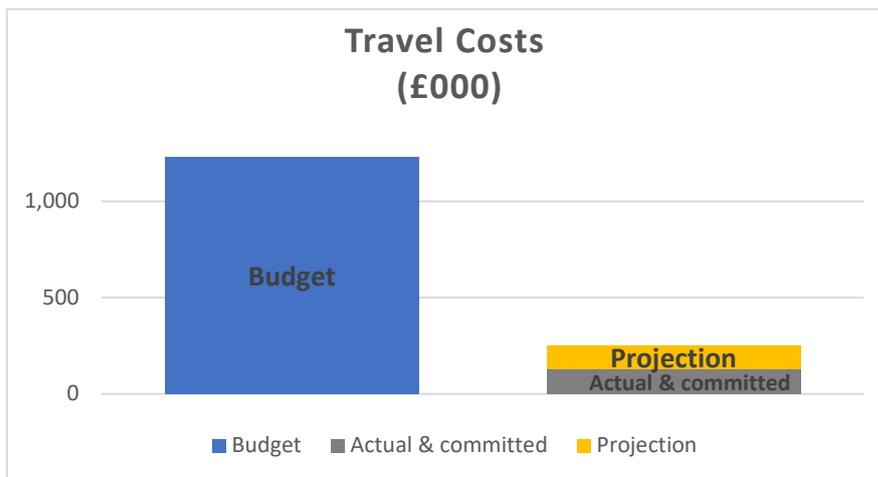
Projected costs also include £0.149m to provide additional resources to support Digital Transformation. This comprises funding for additional digital architect services, digital first assessors, a data strategy and outline catalogue and an accessibility audit.

A web-based programme is being purchased at an estimated cost of £0.025m. The benefits of this programme include supporting us to have much better engagement with our stakeholders.

There are additional legal fees of £0.038m projected and a projected overspend of £1k in other administration costs.

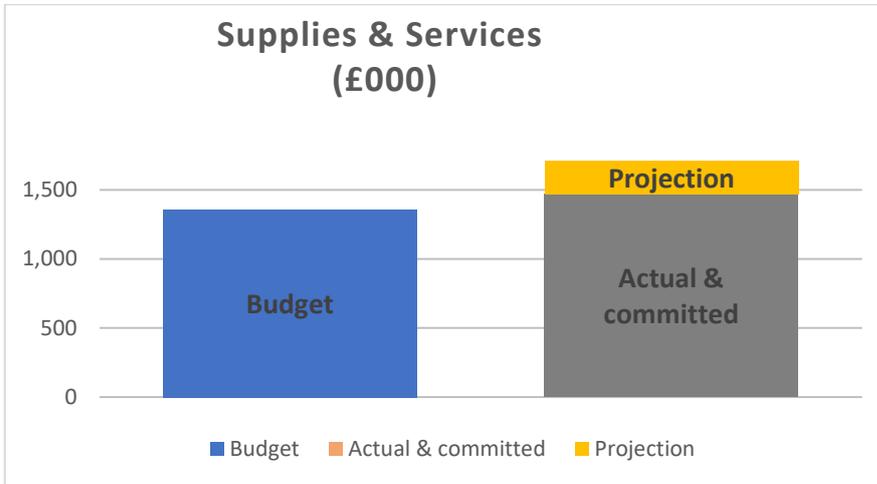
The additional costs identified above are partially offset by projected savings on printing and stationery of £0.086m and postages of £0.068m.

3.4 Travel Costs – projected underspend of £0.982m



The significant reduction in travel costs is a direct result of the travel restrictions imposed due to the COVID-19 crisis. This and the public health advice on visiting care services has significantly reduced scrutiny and improvement travel associated with inspection, complaints, registration and enforcement.

In addition, the need to work from home has greatly increased the use of Teams to hold meetings remotely without the need for travel. This is expected to be sustainable even after the COVID-19 restrictions are relaxed.

3.5 Supplies and Services – projected overspend of £0.266m

Additional furniture and ICT equipment has been purchased to support staff to work from home. The additional cost of this is £0.109m.

Our current mobile telephony contract expires in December and the new procurement includes replacement of the mobile phones to maintain the required security. The additional cost is projected to be £0.214m and is partly funded by the equipment replacement budget of £0.100m. The overall cost is expected to be recovered through reduced telephony charges during the life of the new contract.

The delay to digital transformation has required maintenance agreements with a cost of £0.072m to be renewed. The budget assumed renewal of these agreements would not be necessary.

Funding of £0.100m was requested from the Scottish Government to support records indexation work. It has subsequently been agreed that this will be funded from the improved general reserve balance (see Section 2.1 above). Further negotiation with the supplier has reduced the cost of this work to £0.060m. There are projected in-year savings on storage and archiving costs of £0.046m which partially offsets the records indexation cost.

Hospitality and venue hire spend has significantly decreased due to staff working from home, with an underspend of £0.043m projected. This partially offsets some of the projected overspends noted above.

3.6 Funding and Income – projected reduction in income of £0.094m

Projected continuation fee income is based on services registered at the time the budget was set. Since then, the volume of services cancelling their registration is higher than we would normally see at this time of year. A reduction of £0.100m in continuation fees is expected.

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Income from our shared offices in Dundee and Aberdeen is projected to decrease by £35k as noted in Accommodation Costs (section 3.2).

Seconded income is projected to be £0.033m more than budgeted due to a secondment to Social Work Scotland until 30 September 2020.

Projected VAT recovery, union fee administration charges and other miscellaneous income are projected to be £0.008m more than budgeted.

4.0 RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected costs are based on actual staff in post adjusted for new starts and leaver assumptions. Our recruitment campaigns have not been as successful as we had hoped and there is a risk projected new starts are fewer than we are currently projecting.	Projection could be overstated by as much as £0.200m	Medium
Staff costs	Projected costs include a provision of £0.150m for overtime which may be necessary to catch up on scrutiny and improvement activity as COVID-19 restrictions ease. There is significant uncertainty over areas such as changing public health advice, a second spike and the capacity of staff to undertake significant overtime working.	Projection risk in the range £0.100m understated to £0.150m overstated	High
Staff costs – training and development	Planned training and development activity for 2020/21 has been restricted by the COVID-19 restrictions and all of the training has been delivered remotely. Future requirements are being considered by the OLT and SLT, however delivery might be further curtailed whilst we remain working from home.	Projection could be as much as £100k overstated.	High
Accommodation costs	Projected costs include variable service charges such as heat and light which may be lower than currently projected if we continue to work from home.	Projections could be overstated by as much as £100k.	Medium
Travel costs	Projected costs assume that travel costs will increase from March 20 onwards as COVID-19 restrictions ease. There is significant uncertainty over areas such as a second spike and access to services.	If home-based work and travel restrictions continues to the end of the financial year,	Medium

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		the projection risk could be overstated by as much as £0.120m.	
Fee Income	Projected continuation fee income is based on services registered at the time the budget was set. Since then, the volume of services cancelling their registration is higher than we would normally see at this time of year. It is not possible at this time to say whether this decrease will be offset by an increased in services newly registering.	Projections currently assume fee income will be £0.100m less than budgeted. This could be over or understated by £0.100m.	Medium
Other Income	We have a longstanding claim with a previous supplier to recover backdated telephony charges of between £60k and £72k. There is a possibility that this claim will either be settled soon or deemed to be out of time.	If the claim is settled additional income up to £72k could be received.	

5.0 EMERGING FINANCIAL ISSUES**5.1 Organisation Structure**

Options to make some changes to the organisational structure are currently being explored. This is focused on methodology development, creating a Chief Executive's office function, and increasing ICT and digital applications support capacity.

5.2 Transformation Stage 2

The outline business case for stage 2 of our business and digital transformation programme has been prepared and shared with senior managers. The cost projections in this report include funding (see Section 3.3) to support the development of a full business case for submission to the Scottish Government with a view to attracting funding. This will take time and it may be necessary or highly desirable to incur further stage 2 transformation costs ahead of funding being agreed.

The improved general reserve will assist with this in the short term, but recurring funding needs to be identified for recurring costs.

BOARD MEETING 17 DECEMBER 2020**Agenda item 16.1**
Report Number: B-52-2020**5.3 Market Oversight**

Early discussions with the Scottish Government are on-going about creating a care market oversight function for the Care Inspectorate. The initial thinking is indicating recurring costs of circa £0.300m would be incurred to create and run this function.

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

The Scottish Government has agreed to provide additional recurring funding of £1.650m in 2021/22 to support the job evaluation outcome and expected additional costs associated with a Team Manager review.

6.2 Sustainability

The report highlights the significant reduction in travel, printing, stationery and postages costs, a proportion of which will be sustainable. This reduction will lower CO² emissions and the reduction in travel time will increase productivity through reduced time spent travelling.

6.3 Policy

The Scottish Government's Budget for 2020-21 was agreed by Parliament in March 2020. Finance Secretary Kate Forbes placed the spending plans in the context of downgraded projections for the UK economy and Brexit uncertainty, but it should now also be noted that the COVID-19 pandemic has since had a significant impact on the future of the economy, as well as current and future policy development. The 2020/21 Budget was revised upward to take account of this and consequentials resulting from the UK Government's response to the crisis. The Scottish Government has announced that the 2021/22 Budget will be delayed until 28 January 2021 following the UK Government's decision to postpone its Autumn Budget until the new year.

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and any additional responsibilities or projects that emerge from these. The full extent of the impact of the COVID-19 pandemic on policy remains to be seen, with developments to date including emergency legislation in both UK and Scottish parliaments (with related duties for the Care Inspectorate) and a delay in the expansion of funded ELC to 1140 hours. As we move forward, the Care Inspectorate will continue to have a key role in supporting the successful delivery of many existing policy drivers, including what is likely to be a renewed focus on 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. Furthermore, a number of relevant developments are likely to emerge from the Scottish Government's Programme for Scotland, including the immediate establishment of an independent review into adult social care, which includes regulation and scrutiny within its terms of reference, and is due to report by January 2021. We are also likely to have new responsibilities following the recent passage of the Children (Scotland) Bill, which makes provision for the regulation of contact centres.

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Other significant political developments on the horizon include the Scottish Parliament elections in May 2021, while the impact of Brexit on health and social care in Scotland is likely to become clearer as the UK comes out of the transition agreement and enters into a new relationship with the European Union.

6.4 People Who Experience Care

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

6.5 Customers (Internal and/or External)

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

7.0 CONCLUSION

The additional funding for the Inspector job evaluation outcome should assist with the recruitment and retention of Inspectors.

An underspend of £1.466m against the 2020/21 revised budget is currently projected. The risks to this projected position are set out in Section 4. Taking a balanced view of these risks it is possible that the projected underspend will increase. The emerging issues set out in Section 5 are likely to be containable in 2020/21 but may exert pressure on our resources for 2021/22.

The Financial Strategy agreed by Board on 30 September 2020 indicated a budget deficit of £2.222m. Further, 2021/22 expenditure pressure has been identified and communicated to Sponsor since then (Chief Nurse, Head of Policy and Communications and full year effect of planned ICT/digital support team changes). Securing further additional funds at a time when public finances are in an unprecedented parlous state will be very challenging.

Movement in Projected Expenditure from the Position as at 31 July 2020

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.926)	<p>1. Chief Officer and Senior Manager projections have decreased £0.124m. This is due to substantive postholders securing new digital transformation posts with no requirement to backfill and slippage in expected start dates for vacant posts. Projected expenditure includes the new Chief Nursing Officer and Head of Corporate Policy and Comms posts with a February start estimated.</p> <p>2. The recruitment campaigns for scrutiny and assurance vacancies were not as successful as we had hoped, with many vacancies now expected to remain unfilled until towards the end of the financial year. This, alongside additional leavers and retirals and the Team Manager review consultation ending later than originally planned, is the main reason for a projected decrease of £0.907m. A further recruitment campaign is ongoing.</p> <p>3. Planned training and development activity for 2020/21 has been restricted by the Covid-19 restrictions and all of the training has been delivered remotely. A decrease in expenditure of £0.140m is projected.</p> <p>4. A projected increase in other staff cost slippage of £0.015m.</p> <p>These projected decreases totalling £1.186m are partially offset by the following increases:</p> <p>5. The Digital Transformation Programme is an ongoing area of development and temporary staff posts have been extended to 31 March to allow time for the Stage 2 Transformation business case to be developed and considered, and planned some development has been brought forward. Additional costs of £0.110m are projected.</p> <p>6. A revised ICT structure is planned with additional staff costs of £0.033m projected for this financial year.</p> <p>7. Staff costs now include £0.035m for the shared Senior HR Adviser post which was previously projected in Supplies and Services, a projected increase of £0.015m for the continued support required to assist with the historical child abuse enquiry and £0.010m to support the Professional Development Award.</p>

Budget Area	Increase/ (Decrease) £m	Main Reasons
		8. Recruitment to the new posts noted in paragraphs 1 and 5 above is the main reason for a projected increase of £0.057m in staff advertising costs.
Accommodation costs	(0.035)	9. The projected operating costs of our Dundee and Aberdeen Offices have decreased by £0.054m. £0.019m of this has been reinvested in other accommodation activities and £0.035m is offset by a corresponding reduction in lease income and income from shared services.
Administration costs	0.230	<p>10. Professional fees have increased by £0.159m to provide additional resources to support Digital Transformation. This comprises funding for a digital architect, digital first assessors, a data strategy and outline catalogue and an accessibility audit.</p> <p>11. Projected administration costs include £0.147m for telephony expenditure previously reported in ICT costs. There is a corresponding reduction in Supplies and Services.</p> <p>12. A web-based programme is being purchased at an estimated cost of £0.025m. The benefits of this programme include supporting us to have much better engagement with our stakeholders.</p> <p>13. Projected legal fees have increased by £0.010m for ongoing court cases.</p> <p>14. These increases totalling £0.341m are partially offset by a projected savings of £0.111m which is mainly due to a significant decrease in printing and stationery costs as staff continue to work from home in response to the Covid-19 pandemic.</p>
Travel & subsistence	(0.573)	15. Previous projections assumed Covid restrictions would ease, however, as we continue to work from home, there is a continued reduction in travel and subsistence expenditure with a further decrease of £0.573m projected. This assumes a very low volume of travel between now and the end of the financial year.
Supplies and services	(0.097)	16. As noted in staff and administration costs, previous projections included £0.035m for the Senior HR Adviser and £0.147m for telephony expenditure which are now reported in other budget headings.

Budget Area	Increase/ (Decrease) £m	Main Reasons
		<p>17. As we continue to work from home during the Covid-19 pandemic, there is no demand for venue hire and hospitality, with a further decrease of £0.021m projected.</p> <p>18. ICT costs are projected to decrease by £0.008m.</p> <p>19. These underspends are partially offset by our mobile telephony replacement programme. Our current mobile telephony contract expires in December and the new procurement includes replacement of the mobile phones to maintain the required security. The additional cost is projected to be £0.214m and is partly funded by the equipment replacement budget of £0.100m. The overall cost is expected to be recovered through reduced telephony charges during the life of the new contract.</p>
Fee income	0.100	20. Projected continuation fee income is based on services registered at the time the budget was set. Since then, the volume of services cancelling their registration is higher than we would normally see at this time of year with a further decrease of £0.100m projected.
Other income	0.039	<p>21. A projected decrease of £0.035m in income for the shared Dundee and Aberdeen offices as noted in Accommodation Costs.</p> <p>22. Other miscellaneous income is projected to decrease by £0.004m.</p>
Total	(1.262)	Change to general reserve position

Movement in Projected Net Expenditure from the Position Reported as at 30 September 2020

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.427)	<ol style="list-style-type: none"> 1. Chief Officer and Senior Manager projections have decreased £0.044m. This is due to a substantive postholder securing the Business Transformation Lead post and is more than offset by a projected increase in additional agency staff recruited to bring forward digital transformation developments. 2. Admin and professional staff cost slippage is expected to increase by £0.066m. 3. The interim leadership arrangements for the Improvement Support Team are projected to continue until the end of the financial year. This means the AHP Consultant substantive post will not be filled this year, with a further saving of £0.031 projected. 4. The recruitment campaign for Inspectors was not as successful as we had hoped, with many vacancies expected to remain unfilled until towards the end of the financial year. This, alongside slippage in expected start dates, retirements and new vacancies is the main reason for a decrease in projected spend of £0.199m. A further recruitment campaign is underway with most vacancies projected to be filled from March 2021. 5. The temporary Flexible Response Service Manager has been filled by a Strategic Inspector whose substantive post is expected to remain unfilled until 2021/22. This, alongside an increase in projected slippage has resulted in a decrease of £0.048m. 6. Previous projections allowed for a recruitment specialist to be procured to recruit to the temporary Chief Nurse post, however, no additional recruitment costs have been incurred with a projected decrease of £0.020m in expenditure. 7. Planned training and development activity for 2020/21 has been restricted by the Covid-19 restrictions and all of the training has been delivered remotely. A decrease in expenditure of £0.140m is projected. <p>The projected decreases totalling £0.548m are partially offset by the following increases:</p> <ol style="list-style-type: none"> 8. The Covid Response Team has been strengthened with an additional Team Manager post with a projected increase of £0.025m.

Budget Area	Increase/ (Decrease) £m	Main Reasons
		<p>9. A projected increase of £0.08m for the continued support required to assist with the historical child abuse enquiry and £0.010m to support the Professional Development Award.</p> <p>10. Planned development in the digital transformation team has been brought forward with an additional £0.075m of expenditure projected in agency staff costs.</p> <p>11. Other projected increases in staff costs totalling £0.003m.</p>
Accommodation costs	(0.035)	12. The projected operating costs of our Dundee and Aberdeen Offices have decreased by £0.054m due to Covid-19. £0.019m of this saving has been reinvested in other accommodation activities and £0.035m is offset by a corresponding reduction in lease income and income from shared services.
Administration costs	0.008	<p>13. Professional fees have increased by £0.054m to bring forward the data outline catalogue development and the development of a web-based programme which will support us to engage more effectively with our stakeholders.</p> <p>14. This increase is partially offset by a projected savings of £0.046m which are mainly due to a significant decrease in printing, stationery and postages costs as staff continue to work from home in response to the Covid-19 pandemic.</p>
Travel & subsistence	(0.273)	15. Previous projections assumed Covid restrictions would ease, however, as we continue to work from home, there is a continued reduction in travel and subsistence expenditure with a further decrease of £0.273m projected. This assumes a very low volume of travel between now and the end of the financial year.
Supplies and services	0.085	16. Our current mobile telephony contract expires in December and the new procurement includes replacement of the mobile phones to maintain the required security. The additional cost is projected to be £0.214m and is partly funded by the equipment replacement budget of £0.100m held in Supplies and Services. The overall cost is expected to be recovered through reduced telephony charges during the life of the new contract. This is partially funded by the equipment replacement budget of £0.100m.

Budget Area	Increase/ (Decrease) £m	Main Reasons
		17. As we continue to work from home during the Covid-19 pandemic, there is no demand for venue hire and hospitality, with a further decrease of £0.021m projected. 18. Projected ICT expenditure has decreased by £0.008m.
Other income	0.039	19. A projected decrease of £0.035m in income for the shared Dundee and Aberdeen offices as noted in Accommodation Costs. 20. The projected decrease in expenditure has a direct impact on how much VAT we can recover. Income from VAT recovery is projected to decrease by £0.004m.
Total	(0.603)	Change to general reserve position



Title:	Budget Development Short Life Working Group Update
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
Appendices:	1. Draft Terms of Reference
Consultation:	N/A
Resource Implications:	None

Executive Summary:

The Budget Development Working Short Life working group is a member/officer group that met for the first time on 24 November 2020. The group's draft terms of reference are attached and recommended for Board approval.

The group reviewed the financial strategy and the budget deficit reduction options set out in the Strategy. The group also considered additional pressures to the budget position identified since the Strategy was prepared.

It is apparent that significant budget reduction options that do not involve curtailing or stopping current activity are very limited. We are therefore very reliant on being successful in securing additional grant funding from the Scottish Government.

There is a need to identify areas of activity where reducing or stopping activity may be possible together with the implications, consequences and risks of doing so.

The Board is invited to:

1. Approve the Budget Development Short Life Working Group Terms of Reference (Appendix 1).
2. Note the update from the group.
3. Identify any specific budget areas or issues that the group should look at in more detail on behalf of the Board.

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

BOARD MEETING 17 DECEMBER 2020

Agenda item 16.2
Report No: B-53-2020

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

Reason for Confidentiality/Private Report:
This is a public 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.

BUDGET DEVELOPMENT SHORT LIFE WORKING GROUP UPDATE**1.0 INTRODUCTION**

- 1.1** The Care inspectorate's Financial Strategy identifies a significant budget deficit is expected for 2021/22 and this deficit is expected to grow over the following five years covered by the Strategy. The Board agreed to set up a member/officer short life working group to identify and examine budget deficit reduction options for both the immediate forecasted budget deficit for 2021/22 and into the medium term. The group met for the first time on 24 November 2020.

2.0 TERMS OF REFERENCE**2.1 Draft Terms of Reference**

The group considered the draft Terms of Reference attached as Appendix 1 and recommends the Board approves these Terms of Reference.

3.0 MAIN POINTS ARISING**3.1 Latest Forecast Financial Position**

The Annual Report and Accounts have been audited, approved and signed with a higher general reserve balance than was anticipated when the 2020/21 current year budget was agreed. We are also projecting a significant net underspend for the 2020/21 financial year. Officers will raise and discuss obtaining agreement to carry a general reserve balance more than our agreed Financial Strategy range and to use this to temporarily deal with a proportion of the forecast 2021/22 budget deficit.

The Financial Strategy identified a forecast budget deficit of £2.222m for 2021/22. Additional budget pressures totalling £1.115m have been identified which increases the potential budget deficit to £3.337m. Of this, specific funding of £0.300m is being sought for a new market oversight function and £0.235m is included to provide funding to retain valuable digital transformation staff during the period between the full business case for stage 2 of our transformation being submitted to Scottish Government and funding being agreed. If the market oversight funding is not agreed, then this function will not go ahead and it would be appropriate to fund the non-recurring digital staff retention costs from the general reserve. Therefore, the effective revised budget deficit for 2021/22 is £2.802m.

3.2 Pay Assumptions

The 2021/22 and subsequent years' budgets assumes pay policy will be consistent with 2020/21 which was a 3% increase for most members of staff.

The group believe this assumption is likely to be too high and the position will be kept under review.

The Tayside Pension Fund triennial valuation is currently underway and this will set employer contribution rates for 2021/22, 2022/23 and 2023/24. The Head of Finance and Corporate Governance advised that his expectation was that employer contribution rates would remain at the current 17% and the risk of this rate changing was low.

3.3 Digital Transformation

The 2021/22 indicative budget assumes a Customer Service staff saving of £0.140m because of the implementation of the Register and registration applications. The Head of Customer Service is currently reviewing the department's staff requirements due to recent changes such as the increase in the number of Scrutiny and Assurance teams and changes to senior management. Achieving a saving of £0.140m on Customer Support is in doubt.

The transformation stage 2 business case is due to be submitted to Scottish Government in January 2021. It is anticipated this business case will focus on time releasing rather than cash releasing savings. Further savings from digital transformation are not expected in the medium term.

A decision to waive the requirement to repay the business transformation loan of £2.300m over 4 years (£0.575m per annum) commencing in 2021/22 is still awaited.

3.4 Workforce Savings

The previous Financial Strategy targeted savings from workforce planning and a pay and grading review.

The workforce planning saving was mainly through the introduction of new roles of Inspection Assistant and Practitioner Inspectors. Following pilots, this is not being pursued and no significant savings are anticipated from the implementation of the new Strategic Workforce Plan.

Initial scoping work is to commence on a pay and grading review but this is likely to mean additional cost in the short and medium term.

3.5 Efficiency Targets

Care Inspectorate funding has remained broadly static for many years. This represents a significant real terms reduction. As a response to this, non-staff cost budgets have been targeted for efficiency savings and further savings are extremely difficult to identify.

To put into context, our non-staff cost budget is £6.5m so (if it were possible) a 10% reduction would deliver a saving of £0.650m against an effective budget deficit of £2.802m.

3.6 Income from Fees

All fees, except care home fees, are already set at the statutory maximum. Increasing care home fees to the statutory maximum would deliver an extra £0.320m of fee income. Increasing care home fees at this time would be politically sensitive. We would also need time to communicate an increase to the care home sector ahead of the increase being effective on 1 April 2021.

A fees review could potentially deliver significant additional income from 1 April 2022 but this is a prolonged process so work would need to start on this very soon. This will be raised with the Sponsor and Health Finance at the upcoming quarterly Finance Update on 8 December 2020.

3.7 Curtailment or Cessation of Activity

We are hopeful of an uplift in our grant in aid funding and a waiving of the transformation loan repayment to address a significant proportion of our forecast budget deficit. However, we do need contingency plans in place to address any remaining budget deficit. Given the limited scope to identify budget reduction options as described above we are now in the position where curtailing or stopping activities altogether needs to be considered.

Any proposals for curtailing or ceasing an activity must clearly set out the implications, potential consequences and risks associated with this. This will be discussed further at the next meeting of the group on 17 December 2020.

3.8 Timing

Normally we would not receive confirmation of funding until February or March each year. Implementing a reduction in activity at short notice is difficult. Therefore, there is significant risk to our budget position due to the scale of our forecast budget deficit and the short lead time between the start of the 2021/22 financial year and confirmation of funding for 2021/22.

If after confirmation of funding there remains a significant budget deficit, we may have to implement emergency measures such as recruitment freezes and restricting expenditure to committed expenditure only.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Government Policy

There are no government policy implications associated with this report.

4.4 People Who Experience Care

There are no direct benefits for people who experience care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

(To be agreed by the Board in accordance with the Reservation of Powers and Scheme of Delegation)

TERMS OF REFERENCE

MEMBER/OFFICER SHORT LIFE WORKING GROUP: BUDGET DEVELOPMENT

Purpose

- To consider the development of the Care Inspectorate budget options in line with its Financial Strategy and Corporate Plan
- To report its work and make recommendations to the Board of the Care Inspectorate

Accountability

The Group is accountable to the Board of the Care Inspectorate.

Period of Operation

This is a short life working group which will subsist for the period 1 October 2020 until no later than 31 March 2021.

Remit

To support the objectives of the Care Inspectorate's Financial Strategy by considering budget options and efficiency initiatives for inclusion in the 2021/22 budget and to explore medium/long term budget options for the subsequent years covered by the Financial Strategy.

The Group will report progress to each meeting of the Board commencing with the Board meeting of 17 December 2020. The last report of the Group will be to the Board meeting of 25 March 2021.

Membership

In accordance with section 3.3.1 of the Reservation of Powers and Scheme of Delegation, the Member/Officer Working Group shall have no less than two members, at least one member being a member of the Care Inspectorate's Board and one member who is a member of its executive. The membership of the Member/Officer Working Group – Budget Development will comprise:

- Rognvald Johnson, Board member
- Rona Fraser, Board member
- Jackie MacKenzie, Executive Director of Corporate and Customer Services
- Kenny Dick, Head of Finance and Corporate Governance

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- Helen Happer, Chief Inspector
- Angela Young, Head of Customer Service

Other members of staff will be invited to attend where it is required for specific agenda items.

Quorum

The quorum will be a minimum of one Board member and three other Group members present.

Frequency of Meetings

The Group will meet a minimum of three times during its period of operation. Meetings will be aligned with the reporting timescales for the December 2020, January 2021 and March 2021 meetings of the Board. The Group may meet more frequently if required.

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BOARD

Schedule of Business 2020/21

BUSINESS TOPIC	7 May 2020 <i>(Special)</i>	18 June 2020	13 Aug 2020	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		✓	✓	✓	✓	✓ <i>(oral report)</i>	✓
Update on Covid-19 (within CE Report)	✓	✓	✓				
Covid-19 Activity report (including proposed evidence to SP Health & Sport Committee)			✓				
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 							

BUSINESS TOPIC	7 May 2020 (Special)	18 June 2020	13 Aug 2020	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
Interim Review of Current Performance Measures				✓			
Revision of Corporate Plan				✓		✓	
Financial Strategy				✓		✓	
Scrutiny and Assurance Plan 2020-21 Update (in light of Covid-19)			✓				
Proposals for Scrutiny and Assurance Plan				✓			
Scrutiny and Assurance Plan 2021-22				✓			
Budget and Indicative Budget						✓	✓
Strategic Risk Register 2020/21		✓		✓ (SR #8)	✓ (SR #1)		
Approval of Risk Appetite and Risk Policy							
Annual Review of Procurement Strategy				✓			
MONITORING AND GOVERNANCE							
Budget Monitoring (Report from MOWG: Budget Development to be presented to December and March Board)				✓	✓ (+ MOWG report)		✓ (+ MOWG report)
Monitoring our Performance Quarterly Report		Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit and Risk Committee		✓		✓	✓		✓
Complaints Activity Report		✓ (annual)			✓ (mid-year)		
Deferral of Continuation Fees	✓						
2020/21 Financial Position Update	✓	✓					
Finance and Staffing Update			✓				

BUSINESS TOPIC	7 May 2020 (Special)	18 June 2020	13 Aug 2020	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
Annual Report and Accounts - Audit Committee Annual Report to the Board - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit				✓			
Board Membership Changes	✓						
Health and Safety Annual Report		Deferred to September		Deferred to December	✓ (and Strategy)		
Code of Corporate Governance		✓					
Changes to Reservation of Powers & Scheme of Delegation (arising from annual Board Governance Review)			✓				
Board Self-Evaluation Action Plan (arising from annual Board Governance Review)							✓
UN Convention on the Rights of the Child – report		✓					
Equality Duty Reporting – Annual Progress Report							✓
Annual Review of the Care Inspectorate's Financial Regs		✓					
CAPA 2 Programme Final Report		✓					
Best Value Report 2019/20 (to 1 st Quarter meeting of Board)		Deferred to Sept		Submitted to Audit and Risk Committee instead			
Annual Accounts 2019/20 Progress Report (to 1 st Quarter meeting of Board)		✓					
Board and Committee Cycle – 2021/22 draft dates				✓			

BUSINESS TOPIC	7 May 2020 (Special)	18 June 2020	13 Aug 2020	30 Sept 2020	17 Dec 2020	21 Jan 2021 (if req'd)	25 Mar 2021
Annual Procurement Performance Report				✓			
Shared Services Update Report		✓		✓		✓	
CI Wellbeing strategy (Presentation)				✓	✓		
OPERATIONAL							
Digital Programme Update Report		✓		✓ (including outline business case, Phase 2)			✓
Independent Review of The New School Butterstone			✓				
Transformation Programme Update Report		Update within CE report		✓			
HR Annual Report		Deferred to Sept		✓			
Presentation: Adult Services Team Manager Activity						✓	
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		✓	✓	✓	✓		✓

BUSINESS TOPIC	7 May 2020 <i>(Special)</i>	18 June 2020	13 Aug 2020	30 Sept 2020	17 Dec 2020	21 Jan 2021 <i>(if req'd)</i>	25 Mar 2021
CONFIDENTIAL/PRIVATE ITEMS							
CI Employee Relations Appeals <i>(to be standing item, when required)</i>				✓ (none to report)	✓		✓
Independent review of the New School Butterstone			✓				
Digital Transformation Update (see above)				✓			
Market Oversight				✓			
CI's Powers of Enforcement				✓			
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>							