care
inspectorate

A Meeting of the Care Inspectorate Board is to take place from
11.00 am-2.00 pm on Thursday 14 November 2024
in Meeting Room 1.02/1.03, Compass House, Dundee

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

AGENDA

PUBLIC SESSION

Item		Time
1.	Welcome and Introductions	11:00 am
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Board Meeting held on 15 August 2024 (*paper attached*)	
5.	Action Record of Board meeting held on 15 August 2024 (*paper attached*)	
6.	Matters Arising	
7.	Chair's Quarterly Report – Report No: B-29-2024/25 (*for noting*)	11:10 am
8.	Chief Executive's Report – Report No: B-30-2024/25 (*for noting*)	11:15 am
	STRATEGY AND POLICY	
	No items for this meeting	
	MONITORING AND GOVERNANCE	
9.	Monitoring our Performance 2024/25 - Quarter 2 Report – Report No: B-31-2024/25	11:20 am
10.	Budget Monitoring Summary Report – Report No: B-32-2024/25	11:40 am
11.	Audit and Risk Committee Update to the Board (meeting held 3 October 2024) – Report No: B-33-2024/25	11:45 am

Version: 1_0	Status: Final	Date: 07/11/2024

12.	Finance and Resources Committee Update to the Board (meeting held 31 October 2024) - Report No: B-34-2024/25 12.1 Changes to Reservation of Powers and Scheme of Delegation – Report No: B-35-2024/25	11:50 pm
	B R E A K (10 mins)	12:05 pm
13.	Procurement Update and Performance Report 2023/24 - Report No: B-36-2024/25	12:15 pm
	OPERATIONAL ITEMS	
14.	Staff Survey Update to Board (*presentation*)	12:25 pm
15.	Board And Committee Cycle 2025/26: Proposed Dates - Report No: B-37-2024/25	1:25 pm
	STANDING ITEMS	
16.	Strategic Risk Register Monitoring – Report No: B-38-2024/25	1:30 pm
17.	Board Schedule of Business 2024/25 (*paper attached*)	1:40 pm
18.	Any Other Competent Business 18.1 Reflections of Board Development Event held 30 October 2024 18.2 CQC Review and Analysis – Report No: B-39-2024/25	
19.	Close of Public Meeting and Date of Next Meeting: 13 February 2025 at 10.30 am.	2:00 pm

BOARD MEETING 14 NOVEMBER 2024

Agenda item 7
Report No: B-29-2024/25

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

EXECUTIVE SUMMARY
This Chair's update will sum up some of my activities since the Board meeting held on 15 August 2024.

The Board is invited to:
1.   Note the information contained in this report.

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

Equality Impact Assessment			
Yes		**Not Ye**t		**No**	X
				Reason: This report is for information only.	

Data Protection Impact Assessment Screening			
Yes		**Not Yet**		**No**	x
		(One is planned or is already in progress, but Info Gov is aware)		**Reason: There are no data considerations or no sensitive data is being processed.**	

BOARD MEETING 14 NOVEMBER 2024

Agenda item 7
Report No: B-29-2024/25

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.

BOARD MEETING 14 NOVEMBER 2024

Agenda item 7
Report No: B-29-2024/25

CHAIR'S QUARTERLY UPDATE

1.0   The first meeting of the Finance and Resources Committee was held on 31 October and a report is provided under item 12 of this Board meeting.

2.0   I met with the minister, Maree Todd and our sponsor team for our regular update. The focus of the meeting was twofold; to hear a presentation from the Care Inspectorate's Head of Quality Improvement and Participation, Craig Morris, on quality improvement work being undertaken across the care sectors. The Executive Director of IT, Transformation and Digital, Gordon Mackie, provided an overview on digital transformation and progress with the current project. Both updates were very well presented and received positively by all.

3.0   I have agreed the final Board Development programme for the remainder of 2024/25, reprioritising certain topics given board member feedback and thoughts on what would be most beneficial, coupled with Executive Team availability and timing to support this.

4.0   The Board Development Event held on 30 October, which focussed on a digital update from the Executive Director IT, Transformation and Digital and his team, and a separate detailed session looking at Board Governance and how the Board and the Executive Team were working together. The event was well represented with David Archibald, Partner with Henderson Loggie, the Care Inspector's internal auditors, leading on the Board Governance and highlighting the excellent progress which the organisation is making in this area.

5.0   I recently met with former Board member, Gavin Dayer, and discussed current inequalities, and opportunities for those people across Scotland who have disabilities, and the different levels of care afforded to them, often due to disparities in the locale within which they live. We discussed how we might collaborate and access Gavin's wealth of knowledge and experience in this area alongside work currently being undertaken by Care Inspectorate.

6.0   I attended the Scottish Social Services Council's (SSSC) Audit and Assurance Committee meeting and contributed to the review, approval and sign-off of the year-end SSSC Annual Report and Accounts.

7.0   I attended the NHS Healthcare Improvement Scotland (HIS) Board and Strategy Day events. The strategy event was very well attended by all HIS Directors and Exec team. The focus of the event was on longer term strategy and realigning goals with a changing strategic landscape and where our priorities should be within this.

BOARD MEETING 14 NOVEMBER 2024

Agenda item 8
Report No: B-30-2024/25

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

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

The Board is invited to:
1. Note the information contained in the report and please contact the Chief Executive by email if you require any further information on any item.

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

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

Data Protection Impact Assessment Screening		
Yes [ ]	**Not Yet** [ ]	**No** [X] Reason: There are no data considerations or no sensitive data is being processed.

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

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

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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BOARD MEETING 14 NOVEMBER 2024

Agenda item 8
Report No: B-30-2024/25

CHIEF EXECUTIVE'S REPORT

1.0   INTRODUCTION

My report highlights significant developments and new or completed activities that directly support the Corporate Plan and its strategic outcomes.

Below are details of some of my engagement activities, covering meetings and events that I have taken part in during August, September and October 2024.

- The PDA graduation ceremony at which I delivered the opening speech and presented certificates.
- I was invited to speak at the ESN Conference in Bucharest on the topic of 'protecting children working in partnership across children's services'.
- On-going work and meetings to review the top line organisational structure.
- On-going quarterly meetings with other regulators, and Scottish Government etc.
- Weekly Collaborative Response and Assurance Group (CRAG) meetings on delayed discharge improvement and performance. These are chaired by the Minister for Social Care, Mental Wellbeing and Sport.

2.0   POLICY AND STRATEGIC DEVELOPMENT

2.1   Key Policy updates

The Health, Social Care and Sport Committee in the Scottish Parliament took evidence on the National Care Service (Scotland) Bill ahead of the Bill's stage 2 consideration by the Committee. Deputy Chief Executive and Executive Director for Strategy and Improvement, Edith MacIntosh, gave evidence to the Committee on 1 October alongside the Scottish Social Services Council, Healthcare Improvement Scotland, and the Scottish Public Services Ombudsman. Edith's evidence supplemented our written submission made to the Committee. You can view the session here.

Over the last quarter we continued to analyse, advise on and engage with key policy developments, including:

- The Scottish Government's Programme for Government for 24/25, which confirmed a Human Rights Bill for Scotland won't be introduced before the next election in 2026
- A new Education (Scotland) Bill to create a new office of His Majesty's Chief Inspector of Education in Scotland
- Key publications and developments relating to other areas of policy, including post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013, the Winter Preparedness Plan 24/25, and proposed legislation on the use of restraint and seclusion.

We submitted consultation responses on:

- Education (Scotland) Bill - Detailed call for views

- Health, Social Care and Sport Committee: National Care Service (Scotland) Bill – Views on draft amendments
- 'Moving on' from care into adulthood consultation

We began issuing the new, monthly Policy Digest to provide insight on recent developments and the impact the organisation is making in relation to the policy landscape.

2.2 Commencement of provisions in the Children (Care and Justice) (Scotland) Act 2024

The Children and Young People (CYP) regulated teams have worked collaboratively with Scottish Government colleagues and the secure care sector following commencement of the provisions in the **Children (Care and Justice) (Scotland) Act 2024** which prohibit the use of Young Offender Institutions for children under the age of 18. We are currently updating our admissions guidance to reflect the particular challenges that may arise when secure providers are asked to accommodate emergency placements for young people from court.

2.3 Education Scotland Shared Inspection Framework

We are continuing to work with Education Scotland and stakeholders in the development of the Shared Inspection Framework in preparation for the release of the document in January 2025. Familiarisation sessions are being planned for the sector prior to the release date. An extensive communications plan has been developed to keep the sector fully up to date with expectations and next steps. There has been some internal testing of the digital framework, which is hosted by Education Scotland, as well as testing with some of the stakeholders. Feedback has been listened to and changes made in response and where appropriate to do so.

2.4 Scrutiny of Public Protection

Following the Independent Review of Inspection, Scrutiny and Regulation, the Strategic team has committed to an incremental approach to develop scrutiny of public protection. This is also in line with Scottish Government's move towards a more integrated approach to public protection and the establishment of the National Public Protection Leadership Group. The Strategic team will be engaging with our scrutiny partners and other stakeholders in this work. The work will be outlined in the Inspection Plan for 2025/26 when it is presented to the Board.

2.5 Children's Rights, Care Experience and Corporate Parenting plan 2024 – 2027 published

In September 2024, we published our 'Children's rights, care experience and corporate parenting plan 2024- 2027'. This high-level plan details our commitments and priority actions to meet our obligations, as corporate parents, to

care experienced people and ensuring children's rights are protected. This plan bridges across and complements our commitment to Keeping the Promise. We published this as digital content on our website, instead of a publication download, which enabled us to create a more accessible and engaging format for our readers.

2.6   Quality Improvement Project – Increasing involvement of children and young people in regulated care inspections (using technology)

Aligned to the Care Inspectorate's Promise Workstream 1, the overall aim of this Project is to improve how involved and informed children and young people feel in our Inspection feedback process. To achieve this, we are testing different feedback approaches to children and young people post Inspection. This involves face-to-face, posters and video methods of feedback. Stage 2 is reaching its conclusion, and we have now tested feedback post Inspection to around 30 services.

2.7   National Induction Programme for Social Care Staff

A Service Manager in the Adults team has worked with SSSC and NES on commissioned work from Scottish Government to develop a new national induction framework for adult social care. We have supported the production of this and communication to providers and will use our communication pathways to share information and gather provider views.

2.8   Enforcement Procedures and Practice

One of the Service Manager's in Adults is leading the newly re-established operational group on Enforcement   This group has developed training for level 2 Enforcement addressing the recommendation from the recent internal audit report and dates are in place for training staff. The group is now developing level 1 Enforcement training. The Chief Inspector Adults presented the first Annual Enforcement Report 23/24 to the Audit and Risk committee in September including numbers, themes and learning.

2.9   Thematic Review

On 20 August we published our national report Disabled children and young people's experiences of social work services: a thematic review.
This report presents the key messages of our review of how well social work services contribute to ensuring disabled children have their rights respected and receive early care and support. It includes reflections and actions for social work services and Scottish Government to consider in order to improve outcomes for disabled children and young people. The report notes that responsibility for improvement sits with us all and the actions require a shared approach across Scottish Government, local authorities, national and local organisations and public bodies, including the Care Inspectorate.

We presented this report in multiple formats for different target audiences including an animation, Easy Read and Braille.

2.10 Booklet for childminders

On 11 September we published **Registering and running a childminding service: what you need to know.** This booklet is designed to help prospective childminders if they are applying to register a service and those who are already running a childminding service. It explains the requirements of the Care Inspectorate so that prospective childminders can make sure they meet them before they register a service. It also provides childminders with information that will help them when running a service and what to expect when they are inspected.

3.0 COLLABORATIVE/PARTNERSHIP WORKING

3.1 Scottish Child Abuse Inquiry

We continue to engage fully with this Inquiry, in line with our commitment to provide it with all possible assistance. At present the Inquiry is continuing with its hearings in relation to Phase 8 of its investigations, considering local authority run establishments.

We have provided the Inquiry with a detailed report in relation to Phase 9 of its work which will consider establishments for children with long-term healthcare needs, additional support needs and disabilities, and have identified and assembled all documentation required by the Inquiry in response to its formal statutory notice in relation to Phase 9.

3.2 Scottish Covid-19 Inquiry

We continue to co-operate with the Scottish Covid-19 Inquiry, in line with our commitment to provide it with full assistance.

The Inquiry commenced hearing evidence in relation to the impact of the pandemic on education and certification, on 12 November. We anticipate that there may be some limited evidence led which is of relevance to the Care Inspectorate.

3.3 UK Covid-19 Inquiry

We are also co-operating with the UK Covid-19 Inquiry, consistent with the commitment we have made to provide it with all possible assistance. Since responding to its initial request for assistance in relation to its "Module 6" which will consider health and social care, we have received requests for significant further detail which are proving to be extremely onerous for the Care Inspectorate, in terms of accessing records and requested documents and formulating full and accurate responses in the Inquiry's preferred format. Thus far, the bulk of this work has fallen to the Executive Director of Scrutiny and Assurance who is the

individual providing the Inquiry with a witness statement setting out the Care Inspectorate's corporate response to the Inquiry's request.

3.4   Nat West Group

On 18 September the Executive Director of Scrutiny and Assurance and the Chief Inspector (Registration) attended a meeting in Glasgow with the UK Head of Care for the Nat West Group and his Scottish colleagues to discuss scrutiny approaches in Scotland and sector developments.

3.5   National Justice Social Work Self-Evaluation

The Strategic Justice Scrutiny team notified all local authorities of our National Justice Social Work Self-Evaluation work in August. The focus is on performance and quality assurance with phase 1 requiring completion and submission of a shared template using our Smart Survey technology. The survey opened on 2 September and closes on 20 November. Phase 2 will focus on validating the approach in four local authority areas as selected by us. The approach is currently being tested with two local authorities. All relevant guidance and a detailed 'how to' video are accessible on our website [Self-evaluation of performance and quality assurance in justice social work (careinspectorate.com)](#).

3.6   Quality Improvement Framework for Adult Support and Protection

The Joint Inspection of Adult Support and Protection team has co-designed a Quality Improvement Framework (QIF) with the national implementation group. The QIF offers partnerships flexibility in its use and highlights the value of self-evaluation. The QIF will be a valuable tool for Adult Support and Protection partnerships in Scotland in supporting continuous improvement for Adult Support and Protection.
We will be presenting the Quality Improvement Framework (QIF) for Adult Support and Protection at upcoming events to further discuss its application in adult support and protection. This will include Social Work Scotland, Adult Support and Protection Conveners Scotland Group, National Strategic Forum, and an IRISS Adult Support and Protection Innovation and Research event.

3.7   Dementia Reducing Stress and Distress Improvement Programme

Working with Healthcare Improvement Scotland and NHS Education for Scotland we have launched a Dementia Reducing Stress and Distress Improvement Programme. The programme supports the implementation of the [Scottish Intercollegiate Guidelines Network (SIGN) dementia guideline](#) (November 2023) and the first delivery plan of Dementia in Scotland, Everyone's Story, the 10-year national dementia strategy for Scotland.

For the Care Inspectorate, the Programme will seek to work with registered care homes to support improvement in the prevention and management of stress and distress for people living with dementia. The programme will be open to any

registered care homes, grade 3 and above, with an interest in using quality improvement to improve this aspect of their service. We would anticipate participation from up to 16 registered care homes over the programme timeframe. The programme will run from December 2024 to December 2025. There has been a high degree of interest in the programme with 116 individuals attending a briefing session to find out more about this.

3.8   Dementia Practical Resources Improvement Project

We are also leading on a dementia resources improvement project, commissioned by the Scottish Government Dementia Workforce, Short Life Working Group. The aim is to develop easily accessible and understood resources that will support frontline social care workforce in their caring role for people with dementia (and their families). To inform the project, a survey was issued September 2024, with two stakeholder events held in Glasgow and Dundee.

3.9   Psychoactive Medicines Quality Improvement Programme

The work from the Care Inspectorate improvement project has been published in the September 2024 edition of Journal of Dementia Care. The Senior Improvement Advisor (Pharmacy) and Specialist Service manager (HC-ONE) gave an update on the Reducing Psychoactive Medication project at the Scottish Care Nurses Conference in September.

3.10   Care home improvement programme (CHIP)

Between April and August 2024, we successfully completed the first cohort of the Care Home Improvement Programme (CHIP). This programme supports care home staff in implementing quality improvement to enhance the quality of care for residents. The first cohort focused on care homes in the Greater Glasgow and Clyde, and Forth Valley areas, allowing care homes to establish local connections and receive peer support. Adult care homes that received an evaluation of "adequate" (grade three) during their last inspection were eligible to participate in the programme.

At the recent celebration event for CHIP cohort one, services shared their inspirational quality improvement stories about the positive changes to the lives of the people they support. More information on cohort one is available in the flash report. 30 services registered for the programme with 28 completing. From those 28, 18 were inspected while on or after completing CHIP cohort one. 86% of those inspected showed an improvement and 57% improved their outcome grade.

The CHIP cohort two commenced in October for care homes who meet the criteria in the Fife and Tayside areas. Adult Service Managers, Team Managers and Inspectors have worked in partnership with the Improvement Advisors to support the development of cohort two. The Inspector for the services involved will work with the dedicated Improvement Advisor to support services.

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Agenda item 8
Report No: B-30-2024/25

3.11 Quality Conversation events

This year we are holding the Quality Conversation events online for the first time. Our Quality Conversations bring together senior professionals from across Scotland's care sector with our own Executive and Senior team for high-level exchange that helps shape a positive future for Scotland's care.
The first event, Adults and Older People, was held on 8 November. We will be holding further events in January and February 2025 for the Early Learning and Childcare and Children and Young People sectors.

4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

4.1 Formal Consultation – Proposed Model of Operations

We launched formal consultation on a new proposed Model of Operations on 7 October as per our collective consultation arrangements. Throughout October individual consultations for staff directly impacted and team briefings for relevant teams were also held. The wider staff group were updated via dedicated intranet briefings. The consultation period closed on 6 November.

4.2 Staff Survey

Our full staff survey closed on 20 September, after a two-and-a-half-week response window. The last full staff survey was conducted in March 2022, with a pulse survey conducted in June 2023.

The survey is a key tool to assess and support the engagement of our staff. It is delivered in partnership with our joint trade unions and DJS, an external specialist survey and research organisation. To impact assess our hybrid working arrangements, we agreed with partnership staff side to include a hybrid working survey as an annex on this occasion.

The survey achieved a response rate of 78% which provides a robust measure of staff perceptions of areas where the organisation is performing well and what can be improved.

Results of the survey will be shared with Leadership teams, the joint trade unions and then the wider staff group during November. Discussion questions will then be posed for all teams to consider and provide feedback to inform the staff survey action plan.

4.3 Values and Culture

We have now concluded an organisational wide consultation to finalise our cultural aspirations as well as minor updates to our core values. This work has been progressed in partnership with a cross-organisational working group, our management teams and joint trade unions. Further, 49 teams across the

organisation took the opportunity to contribute their views and further shape this work.

Pending formal approval from SMG, we intend to launch the new cultural aspirations and revised values in early 2025. Thereafter, we shall progress a longer-term communications and engagement plan, intended to create and embed a shared understanding of what is expected of us all as employees and to place our values and cultural aspirations at the heart of everything we do.

4.4   Leadership and Management Development

Our Strategic Workforce Plan reflects our commitment to develop the skills of our leaders and managers to role model our values, support our cultural objectives, manage change and lead our workforce and organisation. The first phase of this work continues to progress and will deliver a leadership and management framework that clearly defines the knowledge, skills and behaviours required at each level of our management and leadership structure.

During phase 2, the framework will be used to inform the development of a range of leadership and management development activities, designed to equip our leaders and managers with the necessary tools and expertise to effectively carry out their roles.

4.5   Professional Development Award (PDA)

The graduation for Cohort 4 of the PDA was held on 4 October 2024. The event provided an excellent opportunity to showcase the range of methods in which the qualification contributes to the quality and development of scrutiny practice within the Care Inspectorate. In celebrating candidate achievement, and the impact of learning (particularly graded unit projects), several powerful videos were showcased – this included a video co-produced by young inspection volunteers, PDA candidates, and PDA Team. The event involved representation from external partners, including the Chief Executive of the SSSC and the SQA's Qualifications Manager.

Following a successful recruitment campaign for the current vacant tutor assessor post, the PDA Team will offer capacity for a maximum of 50 candidates in Cohort 6 which commences in May 2025. The current cohort (Cohort 5) will commence their graded unit projects in January 2025 – this will provide further opportunity for small-scale inspector-led research and development projects, both within the organisation and regulated services.

4.6   Young volunteers and adult volunteer induction

The induction for Inspection Volunteers has been successfully completed, with five young volunteers and four adult volunteers undertaking the induction programme. Over the course of the training, volunteers were equipped with essential knowledge and skills, covering key areas such as health and social care

standards, inspection, health and safety guidance, equalities and effective communication strategies.

The volunteers expressed high levels of satisfaction and confidence in their ability to contribute positively within our organisation. Following the training, they have commenced their shadowing experiences, allowing for practical application of their learning with support from the participation coordinators. This hands-on approach not only reinforces their training but also fosters a deeper understanding of their roles within the organisation.

Inspection volunteers have also contributed to recruitment processes for Chief Inspectors on occasion.

5.0   ORGANISATIONAL TRANSFORMATION

5.1   The Stage 2 digital work has moved from the completion of the initial service design work into translating this into user requirement that forms part of the Invitation to Tender (ITT). The project underwent a formal Pre-Procurement Gate external assurance and was given a delivery confidence of AMBER/GREEN with three recommendations, one which was a condition. These recommendations have all been completed and signed off by the Digital Assurance Office. The ITT was released to the market on the planned date of 18 October.

The Stage 2 team are now planning on receiving and reviewing the responses to the ITT and are also planning for implementation once a delivery partner has been appointed in January 2025.

5.2   Restrictive Practices Notification

The CYP regulated teams have worked closely with the intelligence team and digital colleagues to release a revised version of the Restrictive Practices Notification. The changes reflect:
- the incorporation of the United Nations Convention of the Rights of the Child into domestic legislation
- what care experienced children and young people told the Care Review about how frightening, painful and embarrassing the use of restraint was for them
- that any actions which restrict the liberty of children and young people are taken transparently and appropriately authorised.

The revised notification will make it easier to evaluate outcomes for children and young people subject to both restraint and, additionally, other restrictive practices.

5.3   Variation assessment and management

Owing to the continued increase of registrations and variations submitted, the Service Manager, Registration, has convened a short life working group across the three specialisms within regulated services to explore the potential for low-risk

variations to be managed and progressed by caseholding Inspectors. The aim of the working group is to establish the type of variations which could be managed by caseholding Inspectors, without causing undue burden or risk to Inspection activity. From this, we aim to develop guidance and training to support our staff moving forward. We anticipate this will support a degree of efficiency within the Registration team to progress and clear the current backlog.

Title:	**MONITORING OUR PERFORMANCE 2024/25 – QUARTER 2 REPORT**	
Authors:	Ingrid Gilray, Intelligence and Analysis Manager Sophie Siegel, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher	
Responsible Director:	Gordon Mackie, Executive Director of IT, Transformation and Digital	
Appendices:	**1.**	Key Outcome Indicators (KOIs) and Scrutiny & Assurance activities
	2.	Technical notes
Consultation:	**N/A**	
Resource Implications:	**None**	

EXECUTIVE SUMMARY

This report presents the Q2 2024/25 summary report on our performance and focusses on performance against the organisation's Key Performance Indicators (KPIs).
 	
 Of the 8 KPIs detailed in the Corporate Plan 2022-25, at the end of Q2 2024/25:
      6 met or exceeded target
      2 did not meet the target
 	
 This report provides a statistical account of performance against our KPIs and Key Outcome Indicators (KOIs) noting any remedial action where performance is below target. A broader account of our work in support of our strategic objectives is set out in the Chief Executive's report.

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

Links	Corporate Plan Outcome (Number/s)	1,2,3,4	Risk Register (Yes/No)	Yes

For Noting	**X**	**For Discussion**	**X**	**For Assurance**		**For Decision**	

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

Data Protection Impact Assessment Screening		
Yes ☒	**Not Yet** ☐	**No** ☐
Full DPIA completed		Reason:

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

Reason for Confidentiality/Private Report: N/A – This is a public Board report. *(see Reasons for Exclusion)*
Disclosure after:

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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BOARD MEETING 14 NOVEMBER 2024

Agenda item 9
Report No: B-31-2024/25

MONITORING OUR PERFORMANCE 2024/25 - QUARTER 2 REPORT

1.0   INTRODUCTION / BACKGROUND

Structure of this report

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

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

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

Types of performance measure

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

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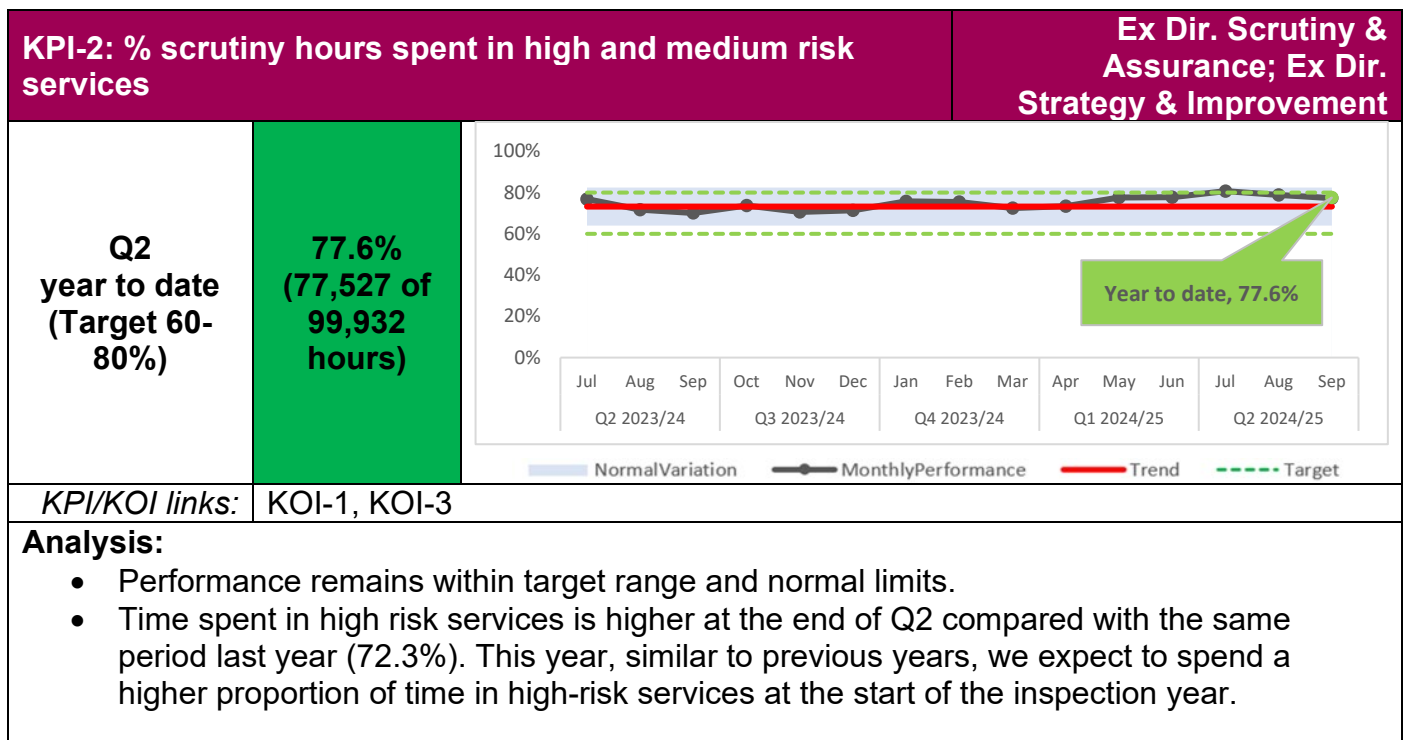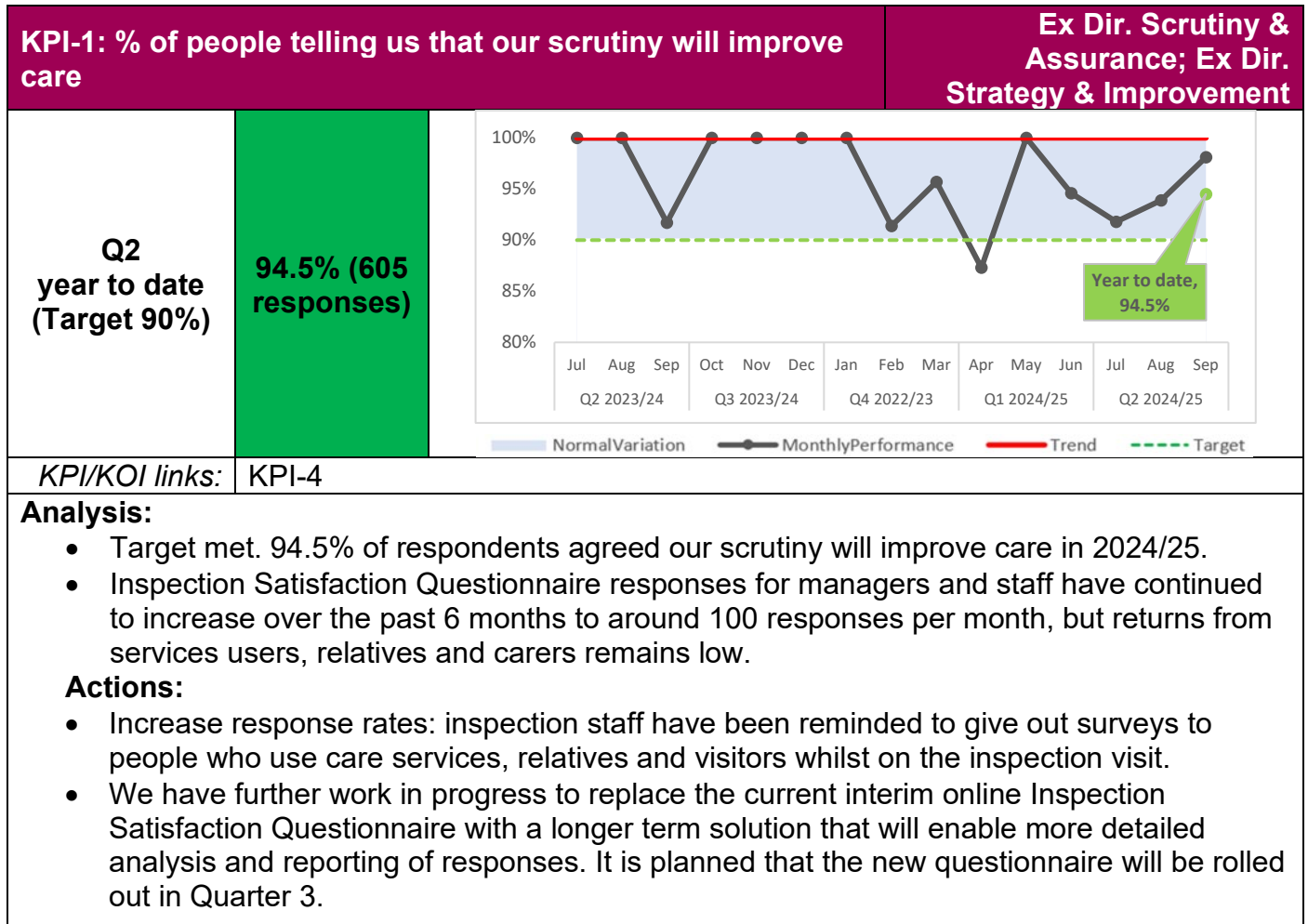
Summary of performance

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

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
KPI-1: % of people telling us that our scrutiny will improve care **94.5%**	**KPI-4:** % of people telling us that our quality improvement support will improve care **90.4%**	**KPI-5:** % staff completing core learning **73.3%**
KPI-2: % scrutiny hours spent in high and medium risk services **77.6%**		**KPI-6:** % staff absence **5.3%**
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **91.1%**		**KPI-7:** % staff turnover **7.1%**
		KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work **32.6 days**
Colour code: Target achieved	**Slightly below target**	**Significantly below target**

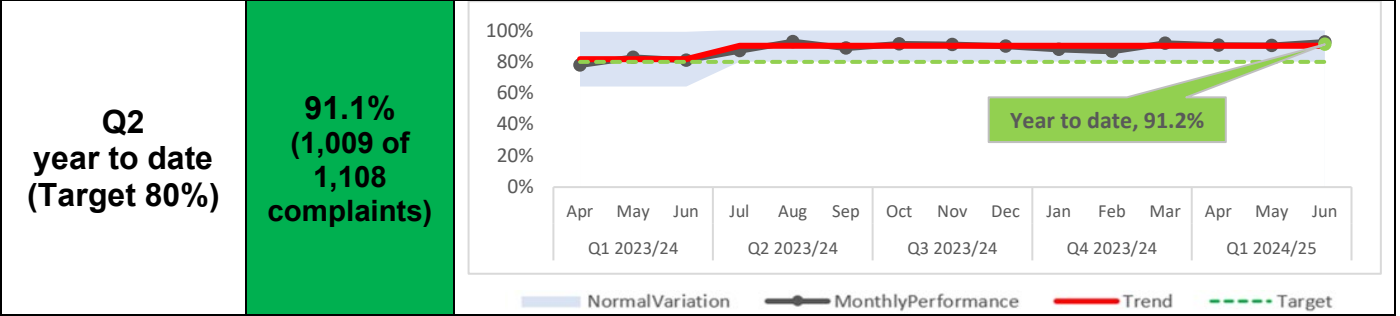## 2.0   SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 SEPTEMBER 2024

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date (Target 90%)	94.5% (605 responses)	

KPI/KOI links:	KPI-4

Analysis:

- Target met. 94.5% of respondents agreed our scrutiny will improve care in 2024/25.
- Inspection Satisfaction Questionnaire responses for managers and staff have continued to increase over the past 6 months to around 100 responses per month, but returns from services users, relatives and carers remains low.

Actions:

- Increase response rates: inspection staff have been reminded to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit.
- We have further work in progress to replace the current interim online Inspection Satisfaction Questionnaire with a longer term solution that will enable more detailed analysis and reporting of responses. It is planned that the new questionnaire will be rolled out in Quarter 3.

KPI-2: % scrutiny hours spent in high and medium risk services		Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date (Target 60-80%)	77.6% (77,527 of 99,932 hours)	

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

Analysis:

- Performance remains within target range and normal limits.
- Time spent in high risk services is higher at the end of Q2 compared with the same period last year (72.3%). This year, similar to previous years, we expect to spend a higher proportion of time in high-risk services at the start of the inspection year.

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

KPI-3: % of complaints about care resolved within relevant timescales		**Ex Dir. Strategy & Improvement**
Q2 year to date (Target 80%)	**91.1% (1,009 of 1,108 complaints)**	
KPI/KOI links	KPI-2, KPI-6	

Analysis:
- At the end of Q2, performance was above target and within normal limits, maintaining the improvement observed last year.

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

Strategic outcome: Improving outcomes for all

KPI-4: % of people telling us that our quality improvement support will improve care	**Ex Dir. Strategy & Improvement**
Q2 year to date (Target 90%)	**90.4% (714 of 790 responses)**
KPI/KOI links:	KPI-1
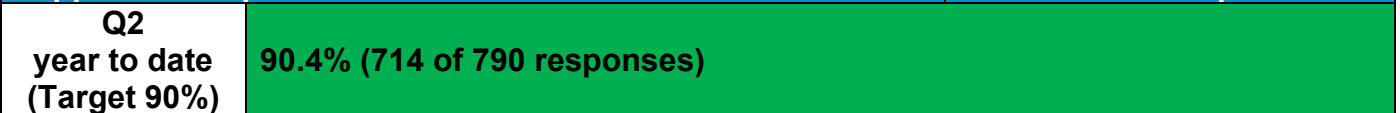
Analysis:
- Q2 2024/25 performance is slightly above target of 90%, based on responses from those who have recently undergone some quality improvement support input.

Actions:
- We will continue to monitor performance at a monthly frequency.

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

KPI-5: % staff completing core learning	Ex Dir. Corporate & Customer Services
Q2 year to date (Target 95%)	**73.3%**
KPI/KOI links:	KPI-6

Analysis:

- Performance remains below target at 73.3%, although this is an increase compared with the 65.3% reported for Q1 2024/25.
- This measure only includes staff who have completed all required core learning by the end of Q2. The learning required in each quarter changes considerably due to fluctuations across expiry dates.
- In comparison to Q1 2024/25, compliance against all of the core learning modules has increased. Health and Safety increased from 92% to 93%, Data Protection increased from 90% to 92%, Cyber Security increased from 87% to 95%, Equalities increased from 81% to 83% and Protection Level 1 increased from 58% to 74%.
- Protection Level 1 is the newest addition to KPI-5 and it continues to impact on the overall compliance rate. Protection Level 1 consists of a programme of five modules. This is new content, designed for staff in support functions who require an awareness level of knowledge e.g. Business Support, OWD, Finance. Protection Level 2 launched in October, and this will be included from Quarter 4. Level 3 will be launched later this year. Once the protection training is fully launched every member of staff will be required to complete the level appropriate to their role.
- Performance for Q2 is not directly comparable to last year because of the Protection Level 1 core learning module addition.
- Data does not include employees who are currently exempt from the training due to long term absence which includes maternity leave, career breaks and external secondments.

Actions:

- Manager dashboards have recently been launched within the LMS, to support managers to proactively track their team progress with KPI core learning modules. Clear guidance has been provided and this launch will be further highlighted through Q3 stakeholder meetings.
- As part of the OWD stakeholder meetings, core learning continues to be a topic of discussion to provide support and encourage compliance.
- Core learning topics continue to be highlighted through the regular OWD update email to all staff.
- OWD continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation.
- A performance dashboard is shared with heads of service and executive directors each month to monitor performance across their areas of responsibility.
- Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue.

KPI-6: % staff absence	Ex Dir. Corporate & Customer Services

Q2 year to date (Target 2.6%-5.2%)	5.3%	
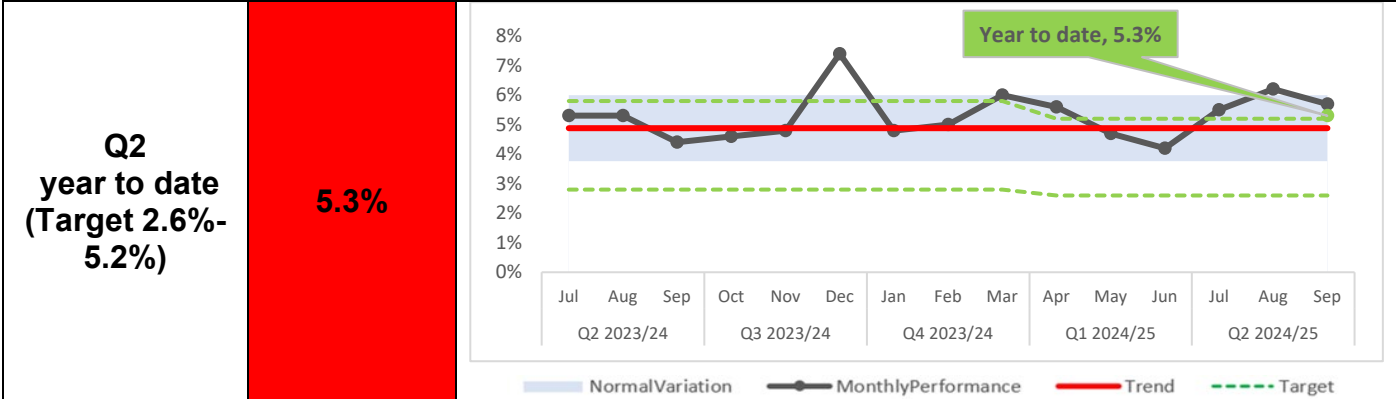
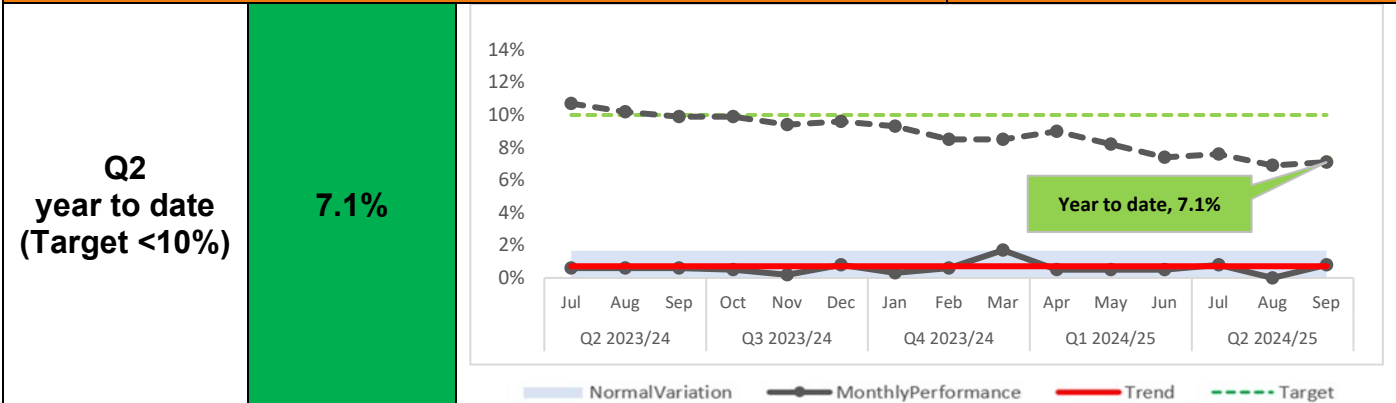| *KPI/KOI links:*	KPI-2, KPI-3, KPI-5, KPI-7

Analysis:
- At the start of this year, the target range for KPI-6 has been updated in line with public sector benchmark to between 2.6% and 5.2% with a median of 3.8%. Previously it was 2.8% to 5.1% with a median of 3.6%
- Performance is slightly above target range at 5.3%.
- Compared to Q1 2024/25, overall absence increased from 4.8% to 5.3%. Absence in Q2 was above the target of 5.2% in all three months and was significantly higher in August.
- Short, medium and long term absences have all increased in Q2 compared to Q1 2024/24.
- The main causes of short term absence were: stress and physical illness – 50% of absences in each category
- The main causes of long term absence were: stress – both personal and work related

Actions:
- HR will support managers to monitor, analyse and understand ongoing trends.
- We are actively promoting staff health and wellbeing and continuing to support managers to manage absence effectively.
- Continue to promote Sickness Self-Serve feature for reporting staff absence.

KPI-7: % staff turnover (monthly and rolling)		Ex Dir. Corporate & Customer Services
Q2 year to date (Target <10%)	**7.1%**	Year to date, 7.1%

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

Analysis:
- Staff turnover met the target and was within normal limits.
- By the end of Q2 2024/25, 19 staff left the organisation, 10 retired and the remaining 9 left voluntarily.
- This is lower than by the end of Q2 last year (32 leavers).

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

KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work		Ex Dir. Strategy & Improvement
Q2 year to date (Target 30 days per month)	**32.6 days**	

KPI/KOI links: | N/A

Analysis:
- Year to date performance is above target of 30 days per month, although lower than Q2 last year (38.8 days per month).
- During Q2, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 41 days and other involvement activities on 47.5 days. The inspection volunteers continue to be involved in a range of work across the Care Inspectorate. During Q2:
  - A young inspection volunteer was involved in video clips for the Care Home Improvement Programme (CHIP).
  - 4 young inspection volunteers were involved with the Professional Development Award (PDA) co-design.
- We continue to diversify the activities and areas of work where our where volunteers are involved to ensure sustainability of the volunteer development programme. Going forward this may mean less inspection footprint for volunteers but more opportunities to be meaningfully involved in other areas of the organisation, e.g. recruitment, national consultations, and resource development to name but a few.

Actions:
- There were 4 successful candidates from the last adult recruitment campaign.
- There were 5 successful young inspection volunteers from the last recruitment campaign.

- Co-ordinators continue to attend team manager / inspector team meetings. These are helpful to update all on the volunteer scheme and also to reaffirm who is available in their area.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

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

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

3.1   Resources

There are no additional resource implications arising from this report.

3.2   Sustainability

There are no direct sustainability implications arising from this report.

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

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

3.4   Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to discuss and note the report.

Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)		Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date	**86.2%**	

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

Analysis:

- 86.2% of registered services had grades of good or better, slightly higher than at the end of Q1 (85.4%). Performance has improved over the past year and has been above 85% since October 2023 (with a one-month drop to 84.9% in April 2024). We will continue to monitor this trend closely.
- There is variation by type of service: adult daycare (94%), childminding (92%) and daycare of children (88%) are all statistically significantly above the average while care homes for older people (67%), care homes for adults (79%), care at home services (81%) as well as fostering services (74%) and adoption services (73%) are statistically significantly below average.
- Care homes for older people and for adults, although significantly below the average, have both increased again over the second quarter by 4.4 percentage points each between end of Q1 2024/25 and end of Q2.
- Compared to the end of Q2 last year care homes for older people with good or better grades have increased by 8.4 percentage points and care homes for adults by 9.7 percentage points.

Actions:

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

KOI-2: % of services with good or better grades at first inspection following registration	Ex Dir. Strategy & Improvement

Q2 year to date	70% (149 of 213 inspections)	

KPI/KOI links:	KOI-1

Analysis:

- Performance remains within the range of expected variation with 70% of services having good or better grades at the first inspection following registration this year to date.
- Performance decreased for three consecutive months between January and April, although still within normal variation for this measure. It has been increasing again since May and has been consistently above 70% in Q2 (highest at 75.7% in August 2024). We will continue to monitor this closely.

Actions:

- We are continuing a focussed investigation and analysis into common themes and reasons for newly registered services not graded at least good at first inspection.
- Following our initial explorative analysis of grading at first inspection of services undertaken last year, we will be updating this analysis with a focus on services that are being re-registered and their specific themes and valuations under key questions in the frameworks.
- We will continue to prioritise higher risk and lower quality services' inspections following registration.

KOI-3: Average time a service continues to have a grade of less than adequate			Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date	**10.8 months**		
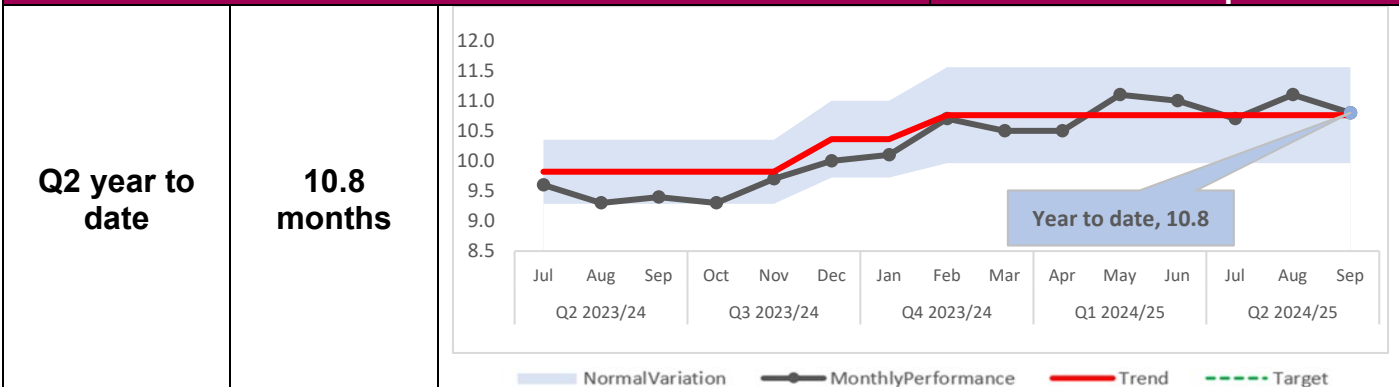
KPI/KOI links:	KPI-2, KOI-1

Analysis:

- Performance has improved slightly from an average 11 months at the end of Q1 2024/25 to 10.8 months at the end of Q2 and is within the range of expected variation. At the same time there was a drop in the number of services that continued to have a grade of less than adequate. This fell from 213 at the end of Q4 2023/24 to 170 services at the end of September 2024 – a reduction of 43 services (20%). The number of services with these poor grades is a small and reducing proportion of services: 1.5% of all non-cancelled services at the end of Q2 compared to 2.5% of services at the end of Q2 last year.
- At the end of Q2 most services (62%) had these grades for less than the average of 10.8 months. Of the 170 services:
  - 38% (65 services) were equal to or above the average of 10.8 months.
  - 62% (105 services) were below the average of 10.8 months.
  - 41% (69 services) had the grades for less than 6 months
  - 45% were early learning and childcare services, 36% were adult services and 19% were children and young people services.
  - 3 services were inactive services
- Inspections continue to be mainly focussed on services where we have concerns (see KPI-2), which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to improve especially against the backdrop of financial and staffing pressures in the sector.

Actions:

- Continue to focus on higher risk services as evidenced by KPI-2.
- Continue to use the performance dashboard to ensure that scrutiny managers have clear oversight of services with grades of less than adequate.

KOI-4: % of services with expected grades or better	Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date	**99.7% (360 of 361 inspections)**
KPI/KOI links:	KPI-2, KOI-1, KOI-3

Analysis:
- Performance remained high up to the end of Q2 with 99.7% of services getting expected grades or better. The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services.

Actions:
- Continue to monitor this measure.

Scrutiny and assurance activity

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

Registered care services

	Number completed Q2 Year to Date 2023/24	Number completed Q2 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
Inspections completed	2,380	2,067	**-13%**
Serious concern letters issued	32	18	**-44%**
Improvement notice enforcements	17	24	**41%**
Notice to cancel enforcements	5	2	**-60%**
Total complaints resolved (not inc. concerns logged as intelligence)	1,124	1,108	**-1%**
New registrations completed	230	273	**19%**
Number of variations completed (not inc. typographical changes)	850	849	**0%**

Note: Percentages based on small numbers (<20) are highlighted, and should be interpreted with caution.

Strategic Inspections

	Number during Q2 Year to Date 2023/24	Number during Q2 Year to Date 2024/25
Inspections completed (published)	15	6
Total staff survey responses received	2,856	4,870
Total people experiencing care engaged with	206	220
Total number of case files read	675	280
Number of serious incident reviews received	Please see note below*	36
Learning reviews received		7
Learning review notifications received		23
Other review reports received		2

*The figures for reviews were previously reported as one figure for all reviews. We have separated these for more meaningful reporting and comparisons in the future.

A new grouping called "other review reports received" has been included from Q1 2024-25 to capture alternative reports received for work undertaken when the learning review is not proceeding. This is a new requirement. The inclusion of this, along with a change in reporting methodology in Q3 last year and the separation of the figures, means the figures are not comparable to last year.

Strategic outcome: Improving outcomes for all

KOI-5: % of services with >90% of people telling us they are happy with the quality of care and support they receive	Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date	**91.0% of services (806 of 886 services, based on 13,317 responses in total)**
KPI/KOI links:	KOI-7

Analysis:
- Up to the end of Q2, 91.0% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.
- Up to the end of Q2 we received 13,317 questionnaires.

Actions:
- We have continued our work to develop questionnaires, including in a wider range of formats.
- Surveys for people who use services are available in paper and online formats, while surveys for relatives, staff and other professionals are available as online versions only.
- We have recently developed an accessible document using the recommended photo symbols. The roll-out of this questionnaire is still in progress.

Improvement support and external communications summary year to date

	Number Q2 Year to Date 2023/24	Number Q2 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
External improvement support events	53	45	**-15%**
Internal improvement support events	4	1	**-75%**
Number of unique services engaged	66	55	**-17%**
Number of individuals engaged	1,478	2,135	**44%**
Website page views – Total	Please see note below*	944,093 (from Q2)	**N/A**
Hub page views – Total		148,845	**N/A**

Note: Percentages based on small numbers (<20) are highlighted, and should be interpreted with caution.

Due to upgrading our web analytics reporting on 01 July 2023, the figures are not comparable to last year.

Strategic outcome: Everyone's rights are respected and realised

KOI-6: % services good or better for 'How well do we support people's wellbeing'		Ex Dir. Scrutiny and Assurance & Ex Dir. Strategy & Improvement
Q2 year to date	**92.6%**	

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

Analysis:
- The increase in performance reported over the last year was sustained in Q2 2024/25.
- Similar to KOI-1, performance has improved overall this year and has been above 92% in all three months of Q2 after it been between 91.1% and 91.6% the previous 9 months.

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

KOI-7: % of services with >90% of people telling us they make decisions about their own care	Ex Dir. Scrutiny & Assurance; Ex Dir. Strategy & Improvement
Q2 year to date	**83.4% (732 of 878 services, from 12,677 respondents in total)**
KPI/KOI links:	KOI-5

Analysis:
- 83.4% of services had 90% or more respondents telling us they make decisions about their own care.
- Performance remained within normal limits.
- Up to the end of Q2 we received 12,677 questionnaires.

Actions:
- We have continued our work to develop questionnaires, including in a wider range of formats. See KOI-5 for further detail.

Technical Notes

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

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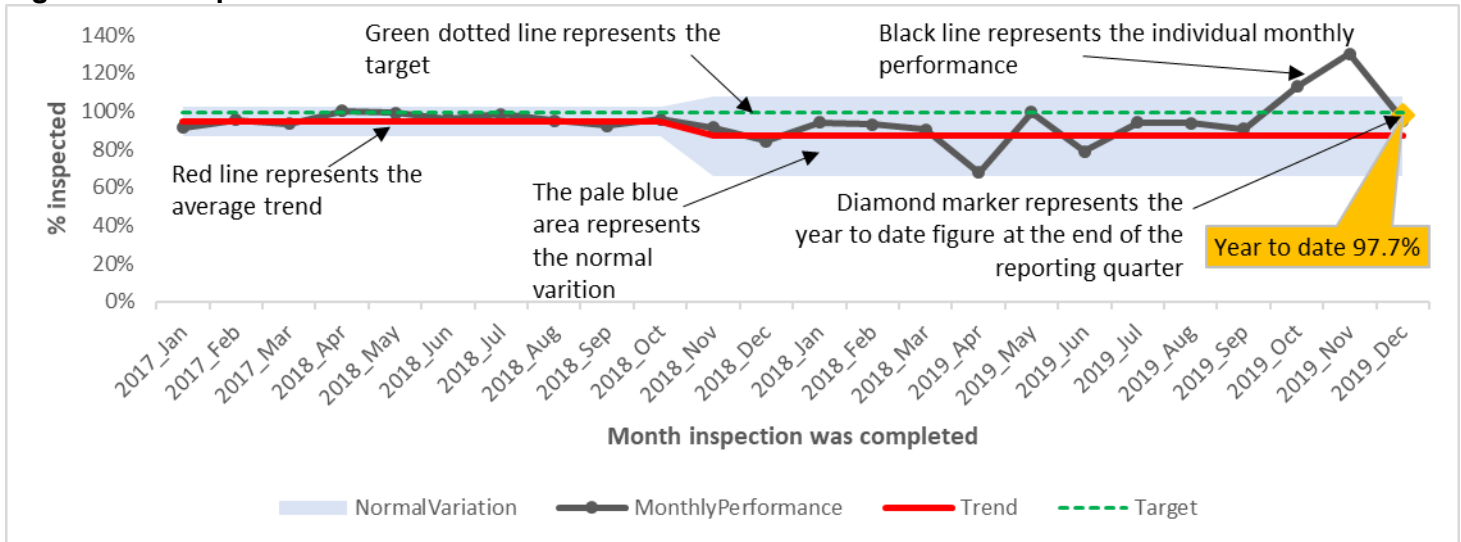
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and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

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

BOARD MEETING 14 NOVEMBER 2024

Agenda item 10
Report No: B-32-2024/25

Title:	**BUDGET MONITORING SUMMARY REPORT**	
Author:	Kenny Dick, Head of Finance and Corporate Governance	
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services	
Appendices:	1	Projected Financial Position
	2	Stage 2 Digital Transformation project summary position
	3	Movement in projected financial position previously reported to Board
Consultation:	Meetings with budget holders, considered by SMG on 23 October 2024 and Finance and Resources Committee on 31 October 2024	
Resource Implications:	No	

EXECUTIVE SUMMARY

The Finance and Resources Committee considered a detailed report on the Care Inspectorate budget monitoring at its meeting of 31 October 2024. Following its review of the budget monitoring position, the Committee wishes to highlight the following to the Board:

The projected 2024/25 financial position incorporates the anticipated impact of measures introduced in response to Scottish Government guidance to restrict 2024/25 expenditure.

The projected draw on additional in year funding is now £0.675m, which is £1.350m less than budgeted. The main reasons for this are:

- significant staff slippage particularly with respect to business support staff as we adjust to changing operational support requirements and hybrid working
- travel costs continuing to be lower than anticipated
- curtailment of activity in response to Scottish Government expenditure controls particularly with respect to venue hire, training, professional fees and travel and subsistence costs.
- Additional income (mainly a staff secondment)

The balance of risk suggests that a further reduction in the amount of in-year funding required may be possible as the year progresses.

The unaudited general reserve balance available is £0.571m greater than was anticipated when the 2024/25 budget was set. After adjusting the target reserve balance range to reflect the revised 2024/25 budgeted gross expenditure and stage

2 transformation contingency funding, there is an additional available reserve balance of £0.366m. This will initially be directed towards anticipated essential investment in our website. Our current website platform carries security risks, cannot meet customer needs and will not integrate effectively with the developments arising through stage 2 of our digital transformation project.

Appendix 1 sets out the projected financial position based on the ledger to 30 September 2024.

The financial position regarding the Stage 2 Digital Transformation project is within expectations for this stage of the project and is still on course to be delivered within the total available funding of £8.626m. Appendix 2 provides an overview.

The Board is invited to:

1.	Note the projected financial position for 2024/25.

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

Equality Impact Assessment

Yes		**Not Yet**		**No**	✓

Reason: This report is for information and there is no direct impact on people with protected characteristics.

Data Protection Impact Assessment Screening

Yes		**Not Yet**		**No**	✓

(One is planned or is already in progress, but Info Gov is aware)

Reason below:
There are no data considerations in this report.

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

Reason for Confidentiality/Private Report: Not applicable *(see Reasons for Exclusion)*
Disclosure after: Not applicable

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

	Revised 2024/25 Budget £m	Projected Expenditure £m	Variance £m
Staff costs	38.329	37.464	(0.865)
Other core costs	7.261	6.920	(0.341)
Stage 2 transformation	3.257	2.946	(0.311)
Total gross expenditure	**48.847**	**47.330**	**(1.517)**
Fee income	(11.900)	(11.900)	0.000
Other income	(1.768)	(1.837)	(0.069)
Total net expenditure	**35.179**	**33.593**	**(1.586)**
Grant in Aid	(31.922)	(31.922)	0.000
Additional in-year funding	(2.025)	(0.675)	1.350
Projected deficit / (surplus)	**1.232**	**0.996**	**(0.236)**
General Reserve:			
Opening	1.878	2.449	0.571
Less deficit	(1.232)	(0.996)	0.236
Add surplus			
Closing	**0.646**	**1.453**	**0.807**
Target range minimum	0.489	0.489	
Target range maximum	0.733	0.733	
Available reserve	**0.000**	**0.720**	
Stage 2 funding		0.354	
Remaining available reserve		0.366	
		0.720	

2024/25 Position			
	Revised 2024/25 Budget £m	Projected Expenditure £m	Variance £m
Transformation costs:			
Staff costs	0.521	0.545	0.024
Other costs	1.689	1.805	0.116
Total transformation costs	**2.210**	**2.350**	**0.140**
Stage 1 Support costs	0.577	0.596	0.019
Projected expenditure	**2.787**	**2.946**	**0.159**
Contingency allowance	0.470	0.311	(0.159)
Expenditure & contingency	**3.257**	**3.257**	**(0.000)**

PROJECT POSITION					
	Actual 2023/24 £m	Projection 2024/25 £m	Projection 2025/26 £m	Projection 2026/27 £m	Project Total £m
Funding Profile					
General reserve	(0.922)	(0.724)	(0.354)		(2.000)
SG Grant		(2.222)	(3.500)	(0.904)	(6.626)
Total funding	**(0.922)**	**(2.946)**	**(3.854)**	**(0.904)**	**(8.626)**
Budgeted expenditure (including contingency)	**0.922**	**3.257**	**3.543**	**0.904**	**8.626**
Current variance	**0.000**	**0.311**	**(0.311)**	**0.000**	**0.000**

Movement in Projected Net Expenditure from the Position Previously Reported to Board

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.471)	• An increase in staff cost slippage due to leavers and staff on secondment are the main reasons for a projected decrease in expenditure of £0.317m. • Previous projections included £0.076m to support a public protection project which is no longer expected for this financial year. • A decrease of £0.050m is projected in training and development costs following implementation of the budget reduction measures. The ongoing review of planned activity is more than likely to identify further reductions in expenditure. • The budgeted allowance for relocations and retirement costs has decreased by £0.028m.

Administrative costs	(0.032)	• Reductions in spend in the following areas are anticipated following the introduction of spending controls:
		   - A net decrease of £0.023m in professional fees
		   - A decrease of £0.005m in printing and stationery
		   - A decrease of £0.005m in conference advertising / publicity
		   - A decrease of £0.004m in other administration costs
		 • These reductions totalling £0.037m are offset by a £0.005m increase in telephone costs.

Travel costs	(0.213)	• Based on an analysis of travel expenditure to date, and the introduction of spending controls, a decrease of £0.213m is anticipated. A further decrease in spend is likely due to the spending controls in place.
Supplies and services	(0.142)	• There has been a £0.093m decrease in IT costs, with the budget allocated for the RMS platform third party support spreading across 2024/25 and 2025/26. • The projection for furniture and equipment has reduced by £0.029m. • A £0.020m decrease in venue hire and hospitality is expected following the introduction of spending controls.

Budget Area	Increase/ (Decrease) £m	Main Reasons
Income	(0.020)	• Reimbursement of fees associated with the Scottish Covid-19 Inquiry are projected at £0.010m. • Reimbursement of travel costs associated with joint inspections are also projected at £0.010m.
Income	0.878	• The drawdown of the budgeted £2.025m additional in-year funding has decreased by £0.878m to reflect the current net expenditure projections.
Stage 2	(0.311)	• This represents contingency allowance that will be retained in general reserve to be used as and when required.
Total	**(0.311)**	**(Increase) / Decrease in general reserve position (restricted for stage 2 contingency funding)**

Title:	**AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD**	
Author:	Bill Maxwell, Committee Convener	
Responsible Director:	Not Applicable	
Appendices:	**1.**	Quarterly Update to the Board on Business undertaken by the Audit and Risk Committee
	2.	Minutes of Audit and Risk Committee of 15 August 2024
	3.	Draft Minutes of Audit and Risk Committee of 3 October 2024
Consultation:	Not Applicable	
Resource Implications:	No	

EXECUTIVE SUMMARY
This report is the Convener's quarterly update to the Board, following the meeting of the Audit and Risk Committee of 15 August and 3 October 2024, summarising the business undertaken by the Committee at those meetings and any matters being referred to the Board for consideration and decision. A copy of the full draft minutes of those meetings are also provided for reference.

The Board is invited to:	
1.	Approve the Annual Report and Accounts based on the recommendation from the Audit and Risk Committee.
2.	Approve the Letter of Representation based on the recommendation from the Audit and Risk Committee.
3.	Note the contents of the Audit and Risk Committee minute of the 15 August 2024 and draft Audit and Risk Committee minute of the 3 October 2024.

Links	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No

For Noting	X	**For Discussion**		**For Assurance**		**For Decision**	X

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress)	**No** [x] **Reason**: Not Applicable

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** [x] **Reason below**: *(for example there are no data considerations or no sensitive data is being processed)* Not Applicable.

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

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

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.

QUARTERLY UPDATE TO THE BOARD ON BUSINESS UNDERTAKEN BY THE AUDIT AND RISK COMMITTEE

Meetings of the Audit and Risk Committee were held on 15 August and 3 October 2024.

Key issues discussed at the meetings included:
- Approval of the Draft Internal Audit Plan   - Internal Audit report on Hybrid and Homeworking processes   - External Audit report from Deloitte   - Recommendation of approval for the Annual Report and Accounts   - Recommendation of approval for the Letter of Representation   - Artificial Intelligence Positioning Paper   - Annual Report on Enforcement Activity   - Stage 2 Update on Digital Transformation

Issues referred for discussion/decision by the Board
The Board is invited to: - Approve the Annual Report and Accounts based on the recommendation from the Audit and Risk Committee.   - Approve the Letter of Representation based on the recommendation from the Audit and Risk Committee.

Bill Maxwell
15 October 2024

BOARD MEETING 14 NOVEMBER 2024

Agenda item 12
Report No: B-34-2024/25

Title:	**FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD**	
Author:	Audrey Cowie, Committee Convener	
Responsible Director:	Not Applicable	
Appendices:	**1.**	Quarterly Update to the Board on business undertaken by the Finance and Resources Committee
	2.	Draft Minute of Finance and Resources Committee of 31 October 2024
Consultation:	Not Applicable	
Resource Implications:	None	

EXECUTIVE SUMMARY
This report is the first quarterly update to the Board from the Convener of the newly established Finance and Resources Committee, following the meeting of the committee held on 31 October 2024.   The report summarises the business undertaken by the Committee at that meeting, highlighting any matters being referred to the Board for consideration and decision. A copy of the draft minutes of the meeting is attached at Appendix 2.

The Board is invited to:	
1.	Approve the revised Reservation of Powers and Scheme of Delegation
2.	Note the contents of the Finance and Resources Committee minutes of 31 October 2024.

Links	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No

For Noting	X	For Discussion		For Assurance		For Decision	X

BOARD MEETING 14 NOVEMBER 2024

Agenda item 12
Report No: B-34-2024/25

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress)	**No** ☒ **Reason**: Not Applicable

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** ☒ **Reason below**: *(for example there are no data considerations or no sensitive data is being processed)* Not Applicable.

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

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)*   Not applicable
Disclosure after: Not applicable

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

QUARTERLY UPDATE TO THE BOARD ON BUSINESS UNDERTAKEN BY THE FINANCE AND RESOURCES COMMITTEE

A meeting of the Finance and Resources Committee was held on 31 October 2024.

Key issues discussed at the meeting included:
- The committee's agreement to the content of the Budget Monitoring Summary report (which is included with the Board papers)   - An update on budget discussions with Sponsor and Health Finance   - The detailed overview of the workings of the Partnership Forum and commitment by both sides to collaborative working, including the newly established Sounding Board meetings   - The actions being taken to review the people management policies and detailed schedule of work, including the consultation process. The committee's further consideration whether Whistleblowing arrangements should be guidance or policy, with more work to be done on this.   - The update from the Chief Executive on the proposed final new organisation structure   - The excellent Health Check assessment scoring of the Care Inspectorate's procurement exercises (the annual report for which is included in the Board papers)

Issues referred for discussion/decision by the Board
The Board is invited to: Approve the revisions made to the Reservation of Powers and Scheme of Delegation

Audrey Cowie, Convener
4 November 2024

Title:	**COMMITTEE TERMS OF REFERENCE**
Author:	Kenny McClure, Head of Legal Services and Alison Cook, Senior Solicitor
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services.
Appendices:	**1.** Reservation of Powers and Scheme of Delegation (RoPSoD), with proposed (tracked) changes
Consultation:	Finance and Resources Committee and Audit and Risk Committee Conveners Finance and Resources Committee (31 October 2024)
Resource Implications:	None

EXECUTIVE SUMMARY
Further changes to the Board RoPSoD have been proposed by the conveners of the Audit and Risk and Finance and Resources Committees and discussed by the Finance and Resources Committee to clarify the Terms of Reference of both committees of the Board and to ensure that the respective roles of the Finance and Resources and Audit and Risk Committees are clear. This report sets out those proposed changes for approval by the Board.
The Board is invited to:
1. Agree the proposed changes to the Terms of Reference of the Finance and Resources and Audit and Risk Committees as shown in Appendix 1.

Links	Corporate Plan Outcome (Number/s)		Risk Register (Yes/No)	No

For Noting		**For Discussion**		**For Assurance**		**For Decision**	**X**

BOARD MEETING 14 NOVEMBER 2024

Agenda item 12.1
Report No: B-35-2024/25

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress)	**No** ☒ **Reason**: There are no equalities implications arising out of this report.

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** ☒ **Reason below**: *(for example there are no data considerations or no sensitive data is being processed)* No personal data is being processed.

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
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.

COMMITTEE TERMS OF REFERENCE

1.0   INTRODUCTION / BACKGROUND

The Board has in place a Reservation of Powers and Scheme of Delegation (RoPSoD). The purpose of the RoPSoD is to set out those powers reserved to the Board and those powers which are delegated to a committee, officer or member. The RoPSoD was amended by the Board at its meeting on 15 August 2024, to create and agree Terms of Reference for, a new Committee of the Board entitled the Finance and Resources Committee.

2.0   FORMATION OF THE FINANCE AND RESOURCES COMMITTEE

Further amendments to the RoPSoD are proposed, to reflect proposals arising from discussions that have taken place between the conveners of the Audit and Risk and Finance and Resources Committees since the Board agreed the formation and initial Terms of Reference of the Finance and Resources Committee in August 2024.

2.1   RoPSoD DOCUMENT

A copy of the current RoPSoD, with proposed amendments to the Committee's Terms of Reference (and those proposed to the Audit and Risk Committee's Terms of Reference) as tracked changes for ease of reference, constitutes Appendix 1 to this report. The changes have been proposed to clarify the terms of reference of the Committees. The Board is invited to agree these changes, which were agreed by the Conveners of both Committees and discussed at the meeting of the Finance and Resources Committee on 31 October 2024.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are no resource implications associated with this report.

3.2   Sustainability

There are no sustainability implications associated with this report.

3.3   Policy

There are no policy implications associated with this report.

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

The report does not directly improve the provision of care. However, clarification of the terms of reference of the committees, will mean that people can be satisfied that adequate arrangements have been put in place in respect of the exercise of delegated powers by the committees.

3.5   Customers (Internal and/or External)

Clarification of the terms of reference of the committees, will mean that both internal and external customers can be satisfied that adequate arrangements have been put in place in respect of the exercise of delegated powers by the committees.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to agree the proposed changes to the RoPSoD.

care
inspectorate

Title:	**PROCUREMENT UPDATE AND PERFORMANCE REPORT 2023/24**
Author:	Gillian Berry, Finance and Procurement Manager
Responsible Director:	Jackie MacKenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Annual Procurement Report 2023-24
Consultation:	The Procurement Development Group was consulted to make sure all sustainability benefits secured and delivered in 2023/24 are captured in the report. The Finance and Resources Committee considered the draft report at their meeting of 31 October 2024.
Resource Implications:	**No**

EXECUTIVE SUMMARY
This report provides an overview of our procurement performance for 2023/24. The Annual Procurement Report is appended to this report, which documents our progress towards achieving our strategic procurement objectives. The Finance and Resources Committee considered this report at their meeting of 31 October 2024 and is recommending approval by the Board.
The Board is invited to:
1. Approve the draft Annual Procurement Report 2023/24 (Appendix 1).

Links	Corporate Plan Outcome (Number/s)	2,3,4	Risk Register (Yes)	1

For Noting	X	**For Discussion**		**For Assurance**		**For Decision**	**X**

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Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress)	**No** ☒ **Reason**: An EIA has been completed for the overarching Procurement Strategy and this reports our performance in achieving our procurement strategic priorities.

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** ☒ **Reason below**: There are no data considerations in this report.

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

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

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.

PROCUREMENT UPDATE AND PERFORMANCE REPORT 2023/24

1.0   INTRODUCTION / BACKGROUND

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This report provides an overview of procurement developments and reports on procurement performance for 2023/24.

2.0   PROCUREMENT PERFORMANCE

The procurement strategy and annual procurement report are part of the reporting landscape for organisations that have an estimated regulated procurement spend of £7m or more. Whilst the Care Inspectorate does not meet this criterion, we develop an annual procurement report and will publish it on our website as good practice.

The annual report is attached as Appendix 1.

3.0   PROCUREMENT SHARED SERVICE FROM SCOTTISH GOVERNMENT

We partner with the Central Government Procurement Shared Service (CGPSS) to benefit from both operational and strategic support to make sure the Care Inspectorate maximises value and performance from its third-party expenditure, manages risk and remains compliant with changing legislation and policy. This partnership provides benefits in further improving our procurement capability by providing specialist advice for more complex aspects of procurement.

The shared service is provided on the basis of a Memorandum of Understanding.

4.0   PROCUREMENT CAPABILITY

Scottish Government assesses procurement capability through the Procurement and Commercial Improvement Programme (PCIP). The PCIP focuses on the policies and procedures driving procurement performance, and the results they deliver.

The PCIP includes Full, Medium and Lite Assessments and, for those bodies with an annual procurement spend of less than £7m, a Healthcheck.

Our last capability assessment was very recently completed in October 2024 and was a joint assessment with SSSC using the Healthcheck approach. The assessment set reviewed 6 procurement areas using a RAG (Red, Amber, Green) model. Our RAG status was green across all areas assessed.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

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

5.1 Resources

There are no direct resource implications associated with this procurement update report. This section provides details of the Care Inspectorate's procurement performance for the year, and any benefits realised from procurement are incorporated into the 2024/25 budget.

The procurement processes in place are compliant with legal requirements.

5.2 Sustainability

The progress towards meeting our strategic sustainability priorities is reported in the Annual Procurement Report.

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

Efficient procurement will help secure best value from contracts awarded. This in turn means that the Care Inspectorate optimises the use of its resources to maximise the benefits of the work of the Care Inspectorate to people who experience care.

5.4 Customers (Internal and/or External)

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. This report demonstrates how we carry out and monitor our activities in this area.

6.0 CONCLUSIONS/NEXT STEPS

This report summarises the developments in procurement over the last financial year. The Annual Procurement Report, Appendix 1, highlights that the Care Inspectorate continues to have very strong procurement capability.

Annual Procurement Report 2023/24

Prepared by: Gillian Berry, Finance and Procurement Manager
Kate Chirnside, Procurement Officer

Contact: 01382 207140 / 01382 207157

Approved by Board on:

Contents

1.0   INTRODUCTION

1.1   About the Care Inspectorate

The Care Inspectorate is a scrutiny body which supports improvement. That means we look at the quality of care in Scotland to ensure it meets high standards. Where we find that improvement is needed, we support services to make positive changes.

Our vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

Our staff work across Scotland, specialising in health and social care, early learning and childcare, social work, children's service, and community justice.

We:
- inspect individual care services.
- inspect how care is provided across areas.
- support improvement and driving up standards.

2.0   PROCUREMENT STRATGEY

The Care Inspectorate and Scottish Social Services Council (SSSC) published a joint Procurement Strategy in 2023. This strategy covers the period April 2023 to March 2026 and is designed to take a responsible and sustainable approach to procurement. The strategy has the following key priorities:

1. Deliver best value.
2. Deliver sustainable procurement.
3. Raise the level of procurement knowledge, skills and expertise.
4. Provide timely performance information.
5. Demonstrate a continuous improvement approach to our practice.
6. Deliver inclusive procurement.

The purpose of this report is to record and publish the Care Inspectorate's procurement performance and progress in delivering its procurement strategy.

3.0   KEY PRIORITIES

3.1   Deliver Best Value

Relevant expenditure excludes the following:

- Payroll expenditure
- Internal spend - spend or cross charging between departments
- All direct payments to His Majesty's Revenue and Customs
- Shared services
- Reimbursement of travel and subsistence

Total Spend includes expenditure where there is no requirement for supplier competition. This is mainly rent and rates.

- Procurement spend is subject to procurement legislation and procedures.

To make sure we achieve value for money in our procurement activity, we prepare sourcing strategies for all regulated procurements.

The table below shows the value and volume of procurement activity for the year to 31 March 2024 (figures for the year to 31 March 2023 are shown for comparison):

Table 1: Value and Volume Summary		
	2023/24	**2022/23**
Total Spend	£8,333,770	£7,538,013
Total Procurement Spend	£5,513,432	£5,395,125
Total Invoice Value*	£8,728,014	£7,415,847
Number of Invoices	1,681	1,891
Number of Suppliers Paid**	393	393
Average Invoice Value	£5,192	£3,922

* Total invoice value differs to total spend due to accounting adjustments for prepayments and accruals.
** No of suppliers includes 140 paid by electronic purchasing card (2022/23; 173).

The analysis of procurement spend between spend on collaborative frameworks and spend on organisation owned contracts and frameworks is shown in the graphs below.

Annual Contracted Procurement Spend %

Legend: ■ Collaborative Contracts ■ Organisational Contracts ■ Non Contracted

Financial year	Non Contracted	Organisational Contracts	Collaborative Contracts
2020/21	1%	15%	84%
2021/22	2%	12%	86%
2022/23	1%	16%	83%
2023/24	1%	14%	85%

Annual Contracted Procurement Spend £000

■ Collaborative Contracts   ■ Organisational Contracts   ■ Non Contracted

Financial year	Collaborative Contracts	Organisational Contracts	Non Contracted
2020/21	3,896	716	67
2021/22	4,725	675	87
2022/23	4,461	876	58
2023/24	4,673	780	61

(Y-axis: Procurement spend, 0 to 6,000; X-axis: Financial year)

As can be seen from the analysis above, contracted spend continues to be excellent with 99% of procurement spend compliant with our procurement thresholds (2022/23: 99%). The 1% classified as non-contracted spend represents spend with suppliers where there is no contract in place and an analysis of this is provided in 3.1.2.

3.1.1 Collaborative procurement

We use collaborative frameworks wherever possible and only tender for our own procurement where there is not a suitable framework in place. Spend on collaborative procurement continues to represent the highest value of procurement spend. During the year we have undertaken mini-competitions or continued to call off frameworks with the following contract or framework owners:

- Scottish Procurement and Property Directorate (SPPD)
- Advanced Procurement for Universities and Colleges (APUC)
- Scottish Prison Service
- Crown Commercial Services (CCS)
- Health Trust Europe (HTE)
- Eastern Shires Purchasing Organisation (ESPO)
- Yorkshire Purchasing Organisation (YPO)
- National Services Scotland (NSS)
- Audit Scotland
- Fusion21
- HMRC

Where possible, we collaborate with the SSSC in the award of contracts.

3.1.2 Non-contracted spend

Non-contracted procurement spend comprises expenditure with suppliers who we do not have a contractual relationship with. This totals £61,000 (1%) of total procurement spend. An analysis of this is:

Description	Value (£000)	Percentage
Total non-contracted spend	**61**	**100%**
Future requirement to be sourced through compliant procurement route	(23)	(38%)
Spend now regularised	(36)	(59%)
Legacy contract completed June 23	(2)	(3%)
Total unidentified spend	**0**	**0%**

All regulated procurement (contracts with a value of more than £50k) was compliant with our procurement guidance.

All non-compliant spend is addressed directly with the relevant officers.

3.1.3 Contract benefits realised

We have calculated reported procurement savings following the 'Procurement Benefits Reporting Guidance' which was developed for the Scottish Public Sector.

We have realised savings totalling £0.302m (2022/23: £0.343m) from procurement during the year. This comprises £0.178m cash savings (2022/23: £0.291m) and £0.124m non-cash savings (2022/23: £0.052m). The highest savings were realised though collaborative arrangements for the following provisions:

- Mobile voice & data services
- Software value added services
- Travel services

Sustainability benefits realised during the year are detailed in 3.2.

3.1.4 Summary of procurement activity

We are committed to making public procurement open and accessible to businesses, especially small and medium sized enterprises (SMEs), the third sector, supported businesses and not for profit organisations. Our tender opportunities greater than

£10,000 are advertised electronically. Our contract register is publicly available on Public Contracts Scotland.

We published 26 invitation to tender notices during the year. This excludes direct awards made within collaborative frameworks.

Invitation Notices

■ <£50k   ■ £50k-GPA   ■ >GPA

Financial year	<£50k	£50k-GPA	>GPA
2020/21	18	9	0
2021/22	24	21	1
2022/23	28	7	1
2023/24	20	3	3
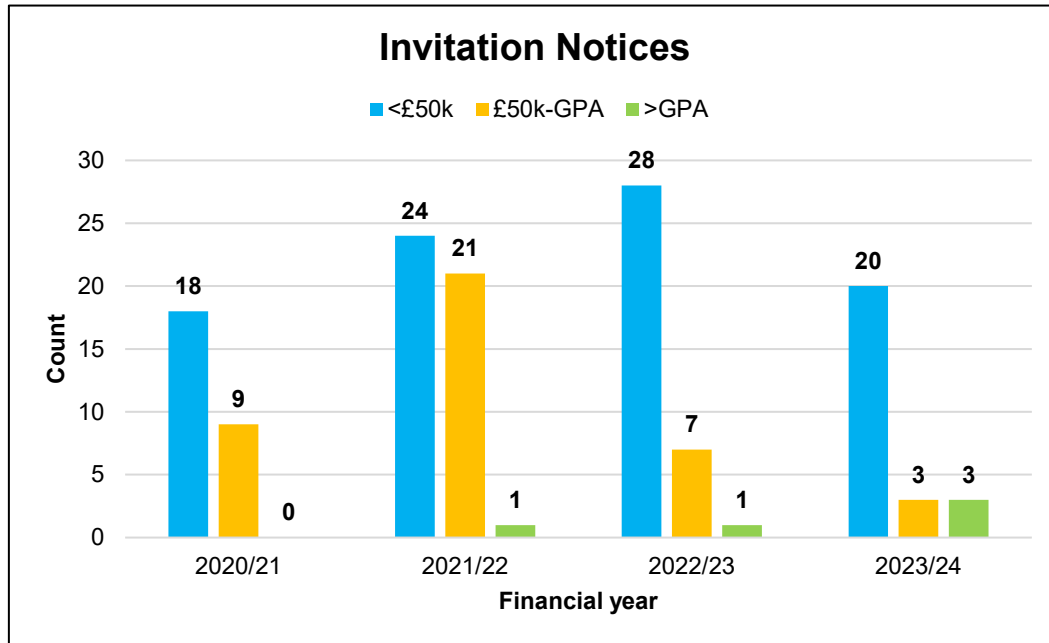
We awarded 47 contracts during the year. The awards greater than the Government Procurement Agreement (GPA) threshold were either direct awards through single supplier frameworks or contracts awarded using a Dynamic Purchasing System (DPS).

Award Notices

■ <£50k   ■ £50k-GPA   ■ >GPA

Financial year	<£50k	£50k-GPA	>GPA
2020/21	23	12	3
2021/22	25	28	5
2022/23	17	22	0
2023/24	24	15	8
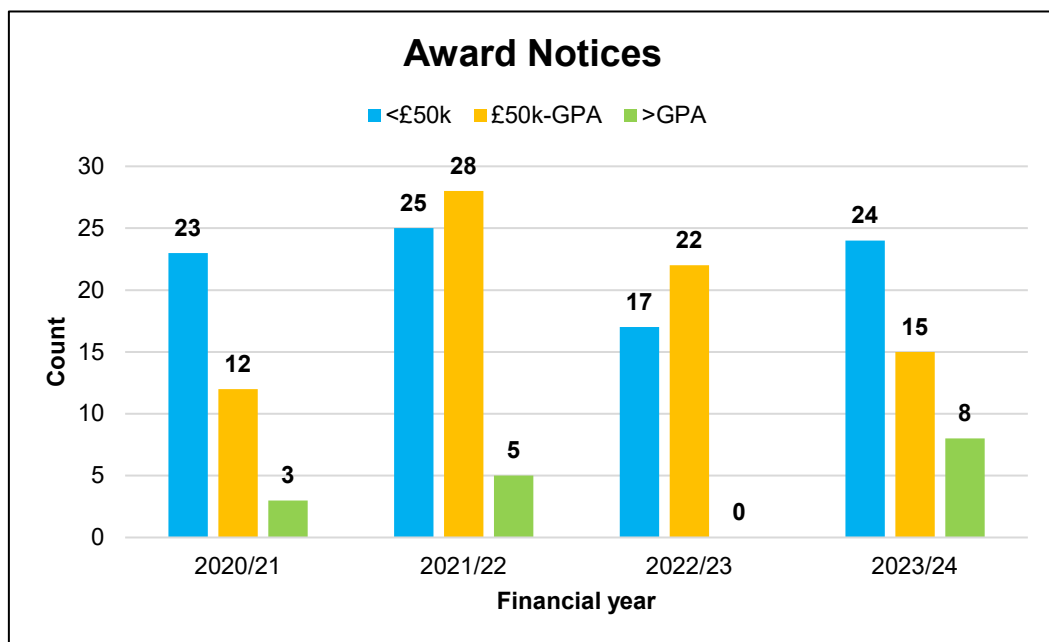
3.1.5   Forward procurement plan

We publish a two-year plan of our procurement activity to promote wider participation in our procurement process. This plan gives notice to suppliers of future opportunities and provides the following information:

- the subject matter
- whether it is a new, extended or re-let procurement
- anticipated route to market
- the expected contract notice publication date
- expected contract award date
- expected contract start date

3.1.6   Electronic purchasing card

We encourage purchasing and payment by electronic purchasing card (ePC) when paying for low value, high volume goods and services. There were 529 transactions (2022/23: 568) totalling £72,646 (2022/23; £81,145) using this method in 2023/24 with an average transaction value of £137.33 (2022/23; £142.86).

3.1.7   Invoice analysis

We processed a total of 1,681 invoices (2022/23: 1,891), totalling £8.334m (2022/23: £7.416m) during the year.

The decrease of 11% in volume is mainly due to a reduction in recruitment / employment agency invoices due to less temporary/interim staff being engaged in 2023/24.

We continue to explore opportunities for consolidating invoicing and purchasing low value goods and services using ePCs, where savings are realised from the reduction in volume of invoices processed. The cumulative saving from this is £22k (2022/23; £25k) and is reported in the non cash savings in 3.1.3.

3.2   Deliver sustainable procurement

The Care Inspectorate has a duty to comply with the sustainable procurement duty as detailed in the Procurement Reform (Scotland) Act 2014. The procurement strategy details our sustainability priorities and our progress towards achieving those are outlined in 3.2.1 to 3.2.6.

3.2.1   Prompt payment to suppliers

We are committed to paying our suppliers promptly and payment performance continues to be maintained at a high level. 98.19% of suppliers were paid within 30 days of the invoice received date, and 93.46% paid within the Scottish Government's target of 10 working days. The following shows payment performance for the financial years 2020/21 to 2023/24.

Payment Performance
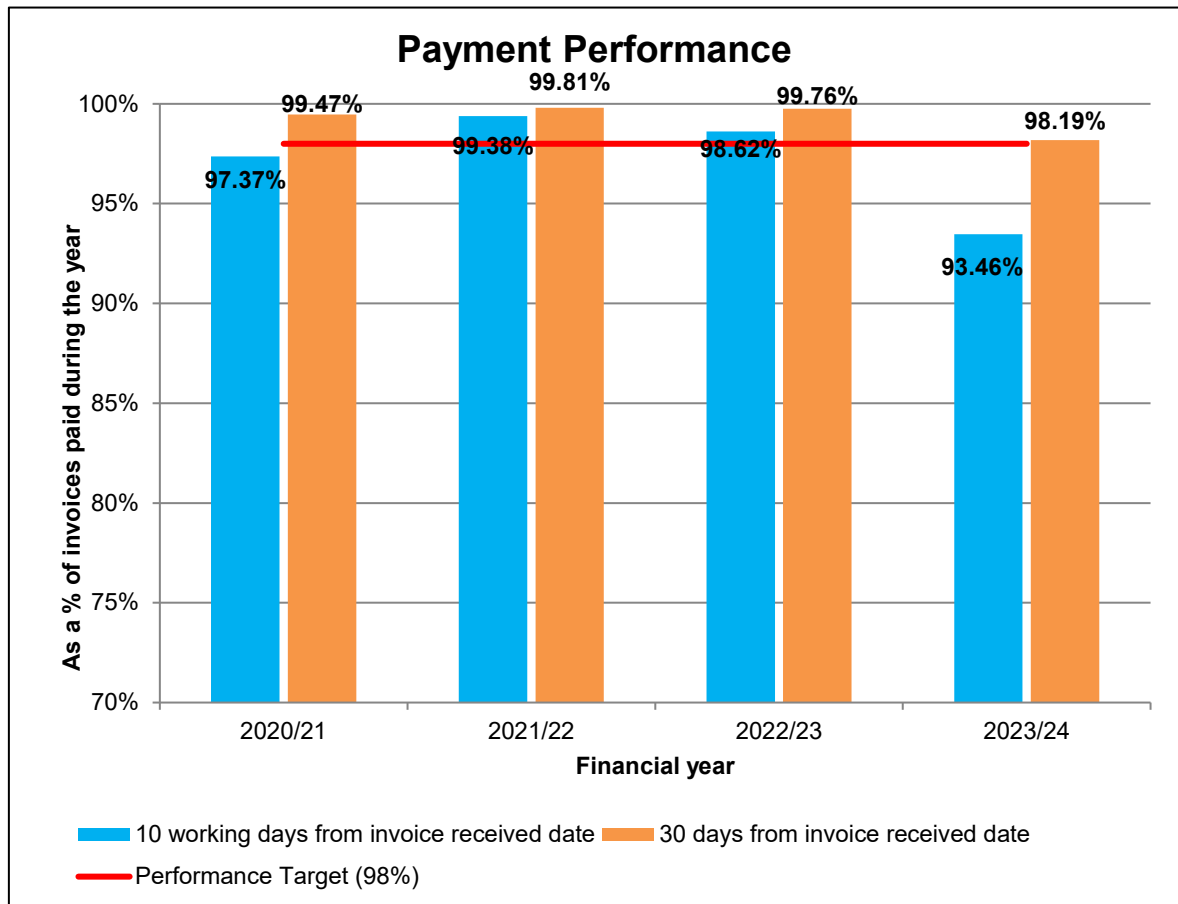
The reduction in the percentage of suppliers paid within 10 days is due to an adjustment to the payment performance model.

3.2.2 Paying the living wage through regulated procurement

We promote fair work practices in all of our tender documentation and are committed to promoting the payment of the Real Living Wage. The Care Inspectorate is an accredited living wage employer.

We awarded 38 contracts or call-offs during the year where sustainability benefits were secured. Of those, 25 suppliers documented that they pay either the Real Living Wage or the Living Wage for the provision of the following categories of goods and services:

Category description	Award Value £000
Software licencing	800
Digital services	774
Property services	607
IT services	238
Professional services	191
Equipment	182
Temporary/interim staff	173
Legal services	112
Training services	87
Office supplies	23
Mobile & data services	23

3.2.3 Community benefits

We promote the use of community benefits within procurement exercises where they are relevant and proportionate to the contract. We have not had any contracts exceeding the reporting threshold of £4m in value, however, we continue to call-off of Scottish Procurement and Property Directorate collaborative frameworks which support the provision of apprenticeships, work placements, community volunteering, science technology engineering and mathematics (STEM) learning and partnering arrangements.

Our contracts awarded during the year provide the following benefits:

- sub-contracting arrangements with Scottish companies. SMEs and micro businesses.
- provision of locally based providers/staff

We also continue to promote / realise the following community benefits from the award of contracts. Contracts we have awarded include commitments by our contractors to:

- provide approved work placements for secondary school pupils and support for events to promote and encourage entrepreneurship.
- provide opportunities for modern apprentices to be involved in the delivery of contracts.
- to work with us in supporting charitable causes.
- to participate in the Dundee Accelerator Programme and provide financial and specialist business improvement advice to assist fledgling companies to become market and investor ready.
- recruit school leavers providing opportunities to access Association of Accounting Technicians (AAT) and Institute of Chartered Accountants of Scotland (ICAS) professional training and membership.

The SPPDs Banking Services framework offers an apprenticeship programme, funded educational programmes and work experience opportunities.

The SPPDs General Office Supplies framework offers volunteering in the community, partnering with Young Enterprises Scotland as well as modern apprenticeships.

3.2.4 SME's local businesses, supported businesses and the third sector

We continue to address sustainability in procurement. We publish a directory of supported businesses on the Care Inspectorate intranet. This directory provides supported businesses contact details including website links and a summary of goods and services provided by each supported business.

We capture spend with SME's, social enterprises and third sector suppliers. Our spend with SMEs in 2023/24 is £1.2m, representing 15% of our total spend (2022/23: 14%) and 12% of our procurement spend (2022/23: 15%). An analysis of our annual spend with SMEs is shown below:
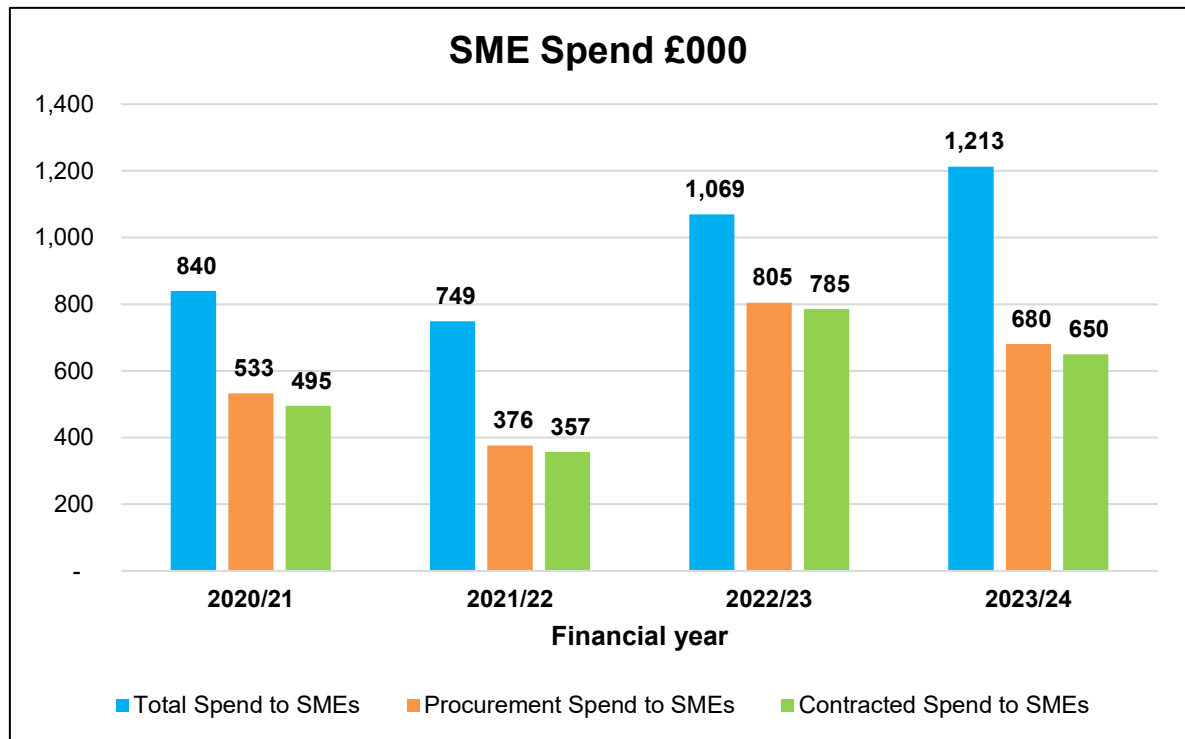
Further analysis of this spend between Scottish and other UK SMEs is represented in the table below:

Scotland/UK Split

■ Scotland ■ Rest of UK
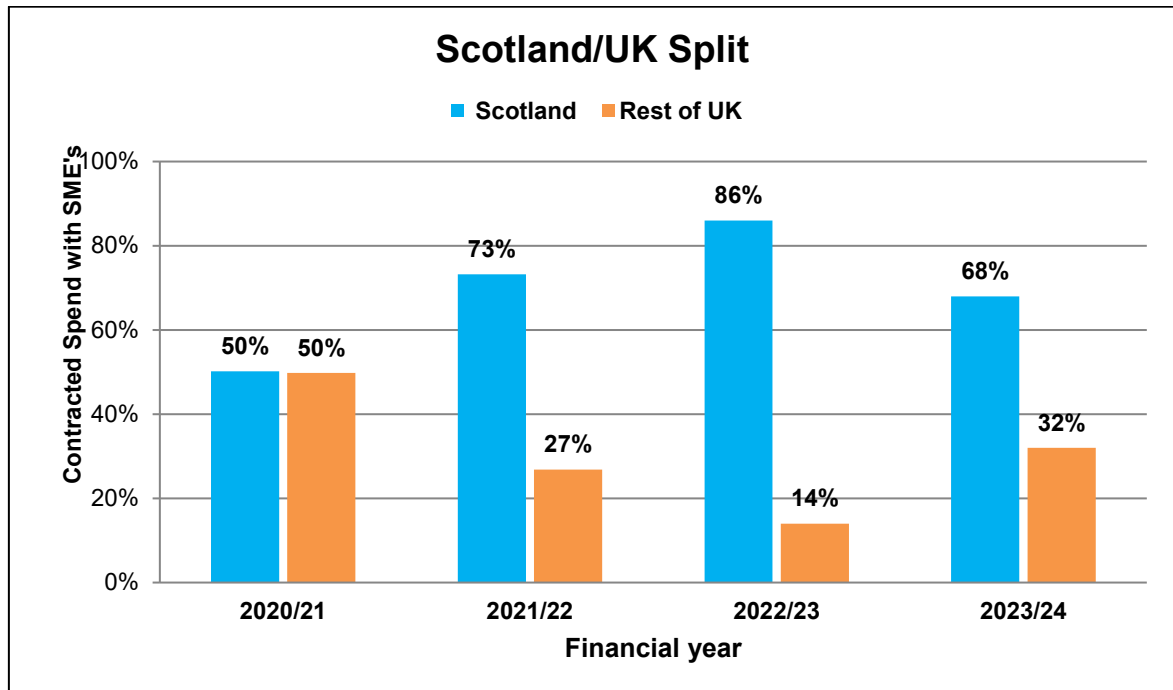
3.2.5 Fair and ethical trading

We assess a bidder's suitability to be awarded the contract for all regulated procurement. This process includes considering whether the bidder has been convicted of offences or committed any acts of professional misconduct which would exclude them from our procurement process. There were no tenders where mandatory or discretionary grounds for exclusion were applied.

Our standard terms and conditions allow us to end a contract if the contractor or subcontractor fails to keep to their legal duties in the areas of environmental, social or employment law when carrying out that contract.

3.2.6 Other sustainability benefits

We maintain a sustainability tracking tool where we capture sustainability benefits in our procurement activity. For 2023/24 the Care Inspectorate awarded ten contracts and 37 call-off agreements where the following social, environmental and economic benefits were realised:

Environmental Benefits
- Vehicle emission reduction
- Carbon and energy consumption reduction
- Waste & efficient resource consumption
- Hazardous material and emissions

Socio-economic benefits
- Fair work first principles
- Equality & human rights
- Employment skills and training

- Awards and subcontracting to SMEs & micro businesses
- Equalities within the workforce.

These benefits relate to regulated and lower value contracts and include the following:

1. Our portable appliance testing provider utilises a low emission fleet.

2. Many of our contracts include the delivery of services remotely, reducing the carbon emissions and providing a cost benefit from the reduction in travel time and cost. Where services are delivered face to face, we encourage this to be locally based where possible.

3. Our security alarm, CCTV and access control maintenance and monitoring provider is also a registered waste carrier, sorting and recycling any equipment uplifted from our site.

4. Our office supplies contractor partners with a social enterprise to provide closed loop recycling and prevent the use of single use plastic in their supply chain.

5. We decommissioned IT server equipment with an expected reduction in carbon emissions annually of 2.1tCO2 and financial savings to reinvest in other sustainability programmes of work.

6. Our mobile voice and data services contract provides free of charge device disposal, recycling and a reuse and wiping service.

Other sustainability benefits we continue to receive include:
- delivery of carbon neutral services
- sub-contracting arrangements with Scottish companies and SMEs
- supply of paper from sustainable chains and active promotion of carbon capture
- energy consumption from certified renewable sources
- modern apprenticeship schemes
- work placements
- creating employment opportunities for long-term unemployed people
- removal and recycling of packaging.

Our use of paper continues to be significantly lower than our pre pandemic levels, with 2023/24 usage being only 15% of what we used in 2020/21.

3.3 Raise the level of procurement knowledge, skills and expertise

The Care Inspectorate continues to invest in ensuring our staff are equipped with the right tools and experience in order to discharge their procurement duties effectively and efficiently. The Procurement Team maintain a central procurement training register. Activities during the year included:

- The Procurement Team deliver training at Care Inspectorate team level. This allows them to provide training around individual team requirements, making sure it is meaningful and relevant. During the year, they delivered six formal training events.
- Our procurement team attended several external courses during the year to keep their skills and learning up to date, and to share this learning with the wider workforce who have a procurement role.
- We appoint contract managers for all relevant contracts, and we hold regular contract management meetings for all key contracts**.** We effectively manage supplier performance on key contracts to deliver value for money.
- Contract management training has been delivered to all staff with responsibility for managing contracts. This is further supported by mandatory completion of contract and supplier management e-learning modules and a contract management handbook.
- Staff with delegated procurement responsibility are asked to complete climate literacy e-learning modules
- The procurement team collate contract management information bi-annually and maintain a central record of this which is linked to the contract register.

The Procurement Team has also had an integral role in the creation of lessons learned reviews during the year. These are shared with the wider internal procurement community to make sure these valuable lessons are incorporated into future procurement activity.

3.4   Provide timely performance information

The Procurement Development Group (PDG) provides an opportunity for key procurers within the Care Inspectorate and SSSC to discuss best practice, new developments and procurement plans with a specific aim of developing and improving procurement capability and the effectiveness of our internal processes. The PDG informs the development of our internal procedures and reporting requirements, both internally and to Scottish Government.

A set of agreed performance measures are reported to this group bi-annually where progress against targets is reviewed and solutions are sought for further improvement.

This report on annual performance is presented to the Procurement Development Group, our Senior Management Group and the Board. We will incorporate feedback from this into the 2024/25 procurement action plan where required.

Outwith the above, any areas of concern are reported to the relevant management team as they occur.

3.5   Demonstrate a continuous improvement approach to our practice

The public procurement landscape and the economic environment is constantly evolving. This year, through a benchmarking exercise with other public sector bodies,

we reviewed our current thresholds for procurements with a value less than the regulated procurement threshold of £50k.

Whilst our thresholds remained within the parameters of the benchmarked organisations, we recognised that the cost of goods and services have increased in line with general inflationary increases.   This, alongside our excellent procurement performance, suggested there was scope for increasing the threshold where only one quote is needed. We increased this from £1k to £5k during the year.

Our delivery of best value is supported by our relationships with Central Government Procurement Shared Service (CGPSS) and our Cluster Group. These relationships encourage partnership working through the sharing of knowledge and best practice.

We reviewed our internal processes and guidance which were updated to reflect any changes identified through lessons learned, our partnership working and Scottish Procurement Policy Notes.

3.6   Deliver inclusive procurement

We are committed to providing procurement services that are equitable, fair, inclusive and accessible to everyone. We added an equalities section to our tender documents to make sure the goods and services we procure comply fully with the Equality Act 2010, with bidders asked to supply evidence of their commitment to equality where appropriate and relevant to do so.

We make public procurement open and accessible to businesses, especially small and medium sized enterprises (SMEs), the third sector, supported businesses and not for profit organisations. We advertise tender opportunities greater than £10,000. Our published 2-year forward procurement plan provides advance notice of contract opportunities, both above and below the regulated procurement threshold.

We review the procurement business processes on a cyclical basis to make sure they reflect current legislation and meet the needs of the users. We have amended and continue to amend and develop several of our processes to support the changing procurement landscape.

The success of the service delivery is informed by the Scottish Government's procurement capability assessment, reporting on agreed performance measures, regular feedback from users of the procurement service and regular customer surveys. This feedback and follow-up actions contribute to making sure that we deliver the right level and quality of service.

4.0   TOP 10 CONTRACTED SUPPLIERS

Together, the top 10 suppliers account for 62% (2022/23: 57%) of our total procurement spend, and 63% (2022/23: 58%) of our contracted spend.

Top 10 Spend With Contracted Suppliers (£000)

- Softcat Limited
- XMA Limited
- Space Solutions Scotland Limited
- Capita Business services Limited
- CGI IT UK Limited
- Corporate Travel Management (North)
- Profile Security Services Limited
- MITIE Cleaning & Environmental Services Limited (MCES)
- EDF Energy
- Pulsant (Scotland) UK
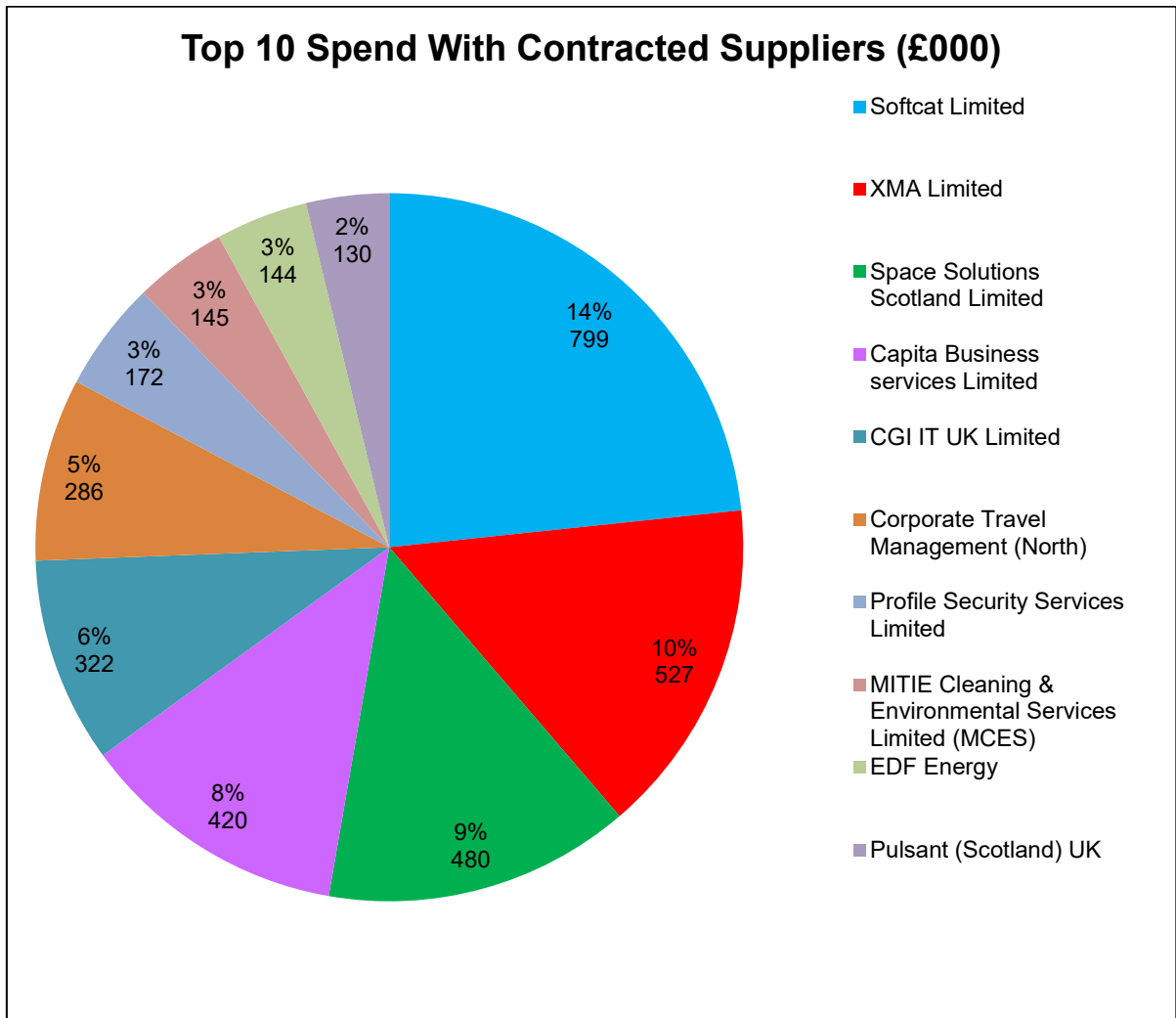
The top 10 contracted suppliers provide goods and services across the following categories of expenditure:

Spend category	Spend value '£000
Information systems	1,650
Property costs	940
Transport costs	286
Telephones	191
Professional fees	171
Staff costs	152
Training & Development	22
Adv, publicity, subs & pubs	13
Total	**3,425**

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5.0   SUPPLIER ACTIVITY

The Procurement Team reviews active suppliers quarterly, with the aim being to ensure only suppliers we do regular business with are set up in the creditors' ledger. Suppliers who have not been used for a period of 13 months are made 'inactive' and any request to use them requires completion of a procurement template to ensure procurement procedures are being complied with. Only when this has been undertaken can new suppliers be created, or inactive suppliers updated to 'active' status. This ensures current contract arrangements have been analysed to ensure we are buying from a contract wherever possible. This is also good practice to mitigate the risk of purchasing or supplier fraud.

The number of active suppliers as of 31 March 2024 was 202 (2022/23: 204). Comprising the following:

- 171 supplier sites for the supply of goods or services (2022/23: 187)
- 31 supplier sites for reimbursing inspection volunteers and associate assessors for travel and subsistence expenses (2022/23: 17).

6.0   CONCLUSION

The Care Inspectorate continues to make good progress towards the achievement of the published procurement priorities and the procurement action plan which supports the procurement strategy has been updated to reflect current priorities. The implementation of this plan will support continued development in procurement.

Glossary

Term	Description
Call-off	Either mini competition or direct call-off from a collaborative framework using framework conditions.
CGPSS	Scottish Government Central Government Procurement Shared Service.
Collaborative Frameworks	A collaborative framework is a framework which has been awarded to meet the needs of a number of public sector organisations.
Community Benefits	Contractual requirements which deliver a wider social benefit in addition to the core purpose of the contract. In particular requirements in relation to targeted training and employment outcomes.
Contract spend	Spend which is compliant with Care Inspectorate procurement governance.
Dynamic Purchasing System (DPS)	An electronic process of pre-qualified suppliers for commonly used purchases which are generally available on the market, from which the Scottish public sector could invite tenders. As a procurement tool, it has some aspects that are similar to a framework agreement, however, it is a fully electronic process and new suppliers can apply to join at any time.
GPA	Government Procurement Agreement. Applies to procurement of minimum estimated value equal to or exceeding certain specified financial value thresholds.
Living Wage	National minimum wage for workers aged over 25.
Non contracted	Spend not linked to a formal contract which is recorded on the contract register.
Own contracts	Contracts advertised and awarded by the Care Inspectorate.
Procurement Cluster Group	Group of Scottish Public Sector bodies of differing sizes who meet to discuss best practice, new developments and procurement plans. This facilitates the development of procurement capability within the Scottish Public sector.
Procurement spend	Spend which is influenced by Procurement governance arrangements.
Public Contracts Scotland (PCS)	Public procurement advertising portal where contract notices and awards are published.
Regulated procurement	Procurement seeking offers in relation to a contract with a value of £50,000 or over.
Real Living Wage	Living wage calculated to be sufficient to provide the necessities and comforts essential to an acceptable standard of living. Applies to all workers over the age of 18.
SME	The usual definition of small and medium sized enterprises (SMEs) is any business with fewer than 250 employees.

Term	Description
Supported Business	A supported business' primary aim is the social and professional integration of disabled or disadvantaged persons. At least 30 per cent of the employees of those businesses should be disabled or disadvantaged.
Third Sector	Term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

BOARD MEETING 14 NOVEMBER 2024

Agenda item 15
Report No: B-37-2024/25

Title:	**BOARD AND COMMITTEE CYCLE 2025/26: PROPOSED DATES**
Author:	Fiona McKeand, Executive and Committee Support Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Draft Schedule of Board, Committee and Board Development Event meetings 2025/26
Consultation:	Head of Finance and Corporate Governance Head of HR Colleagues in Scottish Social Services Council and Healthcare Improvement Scotland
Resource Implications:	None

EXECUTIVE SUMMARY
The Board and Committee schedule of meeting dates is planned around the Care Inspectorate's reporting framework and corresponding scheduling of senior leadership and strategic internal meetings. The reporting framework ensures that the Board is provided with regular, up to date information on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan.

The Board is invited to:
1. To approve the draft Board, Committee and Board Development dates for 2025/26.

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

Equality Impact Assessment		
Yes	**Not Yet**	**No** X Reason: No change to any policy, therefore not required.

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Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ *(One is planned or is already in progress, but Info Gov is aware)*	**No** ☒ **Reason below**: No data considerations and no sensitive data is being processed.

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

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

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

BOARD MEETING 14 NOVEMBER 2024

Agenda item 15
Report No: B-37-2024/25

BOARD AND COMMITTEE CYCLE 2025/26: PROPOSED SCHEDULING

1.0   BACKGROUND

The Board and Committee annual cycle of meetings is set within a reporting framework which was agreed by the Board in September 2022. The framework enables the Board to be provided with up to date information, as soon after each quarter end reporting period as possible, on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan.

The proposed meeting dates are normally presented to the Board each year for approval at the second meeting of its annual cycle. With the establishment of a new Finance and Resource Committee, which required Board approval at its August 2024 meeting, it has been necessary to submit the draft schedule to the Board's November meeting.

2.0   BOARD, COMMITTEE AND BOARD DEVELOPMENT EVENT SCHEDULING FOR 2025/26

The draft schedule has been compiled in a way so that the new Finance and Resources Committee (FRC) meets immediately after the quarter end reports are available as, amongst its reporting requirements under its Terms of Reference, the FRC will receive HR and Budget Monitoring Reports prior to Board.

It is proposed, therefore, that the dates for the FRC should use those dates that have been, up until now, set for Board meetings. These occur approximately six weeks after each quarter end, to allow for the collation of quarter end data from various Care Inspectorate systems and thereafter preparation of information and reports to be submitted firstly to the Strategic Management Group, as part of the Care Inspectorate's internal monitoring and approval process. Before the new reporting framework was introduced two years ago, the Board met 12 weeks after each quarter end.

Proposed dates for the series of Board Development Events have also been included and these have been based on the Board's preference for a hybrid programme, namely:

- two half-day BDEs to be held as afternoon sessions on a public Board meeting date; and
- two full day BDEs to be held on dates between meetings of the public Board.

3.0   SYNCHRONISATION WITH SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) AND HEALTHCARE IMPROVEMENT (HIS) SCOTLAND

Due to our respective Chairs and Council Convener holding *ex-oficio* seats, there is a need to ensure that their Board and Council meeting dates do not coincide with those of the Care Inspectorate.

We have consulted with colleagues at the Scottish Social Services Council (SSSC) and Healthcare Improvement Scotland (HIS) and have received details of their Council and Board meeting dates for 2025/26. These are:

SSSC: 22 May, 21 August, 27 November, 26 Feb (23 March – Budget)
HIS: 30 June 2025, 24 September, 2 December, 25 March

These dates do not overlap with any of the proposed Care Inspectorate Board meetings.

4.0   IMPLICATIONS AND/OR DIRECT BENEFITS

4.1   Resources

There are no resources implications for these proposals.

4.2   Sustainability

There are no direct sustainability implications arising from this report.

4.3   Policy

There are no direct policy implications for these proposals.

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

The meetings cycle has been set around the Care Inspectorate's operational and strategic reporting framework, providing the Board with regular, up to date information on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan. The detailed scrutiny of this information by the Board will demonstrate to people who experience care that the organisation is committed to fulfilling its mission to provide public assurance about the quality of social care, social work and early learning services.

4.5   Customers (Internal and/or External)

There are no direct implications on internal or external customers.

5.0   CONCLUSIONS/NEXT STEPS

The Board is invited to approve the new meetings schedule for 2025/26. If approved, the dates will be confirmed in calendars, the Board meeting dates will be added to the website for public information and confirmation will be provided to SSSC, HIS and sponsor department at Scottish Government.

BOARD, COMMITTEE AND BOARD DEVELOPMENT EVENTS SCHEDULE 2025/26

MEETING	DATE	PAPERS ISSUED	PRE-MEETING	COMMENTS	Aligned to SMG Meeting *(admin only)*
For Reporting of 2024/25 Quarter 4 information					
Board Development Event	24 April 2025	17 April 2025	n/a	Full Day: 10.30am-3.30 pm	-
Finance and Resources Committee (ESO)	Tues 13 May 2025 (10.30 am-1.00 pm)	Tues 6 May	Mon 12 May	By TEAMS Reporting to June Board	*30 April 2025*
Audit and Risk Committee (ESO)	Thurs 22 May 2025 (10.30 am - 1.00 pm)	Thurs 15 May	Wed 21 May	By TEAMS Reporting to June Board	-
Public Board (EC&CSM)	Thurs 5 June 2025 (10.30 am – 1.00 pm)	Thurs 29 May	Wed 4 June	Face-to-face	-
Board Development Event	Thurs 5 June 2025 (pm)	Thurs 29 May	n/a	Half-Day, face-to-face, same day as Board	-
For Reporting of 2025/26 Quarter 1 information					
Finance and Resources Committee (ESO)	Tuesday 12 August (10.30 am - 1.00 pm)	Tues 5 August	Mon 11 August	By TEAMS Reporting to Sept Board	*Wed 30 July 2025*
Audit and Risk Committee* (ESO)	Thursday 21 August (10.30 am – 1.00 pm)	Thurs 14 August	Wed 20 August	*Annual Report and Accounts only By TEAMS	-
Audit and Risk Committee (ESO)	Thurs 11 Sept (10.30 am – 1.00 pm)	Thurs 4 Sept	Wed 10 Sept	By TEAMS Quarterly meeting (and to review AR&A) and Reporting to September Board	-
Public Board	Thurs 25 Sept (10.30 am to 1.00 pm)	Thurs 18 Sept	Wed 24 Sept	Later date to allow two meetings of ARC in Aug and Sept Face-to-face	-

MEETING	DATE	PAPERS ISSUED	PRE-MEETING	COMMENTS	Aligned to SMG Meeting *(admin only)*
Board Development Event	Thurs 25 Sept (pm)	Thurs 18 Sept	n/a	Half-day following Board meeting Face-to-face	-
For Reporting of 2025/26 Quarter 2 information					
BOARD STRATEGIC EVENT	To be agreed: propose mid to end October 2025			Full day strategic event. Face-to-face	-
Finance and Resources Committee	Tuesday 11 November 2025 (10.30 am – 1.00 pm)	Tues 4 Nov	Mon 10 November	By TEAMS Reporting to December Board	*Wed 29 Oct 2025*
Audit and Risk Committee	Thurs 20 November (10.30am 1.00 pm)	Thurs 13 Nov	Wed 19 November	By TEAMS Reporting to December Board	-
Public Board	Thurs 11 December 2025 (10.30 am - 1.00 pm)	Thurs 4 Dec	Wed 3 December	Face-to-face	-
For Reporting of 2025/26 Quarter 3 information					
Finance and Resources Committee	Tues 10 February 2026 (10.30 am – 1.00 pm)	Tues 3 Feb 2026	Mon 9 Feb 2026	By TEAMS Reporting to March Board (+ Self-Evaluation)	*Wed 28 Jan 2026*
Audit and Risk Committee	Thurs 19 Feb 2026 (10.30 am to 1.00 pm)	Thurs 12 Feb 2026	Wed 18 Feb 2026	By TEAMS Reporting to March Board (+ Self-Evaluation	-
Board	Thurs 5 March 2026 (10.30 am – 1.30 pm)	Thurs 26 Feb	Wed 4 March 2026	Face-to-face To include approval of draft Budget	-
Board Development Event	Thurs 26 March 2026	Thurs 19 March	n/a	Half-day:	-

Draft 0_4 – **November 2024**

BOARD MEETING 14 NOVEMBER 2024

Agenda item 16
Report No: B-38-2024/25

Title:	**STRATEGIC RISK REGISTER MONITORING REPORT**	
Author:	Kenny Dick, Head of Finance & Corporate Governance	
Responsible Officer:	Kenny Dick, Head of Finance & Corporate Governance	
Responsible Director:	Jackie Mackenzie, Executive Director Corporate and Customer Services	
Appendices:	**1.**	**Summary Strategic Risk Register**
	2.	**Strategic Risk Register Monitoring Statement**
Consultation:	**N/a**	
Resource Implications:	**No**	

EXECUTIVE SUMMARY
The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 3 October 2024.

The Board is invited to:
1.   Consider the current risk monitoring position (Appendix 2).

Links	Corporate Plan Outcome (Number/s)		Risk Register (Yes)	
For Noting		**For Discussion**	x	**For Assurance**		**For Decision**	x

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ One is planned or is already in progress	**No** ☒ Reason: Monitoring report.

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐	**No** ☒ **Reason**: No sensitive data is being processed

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

Reason for Confidentiality/Private Report: N/A – this is a public Board report.   *(see Reasons for Exclusion)*
Disclosure after: 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.

BOARD MEETING 14 NOVEMBER 2024

Agenda item 16
Report No: B-38-2024/25

STRATEGIC RISK REGISTER MONITORING REPORT

1.0   INTRODUCTION / BACKGROUND

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

2.0   2024/25 STRATEGIC RISK REGISTER

2.1   Strategic Risk 1 - Financial Sustainability
Risk Owner – Executive Director CCS

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

We continue to work with the Sponsor on addressing the funding shortfall we have identified through our financial strategy and resource models.

This risk exceeds its target level and has now done so for 32 months.

2.2   Strategic Risk 2 - Workforce Capacity
Risk Owner – Executive Director CCS

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

This risk has been above its target and tolerance level for 10 months.

2.3   Strategic Risk 3 – IT Data Access & Cyber Security
Risk Owner – Executive Director IT, T&D

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

This risk has been above its target and tolerance level for 37 months.

2.4   Strategic Risk 4 – Legacy Business Applications
Risk Owner – Exec Director IT, T & D

There is no change to the residual risk score which remains at 15 (high).

This risk has been above its target and tolerance level for 22 months.

2.5   Strategic Risk 5 – Capacity Diverted to Inquiries and Operation Koper
Risk Owner – Exec Director S&A

There is no change to the residual risk score which remains at 15 (high).

This risk has been above its target and tolerance level for 8 months.

3.0   RESIDUAL RISK TOLERANCE RATING

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

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

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

4.0   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   Policy

There are no policy implications associated with this report.

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

Our risk management process is intended to support the delivery of our strategic objectives which have the aim of delivering improvements in the provision of care.

4.5   Customers (Internal and/or External)

There are no direct customer implications or benefits.

5.0   CONCLUSIONS/NEXT STEPS

5.1   The Board is requested to review the Strategic Risk Register.

SUMMARY STRATEGIC RISK REGISTER: 2024/25 (as at 14 November 2024)

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Financial Sustainability	SO 1,2,3,4	EDCCS	16	High	16	Medium	High
2	Workforce Capacity	SO 4	EDSI & EDCCS	16	High	12	Medium	High
3	ICT Data Access & Cyber Security	Digital Trans	EDIDT	20	Very High	12	High	High
4	Legacy Business Applications	Digital Trans	EDIDT	25	Very High	15	High	High
5	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDSA	20	Very High	15	High	High

SCORING GRID

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

IMPACT

Black = Very High

Red = High

Amber = Medium

Green = Low

White = Very Low

Lead Officers

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

Strategic Risk Register Monitoring

Date	Board Meeting 14 November 2024														

Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner
1	**Financial Sustainability (our continuing ability to fund our core activities)** **What is the Potential Situation?** Funding level fails to increase in line with inflation, external cost pressures and additional demands **What could cause this to arise?** Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational & workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; inflationary pressures. **What would the consequences be?** Resulting in adverse impact on our ability to deliver the scrutiny and assurance plan (reduced number of inspections, increasing periods between scrutiny interventions, delays to registration and complaints activity), reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.	4	4	16	H	4	4	16	H	Med	⬌	In Place: i. Medium term budget and financial strategy are regularly reviewed ii. Monthly budget monitoring. This includes specific monitoring of the Stage 2 Transformation project budget. iii. Positive working relationships maintained with SG iv. Regular liaison meetings with SG Health Finance v. Ongoing review and development of savings and income generation options vi. Digital Transformation Stage 2 budget monitoring reported to Board	Further Actions i. Early consideration of National Care Service financial implications following any announcement by SG ii. A budget review meeting with Sponsor and Health Finance to discuss sustainable budget funding arranged for 23 September 24	Appetite: cautious Target: medium Tolerance: high Above target for 32 months and at high end of tolerance level Rating: Red Response: Treat	EDCCS
2	**Workforce Capacity** **What is the Potential Situation?** We are required to curtail our activities to prioritise areas we identify as highest risk due to a lack of workforce capacity. **What could cause this to arise?** We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; our HR policies are ineffective or inappropriately applied, we have high levels of unplanned absence; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process or supporting Operation Koper diverts resources from our intended activities. Our funding is insufficient to deliver the workforce capacity we need. **What would the consequences be?** • Inability to provide the desired level of scrutiny, assurance and improvement support	4	4	16	H	4	3	12	H	High	⬌	In Place: i. Strategic workforce plan ii. Workload and capacity monitoring iii. Staff learning and development plan iv. LEAD process v. Recognised job evaluation system vi. Regular salary benchmarking vii. Partnership working agreement viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board	Further Actions: i. Develop succession planning ii. Strengthen use of risk and intelligence iii. Pay and grading review incorporated into 2025/26 pay remit iv. Inspector Resource models 23/24 review and update v. SQIAG developing holistic performance and resources monitoring approach across our scrutiny, assurance and quality	Appetite: cautious Target: medium Tolerance: medium Above target level for 10 months Rating: Red Response: Treat	EDCCS

											In Place:	Further Actions:		
	• Inability to deliver good governance and provide reliable internal corporate services to support the efficient and effective running of the organisation • 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 • Significant delays for new services applying to register becoming operational (may become a barrier to registering new services) • Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system • Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.											ix. Biennial staff survey with PULSE surveys in between x. Dedicated recruitment team xi. Sponsor have awareness of the impact of inquiry workload demands	improvement functions	
3	**IT Data Access & Cyber Security** **What is the Potential Situation?** Our systems or data are compromised due to cyber security attack. **What could cause this to arise?** Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats. **What would the consequences be?** Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.	5	4	20	VH	3	4	12	H	High	⬌	In Place: i. IT security protocols and monitoring of compliance with the protocols ii. Trained IT staff iii. Physical security measures iv. Business Continuity plans in place v. Cyber Security assessments (including Cyber Essentials+) to be maintained annually vi. Routine penetration testing vii. Cyber Security Maturity baselined and improvement plan in progress viii. Specific budget allocated to security ix. Security compliance included in the monthly IT Operations report and therefore regularly reviewed and discussed. x. Established regular vulnerability testing xi. Established Information Security Working Group supporting org-wide security consultation xii. Regular updates to Leadership teams on progress on Cyber Security improvements xiii. Communication plans in place to maintain Security awareness	Further Actions: i. Implement Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state ii. Enhance IT staff cyber security awareness and technical training iii. Implement additional security controls and reporting capabilities iv. Projects designed to reduce infrastructure security risks v. Extend security testing to include end-user awareness vi. Managers versed on supporting a security incident response. vii. Implement an Information Security Management System to evidence that all policy and controls in place are being actively managed. viii. DR plans are developed and tested as part of planned	Appetite: cautious Target: low Tolerance: medium Has exceeded tolerance for 37 months. The Residual Risk Score is expected to reduce across 24/25 once the ISMS is in place and the improvement project can evidence the target state of Managed for Cyber Security Maturity. Rating: Red Response: Treat	EDIT&D

and engagement across organisation

xiv. Plans established to support recovery of key systems

xv. Multi-Factor authentication is the default for user access to systems and forms part of security compliance reporting.

xvi. Bi-annual updates to the ARC on progress to security improvement plan.

xvii. Confirmed a Defined state of security maturity

xviii. Established a Managed Detection & Response service with security partners.

xix. Established a permanent role to support Cyber Security maintenance and development.

xiv. Cyber Security training is mandatory, to be refreshed on an annual basis, for all staff

xv. Cyber Champion role established to sponsor Cyber initiatives at Board level.

xx. Upgraded all application infrastructure to supportable state.

xxi. KPI for mandatory cyber security training achieved and compliance in a managed state.

xxii. Cyber Security Strategy developed to support the creation of an Information Security Management System.

xxiii. IT staff trained to support enhancing Azure cloud infrastructure controls, complementing Azure security assessments.

Infrastructure upgrade works

ix. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation

x. Projects established to improve Cyber Security of existing Cloud infrastructure.

xi. Divest of custom bespoke applications.

xii. Achieve a Managed state of Cyber Security Maturity.

xiii.

4	**Legacy Business Applications**	5	5	25	H	3	5	15	H	Med	↔	In Place:	Further Actions:	Appetite: Cautious	EITD

Legacy Business Applications

What is the Potential Situation?

Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The risk is that the legacy systems fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.

What could cause this to arise?

Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.

What would the consequences be?

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

In Place:
- xii. Secondary RMS Platform for DR and Security Testing
- xiii. RMS hardware platform replaced by cloud platform
- xiv. New managed service contract in place to provide additional capacity and reduce the dependency on incumbent resource.

Further Actions:
- vi. Document the legacy design to facilitate ongoing support (linked to Managed Service Procurement activity)
- vii. Provide a capability to provide access to data if legacy systems fail
- viii. Define plan/procedures for business continuity in event of legacy system failure
- ix. Enhance legacy system testing. Develop DR capability with 3rd party partners.
- x. Develop changes to bespoke system with new managed service partner, to support knowledge transfer and demonstrate a reduced dependency.

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

Appetite: Cautious
Target: Low
Tolerance: Low

Above target and tolerance level for 22 months. Risk profile is expected to reduce when there is evidence that the 3rd party support partner is able to provide support for issues and changes, via the new managed service arrangement.

Rating: Red

Response: Treat

EITD

5	**Capacity Diverted to Inquiries and Operation Koper**	5	4	20	VH	5	3	15	H	High	↔	In Place:	Further Actions:	Appetite: cautious	EDSA

Capacity Diverted to Inquiries and Operation Koper

What is the Potential Situation?

Our staff are required to devote a significant proportion of their available capacity towards responding effectively to the demands of Operation Koper, the UK Covid Inquiry, the Scottish Covid Inquiry and the Historical Abuse Inquiry. This is at the expense of our core scrutiny and quality improvement work.

What could cause this to arise?

The Inquiries and Operation Koper are important and in order to make an effective, timely and competent contribution significant time is required of our Inspectors, Team Managers, Service Managers, Chief Inspectors, our legal team, Improvement Advisers, business support and the Executive Director of Scrutiny and Assurance to provide the information demanded, prepare witness statements and otherwise support the demands of the inquiries / Koper. This is at a point in time when our workforce capacity is already under pressure.

What would the consequences be?

In Place:
- i. Modelled time commitment for Operation Koper activity
- ii. Sponsor informed of this risk
- iii. Staff involved recording time spent on Inquiry / Koper work
- iv. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken

Further Actions:
- i. Report on planned scrutiny activity not undertaken
- ii.

Appetite: cautious
Target: medium
Tolerance: medium

Above target and tolerance level for 8 months

Rating: Red

Response: Treat

EDSA

	Inability to provide the required level of scrutiny, assurance and improvement support as set out in our Scrutiny and Assurance Plan Inability to take enforcement action in a timely manner 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						█				

BOARD

Schedule of Business 2024/25

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
STRATEGY AND POLICY ITEMS					
Approval of Care Inspectorate Strategies on a rolling/as required basis • Communications Strategy • Estates Strategy • Financial Strategy • Health and Safety Strategy • ICT Strategy • Improvement and Involvement Support Strategy and Delivery Plan (2022-25) • Information Governance Strategy • Intelligence Strategy • Legal Services Strategy • Shared Services Strategy • Workforce Strategy • Procurement Strategy *(3 year cycle, next due 2026-29, to last meeting of Board cycle*					
Updated Scrutiny and Assurance Plan 2024/25	✓				
Strategic Workforce Plan 2023-2026: Annual Progress Report	✓				
Corporate Plan 2025 Onwards	✓				

Agenda item 17

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Scrutiny and Assurance Strategy and Plan 2025/26 (Plan to be marked as **"Private item"**)				✓ (Plan)	
Budget and Indicative Budgets					✓
Strategic Risk Register 2024/25 (for approval)		✓			
Approval of Risk Appetite and Risk Policy		✓			
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance Quarterly Report	Q4	Q1	Q2	Q3	
Audit and Risk Committee Update to the Board	✓ (7/3/24 meeting)	✓ (30/5/24 meeting)	✓ (3/10/24 meeting)	✓ (19/12/24 meeting)	
Complaints Activity Annual Report (about the CI)	✓				
Complaints Activity Annual Report (services)		✓			
Annual Report and Accounts and Financial Position Update *(to 1st Quarter meeting of Board)*	✓				
Budget Monitoring and Staffing Quarterly Update		✓			
Health and Safety Annual Report 2022/23 *(normally to 1st meeting of Board cycle)*	✓				
Establishment of Finance and Resources Committee		✓			
Corporate Parenting Plan 2024-2027		✓			
Revised Board And Committee Schedule 2024/25		✓			
Revisions to Reservation of Powers and Scheme of Delegation (FRC and ARC Terms of Reference)			✓		
Finance and Resources Committee Update to the Board			✓ 31/10/24 meeting	✓	
Budget Monitoring and Staffing Summary Report			✓	✓	
Annual Procurement Performance Report			✓		
UNCRC and Care Experience Annual Report *(to Q4 meeting of each Board cycle. Triennial report due in Q4 2027.)*				✓	
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI's Financial Regs				✓	
OPERATIONAL ITEMS					
HR Quarterly Update report	Q4/**Annual**	Q1			

Agenda item 17

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 **(Budget Only)**
Board and Committee Cycle 2025/26: meeting dates			✓		
Estates Update Report (Annual - to first meeting of cycle w.e.f 2024/25)	✓				
Update on Significant Organisational Restructures *(when required)* * Model Of Operation – Final Proposed Structure (Human Engine)			✓		
Approval of Pay Remit for submission to Scottish Government **(tbc)**					
Approval of Compensation Payments *(when required)*					
STANDING ITEMS					
Strategic Risk Register Monitoring	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
CI Employee Relations Appeals *(standing item, but only when required)*					
PRIVATE AND CONFIDENTIAL ITEMS					
Updated Scrutiny and Assurance Plan 2024/25	✓				
Scrutiny and Assurance Plan 2025-26 *(see also page 1)*				✓	
Model Of Operation – Update Of Approach, Progress And Next Steps		✓ (private meeting)			
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2023/24 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit - Letter of Representation			✓		
Proposed Model of Operation					
			✓		

Title:	**CARE QUALITY COMMISSION REVIEW – ANALYSIS AND DISCUSSION**
Author:	Lisa Rooke, Head of Corporate Policy and Communications
Responsible Director:	Jackie Irvine, Chief Executive
Appendices:	1. Care Quality Commission review – analysis and discussion
Consultation:	Discussion has taken place with the Executive Team, Senior Management Group, Scrutiny and Quality Improvement Assurance Group, and the Operational Leadership Team.
Resource Implications:	**No**

EXECUTIVE SUMMARY
In July 2024, the 'Review into the operational effectiveness of the Care Quality Commission: interim report' was published. The final report - Review into the operational effectiveness of the Care Quality Commission: full report - following in October 2024. The review found significant failings in the internal workings of CQC, which have led to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improve quality - and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much-needed improvements in care. The review makes a series of recommendations. The overview provided in Appendix 1 provides an update on the analysis and discussion that has taken place in relation to the report and areas of relevance for the Care Inspectorate.
The Board is invited to:
1. Note the contents of the appendix outlining the work undertaken to date.

Links	Corporate Plan Outcome (Number/s)	1-4	Risk Register (Yes/No)	N

For Noting	X	**For Discussion**		**For Assurance**		**For Decision**	

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress)	**No** ☒ **Reason**: This is for update purposes only at this stage.

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** ☒ **Reason below**: This is for update purposes only at this stage.

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

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

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.

Care Quality Commission review – analysis and discussion

Date	Activity
26 July 2024	Publication of the Review into the operational effectiveness of the Care Quality Commission: interim report
26 July 2024	Analysis of interim report provided.
30 July 2024	Discussion at Executive Team meeting.
31 July 2024	Initial discussion at Senior Management Group (SMG) meeting.
9 August 2024	Fuller briefing on the interim Dash report on the CQC produced containing a summary of the report and areas of relevance to the Care Inspectorate.
13 August 2024	Initial discussion at Scrutiny and Quality Improvement Assurance Group (SQIAG) meeting.
15 August 2024	Update provided at Public Board Meeting.
19 September 2024	Quarterly SMG meeting and discussion with Operational Leadership Team – discussion of policy briefing and areas of relevance to the Care Inspectorate.
7 October 2024	Confirmation of new CQC Chief Executive, Sir Julian Hartley
15 October 2024	The final report - Review into the operational effectiveness of the Care Quality Commission: full report - was published Report and areas of relevance revised following feedback from SMG, OLT and SQIAG and the publication of the full report.
7 November 2024	Further discussion to be held at SQIAG.
13 November 2024	Report back to SMG from SQIAG.
14 November 2024	Update to Public Board meeting.
TBC	Further consideration at SMG.
Ongoing	Regular updates to Board on work and progress.